

An overview of the Healthy Child **Wales** Programme



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Foreword by the Cabinet Secretary for Health, Well-being and Sport and Minister for Social Services and Public Health

The Healthy Child Wales Programme has been created following an NHS Wales-led review of the way that we currently support families with young children in Wales. Staff in each health board area have worked together to review the latest evidence and develop an agreed all Wales approach to support and improve child development. Importantly we also have agreement about how this new approach will be assessed and implemented. We want to take this opportunity to thank health professionals from across Wales who have made this a reality.

The emerging evidence shows that investment in the early years of life has significant positive impact on a child's health, social and educational development and their long term outcomes. The health service has a fundamental role in supporting families so children are in a position to fully realise their potential. The delivery of the Healthy Child Wales Programme should make a significant contribution in ensuring this support is readily available.

Addressing health inequalities is a focus for the Welsh Government and child poverty is a significant challenge to delivering improved health outcomes across Wales. Children growing up in poverty are the most likely to have unstable home situations and move between health boards. Developing and delivering services with a core set of all Wales universal contacts should minimise the possibility of these children and families missing out on the positive impact of early intervention and support.

No one service, working in isolation, will achieve the positive impact on children's health and well-being that we recognise is required. A key aspect of the success of the Healthy Child Wales Programme will be its partnership working with local authorities, communities, education and the third sector. We believe that with the Healthy Child Wales Programme, health boards in Wales will provide a solid platform to deliver the improvements for children in their early years that we want to see.

Introduction

The Healthy Child Wales Programme (HCWP) sets out what planned contacts children and their families can expect from their health boards from maternity service handover to the first years of schooling (0-7 years). These universal contacts cover three areas of intervention: screening; immunisation; and monitoring and supporting child development (surveillance).

What has changed?

Children and their families in the early years are supported by universal and specialist services across the NHS and its partners. These services range from families' first point of contact, the family GP, to a wide range of services including: maternity, health visiting, school nursing; mental health, including community perinatal mental health services; social services; education; NHS Wales Direct; A&E; dentistry; Flying Start; etc. It is essential that all these services work together and take every opportunity to engage, advise and support families and children during this crucial period of their development.

As part of an NHS Wales review of current early years services, health boards agreed that there would be significant benefit derived from having an all Wales approach to child surveillance, essentially those services delivered by Health Visitors and School Nurses (Specialist Community Public Health Nurses), and integrate this with the current universal provision of immunisation and screening services. To support this, health professionals have developed the HCWP surveillance component based on the most current evidence base, as set out in a number of key influential documents; including *Health For All Children* (Hall and Elliman 2006). At its core is an agreed all Wales universal schedule of health visiting and school nursing contacts for every child, with enhanced and intensive interventions delivered to those families and children with increased levels of need.

This document will give an overview of the new part of the HCWP, the universal, scheduled health visiting and school nursing contacts. Details of the current universal, scheduled screening and immunisation components of the programme and the Flying Start health visiting service are also included.

Why change?

There is consistent evidence to suggest that an investment in early years significantly improves health, social and educational development and long term outcomes (Black Report 1980, Acheson 1998, Marmot, 2010) and failure to address harmful behaviour in the early years can have dramatic impact on the child and society (Welsh Adverse Childhood Experiences (ACE) Study, 2015). The HCWP aims to provide a structured national programme for children and their families to achieve these outcomes and support them in addressing potentially harmful behaviours.

Addressing health inequalities has been health boards' primary driver in developing the surveillance component of the HCWP; especially the all Wales universal scheduled contacts. Child poverty is a significant challenge to delivering improved health outcomes in Wales and this cohort of children are the most likely to have unstable home situations and move between health boards. By developing and delivering services with a core set of all Wales universal contacts, health boards will minimise the possibility of these children and families missing out on the positive impacts of receiving the benefits of an early intervention and public health programme.

The Healthy Child Wales Programme's aims

The Welsh Government expects that every child and family will be offered the HCWP. The programme underpins the concept of progressive universalism and aims to identify a minimum set of key interventions to all families with pre-school children, irrespective of need. For some families there will be a need to increase intervention to facilitate more intensive support.

The implementation of the HCWP ensures a commitment to support the health and welfare of all children aged 0-7 years and aims to achieve the following key priorities:

- To deliver key public health messages from conception to 7 years, so that families are supported to make long term health enhancing choices.
- To promote bonding and attachment to support positive parent-child relationships resulting in secure emotional attachment for children.
- To promote positive maternal and family emotional health and resilience.
- To support and empower families to make informed choices in order to provide a safe, nurturing environment.
- To assist children to meet all growth and developmental milestones enabling them to achieve school readiness.
- To support the transition into the school environment.
- To protect them from avoidable childhood diseases through a universal immunisation.
- To ensure early detection of physical, metabolic, developmental or growth problems through an appropriate, universal screening programme.

The Outcomes

The Welsh Government and its partners have developed shared outcome frameworks to help us understand the impact our policies, programmes, services and behaviours are having on health and well-being in Wales. The HCWP will contribute to improving outcomes across the Early Years and Public Health Outcomes frameworks, specifically:

- Percentage of 0-7 year old Welsh residents presenting at A&E departments having had accidental injuries in the home
- Percentage of children reaching or exceeding their developmental milestones between ages 2-3 (also applicable under 'learn and develop')
- Percentage of 4 year olds up to date with immunisations
- Percentage of 4/5 year olds who are a healthy weight
- Dental caries at age 5

Also, the HCWP will contribute to the Child Poverty Strategy outcome indicator:

- % of children living in low income households who are reaching health, social and cognitive development milestones when entering formal education.

Delivering the HCWP surveillance programme

Health boards in Wales will begin the implementation of the HCWP from the 1 October 2016. Due to the variation in previous health board programmes there will be some differences in the timescales and actions required to move to full delivery of the HCWP. However, the Welsh Government expects that all health boards will fully deliver the universal scheduled surveillance contacts of the Programme within two years. This will lead to a fully integrated HCWP, with enhanced and intensive services aligned with other local services to match identified needs, by 2020.

The HCWP surveillance programme will be central to the delivery of a progressive, universal service offering a range of preventative and early interventions for different levels of need. It will be underpinned by a quality assurance framework that will provide assurance of the quality and effectiveness of Specialist Community Public Health Nurses' (SCPHN) professional practice and services delivered across Wales. It will enable local service improvements, support service planning and delivery and provide a vehicle to review and update the HCWP in future years.

The Programme will be supported by an updated Child Health System, delivered by the NHS Wales Informatics Service. It will ensure that health boards are able to schedule contacts effectively under HCWP and that there is accurate and comparable data collected to support improvements to child health across Wales.

The child is a product of their own environment. A health visitor's professional assessment of family resilience not only looks at the development of the child but considers the whole setting and wider influences such as social, economic and environmental factors and whether the child and family need additional support to address areas of concern. There are various tools currently used to support health visitors in making a professional assessment of family resilience. To further improve this area of work, the University of South Wales and Welsh health visitors are working in partnership to develop a fully validated all Wales Health Visiting Family Resilience Assessment Instrument Tool (FRAIT). The aims of the FRAIT are to identify protective factors within families as well as to identify additional need alongside potential safeguarding concerns. Once developed, the FRAIT will be used at key stages throughout a child's first five years of life and, if appropriate, a plan will be agreed with families encompassing interventions and reviews to evaluate progress. It is expected that FRAIT will be introduced across Wales in 2017.

Building on the FRAIT initiative, an all Wales Health Visiting Acuity Tool is in development, which will enable each Health Board to more accurately determine local workforce requirements through the application of a standardised tool.

A full review of the HCWP will be conducted three years after its introduction to ensure it takes into account the emerging evidence base, including the updated version of Health For All Children (Hall and Elliman 2006) due to be published during this period.

Summary of HCWP Universal Scheduled Contacts for 0-7 year olds

The following **screening**, **immunisation** and **monitoring and supporting child development (surveillance)** contacts are what each child and parent can expect to receive.

Antenatal care from Midwifery service
Book by **10 weeks** gestation

Physical examination of newborn within **72 hours**
Bloodspot screening at **5 days** old (by 8 days old)
Newborn hearing screening within **4 weeks**

HV home contact by 14 days old
Family resilience assessment
Maternal mental health assessment

Physical examination at **6 weeks**

HV service contact at **8, 12 & 16 weeks**
Growth assessment

HV service contact at **6 Months**
Weaning and baby safety advice
Family resilience assessment

HV service contact at **15 months**
Assessment of growth & development
Family resilience assessment

HV service contact at **27 months**
Assessment of growth & development
Family resilience assessment

HV service contact at **3.5 years**.
Assessment of growth & development
Family resilience assessment

Handover from Health Visitor to School Nurse at the
age 4/5

School Nurse service between **4 and 7 years**
Vision and growth screening
Hearing impairment screening
Child Measurement Programme

Targeted visit by Health Visitor
(HV) from **28 weeks** if:

- Expecting 1st Baby
- Learning Difficulties
- Safeguarding Concerns
- Emotional / mental health Issues
- Unborn baby has a medical condition
- Multiple pregnancy

Routine vaccinations at **8, 12 & 16 weeks**

Routine vaccinations at **12 months**

Routine vaccinations at **3 years 4 months**

Influenza – annual flu nasal spray at **2, 3 and 4 years** of age

School nurse service administered flu vaccination Programme between **4 and 7 years**

The Healthy Child Wales Programme Surveillance Schedule

The progressive, universal surveillance programme for all families with children under 7 years is to be delivered by health visiting and school nursing services in all health boards in Wales. The level of intervention will be determined by a SCPHN's assessment of family resilience and will range from a standardised Universal service, through to Enhanced or Intensive support. In addition, the Flying Start Programme offers an enhanced health visiting service to those families with children under 4 years of age, in the most deprived areas of Wales (WG 2015).

The following overview of the HCWP surveillance programme outlines core components that will be offered to all families. The core components are offered at 3 levels:

- Universal – the core minimum intervention offered to all families, regardless of need.
- Enhanced – additional interventions based on the assessment and analysis of resilience and identification of additional need.
- Intensive – further interventions, built upon ongoing assessment and analysis of greater need.

At every contact, opportunities will be taken to ensure that key public health priorities are identified. Evidence based messages will be delivered in order to improve the health and well being of children and their families thereby contributing to the Welsh Government *Building a Brighter Future: Early Years and Childcare Plan*. The safety and wellbeing of the child will be the paramount consideration. Where there are professional concerns regarding a child's welfare or when a child is thought to be experiencing significant harm, SCPHNs will report suspicions that the individual is at risk to their Local Authority Social Services department in line with their duties to report under the Social Services & Well-being (Wales) Act 2014.

Overview of the surveillance component of the Healthy Child Wales Programme
The intensity of intervention will depend upon an assessment of family resilience; which will be undertaken at key contacts. The following illustrates the different levels of provision offered:
Universal
Core components of the Healthy Child Wales Programme available to all families with children under 7 years of age will include: <ul style="list-style-type: none">• Health and development• Screening and physical examination• Immunisation• Key public health messages• Smoking and substance misuse• Prevention of Sudden Infant Death Syndrome (SIDS)

- Breastfeeding and healthy weaning
- Nutrition
- Obesity and physical activity
- Baby safety
- Home safety & accident prevention
- Healthy relationships and domestic abuse
- Dental health
- Pet/Dog safety
- Promotion of sensitive parenting
- Secure infant attachment and bonding
- Involvement of fathers
- Perinatal mental health
- Preparation and support with transition to parenthood
- Safeguarding

Enhanced

Building on the Universal core components, the Enhanced service will include further interventions that will have been identified as required through either the assessments of resilience and development and will include;

- Emotional and psychological issues
- Breastfeeding
- Positive behaviour change (smoking, substance misuse, diet, dental health etc.)
- Parenting support programmes, including assessment and promotion of parent-baby interaction
- Child development & speech and language
- Infants with health problems
- Safeguarding concerns

Intensive

This element will build upon the Universal and Enhanced core programmes and the decision to provide this further level of intervention be guided by the individual assessment of family resilience and identification of significant need and may include:

- Intensive structured home visiting programmes
- Referral to specialist services
- Safeguarding concerns

Details of Healthy Child Wales Programme Universal Surveillance Schedule Contacts

Health Visitor Antenatal Review

During the second trimester of pregnancy, Midwives will be expected to inform Health Visitors of any pregnant woman who is a first time mother or who may require additional support. The criteria will include the following:

- First time mothers
- Parents expecting multiple pregnancies
- Parents with learning difficulties
- Parents with pre existing or current safeguarding concerns, including domestic abuse
- Parents at higher risk of having emotional/mental health needs
- Unborn baby is known to have a medical condition

If referred this may trigger an invite for an antenatal review commencing from 28 weeks gestation. Parental expectations and preparation for parenthood will be discussed and assessed to identify risk and an assessment of family resilience conducted. The assessment and evaluation of available information will determine the level of intervention necessary to support the family; which will be discussed and agreed with the family.

Family Health Review: One to Six Weeks

A routine birth contact will be offered by the Health Visitor to all parents/carers between 10 to 14 days following the birth of their baby. Further contacts will be offered before the baby is 6 weeks old if needed.

A family resilience assessment and evaluation of parenting capacity will be conducted to support identification of individual need.

Through these contacts the Health Visitor will take the opportunity to influence family health and health behaviours that will impact upon long term health outcomes. This will include delivering on priorities such as; smoking cessation, increasing immunisation rates and supporting children and families to achieve a healthy weight.

The Health Visitor will seek opportunities to promote secure attachment and bonding between the parent/carer and their baby, which is vital to ensure the baby's optimal brain development. This will help parents understand the baby's behaviour and enable them to build on their skills and knowledge. It is hoped that this will ensure that parents will be caring, confident and competent in their parenting.

The Health Visitor will emphasise the importance of parental emotional and physical wellbeing for family health. Support and advice will be offered to parents/carers about key

health promotion messages, which will improve the family's well being and also support parents/carers to become resilient to the challenges of parenting.

The Health Visitor will discuss expected developmental milestones and the ongoing management of baby's well being, for example, the management of minor illnesses and the prevention of accidents, including Choose Well (NHS 2011).

Family Health Review: 8-16 weeks

The Health Visitor will encourage attendance and uptake of immunisations at Child Health Clinics when the baby is 8, 12 and 16 weeks. The Health Visitor will review the baby's growth and developmental progress.

Key public health messages may be reinforced as appropriate at these contacts i.e. breastfeeding, dental health, healthy start vitamins, healthy nutrition and promoting baby development.

The Health Visitor will discuss the baby's developmental progress and age appropriate milestones. Advice will be offered regarding the management of baby and childhood minor ailments as stated in the previous review.

Family Health Review: 6 months

A home visit will be offered by the Health Visitor to all parents/carers at 6 months.

A family resilience assessment and evaluation of parenting capacity will be conducted to support identification of individual need.

The Health Visitor will use this contact as an opportunity to promote secure attachment between a parent/carer and their growing baby which is vital for the baby's optimal brain development and the baby's social and emotional wellbeing. This will assist parents to build on their own skills and knowledge of their baby's ever expanding capabilities to encourage caring, confident and competent parenting.

The Health Visitor will emphasise the importance of parental emotional and physical wellbeing and include an assessment of maternal emotional health and well being using the NICE questions. The Health Visitor will support and advise parents/carers about key public health messages which improve family well being and also support parents/carers to become resilient to the challenges of parenting.

Public health priorities will be met by the provision of support and advice on various key areas including baby and home safety, breastfeeding, weaning, healthy food choices, reading and play, pet safety, dental care and dental registration, immunisation programmes, smoking cessation and promoting smoke free environments.

Family Health Review: 15 months

A home visit will be offered by the Health Visitor to all parents/carers when their child is 15 months of age.

A family resilience assessment and evaluation of parenting capacity will be conducted to support identification of individual need.

This is another opportunity for the Health Visitor to support the family and assess the child's health and development and to discuss any concerns or support needed in order to assist families to help their child reach their full potential.

Children not walking should be observed and followed up at 18 months of age.

This contact will have specific focus on the development of speech and language skills.

Public health priorities will be met by the provision of support and advice on various key areas including: promotion of safety in the home and the community, dietary advice, stimulation of development through play and reading, dental health, smoking cessation and the childhood immunisation programme.

Family Health Review: 27 months

A home visit will be offered by the Health Visitor to all parents/carers at 27 months.

A family resilience assessment and evaluation of parenting capacity will be conducted to support identification of individual need.

The purpose of this contact is for the Health Visitor to assess growth and developmental progress of the child and provides an opportunity to review family resilience.

Public health priorities will be met by the provision of support and advice on various key areas including: dietary advice, smoking cessation, dental health, play, vision, childhood immunisation programme, preparation of school readiness and promotion of safety in the home and the community.

Family Health Review: 3 ½ Years Old.

A home visit will be offered by the Health Visitor to all parents/carers when their child is 3 ½ years old.

A family resilience assessment and evaluation of parenting capacity will be conducted to support identification of individual need. Those children who will require a full handover to the School Health Nurse will be identified.

Public health priorities will be met by the provision of support and advice on various key areas including: dietary advice, smoking cessation, dental health, play, vision, childhood immunisation programme, preparation of school readiness and promotion of safety in the home and the community.

School Health Nurse Review - Reception Class Age 4-5 years

The purpose of the school entry review is to assess the child's health needs, promote health and wellbeing and to support and enable children to achieve their full potential.

A formal handover from the Health Visitor to the School Nurse will not be necessary for every child. For those where it is appropriate, locally agreed processes should be in place and all relevant documentation, hard copy & electronic, should be transferred to the School Nursing Service.

Each school has a named School Nurse who is usually based outside of school premises and can be contacted for advice and support. The School Nurse will support children and young people in school through the promotion of positive health education and health promoting information as well as targeted involvement as necessary.

During the year that a child enters full time education the School Nurse will provide all reception class pupil's parents/carers with the information listed below. Local protocols should be in place to ensure similar appropriate information and signposting is provided to parents of children who are electively home educated.

- Information introducing the School Nursing Service
- Contact details for their child's named School Nurse
- A questionnaire to be completed by the parent/carer regarding the child's current health, including their immunisation status.
- Information on the hearing impairment screening programmes
- Information on the national vision screening programme
- Information on the Child Measurement Programme

Summary of the Healthy Child Wales Programme Screening Schedule

Antenatal

The first opportunity will be the assessment of the mother by 12 weeks of pregnancy. Antenatal screening for fetal conditions to be carried out according to NICE guidelines.

Physical examination at birth (by 72 hours)

Physical examination to check for possible abnormalities of:

- heart;
- eyes;
- hips;
- testes (boys);

Newborn Hearing Screening Programme (within four weeks if a hospital-based programme or five weeks if community-based).

At 5 to 8 days

- bloodspot screening to test for metabolic or haemoglobin problems

Physical examination at 6 to 8 weeks

Physical examination to check for possible abnormalities of:

- heart;
- eyes;
- hips;
- testes (boys);

By 5 years

To be completed soon after school entry:

- hearing impairment screening
- vision impairment screening.
- Child Measurement Programme – height and weight measurement in reception year

Summary of the Healthy Child Wales Programme Immunisation Schedule

The vaccinations a child is routinely offered may change in the future. Health visitors, practice nurses or other healthcare professional will be able parents on the latest position. Up to date information about vaccinations can be found on the NHS Wales Direct: <http://www.nhsdirect.wales.nhs.uk/doityourself/vaccinations/default.aspx?locale=en>

At time of publication this is the current HCWP vaccination schedule

Age due	Immunisation
2 months	<ul style="list-style-type: none"> •5-in-1 vaccine against diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib). The vaccine is known as DTaP/IPV/Hib. •Pneumococcal vaccine (PCV13) •Rotavirus vaccine •Meningococcal B vaccine (MenB)
3 months	<ul style="list-style-type: none"> •5-in-1 vaccine second dose (DTaP/IPV/Hib) •Rotavirus vaccine second dose
4 months	<ul style="list-style-type: none"> •5-in-1 vaccine third dose (DTaP/IPV/Hib) •Pneumococcal vaccine second dose (PCV13) •Meningococcal B vaccine second dose (MenB)
Between 12 and 13 months of age	<ul style="list-style-type: none"> •Haemophilus influenza type b (Hib) and meningitis C (Hib/MenC) •MMR vaccine against measles, mumps and rubella •Pneumococcal vaccine third dose (PCV13) •Meningococcal B vaccine third dose (MenB)
2, 3 and 4 years old and children in school	Influenza (flu) every year, usually by nasal spray
At three years and four months of age (pre-school vaccinations)	<ul style="list-style-type: none"> •MMR vaccine second dose •4-in-1 vaccine against diphtheria, tetanus, pertussis and polio (known as dTaP/IPV or DTaP/IPV)

Flying Start

Flying Start is the Welsh Government's targeted Early Years programme for families with children under four years of age. It is a key programme in delivering the Welsh Government's commitment to reduce inequalities that exist in health, education and economic outcomes for children and families living in low income households.

Flying Start offers additional support to families which will give their children the best possible start in life and bring about improved outcomes in language, cognitive, social and emotional development and physical health. It offers families access to intensive health support; quality part-time childcare for two to three year olds; parenting support; and support for the development of speech, language and communication. These four core entitlements work holistically to identify and meet the needs of the child and their family.

Flying Start is targeted at defined geographical areas within each Local Authority where there are the highest concentrations of households in receipt of income benefit. Flying Start is offered universally within these areas.

Improving the health outcomes for children and their families is a key aim of Flying Start. Flying Start health support services are delivered by a dedicated health workforce. At the heart of Flying Start health support services are Health Visitors who are allocated a caseload of 1:110. This enables them to provide additional support and to be able to have more regular and intensive contact with families. The Flying Start health workforce also comprises a range of other professionals that may include midwives, speech and language therapists, child psychologists, educational psychologists, psychotherapists, nursery nurses and dieticians.

The caseload of children who live in the designated Flying Start areas has been transferred from generic health visiting services to Flying Start. Generic health services and all members of the Flying Start health skill mix team should work together in collaboration to ensure the best possible support is made available to children and their families.

Flying Start health support services are offered to all families living in a Flying Start area. All Flying Start children and families are entitled to additional contacts and support which would otherwise be offered by generic services. The support and interventions offered to children and families are related to their assessed level of need/risk.

The Flying Start Programme has a focus on health improvement. The Flying Start Health Support Services guidance document outlines the schedule of contacts, support and interventions that should be offered to children and families within the Programme. This guidance builds upon the core programme of contacts; support and intervention set down in the HCWP and should be viewed as being an extension to it. Like the HCWP, support provided through Flying Start is based on the premise of providing tailored support depending on the level of risk which should be assessed using a FRAIT.

The Flying Start Health Visitor has an important role to play in coordinating the support offered by not only the other health professionals within the Flying Start health skill mix team and but also those of the wider Flying Start team. They have a responsibility to promote the childcare, support for parenting and speech, language and communication development entitlements to families and encourage them to take up their full entitlement.

Linking with other support services

An important aspect of all community delivered programmes is to ensure that links are made with other services, and that parents/carers are sign posted or referred to the most appropriate service; thereby making the most effective use of all skills and resources.

Health boards will need to consider how this will operate locally, based on the identified needs in their populations. National resources are available to support health boards and practitioners in making those links and supporting parents and carers with their identified needs. These include:

Bump, Baby and Beyond, a comprehensive information source for parents with young children developed and updated by Public Health Wales. Parents should receive a copy from their midwife, or it can be viewed it online at

<http://www.bumpbabyandbeyond.wales.nhs.uk/>

The *Family Information Services* (FIS), which provides free, impartial and up to date information, advice and guidance on local services and a range of family topics including:

- Childcare and help with the costs of childcare
- Toddler groups and other activities for new parents and babies
- Health
- Parenting
- Education
- Things to do
- Financial issues
- Parental rights and returning to work
- Support services for families and young people

Each local authority in Wales has a FIS. Contact details for FIS can be found via:

<http://tinyurl.com/fiswales1>, or you can ring the national FIS helpline on: **0300 123 77 77**

Dewis Cymru is the place for local information about well-being in Wales.

They have information that can help families think about what matters to them, along with information about local organisations and services that can help. <https://www.dewis.wales>

Education and supporting school readiness

An important goal of early years support is to ensure children are in a position to maximise their potential when entering formal education and additional support is provided by the Welsh Government and schools to help parents.

Education Begins at Home Campaign

<http://gov.wales/topics/educationandskills/schoolshome/parents/education-begins-at-home/?lang=en>

The Family and Community Engagement Guidance and Toolkit links closely with the Welsh Government's Education Begins at Home campaign; in particular its specific focus on helping parents and carers ensure their child is 'ready to learn'.

Family and Community Engagement with Schools

Schools have an important role to play in encouraging parents and carers to become more involved in their children's learning. Doing so from the earliest opportunity removes barriers to learning and improves attitudes and behaviour at school.

Using the FaCE the challenge together guidance and toolkit of resources, schools will be better placed to reach out to all families and the wider community and engage with them as serious and practical partners in education.

<http://learning.gov.wales/resources/browse-all/family-and-community-engagement-toolkit/?lang=en>

Early Years Framework

Departments across the Welsh Government are working together to develop an Early Years framework to support a consistent national approach to the assessment, tracking and monitoring of children's developmental progress, from birth to age 7. As part of this framework, the Foundation Phase Profile has been introduced into schools to support assessment and early identification of possible developmental delay, thereby ensuring support is given to children who need it. The assessments gathered on the Profile provide useful information for all stakeholders in children's learning and development, supporting transitions between settings and schools. There is ongoing work to develop appropriate assessment for the earlier age group to support school readiness.