

Families and education

3.1 Family environment

3.2 Looked after children

3.3 Schools and education



Key messages

- A strong stable family and good education are key components for a child's health, well-being and future prospects.
- Data from the 2011 census shows that in Wales:
 - o There are 97,500 lone-parent households with dependent children; this represents 7.5% of all households.
 - o One in 20 households has at least one dependent child and at least one person with a long-term health problem or disability.
 - o There are 28,600 children and young people providing unpaid care (3.2% of children and young people); 3,500 of these children provide more than 50 hours of unpaid care per week.
 - o For all these indicators, compared to the English regions, rates are higher in Wales.
 - o At health board and local authority level, rates for all these indicators are highest in the south Wales valleys.
- There were 5,725 children in the care of local authorities in Wales in 2012. Of these, 4,430 were in foster placements and 245 placed for adoption. The south Wales valleys have higher rates of children either in the care of local authorities or receiving care from social services. Between 2008 and 2012, there was a 27% increase in the number of foster placements in Wales. The number of adoptions increased by 17% over the same period.
- In 2012, there were 2,885 children on child protection registers in Wales, a rate of 46 per 10,000 population. At local authority level there was over a four-fold variation in rates.
- There were 18,950 children included in the Children in Need census (March 2012). This includes children who receive social services from local authorities. Almost half of children had a need for services primarily due to the risk of or actual abuse or neglect. For a fifth of children their primary need was due to disability or illness.
- There were 70,265 pupils eligible for free school meals in Wales in 2011/12 (19%). Rates of free school meal entitlement are higher in the south Wales valleys (Blaenau Gwent) and lowest in the more eastern local authority areas of Wales (Powys and Monmouthshire).
- In Wales 1.1% of half day sessions are missed due to unauthorised absences from school. This equates to over 1.4 million half day sessions. Rates are highest in Cardiff (2.2%) and Newport (1.7%) and lowest in Powys (0.3%), Monmouthshire (0.4%) and Flintshire (0.5%).
- In Wales 3.1% of pupils have a statement of special educational needs. Percentages are lower in the south Wales valleys, with lowest rates in Cwm Taf health board area. Blaenau Gwent, with a rate of 4.2%, is the exception to this and is comparable to the percentage in Carmarthenshire (4.2%) and Swansea (4.1%).
- Key stage 4 educational attainment rates are highest (better) in the Vale of Glamorgan and Ceredigion and lower in Blaenau Gwent and Merthyr Tydfil.
- Approximately 21,000 or 6% of Welsh domiciled students go onto UK Higher Education Institutions annually.

The term family, within the 2011 Census, may refer to married, civil partnered or cohabiting couples with or without children, or to lone parents with at least one child. Grandchildren may also be included.¹ Strong and stable families are described as providing the foundation of a strong and stable society and are key to ensuring children develop into healthy, happy and successful adults.² A supportive father who helps in the home, parents who read to the child, family activities, and parents who take an active interest in their children's education and career planning have been shown to be important in achieving positive outcomes.³

Children consider family, friends and school as very important when asked what was important to their overall well-being.⁴ Strong, supportive families are crucial in building cohesive communities, promoting resilience in children and ensuring good social, physical and emotional health and well-being.⁵ *Building a brighter future* sets out the commitment of the Welsh Government to improve the life chances and outcomes of all children in Wales.⁵

Education is a key determinant of health⁶ and is important because people with low levels of educational achievement are more likely to have poor health as adults.^{4,7} However it is important that any measures to improve literacy need to embrace the family as a whole and include parents in their children's education from the very beginning of their children's lives.⁸

This chapter gives information relating to lone parent households with dependent children, the provision of unpaid care, and children who are looked after by, or receiving care from, local authorities. Information is also provided about education including free school meals, absenteeism and educational attainment.

3.1 Family environment

Positive parenting has a profound effect on the personal, emotional, mental, social, intellectual and physical development of the child. Babies born to parents who understand and meet their physical and emotional needs have a good chance of reaching their full potential later in life.⁹ Positive parenting practices have a profound impact on children's development, and especially on child mental health and well-being.⁹ Parenting style strongly affects how children feel and behave. Strong and affectionate relationships between parents and children, fostered in the first three years of life, coupled with positive consistent parenting, makes a real difference to social, health and educational outcomes for children.⁹

The role of parents during a child's earliest years is the single biggest influence on their development. Good quality home learning contributes more to children's intellectual and social development than parental occupation, education or income. Parental involvement has also been described as a key factor in improving children's academic attainment and achievements, as well as their overall behaviour and attendance.¹⁰ 'The quality of care given to a baby, and the attachment that develops between an infant and its parents are significantly linked to the child's learning, educational outcomes, social skills, self-efficacy, behaviour and health'.^{5 (p.11)} The preventative and early intervention *Families First*¹¹ programme recognises the importance of multi-agency working and taking a whole-family approach to improve outcomes for children in Wales.⁵

Governments '.... agree that the education of the child shall be directed to the development of the child's personality, talents and mental and physical abilities to their fullest potential'.

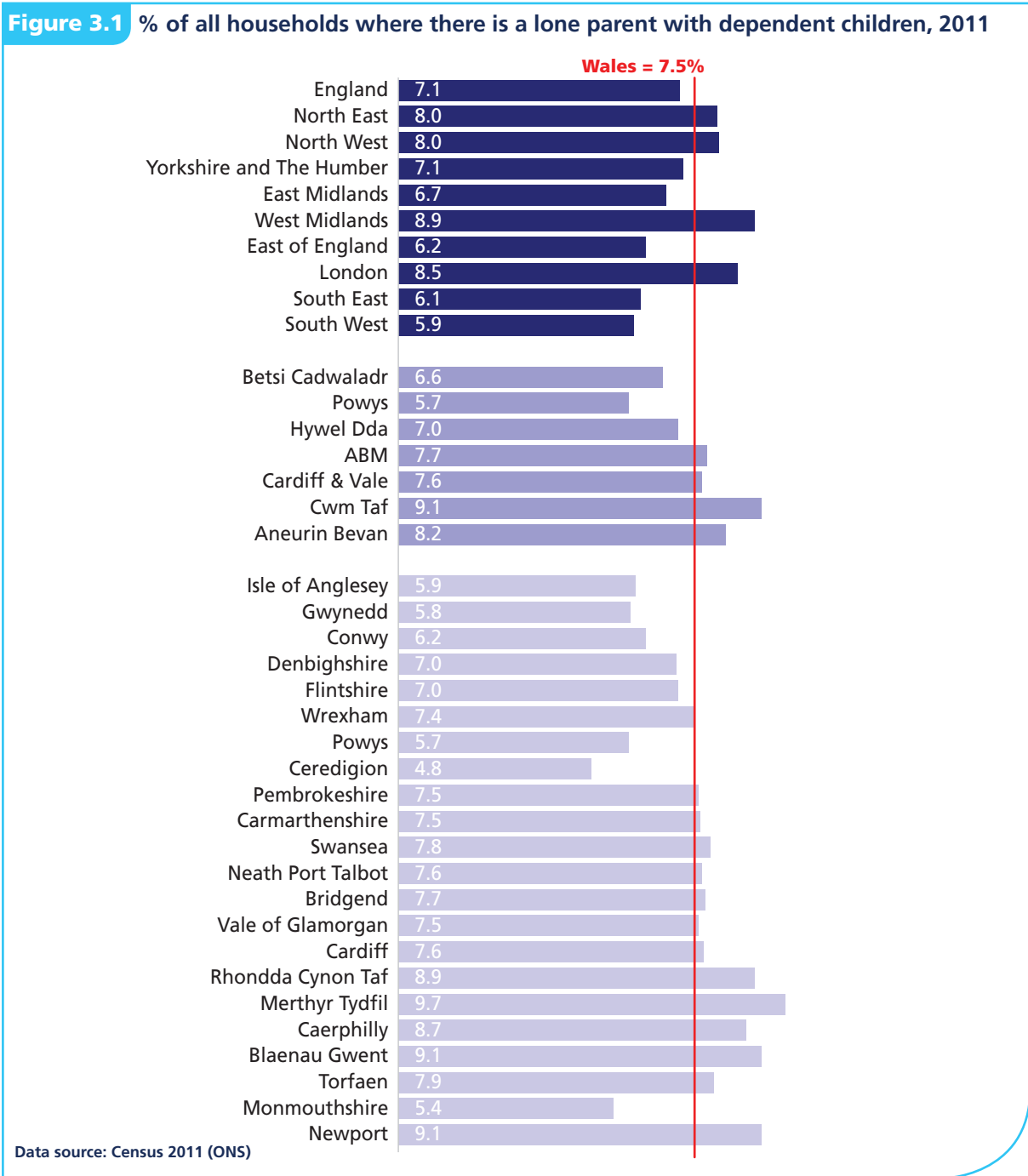
The United Nations Convention on the Rights of the Child, Article 29.1

This section examines indicators relating to the family environment including children and young people providing unpaid care, children in care and lone parent households. Figures on households with dependent children and a family member with a limiting long-term illness or disability are also included.

Lone parent families

A lone parent family consists of a father or mother living with his or her child(ren) but without a spouse, same-sex civil partner or partner in the household.¹ It has been estimated that the average duration of single parenthood is 5 years.¹²

The 2011 census shows that 97,500 or 7.5% of all households in Wales are lone parent households with dependent children. Single parent status can be associated with financial hardship; children in single parent families are twice as likely as children in two parent families to be living in poverty.¹²



The percentage of lone parent households in Wales (7.5%) is higher than in England (7.1%) (Figure 3.1). Across the English regions, the highest percentages are found in the West Midlands (8.9%) and lowest in the South West (5.9%). At the Welsh health board level the percentage of lone parent households with dependent children varies across Wales ranging from 5.7% in Powys to 9.1% in Cwm Taf.

The variation shown at health board level is reflected at local authority level. Rates are highest in south east Wales including Merthyr Tydfil (9.7%), Newport (9.1%), Blaenau Gwent (9.1%), Rhondda Cynon Taf (8.9%), and Caerphilly (8.7%).

In contrast are lowest in the more rural areas of Ceredigion (4.8%), Monmouthshire (5.4%) and Powys (5.7%). These generally more rural areas also have a higher percentage of older people. This is likely to lower the relative percentage of households with dependent children.¹³

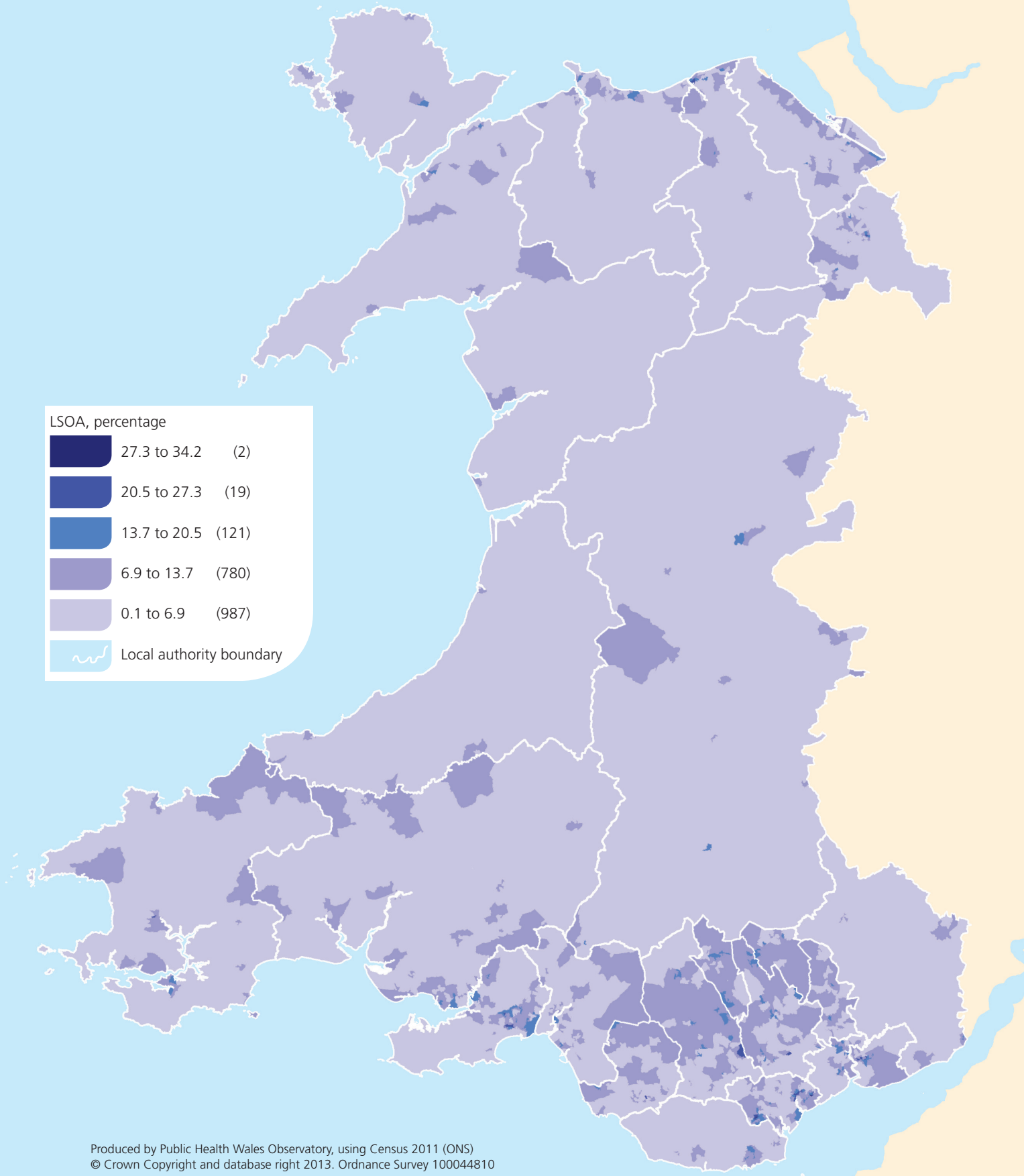
Figure 3.2 illustrates that although in most areas less than 15% of households are lone parents with dependent children, there are some areas where this is over a fifth of households. Even within areas which have a comparatively lower percentage of lone parent households with dependent children, there are LSOAs which show much higher percentages. For example, although Powys had one of the lowest rates of lone parent households with dependent children, 4 of the area's LSOAs have percentages that are more than double the local authority average. The higher percentages of lone parent families are seen in the more urban areas of Wales and across the south Wales valleys.

Persons in household with a limiting long-term illness with dependent children

A long-term health problem or disability is one that limits a person's day-to-day activities and has lasted, or is expected to last, at least 12 months.¹ A dependent child is a person aged 0 to 15 in a household (whether or not in a family) or aged 16-18 in full-time education and living in a family with his or her parent(s).¹

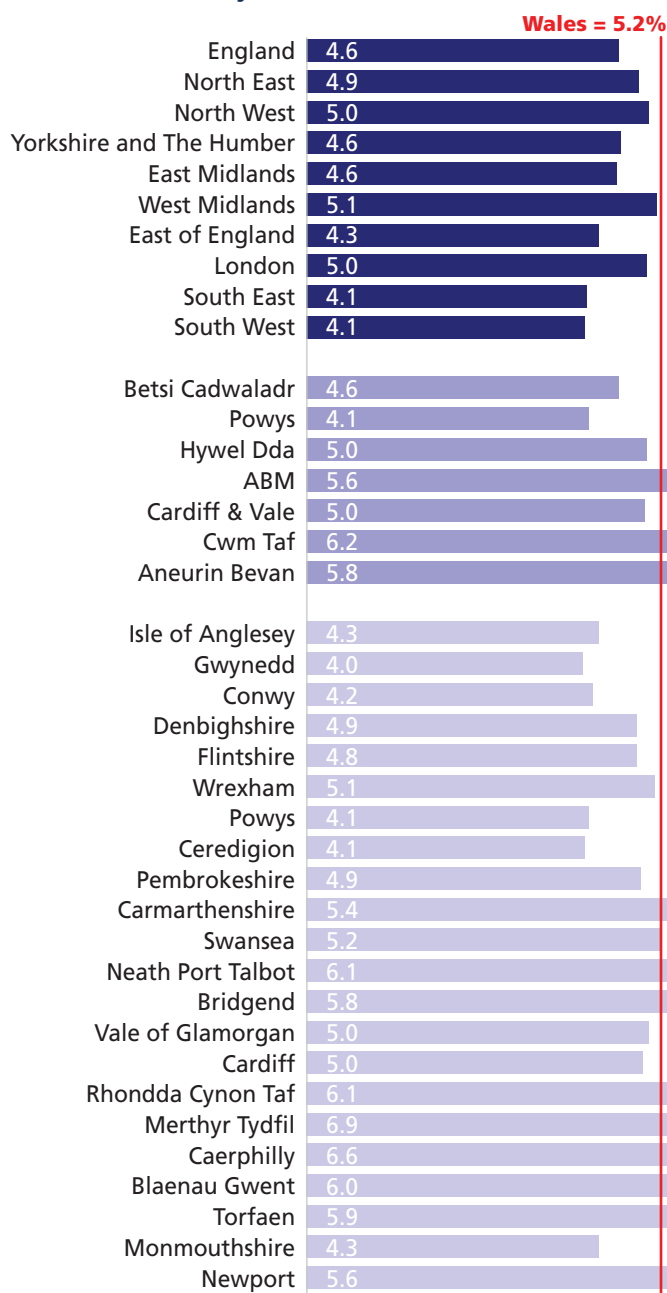
The percentage of households where at least one person has a long-term health problem or disability and dependent children (figure 3.3) is important because children living in such households may be at greater risk of missing out on the opportunities that other children have to play and learn.¹⁴ Young people living in these households may struggle emotionally and may be bullied for being, different.¹⁴

Figure 3.2 % of all households where there is a lone parent with dependent children, 2011



Produced by Public Health Wales Observatory, using Census 2011 (ONS)
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Figure 3.3 % of households with dependent children where one person has a long-term condition or disability, 2011



Data source: Census 2011 (ONS)

Compared to both English regions and England as a whole, Wales (5.2%) has the highest percentage of households with dependent children where one person has a long-term condition or disability (Figure 3.3). At the English regional level, the lowest percentage can be found in the South East and South West (both 4.1%). The highest percentage can be found in the West Midlands (5.1%), the North West (5.0%) and London (5.0%).

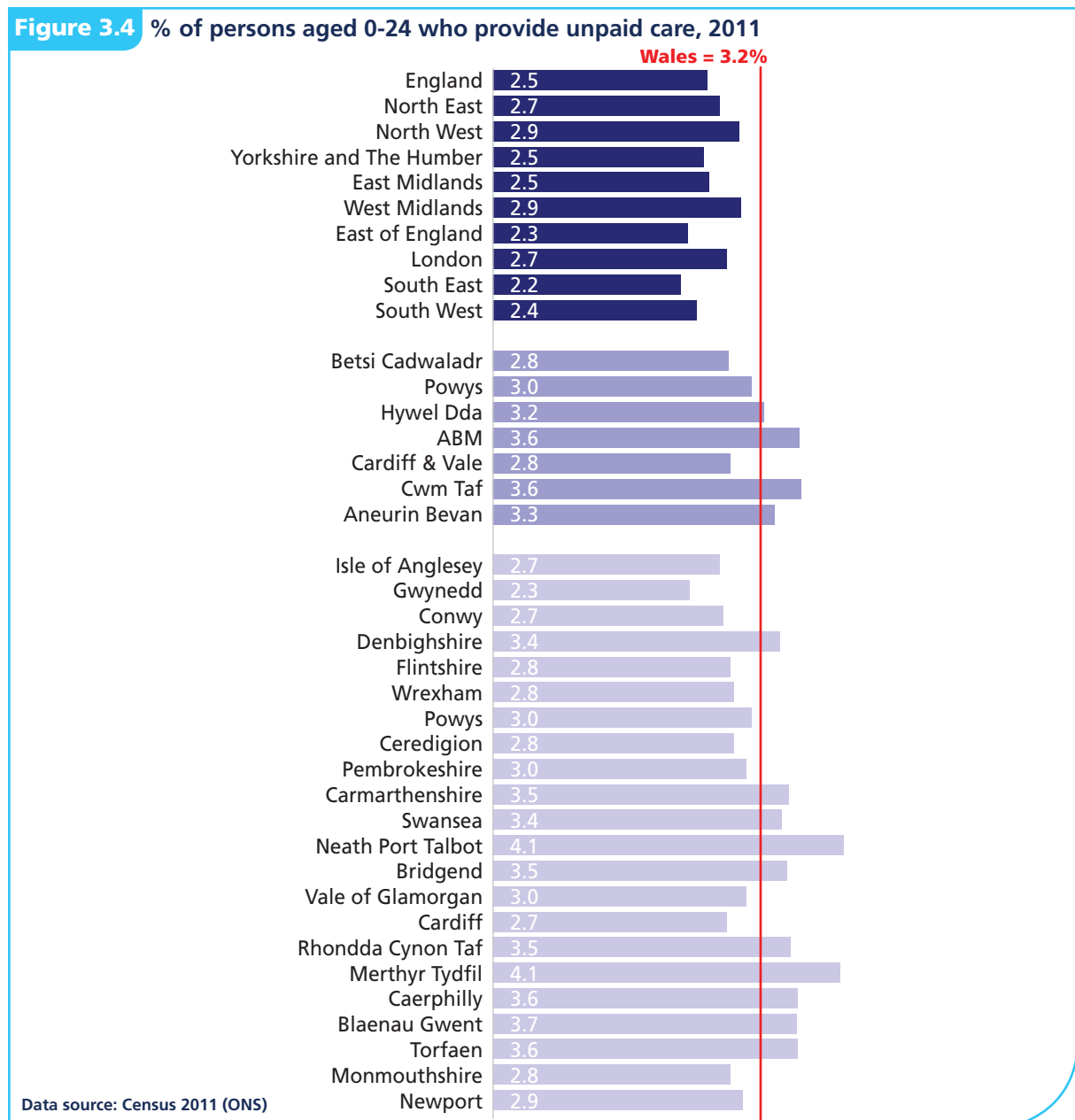
Within Wales, percentages range from 4.1% in Powys to 6.2% in Cwm Taf health board area. At local authority level, rates are lowest in Gwynedd (4.0%), Ceredigion (4.1%) and Powys (4.1%) and highest in the south Wales valley areas of Merthyr Tydfil (6.9%) and Caerphilly (6.6%).

Child carers

The provision of unpaid care in England and Wales is becoming increasingly common as the population ages.¹⁵ A person is a provider of unpaid care if they look after or give help or support to family members, friends, neighbours or others because of long-term physical or mental ill health or disability, or problems related to old age.¹ Day-to-day responsibilities of young people providing care often include cooking, cleaning, shopping, providing nursing and personal care or giving emotional support.¹⁴

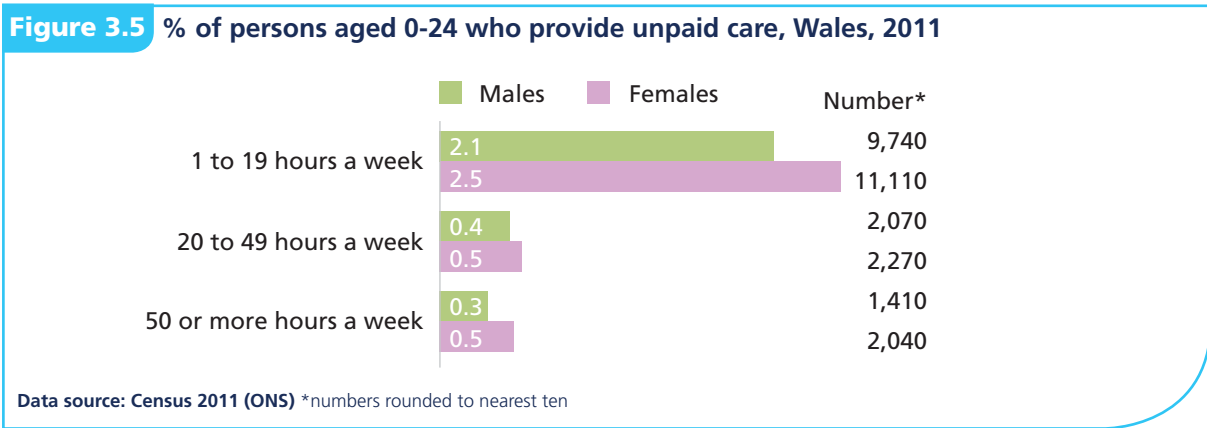
The provision of unpaid care has been described as an important social policy issue as it makes a vital contribution to the supply of care.¹⁵ Also as there is growing evidence of an adverse impact on the health, future employment opportunities and social and leisure activities of those providing unpaid care, particularly in young carers.^{14,15}

Compared to the English regions, Wales had the highest percentage of young people providing unpaid care at 3.2% (Figure 3.4). At health board level the percentage providing unpaid care ranges from 2.8% in Betsi Cadwaladr and Cardiff and Vale to 3.6% in Cwm Taf and Abertawe Bro Morgannwg.



At local authority level Neath Port Talbot and Merthyr Tydfil had the highest percentages of young people providing unpaid care (4.1%). Whilst the lowest percentage can be seen in Gwynedd (2.3%).

In 2011 there were 28,647 young unpaid carers (aged 0-24) in Wales. Of these 54% were females and 46% were males. Figure 3.5 shows that the majority of carers contributed between 1 and 19 hours of care per week. This is consistent with previously published ONS data, with a lower percentage of children and young people providing longer hours of care.¹⁶ There are approximately 21,000 people aged 0-24 years providing 1-19 hours of care (73% of all young people providing care). There are around 4,300 providing 20-49 hours of care (15% of all young people providing care) and some 3,500 provided 50 or more hours of unpaid care per week (12% of all young people providing care).



3.2 Looked after children

Children in the care of local authorities have been described as one of the most vulnerable groups in society.¹⁷

Studies suggest that around half of children in foster care have some sort of psychiatric disorder.¹⁸ Children in foster care tend to be low achievers in school, and are at high risk of entering adulthood with a low level of education.¹⁸ Parental unemployment has been identified as a significant risk factor for children in care.¹⁸

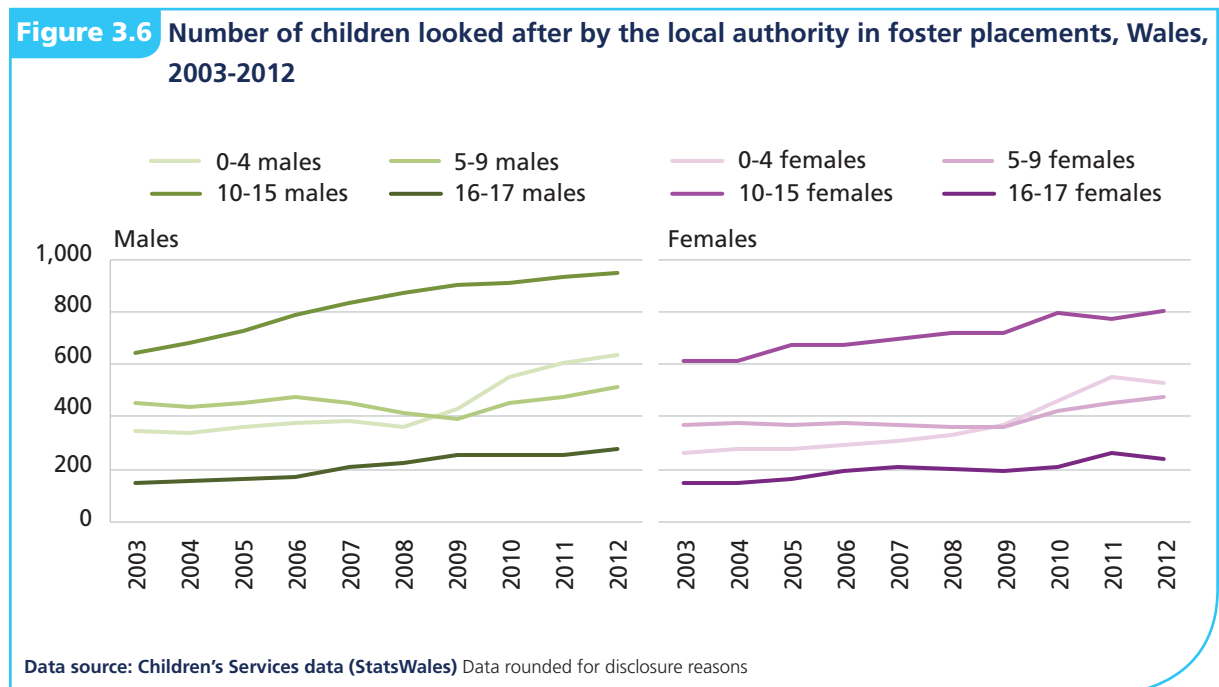
The term, looked after, is generally used to mean those children and young people who are looked after by the state. This includes those who are subject to a care order or temporarily classed as looked after on a planned basis for short breaks or respite care. Such children are generally referred to as 'children in care'.¹⁹ The majority of children who remain in care are there because they have suffered abuse or neglect (61% of looked after children in Wales in 2011/12).^{19,20} For these children, care is a vital part of the child protection and family support system.¹⁹

Fostering and adoption

Foster carers play an extremely important role, providing much needed support and security for often very vulnerable children and enabling their successful transition into independent adult life.²¹

Of the 5,725 children looked after by the local authority at 31 March 2012, 4,430 children were in foster placements and 245 were placed for adoption. The remainder lived in homes, independently or were placed with their parents or other person with parental responsibility. Over the 5-year period 2008 to 2012 there was a 27% increase in the number of foster placements in Wales. This is higher than England, which saw a 20% increase in foster placements over the same period. This increase is reported as being attributable to social workers initiating care proceedings more often following the death of 17 month old Peter Connelly, known as Baby P.²²

Figure 3.6 shows the number of children aged 0-17 and looked after by the local authority in foster placements between 2003 and 2012. Overall more boys than girls are looked after in foster placements. All age groups showed an increase in the number of children in foster placements between 2003 and 2012. Numbers are highest in the 10-15 age group and lowest in the 16-17 age group. This is consistent with the increase in the total number of looked after children in Wales which increased by over a third between 2003 and 2012 and by 24% over the 5-year period between 2008 and 2012.



Over the 5-year period 2008 to 2012, the number of children 'looked after by a local authority' who were adopted increased from 210 to 245 (17%). The number of boys aged 0-18 'looked after by a local authority' who were adopted increased by 4.5% from 110 to 115 between 2008 and 2012. The number of girls aged 0-18 'looked after by a local authority' who were adopted increased by 30% from 100 to 130. It should be noted that the relatively small numbers will result in year-on-year fluctuations.

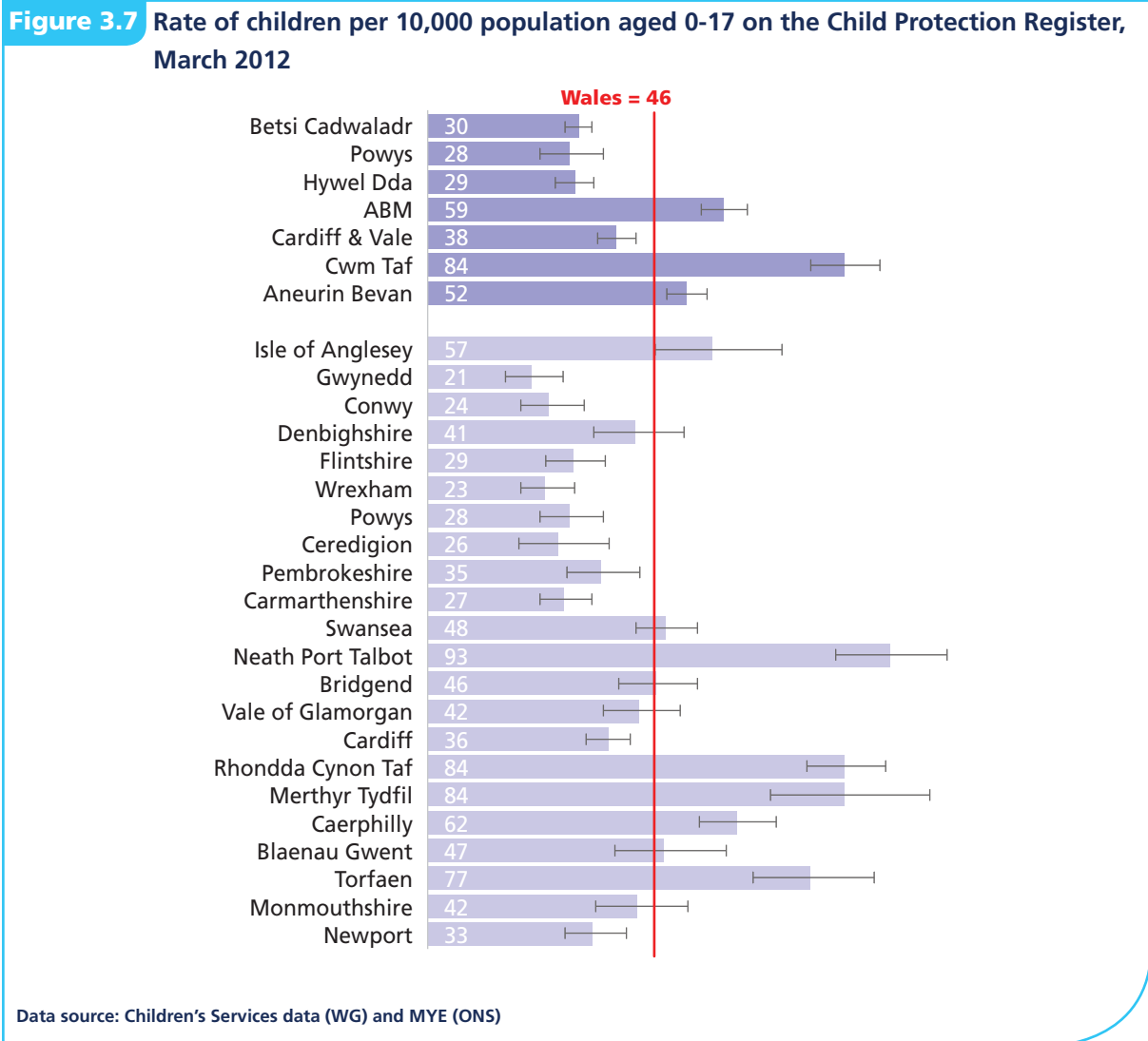
Special Guardianship Orders (SGOs) were introduced in 2005 and provide a new permanence option for children, giving a legally secure foundation for building a permanent relationship between the child and their special guardian, while preserving the legal link between the child and their birth family. Legal permanence transfers the control of where the child lives from

the parent/guardian to the local authority. The majority of SGOs are made to former foster carers.²³ There has been an increase in the number of looked after children who achieve legal permanence through SGOs. According to the Department for Education, England, there have been 2,130 SGOs in England and Wales in 2012. This represents an increase of 20% from 2011 and a 30-fold increase from the 70 SGOs in 2006.²³

Child protection register

Local authorities maintain a child protection register to record all children in the area with unresolved child protection issues and who are currently the subject of an inter-agency protection plan. Each new case is reviewed after 3 months with subsequent reviews after 6 months. Figure 3.7 presents figures about children on child protection registers in Wales. The CIs give an indication of the natural variation that might be expected around the rates.

Child protection registers contain confidential details of children who are at continuing risk of physical, emotional or sexual abuse or neglect, and for whom there is a child protection plan. A child who may have been seriously abused but who now lives in foster care and is therefore protected does not need to go on the child protection register. Registers cover each local authority and are managed by individual social services departments. Although child protection plans or child protection registrations are not a measure of the extent of the risk to children, they do give an indication of the number of children who are judged by services to be at risk of significant harm.²⁴



There were 2,900 children (0-18 year olds) on the child protection register in Wales on 31st March 2012. This equates to a rate of 46 children per 10,000 population as shown in figure 3.7. At health board level rates vary from 84 in Cwm Taf to 28 in Powys. At the local authority level there is more than a four-fold variation in rates which range from 21 in Gwynedd to 93 in Neath Port Talbot. Only a small number of local authorities display rates which are not statistically significantly different to the Welsh average of 46 per 10,000 children.

Children in need

Children in need are defined as those who receive social services from their local authorities, including children looked after by local authorities, and who had a case open for at least 3 months at the Children in Need census date of 31 March 2012. There were 18,955 children in need aged between 0 and 17 included in the Children in Need census in Wales as at 31 March 2012. This represents a rate of 300 per 10,000 children aged below 18 years.

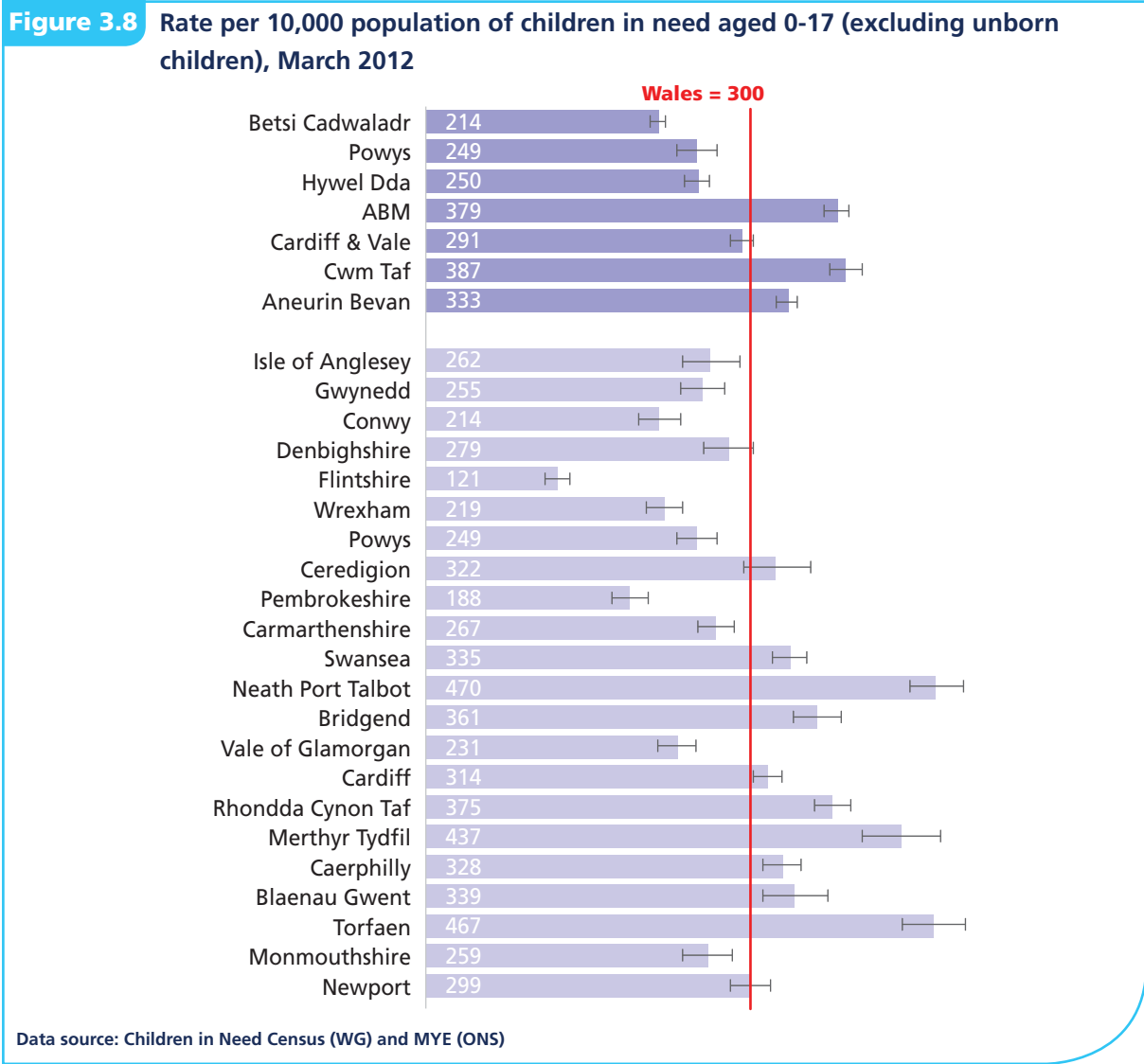


Figure 3.8 shows that at health board level, rates ranged between 214 in Betsi Cadwaladr to 387 per 10,000 population in Cwm Taf. This pattern is also reflected at local authority level where rates can be seen to be higher in the south Wales valley areas of Neath Port Talbot (470), Torfaen (476) and Merthyr Tydfil (437); and lower in Flintshire (121) and Pembrokeshire (188).

Of those children in need, 56% were male and 26% were aged under 5 years. Almost half of all children had a need for services primarily due to the risk of, or actual, abuse or neglect. Primary

need is the main reason why a child started to receive social services from the local authority. For 13%, their primary need was due to family dysfunction and for a further 7% the family was in acute stress.²²

At referral, of the parenting capacity factors recorded, domestic abuse and parental substance or alcohol misuse appeared most frequently and were each present in one fifth of all referrals. Parental mental ill health was also recorded in 15% of all referrals.²⁵ For each child, one or more factors may have been recorded at referral so children may have been counted more than once.²⁵

3.3 Schools and education

Learning is closely associated with well-being and school plays an important role in the social, emotional and behavioural aspects of children's well-being.²⁶

School is an important environment because it is where children and young people spend much of their time. Beyond academic learning, school has also been where the majority of young people learn to socialise.¹⁸

The Welsh Network of Healthy School Schemes is a Welsh Government funded initiative which aims to involve all school staff and pupils in a commitment to improve health and well-being. It aims to educate children on a range of health-related issues, including nutrition, as well as sexual and emotional health. Initiatives include healthy vending machines, drinking water in schools, fruit tuck shops and sun safety as well as encouraging a wide range of fitness activities. Participating schools can work towards achieving Healthy Schools accreditation.^{27,28}

Attending a high-quality childcare setting or early years education provider has a significant influence on a child's development.⁵ Research suggests that high-quality early education and childcare produces greater long-term benefits for our children and strongly influences their future life chances.⁵ The Welsh Government has introduced the Healthy and Sustainable Pre-School Scheme in each local authority area in Wales.²⁹ The scheme covers 7 aspects of health including nutrition and oral health, physical activity and active play, safety, hygiene, mental and emotional health, wellbeing and relationships, environment and workplace health.³⁰

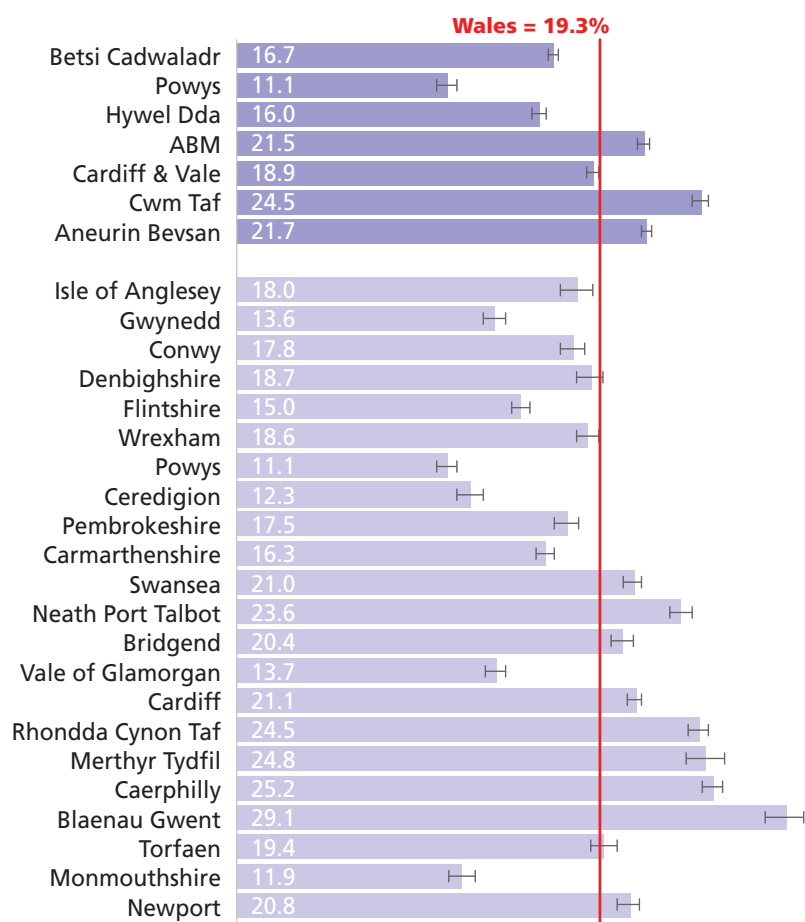
Play is described as essential for the growth in children's cognitive, physical, social and emotional development.³¹ There is an increasing understanding of the contribution of play not only to children's lives but to the well-being of their families and the wider community.³¹ In 2012, the Welsh Government produced guidance and regulations placing a duty on all local authorities to assess the sufficiency of and produce action plans for play opportunities for children in their areas.³¹

Free school meals

Pupils entitled to free school meals are within families who receive Income Support or Income-based Jobseeker's Allowance.³² Those within families who receive support under Part VI of the Immigration and Asylum Act 1999³³ may also be entitled. Children who receive Income Support or Income-based Jobseeker's Allowance in their own right are also entitled to free school meals. Also entitled are children whose parents or carers receive Child Tax Credit, do not receive Working Tax Credit and have an annual income (as assessed by the HM Revenue & Customs) of below £16,190.³² Free school meal entitlement is used as a proxy for deprivation, however, its relationship to other aspects of poverty and social exclusion is uncertain.³⁴

In 2011/12 there were 70,265 pupils (19%) eligible for free school meals in Wales.

Figure 3.9 % of pupils eligible for free school meals, persons aged 5-15, 2011/12



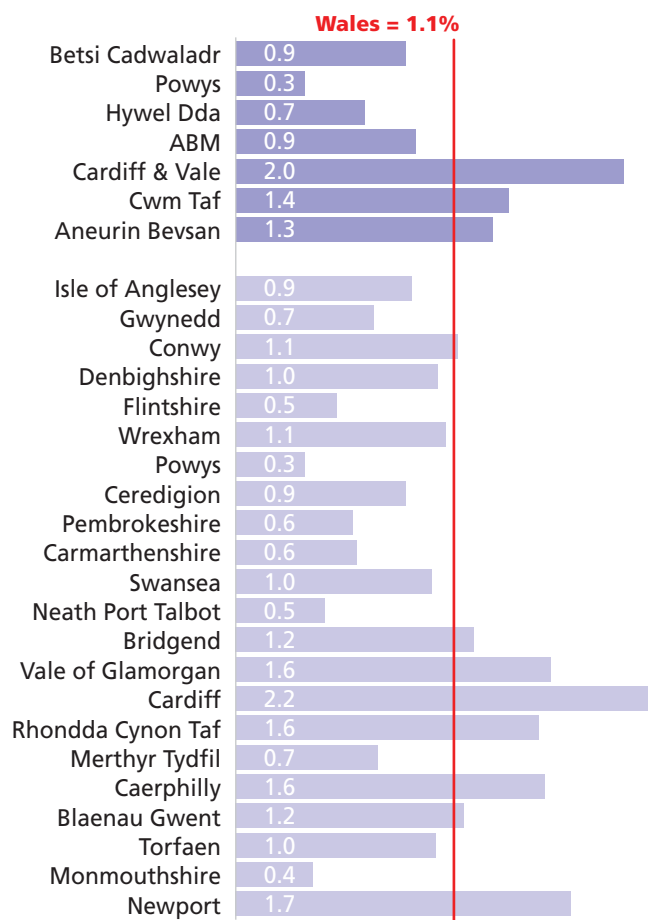
Data source: PLASC (WG)

Figure 3.9 shows, at health board level, the percentage of pupils of statutory school age eligible for free school meals are highest in Cwm Taf (25%) and lowest in Powys (11%). Local authorities with the highest percentage of free school meal entitlement tend to be located in the south Wales valleys with Blaenau Gwent (29%), Caerphilly (25%), Merthyr Tydfil (25%) and Rhondda Cynon Taf (25%) having the highest percentages. In contrast the eastern local authorities of Powys (11%) and Monmouthshire (12%) tend to have the lowest percentages of pupils entitled to free school meals. This is consistent with patterns of free school meal entitlement reported elsewhere.³⁵

Truancy

An unauthorised absence is defined as an absence from school without permission from a teacher or other authorised representative of the school. It also includes late arrivals after the closure of registration and any absence where a satisfactory explanation has not been provided.³⁶

Figure 3.10 % of half day sessions missed due to unauthorised absences, children aged 5-15, 2010/11



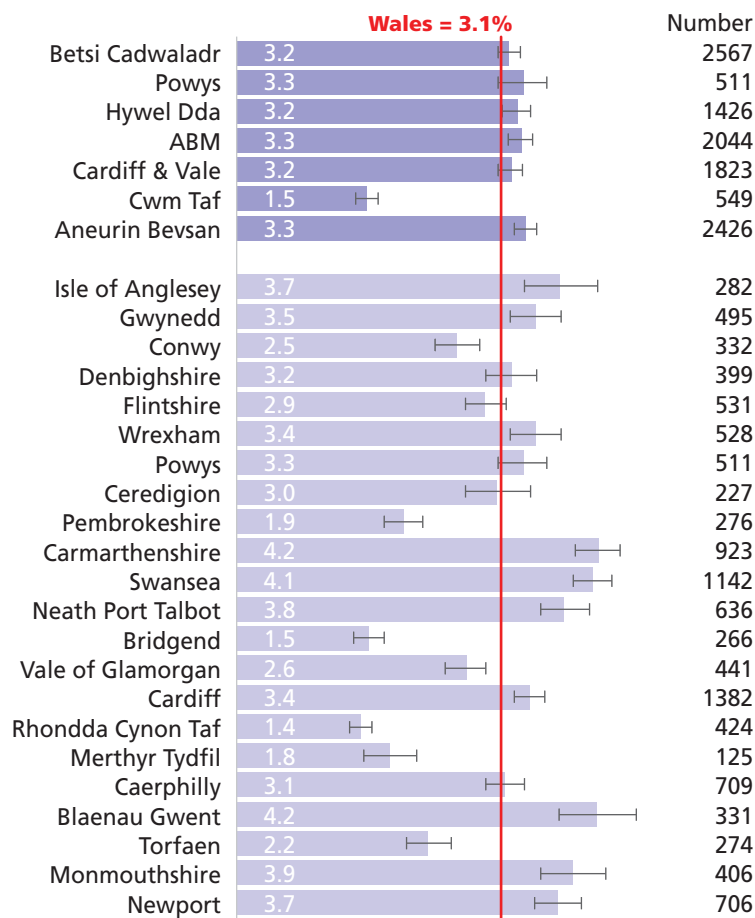
Data source: Local Education Authority data (StatsWales)

Figure 3.10 shows that in 2010/11 approximately 1.1% of half day sessions were missed in Wales due to unauthorised absence from school. At the lower level there is wide variation, ranging at health board level from 0.3% in Powys to 2.0% in Cardiff and Vale. The pattern is similar at local authority level where the percentage of half day sessions missed due to unauthorised absences is lowest in Powys (0.3%), Monmouthshire (0.4%), Flintshire (0.5%) and Neath Port Talbot (0.5%). In contrast higher rates are found in Cardiff (2.2%) and Newport (1.7%), Vale of Glamorgan (1.6%), Rhondda Cynon Taf (1.6%) and Caerphilly (1.6%).

Statement of special educational needs

Some children have needs or disabilities that affect their ability to learn. They may therefore require special educational provision to be made for them. Pupils with special educational needs (SEN) may have statements issued by the local authority which outline the child’s needs.³⁷

Figure 3.11 % of pupils with a statement of special educational need, children aged 5-15, 2010/11



Data source: School Census (StatsWales)

In 2010/11 there were 11,350 statutory school age pupils with a statement of SEN (Figure 3.11). The CIs show that for most health board areas, the percentage of pupils with a SEN statement is close to the Welsh average of 3.1%. The exceptions to this are Cwm Taf with the lowest rate of 1.5% and Aneurin Bevan and Abertawe Bro Morgannwg both with the highest rate of 3.3%. At local authority level, rates are highest in Blaenau Gwent (4.2%), Carmarthenshire (4.2%) and Swansea (4.1%) and lowest in the local authority areas of Rhondda Cynon Taf (1.4%), Bridgend (1.5%) and Merthyr Tydfil (1.8%). The low percentages in Cwm Taf health board area are of particular interest, as many of the other south Wales valleys display rates that are higher or comparable to the Welsh rate. However, local educational authority criteria for making statements of SEN may vary.

Educational attainment

Academic and vocational qualifications are increasingly important.³⁸ Those without qualifications are at a higher risk of being unemployed and having low incomes. More generally, success in acquiring formal qualifications bolsters children's self-esteem, and enhances development of self-identity.³⁸

Figure 3.12 shows the educational attainment at key stage 4 of pupils aged 15-16. The mean scores represent the average wider points score (educational attainment) of pupils at the beginning of the academic year (31st August) measured by external qualifications. A points based system allocates scores for each grade for all approved qualifications (including GCSE, BTEC and NVQs) taken by children during the final year of compulsory secondary education. This is important because it reflects the importance of children acquiring formal qualifications.³⁹ The inclusion of different qualifications that are not GCSEs allows a fairer account of educational attainment.

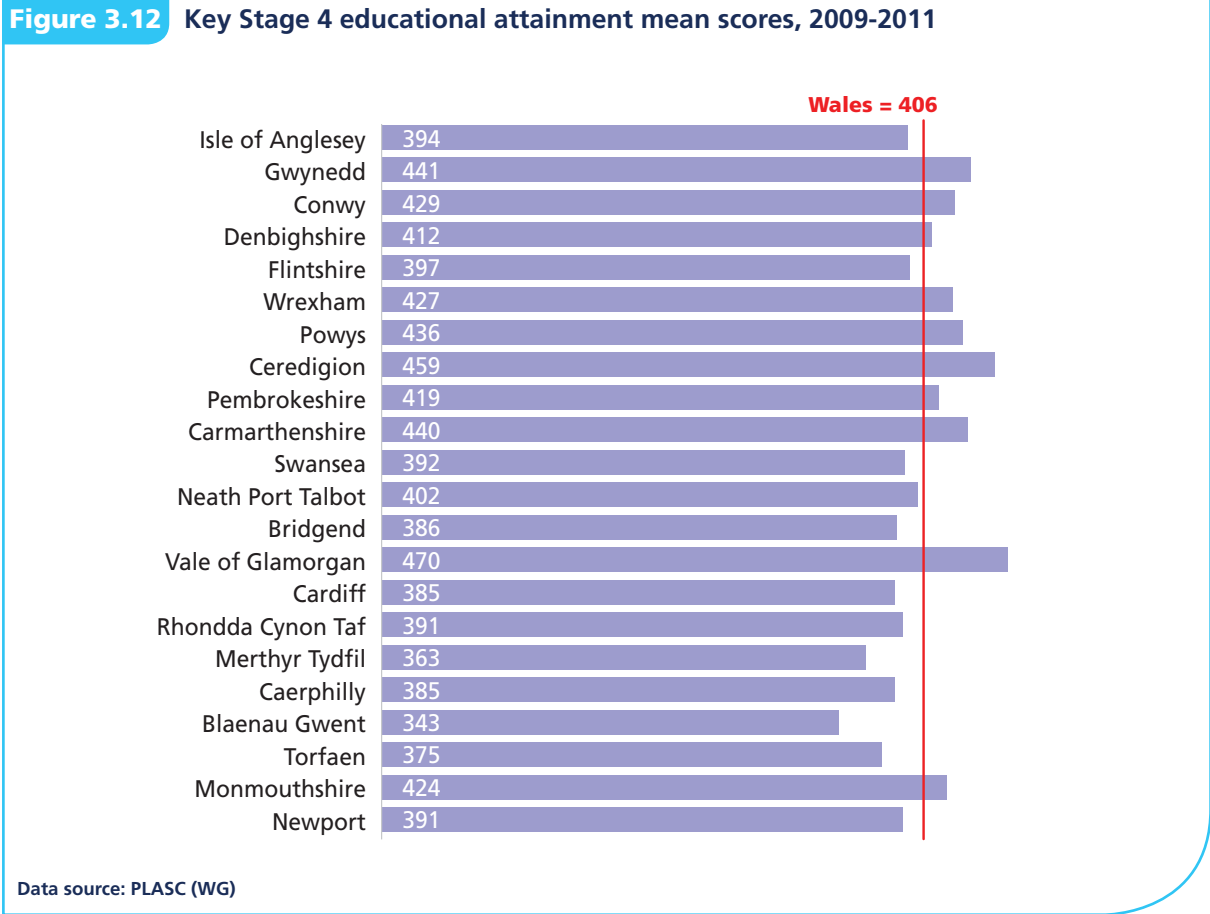
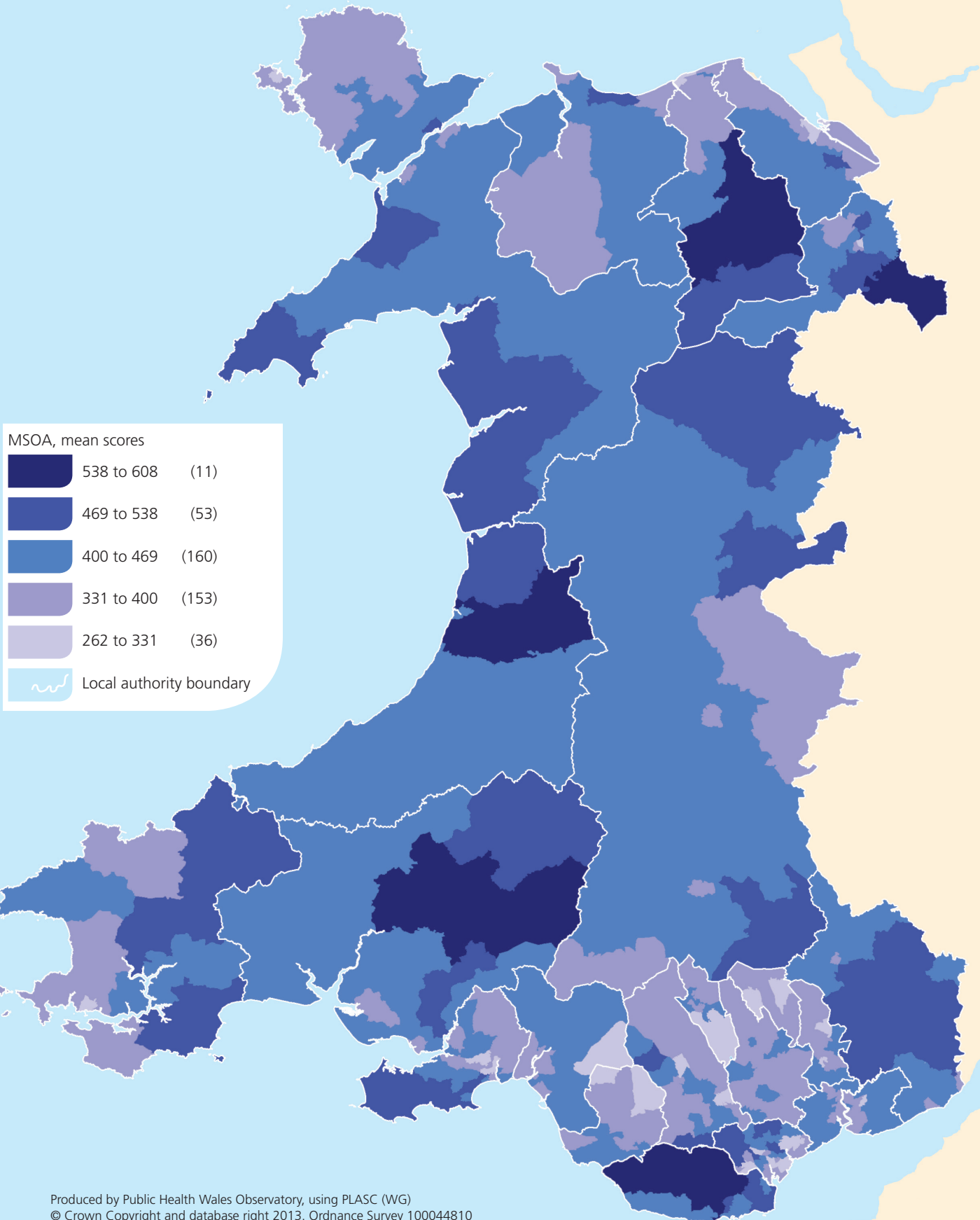


Figure 3.12 shows that compared to the Welsh average of 406, mean scores are highest in the Vale of Glamorgan (470) and Ceredigion (459), representing a higher level of educational attainment, and lower in Blaenau Gwent (343) and Merthyr Tydfil (363), suggesting a comparatively lower level of educational attainment.

Key stage 4 educational attainment at MSOA level (figure 3.13) relates to the area of residence of pupils and not the location of the schools.

Figure 3.13 Key Stage 4 educational attainment mean scores, Wales MSOAs, 2009-2011



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MSOAs exhibiting higher mean scores and therefore indicating higher levels of educational attainment can be found within Wrexham, Denbighshire, Ceredigion, Carmarthenshire and the Vale of Glamorgan. In contrast MSOAs displaying lower mean scores, suggesting lower levels of educational attainment can be found predominantly in the south Wales valleys of Torfaen, Blaenau Gwent Merthyr Tydfil, Rhondda Cynon Taf, Bridgend and Neath Port Talbot. Pockets of lower educational attainment can also be seen within the urban centres of Cardiff, Newport and Swansea.

Higher education

Gaining an education is one of the key determinants of health and low levels of education are directly associated with lower confidence, poor health and more stress.⁴ In a competitive job market, academic and vocational qualifications are important.³⁸

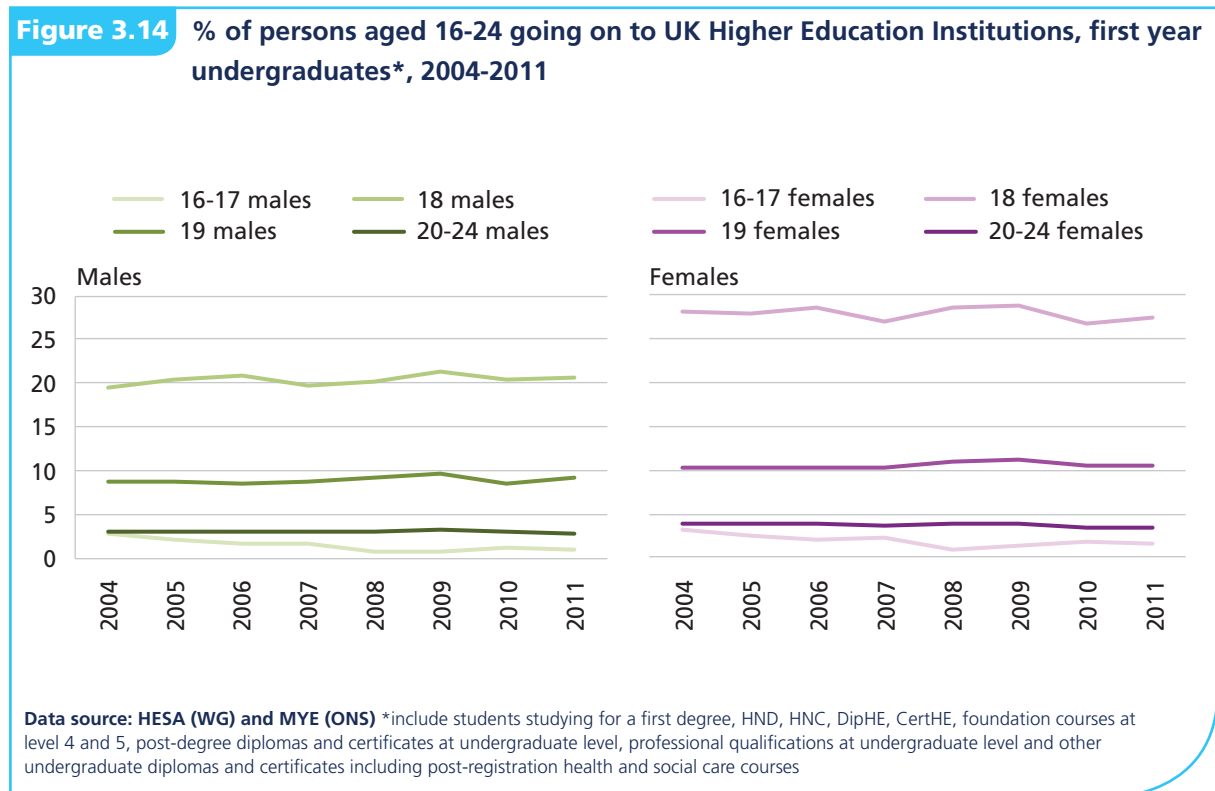


Figure 3.14 shows the percentage of Welsh young people going onto UK Higher Education Institutions, of which there are around 21,000 annually. Most young adults who go on to higher education start their studies aged 18. A greater percentage of females go on to higher education than males in all age groups. Rates are fairly static although more variation can be seen within the 18 year old age group. Full time enrolments have shown an increase over the period, tailing off slightly since the peak in 2009/10. This general increase in first year enrolments at undergraduate level may well be explained by more students deciding to enter higher education immediately rather than delay entry and necessitate paying increased tuition fees starting in the 2012/13 academic year.⁴⁰ In contrast, part-time enrolments have shown a general decrease over the period. This decrease in part-time undergraduate enrolments is the subject of a report commissioned by the Welsh Government in 2010. The report identifies potential barriers to part-time provision which are mainly related to funding.⁴¹

References

1. Office for National Statistics. 2011 *Census glossary of terms*. [Online] 2013. Office for National Statistics Census Programme, 2013. Available at: <http://www.ons.gov.uk/ons/guide-method/census/2011/census-data/2011-census-data/2011-first-release/2011-census-definitions/2011-census-glossary.pdf>
2. Department for Education. *Children and young people families*. Available at: <http://www.education.gov.uk/childrenandyoungpeople/families>
3. Schoon I, Bartley M. Growing up in poverty: the role of human capability and resilience. *The Psychologist* 2008; 21:24-27.
4. Office for National Statistics. *Most children are happy, particularly with their family and friends* Part of Measuring national well-being, Children's well-being release. Available at: <http://www.ons.gov.uk/ons/rel/wellbeing/measuring-national-well-being/children-s-well-being/sty-children-s-well-being.html>
5. Welsh Government. *Building a brighter future. Early years and Childcare plan*. Available at: <http://wales.gov.uk/docs/dcells/publications/130716-building-brighter-future-en.pdf>
6. World Health Organization. *Health impact Assessment (HIA). The determinants of health*. Available at: <http://www.who.int/hia/evidence/doh/en/>
7. University of London. *Fair society, healthy lives. The Marmot Review*. London: 2010. Available at: <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report>
8. Bonci A. *A research review: the importance of families and the home environment*. 2011 revision. London: National Literacy Trust; 2011. Available at: http://www.literacytrust.org.uk/assets/0000/7901/Research_review_importance_of_families_and_home.pdf
9. Betsi Cadwaladr University Health Board. *Executive Director of Public Health, 2011, Annual Report The early years – building the blocks for future life*. 2011. Available at: <http://www.wales.nhs.uk/sitesplus/documents/861/Annual%20Report%20-%20Executive%20Director%20of%20Public%20Health%202011.pdf>
10. Department for Education. *Children and young people. The role of parents in a child's learning*. [Online] 2012. Available at: <http://www.education.gov.uk/childrenandyoungpeople/families/a00203160/role-of-parents-in-childs-learning>
11. Welsh Government. *Families First*. [Online]. 2013. Available at: <http://wales.gov.uk/topics/childrenyoungpeople/parenting/help/familiesfirst/?lang=en>
12. Gingerbread. *Statistics*. [Online]. Available at: <http://www.gingerbread.org.uk/content.aspx?CategoryID=365>
13. Office for National Statistics. *2011 Families and households in England and Wales 2011*. [Online]. 2013. Available at: http://www.ons.gov.uk/ons/dcp171776_296986.pdf
14. Barnardo's. *Young carers*. [Online]. Available at: http://www.barnardos.org.uk/what_we_do/our_projects/young_carers.htm
15. Office for National Statistics. *2011 census analysis: unpaid care in England and Wales, 2011 and comparison with 2001*. [Online]. 2013. Available at: http://www.ons.gov.uk/ons/dcp171766_300039.pdf
16. Office for National Statistics. *Providing unpaid care may have an adverse effect of young carers' general health*. [Online]. 2013. Available at: <http://www.ons.gov.uk/ons/rel/census/2011-census-analysis/provision-of-unpaid-care-in-england-and-wales--2011/sty-unpaid-care.html>
17. Department for Education. *Children and young people. Children in care*. [Online]. 2013. Available at: <http://www.education.gov.uk/childrenandyoungpeople/families/childrenincare>
18. RICHE. Research inventory of child health. *A report on roadmaps for the future of child health research in Europe. A European Commission Framework 7 Project 2010-2013*. Available at: <http://www.childhealthresearch.eu/Members/jkilroe/report-on-the-roadmaps-for-the-future-of-european-child-health-research/view>
19. NSPCC. *An Introduction to looked after children*. [Online]. Available at: http://www.nspcc.org.uk/Inform/resourcesforprofessionals/lookedafterchildren/introduction_wda88884.html
20. Welsh Government. *Adoptions, outcomes and placements for children looked after by local authorities, Wales, 2011-12*. SDR 162/2012. [Online]. 2012. Available at: <http://wales.gov.uk/docs/statistics/2012/120927sdr1622012en.pdf>

21. Department for Education. *Children and young people foster care*. [Online]. Available at: <http://www.education.gov.uk/childrenandyoungpeople/families/fostercare>
22. The Independent. 2012. *Foster system at breaking point as 10,000 children go into care. Thursday 12th April 2012*. [Online] Available at: <http://www.independent.co.uk/life-style/health-and-families/health-news/foster-system-at-breaking-point-as-10000-children-go-into-care-7637593.html>
23. Office for National Statistics. *Statistical Bulletin. Adoptions in England and Wales, 2012*. [Online]. 2013. Available at: http://www.ons.gov.uk/ons/dcp171778_322848.pdf
24. NSPCC. *Child protection register statistics 2013*. [Online]. 2013. Available at: http://www.nspcc.org.uk/Inform/research/statistics/child_protection_register_statistics_wda48723.html
25. Welsh Government. *Wales children in need census, 2011*. SDR 32/2012. [Online]. 2012. Available at: <http://wales.gov.uk/docs/statistics/2012/120229sdr322012en.pdf>
26. Welsh Government. *2011 Children and young people's wellbeing monitor for Wales*. Cardiff: WG; 2011. Available at: <http://wales.gov.uk/docs/caecd/research/110328cypmonitoren.pdf>
27. Public Health Wales. *A taste of success for Carmarthenshire pupils*. [Online]. 2009. Available at: <http://howis.wales.nhs.uk/sitesplus/888/news/22599>
28. Public Health Wales. *Pembrokeshire event celebrates Healthy School achievements*. [Online]. 2012. Available at: <http://howis.wales.nhs.uk/sitesplus/888/news/22502>
29. Welsh Government. *Healthy and sustainable pre-school scheme*. [Online]. 2013. Available at: <http://wales.gov.uk/topics/health/publications/health/guidance/scheme/?lang=en>
30. Public Health Wales. *Preschool health scheme launched*. [Online]. 2012. Available at: <http://www.wales.nhs.uk/sitesplus/888/news/22287>
31. Welsh Government. *Creating a play friendly Wales*. [Online]. 2012. Available at: <http://wales.gov.uk/docs/dhss/publications/121102playen.pdf>
32. Welsh Government. *Free school meals*. [Online]. 2013. Available at: <http://wales.gov.uk/topics/educationandskills/schoolshome/foodanddrink/freeschoolmeals/?lang=en>
33. *Immigration and Asylum Act 1999*. Chapter 33. [Online]. 1999. Available at: http://www.legislation.gov.uk/ukpga/1999/33/pdfs/ukpga_19990033_en.pdf
34. The Poverty Site. *Wales concentrations of poor children*. [Online]. Available at: <http://www.poverty.org.uk/w19/index.shtml>
35. National Assembly for Wales. 2010. *Child poverty in figures*. [Online]. 2010. Available at: <http://www.assemblywales.org/10-053.pdf>
36. Welsh Government. *Absenteeism by pupil characteristics, 2011/12*. SB 51/2013. [Online]. 2013. Available at: <http://wales.gov.uk/docs/statistics/2013/130515-absenteeism-pupil-characteristics-2011-12-en.pdf>
37. UK Government. *Children with special educational needs (SEN)* [Online]. Available at: <https://www.gov.uk/children-with-special-educational-needs/overview>
38. The Poverty Site. *Educational attainment at age 16*. [Online]. Available at: <http://poverty.org.uk/26/index.shtml>
39. Welsh Government. *Examination results in Wales, 2010/11*. [Online]. 2011. Available at: <http://wales.gov.uk/docs/statistics/2011/111130sdr2212011en.pdf>
40. Welsh Government. *SB 17/2013 Statistical Bulletin Students in Higher Education Institutions – Wales, 2011/12*. [Online]. 2013. Available at: <http://wales.gov.uk/docs/statistics/2013/130221-students-higher-education-institutions-wales-2011-12-en.pdf>
41. Welsh Government. *Research into part-time Higher Education Supply and Demand*. [Online]. 2011. Available at: <http://wales.gov.uk/about/aboutresearch/social/latestresearch/researchparttimehe/?lang=en>