

# Preventing social exclusion: The Health-led Parenting Project

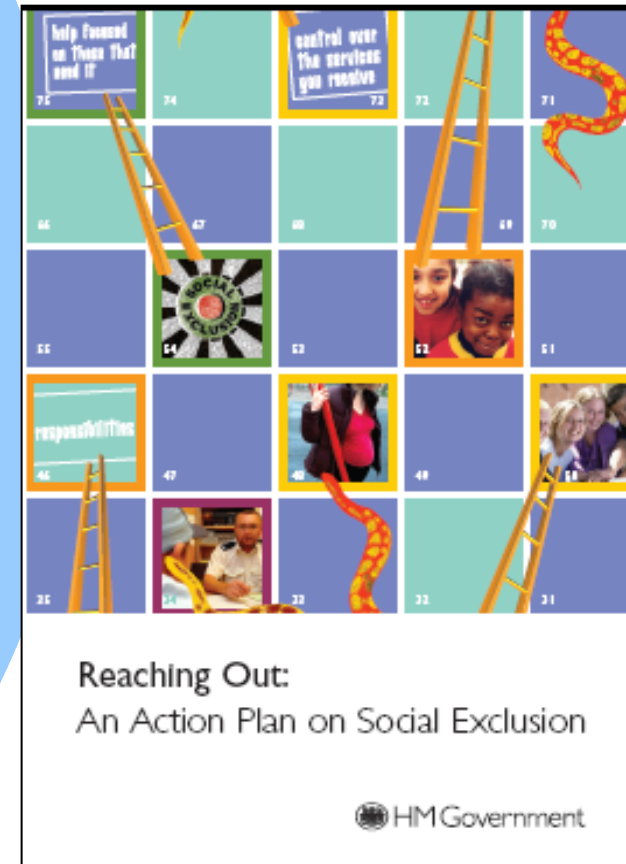
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# The starting point: 'Reaching Out'

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We have seen reductions in child poverty, unemployment and crime, we now need to help those families caught in a cycle of disadvantage and exclusion by:

- Earlier and better identification of at risk families
- Earlier and more effective intervention and prevention
- Building on the strengths of existing universal health visiting and midwifery services
- Builds on policy successes for children and families (Every Child Matters and the National Service Framework for maternity and children)
- Multi-faceted risks need multi-faceted but integrated responses

## How we are delivering the SEAP

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- Refining the identification, assessment and engagement process
- Testing and evaluating the Nurse Family Partnership Programme in 10 sites
- Promoting sustainability through:
  - Commissioning
  - Workforce development
  - Wider service redesign
  - Sharing learning



**“Like it or not, the most important mental and behavioural patterns, once established, are difficult to change once children enter school”**

Nobel Laureate James Heckman (2005)

- Pregnancy and the first 3 years are vital to child development, life chances and future achievement
- Pregnancy and birth of a child is a ‘magic moment’ of opportunity when parents are uniquely receptive to support
- Universal midwifery and health visiting services are ideally placed to identify children and families at risk
- Embedding the principle of **‘progressive universalism’** into maternal services should be a priority to ensure that additional support is provided to those children and families at greatest risk

# Emerging knowledge on neurological development

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- Brain development depends on both genes and experiences
- Rapid brain development takes place in the first year of life
- Early interactions directly affect the way the brain is wired - 'use it or lose it'
- Early relationships set the thermostat for later control of stress response

(Shore R, Rethinking the Brain, 1997)

## Why love matters...

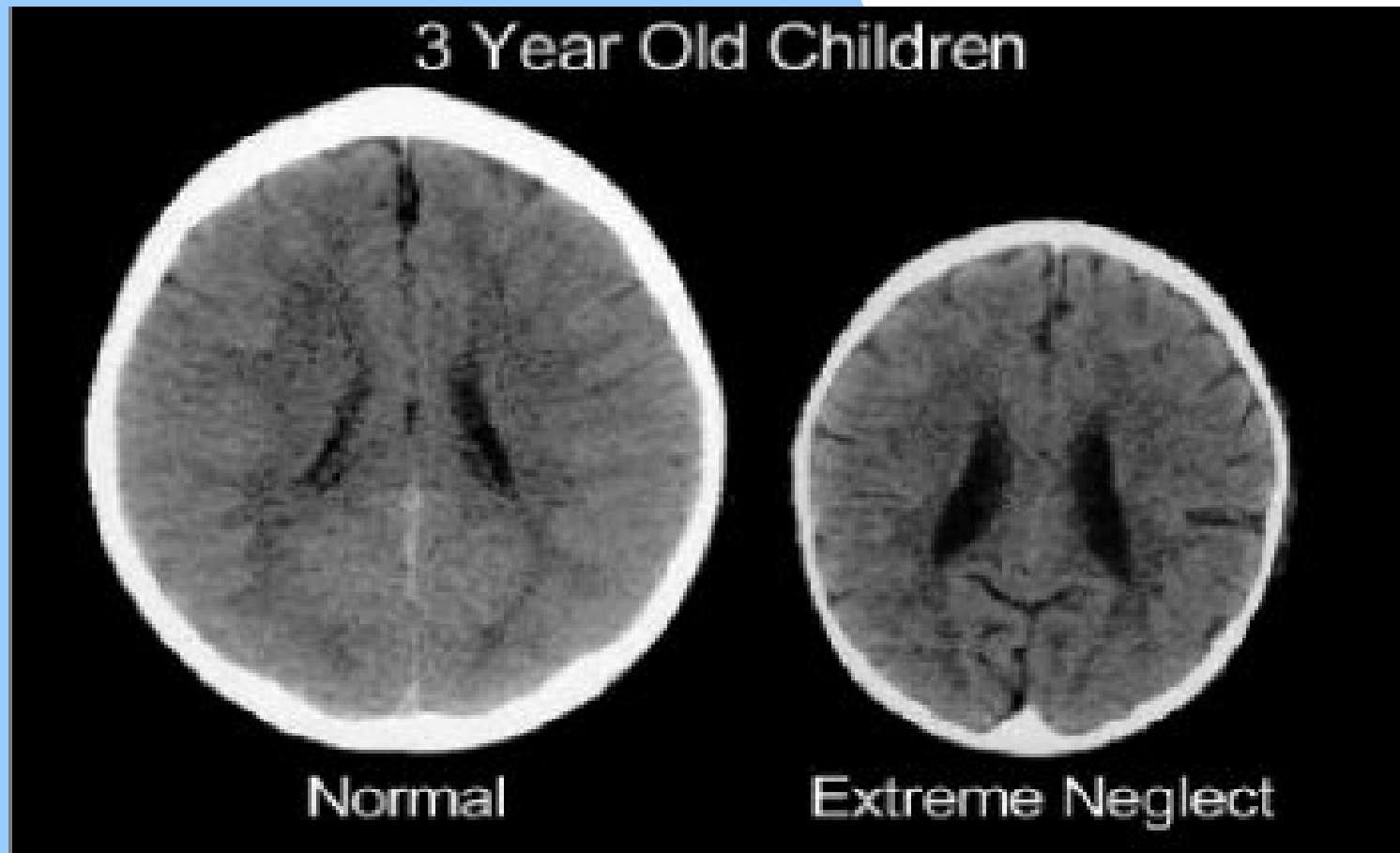
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- Looks and smiles help the brain to grow
- Baby looks at mother; sees dilated pupils (evidence that sympathetic nervous system aroused and happy); own nervous system is aroused - heart rate increases
- Lead to a biochemical response - pleasure neuropeptides (betaendorphin and dopamine) released into brain and helps neurons grow
- Negative looks trigger a different biochemical response (cortisol) stops these hormones and related growth

(Gerhardt, 2004)

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## Differences in brain development following sensory neglect



# THE NURSE FAMILY PARTNERSHIP

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- **Program with power**
    - Nurses visit first time parents from pregnancy until child age two
    - Makes sense to parents
    - Solid clinical & theoretical underpinnings
  - **Rigorously tested**
    - 30 years of development and 3 large scale trials
    - Synergy of science and service
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## **FAMILIES SERVED**

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- **Low income pregnant women**
  - **Usually young**
- **First-time parents**
- **From early pregnancy until the child is 2 years old**



## NURSE FAMILY PARTNERSHIP'S THREE GOALS

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1. **Improve pregnancy outcomes**
2. **Improve child health and development and future school readiness and achievement**
3. **Improve parents' economic self-sufficiency**



## TRIALS OF PROGRAM

### Elmira, NY 1977



**N = 400**

- Low-income whites
- Semi-rural

### Memphis, TN 1987



**N = 1,138**

- Low-income blacks
- Urban

### Denver, CO 1994



**N = 735**

- Large portion of Hispanics
- Nurse versus paraprofessional visitors

## CONSISTENT RESULTS ACROSS TRIALS

- Improvements in women's prenatal health
- Reductions in children's injuries
- Fewer subsequent pregnancies
- Greater intervals between births
- Increases in fathers' involvement
- Increases in employment
- Reductions in welfare and food stamps
- Improvements in school readiness



## Memphis Program Effects on Childhood Injuries (0 - 2 Years)

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- **39% Reduction in Health-Care Encounters for Injuries & Ingestions (Low-Resource Mothers)**
- **78% Reduction in Days Hospitalized for Injuries & Ingestions (Low-Resource Mothers,  $p=.07$ )**



## **Growing Effects on Child Development Memphis 6-Year**

- **Higher IQ's**
- **Better language development**
- **Better school readiness in Math**
- **Fewer mental health problems**



## ELMIRA SUSTAINABLE RESULTS: Benefits to Children

**Abuse & Neglect** ↓ **48%**

**Arrests** ↓ **59%**

**Adjudications as PINS\*** ↓ **90%**  
**(Person In Need of Supervision) for incorrigible behavior**

\* Based upon family-court records of 116 children who remained in study-community for 13-year period following end of program.



**15-YEAR FOLLOW-UP**

## Benefits Minus Costs of Child Welfare & Home Visiting Programs

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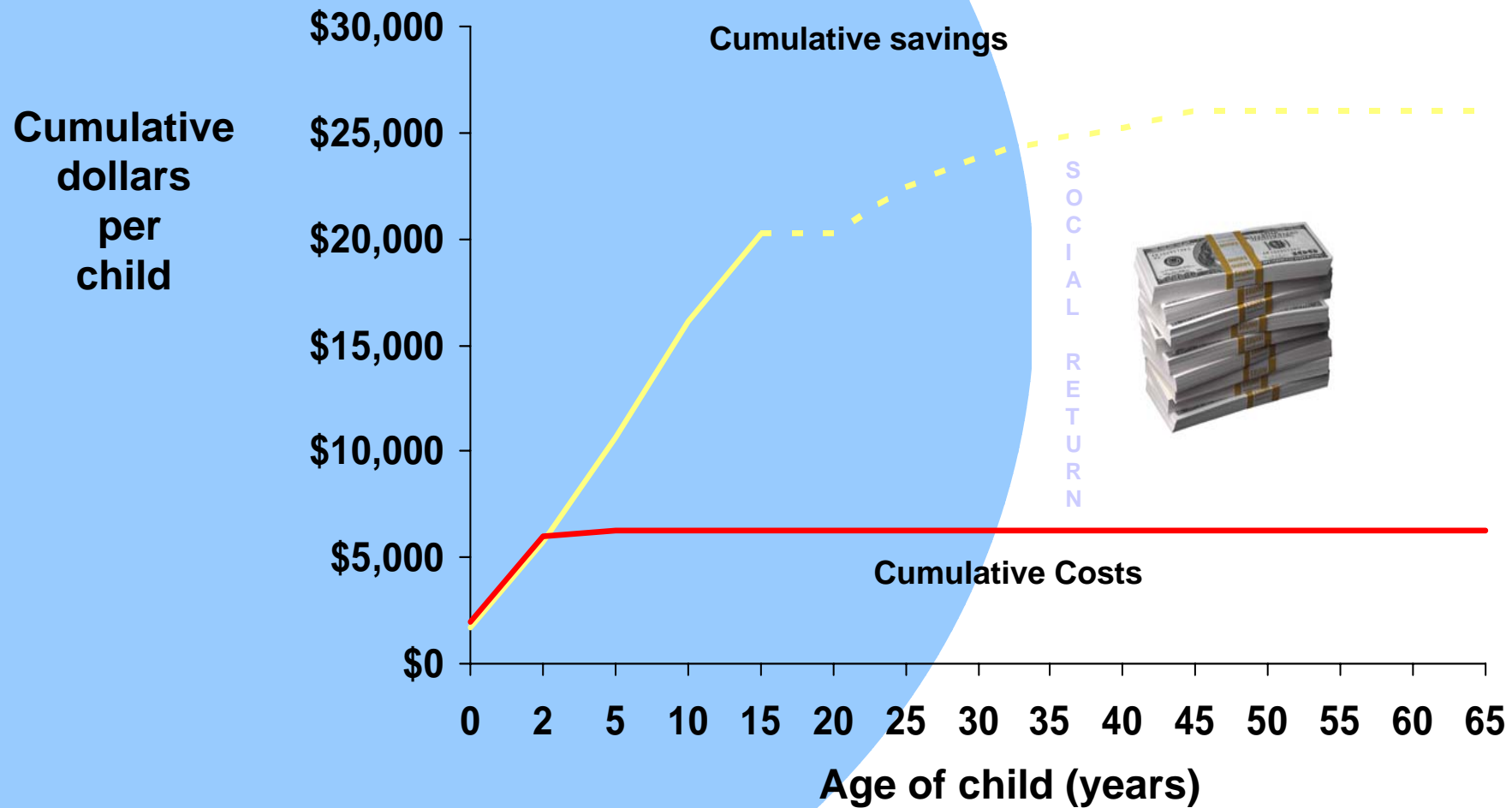
<b>Nurse Family Partnership</b>	<b>\$17,180</b>
<b>Home Visiting for at-risk mothers/children</b>	<b>\$6,197</b>
<b>Parent-child interaction therapy</b>	<b>\$3,427</b>
<b>System of care/wrap around programs</b>	<b>-\$1,914</b>
<b>Family Preservation Services Programs</b>	<b>-\$2,531</b>
<b>Healthy Families America</b>	<b>-\$4,569</b>
<b>Comprehensive Child Development Program</b>	<b>-\$37,397</b>
<b>Infant Health and Development Program</b>	<b>-\$49,021</b>

Summary Report:

<http://www.wsipp.wa.gov/rptfiles/04-07-3901.pdf>

# Cumulative Cost Savings: Elmira

High-Risk Families



## The 10 PCT / LA sites

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- Somerset
- Manchester
- Slough
- Tower Hamlets
- Derby
- Walsall
- Southwark
- County Durham/Darlington
- SE Essex
- Barnsley

# What is different?

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- New systems and conversations to identify and engage at risk clients
  - Starts early - parenting begins at conception
  - Multi-dimensional intervention
  - Programme ethos - strengths and goals not needs and problems
  - Continuity of practitioner
  - The intensity of the intervention (relationship and contact)
  - Using a licensed research based programme
  - Role and level of supervision
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## What is exciting?

- Passion and commitment to make a difference
- Level of interest and support
- Our learning
- Catalyst for wider change
- Building a 21<sup>st</sup> century service for families
- Developing professional practice for the future
- It is real

