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Lywodraeth Cymru
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Early Years Prevention: A Toolkit for Allied Health Professionals

Supporting your contribution to tackling health
inequalities for our future generations



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Introduction

Background

Health and care inequalities across Wales and the UK are increasing and have been made worse by the pandemic and associated challenges. Health inequalities are described as ‘unfair and avoidable differences in health across populations and different groups within society’ (The King’s Fund, 2022). Social, environmental and economic inequalities damage the health and wellbeing of our communities.

Health outcomes for people living in the most deprived communities are worsening. The gap between the least deprived and most deprived members of the population is increasing. Children are consistently the age group most likely to be in relative income poverty (Welsh Government, 2022).

The crucial importance of investing in our future generation is highlighted in the Build Back Fairer Report (Marmot, 2020):

“Early childhood is a critical time for development of later life outcomes, including health. Evidence shows that positive experiences early in life are closely associated with better performance at school, better social and emotional development, improved work outcomes, higher income and better lifelong health, including longer life expectancy.

Conversely, less positive experiences early in life, particularly experiences of adversity, relate closely to many negative long-term outcomes: poverty, unemployment, homelessness, unhealthy behaviours and poor mental and physical health.”

As Allied Health Professionals (AHPs) we have an important part to play in addressing health inequalities. To help achieve a healthier, fairer society we need to take a life-course approach with a focus on early years. This gives every child the best start in life and ensures their needs and rights are met. Disadvantage can start before birth and accumulate over the life-course. Working in early years, we all have a place to make small changes to raise awareness, take action and advocate for reducing health inequalities. This can have a positive impact on the health of the next generation (The King’s Fund, 2021).

Key legislation and policy

- 📖 [The Wellbeing of Future Generations Act \(2015\)](#)
- 📖 [A Healthier Wales \(gov.wales\)](#)

Supporting Documents

- 📖 [My role in tackling health inequalities: a framework for allied health professionals \(kingsfund.org.uk\)](#)
- 📖 [UK AHP Public Health Strategic Framework 2019-2024.pdf \(AHPF.org.uk\)](#)
- 📖 [Allied Health Professions Framework for Wales \(gov.wales\)](#)

*please refer to England, Northern Ireland and Scotland equivalents

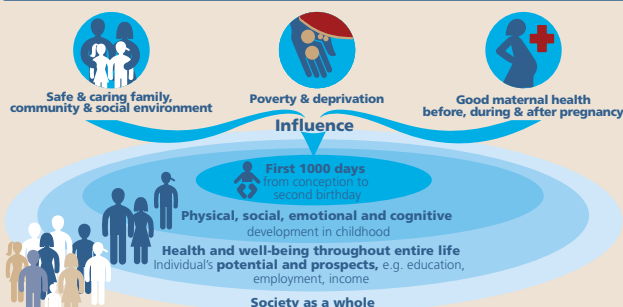
Key facts

- 29.2% of children live in poverty in the U.K ([Child Poverty Statistics - End Child Poverty](#))
- Early childhood is a critical time for child development & health inequalities impact on short- and long-term health outcomes
- Prevention and early intervention can make the difference (Heckman 2008)

Investing in Early Years for a Sustainable Future in Wales



Early childhood experiences, including before birth, can have a lifelong impact



Children who live in poverty and deprivation are at higher risk of dying early, developing obesity or experiencing ill health

- Infants (0-28 days)** in the most deprived areas in Wales are **one and a half times more likely** to die compared to those in the least deprived
- Less than 1/4** (22.5%) of the babies in the most deprived areas in Wales are **exclusively breastfed at 10 days after birth** compared to **nearly 1/2** (46.8%) of those in the least deprived
- Obese children (age 4 - 5)** in the most deprived areas in Wales (14.7%) are **two times more** than those in the least deprived (7.3%)

Adverse Childhood Experiences



The Solutions

Investing in Early Years for a Sustainable Future in Wales



Investing in the first 1000 days from conception to the second birthday is cost-effective and has the most potential for action

Effective early child development interventions can include:

- support to mothers before & after birth
- breastfeeding and nutrition support
- parenting support
- access to health services and childcare
- access to early education

Investing in universal (accessible to all) interventions along with additional resource proportionate to need for vulnerable children works and it is cost-effective

Every **£1** invested in **early years interventions** returns **£1.30 - £16.80**



Every **£1** invested in **parenting programmes to prevent conduct disorder** returns **£8** over 6 years



from health care, education and criminal justice costs

Investing in **targeted interventions** + **universal child care** + **paid parental leave** in Wales

could save **£72 billion** over 20 years

from the costs of social problems



Note: This infographic is part of the 'Making a Difference: Investing in Sustainable Health and Well-being for the People of Wales' report. The methods and sources of information are available in the 'Supporting Evidence' document on the Public Health Wales website. Where possible, latest figures for Wales are presented. Where unavailable, figures for Wales have been estimated from the latest UK/England/other data on unadjusted per capita basis.

To view this document in full please follow this link: ['Making a Difference: Investing in Sustainable Health and Wellbeing for the People of Wales'](#) Public Health Wales 2016

Who is this toolkit for?

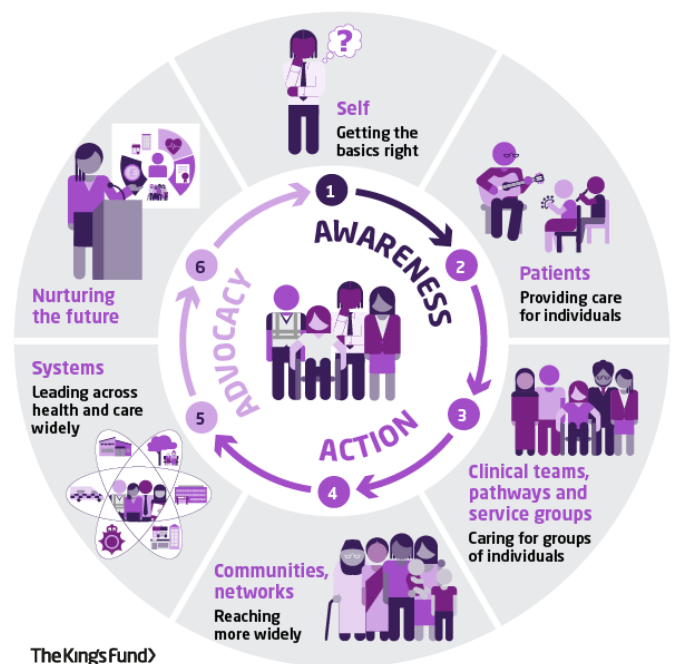
This toolkit is for AHPs working with young people aged 0-7 years. It may also be applicable more widely, including for people who work with young persons, expectant mothers or families. The contents are suitable for use at every career level, including students, new starters, experienced practitioners and team/organisational leads. It aims to help AHPs identify and maximise ways to improve health and tackle health inequalities as individuals and teams.

The toolkit has been designed with a focus on Wales. However, much of the content will be relevant across the UK: please refer to your national policy where relevant. It builds on commitments in the [UK AHP Public Health Strategic Framework 2019-2024. pdf \(ahpf.org.uk\)](#). This toolkit uses the guiding principles set out in the [My role in tackling health inequalities: a framework for allied health professionals | The King's Fund \(kingsfund.org.uk\)](#) with a focus on early years. The framework looks at six aspects of practice which we can consider in relation to our own unique role in tackling health inequalities.

Whatever our role, we can make a difference in tackling health inequalities and improving the health of our population. Starting with our youngest generation will build for the future. This could be raising our own awareness and that of colleagues, having a conversation about addressing the wider determinants of health. This could also be speaking up in a meeting, influencing the design of services or advocating for wider changes. Remember, every little helps.

The 6 Areas of Practice set out in the King's Fund framework are:

- ➔ 1. [Self – getting the basics right](#)
- ➔ 2. [Patients / 'individuals'](#)
- ➔ 3. [Clinical Teams, pathways & service groups](#)
- ➔ 4. [Communities & Networks](#)
- ➔ 5. [Systems](#)
- ➔ 6. [Nurturing the future](#)



Dougall D, Buck D (2021). *My role in tackling health inequalities: a framework for allied health professionals*. The King's Fund website.

Available at: kingsfund.org.uk/publications/tackling-health-inequalities-framework-allied-health-professionals

1. Self – Getting the Basics Right in Early Years

Raising awareness of your own values and skills, world view and biases is the first step to understanding why tackling health inequalities are so important. Self-reflection or having a coaching conversation can help with your own understanding and development. During your journey you will meet babies, young children and families with different life experiences who may be from underserved groups. For example traveller communities, a child or parent/carer with a disability or families whose first language is not English or Welsh. Using the principles of compassion taking time to be present, understand, empathise and support everyone equally can be the first step to making a difference. Place yourself in the shoes of others to understand their unique experiences to help you build your own understanding of the impacts of health inequalities.

Use these resources to build your own knowledge and understanding around what health inequalities are, how they exist and how they link to your practice:



Resources

- ❏ Publication: [What are health inequalities? | The King's Fund](https://www.kingsfund.org.uk) ([kingsfund.org.uk](https://www.kingsfund.org.uk))
- ❏ The Royal society of Public health, AHP Hub has a wealth of resources, case studies and guidance. <https://www.rsph.org.uk/our-work/resources/allied-health-professionals-hub.html>
- ❏ A 1 hour webinar provided by the Office of the Chief Allied health Professions Officer (England). 'My Role in tackling health inequalities: a framework for allied health professionals. <https://youtu.be/TooYqcLFO6c>
- ❏ NICE provide some additional information, regarding population groups and how to tackle inequalities <https://www.nice.org.uk/about/what-we-do/nice-and-health-inequalities>
- ❏ Being aware of adverse childhood experiences and how these can impact on later life. <https://phw.nhs.wales/files/aces/aces-and-their-impact-on-health-harming-behaviours-in-the-welsh-adult-population-pdf>

Example

Some colleagues have taken the opportunity to work alongside and shadow public health practitioners to develop their own knowledge and understanding. Others have added raising awareness, knowledge and skills of health inequalities to their personal and team developmental plans.

2. Individuals, Carers & Families

With more than four million client contacts every week across the UK, AHPs hold tremendous power to tackle health inequalities (Royal Society for Public Health and Public Health England, 2015). It may be that a conversation had at the right time could empower a family to make simple behaviour changes that could have a huge impact on their health. There could also be opportunities to develop innovative ways to improve access to your service - it all helps.

People more at risk of health inequalities often experience poorer health outcomes. With increasing gaps in health outcomes for people in the most deprived communities, children, and especially younger children, are consistently the age group most likely to be in relative income poverty. AHPs have a responsibility to advocate for the children, parents, carers and families they work with. Signposting a family to the support they require could make a huge impact on their daily lives and improve their health outcomes.

Example

Paediatric Physiotherapy, Cwm Taf Morgannwg University Health Board (CTMUHB)

- ✦ Paediatric physiotherapy linked with their local public health team who delivered Level 2 Making Every Contact Count training specific to the needs of their service. This training raised the awareness and confidence of staff to embed healthy conversations regarding healthy choices into day-to-day interactions and resulted in:
 - 80% of staff reporting they had the required skills to have healthy conversations
 - 86% of staff felt the training increased the quality of their conversations
 - 86% reported a positive impact on their own health behaviours
 - 86% reported improved awareness of local support services

Resources

Healthy conversations

- ✦ [Making Every Contact Count \(MECC\) – Public Health Wales \(nhs.wales\)](#)
- ✦ MECC level 1: <https://mecc.publichealthnetwork.cymru/en/e-learning/>
- ✦ MECC Level 2: <https://mecc.publichealthnetwork.cymru/en/>
- ✦ Everyday Interactions RSPH [2c2132ff-cdac-4864-b1f1ebf3899fce43.pdf](https://rsph.org.uk/publications/2c2132ff-cdac-4864-b1f1ebf3899fce43.pdf) (rsph.org.uk)
- ✦ Tool to frame communications about health inequalities [HEAJ9448-Communicators-Toolkit-220725.pdf](https://health.org.uk/publications/HEAJ9448-Communicators-Toolkit-220725.pdf) (health.org.uk)

Nutrition and Diet

- ✦ [Nutrition Skills for Life® Sgiliau Maeth am Oes®](#)
- ✦ [Professionals | Every Child \(everychildwales.co.uk\)](#)
- ✦ [Childhood obesity: applying All Our Health – GOV.UK \(www.gov.uk\)](#)

Speech, language and communication

- 📌 Talk with me: [Talk with me | GOV.WALES](#)
- 📌 Tiny Happy People have a variety of resources for professionals including videos appropriate for waiting room screens [Free downloadable resources for professionals and volunteers - BBC Tiny Happy People](#)
- 📌 Communication – Know the basics [Help your Baby's Communication Development | Free Resources \(pathways.org\)](#)



Activity

- 📌 [How to keep your baby or toddler active - NHS \(www.nhs.uk\)](#)
- 📌 [The Early Years Movement Hub | Association of Paediatric Chartered Physiotherapists \(csp.org.uk\)](#)
- 📌 [Child Development: Don't Delay the Play - Newcastle Hospitals NHS Foundation Trust \(newcastle-hospitals.nhs.uk\)](#)
- 📌 Support for high-risk babies [Resources - Ei SMART](#)
- 📌 [Physical activity and health | Sub-topic | GOV.WALES](#) (UK wide guidance)

Wellbeing and financial support

- 📌 [Advicelink Cymru - Citizens Advice](#)
- 📌 [Find a Food Bank - The Trussell Trust](#)
- 📌 1 minute, 5 minutes and 10 minute tools to help support and explore conversations of how social determinants of health are impacting our families. [Time to make a Difference | WHAM \(whamproject.co.uk\)](#)
- 📌 NEST Framework [gov.wales/nest-framework-mental-health-and-wellbeing-introduction](#)
- 📌 Information regarding the importance of social-emotional Skills [What Are Social-Emotional Skills? | Child Development Skills \(pathways.org\)](#)
- 📌 Sensory differences explained in a 2minute video. [The Sensational Thinking project - Newcastle Hospitals NHS Foundation Trust \(newcastle-hospitals.nhs.uk\)](#)
- 📌 Practical advice for professionals who care for young people who may display challenging behaviour. [CBF-DL-Leaflet-Revised.pdf \(challengingbehaviour.org.uk\)](#)
- 📌 [Lift up your everyday with OT Life Hacks to help children's mental health - RCOT](#)

3. Clinical Teams, Pathways and Service Groups within Early Years

Understanding the needs of our local population can help us to consider the impact inequalities can have. As a team/service do we have a shared understanding of the needs of our local population? Is tackling inequalities part of our vision and aims as a team and are these discussed and revisited regularly? Do we share this vision with other teams or services and can this understanding be shared widely? As AHPs, we have a responsibility to advocate for tackling health inequalities and ask the following questions:

- ❏ Are our services for young children and families accessible to all?
- ❏ Is the care we provide equitable?
- ❏ Which groups may need extra care and attention to ensure we are reaching them?
- ❏ Are we meeting the needs of our local population?

When thinking about service improvement projects, team development and collaborative working with others, we should all consider the answers to the above questions. Also, how we can share and use our knowledge to support the building of knowledge for others.

As health professionals, the pathways to access services can be challenging to navigate. If we find this hard how must our families feel trying to navigate the complexity of our pathways and services? How will you simplify pathways to reduce inequalities in access?

Example

Occupational Therapy, Swansea Bay University Health Board (SB UHB)

The Occupational Therapy Service acknowledged the need for their service to be accessible and equitable to all those that require support. To break down barriers to access they developed an open request for support via multiple routes.

This open access system encourages active service user engagement, reduces non-attendance, and promotes active participation. The timeliness of required support improved with a decrease in inappropriate referrals. Removing the previous referral barriers ensured equity of access for all. Ensuring those who needed support has access at the right time, when it was most appropriate and effective.

Example

Child and Adolescent Mental Health Service, Besti Cadwaladar University Health Board (BCUHB)

In order to build good mental health, children and young people need secure attachments. We know that children and young people naturally express themselves through play and creativity and participating in these activities can help build positive relationships between parents, carers, and children.

Parents and carers on the Webster Stratton Parenting Programme at BCUHB Child and Adolescent Mental Health Service (CAMHS) were invited to participate in group workshops. These aim to help strengthen their attachment, increase confidence in working creatively with children, and develop strategies to encourage positive behaviour.

The CAMHS art therapist supported participants to play with art materials as an engaging form of learning. The workshops were designed to help language development, boundary setting, provision of positive attention, turn taking and co-operation.

They promoted attachment by helping parents rehearse responsive and sensitive behaviours. Careful facilitation together with the social setting of the group ensured that participants experienced the group as a safe place. As a result personal experiences could be accepted and normalised through sharing and discussion. This approach supported access to services to those who previously may have been reluctant to attend more traditional settings.



Resources

- 📁 Search for local and national population data:
 - [Observatory - Public Health Wales \(nhs.wales\)](https://observatory.nhs.uk/)
 - fingertips.phe.org.uk/ (England)
 - [Home - ScotPHO \(Scotland\)](https://scotpho.scot.nhs.uk/)
 - publichealth.hscni.net/directorates/operations/statistics
- 📁 Embedding public health into clinical services toolkit:
[workbook.pdf \(e-lfh.org.uk\)](https://www.e-lfh.org.uk/workbook.pdf)
- 📁 [RSPH | Impact pathways for everyday interactions](#)
- 📁 Quality improvement toolkits: RSPH – Impact Pathways
 - [Healthy Beginnings](#)
 - [Childhood Obesity](#)
 - [Child oral health](#)

4. Communities & Networks

Getting to know local communities and networks well can help us to understand the challenges people face that affect access and equity. Being aware of local population health data as well as building meaningful relationships with the wider community, including partner organisations and third sector that work specifically with early years and families, can help build long term plans to meet the needs of our local population.

If people seem hard to reach; the problem is in the approach for reaching them.

(The King's Fund, 2021)

Some of the people most at risk of experiencing health inequalities may find it hard to access and utilise health care. They may also have limited opportunities to optimise their health and wellbeing (Inverse Care Law, to [find out more click here](#)). An important first step is to make ourselves aware of local opportunities, services and information to which families can be signposted.

Communicating clearly and effectively can help us build relationships, include and be relevant to young children and their families. Language is always evolving, and everybody can increase their own awareness and advocate for using language which is accessible and meaningful to children in the early years. In Wales, English and Welsh should be treated equally and public bodies should make an active offer of services in Welsh ([More Than Just Words](#)). For more about the importance of the language we use, see the top tips [Guidance-poster-language-health-inequalities-final.pdf \(ayph.org.uk\)](#), which can be applied across the age groups.

Example

Podiatry,

Cardiff and Vale University Health Board (CAVUHB)

Just over a quarter of children in Wales are overweight or obese with higher levels of obesity in areas where children live in poverty. A collaboration between CAVUHB and the Local Public Health Team aims to reduce the risk of future musculoskeletal problems, childhood obesity and associated long term health implications.

The 'Quick Change' project aims to support physical activity and mindfulness in children within local schools. 281 pupils aged 4-6 years across 5 primary schools took part in fun filled exercises with cartoon illustrated packs provided.

Teachers reported children thoroughly enjoyed the activities with improvements in physical activity and coordination. 84% of children gave the sessions a happy face. 80% of class teachers would like to see the sessions embedded into their everyday routine. This project supported schools to embed physical activity into the school day, promoting health and wellbeing.

Example

Speech and Language Therapy, Cardiff and Vale University Health Board (CAVUHB)

Knowing that parents and carers are best placed to support children's speech, language and communication skills, the service established an advice line. The advice line is available to all families and carers of children under the age of 5. It supports those who would like ideas and activities to support their child's understanding of language, use of words, interaction and how they communicate.

The advice line provides easy access to high quality advice in a timely way, providing reassurance and improving confidence for families. The service has had positive feedback from those who have accessed it. 98% of families who contacted the advice line reporting that they found it helpful. With 99% of families reporting that they felt confident to carry out the advice provided. The advice line addresses barriers to access ensuring equity for the local population.

Resources

- ❖ Local organisations and Services <https://www.dewis.wales>
- ❖ [Find your local Family Information Service | GOV.WALES](#)
- ❖ A locally adaptable poster to share information about local services: [Support services poster](#)
- ❖ The WHAM (wellbeing & health action movement) project provides locally adaptable posters and leaflets that can be used in your departments to provide local information to the community. [Templates: Posters and Leaflets \(whamproject.co.uk\)](#)



5. Systems of Care – leading across health and care widely

As part of the [Rights of Children and Young persons \(Wales\) Measure 2011](#) it is our duty as AHPs to give due regard to the United Nations Convention on the Rights of the Child. We must take action to ensure the child's voice is heard. [Voice of the Infant Best Practice Guidelines and Infant Pledge](#) provides support in how to notice, facilitate and share a very young child's feelings, ideas and preferences through their body language, gaze and vocalisation. It also provides a good practice checklist that can be used to evaluate and improve practice. The [Guide to the Unicef UK Baby Friendly Initiative Standards](#) provides a roadmap for maternity, neonatal, health visiting and children's centre services for improving care. It provides resources, audit tools and accreditation for services supporting infant feeding practices and promotes close loving relationships.

As AHPs we are uniquely placed to raise awareness and advocate for the child's rights, voice as well as tackling child poverty and health inequalities. We are often perfectly placed to see the cross-system journey children and families experience. We see how equity and alignment of services can be ensured by working together. How can we share and learn from one another's practice and experiences? It may be through speaking up and advocating for underrepresented communities in a meeting. Through working collaboratively with other services/agencies to remove barriers to accessing care, or being involved in shaping health and care services across a region. This all adds up and we can all make a difference by working together.

We must consider the complexity of our health and social care system including the impact health inequalities have on our local population. This can help us deliver high quality and equitable services to meet the needs of our population. Socio-economic disadvantage is highly intersectional, meaning that deprivation interacts with the protected characteristics. These characteristics such as gender, race or class can interact and produce unique and often multiple experience and disadvantages. Meaning certain children, families and communities may experience worse outcomes.

Example

Speech and Language Therapy (SLT), Aneurin Bevan University Health Board (ABUHB)

In the early years, AHPs may work in universal, targeted or specialist services. SLTs in ABUHB are the first to work within health visiting (HV) teams and work across the integrated health and local authority workforce. Speech, Language and Communication Needs (SLCN) are well evidenced as having a lifelong impact on health and wellbeing.

The SLT role delivers the [Talk with me | GOV.WALES](#) training programme for HV and LA Family Support workforces. By streamlining the Universal and Targeted provision, they ensure children get the best start in life and support a reduction in health inequalities for children.

Example

Public Health Dietitians, Merthyr PIPYN

Merthyr has the highest rate of overweight and obesity linked with deprivation and high incidence of dental caries. Families who live in Merthyr and have at least one child between the age of 3-7 years are eligible for support from the PIPYN team. The approach uses dedicated dietetic support workers to engage with families on a one-to-one basis.

Families receive support focusing on physical activity and active play, food and nutrition, behaviours linked with the 10 steps to a healthy weight and parenting skills. This is a whole system approach to building a positive environment around the families to support healthy behaviours. It works across education and early years settings, and play and physical activity providers.

This multiagency approach ensures all wider community partners support the healthy weight agenda. Merthyr PIPYN aims to increase the proportion of children (3-7 years) who leave the Foundation Phase a healthy weight and to reduce inequalities between population groups.



Resources

- ✦ Think about how we listen to the child and families voice when planning and designing our services:
- ✦ [Voice of the Infant Best Practice Guidelines and Infant Pledge](#)
- ✦ [Guide to the Unicef UK Baby Friendly Initiative Standards](#)
- ✦ [Voice matters - RCPCH - State of Child Health](#)
- ✦ [ListeningToBabies_Training.pdf \(childreninwales.org.uk\)](#)
- ✦ [ListeningToToddlers_Training.pdf \(childreninwales.org.uk\)](#)
- ✦ [ListeningToPreSchoolers_Training.pdf \(childreninwales.org.uk\)](#)
- ✦ Support the rights of the child in the early years - [Early Years - Children's Commissioner for Wales \(childcomwales.org.uk\)](#)
 - [EY_BabiesRights.pdf \(childreninwales.org.uk\)](#)
 - [EY_ToddlersRights.pdf \(childreninwales.org.uk\)](#)
 - [EY_PreSchoolersRights.pdf \(childreninwales.org.uk\)](#)
- ✦ The Wham project provide a number of locally adaptable teaching resources to share with colleagues [Getting Started | The Wellbeing and Health Action Movement \(whamproject.co.uk\)](#)
- ✦ Example of how to demonstrate impact [Measuring outcomes outside individualised care | RCSLT](#)

6. Nurturing the Future

A child's first 1000 days is crucial in having the greatest potential in impacting health outcomes and reducing health inequalities (Public Health Wales, 2023). Parents and carers want to do the best for their children but circumstances can mean it's harder for some than others. As AHPs we can support those closest to a child to provide positive experiences to help shape the future. Taking a [Public Health Approach](#) to supporting parenting and facilitating positive experiences can help families feel supported and confident. This can build resilience to challenging situations and influence positive early childhood experiences.

As a wider society it is important to understand that we may all at some point in our lives struggle due to adversity, trauma or distress. Economic, social and other factors affecting living conditions can result in the access to support being unfair and inequitable. In addition a lack of knowledge or understanding may mean people don't always know when to ask for help or what to ask for.

The [Trauma informed Wales framework](#) supports the recognition of, and response to, trauma in a positive way to improve the health and wellbeing of those affected. It is also important to recognise the impact of trauma on our own health and wellbeing. Practising self-compassion can support us in maintaining our own health and wellbeing inside and outside of work. Individual or group compassion practices are free to use within your teams or services [Compassion Practices | Liberating Compassion: Compassion Practices for All](#).

Future workforce:

The research tells us that a more diverse workforce is associated with better innovation and patient care (West, 2021). It is therefore important to explore how we create a more diverse workforce and consider inequalities within our early years' workforce and wider. For example:

- ❏ How can we create a more inclusive and diverse workforce?
- ❏ Who is being employed and where from?
- ❏ Do our teams represent a diverse range of backgrounds and beliefs, reflecting our full population?
- ❏ How can we ensure equitable opportunity to voice views?
- ❏ Can we advocate and empower colleagues who traditionally have struggled to be heard?

Student AHPs are our future workforce. It's our responsibility to ensure our placements meet the training needs of a diverse student workforce. This ensures we equip students with the skills they require to meet the needs of a diverse population. Practice based learning should teach students skills to recognise health inequalities, by exposure to diverse learning environments across health, social care, education and community settings. This will help to gain an understanding of health inequalities and the needs of different areas of practice.

Resources

- 📁 phw.nhs.wales/news/adopting-a-public-health-approach-to-supporting-parents-can-help-give-children-best-start-in-life/a-public-health-approach-to-supporting-parents/
- 📁 [Trauma informed Wales framework](#)
- 📁 [Compassion Practices | Liberating Compassion: Compassion Practices for All](#)
- 📁 [Supporting the Development of Placements for Allied Health Professional Students in Public Health Settings | Health Education England \(hee.nhs.uk\)](#)
- 📁 HCSW resource [AHP - Website Content - Allied Health Professions' Support Workforce - A guide to embedding public health in practice.pdf - All Documents \(sharepoint.com\)](#)



Sustainability – A greener Wales for our next generation

The Wellbeing of Future Generations Act (Welsh Government, 2015) clearly sets out the vision for a more sustainable Wales. 'The Greener NHS' sets ambitions for carbon net zero. A more sustainable Wales will support addressing existing health inequalities. For example, air pollution, climate change and a more active population eating healthier diets. All AHPs can make large or small changes to help support a greener health and care system.

This includes considering the materials and resources used as part of professional practice, as well as behaviour change, including travel and service organisation. The changes AHPs make now will impact on the health and wellbeing of the next generation. We can support the early years generation to make healthy choices, embed opportunities to promote physical and mental health into children's daily routines. This will optimise their short and long term physical and mental health outcomes. Through helping to tackling health inequalities AHPs can support building healthier communities. These will be more resilient and empowered to support the sustainability of our health and social care system.

Lives saved every year from;

- ⚡ improved air quality= 5,700
- ⚡ a more physically active population = 38,000
- ⚡ healthier diets = over 100,00
(Greener NHS)



Resources

- ⚡ Practical examples/case studies to support a Greener NHS: [Greener NHS » Individuals \(england.nhs.uk\)](https://www.nhs.uk/greener-nhs/individuals/)
- ⚡ [AHPs - Tackling Climate Change & Health Inequalities on Vimeo](https://www.youtube.com/watch?v=...)
- ⚡ <https://www.gov.wales/sites/default/files/publications/2021-03/nhs-wales-decarbonisation-strategic-delivery-plan-2021-2030-summary.pdf>
- ⚡ Short Video by NHS England on Greener NHS: <https://youtu.be/OO1rmmniCYo>

With thanks to...

- HEIW Allied Health Professions Transformation Programme
- Welsh Government
- The King's Fund
- UK Allied Health Professions Public Health Strategy Board
- Members of the Allied Health Professions Early Years Health Inequalities Interest group
- Children's Speech and Language Therapy – Cardiff and Vale University health Board
- Childrens Occupational Therapy – Swansea Bay University Health Board
- Podiatry Service - Cardiff and Vale University health Board
- Perinatal Team - Aneurin Bevan University Hospital
- Speech and Language Therapy – Aneurin Bevan University Hospital
- Paediatric Physiotherapy Team - Cwm Taf Morgannwg University Health Board
- Arts Therapy – Child Adolescent Mental Health Service, Betsi Cadwaladr Health Board
- Public Health Dietetic Team - Cwm Taf Morgannwg University Health Board
- Lead Author: Lucy Smothers








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Good Practice Checklist

This traffic light checklist can be used to help you evaluate and improve your own, team and services contribution to tackling health inequalities in early years.

Area of Practice	Not at all	Partially	Very much
1. Self			
☒ I am aware of my own knowledge, skills and biases.			
☒ I understand what health inequalities are			
☒ I understand the impact health inequalities can have on the children and families I work with			
☒ I am compassionate in my interactions, seeking to listen to, understand and support others			
☒ I am aware of and understand the unique needs of the local population I serve.			
2. Individuals, Carers & Families			
☒ I feel confident in having healthy behaviour conversations with children and their carers and families, when appropriate			
☒ I am aware of local services to enable appropriate and timely signposting.			
☒ The teams and service consider the needs of the individual/carers/family as a whole.			
☒ I am able to advocate for the needs of the families accessing our service. E.g in team meetings, Multi professional meetings, wider service conversations.			
3. Clinical Teams, Pathways & Service Groups			
☒ Tackling health inequalities part of the service aims and overall vision			
☒ Our service accessible to all young children and families. And gives extra care and attention to reach groups that may struggle			
☒ We share the knowledge and vision of our local population need with other teams and services to co-ordinate care			
4. Communities & Networks			
☒ We have good relationships and collaborate with the wider community. E.g., Partner organisations and third sector			
☒ We share information with families and communities in an easy to digest, accessible format			
☒ The language we use is relevant to the young child and their family			
☒ We co-produce services with children and families			

Area of Practice	Not at all	Partially	Very much
5. Systems of Care			
 Our team or service considers the UN Rights of the child Early Years - Children's Commissioner for Wales (childcomwales.org.uk)			
 Our setting is baby-friendly in UNICEF terms Guide to the Unicef UK Baby Friendly Initiative Standards			
 Our staff take note and document the child's voice and/or behaviours including silence Further information and an in-depth checklist: Supporting documents - Voice of the Infant: best practice guidelines and infant pledge - gov.scot (www.gov.scot) https://www.gov.wales/nest-framework-mental-health-and-wellbeing-introduction			
 Our team or service considers the child and family's journey to access services. E.g. self-referral, projects to map and simplify patient journey.			
6. Nurturing the Future			
 Our staff are aware of Adverse Childhood Experiences ('ACEs') and their impact on young children			
 Our team is representative of a diverse group			
 We support students to have an increased awareness and understanding of health inequalities. E.g. supervision, teaching sessions, exposure to a wide variety of settings			