The Welsh Government Flying Start initiative was set up in 2007 aimed at reducing the impact of poverty on educational achievement targeting families with children below four years of age, giving children a flying start in life and providing early intervention for children with additional needs or developmental delay. The four elements of the Flying Start Initiative include an enhanced Health Visiting program, parenting support programmes, early language development and play skills and free high quality childcare.

Eligibility for Flying Start services and childcare in the City and County of Swansea is based on postcodes determined by the number of 0-3 year olds living in lower super output areas (LSOA’s); any child aged between 0-4 years within these areas is entitled to Flying Start services. Throughout the age range of 0-4 the child and family receive an enhanced Health Visiting service, access to parenting services, community nursery nurse additional input and a free childcare element between 2-3 years of age as well as a number of early intervention services such as Flying Start Speech and Language Therapy (SALT), Flying Start Educational Psychologist, Language and Play (LAP), and the Early Language Development Team (ELDT).

The childcare element for this case study is based within a purpose built childcare centre within the catchment primary school specifically for Flying Start children; providing sessional care of 2.5 hours per day for five days a week. The childcare centre is inspected by CSSIW (Care and Social Services Inspectorate Wales), is quality assured by the WPPA (Wales Play Providers Association) and conforms to NMCS (National Minimum Childcare Standards).

Each childcare centre has a super-numery childcare manager, a deputy/senior childcare manager and key workers. Childcare workers must be qualified to a minimum of NVQ level 3, and deputy/senior and child care managers qualified to a minimum of NVQ level 5 in Children’s Care, Learning and Development.

The subject of this case study moved into the Flying Start area prior at around one year old. D had been living in a refuge with his mum and sibling for six months after fleeing a domestic violence situation (information gained through multi agency meetings with Health Visitor and health visitor risk assessment undertaken before Childcare staff attends for a
Home Visit. When approaching two years old D became eligible for a Flying Start Childcare place, mum was contacted by the Flying Start childcare setting and a home visit was arranged prior to commencing childcare sessions. The purpose of the home visit was to allow the family to meet the childcare manager, child’s key worker at the setting, complete all necessary paperwork regarding consent, details and history and to allow the family to ask any questions they may have regarding the childcare sessions.

During the home visit it became clear that D’s development was delayed particularly regarding D’s play skills and speech and language development. Mum was very negative about D regarding D’s behaviour and referred to D as the ‘devil child’ and ‘needing 666 drawn on D’s forehead’. It was noted during the home visit that mum was quite withdrawn and her relationship with D appeared strained with predominantly negative interactions witnessed.

Following the home visit a discussion was held between childcare staff and D’s health visitor. The health visitor was due to visit at home the following week and complete the two year SOGS assessment (Schedule of Growing Skills), the Health Visitor noted the concerns of childcare staff. Following the completion of the SOGS assessment D scored low in the areas of speech and language development, this coupled with the concerns of childcare staff and mum’s agreement and consent prompted a referral for D into the Flying Start Speech and Language service (SALT). Childcare staff set up an interim IPP (individual play plan) program for D to support D’s speech and language development and play skills on a one to one basis each week during childcare sessions whilst D was waiting for assessment from the Flying Start Speech and Language Therapist.

When starting childcare sessions D struggled to settle and would often scream and lash out at mum and staff at the setting. Staff felt that D was frustrated through his difficulty in communicating feelings resulting from D’s delay in speech and language communication. Childcare staff also felt that D’s behaviour was exasperated by the relationship between D and mum. Mum found it very difficult to respond positively towards D and D would play up for mum in order to gain her attention. This became more apparent after a few weeks of childcare sessions where D had now settled in and had built a more positive relationship with D’s key worker. D’s behaviour now began improving within the sessions but would return to playing up when mum came to collect D. D had now also been assessed by the Speech and language therapist and updated IPP targets were now in place to support D’s development.

Mum was often upset when collecting or dropping off D and childcare staff called mum in to discuss the situation. Mum explained that she felt unable to cope and felt that her difficult relationship with D and the delay in D’s development had been caused by her
time in refuge. The childcare manager explained that Flying Start offer a parenting service either in a group of a one to one basis that could help to improve mum’s relationship with D. The childcare manager also explained that the delays in D’s development could be impacting D’s ability to communicate causing frustration and more exaggerated behaviour and reactions. The childcare manager invited mum in to observe and join in and IPP session with D to give her some ideas for activities to try at home with D to support his development. Childcare staff also explained the importance of spending some time with D whilst the sibling was still in school doing fun things that they would both enjoy. Mum was keen to give this a try and began attending IPP sessions regularly, mum took home different activities and resources each week spending five minutes of quality time a day with D.

Mum also agreed to a referral to the parenting service and began receiving one to one support at home as she did not yet feel confident enough to attend a group. Following a few months’ one to one support, mum joined a Community’s First program in the local Action Resource Centre and BPP Development Trust allowing her to start an access course in an area she had always been interested in but had never had the chance to pursue.

Childcare staff began to notice improvements in D’s development and behaviour through daily observations and completing regular development trackers. Childcare staff noticed mum’s confidence and relationship with D improving over time and they both looked forward to the times when mum would come in and join in the IPP sessions. Building on this childcare staff encouraged mum to attend the Language and Play group run by staff at the setting. The LAP program combines an element of raising awareness with parent about how to support and encourage language development with an opportunity to join in play based activities at the setting with their child encouraging language development through play. Mum felt confident enough now to join this group having a built up a good relationship with staff at the setting and enjoyed spending additional quality time with D during the play activities.

The change in the relationship between mum and D over the course of the 42 weeks of Flying Start childcare was immense. Mum would now welcome D after session with a smile and a hug, D’s behaviour was now much improved with mum and his expressive language was now reaching normal expectations.

Mum was more confident about D’s transition into nursery and her ability to handle D’s behaviour and build on their relationship using the skills and confidence she had gained through her links with the multiple strands of the Flying Start service. Mum was also reassured that the Flying Start Health Visitor, parenting officer and childcare staff were all still available and in her local area should she need any further advice or support.
D was reassessed by the Flying Start Speech and Language therapist prior to making the transition to nursery school and was discharged from speech and language therapy having made significant progress. D’s three year SOGS assessment by the Health Visitor placed D within all of the age appropriate milestones for his age requiring no further referrals.

Mum had also completed her access course and was enrolling onto a foundation degree, mum had a much more positive relationship with both children, D in particular and although mum was grateful for all the help, support and early intervention she had received from Flying Start, staff informed mum that it was her additional input at home and the changes she had made to her own life that had facilitated D’s developmental and behavioural progress.

The multi-agency approach and quality of the interventions within the Flying Start initiative are clearly outlined in this case study with potential long term benefits for both the child and the parent. The potential movement out of poverty for the parent through the further education opportunities provided, coupled with the early intervention and supported parental engagement with the child have contributed greatly to improving the chances of education attainment for the child reducing the barriers created by poverty.