

Section III: A lifetime approach

Chapter 4: Early Years

Summary

Pregnancy and the first few years of life are crucial. Intensive health-led home-visiting during pregnancy and the first two years of life can radically improve outcomes for both mother and child, particularly in the most at-risk families. The Government will therefore:

- establish 10 health-led parenting support demonstration projects from pre-birth to age 2, building in a rigorous evaluation of targeted support. These health service demonstration projects will mainly be based around Sure Start Children's Centres; and
- support the upskilling of midwives and health visitors to support early-years interventions, and develop commissioning guidance to encourage the spread of best practice nationally.



“The effects of early development last a lifetime: a good start in life means supporting mothers and young children.”

Professor Sir Michael Marmot⁴³

4.1 We now know how vital pregnancy and the early years of life are for child development. Long before a child enters school, behaviours are established and risks experienced that profoundly influence a child’s life chances – for better or worse. Or, as leading psychiatrist Michael Rutter has put it, “the circumstances of early childhood can cast a long shadow”.⁴⁴

4.2 Inequalities in outcomes in the early years are driven by a range of factors, including household poverty and poor maternal health, and it is well established that the home environment, family life and parenting are all particularly important factors in helping to achieve later positive outcomes for children.

4.3 Parents and carers hold primary responsibility for their child’s development. Parents’ own personal circumstances, and how they care for and interact with their children over this period, can have dramatic long-term consequences for both the child and the parents themselves. For example, there is powerful evidence that poor attachment, stress during pregnancy, postnatal depression, harsh parenting styles and low levels of stimulation are strongly associated with negative outcomes later in life, including anti-social behaviour and offending during adolescence.

4.4 Key risk and protective factors during pregnancy and up to the age of 2 are set out in Figure 4.1 below.

Figure 4.1: Key risk and protective factors during pregnancy and up to the age of 2 for negative outcomes in later life⁴⁵

	Risk factors	Protective factors
Pregnancy	<ul style="list-style-type: none"> • Prematurity/birth factors. • Obstetric difficulties. • Genetic predisposition. • Stress in pregnancy. • Teenage pregnancy. • Smoking in pregnancy. • Neglected neighbourhood. • Low income. • Poor housing. 	<ul style="list-style-type: none"> • Genetic predisposition. • Having someone to confide in.
Age 0–2	<ul style="list-style-type: none"> • Impaired attachment. • Infant’s temperament. • ADHD – hyperactivity. • Postnatal depression. • Harsh parenting style. • Rejection. • Hitting/frequent smacking. • Low level of stimulation. • Socio-economic stress. 	<ul style="list-style-type: none"> • Resilience. • Strong attachment to at least one parent or carer. • Bonding with child.

⁴³ Marmot M (2005) Presentation to the Tackling Health Inequalities: Governing for Health Summit

⁴⁴ Rutter M, Giller H and Hagel A (1998) *Antisocial Behaviour by Young People*. Cambridge University Press

⁴⁵ Adapted from Sutton et al (2004) *ibid*. Factors listed relate to risk of committing crime and anti-social behaviour

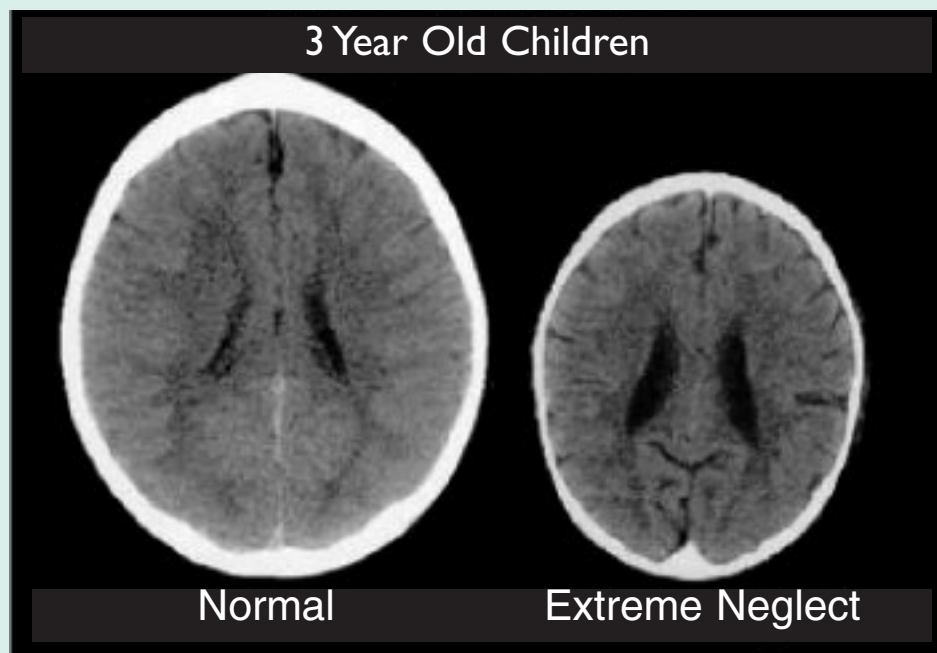
4.5 It is also known from research just how important a child's early experiences are to the development of the brain. The child who is spoken to will develop speech and language neural systems, and the child who has motor practice and exploration opportunities will develop neural systems which allow walking, running and fine motor control. The child who is nurtured and loved will develop the neural networks which mediate empathy, compassion and the capacity to form healthy relationships.⁴⁶

4.6 Unfortunately, this window of opportunity in early childhood is also a window of vulnerability. If a child is not talked to she will not develop speech and language capacity, if

she is not given opportunities to use her developing motor systems, she will not develop motor skills, and, most devastating, if she is not loved, she will struggle to love others.

4.7 Neglect in early childhood literally alters the physical and functional development of the brain – a powerful environmental effect. In extreme cases this can be dramatic, as illustrated by Figure 4.2, which shows CT scans of an average 3-year-old's brain compared to the brain of a 3-year-old child suffering from severe sensory-deprivation neglect. However, stimulation can reverse some of these effects.

Figure 4.2: Differences in brain development following sensory neglect



This figure compares the brain of a normal 3-year-old child (the image on the left) with the brain of a 3-year-old who has suffered severe environmental sensory-deprivation neglect (the image on the right). The child who has suffered neglect has a significantly smaller brain and has enlarged ventricles and cortical atrophy.⁴⁷

⁴⁶ Hosking, G and Walsh, I (2005) *The Wave Report 2005. Violence and What to Do about It*

⁴⁷ Perry B (2002) Childhood experience and the expression of genetic potential: what childhood neglect tells us about nature and nurture. *Brain and Mind* 3: 79–100; Hildyard, K and Wolfe, D (2002) Child neglect: developmental issues and outcomes, *Child Abuse and Neglect* 26

4.8 The most effective forms of parenting can protect against risks in early childhood and can have dramatic effects on social and cognitive development.⁴⁸ Poor parenting can expose children to greater risks and can contribute to the development of potentially harmful patterns of behaviour. Intensive support can improve parenting and attachment, and can have dramatic impacts upon parent and child outcomes. It has been shown that these effects can continue throughout adolescence and into adulthood.⁴⁹

4.9 Pregnancy and birth is a critical time, when it is possible to develop the resilience and protective factors in children, thereby dramatically improving their chances of going

on to lead healthy and fulfilling lives. It is important to seize this opportunity and to ensure that maximum support is provided where it is most needed and where it can have most effect. What is more, there is good evidence of public demand for more information and support with respect to parenting.⁵⁰ The Fragile Families study in the US found that parents are easier to engage and more positive about changing their behaviour and lifestyle at the time of pregnancy and birth. Midwives' and health visitors' abilities to address mothers' concerns about pregnancy, labour and the physical health of the infant provide them with credibility and persuasive powers in the eyes of family members.

"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

What the Government has already done

4.10 Since 1997 this Government has introduced a wide range of measures to improve the well-being and prospects of the most disadvantaged families and individuals, pushing the frontiers of the welfare state into the early years. Key achievements include the following.

- **Tackling child poverty** through welfare reforms, increasing employment and increased financial and parenting support for families with children. The Government's goal is to eradicate child poverty by 2020, halving it by 2010. Since 1997, 800,000 fewer

children now live in relative poverty. This drive will continue, with increased focus on identifying and supporting the remaining at-risk groups of families and children, providing more personalised services and support for the most vulnerable, and reforming the Child Support Agency.

- **Ensuring that every child has the best start in life** with the establishment of Sure Start, including 1,000 Children's Centres open by the end of September 2006 and the expansion of early-years education, with more than £17 billion invested in these areas since 1997. By 2010 there will be 3,500 Sure Start Children's Centres across the country, offering integrated early learning, health and parental services for the first time – arguably

⁴⁸ *Sure Start Children's Centres: Practice Guidance*. (2005) DFES

⁴⁹ Olds, D (2006) The Nurse-Family Partnership: An evidence-based preventive intervention. *Infant Mental Health Journal* 27(1) 5–25

⁵⁰ Ghate, D and Hazel, N (2002) *Parenting in Poor Environments*. London and Philadelphia: Jessica Kingsley

- one of the Government's most ambitious and innovative programmes of recent years. The Government is also investing in Early Learning Partnership demonstration projects to help parents of 1–3-year-olds to support their children's early learning. These services will be delivered by voluntary and community sector organisations to engage the children in the hardest-to-reach families most at risk of learning delay.
- **New duties in the Childcare Act 2006** requiring local authorities and their NHS and Jobcentre Plus partners to work together to improve the outcomes for all children up to 5 and reduce inequalities between them, by ensuring that early childhood services are integrated to maximise access and benefits to families.
 - **Free early learning and childcare for 3- and 4-year-olds** – shown by research evidence to improve educational and social outcomes for all children, but particularly for children from disadvantaged families. The entitlement will be extended from 12.5 hours to 15 hours per week (for 38 weeks a year) by 2010. A pilot to extend the provision to 12,000 disadvantaged 2-year-olds is currently taking place.
 - **The creation of a National Academy for Parenting Professionals**, already announced in the Respect Action Plan, as a centre of excellence in training, development and support for the parenting workforce. The Academy will act as a national centre and source of advice on high-quality research evidence on parenting and parenting support, combined with practical knowledge of what works in different situations and with different client groups. Organisations will be invited to bid to deliver the National Academy for Parenting Professionals programme later in 2006.
 - **An end to the long-term use of bed and breakfast accommodation for families with children.** In March 2002 there were 6,960 homeless families living in B&Bs. However,

through an increased focus on homelessness prevention, on finding better forms of accommodation and on the sharing of good practice, and £50 million of funding, the vast majority of local authorities have sustained success in ending the long-term use of B&B accommodation for families with children.

Continuing challenges

4.11 Clearly, enormous strides have been made in terms of the support available to families with children. Public services and support in the early years are available for every family. However, the intended universal nature of these services is incomplete. In some areas, the families with the greatest need do not always benefit as much as they should from the support available. The 'inverse care law' suggests that those with the greatest need or at greatest risk are sometimes the least likely to receive the services they need. Indeed, there are some children's and family services where redressing the inverse care law has proven difficult.

4.12 Public services struggle to support very high-need families because such families are typically harder to reach and harder to engage. More advantaged families are often the most likely to ask for help, while those with more complex problems may not know that help is available or may even actively decline it. If their needs are not met then the services cannot be regarded as genuinely universal.

4.13 In the early years, health visitors and midwives are essential for early identification of risk factors, engagement with parents and delivery of support. They can also share information and support families to use other services such as Sure Start Children's Centres, acting as the link between health services (in particular general practice) and integrated support services.

4.14 However, analysis of the use of health visiting services (see Figure 4.3) demonstrates that the inverse care law is an issue in some of the very services best placed to support families through pregnancy and in the earliest stages of parenthood. The key issue is to address these challenges and develop a

genuinely progressive universal service offer for young families.

4.15 In a number of areas, pioneering Primary Care Trusts (PCTs) and practitioners are already working hard to address these challenges by using analysis of public health

Figure 4.3: Health visiting by household income (in percentages of income groups)



Those with the highest incomes are more likely to get support from health visitors than lower income groups (who need the support most). Analysis of Millennium Cohort Study.

data to inform the deployment of staff and resources to areas where needs are greatest.

4.16 A further challenge for the professionals tasked with supporting families at greatest risk is that they often do not have the necessary tools and information to carry out effective assessment of risk. Local area data can be helpful in allocating resources and prioritising efforts within geographical areas. But many areas lack systematic and rigorous tools to support professional judgement in identifying risk at the level of individual families. Only

when there is an evidence-based and systematic approach to assessing risk can we be sure that more intensive services and support are being directed at those families with the greatest need. This is more than simply developing assessment tools – it is also about providing the right incentives to build the early-years workforce, and about equipping them with the appropriate skills and training.

4.17 A closely related issue is information sharing. Some agencies can be reluctant to share the information needed to identify

at-risk households with other agencies who may also be able to help them.

4.18 Innovative PCTs and Sure Start

Children's Centres are already making great strides towards addressing these challenges. The Government is determined to support these efforts by helping to build the evidence base for the most effective early interventions for socially excluded families.

Intensive early health-led support for families most at risk

4.19 What works in the early years is high-quality social support alongside antenatal clinical care.⁵¹ Health visitors and midwives can play a pivotal role, as they provide a universally available service at a time when parents are typically highly receptive to external advice and support. We also know from some of the most innovative PCTs that health-led teams can be particularly effective in engaging some of the most at-risk parents and families.

4.20 Internationally, we have identified a number of practical approaches that are truly outstanding in terms of outcomes and long-term cost-effectiveness.⁵² From pre-birth to

age 2, the Nurse–Family Partnership model (see Box 4.1) shows sustained impacts⁵³ and has been found to be highly cost-effective. Rigorous independent evaluation in the US found that for the highest-risk families the amount of downstream savings is over four times the cost of the programme.⁵⁴

4.21 Additionally, empirically tested group-based parenting programmes such as Carolyn Webster-Stratton's 'Incredible Years' demonstrate impressive sustained impacts on maternal health, child development and reduction of conduct problems.⁵⁵

4.22 Importantly, both the Nurse–Family Partnership programme and Incredible Years have been found to be effective with families suffering high levels of deprivation. Some areas in the UK, particularly those linked to Sure Start programmes, have begun to use these approaches with dramatic success (see Box 4.2).

4.23 The Government will build on these early successes to target our early interventions using best-known practice.

⁵¹ Sutton *et al.* (2004) *ibid*

⁵² Lynch, R D (2004) *Exceptional Returns: Economic, Fiscal and Social Benefits of Investment in Childhood Development*

⁵³ Olds, D (2006) The Nurse-Family Partnership: An evidence-based preventive intervention. *Infant Mental Health Journal*: 27(1) 5–25

⁵⁴ Karoly *et al.* (1998) *Investing in our children. What we know and what we don't know about costs and benefits of early childhood intervention*. Santa Monica, CA: RAND

⁵⁵ Hutchings, J (February 2006) What works in parenting programmes and why: practice and research using the Incredible Years parent programme in Wales. Presentation to Communities that Care Conference

Box 4.1: Nurse–Family Partnership (NFP)

The model

The Nurse–Family Partnership is a structured programme of home visits by trained nurses during pregnancy and the first two years (targeted at disadvantaged families). Home visits focus on three major activities:

- promoting improvements in women’s (and other family members’) behaviour thought to affect pregnancy outcomes, the health and development of the child (including attachment issues and competent care of the child), and parents’ life course (including family planning, educational attainment and opportunities to gain employment);
- helping women to build supportive relationships with family members and friends; and
- linking women and their family members with other services that they need.

Pilots and demonstration projects based on, or drawing from, the NFP approach are already being developed in several different countries including Holland, Germany, Australia and Scotland.

Evidence of impacts

The programme has been rigorously tested over the course of 27 years in three separate large-scale, randomised controlled trials with different populations. Outcomes⁵⁶ included:

Prenatal behaviours

- Improved quality of diets, reduced smoking
- Increased informal social support and better use of community services

Pregnancy and birth outcomes

- Fewer kidney infections
- Fewer pre-term deliveries among those who smoked
- Heavier babies among mothers aged 14–16

Sensitive competent care of child

- Less punishment and restriction and more appropriate play materials
- Home environments that were safer and more conducive to emotional and cognitive development

Child abuse, neglect and injuries

- Fewer cases of child abuse and neglect among low-income unmarried teens

Parental life course

- Fewer subsequent pregnancies and longer intervals between births of first and second children
- Greater participation in the workforce

Adolescent functioning at age 15 (among children of poor, unmarried women)

- Fewer instances of running away
- Fewer arrests, convictions/violations of probation
- Fewer lifetime sex partners
- Fewer cigarettes smoked
- Fewer behavioural problems linked to use of drugs and alcohol

⁵⁶ Olds, D (2006) *ibid* – outcomes listed based on the trial in Elmira

Box 4.2: Incredible Years

Significant results have been achieved in 11 Sure Start centres in Wales and the Borders using Carolyn Webster-Stratton's 'Incredible Years' parenting programme. Families with a child aged 3 or 4 with significant behavioural problems were targeted within the Sure Start area and attended 12 group sessions. These children and a control group were then tracked for 18 months. The Sure Start intervention families showed significantly increased positive parenting and marked decreases in the quantity and intensity of child problem behaviours. Intervention children fell below the clinical cut-off on both the Eyberg Child Behaviour Inventory problem and intensity scales.

How the challenges will be met

ACTION 16: The Government will establish 10 health-led parenting support demonstration projects from pre-birth to age 2, building in a rigorous evaluation of targeted support.

4.24 The Government will demonstrate new approaches to health visiting and midwifery, drawing on evidence-based programmes from overseas. The demonstration sites will help to build the English evidence base on health-led parenting support in the early years, trailblazing practical approaches to achieving the vision for health visiting and community midwifery that is set out in the *National Service Framework for Children, Young People and Maternity Services*.⁵⁷

4.25 The demonstration projects at a cost of £7 million will complement the raft of parenting provision for school-aged children announced earlier this year and will be mainly delivered through the integrated children's, families and community services provided by Sure Start Children's Centres. This will embed a strongly progressive universal model from

pregnancy until the age of 2, with intensive support for those at risk and a lighter touch for others. It will build on the strengths of existing services provided by health visitors and midwives. It will also test out new systems and tools for a more systematic assessment of need drawing on research into risk and protective factors during pregnancy and the early years.

4.26 This programme of demonstration projects will work with local practitioners to test different levels of support, and evaluate the impact on initial outcomes. It will develop ways of engaging parents, building skills and capacities to cope with the challenges of parenthood. These findings will provide best practice, which can be used by practitioners, PCTs and local authorities.

ACTION 17: The Government will support the upskilling of midwives, health visitors and commissioners to support early-years interventions; and will develop commissioning guidance to encourage the spread of best practice nationally.

⁵⁷ DH/DfES (2004) *National Service Framework for Children, Young People and Maternity Services: Maternity Services*

4.27 The Government wants to see a step-change in outcomes for high-risk families everywhere. In parallel to the demonstration sites, there will be a series of 'Let's talk about health visiting' events for health visitors and commissioners in every Strategic Health Authority. The Government will also work with stakeholders to review the career pathways and educational preparation needed by nurses working in the community, including health visitors. This work forms part of the Modernising Nursing Careers agenda launched in September 2006.

4.28 Midwives and health visitors already receive training in child development and the social and psychological needs of women and their families. A high level of skill is needed for working in partnership with families on issues of attachment, behaviour and risk. One of the outcomes of the demonstration projects will be the development of additional training and guidance for midwives and health visitors in how to identify and engage at-risk families and deliver effective interventions to support parenting that can be rolled out more widely.

4.29 In the Respect Action Plan the Government has already announced the creation of a National Academy for Parenting Professionals as a Centre of Excellence in training, development and support for the parenting workforce. The Academy will also act as a national centre and source of advice on high-quality research evidence on parenting and parenting support, combined with practical knowledge of what works in different situations and with different client groups. Organisations will be invited to bid to deliver the National Academy for Parenting Professionals programme later in 2006.

4.30 As part of ongoing reviews, we will examine existing indicators of early-years outcomes, and will explore how planning, pooled budgets, commissioning, inspection and accountability frameworks can best encourage effective joint working between PCTs and local authorities in relation to the very early years.

4.31 Finally, building on *Support for Parents: The Best Start for Children*,⁵⁸ the Government will take steps to develop a system that is more preventative and, where problems do arise, intervention comes earlier before problems escalate.

4.32 The policy review of children and young people, to inform the 2007 Comprehensive Spending Review, will examine how we can secure continued improvements towards a stronger focus on prevention, including how public services can provide better support to families and parents in the early years and beyond.

Conclusion

4.33 Pregnancy and the first three years of life are vital to child development, life chances and future achievement. Overseas programmes such as the Nurse-Family Partnership demonstrate that home-visiting programmes led by nurses can have dramatic effects in enhancing the life chances of children and parents who are experiencing or at risk of social exclusion.

4.34 Midwives and health visitors are ideally placed to identify children and families at risk and to provide intensive and structured home-visiting programmes to those who might benefit from additional support. The Government will build on the successes of

⁵⁸HMT (2005) *Support for Parents: The Best Start for Children*

pioneering PCTs and practitioners already working hard to support socially excluded families and to embed the principle of progressive universalism into their work. Through the development of 10 demonstration projects we will build the

English evidence base on health-led parenting support, pioneering genuinely preventative services which respond effectively to early-warning signs before problems have a chance to escalate.

