



Llywodraeth Cymru
Welsh Government

www.gov.wales

Flying Start – Annex

Health Support Services
Guidance

June 2015



Digital ISBN 978 1 4734 2395 4
© Crown copyright 2015
WG22597

Contents page

i	About this Guidance	3
ii	Summary	4
1.	Introduction	8
1.1	Audience	8
2.	Strategic Partnership	9
2.1	Service Level Agreement	10
2.2	Information Sharing Protocols	10
2.3	Local Health Board Contribution	12
3.	Delivering Flying Start Health Support Services	13
3.1	Key Outcomes for the Flying Start Programme	14
3.2	Flying Start Core Health Visiting Programme and the Healthy Child Wales (HCW) Programme	15
4.	The Flying Start Health Team and the Delivery of Health Support Services	17
4.1	The Flying Start Health Skill Mix	17
4.2	The Flying Start Health Team - Key Roles and Responsibilities	18
4.2.1	Flying Start Health Manager	18
4.2.2	Flying Start Health Visitors	21
4.2.3	Midwives in Flying Start	28
4.2.4	Flying Start Speech and Language Therapists	33

5.	Flying Start Health Visitor Caseload	34
5.1	Flying Start Health Visitors Support for 4-5 Year Olds	35
6.	Child Development Assessments	37
7.	Safeguarding and 'Safeguarding Supervision'	39
8.	Flying Start Health Team Workforce Development	41
8.1	Continuous Professional Development and the Flying Start Preceptorship Programme	41
9.	Co-location of the Flying Start Health Team	43
10.	Monitoring and the Collection, Recording and Submission of Flying Start Health Data	45
10.1	Flying Start Key Population Indicators	46
10.2	Monitoring and Reporting Against the Approved Local Delivery Plan	47
10.3	Flying Start Health Contacts	47
10.4	Flying Start Child Development Assessments	48
10.5	Maternity Services Outcome Indicators and Performance Measures	48

Appendices

Doc 1	Flying Start Health Visiting Core Programme
Doc 2	Flying Start Preceptorship Programme

Flying Start Health Support Services Guidance

i. About this Guidance

Flying Start is the Welsh Government's targeted Early Years programme for families with children under 4 years of age, in some of the most disadvantaged areas of Wales.

The core entitlements of the Programme are drawn from a range of options which have been shown to influence positive outcomes for children and their families. The four core entitlements are:

- free quality, part-time childcare for 2-3 year olds;
- an intensive Health Visiting service;
- access to parenting support; and
- support for Early Language Development.

This guidance should be read in conjunction with the Flying Start Strategic Guidance, and other specific guidance relating to the Programme's core entitlements. These can be found at: <http://wales.gov.uk/topics/people-and-communities/people/children-and-young-people/parenting-support-guidance/help/flyingstart/?lang=en>

ii. Summary

The provision of health support services to children and their families is a key entitlement of the Flying Start Programme. The Programme aims to ensure children living in families in some of the most disadvantaged areas in Wales are given the best possible start in life. Key to doing so is tackling the existing health inequalities and improving the health outcomes for children and their families. This guidance sets out a framework for the delivery of Flying Start health support services and the key roles and responsibilities of the Local Authority and Local Health Board and the Flying Start core health team.

While the guidance is primarily intended for those who are directly responsible for planning or have a key role in the delivery of Flying Start health support services, it will be of interest to anyone who has a role in providing health services to children and their families across the Early Years or involved in the Flying Start Programme. This includes those working in Primary Care, generic health visiting services and the community midwifery service.

At the start of each section the guidance sets out the key responsibilities. The remainder of each section seeks to explain, in further detail, these responsibilities and how they should be discharged by Local Authorities, the Local Health Boards and members of the Flying Start health team.

The successful delivery of the Flying Start health support services is dependent on strong and effective working partnerships between strategic partners, but in particular between the Local Authority and the Local Health Board. While the Local Authority is primarily responsible for the delivery of the Programme's four entitlements, the Local Health Board will supply the clinical knowledge and expertise, and the majority of the staff to deliver Flying Start health support services. There might, however, also be other professionals in the skill mix, who will be employed by the Local Authority or other bodies.

It is important for any strategic partnerships, and particularly the partnership between the Local Authority and the Local Health Board, to be underpinned by a Service Level Agreement (SLA). This SLA should set out an agreed governance framework, in relation to the agreed roles and responsibilities of each party. It should set down the arrangements for the provision of management and supervision, including clinical and safeguarding supervision. It should also set out the lines of accountability and include quality assurance principles for such areas as working in partnership and the collation of health data.

Local Authorities will be expected to contribute the proportion of their budget which reflects the proportion of the generic health visiting caseload transferred from generic services to the Flying Start Programme. Flying Start should only be paying for the additional workforce required to deliver the expansion at the 1:110 ratio, which reflects that it is additional to existing provision and not a substitute for the same. Where there is an agreement that midwives in Flying Start can be case holding there should be a similar transfer of funding to cover those mothers to be who have been transferred from the community midwifery service.

The Welsh Government also expects Local Authorities, Local Health Boards and other partner agencies to develop formal systems for the sharing of personal information about children and their families. All systems should be founded on the principles of The Wales Accord on the Sharing of Personal Information (WASPI).

The focus of all Flying Start health support services should be on the early identification of need/risk and the application of appropriate interventions. Flying Start health support services should build upon the Healthy Child Wales Programme. Local Authorities and Local Health Boards should be able to demonstrate how their Flying Start health support services offer additionality to the services which would otherwise be available from generic services, as part of the Healthy Child Wales Programme. As a minimum all children and their families should be offered the Flying Start core health visiting programme. However, the decisions about any additional health support and interventions offered should be based on an assessment of actual needs/risk and services offered on a proportionate universality basis.

All health support services should contribute towards the Flying Start Programme's population outcomes, which are:

- Flying Start children are healthy and thriving;
- Flying Start families are capable and coping; and
- Flying Start children are reaching potential.

There are a number of measures against which Local Authorities are required to report in order to evidence how far they are achieving these outcomes. These are detailed in section 10 below guidance.

All Local Authorities are expected to employ a Flying Start Health Manager to coordinate and oversee the delivery of the health support services. The post holder should be a Registrant Nurse and Specialist Community Public Health Nurse (Health Visitor) and their role should be to provide clinical and strategic leadership and direction to the Flying Start core health team.

At the heart of the Flying Start health support services is the Flying Start health visitor. Every Flying Start child should be allocated a designated Flying Start health visitor whose caseload should be capped at 1:110 to enable them to provide the more intensive support afforded by the Programme. While it is important for Local Authorities to comply with the 1:110 caseload requirement, it is also important for those managing the delivery of health visiting services to take into account individual health visitor's workloads. An all Wales acuity tool is currently being developed which, once it has been introduced, should be used to provide an evidence base for any decisions taken about individual health visitor caseloads.

While it is recognised that Flying Start health visitors are choosing to retain four to five year olds, who are still assessed as being medium or high risk, there is no requirement within the Programme for them to do so. Any continuing support offered to 4-5 year olds, through the Programme, should be limited to health visiting. Other

support for the family, for example parenting support, should be available from other family support services.

Any 4-5 year olds who are retained on a Flying Start health visitor's caseload should not be included when calculating their caseloads. 4-5 year olds should, however, be counted separately and reported upon by Local Authorities as part of the termly Flying Start monitoring form. Any child who is retained on a Flying Start health visitor's caseload beyond the age of four should be transferred to the school health nursing service when they enter formal education, aged five. No child should be retained on any Flying Start health visitor's caseload once they have entered formal education.

The Flying Start health visitor has a pivotal role to play in not only the delivery of the health support services but also in promoting the other entitlements to the families, and encouraging them to take up their full entitlement. They are likely to be the family's first contact and the one constant professional who will engage with the family throughout the time their child is in the Programme.

The support and interventions provided by the health visitor can be augmented by a range of other professionals which make up the health skill mix. The skill mix employed locally should be based on meeting the identified needs of children and families in the area. This should be evidence based and informed by a community needs analysis. It is essential the skill mix is not used as a replacement for health visitors or to dilute their role and the priority should remain the provision of intensive health visiting.

While the main focus of the Flying Start Programme remains support for 0-4 year olds, Local Authorities and Local Health Boards should also give due consideration to the provision of antenatal support and interventions. The Programme is ideally placed to deliver key public antenatal health messages and to encourage the adoption of healthy antenatal lifestyles which will deliver better long term health and wellbeing outcomes for the child and their family. It is permissible for Local Authorities to use their grant funding to engage midwives in Flying Start as part of their skill mix. They must, however, be able to demonstrate the need for and additionality these midwives will provide beyond the services and support which is already offered by the community midwifery service. They should not merely duplicate or act as a replacement for services already or otherwise available from the community midwifery service.

Where Local Authorities are delivering antenatal support and interventions as part of the Flying Start Programme they must also be able to demonstrate how these are contributing towards the Welsh Government's maternity services outcomes measures, developed a part of its Strategic Vision for Maternity Services.

Developmental assessments are an integral component of the Flying Start Programme. They should provide an objective view on whether the child is developing in line with the norm for children of their age and indicate where additional support or interventions might be required. As part of the Flying Start Programme all children must be assessed at 2 years of age and then again when

they are 3. The assessments should be undertaken as close as possible to their 2nd and 3rd birthday, but within no more than a month either side of their birthday. The assessment must be undertaken using the Welsh Government's approved child developmental assessment tool and by a practitioner who has been formerly trained in its use. All developmental assessments should be undertaken in the presence of the parent(s)/carer(s) and the results of the assessment shared with them.

Protecting and safeguarding children from harm is an area of statutory responsibility. It is everyone's responsibility. The work of the Flying Start health team, within the community, means they are ideally placed to identify any vulnerable unborn and children and to prevent maltreatment occurring through the provision of support for families and interventions. It is important effective sharing of information, collaboration and understanding between agencies and professionals underpins safeguarding practice. All members of the Flying Start health team should undertake their practice inline with the Welsh Government's Child Protection Procedures and those operated locally by the Local Health Board and Local Authority. All members of the Flying Start health team should be provided with child protection training relevant to their roles and responsibilities to ensure they are able to make sound professional judgements about child protection and safeguarding issues. Arrangements should also be put in place for the provision of safeguarding supervision for all Flying Start health visitors and midwives. This is a specialist provision which should be provided by a suitably qualified and experienced health practitioner with expertise in the safeguarding of children.

Wherever possible Flying Start health visitors and the other members of the Flying Start health team should be co-located within the Flying Start team in order to promote and support integrated working and the delivery of holistic support services and interventions.

1. Introduction

1.1 Audience

This guidance is intended for those who are responsible for, or have a role in, planning and/or delivering health support services to children and families as part of the Flying Start Programme. It will also be of interest to those working in Primary Care and planning or delivering health information, support and interventions as part of generic services. The guidance sets out:

- A framework for delivering high quality, health support services as part of the Flying Start Programme, including intensive health visiting services;
- The respective roles and responsibilities of the key stakeholders who are responsible for and/or involved in the planning and delivery of Flying Start health support services. This includes Local Authorities, Local Health Boards, and the health visiting leads, health visitors, and midwives; working within the Flying Start Programme.

The guidance applies to the delivery of **all** health support services which are being delivered to children and their families as part of the Flying Start Programme. While the offer of intensive health visiting remains a core entitlement of the Programme, the support provided by the health visitors is being augmented by a wide range of other health professionals who are engaged within the Flying Start health team. This guidance is, therefore, intended to cover all health support services delivered by the members of the Flying Start health team.

If a Local Authority wishes to depart from the requirements set down in this guidance they should contact their designated Flying Start Account Manager. They will need to explain the reasons why they wish to do so and obtain the Account Managers approval, in writing, before making any departures. Their approval should always be sought in advance of making a departure rather than retrospectively.

Where existing practice, pre-dating the publication of the guidance, represents a departure from the guidance, a Local Authority should discuss the reasons for the variation with their Account Manager and seek approval to continue.

2. Strategic Partners

- **The successful delivery of Flying Start health support services is dependent on the development of a close collaborative working relationship between the Local Authority and its Local Health Board and a common vision for the delivery of health support services.**
- **The partnership between the Local Authority and Local Health Board should be underpinned by a Service Level Agreement. This should clearly set out the governance framework in relation to the roles and responsibilities of each party, in the delivery of the Flying Start health support services. This should include their commitment of staffing and staff time, the arrangements for the management and supervision of staff – including clinical and safeguarding supervision, funding, accommodation, training etc.**
- **Regular sharing of the personal information of children and their families should be managed through a formal information sharing protocol (ISP). Partner organisations should apply the principles set out in the Wales Accord on the Sharing of Personal Information (WASPI)¹ and develop WASPI-compliant ISPs where they are needed.**
- **Local Health Boards will be expected to contribute the proportion of the budget which reflects the proportion of the generic health visiting caseload being transferred to Flying Start health visitors and those Flying Start midwives who will be case holding.**

2.1 Service Level Agreement

The successful delivery of the Flying Start Programme is dependent on there being effective partnership working between a range of organisations. This is particularly important in relation to health support services, and the relationship between the Local Authority (contracting organisation) and their Local Health Board. It is important for this collaborative working partnership to be underpinned by a shared vision for the delivery of effective health interventions. The relationship between the Local Authority and Local Health Board should be underpinned by a formal written agreement in the form of a Service Level Agreement (SLA). This SLA should clearly set out the governance framework in relation to their respective roles and responsibilities for the development and delivery of health support services as part of the Flying Start Programme.

Local Authorities should work in partnership with their Local Health Board to determine their health visitor workforce requirements, in consultation with their Flying Start Health Lead and the professional person accountable for health visiting within the Local Health Board. The process of determining an appropriate health workforce skill mix should be informed by a community needs analysis. This should help to ensure the health needs of all children and their families in their area are able to be met. The Local Authority should discuss the results of their needs analysis with the Local Health Board and agree on how they can meet their health workforce requirements. Details of the agreed release of health professionals from the Local Health Board's workforce to the Flying Start Programme should be reflected in the SLA.

The SLA should set down the arrangements for the provision of management and supervision, including clinical and safeguarding supervision, for all those members of staff who are involved in the planning for or delivery of Flying Start health support services. It should also set out clear lines of accountability and include quality assurance principles such as working in partnership and the collation of data to ensure the Flying Start health programme is delivered and reported upon in line with the Welsh Government's strategic guidance. Consideration should be given to the arrangements for resolution where the usual working practices and requirements of the parties might not be entirely compatible.

It is recommended the SLA is reviewed and renewed on an annual basis. The Local Authority should submit a copy of the signed SLA, to the Welsh Government, along with their Annual Delivery Plan.

2.2 Information Sharing Protocols

The effective and appropriate sharing of personal information is an important part of the process to identify all of the needs of Flying Start children and their families. It is essential to providing a holistic and seamless service; and in ensuring the earliest possible identification of children for whom there might be safeguarding issues or who are not progressing as well as might be expected.

In order to ensure compliance with the Data Protection Act 1998 and other legal obligations, the sharing of information between all partner agencies involved in the delivery of the Flying Start Programme should be underpinned by a formal process. This is to ensure any personal information about children and their families is only shared when it is appropriate to do so, with the agreement of the families (aside from extreme cases, such as with safeguarding issues) and the process for the sharing of this information is secure.

The Welsh Government expects Local Authorities, Local Health Boards and other partner agencies who are involved in the delivery of the Flying Start Programme, to develop formal systems for the sharing of information about children and their families. These systems should be founded on the principles of **The Wales Accord on the Sharing of Personal Information (WASPI)**¹, which sets down a practical and tested approach to multi-agency sharing of personal information for all public service organisations as well as appropriate third and private sector providers.

WASPI provides a single framework for sharing personal information about individuals legally, safely and with confidence. All of the main public sector organisations in Wales have signed up to WASPI and public service leaders have committed to using WASPI as a basis for sharing information. The Information Commissioner has shown public support for WASPI and confirmed that using the WASPI framework will help organisations comply with his Data Sharing Code of Practice.

By developing information sharing protocols (ISPs), using WASPI templates, to support information sharing practices, practitioners can be confident about the types of information to be shared, how and when it will be shared, how parents/carers will be told about the information to be shared, whether consent is required and who from, and how it can be obtained.

All members of the Flying Start health team should also follow their organisational information sharing and record keeping protocols and, as appropriate, ensure Nursing and Midwifery Council (NMC) compliance. In general, parents/carers should be provided with information about why, what, how and with whom information will, or could be shared. It is recognised there are times – for example, a safeguarding issue – where it is not possible or desirable to provide such information and where confidentiality may be breached in line with the All Wales Child Protection Procedures.

Parents/carers should be asked to sign a written consent form when they first enter the Flying Start Programme, agreeing to relevant information about their child being shared among appropriate services/agencies. Flying Start staff should explain the form, discuss the information which could be shared and explain that parents have the right to withdraw their consent for information about their child to be shared at any time.

¹ <http://www.waspi.org/>

There are over 300 trained WASPI ISP Facilitators across public services in Wales. Each Local Health Board and Local Authority has at least two trained facilitators, sometimes many more. These individuals can provide practical advice on ISP development.

Existing Flying Start ISPs, which have already been quality assured by a central WASPI support team, have been published to the WASPI website. These documents can be used as a starting point for new ISPs. It is important to ensure the ISPs accurately reflect your working practices; i.e. do not copy and paste existing ISPs without due consideration to their relevance:

<http://www.waspi.org/page.cfm?orgid=702&pid=69416>

The WASPI support team is funded until March 2015. Post-March arrangements for issues such as quality assurance and the publication of new ISPs will be communicated via ISP Facilitators in due course.

2.3 Local Health Board Contribution

Local Health Boards will be expected to contribute the proportion of their budget which reflects the proportion of the generic health visiting caseload which has been transferred to the Flying Start health visitor caseload and the midwife caseloads. Information on the appropriate level of contribution, in each Local Authority area, has previously been provided. However, if Local Authorities or Local Health Boards require further information on the agreed contribution they should contact the appropriate Flying Start Account Manager in the Welsh Government².

² If you do not know the name of or have the contact details for the relevant Account Manager please email the Welsh Government's Flying Start mailbox at: Flying.Start2@wales.gsi.gov.uk for further information.

3. Delivering Flying Start Health Support Services

- **Local Authorities should be able to demonstrate how their planned health support services are meeting the needs of Flying Start children and their families and contributing to the Programme's stated outcomes and performance indicators.**
- **The focus of Flying Start health support services should be on early support, intervention and prevention; the early identification of need and application of effective interventions which will bring about positive outcomes.**
- **The support and interventions delivered by Flying Start health support services should be in line with the Flying Start Core Health Programme (Doc 1) and should also be aligned to and consistent with the core programme of health services and interventions set down in the Healthy Child Wales (HCW) Programme.**
- **Local Authorities should be able to demonstrate the additionality offered by their health support services over and above those already available from generic health services.**
- **Flying Start health support services should be seen as an extension of, and not a replacement for, Primary Care and community health services. Those delivering Flying Start health support services should work in collaboration with Primary Care and community health services to ensure the best possible support is available to Flying Start children and families and any unnecessary duplication is avoided.**
- **All support and interventions delivered by Flying Start health support services should be tailored to individual children and their family and based on an assessment of their level of need undertaken using the all Wales Family Resilience Assessment Tool (FRAT).**
- **As a minimum all families should be offered the Flying Start All Wales Health Visiting Core Programme.**

Flying Start health support services aim to support, motivate and enable parents to improve the life chances and health outcomes for themselves and their children by:

- delivering intensive high quality health support services which proactively seek out and address the needs of individual families and communities; and
- working in a manner which promotes partnership working between all service deliverers and participants.

3.1 Key Outcomes for the Flying Start Programme

Through the early identification of need, and application of effective evidence based interventions, the Flying Start Programme seeks to bring about sustained positive changes and improved outcomes in language, cognitive and social and emotional development and the physical health of children and their families. Through the provision of its four core entitlements, the Programme seeks to better prepare children for learning, thereby increasing their educational attainment and improving their social circumstances, health and wellbeing.

The Flying Start Programme has three key outcomes. These are:

- Flying Start children are healthy and thriving;
- Flying Start families are capable and coping; and
- Flying Start children are reaching potential.

To demonstrate how far these Programme level outcomes are being achieved there are a number of measures against which Local Authorities have to report. Further information on these is included in chapter 10 of this guidance.

The Welsh Government is currently working in partnership with Local Authorities to develop further population level data to support measurement of the Flying Start Programme.

In addition, Local Authorities must also be able to demonstrate how any antenatal support and interventions, including those being delivered by midwives in Flying Start and the wider health team, are contributing towards the Welsh Government's maternity services outcome measures which have been developed as part its Strategic Vision for Maternity Services³. The Strategic Vision for Maternity Services sets out the Welsh Government's expectations for delivering safe, sustainable and high quality maternity services in Wales. Five outcome measures have been developed which focus on the foundations for health and wellbeing in pregnancy, prevention of low birth weight, promotion of breastfeeding, confidence in caring for

³ <http://wales.gov.uk/topics/health/publications/health/strategies/maternity/?lang=en>

babies and increasing the percentage of normal births. The outcome indicators and measures for maternity services are set out in **chapter 10** of this guidance.

3.2 Flying Start Core Health Visiting Programme and the Healthy Child Wales (HCW) Programme

The main focus of the Flying Start health support services should be on the early identification of need and application of support and interventions which will stop any issues escalating towards crisis point. The earlier Flying Start health services are able to engage with children and families the better the short, medium and long term outcomes are likely to be. Any decision about the programme of health support services to be offered to children and their families should be directly related to their level of need. An assessment of each family's health and wellbeing and whether their level of need/risk is low, medium or high should be undertaken. An assessment should be conducted by the Flying Start health visitor when the family first enters the Programme. The assessment should be undertaken using the all Wales Family Resilience Assessment Tool⁴.

All Flying Start health support services should be founded upon a core programme of health visiting which all Flying Start families can expect to be offered as part of the Programme. As a minimum all Flying Start children and their families should be offered the **Flying Start All Wales Health Visiting Core Programme**⁵, which is attached at **Doc 1** in the appendices to this guidance. This sets out in detail the framework of intensive health visiting support which should be offered to Flying Start families no matter where they live in Wales, related to their assessed level of need. Children and families, whose level of need/risk has been assessed as being 'low', should be offered the Flying Start Health Visiting Core programme. Those children and families whose level of need/risk has been assessed as being of 'medium' or 'high' need should be offered additional support and interventions appropriate to their level of need and particular circumstances.

The health visitor should make a reassessment at each subsequent universal contact and this should be supported by information which has been gathered and analysed over the course of a number of core visits. All of this information should be used to support referrals to other support services and the application of additional interventions, where appropriate. Formal reassessments using the Family Resilience Assessment Tool (FRAT) should also be undertaken periodically. It is recommended that those families who have been assessed as being medium need/risk should be reassessed at least every three months and those assessed as being high need/risk

⁴ An all Wales Family Resilience Assessment Tool (FRAT) is being developed for use by health visitors in Wales. The FRAT is scheduled to be rolled out from April 2015. Until its introduction health visitors should continue to use the existing family assessment tool which has been approved for use by their Local Health Board and Local Authority.

⁵ Flying Start All Wales Health Visiting Core Programme <http://wales.gov.uk/topics/people-and-communities/people/children-and-young-people/parenting-support-guidance/help/flyingstart/?lang=en>

on a monthly basis. The requirements of the local safeguarding policy should also be taken into account.

Local Authorities and Local Health Boards should be able to demonstrate how their programme of Flying Start health support services is offering additionality to the support already available from generic health services. These health support services should build upon the core programme of health support and interventions already offered universally by community midwifery services and generic health visiting services. These are set down in the **Healthy Child Wales (HCW) Programme**⁶, which outlines a universal, consistent and effective quality assured health and wellbeing core programme for 0-7 year olds in Wales. The HCW aims to avoid gaps in the provision of screening, immunisations and health and development reviews and, thereby, reduce any inequalities across Wales in the provision of health services. The overall aim of the HCW is to ensure families are resilient and children are healthy, secure and ready for school entry.

Flying Start health support services should be seen as providing an extension to universal services. The Flying Start health team should work in close and effective collaboration with their colleagues from universal health services to ensure the best possible support is made available to families and any unnecessary duplication of services is avoided. This includes working with colleagues from Primary Care, community midwifery services, core health visiting services, school health nursing services and specialist speech and language therapy services. Those families who decline the offer of the Flying Start intensive health visiting service should still continue to receive services in line with the HCW.

⁶ This is scheduled to be published by the end of March 2015.

4. The Flying Start Health Team and the Delivery of Health Support Services

- **Consideration should be given to the appropriate skill mix required within the Flying Start health team to meet the health needs of the community. The skill mix should be determined by the Local Authority, in conjunction with the Local Health Board, based on clear evidence of the health needs of children and their families. While meeting all of the health needs of children and their families relies on skill mix the priority must remain the delivery of intensive health visiting. The inclusion of other health professionals within the core health team must not be at the expense of the delivery of intensive health visiting services.**
- **All Local Authorities should have in place a non-case holding Health Manager, who is a Registrant Nurse and Specialist Community Public Health Nurse (health visitor), to provide clinical and strategic leadership and direction to the Flying Start health team.**
- **All Flying Start children must be offered access to a Flying Start health visitor and to the core health visiting programme.**
- **Consideration should be given to antenatal support and interventions in order to optimise outcomes for children and their families. This includes consideration of the possible roles for and inclusion of midwives to the Flying Start core health team.**

4.1 Flying Start Health Team Skill Mix

While the main focus of health support services is the provision of intensive health visiting, the programme of services and support now offered has evolved to be better able to respond to and meet the holistic health needs of Flying Start children and their families. This is reflected in the skill mix of professionals which now make up the Flying Start health teams locally. While the skill mix should be determined locally between the Local Authority and Local Health Board, on the basis of clinical need, it could include midwives, dieticians, clinical psychologists, educational psychologists, speech and language therapists, community nursery nurses, support workers, social workers and others. Whatever the skill mix it is imperative for all members of the health team to work together collaboratively and also work with the wider Flying Start team who are engaged in delivering the other three entitlements, in the best interests of the child. It is essential for the skill mix not to be seen or used as a replacement for health visitors and it must not be used to dilute their role or the overall health visitor ratio.

The delivery of the four core entitlements remains the priority for the Programme and meeting the costs for the wider skill mix cannot be at the expense of meeting the minimum health visitor ratio requirements or the delivery of the other three core entitlements. Local Authorities should be able to demonstrate both the need for the other health professionals within the skill mix and the additionality the skill mix will provide, which is not otherwise available from generic services.

4.2 Flying Start Health Team and Key Roles and Responsibilities

4.2.1 Flying Start Health Manager

Effective strategic leadership is essential to the successful delivery of health support services within Flying Start. The Welsh Government expects each local authority to employ a whole time equivalent (WTE) Flying Start Health Manager. The post holder must be a Registrant Nurse and Specialist Community Public Health Nurse (Health Visitor). The Flying Start Health Manager's role should provide clinical and strategic leadership and direction to the health element of the Flying Start Programme by providing day-to-day operational management, coordination and delivery for Flying Start health support services and the skill mix.

The Health Manager should also be responsible for ensuring there are effective arrangements in place for the financial and performance management of the delivery of health support services. This should include arrangements for the auditing and evaluation of Flying Start health services and interventions and also to record and report outcomes. The purpose of this is to be able to demonstrate the contribution health support services are making to the lives of children and their families and to the Welsh Government's overarching objectives for the Programme.

The post holder's duties could include responsibility for:

- providing the strategic direction and ensuring the effective delivery of clinically excellent evidence based child health programmes as part of the Flying Start Programme;
- providing strong leadership, clinical advice and supervision to the Flying Start health team and the wider Flying Start team on child health programmes and health visiting and how these impact upon the Flying Start Programme;
- overseeing the continuous development and quality assuring the delivery of high quality evidenced based health support and interventions;
- identifying and reviewing the needs of children and families in their area, in partnership with local public health teams, and building an appropriate skill mix health team to meet these needs;

- overseeing the workforce recruitment and retention of health professionals, including health visitors to the Flying Start health team, in conjunction with the Local Health Board and Local Authority;
- facilitating the development of effective interagency collaboration between the Flying Start health team and the Local Health Board, Primary Care (GPs and Practice Nurses), community midwife, generic health visiting services, school health nursing services, specialist speech and language therapy services and other agencies who are involved in the delivery of Flying Start health support services;
- working with other professionals and agencies and encouraging collaborative working within the team;
- ensuring all children and their families are offered access to a Flying Start health visitor and the Flying Start Core Health Visiting Programme;
- ensuring there are sufficient health visitors within the core health team to meet 1:110 requirement;
- operationally managing Flying Start health visitors and other members of the health team and managing the caseloads and workloads of the health visitors. This might include direct line management and supervision responsibility or responsibility for ensuring there are appropriate arrangements for the line management and supervision of all members of the Flying Start health team;
- ensuring all health visitors are trained in the use of the Welsh Government's designated child developmental assessment tool and family resilience assessment tool;
- ensuring child developmental assessments, at age 2 and age 3, are completed within the required timescales, by an appropriately trained professional, and the results are recorded and reported appropriately and in line with the Welsh Government's requirements;
- ensuring Flying Start health staff make parents/carers aware of the importance of immunisations and encouraging them to make sure their children receive all of their immunisations by 4 years of age;
- ensuring they keep up to date with the latest guidance on the schedule of immunisations. Checking the child health records to ensure Flying Start children are fully immunised and making sure Flying Start health staff follow-up those children who have not been fully immunised;
- reviewing the family assessment to ensure the low, medium and high need/risk assessments are appropriate;

- overarching management of safeguarding and ensuring the Flying Start health team are meeting their statutory requirements as set down in the Welsh Government's 'Safeguarding Children: Working Together Under the Children Act 2004'⁷ guidance;
- ensuring, where appropriate, safeguarding concerns are referred to social services in line with the All Wales Child Protection Procedures and the guidance set down in Welsh Government's Safeguarding Children: Working Together Under the Children Act 2004 and provide advice and support on child protection issues to the wider Flying Start team;
- ensuring there is an effective programme of child protection supervision for Flying Start health visitors and other staff working within the health team. This does not mean undertaking direct supervision as this should always be undertaken by an appropriately trained safeguarding specialist, such as a CNS (Clinical Nurse Specialist);
- ensuring there are appropriate arrangements, in place for the sharing of personal information between the health team and its partners (in line with the Wales Accord on the Sharing of Personal Information (WASPI));
- ensuring all members of the Flying Start health team, as well as core generic health visitors and other health professionals, are aware of and encourage families to take-up all four Flying Start core entitlements;
- setting, monitoring and reporting of local objectives and key performance measures, which are consistent with the Programme's overall objectives;
- ensuring there are robust mechanisms in place to monitor and evaluate the effectiveness of the health support and interventions delivered;
- ensuring the timely collection, accurate recording and sharing of health data in a way that complies with legal and professional requirements and the Welsh Government's reporting requirements. This should inform effective cross service support and interventions; enable an evaluation of their effectiveness and evidences compliance with the requirements of the Programme and its objectives;
- ensuring the timely collection, analysis and submission of health data which will be used to monitor and evaluate the Flying Start health team's contribution to meeting Flying Start objectives; also quality assuring the validity of the data;

7

<http://wales.gov.uk/topics/health/publications/socialcare/guidance1/safeguardingunder2004act/?lang=en>

- monitoring the delivery of the Flying Start health visiting service and wider health service to ensure the aims and requirements and key performance measures for the delivery of the Flying Start Programme are met;
- financial management of the Flying Start health budget, including responsibility for managing delegated health programme budgets and ensuring services are delivered within budget allocations;
- ensuring the members of the Flying Start health team comply with the requirements of the Local Health Board and the Local Authority and professional standards and all members of the health team have an annual personal development review;
- overseeing the delivery of the Preceptorship Programme, which is included at **Doc 2** in the appendices of this guidance, for those health visitors who are newly qualified, new to the Programme or who are returning to practice after a prolonged period of absence;
- workforce development, including assessing the training needs of the Flying Start health team, planning, implementing and evaluating training in line with professional development and any specific training requirements for the Flying Start Programme e.g. training in the use of the specified child development assessment tool; and
- ensuring information on mandatory training is available to all Flying Start health staff.

4.2.2 Flying Start Health Visitors

All families with children under 4 years of age, who live within a designated Flying Start area, should be allocated to the caseload of a Flying Start health visitor. The key aims of health visiting are to empower and support children, individuals, families and communities to reach their potential and achieve their fullest health and wellbeing potential, irrespective of whether the health visiting service is delivered as part of the Flying Start Programme or generic services. The work of all health visitors should be underpinned by four agreed principles, which are:

- the search for health needs;
- stimulation of an awareness of health needs;
- influencing policies affecting health; and
- facilitating an awareness of health needs.

Health visitors are in a unique position to build up a therapeutic relationship with families and to work with them, in partnership, to assess and address their health

and other needs. The Flying Start health visitor is likely to be the first and only constant professional from the Programme who will support the child and their family throughout the entire time they are in the Programme. They will, therefore, have a key role in, and responsibility for, promoting the other entitlements and services offered by the Programme and in encouraging and supporting families to take up their full entitlements. They will also have an important role in coordinating an integrated approach to the delivery of the entitlements by the Flying Start team to children and their families.

The health visitor's close relationship with the family means they are able to identify those who have high need, are at high risk, or have low protective factors and ensure they have access to the necessary support and interventions they require. Children who come from families with multiple risk factors, for example mental health issues, substance misuse, debt, poor housing, suffering or at risk of domestic abuse, are likely to experience a range of poor health and social outcomes. These could include demonstrating developmental delay, language delay, behaviour problems, safeguarding concerns, mental health issues, substance misuse, teenage parenting, low educational attainment, lower uptakes of routine immunisations and offending behaviour.

In order to enable them to deliver a more intensive programme of support and interventions Flying Start health visitors have a significantly reduced caseload in comparison to health visitors working in the generic service. This reduced caseload should allow them to have more regular and longer contact visits with children and their families and, therefore, be better able to identify and meet their needs. There should be one whole time equivalent (WTE) health visitor for every 110 children in the Flying Start Programme. Further guidance on health visitor caseloads and workloads is provided below.

The main roles and functions of health visitors should be the same regardless of whether they are working in Flying Start or the generic service. All health visitors have a key role to play in the promotion of public health activities in child health including, health promotion, the promotion of public health priorities, education, early language development and positive parenting skills. All health visitors are working to improve the physical and psychosocial health and wellbeing of pre-school children and their families. All health visitors will provide support to families within their homes, and communities, and offer a universal preventative service, with a programme for screening, immunisation take-up, health and development reviews, supplemented by advice around health, wellbeing and parenting. All health visitors will also have to meet the same professional requirements and standards⁸. The Flying Start health visiting workforce should, therefore, be seen as complementing the generic health visiting service rather than an entirely separate service. The most significant differences between Flying Start health visitors and those working in the generic service are that Flying Start health visitors work in geographically targeted

⁸ All health visitors, including Flying Start health visitors, must be registered qualified nurses or midwives who have undertaken additional specialist training to enable them to assess and support the health needs of individuals, families and the wider community.

areas, have a significantly reduced caseload and are provided with additional training to help them in their role, including in promoting the other core entitlements to families.

In delivering intensive health visiting services as part of the Flying Start Programme health visitors should continue to:

- adhere to the standards and policies of their employing Local Health Board, their hosting Local Authority, Nursing and Midwifery Council's requirements and All Wales Child Protection Procedures; and
- deliver services in line with the All Wales Flying Start Core Health Visiting Programme and the HCW Programme.

The main roles and functions of a Flying Start health visitor might include:

- ensuring parents/carers complete a Flying Start registration form when they first enter the Programme to enable effective information sharing within the Programme;
- an assessment of the child's and it's family's health needs and level of vulnerability to determine whether they are low, medium or high risk and regular periodic reassessments;
- developmental assessments of children, including completing their age 2 and 3 assessments using the Programme's designated child developmental assessment tool;
- promotion of healthy lifestyles in the antenatal period, raising awareness and providing support relating to issues surrounding smoking, substance misuse, alcohol, nutrition, exercise, emotional health, to promote healthy outcomes for the unborn child and their parents/carers;
- promotion of the importance of attachment and support for the development of positive parenting skills with individual families and as a co-ordinated group approach, in partnership with other agencies;
- parenting support⁹ – to help establish positive relationships between parents/carers and their children;
- promotion of the importance of interaction and communication between the parents/carers and their child throughout all stages of the child's development to support early speech, language and communication development;

⁹ Further guidance can be found in the Welsh Government's Parenting Support Guidance which is available at: <http://wales.gov.uk/topics/people-and-communities/people/children-and-young-people/parenting-support-guidance/?lang=en>

- provision of postnatal health promotion and health information, which tackles public health challenges including such issues as infant nutrition, including breastfeeding, weaning and toddler and family diet, maternal mental health including postnatal depression, immunisations, dental health and child safety and wider public health issues such as smoking;
- ensuring they keep up to date with the latest guidance on the schedule of immunisations. Monitoring the uptake of immunisations by children on their caseload, by reviewing the Child Health Records. Ensuring parents/carers are aware of the importance of immunisations and encouraging and supporting them to make sure their children have received all of their routine immunisations by 4 years of age;
- working with Primary Care colleagues to ensure any children who have missed immunisations are brought up to date with any outstanding vaccines at the earliest possible opportunity, using the national algorithm¹⁰;
- monitoring and reporting to their manager the uptakes of immunisation of the children in their caseload so proactive action can be taken in a timely manner to achieve the Tier 1 target, which is to have completed all routine immunisations by the age of 4 years of age;
- delivery of child health well-baby clinics;
- planning, delivering, coordinating, monitoring and evaluating health related interventions for those children and their families who require support and interventions over and above the Flying Start Core Health Visiting Programme;
- monitoring and evaluating the outcomes of the health support and interventions provided;
- recording of all contacts and interventions in line with the Welsh Government's reporting requirements, NCM requirements and Local Health Board and Local Authority requirements;
- the timely collection, accurate recording and sharing of health data in a way which complies with legal and professional requirements, the Welsh Government's requirements, informs effective cross service support and interventions and enables an evaluation of their effectiveness and evidences compliance with the requirements of the Programme;

¹⁰ <https://www.gov.uk/government/publications/vaccination-of-individuals-with-uncertain-or-incomplete-immunisation-status>

- working in partnership with colleagues from across the wider Flying Start team and generic services, including their allocated community midwife and GPs, to deliver the best possible support and interventions to children and their families;
- safeguarding and child protection, including onward referral to and liaison with children's services in line with the All Wales Child Protection Procedures, where necessary;
- referrals to specialist health and other support services;
- identifying the need for and enabling intensive preventative support for children requiring additional input surrounding speech, language and communication development;
- line management and supervisory responsibilities for other members of the Flying Start health team (in line with NMC guidance);
- delegating and supervising the work of other members of the skills mix;
- acting as the lead professional where families are being supported by a multi-agency team, in order to maintain an overall view of their health needs.; and
- attending all mandatory training and identifying any gaps in their knowledge and skills to their line manager and attendance at their annual personal development review.

Flying Start health visitors should take the lead role in assessing the child's and their family's level of need/risk and in determining the support and interventions required in order to address these needs to achieve the best possible outcomes for the child. Using the Family Resilience Assessment Tool (FRAT), alongside their professional knowledge and judgement, the Flying Start health visitor should undertake an assessment of each family's protective factors and, therefore, whether the child is at low, medium or high risk. The assessment should be used to determine the health visitor's level of engagement with the family, including the frequency and intensity of visits, and what additional support measures need to be put in place. All health visitors will need to record the outcomes of their family assessments as Local Authorities are required to submit information on the number of children/families assessed as being low, medium or high need to the Welsh Government.

All Flying Start parents/carers should be provided with information on the role of and support provided by the health visitor and other members of the health team; their other entitlements under the Flying Start Programme; and core health education and public health messages, both antenatal and postnatal, in such areas as:

- the benefits of breast feeding and healthy weaning;
- the importance of pertussis and influenza vaccines in pregnancy;

- mental health and wellbeing;
- smoking cessation and smoke-free environments;
- healthy eating;
- physical exercise;
- preparation for the transition to parenthood;
- parenting;
- the involvement of fathers;
- family relationships;
- keeping safe;
- the prevention of Sudden Infant Death syndrome;
- child immunisation schedule;
- children's influenza vaccine annually for all 2, 3 and 4 year olds
- dental health;
- maintaining infant health;
- child development;
- attachment;
- bonding;
- behaviour;
- early speech, language and communication development;
- toilet training; and
- signposting to other information, services and support groups.

In addition those families who are assessed as being of medium or high need/risk should be offered an appropriate programme of additional support, including additional health visiting contacts and intensive and ongoing interventions or referral

on to other services, where appropriate. This could include the development and delivery of 'Care Plans'. The additional support could focus on such areas as:

- emotional health and wellbeing;
- tackling suboptimal health behaviours;
- parenting and accessing parenting support programmes;
- early speech, language and communication;
- the child's health and developmental progression; and
- accessing other information, advice and support services or groups.

For those families assessed as being at high need/risk this could include high intensity based interventions, referral for specialist input and integrated care planning. Those families assessed as being of medium need/risk should be reassessed at least every three months. Those families assessed as being high need/risk should be reassessed on at least a monthly basis.

It is imperative for all Flying Start health visitors to make every family aware of their free childcare entitlement and for them to do their utmost to encourage each family to take up their childcare offer. Childcare is an integral part of the Programme. Quality childcare contributes to the acquisition of skills such as socialisation and the ability to play, to concentrate, and to understand and use language. These are crucial, not only to a child's subsequent ability to learn, but also to participate effectively, as they grow, in groups, whether in the classroom, the labour market or society. All Flying Start health visitors should ensure they provide all families with a clear and unambiguous explanation of the benefits of childcare to children. Further guidance on the provision of childcare within the Flying Start Programme can be found in the 'Quality Childcare Guidance'¹¹.

To enable them to deliver the intensive health visiting service and to meet the needs of Flying Start families, health visitors working in the Flying Start Programme should be provided with access to additional training and development opportunities which will equip them with the professional knowledge and skills to enable them to meet the needs of children and their families within the communities.

¹¹ <http://wales.gov.uk/topics/people-and-communities/people/children-and-young-people/parenting-support-guidance/help/flyingstart/?lang=en>

4.2.3 Midwives in Flying Start

The Flying Start Programme is well positioned to promote the adoption of healthy antenatal lifestyles and deliver key public health messages which could improve the longer term health and wellbeing of the mother to be, unborn child, and wider family. The Flying Start health team is ideally placed to influence the parenting and the early speech, language and communication agendas at a time when parents/carers are likely to be at their most receptive to receiving key public health messages and information, advice, guidance and support.

The Welsh Government's vision is that all mothers in Wales should have a safe and positive experience of pregnancy and childbirth¹². The support provided by maternity services should enable her and her partner to begin parenting feeling confident, capable and well-supported to give their child a secure start in life. The HCW sets down the minimum service that all pregnant women should expect to receive no matter where they live in Wales or what their circumstances. While the main focus of the Flying Start Programme is on the provision of postnatal support for children and families the Welsh Government recognises that many of its families will significantly benefit from antenatal support and interventions. Midwife led antenatal interventions are consistent with the Programme's overall aims.

Unhealthy maternal behaviours are implicated in the risk of giving birth to low birth weight infants which is associated with higher infant mortality and morbidity rates, inhibited growth and cognitive development, and chronic diseases later in life. Early interventions and engagement at the antenatal stage are key, therefore, to tackling smoking, unhealthy eating, weight management, substance misuse, mental health issues, domestic abuse, low birth weight, and promoting immunisations in pregnancy, all of which will all have an impact on a child's development and life outcomes.

Where a Local Authority is able to demonstrate that all of the health needs of their mothers to be and unborn child cannot be met by the community midwives service they are permitted to use grant funding to include midwives within their health skill mix. They must, however, be able to demonstrate both the need for additional midwife input, and the additionality it will provide beyond the support already available from the community midwifery service. Midwives in Flying Start should not merely duplicate or act as a replacement for the community midwifery service. Even where midwives are included in the Flying Start skill mix, universal antenatal and postnatal support should continue to be provided by the community midwifery service in line with HCW, unless there has been an agreement for the midwives in Flying Start to be case holding.

¹² A Strategic Vision for Maternity Services in Wales
<http://wales.gov.uk/topics/health/publications/health/strategies/maternity/?lang=en>

The support and interventions offered by the Flying Start midwife should be based on meeting the health, social and environmental needs of the mother and their unborn child. The aim of the support and interventions provided should be to maximise their health potential and improve their social and emotional wellbeing outcomes in line with the All Wales Maternity Key Performance Indicators/Measures. Midwives in Flying Start should work closely with those community midwives who are also supporting pregnant Flying Start women to ensure all of the mothers to be and their unborn child's antenatal needs are being met. Particular emphasis should be given to providing support to the most vulnerable or those with complex social needs, for example teenage parents, those who misuse substances, those experiencing domestic abuse, or those with mental health issues. Teenage pregnancies, in particular, are often associated with poor health and social outcomes for both the mother and her child and teenage mothers are more likely to suffer from postnatal depression and are less likely to complete their formal education. Children born to teenage parents are less likely to be breastfed, more likely to live in poverty and to go on to become teenage parents themselves.

Midwives in Flying Start should be non-case holding and should work alongside the community midwife to provide intensive antenatal interventions and support for the mother to be. Where a Local Authority has agreed with their Flying Start Account Manager that their midwives will be case holding, and mothers to be transferred across from the community midwifery service to Flying Start Programme, the Local Authority should also agree, with the Local Health Board the contribution which will be transferred across. This contribution should reflect the proportion of the community midwifery service's caseload which is being transferred to midwives in Flying Start. Even where midwives in Flying Start are case holding they should continue to work closely with the community midwifery service to ensure all of the maternity needs of the mother and the needs of the unborn child, and indeed the needs of all Flying Start families are being met.

All health support services and interventions delivered through midwives in Flying Start should be directly related to an identified level of risk/need. The support and interventions required and provided should, therefore, be determined by the community midwife or the midwife in Flying Start using their professional skills and knowledge in conjunction with an appropriate family resilience assessment tool. This could either be undertaken as part of a review of the maternity records or in a home visit. Where the initial assessment will be undertaken by the community midwifery service the Local Health Board and the Local Authority should have an agreed criteria and referral process in place to ensure effective communication between the community midwifery service and the midwives in Flying Start.

Contributory maternal and/or paternal factors supporting referral to a Flying Start midwife could include:

- primigravida;¹³
- teenage mothers;
- low BMI <18.5 or high BMI >30;
- excessive weight gain during pregnancy;
- previous low birth weights <2.5kg;
- foetal abnormalities;
- health deficits;
- poor diet or nutrition;
- smoking;
- drugs, alcohol or other substance misuse;
- those who are/were looked after children (LAC);
- learning disabilities;
- previous history of mental health problems including antenatal or postnatal depression, depression or anxiety;
- previous attachment concerns;
- previous children with safeguarding concerns or known to social services;
- frequent non-attenders at hospital or community midwife antenatal clinics;
- experiencing or at risk of domestic violence;
- single or vulnerable women; or
- other social issues such as housing difficulties or debt.

¹³ Primigravida refers to women who are pregnant for the first time.

Local Authorities, in consultation with the Local Health Boards, should determine their referral criteria and priorities for accessing the services of midwives in Flying Start. Support should be targeted at those who have been assessed as being of medium or high need/risk. Those who are assessed as being low need/risk should continue to be supported by the community midwifery service and the Flying Start health visitor.

Local Authorities should give consideration to the development of a core programme / Flying Start maternity pathway which clearly sets out the support to be provided to mothers to be, including information on who will be supported, when they will be supported and who will provide the support. Local Authorities, in consultation with their health lead and Local Health Board should decide what programme of additional support the midwives in Flying Start should offer. This could be on the basis of one-to-one support in the family home or through the delivery of group sessions at a local Flying Start centre. Any group support sessions offered must be additional to those which are already available via the community midwife service and the focus should be on developing early parenting skills, the importance of their emotional relationship with their baby; improving self-confidence and the transition to parenthood. There are a number of structured antenatal group parenting programmes which have been suggested for use in the Flying Start Programme. Further details can be found in Appendix E of the Flying Start Parenting Support Guidance¹⁴. These group sessions also provide an opportunity to introduce families to the Flying Start Programme at the earliest possible opportunity and to promote the support it can offer.

The support provided by midwives in Flying Start could vary greatly depending on identified local needs but could include support in such areas as:

- emotional health and wellbeing;
- perinatal mental health;
- healthy eating and nutrition;
- importance of pertussis and influenza immunisations in pregnancy
- weight management during pregnancy;
- exercise during pregnancy;
- smoking cessation;
- reducing alcohol consumption;
- substance misuse;

¹⁴ <http://wales.gov.uk/topics/people-and-communities/people/children-and-young-people/parenting-support-guidance/help/flyingstart/?lang=en>

- domestic abuse;
- safeguarding;
- preparation for parenting;
- positive labour;
- breastfeeding¹⁵;
- basic skills;
- relationships;
- attachment and bonding;
- early speech, language and communication;
- contraception and family planning; and
- emotional literacy.

Other support may also be required for such issues as housing, benefits or debt, where these are impacting upon the health and wellbeing of the mother to be during pregnancy. It could also include referral to and support to access other support services.

As part of the Flying Start health team midwives in Flying Start will also be expected to:

- record their contacts with Flying Start families and the interventions provided in line with the Welsh Government's reporting requirements, the NMC's¹⁶ requirements and Local Health Board's and Local Authority's requirements;
- contribute to the monitoring and evaluating of health interventions and outcomes;
- ensure they undertake the timely collection, accurate recording and sharing of health data in a way which complies with legal and professional requirements, the Welsh Government's requirements, informs effective cross service

¹⁵ The **UNICEF Baby Initiative** provides useful information and supporting materials for practitioners on supporting and promoting breastfeeding and early maternal-infant relationships. It also contains standards for early years settings. <http://www.unicef.org.uk/babyfriendly/>

¹⁶ Nursing and Midwifery Council.

support and interventions and enables an evaluation of their effectiveness and evidences compliance with the requirements of the Programme;

- work in collaboration with colleagues from across the wider Flying Start team, community midwifery service, Primary Care and generic health services, to deliver the best possible support and interventions to women, their unborn child, new born child and their families;
- comply with safeguarding and child protection processes, including referral in line with the All Wales Child Protection Procedures;
- identify the need for and support the referral of women and their families to specialist health and other support services, where appropriate; and
- ensure they attend all mandatory training and identify any gaps in their knowledge and skills to their line manager and they attend their annual personal development review.

4.2.4 Flying Start Speech and Language Therapists

Speech and language therapists form part of the Flying Start health team in many Local Authorities. They play an important role in the delivery of the Early Language Development entitlement. Specific guidance on the role of the speech and language therapist will be provided in the new Early Language Development guidance which is being developed.

5. Health Visitors Caseload

- **There must be one whole time equivalent (WTE) Flying Start health visitor for every 110 children aged under 4 in the programme.**
- **The 1:110 ratio should be calculated on the basis of the number of hours worked by health visitors and full time equivalents rather than the actual number of health visitors within the authority. Consideration should also be given to workloads when determining the individual caseloads of health visitors.**

To enable the Flying Start health visitor to deliver more intensive health visiting support and interventions they are allocated a significantly reduced caseload compared to health visitors working in the generic service. While generic health visitors do not have a prescribed caseload, a whole time equivalent (WTE) Flying Start health visitor should carry a caseload of no more than 1:110 under 4 year olds. This caseload is intended to ensure they have sufficient time and capacity to deliver the additional intensive health visiting support afforded to families as part of Flying Start. Local Authorities are required to ensure there are sufficient health visitors within their Flying Start core health team to provide one whole time equivalent (WTE) for every 110 children who are being supported by the Programme, including through Outreach. Local Health Boards should work with Local Authorities to ensure that there are sufficient health visitors available to Flying Start locally to meet this requirement.

Local Authorities are required to submit information on Flying Start health visitors' caseloads as part of the Welsh Government's reporting requirements. Caseloads are calculated on the basis of the number of hours actually worked and whole time equivalents (WTE), rather than the number of staff members actually employed. This is to take into account those who work part-time, illnesses, as well as accounting for assumed holidays/days off. The number of WTE health visitors will be calculated by using a consistent week length of 37.5 hours alongside term lengths to take account of leave and public holidays.

While the Welsh Government has already provided a built in tolerance for health visitor caseloads¹⁷ Local Authorities should immediately inform the relevant Welsh Government Flying Start Account Manager if they encounter any difficulties in meeting the 1:110 requirement or in delivering the health visiting requirement as a result of staff shortages because of vacant posts, sick leave or maternity leave.

¹⁷ Local Authorities are permitted a +/- 10% tolerance in health visitor caseloads.

Local Authorities are required to meet the prescribed 1:110 caseload requirement across their health visiting workforce. However, the Welsh Government recognises those managing the delivery of health services will need to make decisions about individual health visitor caseloads based on their actual workload. So, for example, some Flying Start health visitors might have more challenging workloads due to the number of families on their caseload who have been assessed as being at high need/risk, including safeguarding issues. In such circumstances it may be difficult for them to meet the 110 caseload requirement and still provide the appropriate level of support and interventions required. While such factors should be taken into account in determining the individual health visitor's caseload, as far as is possible, Local Authorities should endeavour to operate within the 10% tolerance which has already been provided for.

The needs of children and their families and the health visitor need to be taken into account when making any decisions about an individual health visitor's caseload. Any decision to reduce or increase an individual Flying Start health visitor's caseload, beyond the 1:110 stated requirement, should be supported by the use of an acuity tool. There is no single acuity tool approved for use in Wales at the current time but an all-Wales acuity tool is being developed. It is expected that the tool will be validated and adopted for use by April 2015. This should provide a consistent evidence base on which to justify decisions taken and demonstrate the decisions which are taken are not to the detriment of children and their families.

5.1 Flying Start Health Visitor support for 4-5 year olds

- **While it might be appropriate for health visitors to retain children aged 4-5 years of age on their caseload they must not be taken into account when calculating whether the 110:1 ratio of Flying Start children to health visitor has been met.**

The Welsh Government recognises that four to five year olds who have previously been supported by the Flying Start Programme are being retained by Flying Start health visitors on their caseload rather than being transferred to generic health visiting services. The Welsh Government recognises that while it might be appropriate for them to be retained on the Flying Start health visitors caseload, from a professional perspective, there is no requirement to do so within the Programme. Any 4-5 year olds who are retained should not be taken into account when calculating health visitors' caseloads. However, the number of 4-5 year olds retained on the health visitors' caseloads should be counted separately and reported upon via the Flying Start Monitoring form. Any child who is retained on a Flying Start health visitor's caseload beyond the age of 4 should be transferred to the school health nursing service when they enter formal education, aged 5. No child should be

retained on a Flying Start health visitor's caseload once they have entered formal education.

The majority of 4-5 year olds should require little ongoing support from the Flying Start health visitor and should, therefore, have a minimal impact upon their workload. However, there are likely to be a small number of children whose level of need means they will require more significant continuing support and these will have a greater impact on the Flying Start health visitor's workload. Local authorities should, therefore, also record the number of face-to-face contacts undertaken by Flying Start health visitors with 4-5 year olds so the impact on their workloads can be measured.

6. Child development assessment

- **All Flying Start children's developmental progression must be assessed at 2 years of age and then again at 3 years of age. Assessments must be undertaken within the specified window of assessment, which are 23-25 months and 35-37 months, using the Welsh Government's specified development assessment tool.**
- **The assessments must be conducted by a practitioner who has completed the required training in the use of the specified assessment tool.**
- **Ideally, the assessment at age 2 should be led by the health visitor. The assessment at age 3 can be undertaken by anyone who has been appropriately trained in the use of the specified assessment tool.**
- **All development assessments should be undertaken in the presence of the parents and the results of the assessment shared with them, no matter who undertakes the assessment.**

Developmental assessments are an important element of the Flying Start Programme and provide an objective view on whether children are developing in line with the norm for children of their age and, if not, where additional support or interventions might be necessary. The assessment also provides a useful measure of the impact the Programme is having on children's development. As part of the Flying Start Programme all children must be assessed at 2 years of age and then again at 3 years of age. The assessments should be undertaken as close as possible to the child's 2nd and 3rd birthday, but no more than within a month either side of their birthday i.e. the child's 2 year assessment should be conducted when they are aged between 23 and 25 and their 3 year assessment between 35-37 months. The assessment must be undertaken using the Welsh Government's approved child developmental assessment tool and by a practitioner who has completed the required training.

The Flying Start health visitor should take the lead for ensuring the developmental assessments are undertaken and completed within the required window of assessment. Ideally the year two assessment should be undertaken by the Flying Start health visitor ahead of or contemporaneously with the child entering the childcare setting as it should form the basis of their Child Development Plan. While the ideal scenario would be for the assessment to be undertaken by the health visitor in conjunction with a childcare lead from the childcare setting, the Welsh Government recognises this can be difficult to achieve. Formal arrangements should, therefore, be put in place for the health visitors to share the results of their assessments with the relevant childcare setting. Where the child is identified as

having additional needs, a joint plan to address those needs should be put into place and taken forward either jointly or separately (depending on the need identified) by both the health visitor and/or the childcare setting.

The second developmental assessment of the child must be undertaken at age three. While it is again preferable for the assessment to be jointly undertaken by the health visitor and a representative from the childcare setting, the requirement is for the assessment to be undertaken by a practitioner who has been formally trained in the use of the approved child developmental assessment. If the assessment is undertaken by a practitioner other than the health visitor they should share the results with the health visitor and the health visitor should record the results of the second assessment in the child's record.

All developmental assessments should be undertaken in the presence of the parent(s)/carer(s) and the results of the assessment shared with them no matter who carries out the assessment. It is important for parents/carers to be:

- involved in the planning of activities for their children and are advised on how to support their child's learning within the home environment;
- encouraged to involve additional professionals, where their child is identified as having additional learning needs;
- Referrals to specialist services should be discussed and agreed with the parents/carers; and
- they should be encouraged to share information with the school or setting when their child enters the Foundation Phase.

7. Safeguarding and ‘Safeguarding Supervision’

- **The All Wales Child Protection Procedures should be followed at all times.**
- **Local Authorities and Local Health Boards should agree the arrangements for the provision of safeguarding supervision for health visitors, midwives and other health professionals working in the Flying Start skill mix. These arrangements should be detailed in the SLA**

Protecting and safeguarding children from harm is an area of statutory responsibility. Multi-agency partners and effective partnership working is key to making a difference to the most vulnerable children and families in Wales. It is important that effective sharing of information, collaboration and understanding between agencies and professionals underpins safeguarding practice.

All members of the Flying Start health team should undertake their practice in line with the Welsh Government’s All Wales Child Protection Procedures. They should also have regard to the Local Health Board’s and Local Authority’s child protection and safeguarding procedures.

Safeguarding Children: Working Together Under the Children Act 2004¹⁸ sets out how all agencies and professionals should work together to promote children’s welfare and protect them from harm. All members of the Flying Start health team should be provided with and attend all child protection training relevant to their role and responsibilities. Ensuring children are protected from harm requires practitioners to be able to make sound professional judgements.

The frequency of health visitors and midwives in Flying Start who are in contact with families within their homes and communities means they have regular opportunities to identify vulnerable unborn babies and children. This also means they are able to prevent maltreatment occurring through the provision of support and interventions. It is important for a systematic framework to be put in place to review the work of health visitors and midwives in Flying Start, including the provision of regular access to safeguarding supervision.

Safeguarding supervision is an important element in promoting good standards of practice. It ensures vulnerable children receive the protection they need and individual practitioners receive the necessary support to develop their knowledge and competence in this area of practice. It offers a formal process of professional support and learning for practitioners. Safeguarding supervision should not be

18

<http://wales.gov.uk/topics/health/publications/socialcare/guidance1/safeguardingunder2004act/?lang=en>

confused with clinical supervision or line management support, which is also an important component of the management and supervision of health staff. Safeguarding supervision is a specialised provision provided by a suitably qualified and experienced health practitioner with expertise in the safeguarding of children. This could be from within the Local Health Board's safeguarding team or from within the Flying Start health team but the supervision should be provided by a Clinical Nurse Specialist (CNS) Safeguarding or an identified lead for safeguarding within the Flying Start health team¹⁹.

Safeguarding supervision provides practitioners with an opportunity for reflective practice and an opportunity for their practice in the area of safeguarding and child protection to be quality assured and challenged where it does not meet the required standards.

The safeguarding supervision offered should reflect the intensity of the practitioners work with children with safeguarding issues. However, it is recommended that, as a minimum, Flying Start health visitors should have access to one to one safeguarding supervision on a 3 to 6 monthly basis. Consideration should be given to providing more frequent supervision sessions for those who are newly qualified, newly appointed to Flying Start, or are returning to practice after a break. Similar consideration should also be given for those who have identified they have significant numbers of children with safeguarding issues on their caseload or whose safeguarding practice has been identified as requiring further development by their line manager or safeguarding supervisor.

Consideration should also be given to how the safeguarding supervision support needs of other members of the Flying Start health team, including midwives, can be met.

The Flying Start manager or health lead should be responsible for alerting the Local Health Board's safeguarding professionals of any strategic child protection / safeguarding issues in their area. The Local Health Board's safeguarding professionals should alert the Flying Start Programme manager and health lead of any concerns they have in regard to management of the Flying Start health team.

¹⁹ Further information on safeguarding supervision is available from the All Wales Safeguarding Children Supervision Strategy, which can be found at:
<http://www.wales.nhs.uk/sitesplus/888/page/67421>

8. Flying Start Health Team Workforce Development

- **The Local Health Board and the Local Authority should be jointly responsible for providing personal and professional development opportunities for staff working in the Flying Start health team.**
- **It is the responsibility of the individual member of staff to ensure they attend all mandatory training and identify any gaps in their knowledge or skills.**

8.1 Continuous Professional Development and the Flying Start Health Visitors Preceptorship Programme

It is the shared responsibility of the employing Local Health Board and Local Authority, through the Flying Start Health Manager, to ensure Flying Start health visitors continue to be afforded opportunities for their personal and professional development (including annual professional development reviews) in line with Local Health Board and NMC policies. It is, however, the responsibility of individual health visitors to ensure they attend all mandatory training and identify any gaps in their knowledge and skills to their line manager.

Flying Start health visitors will have the additional requirement to attend any training which is pertinent to their role as a Flying Start health visitor. While specific training requirements should be identified locally it could include additional training in such areas as:

- using the Schedule of Growing Skills assessment tool;
- baby friendly breastfeeding training;
- baby massage;
- parenting programmes²⁰;

²⁰ Further guidance on parenting programmes for use in the Flying Start programme can be found in Appendix B and E of the Welsh Government's Parenting Support Guidance, which is available at: <http://wales.gov.uk/topics/people-and-communities/people/children-and-young-people/parenting-support-guidance/help/flyingstart/?lang=en>

- speech, language and communication development (identify and supporting speech, language and communication skills);
- perinatal mental health;
- home safety training; and
- Motivational Interviewing.

Every health visitor who is new to the Flying Start Programme will also be expected to complete the Preceptorship Programme, which is attached at **Doc 2** in the appendices to this guidance. This aims to provide a consistent and clear structure for all health visitors who are new to the Flying Start Programme, whether they be newly qualified, returning to practice or transferring across from the generic health visiting service.

9. Co-location of Flying Start Health Team

- **Flying Start health visitors and the other members of the Flying Start health team should, where possible, be co-located within the Flying Start team, supported as appropriate by administrative and management staff.**

Wherever possible Flying Start health visitors and the other members of the Flying Start health team should be co-located within the Flying Start team in order to promote and support integrated working and the delivery of holistic support services and interventions. Consideration should be given to whether there are any requirements which are specific to their individual roles and responsibilities and important for them in delivering professional practice to the best of their abilities. This might include, for example, the provision of space which is suitable for community development activities, with suitable space for clinical practice and confidential face-to-face and telephone discussions. Consideration should also be given for the need for a secure space in which to be able to store confidential health records and the need to be able to access Local Authority and health IT systems.

In planning accommodation arrangements for the co-location of the Flying Start health team, including health visitors, consideration should be given to the need for:

- space for the storage of health equipment (e.g. mats and scales) and health promotion materials;
- secure filing cabinets for the storage of personal records;
- access to a work station with a telephone and IT equipment which has access to the Local Authority and/or health record systems;
- access to a printer and photocopier;
- on site parking facilities – for those who work in the community with families in their homes; and
- accessible venues suitable for the needs of all children and families.

For those members of the team who are also required to work remotely in the community, with families in their homes, consideration should also be given to providing access to a mobile phone.

Consideration should also be given to the administrative support requirements of the Flying Start health team. It is recommended that in the generic service each whole time equivalent (WTE) health visitor should be provided with a minimum of 3.75

hours of admin support each week. Administrative support is important to ensure that Flying Start health team members are able to maximise their time working directly with children and their families and there is the timely and accurate collection, recording and analysis of health data.

10. Monitoring collection, recording and submission of health data

- **Local Authorities should be able to demonstrate how their health support services are contributing to the programme's three outcomes:**
 - **Flying Start children are healthy and thriving;**
 - **Flying Start families are capable and coping; and**
 - **Flying Start children are reaching potential**through the key population indicators outlined below (section 10.1):
- **Local Authorities must monitor and report against the key health related requirements and any approved health activities set down in their approved delivery plan as part of the Welsh Government's termly and annual reporting requirements.**
- **Amongst the requirements are for Local Authorities to**
 - **record and submit a range of health related data including information on face-to-face contacts undertaken by Flying Start health visitors and other members of the health team, in line with Welsh Government requirements; and**
 - **provide information on the 2 and 3 year old developmental assessments, in line with Welsh Government requirements.**

The Welsh Government is committed to monitoring the reach of Flying Start across the core entitlements of the Programme, and its success in improving outcomes for children. Working closely with Local Authorities, the Welsh Government has agreed relevant Population Outcomes and associated Population Indicators, which are set out below.

As the data relevant to each Population Indicator reaches an appropriate level of robustness, the Welsh Government will aim to include them in its Flying Start Statistical Release, where it will report on progress made against each indicator (and other relevant measures) on an annual basis at both a Local Authority level and an all-Wales level. As well as allowing the Welsh Government to assess at what stage it is at in the progress of the Programme, the statistics provide the evidence needed to

inform further policy development, as well as providing Local Authorities with management information necessary for monitoring, benchmarking, and improvement activity.

10.1 Flying Start Key Population Indicators

Local Authorities must be able to demonstrate how their health support services are contributing to the Programme's three key outcomes through the following key population indicators (PIs):

Outcome 1: Flying Start Children are healthy and thriving

PI 1: Percentage of Flying Start children reaching or exceeding their developmental milestones **at 2 years**.

This is an indicator of the effectiveness of the Flying Start Programme in monitoring whether children are meeting their development milestones at age 2 through the use of an appropriate Welsh Government approved development assessment tool.

PI 2: Percentage of Flying Start children reaching or exceeding their developmental milestones **at 3 years**.

This is an indicator of the effectiveness of the Flying Start Programme in monitoring whether children are meeting their development milestones at age 3.

PI 3: Percentage of Flying Start children who are fully immunised by their 4th birthday.

The term "Fully Immunised" is taken to mean all childhood vaccinations have been given to the child in line with the NHS recommended timetable. This is an indicator of the effectiveness of the Flying Start Programme in ensuring children are adequately protected from disease. It recognises immunisation is a major contributor to public health and has an important role to play in reducing health inequalities.

PI 4: Percentage of Flying Start children who are breastfed at stages up to 6 months.

This is an indicator of effectiveness of the Programme in ensuring children are adequately protected from disease from birth up to 6 months. It recognises breastfeeding is a major contributor to public health and has an important role to play in reducing health inequalities.

Outcome 2: Flying Start Families are capable and coping

PI 1: Percentage of Flying Start children presenting at A&E department as having accidental injuries in the home.

This is an indicator of the effectiveness of the Programme in keeping children safe from risk.

Outcome 3: Flying Start Children are reaching potential

PI 1: Percentage of children taking up Flying Start childcare (of those who are eligible and were offered childcare)

This is an indicator of the effectiveness of the Programme in making childcare accessible to families and the degree to which children take up Flying Start services. Flying Start childcare supports the child in reaching developmental milestones at age 3.

PI 2: Percentage of Flying Start children registered on roll at maintained schools at age 3.

This is an indicator of the effectiveness of the Programme in ensuring children are taking up early years education opportunities.

A number of these population indicators are monitored within the Programme for Government. Data exists and is routinely published for most of these indicators; other indicators will be routinely published once data quality improvements have been implemented, including for data on breastfeeding and accidental injuries.

The Welsh Government is currently working in partnership with Local Authorities to develop further indicators for the Flying Start Programme as new datasets at Local Authority level relevant to the above outcomes are developed; for example for healthy weight as measured by the Child Measurement Programme.

10.2 Monitoring and Reporting Against the Approved Local Delivery Plan

As part of the normal monitoring and reporting arrangements Local Authorities will be required to collect and submit a range of activity and financial data against approved health related activities. Reporting will involve regular financial and progress reports via termly claims, annual reports and statistical returns. It should be noted the reporting process will, in places, include the requirement to report on the actual expenditure on health visitors and other health professionals' staff costs along with the costs incurred by the Local Health Board. Local Authorities should ensure they have appropriate systems in place to record this information.

Information on the Welsh Government's specific reporting requirements, including those relating to health support services, health visitors, midwives in Flying Start and the wider health team's contacts with the family and the child developmental assessments, can be found in the latest 'Flying Start Performance Data Monitoring' guidance ('Annex 9'), which is issued to Local Authorities.

10.3 Flying Start Health Contacts

Local Authorities are required to record and submit information on the number of face-to-face contacts with families undertaken by the Flying Start health team including: those visits undertaken by health visitors; antenatally by midwives in Flying

Start (but not those undertaken with Flying Start families by midwives from the community midwifery service); and those undertaken by members of the wider health team.

10.4 Flying Start Child Developmental Assessments

Local Authorities are required to provide information to the Welsh Government on the 2 and 3 year olds child developmental assessments undertaken within the Flying Start Programme. This will include information on: the number of children who were eligible for assessment; whether and when assessments were undertaken; and for those assessments which did take place in a two month window either side of the children's second or third birthdays, the results of these assessments.

10.5 Outcome Indicators and Performance Measures for Maternity Services

In addition to the Flying Start Population Indicators Local Authorities should consider how their antenatal activities, including those delivered by midwives in Flying Start, are contributing towards the Welsh Government's Strategic Vision for Maternity Services²¹ and the five outcome indicators²² and performance measures for maternity services in Wales.

Welsh Government and partners are working with maternity services and generic health visiting services to provide the data required for these measures. Consideration will also be given to how information might be gathered for Flying Start mothers and babies.

The outcome indicators identified in the Maternity Strategy are:

Outcome Indicator 1 - Percentage of women who:

- **Smoke during pregnancy;**
- **drink five units of alcohol or more a week, during pregnancy;**
- **have a BMI of 30 or more at the initial assessment; and**
- **misuse substances during pregnancy.**

This outcome indicator recognises the foundations for health and wellbeing start in pregnancy. From heart disease to educational attainment and economic status, the months before and the years immediately after birth are crucial to the life chances of the mother, her baby and her family. During pregnancy, drinking more than five units of alcohol a week, smoking, substance misuse and having a raised BMI have a

²¹ <http://wales.gov.uk/topics/health/publications/health/strategies/maternity/?lang=en>

²² <http://wales.gov.uk/topics/health/cmo/professionals/officechiefnursing/cnpublictions/maternity/?lang=en>

negative impact on both the health of the pregnant woman, her pregnancy and her baby.

Outcome Indicator 2 – Proportion of babies with a birth weight below 2.500kgs

This outcome aims to prevent poor health and reduce health inequalities as low birth weight is associated with long-term health risks in the first four weeks of life and in an infant's first year. There are also associations with premature death from coronary artery disease later in life.

Outcome Indicator 3 – Proportion of babies exclusively receiving breast milk at 10 days following birth

This outcome recognises breastfeeding is a major contributor to public health and has an important role to play in reducing health inequalities. Breast fed babies have fewer chest and ear infections, less chance of developing eczema and less likelihood of becoming obese and therefore of developing other illnesses later in life.

Outcome Indicator 4 – Proportion of women and their partners who felt confident to care for their baby

This outcome recognises confident parents are more likely to develop happy confident children and families.

Outcome Indicator 5 – Proportion of women who have a normal birth as a percentage of all women giving birth

This outcome recognises increasing the proportion of normal births is associated with better health outcomes for mothers and their babies, with higher rates of successful breastfeeding and a more positive birth experience. There are also shorter hospital stays, fewer adverse incidents and admissions to neonatal units.

The Performance Measures are:

Performance Measure 1 - Caesarean section rates, described in relation to 'Robson groups'

Performance Measure 2 - Proportion of women whose initial assessment has been carried out by 10 completed weeks of pregnancy

Performance Measure 3 - Rates of women with existing mental health conditions have a care plan in place

Performance Measure 4 - Percentage of women and their partners who said they were treated well by the maternity services

Performance Measure 5 - Rates of women who:
a. Gave up smoking during pregnancy

- b. Gave up drinking 5 units of alcohol or more a week, during pregnancy.
- c. Gain no more than the recommended weight during pregnancy.

The Flying Start Health Programme is currently being revised in light of the development of the Healthy Child Wales (HCW) Programme. Once the HCW has been published and the Flying Start Health Programme aligned with it the Flying Start Health Programme will be included at Doc 1.

Flying Start

Preceptorship Document

[Acknowledgement to North Wales Flying Start and Angela Roberts, Flintshire](#)

Name of Preceptee:

Name of Preceptor:

Commencement Date:

Contents

1. Introduction
 2. What is Flying Start?
 3. Purpose
 4. Definition of Preceptorship
 5. Responsibilities
 - 5.1 Responsibilities of Preceptee
 - 5.2 Responsibilities of Preceptor
 - 5.3 Responsibilities of Line manager
 6. How to use this document
 7. On completion of Preceptorship
 8. References
- Appendix 1 Record of Meetings
- Appendix 2 Gibbs Model of Reflection
- Appendix 3 Preceptorship forms
- 3a. Drivers for Flying Start and Local Policies
 - 3b. Health provision of Flying Start programme
 - 3c. Childcare provision of Flying Start programme
 - 3d. Parenting provision of Flying Start programme
 - 3e. Language and Play provision of Flying Start programme

1. Introduction

The Health Visitor Preceptorship Pack is aimed at newly qualified, newly appointed and return to practice Health Visitors working within a Flying Start organisation. This document is to be used in addition to any Health Board Preceptorship Protocol and Orientation Procedure, available to all its employees. Preceptorship is a period of professional consolidation, growth and development and provides a friendly and supportive environment in which to develop.

2. What is Flying Start?

Flying Start is a Welsh Government funded programme for families with children up to the age of four. The aim is to help children get the best possible start in life and support their future growth and development.

The core entitlements of the programme are drawn from a range of interventions that have been shown to influence positive outcomes for children and families. These include:

- Free quality, part-time childcare for 2-3 year olds
- An enhanced health visiting service with caseload ratio of 1:110
- Access to parenting programmes
- Early language development support

The Flying Start Preceptorship Pack will incorporate each of the 4 core entitlements of the Flying Start programme.

3. Purpose

The purpose of this policy is to provide a consistent and clear structure for newly appointed, newly qualified and return to practice health visitors who work for Flying Start in Wales.

4. Definition of Preceptorship

A High Quality Workforce: NHS Next Stage Review (Department of Health, 2008) describes preceptorship as: 'A foundation period (of preceptorship) for practitioners at the start of their careers, which will help them begin the journey from novice to expert'.

The NMC (2006) defines it as:

'A period (of preceptorship) to guide and support all newly qualified practitioners to make the transition from student to develop their practice further.'

Morton-Cooper (1993) defines preceptorship as a 'means of providing professional, practical and personal support, the aim being to support the individual in the process of learning and adaptation to his or her new role'.

To ensure that the preceptorship process remains a positive and supportive experience the preceptor and preceptee share responsibility of meeting regularly, maintaining confidentiality and reviewing the validity of their relationship.

5. Responsibilities of Participants

5.1 Responsibilities of Preceptee

The preceptee will:

- Undertake an initial self assessment to identify their learning needs.
- In partnership with preceptor outline agreed learning objectives.
- Attend initial induction/orientation and mandatory training sessions in line with Local Health Board and Local Authority policies.
- Identify and comply with relevant Individual Health Board and Local Authority Policies (e.g. Appropriate Use of ICT facilities)
- Record all planned meetings with preceptor accordingly (Appendix 1)
- Participate in reflection and critical analysis using the Gibbs (1988) Reflective Model (Appendix 2)
- The preceptor and preceptee will be responsible for the completion of the pack.

5.2 Responsibilities of the Preceptor

The preceptor will:

- Have a minimum of one years experience within their role and speciality and be based within the Flying Start Team.
- In partnership with preceptee outline agreed learning objectives
- Ensure all planned meetings are recorded and reasons for cancellations documented appropriately.
- The preceptor will be responsible for ensuring they are able to fulfil the requirements of their preceptorship role.

When the newly qualified health visitor joins the Flying Start team it is expected that the preceptor and preceptee will meet within the first two days of appointment to determine prior knowledge, set learning objectives and plan the induction period.

The induction will incorporate a period of 2 weeks where the preceptee will shadow different members of the multi-disciplinary team in order to develop an understanding of roles and responsibilities of the various members of the multi-disciplinary team.

The preceptor will shadow the preceptee at least once a month for the first 3 months. Two further meetings within the following three months will take place to review progress, reflect on critical incidents and objectives. Further meetings will be planned for nurturing and support and to identify gaps in knowledge and skills. These observations will be planned in order to enable the preceptor to observe the preceptee undertake some key contacts and may include the observation of an antenatal visit, primary birth visit, 8 month 2 and 3 years developmental assessment.

For experienced health visitors new to Flying Start the preceptorship activities will be agreed mutually.

The period of preceptorship will last for no longer than one year.

5.3 Responsibilities of the Line Manager

On commencement in the post and during the induction process the Line Manager will outline the job description and person specification with the post holder.

At six months the Line Manager will undertake a review to establish whether the post holder's progress is satisfactory.

The Line Manager is responsible for allocation of the preceptor and overall supervision of the preceptorship process.

6. How to use this document

The following pages include forms that can be photocopied as many times as needed to record the activities, discussion and learning undertaken. These forms are intended as a guide and are structured in such a way that it is possible to separate learning and experiences into distinct domains for consideration and may be adapted to meet the individual learning needs of the preceptee (Appendix 3).

7. On completion of Preceptorship

Once a preceptee has been judged by their preceptor to have completed preceptorship the documentation will be kept on file as follows:

- A copy of the document will be held by the appropriate line manager and placed in the personnel file of the preceptee.
- The original document will be kept by the preceptee and will form part of their continual professional development file.

8. References

- (i) Department of Health (2008). A High Quality Workforce: NHS Next Stage Review. London: Department of Health
- (ii) Morton-Cooper, A. (1993) Mentoring and Preceptorship: a guide to support roles in clinical practice. Blackwell Science.
- (iii) Nursing and Midwifery Council (2006). Preceptorship guidelines. NMC Circular 21/2006, published 4 October 2006.
- (iv) www.nmc-uk.org/aDisplayDocument.aspx?documentID=2088
- (v) Welsh Assembly Government (2011). Child Poverty Strategy for Wales

DRAFT

APPENDIX 1

Record of meetings between Preceptor and Preceptee

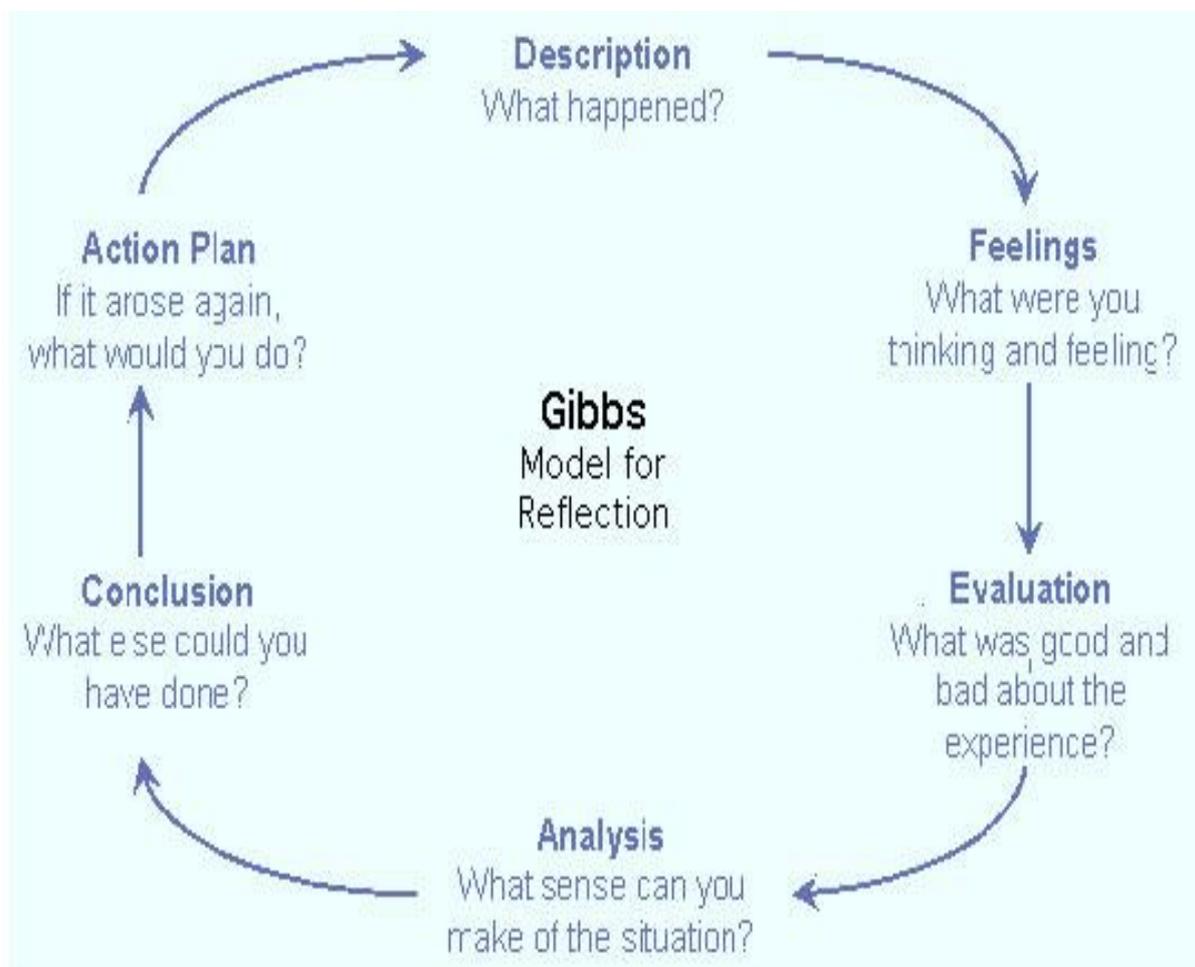
Date	Notes	Signatures
	DRAFT	

--	--	--

DRAFT

APPENDIX 2a

GIBBS REFLECTIVE CYCLE



APPENDIX 2b

FRAMEWORK FOR REFLECTION USING THE REFLECTIVE CYCLE

GIBBS 1988

Description (What happened)
Feelings (What were you thinking and feeling)
Evaluation (What was good and bad about the experience)
Analysis (What sense can you make of the situation)

Conclusion (What else could you have done differently)
Action Plan

APPENDIX 3a

FLYING START HEALTH VISITOR PRECEPTORSHIP PACK

Name of Preceptee:

Name of Preceptor:

Date of commencement:

Key drivers for Flying Start

The preceptee should have an understanding of the key drivers pertaining to Flying Start.

- Rights To Action: The 7 Core Aims for Children (2004) Welsh Assembly Government
- United Nations Convention on the Rights of the Child
- A Fair Future for our Children: The Strategy of the Welsh Assembly Government for Tackling Child Poverty (2005)
- Flying Start Welsh Government
- Strategic Vision for Maternity Services in Wales
- Child Poverty Act (2010)
- The Children and Families (Wales) Measure (2010)
- NICE: Antenatal and postnatal mental health: clinical management and service guidance, 2007
- NICE: Obesity: the prevention, identification, assessment and management of overweight and obesity in adults and children, 2006
- NSF: Children, Young People and Maternity Services WAG 2005
- Facing the Future: A review of the role of health visitors DoH 2007
- Healthy Child Wales Core Programme WG 2014
- Investing in a Better Start: Promoting Breastfeeding in Wales WAG 2001
- D. Hall & D. Elliman, Health for All Children, Oxford Press 2004

Local Policies and Procedures

The preceptee should have an understanding of key Health Board and local policies and procedures.

- All Wales Child Protection Policy and Procedures
- Lone Worker Policy
- Record Keeping Policy
- All Wales Sickness Absence Policy
- Code of Conduct
- All Wales Guidelines for Delegation

In addition, the preceptee will be familiar with relevant Local Authority Policies and Procedures

Policy/procedure/guidelines accessed and understanding demonstrated	Comments	Achieved/ Not achieved Date Signature Preceptor/Preceptee

APPENDIX 3b

FLYING START HEALTH VISITOR PRECEPTORSHIP PACK

Name of Preceptee:

Name of Preceptor:

Date of commencement:

Health Provision of Flying Start Programme

The preceptee should have an understanding of the health element of the Flying Start Programme:

- The preceptee will record and provide identified information required for data collection and performance monitoring.
- The preceptee will implement the All Wales Flying Start Core Programme as minimum, undertaking all recommended visits, assessments, planned care and referrals.
- Complete statutory and mandatory training in line with Individual Health Board requirements.
- The preceptee will discuss the principles of enhanced, intensive health visiting in the context of Flying Start.
- The preceptee will have access to the available and appropriate health and local authority databases.
- The preceptee will work in accordance with Safeguarding, Support and Supervision policy and guidelines.

Health Visiting Element Record of Learning

Learning Activity	Comments	Achieved/ Not achieved Date Signature Preceptor/Preceptee

DRAFT

APPENDIX 3c

FLYING START HEALTH VISITOR PRECEPTORSHIP PACK

Name of Preceptee:

Name of Preceptor:

Date of commencement:

Childcare Provision of Flying Start

The preceptee should have an understanding of the childcare element of the Flying Start Programme and how it is delivered locally:

- The preceptee will familiarise themselves with the approved Flying Start childcare settings and childminders.
- The preceptee will have an understanding of the role of the Advisory Teacher, other childcare staff and the Flying Start childcare entitlement process.
- The preceptee will discuss with the preceptor the process of requesting additional funded childcare. This will also include the review process within the Flying Start team.

Childcare Element Record of Learning

Learning Activity	Comments	Achieved/ Not achieved Date Signature Preceptor/Preceptee

DRAFT

APPENDIX 3d

FLYING START HEALTH VISITOR PRECEPTORSHIP

Name of Preceptee:

Name of Preceptor:

Date of commencement:

Parenting Provision of Flying Start

The preceptee should have an understanding of the parenting element of the Flying Start Programme:

- The preceptee will be able to discuss the parenting courses available within the Flying Start Provision and understand the principles of these courses.
- The preceptor will discuss training needs regarding delivery of the parenting element with the preceptor/line manager.
- The preceptee will provide required information for data collection and performance monitoring.
- The preceptee will have an understanding of the local delivery of the parenting element.

Parenting Provision Record of Learning

Learning Activity	Comments	Achieved/ Not achieved Date Signature Preceptor/Preceptee

DRAFT

APPENDIX 3e

FLYING START HEALTH VISITOR PRECEPTORSHIP

Name of Preceptee:

Name of Preceptor:

Date of commencement:

Early Language Development Support

The preceptee should have an understanding of the early language development element of the Flying Start Programme:

- The preceptee will demonstrate an understanding of the local provision and delivery of early language development support.
- The preceptee will know how to access early language development support.
- Discuss the role of the key workers delivering this element and those working in partnership.

Early Language Development Support Record of Learning

Learning Activity	Comments	Achieved/ Not achieved Date Signature Preceptor/Preceptee

--	--	--

DRAFT