

Better Evidence for A Better Start

National policy drivers for improving children's health and wellbeing from conception to three

Introduction

The aim of this document is to support strategy development within **Better Evidence for a Better Start** through a review of national policy drivers and initiatives relevant to improving children's health and wellbeing from conception to age three.

The intention is to summarise the implicit and explicit expectations faced by local organisations and services when deciding how best to serve the needs of very young children within the current policy context.

Information regarding these drivers and initiatives is current to November 2013.

Commissioning responsibilities

Under the **Health and Social Care Act 2012**, responsibility for commissioning services that improve child wellbeing is split between local authorities, local health care services and central government organisations. With this increased local area responsibility comes several expectations regarding actions and performance placed on local areas by central government.

NHS England (2013) "**Securing Excellence in Commissioning for Healthy Child Programme 0-5 Years**" reviews the current commissioning responsibilities for local areas:

- Local authorities directly commission the Healthy Child Programme 5-19 and School Nursing;
- Local authorities must secure and provide early childhood services;
- Clinical Commissioning Groups (CCGs) directly commission children's community services and acute children's health services, child community services for ages 0-5, and most secondary care services;
- NHS England commission the Healthy Child Programme 0-5, Health Visiting and Family Nurse Partnership (FNP).

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For more on the Healthy Child Programme, see below¹.

The current aim is to unify commissioning of all of the Healthy Child Programme, Health Visiting and FNP within local authorities by 2015, via a handover of responsibilities from NHS England. This excludes Screening and Immunisation services, which will remain the responsibility of Public Health England.

Commissioning transition plans are scheduled for development during 2014 and local areas should be considering the upcoming transition when assessing current commissioning needs.

In addition, the Health and Social Care Act 2012 places responsibilities on local areas to:

- Avoid replication of services by working with local Health and Wellbeing Boards to integrate commissioning;
- Make commissioning decisions based on how best to meet local area needs in conjunction with the local area statutory responsibilities for improving public wellbeing.

Child wellbeing in the early years

The **Childcare Act 2006** places a range of statutory duties on local authorities to improve health and wellbeing and reduce inequality for children in their local area. The Act is a key piece of legislation that underpins all policy drivers reviewed in this document. Areas of health and wellbeing within the Act relevant to young children are:

- Physical health, mental health and emotional wellbeing;
- Protection from harm and neglect;
- Education, training and recreation;
- Social and economic wellbeing.

These areas of wellbeing are reflected in the central government commitment to giving every child a strong start in life. Central government has demonstrated this commitment by commissioning and acting on a series of independent reviews that focus on how to best improve child wellbeing and reduce inequality.

¹ The HCP is a system made up of 5 components: developmental reviews, screening, immunisation, health promotion and parenting support.

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Better Evidence for A Better Start

“The Early Years: Foundations for Life, Health and Learning” is an independent review of the **Early Years Foundation Stage**, conducted by Dame Clare Tickell and published in 2011. The review acknowledges the strong scientific evidence base that supports the importance of healthy development in the early years in ensuring positive outcomes.

A key recommendation is that children’s personal, social and emotional development, communication and language, and physical development, should be identified as prime areas of learning in the foundation years.

The July 2011 policy statement **“Families in the Foundation Years”** set out the initial central government response to this and the Allen Review (see below).

The statement acknowledges there is strong research evidence that demonstrates that the foundation years are crucial to healthy outcomes later in life, delineating five key areas that affect healthy development:

- Children’s health in early life;
- Good maternal mental health;
- Quality of parenting and parent child relationships;
- Learning activities;
- High quality early education.

These key areas are expanded on in the August 2011 policy statement **“Supporting Families in the Foundation Years”**. Within this statement, several influential areas for healthy child development are listed:

- Maternal physical health behaviours during pregnancy, including smoking and nutrition;
- Health status during infancy, which is influenced by birth-weight, length of breastfeeding, and passive smoking;
- Positive attachment between an infant and their parents;
- Parental mental health;
- Effective early support for child development.

Both policy statements emphasise the importance of utilising early intervention strategies, recognising that early help and intervention is key to ensuring positive outcomes, and place several responsibilities on local areas when considering commissioning and implementing services for parents and very young children.

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Local areas should ensure that:

- Interventions for children in the foundation years improve physical, emotional, cognitive and social development;
- There is a focus on implementing early intervention and prevention services, beginning in pregnancy and continuing through early childhood;
- Commissioners focus on early intervention programmes with a strong evidence base;
- Local services should work together to ensure that families with the highest level of need are offered appropriate services and help.

"**Conception to age 2 – the age of opportunity**", published in March 2013, considers 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. It contains recommendations to guide decision-makers and commissioners in reducing the causes of disadvantage at the earliest and most effective point in life.

The Childcare Act 2006 links improving child wellbeing with reducing inequality. This is reflected in the long-term government strategy for improving social mobility, "**Opening Doors, Breaking Barriers**", published in 2011. The strategy was explicitly informed by recommendations from the Allen and Tickell reports, acknowledging that there are key points for intervention that can break the cycle of disadvantage that limits social mobility. The first key point is during the foundation years.

The strategy reiterates the importance of implementing an early intervention evidence- based approach to ensure that every child gets the best start in life. A key principle is that local areas should focus more resources on children who experience higher levels of disadvantage and, consequently, poorer outcomes.

National early intervention programmes

Central government has implemented several national initiatives that demonstrate a commitment to early intervention programmes. This reflects the drive to create a culture of early intervention, which was recommended in the first Allen report, "**Early Intervention: the Next Steps**", published in 2011.

Labour MP Graham Allen reviewed the evidence base for early intervention. The report strongly recommends that central government should support implementation of an early intervention approach.

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Key recommendations are that local areas focus on:

- Commissioning evidence-based prevention programmes, particularly aimed at improving outcomes during pregnancy and early years;
- Making social and emotional outcomes a central focus for improving children's health.

The report concludes that providing intervention programmes that have been rigorously evaluated and demonstrably affect outcomes is the most effective and economic way to improve outcomes for vulnerable children.

“Early Intervention: Smart Investment, Massive Savings” sets out how evidence-based programmes can be funded within the context of wider NHS reform. The report recommends that Health and Wellbeing Boards place a strong priority on commissioning early intervention programmes when considering local needs.

The intention to shift to earlier intervention is also at the heart of **“The Health Visitor Implementation Plan 2011-2015”** which sets out to create a national culture of early intervention by putting in place the structural capacity to support local areas in implementing early intervention services.

“The Health Visitor Implementation Plan 2011-2015” lays out government plans to recruit and train an additional 4,200 health visitors by 2015. The investment in increasing capacity is being funded and managed centrally, with the aim of transferring responsibility to local authorities in April 2015.

Health visitors are responsible for leading the delivery of the of the **“Healthy Child Programme 0-5 years”** in partnership with other health and social care colleagues.

The Healthy Child Programme is the statutory basis for early years services, with the objective of identifying children's need for early intervention to aid healthy child development.

The programme includes a universal aspect, which is offered to all children, and a progressive aspect, which is offered when risks to healthy development have been identified. Local areas are currently responsible for commissioning the progressive aspects of the Healthy Child Programme.

FNP is an evidence-based, licensed, intensive home visiting programme offered to first time young mothers. It aims to improve: outcomes in pregnancy; child health and development; and parental self-efficacy. In April 2013, the Department of Health

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Better Evidence for A Better Start

announced plans to expand programme delivery to 16,000 families by 2015. The expansion is being funded by NHS England, with the intention to transfer responsibility for commissioning to local authorities in April 2015.

When considered in context of key drivers, the national commitment to delivering early intervention and prevention programmes places several expectations on local areas.

The upcoming transference of commissioning responsibilities from national to local services places an implicit expectation on local areas to consider future structural changes when deciding which services to commission locally. This complements the national, long-term perspective taken in the strategy to reduce inequality as laid out in **“Opening Doors, Breaking Barriers”** and recommended by Graham Allen.

The Tickell review of the Early Years Foundation Stage recommends that local commissioners increase coverage of the Healthy Child Programme to ensure services are able to realise the full benefits of multidisciplinary collaboration for children’s outcomes.

There is an expectation within the commissioning guidance published by NHS England in 2013, **“Towards Commissioning Excellence: Developing a strategy for commissioning support services”**, that local areas should build upon national initiatives, using the increased structural support to target key wellbeing outcomes.

Early childhood services

Key drivers reviewed have laid out the central government commitment to delivering early intervention programmes and expectations that local areas use early intervention and promotion strategies when commissioning services to improve outcomes relevant to wellbeing and healthy development in the early years.

These drivers, additionally, place a clear expectation on local authorities that they will implement these strategies within the context of their responsibilities for providing and securing early childhood services.

The Childcare Act 2006 places a statutory duty on local authorities to provide the following early childhood services:

- Early years provision;

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Better Evidence for A Better Start

- Social services functions relating to young children, parents, and prospective parents;
- Health services relating to young children, parents, and prospective parents;
- Provision of assistance to access training or education services to parents or prospective parents;
- Services provided by local authorities to provide information and assistance for parents or prospective parents.

Under the Act, local authorities must ensure that early childhood services are easily accessible for families in the local area and provided in a way that maximises benefits to parents and young children.

The Act places a duty on local authorities to work with and encourage engagement of relevant partners including parents, the voluntary and community sector, and others engaged in activities relevant to improving children's wellbeing.

The Childcare Act 2006 is the basis of the statutory duties placed on **Sure Start children's centres**. The most recent statutory guidance was updated in April 2013 to clarify central government expectations of local authorities, local healthcare services and Jobcentre Plus services within the context of the recent healthcare reforms.

The guidance states explicitly that the core purpose of children's centres is to improve children's outcomes, and that local areas must ensure centres meet this core purpose. Within the context of the early years, this should be done by focusing on healthy development.

The guidance reflects the three main expectations placed on local authorities by "**Supporting Families in the Foundation Years**" with regards to children's centres:

- To secure high quality early years programmes for all children and families and, consequently, challenge services to improve;
- To ensure strategic planning of service provision that meets local needs and narrows gaps in children's outcomes;
- To increase transparency by publishing performance data that allows local families to make the right choices for them.

The April 2013 guidance builds upon the expectation for improving greater local transparency through creation of Advisory Boards to oversee each centre. Advisory Boards must include representatives from the local authority, centre staff members and parents within the local area, and centres should consider including representatives from health services, faith groups and childcare providers.

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Better Evidence for A Better Start

The guidance clarifies central government expectations of local area provision of children's centres:

- To focus on improving outcomes for all children and families, especially the most disadvantaged and those in need of the most support;
- To improve outcomes through commissioning evidence-based programmes;
- To provide sufficient children's centres to meet the needs of the local population;
- To provide advice and guidance for parents on how to access additional services;
- To support parents in accessing work and training through links between children's centres and Jobcentre Plus;
- To ensure a high quality workforce by providing information, advice and training for childcare providers;
- And for those commissioning services, to encourage close working links between children's centres, local health services and the local voluntary and community sectors.

The updated statutory guidance reflects recent revisions to the "**Early Years Foundation Stage (EYFS) Framework**", which places statutory duties on early years childcare providers for safeguarding and for supporting healthy child development and school readiness. When children's centres provide childcare programmes, they have a statutory duty to adhere to the EYFS framework.

Revision of the EYFS framework reflects central government acknowledgment of key recommendations from the Tickell review. The revised framework places several expectations on providers of children's services:

- To ensure young children who engage with the service are school ready, by focusing on the prime areas of learning recommended in the Tickell review;
- To review the development of all children who engage with the service at age two, to identify any needs for early intervention services;
- To share this information with other health professionals and early intervention services where parents have consented to this;
- To focus on improving the quality of the early years workforce through supporting their professional development.

The focus on improving the quality of the early years workforce is reflected in the Department of Education policy "**Improving the quality and range of education and childcare from birth to five years**". This policy builds upon several key drivers, including "Opening Doors, Breaking Barriers" and "Supporting Families in the Better Evidence for a Better Start is an adapted version of the Evidence2Success methodology developed by the Social Research Unit at Dartington in partnership with the Annie E Casey Foundation and the Social Development Research Group.

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Foundation Years”, which acknowledge the important role of early years services in improving child wellbeing and school readiness.

A key area of action under this policy is extending entitlement to free part-time nursery education for vulnerable children.

Entitlement to free nursery education for eligible three to four year olds has been in place since 2004. From September 2013, the **Education Act 2011** extended this entitlement to eligible two year olds.

Extension of entitlement is based on results from the “**Effective Provision of Pre-school Education Project**”, which shows that good quality early years education from the age of two can improve children’s social and cognitive outcomes, particularly for children from disadvantaged backgrounds.

In addition, the Department of Education identified that children from disadvantaged backgrounds are less likely to access nursery education than children from more privileged backgrounds. Consequently, statutory entitlement to free nursery education has been extended on a targeted basis, under **The Local Authority (Duty to secure early years provision free of charge) Regulations 2012**. Children are eligible if they are looked after by the local authority or if their family receives an out of work benefit.

Implementation is estimated to initially impact between 130,000 and 150,000 eligible two year olds. From September 2014 the eligibility criteria will be extended, with the aim of providing entitlement to free nursery education to an additional 150,000 two year olds.

Local authorities are responsible for securing and funding early learning places for eligible children, utilising the **Dedicated Schools Grant**, a ring-fenced source of funding for English schools, high needs and early years education, which allocated £534 million for the 2013-2014 extension of entitlement.

Evaluating local area performance

There is a consistent expectation throughout the key drivers outlined above that local areas deliver evidence-based activities within early childhood services, and that these activities impact on developmental outcomes that affect health and wellbeing during infancy and later life.

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Better Evidence for A Better Start

Consequently, there is an expectation that local area performance will be evaluated based on how effectively services improve specific developmental outcomes.

This is reflected in the “**Munro Review of Child Protection**”, an independent review of child protective services commissioned by central government and published in three reports between October 2010 and May 2011.

A key recommendation within the review was that local authorities and their partners should use national and local performance data to benchmark local performance and areas of improvement in children’s services against national standards of performance.

Evaluating service performance based on outcomes has been a strong focus in recent drivers. The recent implementation of the “**Public Health Outcomes Framework**” is part of a series of policy updates recommended in the white paper “**Healthy Lives; Healthy People**”. The framework sets out key national priorities for improving public health and wellbeing.

The framework contains two key outcomes: improving healthy life expectancy through enhanced quality and length of life and reducing the inequalities of health life expectancies across disadvantaged and privileged groups.

Key outcomes are reflected by local public health indicators across four domains – improving the wider determinants of health; health improvement; health protection; and reducing both premature mortality and the number of people living with preventable ill health. Each domain includes priority indicators applicable to very young children, including:

- Children in poverty;
- Low birth weight;
- Breastfeeding;
- Maternal smoking at time of pregnancy;
- Child development at two to two and a half years;
- Infant mortality.

Local areas are expected to use data from the framework to benchmark their performance against national average performance. This should be used to inform local commissioning and ensure that local areas commission programmes that achieve demonstrable improvements in key wellbeing outcomes.

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Summary

Across all policies, initiatives, and drivers reviewed, there is a strong and consistent focus on early intervention, particularly in the early years, and an expectation that evidence inform both commissioning and delivery. While the general focus is on improving outcomes for children, it is clear that this is concerned with children's health and development specifically expecting improvements in the following domains: physical health; emotional health; social development; and communication and language.

Parenting is also a consistent theme across these policies with an expectation that services should have an impact on the quality of parenting and the parent-child relationship; maternal mental health; breastfeeding; and smoking and drinking in pregnancy.

Central government policy statements place shared responsibilities on local areas to commission integrated services, by creating joint priorities to improve outcomes across local authorities, local health care services and early child care professionals.

Increasingly local areas will be expected to demonstrate the impact of services on child and family outcomes and the value for money of those services.

Better Evidence for A Better Start

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Better Evidence for A Better Start

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