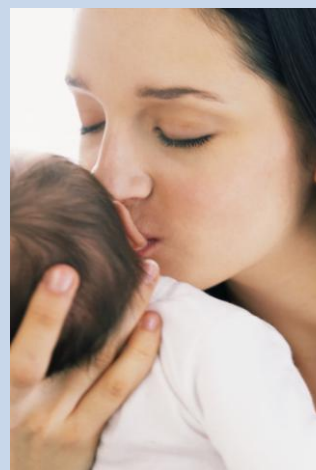




Bwrdd Iechyd
Cwm Taf
Health Board



The First 1000 Days: Foundations for life

Annual Report of the Director of Public Health 2011





Foreword:

The first 1000 days of life, from conception to age two significantly influence the outcomes for children, parents, and families, throughout the life course, and from generation to generation.

I have chosen to focus this annual report on the first 1000 days to highlight those key points during this timeline, where public health can work collectively with partners to make a difference to healthy life expectancy, and contribute to reducing inequalities in Cwm Taf.

The report describes factors which affect the various stages of the timeline, emphasises pivotal public health opportunities in more detail, and demonstrates examples of good practice.

Giving every child a healthy start in life is central to the strategic policy agenda in Wales, and it is important to make this 'everyone's business' if we are to improve the health of people in Cwm Taf.

Note: Throughout this report, the term Cwm Taf refers to the population covered by the local authority areas of Merthyr Tydfil and Rhondda Cynon Taff.

I would like to thank the editorial team: Angela Jones, Margaret Munkley, Ann Unitt, Sue Wing and Sue Wilkins. I am also grateful for the contribution of Cwm Taf Public Health Team, Cwm Taf Health Board, our partners, and the Public Health Wales Observatory who have produced information to support this report.



Nicola John

Director of Public Health
Cwm Taf Health Board
June 2012



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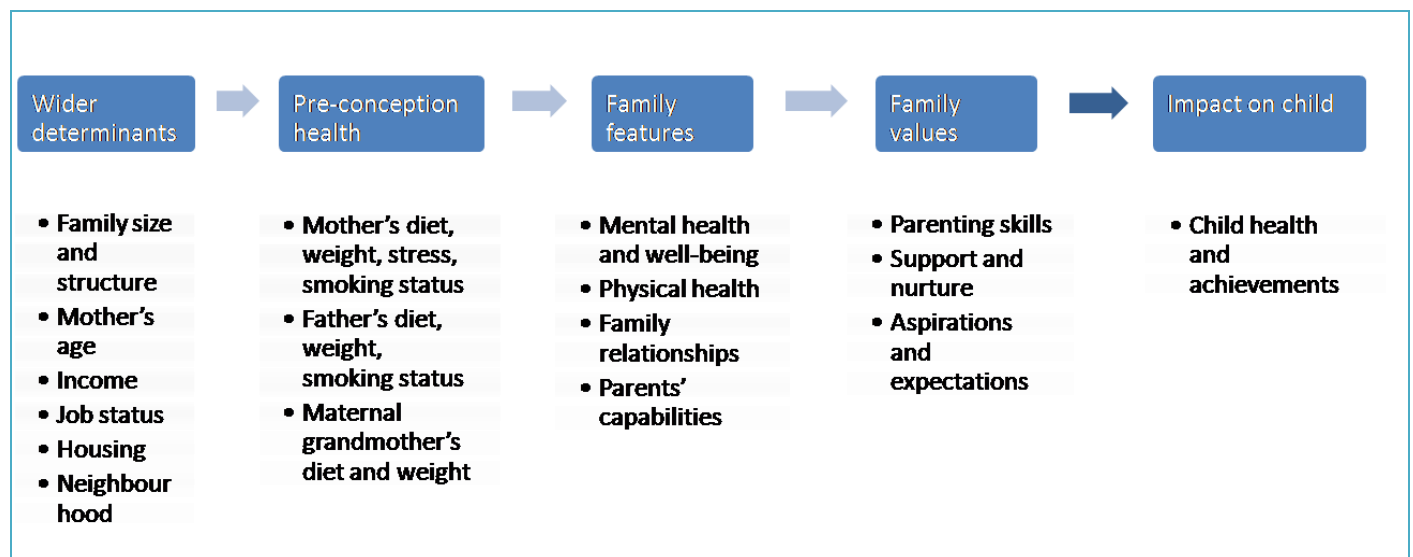
References



Chapter 1: The first 1000 days - foundations for a healthy life

The life chances of our children are influenced by the circumstances and experiences they are exposed to from before birth and throughout childhood.

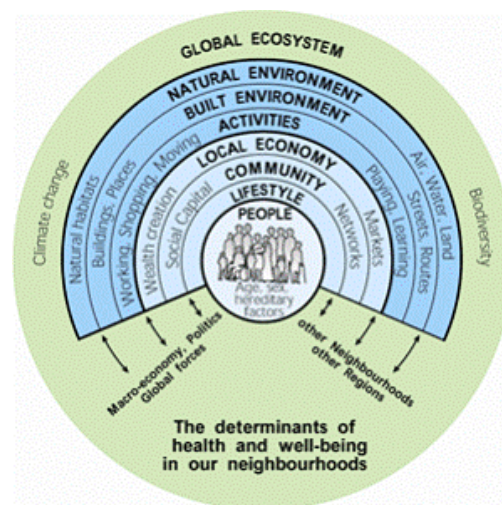
Figure 1: Influences on childhood outcomes



Adapted from: Feinstein et al (2004)¹

The first 1000 days, starting just before a baby is conceived, continuing during pregnancy and up to the age of two, are most important.

As well as being influenced by individual and genetic factors, social, economic and environmental differences have a wider impact on life chances for parents, children and families.²





It is well established that inequalities result in poor health, social, educational and economic outcomes across the whole of the life course for parents and children, and trap many of the most disadvantaged people in a cycle of deprivation.



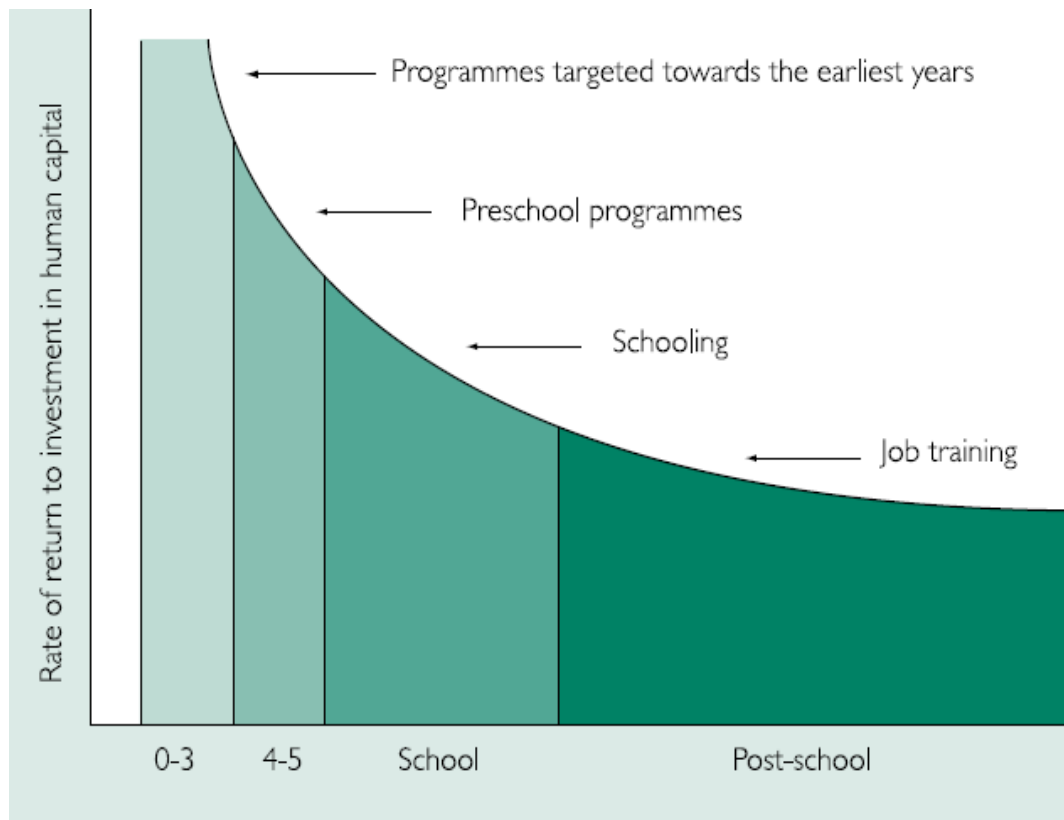
Key Facts:

- Cwm Taf is the most deprived area in Wales.
- Deprivation impacts significantly on maternal health and neonatal care. Rates of preterm birth, low birth weight, and admission to neonatal units have been shown to be significantly higher in areas with high levels of deprivation³.
- Deprivation impacts significantly on child health. Emergency hospital stays, injuries, obesity and teenage pregnancy have been shown to be significantly higher in areas with high levels of deprivation.
- Disadvantage can start before birth and accumulate throughout the life course. Action to reduce health inequities must therefore start before birth and be followed up through infancy and school age for maximum impact.



Earlier interventions produce better outcomes and are cost effective in the long term⁴.

Figure 2: Rate of return on investment in early years



Adapted from Heckman and Tremblay (2006)⁵

It is only by addressing inequalities and supporting children and their families, that the younger generation can break out of this cycle of deprivation and achieve their potential.



Strategic context

Giving every child a healthy start in life is a key focus of a number of Welsh Government strategies and policies.^{6 7 8 9} In particular, the Child Poverty Strategy for Wales aims to get rid of child poverty by 2020 and has three strategic objectives:

- To reduce the number of families living in workless households.
- To improve the skills of parents/carers and young people living in low-income households so they can secure well-paid employment.
- To reduce inequalities that exist in health, education and economic outcomes of children and families by improving the outcomes of the poorest.

This strategy reiterates that the early years are fundamental to children's development, and supporting the needs of families is essential to reducing inequities. For their part, Local Health Boards are required, as part of the Annual Quality Framework process, to progress actions to reduce infant mortality, low birth weight and teenage conceptions¹⁰.

Focussing this report on the first 1000 days demonstrates the pivotal opportunities that we have to make a difference to the lives of parents and babies and narrow the inequalities gap.





Chapter 2: Preparing for parenthood

What we know

Children born into secure and loving families where their physical and emotional needs are met are more likely to grow up to be better educated, more financially secure, and healthier adults and they are more likely to give their own children the same good start in life.

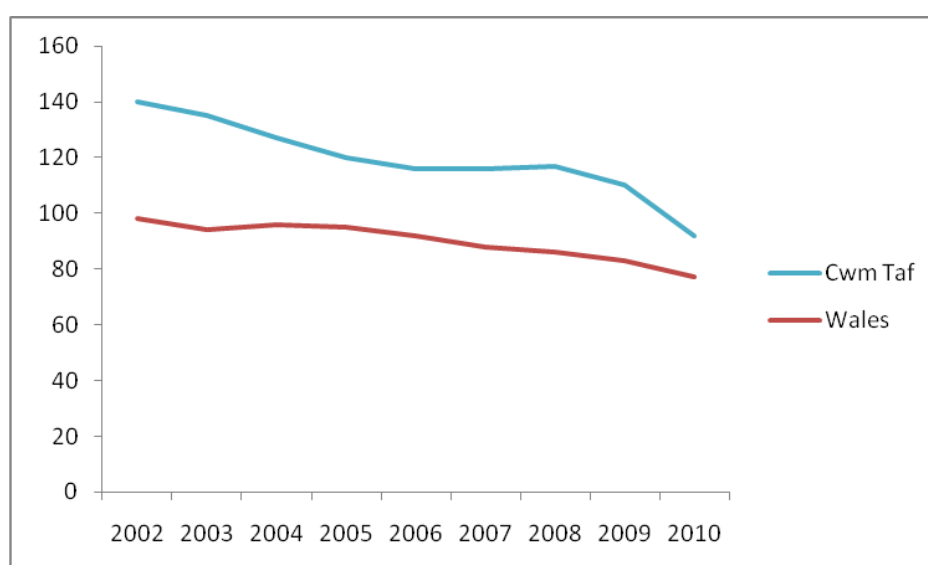
Being able to decide when we are ready to start a family and have the knowledge and skills needed to be a good parent is crucial to the future health and wellbeing of the whole family.

Teenage pregnancy

Teenage pregnancy is strongly associated with the most deprived and socially excluded young people. Difficulties in young people's lives such as poor family relationships, low self-esteem and unhappiness at school also put them at greater risk of teenage pregnancy. Although being a teenage mum can be a positive experience for some, there are many associated risks to both young mums and their babies.

Cwm Taf has the highest rate of births to mothers aged under 20 in Wales. However, rates have continued to fall in recent years.

Figure 3: Births to mothers aged under 20 (rate per 1000 live births)



Source: Health Maps Wales¹¹



National Institute for Health and Clinical Excellence (NICE) guidance¹² highlights the following risk factors which increase the likelihood of teenage pregnancy. Many of these risk factors are more prevalent in our local population.

Risky behaviours	Education	Family/background
<ul style="list-style-type: none"> ▪ early onset of sexual activity ▪ poor contraceptive use ▪ a mental health problem, a conduct disorder and/or involvement in crime ▪ alcohol and substance misuse ▪ already a teenage mother or had an abortion 	<ul style="list-style-type: none"> ▪ low education attainment or no qualifications ▪ disengagement from school 	<ul style="list-style-type: none"> ▪ living in care ▪ daughter of a teenage mother ▪ daughter of a mother who has low educational aspirations for them ▪ belonging to a particular ethnic group

A sexual health needs assessment has been undertaken to provide an understanding of the sexual health needs of the population of young people living in Cwm Taf.

Preparing young people for parenthood

The provision of sex and relationships education in schools (SRE) can have beneficial effects in terms of sexual health behaviour e.g. by delaying sexual activity, reducing the number of partners and increasing knowledge about methods and availability of contraception¹³.

Within Cwm Taf, the Healthy Schools Scheme has developed strong and productive partnerships with School Nurses, the School Counselling Service and Local Authority services. The team works with primary and secondary schools (including special schools and pupil referral units) to support and develop evidence based, whole school approaches to health improvement, taking into account policies, curriculum, school ethos, environment and home-school community links.

Access to age appropriate and accessible contraceptive services play an important role in reducing unintended pregnancy. The Condom Card Scheme provides sexually active young people in Cwm Taf with appropriate sexual health information and access to free condoms in community, youth, and education settings. 1145 young people (64% boys and 36% girls) registered with the scheme across the Cwm Taf area between March 2011 and 2012.



Opportunities to make a difference

We can prepare our young people for healthy and responsible sexual relationships. We must continue to drive down teenage pregnancy rates across Cwm Taf.

How we can do this:

- ✓ School and community based activities to improve social, emotional and life skills
- ✓ Effective sex and relationship education in schools and alternative settings to develop knowledge and skills about sex, relationships and parenting
- ✓ Use the results of the needs assessment to inform the development of the Rhondda Cynon Taff and Merthyr Tydfil Joint Sexual Health & Teenage Pregnancy Strategy for Young People
- ✓ The promotion of long acting reversible contraception (LARC)
- ✓ Further develop the integrated sexual health service to include the C Card – condom distribution scheme

Who should take action:

Health services
Local authorities
Education
Youth services





Healthy mothers

It is important that women are a healthy weight before pregnancy. We know that women who are obese are more likely to have serious complications during pregnancy and the birth.¹⁴

Risks to mother	Risks to unborn baby / child
Maternal death or severe morbidity Cardiac disease Miscarriage Pre-eclampsia Gestational diabetes Increased risk of Caesarean Section	Stillbirth Neonatal death Congenital abnormalities Prematurity Lower breastfeeding rates Increased risk of obesity and metabolic disorders in childhood

Opportunities to make a difference

We can support women to achieve a healthy weight before they become pregnant.

How we can do this:

- ✓ Provide information about the risks of obesity during pregnancy and support to lose weight during routine primary care consultations
- ✓ Accessible and appropriate physical activity opportunities
- ✓ Community cookery groups
- ✓ Effective weight loss programmes designed to meet local needs
- ✓ Support women to lose weight after pregnancy and before the next pregnancy

Who should take action:

Midwives
 Flying Start
 Primary care professionals
 Leisure services
 Communities First
 Community and voluntary organisations



Making it happen

Community weight management toolkit

A number of community organisations have set up support groups for people who want to lose weight but find it difficult to find a commercial slimming club near to them that they can afford to attend.

Weight management groups give people the opportunity to learn about healthy eating and exercise, try new activities and support each other.

The Public Health Team have worked with community groups to develop a toolkit and a package of training for group leaders.

The toolkit includes guidance, activity and discussion ideas, monitoring and evaluation ideas, resources and relevant paperwork to support local delivery. The training includes an introductory workshop, practical cookery and understanding behaviour change.

Community workers and volunteers from nine communities and one representative from a local business interested in setting up a workplace weight management group have received a toolkit and the training.

"Thoroughly enjoyed the workshop and feel more confident in being able to get our project off the ground. The resources provided are first class."





Chapter 3 Day 1-280: Pregnancy

What we know

Once a woman becomes pregnant, her health and lifestyle have a major influence on her unborn baby. As life in the womb is a period of rapid growth and development, poor nutrition at this stage may alter a baby's body structure and function in a way that increases risk of future health problems¹⁵. When female babies develop in the womb their ovaries and eggs are formed, therefore harmful influences during pregnancy can also have implications for the health of future generations.

Pregnancy is a powerful motivator for change and presents a golden opportunity to impact on the health and wellbeing of individuals and communities.

Infections are a risk in pregnancy. In 2010/11 pregnant women were advised to have the seasonal flu vaccination. This is because pregnant women are more vulnerable to seasonal flu. Pregnant women hospitalised with flu are three times more likely to deliver prematurely and it's five times more likely that their babies will be stillborn¹⁶. In Cwm Taf, four in ten pregnant women received the vaccination, consistent with the Wales average uptake.

Smoking in pregnancy

Smoking is the main cause of preventable illness and early death. It causes a wide range of diseases including cancers, heart disease and respiratory disease. Smoking during pregnancy is harmful to mothers and their unborn babies and can lead to longer term health problems for babies, children and adults¹⁷. This is because the baby needs oxygen to grow and smoking reduces the oxygen in the mother's blood.

Harm to mother	Harm to unborn child	Outcome for baby
<ul style="list-style-type: none"> • Miscarriage • Ectopic pregnancy • Preterm birth • Complications in pregnancy and labour 	<ul style="list-style-type: none"> • Congenital anomalies of heart, face and limbs • Stillbirth • Low birth weight • Respiratory distress 	<ul style="list-style-type: none"> • Sudden infant death syndrome • Asthma/respiratory infections • Behavioural problems • Developmental problems resulting from preterm birth • The effects of low birth weight, such as coronary heart disease and diabetes in adulthood



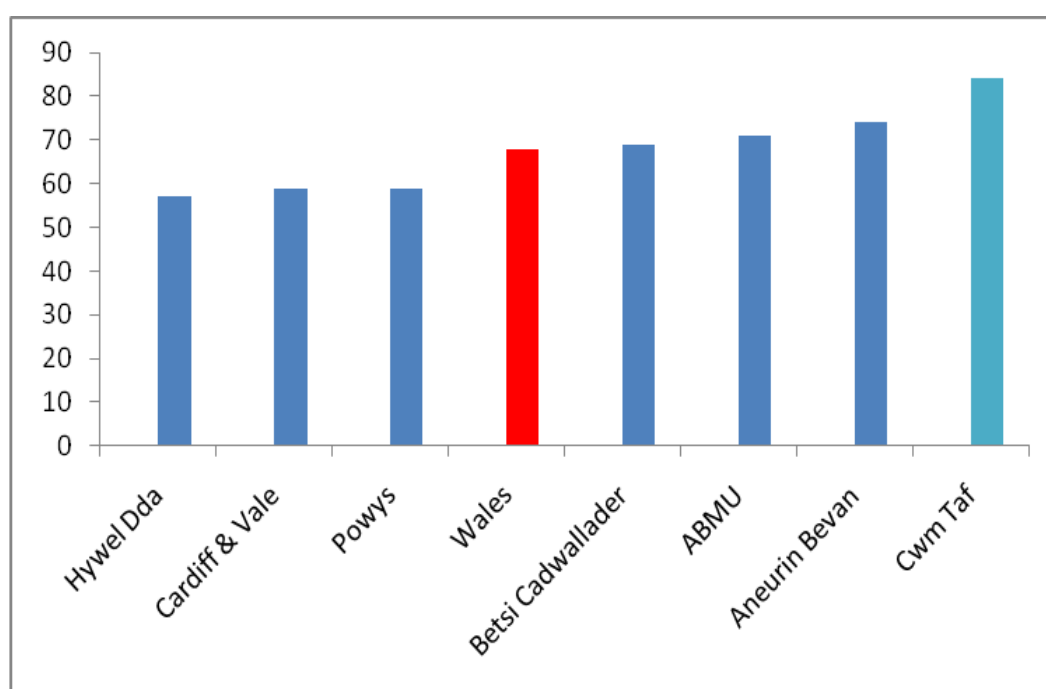
The Infant Feeding Survey 2010¹⁸ shows that in Wales, the proportion of mothers smoking during pregnancy was 16%. This has fallen from 22% in 2005.

Mothers under the age of 20 are less likely to quit during pregnancy and are six times more likely to smoke throughout pregnancy than those aged over 35. Cwm Taf has the highest rates of births to mothers aged under 20 in Wales¹⁹.

Low birth weight

Birth weight is an important determinant for future health. Babies born weighing less than 2,500g are at risk of problems with growth, cognitive development, diabetes and heart disease²⁰. Low birth weight (LBW) results from being born too early, being born small for length of gestation, or both. Cwm Taf has the highest percentage of LBW births and the highest percentage of babies born early in Wales.

Figure 4: Live births (rate/1000 live births) less than 2,500g birth weight by Local Health Board



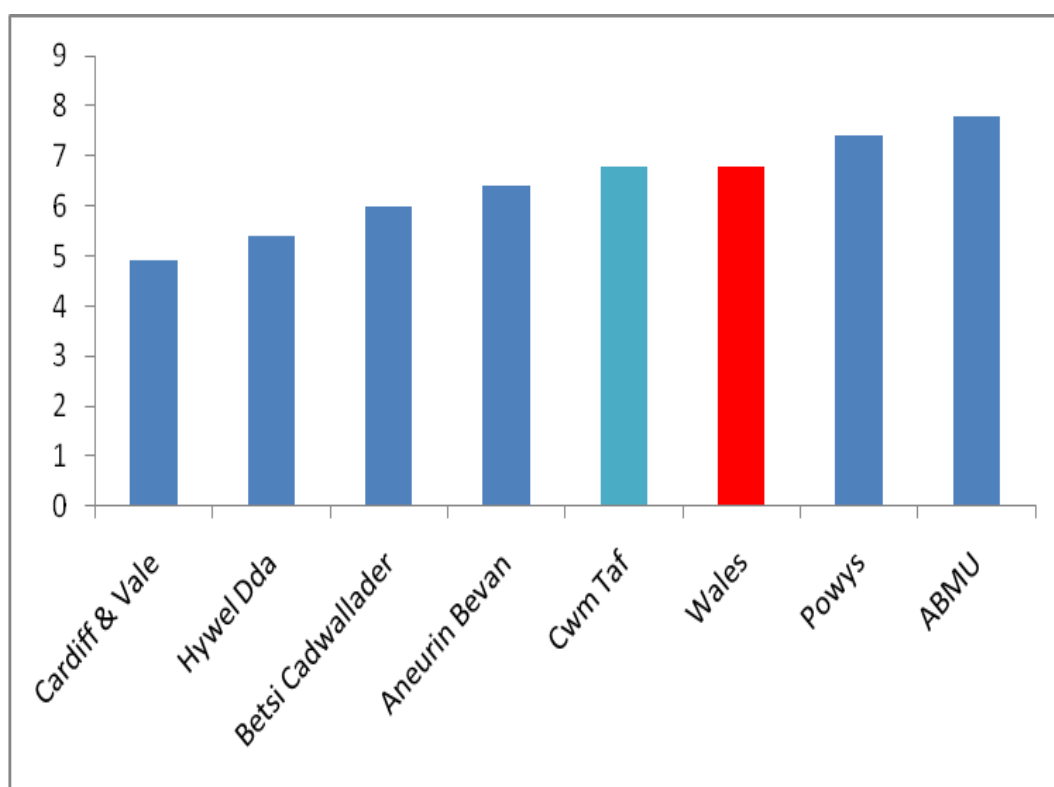
Source: Births in Wales 2010¹⁹



Infant mortality

Generally, rates of infant and child deaths are significantly higher in areas of high deprivation. However, even though Cwm Taf has the highest rate of LBW and preterm births in Wales, data from the All Wales Perinatal Survey (AWPS)²¹ shows that the perinatal death rate has reduced in the last ten years and is consistent with the Welsh average.

Figure 5: Perinatal deaths: adjusted three-year rolling average rates/1000.



Source: AWPS 2010²¹

Low birth weight and infant mortality rates are used as indicators of population health. Perinatal mortality (stillbirth and early neonatal deaths) is an indicator of quality of antenatal and perinatal care.



Opportunities to make a difference

Due to the level of harm to maternal and child health from tobacco smoke, and the evidence on effectiveness of quitting smoking in pregnancy, this should be the highest priority area for public health action for Cwm Taf. NICE²² (National Institute for Health and Clinical Excellence) have produced clear guidance on quitting smoking during pregnancy and following childbirth.

Maternal cigarette smoking is a major risk factor for stillbirth

Smoking is the major modifiable risk factor contributing to low birth weight (LBW)

How we can do this:

- ✓ Strong leadership from maternity services to implement the NICE evidence base.
- ✓ Opt out referral pathway for all pregnant smokers into smoking cessation support.
- ✓ Carbon monoxide monitoring in pregnancy.
- ✓ Bespoke smoking in pregnancy training for midwives and support staff.
- ✓ Social profiling of the reasons women smoke and the barriers to quitting.
- ✓ Work with Communities First and Registered Social Landlords to implement a Smoke Free Homes programme.

Who should take action:

Maternity services
Public Health Wales
Smoking Cessation Services
University of Glamorgan
Communities First
Registered Social Landlords



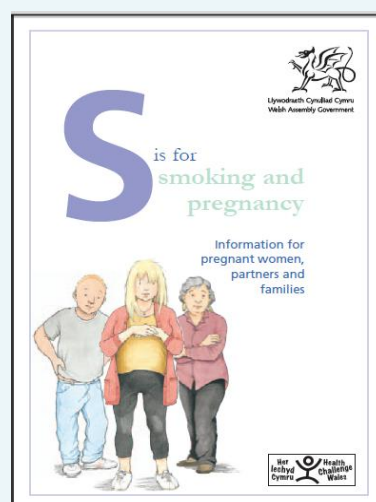
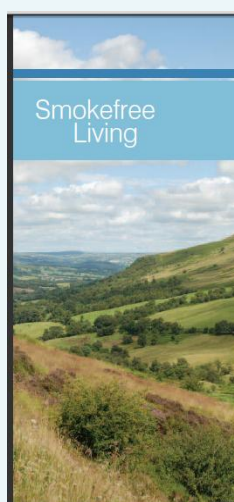
Making it happen

Brief Intervention training for midwives



Midwives in Cwm Taf have received bespoke brief intervention for smoking cessation training, or awareness training, providing them with the protocol for opt-out referral to Stop Smoking Wales, skills and knowledge to effectively discuss smoking with pregnant women and their partners, and an understanding of the support women receive when they are referred.

Midwives have also been supplied with a referral form to use in referring pregnant women to Stop Smoking Wales, Stop Smoking Wales maternity leaflets, ASH Wales Smoke free living leaflets, and a Welsh Government 'S is for smoking and pregnancy' booklet to give out to pregnant women or their partners.





Chapter 4 Day 281-650: The first year of life

What we know

Mental health of mothers and babies

A woman's mental health during and after pregnancy has an impact on her child. If the mother is stressed or anxious while she is pregnant, the child is more likely to be anxious²³. Maternal mental health is closely associated with socio-economic disadvantage and with poor emotional and social support²⁴.

Mental illness during or after pregnancy is common, affecting one in six mothers. Depressed mothers may be less responsive to their baby's efforts to engage with them and this, in turn, affects how babies bond with their mother. The first years of a child's life are essential to the development of their brain and their social and emotional capabilities. Failure to establish a close and trusting bond with at least one main carer can lead to poor developmental and behavioural outcomes for the child²⁵.

Opportunities to make a difference

Improve early child development and wellbeing and maternal wellbeing, and reduce adverse outcomes of pregnancy and infancy.

How we can do this:

- ✓ Universal routine enquiry and targeted treatment for women at risk of depression
- ✓ Ensure the needs of antenatal/ new mothers are included in the development of Part 1 of the Mental Health (Wales) measure
- ✓ Continue to develop community interventions to support new parents

Who should take action:

GPs
Midwives
Health Visitors
Families First
Communities First

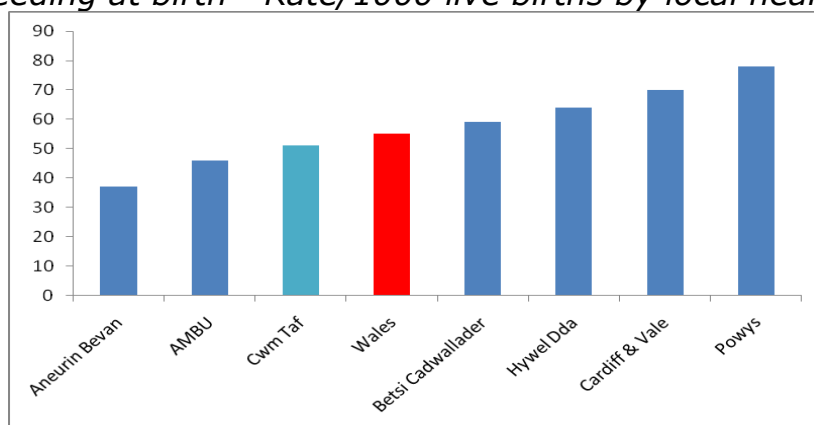


Breastfeeding

Breastfeeding gives babies protection from disease and infections, and breastfed babies are less likely to develop asthma, eczema and diabetes. Mothers who breastfeed have a lower risk of breast or ovarian cancer²⁶, and are more likely to achieve a healthy weight after giving birth. There is an inverse association between breastfeeding and socio-economic status. Low maternal age, low educational attainment and low socioeconomic position all have a strong impact on patterns of infant feeding²⁷. If babies were breastfed exclusively for the first six months, the health inequalities experienced by mothers and children in low-income families would be reduced²⁸.

In 2011, 51% of mothers in Cwm Taf initiated breastfeeding.

Figure 6: Breastfeeding at birth - Rate/1000 live births by local health board



Source: Health Maps Wales

Strategies that encourage exclusive breastfeeding for the first six months of an infant's life should be further promoted. The greatest impact is likely to be achieved by intervening in the early postnatal weeks, when the rate of discontinuation of breastfeeding is greatest. During those vulnerable first weeks, it is vital to have as much support as possible to make breast feeding easier and give baby the best start in life. The Breastfeeding Peer Supporter scheme is an important resource for mums as it provides support for mothers, from mothers who have breastfed. There are more than 20 peer supporters across the Cwm Taf Health Board area, with 17 more about to be trained.

The UNICEF UK Baby Friendly Initiative provides training for health professionals to enable them to give breastfeeding mothers the help and support they need to breastfeed successfully. All the maternity facilities in Cwm Taf Health Board have been granted the UNICEF UK Baby Friendly Award.



Opportunities to make a difference

Increase the initial breastfeeding rates in Cwm Taf and improve the prevalence of breastfeeding at 6 weeks.

How we can do this:

- ✓ Ensure that parents and carers are given consistent and accurate advice and help promote optimal nutrition for infants
- ✓ Continue to deliver a structured programme that encourages breastfeeding, using Baby Friendly Initiative (BFI) as a minimum standard

Who should take action:

Midwives
Health Visitors
Integrated Children's Centres
Flying Start
Communities First
Food Co-ops
Community support groups





Making it happen

Breastfeeding Peer Supporter Scheme

The Peer Supporters scheme was introduced in 2010 by the Welsh Government, in partnership with Agored Cymru. The course consists of around 30 hours of training and focuses on the role of a peer supporter, communication skills, the health benefits of breast feeding, how to offer practical support, how to position a baby for breast feeding and how to express milk. There are peer supporter groups in Merthyr Tydfil, Cynon Valley and Pontypridd.

Lauren's Story

When Lauren from Merthyr Tydfil, had her first child Ashia, at 17 years old, she automatically breastfed because she had support from her family who saw it as the norm. She later discovered that she was in fact one of very few young mums who did breastfeed in Merthyr Tydfil and was determined to find ways to help other mums with breastfeeding. After successfully feeding all four of her children, Ashia now 9, Tia, 7, Rio, 5 and Jaego, 2, she was asked by her health visitor if she wanted to train to become a peer supporter. She completed the training and now helps mums once a week at the Pentrebach breastfeeding group.

"When I had my daughter I soon realised however that there was little support for young mums in the community and many were either not breastfeeding or giving up very quickly because they found it difficult. I too had encountered problems when breastfeeding, but because I had support, I was able to carry on. I really wanted to be able to know more so I could help mums like me continue breastfeeding for as long as they want to."



Lauren, who is expecting her fifth child, finds that mums are often more likely to ask a peer supporter for help because they are someone like them.

"She said, 'I get asked lots of questions by mums and it's good to be able to say to them that they are not alone and what they are worrying about is completely normal. It's vital that mums can talk to other mums about breastfeeding and it would be great to have more support available across hospitals and the community.'"



Healthy Start Vitamins Scheme

We know that:

- All pregnant and breastfeeding women should take a daily supplement containing 10 micrograms of vitamin D, to ensure the mother's requirements for vitamin D are met and to build adequate stores for the baby.
- All infants and young children aged 6 months to 5 years should take a daily supplement containing vitamin D in the form of vitamin drops, to help them meet the requirement set for this age group.²⁹

The Healthy Start Scheme provides a nutritional safety net to children under the age of four and to pregnant women who receive certain benefits. All pregnant women under the age of 18 are also eligible for this scheme. Eligible families can exchange vouchers for fresh fruit, vegetables, milk and infant formula, in addition to free vitamins being provided^{30 31}.

Data from Welsh Health Supplies suggests that only six percent of the 4000 children eligible in Cwm Taf were supplied with these vitamins in 2010. This is, however, the second highest rate in Wales.

Opportunities to make a difference

The Healthy Start Vitamin Scheme represents a low cost opportunity to address inequalities in health for our most vulnerable families.

How we can do this:

- ✓ Develop a robust mechanism for awareness and distribution of the Healthy Start vitamins scheme

Who should take action:

Midwives
Health Visitors
Integrated Children's Centres
Flying Start
Communities First
Food Co-ops
Pharmacies
Healthy Pre-Schools Scheme

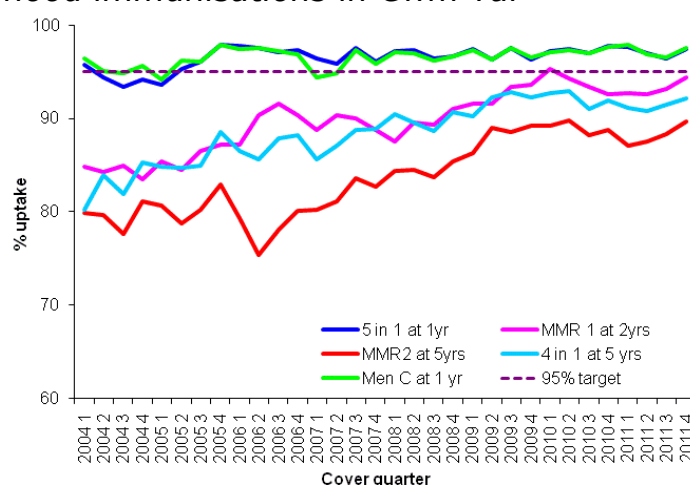


Immunisation

Immunisation is a proven tool for controlling and eliminating life-threatening infectious diseases and is one of the most cost-effective health interventions.

Childhood immunisation rates in Cwm Taf are overall the best in Wales. This has been achieved through close partnership working between the Immunisation Co-ordinator, Primary and Secondary Care staff and by taking evidence – based approach to target interventions to improve uptake.

Figure 7: Childhood immunisations in Cwm Taf



Source: COVER 101³²

Opportunities to make a difference

Continue to improve uptake in line with key measures in the Welsh Government's Programme for Government:

- % of children aged 2 who have been immunised against measles, mumps and rubella (MMR)
- % of Flying Start children fully immunised at 47 months

How we can do this

- ✓ Use evidence from COVER³² data to support GP practices with low uptake
- ✓ Flying Start Health Visitors to work with families to improve immunisation uptake in our most deprived communities

Who should take action:

GPs
Flying Start Health Visitors
Immunisation Co-ordinator
Healthy Pre-Schools Scheme



Chapter 5 Day 650-1000: Growing up

What we know

Oral health

The main oral disease of childhood is dental caries (tooth decay) and like many other diseases it increases with social deprivation. Dental caries is largely preventable. A child's first teeth (often known as milk teeth) begin to form in the jawbone in early pregnancy, and their permanent teeth also start to develop at about half way through pregnancy. Having a healthy diet and proper nutrition helps ensure that the baby receives the minerals and nutrients it needs to develop healthy teeth.

The most recent UK Child Dental Health survey (2007-08)³³ shows that since 1993 the oral health of Welsh 5 year olds has worsened. The survey shows that 47.1% of five year olds in Cwm Taf have at least one decayed, missing or filled tooth, which is similar to the figure for Wales (47.6%).

However, the range of five year olds experiencing tooth decay varies from 33% to 60% across Cwm Taf.

Opportunities to make a difference

Use the evidence base to target interventions

How we can do this:

- ✓ Brush teeth as soon as they appear
- ✓ Introduce a free flow cup from 6 months of age
- ✓ Stop using dummies and bottles by 12 months of age
- ✓ Keep sugar to meal times only. Any snacks should be sugar free
- ✓ Visit the dentist early and regularly

Who should take action:

Designed to Smile
 Healthy Pre-school Scheme
 Nurseries and Pre-school settings
 Dentists
 Midwives
 Health visitors
 Community organisations



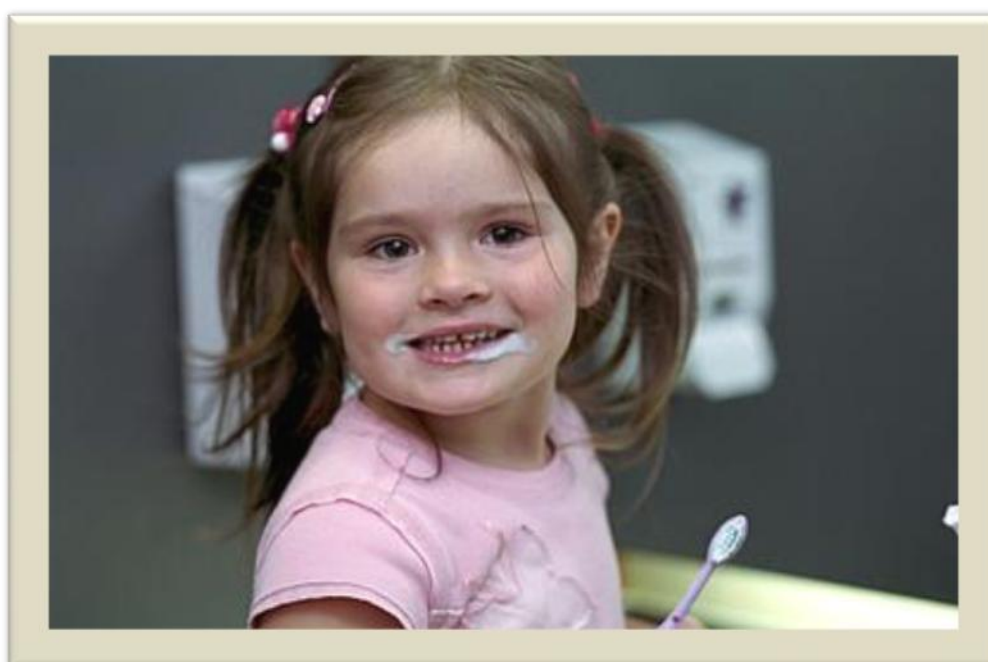
Making it happen

Designed to Smile

Designed to Smile is a national Oral Health Improvement programme to improve the dental health of children in Wales. Designed to Smile adopts a multi-agency approach using nursery and schools settings.

Schools and nurseries that participate in Designed to Smile take part in preventive programmes that include tooth brushing activities, and health promoting policies such as healthy food and drinks.

Within Cwm Taf, 101 nurseries and pre-school establishments participate in the scheme.



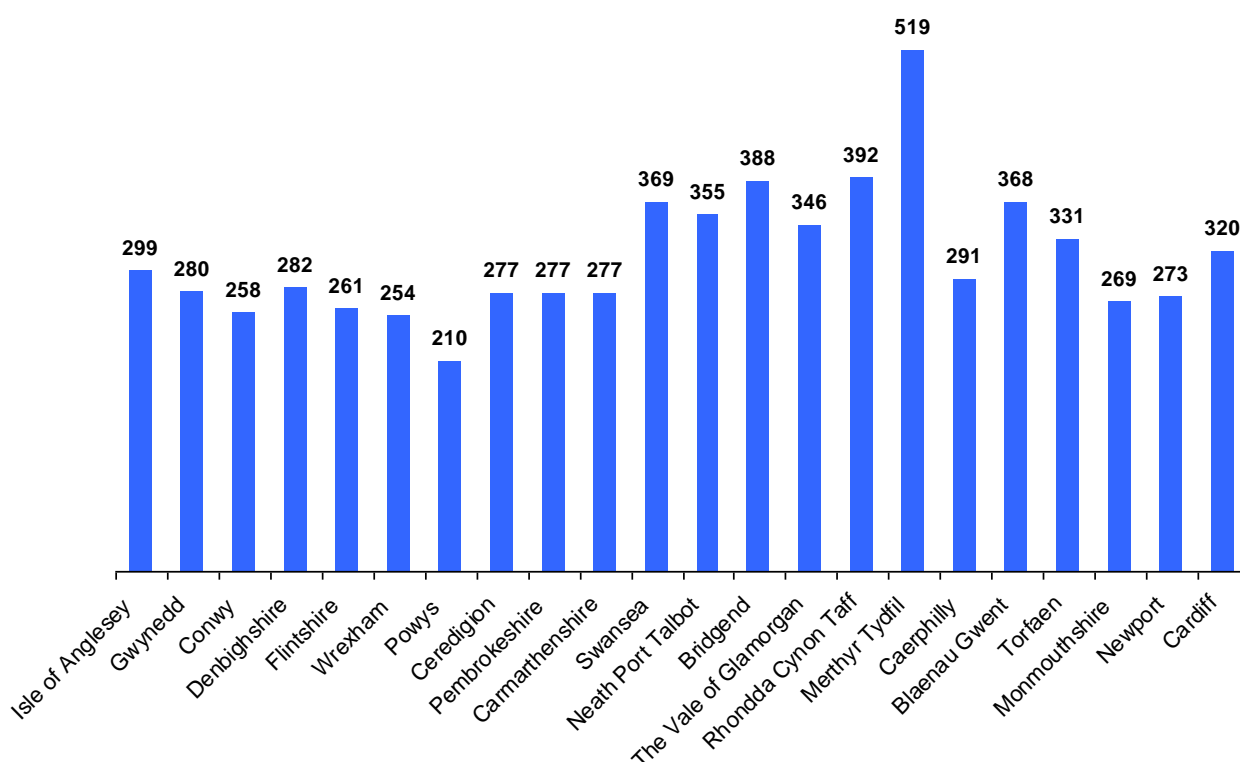


Childhood injuries

The causes of injuries are complex; a combination of individual, social and environmental factors is usually involved. The home environment is responsible for a significant number of deaths and injuries in children every year. The 0-4 age group are exceptionally vulnerable.

Evidence shows that children from families on a low income are more likely to experience an accidental injury.

Figure 8: All emergency admissions, rate per 1000 children aged 0-2, Wales LAs, 2007-2009



Source: Public Health Wales Observatory,

The evidence suggests that parenting interventions, providing home safety education within the home, appear to be effective in reducing unintentional child injury.³⁴



Opportunities to make a difference

Improve safety in the home for our most vulnerable families.

How we can do this:

- ✓ Training and resources for pre-school workers, Health Visitors, Community workers
- ✓ Child Safety Tutor Training and resources
- ✓ Delivery of Child Safety Equipment Schemes

Who should take action:

Families First
Flying Start





Making it happen

Home safety schemes in Cwm Taf

Home safety schemes operate in Merthyr Tydfil and Rhondda Cynon Taff. They aim to enable parents to create a safer home environment by making safety equipment more easily available and affordable.

Items available to purchase include –

- Fire Guards
- Radiator Guards
- Stair Gates
- Anti-Scald Plugs
- Safety Packs – socket covers, cupboards locks etc.
- Harness & Reins set

Staff involved in the schemes have attended Home Safety training to enable them to promote the wider home safety messages with parents and carers.

Health Visitors and other professionals identify and refer the families on low incomes to the schemes.



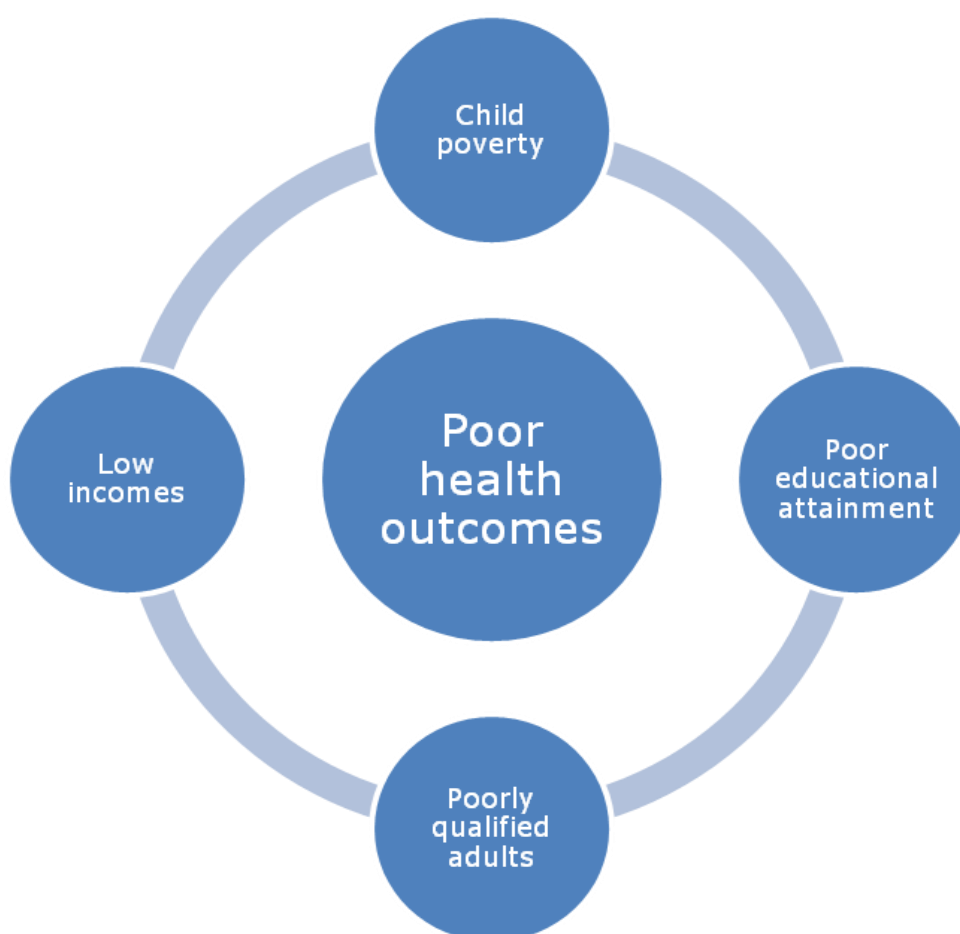
"For some families, SafeStart means the difference between no domestic safety equipment at all, and a home in which the risks to young children can be managed"

Health Professional



Chapter 6: Breaking the cycle

This report demonstrates how inequalities, particularly in the first 1000 days of life, result in poor health, social, educational and economic outcomes across the life course for parents and children, and trap many of the most disadvantaged people in a cycle of deprivation.



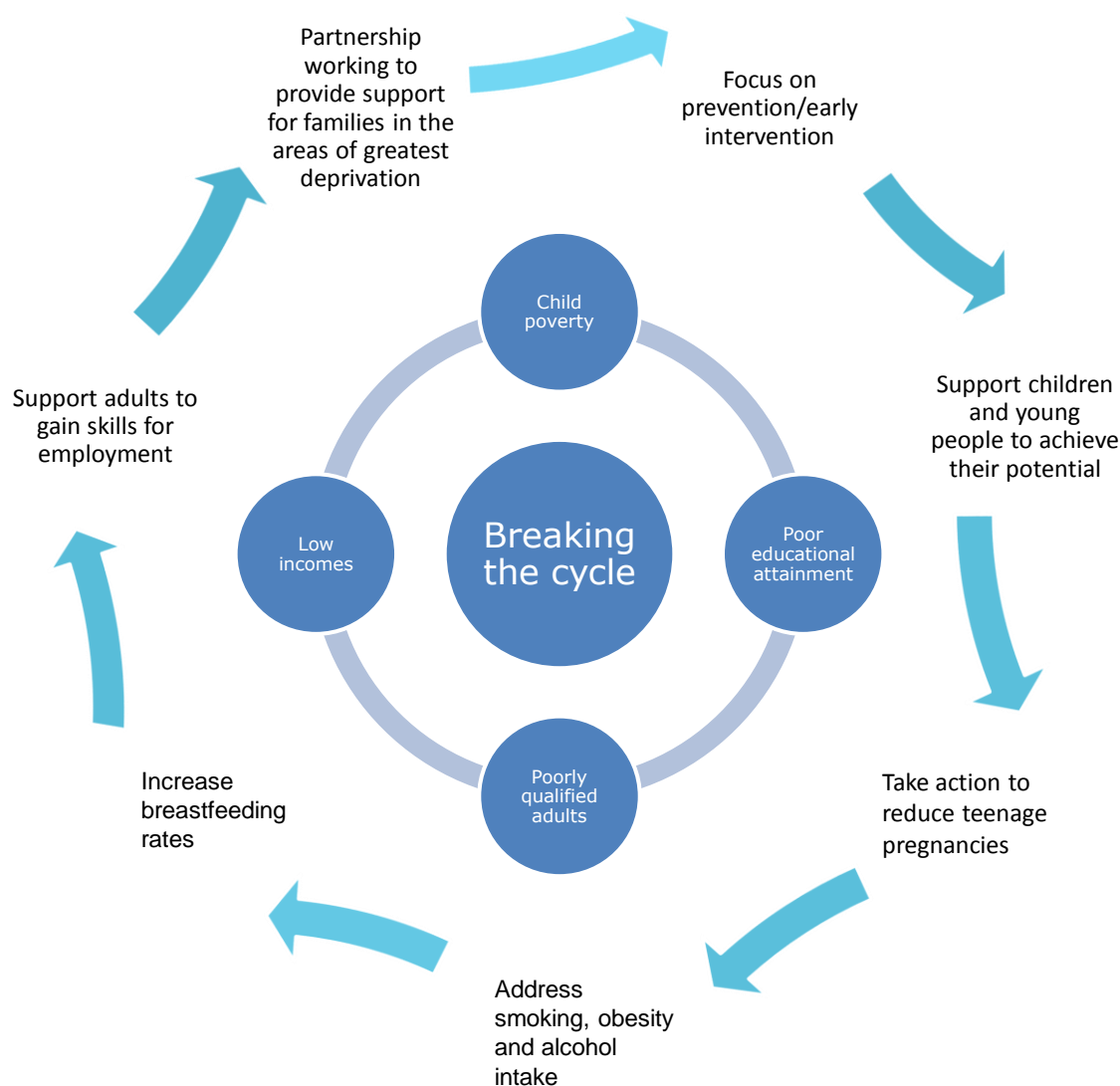
We need to influence and shape interventions at key points to break this cycle.



Effective partnership working to break the cycle

Evidence suggests that early support can reduce the likelihood of families developing more complicated and costly needs. Earlier interventions produce better outcomes and are cost effective in the long term³⁵.

There is growing acknowledgement that we need to address the needs of our children and their families holistically and not in isolation or within isolated services. Inequalities can be reduced through effective partnership working in Cwm Taf.



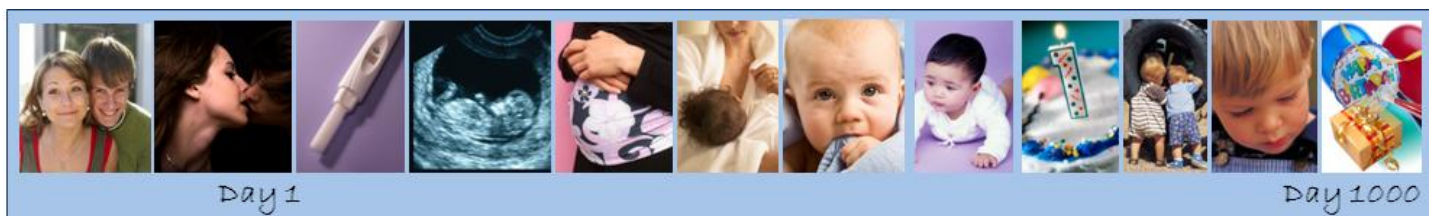


Opportunities to make a difference

A number of different programmes and services are now in place to support our most vulnerable families:

- **Families First.** Since 2010, Cwm Taf has been one of the pioneer areas for this programme, which aims to support the whole family by making sure that different services and teams work well together.
- **Flying Start** is a programme for families with children who are 0 - 3 years of age. It includes free childcare, parenting support, intensive health visitor support and support for early literacy.
- The **Communities First** programme exists to provide local people with opportunities to play an active role in shaping the future of their community and engage mainstream services. There is a wide range of work being undertaken targeted at supporting families and children.
- The **Integrated Family Support Service (IFSS)** is the Welsh Government policy to support vulnerable families with complex needs. It provides intensive targeted family support where there is some level of risk or welfare concern for the child.
- **'Team Around the Family'** models are being developed so that vulnerable families are identified effectively and their needs are assessed holistically. Partners work proactively at a local level to support families with additional needs to become resilient and independent.
- **Healthy Pre-Schools Scheme.** The scheme provides a structured framework for pre-school settings and their communities to ensure that the youngest members of our community have a very healthy start in life that in turn will bring lifelong benefits.

These are some of the mechanisms to deliver the Child Poverty Strategy for Wales and will be essential to the Single Integrated Plans being developed for Merthyr Tydfil and Rhondda Cynon Taff. It is vital that public health is also integrated in order to break the cycle of deprivation, reduce inequalities and improve health outcomes for the population of Cwm Taf.



Making it happen

The Reproductive and Early Years Pathfinder project

In Cwm Taf we are supporting the Reproductive and Early Years Pathfinder project. This was set up by Public Health Wales to develop a suite of core indicators of reproductive and early health outcomes for surveillance, to measure and track progress for each stage of the early life course (preconception, antenatal, birth up to two years).

In future we will be able to use the outcomes of the pathfinder project, when available, to provide consistent measures and data to inform Single Integrated Plans and other partnership plans.





Chapter 7: Nurturing Cwm Taf's children

Conclusion

This report demonstrates the fundamental importance of the first 1000 days to the health of babies, children and families, and the impact of inequalities experienced in our most deprived communities.

Women are the bearers of generations to come, and pregnancy is the time when the blueprint for health is set. It is therefore important to equip young people with the knowledge and skills needed to ensure that they are healthy and prepared for pregnancy and new parenthood.

This report highlights some of the low cost, high impact opportunities which can make a difference to the health of our population. It is vital that all the agencies and services which come into contact with pregnant women and young families work together in an integrated way to provide consistent information. Inequalities can be reduced by using the evidence base to target interventions in the most deprived areas.

Pregnancy, birth and the early years are special times to nurture the health of our children and give them the foundations for a healthy life.



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