

FTD 43

Ymateb gan: Grŵp Cyngtori Arweinyddiaeth Deieteg Cymru a'r Rhwydwaith Deietegwyr Iechyd y Cyhoedd yng Nghymru

Response from: Wales Dietetic Leadership Advisory Group (WDLAG) and Public Health Dietitians in Wales (PHDiW) Network

WDLAG is a Statutory Advisory Group to the Welsh Therapies Advisory Committee (WTAC). Membership comprises Heads of Service and Operational Dietetic Managers from all NHS Wales Health Boards/LHB and Velindre Trust, and representation from Registered Dietitians in Public Health Wales and Cardiff Metropolitan University. It's role is to address issues relevant to managing Nutrition and Dietetic Services in NHS Wales and to provide specialist dietetic advice to WTAC.

PHDiW are a group of Specialist Dietitians employed within University Health Boards or Public Health Wales (NHS). Public Health Dietitians provide credible and unbiased nutrition information, accredited training and resources to support key settings (such as nurseries, schools, and care homes), organisations (such as Communities First, Families First and the voluntary sector), communities, and members of the public to make healthy food choices with knowledge and confidence. Community Dietitians are trusted stakeholders frequently engaged in a range of local and national working groups, and have assisted, or led in the development of food/ nutrition related policies and guidelines, including the All Wales Obesity Pathway, Food and Health Guidelines for Early Years and Childcare Settings and the Nutrition in Community Settings Pathway.

We welcome this opportunity to submit written evidence. Good nutrition and healthy weight gain in pregnancy is essential to mitigate against the risk of child and adult obesity and other chronic conditions. This period represents a critical window of opportunity to influence lifelong health.

Promote and protect the health and wellbeing of children from pregnancy (for example through positive parenting, high immunisation rates and tackling smoking in pregnancy).

1. Nutrition during pregnancy and in the first years of a child's life provides the essential building blocks for brain development, healthy growth and a strong immune system. High pre pregnancy Body Mass Index (BMI) and excess gestational weight gain (GWG) are consistently shown to be associated with later childhood obesity.
2. All Wales dietetic services have developed a one day "Eating for 1: Healthy and Active for 2" training course for community midwives. It supports them to raise the issue of weight sensitively and appropriately and to provide consistent, evidence based nutrition messages. This is delivered through the All Wales *Nutrition Skills for Life*TM (NS4L) programme and is accredited by the Community Practitioners and Health Visitor Association (CPHVA). Midwives and maternity support workers can also access the NS4L Community Food and Nutrition Skills course (accredited by Agored Cymru) to support them in promoting health and managing obesity in pregnancy. Further information about NS4L can be found here <http://www.publichealthnetwork.cymru/en/topics/nutrition/nutrition-skills/>
3. Dietitians, in partnership with Lead Midwifery Educators in Welsh Universities, have developed a programme of nutrition and healthy weight training. This has been incorporated into the midwifery degree course in Cardiff, Swansea and Bangor Universities.
4. Led by Cardiff and Vale UHB All Wales Nutrition Training Co-ordinator, Foodwise in Pregnancy, a 6 week structured weight management in pregnancy programme has been developed. Details of the programme are embedded below along with further information:

Annex 1 – Foodwise in Pregnancy Standard

Annex 2 – Foodwise in Pregnancy

5. Opportunities for Foodwise in Pregnancy to be incorporated into NHS maternal obesity pathways and local service and commissioning plans in all health boards should be explored further. For example, Foodwise in Pregnancy has been incorporated into the 'Best Start' – Maternal Obesity (Education Pathway) programme in Cwm Taf UHB; Best Start targets pregnant women with BMI >30kg/m² at their booking appointment to attend group education delivered as a multi-component intervention.
6. Cwm Taf UHB also delivers, Bump Start – a Maternal Obesity programme in partnership with midwifery services. Funded by RCT Families First, it supports obese women to manage their gestational weight gain. Women who attend the Bump Start Programme (BMI ≥ 35kg/m² at 12 week dating scan) in addition to their ante natal care receive 3 x 30 minute dedicated dietetic consultation at 16, 24 and 36 weeks and benefit from one to one sessions with the Maternal Obesity dietitian. Dietetic evaluation of the programme from September 2016 shows many positive outcomes and a summary is embedded for further information.

Annex 3 – Bump Start Maternal Obesity Service

Deliver improved child health outcomes across Wales (for example prevention of obesity and the promotion of health-enhancing behaviours for every child such as eating a well balanced diet, playing actively, and having an appropriate weight and height for their age and general health).

7. Dietetic service across Wales that contribute towards improved child health outcomes range from primary prevention and early intervention through to specialist clinical paediatric tertiary services. Some examples are provided here and we would welcome the opportunity to provide further information if this would be of interest to the committee.

8. Primary prevention and early intervention

Nutrition Skills for Life™ dietitians across Wales deliver accredited level 2 Community Food and Nutrition Skills training for the Early Years. This supports all staff working with children under 5 years of age and their

families to increase their knowledge, skills and confidence around the provision of optimum nutrition and how this supports a child's growth, development, emotional and social resilience. This work links fully with the Foundation Phase requirements and supports settings to achieve recognised good practice schemes such as the Gold Standard Healthy Snack Award and Tiny Tums/Boliau Bach Certificate (North Wales) as well as national good practice schemes such as the Healthy and Sustainable Pre-School Scheme.

9. Where additional dietetic capacity is available through Flying Start, an enhanced service is provided. It includes practical shopping and cooking skill development in families to support sustained positive behaviour changes at a family level (Get Cooking) and in some areas supporting parents with weight management (Foodwise for Life). In Cardiff Flying Start, families are supported at the time of introducing solids foods through weaning parties, delivered by Health Visitors and nutrition trained Community Nursery Nurses. The Flying Start and paediatric dietetics teams have provided a full day training on 'complementary feeding' in addition to the level 2 NS4L training, to support CNNs with 16 week 'weaning visits' undertaken with every Flying Start family (as part of Healthy Child Wales Programme). Fixed term Healthy and Sustainable Pre-Schools Scheme funding to March 2017 has enabled additional delivery of training and support to childcare settings simultaneously with implementing changes within their childcare provision and wider families.
10. A recent audit undertaken with Flying Start Health Team managers and Dietetic Service managers showed that whilst all 22 programmes are accessing nutrition skills training through the NS4L programme, only 4 programmes fund a dedicated dietetic service. There is an opportunity, with appropriate resource, to utilise the successful, award winning *Nutrition Skills for Life*[™] (NS4L) training model and integrate this into other national schemes and programmes including Flying Start. This would ensure that all populations covered by Flying Start programmes across Wales can benefit equally. A prudent "once for Wales" approach

would enable a service that is efficient and equitable, quality assured and delivered by appropriately qualified health professionals.

11. Welsh Government has committed to development of food and nutrition standards for early years settings. We wholeheartedly support this proposed development and strongly recommend this is a priority for action.
12. Welsh Government, in their Healthy Child Wales Programme, set out the planned contact children and their families can expect from health boards during the first 1,000 days. Ongoing nutrition training, refresher training, professional dietetic advice and support for midwives, maternity support workers, health visitors, community nursery nurses and the wider early years workforce is essential to enable them to pass on evidence based nutrition messages and fulfil their public health role. Further supporting information including NS4L training available is provided in the attached document.

Annex 4 – Nutrition Skills for Life and Flying Start

13. Dietitians in Wales are aware that Qualifications Wales are reviewing the Health and Social Care Regulated Qualifications including childcare and play work. This is an opportunity to ensure nutrition and hydration is included in the core component of the qualification. It would ensure all childcare staff have nutrition knowledge and skills to support children and families to access a nutritious diet. Dietetic capacity is needed to support high quality, effective training and assessment.
14. Universal provision of vitamin supplements is a cost effective way of promoting good maternal health, healthy pregnancies and child outcome <http://cheme.bangor.ac.uk/documents/transforming-young-lives/CHEME%20Transforming%20Young%20Lives%20Summary%20Eng%20WEB%200.2.pdf> Page 5. The Healthy Start scheme is promoted throughout our NS4L training programme to ensure eligible families receive their

entitlement for vouchers for food and vitamins. Families report difficulty accessing Healthy Start vitamins in many areas of Wales and this requires improvement.

15. We support recommendations for universal provision of Healthy Start vitamins for women and children and systems need to be put into place across Wales to improve access through pharmacies and other retail outlets.

16. Dietitians have worked with the All Wales Medicines Strategy Group to write guidance for pharmacists, pharmacy technicians and other health care professions to support them to provide advice to families about appropriate vitamin supplements for those who may not be eligible for vitamins provided through the Healthy Start scheme. The guidance can be found here

<http://www.awmsg.org/docs/awmsg/medman/Vitamins%20for%20Babies,%20Children,%20and%20Pregnant%20and%20Breastfeeding%20Women.pdf>

17. Primary Care

Dietitians provide comprehensive first line information e.g. Hywel Dda Health Board dietetic service has developed intranet page which other health professionals can access and disseminate to parents in the case that a referral to a Paediatric Dietitian is not appropriate / does not meet their referral criteria, or while a family is waiting to be seen by the service. They provide Health Visitor talks and training and upload this information to our intranet page for easy access. This helps to ensure that Health Visitors are providing evidence based and appropriate information to mothers of young infants and children and referring to us if needed. They also ensure that a holistic approach is taken in all our interfaces with children and their parents – providing information on healthy eating and lifestyles, general breastfeeding and infant feeding and referring families to community or specialist services when required

18. Cwm Taf UHB paediatric dietetic service have commenced a **Cow's Milk Protein Allergy (CMPA) project** to tackle inappropriate usage of specialist formula and cow's milk protein free diets in children who have not received a formal diagnosis of CMPA. It aims to provide information to GPs and health visitors on diagnosis pathways and appropriate prescribing; engage with families and health visitors to undertake challenges with cow's milk foods/breast milk/formula, if diagnosis was not formally made; and provide information to families and supporting health professionals on appropriate weaning diets for those with confirmed diagnosis.

19. Specialist paediatric dietetic services

The acute paediatric dietetic team at the Childrens Hospital for Wales (CHfW) plays a role in maximising the nutritional potential of babies and children referred with a range of medical conditions including metabolic, endocrine, respiratory, renal, oncological, gastrointestinal, food allergic/intolerant, neurological, acute brain injured and dysphagic problems. A specialist dietitian provides a service to the special care baby unit. The Paediatric Dietitians are up to date in implementing the latest research, providing expert advice to the carers of babies and children attending the CHfW e.g. Learning Early About Peanut allergy (LEAP) study relating to peanut exposure. The team provides regular teaching sessions to other Health professionals as well as patient support groups (e.g. Crohn's in Childhood Research Association (CICRA) and Coeliac UK) on aspects of infant/child nutrition and care.

Tackle child health inequalities, with a specific focus on child poverty and disabled children.

20. **Multi-disciplinary patient-centred clinic models**

Children with feeding difficulties that are under the care of both the dietitian and speech and language therapy are offered joint clinic appointments within some health board dietetic services e.g. Cwm Taf UHB. Dietary intake

is reviewed and advice is provided on modification of nutritional intake and techniques to improve functional feeding ability; both of which aim to optimise nutritional intake. The joint approach reduces the need for families to travel to multiple hospital appointments, making their attendance at clinic more likely, enabling them to receive advice that will improve the child's' nutritional and feeding difficulties.

21. **Availability for telephone contact for Neonatal Outreach nurses and health visitors** Cwm Taf UHB health visitors and neonatal outreach nurses are able to utilise telephone contact with clinician dietetic service for general advice relating to feeding and optimising nutritional intakes. This open access enables these children to have timely, evidence based guidance from the community teams and, negates the need for patients to be referred into out-patient clinic.

22. In Cardiff Flying Start dietetic service, work has been undertaken with homeless hostels including a mother and baby unit and Gypsy Traveller community to promote cooking skills and education on accessing a healthier diet. Through Cardiff dietetic families first programme training has been provided to parents of children with special needs on nutrition and cooking skills. The RBA scorecard for Cardiff Flying Start dietetic team 2015–2016 is attached to provide further detail.



11018|RBA.pptx

23. Changes to the Communities First programme structure and organisation in Wales may result in a loss of staff already trained in nutrition through NS4L and a reduction in accessible community nutrition initiatives. We feel strongly that this trained workforce is an asset that should be protected. 200,000 children in Wales are likely to experience negative health outcomes due to factors including poor diet (<http://www.rcpch.ac.uk/system/files/protected/page/SOCH->

[recommendations-Wales-eng-lang.pdf](#) : p6). For socially disadvantaged families practical issue such as lack of food skills can restrict the attainment of a healthy diet. Programmes such as the accredited Get Cooking/Come and Cook and Foodwise for Life programmes that are working well, with a sound evidence base and robust evaluation should continue to be prioritised and supported within future tackling poverty programmes.

24. The Welsh Board of the British Dietetic Association call on Welsh Government to recognise that good nutrition from an early age is essential for prevention of obesity, diabetes and other chronic conditions. The calls to action can be found here https://www.bda.uk.com/about/corporate/boards/wales_board_call_to_action



Foodwise in Pregnancy Standard Evaluation Framework and Quality Assurance Guidelines.

Terms and conditions for delivery of Foodwise in Pregnancy training.

Introduction.

Foodwise in Pregnancy is a six week structured programme that promotes healthy weight gain during pregnancy. It is delivered as part of the all Wales **NUTRITION SKILLS FOR LIFE™** programme and is designed to be delivered by appropriately trained healthcare staff including Maternity Support Workers (MSWs), Dietetic Support Workers (DSWs) and/or Dietetic Assistant Practitioners (DAPs). It promotes healthy eating and being active during pregnancy and covers a range of topics including; guidance for what is a healthy weight gain, the Eatwell Guide, food safety, important vitamins and minerals, tips for managing healthy portions, benefits of staying active, reading food labels and planning healthy meals for a family. Following training, staff who go on to deliver Foodwise in Pregnancy must have ongoing supervision with a registered dietitian.

Evaluation data is collected on an all Wales basis to measure programme outcomes and the extent to which the aims and objectives of the programme have been met. This guidance document sets out the standard evaluation framework and governance requirements for all partner organisations to agree to before delivering the programme.

Aims and objectives of Foodwise in Pregnancy

- Build capacity within the workforce to enable staff to deliver 6 week structured healthy weight gain in pregnancy programme to help women avoid gaining too much weight during pregnancy.
- Provide a standardised approach for implementation and evaluation of Foodwise in Pregnancy across Wales, promoting consistent messages and methods to support women to make sustained lifestyle behaviour change.
- Work in partnership with other services to ensure signposting to appropriate activities in relation to food and physical activity.
- Link in with other national initiatives such as Change4Life, National Exercise on Referral Scheme, food co-ops, walk for health, Get Cooking and Come and Cook schemes.
- Include a focus on lower socioeconomic groups and women with a BMI >25kg/m².

Delivery of Foodwise in Pregnancy.

The Foodwise in Pregnancy programme has been developed as 6 x 1-2 hour sessions for delivery over approximately 6 weeks within health and community venues. Each session consists of structured discussions, group work and activities where participants can learn more about food and nutrition.

On completion of training Foodwise in Pregnancy facilitators are provided with a facilitator manual. This includes all learning and teaching resources needed to deliver the programme such as lesson plans, quizzes, games, group activities and evaluation tools. A programme handbook is provided for participants that includes worksheets and handouts and supporting literature from the Change4Life and Start4Life campaigns.

Competencies required for Foodwise in Pregnancy delivery.

In the delivery of any service, it is essential that those who are in the front line should be adequately prepared to carry out the tasks expected of them. Users have the right to expect that those who deliver the service are competent to do so. Public Health Dietitians are responsible for designing a supervision system that protects the client and maintains the highest possible standards of training and information. Staff who intend to become Foodwise in Pregnancy facilitators should therefore be appropriately trained and supported to ensure that the activity can be undertaken competently¹. In line with these requirements for quality assurance it is essential that a mechanism is agreed between facilitators and dietetic services for ongoing supervision, quality assurance and programme evaluation. The supervision system developed is as follows:

- ❖ Facilitators **must** complete the following essential nutrition training before delivering Foodwise in Pregnancy;
 1. Agored Cymru accredited Level 2 Community Food and Nutrition Skills (CFNS) training (3 credits) delivered by Registered Dietitians (30 guided learning hours).
 2. Facilitating Foodwise in Pregnancy training, a half day delivered by Registered Dietitians.
- ❖ Refresher nutrition training (1 day) delivered by Registered Dietitians to be completed every 2 years.
- ❖ Facilitators can also be encouraged to access other continuing development opportunities including Level 3 Award in Education and Training or Level 4 Certificate in Education and Training. Some facilitators may choose to undertake the Professional Certificate in Education or, for graduates, the Professional Graduate Certificate in Education (Post Compulsory Education and Training).

In addition to providing nutrition training (as listed above) Public Health Dietitians will provide the following support for facilitators:

- ❖ On completion of the required training, facilitators will be eligible to access the learning and teaching resources for the delivery of Foodwise in Pregnancy from Public Health Dietetic Services. Standard learning and teaching resources will provide up to date, evidence based nutrition information. Prior to programme delivery resources and support requirements will be agreed with dietetic services. This will ensure a consistent approach to programme delivery by a range of partner organisations across Wales.

Quality Assurance.

Completion of the essential training requirements and use of standardised, evidence based learning and teaching resources for Foodwise in Pregnancy will ensure delivery requirements are met. For quality assurance, facilitators will be observed by a registered dietitian during the delivery of courses. This will ensure facilitators remain 'on message' and identify whether additional training and support is needed. Dietitians in your area will arrange the observed sessions with the facilitator when planning the programme. A minimum of one observed session per programme will be required in the first 12 months of delivery. In some instances, for example if delivering for the first time, the dietitian may agree to observe 50% of the sessions e.g. 3 out of 6 Foodwise in Pregnancy sessions. A minimum of one observed session per facilitator per year will be required thereafter. A written record will be available from the dietitian (Appendix 1) to confirm quality assurance requirements have been met.

Results based accountability

The Results Based Accountability approach will be used to monitor the impact of Foodwise in Pregnancy, to monitor the extent to which programme objectives are met and to ensure consistency across Wales. Performance measures will be identified and data will be collected using standard evaluation questionnaires. Data will be collected for outcomes of staff training and

Foodwise in Pregnancy (Appendix 2) including anthropometric data (Appendix 3). Data collection and completion of annual report cards to present the findings will be the responsibility of the lead Public Health Dietitian in each Health Board area. Partner organisations will be required to collect the following data;

- ❖ Completed evaluation forms for each Foodwise in Pregnancy participant at the end of the programme (Appendix 2) including anthropometrics (Appendix 3).
- ❖ Completed evaluation forms are to be given to a named individual from the Public Health Dietetic Team, to input into the **NUTRITION SKILLS FOR LIFE™** database.

Public Health Dietitians will;

- ❖ Produce an annual RBA report card including Foodwise in Pregnancy programme performance.
- ❖ Provide learning and teaching resources and professional support for the delivery of Foodwise in Pregnancy

References

1. Supervision, accountability and delegation of activities to support workers: A guide for registered practitioners and support workers (2006)

Appendices

Appendix 1. Confirmation of quality assurance by Public Health Dietitian.

Appendix 2. Foodwise in Pregnancy end of programme evaluation questionnaires.

Appendix 3 Foodwise in Pregnancy anthropometric data.



Appendix 1.

Record of quality assurance by Public Health Dietitians

Course Name:

Course code:

Level:

Credits:

Tutor Name:

Venue:

Start date:

End date:

TUTOR TRAINING

Training undertaken by Tutor	Date completed	Dietitian name	Dietitian signature
Agored Cymru Level 2 Community Food and Nutrition Skills			
Facilitating Agored Cymru nutrition training			
Refresher nutrition training completed within 2 years			

INTERNAL VERIFICATION (IV) AND QUALITY ASSURANCE (QA)

Date of IV/ QA observation	Comments	Dietitian signature

Appendix 2



Foodwise in Pregnancy- Evaluation Form

5

Venue:

Date:

Foodwise in Pregnancy is a new programme and to measure how effective it is we want to collect certain information. We would be grateful if you would take the time to complete this questionnaire.

1 How do you rate the following features of the Foodwise in Pregnancy programme?

		Excellent	Good	Adequate	Poor
a	Whole programme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	Handbook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	Teaching methods food models / group work / discussions / activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2 How do you rate the following features of the Foodwise in Pregnancy venue?

		Excellent	Good	Adequate	Poor
a	Location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	Room: size / temperature / facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	How convenient was the time of the session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3 Was the length of each session...

- Too Short Too Long Just right

4 Was the length of the course...

- Too Short Too Long Just right

5 Would you recommend Foodwise in Pregnancy to other pregnant women?

- No Yes

Please give details of why:

6 Was there anything which was not included in the Foodwise in Pregnancy programme which should have been?

- No Yes

Please give details:

7 Did you learn anything about food and nutrition in pregnancy that you did not know before?

No Yes

Please give details:

8 How do you feel about managing your weight since attending Foodwise in Pregnancy?

Much more confident Same Less confident
 More confident Much less confident

9 How do you feel about your food and nutrition knowledge since attending Foodwise in Pregnancy?

Much more confident Same Less confident
 More confident Much less confident

10 How do you feel about reading food labels since attending Foodwise in Pregnancy?

Much more confident Same Less confident
 More confident Much less confident

11 How do you feel about cooking healthy meals for yourself since attending Foodwise in Pregnancy?

Much more confident Same Less confident
 More confident Much less confident

Diet & Lifestyle changes

12 How often do you cook for yourself since attending Foodwise in Pregnancy?

More often Same Less often

13 How active are you since attending Foodwise in Pregnancy?

More active Same Less active

14 Since attending Foodwise in Pregnancy do you feel you have been able to make any changes to...

		Yes	No	Does not apply
a	Your diet	<input type="checkbox"/>	<input type="checkbox"/>	
b	Your family's diet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	Your activity levels	<input type="checkbox"/>	<input type="checkbox"/>	
d	Your family's activity levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	How often you cook for yourself	<input type="checkbox"/>	<input type="checkbox"/>	
f	How often you cook for your family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15 Which of the following statements best describes your eating pattern before attending Foodwise in Pregnancy?

- Regular meals daily Miss a meal occasionally Miss meals regularly

16 Which of the following statements best describes your eating pattern since attending Foodwise in Pregnancy?

- Regular meals daily Miss meals regularly
 Still miss a meal occasionally Same as before

17 In the list below indicate where you have made changes since attending Foodwise in Pregnancy.

		<u>Eat more</u>	<u>Eat the same</u>	<u>Eat less</u>
a	Fruit including fresh / frozen / tinned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	Salad & Vegetables including fresh / frozen / tinned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	Sugar and sweet foods Cakes / Biscuits / Sweets / Soft drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	Fatty or fried foods Crisps / Chips / Pies / Takeaways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please see questions about yourself on the back of this page.

Finally a few questions about your self

18 Do you work? Full time Part time I don't go to work

19 What is your age?
 16 and under 17 to 19 20 to 29 30 to 39 40 or over

20 What is your stage of pregnancy?
 0 - 12 weeks 13 - 27 weeks 28 - 40 week

21 Which best describes you?

<input type="checkbox"/> 01 - White British	<input type="checkbox"/> 10 - Bangladeshi
<input type="checkbox"/> 02 - White Irish	<input type="checkbox"/> 11 - Any other Asian Background
<input type="checkbox"/> 03 - Any other White Background	<input type="checkbox"/> 12 - Caribbean
<input type="checkbox"/> 04 - Mixed White and Black Caribbean	<input type="checkbox"/> 13 - African
<input type="checkbox"/> 05 - Mixed White and Black African	<input type="checkbox"/> 14 - Any other Black Background
<input type="checkbox"/> 06 - Mixed White and Asian	<input type="checkbox"/> 15 - Chinese
<input type="checkbox"/> 07 - Any other Mixed Background	<input type="checkbox"/> 16 - Any Other Ethnic Group
<input type="checkbox"/> 08 - Indian	<input type="checkbox"/> 99 - Not Stated

22 Would you be interested in attending a follow up session after you have had the baby?
 No Yes

Please give details of the topics you would want to be covered, if such a session were available:

23 We may want to contact you again in 6 months time to see how information has helped you. Please provide your name if you are happy for us to do this.

Please use the space below to add any other comments:

Thank you for taking the time to complete this form.

Appendix 3

Programme Attendance and Record Sheet

Week 1 (start date) _____

Week 6 (end date) _____

Group Facilitator: _____

Link Dietitian: _____

ID No.	Name	No. weeks gestation on week 1	Verbal consent to contact referrer (tick)	Height (m)	Week 1 Weight (kg)	Week 1 BMI	Week 2	Week 3	Week 4	Week 5	Week 6 Weight (kg)	Week 6 BMI

Annex 2 – Foodwise in Pregnancy

Foodwise in Pregnancy

Summary and strategic context

- Pregnancy is a naturally occurring life course opportunity in which to intervene to address obesity (Foresight, 2007).
- Healthcare professionals should discuss diet and physical activity at times when people are at vulnerable life stages for increased risk of weight gain, such as during and after pregnancy (National Institute for Health and Clinical Excellence, 2006).
- Behaviour-change interventions should utilise key life stages when people are more open to change, such as pregnancy (National Institute for Health and Clinical Excellence, 2007).
- Excessive weight gain during pregnancy can lead to hypertension, gestational diabetes, complications during labour and delivery, post-partum weight retention, and unsuccessful breastfeeding (Institute of Medicine, 2009).
- Obese pregnant women should be provided with information about associated risks, how to minimise risks, and given the opportunity to discuss this information (CMACE-RCOG, 2010).
- Having a healthy diet and being physically active will benefit both the woman and her unborn child during pregnancy, can reduce risks of complications, and help her to achieve a healthy weight after giving birth (National Institute for Health and Clinical Excellence, 2010 ; Oteng-Ntim et al., 2012; Sui et al., 2012; Thangaratnam et al., 2012; Choi et al., 2013).
- Eating habits and physical activity should be discussed with women at the earliest opportunity in pregnancy to identify and address any concerns (National Institute for Health and Clinical Excellence, 2010).

Introduction and background

The period between conception and two years - the first 1000 days- represents a window of opportunity to influence lifelong health. Adverse environmental factors, including nutrition, have the potential to disturb growth and development processes during critical periods and can result in irreversible changes that alter the risk of disease in later life. High pre pregnancy BMI and excess gestational weight gain (GWG) are consistently shown to be associated with later childhood obesity. Good nutrition and healthy weight gain in pregnancy is therefore essential to mitigate against the risk of child and adult obesity.

Obesity is a risk factor for type 2 diabetes, cardiovascular disease, high blood pressure, some cancers, osteoarthritis and depression. An economic evaluation calculated that overweight and obesity costs the NHS in Wales nearly £86 million (as at 2008/9). Foresight estimated that by 2050, the Great Britain NHS costs attributable to overweight and obesity were projected to double to £10 billion per year. The wider costs to society and business were estimated to reach £49.9 billion per year, at 2007 prices.

The potential economic consequences of untreated childhood obesity are exponential. International studies suggest the presence of overweight in childhood increases health costs per year per overweight child by £16,000 *(Sonntag et al., 2015; Finkelsteirn et al., 2014). Untreated childhood obesity is a strong predictor of adult obesity, which is predicted to have a preventable economic impact in the UK of £2billion by 2030 (Wang et al., 2011). Obesity therefore needs to be tackled at the

earliest stage of development, pregnancy, to prevent long term health conditions and their complications.

Approximately 50% of women of childbearing age are either overweight or obese with 18% starting pregnancy as obese. 20-40% of women gain more than the recommended weight during pregnancy, resulting in an increased risk of maternal and fetal complications. Maternal obesity is currently one of the biggest challenges presented to maternity services in the UK (CMACE, 2010).

In Cardiff and Vale University Health Board between April 2015 and March 2016 49.8% were overweight or obese including 28.1% overweight and 21.7% obese at their initial pregnancy booking appointment.

Women who are overweight or obese at pregnancy booking are more likely to accrue a higher number of health service visits and accompanying health care costs throughout the course of pregnancy. Morgan et al (2014) found a 23% increase in healthcare costs for overweight women equating to £698. For obese women the costs were 39% higher equating to £1172.

In addition, excessive weight gain in pregnancy is a leading cause of postnatal weight retention (IOM, 2009). Helping women to control weight gain during pregnancy could prevent this and minimise the risk of developing long term co-morbidities.

Evidence shows that lifestyle interventions to support women with weight management during their pregnancy can successfully reduce risks for both mother and baby. Benefits include reducing excess maternal weight gain, reducing the risk of developing gestational diabetes, pre-eclampsia, gestational hypertension, pre-term delivery, and shoulder dystocia (see Tommy's paper page 4). Combine these two paragraphs

High quality evidence indicates that diet or exercise, or both, interventions during pregnancy can reduce the risk of excessive GWG. Other benefits may include a lower risk of cesarean delivery, macrosomia and neonatal respiratory morbidity, particularly for high risk women receiving combined diet and exercise intervention. The aims of weight management in pregnancy are to support women with healthy dietary and physical activity behaviours in order to have a healthy pregnancy and support the development of a healthy baby (NICE, 2010). Weight loss is currently not advocated during pregnancy.

10 Steps to a Healthy Weight advocated by Public Health Wales provides the evidence base for key factors that increase the likelihood of a child being a healthy weight when they start school. Step 2 is 'Avoid gaining too much weight during pregnancy' (PHW Annual Report 2015-2016). What is required is effective community based interventions to achieve this.

Life and priority changes make pregnancy an ideal time for women to alter embedded habits and adopt new activities, and therefore, for obesity interventions with mothers and their families. Pregnancy has been characterized as a 'teachable moment' for weight control and obesity prevention.

During a pregnant woman's initial assessment it is important to discuss both eating habits and physical activity so that evidence based advice can be given and myths dispelled about 'eating for two'. Midwives are expected to provide comprehensive health promotion and public health advice to enable women to support a healthy

lifestyle approach to their pregnancy and adequate support to enable increased rates of breastfeeding.

Research suggests that pregnant women aren't always offered the advice and support they need to manage their weight by maternity health professionals. A combination of factors contribute towards this, including the perceived sensitivity of the topic, beliefs about women's low motivation to change, a lack of training, confidence and opportunity for weight related discussions. Professionals would value more effective preparation including information awareness and communication confidence for this important aspect of their role.

Ongoing Continuing Professional Development arrangements including training should be in place so that midwives can deliver their enhanced public health role. They should be able to discuss weight and other sensitive and challenging public health issues and to motivate women to seek support (Strategic Vision for Maternity Services in Wales, 2011, page 4) There should also be arrangements and capacity to work with hard to reach groups; (Strategic Vision for Maternity Services in Wales, 201, Page 8)

Summary current service provision

To our knowledge there are currently no healthy weight management in pregnancy intervention programmes for pregnant women to access in Wales. Maternity services do not have capacity to develop and offer these interventions. Midwives have accessed a half day training in nutrition and healthy weight delivered by dietitians within some UHBs to develop their confidence and competence to raise the issue of weight. However, this is not available in all health boards due to limited dietetic capacity to deliver. In addition, in areas where training is offered, having raised the issue, there are no support groups or interventions to signpost of to refer women to. Clinical dietitians do not have capacity to see pregnant women (unless gestational diabetes results in referral to MDT clinic).

Case for change

Dietitians in Wales in partnership with maternity services have developed a structured weight management programme. The programme consists of 6 x 1-1.5 hour sessions. There is an opportunity to roll out this quality assured programme in all health boards in Wales. Training maternity or dietetic support workers to deliver the programme under the direct supervision of a qualified professional maximizes service capacity and efficiency. Resources including promotional and training materials, facilitator manual, participant handbook, monitoring and evaluation tools will be developed centrally. Dissemination of resources, updating materials and national evaluation will be co-ordinated by the national nutrition training facilitator as part of the national Nutrition Skills for Life programme.

Pregnant women prioritise health issues and are keen for information. They are more likely to follow professional advice than at other times in their life. Maternity health teams should be better prepared for and supported to have effective weight related discussions and to be able to signpost women to community based interventions to support behaviour change.

The All Wales *Nutrition Skills for Life™* programme

Nutrition Skills for Life™ began in 2006 as a Welsh Government funded pilot programme to implement the actions within the food and fitness for children and young people implementation plan (2006-2011). It's successful evaluation led to continued funding and transfer to core funding with each health board. The total service amounts to 17 WTE dietitians across 7 health boards, with increasing demands for its service. It's annual report demonstrates outcomes that contribute to first 1000 days.

Flying Start

The Welsh Government flagship programme Flying Start is a crucial programme in which appropriate support and evidenced based nutrition interventions to women of childbearing age, pregnant women and families of young children, can be delivered by trained staff. A recent scoping of nutrition and dietetic services shows that there is large variation in dietetic support and nutrition training to Flying Start teams. The profession recognises that the most effective way of addressing this is to increase dietetic capacity to provide more support to Flying Start teams to provide a more equitable service across Wales.

Low income and food poverty

The relationships between low income, poor health and diet related inequalities in health are well established and this will also have a key impact on nutrition in pregnancy and the early years. Whilst we know the extent of obesity amongst young children and adults there is a risk that we don't focus on other potentially large numbers that have a poor quality diet, which can also impact on long term health

Nutritional quality is impacted by low income, and with increasing levels of in work poverty and predicted food price increase this may result in large numbers of people at further risk of being unable to access an affordable healthy diet.

Poor diet in adulthood is associated with multiple risk factors for chronic disease. Research shows socially-disadvantaged households consume less nutritionally-balanced diets and suffer from higher rates of diet-related chronic diseases such as diabetes, heart disease, obesity and certain cancers contributing to reduced life expectancy, and increased morbidity (Marmot, 2010).

Therefore it is crucial for Welsh Government policies and programmes to continue to address poverty and to maximise opportunities for achieving good nutrition pre pregnancy, during pregnancy and in the early years.

The food budget is often where people will make economies. Surveys by Save the Children (2012), Shelter (2013) and Cooper et al (2014) all reported people cutting back on food and skipping meals because of lack of money and to meet housing costs. Recent research by Barnado's (2013) also showed that 94 per cent of services reported that food poverty was an issue for the families and young people they work with, with many referring families and young people to food banks or provide food directly, and providing help with budgeting and cooking classes.

Food price rises have a strong effect on food shopping for low income households. Since 2007, households in income decile 1 (lowest income group) bought less beef, bacon, butter, fish, fruit, tea and biscuits/cakes, but bought more pork, poultry and eggs, (DEFRA 2014). The lowest income households purchase the least fruit and

vegetables at an average of 3.0 portions per person in 2014. Fruit and vegetable purchases rise strongly with income, 52% more being purchased in the highest income quintile compared to the lowest in 2014.

It is not always simply about having enough money to afford food. Low income households often lack physical access to affordable healthy food, the means to cook it or sometimes the confidence and necessary skills (Fabian society, 2015).

A lower education level is associated with poorer diet and the reduction of at home cooking has negatively impacted on the intergenerational transmission of skills (Smith et al., 2014| cited in O'connor, 2015).

However, lack of cooking skills and time allocated to cooking stretches right across the income divide (Fabian society, 2015). The average amount of time spent making the average meal has nearly halved over the last 20 years, One survey suggests that around two thirds of respondents said that time pressures had meant they were more likely to consume convenience foods , rather than preparing food from scratch (Change4Life, 2013 cited in Fabian Society).

The dietetic profession have large concerns that risks to communities first programme will significantly impact on the numbers of community level nutrition interventions that are delivered by staff trained within nutrition skills for life including those to women of child bearing age and parents of young families.

References can be provided.

Annex 3 – Bump Start Maternal Obesity Service

Bump Start Maternal Obesity Service – Cwm Taf UHB.

Dietetic evaluation of the ‘Bump Start’ programme between September and December 2016 showed:

- *94% of women report making changes to their diet*
- *89% of Women report increase in their fruit and vegetable intake*
- *94% of women report reduction/minimal fizzy pop/high sugar drinks*

Reduction in fizzy /high sugary drink consumption by women attending ‘Bump Start’ not only benefits her own health including dental health but has also been reported to be benefiting the wider family. With reduced consumption and availability at home and with increased emphasis by the mum/parent/grandparents on water based drinks and milk, this positive behaviour at home supports the healthy drink messages provided in the pre-school and primary school environment. Young children are benefiting from changes in the home environment with positive healthy eating behaviour being demonstrated by family members.

- *87% of women achieve meal regularity*
- *94% of women are making changes to their portion sizes.*
- *94% of women report making changes to their diet*

An additional benefit of women making changes to their own diet is that this can influence changes to the wider family diet. *98% of women were confident at their 36 week consultation of continuing to make further changes after their baby is born.* A further benefit for the wider family in changes in the home environment following on from the mother attending Bump Start clinic is that there is increased motivation for the whole family to eat healthily while mum is pregnant.

Annex 4 – Nutrition Skills for Life and Flying Start

Supporting Information

Poor nutrition has an impact on health and wellbeing across the life course (WHO 2014: 9). During pregnancy it is linked to low birth weight and has a negative impact on the health of the mother and infant (Welsh Government 2009: 8). Obese pregnant women and their babies experience significantly greater risks compared with women of a healthy weight (Royal College of Obstetricians and Gynaecologists 2011:2).

Good nutrition is essential for optimum growth and development of infants and children. Low income is associated with poor nutrition at all stages of life. There is increasing evidence that poor nutrition contributes to:

- poorer immune status,
- poorer cognitive function and learning ability,
- higher dental caries rates in children,
- increased risk of obesity, diabetes, cardiovascular disease and cancer,
- increased falls and fractures in older adults (Faculty of Public Health 2005:2)

Lack of knowledge of what constitutes a healthy diet and lack of skills to prepare healthy foods are recognised as barriers to healthy eating (Garcia et al 2014).

There is a link between health inequities and poor diet - individuals living in more deprived areas consume a less healthy diet than those living in less deprived areas (WHO 2014:9, Welsh Government 2015: 114). Rates of obesity, iron deficiency anaemia and dental caries are all higher in lower socio economic groups (James et al 1997). Food poverty can be defined as an inability to choose, buy, prepare and eat an adequate quantity of good-quality foods in keeping with social norms. Food poverty is a crucial factor in the relationship between childhood deprivation and ill-health.

Obesity is recognised as a priority in Our Healthy Future (2010) with a focus on reducing unhealthy eating and increasing physical activity. (Welsh Government 2009 Our Healthy Future: p7). One of the 7 well-being goals of The Wellbeing of Future Generations (Wales) Act (2015) is a Healthier Wales, 'a society in which peoples physical and mental well-being is maximised and in which choices and behaviours that benefit future health are understood'

The major health benefits of a healthy balanced diet include the prevention, delay and management of chronic conditions such as Coronary Heart Disease, Stroke, Cancer and Type 2 Diabetes. Improving diet could prevent an estimated third of cancers whilst maintaining a healthy weight can reduce the risk of certain cancers by up to 40%. (NHS Choices 2016). Consumption of an extra piece of fruit and vegetables per day could decrease the risk of coronary health disease by 4% and stroke by 6% (Xia Wang et al 2014). Obese people that lose 10kg of weight could decrease their overall risk of mortality by 20-25% (Department of Health 2008: 28).

Dietitians are the only nutrition professionals to be regulated by law. This means people are protected and can be assured that they will get the latest, credible, evidence-based information, advice and treatment. Dietitians work with health teams, partner organisations and communities providing training, professional support, practical advice and initiatives to enable children in Wales to access a healthy balanced diet.

Nutrition initiatives developed by Dietitians on an all Wales level that could be incorporated into Flying Start programmes

1. Nutrition training for health professionals, nursery nurses, support workers and the voluntary sector

Nutrition Skills for Life TM is a programme of quality assured nutrition skills training and initiatives developed and co-ordinated by dietitians working in the NHS in Wales. It operates in all health boards and aims to support community workers from health, social care and third sector organisations to promote healthy eating and incorporate evidence based food and nutrition messages into their work. Courses include;

- **Community Food and Nutrition Skills (accredited Level 2, 3 credits)** For community workers, Agored Cymru accredited Level 2 Community Food and Nutrition Skills training enables them to develop the competencies required to promote key healthy eating messages focussing on the Eatwell Guide. It teaches practical skills such as budgeting, shopping for healthy foods, understanding food labels and how to adapt recipes. This course is attended by those who plan to deliver healthy eating initiatives such as level 1 accredited courses as part of their work.
- **The Community Food and Nutrition Skills for the Early Years (Level 2)** course equips early years and childcare workers with the nutrition knowledge and skills to cascade food and nutrition messages to children and families and improve food and drink provision in their setting. Flying Start workers can access nutrition skills training in most health board areas.
- **Eating for 1, Healthy and Active for 2** - training for community midwives to build their knowledge and confidence in giving nutrition, physical activity and weight management advice to women during pregnancy.
- **Getting the Best Start** training for health visitors to support parents with nutrition and healthy weight messages
- **Nutrition and Hydration in Early Years and Childcare Settings** optional module within the Children's Care Learning and Development Diploma for the early years and childcare workforce.

2. Nutrition initiatives for community groups

Nutrition Skills for Life TM Dietitians support trained staff that have completed the Community Food and Nutrition Skills Course to plan, implement and evaluate healthy eating initiatives with communities they work with. This can include;

- **Get Cooking and Come and Cook** accredited Level 1 courses. Developed with families these courses equip participants with practical food skills to enable them to prepare healthy, affordable meals. Gaining credit for learning and access to further lifelong learning and employment opportunities can impact positively on the life chances of individuals (Institute of Health Equity, 2014).
- **Foodwise for Life** 8 week structured weight management programme for parents to empower them to manage their weight and make healthy food choices for themselves and their families. Suitable for women ante-natally and post-natally.
- **Foodwise in Pregnancy** 6 week healthy lifestyle programmes to support pregnant women to eat well. Be active and achieve a healthy weight gain during pregnancy
- **Weaning parties** to support parents with complementary feeding (weaning)
- **Promotion of Healthy Start** to encourage eligible families to access the national Healthy Start scheme, particularly vitamin supplements to improve uptake rates across Wales

3. Creating health promoting environments

- **Gold Standard Healthy Snack Award (GSHSA) and Tiny Tums best practice award**
Support childcare settings to achieve the GSHSA/ Tiny Tums best practice award

4. Other national schemes contributed towards

- **Healthy and Sustainable Pre School Scheme (HSPSS).** Delivery of the Community Food and Nutrition Skills for the Early Years training and local award schemes support settings to meet the nutrition criteria of the scheme.

References

Department of Health (2008) Healthy Weight: Healthy Lives. A Toolkit for Developing Local Strategies [Online] Available from http://www.fph.org.uk/uploads/full_obesity_toolkit-1.pdf [Accessed: 22nd August 2016]

Faculty of Public Health (2005) Food Poverty and Health Briefing Statement [Online] Available from http://www.fph.org.uk/uploads/bs_food_poverty.pdf [Accessed: 22 August 2016].

Garcia A L et al (2013) Evaluation of a cooking skills programme in parents of young children – a longitudinal study. Public Health Nutrition, 17, pp 1013-1021. doi:10.1017/S1368980013000165.

Institute of Health Equity (2014) Local Action on health inequalities: Adult learning services [Online] Available from <http://www.bmj.com/content/349/bmj.g4490/> [Accessed: 22 August 2016]

James W et al (1997) the contribution of nutrition to inequalities in health. BMJ 314: 1545-1549.

NHS Choices 2016. Reduce your cancer risk. <http://www.nhs.uk/Livewell/preventing-cancer/Pages/diet-and-cancer.aspx>. [Accessed 30/8/16]

Public Health Wales (2015) Child Measurement Programme for Wales 2013/2014 [Online] Available from [http://www2.nphs.wales.nhs.uk:8080/ChildMeasurementDocs.nsf/85c50756737f79ac80256f2700534ea3/692fe9649b4fc8be80257e49002a4bcb/\\$FILE/ATT0SH7G.pdf](http://www2.nphs.wales.nhs.uk:8080/ChildMeasurementDocs.nsf/85c50756737f79ac80256f2700534ea3/692fe9649b4fc8be80257e49002a4bcb/$FILE/ATT0SH7G.pdf) [Accessed: 22 August 2016]

Public Health Wales (2015) Welsh Adverse Childhood Experiences (ACE) Study [Online] Available from <http://www.wales.nhs.uk/sitesplus/888/news/40000> [Accessed: 28th September 2016]

Public Health Wales (2016) Child Measurement Programme for Wales 2014/2015 [Online] Available from <http://www.wales.nhs.uk/sitesplus/888/page/67795> [Accessed: 22nd August 2016]

Royal College of Obstetricians and Gynaecologists (2011) Why your weight matters during pregnancy and after birth [Online] Available from <https://www.rcog.org.uk/globalassets/documents/patients/patient-information-leaflets/pregnancy/pi-why-your-weight-matters-during-pregnancy-and-after-birth.pdf> [Accessed: 22 August 2016].

Welsh Government (2009) Our Health Future Technical working paper [Online] Available from <http://gov.wales/docs/phhs/publications/100527technicalen.pdf> [Accessed: 22 August 2016].

Welsh Government (2015) **National Diet and Nutrition Survey Rolling Programme (NDNS RP)** Results from Years 2-5 (combined) for Wales (2009/10-2012/13) [Online] Available from <http://gov.wales/docs/caecd/research/2015/151209-national-diet-nutrition-survey-rolling-programme-years-2-5-en.pdf> [Accessed: 22 August 2016]

Welsh Government (2015) Well Being of Future Generations (Wales) Act 2015 <http://www.legislation.gov.uk/anaw/2015/2/contents/enacted> [accessed 30/8/16]

Welsh Health Survey 2014 <https://www.gov.uk/government/statistics/welsh-health-survey-2014-health-related-lifestyle> [accessed 30/08/16]

Welsh Government (2016) Taking Wales Forward 2016-2021 Available from <http://gov.wales/docs/strategies/160920-taking-wales-forward-en.pdf> [Accessed: 28 September 2016]

WHO (2014) Obesity and inequities Guidance for addressing inequities in overweight and obesity [Online] Available from: http://www.euro.who.int/_data/assets/pdf_file/0003/247638/obesity-090514.pdf [Accessed: 22 August 2016].

Xia Wang et al (2014) Fruit and vegetable consumption and mortality from all causes, cardiovascular disease, and cancer: systematic review and dose-response meta-analysis of prospective cohort studies. BMJ 2014;349:g4490 [Online] Available from <http://www.bmj.com/content/349/bmj.g4490/> [Accessed: 22nd August 2016]

Flying Start Nutrition and Dietetics Service 1st April 2015-31st March 2016



Purpose of service:

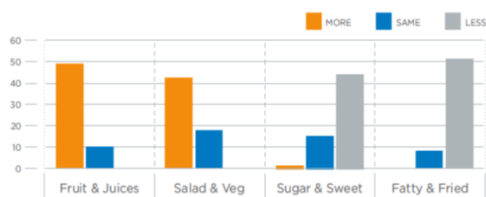
- To support parents to build knowledge, skills and confidence in healthy eating for their family.
- To ensure families have access to consistent, evidence based nutrition information through the wider programme and workforce.
- To ensure staff feel confident delivering consistent food and nutrition messages to families.

Data development agenda:

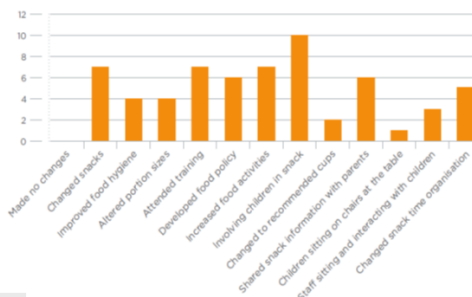
- % Health Visitors who feel confident raising the issue of weight with families.
- % increased knowledge of government vitamin D recommendations amongst health professionals.

How well are we doing on our headline indicators?

Changes families have made to their diet as a result of Get Cooking



Changes in practice as a result of the Gold Standard Healthy Snack Award



Story behind the graphs:

1. Get Cooking is reaching more families by working in partnership with trained CNNs. More families are gaining accreditation with the support of tutors.
2. Most families who complete GC making at least one change to diet, consistent with findings from small evidence base available.
3. The 11 respondents of childcare leads survey monkey questionnaire, represent 16 Flying Start settings.

Number of families gaining Agored Cymru accreditation through the Get Cooking programme (level 1, 2 credits)



Performance Measures

How much did we do?:

- 60 visits undertaken to 26 settings by dietetic team to support snack award/CHaSPS.
- 262 staff attended non-accredited dietetics training*
- 28 FS staff attended Agored Cymru accredited level 2 community food and nutrition skills training (4 accredited courses delivered – 1 co-delivered with core PH dietetics).
- 27 FS childcare settings with at least one member of staff trained to level 2 in food and nutrition.
- 37 weaning parties delivered by FS HV Team & 250 parents attended a weaning party.
- 17 Get Cooking courses started and 17 completed (6 CNN led) & 1 shorter cookery course in Shirenewton
- 88 parents completing a Get Cooking course.
- 630 direct face-to-face contacts made with families through Get Cooking.

How well did we do it?:

- 99% (of 170 asked) would recommend dietetics training to others.
- 77% FS childcare settings with at least one member of staff trained to level 2 in community food and nutrition.
- 99% parents completing an evaluation form rating weaning parties as good or very good.
- 88% parents starting a Get Cooking course attend at least 5 out of 8 sessions.
- 100% parents completing an evaluation form rating the Get Cooking course as good or excellent.

Is anyone better off?:

- 98%(169) staff stating increased knowledge and/or confidence in nutrition as a result of dietetics training.
- 100% (11) FS childcare leads, self reporting a change in practice as result of snack award.
- 96%(22) staff reported to have made a change to practice as a result of dietetics training at 2-6 month follow-up.
- 93% (219) parents stating they feel more confident in weaning their baby as a result of attending a weaning party (delivered by HVs/CNNs).
- 86% (65) parents attending a Get Cooking course reporting to have made changes to what they or their family eats, 93% (13) maintained behavior change at 2-6 month follow-up.
- 87% (58) parents attending a Get Cooking course reporting to be eating more fruits, salads or vegetables as result of the course (10 omitted question)
- 94% (83) parents completing a Get Cooking course who achieve level one Agored Cymru accreditation.
- 81% (22) parents travelled a distance following Get Cooking measured through distance travelled tool.

"I pretty much eat the same as Grayson now so we do a lot of salads. He likes his fruit, he likes his vegetables. We do have a treat like a McDonalds or a KFC but it's not in our everyday diet. It has changed drastically since Get Cooking."

"I cook a lot of the recipes which I learnt from Get Cooking. I make all fresh and then I freeze them. I just find it easier to do that. I make the butternut squash soup, the vegetable soup, the lasagne, the cottage pie, the fish pie. It's all made for the baby".

"I've still got the magnets [the Eatwell Guide] up on the fridge cos I think it is really helpful knowing the portions and how much of different foods you need. And I'm much more aware with him [my son] about what I'm giving him, making sure he gets enough protein and fibre and I'd never really thought about it before".

"I felt proud of myself because I had a little baby and I got a qualification at the same time."

*9 Little Cooks, 101 HV training, 29 dietetics mandatory training, 110 conference workshops (approx.) & 13 refresher sessions – EY & Get Cooking

Partners who can help:

- Families First - joint planning of nutrition and cooking skills work in Cardiff.
- Flying Start Health Visiting Service – continued support to roll out Get Cooking using CNN time.
- Agored Centre Lead for continued support to offer high quality accreditation opportunities for parents.
- GSHSA & CHaSPSS implementation group - continued support for settings to implement good practice.
- FS Play Team & Management Team – for support in creche provision to deliver Get Cooking and commitment to attend training.
- All Wales Nutrition Skills for Life network – improved, standardised materials for delivering Get Cooking and accredited training.

What we are going to do:

Action	Who	By	Status	Comment
Finalise distance travelled tool for Get Cooking and improve process for collecting 6 month follow-up data from staff attending accredited courses.	LL	Sept 2016		Support from Parenting Manager
Launch updated weaning party delivery pack to ensure quality and standard approach continues.	Team	Sept 2016		
Offer Early Years level 2 and 'Little Cooks' training for Stay and Play staff to support delivery of nutrition and cooking activities within Stay and Play service. This will allow the delivery of nutrition messages to families without the need of additional creche support and dietetics delivery time.	Team	August 2016		
Work with NSFL co-ordinator and AWTC group to finalise, disseminate and evaluate document 'vitamins for babies, children and pregnant and breastfeeding women'. Contribute to potential all Wales training.	LL	June 2016		Depends on training needs of pharmacists
Work with FF and core PH dietetics service to plan the continued nutrition/cooking skills support for Shirenewton and Homeless families in FS.	Team	ongoing		
Offer Health Visitors training session on nutrition in pregnancy, supporting national '10 steps to a healthy weight' agenda.	LL & GJ	Dec 2016		
Offer Health Visitors training session, in partnership with psychology, on raising the issue of weight with families.	LL	Dec 2016		Will require partnership with FS parenting team
LL to attend and contribute to national meetings on development of Wales Food and Nutrition Standards for the Early Years.	LL	Ongoing 2016/17		

LL – Laura Low, GJ – Gwawr James, PH – Public Health, FF – Families First, NSFL – Nutrition Skills for Life, AWTC – All Wales Therapies & Toxicology Centre

Flying Start Get Cooking Programme



1st April 2015 - 31st March 2016

