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## STATISTICS

# Flying Start: April 2021 to March 2022

The report provides a statistical overview of how the programme is working for April 2021 to March 2022.

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# Introduction

**Flying Start** (<https://gov.wales/get-help-flying-start>) is the Welsh Government early years programme delivered by local authorities in Wales. It is aimed at improving outcomes for families with children under 4 years of age in some of the most disadvantaged areas of Wales.

The purpose of this statistical release is to provide evidence for policy development; to allow local authorities to monitor and benchmark their service provision against other local authorities in Wales; and to inform for the public about provision of the Flying Start programme.

The main source of data used in this statistical release is management information collected via the Welsh Government Flying Start Data Monitoring Return directly from local authorities. This data collection started in 2012-13. Supplementary data is sourced from the National Community Child Health Database, the Pupil Level Annual School Census, the Child Measurement Programme, and the Coverage of Vaccination Evaluation Rapidly (COVER) report.

While 2021-22 was less affected by the pandemic than 2020-21, there were some changes to Flying Start service provision because of the pandemic. These are detailed in the **[quality and methodology section](#)** ([#section-109743](#)).

## Main points

The number of children receiving Flying Start services, including a health visitor contact increased in 2021-22 compared to the previous year, but remained

below the expected number.

The overall number of contacts completed by health visitors and the wider health team decreased in 2021-22, continuing the broadly downward long-term trend.

The number of full-time equivalent (FTE) health visitors providing Flying Start services decreased in 2021-22 but there was a similarly sized increase in the number of FTE wider health team staff.

In 2021-22 a slightly higher percentage of Flying Start eligible children were from Black, Asian and minority ethnic backgrounds than the percentage of ethnic minority children in the general population of Wales.

In 2021-22 Flying Start childcare was offered to families of nearly all eligible children and the offer was accepted for nearly nine out ten eligible children.

Formal structured parenting courses and informal structured parenting/speech, language and communication (SLC) courses were accepted by families for seven out of ten eligible children in 2021-22.

Just under a quarter of births in Wales in 2021-22 were to mothers resident in Flying Start areas.

In 2021-22 the percentage of children living in Flying Start areas breastfed at 10 days continued to increase, but remains lower than the percentage of children breastfed, living in non-Flying Start areas.

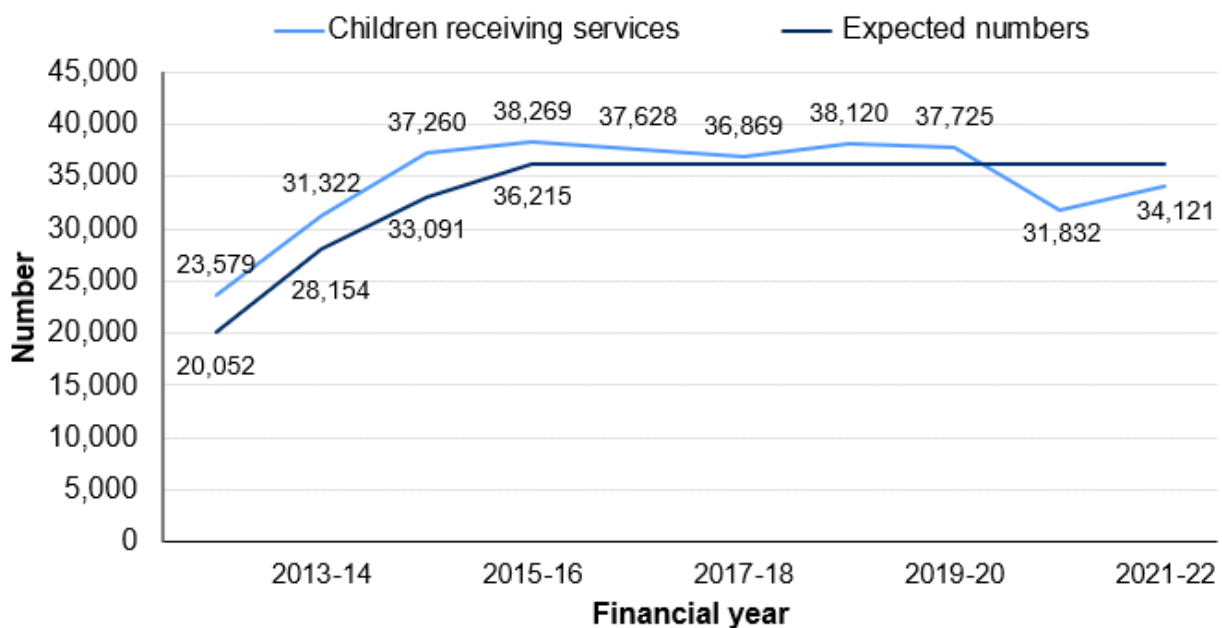
In 2021-22 the percentage of children living in Flying Start areas fully immunised by their fourth birthday remains unchanged and remains lower than the percentage of children fully immunised, living in non-Flying Start areas.

# Children receiving Flying Start services

The number of children in receipt of Flying Start services during the year is calculated by counting the number of children who have a contact with a Flying Start health visitor. There may be a small number of children who receive Flying Start services but do not have a contact with a health visitor in the reporting year; these children would not be counted in the data in Figure 1.

Since 2015-16, the number of children expected to receive Flying Start services, as defined by the [guidance of Flying Start programme](https://gov.wales/flying-start-guidance) (<https://gov.wales/flying-start-guidance>), has remained unchanged at 36,215.

**Figure 1: Number of children in receipt of Flying Start services, 2012-13 to 2021-22**



Source: Welsh Government Flying Start Data Monitoring Returns

The number of children who had received Flying Start services, including a contact with a health visitor, had always exceeded the expected number in the years prior to the COVID-19 pandemic. However, the number receiving services decreased in 2020-21 coinciding with the height of the pandemic and remained below the expected number in the subsequent year.

In 2021-22, just over 34,000 children received Flying Start services, including a contact with a health visitor. This was 6% lower than the expected number, but an increase of 7% since 2020-21.

The number of children who a local authority is providing services to is known as the caseload. The number of children and percentage of the child population on health visitor caseloads varies by local authority area and is shown in **Table 1 (MS Excel 150KB)** (<https://gov.wales/sites/default/files/statistics-and-research/2022-11/flying-start-april-2021-to-march-2022-403.ods>).

37% of children aged under four in Merthyr Tydfil were on Flying Start health visitor caseloads (the highest in Wales), compared to 16% in Monmouthshire (the lowest in Wales).

As the eligibility for Flying Start services is area-based, the total number of children in receipt of Flying Start services is affected by the number of children aged under four years living in Flying Start areas in each year. This is in turn affected by changes to population demographics. The number of 0 to 4 year olds in Wales has decreased by between 1.2% and 2.5% each year since 2016.

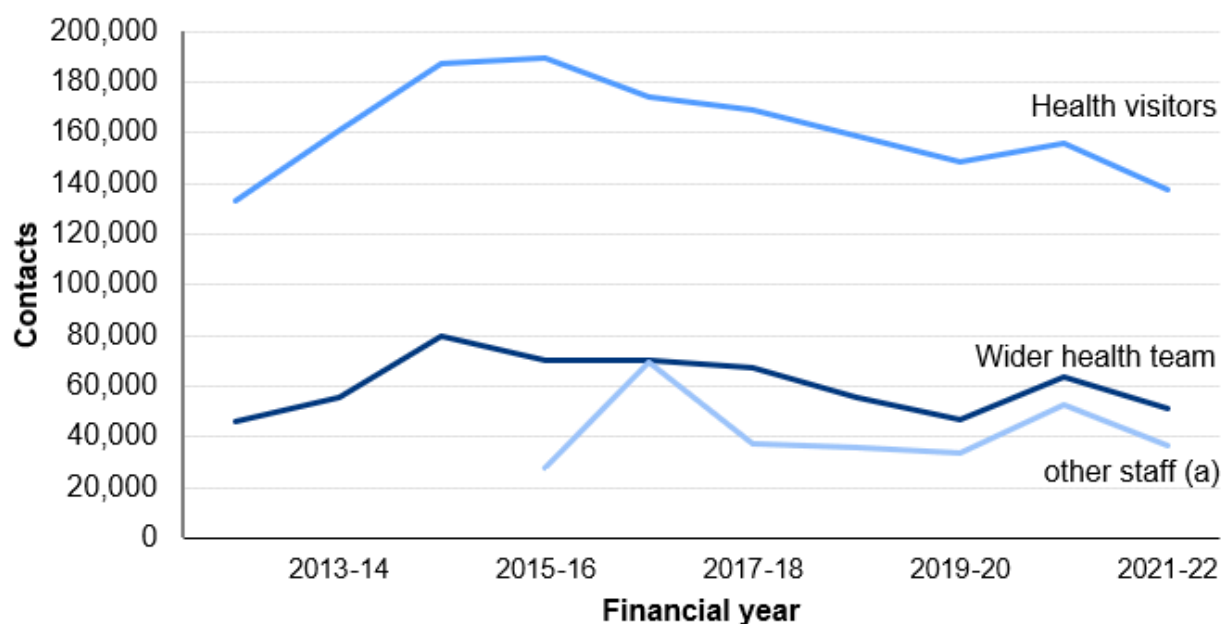
As children may move in or out of Flying Start areas during the year, the total number of children counted as receiving Flying Start services, may not actually receive services for the duration of a whole year.

## Activity of Flying Start programme

The Flying Start programme enables children to receive services from a range of different professionals, including health visitors; wider health professionals such as dietitians, midwives and social workers; and other staff such as assistants to fully qualified health staff. More information on staff groups is available in the [quality and methodology section](#) (#section-109743).

Figure 2 shows the number of contacts performed by each staff group and includes all other targeted contacts relevant to the child, even when the child is not present.

**Figure 2: Number of contacts by health visitors, the wider health team and other staff, 2012-13 to 2021-22**



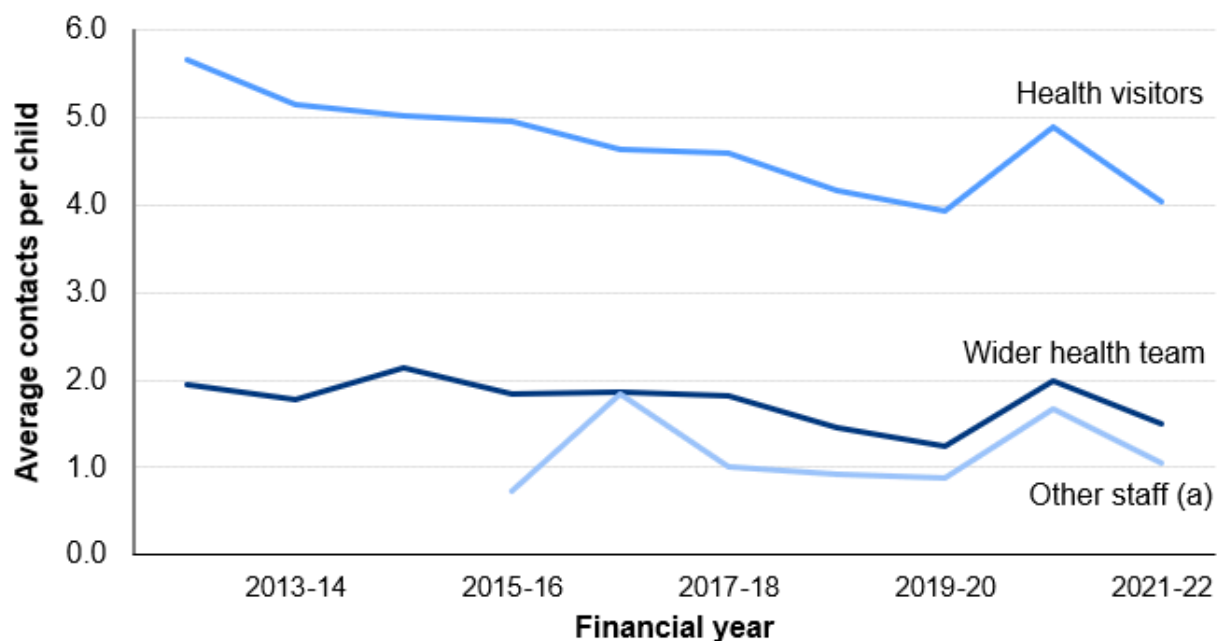
Source: Welsh Government Flying Start Data Monitoring Returns

(a) Contacts by other staff are only available from 2015-16 onwards.

The number of contacts with children up to age four by health visitors and the wider health team have been on a broadly downward trend since a peak between the years 2014-15 and 2015-16. Contacts by other staff members were recorded from 2015-16 onwards and have remained broadly stable in four of the last five years.

In 2021-22 there were nearly 138,000 contacts with health visitors, a decrease of 12% since the previous year; just over 51,000 contacts with wider health staff, a decrease of 19% since the previous year; and just over 36,000 contacts with other staff, a decrease of 32% since the previous year.

**Figure 3: Average number of contacts per child receiving Flying Start Services in the year, 2012-13 to 2021-22**



Source: Welsh Government Flying Start Data Monitoring Returns  
(a) Contacts by other staff are only available from 2015-16 onwards.

The average number of health visitor contacts per child in receipt of Flying Start services has been on a downward trend since data was first collected in



2012-13.

In 2021-22, each child received an average of 4.0 health visitor contacts, lower than in the previous year, but marginally higher than in the year prior to the pandemic (2019-20).

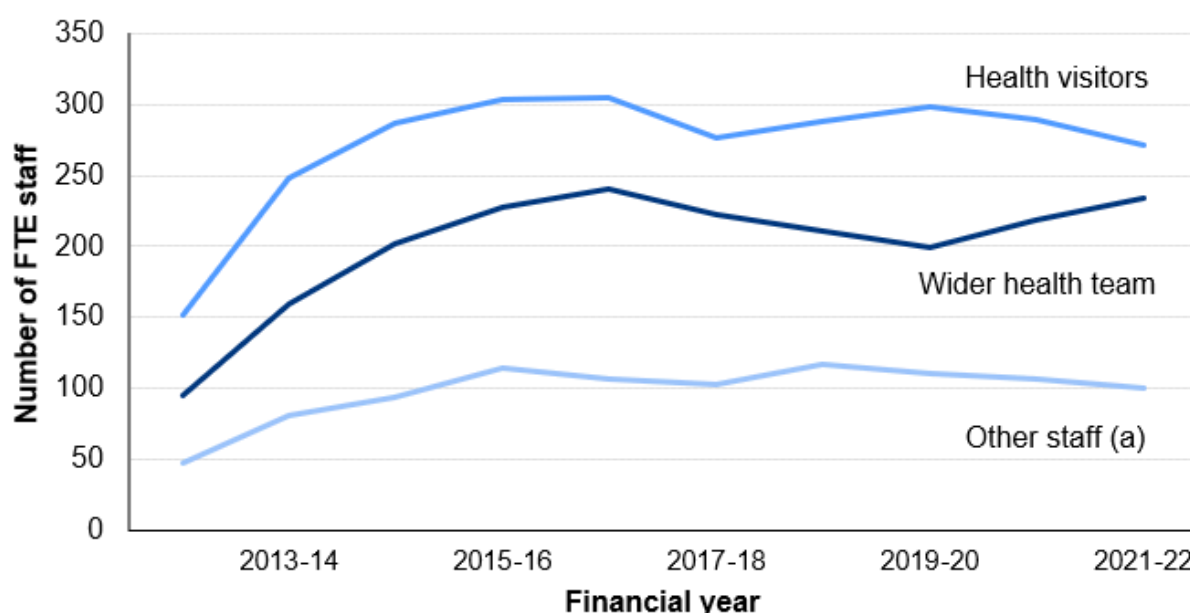
Similarly, the average number of contacts with the wider health team and other staff decreased when compared to the previous year, but both were slightly higher than in the year prior to the pandemic (2019-20).

The average number of contacts per child in receipt of Flying Start services varies widely by local authority and is shown in **Table 3 (MS Excel 150KB)** (<https://gov.wales/sites/default/files/statistics-and-research/2022-11/flying-start-april-2021-to-march-2022-403.ods>).

## Flying Start workforce

Local authorities submit data on the total number of hours worked by members of each staff group providing Flying Start services. A conversion factor is then applied to estimate the number FTE number of staff providing Flying Start services in the year. One FTE is the equivalent of a member of staff working 37.5 hours per week. More detail on this is provided in the **quality and methodology section** ([#section-109743](#)).

**Figure 4: Number of FTE health visitors 2012-13 to 2021-22**



Source: Welsh Government Flying Start Data Monitoring Returns  
(a) Contacts by other staff are only available from 2015-16 onwards.

The number of FTE health visitors increased sharply during the first few years of the programme. Since 2014-15 there has been some year-to-year volatility, but the number has remained close to 300 FTE.

In 2021-22 there were 271 FTE health visitors, a decrease of 6% from 2020-21.

The number of FTE wider health team providing Flying Start services increased sharply until 2016-17. Since then the number fell every year until 2019-20 followed by increases in both years since.

In 2021-22 there were 235 FTE wider health team staff, an increase of 7% from 2020-21.

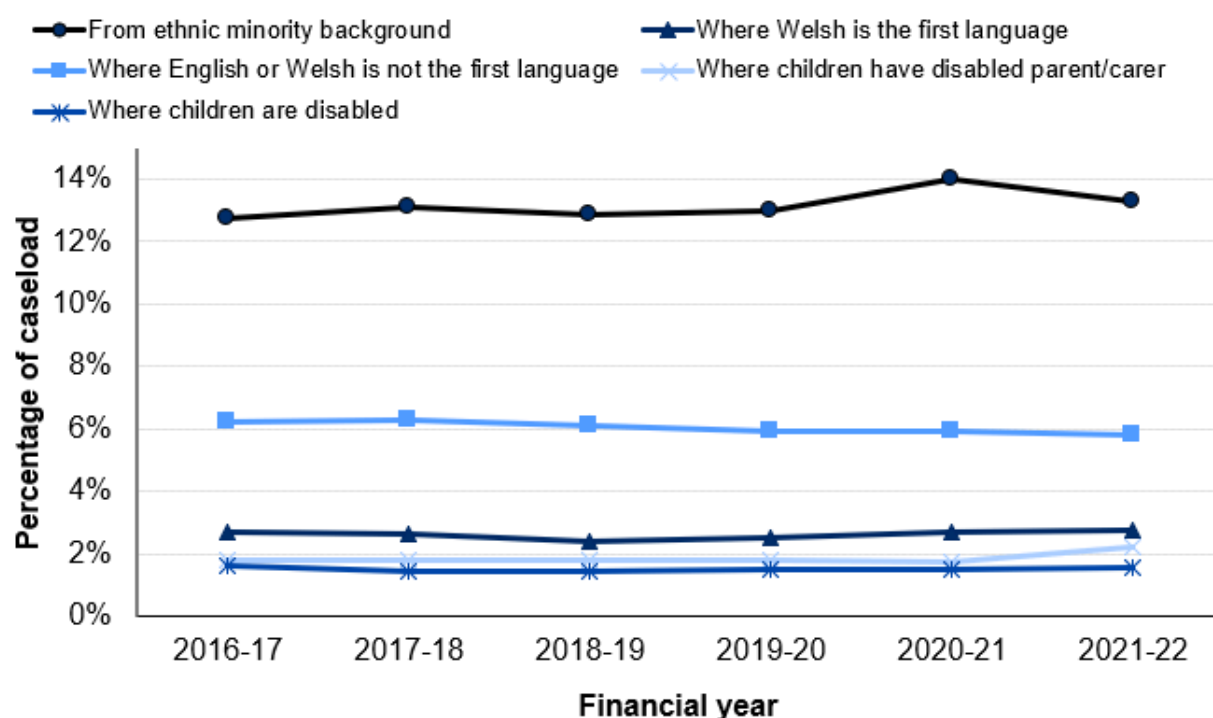
There were 100 FTE other staff providing Flying Start services in 2021-22, a broadly similar number to the previous seven years.

## **Characteristics of children on the Flying Start caseload**

The average number of children on the health visitor caseload in 2021-22 was 31,509 children, at the Wales level. The number of children on the caseload is generally lower than the number of children who have received Flying Start services in the year because families move in and out of Flying Start areas throughout the course of the year, and as children grow older they may become ineligible for services at a faster rate than new arrivals become eligible.

Local authorities provide data on some characteristics of children and their families, who are on their caseload.

**Figure 5: Percentage of Flying Start caseload by ethnicity, Welsh language and disability, 2016-17 to 2021-22**



Source: Welsh Government Flying Start Data Monitoring Returns

At the Wales level there has been little change for most categories over the last six years.

In Wales, in 2021-22:

The percentage of caseload where children were from an ethnic minority background was 13%. This is 1 percentage point lower than in the previous year. For comparison, the **2011 Census (NOMIS)** ([https://www.nomisweb.co.uk/census/2011/DC2101EW/view/2092957700?rows=c\\_ethpuk11&cols=c\\_age](https://www.nomisweb.co.uk/census/2011/DC2101EW/view/2092957700?rows=c_ethpuk11&cols=c_age)) estimated that 8% of children aged 0-4 in Wales were from an ethnic minority. Also, data from the **National Community Child Health Database** (<https://gov.wales/>

[maternity-and-birth-statistics-2020](#)) estimates that between 10% and 11% of new-borns in Wales born between 2018 and 2021 were from an ethnic minority.

The percentage of caseload where children were from families where Welsh is the first language was 3%. Broadly unchanged from the previous year.

The percentage of caseload where children were from families where English or Welsh was not the first language was 6%. This is the same as the previous year.

The percentage of caseload where children have a disabled parent/carers was 2%. Broadly unchanged from the previous year.

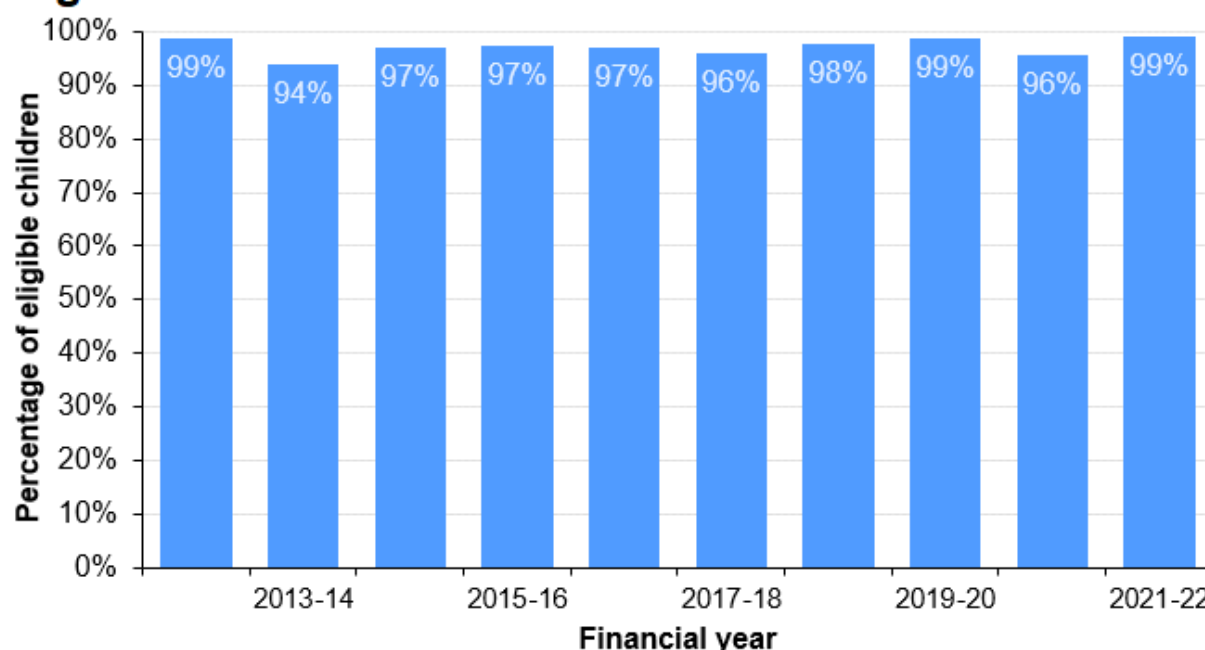
The percentage of caseload where the child was disabled was 2%. This is the same as the previous year.

Data for all local authorities is included in **Table 4 (MS Excel 150KB)** (<https://gov.wales/sites/default/files/statistics-and-research/2022-11/flying-start-april-2021-to-march-2022-403.ods>).

## Childcare

The core Flying Start childcare offer is that quality childcare is offered to parents of all eligible 2 to 3 year olds for 2.5 hours a day, 5 days a week for 39 weeks of the year. In addition, there should be at least 15 sessions of provision for the family during the school holidays. Families can choose to accept either the full offer or a reduced offer if only some of the sessions are needed.

**Figure 6: Number of full or reduced offers of Flying Start provided childcare made as a percentage of newly eligible children 2012-13 to 2021-22**



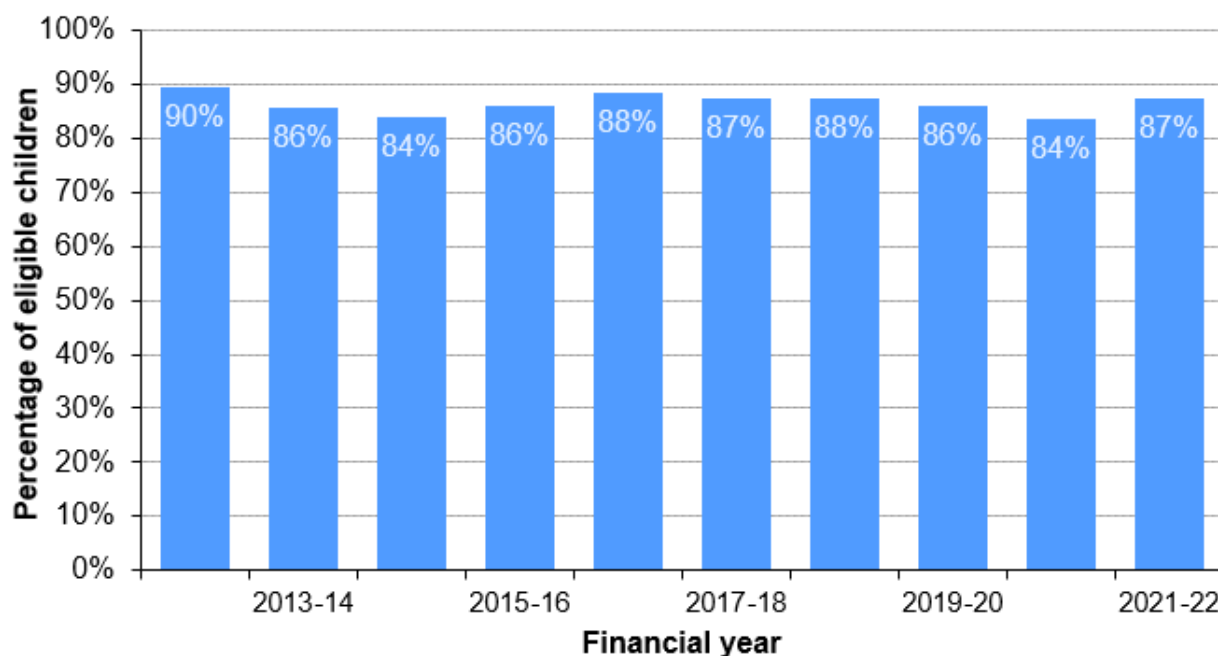
Source: Welsh Government Flying Start Data Monitoring Returns

The families of 99% of eligible children were offered Flying Start-provided childcare in 2021-22, an increase of 3 percentage points since last year.

**Table 5 (MS Excel 150KB)** (<https://gov.wales/sites/default/files/statistics-and-research/2022-11/flying-start-april-2021-to-march-2022-403.ods>) shows that all local authorities offered childcare to the families of at least 94% of eligible children, with 13 local authorities offering childcare to families of 100% of the eligible children in their area.

While childcare offers are made by local authorities, it is each family's choice to accept the offer or not.

**Figure 7: Percentage of children taking up Flying Start provided childcare, 2012-13 to 2021-22 (a)**



Source: Welsh Government Flying Start Data Monitoring Returns

(a) This refers to whether the offer of childcare is accepted regardless of whether or not the child subsequently attends childcare.

The percentage of children whose families accepted Flying Start childcare had been decreasing slightly in recent years, but increased by three percentage points in 2021-22 to 87%.

**Table 5** (<https://gov.wales/sites/default/files/statistics-and-research/2022-11/flying-start-april-2021-to-march-2022-403.ods>) (**MS Excel 150KB**) (<https://gov.wales/sites/default/files/statistics-and-research/2022-11/flying-start-april-2021-to-march-2022-403.ods>) shows how the acceptance rate varied between local authorities. 100% of offers were accepted in Newport (the highest rate in Wales) compared to 71% in Powys (the lowest rate in Wales).

## Parenting and speech, language & communication

Every family with a Flying Start eligible child must be offered formal parenting support every year. In addition to the formal parenting offer, other parenting support may be delivered. This may include informal parenting support, bespoke enhanced one-to-one sessions and informal drop-in sessions, depending on need. Formal and informal structured courses are defined as those with a structured curriculum and a set start and end date.

In 2021-22 the take-up of courses offered to parents of Flying Start children was 71% for formal structured parenting courses and 67% for informal structured parenting/speech, language and communication (SLC) courses.

Local authority data is available in **Table 6** (<https://gov.wales/sites/default/files/statistics-and-research/2022-11/flying-start-april-2021-to-march-2022-403.ods>)(**MS Excel 150KB**) (<https://gov.wales/sites/default/files/statistics-and-research/2022-11/flying-start-april-2021-to-march-2022-403.ods>).

## Births in Flying Start areas

In 2021, 23% of live births in Wales were to mothers who were resident in Flying Start areas, a small decrease since 2020.

This varied between local authorities, from 37% in Merthyr Tydfil (highest in Wales) and 13% in Monmouthshire and Powys (lowest in Wales). Broadly, this reflects the coverage of the programme in each local authority.

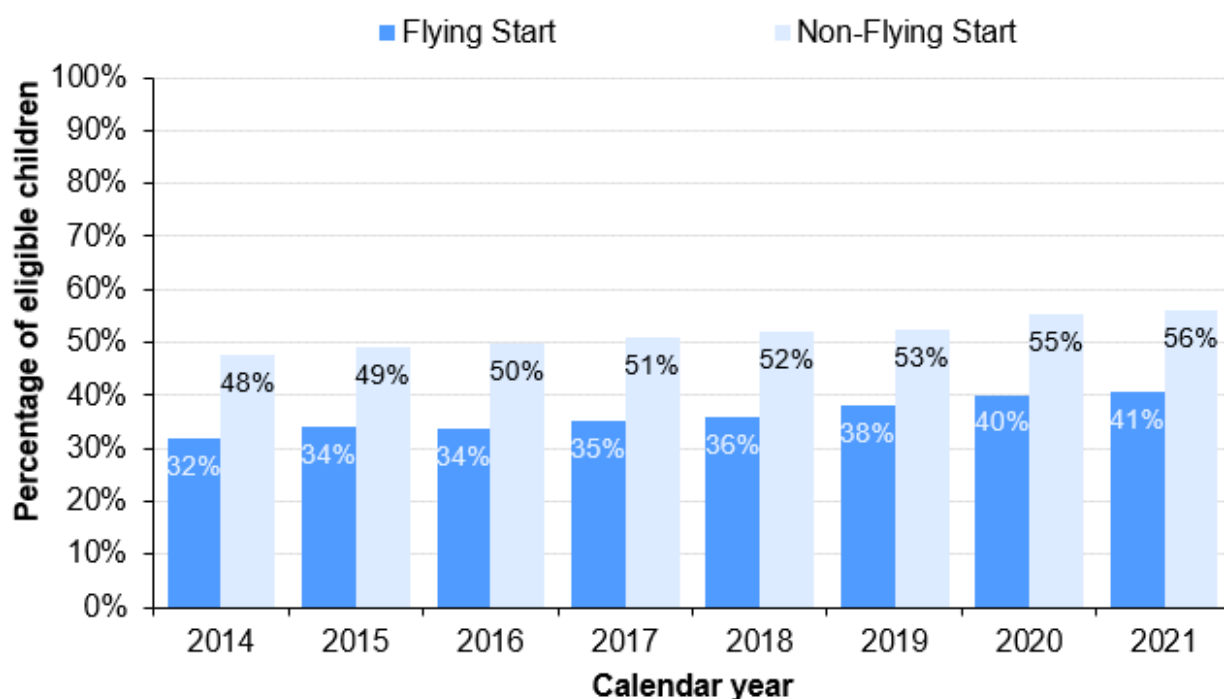


Local authority data is available in **Table 7 (MS Excel 150KB)** (<https://gov.wales/sites/default/files/statistics-and-research/2022-11/flying-start-april-2021-to-march-2022-403.ods>).

## **Health outcomes: infant feeding**

Breastfeeding is recognised as being of crucial importance for the health of babies and their mothers. The percentage of babies breastfed at 10 days old is one of the maternity indicators used to benchmark local health board maternity services.

**Figure 8: Percentage of babies born to mothers living in Flying Start and non-Flying Start areas, receiving any breast milk at 10 days old, 2014 to 2021 (a) (b)**



Source: National Community Child Health Database (NCCHD)

(a) The percentages are of the total live births minus births with no stated breastfeeding status: 14% had no stated breastfeeding status at 10 days in 2014, 4% in 2015 and 2016, 9% in 2017, 8% in 2018, 13% in 2019, 13% in 2020 and 15% in 2021.

(b) Any breast milk' consists of combined milk feeding (breast milk plus artificial milk) plus those who receive exclusively breast milk (nothing else except water).

In 2021, four in ten (41%) babies residing in Flying Start areas were fed any breast milk at 10 days old, compared to over half (56%) of those in non-Flying Start areas.

The rate of breastfeeding at 10 days has been increasing at a similar rate for babies residing in both Flying Start and non-Flying Start areas. Over the course

of the eight-year time series, the gap between the two groups has remained relatively stable with the rate either 15 or 16 percentage points lower for babies in Flying Start areas.

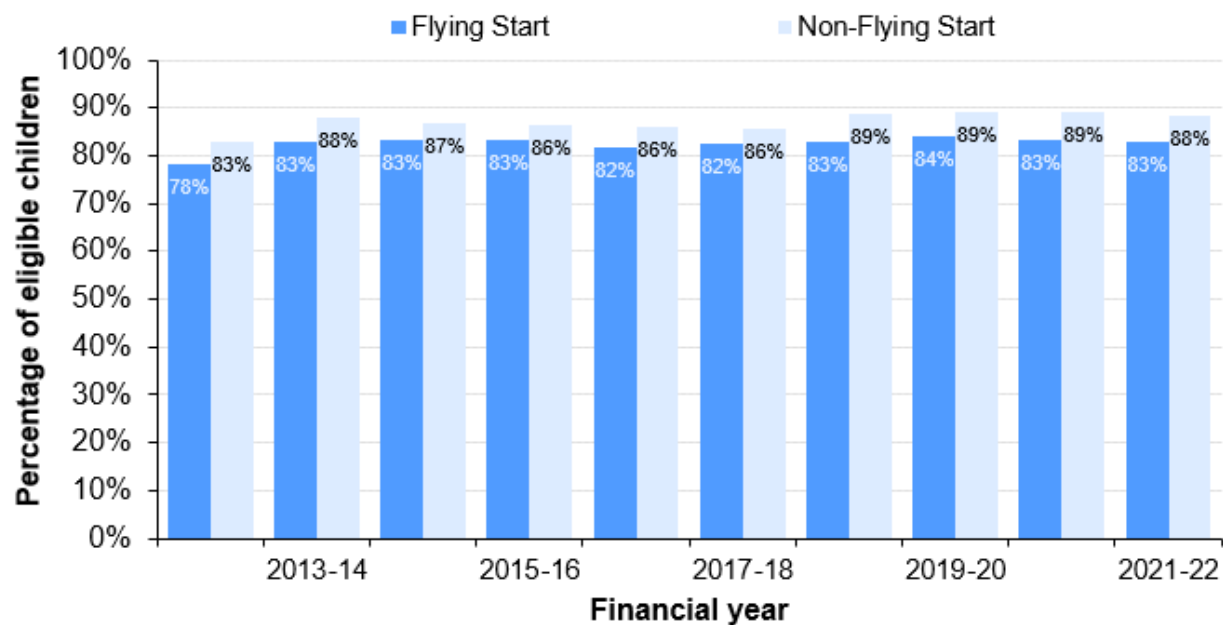
The percentage of mothers living in Flying Start areas who were breastfeeding at 10 days varied at local authority level from 62% in Ceredigion (highest in Wales) to 23% in Wrexham (lowest in Wales).

Local authority data is available in **Table 8** (<https://gov.wales/sites/default/files/statistics-and-research/2022-11/flying-start-april-2021-to-march-2022-403.ods>)(**MS Excel 150KB**) (<https://gov.wales/sites/default/files/statistics-and-research/2022-11/flying-start-april-2021-to-march-2022-403.ods>).

## Health outcomes: uptake of routine childhood immunisation

Vaccines are offered to all children, as part of the routine childhood immunisation schedule, to protect them against Diphtheria, Tetanus, Pertussis, Polio, Haemophilus influenzae (Hib), Measles, Mumps, Rubella, Meningitis C and Pneumococcal infection (PCV). Vaccinations are given according to a routine childhood immunisation schedule starting 8 weeks after birth, and the aim is for all children to be fully immunised by their fourth birthday.

**Figure 9: Percentage of children in Flying Start and non-Flying Start areas that are fully immunised at 4th birthday, 2011-12 to 2021-22**



Source: Public Health Wales COVER report; National Community Child Health Database (NCCHD) (denominator)

The percentage of all children who are fully immunised by age four has remained broadly consistent since 2013-14.

In 2021-22, 83% of children living in Flying Start areas were fully immunised at age four compared to 88% of children living in non-Flying Start areas.

**Table 9** (<https://gov.wales/sites/default/files/statistics-and-research/2022-11/flying-start-april-2021-to-march-2022-403.ods>) (**MS Excel 150KB**) (<https://gov.wales/sites/default/files/statistics-and-research/2022-11/flying-start-april-2021-to-march-2022-403.ods>) shows the differences in immunisation rates for Flying Start eligible children living in different local authorities, ranging from 92% in Isle of Anglesey and Monmouthshire (highest in Wales) to 74% in Cardiff (lowest in

Wales).

In most local authorities (19 out of 22) immunisation rates were higher for children living in non-Flying Start areas than in Flying Start areas.

## Health outcomes: healthy weight

The **Child Measurement Programme for Wales (NHS Wales)**

(<https://phw.nhs.wales/services-and-teams/child-measurement-programme/>) is a surveillance programme set up in 2011. Public Health Wales deliver a national height and weight measuring programme for Wales, to give a better understanding about how children in Wales are growing. The programme standardises the way in which primary school children (aged four and five) are measured across Wales.

National data from the Child Measurement Programme is currently available until school years 2017/18 to 2018/19. Data collection was disrupted by school closures and prioritisation of resources in response to the COVID-19 pandemic. Public Health Wales have advised that all-Wales data collection is planned to resume for the 2022/23 academic year

Data published in previous **Flying Start releases** (<https://gov.wales/flying-start>) shows that the percentage of children living in Flying Start areas who have a healthy weight has been consistently lower (by 3 to 4 percentage points) than children living in non-Flying Start areas since data was first collected.

## Education: children recorded on roll at a maintained school

The numbers of Flying Start children starting Foundation Phase (the statutory curriculum for all 3-7 year olds in Wales in both maintained and non-maintained schools) measures the degree to which Flying Start children are taking-up early years education opportunities.

In 2021-22, 91% of children at age three living in Flying Start programme areas were recorded on maintained school rolls compared to 86% of children at age three living in non-Flying Start areas.

The percentage of children living in Flying Start areas on maintained school rolls has remained fairly steady throughout the duration of the programme, varying between 91% and 94%.

Local authority data is available in **Table 11** (<https://gov.wales/sites/default/files/statistics-and-research/2022-11/flying-start-april-2021-to-march-2022-403.ods>)(**MS Excel 150KB**) (<https://gov.wales/sites/default/files/statistics-and-research/2022-11/flying-start-april-2021-to-march-2022-403.ods>).

## Quality and methodology

A full **quality report** (<https://gov.wales/flying-start-quality-report>) is published alongside this statistical release.

2021-22 was affected by the COVID-19 pandemic. In years prior to the pandemic, in general only face-to-face contacts were recorded as Flying Start

contacts. Welsh Government guidance issued in June 2021 stated that, as a general rule any targeted activity conducted via different means during the pandemic (i.e. virtual contacts through Skype or Whatsapp) should be recorded in the same way as face-to-face contacts were recorded previously. The guidance also stated that local authorities should exercise their professional judgement when determining if a virtual contact was meaningful enough to be recorded.

Local authorities have provided additional feedback on how services were affected in 2021-22, and these included:

- some parenting and SLC programmes were either not run or not able to be completed
- some childcare sessions had low attendance due to continued parental concern over COVID-19
- some parents chose not to take-up childcare which they may have accepted prior to the pandemic
- some Flying Start staff would have been self-isolating, shielding or unwell which affected the service offered
- some contacts recorded as face-to-face contacts may have taken place over the phone or virtually

These factors need to be considered when using data for 2021-22. Services in 2020-21 were also affected by the pandemic. See **last year's release** (<https://gov.wales/flying-start#previous-releases>) for more details.

## **Health visiting in Rhondda Cynon Taf**

Rhondda Cynon Taf are piloting a new health visiting model which means that data for 2020-21 and 2021-22 are collected on a different basis to previous years. This may mean that any differences between previous years and any differences with other local authority areas may be due to the different service

provision model. Therefore caution is advised when comparing Rhondda Cynon Taf data with previous years and when comparing with other local authorities in 2020-21

## **Staff groups**

The wider health team is defined as those staff with a professional health or social care registration, funded by the Flying Start programme. It will include staff who are:

- non-case holding health managers
- dieticians
- mid wives
- clinical psychologists
- educational psychologists
- speech and language therapists
- social workers
- community nurses (with an appropriate qualification)
- occupational therapists
- any other health or care professionals

The definition of 'other staff' includes any unregistered staff. This typically means those who are not fully qualified and those who assist fully qualified health professionals in delivering services.

## **Workforce full time equivalent estimates**

Local authorities submit data for the number of hours worked by each staff group in each term of the year. A conversion factor is then applied to estimate the number of full-time equivalent staff. This calculation provides a consistent measure across all local authorities and takes into account maternity, long term



illness and holiday/days off.

The conversion factors apply to each term. As the terms do not have the same number of weeks in them, the conversion factors also differ. In 2021-22 the conversion factor uses 18 weeks for term 1; 15 weeks for term 2; and 11 weeks for term 3. A full-time equivalent is counted for 37.5 hours worked per week for all staff groups.

The conversion factor formula is: number of hours worked in term divided by (number of weeks in term multiplied by 37.5).

Data on the number of **staff directly employed by the NHS** (<https://gov.wales/staff-directly-employed-nhs>) is published by Welsh Government and is collected in an entirely different way. Therefore it is not comparable to any data published using Flying Start data monitoring forms.

## **Well-being of Future Generations Act (WFG)**

The Well-being of Future Generations Act 2015 is about improving the social, economic, environmental and cultural wellbeing of Wales. The Act puts in place seven wellbeing goals for Wales. These are for a more equal, prosperous, resilient, healthier and globally responsible Wales, with cohesive communities and a vibrant culture and thriving Welsh language. Under section (10)(1) of the Act, the Welsh Ministers must (a) publish indicators (“national indicators”) that must be applied for the purpose of measuring progress towards the achievement of the Well-being goals, and (b) lay a copy of the national indicators before Senedd Cymru. The 46 national indicators were laid in March 2016.

Information on the indicators, along with narratives for each of the wellbeing goals and associated technical information is available in the **Well-being of Wales report** (<https://gov.wales/wellbeing-wales>).

Further information on the **Well-being of Future Generations (Wales) Act 2015** (<https://gov.wales/well-being-future-generations-wales-act-2015-guidance>).

The statistics included in this release could also provide supporting narrative to the national indicators and be used by public services boards in relation to their local wellbeing assessments and local wellbeing plans.

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