Conception to age 2 – the age of opportunity
Framework for local area service commissioners
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Note: Because this document is an extract from Conception to age 2 – the age of opportunity, all chapters and pages referred to in Resources boxes relate to the full report.

We wish to acknowledge Ita Walsh of WAVE Trust for her sterling editing and writing, Pat Branigan of the Department for Education for his tireless and cheerful co-ordination of the processes of this project from start to finish, and the other members of the DfE and WAVE teams for their hard work and support.
Introduction to Conception to age 2 – the age of opportunity (full report)

Supporting Families in the Foundation Years stressed the vital importance of early life, both in its own right and for promoting future life chances.

‘The Government’s aim is to put in place a coherent framework of services for families, from pregnancy through to age five, which focus on promoting children’s development and help with all aspects of family life’

The 0-2 Special Interest Group was set up as a time-limited task and finish group of expert practitioners supported by officials from the Departments for Education and Health. We explored and considered how best to promote effective implementation of the principles set out in Supporting Families, with specific emphasis on children under the age of 2 and their parents and families. The focus of our report is the period from conception to the child’s second birthday. As well as drawing on the knowledge and experience of the Group, a major part of the work was drawing together external knowledge and research evidence of experience and investment in the earliest months of life.

This report highlights issues for 0-2s for the attention of two main groups: service commissioners and decision-makers. For these two key groups influencing services for young children and families, significant messages about effective parenting and evidenced practice with 0-2s are set out in supporting chapters 1 and 3. Other, more specific, messages are summarised in supporting chapter 2, which aims to influence those responsible for developing the future workforce to intervene early and effectively in families who have (or are expecting) really young children, and who need help.

The summary conclusions and recommendations provide an overview of our work. The commissioning framework aims to help commissioners in their thinking about how best to improve child development outcomes through better support in very early childhood.

The Special Interest Group was supported by eight separate sub-groups, seven of which produced reports on the sphere of their particular interest and task. These individual reports fed into this report, and some are attached as appendices to the full version, because they contain so much detailed knowledge and information. We have also called upon findings from other commissioned work and wider research.

While the views have been developed with input from DfE officials, they do not represent a summary of current government policy.

We are indebted to many experts and professionals who made this report possible, in particular the members of the eight sub-groups who gave so generously of their time over a period of many months: Cheryll Adams, Robin Balbernie, Christine Bidmead, Mitch Blair, Pat Branigan, Harry Burns, Chris Cuthbert, Sarah Darton, Hazel Douglas, Vivette Glover, Eileen Hayes, Amanda Jones, June O’Sullivan, Pamela Park, Gwynne Rayns, Sue Robb, Catherine Rushforth, P.O. Svanberg, and Ita Walsh.

Sally Burlington, Deputy Director, Sure Start and Early Intervention Division
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1 From August 2012 Head of Programmes, Children & Adults at Local Government Association
Foreword to Framework
Why should local service commissioners already suffering from swingeing funding cuts divert, or raise, money to invest in their least visible or troublesome citizens, infants? The short answer is because it is the best value for money in easing the strain on the public purse and savings can begin to be enjoyed in a surprisingly short timescale. Awareness of this fact is already taking hold and central Government is beginning to respond to the plethora of recently published reports making the case for it.

The Government’s ground-breaking Supporting Families in the Foundation Years stressed the vital importance of early life, both in its own right and for promoting future life chances. The full report Conception to age 2 – the age of opportunity sets out how the principles expressed in Supporting Families can be implemented for children from conception to age 2.

This current, much shorter, report has been prepared specifically for local area commissioners in both health and local authorities. It contains the section of the full report that provided a ‘framework’, identifying the key issues local service commissioners might usefully address when aiming to improve child development outcomes, and some of the most potent actions to consider to achieve strikingly better outcomes.

Like the main report, this excerpt is founded on the principles – and international experience – that prevention is better (and cheaper) than cure, and that earlier is usually better (and cheaper) than later. Its prime purpose is to provide a guide for implementing transformational change in local areas by adopting a primary preventive approach to policies and measures. Primary prevention means preventing something before it ever happens, whether this is via inoculation against physical diseases or adopting policies to ensure cycles of disadvantage do not take hold in the next generation.

Acknowledgement of financial supporters

John Spiers

It was John Spiers (Founder and former CEO of Bestinvest) who made possible the WAVE Trust work on both the Special Interest Group study and the Age of Opportunity report, by funding our labour and overhead costs on the year-long project.

Mere words are inadequate to express our gratitude for this wonderful support of our work to bring the importance of the 0-2 age group to the notice of policy-makers and practitioners.

Erach and Roshan Sadri Foundation

WAVE Trust is also extremely grateful to the Erach and Roshan Sadri Foundation for funding the printing costs of the reports.

Erach and Roshan were special and extraordinary people who loved life, took everything in their stride and had a true pioneering spirit. Shortly after their marriage, they went to live in Afghanistan where Roshan taught in an international school in Kabul and Erach flew Dakotas – ‘old tin buckets’ – over some of the most dangerous terrains in the world.

Their Foundation was founded in August 2005, a year after the untimely death of Roshan, to fulfil her request to use her legacy for charitable purposes. The objects of the Charity are to provide financial assistance for education and welfare purposes; relieving poverty by alleviating homelessness; and assisting members of the Zoroastrian religious faith.
Brief overview of Under 2s Special Interest Group study findings

1. A wide range of research now shows conception to age 2 is a crucial phase of human development and is the time when focused attention can reap great dividends for society.

2. How we treat 0-2 year-olds shapes their lives – and ultimately our society. Loving, secure and reliable relationships with parents, together with the quality of the home learning environment, foster a child’s:
   o emotional and mental wellbeing;
   o capacity to form and maintain positive relationships with others;
   o language and brain development (c.80% of brain cell development takes place by age 3);
   o ability to learn.

3. Because of the importance of the 0-2 period in creating solid psychological and neurological foundations to optimise lifelong social, emotional and physical health, and educational and economic achievement, we believe policy emphasis needs to reflect that:
   o the nature of day-to-day relationship between the child and primary care giver is crucial;
   o parental mental health (before and after birth) is a key determinant of the quality of that relationship; it is also a key factor in safeguarding children from abuse and neglect;
   o children with multiple risk factors are especially vulnerable to really poor outcomes. These factors impact both practical parenting and levels of secure attachment;
   o evidence-based approaches exist which have been shown to support improved early relationships or perinatal mental health.

4. During pregnancy, such factors as maternal stress, diet and alcohol or drug misuse can place a child’s future development at risk.

5. In the first few months following birth, adequate nutrition is vital to a child’s physical and intellectual development. Chapter 1 of the full report suggests there can be particular benefit from breastfeeding. Good hygiene, home safety and immunisation are also important.

6. There is a clear case for prioritising earlier identification of need and provision of appropriate support for children in their families during this phase, and we have identified a number of helpful approaches, such as social and emotional assessment at key points in infant development. These approaches are detailed in Chapter 2 and Appendix 2 of the full report.

7. It is crucial to intervene early to promote infant mental health and to reduce the risk of children’s development being hampered by abuse, neglect or other early parent-child relationship difficulties, thereby reducing the risk of longer term poor outcomes which incur higher longer term costs. Chapter 1 and Appendix 1 of the full report provide further detail.

8. Effective action to identify and address the needs of expectant parents and those very young children most at risk of poor outcomes can be taken through full delivery of the Healthy Child Programme and targeted work through children’s centres, and by ensuring that midwives and health visitors are resourced and trained to provide a level of support that promotes sensitively responsive, loving, nurturing parenting and a good two-way relationship and communication between parents and children to promote sound social and emotional development.

9. The quality of early years’ services and settings can have a significant impact on outcomes for children. That quality very much depends on the quality of early years’ staff training and support. Chapter 2 and Appendix 3 of the full report set out our detailed workforce recommendations.

10. Chapter 3 and Appendix 4 of the full report demonstrate that well implemented, evidence-based preventive services and early years’ interventions are likely to do more to reduce abuse and neglect than reactive services and deliver economic and social benefits. Such services also have an important role in preparing young children to be school-ready. A review of UK and international studies into the economic case for investment in the early years suggested returns on investment on well-designed early years’ interventions significantly exceed both their costs and stock market returns. UK Social Return on Investment studies showed returns of between £1.37 and £9.20 for every £1 invested in early years.
Framework for service commissioners
The following pages provide a structured outline of the components involved in improving child development outcomes through better local support in very early childhood, starting with pregnancy, together with detailed resources linking back to the full Conception to age 2 – the age of opportunity report. In all cases chapters and pages quoted refer to that report.

A – PREVENTION
A1 – Pregnancy
- Evidence shows that development begins before birth and that the health of a baby is crucially affected by maternal health and well-being. Low birth weight in particular is associated with poorer long-term health and educational outcomes.
- Effective measures to reduce risky behaviours such as smoking, drug and alcohol consumption during pregnancy can reduce levels of foetal alcohol syndrome, improve child IQs and reduce levels of mental difficulty.
- Children born to mothers who experienced antenatal stress, anxiety or depression have more emotional difficulties, especially anxiety and depression, and symptoms of ADHD and conduct disorder than children born to non-stressed mothers. These children also perform at a lower cognitive level.
- Stress, anxiety and depression during pregnancy are frequently undetected and so not treated. Research indicates that about 10-20% of pregnant women suffer antenatal depression and anxiety, and that levels at 32 weeks of pregnancy are greater than postnatally.
- Ante-natal depression (AND) and anxiety pose a significant risk for the baby through the direct action of chemicals on the brain of the foetus; and the fact that AND is a strong indicator for the later development of post-natal depression (PND).
- Targeting those exhibiting the ‘warning’ signs for PND in the ante-natal period has been shown to reduce the incidence/seriousness of depression following birth.
- Up to 20% of pregnant women experience mental and/or emotional illness requiring referral for psychological therapies.

So in order to address issues of maternal mental health in pregnancy and promote stronger maternal self-efficacy it is helpful to consider the options below.

Specific options on Pregnancy
- Ensure health professionals are well equipped to detect stress, anxiety and depression during pregnancy.
- Provide referral to appropriate psychological or other interventions for antenatal anxiety and depression. Ensure there are enough trained professionals to provide this help.
- Target maternal stress during pregnancy, for instance by focusing on reducing domestic violence and supporting the quality of relationships during this stressful time. These measures could reduce the risk of children having symptoms of ADHD or conduct disorder and showing later criminal behaviour.
- To consider if ante-natal parent preparation classes could include a discussion on the emotional impact of becoming a parent and not just focus on the more practical elements of birth options and bathing a baby.
A2 – Infant and parent mental health and assessment

A2.1 Secure attachment

- Secure children and adults are resilient, are able to regulate their emotions and experience empathy. Secure attachment relationships, although not a guarantee of future mental health, provide a protective factor, enabling children to develop ways to cope with such adversity as loss and trauma.
- Insecurely attached children are more vulnerable and they and their families need help. Without help, insecurely attached children begin to soak up statutory resources from an early age through such ‘externalising’ and ‘internalising’ behaviours as aggression, non-compliance, negativity and immaturity, compulsive compliance and pervasive low self-esteem.
- Research indicates that overall some 35-40% of all parent-infant attachments are insecure although this varies according to the stresses and vulnerabilities of the family.

The best time to introduce a universal assessment of the quality of interaction between mother and baby would be at age 3-4 months. Earlier would of course be better but is not practical (without need for repeat visits) because of infant sleeping patterns. In order to promote secure attachment and to assess better where attachment is insecure in babies a range of options can be considered:

Specific options – secure attachment

The following measures could be considered in relation to mother-baby interaction:

- Review health visitor training to include a session on evaluation of the interaction between the mother and baby (preferably via a short video clip). Ideally, this should be carried out at a universal level and used as a determinant for the need for additional services such as Universal Plus.
- In addition to the health visitor assessment carried out at age 6 weeks, add an assessment at 3-4 months, using the Parent Infant Interaction Observation Scale, The Keys to Interactive Parenting Scale (KIPS), the CARE-Index or similar.
- Introduce a reliable and valid assessment of attachment type at age 12-14 months. The gold standard of attachment assessment is The Strange Situation which unfortunately is too cumbersome and complex to be used in routine practice. An acceptable proxy measure is the TAS-45 measure, which could be adapted for routine use in England. Much of the necessary information can be collated and recorded via mobile devices such as tablets or laptops. A small investment would be required to ‘import’ the TAS-45 and develop the necessary training and data processing.
Promote interventions locally to develop secure attachment i.e. identifying parent-infant pairs who would benefit from support to improve attunement, followed by either video interactive guidance or parent-infant psychotherapy (e.g. Video Interactive Guidance (University of Dundee); VIPP; Watch, Wait & Wonder, Circle of Security). Interaction Guidance has also been successfully used to improve sensitivity and decrease the amount of disrupted communication between mothers and babies with feeding problems\textsuperscript{III}; and a slightly modified version has been shown to help mothers with postnatal depression re-connect with their babies\textsuperscript{V}.

These need to be supported by the Perinatal Mental Health Support Systems referred to in section A2.2 (below) as parents are unlikely to provide secure attachment while still struggling with issues of mental health or their relationship with the child.

A2.2 – Specialist parent-infant psychotherapy support

- Early intervention can promote infant mental health and reduce the risk of children’s development being hampered by abuse, neglect or other early parent-child relationship difficulties.
- Understanding of infant mental health is, at best, patchy outside the health sector, and few health professionals are trained in it.
- In the UK, 144,000 babies under one year of age live with a parent who has a common mental health problem.
- Children of mothers with mental health issues are twice as likely to experience a childhood psychiatric disorder. If both parents have a mental health problem this doubles. And the disorder is likely to develop because of miscommunication within the attachment relationship even when the caregiving is otherwise fine.
- There is significant cross-over between mental health issues and alcohol/substance abuse.
- If allocated earlier to preventive interventions and specialist perinatal therapeutic and psychiatric services in the early years, investing early would reduce future drain on resources.
- Approximately 8% of pregnant women will subsequently be emotionally ill enough to warrant a referral to a specialist perinatal mental health service that focuses on restoring the mother’s mental and emotional health and the forming mother-baby relationship – 55,200 mothers and at least 55,200 babies annually (Antenatal & Postnatal MH Commissioning Benchmarking Tool, March 2010). The needs of fathers will add to this figure.
- Based on recognised genuine referrals to the North East London NHS Foundation Trust (NELFT), the national figure for England may be around 75,000 cases of genuine need for perinatal psychotherapeutic support per annum. The potential benefits of robustly commissioning effective perinatal mental health services like NELFT’s include:
  - Improving the mother-baby relationship and bonding with the aim of creating a securely attached baby by 12 months and preventing the baby becoming a child at risk of emotional disturbance;
  - Reducing the risk of relapse and/or recurrence of a psychological disorder or a psychiatric illness in the mother and/or father;
  - Reducing inappropriate referrals and readmissions to adult psychiatric wards and the length of inpatient stays, and offering alternatives to admission;
  - Reducing the risk of self-harm, suicide and infanticide;
  - Preventing avoidable separation of mother and baby and promoting early return if separated;
  - Facilitating admission to specialist Mother and Baby Psychiatric Units when indicated

So in order to address issues of maternal mental health and promote stronger maternal self-efficacy it is helpful to consider the options below.
Specific options for promoting infant mental health and parent psycho-social health

✔ At the universal level, promote at every opportunity, in multiple settings, and in particular through Children’s Centres, families’ ability to support the development of emotional health in their babies and toddlers.
✔ At a universal level and across the early years workforce, promote an awareness of:
  - the importance of the parent/baby relationship and how this will influence the baby’s brain development, and
  - how interventions aiming to promote positive and healthy care giving relationships need to be based on a positive relationship between worker and parent.
✔ As well as the routine 6-week of age assessment, screen for the factors putting infant mental health at risk:
  - during pregnancy and
  - at age 3-4 months (when the focus would be on the quality of parent-child interaction).
✔ When significant risk is identified, implement targeted preventive interventions, through the provision of well-resourced specialist NHS (or high quality alternative) Perinatal Parent Infant Mental Health Service support as well as access to regular and skilled supervision.

Resources
Chapter 1 pages 12-23
An excellent overview of Infant Mental Health programmes is available on:-
1. www.healthychild.ucla.edu/PUBLICATIONS/IMH Evidence Review FINAL.pdf
Also http://www.IMHPromotion.ca/
For adult mental health, useful both as information and handouts, this is a very good site:
1. www.cmha.bc.ca/resources/primer
There are a number of specialist sites covering specific issues, e.g.:-
1. Autism - www.exploringautism.org
2. Infant massage - www.iaim.org.uk
3. www.brazelton.co.uk
In the U. K. the leaflets once produced by the Child Psychotherapy Trust are now available online to be downloaded.
1. www.understandingchildhood.net
2. www.docsfortots.org is also worth a look just for the name as well as being a source of ideas.
Again, the Department of Health new information service for parents provides information delivered direct to parents as well as via professionals, using website, e-mails and short video clips. https://www.nhs.uk/InformationServiceForParents/pages/home.aspx
For information on downloading a sign-up widget and adding it to your website email support@informationserviceforparents.nhs.uk

A3.1 – Identifying risk factors in families in pregnancy and 0-2

 o The Healthy Child Programme mandates: ‘A full health and social care assessment of needs, risks and choices by 12 weeks of pregnancy by a midwife or maternity healthcare professional’. Risk factors identified include young parenthood; parents who are not in education, employment or training; families who are living in poverty; unstable partner relationships.
 o There is some evidence that positive bonding between mother and foetus during pregnancy predicts the quality of bonding post-birth (Cremona 2008, Fonagy et al 1991), making poor maternal-foetus bonding a further risk factor.
A3 – Assessing social and emotional development

There are opportunities for midwives to help parents prepare for the baby’s arrival during pregnancy and to promote optimal bonding during and in the days after delivery. So in order to identify better where early help and support is needed in the most vulnerable families during pregnancy the following options might be considered in relation to updating midwifery and health visitor integration:

Some parents-to-be will fall under consultant (obstetricians and paediatricians) led care rather than midwifery led care and the corresponding care pathway will often involve medical procedures, lengthier hospital stays and potentially pre-term babies. It may be helpful to include these staff in understanding the neurology, attachment theory and developmental psychology for parent and infant as there could ultimately be greater risk in this group.

Specific options for Midwives in relation to social/emotional development

✓ Carry out a mental health risk assessment as early in pregnancy as possible, covering not only depression and anxiety but chaotic lifestyle, domestic violence, drugs, alcohol etc.
✓ As part of the risk factor assessment, the midwife enquires about the mother’s perceived relationship with her family and her partner and the mother’s ‘bonding’ with the foetus.
✓ Recommended assessment tools: Edinburgh Post-Natal Depression Scale or the Hospital Anxiety and Depression Schedule.
✓ Following appropriate training both midwife and health visitor can carry out the short form of the Neonatal Behavioural Assessment Scale, called the Newborn Behavioural Observation in the presence of the parents at post-natal home visits in the first 3 weeks after birth. This will help both parents and practitioners to be able to read a baby’s signals and cues.
✓ The care pathway for those women identified as being at risk should ideally include:
  o an early referral by the midwife to the local health visiting team.
  o a minimum of two promotional visits by the health visitor to the woman before the baby is born to create a continuous pre- and post-birth relationship between health visitor and ‘at risk’ mother, as in the Family Nurse Partnership in addition to the current handover from midwife to health visitor around 10-14 days after the birth.

It is important that all practitioners have an awareness of the risk factors that can jeopardise infant mental health. It is also crucial that the Healthy Child Programme be implemented fully in order to improve and deliver mental health promotion and respond to those families where children are not being adequately supported / protected on a pathway to secure attachment by ensuring that health visitors are resourced and trained fully in social/emotional assessment.

Specific options for health visitors in relation to social/emotional development

✓ Health visitors should be trained in the use of Motivational Interviewing for use from first contact onwards. This would help them to re-visit areas of risk outlined during the early pregnancy and discuss these areas of vulnerability with the mother and (if appropriate) her partner.
✓ Professionals such as health visitors should be trained to evaluate the interaction between the mother and baby (ideally by using a short video clip, which can also be used in reflective video feedback discussions with the parents).
✓ Health visitor assessment at 3-4 months could use the ‘Parent Infant Interaction Observation Scale’ (a 13 item scale used to guide the assessment and evaluation of a video of a brief parent-infant interaction). Currently the planned web-based training for this scale is not available although the group based training now is. Alternative scales would be assessment tools like ‘Keys to Interactive Parenting Scale’ and the ‘CARE-Index’.
✓ Introduce an assessment of attachment behaviour at age 12-15 months using the TAS-45 measure as outlined in the Conclusions above.
A4 – Family violence and neglect

- It is reported that around 25% of children witnessing domestic violence develop serious social and behavioural problems.
- Being brought up in a home where parents are involved in domestic violence is among factors which make poor attachment more likely for infants.
- Children who witness domestic violence are at risk of physical injury during an incident, and will experience serious anxiety and distress which can later express itself in anti-social or criminal behaviour, or as psychological problems.
- Children in homes where there is domestic violence are at more than double the usual risk to suffer child abuse.
- In the past year 39,000 UK babies under a year of age lived in households affected by domestic violence.
- A number of studies suggest there can be an increased incidence of domestic violence during or shortly following pregnancy (e.g. a survey of 1207 women attending GP surgeries in Hackney found pregnancy in the past year associated with an increased risk of current violence).
- Domestic violence can seriously impact the parenting capacity of the victim.

So in order to ensure more action is taken to prevent both domestic violence and children’s witnessing of it, the following should be considered:
Specific options on domestic violence

- Make it a priority for midwives, GPs and other health professionals to identify and provide family support where domestic violence is identified as a risk in pregnancy.
- Ensure that local police forces have robust procedures in place not only to deal with individual incidences of domestic violence but also to have the intelligence and data systems to identify emerging patterns.
- Domestic violence support services for both victims and offenders should prioritise families where the woman is pregnant, or there is a baby under 2 years of age.

Resources

Chapter 1 pages 18-23

For an introduction to the long term neurological and psychological consequences of early trauma:-
1. www.childtrauma.org
2. www.trauma-pages.com
3. dynamic.uoregon.edu/~jjf/aaas04/PutnamAAAS%20.pdf

And for ideas on how to help:-
1. www.futureunlimited.org
2. www.nctsnet.org
3. www.nccev.org

A5 – Improve parenting capability

- Many proven early childhood programmes demonstrate substantial net economic benefits, including savings to the public purse, particularly through better long-term health and crime reduction. Some experts, e.g. Professor James Heckman, assert that the highest return come from interventions at the earliest ages. Evidence also suggests:
  - Best effects are delivered when support is provided to follow up the family longer term.
  - Most significant effects are found for groups with a large number of risk factors.

- Although non-UK evidence does not necessarily translate directly to the UK (because we already have universal maternity and perinatal health provision in the form of the Healthy Child Programme), where UK evaluations do exist (e.g. Croydon Total Place, the Millennium Cohort Study, the LSE evaluation of programmes to reduce conduct disorder, and others listed in the appendix on UK economics), they suggest very good economic returns, several times higher than costs, for early years’ investment in a UK context.

So in order to intervene early to promote infant mental health and to reduce the risk of children’s development being hampered by abuse, neglect or other early parent-child relationship difficulties, thereby reducing the risk of longer term poor outcomes which entail higher longer term costs, local investment needs to be targeted at early investment in locally delivered evidence-based programmes:

Specific options to improve parenting capability

- Invest in proven, effective (and cost-effective) programmes such as the Circle of Security; Family Nurse Partnership; First Steps in Parenting; models like the Sunderland Infant Project; and Watch, Wait & Wonder.
A comprehensive review by Barlow et al\(^4\) found that those parenting programmes which do not consider cultural factors risk poor engagement and drop-out of BME parents. The Policy Research Bureau\(^6\) concludes there needs to be an awareness and respect for different models of parenting that arise within different cultures, and the need to tailor programmes accordingly; while at the same time recognising the commonalities of parenting within different cultures.

**Some examples of parenting programmes**

<table>
<thead>
<tr>
<th>Programme</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incredible years</td>
<td>The Incredible Years are research-based, proven effective programmes for reducing children's aggression and behaviour problems and increasing social competence at home and at school.</td>
</tr>
<tr>
<td>Infant Behavioural Assessment Intervention Programme</td>
<td>A home-based programme offering support for parents of very preterm infants.</td>
</tr>
<tr>
<td>Family Links Nurturing Programme</td>
<td>The Nurturing Programme provides simple, effective tools to help adults and children understand and manage feelings and behaviour, improve relationships at home and in school, improve emotional health and wellbeing, develop self-confidence and self-esteem. The parenting programme is a 10 week course of 2 hours per week, for children from birth to 18.</td>
</tr>
<tr>
<td>Mellow Parenting</td>
<td>Offers evidence based parenting programmes which have shown to be effective in improving mother child interaction, child behaviour problems, mother’s well- being and mother’s effectiveness and confidence in parenting.</td>
</tr>
<tr>
<td>Triple P</td>
<td>Triple P is a parenting and family support strategy that aims to prevent severe behavioural, emotional and developmental problems in children by enhancing the knowledge, skills and confidence of parents.</td>
</tr>
<tr>
<td>Healthy Eating and Nutrition for the Really Young (HENRY)</td>
<td>Parenting and Relationship issues are tackled as part of an award-winning programme focused on obesity.</td>
</tr>
<tr>
<td>The Family Partnership Model</td>
<td>The Family Partnership Model is an innovative approach based upon an explicit model of the helping process that demonstrates how specific helper qualities and skills, when used in partnership, enable parents and families to overcome their difficulties, build strengths and resilience and fulfil their goals more effectively.</td>
</tr>
<tr>
<td>The Solihull Approach</td>
<td>The Solihull Approach is based on the Solihull Approach Model of Containment, Reciprocity and Behaviour Management. It is intended for parents and carers who want to know more about sensitive and effective parenting.</td>
</tr>
</tbody>
</table>

**Resources**

Chapter 1 pages 14-23.

Universal parenting classes: the DfE CANparent Trial is seeking to stimulate a market in universal classes so that over time any parent could access such a class. It is through stimulation of a national market, drawing on various funding models, including parents paying for the full or partial cost of classes, that this vision could be achieved. Evaluation of the trial, 2012-14, will provide learning on the feasibility of this. Providers in the trial were required to demonstrate that their work conformed to evidence-based principles.

The commissioning toolkit of parenting programmes is a searchable database of parenting interventions designed to provide information and guidance for commissioners, service managers and programme developers on the quality and effectiveness of parenting programmes/approaches.

Preparation for Birth and Beyond (PBB) is an antenatal education programme based on a systematic review of the evidence of what works in antenatal education carried out by the University of Warwick, and extensive interviews with a broad cross-section of mothers and fathers-to-be and new parents. Some of the learning from the Family Nurse Partnership programme has fed into the design of this work.


This aims to help the NHS, local authorities and the voluntary sector in planning or running groups for expectant and new parents. It is a practical tool that aims to improve outcomes for babies and parents and covers the physiological aspects of pregnancy and birth, and also addresses the emotional transition to parenthood, child development, the roles and experiences of both parents and relationship issues in greater depth.


DH Birth to Five /NHS Choices - Some useful advice relevant to difficult behaviours e.g. tantrums etc.
http://www.nhs.uk/Planners/birthtofive/Pages/Understandingdifficultbehaviour.aspx

KidCareCanada Society translates current research and applies technology to produce educational resources relevant to the 21st Century new parent. The accessibility of these resources enables all children to have equal opportunity to the best possible start in life, and promotes the health, happiness and well-being of future generations.
http://kidcarecanada.org/

Attachment Parenting International - Attachment Parenting International (API) promote parenting practices that create strong emotional bonds between child and parent. API believe that Attachment Parenting (AP) practices fulfill a child’s need for trust, empathy, and affection, providing the foundations for lifelong healthy relationships.

Attachment Parenting has been studied extensively for over 60 years. Studies revealed that infants are born ‘hardwired’ with strong needs to be nurtured and to remain physically close to the primary caregiver. These needs can be summarized as proximity, protection, and predictability.
http://www.attachmentparenting.org/principles/intro.php

Best Beginnings - Video clips for parents re bonding, Infant communication and play videos and commentary from clinical psychologist Dr Liz Kirk. http://www.bestbeginnings.org.uk/bonding-before-birth

Parenting UK - Excellent search engine which lists 36 resources on attachment and 9 on infant mental health. Professional’s and parent’s materials.

World Association for Infant Mental Health (WAIMH) - promotes education, research and study of the effects of mental, emotional and social development during infancy on later development through international and interdisciplinary cooperation, publications, affiliate associations, and through regional and biennial congresses.
www.waimh.org

The Mindful Policy Group - dedicated to a more humane, caring, and psychologically aware society.
www.mindfulpolicygroup.com

Begin Before Birth - What happens in the womb can last a lifetime. The influence of the environment begins in the womb, this environment can have a lasting effect on development. www.beginbeforebirth.org

http://www.whataboutthechildren.org.uk

‘Talk to Your Baby’ run by The Literacy Trust encourages parents to talk more to children from birth to 3yrs.
www.literacytrust.org.uk/talktoyourbaby

The Communication Trust - highlights the importance of speech, language and communication across the children’s workforce. www.thecommunicationtrust.org.uk

Mellow Parenting - delivering quality training in evidence based parenting programmes multi-nationally. Training is delivered to local authority and NHS Staff as well as voluntary agencies working with the most vulnerable families in society. www.mellowparenting.org

I CAN - The Children’s Communication Charity www.ican.org.uk

Parent Infant Clinic - Emotional screening of all babies under 1yrs; training professionals in signs of autism in infants and treatment; to help pay for treatments of babies that have serious signs of autism. www.infantmentalhealth.com

International Pre-Autistic Network (iapan) - group of psychoanalytically informed clinicians and researchers who come together for ideas, opinions and insights www.ipan-babies-autism.org

Center On The Developing Child - Harvard University - Drawing on the full breadth of intellectual resources available across Harvard University’s schools and hospitals, the Center generates, translates and applies knowledge in the service of improving life outcomes for children in the United States and worldwide.
http://developingchild.harvard.edu/
B – QUALITY OF EARLY YEARS’ SERVICES

B1 – Multi-agency working

- The Marmot Review indicated that effective multi-agency practice to address a range of social determinants of poor health was key to improving outcomes, and to giving children the best start.
- Children in families which suffer a number of different disadvantages or risk factors are disproportionately likely to suffer long term poor outcomes. The patterns of their problems or disadvantages vary a great deal, so services need to be flexible enough to support families whatever their varied circumstances and sets of issues, without passing them to lots of different agencies.
- Children’s centres provide access to a wide range of services including family and employment support, and help with housing and financial problems. Evidence also suggests that early intervention by midwives or other health engagement at children’s centres can lead to a direct reduction in young children’s risk of poor outcomes including:
  - reduced incidence of low birth weight and of foetal and postnatal injury
  - improved uptake of preventive health care
  - a lower risk of poor bonding and attachment
  - reduced child neglect and abuse
- There are some examples of excellent multi-agency working, such as the Integrated Services model in Highland Region of Scotland and some of the health visitor, children centres and school nurse local integrated partnerships (Warwickshire, Brighton and Hove, East Lancashire health coordinator team, Bowthorpe, West Earlham and Costessey children’s centres).

So in order to build on and develop effective multi-agency, integrated working and delivery to ensure that services are working together, sharing information and communicating with each other and with parents and carers, to achieve positive outcomes for children, local areas might consider:

Options

- Developing effective multi-agency working and delivery through identifying and following the principles of such highly successful multi-agency practices as the Highland Region Streamlined
Rapid Reaction system, and case studies from the LGA knowledge hub and DH early implementer sites.

- Accessing Children’s Improvement Board support materials to promote integrated working and learn from the 18 development demonstrator sites using whole system approaches to effective integrated working.
- Explore the potential of linking in with local interventions around the Troubled Families initiative, especially where the focus is on working through a single key worker and dealing with problems in a more holistic way.

**Resources**

Chapter 2 pages 24-28 and 32-36

Children’s centres and health visitors: unlocking the potential to improve local services for families: A report from the HV partnership delivery group task and finish group 2012

HandsOnScotland - The website provides practical information and techniques on how to respond helpfully to children and young people’s troubling behaviour, build up their self-esteem and promote their positive mental wellbeing. [www.handsonscotland.co.uk](http://www.handsonscotland.co.uk)

1. www.touchpoints.org
2. www.childdevelopmentinfo.com
3. www.educarer.com
4. www.familyresourcecentre.com
5. www.indiaparenting.com
6. www.fnih.investinkids.ca/
7. www.kidshealth.org
8. www.incredibleyears.com

Harvard USA


**B.1.1 Children’s Centres**

Recent evaluations show that Sure Start Local Programmes (SSLPs) have successfully engaged the most vulnerable groups in the most deprived areas, though it often takes considerable time to encourage vulnerable families to engage with services. The early SSLPs had beneficial effects on parenting which persisted until the children were age 7. The benefits of SSLPs appear to apply to all areas regardless of level of deprivation, and to all children and families regardless of family deprivation. However, there was no evidence of sustained beneficial impact on child outcomes – reinforcing the need to ensure that all provision in children’s centres is evidence based.

Children’s Centres provide integrated services that can support the most disadvantaged children and families. The challenge is to make the most of this in a way that measurably narrows the gaps in outcomes between less and more advantaged children. So in order to **ensure that the national network of Sure Start Children’s Centres is well placed to engage** the most vulnerable groups and support them effectively, local commissioners might consider:
Specific Options for Children’s Centres

✓ Prioritise high quality outreach and family support to work with the most vulnerable families suffering multiple risk factors, who may need long-term work to get them to the point of accessing other services.

✓ Clearly defined roles for health visitors in leading services and/or teams within children’s centres (where capacity allows)
  o Explore the potential for health visitors to act as team leaders, supervisors, and/or mentors, building capacity and skills within the children’s centre team and contributing to better integrated delivery and improved information sharing

✓ Explore the potential for shared local targets to help drive and incentivise integrated delivery
  o Develop local measures of success for children’s centres (not necessarily for payment by results) which link to those in the Children and Young People’s Public Health Outcomes framework and the Healthy Child Programme
  o Develop truly integrated assessments and reviews (2-year/2.5 year integrated review)

In order to have a greater direct impact on outcomes:
  o Give greater emphasis to services that will improve child outcomes, including proven evidence based parenting programmes and support for social and emotional and language development;
  o Focus more directly on improvements to what young children experience in their daily lives: at home and in children’s centre settings.

Resources
Chapter 2 pages 24-27
The outreach system leaders report on evidence-based outreach programmes. National College.
DH Health Visitor partnership delivery group report- Children centres and health visitors: unlocking the potential to improve local services for families.

Specific Options for other early years settings

✓ Understand attachment
  o practitioners should have a good understanding of attachment as it relates to the child’s key relationships and their own relationship with the child
  o practitioners should be able to build warm, responsive and sustained relationships with young children confirmed by visual, auditory and physical contact
  o continuity and consistency of primary care is important e.g. key person systems. The revised EYFS statutory framework for the early years foundation stage requires providers to assign a key person to every child to ensure that every child’s care is tailored to meet their own individual needs, to help the child become familiar with the setting, offer a settled relationship for the child and build a relationship with their parents.

B2 – Workforce

A good understanding of child development from pre-birth to age 3 can help early years practitioners to work more effectively with young children and their families This is likely to include an understanding of:
  o Social and emotional development;
  o Age-appropriate expectations;
  o Early brain development;
- Cultural, social and emotional factors that contribute to common behavioural problems in young children;
- The importance of a preventive approach (recognising the need to intervene early to prevent escalation of concerns and/or maltreatment).

For early years’ practitioners dealing with vulnerable families or babies, emotional intelligence is important to enable them to build resilience to:
- deal with the emotionally demanding aspects of their work and
- create positive, non-judgmental relationships with the members of the family involved.

Practitioners working with infants and their families can be supported through appropriate training and support, which good practice from the FNP work suggests should include a reflective space with a supervisor, coach or mentor, to understand and process their work. Whatever the training option selected, the central focus of the work is upon the quality of the relationship between the practitioner and the family.

Specific Options on Workforce

- Consider recruitment processes for early years practitioners which assess:
  - Emotional intelligence;
  - Knowledge and skills on interactions with infants and toddlers;
  - Knowledge and skills of child development from pre-birth to 3 years;
  - Interface with Safeguarding knowledge;
  - Skills to form empathic relationships with parents.
- Consider providing personal support programmes for workers which recognises the emotional impact of the work and the impact of personal issues for the supervisee and ensuring that the supervisee has emotional intelligence.
- Consider whether staff in all early childcare and other early years’ settings have a good understanding of child development and how to spot and tackle problems appropriately and quickly.
- Support effective parenting. It is critical that the workforce has the skills to offer evidence-based interventions, including parenting programmes, where appropriate.
- Understand the importance of speech and language development. It is recognised that Personal, Social, and Emotional Development, Communication and Language, and Physical Development are prime areas of learning for our youngest children.

Resources
Chapter 2 pages 32-36

For more information on EYFS two web links are helpful:
http://www.education.gov.uk/schools/teachingandlearning/curriculum/a0068102/early-years-foundation-stage-eyfs (which is the EYFS section of the DIE site and includes, in addition to the EYFS, Development Matters (covering 0-5 development), and
http://www.foundationyears.org.uk/early-years-foundation-stage-2012/ (which links to the 4Children-run Foundation Years website also full of relevant resources for 0-2).
http://www.education.gov.uk/childrenandyoungpeople/earlylearningandchildcare/delivery/b00201475/wor_king

DIE has contracted the Early Language Consortium, led by I-CAN, the children's communication charity, to deliver a 3 year Early Language Development training Programme through children's centres for people working with young children. This builds on the Every Child a Talker programme which ended in March 2011. It will provide a suite of training, resources, tool kit and strategies targeted at practitioners to support children and parents.
DH is currently working with The Centre for Workforce Intelligence (CFWI) to look at the issue of the competencies required by the psychological workforce (esp IAPT and including also psychotherapists, counsellors and GPs)

Much of the evidence is enduring,


http://www.home-start.org.uk/about/A_beginners_guide_to_children_and_families_workforce_development.pdf

This is a helpful link to effective supervision http://ec.europa.eu/education/more-information/doc/2011/coreannex_en.pdf

http://www.faculty.londondeanery.ac.uk/e-learning/supervision/principles_underpinning_effective_supervision.pdf

**C – PROMOTION OF EARLY YEARS’ PRIORITY**

**C1 – Evidence-based interventions**

A range of American evidence suggests a strong economic case for greater investment in specific early intervention programmes which have been evaluated to show substantial net long term benefits. The evaluation of the Family Nurse Partnership in England is beginning to provide promising findings, suggesting that at least some of the benefits found by American studies can be replicated in the UK. A number of parenting programmes and other early years’ interventions have also been shown to demonstrate substantial benefits in a UK context.

Commissioning evidence based programmes requires a good understanding of:
- the needs of the local population;
- which approaches / programmes are likely to be most effective in addressing them, based on evaluation and other evidence of effectiveness elsewhere;
- costs and ease of implementation (not all effective programmes are readily available in the UK)

The most effective programmes have been shown to have a positive long-term impact on outcomes, and potential savings to existing local services. But delivering these benefits depends on very good targeting of those resources, and effective implementation: the more you vary from an existing highly evaluated programme, the less likely, in general, you are to deliver the same benefits in your area. So effective local monitoring and evaluation are important to improve continually the effectiveness of services.
Resources
Chapter 3 pages 37-41
Economic theories
The commissioning toolkit of parenting programmes is a searchable database of parenting interventions designed to provide information and guidance for commissioners, service managers and programme developers on the quality and effectiveness of parenting programmes/approaches.
C4EO- provides a range of support to drive positive change in the delivery of children’s services. One of the priority areas for c4eo is early intervention. www.c4eo.org.uk
OXPIP - The Oxford Parent Infant Project - http://www.oxpip.org.uk/

C2 – Health
Specific Options for Health and Wellbeing Boards
✓ Consider prioritising infant mental health and factors of importance to infant wellbeing in the Joint Strategic Needs Assessment, because of the long term positive impact on wider outcomes.
✓ Learn from effective Children’s Trust arrangements in the new commissioning process with Health and Wellbeing Boards in setting local priorities for children through the JSNA.
✓ Provide clear information to health practitioners about the importance of measures supporting children from pregnancy to age 2, and their parents.
✓ Recruit a Public Health champion to advise local areas on how best to incorporate the importance of 0-2 s into the JSNA and provide advice to the whole public health community and especially commissioners of early years’ health services on the importance of the period birth to two with respect to long term public health outcomes.

Specific options for health commissioners
✓ The Healthy Child Programme needs further development of detailed clinical guidance (as was completed with the Two Year Review) for earlier ages (e.g. first year of life) so that it can be commissioned and disseminated in a similar way. This development would include expanding assessment of attachment and specialist pathways, parental and infant mental health, drug and alcohol, domestic abuse, relationships, and links to 'Pregnancy, Birth and Beyond'.
✓ For health visitors, consider use of the high quality e-learning training modules as part of the Healthy Child Programme – which cover secure attachment, parent and infant mental health, domestic violence, drugs and alcohol, links to pregnancy. For midwives, consider high quality training modules on stress, domestic violence, drugs and alcohol, assessment of risk and links to Health Visitors. This resource was originally launched by Ann Milton and is available to all NHS staff free of charge.
C3 – Communications – Conclusions

The most effective way to raise awareness of the importance of very early life and, therefore, how we support pregnant parents is to use a multi-channel approach, with a range of key credible spokespeople. The timing of the message needs to have resonance with the stage of life and proximity of behaviour of the target audience to have effect.

- Well educated and informed health and social care professionals can have an extremely powerful impact on outcomes (as testified by the results from FNP).

REFERENCES

Secure attachment


Improving parenting capability


Multi agency working
