

FTD 46

Ymateb gan: Bwrdd Iechyd Prifysgol Caerdydd a'r Fro Response from: Cardiff and Vale University Health Board

The University Health Board provides services across a number of areas which support the First 1000 days of a child's life supported and directed by Welsh Government policy and programmes. Evidence of where this policy supports practice is outlined below

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

The All Wales Strategic Vision for Maternity Services (2011) sets the vision for services in Wales. For this vision to become a reality, the service has a fundamental role to play by providing safe and high quality maternity services. The Welsh Government expects the maternity service to take action to deliver maternity services which:

- place the needs of the mother and family at the centre so that pregnancy and childbirth is a safe and positive experience and women are treated with dignity and respect;
- promote healthy lifestyles for pregnant women which have a positive impact on them and their family's health;
- provide a range of high quality choices of care as close to home as is safe and sustainable to do so, from midwife to consultant-led services;
- employ a highly trained workforce able to deliver high quality, safe and effective services;
- are constantly reviewed and improved.

Each year, the maternity services is required to present its performance against the Strategy's indicators which include the number of women who smoke during pregnancy and are offered support to stop, the number of women who drink 5 units of alcohol or more a week, during pregnancy and have support to stop and have a BMI of 30 or more at initial assessment and ensuring appropriate pathways are in place. Breastfeeding rates and babies with a birthweight of <2.5kgs are also monitored with assurance required from the Health Board that there are systems in place to monitor women whose babies are small for gestational age. The Health Board has implemented GAP / GROW programme and customised growth charts for women which supports recognition of low birthweight babies.

Every woman in Cardiff and Vale has a named community midwife who delivers continuity of carer. There is a range of antenatal education classes in place including the development of parent education in Welsh across the communities. Classes cover not only labour and birth but breastfeeding and attachment.

There is work underway within Wales to ensure that maternity services are committed to delivering Prudent Maternity Care which supports women in achieving the birth experience they want and also to ensure that women are fit, well and prepared for pregnancy, childbirth and parenting.

Community midwives in Cardiff and Vale have all received intervention and 'making every contact count' training. They are equipped with carbon monoxide monitors and undertake assessments at booking and key points within the woman's pregnancy. Referral pathways to smoking cessation agencies are also in place with midwives having access via Quit Manager programmes. There is a lead midwife in post for substance misuse who supports vulnerable women and also leads training and development for midwives.

In terms of immunisation uptake, a Cardiff and Vale multidisciplinary steering group has a regular overview of uptake and develops and monitors actions to improve uptake. These include the development of quarterly GP practice immunisation profiles, a standard escalation protocol to support practices with low uptake, and working with colleagues to review the logistics and delivery of specialist pathways including hepatitis B vaccination for at-risk neonates. Pilots have also taken place on the effectiveness of postcard reminders in different languages where children are missing primary immunisations, and a community development programme in South Cardiff to increase uptake rates among BME communities.

- **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) .**

The Welsh Government programmes, Flying Start and Families First have enabled services to deliver enhanced support to families in the early years. This starts pre-birth and midwives are an integral part of our local services. There is a significant emphasis on early parenting support and equipping parents with the knowledge and skills to improve outcomes, and in our local services a truly multidisciplinary, multiagency approach is used to facilitate this.

The same messages are delivered through working with nursery provision and child minders in Flying Start areas and activity and play promoted. In respect of obesity in particular the Nutrition and Dietetic services work with the programmes, Communities First and Public Health Wales to deliver a consistent message (see attached appendix 1).

The introduction of the Healthy Child Wales programme as a universal service model will see a consistent approach to the early input provided by the Health Visiting team who will continue to work with the multidisciplinary team focused around the child and family to promote improved outcomes.

Ensuring young children and families have access to a safe and supportive physical environment, including access to green space and free from harmful levels of air pollution, is also essential. Issues such as these are being picked up through the Wellbeing Assessments.

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

Again the Flying Start and Families First programmes are designed specifically to tackle those inequalities faced by children and families in deprived areas and have been utilised to remove barriers for parents and children to improve outcomes. The Flying Start programme working in a geographical manner does support Cardiff and the Vale of Glamorgan to identify areas of socioeconomic deprivation, but can mean that individual families with the same needs in different areas do not get the same level of support. In designing the Families First services care was taken to try to ensure those families, not in Flying Start catchment areas, but with identified needs could be supported.

The continued funding allocation for disability support within Families First is welcomed and allows locality specific provision. It has enabled statutory and third sector organisations to work together to meet the needs of disabled children.

Communities First has been a key programme in tackling deprivation in our communities. It is important that any successor programme maintains the focus on reducing inequalities.

The Social Services and Wellbeing Act requires a single point of contact and Cardiff and Vale of Glamorgan are working with partners on a regional footprint basis, to develop further integration of services for Children with Complex needs and Disability as part of the Integrated Care fund. In doing so we have linked in with key providers of disability support and are working together to provide more seamless support for families with advice on disability issues from the first point of contact.

The Additional Learning Needs (ALN) bill will require the continued early notification by health services, of any emerging disability or additional need, to education services which will allow the development of multiagency support plans.

- **Reduce child deaths and injury prevention, particularly in the most deprived parts of Wales where infant mortality is much higher than the least deprived.**

Flying start, Families First and Health Visiting services all provide support and advice to families on injury prevention. Cardiff and Vale commission through Families First and 3rd sector contracting arrangements, some specific services which focus on this area. Mechanisms are in place to notify Health Visitors of any attendances at the emergency unit in order that visits can be planned and there is a specific notification to the PARIS community health record of any admissions

- **Support effective child development and emotional and social wellbeing-specifically interventions that are delivered outside the health service which can help to detect and address developmental delays.**

Welsh Government policies on childcare and early education are supportive in this area. The child care entitlement in Flying Start supports early engagement with trained child minders and child care settings who are in turn supported by the Health Visiting team, Speech and Language Therapy, Dietetics etc.

The team around the family model and focus in Families First has allowed work with families, which supports all family members using a strength based approach. This has allowed close working between statutory and third sector partners and better communication with regards to early concerns.

- **Focus on improving learning and speech, and language development through the home learning environment and access to early years' provision (including child minders, preschools and day nurseries).**

Early communication to support language development is key and there are a number of areas where policy supports this outcome. Again the Flying Start and Families First programmes have allowed Speech and Language Therapists to provide training on early communication to child care settings and child minders. The child care policy supports social interaction and provides children with the opportunity to learn communication with others at an early stage.

Within core health services the Speech and Language Therapy service provide, training, advice and support to Health Visiting and Health Visitors work with parents to ensure they understand the importance of talking to their babies and children.

As speech and language is often an issue that is identified as requiring additional support through school the ALN bill will provide further focus.

- **Reduce the adverse impact on the child of psychosocial issues such as poor parenting, disruptive family relationships, domestic violence, mental health issues and substance misuse through effective safeguarding.**

Welsh Government's approach to working with Public Health Wales to minimise the impact of Adverse Childhood Events (ACE) is welcome. It provides a holistic approach to supporting families and a focus. The Social Services and Wellbeing Act supports early advice and intervention with a single point of contact. Locally clear links have been made with the single points of contact and other programmes including the Flying Start/Families First and support the team around the family approach to ensure early identification of family issues. Alongside this Midwives and Health Visitors work closely with other agencies and safeguarding teams.

It is important that programmes which aim to improve the first 1000 days' of a child's life take into account factors which impinge on pregnancy, and the nature of the environment the child is born into. Universal provision of sex and relationships education is key to reducing the number of unwanted pregnancies, and increasing the likelihood of a young child being raised in a stable and supportive environment. For similar reasons support for people who are substance misusers also has a significant impact.

Whilst it is clear that the focus on the First 1000 days is important if we are to prevent the issues raised, we must also focus on young people who will become parents, so education policy plays a key role. It is good to see a focus too within the Youth Offending services on prevention of ACEs.

The challenge is to ensure that evidence based approaches and good practice that have developed through specific programmes and through different policy areas become embedded in mainstream services to support the first 1000 days.

First 1000 days consultation Information from dietetics for C & V response

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

All Wales dietetic services have developed Compact training to provide training to qualified midwives on nutrition. In Cardiff and Vale this will be delivered in 2017-2018. Cardiff and Vale dietetics have put on 2 nutrition skills for life (NSFL) courses: food and nutrition skills level 2 training, specifically for midwives to support them in promoting health and managing obesity in pregnancy.

In Cardiff Flying Start, the dietetics team deliver a 3 hour session on antenatal nutrition to support Health Visitors undertaking antenatal visits (as part of Healthy Child Wales Programme).

Led by Cardiff and Vale All Wales Nutrition Training Co-ordinator, an All Wales programme has been developed Foodwise in pregnancy. This is currently being piloted in some health boards prior to roll out. Future roll out plans for C & V are being developed. Details of the programme are attached:

Annex 1 - Foodwise in Pregnancy

Annex 2 - Foodwise in Pregnancy Standard



Foodwise in
Pregnancy Service M



Foodwise in
Pregnancy Standard I

- 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).

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 NSFL training, to

support CNNs with 16 week 'weaning visits' undertaken with every Flying Start family (as part of Healthy Child Wales Programme). In Cardiff and Vale UHB, the Flying Start dietetics team, Nutrition Skills for Life Programme co-ordinator and community dietetics team are working together to develop an evidence based session for Health Visitors on 'talking to families about weight' i.e. raising the issue. The dietetic service across Cardiff and Vale support early years setting and healthy and sustainable pre school scheme in respect of the Gold standard Health Snack award. This award is given to settings who achieve the accreditation criteria and training requirements around provision and health snacks and mealtimes. Courses are offered to mother through the flying start programme including Get Cooking , to support development of cooking skills and healthy recipes.

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

In Cardiff Flying Start a number of programmes are delivered supporting families in deprived areas of the city to eat well and access a healthier diet e.g. Get Cooking practical cookery courses and the Gold Standard Healthy Snack Award for childcare settings. Through the 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.

Last year RBA scorecard for Cardiff Flying start dietetic team is attached to provide further detail.

Annex 3 – Flying Start Nutrition and Dietetics Service



110181RBA.pptx

Annex 1 - Foodwise in Pregnancy

Foodwise in Pregnancy

A service model to support local business case development.

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; Thangaratinam 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.

The risks include....

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 aim to support professionals and help families across Wales to prevent childhood obesity. It outlines the 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).

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, 2011 Page 8)

Summary current service provision

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. It was piloted in 4 areas of Wales and the outcomes demonstrated.... 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.

Attach access/ referral information, standard evaluation framework and RBA report card.

Expand here on outcomes

Option appraisal?

Staff/non staff costs and budget breakdown for dietitian and dsw/msw time

DRAFT



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. Aged 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

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

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



Purpose of service:

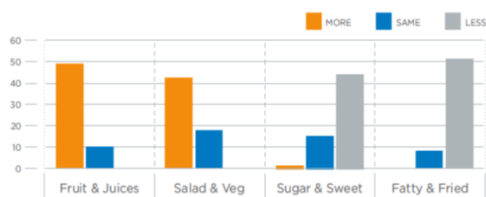
- To support parents to build knowledge, skills and confidence in healthy eating for their family.
- To ensure families have access to consistent, evidence based nutrition information through the wider programme and workforce.
- To ensure staff feel confident delivering consistent food and nutrition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

Data development agenda:

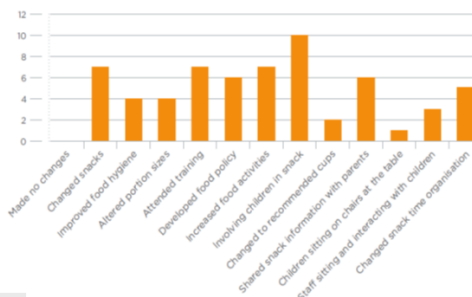
- % Health Visitors who feel confident raising the issue of weight with families.
- % increased knowledge of government vitamin D recommendations amongst health professionals.

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

