Early years

High Impact Area 1: Transition to parenthood
About Public Health England

Public Health England exists to protect and improve the nation’s health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

Public Health England
Wellington House
133-155 Waterloo Road
London SE1 8UG
Tel: 020 7654 8000
www.gov.uk/phe
Twitter: @PHE_UK
Facebook: www.facebook.com/PublicHealthEngland

Prepared by: Wendy Nicholson
For queries relating to this document, please contact: fiona.hill@phe.gov.uk

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Any enquiries regarding this publication should be sent to fiona.hill@phe.gov.uk

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339

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What and why including context

Transition to Parenthood and the first 1001 days from Conception to age 2 is widely recognised as a crucial period in the life course of a developing child. This knowledge has been a key driver behind the transformed health visiting service and Family Nurse Partnerships.

There is a significant body of evidence that demonstrates the importance of sensitive attuned parenting on the development of the baby’s brain and in promoting secure attachment and bonding. Preventing and intervening early to address attachment and parenting issues will have an impact on the resilience and physical, mental and socio-economic outcomes of an individual in later life.

New parents’ skills and confidence may be affected by factors such as:

- economic/social issues (social capital)
- own experience of being parented/adverse childhood experience
- cycle of poor aspiration
- exposure to domestic violence
- alcohol and substance misuse
- mental health problems
- poor couples relationship

The period of conception to age two provides a unique opportunity for professional involvement because it is the time when parents are the most receptive to behaviour change interventions and where the evidence suggests it is most effective. Outcomes are improved if parenting programmes start in pregnancy and parents can be supported to understand and communicate their feelings about the emotional transition to parenthood before it begins.
It is known that there is increased potential for domestic violence to escalate or start within a relationship during pregnancy. Early identification of the associated risks and intervening early can reduce the potential for these factors escalating into more serious concerns and affecting the parent child relationship.

Health visitors have a clear easily understood national framework on which local services can build. Health visiting 4-5-6 sets out four levels of service with increased reach from community action to complex needs, five universal health reviews for all children and the six High Impact Areas where health visitors have the greatest impact on child and family health and wellbeing.

Health visitors undertake a holistic assessment of the family which includes identifying any gaps in the parent's capacity to meet their infant’s needs. This period is an important opportunity for health promotion, prevention and early intervention approaches to be delivered.

The reliability of needs assessment is improved with continuity of practitioner and a partnership approach which builds a health visitor-client relationship and avoids a “tick box” method. This starts at the universal antenatal visit and is revisited at the new birth visit and 6-8 week review; additional support can be provided through targeted health visiting interventions to families identified with additional needs or difficulties in transition to parenthood.

The health visiting service is valued and acceptable to parents leading to good uptake. Health visitors use a strengths based, holistic approach and work in partnership with parents to provide individualised care which is more likely to promote behaviour change and sustain progress of health outcomes.

Health visitors are trained in a variety of parenting programmes: targeted such as e.g. Baby Steps, Triple P; and universal such as Brazelton Approach, Solihull Approach and Incredible Years parenting programmes. They can signpost to a wide range of information and services e.g. parenting support, benefits, housing, relationship advice, alongside other resources and advice on wider health and wellbeing issues including screening, immunisation advice and contraception. They can promote and increase the reach of Children’s Centres as they see all children and families and work in an inclusive manner which improves engagement.

The contacts during the antenatal period and early weeks inform the level and type of support needed. This includes safeguarding concerns, potential and actual mental health issues, domestic abuse and violence and substance misuse.

This high impact area interfaces with the other high impact areas and incorporates health visitors working in partnership with maternity, primary care/dental services/GP services, troubled families, children’s safeguarding services, specialist and voluntary organisations and early years providers.
Early years High Impact Area 1: Transition to parenthood

Measures of success/outcome

(Including Public Health Outcomes Framework or future Child Health Outcomes Framework measure/placeholer, interim proxy measure, measure of access and family experience)

Access:
- number of parents who received a first face to face antenatal contact with a Health Visitor
- percentage of parents who receive a New Birth Visit with a Health Visitor
- percentage of mothers who receive face to face contact at 6/8 weeks
- Children and Young People’s Health Services dataset

Effective delivery:
- evidence of development and implementation of evidence based training and use of validated tools to identify infants who may be at risk of poor attachment and parents who need additional support to attune and bond to their infants, for example, The Parent Infant Interaction Observation Scale. Attachment focused perinatal parenting programmes such as Baby Steps, Parents Early Education Programme;
- The development of evidence based integrated local pathways for infant mental health (this area overlaps significantly with integrated perinatal mental health pathways and includes Specialist Health Visitors in perinatal and infant mental health as recommended by Health Education England)

Outcomes:
- Public Health Outcomes Framework measure of child development at age 2 – 2½. Data will be collected via the Children and Young People’s Health Services dataset using the Ages and Stages (ASQ-3™) covering five separate areas of development: Communication; Gross Motor; Fine Motor; Problem Solving; Personal-social. Interventions to improve parental attunement and confidence and infant attachment should include evidence based outcome measures for example, The Parent Infant Interaction Observation Scale and The Karitane Parenting Confidence Scale (2008)

User experience:
- feedback from health visitor service user experience questionnaire on satisfaction with antenatal and new birth review contacts via local commissioner and provider data.
- Local measures such as increased and improved local partnerships, number of referrals and audit of local pathways could be included. This would be for local determination.
Connection with other policy areas and interfaces

(How does it fit/support wider early years work)

The high impact area documents have been developed to support delivery of the Healthy Child Programme and 0-5 agenda, and also to highlight the link with a number of other interconnecting policy areas e.g. early intervention, health inequalities, troubled families, vulnerable children and social justice. The importance of effective outcomes relies on strong partnership working between all health partners (primary and secondary), Local Authority partners including early years partners, and third sector (voluntary) partners.

- Early intervention
- Troubled Families health offer
- Best start in life
- National Maternity Review
- NHS Five Year Forward View for Mental Health
- Chief Medical Officer report
- Early Years Foundation Stage
- Life Chances Strategy
- 1001 Critical Days – cross party manifesto

How will we get there?

System levers

- Public Health Outcomes Framework indicators - Data are collected via the Children and Young People’s Health Services dataset
- The Public Health England 0-19 HV and SN commissioning guidance supports the delivery of the high impact areas, the Healthy Child Programme (HCP) and delivery of the 5 universal health reviews, which are currently mandated via legislation
- Information sharing agreements in place across all agencies
- Integrated commissioning of services
- Joint Strategic Needs Assessment (JSNA), (including Early Years Foundation Stage data and ChiMat health data) to identify and respond to agreed joint priorities.
- Parent infant attachment strategies and pathways showing cross partnership commitment to population approach to promoting parenting and early attachment
- Systems to capture at risk parents/families
- Data collection and reporting of parental/service user satisfaction
Early years High Impact Area 1: Transition to parenthood

Improvement

- Improved accessibility for vulnerable groups
- Integrated IT systems and information sharing across agencies
- Systematic collection of user experience e.g. Friends and Family Test to inform action
- Increased use of prevention and evidence-based interventions and multi-agency programmes to improve parenting and attachment and links to other early years performance indicators
- Improved partnership working e.g. maternity, specialist perinatal and infant mental health services, school nursing and early years settings
- Consistent culturally relevant information for parents and carers
- Data collected during antenatal visits and new birth visits
- Identification of risk/resilience factors at individual level using validated screening and assessment tools alongside professional judgement
- Prevention and early intervention to include fathers and partners

Professional/Partnership Mobilisation

- Multi-agency training on infant mental health and best practice approach to improve attachment and parental attunement
- Multi-agency training in universal parenting programmes using principles of positive parenting and focused on how parents and children think, feel and behave
- Effective delivery of universal evidence based prevention and early intervention programmes with validated outcome measures.
- Improved understanding of data within the JSNA and at the local Health and Health and Wellbeing Board
- Integrated Perinatal and Infant mental health pathway
- Identification of skills and competence to inform integrated working and skill mix
- Specialist Health Visitors in perinatal and infant mental health
- Increased integration and working with Children's Centres/specialist perinatal and infant mental health teams/3rd sector organisations to offer a range of services/activities to promote attuned parenting and positive infant mental health
Early years High Impact Area 1: Transition to parenthood

Associated Tools and Guidance
(including pathways)

**General**

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Early years High Impact Area 1: Transition to parenthood

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NICE Guidance

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