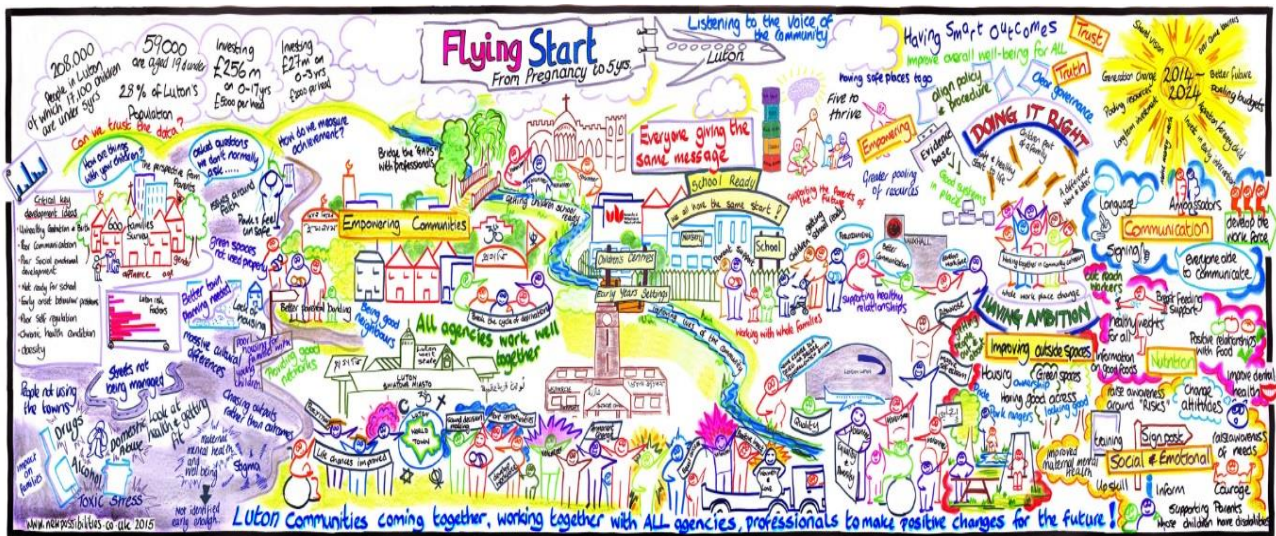


Luton's Flying Start Strategy 2014 – 2024

Refreshed February 2018

“Flying Start will make a positive and systematic change to the lives and life chances of babies and young children from pregnancy to five years of age in Luton for future generations.”



LUTON *FLYING START*

Flying Start Vision

“Flying Start will make a positive and systematic change to the lives and life chances of our youngest children from pregnancy to 5 years of age in Luton for future generations.”

Luton Flying Start Strategy Day

Objectives

We are determined to give all of our children the best possible start in life – a ***‘flying start’***. We will achieve this by focusing on the following objectives:

1. Embed collaborative partnerships with all services delivering outcomes for children and families.
2. Ensure parent and community-led decision making is part of the process, as this will positively and systematically change the lives and life chances of ALL our youngest children in Luton for future generations.
3. Make a significant impact on the social and emotional development, communication and language development and nutrition and health of ALL our youngest children.
4. Review how our services are delivered, using current commissioning effectively to deliver positive outcomes.
5. Focus on effectively and smartly using resources to address the key issues of pregnancy and birth, parenting and family relationships, which have a direct effect on child development and family resilience.
6. Support our Flying Start Children’s Centres and Early Years Education Providers to ensure there is easy access to universal and targeted services to meet the needs of young children and their families and in particular to ensure school readiness.
7. Make changes across a generation; we will work with teenagers in Luton schools, our future parents, so that we have a life-course approach to narrowing the gap.
8. Provide evidence to prove that ‘getting it right’ early is not only a good thing to do, but is also a smart and sustainable use of money and resources.
9. Seek opportunities to secure additional investment, including through innovative funding options.
10. Create training and development opportunities to ensure our staff and volunteers are primed in primary prevention and early help, for working with families and young children.
11. Create volunteering opportunities for community members to play an active role in the delivery of ***Flying Start***.

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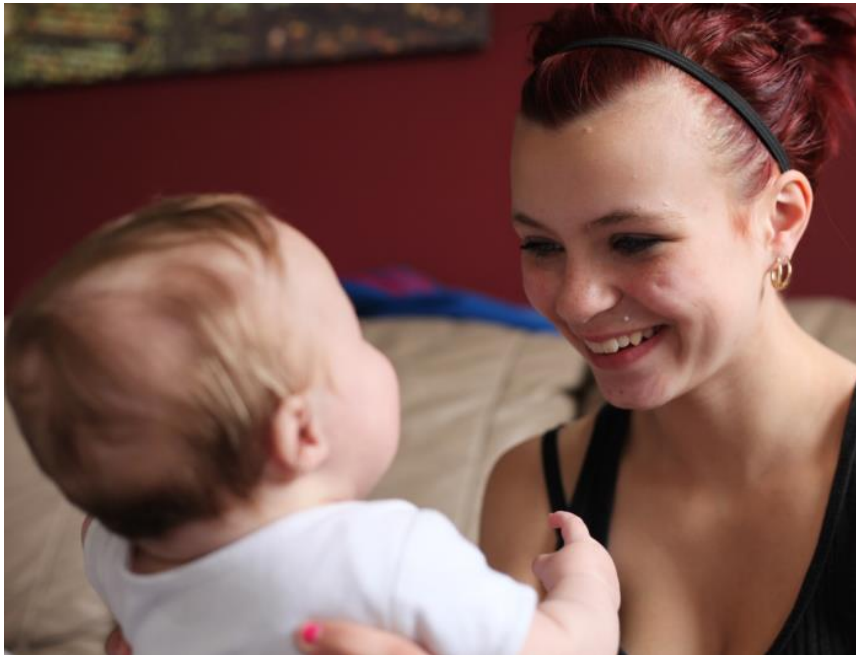
Flying Start outcomes

By the end of 10 years:

- ✓ Significantly more children, by their 5th birthday, will have age-appropriate communication skills, will interact effectively with adults and children, resulting in better educational outcomes and improved employment opportunities.
- ✓ More children are securely attached and emotionally resilient, with improved school readiness. In the longer term the impact of poor maternal mental health & associated risk factors on children's outcomes are reduced.
- ✓ Babies will have improved birth outcomes; with fewer women obese in pregnancy, improved understanding of nutrition and healthy behaviours, breastfeeding will be increased and fewer children are obese or have dental decay, with improved health and wellbeing into adulthood.

Within 5 years:

- ✓ Parent and community-led decision making will positively and systematically change the lives and life chances of 0-5's for future generations.



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1. Introduction

- 1.1 **Flying Start** aims to improve outcomes for children from pregnancy to their 5th birthday as a foundation to a healthy future. The programme is built on national and international evidence of the **absolute importance of the very early years of life starting from pregnancy in determining a child's future outcomes**^{i ii iiiiv}. **Flying Start** will ensure that not only **ALL** young children in Luton have a **"flying start"**, but for those babies and children who are born in areas of the town with the highest levels of disadvantage and poorer outcomes, they will be afforded the very best start in life reducing the impact of disadvantage on their future life chances.
- 1.2 Flying Start is Luton's Early Years vision. As such it links strategically with a number of other local key strategies and plans including the Luton Investment Framework (LIF)^v, the Health and Wellbeing Strategy, Luton's Clinical Commissioning Group (LCCG) Operational Plan, the Children and Young People's Plan, the Early Help Strategy, the Pan Beds Neglect strategy, the Flying Start Children's Centre Development Plan^{vi}, the Luton's Citizens Strategy, Health Inequalities Strategy and the Luton Food Plan. Flying Start also strategically links with the delivery of the 0-19 Public Health Nursing offer.
- 1.3 At the heart of our **Flying Start** programme across Luton, there is a focus on primary prevention and the integrated delivery of the Healthy Child Programme 0-5 years. Working closely with our key partners and with our Flying Start Children's Centre, we will deliver a **core offer** of evidence and science- based interventions. Highly trained key workers will work alongside professionals to provide increased capacity to focus on primary prevention and early intervention in the very early years of life and we will expand the role of volunteers, who will be trained to work alongside professionals and with parents to deliver interventions and support.
- "The large vulnerable population of Luton will significantly benefit from Flying Start by enabling the midwifery and health visiting team to develop an enhanced pathway of care delivered in an integrated way. They will support families through pregnancy and early years to develop positive family relationships and environment for the benefit of the child's future wellbeing and life chances" Community Midwife Matron L&D Hospital.*
- 1.4 **Flying Start** taking a **life course approach** will work at three key touchstones; during pregnancy, with families and their children during the first 5 years of life and with future parents. **Flying Start** aims to make generational changes and impact on future pregnancies through working with the parents of the future. **Flying Start** will work to address building resilience in families and in particular will examine the impact Adverse Childhood Experiences (ACES) have on children and work to utilise this work to inform our practice.
- 1.5 The Borough has nineteen wards that will ALL benefit from Flying Start as many of the services are delivered through our Flying Start Children's Centre in the four neighbourhoods. Furthermore, Flying Start will continue to use local ward level data for all its reporting and this will ensure we understand children's needs at a ward level and can target commissioned services and our delivery to the wards with the greatest needs.

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- 1.6 ***Flying Start*** will be shaped by the **voices of parents and our communities. Parental engagement is sought through Flying Start Children’s Centre Community Partnerships.** We will ensure that the needs of parents and children will be met at the right time, in the right place and by people that families can trust.
- 1.7 ***Flying Start*** will work to raise the aspirations of parents of children in Luton, to ensure that our children will be able to enjoy the opportunities created through the Luton Investment Framework. *Flying Start* provides the foundation for babies and young children in Luton to develop the skills to be able to be school ready and then be able to access and engage with their school education.
- 1.8 Through the Luton Investment Framework and other council policies we will also look at wider issues such as poor housing, poverty including food poverty, social isolation, crime and access to facilities and amenities which impact on families with young children. Our wider priority as a town is to improve the economy so that there are more jobs for local people. We know that for many of our children to have the best start, their parents need to get into work. We intend to use the influence of the community, the local authority and partners to inform the development of local policies and begin to attend to these matters for our young families.

“We’ve got to be really, really bold; this is a step change informed by the science that says ‘this works’, informed and tempered with the real life views of the community and what they need – hence the term Lutonised.” Chief Executive, Luton Borough Council.

2 How the ***Flying Start*** strategy was agreed

- 2.2 This strategy was the result of nine months’ work working with colleagues and representatives from Luton Borough Council, the Pre- School Learning Alliance, Public Health, Luton Clinical Commissioning Group, Luton and Dunstable Hospital, Bedfordshire Police, the University of Bedfordshire and local schools as well as voluntary organisations and community representatives. Considerable energies were invested in consulting with parents and residents across Luton wards that have the poorest child outcomes. We elicited the views from at least 500 parents and secured the involvement of over 60 community representatives.
- 2.3 On 30-31 January 2014, a representative number of parents, members of the community and our statutory organisations came together at our ***Flying Start*** Strategy Meeting to challenge and develop our thinking further. At the Strategy days, community representatives, volunteers, parents, young mothers and fathers from the target wards worked alongside specialists in communication and language development, nutrition, social and emotional wellbeing, data and finance analysts and health modellers, together with the Leader and Chief Executive of Luton Borough Council, the Chief Executive of Pre-School Learning Alliance, public health leaders including the Director for Public Health, Clinical Director for Children & Young People (LCCG), GP and Community Midwifery Matron and Health Visitors, together with the Director for Children and Learning, education leaders, the police, the University of Bedfordshire, early years providers and other invited stakeholders and specialists.

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Following the outcome from the A Better Start bid in July 2014, the Area Partnership began to review the strategy and the key principles and criteria of A Better Start, to agree how *Flying Start* would be taken forward in Luton.

In January 2015 a decision was made by the *Flying Start* Executive and Area Partnership to widen the scope of Flying Start from pregnancy to a child's fourth birthday to their fifth birthday and that it would cover the whole of Luton; ensuring Flying Start would be the strategy for the early years in Luton. The strategy was reviewed and refreshed and was agreed by the *Flying Start* Partnership in April 2015.

This document is a refresh of the original strategy, and has been updated to take into account relevant changes and further priorities that are relevant and will impact on the delivery of Flying Start.

The principles of *Flying Start* are attached as Appendix 1.

"This is an exciting opportunity where we can do something really different and that involves the community over the course of 15-20 years". Luton Flying Start Strategy Meeting January 2014

3 The Luton context

- 3.2 Luton is a densely populated and culturally diverse 'World Town'. It has excellent transport networks, including an airport and regular trains to London, just 30 miles and half an hour away.
- 3.3 It is home to 216,800^{vii} residents and we have a **young and growing population** (29% under 19), compared to national figure (24%). In Luton 62,200 are aged 19 years and under, of whom 18,100 are under five years of age. The size of the child population is rising as a result of a high birth rate and international migration.
- 3.4 **Luton has a long history of welcoming arrivals to our "World Town" from overseas, it is one of the most vibrant and diverse environments in the country.** It is estimated that more than 100 languages and dialects are spoken in Luton. English is the most prevalent language spoken in Farley, Northwell and South wards; in Biscot and Dallow, the most prevalent first language is Urdu. Polish and Bengali are also common, as is Punjabi and Bangladeshi.

In recent years the diversity of the population has increased. There has been a significant shift in the population, primarily driven by those arriving from newly EU acceded A8 countries of Eastern Europe. Since May 2004, there have been over 25,000 new National Insurance registrations by people from A8 countries in Luton, with over 80 per cent of these coming from Poland. With the change in employment law in 2014 giving Romanians and Bulgarians the right to work in the UK there have been many Romanians coming to live and work in Luton. A study by Mayhew Harper Associates^{viii} showed concentrations of new communities of Congolese, Somali, Ghanaians, Nigerians, Turks and Zimbabweans in Luton.

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Foreign students coming to the University of Bedfordshire has also increased diversity. There is increasing acceptance that Luton is a “super-diverse” community.

- 3.5 Luton **experiences a high population turnover** and analysis of population data^{ix} indicates that approximately 50% of current Luton residents were either not born or not living in Luton at the time of the 2011 Census with South and High Town wards having the fastest rates of population change.
- 3.6 **The town is ranked as the 59th (out of 326) most deprived local authority** and has nine output areas in the top 10 per cent most deprived areas in the country^x. Three of these are in Northwell ward, two in Farley and South with one each in Biscot and Dallow wards. Unemployment in Luton has been falling and the claimant rate is 1.9%^{xi}, which is equal to the national rate. There is significant difference by ward with the highest rates of unemployment in Northwell and South wards.
- 3.7 **Based on the latest data (2015)^{xii} the level of child poverty in Luton (before housing costs) is 21% and the level of child poverty (after housing costs) in Luton is 33%.** The level of child poverty varies significantly across the town, with the top five wards with the highest levels of child poverty both for before and after housing costs being South, Farley, Biscot, Dallow and Northwell.
- 3.8 Over the last 7 years **financial pressures** has meant that all services have had to make difficult decisions about prioritisation and achieving savings. This, together with increasing demands and pressures on services, makes it an extremely difficult time for focusing on prevention and early intervention, whilst at the same time partners recognise the long term potential benefits.
- 3.9 **In Luton in 2014 over £256 million was spent on services for children aged 0-17 each year.** This comprises expenditure by education, primarily in schools, health, early years, social care and the voluntary sector. This equates to an average per head expenditure of £4,913. It is estimated that £27m is spent on the 0-3's, which equates to an average per child of £2,031^{xiii}.

Needs

- 4.1 **Infant Mortality Rate (IMR)** - rate of deaths in infants aged under 1 year per 1,000 live births has reduced from 7.4 in 2007-09 to 5.4 in 2014-16. This is a slight increase for Luton as 2013-15 had dropped to 5.0 per 1,000. Compared to statistical neighbours Luton ranks eighth out of eleven, with the highest rate 7.9 and the lowest 2.0 per 1,000. Luton is slowly closing the gap with England where the rate was 3.9 for 2014-16^{xiv}.
- 4.2 **Low Birth Weight babies (LBW)** - In 2015, 3.6 % (113) of all babies were born at term (37 weeks plus gestation) with a birth weight less than 2500g (the weight used to define low birth weight) a significant decrease from 5.3% in 2011 (171 babies). This is also much closer to the England figure of 2.8% a figure which has been relatively static since 2007. In 2011 Luton has the highest incidence of LBW of all areas of the UK except Tower Hamlets. By 2015 there were three other local authorities who also had a LBW of 3.6% but also, more significantly, 16 other authorities had LBW rates above Luton - the highest being 4.8%.^{xv}

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LBW increases the risk of child mortality and morbidity and is associated with poorer health in later life; it is a significant health inequality.

- 4.3 **Life expectancy varies hugely**, depending on where residents live in Luton. For example, there is a 7.9 year life expectancy difference between a boy born in Farley ward, and a boy born in Bramingham ward and a 5.3 year difference between a girl born in Dallow and a girl born in Wigmore (2010 -14)^{xvi}
- 4.4 **Perinatal mental ill-health** – this affects 1 in 10 women and covers a wide range of conditions of varying severity. Maternal mental ill-health has significant impact on child development and the ability of the affected parent to care for their infant and provide a safe and supportive environment for the child to develop. Some factors known to increase risk are a family history of mental ill-health, being a lone parent or in a poorly functioning relationship, low social support socio-economic disadvantage and early emotional trauma. NICE estimates every year 4% of mothers who give birth (approx 140 Luton women) will require specialist mental health services and 14 of these women will be admitted for inpatient care. A further 8% will require access to psychological therapies and another 8% will experience ill health but will either not require or not accept referral to services.^{xvii}
- 4.5 **Breastfeeding** initiation rates show for 2014/15 in Luton just over three quarters of women (75.4%) initiated breastfeeding^{xviii} which compares favourably to the England data (74.3%). The most recent Luton data - Quarter one 2017/18 shows that 72% of women are breastfeeding at ten days, and 58% of women are breastfeeding at 6-8 weeks (both figures are for any breastfeeding)^{xix}. The highest prevalence at 6-8 weeks can be seen in Barnfield and High Town wards both with 75% of women breastfeeding (any), significantly higher than the Luton average. Wigmore, Legrave, Lewsey, Sundon Park and Bramingham all have under 50% of women breastfeeding at 6-8 weeks – in Wigmore only 29% of women are breastfeeding.
- 4.6 **Smoking in pregnancy rates** – During 2015/16 8.9% of pregnant women reported they were smokers at the time of booking^{xx}. However smoking status at time of delivery in Luton during the same period was 14.2%, which is much higher than those who disclosed they were smoking at time of booking, and also higher than the national average of 10.6%. The rate of those smoking at time of delivery has reduced from 15.5% in 2010/11 however this is a slower reduction than seen nationally (reduced from 13.5%)^{xxi}.
- 4.7 The prevalence of **childhood obesity and overweight** in Luton (22.2%) at Year R has risen in the past academic year to align closely with the national average (22.6%) for the 2016/17 academic year. The prevalence varies by ward with ten wards having a higher than Luton average - the highest rate seen in Stopsley (33.3%), whilst Barnfield had the lowest figure (15.0%). For children in Year 6 the Luton prevalence has increased slightly during the 2016/17 academic year (41.1%) whilst the national average remained the same (34.2%). At this age there are nine wards above the Luton average, with Legrave having the highest figure of children overweight or obese (47.5%)^{xxii}.
- 4.8 The prevalence of **poor oral health** is concerning and the evidence shows that deprivation and poor oral health are closely linked. Latest data for under-fives with one or more decayed, missing or filled teeth has increased from 38.7% in 2011/12 to 42.6% in 2014/15,

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whilst the England rate has dropped from 27.9% to 24.8% in the same period^{xxiii}. Compared to its statistical neighbours Luton has the second worst results. Positively General Anaesthetic figures for children under-five are decreasing with 167 needing anaesthetic in 2014/15, reducing to 109 children during 2016/17. Also the number of under ones attending a dentist has increased from 23.3% in 2013/14 to 26.6% in 2015/16^{xxiv}.

- 4.9 **Early Years Foundation Stage Profile** 2017 shows that there are eight wards where the percentage of children achieving a **Good Level of Development** is below the Luton average of 68.4% - Lewsey (59.0%), Leagrave (61.7%), South (64.5%), Dallow (65.2%), Crawley (66.3%), Sundon Park (68.1%), Round Green (68.2%) and Stopsley (68.3%). Overall Luton has made good progress with GLD scores with 2017 results being 7.6% higher than 2015 results. Almost all wards have made progress with Limbury (73.1%, progress of 15.7%) making the most progress overall. The only ward not to have increased its GLD scores is Icknield (69.2%, change of -3.5%), although their score still remains above the Luton average. The 2017 national average is 70.7% - a 4.7% increase since 2015.

The percentage of pupils achieving expected levels in **Communication and Language** is below the Luton average of 79.5% in eight wards; High Town (74.1%), Dallow (75.3%), Crawley (77.6%), Leagrave (77.7%), Biscot (77.9%), Saints (78.2%), South (79.0%) and Lewsey (79.2%). The national average is 82.1%. Overall Luton has increased the C&L score by 3.1% since 2015, compared nationally to 2.1%. The majority of wards have made progress with Lewsey (79.2%, increase of 10.7%) making the most progress. Five wards have seen a decrease in their scores with Crawley (77.6%, change of -5.4%) experiencing the biggest drop.

For the percentage of pupils achieving in **Personal Social Emotional elements** there are ten wards where attainment is below the Luton average of 82.7%; Crawley (79.6%), Dallow (80.4%), Leagrave (80.8%), Round Green (81.0%), Biscot (81.2%), Saints (82.1%), Icknield (82.4%), Limbury (82.4%), Wigmore (82.4%) and Stopsley (82.5%). The national average is 85.2%. Overall in Luton there has been a 1.8% increase in scores from 2015 to 2017, compared to a national increase of 1.2%. Lewsey saw the biggest increase (83.1%, increase of 11.9%), whilst eight wards scores decreased – Icknield (82.4%, change of -5.1%) experienced the biggest decrease^{xxv}.

- 4.10 Local data shows that 79 children aged 0-5 years are **subject of a Child Protection Plan (CPP)** as at 31st March 2017, this equates to 36% of all children who are subject to a CPP. Specifically, 42% of all children subject to a CPP are from the five wards with the poorest outcomes for children, of these 42% are 0-5 years. In relation to the reasons for the CPP, 46% of all children (0-18 years) subject of a CPP are due to emotional abuse, followed by neglect at 42%. This distribution is reflected in the 0-5 year cohort^{xxvi}.

The most recent comparator data (2014/2015) the England average of children subject of a CPP 0-18 years is 42.9 per 10,000, Luton stands at 44.0 per 10,000 and our statistical neighbours stand at 44.5 per 10,000. This shows that Luton has made some progress as previously compared to statistical neighbours Luton had a much higher rate of children subject of a CPP.^{xxvii}

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- 4.11 **Domestic Abuse** - Bedfordshire Police record the number of offences of both violence with injury and violence without injury that were domestic in their nature where there were a child/children aged 5 or below. In 2016/17 the total number of incidents where a child was present was 362. The highest numbers by ward were South (69), Biscot (33) and High Town (26)^{xxviii}.
- 4.12 Many families in Luton are currently residing in Temporary Accommodation. At the end of the first quarter 2017/18 the number of households with children living in temporary accommodation was 1114 and the total number of children living in temporary accommodation was 2435.^{xxix}
- 4.13 The Luton under 18 conception has fallen from 31.6 conceptions per 1,000 girls in March 2011, to 16.3 conceptions per 1,000 girls in June 2016. (Note due to small numbers the 2016 figure is published with a warning about reliability). Over the equivalent period the national rate has fallen from 31.4 to 19.3, a reduction of 12.1 per 1,000, whilst the Luton rate has fallen 15.3 per 1,000^{xxx}.

“Whatever we do we have to see it through the lens of the parent and even more importantly, we have to try and see it through the lens of a child.” Luton Flying Start Strategy Meeting January 2014

5 Financial Resources

- 5.1 **Local investment to support *Flying Start*** has been provided which must deliver the commitment to changing the lives of pregnant women and children under five in Luton. This investment has been granted by the Local Authority who is expecting partners to work together in a new approach and over time re-direct resources into prevention and early intervention. This funding is complemented with a guaranteed income from London Luton Airport Ltd for the lifetime of the programme.
- 5.2 The day to day responsibility of managing the budget remains with the Flying Start project team and is monitored by the Local Authority. Some elements of the programme will be sourced through aligned monies; where interventions linked to the Flying Start outcomes will be commissioned by partners but funds will not directly be released to the Flying Start budget. All investment will be robustly evaluated to understand impact on outcomes and cost benefit implications and to inform future commissioning decisions. Where the performance of existing commissioned services is not satisfactory, a process to disinvest will be followed through.
- 5.3 **Investment in commissioning and providing services for early years** will be focused on underpinning the delivery of the *Flying Start* Partnership priorities and partners will be held to public account for resources and expenditure that is not aligned.
- 5.4 A range of funding opportunities are also sought to support the investment plan. To date these have included the DWP Local Family Offer focused on the intra parental couples relationship and the Sylvia Adams Foundation who are supporting Think Baby which is

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delivered in collaboration with the Anna Freud Centre and CAMHS. Further opportunities for funding interventions will be sought.

“We’re in this for the long term ... this is about sustained delivery of change for the next generation and the next generation and the generation after that.” Chief Executive, Luton Borough Council.

6. Our approach

- 6.1 Following discussion with our communities and the advice and experience of our experts, **Flying Start** will be delivered through identified work streams. For the ongoing programme to be sustainable and effective over a longer period of time, it is essential that there are a series of step changes in our approach to improving outcomes in the very early years of life. A three year business plan sets out the actions required to achieve our vision and these will be utilised by the **Flying Start** Area Partnership to allow close monitoring of the programme.^{xxxi}
- 6.2 Our strategy will have a significant impact on the priorities of **social and emotional development, communication and language skills, and nutrition**. It will also address **related risk factors and important issues including:**
- maternal perinatal mental health
 - the impact of Adverse Childhood Experience (ACES) on outcomes
 - early identification of neglect using the Graded Care Profile 2 assessment tool
 - building resilience
 - adopting a whole family approach to supporting families
 - the role of fathers in the early years of life
 - the issue of consanguinity
 - supporting parents of babies and children with additional needs
 - addressing the impact of domestic abuse on very young children
 - intra –parental couples relationships
 - ensuring the provision of high quality early years childcare and education provision and in particular uptake of the vulnerable 2 years funded places for entitled families.
- 6.3 Health is at the centre of Flying Start and working closely with LCCG and Public Health, we have built our delivery model to advance the DOH Healthy Child Programme 0-5 years. Primary Prevention interventions will be offered at three ‘touch stones’ over the life course; expectant parents, parents with children aged 0-5 years, and with our future parents.
- As well as working with the parents of today, Flying Start also aims to influence the parents of tomorrow and future generations through a primary preventive approach working closely with secondary schools and public health to change the Personal Social Health and Economic Education (PHSE) curriculum to support learning that will empower young people (11-16 years) to understand healthy relationships, parenting and other life skills.
- 6.4 Our **Flying Start Children’s Centre** is a key partner in the delivery of **Flying Start**. The service offers parents a core offer of evidence based or science based interventions as part of an integrated shared care pathway, working with midwifery and health visiting and more closely with General Practice. The Centre also offers services that meet the Children’s Centre

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Core Offer which focuses on supporting parentings and provides services that meet the needs of the local parents.

- 6.5 **Flying Start** will also work closely with Early Years, childcare and education providers. These include maintained nursery schools that provide support for parents in addition to children. Maintained nurseries are a key partner in the delivery of Flying Start offering universal and targeted childcare places, education, family support and specialist provision for children with special educational needs. There are also over 60 private, voluntary and independent Early Years providers who also offer universal and targeted childcare and education places, including provision for children with special educational needs.
- 6.6 **A portfolio of evidence and science based interventions to address our priority outcomes and risk factors, has been determined and will be funded by the investment plan.** These will include a range of parenting programmes and other interventions. All interventions will be closely monitored and robustly evaluated to measure impact against the **Flying Start** outcome measures and this will be used to inform the potential roll out over time across Luton.
- 6.7 We know from experience that we will need to adapt, “Lutonise”, approaches to suit our super-diverse population to meet their language and cultural needs. Therefore **Flying Start will ensure interventions meet the cultural and linguistic needs of our diverse community.** We will be working with the University of Bedfordshire who has particular expertise in studying the needs of diverse populations. This is driven in part by having one of the most diverse student and staff populations in the country, which is relevant to our ‘World Town’.
- 6.8 By working “**Better Together**” organisations that are responsible for the health and well-being of young children and parents will provide the systems change to drive an integrated and holistic delivery model. **Our aim is to get the best out of our universal services and offer parents easy access to services and early help when identified through our Early Help Hub.** This is being achieved through commissioning, integrated working models, shared care pathways, information sharing and use of shared assessments. These systems changes will be delivered across Luton for all families with young children under five years of age.
- 6.9 Through the delivery of a comprehensive **primary prevention learning and development programme** for all staff working with families and very young children, **Flying Start** aims to equip them with the skills and knowledge to support families improved outcomes.
- 6.10 **Flying Start** aims to harness the **skills, talents and energy of our residents** to empower them to determine their own future by doing more for parents within their community and for themselves. The **Flying Start** approach will provide opportunities for volunteering and this will be supported through training and potential accreditation to support a range of interventions. Volunteering opportunities are linked with our Children’s Centres.
- 6.11 As we develop our strategy further **Flying Start** will be able to be **influential in council decision making on these wider determinants of health and wellbeing for families.** It was clear from our consultation with communities that there are things that parents would value that would be beneficial in terms of addressing wider risk factors or in sustaining generational change. These fall into two broad categories:

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- Access to public spaces and amenities. Parents reported feeling unsafe and unable to use parks and open spaces with their children. This relates to the state of the physical environment e.g. dog fouling and litter, and the behaviour of others e.g. anti-social behaviour by young people and the drinking of alcohol in public
- Parents are concerned about housing. There are high levels of overcrowding across the town and we were alerted to the behaviour of some private landlords which was also affecting the conditions in which some families live.

7. Evaluation and Monitoring

Robust systems are in place to ensure that all interventions are underpinned through a systematic evaluation framework. We aspire to take **Flying Start** activities to scale, across Luton, if they provide good outcomes and value for money to reach out to all families over time. Working with the University of Bedfordshire we are developing mechanisms to evaluate our innovations and only scale and expand those that we can show have a positive impact.

“Flying Start presents us with a real opportunity to improve the life chances and outcomes for children and young people in Luton and for generations to come. Working together we will focus on Luton's needs, on prevention and on the things that we know work for current and future generations to make sure we achieve the best start for the children of Luton”
Director of Public Health.

8. Building the Capacity of our workforce

8.1 **Flying Start** harnesses the enormous passion and potential in our communities and the skills of all 3200 people who work face-to-face with children^{xxxii}. **Shifting the mind set of the current workforce** is one of the key aims of our workforce development programme. We provide evidence based training for all staff working with families during pregnancy and in the early years of life, so that they have the knowledge and skills needed to be able to support good outcomes for children.

The **Flying Start Learning and Development Hub has been established** to ensure that the delivery of wide scale training will be provided in a co-ordinated approach, in a similar manner to local multiagency safeguarding training. Using a centralised system will ensure we have a consistent high quality programme and it is adaptable to meet the learning needs of professionals including; GP's, paediatricians and obstetricians, early years professionals, midwives and health visitors, VCS providers, local community police, community partners and also capable of supporting training with wider community members.

8.2 We are **recruiting and training volunteers to a range of roles defined throughout the life of the programme**. Our community has a strong voice and is a talented resource that in discussion has consistently identified that working through the voluntary sector, they want to take a direct role in being trained and then supporting other parents in their communities. Particularly in times of austerity, the role and contribution of volunteers needs to be harnessed appropriately within service delivery and support frameworks.

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“At the end of the 10 years we want Luton to feel and look very different for residents; otherwise we’re wasting our time. If you really want this to happen, then the people in the community need to be at the heart of it and should be in the workforce of the future.”
Luton Flying Start Strategy Meeting January 2014.

- 8.3 Our University partners deliver public health training. Working within nationally agreed health curriculums, we will work with them to develop and deliver a greater public health focus for the professional development of the future workforce that is designed to increase knowledge and understanding, recognition and application which is key to effective prevention and early intervention.

“Flying Start will provide the platform for our investment in the very early years of life. We will focus on using our resources effectively, working with our partners and using evidence based interventions to give all babies and young children in Luton the very best start in life”. Sally Rowe, Corporate Director of Children and Learning, January 2015.

9. Strategic Outcomes

9.1. Flying Start focuses on three strategic outcomes, which have been shown to have the greatest impact on child development. These are babies and young children’s social and emotional development, communication and language development and diet and nutrition. Using a range of data sources these have specifically been agreed as:

1. Significantly more children, by their 5th birthday, will have age-appropriate communication skills, will interact effectively with adults and children, resulting in better educational outcomes and improved employment opportunities.
2. More children are securely attached and emotionally resilient, with improved school readiness. In the longer term the impact of poor maternal mental health and associated risk factors on children's outcomes are reduced.
3. Babies will have improved birth outcomes; with fewer women obese in pregnancy, improved understanding of nutrition and healthy behaviours, breastfeeding will be increased and fewer children are obese or have dental decay, with improved health and wellbeing into adulthood.

A fourth strategic systems based outcome has been agreed to ensure that **Flying Start** is committed to the principle of ensuring there is strong community engagement and involvement throughout the delivery of the programme.

4. Within five years, parent and community-led decision making will positively and systematically change the lives and life chances of 0-5’s for future generations.

A detailed outcomes framework defining outcomes and targets to be achieved in the short term {1-3 years}, medium term {4-7 years} and long term {8-10 years} has been developed. This framework will be used to monitor the delivery of the **Flying Start** Strategy by the **Flying Start Partnership Board**.

10. Governance

10.1 The governance arrangements put the ***Flying Start*** Partnership at the centre of Early Years provision in Luton. The ***Flying Start*** Partnership works together to agree and deliver on priority areas for improvement and will oversee the delivery of a range of interventions and the process for their provision, providing overall governance for the strategy and ensuring that participating agencies make the required changes to improve local outcomes.

We will develop further opportunities for parents through less formal arrangements to be able to share their views without becoming involved in a formal governance arrangement. This will link with community/parental involvement in Children's Centre delivery.

"If we don't engage local people on how we're going to make the changes, and in developing the solutions, then we won't achieve better outcomes. This has to be part of the system change." Luton Flying Start Strategy Meeting January 2014.



Flying Start Principles

- 1) **Flying Start is** Luton Early Years Strategy from pregnancy to the child's fifth birthday.
- 2) **Flying Start** will make a positive and systematic change to the lives and life chances of babies and young children to the age of five years in Luton for future generations using a life course approach. **Flying Start** also will work with parents of the future; young people at school and colleges to ensure we can impact on future generations
- 3) **Flying Start** will improve outcomes for all babies and children through a focus on system changes on how maternity, health visiting, children centres and early year's services are delivered across the town. The focus will be on integration of services, with "getting it right for families" at the centre of all we do, maximising the best from our universal services.
- 4) **Flying Start** will aim to ensure that every child deserves an equal opportunity to lead a healthy and fulfilling life. Too many children living in Luton do not have the start in life that establishes the secure and healthy foundation they need in preparation for their life-long health and wellbeing and social and emotional development. This means they start school not ready and able to learn, which leads to poorer academic attainment, poorer social and emotional development and resilience, limited opportunities, and increases the risk of poorer health and disadvantage in adult life.
- 5) **Flying Start** investment will be used to test evidence and science based interventions or those interventions that support innovation in those wards of the town, with the poorest child health outcomes and or specific needs evidenced through data. These interventions will be robustly evaluated and if there is positive evidence of impact opportunities to scale will be sought for Luton as a whole.
- 6) **Flying Start** is underpinned by a shared outcomes framework for all partners. **Flying Start** will have clearly defined outcome led commissioning which will be closely monitored. If services and or interventions are not delivering they will be decommissioned.
- 7) **Flying Start** will invest in volunteering opportunities for parents in local communities to get involved in delivery of **Flying Start** and by so doing harnessing and developing local people's skills, through training and volunteering opportunities for the community by the community. This will build confidence and skills to empower families to maximise their opportunities.

References

- i **The Marmot Report Fair Society Healthy Lives,2010**
- ii **The State of the Nation 2014 report The Child Poverty and Social Mobility Report**
- iii **Early Intervention ; The Next Steps Prevention Action Graham Allen,2011**
- iv **1001 Critical Days- The Importance of the Conception to Age Two Period: a cross party manifesto Wave Trust,2014**
- v **Luton Investment Framework**
- vi **Flying Start Children’s Centre Development Plan 2017**
- vii **2016 Mid Year Population Estimates, Office for National Statistics**
- viii **The Growth and Changing Complexion of Luton’s Population, Mayhew Harper Associates , 2011**
- ix **Office for National Statistics population estimates and components of change**
- x **2015 Indices of Multiple Deprivation, Communities and Local Government**
- xi **Unemployment Claimant Count, Office for National Statistics via Nomis, July 2017**
- xii **Child Poverty Action Group , 2015**
- xiii **A Better Start Fund Mapping exercise** (This data was collated as part of the A Better Start bid process and is therefore structured around information for 0-3 year olds. It has been included as it is useful source of data; it is not available for 0-5 year olds), January 2014
- xiv **Office for National Statistics**
- xv **Office for National Statistics**
- xvi **Office for National Statistics**
- xvii **Luton’s Perinatal Mental Health Needs Assessment, 2014**
- xviii **LA and England data calculated by NHS England**
- xix **Luton Breast Feeding Coordinator**
- xx **Luton & Dunstable University Hospital NHS Foundation Trust**
- xxi **KIT East: Health and Social Care Information Centre return - Smoking Status At Time of delivery**
- xxii **National Child Measurement Programme 2017**
- xxiii **National Dental Epidemiology Programme for England: oral health survey of five-year-old children 2014/15**
- xxiv **NHS BSA Information Services 2015/16 data**
- xxv **Early Years Foundation Stage Results 2016/17 (LAIT)**
- xxvi **Business Intelligence, Luton Borough Council, as at 31/03/2017 data**
- xxvii **Children in Need statistics, 2014/15**
- xxviii **Bedfordshire Police Data, CSP, April 2017**
- xxix **LBC Housing data 2017**
- xxx **Under 18 conceptions, Office for National Statistics**
- xxxi **Flying Start Implementation plan**