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## Flying Start qualitative research with high need families



# **Flying Start qualitative research with high need families**

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**Sarah Pope  
Sarah Dobie  
Eleanor Thompson  
Sarah Knibbs**

**Ipsos MORI, Social Research Institute**

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

For further information please contact:

Hayley Collicott

Knowledge and Analytical Services

Welsh Government

Cathays Park Cardiff

CF10 3NQ

Tel: 029 2082 3111

Email: [hayley.collicott@wales.gsi.gov.uk](mailto:hayley.collicott@wales.gsi.gov.uk)

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# Executive Summary



## 1. Executive summary

The Flying Start programme aims to improve outcomes for children in some of the most deprived areas across Wales. This is done through providing four key Flying Start entitlements to children under four years old and their families: enhanced health visiting, parenting support, support for early language development primarily in the form of Language and Play programmes and free, high quality, part-time childcare for two to three year olds.

This report is part of a series produced by Ipsos MORI and SQW for the national evaluation of Flying Start. It focuses specifically on the experiences of high need parents<sup>1</sup>. Qualitative in-depth interviews with parents receiving Flying Start services were conducted between January and April 2013 in five different local authorities across Wales where the Flying Start programme is currently being delivered. 60 interviews were conducted in total, 30 with 'heavy' service users (defined as parents using the full entitlement, i.e. all four services), 15 with 'medium' service users (using enhanced health visiting support and two other service entitlements), and 15 with 'low' service users (using enhanced health visiting support only)<sup>2</sup>.

### The challenge: Flying Start families and their needs

The high need families interviewed had varying needs, for example poor health, poor housing, depression, limited or no qualifications and lack of access to employment opportunities. Many of the parents had complex needs as a result of long-standing or interlinked needs such as unemployment, depression and isolation.

**Children's needs** typically resulted from various health problems (either disabilities or issues resulting from complications at birth), behavioural problems or delayed speech and language development, which was an issue reported by a large number of parents. **Parents' needs** tended to be more varied and long-standing. For some, significant health issues made it difficult to parent, and many mothers reported suffering from post-natal or longer term depression which was often interlinked with isolation and low confidence. A few parents reported experiencing domestic violence or struggling with long-term drug and alcohol problems. Many parents had never worked and lacked basic skills; some were keen to take up training and find employment but were unsure about how to start.

**Need also differed by area.** In one urban case study area there was a large black and minority ethnic (BME) population with language and literacy needs where English was not a

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<sup>1</sup> These were defined as parents with characteristics that are associated with having higher needs, e.g. first time parents, single parents, parents of children with additional needs, black and minority ethnic parents and young parents.

<sup>2</sup> Non-participation in Flying Start services was commonly attributed to the fact some parents felt they did not need parenting support, were uncomfortable meeting professionals and other parents, or because employment or caring responsibilities prevented them from accessing services.

parent's first language. In more rural areas parents reported that physical barriers made it difficult to access services in nearby villages and meant that those who did not have a car found they had limited opportunities to find work.

Flying Start can help to address some child and parent needs individually but in the cases of some high need families, the programme cannot - and is not designed to - help them fully address complex needs. This is usually due to one or more of the three reasons below:

- a) The ingrained nature or severity of the problem(s).
- b) Parents are not willing to take up services offered by the programme (or that they have been signposted to by the programme) due to the severity of their depression, low confidence and anxiety about meeting new people.
- c) The problem cannot be solved at a local service level (e.g. high unemployment rates in disadvantaged areas).

Thus the impact of Flying Start is, in some cases, limited by the severity and complexity of the needs of some families in the most disadvantaged areas.

### **Families' experiences of Flying Start**

Before becoming involved, parents had few expectations of Flying Start as they tended to be unaware of the programme until they had children and discovered they were eligible. Parents often associated the programme with the free childcare provision. Families usually found out about services initially through their health visitor, although the amount of **information about services** they received varied greatly by area, with lack of appropriate information being a key barrier to take up of some services, particularly parenting programmes.

Health visitors are instrumental in information provision as they not only give parents information about services, but persuade them about the benefits of taking them up and encourage the most reluctant to attend. Signposting<sup>3</sup> by other Flying Start workers and the provision of attractive, well-timed and high-quality written information were all effective in engaging parents in some areas. Some parents thought that much more information about Flying Start services should be made available online.

Parents were often very positive about the **enhanced health visitor support** they had received and often favourably compared it to previous experiences of non-Flying Start health visiting that they had experienced with their older children. The level of contact with the health visitor varied depending on a family's level of need, with some seeing or speaking to their health visitor on an informal basis several times a week through unscheduled visits or calls, whilst others saw them only at scheduled development check-ups. Frequent

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<sup>3</sup> By signposting we mean the role of Flying Start professionals in providing information about, or making referrals to other services available for families locally.

informal contact made parents feel that health visitors “*really cared*” and made them comfortable about getting in touch about any parenting issues, however small. It was common for mothers to have a close relationship with their health visitor from whom they often received emotional support. Indeed, the whole Flying Start programme seemed to work best where the health visitor and the parents had strong relationships, as the access that the health visitor has and the trust that parents place in them means that parents are much more likely to take up other elements of the offer, and other, non-Flying Start services. The parents with more negative experiences felt that their health visitor was too formal or “by the book” and gave advice without acknowledging the difficulties of putting it into practice.

Parents reported good experiences of the **Flying Start childcare** on offer. The high quality of the provision was often emphasised and some felt it was better than the private childcare or nursery that they had previously experienced. Parents generally felt well informed about their child’s progress, were full of praise for the staff (particularly their child’s key worker) and were pleased about the range of activities on offer. The parents who reported less positive experiences had been unable to use a particular childcare setting or had not got their first choice of morning or afternoon session. Some suggested that levels of staffing or presentation of the setting could be improved.

**Language and Play** was the service that differed most in service delivery over the five case study areas in terms of type and number of sessions offered, levels of parent and child involvement and the setting in which it was held. It was much less appreciated than other elements of the programme because many parents did not understand how it would help them or their children and instead often perceived it as more of a social opportunity. However, Language and Play (LAP) did often present an opportunity to do activities that families did not normally undertake at home, and gave parents ideas about imaginative and inexpensive ways to help their children learn. The experience of LAP was mixed, but in one area Play Support<sup>4</sup> activities were very highly regarded by parents, who were particularly enthusiastic about the new activities they could do with their child, and the quality of staff delivering the sessions.

Parents who had attended a **parenting programme** tended to be pleased with the service. They felt that the programmes they had attended were pitched at the right level and that they had learnt a lot. Parenting programmes were particularly useful for the parents whose home life was especially difficult or chaotic, who often said they had not realised that parenting skills could consciously be improved. The availability of classes across case study areas varied significantly and access to sufficient information was vital in encouraging parents to take up a programme - many knew very little about the programme before attending. Health visitors were often instrumental in encouraging isolated, nervous or

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<sup>4</sup>A form of Language and Play delivered in home.

disabled parents to access parenting programmes and in home delivery proved effective at reaching these groups. Where parents had not enjoyed a parenting programme, they usually said it was because they had not got on well with the person who delivered it or because they felt it was not informative enough.

**Fathers' experience of the Flying Start programme** differed to that of mothers. Few had taken up any services and were often less engaged from the outset, as parents reported that health visitors placed greater attention on the mother and child. In many of the families where we interviewed both parents, looking after the children was seen as the mother's domain. Parents often spoke of the cultural reasons for fathers not wanting to take up services; indeed the perception that services would be dominated by women also acted as a deterrent. Despite this some successful methods for drawing fathers into Flying Start were reported. Significant efforts had been made in three of the case study areas where fathers were encouraged to attend groups, courses or activities with their partner or attended groups specifically for fathers.

Many families had received **signposting to other, non-Flying Start services** to help address their wider needs and this was more likely to happen to parents with a strong relationship and a high level of contact with their health visitor.

### Perceived impacts of Flying Start

Evidence of all immediate outcomes of the programme anticipated in the initial Flying Start guidance was reported by the parents interviewed. These included language development, social and emotional development, and cognitive development outcomes for children and impacts for parents in terms of parenting behaviour, health and wellbeing and their perceptions of the local area.

**Child impacts** were usually attributed by parents to childcare provision. **Early language development** is a core focus of the programme and was frequently cited by parents who said that their child was talking more often and clearly, had an improved vocabulary and had an opportunity to practice their Welsh. Parents reported that their children had learned a range of literacy and numeracy skills such as counting, reciting the alphabet and naming colours. As a result of attending childcare parents felt their **children's social skills** had improved; they had become more independent and confident. Childcare was also believed to have helped with basic skills e.g. toilet training and practicing good hygiene.

The combination of health visitor contact and parenting programmes led parents to report that they had benefitted from **day-to-day parenting advice**, particularly in relation to **child behaviour problems** which had previously been an issue for many. The programme has also led to **personal impacts for parents**. For example, mothers often spoke about feeling isolated before having the opportunity to attend group services, meet parents with similar experiences and exchange information and advice. Another commonly reported impact was

that childcare gave parents some time to themselves, which was particularly important for high need parents living in demanding households where they were a lone parent or had children with additional needs. This, combined with an increase in confidence from interacting with other parents, had triggered a number of parents to reconsider their future aspirations and had taken up **college courses or basic skills training** following referrals from their health visitor. Finally, a number of parents reported **improved perceptions of their local area**. They said that they had noticed a positive change in the services and facilities available for families in recent years and felt that Flying Start could lead to further positive changes in the future.

In addition to child and parent impacts, parents reported that the programme had led to **changes to their family as a whole**. The combination of a more structured routine and improved day-to-day parenting meant parents felt more in control and consequently families were getting along better and understanding each other more. Additionally, advice about healthy eating and an encouragement to eat fruit and vegetables at childcare meant that the eating habits of some families had improved.

Though the above impacts had improved the lives of most high need families interviewed, some groups were identified as needing more support.

- Particularly isolated parents had limited support networks, were reluctant to attend group services and were not aware they could receive services on a one to one basis in their home.
- Whilst some parents with depression had been encouraged to access medical help, others were reluctant to talk to their health visitor about their issues.
- Experienced parents (i.e. those who were not first time parents) often had limited contact with their health visitor, although they often faced similar challenges to other high need parents.
- Conversely, some young parents said they would have liked to have had access to tailored support services specific to being a young or single mum.
- Finally, some parents with substance misuse problems said that they had not received enough help or referrals for their drug or alcohol abuse problems.

## Conclusions: Building on the lessons of high need parents' experiences of Flying Start

Examples of good practice in service delivery, along with parents' suggested improvements to Flying Start, show that overall, the best way to engage parents in Flying Start services is through a combination of:

- Well-tailored service design at a hyper-local level<sup>5</sup>; and
- Effective and strong health visitor relationships with families.

Below we have described the six steps which are key to ensuring that as many parents as possible with a need can access Flying Start services. These steps sometimes overlap and all relate to one another.

### 1. Assess local and individual family needs

- Similar families may have very different needs; extensive and repeat assessment by the health visitor helps to uncover these.
- Taking changing needs into account is also important in providing support for high need families.
- When designing services, thought needs to be given to how hyper-local differences in geography, demographics and culture may affect service take up.

### 2. Offer tailored and flexible services

- Tailored services are especially important for fathers, families where children have additional needs, parents and children with English as a second language and young parents.
- Flexibility, for example a childcare offer in which the hours could be used as and when needed, or parenting programmes/LAP sessions at weekends or evenings would benefit some parents with competing responsibilities.
- For some very high need families only, in home services may be appropriate.

### 3. Supply appropriate information

Lack of information and misinformation is a barrier to accessing services for some. Parents would be more likely to be informed about services and willing to take them up if all local people (not just families who are eligible for services) were better informed and information about services was circulated around the community.

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<sup>5</sup> Community level, which in some Flying start areas may mean an estate, or an even smaller area.

- Asserting the universality of the programme helps to break down potential stigma attached to accessing parenting services.
- More needs to be done to explain the benefit of Flying Start services to some high need, low-user families.

#### **4. Motivate parents to take up services**

- For many parents, this step is crucial, as they are not willing to access services without persuasion. The health visitor is very important at this stage.
- Messaging is paramount; parents need to feel that they are not being singled out or patronised. Understanding the benefits of the courses improves motivation.
- Offering tailored services is one way of increasing motivation, for example young mothers may only be assuaged by the offer of a group where they will meet other young parents.

#### **5. Tackle practical barriers**

- Where possible, arrange classes around parent and child availability.
- Help parents to access the transport, childcare and other support they may need to attend parenting programmes, LAP courses and other informal groups.
- Where possible and practical, co-locate services.

#### **6. Make services count**

- One contact often starts families on the path to accessing numerous services; therefore systematically signposting between services is paramount.
- Put effort into making the parent and child experience good. Services that are enjoyable and perceived as useful or effective makes parents Flying Start advocates.
- Use the relationships with parents that are built up through Flying Start to refer them on to other useful employment advice and training programmes.

Where these steps are all followed, as in a couple of the case study areas we visited, parents' experiences of the programme were excellent, and parents reported notable impacts on the child, parents and overall family life. Experiencing the Flying Start programme has been life-changing for some high need families. This research suggests that further work in some areas to engage high need families will help to ensure that Flying Start has a positive impact on as many families as possible.

# Background and methodology



## 2. Background and methodology

### 2.1 Background and objectives

#### 2.1.1 The Flying Start programme

The Flying Start programme, launched in 2006/7, is the Welsh Government's early years flagship programme which in the long-term aims to reduce the size of the population with low skills and thereby ultimately tackle income inequality<sup>6</sup>. It is an area-based programme, geographically targeted to some of the most deprived areas of Wales and is universally available to families with children aged nought to four in those areas.

Flying Start is based on the growing body of evidence that suggests that investing in the early years significantly improves child outcomes and aims to 'to make a decisive difference to the life chances of children aged under four in the areas in which it runs'<sup>7</sup>. Flying Start takes a child-centred approach to improve child outcomes through the provision of four key service entitlements, with an additional overarching focus on early identification of additional support needs.

The four key Flying Start entitlements are:

- An enhanced health visiting service, with a target health visitor caseload not exceeding one health visitor to 110 children (a ratio of 1:110) in each Flying Start area.
- Evidence-based parenting support programmes (where experience demonstrates they generate positive outcomes for children) to meet local demand.
- Support for early language development (primarily in the form of Language and Play (LAP) or Numbers and Play (NAP) programmes) which may also be known as Early Language Development (ELD).
- Free, high quality, part-time childcare for two to three year olds and younger where a need is identified. The Flying Start offer is for two and a half hours a day, five days a week for 39 weeks. In addition, there should be at least 15 sessions of provision for the family during the school holidays.

Although some of these services may be available in non-Flying Start areas, Flying Start aims to provide a more intense level of support and be much more active in promoting these entitlements to parents.

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<sup>6</sup> For further information about the Flying Start programme please see <http://wales.gov.uk/topics/childrenyoungpeople/parenting/help/flyingstart/?lang=en>

<sup>7</sup> Flying Start Guidance 2012

The overarching, long-term aim of Flying Start is to decrease the number of people in Wales with low skills, and thereby reduce the levels of income inequality. In the medium-term this is to be achieved by the early identification of needs (as discussed in Chapter 3), improved child development and preparation for school. Though the programme is child-centred, the immediate outcomes expected by the Welsh Government are wide ranging and include support for parents and the community:

#### **Child development impacts**

- Language
- Social and emotional
- Cognitive
- Early identification of need

#### **Parent impacts**

- Improvements in parenting behaviour/skills
- Improvements to health and wellbeing
- Improved perception of the local area

This report describes the self-reported impacts for high need families in these areas.

### **2.1.2 Qualitative research with high need families<sup>8</sup>**

The main purpose of this study is to understand in more depth high need families' experiences of Flying Start, a key group for the programme. The study fits into a series of reports covering the national evaluation of Flying Start which are reported separately but should also be read in order to gain a full overview of the research. This qualitative research complements the rest of the evaluation by providing a fuller picture of these families' experiences of Flying Start, how they are engaged by the programme, and how it impacts on their day-to-day life.

The wider evaluation also includes:

- A large-scale survey of over 2,000 families living in Flying Start areas and matched comparison areas to ascertain whether Flying Start has led to improvements in child or parent outcomes<sup>9</sup>;
- An area case study synthesis report detailing how Flying Start services are currently being delivered in each local authority; and
- A summary report detailing the key findings of all aspects of the evaluation produced jointly by Ipsos MORI and SQW.

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<sup>8</sup> Our definition of 'high need families' is provided below in section 2.2.1.

<sup>9</sup> This is the second wave of the survey Ipsos MORI has undertaken and the findings from wave one can be found here: <http://wales.gov.uk/about/aboutresearch/social/latestresearch/EvalFlyStart7-20/?lang=en>

This report presents findings from sixty qualitative interviews with high need parents in five Flying Start areas conducted by Ipsos MORI between January and April 2013 as part of the evaluation of Flying Start. Interviews were conducted in home with the parent who had the main caring responsibility or with both parents if this was shared.

The specific objectives of this qualitative research were to explore the following:

- In what way do high need parents experience Flying Start services (i.e. enhanced health visiting, childcare, ELD/LAP and parenting support)?
- What do high need parents perceive as the main impacts of Flying Start services on themselves, their children and their wider family? This will be focussed around the core aims of Flying Start, i.e. cognitive, emotional and social impacts.
- How are high need families engaged by Flying Start services and what are the enablers and barriers to engagement?
- What has worked well/what hasn't worked so well in terms of the whole Flying Start offer (i.e. in terms of both formal and informal Flying Start support)?
- To what extent has Flying Start delivered against any expectations the parents had?
- How does Flying Start relate with other non-Flying Start services (including school)?
- Experiences of Flying Start 'signposting' to other services and the impact of this.

## 2.2 Sampling and recruitment

### 2.2.1 Sampling

Interviews were conducted in five different Flying Start local authorities spread across Wales in order to achieve a geographical spread in a range of rural and urban areas. Area selection was agreed with the Welsh Government and based on information provided by SQW from their area case studies in order to ensure that we spoke to families with experience of the range of service delivery models.

Where possible, the sample was provided by Flying Start coordinators in each area and supplemented with samples of parents happy to be re-contacted from the second wave of the quantitative survey. The preference was for service providers to identify families with high needs. However, where this was not possible and the sample included families from the survey we used existing data to identify those who may be defined as high need e.g. lone parents, workless households and those on low incomes (as agreed with the Welsh Government). Between December 2012 and January 2013 telephone interviews were conducted with coordinators to ascertain whether they had an appropriate database to supply sample, and we took this approach in four out of the five areas. In the remaining area

families were recruited exclusively using a list of parents who had agreed to take part in further research from Wave 2 of the evaluation survey.<sup>10</sup>

The Flying Start coordinator from each area was sent instructions for how to draw a sample of 60 high need parents from their database at random, in a bid to counteract selection bias. Following this, Ipsos MORI contacted the parents by advance letter to ask them to take part in the research. In three of the areas parents were asked to opt-out if they did not wish to be contacted by a telephone recruiter to take part. Due to a lack of availability of telephone contact information, in one area families were asked to opt-in to the research, and in order to boost the number of parents in the sample, staff in childcare settings were asked to hand out letters to parents interested in taking part.

### The case study areas

The five local authorities were chosen purposively<sup>11</sup> to ensure a mix of different geographic and demographic characteristics, and service delivery models, in so far as possible. All areas have a number of characteristics in common; unemployment is high and there are low levels of educational attainment. Three of the local authorities are rural and consist of small, distinct Flying Start areas spread across different towns or villages whilst two of the areas are urban.

Flying Start services were delivered differently across the areas. In two areas, services were often located in family centres and in two other areas there was an element of co-location between childcare and Language and Play services (in the final area services were all run separately). Two case study areas had the ability to offer bilingual services across multiple entitlements, and in another two areas Welsh-speaking childcare was offered.

In three of the areas families were categorised into high, medium and low need groups in order to help target service provision and manage workloads, for example using the Family Assessment Tool or Red, Amber and Green assessments. In the remaining local authorities, services chose not to prioritise parents as Flying Start services are universal. Some had special provision for particular high need families including services for young parents and parents with domestic abuse and substance misuse issues.

### High need families

60 interviews were conducted in total across the five case study areas (12 per area) and all families were eligible for the Flying Start programme at the time of interview. Sampling for

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<sup>10</sup> This was the only area where there were sufficient numbers of high need parents who had completed the survey to allow us to recruit in this way.

<sup>11</sup> A purposive sample is one that is selected based on the knowledge of a population and the purpose of the study, in order to ensure that the range of different people within the population are included in the sample (as opposed to aiming for a representative sample).

qualitative research is not intended to be representative of the families who are eligible for Flying Start services. It was agreed with the Welsh Government that families that would be considered 'high need' for the purposes of recruitment were those who were first time, lone, young or black or minority ethnic (BME) parents or parents of children with additional needs<sup>12</sup>. In order to ensure that we recruited parents that met these criteria, the following minimum quotas were also set per area:

- Four first time parents per area (20 overall)
- Four long-term lone parents per area (20 overall)
- One father as main carer or joint main carer per area (five overall)
- One child with additional needs per area (five overall)
- Three young parents aged 20 or under at birth of child per area (15 overall)
- Ten parents from a BME population overall across all five fieldwork areas (10 overall)

To ensure that we also spoke to families with a range of different service use patterns, the interviews were divided as follows within each case study area:

- Six interviews with 'heavy' service users – defined as those using enhanced health visiting support, parenting programmes, childcare, and ELD (LAP) (30 overall).
- Three interviews with 'medium' service users – defined as those using enhanced health visiting support and two out of the following: parenting programmes, childcare, and ELD (LAP) (15 overall).
- Three interviews with 'light' service users – defined as those using enhanced health visiting support only (15 overall).

### **2.2.2 Recruitment process**

A recruitment questionnaire was used in order to ascertain parents' levels of need, service use and also record demographic information. All parents were contacted by an experienced Ipsos MORI telephone recruiter and asked a series of questions to confirm their eligibility for interview, whether they met any of the quotas we had set, and categorise them as a heavy, medium or light user.

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<sup>12</sup> This sampling approach enabled us to speak to families who were *potentially* high need by focusing on characteristics associated with having higher needs. However, it should be noted that some of the parents interviewed, despite having these characteristics, were not actually high need due to high levels of family support, household income or something else.

Most quotas were met and often exceeded, for instance we spoke to 22 families across all five areas where the child had additional needs. However it was not possible to interview 'light' service users in two local authorities. This was because there was near universal take up of childcare in these areas; we recruited parents who had used childcare only as 'light' users. In one area it was not possible to interview more than two lone parents and in another area we achieved three out of four interviews with first time parents. In addition, due to the demographic makeup of some of the rural areas covered it was impossible to recruit BME parents and therefore six interviews were conducted with this group overall.

### 2.3 Data collection and analysis

A discussion guide designed by Ipsos MORI was used for all interviews, with some questions tailored to particular user types. Interviews were conducted face to face in the participants' homes between January and April 2013.<sup>13</sup> They lasted between 40 and 90 minutes, and parents received a small incentive for taking part.

Interviewers were required to write up detailed field notes after each interview and an analysis session for each local authority was held following the completion of fieldwork in each area (five sessions were conducted in total across the project). This provided an opportunity to share different families' stories from the field, identify relevant needs, and draw comparisons between service-user journeys. Analysis sessions also enabled the research team to develop their thinking in relation to the research objectives and come to a shared understanding about the data.

During analysis sessions a thematic code frame was developed iteratively to organise themes beginning to emerge in the data and was later used to structure this report. Once finalised, the code frame was uploaded to the qualitative analysis tool NVivo and used to code up all 60 sets of field notes by the research team. This approach ensured that key findings were drawn out of each interview and enabled the research team to identify particular areas or types of parents for whom certain experiences were more relevant. This analysis also enabled the identification of relevant verbatim comments and case studies which have been used to provide greater detail about parents' specific experiences throughout the report. This thematic analysis has been illustrated throughout the report with case studies, which are intended to bring the needs, experiences and impacts reported by parents to life.

It is important to note that although qualitative research provides more detailed insights into experiences, the views obtained are not statistically representative of all families eligible for Flying Start services. Throughout the report, use is made of verbatim comments from participants to illustrate and highlight key points. They do not portray the view of all

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<sup>13</sup> There were two cancellations where it was not possible to arrange a face-to-face interview with re-recruited parents and interviews were therefore conducted over the phone.

participants. Where verbatim quotes are reported, they have been attributed to any relevant quotas and user type, and pseudonyms have been used in all case studies in order to protect the anonymity of the participant. Furthermore, the findings presented in this report are based on a selection of five Flying Start areas which may not be representative of the full Flying Start offer, although as noted in section 2.2.1, areas were selected to reflect the range of different Flying Start service delivery models.

## 2.4 Report structure

The remainder of the report is divided into the following sections:

- Chapter 3 sets the context by describing the different and complex needs of the high need families interviewed.
- Chapter 4 details how families reported experiencing Flying Start services including how they were signposted to different services and their opinions about all four key entitlements. It also includes a section specifically addressing fathers' experiences of the programme.
- Chapter 5 presents the impacts parents reported Flying Start has had on their children, themselves and their family.
- Finally, Chapter 6 describes how best to engage parents in Flying Start services based on suggestions made by parents and examples of good practice.

Please note that all references to health visitors throughout the report refer to the enhanced health visitor offering provided by the Flying Start programme unless specified.



# Flying Start families and their needs



## 3. Flying Start families and their needs

This chapter outlines the varying and often complex needs of the kinds of high need families that live in Flying Start areas. This serves as important context to these families' interaction with the Flying Start services. The Flying Start programme alone is not designed to support complex family needs (e.g. long-standing issues that are often interlinked such as unemployment, isolation and depression), although in many cases families have been supported in addressing complex problems through elements of the programme (e.g. parenting programmes).

This chapter discusses these needs in detail. It begins by focusing specifically on children's needs (health, behavioural, speech and language) followed by a broader range of parental needs including health, help overcoming isolation, everyday advice as well as language and literacy issues. The final section addresses the family needs. Case studies are used throughout to help the reader understand the lives of families that live in Flying Start areas.

### 3.1 Children's needs

Children's needs were wide ranging and included health problems, behavioural issues and delayed speech and language development. These problems place significant pressures on families who may need to spend a large amount of time providing one to one care and therefore find it difficult to care for multiple children and manage their children's behaviour.

#### 3.1.1 Health

Families in all five case study areas were living with children with a wide range of disabilities and health needs. These included Cerebral Palsy, Angelman's syndrome<sup>14</sup>, lung disease, heart and stomach problems, autism, dwarfism, and chronic health problems (some of which were a result of complications at birth). Some of these children also suffered from mobility issues which meant they needed a wheelchair or support to get around. Other needs included additional learning needs, skin conditions, hearing and sight problems, and problems with nutrition and digestion. In addition a number of families were also awaiting attention deficit hyperactivity disorder (ADHD) diagnoses. These families had very high needs, which are met both by Flying Start services and non-Flying Start services such as Portage<sup>15</sup>.

Providing care for children with severe health conditions affected families in a number of ways. Parents of children with complex needs spoke about having greater demands on their

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<sup>14</sup> A rare genetic condition that primarily affects the nervous system and leads to delayed development, speech problems and balance problems.

<sup>15</sup> Portage is a home-teaching service provided by local authorities for pre-school children with delayed development or a disability.

time and caring responsibilities; many of the children required 24 hour care. This was often compounded if parents were the sole carer and therefore had little support themselves, or if they had other young children. These parents were struggling with the burden of the care, and in several cases this affected relationships with other children and their partner. Other families also had practical needs concerning childcare and the financial costs that had resulted from moving from work to full-time caring.

#### Case study: Child with severe additional needs



**Description:** Angela is a young, lone parent with two children. Her youngest, Luke, two, was born with heart and long-term chronic health problems. His speech and personal/social development has been affected and he requires constant attention.

**Needs:** Angela faces a lot of demands on her time; she has to take Luke to regular hospital appointments and is the sole carer for her children. Luke's father does not see the family often or help with childcare. Whilst she has some support through the family's social worker, she does not get any time for herself and rarely has an opportunity to meet other parents or socialise with friends. Every day is a challenge, and on her own, Angela struggles to manage Luke's behaviour. He often gets angry and frustrated with his speech difficulties.

### 3.1.2 Behaviour

Challenging child behaviour was often reported as the biggest difficulty parents were faced with. Many found it difficult to deal with tantrums, discipline, bad behaviour and to prevent arguments between siblings. In some cases parents had to regularly separate children in different rooms or were reluctant to leave the house with their children because they were embarrassed about their behaviour. This often restricted the services they could take up, or the time the family spent together.

Parents also described difficulties enforcing a routine, with first time parents in particular noting the difficulty in setting bedtime routines and coping with their child's hyperactivity. Some families reported that their child hardly slept and that they had needed referrals to specialist support, e.g. sleep therapy.

Changing eating habits were also identified by a number of parents as an issue that they needed help with, and a number of parents found encouraging their child to eat more healthily particularly difficult.

### Case study: Child hyperactivity



**Description:** Jennifer is a first time parent and lives with her husband and son Oscar aged two and a half. She moved to Wales to complete her degree; her family live in London and her husband's parents are abroad so they have a limited support network locally. As a baby Oscar was very ill with asthma and has serious sleep problems.

**Needs:** Whilst Jennifer and her husband are not from a disadvantaged background typical of the other high need Flying Start families we spoke to, they do require significant help in bringing up their child. Oscar is extremely hyperactive, only sleeps for an hour a night. Until he was two, he was getting out of bed every hour. This behaviour means Jennifer gets very little sleep and because her husband works full-time she has to care for Oscar throughout both the night and the day. The cumulative disruption to her sleep and ensuing exhaustion caused Jennifer to suffer a breakdown when Oscar was eight months old.

#### 3.1.3 Speech and language development

Problems with child speech development were reported by parents in all five case study areas. The problems varied in scale; at the most severe children aged between two and three were not able to talk, or had incomprehensible speech, whilst developmental norms suggest that they should be able to start forming short sentences. In other cases children were slightly behind their peers, had a limited vocabulary or were prevented from talking often due to shyness. In some cases parents were not aware that their child had any developmental issues until it was picked up by a Flying Start professional or were unaware that help was available.

#### 3.2 Parents' needs

A number of parents had health issues or disabilities, and depression was common among the mothers that we spoke to. In many cases parents (mothers in particular) found themselves isolated with limited support networks, especially if they were a single parent. Other needs included accessing support for domestic violence, help with literacy skills and support to get into training or employment. As a result, some of these parents found it difficult to take care of their children, struggled to cope with everyday issues, had no opportunity for adult talk and found it difficult to find work.

### 3.2.1 Health

A number of parents were struggling with serious health problems, including epilepsy, diabetes, spina bifida, ADHD and chronic fatigue syndrome (ME)<sup>16</sup>. In addition, some mothers had developed illnesses as a result of giving birth, for example suffering complications, long-term illness and having reduced mobility. This often presented difficulties for the family in terms of managing childcare and a reduced household income if the mother, or their partner, was subsequently required to give up work.

Many mothers reported suffering from post-natal depression or long-term depression. They found it difficult to cope when they were going through a particularly bad period of depression and felt guilty about the effect that it may be having on the bond with their children. In many cases parents felt helpless and had not received help for their depression for a long time, if at all. Some were reluctant to get medical help either because they feared being judged or because they perceived it to be ineffectual. Depression affected a wide range of parents but particularly those with limited support networks or greater childcare burdens i.e. lone parents, first time parents and parents of children with additional needs.

Some parents in families we spoke to also had long-term drug and/or alcohol problems. Some were already receiving help from other services whilst others had never sought help.

### 3.2.2 Overcoming isolation

A number of mothers, particularly single parents, reported that they had very few people, or no one, to talk to and were agoraphobic or uncomfortable leaving the house. Isolation was often linked to depression where parents lacked the confidence to socialise. This sometimes made it difficult to persuade depressed parents to take part in Flying Start services in a group setting.

*“Sometimes I feel like I’ve got no one. I’ve got no one to help me. Sometimes you’re just screaming for help and sometimes you just can’t get it.”*

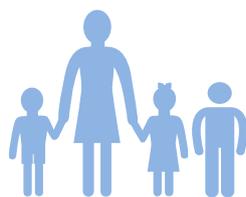
Parent of child with additional needs, light user

Additionally, caring responsibilities meant that many parents reported that they rarely had any time to themselves and found it hard to go out and about and meet new people; this was especially detrimental for single mothers without family nearby meaning that their support networks were very small.

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<sup>16</sup> Spina bifida is a disability resulting from a fault in the development of the spine and ME is a condition of severe fatigue that severely compromises quality of life.

### Case study: single isolated mother



**Description:** Jo lives in an urban area with her three children (her daughter aged three, and two sons aged six and eight). Her daughter has significant speech development problems. Jo moved to the area a few years ago and does not have any family nearby and gets limited help from the children's fathers. She struggles with depression and does not work. She is quite isolated; rarely interacting with friends. For the first two years of her youngest child's life she only left the house to go to the shops and pick up other children from nursery and school.

**Needs:** At various times, Jo has needed help with her children's health and development problems, which have been particularly difficult for her to deal with given her mental health issues and lack of support. Jo also lacks confidence in her social skills and her parenting. The difficulties of being the sole carer mean she does not go out much and has limited opportunities to talk to and receive encouragement from other parents. Like other mothers in her situation, she said the thing she needs most is some time without the children around to allow her to rest and carry out household tasks.

### 3.2.3 Domestic violence

A handful of mothers had recent experience of domestic violence and several had experienced troubled and/or mentally abusive relationships with their partners or ex-partners that had a significant impact on their wellbeing, and that of their children. Some needed practical help to get out of the relationship, whilst others needed someone to talk to about it.

### 3.2.4 Advice for everyday parenting issues

Many parents reported that they needed help developing their parenting skills or wanted reassurance that they were doing the right things, particularly around breastfeeding, weaning and toilet training. Some parents were struggling to cope with everyday issues such as their children's behaviour, whilst others wanted to learn more about child development or activities that they could use to help their child develop skills in preparation for school.

First time and young parents tended to highlight this need, however experienced mothers often expressed a desire to revisit the advice or have access to advice when they were faced with a new parenting issue.

### 3.2.5 Literacy skills and help finding training and employment

Many of the parents we spoke to live in workless households. They had left school without any qualifications and some had low literacy and/or struggled with dyslexia.

Although they wanted to find employment, they felt helpless given their literacy issues, lack of experience in the current economy (many had never worked) and lack of knowledge about how to look for work. These parents reported needing a large amount of support to overcome these barriers. Others found that their literacy skills held them back from progressing at work or accessing services.

In addition, those who had left college or employment to start a family required childcare assistance to return to work, or to start retraining or searching for jobs.

#### Case study: Low literacy skills



**Description:** Anna and Simon are in their early thirties and live with their son Henry who is two and a half. Anna works part-time for 18 hours a week and Simon works full-time in a local factory. They have no family nearby.

**Needs:** Though they are both working, they still find that they struggle financially; Anna earns £100 per week and has to use this money to cover the childcare costs for the two days she is in work. In addition neither parent can read or write and they have therefore found it difficult to access benefits. Confusion over Child Tax Credits recently resulted in an overpayment and Her Majesty's Revenue and Customs (HMRC) has now stopped all payments to the family. Since Henry was born Anna has suffered from post-natal depression which has been worsened by her literacy problems and lack of confidence. She is particularly concerned about the impact this will have on Henry and feels guilty that when he gets to school age she will be unable to help him with his homework.

### 3.3 Family needs

Other issues that parents described affected the whole family, including housing problems and difficulties with financial management. Parents reported that their housing was unsuitable or required repairs and that they needed help in addressing this. A number of families were living in properties with serious damp and mould problems which they were concerned were affecting the health of the household. Others needed re-housing, for

example large families were often under housed and parents of children with additional needs required more suitable accommodation with assisted living facilities.

Parents also reported that they were struggling to live with limited disposable income, usually because they were a lone parent or because one or neither parent was in full time employment. Many reported that it would be useful to get more information or advice about their benefit entitlements.

#### Case study: Housing needs



**Description:** Rachel is 19 and lives with her partner, their two children (aged two and four) and is expecting another child. The family moved to their three bedroom council house a year ago and since living with her partner who works in a local factory, she has less money coming to her directly due to a reduction in the family's benefits. Rachel grew up in a nearby village and has family locally.

**Needs:** Their house was in poor repair when the family moved in and has required a lot of work to make it fit to live in. There was a big problem with damp in a number of the rooms, the garden required clearing and the family lacked the money to furnish the property appropriately for three young children.

### 3.4 Differences in need by area

The location of the Flying Start programme in disadvantaged areas means that all case study areas had problems with high unemployment, low levels of education and problems with drugs and crime. However, whilst some parenting needs such as parent and child health problems, depression, and literacy issues were prevalent across all five cases study areas, the following area-specific differences also influenced need.

#### 3.4.1 Language needs

In the most urbanised case study area there was a large BME population. Parents in this group for whom English was not their first language found understanding the services available to them difficult. They were often not able to read information provided to them and found it difficult to interact with the health visitor without help from partners and other family members.

### Case study: services for non-English/Welsh speakers



**Description:** Ali lives with his wife Raahi and their two children aged five and three years old. They are both in employment and Ali works as a taxi driver in the evenings so he can look after the youngest child during the day whilst Raahi is at work. Ali's family live close by and are also able to help out with the children where necessary. Ali has to be present at every health visitor visit to translate the discussion because Raahi speaks Bengali and cannot speak English. Raahi socialises with very few people, primarily family and a small number of work friends who also speak Bengali, but wants to get more involved in the community.

**Needs:** Raahi needs help improving her English, meeting other parents and finding out about her children's progress at childcare.

#### 3.4.2 Access to services

One case study area consisted of a number of small, rural and distinct villages with little movement between them. Parents reported that because of physical barriers - it is difficult and costly to travel between villages without a car - worklessness was particularly high and parents were unable or reluctant to travel to access services in other places and socialise with new people.

In areas where the community was small, some parents had the perception that services were controlled by cliques of certain families or friends and were therefore reluctant to attend, though in one area parents reported that Flying Start staff had made an effort to get different 'groups' of parents to attend classes together and mix more.

#### 3.4.3 Isolation

In two of the case study areas large council estates created a high transience of residents moving in and out of the area which often meant that incoming families did not know anyone and had limited support networks. Community cohesion here was an issue and parents moving into the area generally had a low opinion of it. They were also more likely than parents in other areas to report living in unsuitable accommodation.

In addition, in the most urban area parents reported that isolation was an issue because many had no family nearby to help and because of segregation between English and non-English speakers, as well as between parents who spoke languages other than English.

In small rural areas it was often the case that families were closer and so young parents in particular could get parenting help from older family members. Parents in these areas described them as close knit, and said that parents already know each other (though the experience of outsiders is different). In addition, in three of the areas community centres had already been established making it easier for Flying Start to build on what is there and play a central role in the community.

### 3.5 Conclusion

The 60 high need families interviewed had a number of needs in common such as poor health, poor housing, depression, limited or no qualifications and lack of access to employment opportunities. A large number of families were struggling to survive on benefits and many were one parent households with limited support networks. Some of the problems that parents reported are addressed directly by Flying Start services and referrals. These include children's speech and language issues, children's behaviour and improving parents' skills.

However, many families had multiple needs which Flying Start is not designed to address, and therefore required complex support packages, including support from social services. When interpreting the impact of the programme, it is important to bear in mind that Flying Start was not set up to address all of the complex needs that families in disadvantaged areas may have. These problems are often more difficult to deal with because they are interlinked. For example, we spoke to parents whose depression was linked to their unemployment, and which then contributed to them becoming increasingly isolated. These are all long-term issues that take time and interventions from multiple services to address. Flying Start has a vital role in gathering help to address some of these issues individually. However, without strong support from other services, impact can be limited, either due to the ingrained nature of the problem, or because parents are not willing to take up support due of the severity of their problems.

In addition to the complex needs common across all five case areas, parents reported specific area-based issues affecting their ability to access and interact with services and the support networks available to parents. Areas are therefore required to tailor their services offered to meet these needs. The success of Flying Start depends on its ability to build on what support is already in some areas and specialise at an individual service-user level. The experience of parents accessing Flying Start services and the impact that the services have on these needs will be explored in the remainder of the report.

# Families' experiences of Flying Start



## 4. Families' experiences of Flying Start

Families generally had a good experience of Flying Start. In two of the areas, the parents we spoke to tended to have had an excellent experience of using Flying Start services, and praised the programme highly. Some parents that we spoke to reported negative experiences, had engaged minimally with the services available, or not taken up services at all. Level of engagement and take up seemed to be strongly correlated with a positive view of Flying start overall i.e. the more services people used and the more involved they were, the more likely they were to report good experiences.

This chapter describes families' experiences of Flying Start services. It takes each service in turn and draws lessons from this data in order to highlight good practice in terms of encouraging parents to take up and make the most of the offer, and in addressing the barriers that need to be overcome in order for them to do so. These lessons will be drawn together in Chapter 6.

In interpreting both positive and negative experiences, it is important to remember that this is based solely on the parents' reported perceptions and feelings.

### 4.1 Expectations of Flying Start

Prior to taking up services, parents had limited knowledge and thus few expectations of Flying Start but were pleased and surprised to have been offered services as part of the programme. In addition, the parents interviewed tended not to have high or specific expectations of any public services they used and were happy to receive whatever support was available.

Many who used the services did not recognise the name Flying Start at all. In fact, it was often difficult when recruiting parents to work out who had used each combination of services due to the fact that many parents did not understand which were provided by Flying Start. More commonly, parents assumed that Flying Start referred only to the free childcare that was available in the area. In two of the case study areas, there was some 'brand' recognition among parents, primarily where services were co-located and there was a 'Flying Start' centre where all services were delivered. In these cases parents recognised that a whole range of services came under the Flying Start banner.

A handful of the most informed parents knew that the aim of Flying Start is to improve children's early development or "give them a better start in life." Others thought the aim was to help the parents out by enabling them to get together and interact socially.

Finally, a number of participants in one case study area thought that 'Flying Start' (i.e. the free childcare part of the offer) was only for people who have no other support, or those who need extra support such as young mums and people on benefits. However, parents

usually understood that it is a universal service for those living in areas where the programme is operating and thought that this was a key strength of the programme, as it seemed only fair to them that everyone living in an area should have access to the same services.

Given their low awareness of the Flying Start programme as a whole, parents often struggled to explain how they thought it could help them and their families, but were likely to express pleasure at receiving “free” services in the first place. Many felt privileged to have access to Flying Start and commented that they felt it was unfair people living close by or even across the street did not. This was particularly the case in areas where the borders seemed arbitrary, for example where only certain addresses in estates were eligible for services.

## 4.2 Information, signposting and referrals

Families usually found out about Flying Start services initially through their health visitors. In two of the case study areas, some parents had had access to a Flying Start midwife, and therefore had begun to build a relationship with Flying Start professionals even before their child was born.

### 4.2.1 Initial information

Populations in some Flying Start areas are often quite transient, so a swift referral from a doctor to a Flying Start health visitor is important in ensuring families who are new to the areas start to gain information about the other elements of the offer. Some families mentioned that information was also available in their doctor’s surgery. This was seen as a useful way of keeping them informed, especially once health visitor contact becomes less frequent as the child gets older<sup>17</sup>.

The extent to which health visitors kept parents informed about the other elements of the offer varied greatly from area to area. It was clear that in some areas, especially where high need parents were experiencing a high level of contact from health visitors, families were better informed about the range of services on offer than those families who had less health visitor contact. In other areas, even where contact was high, respondents reported that health visitors were less proactive about informing parents about all the services on offer. This is important, as many of the families who had not taken up services did not know much about them at all. Parenting programmes, in particular, seemed to be under publicised in many areas. The lack of information was sometimes due to the family’s lower level of need

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<sup>17</sup> Flying Start health visitors commonly visit parents of newborns regularly (weekly or monthly depending on the need of the family), and then monthly or bi-monthly as the child approaches their first birthday. Providing that families do not have on-going needs that require continued intensive support, after the age of two health visitors may only visit annually to conduct two and three-year checks.

but a number of parents specifically mentioned that they would have liked more help with their parenting.

Parents generally thought that the written information about the services that they had received had been very useful, as it helped them to remember the information that the health visitor had provided orally. However, some commented that initially receiving a large amount of paper information whilst adjusting to life with a new-born was overwhelming and had not engaged with the leaflets. In one area, many families had received a Flying Start calendar annually which they used regularly; families in other areas mentioned useful timetables, information sheets and regular leaflets in the post.

Some parents who had low levels of contact with their health visitor had initially become informed about Flying Start services through friends or neighbours. However, word of mouth tended to be more important in guiding parents' choices about whether to take up services in the first place, rather than keeping them informed. Positive word of mouth in many cases led to groups of friends signing up to parenting programmes or LAP together. Knowing other people on the courses made them more attractive to parents.

#### **4.2.2 Signposting between Flying Start services**

Parents described several different routes between Flying Start services. These can be broadly broken down into four main 'journeys' between services:

- Health visitor as main co-ordinator of services
- Signposting between different Flying Start services
- Fluidity between services
- Co-location of services

No one journey seemed to be more effective than others. However, it was clear in the cases of some parents who had not taken up many services that signposting opportunities had been missed.

##### Health visitor signposting

All of the parents using childcare that we spoke to had been referred by the health visitor. Even if they already knew about the offer through other means, they said that the health visitor had made sure that they were aware that it was available and encouraged them to sign up, often helping them to fill in the forms. For parents with very high needs, health visitors also recommended and arranged access to respite childcare, either before the Flying Start childcare offer or in addition to it.

For some parents, this was the extent of health visitor encouragement. Many parents in one of the case study areas said that their health visitor had never recommended any other Flying Start services to them, although it may be that they had been signposted but did not remember or were unsure about which services were included in the Flying Start programme.

In other areas, health visitors were very active in referring parents to LAP, informal groups that were provided by Flying Start like Mother and Toddler groups and Gym Tots, or formal parenting programmes. They often invested a lot of time in numerous visits to persuade parents of the benefits of these services and encouraging them to attend. Some parents said that they would not have taken up other Flying Start services if it were not for their health visitor's persistence. This was especially important for childcare. Parents in some areas said that they had been reluctant to send their children as they were at home all day, and it was not necessary. Clear explanations from the health visitor of the benefits to the child of taking it up had persuaded them otherwise.

The type of active signposting and persuasion outlined in the previous paragraph was only possible where the relationship was strong and the health visitor communicated effectively. The importance of strong relationships between health visitors and parents is explored in more depth in section 4.3.

#### Signposting from other Flying Start services, especially childcare

In two case study areas in particular, parents reported being signposted to other Flying Start services from the ones that they already used. This included:

- Being telephoned by the professionals who ran groups they already attended to be asked to join another one.
- Being recruited by Flying Start professionals to the Incredible Years parenting programme while attending a cookery course.
- Children bringing letters home from Flying Start childcare providers or posters around the childcare setting.
- Childcare staff recommending parenting programmes that were running at the time.

Once parents had used one service, they were more likely to use others i.e. they were then on a path of continued service-use. As personal relationships build and parents become more comfortable with the idea of using parent and family services, they are signposted to more services, and more likely to take them up. For example, parents who had used Play

Support<sup>18</sup> were recommended to then attend local Pop in and Play, while parents who had attended parenting programmes were presented with a list of other programmes they could attend, such as the parents who chose the Family Links Nurturing Programme because it was a direct follow up to Handling Children's Behaviour.

### Fluidity between services

In a similar way, some parents also described moving between services almost seamlessly, without them having to put effort into organising or applying for anything. Given how busy and difficult some high needs parents lives are, ensuring accessibility is an important means of ensuring that as many of them as possible take up services.

#### **Case study: Flying Start staff working together to resolve problems**

Naomi and Graham's son Harvey was born with a twisted tongue, which has led to on-going issues with his speech. He also suffers from anger and behavioural issues. Once he had started attending Flying Start childcare, staff there and the health visitor identified the additional support needs around Harvey's language and behaviour. The health visitor and staff consulted with the family and it was agreed that Harvey would move to a more specialist unit to receive speech therapy and one to one teaching. Because he is so settled there, he is finding moving to mainstream pre-school a struggle because the classes are so big, so spends three days at school and two days at the unit to help his transition. The parents get daily reports on his progress and activities from the school and the health visitor and speech therapist still liaise with the family after visiting Harvey themselves at the school settings. A decision on his long-term suitability for mainstream school, or remaining in a high support unit, is being discussed on an on-going basis at meetings between the parents, the school, health visitor and the Speech Therapist.

Examples of 'seamless' working included:

- Running LAP at the same time as childcare sessions, which meant that almost every parent attended.
- GP referrals to the health visitor when parents mentioned something that they could provide support with (e.g. child behavioural issues).
- Health visitors organising in home Play Support and/or parenting programmes.

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<sup>18</sup> A form of Language and Play which is delivered in home to show families a range of creative and cost-effective activities they can do together at home, and explain how play can lead to educational development.

- Health visitors attending parenting programmes and drop-in groups such as Mother and Toddler so that parents see a friendly face, which allows them to feel more at ease. It also allows the health visitors to catch up with parents on an informal basis.
- Health visitors dropping in on childcare settings to check up on children's progress. Parents said that this means that the health visitor stays in tune with their child's development, particularly around speech and behaviour, allowing the health visitor to offer any specific support that might be needed.
- Groups of Flying Start staff (for example health visitor and childcare staff) working together to solve problems with child health or behaviour.

### Co-location of services

Where services were co-located, parents reported being well-informed, as they found out more about all services on a continuous basis. In many areas LAP and childcare were delivered in the same setting. In a smaller number of areas, one hub (usually the community or family centre) housed all of the Flying Start services, which made the task of keeping parents informed about what was available much easier. However, this was not always possible in large areas.

#### **Case study: Local family centre as a Flying Start hub**

In one isolated village the local family centre acted as a hub for Flying Start. Parents described regularly popping in to see what activities were on, which led them to LAP and/or parenting programmes. The nearest town is nine miles away so the parents are grateful there are services available locally, as they don't think they would be likely to get on a bus to access them.

The centre also successfully gets parents to stay for longer by offering parents and their children to stay for a heavily discounted lunch (two courses for £1.50) which had a high level of take up. In the afternoon they put on an informal play session which parents and children said they enjoyed. They also run a dad's and granddad's day on Fridays to encourage men to come in which is quite popular.

### **4.2.3 Signposting by area**

The predominant modes of information delivery and signposting in each of the areas are set out below. Some areas seemed to be more successful than others in ensuring that parents had enough information available to them. In particular, areas one, four and five had developed a mix of information-provision that worked well for the type of area, types of families and mix of service provision:

**Area 1:** There was a mix of information provision in this area. While there was a lot of health visitor referrals (verbally and through leaflets/lists), staff at childcare and Play Support were also active in recommending parenting programmes, and other less formal groups. Parents also received information about elements of the Flying Start offer at coffee mornings. Co-location of services helped to spread information rapidly.

**Area two:** The health visitor predominantly gave information and arranged referrals, and even accompanied parents to some appointments e.g. with specialists or speech and language therapists.

**Area three:** Parents who had attended a parenting programme or LAP had usually been encouraged to do so through childcare, through letters from nurseries or calls from a nursery nurse. Health visitors seemed much less involved in information provision in this area compared to other case study areas.

**Area four:** Information provision was mixed and patchy in this area. Some parents had received information about other elements of the offer through their health visitor, some through childcare. A few childcare settings promoted LAP classes. One parent had received letters about Flying Start services through the door. Overall, however, parents seemed less informed than in other areas. This seemed to be in part related to the mixed and patchy nature of service provision in that area.

**Area five:** In this area, the health visitors were described as very proactive in informing parents about other Flying Start services. Many parents had received Flying Start calendars from health visitors and information by post. 'Light' and 'medium' users commented that communication by post helped make them feel included in Flying Start even if they had not used many services. Some had been visited at home by a local play worker to introduce and inform them about childcare. Co-location of some services helped to spread information rapidly in some smaller areas within this local authority.

The variation in the areas means that many factors need to be taken into account when deciding how to keep parents informed, and one model does not suit all. Section 6.1 sets out the general lessons from this research around information provision in Flying Start areas.

### 4.3 Health visiting

The health visitor is usually the first Flying Start professional that parents come into contact with<sup>19</sup>, and can set the tone for a family's engagement with the services on offer over the

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<sup>19</sup> A few of the parents we spoke to were assigned a Flying Start midwife during their pregnancy and therefore were later introduced to their health visitor. Furthermore in one case study area, confusion amongst GPs about areas that were eligible for the programme meant some parents did

course of the child's first four years of life. Experiences with the health visitor were of crucial importance in ensuring that parents and children in Flying Start areas had their needs addressed and took up the other elements of the offer.

In most of the case study areas, parents were extremely positive about their health visitor and the level of support on offer. In one area in particular, parents were effusive and thought that the health visitor had significantly improved their family's life and prospects. Some do not think that they could have coped without the support that the health visitor offered.

*"I cannot thank my health visitor enough. I did not know the support which I have had was there. I see her as my sister, as my friend."*

First time parent, parent of child with additional needs, heavy user

Many noted that the level of support that they received for their younger children was far greater than for their older children who did not have access to Flying Start in terms of the frequency of contact, provision of in home visits and the relationship they had with their health visitor. Others contrasted the strong presence of their Flying Start health visitor with health visitors they had come into contact with when living in other areas of Wales or abroad. Many felt very grateful to have had access to this level of support, which they understood is not available to every family in Wales.

#### **Case study: Intensive health visitor support**

Evelyn and Gary have four children: Eleanor (five), twins Amy and Sarah (four) and baby Katrina (one). Their needs are many – Evelyn has epilepsy and mental health issues and all three elder children have health problems or additional needs. Eleanor has epilepsy, Amy's development is severely delayed and Sarah has speech problems and asthma. Their health visitor has developed a very close relationship with Evelyn (who finds it difficult to trust new people and does not socialise outside her immediate family) and has organised a whole range of extra support for the entire family, including extra childcare for the older children so that the parents can spend quality time with Katrina. She has supported them when they have had problems with childcare and Portage workers.

Parents in case study areas had a wide range of needs addressed by their health visitors, including:

- Support with breastfeeding. In many cases, mothers said that they would definitely have stopped breastfeeding sooner or not breastfed at all if they did not have the support of their health visitor.

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not start accessing services until their child was over two and therefore opted not to change to a Flying Start health visitor.

- Access to readily available general advice on child development, behaviour and effective parenting.
- Access to other Flying Start services, either in home or in a group setting.
- Access to extra childcare for very high need families.
- Organising and speeding up the referrals process to non-Flying Start services.
- Acting as a health ‘advocate’ for the child by liaising with doctors, speech and language therapists, counsellors and other medical professionals to ensure that the parent is supported, kept well informed and the child’s care is joined up.
- Supplying or organising access to free items including toothbrushes and toothpaste, safety equipment and milk vouchers.
- Supporting parents when dealing with absent fathers or relationship difficulties with current partners.

Relationships with health visitors varied significantly both across and within areas, in terms of the level of contact and the parent experience of the contact. Appropriate levels of contact and good relationships with health visitors seemed to be strongly correlated with take up of other Flying Start services, and with more parents’ positive experiences of the programme overall.

#### **4.3.1 Level of contact**

Key to ensuring that parents felt adequately supported is an appropriate level of contact. Of the parents we spoke to, those with the greatest needs often received as many as several visits a week until their child started childcare. At the other end of the spectrum, others had had a few visits in the first few weeks, and then the scheduled developmental check-ups after that. These were generally families with lower needs.

Parents often reported preferring in home contacts. This was particularly true for those who had multiple children, children with additional needs or any personal health issues that made leaving the house more of a challenge. Parents thought that having the health visitor visit them in home makes the visit feel more informal. This also improved the parent experience (see section 4.3.2).

*“The health visitor is able to spend time with you. It is not just checking your blood pressure out. They had time to talk to you and to come round to the house where it is more relaxed.”*

*First time parent, parent of child with additional needs, heavy user*

The absolute level of contact seemed less important to feeling well-supported than the perception of the parent that the health visitor is available for them, which reassured parents that they had easy access to support or advice when necessary. Parents spoke very

positively about health visitors who were easily accessible by phone, or who had an office close by that they could drop in to without making an appointment.

*“She was marvellous, she said if there was anything you needed, any problems, anything you wanted to talk just to give her a ring and we could talk on the phone, or she would come straight out”*

Young parent, heavy user

This was contrasted with other, more formal public services, where a lot more organisation is required, and it can be hard to secure appointments.

*“I phone them all the time...if I’m in a bit of a situation, because phoning the doctors isn’t very good, they are not very polite so I tend to phone Flying Start for everything”*

First time parent, young parent, heavy user

Proactive informal support was also valued by parents: many told stories of their health visitor popping around unscheduled or calling from time to time for no other reason than to check that they were okay. This made them feel like the health visitor really cared, and made them feel comfortable about getting in touch informally on any issue, however small. Having someone to call with small queries (e.g. potty training) was seen as really useful and was especially helpful for first time parents who do not have other people to ask about these issues.

Some parents reported always having scheduled visits, and did not have the same flexibility reported by families who could just call/text or drop-in to their health visitors at any time. This usually meant that their relationship with their health visitor was less close.

Some older and more experienced mums noted that their health visitor seemed less available for them than other mothers that they knew. Some felt like they had been ‘signed’ off as a competent parent by the health visitor. While this was usually absolutely fine, a few parents felt that this had meant that they did not receive the support that they needed.

A handful of parents reported that the health visitors didn’t spend enough time during each visit to fully engage with them or do anything other than perform the assessments on the children. Perfunctory visits meant that parents did not build the strong relationship with the health visitor that was crucial to allow for subsequent effective signposting to other elements of the Flying Start offer.

### Case study: Feeling unsupported

Maeve is a single parent of four children under the age of 13. Her two youngest children have had problems with hearing and her 11 year old daughter has significant behavioural problems. While she is a very experienced mother so has not needed help from the health visitor with the basics, since her husband left she has felt overwhelmed and isolated, and has developed a drinking problem. Maeve also has health problems and finds it difficult to find someone to mind the children when she has hospital appointments. While the health visitor helped her arrange standard Flying Start childcare and made ear, nose and throat (ENT) referrals for the children, Maeve did not receive support with her other problems. She thought that the health visitor treated her as a “strong woman” who would pull through and so did not make extra time for her. Maeve thinks that the health visitor concentrates all her time and visits on less-experienced mothers: “she only has time for the young mums”. The health visitor thus did not notice when Maeve was going through really difficult times, or put any extra support in place. Maeve and the children have subsequently received support from a social worker and the Integrated Family Support Service (IFSS) team, but this was not arranged through the health visitor. Maeve thinks that if the health visitor had visited her more, she would have had a quicker referral to these services.

#### 4.3.2 Parent experience

Parents were often very appreciative of the efforts that their health visitor had made to build strong relationships, and treat them with kindness and respect. Many remarked on the friendliness of their health visitor and how positive it made them feel in turn. Feeling like the health visitor “cares” or “goes out of their way” made parents feel better supported and gave them more confidence as parents.

*“She tries her best in every way, even if it’s not under her category, even if she doesn’t know whether she can do it or not she’ll ask her boss”*

Lone parent, medium user

Taking the time to speak to the parents as individuals and not just mothers or fathers was appreciated. Often these high need parents were struggling from day-to-day, and felt that no one ever enquired about their own well-being, so it was a welcome relief when the health visitor did. This allowed them to unburden themselves and sometimes to admit to difficulties that they had been holding in for the sake of the family. The added value of doing this with the health visitor was that it usually led to them getting access to help, or at the very least, allowed the health visitor to monitor them on an on-going basis:

*“They came in and had a little chat, not just about the child but how you are coping as well so I think that really helped. When I wasn’t working with my second one [the health visitor] picked up maybe I was going through a*

*little depression. Even though I denied it she did a little quiz about feelings. That was good because when she came after that she always used to ask how I was and how I was coping which was really nice, to chat to someone completely outside of the family.”*

First time parent, BME parent, heavy user

Having someone outside of the family to talk to was particularly important to some parents we spoke to from BME backgrounds, either because they had few contacts outside of their immediate family community to turn to when they had difficulties, or because those difficulties were of a private nature.

#### **Case study: Asking for help with domestic violence**

Anita lives in an urban area with her two children aged seven and four, and received intensive health visitor support when her youngest child was two years old. She moved to Wales from India a decade ago, and because she is a nurse felt that she did not need help with her parenting. Consequently Anita did not initially have a large amount of contact with her health visitor, though Anita has always got along with and trusted her. However, after experiencing domestic violence, Anita found that the health visitor was the only person she could turn to as she didn't have any knowledge of the help available. The health visitor helped her through the process of finding support and starting divorce proceedings.

*“When you go through a difficult moment you will always remember what help you had. When you were thinking ‘oh what am I going to do’ and you don’t have nobody to ask, these people come and they kind of you know, comfort you, support you and tell you what to do. I would never ever forget the health visitor.”*

Anita thinks that her situation is not unusual in the Asian community, and therefore having regular in home visits from trusted health visitors (ideally who can communicate with those who have limited English) is vital in ensuring that other women like her get the support they need.

In some families where need was very high, relationships with the health visitor were remarkably strong. The emotional support provided by the health visitor was essential to ensuring that these families felt strong enough to face the numerous difficulties in their lives. Often the health visitors were seen as a cross between a friend and a counsellor. Parents felt comfortable discussing very personal matters with them, including relationship difficulties, depression, substance abuse and domestic violence. A number of mothers said that they could tell their health visitor anything. Sometimes the health visitor was the only person with whom they felt they could talk about these issues. The handful of parents we spoke to who had experienced domestic violence had spoken to their health visitor before anyone else.

*“My health visitor is fab. I tell her everything which is why the kids are getting counselling to help them deal with their father dying. The health visitor herself performs that function for me”*

Lone parent, parent of child with additional needs, heavy user

By contrast, some of the parents we spoke to had had a bad experience or relationship with a health visitor. Usually these were the parents who then go on to be light users of Flying Start services. Their negative experience of the health visitor offer was put forward by some as the explanation for not wanting to take up other Flying Start services. Some young parents reported finding their health visitor’s manner too formal and sometimes hectoring. Often they were seen as too *“by the book”*; giving orders rather than trying to engage parents as other adults who can understand the reasons behind the orders. These younger mothers often felt patronised and like they were not being allowed to make their own decisions.

*“Because I was younger they used to think silly girl type of thing instead of explaining things”*

First time parent, lone parent, medium user

Several younger mothers thought that their relationships with their health visitor had improved as they got older, or after they had another child.

Additionally, some mothers complained that health visitors did not take into account the difficulties they might face in carrying out their advice, particularly around healthy eating. Some reported feeling pressured into continuing breastfeeding for longer than they were necessarily comfortable with.

*“She’s now eight months and not on any formula yet but I think my life would be much easier if I did give her formula... Yes, they have to do things the way they have been taught but sometimes it would just be nice if they just understood, everything is not going to be perfect”*

First time parent, young parent, BME parent, heavy user

Overall, the difference between good and bad parent experiences of the health visitor offer was the difference between feeling encouraged and feeling *“scolded”*. Relationships seemed to be more successful where parents felt like they were being given suggestions for how to deal with their problems, rather than instructions:

*“She didn’t tell you there was a certain way you should do it, there were more options”*

Lone parent, medium user

Where health visitors manage to make parents feel encouraged and comfortable, this can persuade the parent to take up other elements of the Flying Start offer.

## 4.4 Childcare

Across all case study areas, Flying Start families had generally had very good experiences of the free childcare on offer. Parents reported that their children really enjoyed “*playgroup*” (as they usually called it). They were usually very happy to have the opportunity to give their child a head start before school, and to start to meet the other children who would be their educational peers. Childcare was also usually the area where the impact of Flying Start was most readily apparent to the parents (see Chapter 5 on impact).

Parents who had positive experiences tended to find it difficult to expand on their experience beyond noting that they were satisfied with the quality and flexibility of the offer, had good relationships with staff, felt they were well informed and that their children enjoyed playgroup. Qualitative research aims to describe the range of experiences that respondents have had; therefore some of the case studies in this chapter focus on the negative experiences, which tended to be described in more detail, although they were reported by fewer parents.

### 4.4.1 Quality of childcare

It was not simply the opportunity to send their children to childcare that parents were pleased about. In many cases they thought that the childcare provided was of noticeably high quality. Some parents thought that Flying Start childcare was tangibly better than private provision that they had used previously or public provision that they were currently using (e.g. nursery). Satisfaction with the day-to-day experience of the childcare offered was affected by practical issues, level of parental involvement, perceptions of and relationships with staff, and the availability of support with parenting issues or child health and behavioural issues.

Where parents had complaints about the childcare offer, they were usually minor, and did not tend to affect take up of the other elements of the Flying Start offer. However, it was clear that in some areas the childcare settings could be capitalising better on their regular contact with parents to encourage them to attend LAP or parenting programmes.

### 4.4.2 Practicality of the offer

Parents generally reported that they were happy with the childcare setting on offer. While - in all but one case study area where health visitors reviewed childcare options with all parents - only a handful remembered having a choice of setting, in most cases, the default option was the one that would have been chosen anyway, as parents valued close or convenient locations above all else. They said that they were glad to have had the offer of

such high quality childcare close to home. Indeed in some areas, particularly rural areas where childcare was offered on a village by village basis, parents were clear that they would not have travelled further afield to access free childcare, regardless of the quality. While a handful of parents noted that the physical setting of the childcare could be improved with access to extra outdoor space or redecoration, parents were broadly happy with the physical setting.

Those who did have a choice usually said they had the opportunity to visit and gain a feel for the setting before choosing. Some cited the availability of Welsh language childcare as the reason for choosing one setting over another. Other parents were especially keen on settings that catered purely to and for two to three year old children, as they thought that staff had more time to give to each child there, compared with mixed settings where staff had to look after much younger children as well.

A handful of parents reported being unable to access a particular childcare setting. One parent really wanted her child to attend the setting that was co-located with the local primary school and was very disappointed when she found she was unable to because it was impossible to coordinate drop offs with an older sibling from nursery. Some parents in one case study area also highlighted that there were no places available in their first choice setting. However, this did not seem to be a particular problem for parents across areas. By contrast, lack of flexibility around *timing* of childcare setting negatively affected many parents. Several parents had had to take either morning or afternoon slots (when they wanted the other) in order to access a preferred setting, while others had had to have their child attend a second or third choice setting in order to be able to fit the free childcare around drop off times for another school.

*“I’ve had to send my son to a different setting, one nearer the school. It’s more cramped and not as welcoming, but I just can’t get back up the hill from nursery [the pre-school her three year old attends] fast enough to get him to [the setting that her daughter had previously used], even though I’d prefer it”*

Lone parent, BME parent, heavy user

Parents suggested that this issue could be avoided by flexibility in start and end times at the Flying Start childcare setting. Strictness over timings was one of the few negative experiences parents reported. Those who had experienced this thought that staff being more flexible would show that staff understood that parents may be under time pressure and liable to be pulled in two different directions at once, and help to build good relationships with all parents. There were varying reasons for parents not taking up the childcare offer, but for a few, the lack of flexibility in the offer made it impossible to fit around work or study, as demonstrated by the case study below.

### Case study: Lack of flexibility of the childcare offer

Katherine is a young lone parent with one three and a half old year old daughter called Daisy, who was in private childcare between the ages of one and three. Katherine is now enrolled in university and previously attended Sixth Form College. In both cases the institution has given her financial help to allow her to use private childcare. While that was of adequate quality, it was not particularly convenient as it was a 15 minute bus ride each way on infrequent buses. Katherine also had some issues with the setting, for example Daisy coming home dirty or not having been changed. She also thought that Daisy didn't seem to learn enough there, especially in comparison to how much she currently learns in nursery.

Because of this, when Daisy turned two Katherine thought about applying for Flying Start childcare, which she had heard of through the health visitor. This childcare was much more conveniently located and Katherine thought it would be of higher quality. She also wanted Daisy to start to mix with the local children who would be her peers at school. However, she realised the Flying Start hours wouldn't have covered all the hours she would need childcare for. It was not possible to pay for extra hours in addition to the free 12 and a half, which would have allowed Katherine to do the pick up and drop off herself, without asking her mother. Therefore Daisy had to stay in private nursery to allow Katherine to fit childcare around her course.

On the other hand, some parents had found that Flying Start staff or health visitors had put a lot of effort into making the childcare offer more flexible to suit their needs. Some single parents said that they had specifically been offered the afternoon session as their health visitor knew that they would be too busy with their other children for their child to attend the morning session. One child was allowed to attend a different setting for two longer sessions (four hours rather than two and a half), funded by Flying Start, rather than continue at a setting where she had not settled. Another could not access a childcare place between the age of two and two and a half, and even then could only attend two days a week because there were limited places, so a member of staff secured some special funding so the child could attend Flying Start childcare after she had turned three to make up for the time she had missed.

One practical issue that was reported across areas was that, depending on the age of the child, there was a period between Flying Start childcare ending and nursery school starting in which their child had no access to any childcare at all. Parents said this was frustrating both for them and their children who had got used to socialising and learning every day.

Overall however, parents found the offer easy to access and practical for their needs. Building in greater flexibility, would appeal to parents who work, study, or have several school-aged children.

### 4.4.3 Involving the parents

Parents reported that the childcare settings that they used did an excellent job of keeping them informed of their child's progress. While it varied from setting to setting, some of the methods used included:

- Staff verbally informing parents every day on what their children have done.
- A notice board where a daily timetable of activities is posted.
- Giving parents a written daily diary of their child's activities.
- Regular written reports on the child's activities and progress.
- Face to face meetings with staff every eight weeks.
- An end of term/year activity book recording the child's progress.

Some settings also ran end of term parties which were instrumental in getting wider members of the family such as fathers and grandparents to join in and learn more about the children's progress. These also had an impact on parents' social circles and sometimes their views of the local area (see also Chapter 5).

#### Case study: Involving parents

Julia was born in the rural area where she still lives, on a farm with her partner and two daughters (six and four). Both of her daughters have attended the Flying Start childcare setting attached to the primary school they have since attended.

She thought the staff were lovely and got a lot of feedback from them on her daughter's progress. The playgroup has buses so they can regularly go out on trips e.g. to the nearby golf course. They also do a lot of learning through play. Often they have a Flying Start professional who goes in with music and drums or lambs and baby rabbits for children to see. These events are also open for parents to go in and see what they are doing, which Julia regularly did, as she enjoyed understanding her daughters' experiences at childcare.

Parental involvement started early in many settings, and making parents part of the process in the first few weeks seemed to keep them really engaged with the setting and their child's progress throughout the year. Some had been talked through the setting's policies and procedures before their child's first day, which reassured them that it was a secure environment where their children would be well looked after. Some settings also allowed the parents to stay with their children during the session in the first few weeks, which made them happier leaving their children, secure in the knowledge that they were properly settled. One parent really appreciated that the setting allowed her to stay for as long as she

needed with her son, who found it difficult to adjust to childcare. She ended up attending for six weeks, and the son successfully attended on his own for the rest of the year.

Simply having friendly chats with setting staff every day seemed to engage parents the most. They said that these informal interactions helped them to trust staff and made them more likely to ask for advice about general parenting issues on a day-to-day basis. Where parents did say that they didn't hear enough about their child's activities and progress, this was usually because it was irregular and too formal. While written end of term updates and workbooks were appreciated, daily contact and information made parents feel closer to their children's experience and develop strong relationships with staff. On the other hand, a handful of parents found too much contact with staff irritating. In one area in particular, some felt that they were "forced"<sup>20</sup> to stay for LAP, when in fact they wanted to use that time differently.

#### **4.4.4 Relationships with staff**

Parents were, in general, full of praise for the staff at the Flying Start childcare settings that their children attended. Finding staff friendly and approachable reassured them that children were being well looked after and paid attention to. Again, building a good relationship with parents started even before the child's first session - parents said that they really liked it when members of childcare staff visited them beforehand to start to get to know them and their child. Some had had to fill in forms about their children's likes, dislikes and needs before the first session, which made them think that staff really cared about their children before starting.

As already outlined, some parents need a lot of reassurance about their children attending childcare at such a young age. While health visitors and pre-visits can help before their child begins, once they are attending, the key worker system adopted by many Flying Start settings is important in building up the confidence of parents who were initially reluctant or nervous about sending their children to childcare.

*"What they do in my playgroup, I don't know if they do it in others, they don't allocate a key worker for a few weeks until the child has settled in to see which adult the kid likes which is really nice. So the child chooses the key worker... My son can't pronounce the name of his key worker so he calls her his 'playgroup mummy."*

Light user

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<sup>20</sup> Where childcare and LAP were co-located, a few parents reported that they had been told that LAP was compulsory if they were dropping their child off to childcare, and asked to remove their child if they were not staying for the LAP session which was run simultaneously.

Having a clear point of contact with a staff member who works closely with their child also helped parents feel more supported practically, as they could discuss any individual issues they had, usually lack of progress with toilet training. At its best, the relationships between parents and staff functioned like a less intense version of the health visitor-parent relationship.

Staff language capabilities were important to some parents. In areas with a high prevalence of Welsh-speakers, parents said it was essential that staff were fully bilingual. Some of their children could not speak English at all before starting childcare, and parents appreciated that all of the staff could speak to them and their children in their language of choice (Welsh) while also ensuring that children who did not grow up speaking English were not disadvantaged by only starting to learn it in the childcare setting. In one area with high proportions of BME parents with English as a second language, childcare workers who spoke Bengali were crucial in allowing some parents to learn about their children's activities. Staff in these settings had also built up relationships with some parents and encouraged them to attend English language classes while their child was in childcare (see section 3.4.1).

While good relationships with childcare staff were the norm, they were not universal. A handful of parents complained that staff were not attentive enough and spent too much time talking to each other. Lack of interaction with parents made it harder to build up a relationship and to make sure that parents understood their children's activities and development and further encourage it at home.

#### **4.4.5 Child experience**

Parents spoke highly of their children's experience of Flying Start childcare. They described the atmosphere in settings as fun and hands on, with children split into smaller groups for lots of one to one time rather than being kept in one big group. They praised the number and variety of activities available to their children, such as arts and crafts, soft play, learning about healthy eating, cooking and trying new foods, outdoor play and singing activities. Parents thought that the settings were often well-equipped, for example parents of children with additional needs in one area particularly noted the availability of a sensory box, which their children loved, while others mentioned sandpits and toy buses. On the whole, discipline and structure was described as good, which led to some of the impacts on child maturity and school-readiness described in the next chapter.

Related to this, staff were thought to put a lot of effort into bonding with children and helping them to settle in. Those who had experience of private nurseries thought that this was a distinct advantage of Flying Start childcare. Those who had children with additional needs or behavioural problems were particularly likely to say this, and really appreciate any one on one time spent with their children.

By contrast there were a few parents whose children with additional needs had not been adequately supported by Flying Start childcare staff. One parent thought that the staff blamed her for poor child behaviour caused by additional needs. Others simply thought that the settings were not well-staffed enough to deal with their children's high needs.

In several of these cases, the result had been that the child had been removed from Flying Start childcare. This highlights the importance of adequate staffing levels in Flying Start settings, and the provision of extra or specially trained staff in settings with high numbers of children with additional needs.

#### 4.5 Language and Play

Language and Play aims to encourage parents to interact with their children to improve early language development. It was the service with the most variance between the five case study areas and took various forms such as arts and crafts, play/activity or soft play gym sessions in which levels of parent and child involvement differed.

Language and Play was attended by many of the parents that we spoke to. However, it was much less appreciated by parents than other elements of the programme. This was because parents failed to understand the 'point' of LAP, often not understanding how it would help.

Parents experienced LAP in very different ways across the areas. In three of the case study areas LAP was either fully integrated with childcare or integrated with childcare in some settings. Usually this meant that parents would stay at the setting to attend LAP at the same time as the normal childcare hours. The children would then join their parents at some point during the class. Providing LAP in this way is extremely effective in generating numbers at the groups; parents in the area where it was fully integrated reported that 'most' parents attended LAP sessions once a week all year round, while their children were attending Flying Start childcare. This also allowed the parents of a peer group to get to know one another better outside the hurry of the school gate, and seemed to be particularly effective in an urban area where the communities were less close-knit and there were few community centres.

In one area parents had received LAP sessions as part of a mother and toddler group, which meant that some had attended on a continual basis for over three years. In others it was delivered as a completely independent course in the library, community centre or children's centre. Running the courses in this way allowed them to run courses tailored for children of different ages, for example some parents had attended a LAP course for babies, 18 month old children, and a different LAP course designed for children approaching two years old. However, the downside of this model is that in these areas, parents had only become aware of LAP through their health visitor, which suggests that running it in this way could make it harder to draw in parents who have a less strong relationship with their health visitor, or do

not see them much. Several parents in these areas said they had not found out about LAP until their child was already too old to go or at Flying Start childcare and thus unable to go.

Finally in one area LAP was delivered primarily in home via Play Support. All parents reported that they were very pleased with this service, which seems particularly suited to very high need families. Those whose children had additional needs said it really helped them to understand how to tailor activities to their child's specific needs:

*“We tried to get her to play with her toys but we can't hold her attention as much as the Play Support lady, she's just got this way with her. And I get involved as well and my daughter takes a lot more in as well. She's scared at painting, she's got sensory issues, but Play Support has been really good at exploring things with her.”*

Lone parent, parent of child with additional needs, medium user

It allows the professionals who are delivering it to involve the whole family in the sessions, and help parents understand that it is easy to carry out fun and educational activities in the home environment. As with other in home support, parents appreciate the chance to talk one on one with the professionals and some said that they became very close with their Play Support worker. The approach has risks however; one parent who did not personally get along with the worker who visited her for the initial session then became disillusioned by what she saw as the Play Support worker's critical attitude and refused any more LAP sessions.

Parents frequently described LAP as learning arts and crafts. They usually appreciated the opportunity to take part in activities that they did not normally engage in at home and learning about imaginative and inexpensive ways to engage their children:

*“That was fun wasn't it, yeah? We really liked the messy play...”*

Lone parent, heavy user

However for some people it felt patronising. Some had hoped that they would learn about child development in a more structured way, others found doing activities like 'colouring in' too similar to schoolwork and too simple for their liking.

*“It wasn't challenging enough we were cutting bits of toys out of an Argos catalogue and writing how it could be used as a resource. It was good for a young teenage mum that hasn't got a clue”*

Lone parent, BME parent, heavy user

Other parents had learned about storytelling and a few had attended Number and Play classes, where they said that they had learned a lot. In some areas education in Welsh (e.g.

learning numbers) and music were both used as part of LAP, which parents and children enjoyed.

While they found the sessions themselves enjoyable, LAP did not seem to make a lasting impression on many parents, and few had tried to put what they had learned into practice on a regular basis. Receiving resources encouraged parents, with some mentioning reusing play dough that they had made and matching and colour games that they were given at home. Overall though, parents spoke more about the benefits of the social aspects of the LAP than the educational ones. They most appreciated the chance it gave them to spend some time with other parents, have a cup of tea and relax.

*“If anything it was a good laugh to speak to other parents and get to know them, but that’s all it was.”*

First time parent, lone parent, medium user

## 4.6 Parenting programmes

A range of parenting programmes are offered and funded by Flying Start, and the extent and type of courses on offer may vary by area depending on the level of particular need in the specific area, as well as the extent of courses that are already available locally<sup>21</sup>. The parenting programmes offered have been approved by the Welsh Government as having proven evidenced based approaches to improve parenting and include the following:

- Help with everyday parenting skills: The Incredible Years, Coping with Young Children, Family Links Nurturing Programme, The Healthy Child, High Scope – Caring Start and Hand in Hand Programmes.
- Understanding and bonding with babies: Neonatal Assessment Scale (NBAS), PIPPIN
- Behaviour management support: Handling Children’s Behaviour, Parenting Positively, Triple P – The Positive Parenting Programme, Stepping Stones, Fun and Families

Over half of the parents we spoke to had attended at least one parenting programme, and described almost universally positive experiences. It seemed that it was particularly helpful to the highest need parents, who often said that they had not realised that parenting was something you could learn about and consciously improve, like a skill. The challenge in some areas seemed to be encouraging more parents to attend. Those who had not attended were often interested, but either insufficiently informed or facing practical and psychological barriers to taking up a class.

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<sup>21</sup> Please see <http://wales.gov.uk/docs/dcells/publications/100225flyingstartannexcen.pdf> for further information.

#### 4.6.1 Access to parenting programmes

Perceived availability of classes varied significantly across areas. In some areas parents said it was difficult to get a place in a class. In others there seemed to be little access to classes between when their children were very young (e.g. The Incredible Years: Baby and Toddler) and when they were old enough to attend Flying Start childcare (when a lot of parents accessed Handling Children's Behaviour). Parents living in larger areas or urban areas - where it was easier to travel to a class - benefitted from being able to go to classes aimed at children of different ages, which allowed them to attend several classes, or to attend at a time most appropriate to them. Many were unable to attend due to a course being cancelled, or because their work hours clashed. This was exacerbated by the fact that this is the time that many families start to have less frequent contact with their health visitor due to the age of their child, and thus receive fewer reminders about the Flying Start services available.

Access to sufficient information about classes was very important in ensuring that parents took up parenting programmes. Unlike childcare or mother and toddler groups, parents rarely signed up proactively to parenting programmes, although in some cases health visitors had picked up on a mother's active interest in child development or how to handle tantrums and used this as a hook to recommend a parenting programme. More commonly, health visitors or childcare staff encouraged parents to attend parenting classes. Some areas were particularly successful in introducing parenting programmes 'softly' by painting them as fun and sociable courses, and in some cases further encouraging people to attend by signing up groups of friends.

*Oh, the health visitor encouraged me by saying free food; she knows what I'm like. But she also said it's about getting together with other mothers, talking about how to control certain things, like tantrums and stuff like that.*

Lone parent, young parent, heavy user

Parents commonly noted that they knew very little about the programme before they attended, which left them wondering what to expect on the first day. While they were usually pleasantly surprised, this could be easily rectified by more detailed pre-course information which would ensure that parents started the course with a reasonable expectation of what it was going to help them with.

Some parents said that it was hard to always maintain attendance at classes due to the hectic nature of their lives. They often needed to cancel due to issues with childcare, child sickness, hospital and other appointments. In one area, those who led the course made efforts to catch parents up if they were unable to attend a session, which was much appreciated.

A few parents said that for them, attending a group-based parenting programme would be impossible. This was either due to social anxiety or the fact that they were unable to leave the house to attend a class, either because of their own disabilities or those of their children, lack of adequate transport to the group, or because they have too many young children to be able to arrange adequate childcare to cover the classes. A few of these parents had received one to one parenting support in the home, which they appreciated, though missed out on the social aspect. However, this approach, while effective in encouraging attendance, sometimes led parents to have incorrect or negative ideas about parenting programmes, thinking they were about learning about “the right way to bring up a child” rather than programmes that explore the challenges of parenting in a supportive manner.

#### **Case study: In home parenting support**

Tamsin is a lone parent with three children aged four, five and seven. She struggles with depression and has little support in raising the children. She attended the Family Links Nurturing Programme when her youngest child was two but said that she does not remember much about it. However, the health visitor also arranged in home parenting support which she found more useful; because it provided one to one support she found it a lot more personal than the group and really liked the professional as they had a close relationship. She was visited every week for an hour to an hour and a half and the professional spent time with the whole family and encouraged them to do things together. She mentioned that she found it difficult to manage the children so the professional helped her to establish a bedtime routine. She was really sad when it stopped because the professional left to take up a different job, but Tamsin opted not to have her replaced with another member of the team, as she didn't want to have to get know someone new.

The parents who went in a group often found that realising that other parents had the same problems was revelatory and inspiring. Therefore health visitors often put considerable time and effort into encouraging isolated or unconfident parents to attend groups, even where there was initial resistance. A number of parents reported that their health visitor regularly contacted them to encourage them to start attending a new programme, and in a few cases their health visitor or another Flying Start professional had gone further and provided transport or attended with the parent. Though Flying Start does not have the resource to provide this level of support for all families, this level of intervention was instrumental in getting nervous parents to attend groups and subsequently take up more Flying Start services.

### Case study: attending group parenting support with assistance from a Flying Start worker

Stacey and Gareth are in their early twenties and have three daughters under the age of five. Stacey has no family or friends locally. She is currently unemployed having struggled to find a job after taking a childcare qualification when she was 16, and has had depression for much of her life.

The first parenting programme Stacey attended was the Family Links Nurturing Programme which was delivered in home as she has always been reluctant to visit the local Family Centre to use services. She developed a close relationship with the Flying Start professional, Cheryl, who delivers all the parenting programmes in the area who has since been in regular contact with Stacey to invite her to additional programmes. Stacey will only agree to go if Cheryl is there and they can sit together, and subsequently over the last year has attended five additional programmes. She is pleased that Cheryl was persistent in getting her to go and feels that it has dramatically improved her confidence. Over the next few months Stacey will start attending a group for mothers with depression, also in Cheryl's company.

#### 4.6.2 Experience of parenting programmes

Parents hugely enjoyed the parenting programmes that they attended in groups, and thought that they were well delivered. They were thought to be pitched at the right level and many parents thought that they had learned a lot. On the other hand, a handful thought that the programme that they had attended was not informative enough and said that they had not remembered much.

Parents were particularly satisfied with programmes that were run in a way that allowed parents to introduce the topics themselves, or programmes that were delivered informally, which made them feel that they were learning in a less formal way.

*“Probably yes, but without realising it, you know. Picked up things without actually realising you were picking them up like.”*

First time parent, young parent, heavy user

Where the course was delivered by a professional the parents already knew, such as the health visitor, or a childcare worker, this helped to build trust faster. Where parents had not enjoyed the programme, they usually said it was because they had not got on well with the person who delivered it or found their manner patronising or off-putting. Relationships with other parents were also vital to parents' enjoyment of the programme. Some parents said that there were cliques within their parenting programme or a number of parents speaking in language(s) that not everyone else understood. In a few cases parents questioned the level of training of the trainers, for example some parents felt they were simply being told what to do and how to do it without acknowledging the challenges of parenting or that there are alternative parenting strategies.

As described in the next chapter on impact, parenting programmes had a huge effect on parents' lives, with many putting what they had learned into practice and to good effect when at home, and finding their house happier and more peaceful as a result. Others found it harder to embed what they had learned in their day-to-day practice, usually where they had found the information they received too academic or divorced from their daily parenting challenges:

*“Honestly, I don’t think I remember a single bit about that...As parents day-to-day you are looking to do things the way you want to do them, not textbook. You’ve got to do what’s right for you.”*

First time parent, young parent, BME parent, heavy user

Making the learning relevant and memorable was really important in helping parenting programmes to make an impact. Offering refresher courses helped too; allowing parents to further embed their learning.

Where parents thought that they weren't learning and that the programme wasn't making a difference to their lives they had dropped out and hadn't taken up any further programmes, which further underlines the importance of ensuring parents make tangible progress in these courses. By contrast, where parents had enjoyed the programme and had felt like it had made a difference to their lives, they often went on to do further courses.

#### **Case study: Repeat attendance at parenting programmes**

Angela has been on four programmes through Flying Start; Parenting Positively; Handling Children's Behaviour; You Make The Difference; and the Nurturing Programme. The health visitor and friends recommended the courses and Angela liked the opportunity to meet other mums. While she finds the courses helpful and thinks that they have a positive impact on her family and children, she feels she needs to keep going back to remember and implement what she has learned.

### **4.7 Fathers' experiences**

Few fathers we spoke to had taken up the services offered by the Flying Start programme. Within the two parent families we spoke to (around half the sample), mothers were usually the primary caregiver. As a result, health visitors targeted their attention on the mother and child. Because the health visitor was usually the one who persuaded parents to attend, take up of parenting programmes, LAP and more informal groups was, in most areas, limited to mothers. Thus fathers had less of a chance to learn more about child behaviour and development and meet other parents. In addition, mothers were usually the ones who dropped off and collected the children at Flying Start childcare. As outlined in the next chapter, this interaction with other parents had a positive impact on parents' wellbeing and

sometimes led to more positive views of the local area. Again, fathers were often missing out on this due to lack of engagement.

#### 4.7.1 The difficulties engaging fathers

Parents often spoke of the cultural reasons for fathers not wanting to take up parenting services. In some of the rural areas that we visited where families were more likely to consist of a traditional male breadwinner family structure, mothers pointed out that their partners would never attend a child-related service as it was not their “place”; parenting is still seen as the mother’s domain by many. Some mothers interviewed had not attended parenting programmes because they felt they did not need them, and this view was more widespread amongst fathers in Flying Start areas.

*“When it comes to something like this, a man’s never wrong, he knows what he’s doing he’s got that kind of attitude whereas I just wanted to learn things to make things easier. Men are more naïve than anything.”*

*Lone parent, medium user*

In addition, the perception that any services would be dominated by women made fathers uncomfortable with the idea of joining in and being the only male in the group. Often mothers agreed, pointing out that the services as they are set up are not designed with fathers in mind and so understandably do not appeal to them.

*“He’s a ‘man’s man’ and wouldn’t like to sit around in a room full of women.”*

*Heavy user*

#### Case study: Father not engaged

Lisa is a young mum of three children under five. Lisa and Mike have been together since they were teenagers. They have both worked on and off, but since she had the third child, they have decided that she would be the primary breadwinner, as the cost of childcare that would fit with two jobs was too high, and she has higher earning potential. As a result, Mike is now the main caregiver. Despite this, he has rarely spoken to the health visitor, nor has he attended any classes or parenting groups or LAP.

*“Mike did have an invite [from the health visitor] to a Nurturing course every week but he wouldn’t go. I would have loved to have gone because obviously with work it’s hard for me to. They did try but now they just give up because they know he’s not that sort of person, he’s not as open and honest as I am. Especially the area we’re in, there’s not many Dads who would be up for it. He does take them to Easy Play but that’s just an indoor play centre.”*

While the health visitor had tried to engage Mike, he usually did not sit in on her visits to the house, and sees the health visitor as someone whose job is to visit Lisa, and deal with her needs and those of the children. He explained that he would potentially attend a group or course with Lisa, if one were available outside work hours, or a group targeted specifically at Dads, but these options are not available in his area.

Even where the fathers could be characterised as main or joint caregivers, fathers often seemed unengaged in the programme. Because the health visitors had initially engaged with the mother in each family, fathers had usually not built up the kind of relationship that would allow the health visitor to encourage them to attend groups. Some got the impression that the health visitors had found it difficult to get their partner involved.

*“It doesn’t seem like they are used to dealing with dads”*

Father as joint main carer, light user

On the other hand, many mothers said that their partner had little interest in speaking to the health visitor, and did not see it as part of their role as a father. Mothers described fathers “disappearing” whenever the health visitor called round. In a few families where the child had additional needs the health visitors had made an effort to really include the fathers due to their higher than usual involvement in caring.

#### **4.7.2 Methods for encouraging fathers to take up services**

Real efforts had been made to draw fathers into Flying Start services in three of the case study areas. This has been done in two main ways. The first is encouraging fathers to attend groups, courses or activities with their partner. This really set a lot of fathers at ease, and made them much more likely to attend. This method was effective in encouraging some fathers who did not work to attend structured parenting classes and LAP. Less formal events seemed to capture the greatest number of fathers. End of term parties, fun days and other unstructured events were mentioned by many parents as being more accessible for fathers as they are held on weekday evenings and weekends. Parents said that these were really enjoyable in part because they were inclusive of the whole family, including fathers and in some cases grandparents.

*“Oh it was brilliant we went for a teddy bear picnic at [a large park several miles away]. It was great because the mothers and fathers went as well and they had free rides down there for the kids and tent things with all different activities going, like drawing. There was animals down there, there was loads going on, the whole family had a lovely day.”*

First time parent, heavy user

### Case study: Father's needs addressed

Lauren (22) and Steve (21) live with their two children (aged three and two) and they are expecting a third child in the summer. Steve has been in and out of work and is currently registered as Lauren's carer. Neither parent has any qualifications. They find it hard to manage the behaviour of both children, one of whom has ADHD. No one else helps in bringing up the children and the four of them are usually at home together. They are visited very often by their health visitor, and have also had in home Play Support. As a result of encouragement from these professionals, they have attended and completed two parenting programmes together. There was a crèche facility available which was an incentive for them to take courses up.

Steve has been attending a male only group called Men Behaving Dadly and really enjoys it – he was strongly encouraged to attend by the health visitor. It has enough of a balance of activities to keep him interested. For example part of it is learning skills like how to barbeque properly but it also involves sitting down with the children and doing a small craft activity together. Steve suffers from dyslexia and was previously working in manual labour but is hoping to get a bus driving job, so the health visitor got Steve signed up to a Basic Skills course to help improve his English and Maths.

The other tactic used in some areas was to set up groups specifically for dads. These groups emphasised “manly” activities and were useful in breaking down cultural barriers to fathers attending a parent group, by offering a relevant incentive and a chance to learn something new. Activities mentioned by parents included barbecuing and kayaking.

## 4.8 Signposting to non-Flying Start services

As described in Chapter 3, many of the families in Flying Start areas have high, complex and overlapping needs which the services provided by Flying Start are often not designed to address. However, this research found that for many parents, engagement with Flying Start services had led to them being signposted to other services that could help tackle their wider needs. Where this was done effectively it often meant that parents had access to services they might not otherwise have sought out because they lacked the capability to organise it themselves, or did not have the motivation or opportunity to do so. Others were helped to access services that they would have sought out themselves anyway, but thought that the involvement of the Flying Start professionals allowed them to access the services in a more efficient and straightforward manner than they would have otherwise. Parents also found that referrals to other professionals carry more weight when they come from their health visitor or another Flying Start professional.

Where families had very high needs, including dealing with substance abuse or any other issues that threatened the children's wellbeing, health visitors referred families straight to

social services. Beyond this, the main areas in which signposting benefitted parents were in relation to health (child and parent), housing, education and training support, each of which are described in this section. It is clear that effective signposting by Flying Start professionals can make a huge difference to parents' lives.

However, some areas and some individual health visitors seemed to be much more active in signposting and organising referrals than others. It is unclear why this is the case, and may be because in these areas the health visitors had smaller caseloads or a greater understanding of the services on offer locally. In addition, those parents who saw their health visitors more frequently or had a very close relationship with them were more likely to be signposted or referred to non-Flying Start services. These factors meant that there was notable variance in the amount of effective help different high need families received. Other factors outside of the scope of this research, such as the availability of non-Flying start services at a local level, will also have played a role in determining health visitors' ability to effectively signpost. In any case, the details in this section refer to families who had been effectively signposted or referred. Details of some of the family needs that were not met are outlined in section 6.1.

#### **4.8.1 Health**

Health visitors had arranged for or tried to speed up referrals for children's health problems for many of the high need families we spoke to, including appointments with dieticians, ear, nose and throat (ENT) specialists, Portage workers, paediatricians and physiotherapists. Sometimes this was because it was the health visitor who had noticed a health problem and thus was compelled to follow it up, but more often health visitors got involved when parents already knew they needed help but did not feel able to arrange it for themselves, or had previously tried to arrange it without success. Several parents recounted experiences asking their GP for referrals to specialists and being "brushed off" or not hearing back about their requests and giving up. By contrast, health visitors usually checked regularly with families to find out whether they had heard from the specialist, and took time to chase up when they had not. Parents thought that their health visitor's involvement in the referral process helped them to access the health treatment their child needed in the quickest possible time.

Sometimes the health visitor simply encouraged parents to get in touch with their GP about a child health issue. In other cases they arranged the referral and the parent themselves then continued to be involved with the health professional they had been sent to see. For others, the health visitor continued to be involved, liaising with the health professionals with and on behalf of the parent, by attending appointments for example, or helping to arrange funding for physical adaptations to the house in the case of one disabled child. This reassured parents who had difficulty navigating healthcare language, choices and bureaucracy. For a few parents whose children had severe health problems, simply having

the health visitor available to discuss the process of accessing assistance was helpful in instilling the confidence to carry on.

Health visitors had also encouraged a number of mothers in the case study areas to visit the doctor in relation to their mental health after picking up signs that they were not coping very well. It was persistent encouragement from health visitors that made these parents seek help with depression, when otherwise they had been in denial or had not had the courage to go. This only happened where health visitors and mothers had a strong enough relationship to allow the health visitor to understand the mother's mental state and to allow the mother to trust the health visitor's advice on such a personal issue. There were few other referrals for parental health, although one health visitor had introduced a mother whose mobility was limited to a Red Cross organisation to help her get a wheelchair to assist with getting around.

#### **4.8.2 Housing and benefits**

As outlined in Chapter 3, many high need families in these areas had housing issues, often stemming from living in poor-quality social housing with rapidly growing families, leading to overcrowded conditions. Health visitors had been very active in helping to solve these problems and acting as a housing advocate on behalf of high need families, for example writing application letters on their behalf that explained the need in appropriate and forceful language and chasing up local authorities for responses. This helped several families move into more suitable houses.

Health visitors had also helped parents arrange improvements to their houses to make them safe for children, in one example putting a parent in touch with the Department for Work and Pensions about a loan to buy furniture for the house and arranging for child safety gates to be provided for the house. That same health visitor also helped parents with lobbying the local authority about the damp issues in the house.

Finally health visitors had also helped parents to liaise with the local authority about other small repairs to their houses, and helped some parents to access independent financial and consumer advice about how to deal with housing issues e.g. rent arrears and the April 2013 changes to occupancy rules and levels of financial support<sup>22</sup>.

#### **4.8.3 Education and training support**

Flying Start had helped many parents address their literacy and basic skills needs set out in Chapter 3. Health visitors had put some of the parents with problems reading in touch with literacy officers. They had also arranged for some parents to attend English for Speakers of Other Languages (ESOL) courses to help them become more employable. In an area with

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<sup>22</sup> Also commonly referred to as the 'bedroom tax'.

many parents from a BME background, ESOL courses were run in the childcare setting while the children had their childcare sessions.

A common referral was to Genesis, which had helped parents start to think about their employment prospects and access training.<sup>23</sup> While few of the parents we spoke to were in the position to immediately look for work (for instance having informal childcare<sup>24</sup> or being able to work around their partner's working hours), many were motivated to start training and learning new skills to allow them to start to look for work once their children are old enough to start full-time school. In some cases, parents said that this motivation came directly from their experiences of Flying start services.

#### Case study: Helping very high need families through referrals

Vanessa is a lone parent who has five children including two year old twins. She left her partner while pregnant due to domestic abuse. Vanessa suffers from spina bifida so is often in a lot of pain, has mobility issues and now has a cyst on her spine as a result of her last pregnancy, for which she is waiting for an operation.

Vanessa has received a huge amount of support from Flying Start services, including very frequent health visitor visits, in home LAP and Baby Massage. This has been extremely helpful, but Vanessa's needs are so high that numerous referrals to other services have been necessary, all of which have hugely improved the family's quality of life.

The first referral Vanessa received was to a course with Women's Aid which educates women about violence and the different forms it can take and also provided counselling for the older children who had been exposed to violence. She was also referred to a special eight week parenting course about teenagers' behaviour, run by Action for Children. Her 12 year old son started using violence towards her which she feared was a result of growing up around her ex-partner and asked the health visitor for advice. The referral was made quickly and she joined the course within a week of discussing it with the health visitor.

Flying Start has also helped meet Vanessa's housing needs. Her previous council house was up a steep hill and difficult to walk to with a pushchair given her disability. She requested to be moved but was placed at the bottom of the council house waiting list which surprised her health visitor who then wrote to the council explaining how much the hill was affecting her health. Consequently Vanessa was moved to the top of the list and moved shortly afterwards.

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<sup>23</sup> Following a recommendation from a review of ESF projects in 2012, the Deputy Minister for Skills and Technology approved the phased early closure of the programme with effect from the end of June 2013. Alternative arrangements were put in place to transfer activity to other existing ESF-funded programmes, where Local Authorities intend to deliver the type of activity previously delivered through Genesis.

<sup>24</sup> Childcare provided by relatives, friends or neighbours.

As a single mum living on benefits, Vanessa was terrified about how she was going to be able to buy everything she needed for the twins and this was compounded when she missed the deadline to apply for a Sure Start Maternity Grant. Vanessa's health visitor subsequently gave her information about a charity fund who arranged for the health visitor and Women's Aid to purchase high chairs and a travel cot for her.

In addition to the above, Flying Start has helped Vanessa plan for her future. Her health visitor took her to a college to sign up for a computing course and has put her in touch with the Job Centre because she is keen to get a job. After Vanessa had the twins she was referred to the charity Home Start so she could have some company to help with her depression and household tasks. Her Home Start worker has made a real difference, helped her turn things around and come to terms with her past relationship. When she was first referred she 'had nothing to live for' but is now waiting to be put on their training scheme to become a Home Start worker herself so she can help other women who have suffered domestic violence. As soon as the health visitor mentioned it someone from Home Start got in touch straight away.

*"When I was pregnant and my partner left I was on my own, a bit lonely and scared and I didn't know what was going to happen or whether I could cope. But when they put me in touch with the midwife I had hope, I had hope that there was going to be something better out there and now I've come through the tunnel. That's what they give you: hope."*

#### **4.8.4 Other services**

Health visitors had signposted or referred parents to numerous other types of services, including:

- Domestic violence support groups;
- Grief counselling;
- Emotional support worker;
- Sleep therapists;
- Lifecoaching;
- Holiday schemes/ respite for single parents who have never been on holiday; and
- 'OnTrak', which takes children out of the house for a few hours a week during the summer holidays.

Health visitors had also helped people claim certain benefits to which they were entitled but had not yet managed to claim, such as the Disability Living Allowance and Carer's Allowance. Some parents were also helped to access other sources of financial support such as Milk Tokens, grants for household goods and baby equipment.

## 4.9 Conclusion

Families' experiences of Flying Start services were, on the whole, extremely positive. Where parents had negative experiences, this usually was the result of easily rectifiable problems. There was also a feeling among many parents that they are "lucky" to get more parenting help than other people. They described accessing Flying Start services as being treated in a civilised way by people who both care about what they are doing and are thoroughly professional.

Childcare was particularly valued by parents, as was health visiting. Analysis across the case study areas makes it clear that the most effective service in terms of reaching and engaging parents is the enhanced health visitor offer. Where this was working well it was the key to unlocking the entire Flying Start offer. Without the health visitor, many parents would not have taken advantage of services, not just because of lack of knowledge or encouragement but often because of confidence. Health visitors attended services with them or provided them in their homes. They were positive, persistent and flexible. There was a very close relationship between them and the parents. Parents often felt they could go to their health visitor at any time with any problem and they would be confident of getting a practical and empathic response.

On the other hand, many of the low users that we spoke to would have benefitted greatly from increased use of services. This was usually for one of three reasons:

- 1) Lack of information and/or encouragement, usually the result of a weak relationship with the health visitor.
- 2) The services not being tailored to their needs.
- 3) A negative experience of using one of the services.

The key challenge that remains in many areas is ensuring that all types of parents access the full range of Flying Start services that would help them, and other external support for their wider needs. How to boost engagement with and take up of services for these families is the subject of Chapter 6. Chapter 5 focuses on the perceived impact of Flying Start among families who have taken up services.



# Perceived impacts of Flying Start



## 5. Perceived impacts of Flying Start

The overarching, long-term aim of Flying Start is to decrease the number of people in Wales with low skills, and thereby reduce the levels of income inequality. In the medium-term this is to be achieved by the early identification of needs (as discussed in Chapter 3), improved child development and preparation for school. Although the programme is child-centred, the immediate outcomes expected by the Welsh Government are wide ranging and include support for parents and the community:

### Child development impacts

- Language
- Social and emotional
- Cognitive
- Early identification of need

### Parent impacts

- Improvements to parenting behaviour/skills
- Improvements to health and wellbeing
- Improved perception of the local area
- Improved family life (parent and child impact)

This chapter presents the impacts parents perceive Flying Start to have had on their children, themselves and their families as a whole. These impacts are wide ranging and are the result of a variety, and combination, of different services. In brief, parents reported that their child's language, independence and educational development had improved and that as parents they had become more confident about their parenting skills. In addition to these expected impacts outlined by the programme, parents also reported that Flying Start had successfully helped them personally by helping to overcome isolation, provide support for health issues and encourage them to think about future aspirations. Finally, parents also reported their household was calmer and happier as a result of Flying Start, and that families had been encouraged to make changes to their eating habits.

It should be noted that the impacts discussed throughout this section are self-reported and therefore reflect the changes that parents believe to have happened, rather than those that have been objectively measured.

### 5.1 Impacts on children

Placing the needs of the child at the centre of the Flying Start programme means that children receive a significant amount of contact from Flying Start professionals, most notably through childcare provision and health visitor referrals e.g. to speech and language therapy. This chapter looks in detail at the perceived impact of the Flying Start programme among high need families. Parents tended to attribute child impacts to the influence of

Flying Start childcare. They felt that the combination of impacts helped prepare their child for school.

Outcomes are discussed in further detail below, however, it should be noted that physical health outcomes were the least frequently discussed by parents (with the exception of concerns about nutrition which are covered in section 5.2.1). This is because if their child had health needs relating to a disability or illness the health visitor tended to provide a referral and then the issue was dealt with by a non-Flying Start professional. Therefore whilst Flying Start helps to identify need or signpost support, it does not directly influence an outcome. In addition, the early identification of need is not specifically mentioned but is relevant throughout this section and also covered in Chapter 4. The regularity and frequency of health visitor visits meant that any problems were identified and quickly solved (see Chapter 4 for further examples).

### 5.1.1 Speech and language development

Early language development is a core focus of the Flying Start programme due to the evidence which suggests that language skills are important for delivering the other benefits. This development was frequently cited by parents who felt that their child's language skills had improved in the following ways:

- Talking more often;
- Clearer speech;
- Using full sentences; and
- An improved vocabulary.

Speech is often an issue that parents feel they cannot help with, so external intervention here is important. Some parents were aware of their child's difficulties but had not sought help because they thought that their child's speech would improve with time, whilst others had not realised it was a problem or were unsure about how to seek help until discussing the issue with a Flying Start professional. Improvements in child speech and language development were predominantly attributed to Flying Start childcare:

*"He's more confident and cocky and his speech is clearer because of the reading and play they do at the playgroup. He's more advanced than his sister was at that age."*

Young parent, light user

*"Speech was the biggest problem I'd say; after he went [to childcare] it gradually, got better."*

Father as main carer, BME parent, medium user

More generally, attending childcare was also reported to have helped children overcome shyness and improve speech through the need to communicate with others.

*“Even within the first couple of weeks of her being there we noticed straight away her speech was a lot clearer because, whereas I knew what she’s asking for, the teacher wouldn’t necessarily know so she’s got to try a little bit harder.”*

Medium user

Where children with severe speech and language difficulties had received referrals to specialist help, this intervention was reported to have made a noticeable difference to their child’s speech, with other family members or friends aware of the improvement.

*“I’ve seen big improvements in the last few months since the speech therapist has been coming to the house to help us”*

Parent of child with additional needs, heavy user

### Learning Welsh

In addition to improving their speech, children are often provided with the opportunity to learn Welsh at Flying Start childcare which was welcomed by parents. Families in four out of five areas had taken up Welsh-speaking or bilingual childcare and reported that their child had learnt to name colours and count in Welsh. This was seen as imperative by parents living in areas with a high prevalence of Welsh schools who were keen for their children to develop their knowledge of the language before attending. In addition it was also valuable for non-Welsh speaking parents who often felt that it was important for their child to speak Welsh. This was the case even if parents could not speak Welsh themselves as they were unable to teach this skill at home.

#### **5.1.2 Social and emotional development**

Attending Flying Start services has helped children to be more independent and develop their social skills. Parents reported that their children were more confident, able to interact with others and had learnt how to share at childcare. This independence has also had positive effects for parents who became more comfortable leaving their child in a group situation with Flying Start professionals and are therefore more prepared for when their children start school. Parents were also pleased that their child had an opportunity to meet other children from the area. Those parents with confidence and isolation issues highlighted that if they had not used Flying Start childcare their children would have limited opportunity to mix with others.

In addition, parents felt that interacting with other children would have a positive long-term effect on their child as they were likely to move on to nursery and then school with the

group they met at childcare. This was particularly the case for parents who were using a childcare setting connected to a school which was common in three of the case study areas.

*“They’re more outgoing, you know, with other children all day, they’ve got more friends, they talk more, they let you know what they’ve been doing and I think playgroup has helped them. It helped them gain their own little personality.”*

First time parent, young parent, medium user

*“With the playgroup, going down there at two you’re familiar with all the other mums...and your kids not going into a school where they don’t know anyone. My son had loads of friends [from playgroup] so he just went to school with his mates and it was fine, it was just in a different place to him.”*

Heavy user

The social benefits of Flying Start were particularly important for first time parents where children often had little opportunity to mix with others of a similar age, or in rural locations where most socialising was done within the family. Parents of children with additional needs (especially where this affected their development or led to difficulties socialising) also commented that being with other children had a positive effect and were pleased they had the same opportunities as other children. Again, these impacts were predominantly attributed to Flying Start childcare, although other services where children are encouraged to mix such as Language and Play and informal Mother and Toddler groups were also cited.

#### **Case study: Supporting the social development of children with additional needs**

Catherine is a lone full-time parent to three children: a teenager and two children under five. She has used Flying Start childcare with both of her youngest children at a local Family Centre.

The opportunity to use childcare for her middle child was particularly important to Catherine. Her daughter Rachel has cerebral palsy, often has to use a wheelchair and rarely meets children outside of the family. Catherine was extremely pleased that despite her disability, Rachel was welcomed at childcare and still had the opportunity to play with other children despite her health problems. Consequently Catherine reported that she had noticed a big difference in Rachel’s confidence and ability to interact. Without Flying Start it is likely that Rachel would have started school being nervous about mixing with other children.

### 5.1.3 Cognitive development

A further impact of attending Flying Start childcare was that parents across all areas reported their children had developed a range of literacy and numeracy skills such as:

- Counting from 1-20
- Naming colours
- Singing nursery rhymes
- Reciting the alphabet
- Learning and recognising new words
- Writing their name

Some parents were already encouraging this at home but were pleased that these skills were also being built on and encouraged elsewhere. Others were surprised that their child was able to do this at such a young age and pleased when their child came home and showed them what they had learnt. A number of parents also recalled that as their child approached their second birthday they recognised they were ready for some form of education and were therefore keen to take up childcare. In many instances they were not confident that they could provide the same education opportunities at home.

*“I don’t think I could have, on my own, got him to this level.”*

Lone parent, young parent, heavy user

The combination of social and educational impacts led parents in all five case study areas to believe that their child was more prepared for nursery and school as a result of Flying Start and that they had a head start in their educational development. As well as their educational advances children had already become used to being away from their parents and their home, and were used to the structure of a school environment. It was common for comparisons to be made between children who had received Flying Start services and their older siblings as many parents had noticed that the youngest were more advanced, outgoing, and ready for school.

*“It’s the skills I think they learn. He was so calm going into nursery whereas I think if you’ve got kids who are just starting at three they’re not really used to the routine of it... He fitted into nursery lovely, she said it’s just like he’s always been there and obviously Flying Start helped that.”*

Heavy user

*“The playgroup is a brilliant place. My partner was a bit dubious, and said ‘he’s too young to go to playgroup’ but we’ve seen how he’s come on from it. It helps towards when they start school I think with the structure and learning different things.”*

First time parent, light user

#### 5.1.4 Practical skills

Children attending Flying Start childcare were also helped with practical skills. Parents regularly referenced how supportive staff had been with toilet training, as at the age of two when children started attending many were still in nappies. They were also appreciative of their help and feedback when they started to toilet train their child, and found that staff continuing their efforts outside of the home made the process much easier and quicker.

*“Toilet training with my daughter was brilliant, the staff at Flying Start childcare really helped and she was done within a week.”*

Light user

At childcare children are also encouraged to practice good hygiene such as brushing teeth and washing hands. Parents were aware of this and found that it helped get their children into the habit of doing it and meant that it was easier to enforce at home. In addition, many families we spoke to had received free toothbrushes and toothpaste from their health visitor which further facilitated this.

*“She’s also learnt day-to-day skills like washing hands, sharing with other kids, meeting other kids, nursery rhymes, colours. The basics... Playgroup has helped her become who she is today.”*

First time parent, young parent, BME parent, heavy user

## 5.2 Impacts on parents

In addition to the positive impacts on their children, parents also reported that Flying Start services had engendered all three expected parental impacts (improving parenting skills, health and wellbeing, and an enhanced perception of the local area). Furthermore parents also discussed a number of additional outcomes. Many parents reported that their confidence as a parent had increased, and that they were able to overcome isolation as a result of meeting other parents at Flying Start services.

These impacts have been categorised into the following and are discussed below:

1. **Parenting behaviour** including increased confidence in coping with day-to-day parenting issues, how to manage their child’s behaviour and improving how they play with their child.
2. **Personal changes** including increased confidence, overcoming isolation, dealing with depression and encouraging them to achieve their future aspirations.
3. **Improved perceptions of the local area** and feeling that Flying Start was improving the area’s future prospects.

### 5.2.1 Parenting behaviour and skills

Parents reported that they benefitted from day-to-day parenting advice and those with specific issues felt that they had been given suitable support. Behaviour problems had previously been an issue for a large number of parents who were grateful for the various discipline strategies they had been taught at Flying Start. Flying Start has also helped parents develop skills for encouraging learning through play though they were less aware that this is something they needed help with.

#### Increased confidence in day-to-day parenting

Parents in all areas reported that general advice received from Flying Start helped them gain confidence in dealing with day-to-day parenting issues. This advice included a range of issues such as:

- Vaccinations
- Breast feeding and weaning
- Sleep patterns
- Healthy eating
- Toilet training
- Routines
- How to interact with children in a way they understand
- Advice on minor problems e.g. eczema and when to see a doctor
- Safety around the house
- Discipline and praise

As a result, parents were reassured that they were using effective parenting techniques, or were presented with new ideas to tackle specific problems. For instance, many parents reported that they previously had difficulties establishing a bedtime routine in the household and found the advice from health visitors particularly useful. Because health visitors are generally trusted and well regarded by parents their advice is listened to and acted upon. Suggestions to detach feeding from bedtime by giving babies their bottle before they get into bed, and applying what they had learnt at Baby Massage to relax their children, were all reported as successful strategies by parents.

As outlined in Chapter 4, the close relationship between mothers and health visitors meant that parents were comfortable discussing a range of issues and generally trusted the advice they received. Being able to seek advice from Flying Start professionals was especially important for first time parents, particularly around traditional health visiting topics such as breastfeeding and weaning. However, a number of experienced parents (some third- or fourth-time mothers) with regular health visitor contact were also grateful for extra support in the parenting decisions they were making.

*“People like social services have the misconception that if you’ve had kids you know what to do, whereas Flying Start are completely different. Even though you’ve had kids before they still talk to you... Confidence wise they’ve done a lot for everybody.”*

Lone parent, child with additional needs, medium user

#### **Case study: Effective parenting advice**

Vanessa is a single parent with twins aged two and three teenage children. The regularity of visits and significant length of time that Vanessa’s health visitor spent at her house meant that she became aware that Vanessa was allowing her twins to sleep in her bed as she found it difficult to get them to sleep. The health visitor pointed out that this was unsafe, though Vanessa had used this approach with all of her children, and set her an exercise to change the situation. Vanessa was firstly asked to let them sleep in a cot next to the bed, and then to gradually move the cot further and further away until they were comfortable sleeping in a separate room.

Whilst being admittedly reluctant to try this at first, Vanessa’s close relationship with her health visitor meant she respected and trusted this advice. Her health visitor would regularly get in contact with her to check her progress and reassure Vanessa that she was a good parent and that this would help her to be even better. This encouragement helped Vanessa to persevere, and now that the twins are sleeping in their own room the family is sleeping much better.

#### **Techniques for managing children’s behaviour**

Parents were also advised by Flying Start professionals about how to manage their children’s behaviour, as many reported that they had struggled with behavioural problems in the past. This more specific information predominantly dealt with the following:

- How to manage tantrums, anger and violence by stepping in sooner to manage bad behaviour and using distraction methods rather than shouting and getting into an argument.
- Helping children deal with their emotions and expressing themselves.
- Disciplinary techniques such as saying no, house rules, time outs, reward charts and praise.
- How to communicate with children with direct instructions and appropriate language: “you ask them, you tell them and then you make them do it.”

Parents reported that this advice had made them calmer and helped them to feel more empowered as a parent. Though behavioural problems were outlined as a need by a

number of parents, they were often not aware that effective techniques for solving those problems existed until attending parenting programmes. A number were initially dubious about the advice that they had received which was thought to be deceptively simple or difficult to recall and apply, but were surprised by the results once they started introducing them.

*“The best thing I ever learnt was distraction... I remember arguing with my two year olds when they get those temper tantrums. I still use it now on my six year old.”*

Heavy user

Parents commented that this advice was as pertinent for older children and teenagers as Flying Start aged children, therefore making a positive change for the whole family. A small number had also been referred to non-Flying Start parenting courses about teenagers if they were experiencing disruption or behavioural problems from their older children and also found the information useful. Lone parents in particular reported benefitting from the advice as they had sole responsibility for managing their children’s behaviour, and often little support from other adults.

Parents commonly received this information through Flying Start parenting programmes, notably Handling Children’s Behaviour, the Incredible Years and the Positive Parenting Programme or one to one parenting support in the home and health visitor intervention where the parent had specific issues. A number of parents attended the same parenting programme twice or three times which helped to solidify their learning and find new strategies as their child got older.

*“I think the courses are brilliant, it’s not just about what you can learn for your children, it’s about what you can teach other parents as well as what they can teach you.”*

First time parent, young parent, heavy user

*“They still give you the leaflet to go back, every time you can go back so you can learn how to control each child, every time is not the same and if you forget you can go back and check... it’s something you will always go back to again and something you’ll always learn from.”*

Lone parent, medium user

### Techniques for improving play

Where parents understood the aim of Language and Play (see section 4.5) it often changed the way parents thought about interacting with their children and how they play. This impact was greatest amongst parents who had used Play Support, and although it was not something parents previously felt they needed help with, many reported that it had made a

noticeable difference to their parenting. As a result, parents felt their awareness of activities that they can do with their child had increased and they were more confident about keeping their child occupied. Parents were shown or given information about more imaginative but inexpensive activities to do and many reported reading or doing arts and craft activities together more frequently as a result.

*“The kids love doing arts and crafts at home. It’s amazing what you can do with a few ideas.”*

Parent of child with additional needs, medium user

Positive impacts from LAP were most likely to be reported by parents from one area which offered an in home Play Support service which involves a Flying Start professional working with the family and encouraging them to do new activities together e.g. planting seeds, painting and making play dough. In addition, parents were taught how to boost their child’s educational development through play, for example integrating their counting or colour naming skills into simple activities such as block building.

*“Play Support used to come round and she would show us how to play with the kids and interact with them. Because we didn’t know how to keep them occupied and to make them learn at the same time without sitting them in front of the TV all the time.”*

Parent of child with additional needs, heavy user

This support was particularly useful for parents who were concerned about doing messy play and for young or first time parents who lacked ideas about what to do with their child or what activities they were capable of at different ages. Parents of children with behavioural problems particularly benefitted from intervention in the home in order to learn how to encourage children to play together better and manage playtime differently.

*“One of the advantages is having someone come into the house and show us how to interact with the children, and when they start fighting because they don’t want to share, how to diffuse the situation... It makes a lot of difference being taught this rather than being young parents chucked into it all and left to fend for ourselves.”*

Father as main carer, young parent, parent of child with additional needs, heavy user

Parents also build knowledge in this area through mother and toddler groups which enable parents to discover what types of toys their children enjoy playing with, and give children a chance to play with different types of toys, without having to spend large amounts of money.

### Case study: Tailoring play for children with additional needs

Gabby is a single parent and has five children aged between three and 15. Though she is an experienced parent she has required a lot of support with her youngest child who was born with a severe disability that affects her development. Gabby's daughter Amy is unable to walk and has very limited speech which presented new challenges as a parent causing Gabby to feel as though she was a first time parent again. Both Gabby and her parents were anxious about playing with Amy because she is very nervous and has sensory issues. They were unsure about what activities they could do together without her getting hurt or upset.

Gabby's health visitor referred her to Play Support to overcome these issues, and so she could access Flying Start services in the home where Amy is most comfortable. They quickly developed a close relationship with their Play Support worker who has encouraged the whole family (including Gabby's parents) to get involved in the sessions. The worker suggested they put household items in a sensory box for Amy to explore, and as her confidence grew, to start asking her to identify and then name particular ones. This has been invaluable in keeping Amy entertained and increasing her development. At their last visit, the family's Portage workers noted that Amy's development had improved so significantly that they would need to re-assess her.

### Healthy Eating

Parents also commented that their family's eating habits had improved as a result of Flying Start. Many were given suggestions about how to cook healthy and inexpensive meals by health visitors (e.g. how to make their own baby food from vegetables and freeze it) and this information was particularly welcomed by first time parents. Eating healthily was further encouraged in some areas by the provision of fruit, vegetable and milk tokens. A number of parents also commented that because children were eating fruit as part of their snack at Flying Start childcare they started requesting it at home.

*"The health visitor has been advising me on healthy eating and exercise and has referred me to a gym. She gave me a free cookbook so I've started cooking more fresh and low fat meals and freezing meals; I've started losing weight myself."*

Parent of child with additional health needs, medium user

### **5.2.2 Social, health and aspirational changes**

In addition to the above impacts relating to parenting skills, a number of parents reported that Flying Start had led to some personal changes. The programme has enabled some parents to overcome isolation, encouraged them to build friendships with others in the local area and improved their health by signposting support for depression or drug and alcohol

addiction. Some parents had also been encouraged by Flying Start to think about their future and take up further education, employment or training.

### Reducing isolation and making friends

A significant issue faced by a large number of parents interviewed was isolation, particularly when this is compounded by depression. It was often the case in very high need families that mothers were isolated either because they were lone parents and had limited family support, or did not like to leave the house. Flying Start provides an opportunity to overcome this through group service delivery which provides ready-made networks of parents to meet and learn with. A number of parents reported that making new friends in this way helped to build their confidence. In many cases, attending Flying Start services brought parents closer to others in the area, regardless of what type of service they had attended. Parents were grateful for the opportunity to meet other people and get to know their neighbours (which was particularly prevalent in areas where the model of service delivery was based around a local family centre).

#### **Case study: Overcoming isolation and building confidence**

Gwyneth is a single parent and has five children. She has suffered from drug and alcohol addiction and has been depressed for most of her life. The most challenging aspect about being a parent for her is being stuck at home with the children and she often finds them difficult to manage. Gwyneth's depression and low confidence means she is reluctant to leave the house, and before using Flying Start services had only walked down the street once in the seven years she had lived there.

When she was initially told about Flying Start she was reluctant to take up the services. However, though Gwyneth was initially nervous to accept a stranger into her home she received a total of three parenting programmes in home (Handling Children's Behaviour, Positive Parenting and Stepping Stones). These helped develop her confidence and when she began to drop her son off at childcare, she began meeting other parents.

*"I've always known some of the parents because I've been in school or secondary school with them, but because of my confidence I've never spoken to them, whereas with the playgroup it does tie you back in and you start saying hi and bye. It kind of gets you out as a person and has a bit of a family atmosphere."*

She has since become close friends with one of the mothers after finding they both had similar backgrounds that Gwyneth now sees regularly for some 'adult talk'. She also commented that getting feedback from the staff at childcare has meant she has had to become more comfortable talking to strangers.

*“Some parents said to me at some of the social activities for parents at the Centre, what an achievement it was for them to be there, just to get out of the house. The first time they might be terrified but you can see their confidence building up.”*

First time parent, parent of child with additional needs, heavy user

This was also particularly important for parents who were new to a Flying Start area or who worked and had a social circle outside of the community. Though some of these parents would not traditionally be considered ‘high need’ because they were confident parents, they often required assistance overcoming the isolation they found themselves in since having children. There were a number of examples where health visitors had successfully identified this need and provided information about upcoming Flying Start groups.

*“I’ve got to know the local mums now which will make things easier at the school gate in future. It’s easy just to come home after work and not see anyone isn’t it?”*

First time parent, medium user

As well as providing an opportunity to make friends, the social element of Flying Start provides parents with an opportunity for ‘adult talk’ and having time away from the house. In all areas a number of parents reported that Flying Start had helped parents build on their confidence by exchanging information and advice with other parents. Flying Start services delivered in groups (LAP, parenting programmes and informal groups) enable parents to share their experiences and get reassurance from others in similar difficult situations. Common topics of discussion were toilet training, illness and eating habits.

*“I didn’t know anybody before I went there [family centre] but I knew all of them by the end. It gives you more confidence, because I didn’t have the confidence and because I was feeling low, it’s made me feel that other people are in that situation. Speaking to other mothers makes you realise you aren’t the only one suffering.”*

First time parent, medium user

*“Mothers have a chat and can compare notes, you can speak to other parents when your child isn’t well. You are just constantly learning. It makes me feel happier rather than being stuck in the house with just baby talk.”*

Medium user

A number of parents reported that they had kept in touch after their children were no longer eligible for Flying Start services, either through seeing them at the school gates, birthday parties, Flying Start event days or because they regularly meet up and do activities together e.g. going to the park or for a coffee. Whilst this was reported more by mothers,

there were some instances of fathers keeping in touch with friends they had made as a result of attending dads groups or family centres.

The sociability and structure that attending Flying Start services provides was also highlighted by unemployed parents:

*“It’s easy to sit around doing nothing when you’re on the dole, but it’s given me stuff to do... It will encourage people to better themselves and not rely on everyone to do it for them. Being on benefits doesn’t help you to do anything with your life like Flying Start does.”*

Parent of child with additional needs, heavy user

### Health

Some parents noted that Flying Start had directly benefitted their health. The close relationship with health visitors and broad nature of their discussions enabled parents to discuss personal matters which they would not have considered speaking to anyone else about, such as relationship issues, domestic violence and depression. Some mothers we spoke to had confided in their health visitor about being depressed, or their health visitor had initiated the discussion. Consequently, this encouraged them to confront the issue, and some (though not all) commented that this led to the realisation that they were in denial about their health and sought help from a GP. In the most serious cases parents were allocated Family Support Workers to regularly visit or for domestic support and provide small periods of childcare to give parents a break.

*“You get a lot of emotional and moral support. Flying Start staff are so friendly. If I just want to talk, I can just ring my health visitor up and literally tell her anything.”*

Lone parent, young parent, heavy user

In addition, as a result of Flying Start a handful of parents were receiving help for drug and alcohol addictions. After their health visitor identified or discussed the issue with parents, referrals to social workers were made to start getting treatment.

### Making time for self, further education, employment and training

A commonly reported impact of Flying Start childcare referenced by parents was giving them some time to themselves. This is particularly important for the high need families we spoke to, many of whom are single parents or live in particularly demanding households with multiple children, or with children with severe additional needs. Many made reference to, and felt that, the short break enabled them to re-energize, helped reduce stress and prevent them from getting overwhelmed by their caring responsibilities.

The two and a half hours when children are at childcare is often used to perform essential

household tasks that would otherwise be difficult to do whilst caring for a child, such as maintaining the household or dedicating time to spend with other children. As a large proportion of mothers interviewed were not in work, this time was the only time they spent away from their child and so it was also used to improve their health after pregnancy by attending the gym or to take up additional Flying Start services, most notably parenting programmes and LAP.

*“I used to do all sorts, walk the dog, rush around, get all the jobs done, or just go for a chat with my mum... It was a space for me to get what I needed to done.”*

Medium user

*“Being a single mum, it was like even those couple of hours, you know... don't get me wrong, I worried about her every day while she was there, but it was just nice to have those couple of hours to myself.”*

Lone parent, heavy user

#### **Case study: opportunities to gain a qualification**

Gemma is a lone parent and lives with her three year old daughter. Since losing a child Gemma has suffered from depression and has sought help from her health visitor. She is unemployed and struggling to get by on income support, child benefit and child tax credits and often has to go without in order to meet her daughter's needs.

*“I'm in debt left, right and centre I am, but we survive don't we? As long as she's fed, I don't care about nothing else. That's my problem. Things don't get paid, because I want to feed her and make sure she's warm.”*

Gemma was referred to a group Parenting Puzzle (Family Links Nurturing Programme) course where two attendees were offered the chance to be chosen at random and offered the chance to study towards an associated Open College Network accreditation in recognition of what they have learnt. Gemma was selected and was keen to take the opportunity to enhance her CV. Having completed the qualification she is now planning to study a childcare course at college which she thinks will be helped by this work.

Often as a result of a combination of increasing confidence and more time to themselves, Flying Start services had triggered a number of parents to consider their future aspirations. Some parents had become more positive about their prospects after being signposted to college courses, helped with basic skills through referrals to Genesis as discussed in Chapter 4, or because they had been given the opportunity to study for a qualification alongside a parenting programme. Flying Start childcare provision was also frequently referenced as helping parents return to work as it had given them time to find employment, reduced the burden of childcare on relatives, or had reassured them that their children were capable of

being independent and would settle into school.

*“I think I am going further in life now. They have showed me the steps to help me progress.”*

Lone parent, parent of child with additional needs, heavy user

*“Coming here now and having Flying Start, there’s a whole world that I didn’t even know existed because I come from a small little village where there was nothing. And now they can put me in touch with anybody, I’m doing this training. Before I thought I wasn’t anything at all, I didn’t have a job, I didn’t have qualifications, I didn’t have nothing and there was no way up from there, but now there is. It’s like sunshine...I can actually have a future now.”*

Lone parent, medium user

In some cases, interactions with Flying Start professionals and awareness of the benefits Flying Start was having in their area had encouraged parents to give something back to society. A small number of parents had taken up training specifically to work in a public service (e.g. nursing or youth work) as a result of the programme.

#### **Case study: Returning to education and improving job prospects**

Helen is a young, single parent and lives with her mum and her three year old daughter. She is a full-time mum but has aspirations to start a career with children after previously working as a shop assistant. Before getting pregnant she was studying a Level 2 childcare course at college and since the birth has felt that she was stuck in the house with her daughter.

Helen had a difficult birth, didn’t have time to bond with her daughter and has struggled with post-natal depression. After becoming a mum she lost all her confidence, was scared about parenting and didn’t have any close friends in the area.

*“I’ve never really been a confident person going into new environments and meeting new people.”*

Flying Start has been able to do a lot to help Helen who has been keen to take up their support. She has taken up two parenting programmes and training in First Aid and Food Hygiene where she has made a number of close friends. Helen was also referred to Genesis and has taken up two self-confidence courses and is currently studying sign language. In a few months’ time she is resuming her studies and taking a Level 3 childcare qualification so

she can work with primary school children. In addition, the boost to Helen's confidence has encouraged her to volunteer at the Flying Start Toy Library.

*"I'm trying to do as much as I can now to, you know, get myself a better job."*

### 5.2.3 Improved perceptions of the local area

A large number of parents commented that they had noticed a positive change in the services, facilities and activities available for parents and young people in recent years which enhanced their views of the neighbourhood. This was cited by parents in four out of the five case study areas who particularly focused on the improvements to local parks initiated by Flying Start and the establishment of Family Centres (in three areas). Many commented that their area was previously perceived as being 'run-down', and often with a history of drugs and violence but felt that this was slowly changing. Some parents also made the connection between Flying Start and the possibility that as their children grew up it would lead to positive social change in the future. This view was even shared by light users with little direct contact with Flying Start services themselves.

*"Ten years ago this was a really rough area. Since they built the new school and the Family Centre it is much better... There is much more for families to do now. I think it's down to Flying Start and the Family Centre."*

Lone parent, young parent, heavy user

*"It used to be such a bad area. Now Flying Start is just down the road it looks like there are people who want to care."*

Light user

Knowing a greater number of people locally also feeds into a more positive view of the local area. In one area in particular, parents felt that Flying Start was helping to bring the community closer together due to the prevalence of Family or Event Days organised by Flying Start, and in two other areas Family Centres have provided a hub for the community and a place where parents can regularly meet. Some parents reported mixing with a more diverse group of people as a result of attending Flying Start services which they felt would have benefits for the community as a whole.

Family activities such as Fun Days were important for parents who were new to the area (the Flying Start area that hosted these events had a particularly high transience around different council estates) or light users who were concerned about mixing with other parents on their own. As well as helping them to build a network of friends or provide an opportunity to catch up with their neighbours, many parents commented that days out for the family encouraged them to spend more time together and get out of the house.

*“Flying Start is acting like a glue that is bringing the community closer together.”*

First time parent, parent of child with additional needs, heavy user

*“I’ve met some really lovely people. I probably would have been scared to strike up a conversation with some people... It definitely gives me hope for the area.”*

First time parent, parent of child with additional needs, medium user

#### **5.2.4 Improved family life**

Although not outlined in the aims and objectives of Flying Start, parents reported that the combination of child and parental impacts had led to changes to their family as a whole. This was either because the family was able to spend more time together as a result of developed parenting skills and routine setting, or because parents had made changes to improve the health of their family.

Parents reported that a combination of a better routine and increased confidence meant that the family was getting along and understanding each other better. Parents felt that their confidence, ability to be in control and therefore increased happiness as a parent rubbed off on their children. They also reported that their improved ability to discipline and enforce a routine meant that the household was calmer and an overall more positive environment.

*“Because we have the support network, we benefit and because we are better able to cope, our son benefits as well by not seeing us stressed. His confidence is also growing. The kids are not happy if we are not happy.”*

Parent of child with additional needs, heavy user

Consequently, whereas before some parents avoided taking their children to public places because their behaviour was so difficult to manage, the techniques they had been armed with enabled the family to enjoy spending time with each other. This often meant that the family started doing more activities together such as baking, swimming and going for days out.

### **5.3 Families with unmet needs**

The impacts described in the previous sections had improved the lives of many of the high need families that we had spoken to. However, this impact was not universal, or equally spread across families. This section summarises the types of families whose needs could be better addressed by Flying Start Services:

**Isolated parents** found it difficult take up Flying Start services because they were not confident meeting other parents (as outlined in Chapter 3). Some parents with limited support networks were not encouraged to attend group services although they could have benefitted from social activities and were not aware that they could receive some LAP and parenting programmes on a one to one basis in their home.

**Depressed parents** were often reluctant to ask their health visitor for help or were in denial about their depression and consequently were still struggling. This was sometimes because they were concerned about the consequences of receiving support, for example some parents were anxious that they would be judged as a bad parent, and so often hid their depression.

*“I was just really worried that by me being depressed that Social Services would get involved and that’s something I didn’t want to happen ... I don’t want to be associated with that so I think that’s why I kept it to myself.”*

*First time parent, young parent, medium user*

Others were receiving help from their doctor but had not been supported by their health visitor due to a weak relationship brought about by infrequent contact, thus an opportunity had been lost to offer the extra support through the in home on-going contact that is the central feature of the Flying Start offer.

**Experienced parents** tended to have limited contact with their health visitor and assumed this was because Flying Start was more orientated towards young, lone parents. This lack of contact means they were unable to access specific help dealing with health issues and behavioural problems.

*“I think they class me as an older mum, so they’ve left me alone. The old health visitor used to come once a month, but I don’t see the new one at all now.”*

*Parent of child with additional needs, light user*

**Young parents** would have liked support specific to being a young or single mum. Very few of the young parents we spoke to had attended a tailored service, and even in areas where this was available, awareness of services for young parents was low.

A small number of parents that we spoke to were not receiving help with their drug or alcohol abuse problems. This was also an issue when the father was the one with the problems but was not engaged in Flying Start services as much as the mother. Whilst this kind of support is not under the remit of Flying Start, referrals to IFSS or other local drug and alcohol support services/organisations would be useful.

Some parents with unmet needs were low users of Flying Start services and their dissatisfaction was often a result of a lack of information or understanding about Flying Start services which prevented them from being engaged in the programme. For example, some would have liked advice about how to discipline their child and were not aware of the availability of parenting programmes or were keen to help their children learn at home and prepare them for school but were unsure how and had not heard of LAP. This clearly demonstrates that a lack of awareness of and engagement with Flying Start overall results in a lack of impact.

#### **5.4 Overall perceived impact of Flying Start**

High need parents perceive Flying Start to have positive impacts on their children, themselves and their family as a whole. Impact on the children has been particularly noticeable, and parents were of the opinion that their children are far better prepared for school than they would have been in the absence of the programme. Some parents had noticed positive impacts on their own parenting behaviour and overall wellbeing. Finally, parents reported feeling more optimistic about the future of their local area as a result of Flying Start services.

The demographic characteristics of parents affected the range of Flying Start benefits they discussed. First time parents tended to report many different impacts, as they were often the least confident parents and required a lot of advice from Health Visitors on basic child-rearing issues such as weaning and discipline. Both first time parents and parents of children with additional needs were more positive than other parents about Language and Play as a means to learn new activities to keep their child engaged and occupied. Lone parents were also positive about the social opportunities presented by Flying Start services which gave them a chance to develop a much needed support network and engage in 'adult talk'.

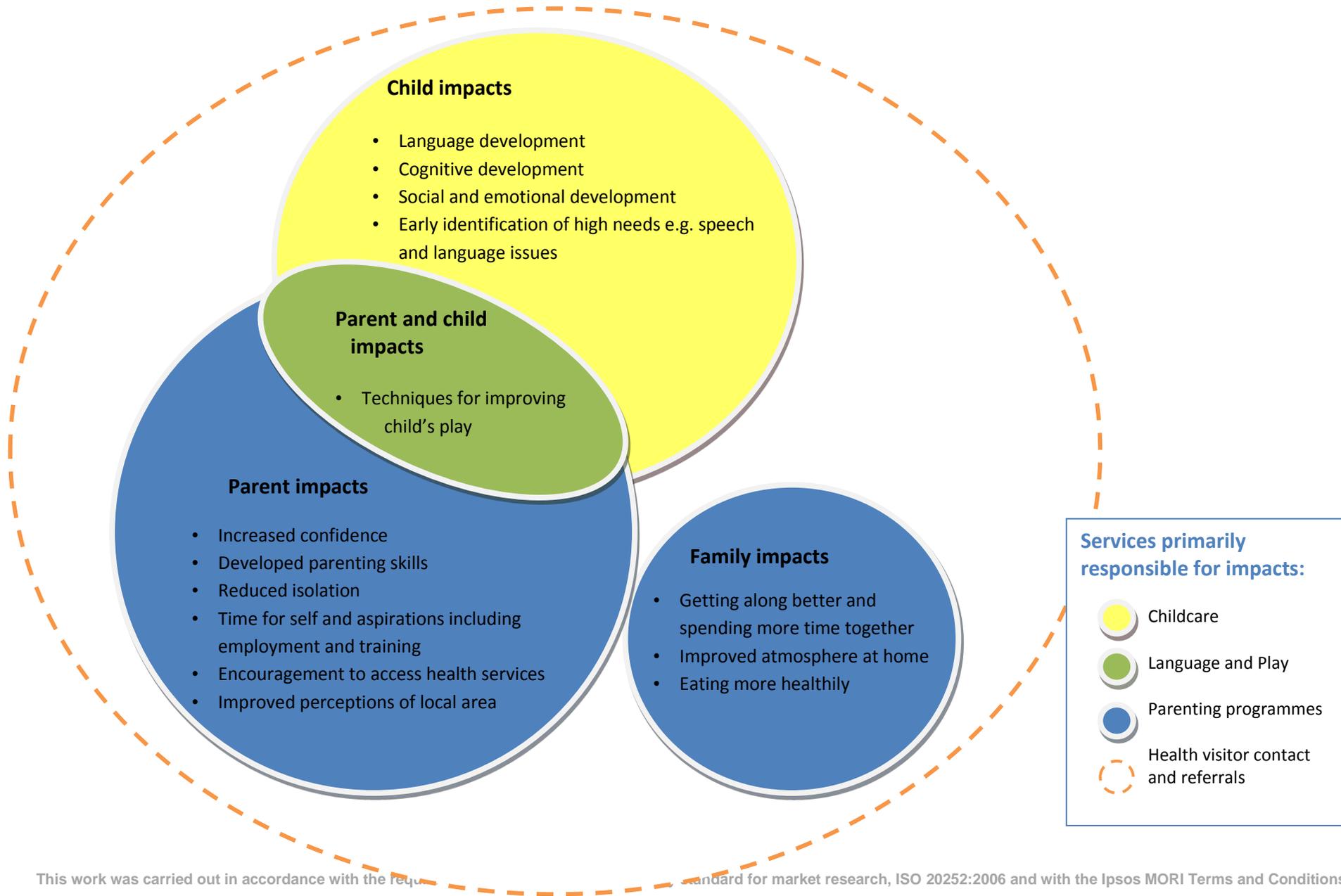
Different elements of the programme and the combination of services used also influenced the perceived impact of Flying Start. Child cognitive, social, emotional and language development outcomes tended to be attributed to the provision of Flying Start childcare, and the opportunities that presented for mixing with other adults and children. In addition, parents from all five case study areas noted that attending childcare had improved their child's educational development and helped prepare them for school. In some cases health visitor referrals to speech and language therapy were also thought to have contributed to speeding up child development.

Whilst child outcomes were linked to a single service (Flying Start childcare), parent outcomes were attributed to a greater range of services. For instance, improvements to parenting techniques were seen to be a result of parenting programmes as well as health visitor advice. Furthermore, whilst fewer parents reported impacts from attending LAP, those from the case study area that received one to one Play Support in the home in

particular were positive about the techniques they had learnt to improve their child's educational development.

The more personal impacts parents attributed to the Flying Start programme (overcoming isolation, improved access to health services, time for themselves and increased aspirations) were often linked to the social and emotional support of the health visitor, effective signposting to non-Flying Start services by health visitors and the social aspect of using services. The diagram overleaf further demonstrates how different elements of the Flying Start programme contribute to different impacts.

## Summary of all perceived Flying Start impacts





# Conclusions: Building on the lessons of high need parents' experiences of Flying Start



## 6. Conclusions: Building on the lessons of high need parents' experiences of Flying Start

Flying Start aims to improve child outcomes in areas of severe deprivation within local authorities. Any discussion of the experiences of high need families must take into account the context in which these services operate. As outlined in Chapter 3, many of the high need families in these areas have needs that the Flying Start programme is not designed to address. While the early years services offered by Flying Start can have a great impact on families where there is already some stability, they are not enough to help some parents with multiple or complex needs.

Strong complementary services such as mental health services, addiction therapy, and skills training may all be needed to ensure that children do indeed have a flying start, by ensuring that their parents have the capacity to benefit from the early years services that are on offer. For the highest need families, Flying Start services can facilitate parents' access to social services, and complement their work. More generally, this research suggests that a family-centred approach is the best way to achieve improvements to child outcomes in high need families.

### 6.1 What works?

Evidence from this research shows that Flying Start services are making a tangible difference to the lives of many high need parents. These self-reported impacts are discussed in full in Chapter 5.

The key to this difference is usually the health visitor, whose access to the family home can allow for an effective, family-centred approach. Where health visitors had frequent contact and strong relationships with high need families they were instrumental in helping these families access other Flying Start services and the wider services the family may need. They do this by providing information but also motivating parents to take up services where otherwise they would not.

Where there was an absence of strong encouragement from a trusted health visitor, many parents did not take up services that they might benefit from, such as parenting programmes. The importance of using the access that health visitors have to hard to reach families cannot be understated – it may be that there is scope for using this relationship to further help high need families with their broader needs beyond those that are child-related, as is done in the areas where parents were particularly positive about their experience of Flying Start.

In addition, parent-reported impacts of childcare suggest that the programme is delivering its stated aim of improving school-readiness, both in terms of education and social skills.

Certainly many noted that their children who have been through childcare are much better prepared than their other children who are too old to have been eligible. Monitoring SOGs both before and after children who have received the childcare offer will be crucial in providing firm evidence for the educational impact.<sup>25</sup> However, it is important to remember that for Flying Start families, the impact of child maturity and behaviour is seen as just as important, as is the opportunity that the 12 and half hours childcare gives parents to rest, do housework or start on the path (back) into work.

This research suggests that the other two main elements of the offer are less effective in the way they are currently delivered, because of the difficulties in engaging parents. Parents often do not see the value in LAP programmes, or have not had it explained to them, and parenting programmes are not being accessed by all of the high need families who would benefit from them.

The capacity of health visitors to increase demand for parenting programmes could be better used in some areas. The experience of those high need families who have taken them up suggest that they can have a large impact on parenting self-efficacy and home atmosphere, leaving parents feeling more confident and better able to handle their children's behaviour and development. The indirect effect that these programmes have on older children in families that have received services is just one of the many wider benefits of the Flying Start programme.

Finally, the research shows the experience of fathers is mixed. There is good practice to be observed in certain areas, but too often fathers are side-lined by the heavily mother-focussed approach taken by health visitors. This may be due to lack of time that the health visitors have available to spend engaging fathers, and is certainly affected by strong cultural barriers to fathers taking up services. The experience of the most engaged fathers that we spoke to for this research suggests that where services are designed to include fathers and the time is taken to encourage them to take up services, the rewards for family life are greater than if just the mother is engaged.

Overall, this research has found that high-need families tend to be satisfied with and grateful for the Flying Start services they have taken up. Parents were usually very pleased with their family's experience of the programme and had seen a positive impact as a result of using the service(s). Nevertheless, analysis of the data and recommendations from parents suggests there are lessons for further improving engagement with the programme, which are set out below.

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<sup>25</sup> The Schedule of Growing Skills (SOGs) tool used by early years' professionals to establish the developmental levels of children.

## 6.2 Lessons for the future: how best to engage parents with Flying Start services

This section draws on parents' perceptions of what worked and what needed improving in the Flying Start offer, and their examples of good and effective practice across the services they had accessed. It focuses on six steps which are key to ensuring that as many parents as possible with a need can access Flying Start services. These steps sometimes overlap and all relate to one another.

The model overleaf illustrates the six steps, and how different Flying Start professionals might be more or less involved in them. It highlights the key role that the health visitor can play during many stages in the process, though it is entirely possible that other Flying Start professionals might perform some of these roles just as effectively. However, a lesson from this research is that where the Flying Start offer seemed to be particularly effective in addressing families' needs, this was usually due to regular contact and appropriate signposting achieved through health visitors. Where they have a close relationship with parents, it helps to ensure a better understanding of the individual family and local needs, delivers information, motivates parents and helps to address any practical barriers that stop individual parents taking up the offer.

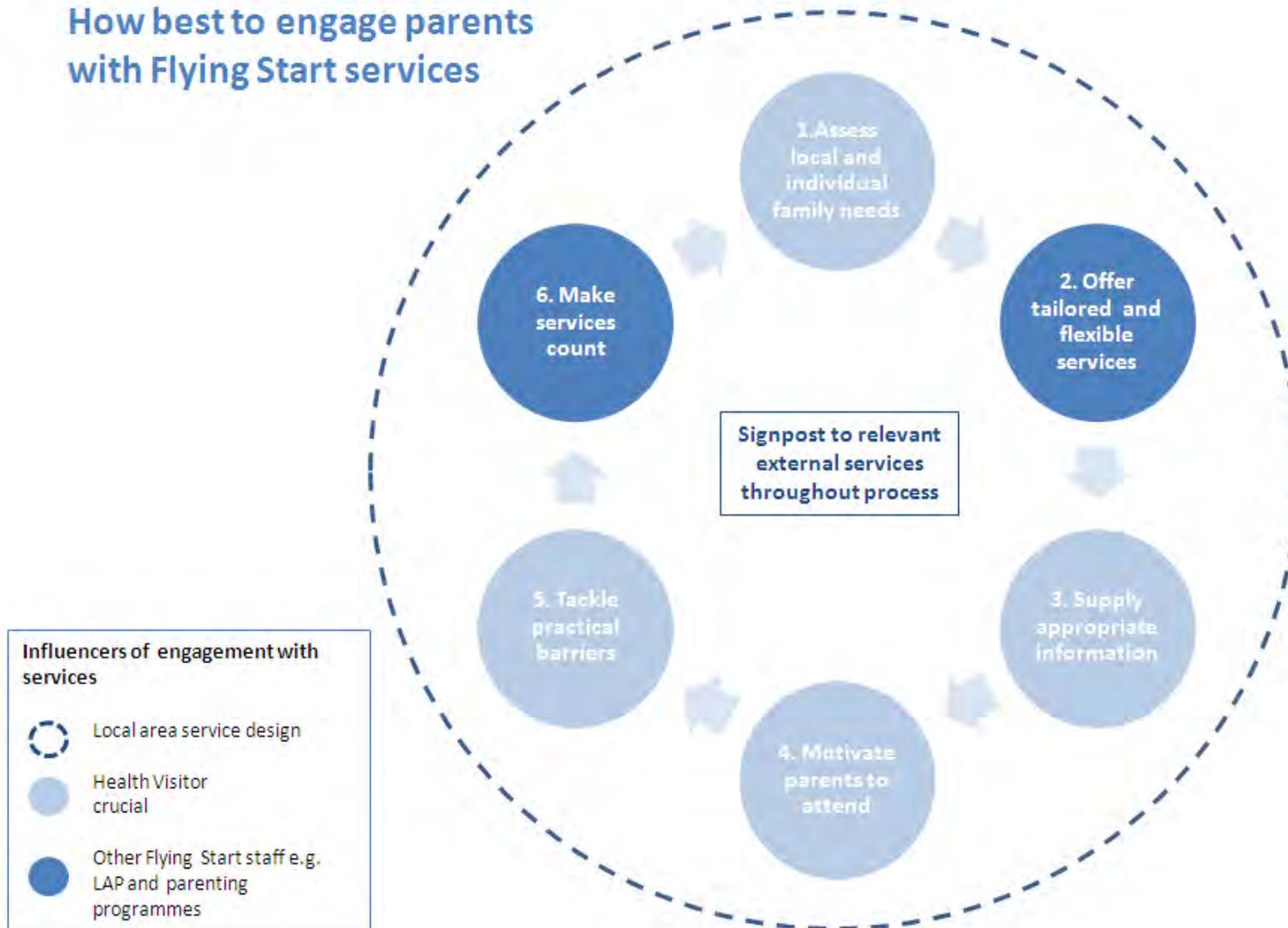
However, a lot of the steps in the model overleaf also relate to strong service design. In the case study areas where families' needs were particularly effectively addressed, this was usually because parents knew what was available to them and the services on offer took the following issues into account:

- Geography: how remote, centralised or dispersed the Flying Start areas are, and how easy it is for parents to travel to access services.
- Culture: the types of communities in an area, their history and levels of social cohesion; and
- The facilities already available – for example in some areas Flying Start services were located in existing community or children's centres that parents already frequented.

Furthermore, the most effective case study areas took into account the level and type of need in the area and had put a lot of effort into ensuring that the right parents knew what was available to them.

In short, the evidence from this research shows that the combination of tailored service design and effective health visitor liaison with families is the best way to engage parents in Flying Start services.

## How best to engage parents with Flying Start services



## 1. Assess local and individual family needs

- Similar families may have very different needs; extensive assessment and regular reviews by the health visitor helps to uncover these.
- Ensuring that changing needs are taken into account is also important in providing for high need Flying Start families; moving home, family breakdown, new children or other life changes can all influence families' needs.
- Hyper-local<sup>26</sup> differences in geography, demographics and culture all play a role in determining likelihood of taking up services, and therefore need to be taken into account when designing services:
  - Geography: How easy is it to get around the Flying Start area and travel to use Flying Start services? Some families will not attend services that are not extremely close.
  - Demographics: What are the special features of the population that need to be accounted for? For example a large population of English as a second language speakers, or a higher than average proportion of young parents.
  - Culture: How socially cohesive is the area and what are parents' feelings about other local services? Consider whether Flying Start services need to be tailored so that they are accessible to all high need families and not just the 'usual suspects'.

## 2. Offer tailored and flexible services

- Tailored services are important for fathers, families where children have additional needs, parents and children with English as a second language and young parents.
- Make the offer more flexible for families with unusual needs. In particular a more flexible childcare offer - in which the hours could be used as and when needed - would benefit some parents with competing responsibilities such as work, training or care for their other children.
- Offer some parenting programmes and LAP sessions at weekends or in evenings to allow working parents (particularly fathers) to attend. Working families may still be high need families.
- For some very high need families only, in home services may be appropriate, and where resources are available these should be made more widely available. In home delivery can effectively be used as a stepping stone to taking part in subsequent group services as parents grow in confidence.

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<sup>26</sup> Community level, which in some Flying start areas may mean an estate, or an even smaller area.

### 3. Supply appropriate information

- Lack of information and misinformation is a barrier to accessing services for some. Parents would be more likely to be informed about services and willing to take them up if all local people (not just families who are eligible for services) were better informed and information about services was circulated around the community. This aids the spread of information around the area and helps to inform people who will be parents or grandparents in the future and could be helped by Flying Start services.
- Some parents reported that it was difficult to find information about the extent of services on offer, that they were reliant on health visitors for information and that it would be helpful to have an awareness of the programme before they became parents and were eligible. Increasing the availability of information online was also suggested by a number of parents. As the programme continues to be rolled out this may become less of an issue as word of mouth accounts about the services spread.
- Asserting the universality of the programme helps to break down potential stigma attached to accessing parenting services. A number of parents commented that they were initially reluctant to take up Flying Start services after assuming they were linked to social services and that professionals had concerns about how they were bringing up their children, and initial health visitor contact was important to allay these fears.
- For some families interviewed with the lowest number of needs, written information in the right place at the right time may be an effective way to raise awareness. Examples of good practice in this area include:
  - Receiving calendars with details and timings of Flying Start services serves as a useful reminder of what is available.
  - Notice boards in childcare settings or outside Flying Start offices are a useful, low-cost way of disseminating information about other services.
  - Parents found personalised letter invitations to use services very useful.
- More needs to be done to explain the benefit of Flying Start services to some high need, low-user families. Health visitors can be instrumental in doing this, but it is also important that other Flying Start professionals do this. A particular priority is explaining the point or aim of LAP sessions.

#### **4. Motivate parents to attend**

- For many parents, this step is crucial, as they are not willing to access services without persuasion. The health visitor is very important at this stage in reassuring parents that they will enjoy and learn from using Flying Start services.
- Messaging is paramount; parents need to feel that they are not being singled out or patronised. Understanding the benefits of the courses builds motivation. Parents who were the most keen to take up parenting programmes were those that had been told it would help build on their skills to become an even better parent rather than address any skill deficiencies.
- While resource intensive, spending time helping to build the confidence of cautious and isolated parents and helping them overcome nervousness is vital in ensuring they take up services.
- Offering tailored services is one way of increasing motivation, e.g. young mums may only be assuaged by the offer of a group where they will meet other people in the same situation.

#### **5. Tackle practical barriers**

- Where possible, arrange classes around parent and child availability, taking into account work hours and pick up/drop off times for local pre-schools and primary schools.
- Help parents to access the transport, childcare and other support they may need to attend parenting programmes, LAP courses and other informal groups.
- Where possible and practical, co-locate services. Co-location can help with practical barriers by reducing travel and making it easier to take up several services in the one place.

#### **6. Make services count**

- One contact can start families on the path to accessing numerous Flying Start services. Parents who had attended one class, group or course were much more likely to become serial 'joiners'; encourage this by systematically signposting parents from one Flying Start service to another.

- Put effort into making the parent and child experience good. Services that are enjoyable and perceived as useful or effective make parents Flying Start advocates, enhancing the reputation of services in the local area which should in turn lead to higher take up in future.
- Many high need parents are thinking about how to use their time when their children start at school full time. Use the relationships with parents that are built up through Flying Start to refer them on to other useful employment advice and training programmes, so that they are ready for employment when that time comes.

# Appendix



## 7. Appendix

### 7.1 Discussion guide

#### Background

Flying Start is the Welsh Government's flagship early years programme and provides targeted support to families with children under four in some of our most disadvantaged communities. This support includes:

- Intensive health visitor support;
- free quality, part-time childcare;
- access parenting programmes<sup>27</sup>; and
- support for Early Language Development, including access to Language and Play (LAP).

As part of the evaluation of Flying Start, Ipsos MORI has been commissioned to conduct qualitative case studies in five areas to understand families' experiences of the programme.

#### Key research questions:

The overall theory of change for the programme is appended to this discussion guide (section 7.1.2). The evaluation composes several strands, including a quantitative survey with families, and a process evaluation in each of the areas. Please consult the process evaluation report produced by SQW for your specific case study area before conducting any fieldwork.

This piece of research focuses on the experience of Flying Start of high need families – the key research questions are:

- In what way do high need parents experience Flying Start services (i.e. enhanced health visiting, childcare, ELD/LAP and parenting support)?
- What do high need parents perceive as the main impacts of Flying Start services on themselves, their children and their wider family? This will be focussed around the core aims of Flying Start, i.e. cognitive/emotional, social and physical impacts.

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<sup>27</sup> ELD includes LAP sessions which may or may not go by different names in different case study areas (there are showcards for each area). Similarly, parenting programmes are varied and support includes informal advice in the home

- How are high need families engaged by Flying Start services and what are the enablers and barriers to engagement?
- What has worked well/what hasn't worked so well in terms of the whole Flying Start offer (i.e. in terms of both formal and informal Flying Start support)?
- To what extent has Flying Start delivered against any expectations the parents had?
- How does Flying Start relate with other services (including school)? Experiences of Flying Start 'signposting' to other services and impact of this.

**Note:**

This guide is for all parents, however some questions may be more or less relevant depending on the group.

1. Families who have used all four Flying Start services (i.e. health visiting, childcare, ELD/LAP and parenting programmes) – 50% of interviews (30 in total)

2. Families who have used at least two of the Flying Start services - 25% of interviews (15 interviews in total)

3. Families who have not used (or no longer use) despite being eligible any of the Flying Start services\* - 25% of interviews (15 interviews in total)

\*Defined as those not using any Flying Start service (outside of the health visitor offering) or those who have left the programme (i.e. taking their child out of childcare or left a parenting course after only a few sessions).

| Guide Sections                                       | Notes   | Timings    |
|--|---|------------|
| <b>1. Introductions and background</b>               | Discusses the general work and life circumstances of the participant.<br><i>This sets the scene, and reassures participants about the interview, confidentiality.</i>   | 20 minutes |
| <b>2. Take up and usage of Flying Start services</b> | Allows the interviewer to ascertain the level of service usage of the participant and how this has changed over the child's life.<br><i>This explores parents' experiences of Flying Start services and how they were initially engaged in the programme.</i> | 30 minutes |
| <b>3. Impact of Flying</b>                           | Discusses if using Flying Start services has led to any changes to the parent(s), child and family as a whole.  | 25         |

|  |   |            |
|--|---|------------|
| <b>Start</b>   | <i>This will help us understand the perceived impact Flying Start has had at different level and also the perceived impact of each of the different services.</i>   | minutes    |
| <b>4. Overall experience of Flying Start and signposting</b> | Asks parents about what has worked and what hasn't worked, whether the service they received was what they expected and if any improvements could be made.<br><i>This gets the parents to evaluate the Flying Start services they have received and how effective it has been at signposting to other services.</i> | 10 minutes |
| <b>5. Conclusion and thanks</b>                              | This section will sum up the key messages and brings the interview to a close.  | 5 minutes  |

### Using this guide

We use several conventions to explain to you how this guide will be used. These are described below:

| <i>Timings</i>    | <i>Questions</i>   | <i>Notes and Prompts</i>  |
|-------------------|--|---|
| 5 mins            | <p><b><u>Underlined</u> = Title:</b> This provides a heading for a sub-section</p> <p><b>Bold = Question or read out statement:</b> Questions that will be asked to the participant if relevant. Not all questions are asked during fieldwork based on the moderator's view of progress.</p> <p>Prompts are not questions – they are there to provide guidance to the moderator if required.</p> | This area is used to summarise what we are discussing, provides informative notes, and some key prompts for the moderator |
| How long it takes | <b>Typically, the researcher will ask questions and use the prompts to guide where necessary. Not all questions or prompts will necessarily be used in an interview</b>  |   |

| Timings    | Questions   | Notes and Prompts   |
|------------|---|---|
| 20 minutes | <p><b><u>1. Welcome and introduction</u></b></p> <ul style="list-style-type: none"> <li>• Thank participant for taking part.</li> <li>• Introduce self, Ipsos MORI.</li> <li>• Emphasise that we will be talking about their experiences of being a parent and any services they have used, mostly with relation to specific child (aged three or four).</li> <li>• Confidentiality: reassure all responses anonymous and that information about individuals will not be passed on to anyone, including back to the Welsh Government or any other Government Department.</li> <li>• Explain outline of the research.</li> <li>• Role of Ipsos MORI – independent research organisation (i.e. independent of GOVERNMENT), gather all opinions: all opinions valid.</li> <li>• Get permission to digitally record – transcribe for quotes, no detailed attribution.</li> </ul> <p><b>I'd like to start by learning a little bit about you. Please can you tell me about your household?</b></p> <ul style="list-style-type: none"> <li>- <b>How long have you lived here? Do you like the area? Can you describe it to me?</b></li> <li>- <b>Does anyone else live in this house?</b><br/>PROBE: for number/ages of children and partner.</li> <li>- <b>Do you have any friends/ neighbours living close by who you visit? What about family members?</b><br/>Do they live locally? Where do they live? How often do they visit? How often do you visit them?</li> </ul> <p><i>Moderator note: Try to get a sense of the levels of informal support available to the participant that might help them in their parenting.</i></p> <p><i>If no partner in household, probe sensitively at an appropriate point(s) in the interview about absent parent's involvement in child's/children's life and parenting – we'll want to know whether they have influence over what services are used w/r/t the child or if they ever been signposted to services</i></p> | <p><b>Welcome:</b> orientates participant, gets them prepared to take part in the interview.</p> <p><i>Outlines the 'rules' of the interview (including those we are required to tell them about under MRS and Data Protection Act guidelines).</i></p> <p><i>Builds up a general picture of the household and daily activities.</i></p> <p>NOTE: Use the introduction to gauge the register that should be used in the interviews. What is written here is a <i>guide</i> only – but the information provided here should set the tone for the rest of the interviews and indicate how the questions should be phrased (i.e. <b>whether they</b></p> |

|  |  |
|--|--|
| <p><b>What do you do with your days? Where do you spend your time? Who do you see? Where do you go out for fun? Any services you use?</b><br/> <i>Moderator note: if appropriate, use a map of the area to map a typical day and get a sense of how they spend their time and the local services used (where is the school, where do they shop, who do they meet?)</i><br/> <b>PROBE:</b></p> <ul style="list-style-type: none"> <li>- <b>Are you currently in employment or studying?</b></li> <li>- <b>What job/course do you do?</b></li> <li>- <b>How many hours a week do you work? Full time or part time?</b></li> <li>- <b>What did you do before this job/ course?</b></li> </ul> <p><b>IF PARTNER: What about other people in your household, can you tell me about any work or study that they do?</b><br/> <b>IF NOT WORKING:</b><br/> <i>Probe on previous employment, whether they enjoy staying at home, future plans etc.</i></p> <p><b>And can you tell me a bit about your children?</b><br/> <b>IF MORE THAN ONE:</b><br/> <b>How are they different from each other?</b><br/> <i>PROBE on personality, behaviour, any health or development issues</i></p> <p><b>What's a typical day with them like? Is there a set routine or is very day different? How so? IF ROUTINE: How did you decide that routine and put it in place?</b><br/> <i>PROBE on getting ready, playtime, mealtime, getting ready for bed – try to get a sense of how in control the feel as a parent</i></p> <p><b>What's been the best part about bringing them up? And the most difficult thing?</b><br/> <b>Who helps you look after them?</b><br/> <b>Have you ever needed any support or advice in how to bring them up? IF SO: Who have you gone to for that support or advice?</b><br/> <i>Moderator note: Probe around feelings of confidence in parenting and support networks</i></p> | <p><b>are in or out of work or have a partner).</b> Try to avoid the use of technical language – unless the participant uses it themselves – and explain terms clearly.</p> <p>NOTE: Use this introduction to try to identify any particular need this parent/family/child and probe on whether that need has been met by Flying Start/FS signposting to other services later in the interview. Examples could include parental depression, other parental health needs, social or geographical isolation, very low income, long work hours, domestic tension/family problems, child health needs, child behavioural issues, first time parenthood, very young parenthood.</p> |
|--|--|

|                   |   |   |
|-------------------|---|---|
|                   | <p><b>And can I ask what which of the benefits of tax credits on this card your household receives? (SHOWCARD)</b></p>  |   |
| <p>30 minutes</p> | <p><b><u>2. Take up and experience of Flying Start services</u></b></p> <p>IF HAS OLDER CHILDREN:<br/> <b>Have you noticed any differences in the types of local services available to parents and young children when [SPECIFIC CHILD] was growing up, compared with when your older children were younger (aged 0- four)?</b><br/> <i>MODERATOR NOTE: Throughout this section, if has older children do probe on whether they noticed any difference – did they have better access to HV/other services, did they use childcare differently for older children, did they feel like they had less advice and support for those children?</i></p> <p><b>Have you ever heard of Flying Start? How did you hear about it? (when, who from, from where – friend, HV, leaflets etc)</b></p> <p><b>Can you tell me briefly what, if anything, you know about Flying Start and the services they provide?</b><br/> PROMPT:<br/> <ul style="list-style-type: none"> <li>- Government funded service for families in certain areas in each local authority in Wales. Provision of free childcare, parenting and LAP courses or one on one assistance, intensive health visiting service etc?</li> </ul> </p> <p><b>Why do you think the Welsh Government has introduced it?</b><br/> PROBE: To help parents, to improve children’s development and improve skills.</p> <p><b>Do you think Flying Start services might help you and your family? In what way?</b><br/> PROBE: Help with childcare, with your child’s development, help with being a parent, access to services for child, meet other parents like me</p> | <p><i>Allows the interviewer to ascertain the level of service usage of the participant and how this has changed over the child’s life.</i></p> <p><i>Explores parents’ access to and experiences of Flying Start services and how they were initially engaged in the programme.</i></p> <p><b>MODERATOR NOTE:</b><br/> Please note that parents may not be aware that some of the services they are using are in</p> |

|   |   |
|---|---|
| <p><b><u>HEALTH VISITING</u></b><br/> <b>How often have you/and your partner seen a HV since child was born? And what about any other members of the HV team?</b></p> <p>IF NECESSARY:<br/> <b>The health visiting team may include a health visitor assistant, a nursery nurse, a family support worker or a family health worker.</b></p> <p><i>EXPLORE in detail (i.e. ask for different time periods of the child's life e.g. 0-2 months, 2-6 months, 6-12 months, 1-2 and 2-3) and add to the timeline and start to build up a map of locations of services using map of the area</i></p> <p><b>Where did you see them?</b><br/> PROBE: In home or in clinic (or both).<br/> Probe also for informal contact at other locations e.g.:<br/> Childcare<br/> Parenting programmes<br/> Playgroup<br/> Preschool<br/> GPs office<br/> Anywhere else?</p> <p><b>For what reasons?</b><br/> PROBE:<br/> Regular scheduled checks<br/> Weighing<br/> Immunisations<br/> Help with parenting<br/> Referrals<br/> Because you had specific questions about your child</p> | <p>association with Flying Start.</p> <p>MODERATOR NOTE: Use the timeline in the Appendix (7.1.3) to map the participant's usage of FS services throughout the child's life. Use the timeline to guide the rest of discussion in this section – refer back to it and make notes on it (make sure participant can see it while you do this)</p> <p>MODERATOR NOTE: Map each service used using local maps to get a sense of how accessible each of the services have been for the parent(s).</p> |
|---|---|

**What did the HV or member of the HV team speak to you about or do with you when you saw him/her?  
Was their advice useful? How did you feel about the way in which they gave you advice?**

*Explore in detail what happened during visits e.g. checks of baby, advice, parenting techniques etc. If possible ask to see the participant's red book to get a sense of the number of visits and how they have changed*

*Explore perceptions of the HVs manner and the relationship between participant and HV. Did participant feel that their approach was appropriate given their circumstance?*

**Which types of visit were the most helpful? Why? And which the least? Why?**

PROBE

HV checks which are booked in advance e.g. six month check

Informal support e.g. when you pop into the clinic to have the baby weighed

Ad hoc visits – when the HV calls in to see how you are getting on

Other types of visit/contact

**Did the HV/member of HV team give you advice on or help you access other services you, your partner or your child could use? IF SO: Which, and what did they tell you about it? How did you receive that support?**

**Did the HV give you any written information about being a parent, your child's development or any local services you could use?**

*PROBE on content and perceived usefulness*

**How satisfied or dissatisfied were you with the service you received from the HV(s)? Why?**

*PROBE on quality of advice, relationship with HV, signposting, and number and length of visits.*

**Were there any times throughout your child's life when you would have liked to have more support from the health visitor? When, with what and why? How could the HV have helped you more at this time?**

**Is there anything that the health visitor could have helped you more with?**

*PROBE on particular needs of that parent, if appropriate*

**CHILDCARE**

**I would now like to talk to you about your use of childcare for your child.**

**What childcare, if any, have you used for your child since he/she was born?**

*PROBE in detail about use since the child was born – who, for how many hours a week, for how long, location, cost. Add to timeline.*

**IF NECESSARY**

**Have you heard of the free Flying Start childcare offer for children between the ages of two and three, or before the age of two for some families? It is sometimes called playgroup. It may include one of these groups or childminders in your local area (SHOWCARD)**

*What can you tell me about it? How did you hear about it?*

**Did anyone tried to persuade you to use the FS childcare?**

*If so, who? Health visitor? Play workers at childcare facility? Other FS staff? Family/friends?*

*What did they tell you?*

*Did this affect your decision whether or not to use this childcare?*

**IF USED:**

**And how many hours of Flying Start childcare do/did you usually use a week? Where do you use them?**

*Did you choose that provider/playgroup/childminder? Why? How convenient is that for you? Did you choose the time of day you child attends playgroup/? How convenient is that for you?*

**What kind of people work there? Do you ever talk to them? Do they give you advice about your child? Or information/advice about other services you, your partner or your child could use? If so, what? Did you take it up?**

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| <p><i>PROBE on efforts to engage parents and signpost them to other services</i></p> <p><b>What does your child do while at childcare? What has/did he/she learn(ed) while there? Can you give me some examples?</b></p> <p><b>How do you hear about your child’s activities and progress? Do you know enough or would you like to know more? Why?</b></p> <p><b>How satisfied or dissatisfied have you been with the quality of the childcare available?</b><br/> PROBE on practical convenience/access, activities the child engages in, engagement with parent, perceptions of staff</p> <p>Probe on how the childcare met (or didn’t meet) families’ needs identified at the start of the interview.</p> <p>IF HAVEN’T USED FULL ENTITLEMENT (12.5HOURS)<br/> <b>Under the programme you are entitled to 12 and a half hours of free childcare. Are there any reasons why you have not used the full amount?</b><br/> PROBE:<br/> Wasn’t aware of how many hours parents are entitled to Child doesn’t like going to childcare<br/> Prefer to have the child at home<br/> Use FS childcare at specific times<br/> Childcare difficult to access,<br/> Don’t need this much childcare<br/> Any other difficulties in accessing the offer</p> <p>IF USED BUT STOPPED USING BEFORE CHILD AGED three<br/> <b>Why did you stop using FS childcare? Did you replace this with any other childcare?</b><br/> PROBE<br/> Quality of childcare (staff/activities/child’s development)</p> |  |
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|  | <p>Child did not like it<br/>Practical issues</p> <p>IF DIDN'T/DON'T USE AT ALL<br/><b>Why did you decide to not take up the Flying Start free childcare on offer when you child was aged between two and three?</b><br/>PROBE:<br/>General views on childcare/childcare for this child<br/>Views on the providers available<br/>Practical issues<br/>Past experience of using childcare</p> <p>IF OTHER YOUNGER CHILDREN<br/><b>Is there anything that would encourage you to use childcare for your younger children?</b><br/>PROBE:<br/>If someone accompanied them to service the first time?<br/>If knew a bit more about what the child would be doing there?<br/>If knew some other parents who sent their child?<br/>Help with transport/reaching the childcare service</p> <p>IF USING OTHER PROVISION:<br/><b>What do you like about using this other childcare service/family friends etc?</b><br/>PROBE:<br/>Convenience<br/>Have used it in the past/like it<br/>Offers longer hours (e.g. to fit around work)<br/>Trust relatives</p> <p>ASK ALL<br/><b>From what you know about FS childcare, is there anything you think could be improved or added to</b></p> |  |
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**encourage parents like you to use it?**

Better location, sessions at better times

Better facilities

Different staff

Other?

**OTHER SERVICES**

**Have you (and/or your partner) used any of the other Flying Start services for your child?**

PROBE: Language and Play, parenting support and courses

- **And are there any others that you've used in the past?**

SHOW AREA SHOWCARD (READ OUT IF NECESSARY)

**This card lists some of the Flying Start services in your area. Which have you heard of? Have you ever got any information about any of them? Has anyone ever suggested that you use one of these services?**

**Are you using, or have you ever used any of them?**

- **And have you attended any informal Flying Start groups such as...**

*MODERATOR NOTE: Each area will have a different showcard depending on the services available. Please probe fully for a detailed picture of service usage.*

FOR SERVICES USED: REPEAT THE FOLLOWING BANK OF QUESTIONS FOR EACH

**How did you/and your partner hear about it? Would you have preferred to hear about it in another way?**

IF REFERRED/SUGGESTED TO GO:

- **Why do you think X person suggested that you go to this class/use this service**
- **How did you feel about the suggestion?**
- **Did you feel like you needed the [service]?**

**What were you/and your partner told about it before you started using [service]?** How did you receive this information? Did you think you knew enough about it before you went or did you want to know

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|  | <p>more?</p> <p><b>How long after hearing about the service did you decide to take it up? Why was this?</b><br/> <b>PROBE:</b><br/> Spent some time thinking about it<br/> Places weren't available<br/> Wanted to get more information<br/> Didn't think it was important</p> <p><b>How long have/did you/and your partner been using [service]?</b></p> <p><b>Why did you/and your partner decide to start using [service]?</b><br/> <b>PROBE:</b><br/> Encouraged by a Flying Start worker/other person<br/> Wanted the support in this area<br/> It was free/offered<br/> Wanted to get out of the house<br/> Help child with a specific area<br/> Wanted to meet other parents</p> <p><b>What did you think you would get out of it before you started?</b></p> <p><b>Where do you go to receive [service]? How often? At what time? For how long? How did you get there?<br/> Was it convenient? Why/why not? How could it have been made more so?</b></p> <p><b>What did the sessions involve? How would you describe them to others?</b><br/> <i>PROBE in detail for the types of activities carried out and how the sessions make them feel – was it comfortable or difficult? Did they understand what they were trying to achieve?</i></p> <p><b>What are the other people that use this service like?</b> Did that have any effect on your opinion of the</p> |  |
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| <p>service? Did you get to know them through using this service?<br/> <i>PROBE on whether this service course was seen for a particular type of person/people like me/not for people like me</i></p> <p><b>How satisfied or dissatisfied have you been with the service? Why?</b><br/> <i>PROBE on perceptions of usefulness, quality and manner of staff, convenience</i></p> <p><b>What happened when you stopped using the service?</b> Did the staff give you any advice on how you/your child could continue to use what you'd learned in the future? Did they give you any advice on other services you may want to use after that one?</p> <p>IF LAP/PARENTING PROGRAMME/GROUP<br/> <b>How many sessions does this group/course cover and how many have you attended/How many times did someone come to your house to give you this support?</b></p> <ul style="list-style-type: none"> <li>- Was this as a group or one to one support?</li> <li>- REGARDLESS OF ANSWER ABOVE: <b>How did you feel about receiving help in this way?</b></li> <li>- IF PARTNER: <b>Has your partner attended? Have they been encouraged to attend?</b></li> </ul> <p>IF STARTED TO ATTEND A FULL LAP/PARENTING COURSE BUT NOT ATTENDED FULL NUMBER OF SESSIONS<br/> <b>You mentioned earlier that you didn't go to all of the course sessions. Is there any particular reason that you didn't attend more/them all?</b><br/> PROBE:<br/> Not relevant to parent<br/> Didn't enjoy course<br/> Other commitments<br/> Difficult to arrange childcare at these times<br/> Travel time to get there<br/> Not what expected</p> <p>FOR SERVICES NOT USED: PROBE SPECIFICALLY IF LAP/PARENTING PROGRAMME NOT USED</p> |  |
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| <p><b>Have you ever been asked to attend these services? When? By whom?</b></p> <p><b>What did they tell you about the service?</b></p> <p><b>Why do you think you were invited? How did you feel about being invited?</b><br/> PROBE:<br/> Happy; I needed extra support in this area, was interested in the service, thought the service would have a positive impact on my family<br/> Angry; I don't any help,<br/> Not interested; don't see how I could benefit</p> <p><b>Did you consider using this service? What did you think you or your child might get out of it?</b></p> <p><b>Why did you decide not to use this service?</b><br/> PROBE:<br/> Too busy/don't have time<br/> I don't need it/ I am confident in being a parent<br/> Not interested/ Not thought about it<br/> The course runs at an unsuitable time<br/> Too shy/unconfident/ I wouldn't know anybody else there<br/> Not thought about it<br/> Don't know much about it<br/> No places available</p> <p><b>Would you ever consider taking up this kind of service? Why/Why not?</b></p> <p><b>Is there anything that would encourage you to take up the service in the future?</b><br/> PROBE:<br/> Advice from the Flying Start professional<br/> Thought it would benefit me</p> |  |
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|                   | <p>Recommendations from friends/family</p> <p>ASK ALL WHO HAVE USED ANY FS SERVICE</p> <p><b>As your child(ren) have got older has your usage of [service] changed at all? At what times have you used it most/least? Why?</b></p>  |  |
| <p>25 minutes</p> | <p><b><u>3. Impacts of Flying Start</u></b></p> <p><i>For each question in this section, first ask generally and then probe separately for each service that was used if necessary</i></p> <p><b>Please can you tell me about any effects using Flying Start services has had on you/and your partner as a parent? Have you made any changes to anything you do as a result of any of the services?</b></p> <p>PROBE:</p> <p>Changes in confidence in parenting e.g. breastfeeding or being able to do activities with child</p> <p>Understanding of child</p> <p>Meeting other parents</p> <p>Time for themselves/getting a break</p> <p>Mixing with the community</p> <p>Training/Courses/Work/Looking for Work</p> <p><u>Use knowledge of specific child/parent/family needs identified in the first section to probe on whether there has been any impact in these areas</u></p> <p><b>Do you think that the Flying Start Services have had an effect on your child? In what ways?</b></p> <p>PROBE for individual programmes, if used (e.g. childcare, LAP)</p> <p><b>Have you noticed any specific changes in your child since they began using/attending the [service(s)]? Can you give me some examples of when you've notices these changes?</b></p> <p>PROBE:</p> <p>Child confidence</p> <p>Child activity</p> | <p><i>Discusses if using Flying Start services has led to any changes to the parent(s), child and family as a whole.</i></p> <p><i>This will help us understand the perceived impact Flying Start has had at different level and also the perceived impact of each of the different services.</i></p> <p>MODERATOR NOTE:<br/>Please ensure that you cover all of the services that the participant mentioned in the section before when asking these questions and prompt where necessary. This is especially the case for informal Flying Start groups.</p> |

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| <p>Child learning/ development (more talkative/ vocal/ communicative)<br/> Child independence (can do more things for themselves e.g. drinking and eating)<br/> Child behaviour<br/> Child ability to mix/sociability<br/> Child health<br/> Child's speech</p> <p>IF CHILD HAS RECEIVED A REFERRAL TO A FS PROFESSIONAL PLEASE PROBE FOR ANY SPECIFIC IMPACTS HERE</p> <p>IF MULTIPLE CHILDREN:</p> <ul style="list-style-type: none"> <li>- <b>Has using FS services had an impact on your other children?</b></li> <li>- <b>Have you used anything you have learnt from [service] for other children in the household?</b><br/> <b>Would you consider attending [service] in relation to any of your other children?</b></li> </ul> <p>IF HAS OLDER CHILDREN:</p> <ul style="list-style-type: none"> <li>- <b>Have you noticed any differences in the development of this child compared with your older children?</b></li> </ul> <p><b>Has using Flying Start services had any impact on your family as a whole? If yes, how?</b><br/> PROBE:<br/> Improved home life<br/> Better routines<br/> Child better behaved<br/> Able to spend more time as a family<br/> Children get on better<br/> Family get on better<br/> Feel better able to cope</p> <p><b>Which Flying Start services do you think have had the biggest impact on your family, and which have</b></p> | <p>This is a really important section so if necessary reduce time spent on other sections to ensure this can be covered in detail.</p> |
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|  | <p><b>had the least? Why?</b></p> <p><b>Have you made any specific changes to your family routine/activities you do as a family as a result of the FS services you have received?</b><br/> PROBE:<br/> Have stricter routine<br/> More organised<br/> Make time to spend time with child one on one to encourage learning/development<br/> Do more activities with child - play games/read books/sing songs<br/> Find time at home calmer/more relaxed as a result?</p> <p><b>Have you received any materials from Flying Start services which you can use with your child? How useful have you found these?</b><br/> PROBE:<br/> Colouring in activities<br/> Nursery rhymes<br/> Activity books</p> <p><b>Would you say that using Flying Start services has helped prepare your child for school? How? Can you give me some examples?</b><br/> <i>PROBE for any educational impacts of Flying Start e.g. recognising letters, numbers or colours</i></p> <p><b>What effects has using Flying Start services had on your opinions of your local area?</b></p> <p><b>How many parents do you know at Flying Start services? Have you met any other parents you didn't know before whilst using the services? Have you kept in touch with them?</b><br/> PROBE for:<br/> How many existing friends were using the service and whether this encouraged their participation<br/> Whether they have introduced others to the service<br/> If parents stick to pre-existing friendship circles whilst attending services</p> |  |
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|                   | <p>IF YES</p> <p><b>Has meeting other parents to talk to benefitted you in any way?</b> If so, in what ways? Can you describe any examples?</p>  |   |
| <p>10 minutes</p> | <p><b><u>4. Suggested improvements to Flying Start and signposting</u></b></p> <p><b>Thinking about everything we have discussed today, how satisfied are you overall with the Flying Start services you have used?</b> Why is this? Which aspects of Flying Start have worked well for you, your partner and your child so far? Which have been less good?</p> <p><b>You said that you/and your partner were hoping to get [insert answer from first section] from using Flying Start Services, has this been the case? Why/why not?</b></p> <p><b>Where could improvements be made? Is there anything you, your partner hoped you would gain, or gain for your child, but haven't?</b></p> <p><b>Is there anything else you would like help and support with as a parent(s)?</b><br/><i>PROBE on parent/family needs as identified throughout interview</i></p> <p><b>Is there anything else you would like help and support for your child?</b><br/><i>PROBE on child needs as identified throughout interview</i></p> <p><b>How convenient have you/and your partner found the Flying Start service(s) for yourselves or for your child? Have you come across any difficulties when you have tried to use the service(s)?</b><br/>PROBE:<br/>Accessibility<br/>Flexibility<br/>Availability of sessions.</p> | <p><i>Asks parents about what has worked and what hasn't worked, whether the service they received was what they expected and if any improvements could be made.</i></p> <p><i>This gets the parents to evaluate the Flying Start services they have received and how effective it has been at signposting to other services.</i></p> <p>MODERATOR NOTE: This is a long section but use your discretion – much of it may have been covered earlier in the interview. The key questions are those on unmet needs, services they haven't been able to use/access, and information needs. Also</p> |

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| <p><b>How do you feel about the quality of the Flying Start staff you have met?</b><br/> PROBE:<br/> Quality of training/how qualified they are<br/> Understanding of you and your child<br/> Listening to your problems</p> <p><b>Have you received feedback from any Flying Start professionals about your child’s development? How useful has this been?</b></p> <p><b>Are there any Flying Start services which you would like to use but haven’t? Which and Why?</b><br/> PROBE:<br/> Place not available<br/> Not at suitable times<br/> Language difficulties<br/> Difficult to get to<br/> Other commitments<br/> Didn’t know (enough) about it</p> <p>IF LACK OF INFORMATION<br/> If not, how would they like to be informed?? Facebook, text, leaflet, professional etc</p> <p><b>Is there anything else the Flying Start team could do to let you know about the services on offer? What would you need to know about them before you would want to go?</b></p> <p>ASK IF USED MORE THAN HV<br/> <b>Would you recommend the Flying Start services you have used to a friend or family member?</b></p> <ul style="list-style-type: none"> <li>- Which ones?</li> <li>- Why/why not?</li> </ul> <p><b>If you were to have any more children, would you use FS services again?</b></p> | <p>parents may not see the services they’ve used as “Flying Start” so need to be aware of this.</p> |
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- All of them? If not, which ones?

ASK IF LOW/NON-USER

**Overall, how much have you heard about Flying Start services?**

PROBE:

Very little, only from health visitor, from advertised, services, experiences of family and friends

**Do you think families in your area need this kind of parenting support? Why/why not?**

**Overall why haven't you taken up [insert services not taken up?]**

**Has anyone you know used the Flying Start services that you haven't take up? What have they told you about their experiences?**

**What would encourage you to take up these services in the future?**

**Do you use any non-Flying Start services that you would recommend to parents and think could be offered by the programme?**

ASK ALL

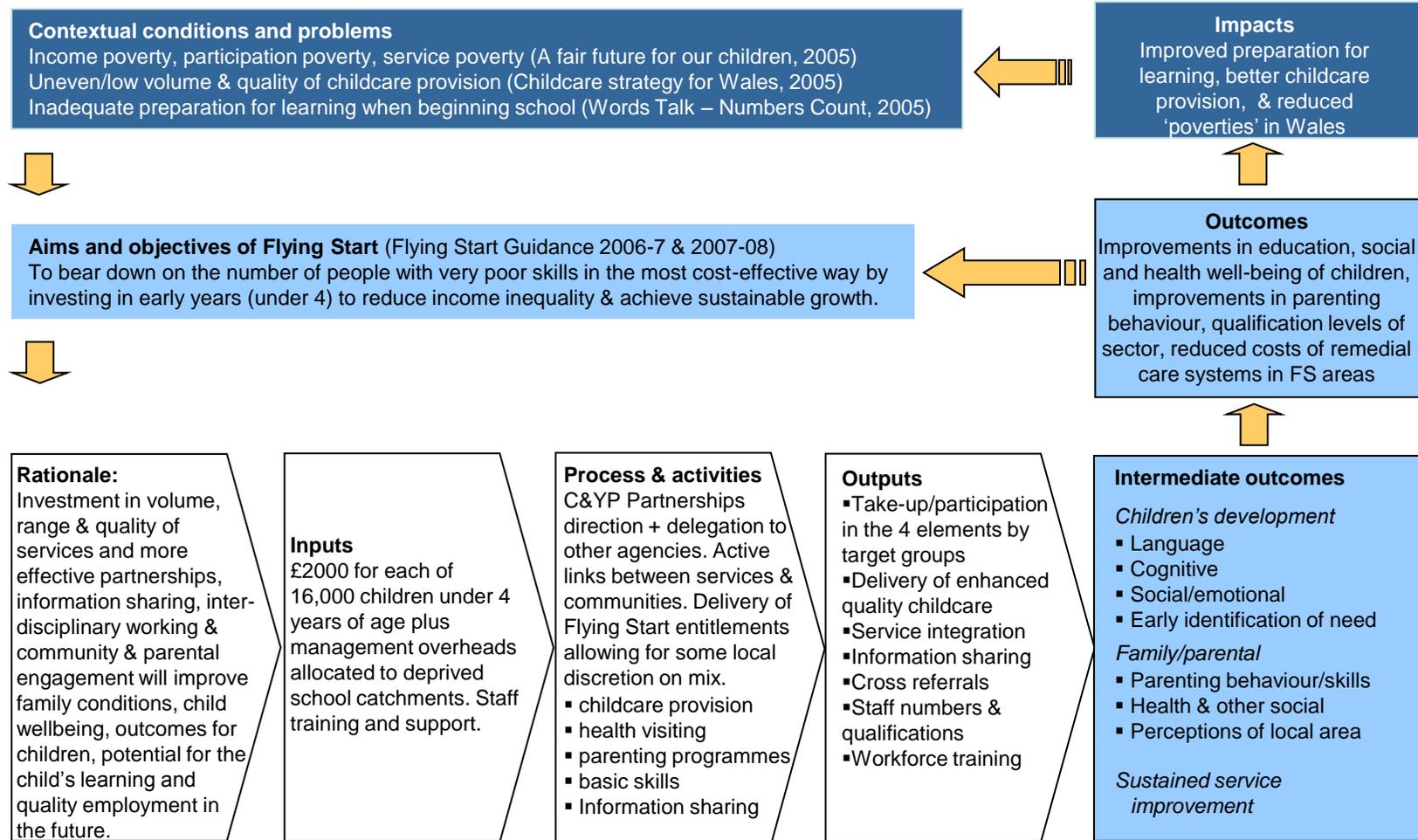
**Has a Flying Start professional ever given you/and your partner information about other, non-Flying Start services in the area for parents?**

- What was it for?
- Who made the recommendation?
- How did you/and your partner feel about being recommended? Is this something that you feel like you needed?
- Did/have you/and your partner start/ed using this? How likely is it that you will use this service?

**Apart from all the services we've discussed today, have you had any other help from any professionals or used any other services?**

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|           | Probe briefly on quality, whether met needs etc.  |  |
| 5 minutes | <p><b><u>Conclusion and thanks</u></b></p> <p><b>Out of all the things we have discussed today what is the most important message about Flying Start that you would like me to take back to the office?</b></p> <p><b>Is there anything else involving Flying Start that you would like to add?</b></p> | This section will sum up the key messages and brings the interview to a close. |

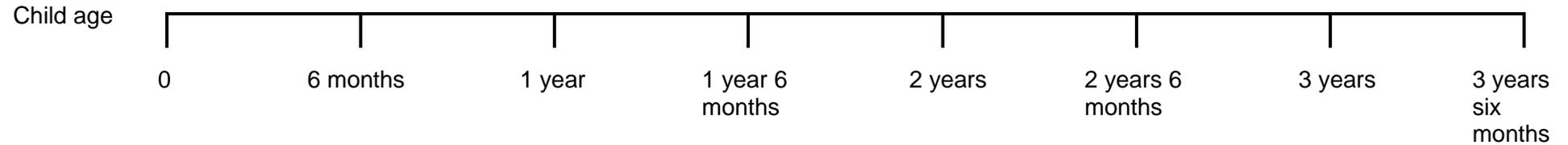
## 7.1.2 Flying Start Theory of Change



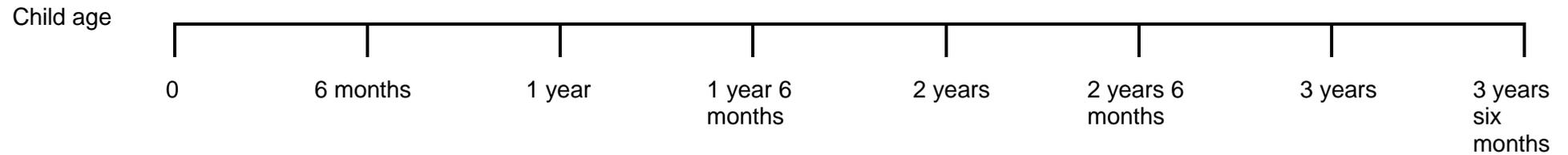
Source: SQW

### 7.1.3 Service use timeline

#### Health visiting



#### Childcare



#### Other services (Parenting support/ELD/LAP/Other)

