

**DRAFT**

**RSA Event with David Olds  
Tuesday 15 May  
Pat McFadden Speaking Note**

The context in which we view the Nurse family Partnership programme is one of success in the UK in combating poverty in the past decade.

We have 600,000 fewer children in poverty. 2.5 million more people in work. And the incomes of the poorest 20% of people have risen at a faster annual rate than the richest 20%.

This did not happen by accident. It happened because we made it a priority. Increases in child benefit, tax credits, Surestart, employment programmes and the minimum wage all had their part to play.

But against this backdrop of wider success, we are also conscious that there is a small group of households that have become stuck. As the Prime Minister has said, the rising tide has not lifted all boats. There are a number of households who are not taking part in the general increase in prosperity, not even taking part in the increase in incomes for poorer households.

And it is because of this that in our work on social exclusion we are trying to make a specific effort to expand opportunity for specific groups of people.

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We know that the early months and years of a child's life are absolutely vital in shaping life chances. It is not an iron rule, but it will have a strong bearing on what happens later in life. And that emphasis on the very earliest months and years – indeed the importance of the period before a baby is born – is one reason we became interested in the work of Professor Olds and the experience of the Nurse Family Partnership in the United States.

Another reason was the commitment to evaluation and rigorous testing that is shared by Professor Olds and his colleagues. There are many promising programmes around the world. There are few which have been so carefully tested over such a long period of time as the Nurse Family Partnership.

And there was a third reason we were impressed. And that was the care with which Professor Olds treats this programme. Quite rightly, he does not want to see it replicated in an incomplete or selective manner. If it is to be used elsewhere, he wants to see it done properly and I can assure him that we share that commitment because we too want to get this right.

I was fortunate enough to be able to go to the US last year and see his work with some of the most vulnerable young families. It was a real privilege for Hilary Armstrong and me to accompany nurses into the homes of some of the families they were working with.

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What was really striking about the visits was the quality of the relationship that existed between the nurse and family – the way in which the nurses had clearly gained the trust and confidence of the mothers; and the way in which their positive approach was helping to build the mothers' self belief and capacity to change.

This was not an unwelcome intrusion by the state into family life. It was vital help at a moment when young mothers need help.

There is powerful evidence that poverty, poor attachment, stress during pregnancy, poor maternal health, post-natal depression and harsh parenting styles are strongly associated with poor outcomes later in the child's life such as anti-social behaviour and low educational outcomes.

We know that pregnancy and birth are a critical time when it is possible, through good parenting and practical support and advice, to develop the resilience and protective factors for children that drastically improve their chances to go on to lead healthy and fulfilling lives.

So that's why we committed to establishing the Nurse Family Partnership Programme in 10 areas in the UK, which went live in April. I know Professor Olds visited the project in Slough today to see at first hand the enthusiasm of the nurses working on this here in the UK and I know that Kate Billingham is doing an excellent job in driving this forward.

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I want to finish on this note:

Some have found this approach difficult to accept – claiming this approach is nanny-state, or, in what I regard is an error of judgement by David Cameron, described it as “foetal Asbos”.

But I believe that if we know about the importance of the early months and years of a child’s life, and we know about the cycle of disadvantage that can be passed from generation to generation, cutting off opportunity and aspiration, and we know we have a programme that offers a lot of promise in challenging this pattern, when it would be wrong to turn away from that.

All too often problems become entrenched and we spend a fortune trying to tackle them further down the line. Tell me, what is progressive about waiting until the odds are already stacked against a child?

This approach has the chance to give some of the most vulnerable the help and support they need at the most critical time in their lives. It is ground-breaking work and I am really pleased to welcome Professor Olds here tonight and to say we are looking forward to working with him in the period to come.

**ENDS**

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