



Llywodraeth Cymru  
Welsh Government

STATISTICS, DOCUMENT

# Flying Start: April 2022 to March 2023

The report provides a statistical overview of how the programme is working for April 2022 to March 2023.

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# Introduction

**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 April 2012 to March 2013. 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 2022-23 was less affected by the pandemic than the previous two years, there were some changes to Flying Start service provision because of the pandemic. These are detailed in the **quality and methodology section**.

Throughout this release, the term 'year' refers to the financial year where it is written as '2022-23' and refers to April 2022 to March 2023. Where this is not the case the months have been specified.

## Main points

The number of children receiving Flying Start services, including a health visitor

contact increased in 2022-23 compared to the previous year, but remained below the expected number

The total number of contacts with children in flying start areas by health visitors and other staff decreased in 2022-23, but contacts by the wider health team increased when compared with the previous year.

There was a small increase in the number of full-time equivalent (FTE) health visitors providing Flying Start services in 2022-23 and larger increases were observed in the number of FTE wider health team and other staff groups.

In 2022-23, 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.

Flying Start childcare in 2022-23 was offered to families of nearly all eligible children and the offer was accepted for nearly 9 out of 10 eligible children

Formal structured parenting courses and informal structured parenting or speech, language and communication (SLC) courses were accepted by families for 7 out of 10 eligible children.

Just under a quarter of births in Wales in 2022 were to mothers resident in Flying Start areas.

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.

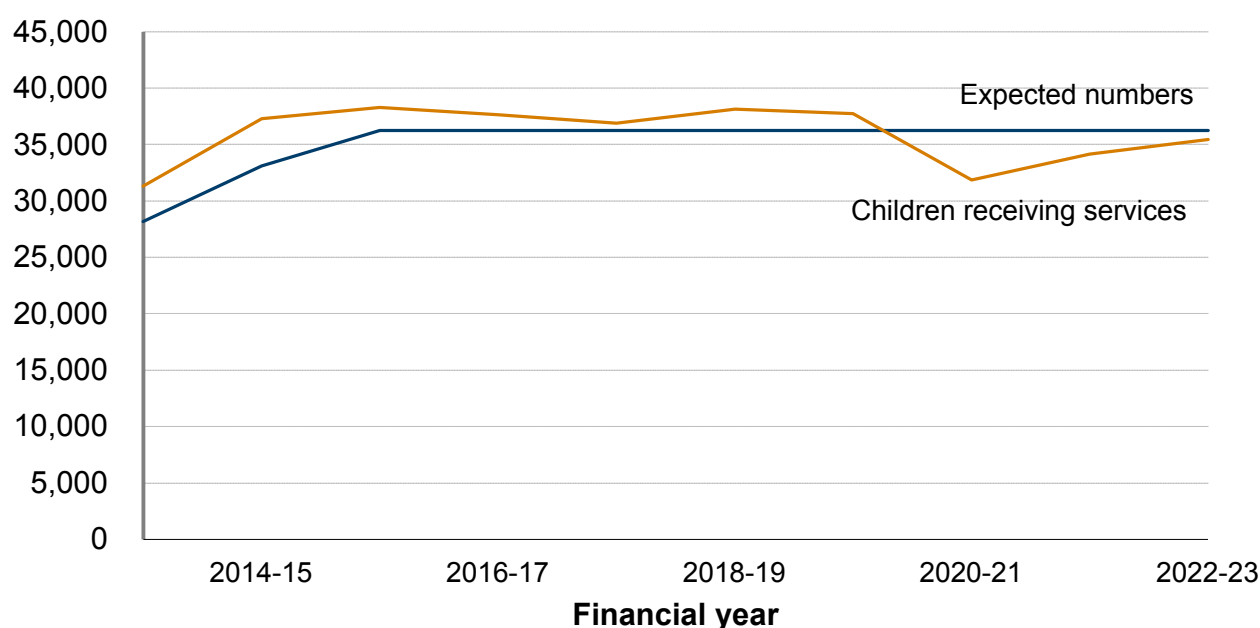
The percentage of children living in Flying Start areas fully immunised by their fourth birthday fell slightly and remained lower than the percentage of children fully immunised, living in non-Flying Start areas.

## 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](#), has remained unchanged at 36,215.

**Figure 1: Number of children in Wales in receipt of health visitor Flying Start services, 2013 to 2014 to 2022 to 2023**



Description of Figure 1: Line chart showing that the number of children receiving

services exceeded the expected numbers in each year of the programme until 2020-21 and remained below expected in 2022-23.

Source: Welsh Government Flying Start Data Monitoring Returns

### **Children receiving Flying Start services, by local authority (StatsWales)**

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 to 2021 coinciding with the height of the pandemic and remained below the expected number in the subsequent 2 years.

In 2022-23, 35,429 children received Flying Start services, including a contact with a health visitor. This was 2.2% lower than the expected number, but an increase of 3.8% since 2021-22.

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 the StatsWales table linked above.

43.2% of children aged under 4 in Merthyr Tydfil were on Flying Start health visitor caseloads (the highest in Wales), compared to 16.9% 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 4 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 0.3% and 3.2% each year since 2012.

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.

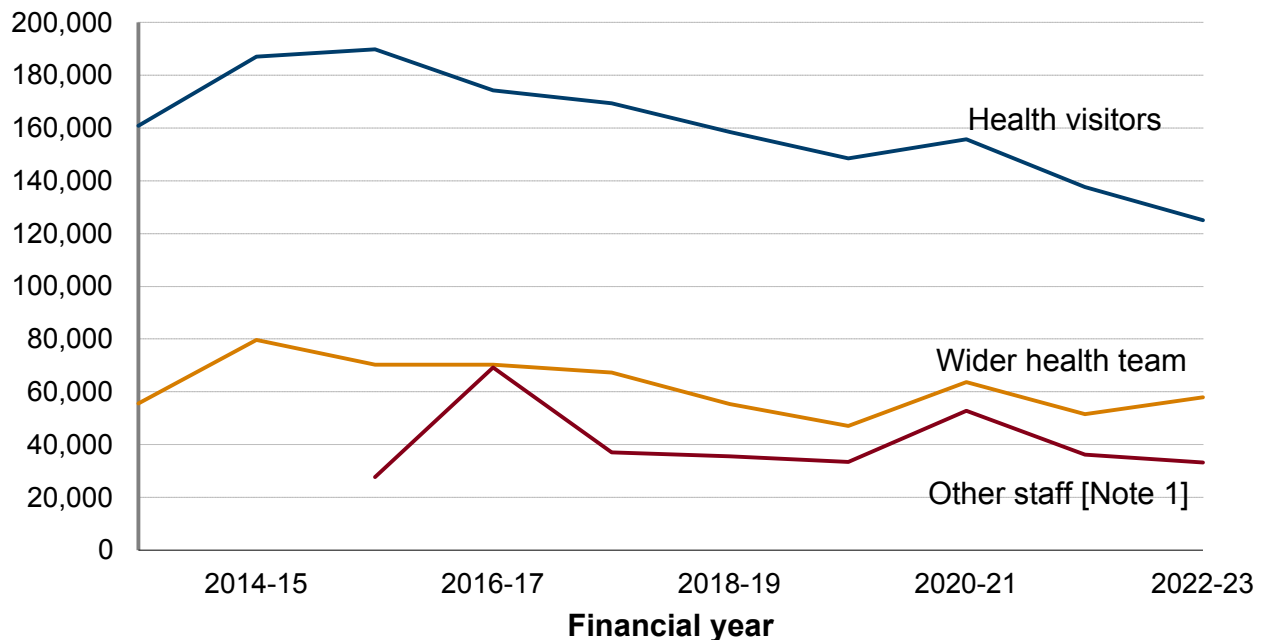
## Activity of Flying Start programme

The Flying Start programme enables children to receive services from a range of different professionals, including health visitors; wider health professionals such as dieticians, 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](#).

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 staff group, 2013 to 2014 to 2022 to 2023**



Description of Figure 2: Line chart showing the number of contacts by Flying Start staff have been on a broadly downward trend since a peak between the years 2014-15 and 2015-16.

Source: Welsh Government Flying Start Data Monitoring Returns

### Number of contacts and average contacts per child receiving Flying Start services, by staff group and local authority (StatsWales)

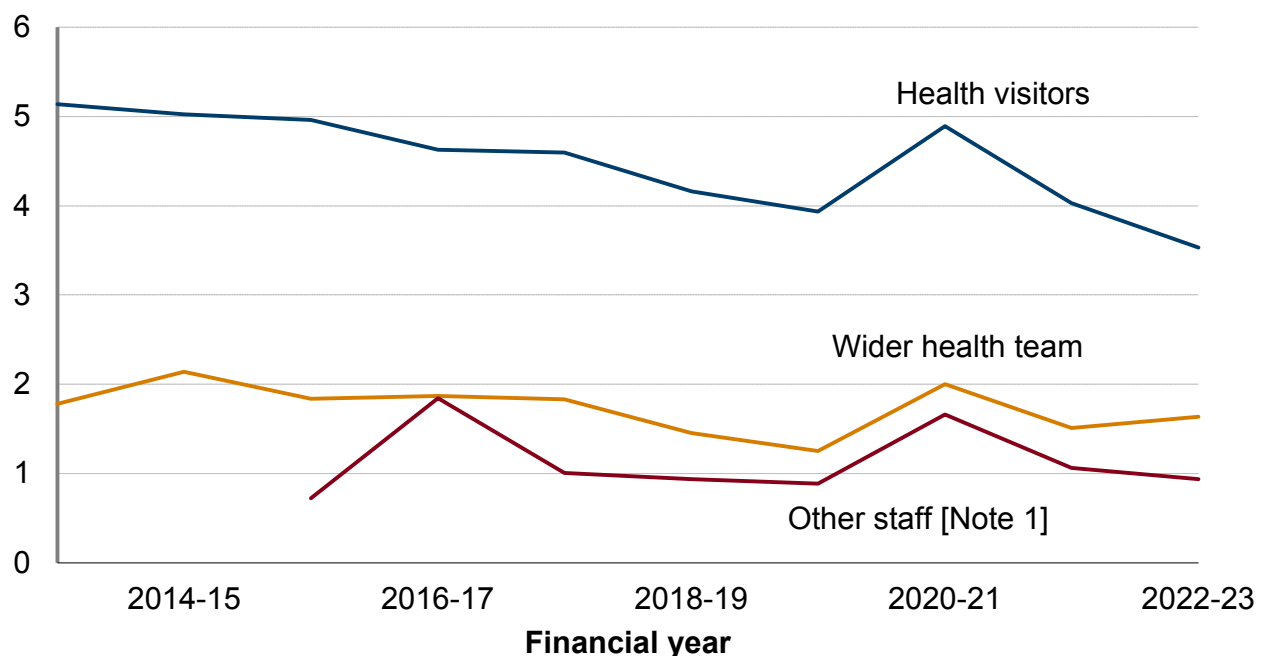
[Note 1] The definition of 'other staff' includes any unregistered staff. Contacts by other staff are only available from 2015-16 onwards.

The number of contacts with children up to age 4 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 4 of the last 5 years.

In 2022-23 there were 125,092 contacts with health visitors, a decrease of 9.0% since the previous year; 57,928 contacts with wider health staff, an increase of 12.6% since the previous year; and 33,213 contacts with other staff, a decrease of 8.2% since the previous year.

**Figure 3: Average number of contacts per child receiving Flying Start services in the year, 2013 to 2014 to 2022 to 2023**



Description of Figure 3: A line chart that shows the average number of contacts per child has been on a downward trend since data was first collected.

Source: Welsh Government Flying Start Data Monitoring Returns

**Number of contacts and average contacts per child receiving Flying Start services, by staff group and local authority (StatsWales)**

[Note 1] The definition of 'other staff' includes any unregistered staff. Contacts by other staff are only available from 2015-16 onwards.

In 2022-23, each child received an average of 3.5 health visitor contacts, the lowest number on record.

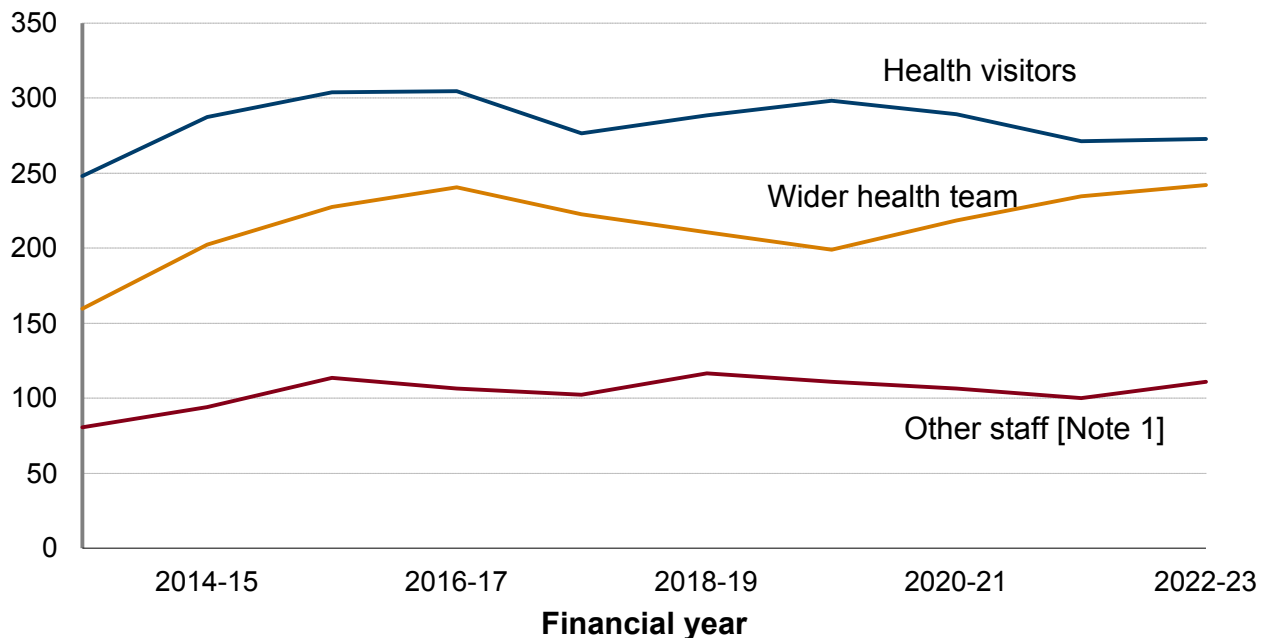
The average number of contacts with the wider health team increased but contacts with other staff slightly decreased when compared to the previous year but the wider health team was slightly higher and contacts with other staff was unchanged when compared to the year prior to the pandemic (2019-20).

The average number of contacts per child in receipt of Flying Start services varies widely by local authority and is shown in the StatsWales tables linked above.

## 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 full-time equivalent (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](#).

**Figure 4: Number of full-time equivalent (FTE) health visitors 2013 to 2014 to 2022 to 2023**



Description of Figure 4: A line chart that shows after an initial sharp increase up until 2016-17 there has been some year-to-year volatility, but the number of health visitors has remained between 270 and 300 FTE since 2017-18.

Source: Welsh Government Flying Start Data Monitoring Returns

### Number of full-time equivalent (FTE) health visitors in the Flying Start workforce, by local authority (StatsWales)

[Note 1] Contacts by other staff are only available from 2015-16 onwards.

In 2022-23 there were 273 FTE health visitors, an increase of 0.6% from 2021-22.

The number of FTE wider health team providing Flying Start services increased

sharply until 2016-17, followed by a decrease every year up until 2019-20, before increasing again year on year.

In 2022-23 there were 242 FTE wider health team staff, an increase of 3.1% from 2021-22.

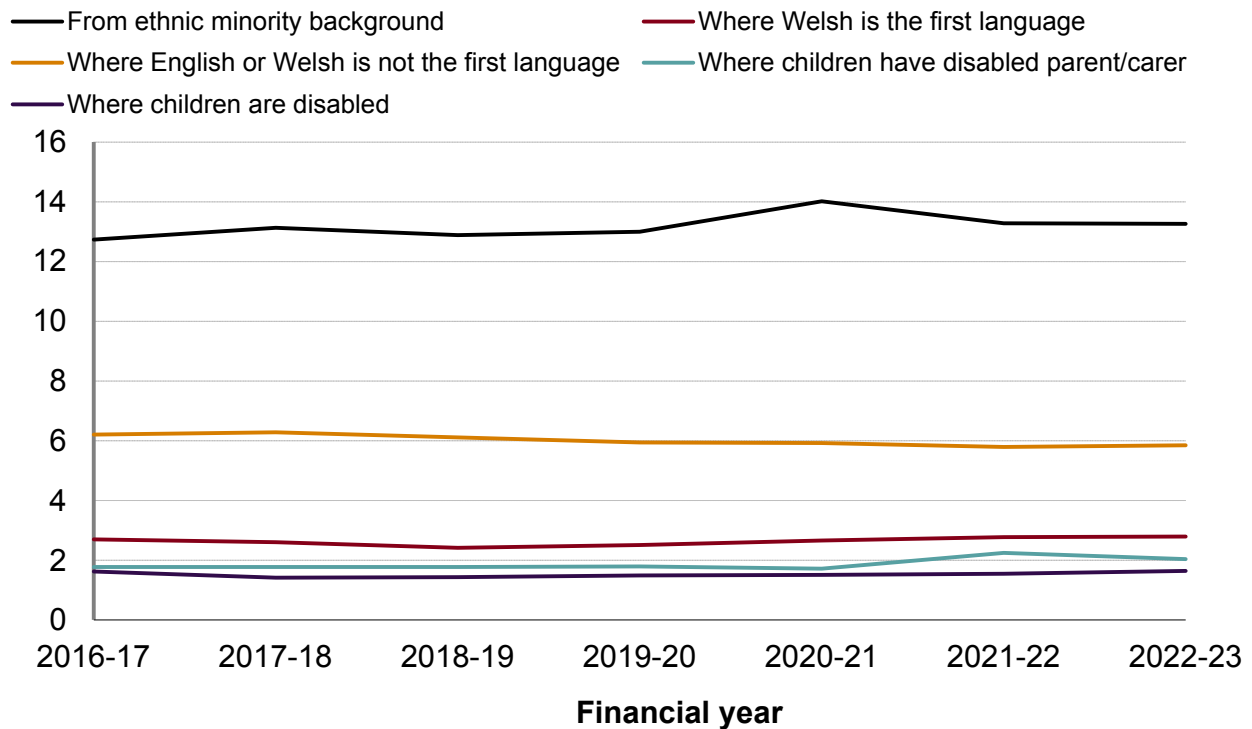
There were 111 FTE other staff providing Flying Start services in 2022-23, a 10.9% increase on the previous year.

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

The average number of children on the health visitor caseload in 2022-23 was 32,754 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 caseload in Wales by ethnicity, Welsh language and disability, 2016 to 2017 to 2022 to 2023



Description of Figure 5: A line chart that shows there has been very little variation in the percentage of caseload by any characteristic over the seven years shown.

Source: Welsh Government Flying Start Data Monitoring Returns

### Characteristics of children on the Flying Start caseload, by local authority (StatsWales)

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## In Wales, during 2022-23

The percentage of caseload where children were from an ethnic minority background was 13.3%, unchanged from the previous year. For comparison, the [2011 Census \(Nomis\)](#) estimated that 8% of children aged 0 to 4 in Wales were from an ethnic minority. Also, data from the [National Community Child Health Database](#) estimates that between 10% and 13% of new-borns in Wales born between 2018 and 2022 were from an ethnic minority.

The percentage of caseload where children were from families where Welsh is the first language was 2.8%, unchanged from the previous year.

The percentage of caseload where children were from families where English or Welsh was not the first language was 5.8%. This is the same as the previous year.

The percentage of caseload where children have a disabled parent or carer was 2.0%, unchanged from the previous year.

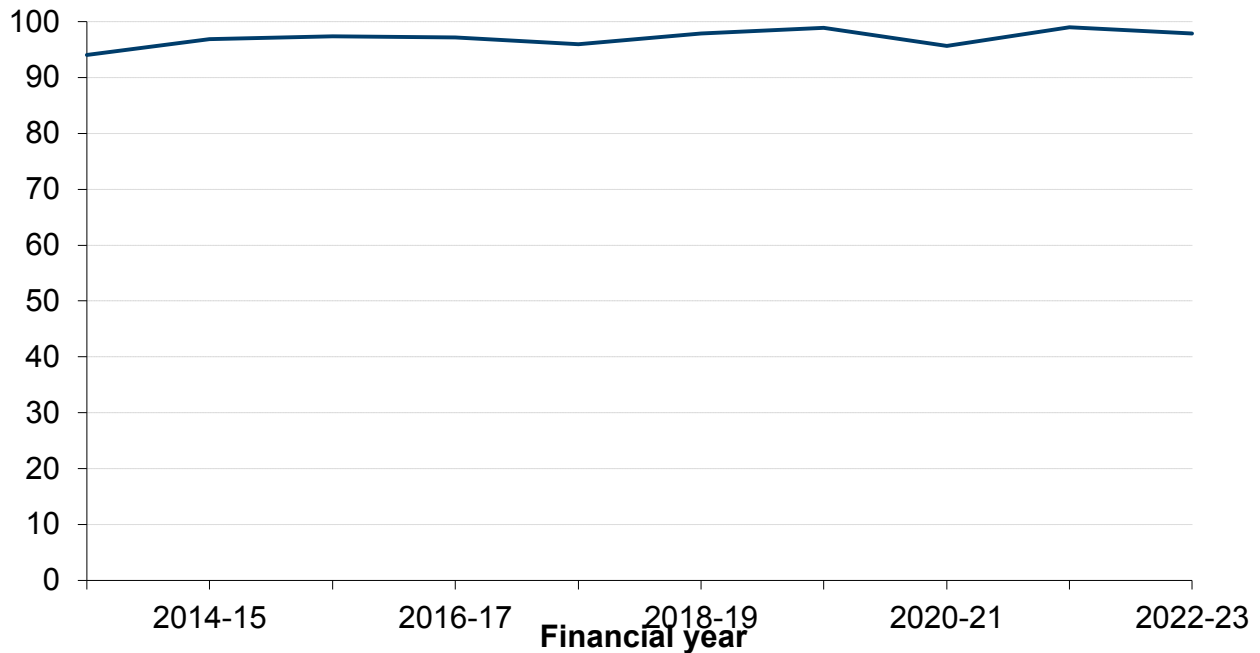
The percentage of caseload where the child was disabled was 1.6%. This is the same as the previous year.

Data for all local authorities is included in the StatsWales table linked above.

## 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: Percentage of full or reduced offers of Flying Start-provided childcare made to newly eligible children, Wales, 2013 to 2014 to 2022 to 2023



Description of Figure 6: A line chart that shows that the percentage of eligible children offered childcare has fluctuated between 94% and 99% over the last 11 years.

Source: Welsh Government Flying Start Data Monitoring Returns

### Number and percentage of children eligible and offered Flying Start childcare, by local authority (StatsWales)

The families of 97.9% of eligible children were offered Flying Start-provided childcare in 2022-23, a decrease of 1.1 percentage points since last year.

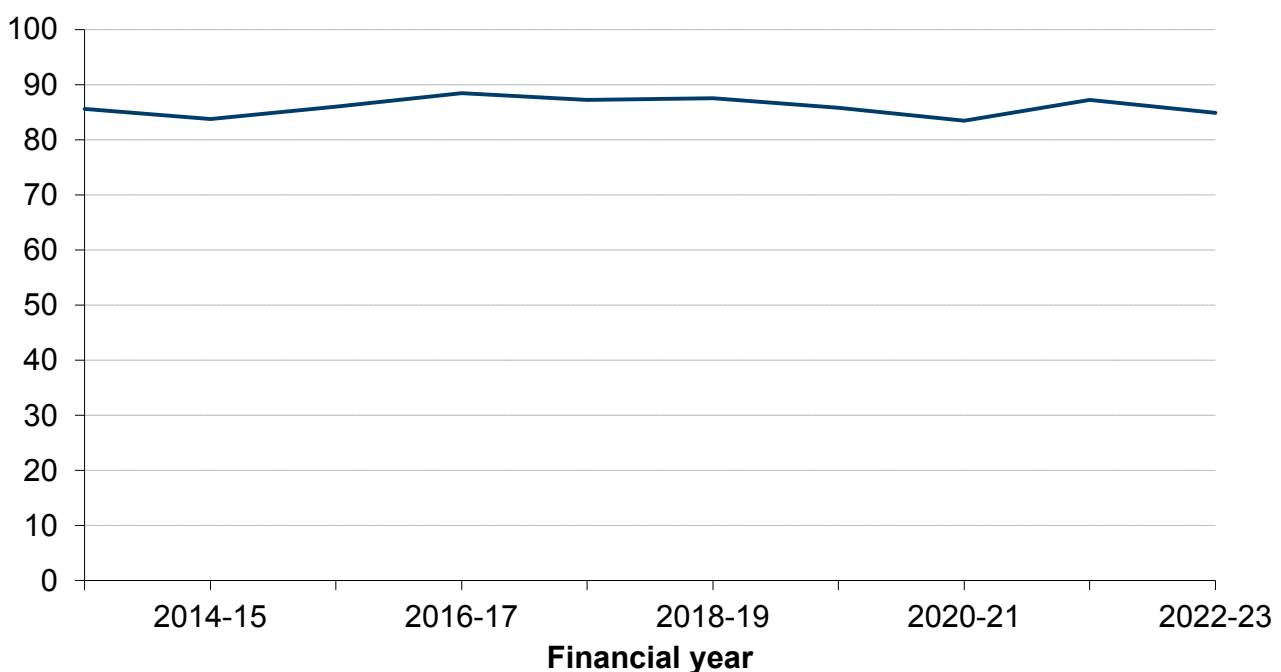
The StatsWales table linked above shows that all local authorities offered



childcare to the families of at least 87.8% of eligible children, with 14 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 whose families accepted Flying Start-provided childcare, Wales, 2013 to 2014 to 2022 to 2023 [Note 1]



Description of Figure 7: A bar chart that shows the percentage of children whose families accepted Flying Start childcare has remained fairly steady in the last 11 years, slightly below the high of 90% in the first year of the programme.

Source: Welsh Government Flying Start Data Monitoring Returns

### Number and percentage of children eligible and offered Flying Start

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## childcare, by local authority (StatsWales)

[Note 1] 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 decreased by 2 percentage points in 2022-23 to 84.9%.

The StatsWales table linked above shows how the acceptance rate varied between local authorities. 96.9% of offers were accepted in Pembrokeshire and Merthyr Tydfil (the highest rates in Wales) compared to 61.4% in Ceredigion (the lowest rate in Wales).

## Parenting and speech, language and 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 2022-23 the take-up of courses offered to parents of Flying Start children was 72.3% for formal structured parenting courses and 67.4% for informal structured parenting or speech, language and communication (SLC) courses, an increase of 1.7 percentage points and 0.2 percentage points respectively.

**National and local authority data is available on StatsWales.**

## Births in Flying Start areas

In January to December 2022, 24.1% of live births in Wales were to mothers who were resident in Flying Start areas, a small increase since 2021.

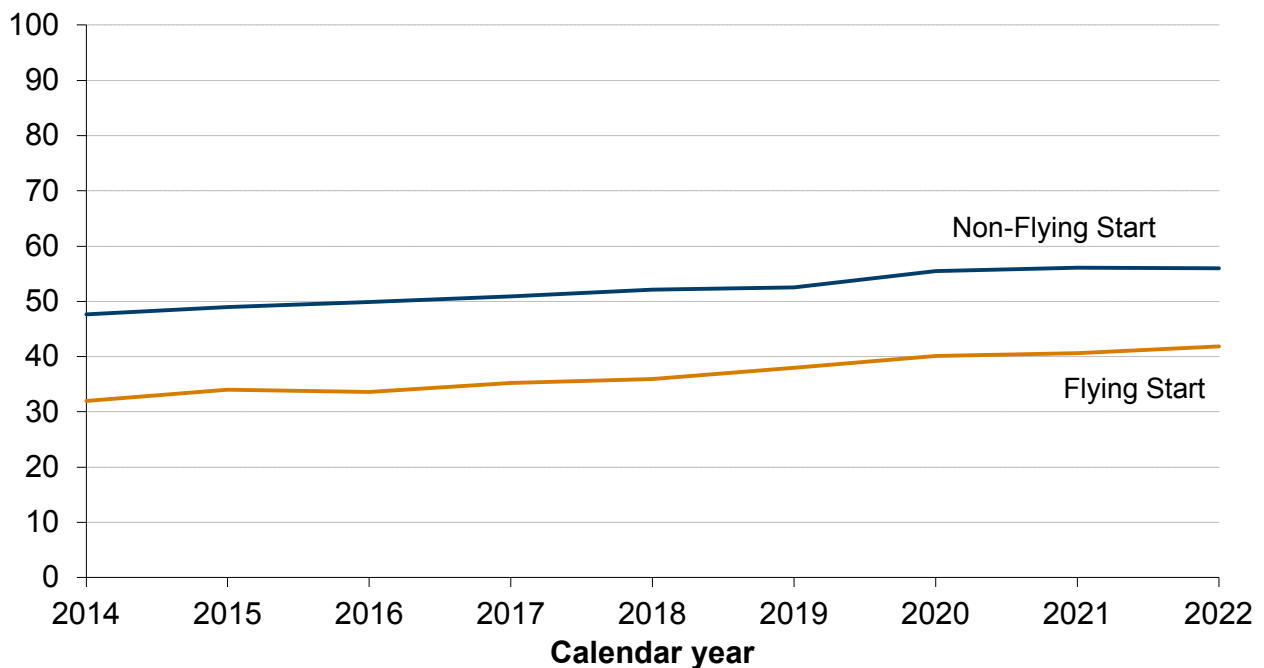
This varied between local authorities, from 39.1% in Merthyr Tydfil (highest in Wales) and 14.6% in Ceredigion (lowest in Wales). Broadly, this reflects the coverage of the programme in each local authority.

**Local authority data is available on StatsWales.**

## 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 residing in Flying Start and non-Flying Start areas, receiving any breast milk at 10 days old, Wales, 2014 to 2022 [Note 1] [Note 2]**



Description of Figure 8: A line chart that shows 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.

Source: National Community Child Health Database (NCCHD)

**Babies born to mothers living in Flying Start and non-Flying Start areas who received any breast milk at 10 days old, by local authority (StatsWales)**

[Note 1] 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, 15% in 2021 and 15% in 2022.

[Note 2] '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 2022, four in ten (41.8%) babies residing in Flying Start areas were fed any breast milk at 10 days old, compared to over half (56.0%) of those in non-Flying Start areas.

Over the course of the 9-year time series, the gap between the two groups has remained relatively stable with the rate between 14 and 16 percentage points lower for babies in Flying Start areas.

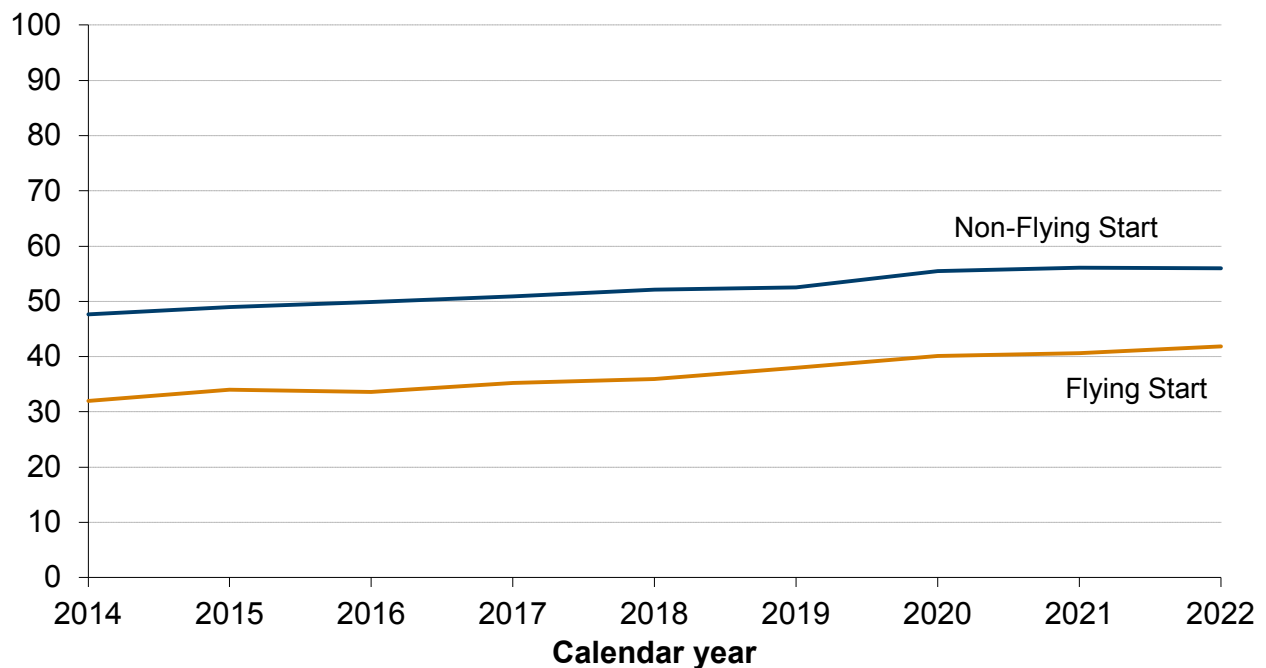
The percentage of mothers living in Flying Start areas who were breastfeeding at 10 days varied at local authority level from 51.6% in Ceredigion (highest in Wales) to 17.8% in Merthyr Tydfil (lowest in Wales).

Local authority data is available in the StatsWales table linked above.

## 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, Wales, 2013 to 2014 to 2022 to 2023



Description of Figure 9: A line chart that shows immunisation rates are largely unchanged throughout the time series and consistently higher for children living in non-Flying Start areas than in Flying Start areas.

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

### Children living in Flying Start / non-Flying Start areas who are fully immunised by their 4th birthday, by local authority (StatsWales)

The percentage of all children who are fully immunised by age 4 has remained broadly consistent since 2013-14.

In 2022-23, 79.1% of children living in Flying Start areas were fully immunised at age 4 compared to 86.3% of children living in non-Flying Start areas.

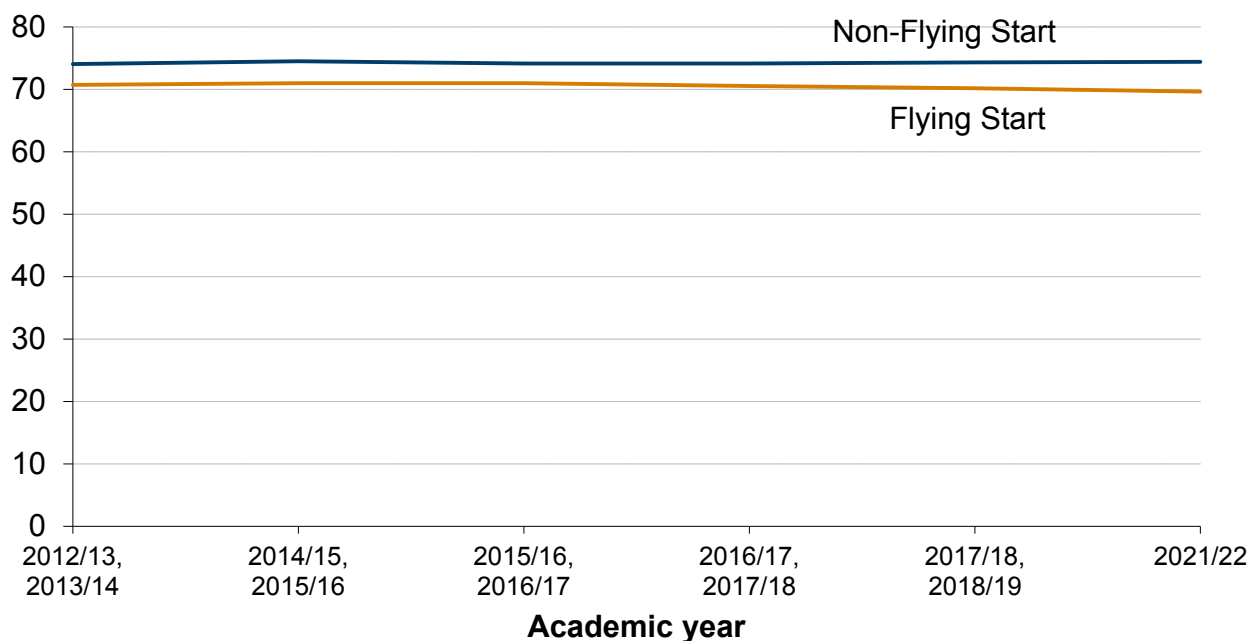
The StatsWales table above shows the differences in immunisation rates for Flying Start eligible children living in different local authorities, ranging from 95% in Isle of Anglesey and Monmouthshire (highest in Wales) to 71% in Cardiff (lowest in Wales).

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** 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 4 and 5) are measured across Wales.

**Figure 10: Prevalence of children in ‘healthy weight’ categories for children aged 4 to 5 years resident within Flying Start and non-Flying Start areas, September 2012 to August 2013 to September 2021 to August 2022 [Note 1] [Note 2] [Note 3]**



Description of Figure 10: A line chart that shows a greater percentage of children aged 4 to 5 are of ‘healthy weight’ (including underweight) in non-Flying Start areas compared to Flying Start areas, between academic years 2012/13 and 2021/22.

Source: Child Measurement Programme (CMP) for Wales 2012/13 to 2021/22 produced by Public Health Wales Observatory, using CMP data (Digital Health and Care Wales).

**Prevalence of children in ‘healthy weight’ categories for children aged 4 to 5 years resident within Flying Start and non-Flying Start areas, by local**



## authority (StatsWales)

[Note 1] 'Healthy weight' includes healthy weight or underweight.

[Note 2] Prior to the COVID-19 pandemic, 2 academic years' data were combined to increase the sample size. The pandemic disrupted this data collection which meant that it was not possible to provide 2 years combined data as per the routine practice prior to the pandemic. Therefore, regional numbers were reviewed and determined to be satisfactory for analyses based upon a single year.

[Note 3] Data is missing for academic year 2019/20 due to disruption of services as a result of the COVID-19 pandemic. Only 2 local health boards could provide data for academic year 2020/21 so this year has been excluded. Cwm Taf Morgannwg health board could not provide data for academic year 2021/22 due to the ongoing pandemic impact so the data shown is related to the remaining 6 health boards. Care should be taken when comparing to pre-pandemic years.

69.6% of children aged 4 to 5 living in Flying Start areas had a healthy weight compared to 74.5% in non-Flying Start areas. This percentage of children with a healthy weight in flying start areas has been consistently lower than non-flying start areas (by 3 to 5 percentage points) 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 to 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 2022-23, 91.2% of children at age 3 living in Flying Start programme areas were recorded on maintained school rolls compared to 86.1% of children at age 3 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%.

**National and local authority data is available on StatsWales.**

## Quality and methodology information

A full **quality report** is published alongside this statistical release.

Data from 2020-21 and 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 speech, language and communication (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 2022-23 were also affected by the pandemic. Whilst the enforced restrictions and adaptations to service delivery seen in 2021-22 were not seen in 2022-23, there may still have been some disruption caused by localised outbreaks of the virus. Furthermore, some of the virtual delivery of Parenting courses, SLC and health visitor services was retained as part of programme delivery for 2022-23 either due to personal choice or because it was deemed to be an effective means of reaching some families depending on individual circumstances. Caution is therefore advised when comparing data from 2022-23 with pre-pandemic figures.

## Health visiting in Rhondda Cynon Taf

Rhondda Cynon Taf are piloting a new health visiting model which means that data for 2020-21, 2021-22 and 2022-23 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 2022-23.

## 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 manager
- dieticians
- midwives
- 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 holidays or 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 2022-23 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** 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.

## **Statement of compliance with the Code of Practice for Statistics**

All of our statistics are produced and published in accordance with a number of statements and protocols to enhance trustworthiness, quality and value. These are set out in the Welsh Government's **Statement of Compliance**.

These official statistics demonstrate the standards expected around trustworthiness, quality and public value in the following ways.

### **Trustworthiness**

These statistics are compiled from a range of sources. 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. 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. Office for National Statistics (ONS) mid-year estimates are used for population analysis.

## Quality

The published figures provided are compiled by professional analysts using the latest available data and applying methods using their professional judgement and analytical skillset. Statistics published by Welsh Government adhere to the Statistical Quality Management Strategy which supplements the Quality pillar of the Code of Practice for Statistics and the European Statistical System principles of quality for statistical outputs.

Most of the data included comes from administrative sources which are used in the management of the Flying Start services. The data is dependent on local authorities maintaining accurate records but systems are well established and reliable. Supplementary data sourced from other national databases are also of high quality and considered reliable

Data for the Welsh Government Flying Start Data Monitoring Return is collected by Welsh Government directly from local authorities. Local authorities complete data collection forms based on data stored on their respective IT systems and return the completed forms to Welsh Government via Afon, the Welsh Government secure web data transfer system.

Validation checks are performed by Welsh Government statisticians and queries referred to local authorities where necessary. While the Flying Start Monitoring Return has been validated, data from all other sources is requested. The statistical release is then drafted, signed off by senior statisticians and is published in line with statement on confidentiality and data access which is informed by the trustworthiness pillar contained in the Code of Practice for Statistics.

## Value

The purpose of the statistical release is to provide evidence for policy development; to allow local authorities to monitor and benchmark their service provision against all other local authorities in Wales; and to inform for the wider public about provision of the Flying Start programme. The annual statistical release also supports the Welsh Government's long term plan for health and social care: [A Healthier Wales](#).

The timeliness of the data provides the most recent update using reliable data. Making this information available in this form provides a single definitive source of data on the activity, uptake and provision of the Flying Start programme.

## 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](#).

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Further information on the [Well-being of Future Generations \(Wales\) Act 2015](#).

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.

## Contact details

Statistician: Annie Campbell

Email: [stats.healthinfo@gov.wales](mailto:stats.healthinfo@gov.wales)

Media: 0300 025 8099

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