

Preventing social exclusion: The Health-led Parenting Project

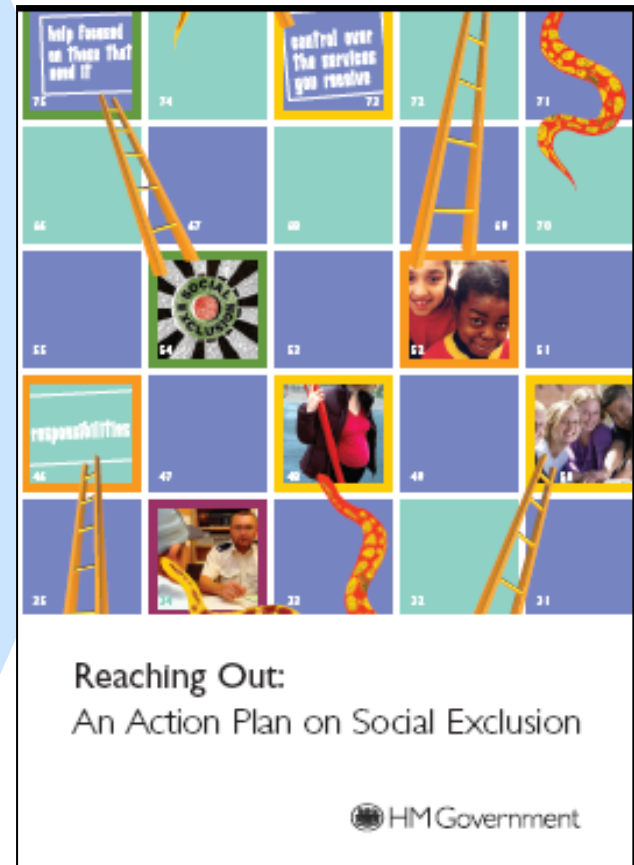
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Social Exclusion Action Plan: 'Reaching Out'

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

“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)

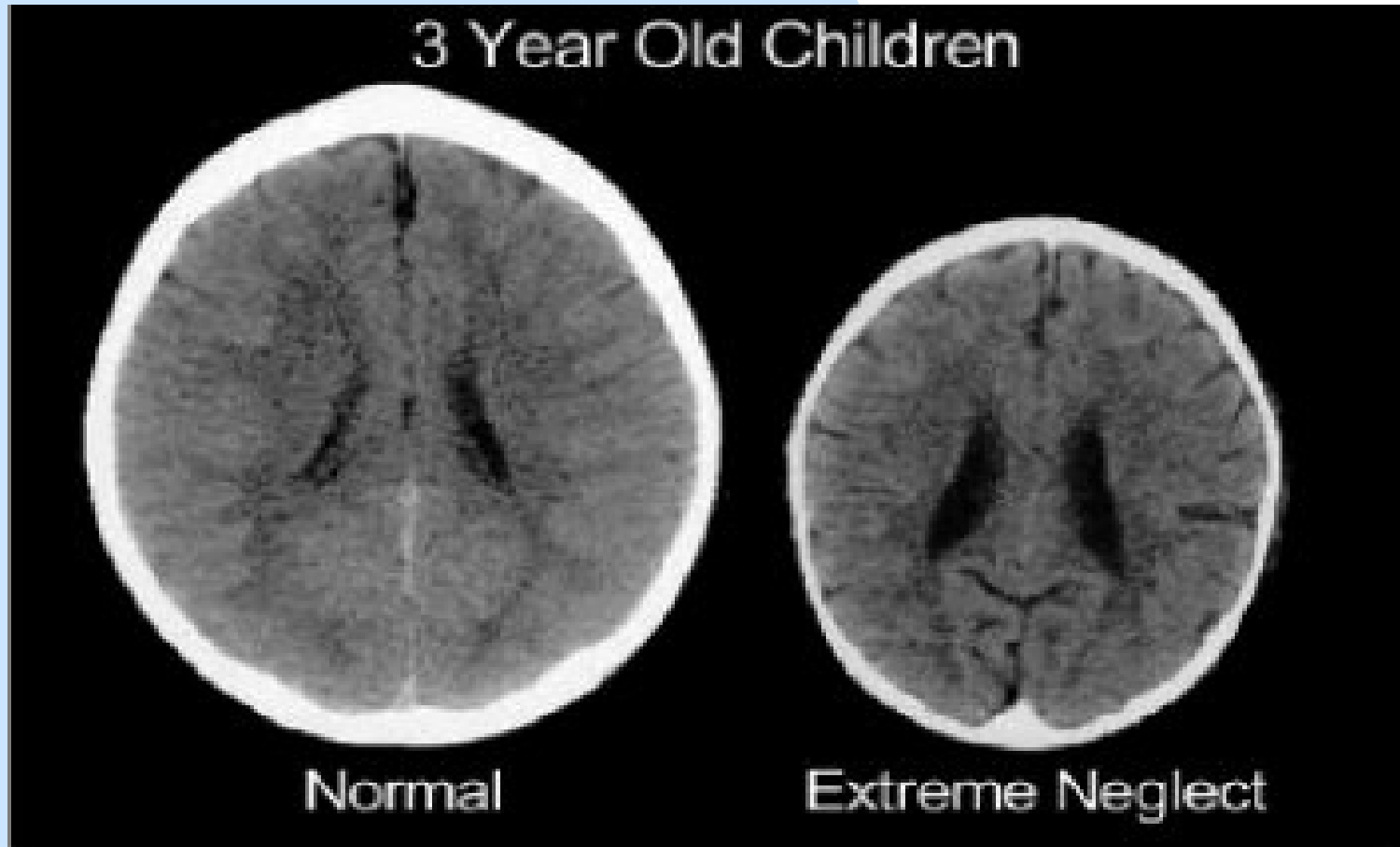
- Pregnancy and the first 3 years are vital to child development, life chances and future achievement
- Pregnancy and birth of a child is a 'magic moment' of opportunity when parents are uniquely receptive to support
- Universal midwifery and health visiting services are ideally placed to identify children 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

- 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
- Looks and smiles help the brain to grow
- Early relationships set the thermostat for later control of stress response

(Shore R, Rethinking the Brain, 1997)

Differences in brain development following severe sensory neglect

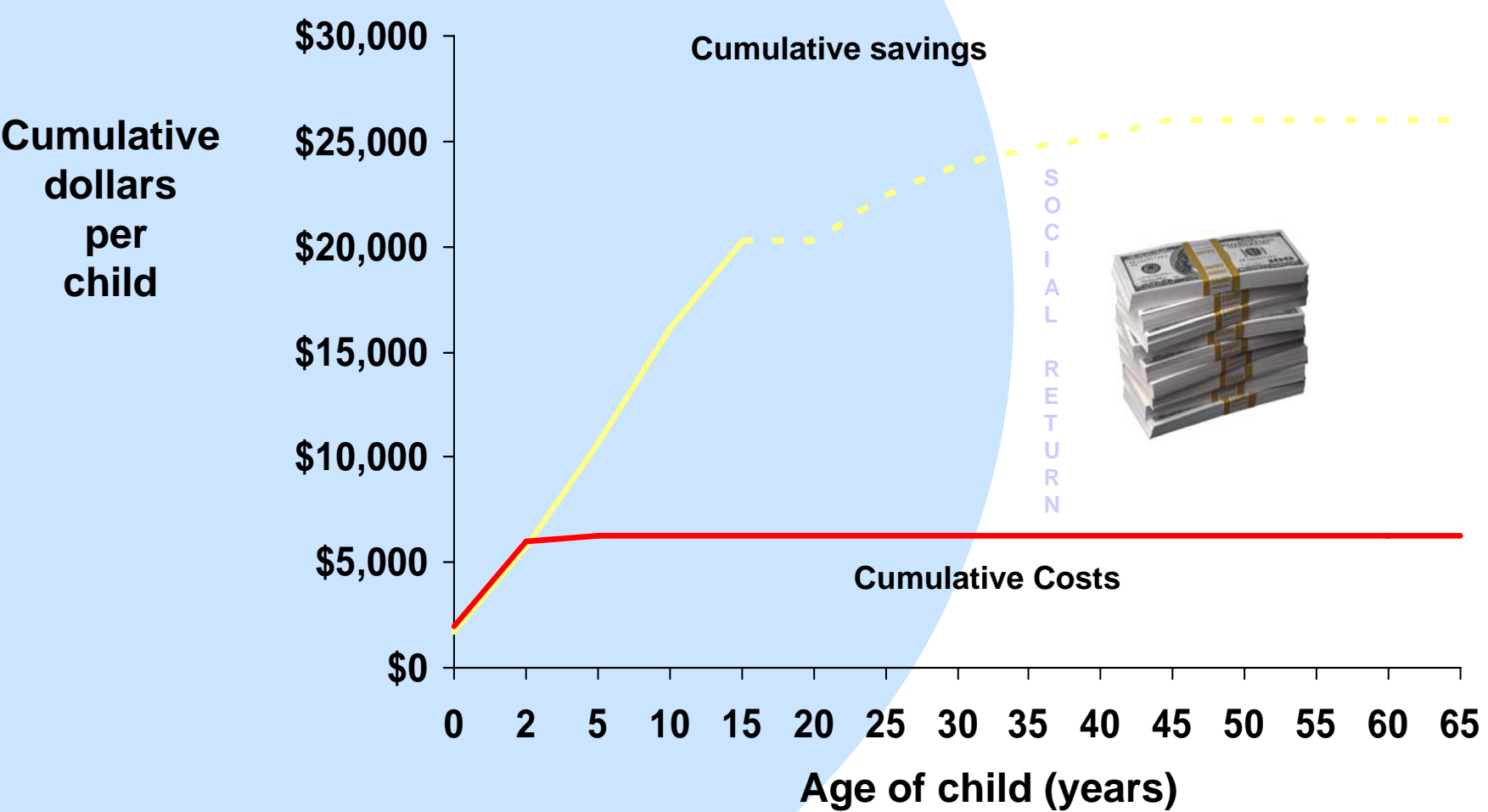


The potential of the Family Nurse Partnership programme

- To transform the life chances of our most disadvantaged children and families
- A new professional role with meaning
- Transformation of universal services in pregnancy and the first years of life
- Impact on 'community parenting'
- Strengthen the health contribution to child and family services

Cumulative Cost Savings: Elmira

High-Risk Families



Progress to date

- 10 PCT/LA sites (Somerset, Manchester, Slough, Tower Hamlets, Derby City, Walsall, Southwark, County Durham/Darlington, SE Essex, Barnsley)
- All practitioners and supervisors recruited and trained
- Materials adapted and ready to use
- Criteria and process for recruiting and engaging families agreed
- First clients enrolled on the programme
- Evaluation and database set up
- Review into the future role of health visitors

What is different?

- New systems and conversations to identify and engage at risk clients
- Starts early - parenting begins at conception
- Multi-dimensional intervention
- Programme ethos and theoretical foundations - strengths and goals not problems and deficits
- Continuity and skills of practitioner
- The intensity of the intervention (relationship and contact)
- Using a licensed, research based programme
- ~~Role and level of supervision~~

What is exciting?

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



Achieving sustainability

- Learn well - build solid foundations
- Learning from the difficult things
- Understand the programme - we all need to work differently
- Address the obstacles in the system
- Protect the team so they can focus on the work with families
- Secure the financial future through commissioning
- Integrate within the universal Child Health Promotion Programme
- Embed in government policies for NHS, children and parenting