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# National evaluation of Flying Start – Qualitative Strand Year 1

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

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## **Glossary**

### **ALN**

Additional learning needs

### **CCG**

Children and communities grant

### **FRAIT**

Family resilience assessment instrument and tool

### **LSOA**

Lower super output area

### **WIMD**

Welsh index of multiple deprivation

### **SLC**

Speech, language, and communication development

### **SAIL**

Secure anonymised information linkage

### **SLT**

Speech and language therapy

# 1. Introduction and background

Early childhood is a critical period in shaping children's development and future outcomes. The Welsh Government is committed to supporting families and making a decisive difference in the life chances of children by mitigating the impact of poverty on their early childhood development. The Flying Start programme aims to advance this agenda through the provision of support to families with children under 4 years of age residing in some of the most disadvantaged areas in Wales [\[footnote 1\]](#).

Flying Start's overarching objective is to improve developmental outcomes, raise aspirations, and reduce inequalities in health, education, and social participation for children facing socioeconomic disadvantage. The programme is delivered by local authorities, and they are granted a degree of flexibility to provide outreach support for families who need additional support living outside Flying Start areas.

First launched from 2006 to 2007, the programme's core offer is made up of 4 elements:

1. funded, part-time, high-quality childcare for 2-year-olds [\[footnote 2\]](#), offered for 12.5 hours per week across 39 weeks each year
  - there should also be at least 15 sessions of childcare for the family during the school holidays
2. enhanced health visitor support
  - there must be one full-time equivalent health visitor per 110 children up to the age of 4, facilitating intensive, home-based support and ongoing assessment of child and family health and wellbeing
3. access to parenting support from the perinatal stage to age 4, delivered through group and one-to-one sessions
  - this must be offered at least once a year, and parents should be made aware of the services available to them locally
  - the support should be underpinned by relationship support, early intervention, positive parenting, and evidence-based theories of child development

## Footnotes

[\[1\]](#) Flying Start is a geographically targeted programme, and areas of disadvantage were originally based on the Welsh Index of Multiple Deprivation. However, the Welsh Government have provided local authorities with some flexibility in determining the areas to target.

[\[2\]](#) Children are eligible from the term after their second birthday until the term after they turn 3.

4. speech, language, and communication development (SLC) support, including regular access to language and play groups and, where necessary, referrals for targeted interventions by speech and language therapists based on assessment and need.

In 2021, the Welsh Government entered into a [Co-operation Agreement](#) with Plaid Cymru, which ran from December 2021 to May 2024. This agreement included a commitment to expand free childcare to all 2-year-olds with a particular focus on strengthening Welsh-medium provision. The mechanism for this expansion has been the [staged rollout](#) of the Flying Start programme. The programme's conception and ongoing expansion reflect both national priorities outlined in the [Programme for Government](#) and broader commitments to the [Well-being of Future Generations \(Wales\) Act 2015](#).

Phase 1 of the expansion (September 2022 to June 2023) extended all 4 elements of Flying Start into new areas, targeting communities with the highest levels of deprivation that had not yet been reached and increasing the availability of Welsh-medium places. This phase exceeded its target of 2,500 offers being made, and a total of 3,178 additional children were offered Flying Start. Phase 2 (rolled out between April 2023 and March 2025) and Phase 3 (rolled out from April 2025) aim to make the funded part-time childcare of Flying Start universally available for all 2- and 3-year-olds in Wales.

During the roll-out period for Phase 2, over 13,400 childcare offers were made, surpassing the target of 10,441 for the period. Phase 3, which is currently underway, is expected to offer childcare places to more than 4,000 additional children nationwide. This reflects an investment of £7.5m, £25.95m, and £25m across Phases 1, 2, and 3 per year, respectively.

Since its introduction, Flying Start has been the subject of a [substantial body of qualitative and quantitative research](#), generating valuable insights into how the programme is delivered and how it is experienced by families across Wales. The [most recent](#) large-scale national qualitative assessment, completed in 2018, drew on in-depth interviews with Flying Start families alongside comparator families in non-programme areas, providing a detailed account of parents' lived experiences, service engagement, and the perceived impacts on children's development and family wellbeing. Alongside case studies and mixed-methods evaluations, research has highlighted families' perspectives on improvements to language skills, school readiness, parental confidence, and multi-agency support.

However, a persistent challenge has limited progress: previous work has relied primarily on area-level and self-reported data, restricting the scope for robust and systematic quantitative impact assessment. An [evaluability assessment](#) undertaken in 2016 underscored a critical need for individual-level data collection to enable meaningful analysis of outcomes. Recent advances now make this feasible as local authorities have begun uploading individual-level Flying Start data to the Secure Anonymised Information Linkage (SAIL) databank. This will enable linkage of programme participation with a wide range of health, education, and other datasets.

Against this backdrop, the current evaluation has been designed with 2 main aims. First, it seeks to offer an up-to-date, in-depth qualitative assessment of how Flying Start is implemented and the impacts it delivers for families. Second, it will focus on identifying and linking relevant administrative datasets within SAIL and exploring key variables to pilot an



impact assessment, with the longer-term aim of conducting a full quantitative evaluation of Flying Start on a national scale. It should be noted that this report presents findings from the qualitative strand of the evaluation (Year 1), while subsequent phases will draw on linked administrative data to provide quantitative evidence.

## **1.1 Structure of the report**

This report contains the following sections:

- chapter 2 sets out the methodological approach, including the design of the evaluation, the qualitative research conducted in Year 1, and the limitations of the study
- chapter 3 presents the findings from the qualitative strand of the research, it draws on perspectives from local authority representatives, Flying Start families, and comparator families, focusing on the implementation of the programme, experiences of service delivery, and perceived impacts
- chapter 4 summarises the key conclusions emerging from the research, reflecting on the strengths, challenges, and implications of Flying Start as it continues to expand

## **2. Methodology**

### **2.1 Methodology overview**

This evaluation of Flying Start has been designed to provide the most comprehensive assessment of the programme to date, combining qualitative and quantitative approaches across a 3-year period (2024 to 2027).

On the quantitative side, the research will make use of individual-level data collected by local authorities and deposited in the SAIL databank. Linking this information to wider administrative datasets will allow a robust national analysis of Flying Start's impact on key child and family outcomes.

On the qualitative side, the research has already engaged with a wide range of participants, including local authority representatives, families accessing the programme, and families with similar profiles in non-Flying Start areas ('comparator' families) and Flying Start providers. The same Flying Start and comparator families, where possible, will be engaged again in future waves of the qualitative fieldwork. This strand will generate rich insights into how Flying Start is delivered, how it is experienced on the ground, and what the perceptions of its impact are.

This report presents the methodology and findings from the first year of the research, focused on the qualitative strand. Year 1 activities included interviews with (i) representatives from all local authorities across Wales, (ii) Flying Start families, and (iii) comparator families.

### **2.2 Detailed methodology**

#### **2.2.1 Scoping phase**

The research began with a scoping phase designed to establish a thorough understanding of the Flying Start programme, its policy context, and the evidence base to date. This stage was critical in shaping the subsequent phases of the study and informing the development of materials for fieldwork. Activities included a desk-based review of existing documentation, published evaluation reports, and policy papers, alongside scoping discussions with representatives from the Welsh Government.

#### **2.2.2 Interviews with local authorities**

Following the scoping phase, interviews were conducted with representatives from Flying Start teams in all local authorities in Wales. As such, 22 interviews were undertaken either in a one-to-one or group setting, and 42 representatives were interviewed in total. A semi-structured interview approach allowed for consistency across interviews, while providing flexibility to capture local nuance. Topics covered included implementation of Flying Start to date, local eligibility criteria, levels of uptake, approaches to outreach, and experiences with the expansion of the programme. Local authorities were also asked to reflect on examples of best practice, challenges encountered, and their perspectives on the impact of the programme for children and families in their areas.

### **2.2.3 Interviews with Flying Start and comparator families**

The family engagement strand formed the next stage of the research, and our methodology built on the approach followed in the [qualitative research completed in 2018](#). In this stage, 63 Flying Start families and 8 comparator families across Wales were interviewed. These interviews aim to be longitudinal, meaning we will reinvite the same families to take part in an interview in 2026 and 2027. This will allow a better understanding of how views may change over time, as well as any longitudinal impact that the programme may have.

Families were recruited using an expression of interest form shared by local authorities on behalf of the evaluation team. The form was designed to capture key demographic and background information, which was used to select families to interview. This was done to ensure that the sample of families interviewed would reflect the diversity of experiences of Flying Start families. Further details on sampling are provided below. In the form, consent to recontact families during the following 2 waves of fieldwork was requested.

All family interviews were designed as short, semi-structured conversations, held remotely either via Microsoft Teams or telephone, depending on participant preference. Each participating family received a £10 voucher as a thank you for their time. Interviewees were also made aware that they would receive the same amount for participating in another interview in the following 2 waves of fieldwork. Furthermore, interviewees were also told that if they participated in all 3 interviews, they would receive an extra £20 on top of the £10 per interview incentive. To ensure accessibility and inclusivity, families were able to take part in either English or Welsh, and were able to note specific accessibility requirements through the screening survey.

Discussions with Flying Start families explored their experiences of accessing Flying Start services. This included their reasons for engaging with the service, their initial expectations and whether these were met, their overall satisfaction, and any challenges or barriers they encountered. Families also reflected on the importance of Welsh-medium provision and whether they felt the support had made a difference to their family, explaining how it had impacted them.

For comparator families, discussions focused on their use of family support services more broadly, including their reasons for accessing these services, their level of satisfaction, and any challenges faced. Families were also asked about the importance of Welsh-medium services, whether they felt existing support had made a difference to their family, and why. In addition, comparator families were invited to share whether they would be interested in accessing further support services, and how such provision might benefit them.

### **2.2.4 Sampling**

A structured sampling framework was developed to guide the selection of Flying Start families, with minimum interview targets set across key categories. The framework was designed to ensure diversity within the sample, capturing variation in aspects including demographic characteristics, geographical location, and levels of service engagement. This approach was intended to provide a balanced and representative picture of different family contexts and experiences. The sampling categories included:

- programme engagement: representation from families accessing each of the 4 core Flying Start services
- level of service use: representation from families accessing different levels of services, that is, between 1 and all 4 core Flying Start services
- Flying Start eligibility: representation from families that are eligible for Flying Start in all 3 years of the evaluation
- geographic spread: representation from families across Wales
- rurality: representation from families living in rural areas
- parental age: representation from families with a parent aged 24 and under
- language: representation from families with Welsh or another language other than English as a first language
- additional needs: representation from families where parents and/or children have suspected or diagnosed additional needs

The specific targets and responses for each sampling category can be found in Annex A. All targets were reached except parental age and language, as no sign-ups were received from families with a parent aged 24 and under, and few sign-ups from families whose primary language is not English. A structured sampling framework was not followed to identify and invite comparator families, considering the small number of interviews to carry out with this group.

We received a total of 268 responses to the expression of interest form. Of these, 49 were comparator families, and 219 were Flying Start. As there was an overlap between the form being live and interviews taking place, all families were invited in batches. For Flying Start families, before targets were reached, we identified the families that met 2 or more of the sampling criteria for each batch. From these, between 10 and 20 families were randomly selected to take part. Once targets were reached, we randomly selected families to take part. Comparator families that had signed up through the expression of interest form were randomly selected and invited in batches. In total, 125 families were reached out to. Out of these, 71 interviews were completed. This meant that the overall response rate was 56.81%.

### **2.2.5 Analysis**

All interviews were analysed using thematic analysis, which involved identifying key themes within and across the information collated. The findings from the qualitative strand of the first year of the evaluation will provide an initial insight into local authority representatives', Flying Start families', and comparator families' views and experiences of Flying Start. The findings from the full evaluation will support the development of a set of conclusions and actionable recommendations for future programmes funded by the Welsh Government, delivered by local authorities, or seeking to promote children's development during early years more widely.

## **2.3 Methodological limitations**

The main limitation of this research relates to accurately identifying and categorising families as Flying Start or a comparator. This proved challenging for 2 reasons. Firstly, families themselves were not always aware of their eligibility or that the services they were accessing were delivered as part of Flying Start. This was particularly the case in areas where the programme is branded differently, delivered alongside other provision, or where entitlements overlap with other universal services. Enhanced health visiting, for example, was a service that families often struggled to distinguish as being specifically linked to Flying Start, as all families are entitled to a health visiting service. Secondly, it was not possible to validate our family sample using postcodes, as up-to-date Flying Start postcode eligibility data were not available to the research team.

To mitigate this, we gathered detailed information on the services accessed through the expression of interest form and followed up with clarifying questions during interviews. While this strengthened our ability to distinguish Flying Start provision from other services, some risk of misclassification remains and should be considered when interpreting the findings.

## **3. Findings**

This chapter summarises key insights and evidence collected about the implementation and impact of the Flying Start programme, drawing on perspectives from local authority representatives, families who have engaged with its services, and comparator families. Themes are discussed in order of their relative importance, with the most widely reported findings presented first.

Firstly, insights gained from local authority representatives on the implementation of the programme are presented. Secondly, families' perspectives on the programme delivery are outlined. Lastly, both local authority and family perspectives on the impact that the programme has had, and continues to have, on children and their families, are synthesised.

### **3.1 Implementation of Flying Start – local authority perspectives**

This chapter outlines how Flying Start is being implemented from the perspective of local authorities, drawing on their experiences of designing, delivering, and adapting the programme across Wales. It covers a range of topics, including local adaptations to the programme, outreach to families outside core areas, and the overlap between Flying Start with other early years programmes and relevant policies. The chapter also discusses key operational decisions, such as targeting and selection of Flying Start areas, approaches to engaging parents, and examples of best practice in service delivery. In addition, local authorities reflected on the main challenges associated with expanding and Flying Start. Lessons learnt from implementation are shared to inform future development and support effective delivery.

#### **3.1.1 Local authority adaptations made to meet local needs**

Local authorities have been given flexibility by the Welsh Government to shape the delivery of Flying Start in ways that best respond to the needs of their communities. While the core programme offer remains clearly set out in national guidance, individual areas have taken different approaches to tailoring services, adapting eligibility criteria, and prioritising aspects of delivery.

In our interviews with local authority representatives, some reported that they have made few, if any, changes to programme design and delivery, with the core Flying Start offer remaining largely intact and consistent with the original Welsh Government guidance.

Several local authorities reported refining how geographical eligibility for Flying Start is applied, drawing on multiple sources of information. These include council tax reduction data, free school meal eligibility, school and childcare data, and professional insights from local practitioners. This approach helps ensure that provision remains responsive and effective. While the Flying Start programme continues to target the most deprived areas within each local authority, as identified through the Welsh Index of Multiple Deprivation

(WIMD) and corresponding Lower Super Output Areas (LSOAs), some authorities adapt or supplement this approach to better reflect local circumstances. These adaptations are often driven by practical considerations, such as LSOA boundaries not fully aligning with community needs, changes in population patterns, or mismatches between levels of deprivation and birth rates that affect service delivery.

Some local authorities have also mentioned adapting the eligibility criteria for services, with some areas moving away from a one-size-fits-all model to adopt a needs-led approach that tailors support to individual family circumstances. For instance, one local authority categorises families into three tiers: intensive (needing high levels of support), enhanced (moderate support), and universal (core elements only).

“The intensive families get intensive support to move them out of intensive, and then the universal families just get those core elements.” (Local authority representative)

Additionally, another local authority mentioned that some Flying Start families may have less need for the services and can dip in and out as required, while those requiring more intensive support receive tailored interventions. This “what matters” approach has been central to effectively assessing and responding to family needs. This same local authority mentioned, as another adaptation, the use of a referral panel, co-delivered with Families First. This panel enables families outside designated Flying Start areas to access specific services, helping to ensure that support is available to all families, with the level of help matched to their individual needs.

“The fidelity is still there to the original Welsh Government guidance but we have now gotten the ability to accept referrals into elements of the Flying Start programme as through a nought to seven referral panel which we co-deliver with Families First [\[footnote 3\]](#). So regardless of where a family lives, they can actually access elements of the Flying Start programme.” (Local authority representative)

Other authorities have introduced adaptations to the services offered, implementing modifications or additions over time. For example, one local authority mentioned that they place a greater focus on the perinatal period, with more parenting and speech and language interventions front-loaded in the first 2 years of a child’s life, as they set the foundations for the child’s later development. Another local authority mentioned that they have implemented 2 evidence-based group interventions to supplement the core intervention in speech and language support. These 2 are “Talking together,” designed for children already identified with speech delays and “Play in Together,” which targets children experiencing global

## Footnotes

[\[3\]](#) This panel provides a forum where professionals and families can access early intervention and support for children’s mental health and emotional wellbeing. It aims to ensure that families receive timely and appropriate support through coordinated services.

developmental delay, where speech issues are secondary to broader deficits in play and interaction skills.

### 3.1.2 Use of outreach

Outreach enables local authorities to extend Flying Start support ([up to 25% of expansion targets](#)) to families outside designated areas who face significant vulnerabilities, as well as families who have moved away but were already part of the programme. Local authorities also include what they call 'communities of interest,' which, depending on the area, can include groups such as Gypsy, Roma, and Traveller families, migrants, teenage parents, homeless families, and care leavers. The aim is to ensure that families and children are not excluded from support due to geography.

Local authority representatives were asked to detail how they use outreach in their areas. Some representatives reported that outreach requests are most commonly made for childcare, particularly for families experiencing financial hardship or where a child has additional learning needs, speech, and language delays. In contrast, parenting support or health visiting is less in demand and, consequently, more widely accessible. In all cases, depending on the assessed need, families may receive either the complete Flying Start package (childcare, parenting, health visiting, and SLC) or only the service most relevant to their circumstances. The scale of outreach varies but generally represents a small proportion of Flying Start provision. One local authority reported working with 50 to 60 children in outreach services, compared with around 1,000 in core services, while another local authority mentioned working with about 150 families on their outreach list and around 1,400 children in receipt of services.

Local authorities noted that referrals can come from various stakeholders, including health visitors, midwives, social workers, and other healthcare professionals, and some areas also permit self-referrals. In certain areas, panels comprising social services, health professionals, and council staff assess families and determine appropriate referrals. They also highlight that families are typically prioritised if they have children under 4 and present higher levels of vulnerability, such as domestic violence, previous child removal, teenage parenthood, or additional learning needs. Some authorities assess referrals based on various indicators, such as Welsh Levels of Care and [Family Resilience Assessment Instrument and Tool \(FRAIT\) scores](#), to determine which families would benefit most from support.

"It's not about them [families] just coming to a meeting and saying: 'I just want childcare'. No, they don't get it just because they want the childcare. I think that's where the strictness comes in. They've either got an underlying vulnerability or because of the nature of their circumstances there is a complexity of need, and the family needs a whole package of support. And then we leverage in the Flying Start outreach." (Local authority representative)

Most local authorities valued outreach as flexible and responsive to individual family needs and recognised it as key to reaching vulnerable groups. However, some of them also mention that they have challenges because the housing and cost-of-living crises have



significantly increased demand for outreach, as more families move into temporary accommodation, hotels, or new housing estates that often fall outside Flying Start areas. Local authorities reported that while homelessness was not a major problem a decade ago, it has now become a pressing issue, with rising numbers of vulnerable families, such as teenage mothers. Similarly, financial hardship linked to rising living costs has led more families to seek childcare support through outreach. One local authority noted that they are receiving requests from parents whose children would greatly benefit from childcare, but who simply cannot afford it. These challenges are more evident in rural areas, where travel distances are higher, and childcare capacity is limited.

### **3.1.3 Overlap with other programmes and transition between them**

Local authority representatives were asked about the availability of other, similar programmes provided in their area and how these overlapped and interacted with Flying Start. Overall, responses about potential duplication between similar programmes were mixed. Some local authorities reported that duplication does not occur in their areas, primarily due to the structure of the early years provision and the way Flying Start is managed.

“I think because I manage all Early Years programmes, we interlink with them all. The main one that I don't manage is Families First, and we joint deliver a lot of services together.” (Local authority representative)

Another local authority highlighted that Flying Start is structured alongside other early years programmes in a highly integrated way, which makes sense given the size of their local authority. A key advantage of this approach is that the same team oversees Flying Start expansion, childcare sufficiency, the childcare offer, and non-maintained education provision. This centralised oversight allows for a clearer understanding of how these services interact, ensuring policies are aligned and making transitions smoother as children move from Flying Start into education.

In some areas, Flying Start is positioned within broader children and family services to prevent duplication and encourage collaboration. This structure facilitates communication between staff and better planning to provide holistic support for families. Families whose children transition out of the Flying Start age range can still access other services, such as mental health teams or programmes like Families First. Integration also helps other agencies understand Flying Start better, moving it away from being perceived as an isolated programme. While it was mentioned that implementation is ongoing, a local authority mentioned that this approach has led to improved coordination and a more integrated model of family support.

Conversely, some local authorities raised concerns about potential overlap within the programme, particularly where multiple teams deliver similar interventions. For example, one local authority mentioned that early years' advisers work alongside health visitors, a large parenting team operates in parallel, and separate teams provide language support and other early interventions. To address this, services are regularly reviewed to map

delivery and ensure resources are allocated appropriately, maintaining a balanced mix of interventions (for example, avoiding an overemphasis on baby massage at the expense of language support). In addition, early help services within [the Children and Communities Grant](#) (CCG) work closely together to minimise duplication.

### **3.1.4 Engaging parents and encouraging uptake with Flying Start**

Local authorities were asked to reflect on ways in which they encouraged families to take up and engage with Flying Start services. Some local authorities mentioned that direct and targeted engagement with eligible families is good practice. This approach prioritises personal contact over relying solely on marketing or promotional materials and ensures timely outreach at key milestones (for example, when a child becomes eligible for a particular service). In some cases, this is followed by additional support to help families overcome barriers, such as difficulties completing paperwork.

“I know a lot of other local authorities will just use marketing and promotion where we'll go direct to that person. ‘Your son Thomas is due childcare on this date. Would you like it?’ You know, if you don't come, we'll send a family support worker. We'll get to your house. Oh, we've sent you a letter because we're aware of basic skills is a problem within our local authority area. So, we'll follow a letter up with a home visit. If they're struggling to fill the form and a family support worker will sit with them and complete the form.” (Local authority representative)

It was also mentioned during interviews that engaging families during pregnancy is perceived as particularly effective, as expectant parents are more receptive to information and support. Flying Start midwives play a crucial role in targeting areas and encouraging early participation. Some local authorities have implemented antenatal programmes, such as the “Welcome to the World” course, which are associated with longer-term engagement, with families more likely to remain involved in services postnatally.

“Our antenatal information evening, which we advertise anyway, the families choose to come along themselves, because when they're pregnant they want that advice. They're ready to listen to that advice. So, then we get them on a “welcome to the world” course, which is our starting point. We find generally that if they attend the “Welcome to the world” course that we tend to keep them for as long as they're able to.” (Local authority representative)

Additionally, some local authorities mentioned that parental engagement is strengthened through consistent, reliable interactions. Trust is developed over time, beginning with small, manageable interactions before parents feel comfortable sharing more complex needs.

“[...] to do what you say you're going to do, you know, you start with the little things. And then build on that with families. People won't tell you their big problems if you haven't sort of trusted you with the little things first, you know, so it's ongoing [...]” (Local authority representative)

Continuity of staffing, particularly maintaining the same health visitor or key worker, helps build long-term trust and reduces confusion or anxiety. Tailored engagement, such as stay-and-play sessions or dedicated clinics on Gypsy Traveller sites, demonstrates sensitivity to community contexts and enhances engagement.

Local authority interviewees also highlighted that voluntary participation can encourage engagement by reducing resistance and stigma, allowing families to get involved at their own pace. Several local authorities reported that moving from professional-mandated referrals to self-referral via apps or websites has led to higher voluntary attendance and fostered a more positive, collaborative dynamic with families. Others noted that offering flexible sessions, such as pop-in and play and language development groups, helps accommodate parents' schedules and provides multiple opportunities for re-engagement, which has been a best practice in improving parental participation.

“[...] We used to only accept professional referrals, and we've changed that now, where parents can self-refer via the app or the website. So if they feel that they want some help with something [...] they're more inclined to attend, then rather than being told they've got to attend [...].” (Local authority representative)

On the other hand, local authorities also identified several factors that continue to limit or complicate parental engagement.

Some local authorities observed that, in the early stages, the way the terminology around the programme was used made it more difficult to engage parents. Terms such as “hard-to-reach” or anti-poverty framing initially created stigma around the programme, reinforcing fears that it was aimed only at disadvantaged families. However, it was also mentioned that these misconceptions have diminished over time as the offer became more widely understood and accepted.

“We have had occasion where families have declined Flying Start completely, but I'm going back more to the beginning of the service [...] there was a stigma at the beginning. [...] I would say that's changed [...] but as it's rolled out, I think most of them are quite happy with it now.” (Local authority representative)

Additionally, as mentioned above, stable relationships with health visitors and family support workers are central to building trust. In this sense, some local authorities mentioned during the interviews that high staff turnover, sickness, and frequent personnel changes disrupted parental confidence, as families were unable to build consistent, therapeutic relationships.

Some local authorities also reported that engaging families can be more challenging when they have high levels of need or share certain characteristics, such as belonging to specific groups or living in particular areas. For example, some interviewees noted that, in their experience, the families most in need of support are often the hardest to engage. These families typically face multiple, complex challenges and may not have accessed such services before, leading to hesitation or fear about trying them.

“Families who most need it and they haven't seen it (services). They haven't tried it before. They're more reluctant to take it up because this is something that's difficult and different, and there's a lot of mental health and anxiety around that kind of leaving my child with somebody else. Am I good enough parent? Is this going to reflect bad on me? And those families are the ones that really, really need the childcare.” (Local authority representative)

Similarly, some local authorities highlighted that engaging with their groups of interest, such as the Gypsy Traveller community, can be particularly challenging. These families may be reluctant to attend group sessions and often prefer to receive services in familiar, community-based settings.

“Our communities of interest can be quite difficult to engage, such as the Gypsy traveller community. [...] I think it can be really challenging to build that trust in relationships with them. [...] They are more comfortable within their own environments, so within one of our Gypsy traveller sites, we have a stay and play set up there, [...] we run out a separate health visiting clinic there so that we can try and build those relationships and build on that trust with them and try and engage them.” (Local authority representative)

One local authority highlighted that geography can create additional barriers to access, particularly in rural or sparsely populated areas. Long travel distances, limited public transportation, and a shortage of nearby childcare facilities make it more challenging for families to access services.

A couple of local authorities mentioned that families with prior or current safeguarding concerns may avoid involvement with health visitors due to fear of scrutiny.

“Quite often it would be the families that have had safeguarding issues that have said that they no longer want health visitors.” (Local authority representative)

Finally, some local authorities also mentioned component-specific barriers. While Flying Start childcare remains a strong engagement driver due to its immediate and tangible benefits, other elements, such as parenting support, face persistent challenges. Drop-out from group-based or one-to-one parenting interventions is common, influenced by long programme durations and perceptions that outcomes are less tangible than childcare or speech and language therapy (SLT). SLT engagement has historically been limited by staff shortages and service gaps, although local authorities reported that proactive promotion and increased staffing have led to improvements. Participation in Toddler and Language Development Groups tends to decline naturally when children reach ages 2 to 3, and parents return to work, though families with higher levels of need are more likely to continue attending.

### **3.1.5 What has worked well and examples of best practice**

Local authority representatives were asked to reflect on what has worked well in the delivery of Flying Start in their areas. During the interviews, many examples were mentioned.

Co-location and multi-agency work, where services are based in one site, is seen by multiple local authorities as one of the programme's main strengths. As co-location is not a formal requirement of the programme, it can mean different things depending on the local authority. In some areas, it refers to the presence of family centres or hubs where multi-disciplinary teams are co-located, offering services such as health, parenting support, and speech and language interventions, all delivered from the same centres. In other areas, it can mean that health visiting teams are co-located or work closely with childcare providers. This approach offers several benefits. The proximity of services and professionals enhances collaboration and facilitates seamless support for families, with professionals recognising that working alongside each other improves service delivery. From a health perspective, one local authority mentioned that their health visitors are closely involved in parenting programmes and run some of the sessions within the same centre, helping to draw families into the programme. Families also benefit as they do not have to repeat their story multiple times, reducing the burden placed on them.

“Health visitors will go in and deliver some of the sessions and do our baby clinics within the local integrated children's centres within the Flying Start area. So that draws in the families from those areas and then we feed them in and their necessities into the integrated children's centres. So that's a really good example of how we're working in partnership.” (Local authority representative)

Stakeholders, including health visitors, schools, and private sector childcare providers, play a vital role in delivering the programme at various stages, and collaboration with these stakeholders is considered essential to its success.

Health visitors were described as central to the model, supporting children throughout their involvement with the Flying Start service and continuing until they transition to school, at which point school nurses take over. Their flexibility was highlighted as a key aspect of programme delivery. For example, some local authorities noted that they were crucial in building community connections. They serve as an important link between services, identifying where support is needed and assisting with referrals and signposting for families.

For the childcare element, schools have also been key partners, with some local authorities reporting that programme funding was used to develop infrastructure, integrate childcare services, and support staffing costs. It was mentioned that a school-based model has had major benefits, including enabling seamless transitions for children into primary education and ensuring consistent staffing, as employees work under council employment terms and conditions.

“We went to the schools because we didn't have the available childcare part of the delivery. By doing it there was some really good strengths to the delivery model. [...] a lot of those children would transition into the schools that they were based in as well.” (Local authority representative)

To expand Flying Start and reach more children, some local authorities adopted a “transformational approach,” shifting away from a purely council-led model in the delivery of

the Flying Start childcare component. Instead, they partnered with private childcare providers. Representatives from these local authorities noted that many private providers welcomed the opportunity as Flying Start offered a reliable and sustainable funding stream that helped support their businesses.

Recruitment and retention of childcare staff have also been addressed creatively. One local authority used expansion funding to develop an apprenticeship programme, supporting providers who wished to employ level 3 childcare play, learning and development apprentices. Apprentices work 16 hours per week at the real living wage, and more than 10 apprentices have now completed the programme, with all currently employed in Flying Start or related local provision. Another local authority reported a flexible strategy to manage staff shortages, allowing parenting practitioners to cover childcare roles when needed and to engage with children in different settings.

Hiring specialist staff is considered a valuable approach to support implementation. For example, one local authority employs a safeguarding specialist nurse, which is particularly important for health visitors, given the increased complexity of family needs since COVID-19. According to the local authority, families are now facing greater challenges, have fewer resources to address issues independently, and require more intensive support.

They have also hired a “dad’s worker” to involve fathers more actively, as well as a Polish-speaking support officer in response to a growing Polish community.

“We’ve recently appointed a dad’s worker into the parenting team, and that’s working really, really well at the moment. [...] He’s gone into a lot of antenatal groups to do joint support to try and involve dads more [...] So the feedback from that has been really, really good.” (Local authority representative)

Another local authority highlighted the role of their father’s and significant others’ workers, whose responsibilities include engaging fathers, reviewing how services are promoted, and supporting greater inclusivity for parents more broadly. These additional roles help tailor support to the needs of their community and were mentioned as distinguishing their approach from other local authorities.

Adapting services to families’ needs and local contexts and knowledge is seen as a good practice. As mentioned in the “Local authority adaptations made to meet local needs section,” a one-size-fits-all approach probably will not work for every service user. Services are perceived as able to provide more value when they are shaped around the specific needs of families and communities. Understanding local and cultural dynamics is important; for example, one local authority mentioned that engagement with the Gypsy Traveller community was strengthened by using familiar venues and commissioning trusted community members as co-facilitators. Similarly, in areas with limited childcare provision, local knowledge and data help identify service gaps and inform the allocation of resources. One local authority noted that, in rural areas, while challenges remain, the flexibility offered by private providers made it possible to reach areas that would have been difficult to expand into otherwise. Cross-sector collaboration is also critical, as early education, housing, and Flying Start often operate with different agendas.

Some local authorities also mentioned the benefits of ensuring an early intervention at the antenatal stage. Support should ideally begin during pregnancy to address risks early and give babies the best possible start. Antenatal engagement allows practitioners to build trust with families before birth and create tailored support plans based on individual needs. During the interviews, it was identified that some areas have introduced dedicated antenatal workers to assess which families require more intensive interventions. However, one local authority mentioned that the current midwifery provision covers only around 40% of pregnancies, leaving a significant gap. Strengthening outreach at this stage is considered crucial to achieving prevention and early intervention goals.

“Flying Start should start antenatally if we're gonna stop needs escalating and give babies a flying start in life, it needs to start at that [...] stage. [...] we've taken some of our funding, we've got two antenatal workers and they identified need early, they identified which of the families need intensive enhanced support and they put together family support plans.” (Local authority representative)

Regarding expansion, some local authority representatives highlighted some best practices that facilitated implementation in their areas. A few local authorities had engaged with non-Flying Start childcare settings for years, meaning they had already established relationships with these providers, which facilitates coordination for expansion purposes. Much of the staff in these settings had also received the same training as Flying Start workers. This meant that expansion was smooth and well-received, with existing childcare providers not feeling threatened by the changes.

One local authority highlighted the value of an outreach and child in need panel, composed of the health visiting team lead, a parenting officer, and a childcare advisory team, which manages referrals for outreach, childcare, and Additional Learning Needs (ALN). Rising demand, particularly for mental health and ALN support in this local authority, has created capacity pressures, with panel meetings now taking place over 2 days instead of the previous 90-minute slot.

Finally, another useful innovation mentioned by one local authority has been the Flying Start app, developed during the COVID-19 pandemic to maintain communication with families. The app is used to share information about Flying Start events and provide suggestions to help families engage with their children. For example, during the pandemic, this authority distributed activity packs for children and advertised them through the app.

### **3.1.6 Challenges with implementation**

The majority of local authorities reported that data availability and accuracy remain a critical challenge, limiting their ability to easily identify families as they become eligible, track provision of all services, and evaluate what is working well with the programme. Issues arise at multiple levels. A key concern is the lack of direct information on newborns, which complicates long-term planning, yet some local authorities have been unsuccessful in obtaining this information despite multiple requests to health boards. The consequences of inaccurate or incomplete data also affect programme delivery, creating additional

operational challenges. For example, one local authority reported that as more families joined the programme, data inconsistencies became apparent, prompting a data review.

It was mentioned that one reason for these problems is the fragmentation of data systems. Health data is kept separately and must be manually exported. Internal data management in some local authorities still relies heavily on Excel spreadsheets and manual calculations. Some local authorities reported that health visitors have access to the integrated birth book, which contains full details of all children in their caseloads, but Flying Start does not have access to this platform. Instead, health visitors typically transfer information manually by providing parents with paper-based registration forms. Additionally, health boards may send bulk lists of eligible children, but sometimes these do not always match Flying Start's database. Common causes of mismatches include (i) incomplete or missing paper forms, (ii) families moving without updating their records, and (iii) manual data entry into different systems, which introduces inconsistencies. However, it should be noted that some local authorities are currently in the process of establishing data-sharing agreements with health boards, which may improve this in the future.

These gaps in data also affect programme evaluation. Some local authorities reported that health boards request analysis of Flying Start outcomes, but do not provide the necessary raw data to enable analysis. While the Welsh Government is aware of these challenges and has taken steps to improve information-sharing partnerships, local authorities reported that progress has been slow, and incomplete datasets continue to hinder meaningful analysis and service improvement.

Finally, high workloads further limit the use of data. One local authority reported that they have little time to analyse data to inform practice or support teams. For example, although data is collected on non-engagement, there is often insufficient capacity to address the issues it highlights.

Although data quality was not commonly highlighted as a strength, one local authority noted that receiving reliable data from health services about eligible families has been extremely valuable in their case, as it helped them to target support effectively.

Another common challenge highlighted by most local authorities is the budget constraints they face when planning and delivering the programme, as well as the way budgets are allocated to them. Flying Start is recognised as resource-intensive, particularly the school-based childcare provision, which employs staff on local authority terms and conditions. It was mentioned in some interviews that while budget allocations have remained flat, operational costs have continued to rise, creating growing financial pressures.

While funding is now provided on a 3-year basis, some local authorities mentioned that annual funding is a financial-related challenge. They emphasised that short-term funding arrangements like this make it difficult to recruit and retain high-quality staff. Annual contracts can deter skilled professionals from joining or staying in the sector, undermining service stability and quality.

Childcare providers, particularly private nurseries, have reported to local authorities that Flying Start funding rates (which are set by local authorities) often do not cover the actual



cost of delivery. For many nurseries, the amount paid per child is lower than their standard private fees, making participation financially unviable for them. Some nurseries had reported that they only apply for Flying Start funding because they already have several eligible children enrolled, rather than because it is a sustainable business model.

“So there's the comments we've had (from nurseries) that we don't pay enough money for the amount of work we're asking us to do. [...] because what we would fund for a child would never be able to replace what they would charge for somebody privately.” (Local authority representative)

Additionally, one local authority mentioned that previously funding was allocated directly by the Welsh Government, but it is now channelled through the CCG. This shift requires local negotiation of funding, creating uncertainty for providers and local authorities. However, another local authority felt fortunate that their CCG leads understand the flexibility of the funding and generally do not pose challenges regarding allocations for Flying Start. This enables early years services to work together more effectively. That said, some restrictions around funding flexibility were still mentioned, which can occasionally create pressure when developing services.

Funding for language development interventions was also highlighted as a particular pressure point, with some local authorities noting that the available budget is less than the equivalent of a single full-time salary.

Many local authorities reported ongoing recruitment and retention difficulties for Flying Start and other childcare staff, with persistent vacancies in key posts (e.g., health visitors, clinical professionals, and specialist roles) undermining programme delivery. The shortage of childcare professionals has led some areas to adopt a “grow your own” model, training and developing staff internally to fill gaps (see the “What has worked well and examples of best practice” section). This challenge exists at multiple levels. Some local authorities highlighted significant gaps in senior staff positions, particularly in childcare and health visiting. One local authority noted that recruitment and retention within health visiting services have been their biggest challenge over the last 4 years. The number of newly trained health visitors has decreased significantly, while many experienced staff members have retired or moved on, making it challenging to recruit replacements. These workforce shortages have created an ongoing challenge in maintaining high-quality standards across services.

“I think the biggest challenge for us over the last four years maybe would be staffing so having the right recruitment and retention into the health system service. The members of health visitors that have been trained have dropped quite significantly over the years. And we've had a high volume of staff retire from the service or move on to other roles. And it's been really difficult to recruit into those roles then.” (Local authority representative)

Recruiting Welsh-speaking staff was also mentioned as a difficulty, with some local authorities focusing on building confidence in staff's existing Welsh language skills to meet service requirements.

Key factors mentioned that contribute to these issues include (i) the childcare sector is generally low-paid compared to other sectors, (ii) the reliance on short-term contracts

makes it difficult to attract and retain skilled staff, and (iii) qualification requirements can create barriers, for example, where older childminders do not meet new standards to be incorporated in the programme, or where settings must wait for staff to complete additional training before they can join the workforce.

It was reported that the expansion of Flying Start has created additional funding complexities. While expansion funding was initially ring-fenced, meaning it could not be used to sustain the existing programme, this led to resource imbalances, as local authorities were unable to redirect funds to where they were most needed [\[footnote 4\]](#). One local authority mentioned that the Welsh Government later agreed to remove ring-fencing for Phase 2, allowing greater flexibility in how resources were deployed. However, with Phase 3 expansion underway, concerns have arisen that ring-fencing may be reinstated, thereby limiting the flexibility in resource utilisation.

While health visitors were widely recognised as playing a crucial role in the programme, with their flexibility and community-based approach highlighted as key strengths, some challenges were also identified. Many local authorities reported experiencing programme restructuring, which affected the efficient delivery of services. Some interviewees noted a shift in the health component after the pandemic, which is introducing challenges in the delivery. Under the pre-COVID model, Flying Start health visitors were embedded within the community, worked from Flying Start buildings, had low caseloads, and built strong relationships with parents and other professionals. They promoted the programme from birth, ensuring families were aware of their entitlements and engaged early.

Around 1/5 of local authorities interviewed reported that this model has now changed, and health visitors were removed from Flying Start buildings and given mixed caseloads (covering both Flying Start and universal). This shift has weakened parental engagement by (i) reducing contact with Flying Start families, (ii) creating confusion over eligibility, and (iii) resulting in families sometimes being incorrectly informed about their entitlement to Flying Start childcare.

“Our health visitors pre pandemic merged as one so we used to have separate Flying Start teams and separate generic teams that work well. Everything in my land was rosy when that was happening [but] because of the shortage of health visitors across the board, we had no choice but to undertake the team's merging as one.” (Local authority representative)

Additionally, one local authority reported that it had to move away from a co-located service model due to a council-led restructuring. Previously, its parenting support offer was delivered by a fully co-located team working from a single building. Following the restructuring, the team is now split across multiple hubs. This separation has made service integration more challenging and has complicated the delivery of joined-up support for families, requiring ongoing reassessment and adaptation.

## Footnotes

[\[4\]](#) Funding is ring-fenced until delivery is complete, which has been the case for all phases as local authorities reach their delivery targets.

Local authorities reported that the needs of families have become more complex and intensive, placing increasing pressure on staff who face these challenges daily, affecting staff wellbeing and morale. While a few local authorities are implementing some measures (e.g., organising wellbeing events to bring staff together and provide opportunities to discuss challenges collectively), morale is perceived to be generally affected by the ongoing pressures of delivering multiple services and meeting rising demands. This constant pressure impacts staff sustainability and retention, with some staff noting that they could earn similar pay working in other settings without the level of stress they are experiencing now.

Local authorities reported that delivering Flying Start services in rural areas can be particularly challenging. Unlike urban areas, where a single co-located hub can serve many families, rural areas require multiple offices in different places, making the model far more resource-intensive. This challenge has been exacerbated as the programme is expanding to new areas, with some local authorities noting that their services must now cover very large and often sparsely populated areas.

These circumstances create difficulties for both families and practitioners. One local authority mentioned that families can live up to 30 minutes from the nearest Flying Start setting, while community practitioners can spend up to an hour travelling between locations. To address these challenges, local authorities have introduced several mitigation measures, such as using Microsoft Teams for remote meetings and delivering some parenting programmes online, reducing the need for staff and families to travel.

### **3.1.7 Challenges with programme expansion**

Local authorities also share some challenges specific to the Phase 2 and 3 expansions of the programme. Flying Start has now transitioned to a 2-tier system where some families receive the full range of services (that is, childcare and enhanced health visiting as well as parenting support and SLC support where needed) and others receive only the childcare element. This approach means that more children can now benefit from Flying Start childcare who previously would not have received any support.

However, during the interviews, some local authorities reported that this distinction has made it difficult to manage parental expectations, particularly in Phase 2 expansion areas where parents sometimes assume they are entitled to all Flying Start services if they need them. As a result, health visitors frequently receive questions and complaints from parents who are unable to access additional services.

Another interviewee also expressed concern that expanding only the childcare element risks undermining years of work to communicate that Flying Start is more than just childcare.

Additionally, one local authority highlighted that the original core provision underwent a rigorous childcare commissioning process, with services contracted until 2028. To protect those services, expansion areas offer a different model, meaning families in expansion areas cannot access the same childcare services, except in cases where Welsh-medium provision or ALN support is required. This has been a source of frustration for families, according to this local authority. This same representative suggested that the childcare-only expansion should have been branded differently to manage expectations more effectively.

Some interviewees also reported that Phase 2 expansion has required local authorities to work with a greater number of private childcare providers. While this was anticipated, given the scale of the expansion, it has nonetheless introduced challenges for maintaining consistency and quality of the services provided. In the view of one local authority, some of the providers lack the years of Flying Start-specific training and experience, and have received less support, investment, and quality monitoring.

As a result, this same local authority mentioned that they needed to invest additional resources to support private providers and raise quality. Another local authority reported that many settings joining under the expansion were rated significantly lower than core Flying Start settings. These ratings were based on internal quality assessments conducted by the local authority through monitoring visits, which can also help to identify where extra support is needed. To promote consistency, they have opened all Flying Start training to non-Flying Start providers to share best practices. However, when funding does not match the rates providers can receive for private placements, it becomes challenging to consistently engage private providers with these opportunities.

“We were shocked, [...] we knew it was going to be slightly different, but we didn't really appreciate how different it was going to be (quality of new childcare settings). We rate our settings, so we know who needs a bit more support than others, so those new settings get more support from the advisory team.” (Local authority representative)

Some local authorities reported that delays in communication and approvals from the Welsh Government for the Phase 3 expansion created challenges for planning and implementation. These delays were partly linked to the timing of the national budget settlement, which affected the Welsh Government's ability to confirm allocations and approvals. As a result, some local authorities experienced knock-on effects, including missed start dates to Phase 3 and recruitment difficulties. Recruiting staff typically takes 3 to 4 months, and without timely approvals, local authorities cannot begin the process early enough to meet intended start dates. Notice periods for new staff can add further time pressures. A few interviewees also noted that delays may increase the risk of underspending, given that funding is allocated on an April to March basis, which could have implications for future allocations. In addition, public announcements about the Flying Start expansion can sometimes lead families to expect that places will be available immediately, creating frustration when implementation is delayed.

Some local authorities have perceived that expansion has not been matched with sufficient funding increases. Rising demand and inflation have stretched local authority resources, leaving many children without access to additional services they need. Some local authorities are particularly concerned about maintaining funding levels while ensuring the quality of childcare services, especially under Phase 3 of the expansion.

While the Welsh Government did not require a commissioning process for the childcare element of the expansion (beyond Care Inspectorate Wales registration), some authorities have maintained their own commissioning and monitoring processes to uphold quality, including monthly visits to each setting. However, at the time of the interview, it was reported that there was no clarity on when Phase 3 will be approved or how much funding will be allocated; it is difficult for local authorities to plan and resource services effectively.

“Phase two has taken a lot of work with no extra or very little extra staff hours. And then phase three, [...] we were asked how we were going to do it, what we were going to do, but we had no idea of the funding, so do you create a massive wish list or the ideal world. And then it's like, well, no, you can't have the money.”  
(Local authority representative)

Local authorities reported that outreach faces a range of challenges that can limit its accessibility and effectiveness. In rural areas, long travel distances make it difficult for families to attend in-person services such as stay-and-play sessions or childcare groups. High demand, combined with limited childcare capacity and staff availability, can prevent families from accessing all available services. Additionally, the ongoing housing and cost-of-living crises have led to more families, including teenage mothers and other vulnerable populations, being placed in hotels or temporary accommodation outside core Flying Start areas, increasing the demand for outreach support. Finally, many referrals focus primarily on childcare, which may not address broader family needs. Authorities highlight that although this has been partly mitigated through needs-based panels and targeted eligibility criteria, it remains a barrier for families to access other services besides childcare.

## **3.2 Implementation of Flying Start – Flying Start family perspectives**

This section details how Flying Start is delivered in practice and how families experience the programme from first contact through to ongoing engagement. It examines the pathways by which families become aware of the programme, their initial expectations, and the extent to which these are met. It also considers satisfaction with the different strands of support, barriers and challenges that shape access, and families' own suggestions for improvement. Comparator families were included to provide additional insights into how non-participating households perceive and access family support services. Together, these perspectives shed light on the effectiveness, accessibility, and inclusivity of Flying Start provision, helping identify strengths in delivery and opportunities for further development.

### **3.2.1 Programme awareness and decision to engage**

Families accessing Flying Start services were asked how they first found out about the programme and the reasons behind their decision to take up the services. This was to help us understand how the programme reaches families, the effectiveness of communication and dissemination, and how accessible information about the programme is. In addition, we asked comparator families about their awareness of the services and support available to them and their families, as well as whether they had engaged with those services either currently or in the past.

#### **3.2.1.1 How families found out about Flying Start**

The majority of families first heard about Flying Start through health visitor referrals or appointments, which was by far the most common route. Many described being introduced to the programme when health visitors highlighted concerns, such as delayed speech, or

when they were automatically allocated an enhanced health visitor because of living in a Flying Start area. Others explained that they had simply been informed during routine appointments.

Another common way families found out was through friends, family, colleagues, or neighbours. Parents often described how peers who were already accessing the service encouraged them to join, sometimes highlighting specific services such as childcare or parenting support.

Several parents conducted their own research online. They searched for childcare options, parenting advice, or general support for their children, and found out about Flying Start through their local information service's website. Some mentioned specific social media channels also played a role in spreading awareness of the programme, e.g., their local Family Information Service Facebook groups.

A smaller group of families learnt about the programme through healthcare providers, such as doctors, occupational therapists, or other specialists, who either referred them directly or recommended that they look into the support available. In some cases, schools, playgroup managers, or Flying Start staff themselves made referrals, meaning that families entered the programme via professional networks rather than self-referral.

Finally, a small number of parents noted that they had started using the services without initially realising they were part of Flying Start, or that they were offered the service as part of community activities, such as baby massage, or through a family integration centre.

### **3.2.1.2 Why they decided to use it**

The most common reason families considered using Flying Start was concern about their children's SLC. Many parents felt worried that their children were not reaching milestones, were late to talk, or found it difficult to express themselves. For some, additional learning needs or conditions such as Down Syndrome increased the urgency to seek support, as they wanted specialist help to give their children the best possible start.

"It supports parents. I used it before, and it was good with my first child. It helps to improve children's development and social skills. Overall, it helps getting kids ready for school." (Flying Start family)

Childcare was another strong motivator. Parents saw Flying Start childcare as a way to create more time for themselves, whether that meant returning to work, managing household responsibilities, or focusing on a new baby while older children attended structured activities. The funded hours were especially appealing for families who were experiencing financial pressure. Parents also valued childcare as an opportunity for their children to socialise, gain independence, and become better prepared for school.

"I was back in work full-time to be able to provide for the family, but also because I wanted my daughter to start socialising [...] and being able to build connections and relations that you get around other children." (Flying Start family)

A significant number of families were also attracted by the parenting support available. Some wanted guidance to cope with challenges such as anxiety, postnatal depression, difficulties bonding with their children, or managing behaviour. Others were seeking a space to connect with fellow parents through group sessions or counselling, where they could share experiences, feel reassured, and build confidence in their parenting.

“I thought I had prepared for fatherhood until my wife gave birth to my son. I saw I was struggling at a lot of things, struggling to understand my baby, struggling to understand his needs. [...] I felt that I needed the parenting support.” (Flying Start family)

The enhanced health visitor service appealed to families who wanted regular check-ins and professional advice. Parents believed that the additional visits and tailored guidance would provide peace of mind, especially when faced with complex situations. One parent, for example, explained that they were very worried about their child’s autism diagnosis and hoped for support to manage the uncertainty.

“As a parent, I needed a whole lot of support because I really had no idea or experience with having a child with autism. [...] It was a really strange time for me, so I really needed some support.” (Flying Start family)

Finally, some families were influenced by the reputation of the programme. They hoped to benefit from the positive experiences of friends and relatives, and those who had already accessed one element of Flying Start were often motivated to explore other services. In these cases, parents expected the programme to provide consistent and reliable support across different areas of family life.

### **3.2.1.3 Comparator families**

Comparator families presented a more mixed picture of awareness and engagement with family support services. Some were clearly aware of Flying Start, with one parent able to list all 4 core elements of the programme, while others had only partial awareness, often limited to childcare provision. A number of families had little or no knowledge of Flying Start at all, and instead became aware of other forms of support through community groups, local family centres, or their GP. These centres often offered activities, such as parenting classes, baby groups, or baby massage sessions, funded by the Welsh Government, and for families in rural areas, they were frequently the only form of accessible support.

When asked about their own engagement, comparator families reported varying experiences. A number of them had accessed support in the past, such as SLT through Team Around the Family, or charity-run playschools and nurseries. Others chose private nursery provision once their children reached nursery age. However, many families described limited or no direct engagement with formal support services, despite recognising potential benefits. Several expressed interest in programmes like Families First or Flying Start but had not yet been able to access them, either because of eligibility restrictions, lack of local provision, or limited awareness of how to get involved.

### **3.2.2 Initial expectations**

Flying Start families were asked about what they expected when first considering Flying Start services. This included their hopes for the support on offer, the outcomes they wanted for their children and themselves, and the reasons they felt the programme might be helpful to them. Exploring these initial expectations provides insight into what parents value most at the point of engagement, the needs they wish to address, and the role Flying Start is anticipated to play in supporting family life.

#### **3.2.2.1 Childcare**

Families most frequently expected that Flying Start childcare would allow their children to socialise and develop social skills. Many also anticipated that attendance would support wider development, including confidence and language abilities, with some specifically mentioning opportunities to develop Welsh-language skills. A further expectation was that the service would provide a safe and caring environment, with structured activities that would help prepare children for school.

“My main expectation was that it would provide a caring environment where she could develop her social skills and language abilities.” (Flying Start family)

Several parents described hoping for creative and play-based learning rather than unstructured play. Others saw the programme as a way to give parents time for work, training or personal development, and to help balance responsibilities for childcare within the household.

In a smaller number of cases, expectations reflected a lack of clarity about what the Flying Start programme was meant to provide, with some families expecting financial assistance or home-based childcare. A few parents reported not having clear expectations or doubting the value of the service before enrolling.

In relation to whether expectations were met or exceeded, families most often reported that the service had exceeded their expectations. Staff were described as friendly, supportive and attentive, with some parents noting that the childcare setting offered more of a school-like environment than they had anticipated. Many families felt their expectations were met, particularly in relation to their children’s safety, social development, and preparation for school. Expectations were not met where there had been misunderstandings about the nature of the support, such as expecting financial help or care delivered at home.

“I was not expecting it to be as awesome as it is now. [...] I wasn't expecting it to be something I would tell others about.” (Flying Start family)

#### **3.2.2.2 Enhanced health visiting**

Most families reported not having many initial expectations of the health visiting service, as it was something that was simply offered to them. For some, the role of the health visitor was not fully understood in advance. Where expectations were expressed, parents anticipated professional advice and monitoring of their child’s development, support with feeding, or guidance on navigating health outcomes, such as autism. A small number



expected more formal or technical input, such as seminars, courses, or science-based answers. Others approached the service with apprehension, anticipating judgement from health visitors, particularly in relation to parenting practices.

“My expectation was that I could find someone that can actually, you know, use the professionalism to help me in the developmental process of my child.” (Flying Start family)

Experiences of whether expectations were met varied but were largely positive. Several families said their expectations were exceeded, describing health visitors as supportive, present, and proactive in monitoring their child’s development. Parents who initially feared judgement reported being positively surprised when the focus was entirely on the child’s wellbeing, and they valued the practical, non-judgemental advice offered. Others described the service as meeting their expectations, particularly when they were looking for professional support to understand their child’s developmental progress or health needs. In a few cases, expectations were not met because parents had anticipated more structured educational provision, such as courses or seminars.

"They went above and beyond. They made the effort to support you and visit you." (Flying Start family)

### **3.2.2.3 Parenting support**

Flying Start families’ initial expectations of parenting support varied. Many anticipated guidance focused on childcare, health, and wellbeing, particularly in relation to child development, sensory needs, or behaviour management. Some expected to find a space where they could ask questions and share experiences with other parents, while a few hoped for specific mental health support. Some families had little to no expectation before engaging, as they were unsure of what the service entailed. A small number entered the programme with concerns that they might be judged or marginalised, or that the support would be highly formal or classroom-based.

“I wasn't expecting much, but as a first time parent, I was expecting to get parenting support, which includes childcare, parenting, guidance, behaviour management and all that. [...] And I think I got it. [...] It was more than what I expected [...].” (Flying Start family)

For most, expectations were either met or exceeded. Parents valued both the practical advice and the emotional support offered, especially those experiencing the service for the first time as new parents. They highlighted that sessions were interactive rather than rigid, and that staff provided constructive advice that could be applied at home. Several parents reported that fears of judgement did not materialise and instead described the environment as welcoming and supportive. Others found their expectations exceeded because the support went beyond childcare advice to cover wider wellbeing and confidence as parents. In a few cases, expectations were not met, usually because the focus was perceived to be more on children than on equipping parents directly, or because the provision did not match their assumption of a more structured teaching format. In such cases, however, some

parents noted that the experience was still positive despite being different from what they had imagined.

“It turned out to be beyond my expectations. So, I won't say I was actually expecting more, I was actually expecting less. [...] It was way beyond my expectation and as a result of it, I also have actually recommended other people to it. [...] Right now, I am like an advocate.” (Flying Start family)

#### **3.2.2.4 Speech, language, and communication development**

Families most often expected that SLC support would help their children with speech development and clarity and generally improve communication. Many also hoped the support would boost their child's confidence and socialisation, as well as provide them with guidance on how to reinforce progress at home. Some parents anticipated a more generic offer, such as group sessions or leaflets, while others expected a personalised, professional service. A smaller number reported having few or no expectations before accessing the programme, while one parent did not expect the support to work at all.

“I was really hopeful for, you know, anything to help stimulate my daughter, to boost her self-esteem and socialise better, help her develop better social skills. [...] As a kid who lived in the neighbourhood with a whole lot of kids, she wouldn't even play with her own brother or with other kids as much. And I had to think this had to do with her speech disorder. And I was just hopeful that this programme would help her.” (Flying Start family)

In practice, expectations were usually met or exceeded. Parents described the support as tailored and practical, with some highlighting the benefits of receiving one-to-one sessions, play-based assessments, and regular check-ins with therapists. Families valued the roadmap and resources provided for use at home, which gave them greater confidence in supporting their child's communication. For some, the support went beyond initial hopes, helping their child to develop alternative ways of expressing themselves and improving their overall self-esteem.

“My hope was simply more words. But they aimed higher. They aimed for more than just more words. They would help with her confidence to communicate and not just speak.” (Flying Start family)

Where expectations were not fully met, this was rarely due to the quality of the support provided. For example, some parents expected a particular format of provision, such as group sessions, structured sessions, or more immediate resources, but instead received a different type of service. Although the provision they eventually received was often valued, the mismatch between what they initially imagined and what was delivered created a sense of unmet expectation. Importantly, these concerns reflected issues of timing, communication, and clarity of information rather than dissatisfaction with the expertise, professionalism, or outcomes of the support itself.

### 3.2.3 Satisfaction with the programme

Flying Start families were asked about their levels of satisfaction with the services they had received. This included their views on the quality and usefulness of the support, the extent to which it met their needs, and the outcomes they observed for themselves and their children. Exploring satisfaction provides insight into how families experience the programme in practice, the value they attribute to different elements of provision, and areas where the support could be strengthened. Comparator families were also asked to reflect on how satisfied they are with the support they have accessed. Barriers and challenges experienced by families are discussed in the next section.

#### 3.2.3.1 Childcare

Overall satisfaction with the Flying Start childcare support was very high. Many families rated the service a 10 out of 10, describing themselves as extremely satisfied. Others reported scores of 9 or 9.5 out of 10, reflecting strong approval with minor suggestions for improvement. Several parents gave 8 or 8.5 out of 10, noting positive experiences but also highlighting areas such as limited service availability, staff-to-child ratios, or scheduling challenges. A small number gave lower ratings of 7 out of 10 or 5 out of 10, often linked to issues of unmet expectations, misinformation, or negative experiences. A few parents simply said their satisfaction was “more than 10,” underlining the depth of appreciation for the childcare provided.

Across almost all scores, parents consistently praised the quality of staff. They described staff as well-coordinated, professional, approachable, and responsive, and valued their genuine care for children’s needs. Staff were commended for clear communication and for providing personalised support, for example, with eating difficulties or identifying additional learning needs. Parents who gave 9 or 10 out of 10 often emphasised that staff were central to their positive experiences.

“The support exceeded my expectation. It is a mixed thing. You know, not only did I receive excellent childcare support, but the health visiting and language support. [...] the staff are knowledgeable and genuinely investing in my well-being. So, I will say that [...] I'm extremely satisfied with the support I received. The staff were well coordinated and responsive to the children’s needs [...]”  
(Flying Start family)

Families reported that their children quickly adjusted to the childcare settings, enjoyed attending, and benefited from social interaction, structured activities, and experiences unavailable at home. Several parents linked their high satisfaction scores (often 9 or 10 out of 10) to their child’s improved socialisation, friendships, and opportunities for development. Support for Welsh-language skills was also mentioned as an important outcome.

“They are actually professional [...] and genuinely invested my child’s development, especially her speech and social skills.” (Flying Start family)

### **3.2.3.2 Enhanced health visiting**

Overall, families expressed positive views of health visitor support, with many reporting scores of 9 or 10 out of 10. Several described themselves as very satisfied or said the service was invaluable. Scores of 8.5 and 9.5 out of 10 reflected positive experiences with only minor suggestions for improvement. A number of parents gave 8 out of 10, usually satisfied overall, but raising specific concerns around clarity of expectations, communication, or continuity of staff.

High ratings were often linked to the frequency and quality of contact. Parents valued ongoing weekly visits, clear encouragement from staff to make use of services, and the reassurance of being able to reach their health visitor when needed. One parent who rated the service 9 out of 10 emphasised that they were very satisfied because their health visitor was available often and provided consistent support.

“I think they've done a great job. You've got the additional support [...] down the doctor's surgery every week. So, if it's not a scheduled time for an appointment, you can go and see them. They advise you to pick up the phone and call the office if you've got any concerns. [...] they actively encourage you to utilise them and make the most of their support.” (Flying Start family)

### **3.2.3.3 Parenting support**

Overall satisfaction with parenting support was high. Many parents gave the service 10 out of 10, describing themselves as very satisfied or extremely satisfied. Scores of 9 out of 10 were also common, while a number of parents rated it 7 or 8 out of 10. A small minority gave lower scores of 6.5, 5, or 4 out of 10.

Parents who gave higher ratings often explained that the support boosted their confidence and reassured them that they were making the right decisions. They valued being able to ask questions and receive guidance early on, which gave them greater assurance in their parenting choices.

“You know, when someone who has had experience is there with you every step of the way, showing you the right things to do, the right steps to take [...] even if you make [a] certain mistake, they are not that fatal. They are just little mistakes that can be corrected. But if you're left all alone by yourself, most mistakes could have been worse than you can imagine. So, knowing that [...] there is a service that is helping you navigate your way can't be bought with money. It's something that is priceless.” (Flying Start family)

Another strong theme was the opportunity to share individual concerns openly and connect with other families. Parents described how this helped them to learn from one another, reduce feelings of isolation, and gain a sense of belonging.

“I really enjoy that each person was being given attention to be able to talk about their problems and how to solve them.” (Flying Start family)

The high quality of the sessions was also highlighted. Families appreciated the continuity of the programme, the variety of activities and toys, and the way sessions were organised. Some mentioned how much their children enjoyed and talked about the sessions afterwards, which added to their satisfaction.

#### **3.2.3.4 Speech, language, and communication development**

Overall satisfaction with SLC services was high. Many parents gave the service 10 out of 10, while several rated it 9 out of 10. Scores of 8 to 8.5 out of 10 were also reported, and a small number of parents gave lower ratings. These scores reflect a broadly positive experience, with the majority of families reporting significant benefits for their children, alongside a few practical challenges.

Parents highlighted clear benefits for their children's development. Many described noticeable improvements in their children's ability to communicate and interact with others. Several shared examples of children who had previously been socially isolated or struggling to engage but became more confident and communicative after receiving SLC support. Even for children who were not yet speaking, parents observed meaningful progress over time, which contributed to high ratings, often around 8 out of 10.

“Without these services I had access to, I don't think there would've been development in my child's speech.” (Flying Start family)

Another key theme was the value of direct therapy and practical guidance. Parents rating the service between 8 and 9 out of 10 highlighted the importance of therapists working directly with children and providing advice to parents. Many noted that this support helped children develop alternative ways to communicate when speech had not yet emerged, which they found reassuring and valuable.

“It helped my youngest child develop communication skills. It's really helped, and the therapist work directly with my child, and provided guidance for us parents. It was really wonderful. I really felt so glad using it.” (Flying Start family)

Continuity and responsiveness of staff were highlighted as essential in ensuring that both children and parents could benefit fully from the service. The quality of staff support was another key factor shaping parents' experiences. Parents praised the empathy, patience, and care shown by therapists, noting that satisfaction often improved once a child was matched with a therapist who was a good fit.

“The staff seem to really care about the wellbeing of the kids. You know, it's not just, 'this is the job for me'. They were really keen and developed this relationship, this bond with the kids, that [...] actually helped with their self-esteem [...]. The next couple weeks of using the service, I could see the differences. And it's like this is professional, but also, they made it feel like home. [...] They were patient and kind and empathetic and really cared about the kids.” (Flying Start family)

### **3.2.3.5 Comparator families**

Comparator families also described a range of satisfaction levels with the support they had accessed outside Flying Start. Some spoke in highly positive terms, with one parent describing the SLC they received as “really helpful” and rating it “10 out of 10.” Others valued access to local childcare provision, such as charity-run playschools or family centres, which not only helped children become more confident but also gave parents the time to look for work or look after their own mental health. At the same time, these families stressed that demand for childcare had grown sharply since COVID-19 and the rise in living costs, leading to concerns about staff shortages and availability. Gaps in the provision of SLT were also noted, with one parent rating services an 8 out of 10 and saying their satisfaction would have been higher if support with SLC had been available alongside childcare.

Several comparator families highlighted the social value of parenting groups and family centres. These settings provided opportunities to connect with other parents, reduce isolation and receive practical advice, which many saw as equally important as direct child-focused interventions. Staff were consistently described as friendly, approachable, and helpful in signposting to additional support, such as referrals to speech therapy.

## **3.2.4 Barriers and challenges**

While satisfaction reflects the positive aspects of families’ engagement with services, it is equally important to consider the barriers and challenges that may limit access, uptake, or the effectiveness of support. Families were asked to reflect on any difficulties they encountered in engaging with the programme, such as practical constraints, gaps in provision, or challenges in meeting their individual circumstances. Understanding these barriers helps to identify where the programme may not fully reach its intended audience, highlights inequalities in access or experience, and points to opportunities for improving delivery. Comparator families also discussed the barriers they faced when accessing similar support services.

### **3.2.4.1 General programme barriers and challenges**

The most mentioned challenge was the lack of clarity around how to navigate the system and the lack of proactive dissemination of information. Parents described difficulties in understanding the referral and onboarding process, and many were unsure who was responsible for providing accurate information. Several families reported that they had to search online or rely on friends to find the right contact details. Others felt that information about services was not easily available or that the guidance they received was confusing.

Families’ experiences of accessing Flying Start varied across services. For many, the process was straightforward and well-supported, particularly when guided by health visitors, key workers, or other contacts. Others, however, found access confusing or burdensome, with having to reach out for numerous unclear pieces of information and the need to carry out their own research. Some parents highlighted delays, limited dissemination of information, staffing shortages (see e.g., ‘Challenges with implementation’ section), and unclear referral routes.

Concerns were also raised about the way access to services is determined by postcode rather than need or income. Families felt this approach was unfair and inconsistent, particularly for those living just outside Flying Start areas who would have benefited from support. One family described how, despite not living in a Flying Start area, they raised this issue with the Flying Start provider closest to their home address and were eventually granted access to the service.

#### **3.2.4.2 Childcare**

One key barrier to childcare provision was the lack of flexibility in childcare schedules. While the [rationale](#) behind the 2.5-hour sessions for the Flying Start childcare element is rooted in research favouring shorter, frequent contact to support child development and transitions from home to setting, parents explained that the set times often did not align with their work commitments, which made it difficult to take up the places on offer. Several families emphasised that the rigidity of the schedule limited the usefulness of the service for working parents. One parent, for example, suggested that having 2 full days of childcare would be more beneficial than 2.5 hours per day, as this would allow them to focus fully on work or other commitments without having to interrupt their day to collect their child midday.

In line with this, some parents also reported concerns about the number of childcare hours available. Many felt that the standard 2.5 hours per day was not sufficient to meet their childcare needs. Others pointed out that there was no sufficient service support during school holidays, which left significant gaps in provision.

“A barrier is that it doesn't run in school holidays, so you know, like I think that we're quite lucky that we've got my mother-in-law. My partner runs his own business, and I used to have a really flexible employer. [...] Sometimes as well it is only two and a half hours so, I guess the benefit is for the children, but I wonder whether some people aren't going to get the benefit because it's not as convenient for the parents [...]. Basically, by the time you kind of come home, you haven't got very much time to do something before you're leaving again to go and get them. So, you're really making a decision in the child's best interests. (Flying Start family)

Waiting lists and delays in accessing services presented another challenge. Families described waiting long periods before being offered a place, in some cases more than 2 months. Some reported that spaces were not available at their local childcare setting even when their child was eligible. One parent explained that their child was only able to secure a place at 2 years and 10 months, meaning they missed out on support for much of the eligible period.

“Not really a challenge, but dissatisfaction, which is the limited spot and the waiting list. [...] They won't call you to tell you that they have a spot for you, or sometimes they might forget you because like I said, they offered excellent services, but also the list of people waiting to enrol their children there.” (Flying Start family)

Accessibility issues were also noted in relation to childcare provision. Some families described difficulties in accessing nearby nurseries, while others argued that services should be extended to more remote areas to ensure fairer coverage.

A smaller number of parents raised additional barriers. These included concerns about staffing ratios, with one parent comparing the service unfavourably with a private nursery where staff levels were higher.

“The staff were really, really lovely. I’ve got nothing negative to say about the staff, but it felt like they were very overstretched within their role.” (Flying Start family)

Transport was another recurring issue: some families required assistance to reach childcare settings, while others said that transport costs added a financial burden. Communication was also flagged as an area of concern, with parents reporting delays in receiving updates on their child’s progress and limited communication at pick-up times. Finally, a few families highlighted the limited availability of Welsh-medium provision. In one case, a child who had started in a Welsh-language setting, which was later transformed into English provision. This disappointed parents who wished their child to be educated through the medium of Welsh.

#### **3.2.4.3 Enhanced health visiting**

Waiting times were also noted as a challenge. One parent described a 4- to 5-month wait to access support from a Flying Start community psychiatric nurse, though in this case the family were fortunate to already be receiving help from their health visitor. Others mentioned delays to access the support linked to staffing shortages or disruptions during the COVID-19 period, when visits moved online.

“In the disadvantaged area where I stayed, the resources weren't really measuring up as a comprehensive service delivery and this created setbacks for me because I expected a service that we could rely on heavily [...]” (Flying Start family)

A small number of parents felt that information about the service was not widely available, meaning they relied on friends or local contacts to find out about it. Some felt the service was not equally accessible across all areas, with gaps in provision or a lack of information from GPs and local authorities.

Some parents raised concerns about how sensitive issues such as post-natal depression were handled. One parent described that when difficulties were mentioned, the response felt dismissive rather than supportive. They suggested that clearer and more consistent procedures were needed to ensure appropriate assessment and follow-up whenever post-natal depression is raised. In one example, it was another professional, rather than the health visitor, who recognised the need for further assessment and encouraged appropriate action.

Concerns were also raised about communication practices, such as not knowing in advance when a visit would take place or experiencing a lack of continuity when staff changed.



These changes were unsettling for families, and some parents who gave lower satisfaction scores felt there was not enough transition support when new staff took over.

A few families also expressed concerns about the quality of support. Some felt the advice was too basic, not ongoing, or at times patronising. One parent, for example, shared an experience with a health visitor who tried to impose views on parenting that did not match the parents' own approaches.

"I felt they did well in terms of checking the progress [...], but I felt very patronised as my health visitor was very focused on parenting styles that I didn't really align with [...] And that was difficult, trying to communicate I'd do things differently but still needed support." (Flying Start family)

#### **3.2.4.4 Parenting support**

The most common challenge was limited awareness and understanding of how to navigate the system and the offers available. Parents repeatedly described finding out about support informally through friends rather than through direct information from health professionals or local authorities. Even when families were aware of parenting programmes, some said that details about eligibility, content, or how to access sessions were unclear. This lack of proactive dissemination of information left parents feeling that many others who could benefit from the support might not even know it exists.

"The challenge, I would say, is mostly in terms of information. Most people are not quite aware and information I feel is not properly sent out. My GP never told me anything. I would have been in the dark if not for my friend to whom I had complain telling them most of the challenges I was going through." (Flying Start family)

In addition to gaps in information, some parents highlighted cultural and language barriers. They noted that families from non-Welsh backgrounds, or those who do not speak Welsh, may find services less accessible. A few families also mentioned that cultural expectations could make parents hesitant to participate in group-based support. As mentioned previously, one local authority has addressed this challenge by hiring a Polish-speaking SLC practitioner to deliver this component to the growing Polish community.

"The challenges would be limited awareness and understanding of the programme among families and the cultural barriers that would stop families that need it from accessing it." (Flying Start family)

Another recurring barrier was the absence of childcare during sessions, which made it difficult for parents to focus or attend consistently. For example, one parent explained that they were unable to continue attending the sessions as their child required too much attention during that time. Similarly, another parent noted that while the course they were interested in was available locally, the lack of childcare provision meant his wife could not take part.

Some parents described difficulties fitting classes around work and family commitments, especially as many programmes were only offered during weekday mornings. One parent, for instance, explained that they were unable to attend sessions they were interested in because these were held during working hours.

Other parents noted challenges related to transport and location, with some finding classes difficult to reach or poorly aligned with their routines. A few raised concerns about staffing shortages (see e.g., ‘Challenges with implementation’ section), which sometimes disrupted the consistency or quality of delivery.

#### **3.2.4.5 Speech, language, and communication development**

The most common challenge raised was related to waiting times. Some families often faced long delays between referral and the start of support, ranging from several weeks to as much as 3 months. For parents whose children were already struggling, this period felt “endless” and heightened concerns that their child was missing out on vital early help. Some parents explained that long waits risked families turning to other services or missing out on the Flying Start provision altogether.

“I think that one of the challenges of accessing most of the services is the duration time [...] after the first contact. It took almost three months before I could actually get the service. I think [...] time should be shortened to maybe weeks or latest months [...]” (Flying Start family)

Scheduling was another recurring issue. Many parents noted that sessions were usually offered during the working day, which created difficulties for those in full-time employment. Attending often required taking time off work, and while staff were praised for their flexibility in accommodating families, parents still felt that more evening or out-of-hours provision would make the service more accessible. Several described challenges in coordinating sessions with busy household schedules, particularly when balancing multiple responsibilities.

“One challenge I faced about the speech support was the scheduling. I think there are services offered during the day, and sometimes it is hard for me to fit in around my work schedule. However, I found out that the team were accommodating and flexible.” (Flying Start family)

Although less common, a number of parents highlighted barriers linked to language and cultural factors. Families from migrant backgrounds, especially those for whom English or Welsh was not a first language, found it difficult to access or understand information about SLC services. One parent explained that rural communities, where families often worked multiple jobs and had limited time to research services, were particularly disadvantaged. They stressed the need for information in other languages and more proactive outreach, for example, through trusted community networks, such as local mosques.

A smaller group of parents described personal or logistical challenges. Some felt uneasy about staff dynamics, such as worrying that close interaction between their child and staff

might affect their own bond. Others mentioned initial difficulties with therapists, requiring changes before they were comfortable with the support.

#### **3.2.4.6 Comparator families**

Comparator families were also asked to reflect on any difficulties they had experienced, or anticipated experiencing, in accessing family and early years services. Their accounts provide useful insights into the broader obstacles that may prevent families outside the programme from engaging with support, highlighting issues of awareness, accessibility, and equity.

A recurring theme was the lack of accessible information. While some parents said they had not personally experienced barriers in accessing services, others highlighted that services were not always well-advertised and that it was often unclear what support was available or how to access it. For first-time parents, this uncertainty was particularly challenging; several described feeling unsure of who to ask for help or where to start when navigating local services. Once familiar with the system, parents generally found engagement easier, but the initial lack of clarity could discourage uptake.

Language barriers were raised as a significant issue within some communities. One parent, for example, noted that although their partner had been well-supported through antenatal care, many non-English-speaking families in his area struggled to access information about healthcare and childcare because materials were not available in their language. He suggested that providing flyers and leaflets in a wider range of languages, beyond English and Welsh, would remove important barriers for many.

Other parents pointed to challenges around service delivery. Some described limited opening hours at local centres, as well as high staff turnover, which reduced continuity and reliability of support.

Several comparator families had not accessed family support services at all. Reasons varied: some felt they were ineligible (for example, because they did not meet specific criteria such as disability status), while others cited lack of awareness, lack of time, or a perception that support was not needed. One parent explained that while he had searched online, information about family support services was not readily available, and suggested that a stronger social media presence could help reach more parents. Another parent, who was less confident using digital platforms, described how the emphasis on online advertising had acted as a barrier.

Concerns about equity and representation were also evident. One parent felt that, as a Black parent, he was often overlooked or not listened to when seeking support. While he did not describe this as direct discrimination, he felt that services did not pay sufficient attention to the needs of Black families, who often relied on building their own community networks.

Overall, comparator families emphasised that barriers were less about outright exclusion and more about gaps in communication, accessibility, and inclusivity. Their experiences

point to the importance of clearer information pathways, culturally sensitive provision, and more flexible service models that recognise the diverse ways families engage with support.

### **3.2.5 Suggestions for improvement**

Flying Start families were asked to share their suggestions on how the 4 core services could be improved. Their feedback reflects a wide range of ideas on how services might better support both parents and children. Key themes included the need for greater flexibility, accessibility, clear communication, and tailored support, as well as the importance of building stronger connections between families and service providers.

#### **3.2.5.1 Childcare**

When asked about childcare service suggestions, Flying Start families pointed out the importance of adaptable scheduling, as well as the ability to condense or combine sessions. For example, having the option to combine the standard 2.5-hour block on certain days could be helpful for parents who need to work. Flexible drop-off and pick-up times would be particularly valued, as they allow parents to manage work commitments, commuting, and other responsibilities more effectively. Parents also express the need for extended service hours, including evening and weekend sessions, as well as additional hours during school holidays, if possible. They also requested more funded childcare hours to support both part-time and full-time working families.

Regarding flexibility around the service itself, families highlighted the need for flexibility in age eligibility, such as enrolling younger children or providing care up to the age of 5. Parents also suggest expanding the geographic reach of services and increasing outreach to ensure more families have access to the program. As an additional point, they suggest that to mitigate the challenges posed by childcare centres located far from home or work, there could be additional financial support for transportation.

Parents would like to see more efforts from Flying Start to eliminate discrimination, ensuring all children and parents feel safe and respected. For example, one parent described an instance of racist and discriminatory behaviour from some Flying Start staff, which raised concerns that their children might face similar treatment within childcare settings. However, they noted that after raising the issue with senior staff, it was addressed promptly and did not occur again.

“I believe irrespective of the cultural background, everybody should be attended to without bias, without sense of races and discriminations. I would love the organisation to improve at all ramifications. To make sure that this stuff is not there, like in terms of races. Kind of discrimination should be completely eradicated so that people would feel love, feel kind of sense of belonging, and happy.” (Flying Start family)

Finally, families recognise the importance of enhancing communication between service providers and themselves, suggesting the use of clearer channels, such as social media platforms, to facilitate the timely exchange of information and guidance related to their

children or the nurseries. One parent shared her experience of being automatically allocated a place for her child at an English nursery, despite having requested a Welsh option. On the advice of the health visitor, she visited 2 Welsh nurseries and was informed that her daughter was eligible for both. However, she later discovered that these nurseries are not part of the provision list of the service. The parent recommended that families should be given more information about available schools, an opportunity to choose, and fair access to Welsh childcare provision from the beginning, ensuring parental choice is respected and consistent across services. It also appeared that greater clarity was needed regarding which settings were able to provide Flying Start childcare.

Additional suggestions for enhancing the service include enhancing learning opportunities through parent-child activities, especially outdoors; increasing staff availability to provide more individual attention to children; and supporting Welsh language skills within the service.

### **3.2.5.2 Enhanced health visiting**

Families have highlighted that to improve the health visitor service, enhanced communication between health visitors and families is necessary. They emphasise that clear, timely information about appointments, staff changes, and the focus of each visit would be highly beneficial and build trust. For example, parents suggest that reminders for check-ups and easier access to information online would reduce stress or confusion, particularly for parents with busy schedules or more children. Keeping a constant communication with the health visitor could help improve clarity about the process and what to expect at each stage, as parents feel more informed, supported, and can be more responsive.

Another key theme is tailoring services to individual needs. Families with children who have special needs requested more consistent and readily available support. They value health visitors who can provide personalised guidance and support. For example, one family highlighted the challenges of navigating the additional complexities of caring for a disabled child and finding tailored guidance.

Families also suggest extending the reach and scope of health visitor services. This suggestion includes covering a broader range of topics, such as mental health concerns, eating disorders, and behavioural challenges, as well as increasing the frequency of visits and the availability of specialists. Families believe stronger interconnections between health services, such as better collaboration between GPs, local authorities, and specialist services, would make the service more inclusive and help families access specialised care more efficiently.

### **3.2.5.3 Parenting support**

Families suggested that parenting services could be improved by increasing flexibility in schedules to better accommodate parents' commitments. For instance, courses and support groups often take place during working hours, which makes attendance difficult. Offering sessions during the evenings, weekends, and online or recorded options would make it

easier for parents to participate. Flexibility is also needed for parents with multiple children or other responsibilities, allowing them to engage in courses without added stress. As mentioned previously (see “What has worked well and examples of best practice” section), one local authority used a Flying Start app during COVID. This worked well to share information with parents and to promote key messages about engaging with children and effective parenting practices.

Another consideration is removing barriers to attendance. Parents highlighted that their childcare responsibilities prevent them from joining classes, suggesting that on-site childcare provided at the same time as the sessions would be highly beneficial. Accessibility was also emphasised, with families requesting more groups nearby, ideally within walking distance, and preferably held in the same location as the childcare spaces to reduce travel time and extra costs.

Participants recommended increasing outreach and communication of the parent support service to engage a broader range of families and raise awareness of the program, providing clear information about available services. Some recommended options included online seminars, social media promotion, and publicly sharing events. From the parents’ perspective, providing easily accessible information helps families feel supported and encourages them to seek help when needed. Flying Start families mentioned that having more frequent feedback sessions would be beneficial, as service providers can learn faster and adjust the service to better meet parents’ needs.

Families spoke about tailoring services to individual and diverse needs, highlighting the importance of culturally sensitive services that represent diverse communities, as well as the need for more personalised support that reflects each parent’s unique circumstances. For example, they highlighted that awareness and understanding of the programme may be limited among families with cultural differences and who do not have English as their first language. Parents also emphasised the need for continuous training of staff to be more empathetic and attentive, creating spaces where parents feel comfortable sharing experiences and concerns.

Finally, parents suggested expanding learning and training opportunities. This includes parent education programmes, first aid courses, and support for parenting teenagers. Resources such as a website with educational support materials would also help parents access guidance more easily.

#### **3.2.5.4 Speech, language, and communication development**

Flying Start families highlighted the need for greater flexibility in session schedules to improve the SLC service. Parents explained that sessions should better align with working hours so that parents can easily take their children to the sessions.

Parents expressed concerns about the waiting times for children to begin accessing the service. They noted that the period between referral and the actual start of sessions is unclear, leaving families unsure of what to expect and creating anxiety and uncertainty. For example, one parent reported waiting 3 months between referral and the start of sessions,

while another reported being frustrated with the long wait. Parents suggested that Flying Start reduce the time frame between assessment, enrolment, and the start of the sessions, as well as provide a clear timetable to help families better understand expected waiting times.

Related to timelines, parents also recommended offering sessions more frequently to prevent long gaps between sessions, which disrupt children's learning and progress. In addition, families expressed the importance of having a clear timeline of the service that outlines the different stages and key milestones. This timeline would help parents know what to expect and feel reassured, even if there are unavoidable breaks between sessions.

"Something that could help is more frequent sessions with the speech therapists, it will really help if that is improved. Fixing more frequent sessions because sometimes I feel like we were making progress and then we'll have a gap between the next session. If there is something that can be done about the scheduling and more frequent sessions." (Flying Start family)

Families expressed a desire for more Welsh-language and cultural exposure, adding resources to help children practice Welsh at home, along with more opportunities to engage with the language through songs, activities, and cultural experiences. These additions would not only reinforce learning outside of sessions but also strengthen cultural connections for both children and parents.

Families believe increasing feedback from parents about the service would be beneficial. One parent shared that, in her experience, being able to contact the SLC service provider allowed her to request a change of therapist. She felt the initial therapist was not the best fit for her child, and switching to a new therapist led to much better outcomes. Parents suggested that introducing regular check-ins to gather feedback would help ensure the service remains responsive to families' needs and able to adapt when adjustments are required.

Finally, families noted that while other services already offer opportunities for parents to build social connections, the SLC service could become an additional and valuable space for peer support. They highlighted the importance of creating ways for parents to connect, such as buddy systems or peer groups, with others who share similar experiences in supporting their children's speech and language development. Such connections, they suggested, would help parents share insights, reduce anxiety, and feel less isolated.

### **3.2.6 Welsh language provision**

Most families reported that they were offered services in Welsh. A number of parents took advantage of this, particularly those who were Welsh speakers themselves or who wanted their children to grow up bilingual. These parents often saw Welsh language provision as important for identity and culture, and some described being pleased to access bilingual childcare, parenting support, or community groups. A small number actively sought out

Welsh-medium settings or switched from English to Welsh once places became available, even if this meant additional effort.

“Yes, Welsh-language provision was definitely offered and important to us throughout the experience of Flying Start. You know, because I don't have much confidence in my own language, but I did not want my children to have such experience, so I wanted a programme that can actually support them [...] and have them [...] learn from a professional.” (Flying Start family)

Others decided not to take up Welsh provision despite being offered it, often prioritising convenience, accessibility, and smaller group sizes over the language of instruction. For example, some parents chose English-medium settings because they were closer to home or easier to reach from work. Others chose to prioritise settings with fewer children to meet the additional learning needs of their child, as professionals had informed them that Welsh-medium settings tended to be larger. A few families selected services where sessions better fitted their daily routines or childcare arrangements, choosing practicality over language when making decisions about participation.

“No, I don't think so. However, what I instead consider to be very important to me, and my family is having sound, good services provided when needed.” (Flying Start family)

A smaller group reported not being offered Welsh language provision at all, despite some saying they would have liked the option. Overall, while most families had access to Welsh provision, engagement depended on a balance between cultural value, personal circumstances, and practical considerations.

### **3.2.7 Provision of other services**

Most families took advantage of all the services offered or available to them by the Flying Start programme. A smaller number, however, explained why they chose to take fewer. Some preferred to focus only on the support most relevant to their needs, while others decided to try one service at a time before considering additional ones. These families valued the ability to tailor Flying Start to their own circumstances, even if they did not use the full range of provision.

A few parents mentioned barriers that prevented them from taking part in other services. The most common reason was limited time, often linked to work schedules, childcare responsibilities, and the challenge of balancing family life with other commitments. Parents described feeling that they could not fit extra appointments or group sessions into already busy routines, even when they were interested in the support. In other cases, parents felt uncomfortable with certain types of provision, such as home visits, or explained that they did not feel additional services were needed, were not aware of them, or could not recall what had been offered.



"I was not able to take all classes offered due to other commitments. I would like to have access to more parenting classes and more emotional support for parents such as counselling." (Flying Start family)

### **3.3 Impact of Flying Start on children and their families**

This section examines how Flying Start's 4 core services, childcare, enhanced health visiting, parenting support, and SLC development, have impacted both children and their parents. Drawing on the perspectives of families and local authorities, this section highlights the benefits of the programme as well as areas where families feel it could be improved. The reflections present both the immediate impact these services have had on daily life, and the longer-term changes families and local authorities hope to see as the programme continues. The section also shares the experiences of comparator families who are not eligible to access Flying Start, providing a useful contrast in the challenges they face when not receiving support from family services.

#### **3.3.1 Childcare**

On the impacts on children, local authority representatives and Flying Start families mentioned they felt that childcare settings improved their social skills. These settings allow children to socialise with their peers, boosting their confidence and engaging them in activities that help them improve their general language and speech skills, as well as their Welsh language skills. Both stakeholder groups highlight that the service benefits children's cognitive development and learning. The service expands children's aptitudes, exposing them to learning processes, opening their curiosity, and presenting a series of activities they may engage with.

Both interview groups spoke about how childcare supports children's school readiness by fostering more structured routines and habits, helping to ease their transition into formal schooling. Children also gain valuable independence skills that prepare them for the classroom. For example, they learn to dress themselves in coats and wellies, feed themselves with proper cutlery and crockery, and use the bathroom independently. These everyday skills foster confidence, self-reliance, and readiness to participate fully in school life.

"She can interact with children, she can learn, you know, and more than anything, do stuff that I wouldn't really do at home. So, you know, I don't have time to do arts and crafts, but they do what the time minder, you know.

Taking her to the library, they go there for singing songs. Whatever, you know, it's just these little bits that add up and it's made her blossom, you know, she's so confident now [...] So I know she's safe, happy. And she's flourished." (Flying Start Family)

On the impacts on parents, both interview groups highlight that the service provides respite from childcare responsibilities. From the Flying Start families and local authority representatives' perspectives, the service provides parents with more time for other

activities in their day. For instance, quality time for themselves or as a couple, reducing the need to think about navigating working hours and taking care of the child, permitting them to work more hours, exercise, study, and/or devote time to their other children and accommodate other family needs with flexibility.

Another reported impact is how the childcare support alleviates stress and pressure. An important aspect is the financial relief that the service provides, reducing financial pressures, promoting financial security, and helping families redirect their budget to meet other family needs, such as providing food. Another point mentioned by families was that having access to funded childcare support influenced their decision to have children. Without this support, they may not have been able to financially support having additional children. Equally important is the positive effect on parents' mental and physical wellbeing. Stress is reduced because they no longer rely heavily on extended family, cut back on work, or give up employment. There is increased confidence in the quality of care children receive, trust in nurseries and practitioners, and reassurance that their children are developing and making progress, all of which support both family stability and parental wellbeing.

“It made a positive difference for me and my family, because it helped relief a lot of the stress we were going through, in terms of childcare. We were able to do other things, most of our own activities that are beneficial for us.” (Flying Start family)

Local authority representatives and Flying Start families highlight 2 additional benefits: first, that parents can build a social network and connect with other parents with similar-aged children. Second, parents receive information about their children in childcare, which allows them to improve their parenting skills and acquire new knowledge of their child's needs and ultimately support their children in a better way.

### **3.3.2 Enhanced health visiting**

For both interview groups, the enhanced health visiting service was felt to have a significant impact on children, particularly through the early identification of needs and the provision of timely intervention. Families accessing Flying Start report that health visitors provide quicker access to care, with one family receiving same-day support for their child's health emergency at a time when getting a doctor's appointment felt impossible. Regular health visits enable the identification of children's cognitive, physical, and emotional needs earlier, leading to better outcomes. For instance, as reported by families, one child is now free from depression, sleeping well, and thriving in their development, while another received early help for potential growth delays.

Local authority representatives and Flying Start families think health visitors are also key in recognising ALN, as well as SLC development delays. Local authority representatives mention that the integration of antenatal services further enhances this preventative approach, ensuring that interventions are in place early and follow children as they grow, without unnecessary delays.

“Another major benefit is early identification of needs. By engaging with children before they enter school, potential developmental or additional learning needs can be identified and addressed earlier, improving outcomes and easing the transition into formal education.” (Local authority representative)

Local authority representatives and Flying Start families describe health visitor support as a key source of provision that relieves stress and pressure in daily life. Parents value the reliability and flexibility of health visitors, who provide notice before visits and create a sense of comfort rather than disruption. For many, simply knowing they can reach out at any time with questions or concerns brings reassurance and prevents feelings of failure or isolation. Families accessing Flying Start described how this regular, trusted support helps them navigate challenges such as concerns about sleep, oral health, or growth milestones, offering them both immediate relief and longer-term confidence.

Health visitors also played a transformative role in improving parenting skills and breaking down barriers to better health and care. Both stakeholder groups highlight the practical advice, reassurance, and new knowledge that health visitors provide about safety and care, as well as strategies for supporting learning and growth. For example, activities carried out by health visitors not only help parents develop skills but also strengthen bonds with their children. Learning not only boosts parents’ confidence but also provides children with more opportunities to grow, try new things, and lead healthier lives.

“It’s about working with parents. To help them parent the children so that they’re you’ve got the capacity, but they’ve got that nurturing, attentive approach to the children. It’s about those relationships. And I think in the early days that’s what that intensive health visiting allows us to do and allows us to get those messages across and that understanding and to support those really vulnerable parents who need those role models who don’t know how to because they haven’t ever been shown.” (Local authority representative)

By linking families with broader health services and professionals, health visitors help overcome challenges of access and ensure that needs are met earlier, reducing the likelihood of social services interventions. Flying Start families highlight the importance of the trusted, caring relationships they build with their health visitors, describing them as professionals who genuinely listen, understand, and advocate on their behalf. This trust, combined with a preventative approach, not only strengthens confidence in the service but also contributes to maintaining family stability and fostering stronger relationships within the home.

### **3.3.3 Parenting support**

For local authority representatives and Flying Start families, parenting support was perceived to have a positive impact on children by strengthening the parent-child relationship and improving overall wellbeing. Families accessing Flying Start say that the guidance they receive has helped them build closer and more responsive bonds with their children, which they believe lead to brighter health outcomes and greater emotional stability. Families with multiple children mention that the service has also helped parents balance

attention across siblings, ensuring that each child feels supported and included. This stronger family dynamic not only enhances children's daily experiences at home but also creates a more nurturing environment that supports their growth and long-term development.

"For me, parenting support has boosted my confidence, and it improves my parenting skills and strategies. Also, it helps me promote my child's development, manage behavioural and build strong relationships with my children. And for my child, I notice for my children it has helped improved. It's helped for stronger parent child relationship, and it has also helped brighten my child's health outcomes." (Flying Start family)

From both the local authority and Flying Start families' perspectives, parenting support increased parents' confidence, helping them feel more capable in their role. The service provided them with firsthand experiences and realistic expectations of their child's behaviour, along with practical strategies such as setting boundaries and using calming techniques. For first-time parents in particular, the guidance provided has been invaluable, offering reassurance and equipping them with the knowledge to support their children's development. Over time, these skills have led to long-term improvements, with families reporting that they feel more confident in responding to challenges and are able to provide consistent care. It has also been highlighted that the service encourages further engagement from dads. However, at the same time, families felt that while progress has been made, there is still room for dads to be more substantially involved.

"It really made a difference. Everything was effortless, everything was easy, it was good and the one-on-one session, the talks and the encouragement being there for you. So, it's more like they are directing you just so you don't make certain mistakes." (Flying Start family)

Another positive impact mentioned is that the service has helped strengthen family relationships and improve overall wellbeing. Families described how group sessions and parenting classes encouraged reflection on household relationships, provided strategies for managing children's behaviour and emotional needs, and created a space to share challenges with both peers and Flying Start staff. One father, for example, found the programme instrumental in helping him adjust and contribute more at home. Without this support, many parents felt they would have been more isolated, less confident, and underprepared to cope.

Local authority representatives and families also emphasised the relief the service provides by reducing stress and offering a safe, supportive environment. Parenting groups, therapy sessions, and peer networks not only provide care and practical advice but also help parents develop coping mechanisms, build friendships, and form social connections. This combination of guidance and support makes families more resilient, better equipped to manage difficulties, and less likely to feel overwhelmed or alone.

“One of the significant social benefits of Flying Start in core areas is its role in fostering community connections. In traditional Flying Start communities, families often form strong relationships much earlier in their child’s life.” (Local authority representative)

### **3.3.4 Speech, language, and communication development**

The SLC development support has had a transformative impact on children’s development, particularly through the early identification of speech and language needs. Local authority representatives and families accessing Flying Start highlighted that the language service is helping children develop their communication skills earlier in life, with many receiving support at a younger age and showing progress sooner. For example, families reported children moving from being non-verbal to forming complete sentences, while also improving their vocabulary, pronunciation, and clarity of communication.

This progress in speech and communication has also strengthened family life and relationships. Flying Start families mention that it is now easier to understand their children, which reduces stress and frustration at home and allows for more meaningful interactions. Where previously communication barriers created challenges, children can now clearly express their needs, emotions, and preferences, which helps parents respond with confidence. These changes have improved the overall parent-child bond, as well as sibling relationships, allowing children to play, share, and connect with their brothers and sisters.

In social settings, Flying Start families have observed that children who once stayed quiet or isolated are now able to interact more with their peers, join in play, and feel included in group activities. The service has enabled children to make choices about how they engage with others, which parents describe as life-changing. Local authority representatives believe that the service not only supports children’s social and emotional development, but also prepares them more effectively for school, giving them the independence and resilience needed for formal education.

“SLC support is vital and has a long-term impact on their future education, employment and onwards. Targeting that at the early years is crucial.” (Local authority representative)

As for impact on the families, the support has relieved stress and given them confidence in supporting their children’s growth. Flying Start families spoke of the peace of mind that came from knowing their child was receiving targeted SLC support in a nurturing environment before starting school, and the relief they felt as their child began to make measurable progress in communication and language skills. Local authority representatives and Flying Start families emphasise that the service equips parents with practical tools and strategies to support language learning at home, demonstrating how to scaffold their children’s language development and showing that they themselves are their child’s best advocate.

Parents felt empowered, confident, and better able to communicate with their children, which reduced daily frustrations and enabled them to respond more effectively to their

child's needs. The service helped parents to recognise that they were equipped with the right tools to help their child thrive. These improvements in communication also strengthened family relationships. Parents who once felt a barrier between themselves and their children mentioned finally being able to understand one another, which they think creates stronger bonds and ultimately improves family life.

“There's always been this barrier in communication with my kids. But right now, that is much easier. It has been improved, there is free communication, and we could understand ourselves much easier and better. So that one has really been great.” (Flying Start family)

### **3.3.5 Looking ahead: Future impacts of Flying Start on families**

Looking ahead, Flying Start families shared a wide range of hopes for the coming year, with many focusing on improvements to the services themselves. Parents emphasised the need for greater accessibility for working families, more Welsh-language resources, and an extension of age eligibility so that children can benefit from support both earlier (before the age of 2) and later, beyond the age of 4. Improved communication was another consistent theme, with families requesting clearer information about available childcare places, regular updates on their child's progress, and better signposting to specialist groups, such as those offering autism or ALN support.

Families highlight the need to expand coverage to more areas. For example, access to the programme was described as a key factor in housing decisions. Parents explained that the availability of Flying Start influenced their decision on where to live, with some opting not to move to non-Flying Start areas to remain within the programme's coverage area. Families also expect that by expanding, the programme will continue to break down barriers to health and work opportunities. They emphasised that the high cost of childcare prevents parents, particularly mothers, from returning to work, as the fees can outweigh their earnings.

At the same time, families reflected on the changes they hope to see within their own households. They mentioned reducing stress and anxiety, both for themselves and their children. For instance, managing day-to-day challenges better, or helping children feel confident and less anxious about leaving the house or attending childcare. Families described aspirations for stronger family ties, with closer communication between partners, more time with children, and improved parent-child relationships. Some parents also looked to develop their own skills, building confidence in parenting, and strengthening their ability to navigate pregnancy, disability, or other challenges with knowledge and resilience.

Finally, families expressed high hopes around child development, language, and learning. Many hoped to see continued progress in speech and communication, including Welsh-language skills, alongside broader improvements in social interaction, confidence, and academic readiness. Parents also looked forward to their children building friendships with peers while continuing to grow into happy, confident, and well-rounded individuals.

### 3.3.6 Comparator families

Families who have not accessed Flying Start but have engaged with other similar programmes or services reported experiencing a mix of benefits and gaps in support. Some of the services they accessed included antenatal care, paid nursery childcare, English language provision, language therapy, and play-based programmes run by family centres or local charities. On the positive side, comparator families mention that these services have provided them with guidance on managing their children's behaviour, emotions, and bonding, which helped them feel more confident in their parenting. They also report opportunities to connect with other parents and build a network of peer support to ease stress or find advice. Comparator families highlighted the importance of cultural and linguistic elements, noting that support in maintaining bilingualism was significant for their children's identity and development.

At the same time, comparator families described significant challenges and limitations in the support available outside of Flying Start. The high cost of childcare was a consistent concern, with parents emphasising that affordable provision would have made a significant difference to their wellbeing and financial stability. Limited access to nurseries, particularly in rural areas, and the lack of subsidised play schemes during school holidays created additional pressures, especially during the cost-of-living crisis.

Families also spotlighted gaps in health and wellbeing support, emphasising the need for more accessible and tailored services that extend beyond health visitors. Communication barriers were highlighted, especially among families for whom English is a second language. In addition, fathers were often less involved in parenting activities, with families suggesting that more targeted opportunities for fathers' engagement would have been valuable.

Alongside these challenges, comparator families also expressed clear expectations about how additional support services could help them. Families feel that access to additional support can ease their stress. It was also highlighted that the potential benefits of improving parenting skills and knowledge, particularly around navigating more complex needs, and connecting more with their child. For example, one parent explained that he and his wife lacked the knowledge of whom to contact and how to get support for their son's autism diagnosis, and that services like Flying Start could have provided much-needed guidance and confidence in managing this journey. Comparator families underscored that greater encouragement and targeted communication would make a difference, as some parents tend to hide their challenges out of fear of being judged as unable to care for their children.

"We need more encouragement to parents [...]. They don't want to look like they're not able to give their kids the kind of care they should, which is wrong. So that's one of the huge experiences I have noticed working with so many people in this [community] network. I have discovered that they have lots and lots of challenges, but they are shy to come out to accept help from government. So, first of all, we need to get plenty of information about the help." (Comparator family)





## 4. Conclusions

Flying Start is a flagship Welsh Government programme designed to reduce inequalities and improve developmental outcomes for young children living in disadvantaged areas, offering a package of funded part-time childcare, enhanced health visiting, parenting support, and speech, language, and communication development. The programme has expanded, and continues to expand, through multiple phases to reach more children and families across Wales.

This qualitative evaluation, as the first strand of a mixed-methods study, engaged representatives from all Welsh local authorities, Flying Start families, and comparator families to explore the delivery and impact of the programme across Wales. The assessment drew on diverse perspectives and experiences to provide a robust and balanced understanding of how Flying Start is being implemented and received.

Findings show that Flying Start is making a perceived tangible difference for families and children across Wales. Parents consistently reported that childcare provision improved children's socialisation, independence, and readiness for school, while also building confidence in Welsh- and English-language skills. Many noted positive changes in speech and communication, with children becoming more expressive and engaged, and in some cases, overcoming early developmental delays. Enhanced health visiting was seen to provide reassurance and trusted professional guidance, with families particularly valuing the continuity of regular contact and the sense that concerns were listened to and acted upon. Parenting support was described as reducing isolation, offering both practical advice and emotional encouragement, and helping parents to feel more confident in their role.

Families often spoke of improvements in their own wellbeing, including reduced stress, greater resilience, and stronger relationships with their children. Local authorities confirmed these benefits, highlighting the programme's role in identifying additional needs early, enabling timely referrals, and strengthening multi-agency collaboration around the family. Importantly, families also valued the financial relief provided by funded childcare and the opportunity this created to return to work, study, or focus on younger children.

At the same time, the research underlines barriers and operational challenges that limit equitable access and consistency of provision. Staff shortages in childcare and health visiting, coupled with funding pressures, were identified as significant obstacles to sustaining and expanding the programme. Families and local authorities pointed to waiting lists for some services, constraints on Welsh-medium and specialist provision, and difficulties in rural areas where distance and transport can limit engagement. Some parents struggled with a lack of clarity about eligibility and how to navigate the system, while others described challenges balancing accessing Flying Start support with employment, reflecting the need for greater flexibility to meet the needs of working families. Challenges were also raised about maintaining quality during expansion phases and about ensuring that communication with families is clear, particularly where only elements of the programme are extended.

Taken together, the evidence indicates that Flying Start is achieving its central objectives of supporting children's development and reducing disadvantage, but it also highlights areas for improvement to ensure that provision is inclusive, sustainable, and responsive to changing needs. These conclusions are drawn directly from the qualitative evidence collected in interviews and discussions with stakeholders and families, and have been analysed in line with the aims set out for this evaluation. The research highlights both the successes and the complexities of delivering Flying Start at scale, capturing the lived realities of delivery and engagement as the programme continues to expand its reach. These insights establish a strong foundation for the upcoming quantitative assessment and provide a baseline for the 2 further waves of longitudinal qualitative fieldwork with families to be conducted over the next 2 years. This will help guide future strategic policy decisions to ensure Flying Start continues to address the needs of children and families effectively.

## 5. Annex A

The table below outlines the categories sampled, including our targets for each and the sample reached.

**Table 1: Demographic characteristics of families sampled for interviews for year 1 of Flying Start National Evaluation fieldwork, June 2025 to August 2025** [\[footnote 5\]](#)

Category	Representation from	Target year 1	Sample reached
Programme engagement	Childcare	10	40
Programme engagement	Health visitor	10	23
Programme engagement	Parenting support	10	35
Programme engagement	Speech, Language, and Communication	10	22
Level of service use	‘Heavy’	10	15
Level of service use	‘Medium’	10	27
Level of service use	‘Light’	10	20
Flying Start eligibility	Families where youngest child is 30 months old or less	45	53
Geographic spread	Mid and West Wales	5	9
Geographic spread	North Wales	5	20
Geographic spread	South Wales Central	5	14
Geographic spread	South Wales East	5	11
Geographic spread	South Wales West	5	9
Rurality	Rural	20	32
Rurality	Urban	No target	28
Parental age	Parent aged 19 or under	10	0
Language	Welsh-speaking families	10	4
Language	English as a second language	5	1
Additional needs	Families with children with diagnosed additional needs	2	6
Additional needs	Families with children with suspected additional needs	5	9
Additional needs	Families with parents with additional needs	5	10
Ethnicity	Families who are not White British or White Welsh	5	40

Source: expression of interest form used to recruit families to fieldwork for the Flying Start National Evaluation.

Description of Table 1: the table provides a breakdown of the demographic characteristics of families sampled for interviews for year 1 of Flying Start National Evaluation fieldwork.

Footnote:

[5] 3 of the 32 households sampled in rural areas indicated N/A for this category on the expression of interest form.