Early Years, Parenting and Family Relationships Conference

EARLY INTERVENTION FOUNDATION

How can we apply evidence in practice?

In partnership with Public Health England

Afternoon session chaired by

Carey Oppenheim,
Chief Executive,
Early Intervention Foundation

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Public Health England

Protecting and improving the nation's health

Applying evidence to the Healthy Child Programme

Alison Burton, Maternity and Early Years Lead, Public Health England

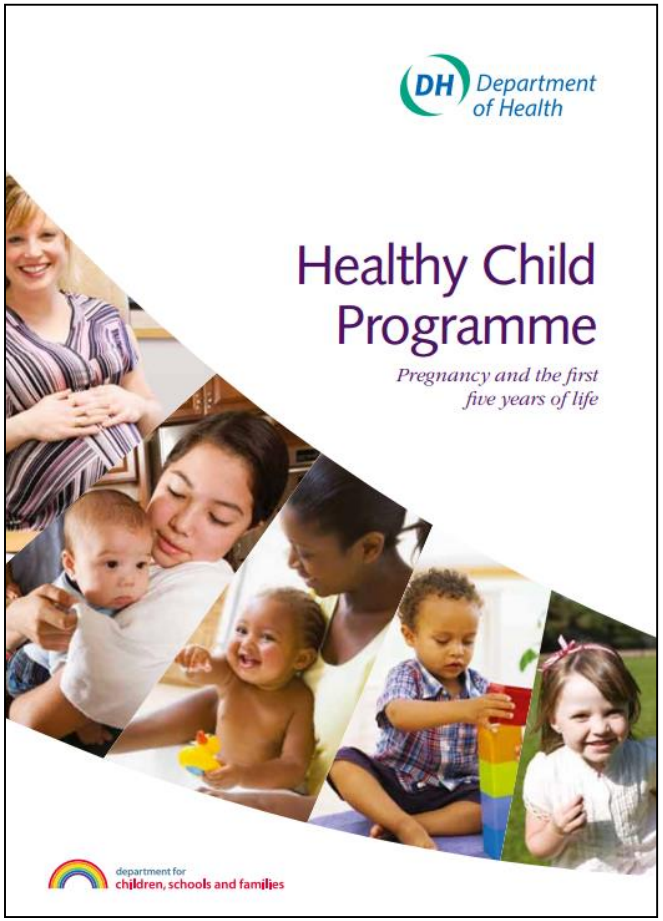
The evidence base

“The foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid in early childhood. What happens during these early years (starting in the womb) has lifelong effects on many aspects of health and well-being– from obesity, heart disease and mental health, to educational achievement and economic status.”

Michael Marmot, *Fair Society, Healthy Lives*, 2010

What is the Healthy Child Programme?

- The Healthy Child Programme is the universal evidence-based prevention and early intervention programme
- The delivery of the Healthy Child Programme 0-5 is led by health visitors in partnership with midwives, GPs, children centres and other universal and specialist services
- The HCP offers every family a programme of screening tests, immunisations, developmental reviews, and information and guidance to support parenting and healthy choices – all services that children and families need to ensure they have the best possible start.
- The Healthy Child Programme was last updated in 2009 and the evidence underpinning it was refreshed in 2015.



The Healthy Child Programme 0-5 Pregnancy to the first five years

PRENATAL 28 WEEKS

Healthy Child programme

Mandated health visiting intervention

- Antenatal contact at 28 weeks
- 6 high impact areas
- Led by health visitors

Midwifery

- Full health and social care assessment
- Routine antenatal care and screening
- Parents at higher risk (drug abuse, alcohol abuse, domestic violence)
- Preparation for parenthood
- Maternal mental health
- Breastfeeding
- Weight management
- Smoking cessation

PARENTHOOD

BIRTH

Healthy Child programme

Mandated:

- New birth review
- 6 – 8 week review

6 High Impact Areas

- Transition to parenthood
- Breastfeeding
- Maternal mental health

GROWING AND DEVELOPING

0-2½ YEARS

Healthy Child programme

Mandated:

- 1 year review
- 2 – 2 ½ year review ASQ3/SE used for all children in England

6 High Impact Areas

- Health, wellbeing and development aged 2
- Integrated review

READY TO LEARN

PREPARATION FOR PRIMARY SCHOOL

Healthy Child Programme aims

Effective implementation of the HCP should lead to:

- strong parent–child attachment and positive parenting, resulting in better social and emotional wellbeing among children;
- care that helps to keep children healthy and safe;
- healthy eating and increased activity, leading to a reduction in obesity;
- prevention of some serious and communicable diseases;
- increased rates of initiation and continuation of breastfeeding;
- readiness for school and improved learning;
- early recognition of growth disorders and risk factors for obesity;
- early detection of – and action to address –developmental delay, abnormalities and ill health, and concerns about safety;
- identification of factors that could influence health and wellbeing in families; and
- better short- and long-term outcomes for children who are at risk of social exclusion.

Core requirements of the Healthy Child Programme

- Early identification of need and risk
- Health and development reviews (5 mandated reviews)
- Screening
- Immunisations
- Promotion of social and emotional development
- Support for parenting
- Keeping the family in mind
- Effective promotion of health and behavioural change
- Prevention of obesity
- Promotion of breastfeeding
- Additional preventive programmes for children and families

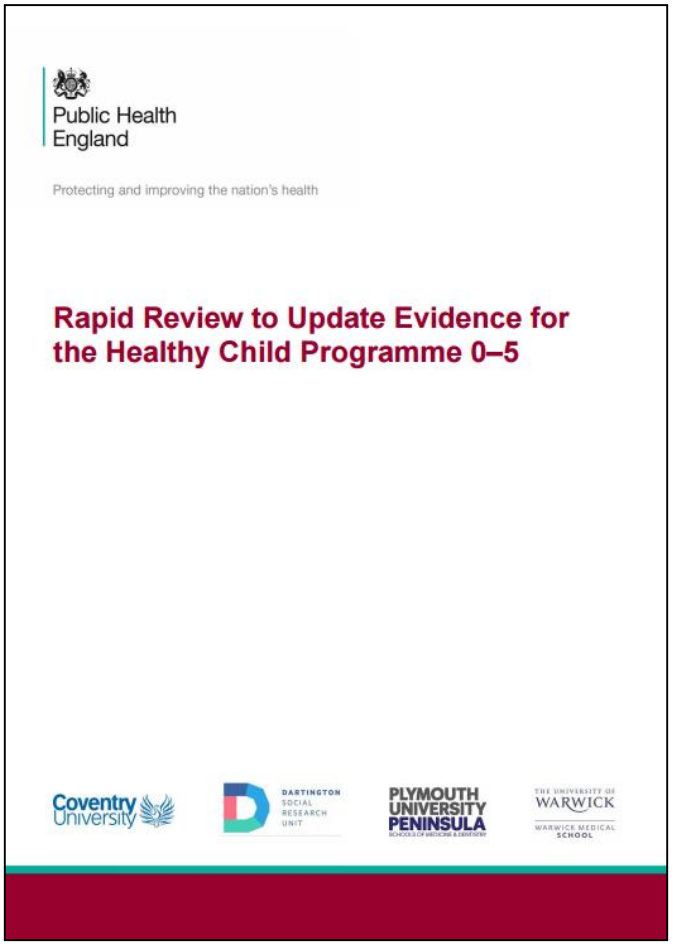
The transformed health visiting service: 4-5-6 model

4 Levels of the Health Visiting Service	5 Universal HV reviews*	6 High Impact Areas
• Your Community • Universal • Universal Plus • Universal partnerships plus	• Antenatal health promoting • New baby review • 6-8 week assessment • 1 year assessment • 2 to 2½ year review *Mandated for the first 18 months, for review after 12 months	• Transition to parenthood and early weeks • Maternal (perinatal) mental health • Breastfeeding • Healthy weight • Managing minor illnesses and reducing accidents • Health wellbeing and development of child age 2 and support to be 'ready for school'

Improved access
Improved experience
Improved outcomes
Reduced health inequalities

LGA. A new home for public health services for children aged 0-5: A resource for local authorities
http://www.local.gov.uk/documents/10180/6869714/L15-392+new+home+for+public+health_v03+(2)-WEB.pdf/3f80f921-f7a2-4c05-9305-061e51f079b0

Updating the evidence



- Published in March 2015
- Aim was to synthesise relevant systematic review level evidence 2008 – 2014 about 'what works' in key areas
- Drawing out key messages in relation to:
  - identifying families in need of additional support; the delivery/effective implementation of interventions at the programme/service level and individual practitioner level
  - workforce skills and training
  - the economic value/cost benefits of the HCP, including both health and wider societal costs

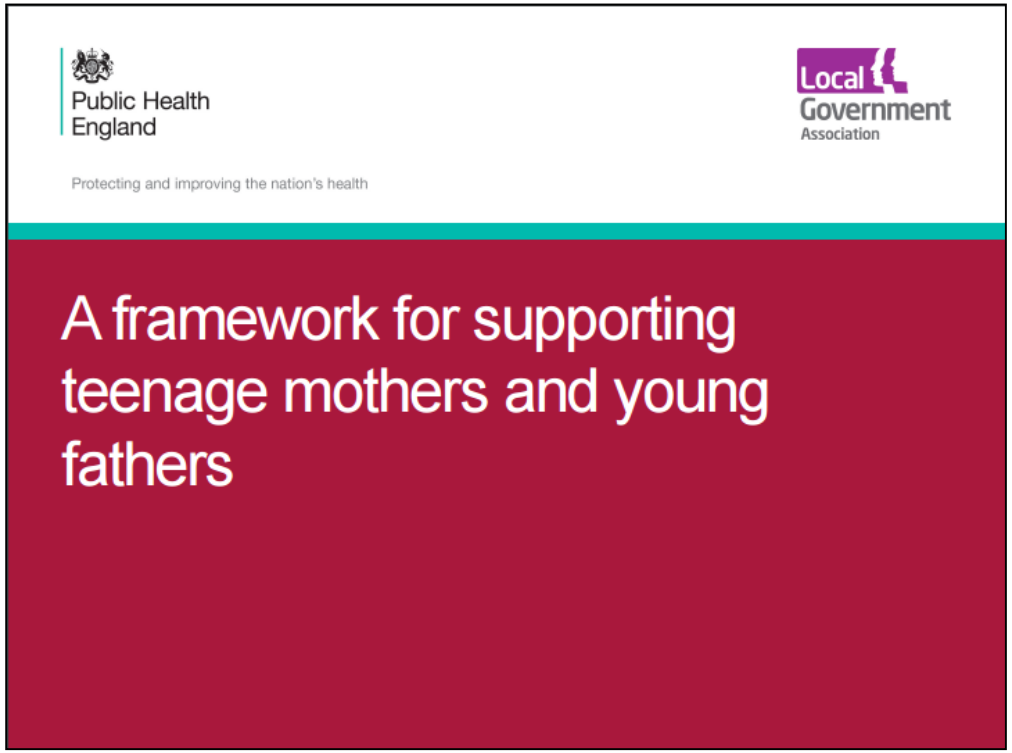
Challenge – how do we put the evidence into practice?

- PHE has made ensuring every child has the Best Start in Life a national priority in *Evidence into Action*
- The Best Start in Life national priority brings together leads from across PHE to deliver measureable improvement across a range of physical, mental and emotional health outcomes in pregnancy and the early years, to deliver on the following ambitions:
    - Every woman experiencing a healthy pregnancy
    - Every child ready to learn at 2
    - Every child ready for school at 5
- Professional leadership for public health nursing sits within PHE, under the leadership of the Chief Nurse
- Prioritising areas where there is evidence of significant inequalities and where we have the potential to deliver most improvement, including: smoking in pregnancy, perinatal and infant mental health, breastfeeding, oral health, preventing unintentional injury and speech, language and communication

Health Matters

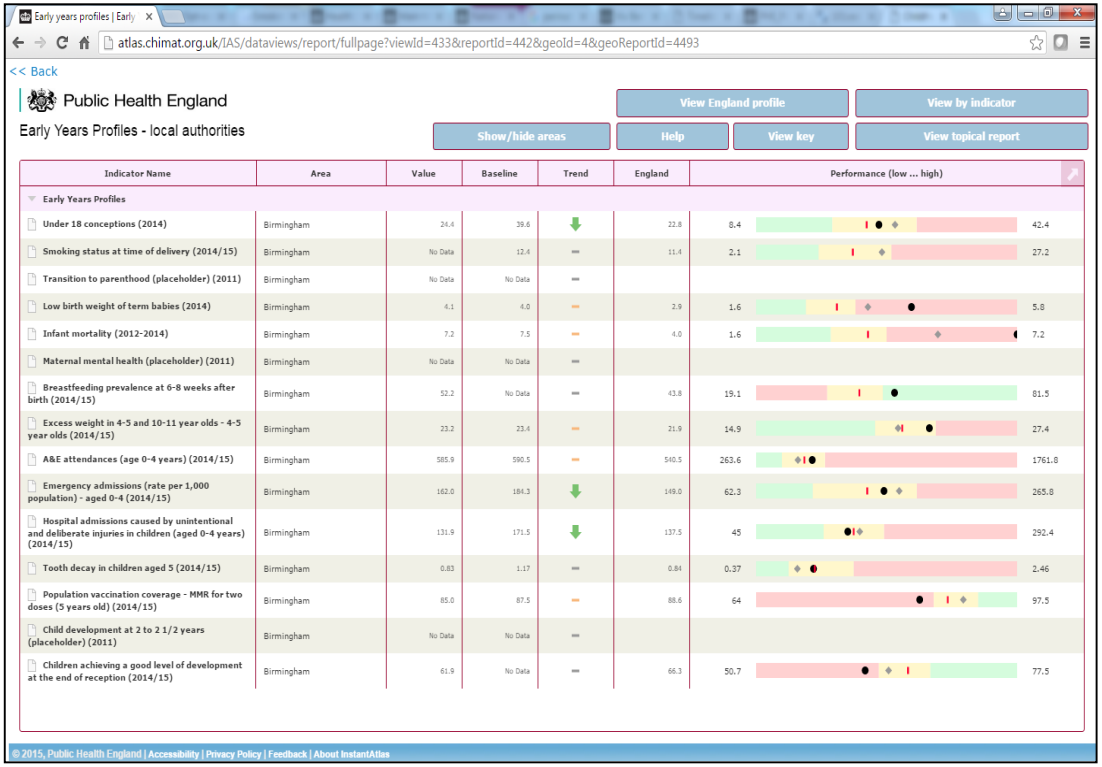
- Launched the Best Start in Life Health Matters in May, focusing on pregnancy to 2

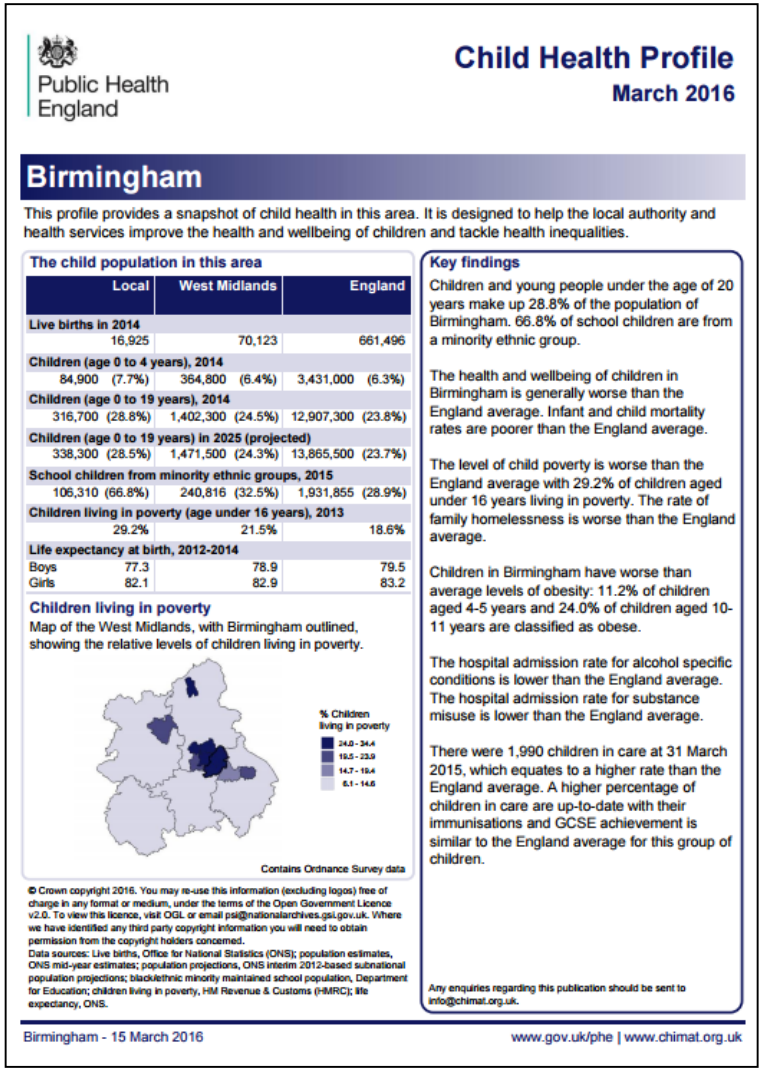
Supporting teenage mothers and young fathers



Commissioning infant feeding services

Child health profiles





Public Health England

Child Health Profile
March 2016

Birmingham

This profile provides a snapshot of child health in this area. It is designed to help the local authority and health services improve the health and wellbeing of children and tackle health inequalities.

The child population in this area

	Local	West Midlands	England
Live births in 2014	16,925	70,123	661,496
Children (age 0 to 4 years), 2014	84,900 (7.7%)	364,800 (6.4%)	3,431,000 (6.3%)
Children (age 0 to 19 years), 2014	316,700 (28.8%)	1,402,300 (24.5%)	12,907,300 (23.8%)
Children (age 0 to 19 years) in 2025 (projected)	338,300 (28.5%)	1,471,500 (24.3%)	13,865,500 (23.7%)
School children from minority ethnic groups, 2015	106,310 (66.8%)	240,816 (32.5%)	1,931,855 (28.9%)
Children living in poverty (age under 16 years), 2013	29.2%	21.5%	18.6%
Life expectancy at birth, 2012-2014			
Boys	77.3	78.9	79.5
Girls	82.1	82.9	83.2

Children living in poverty

Map of the West Midlands, with Birmingham outlined, showing the relative levels of children living in poverty.

Contains Ordnance Survey data

Data sources: Live births, Office for National Statistics (ONS); population estimates, ONS mid-year estimates; population projections, ONS interim 2012-based subnational population projections; black/ethnic minority maintained school population, Department for Education; children living in poverty, HM Revenue & Customs (HMRC); life expectancy, ONS.

Key findings

Children and young people under the age of 20 years make up 28.8% of the population of Birmingham. 66.8% of school children are from a minority ethnic group.

The health and wellbeing of children in Birmingham is generally worse than the England average. Infant and child mortality rates are poorer than the England average.

The level of child poverty is worse than the England average with 29.2% of children aged under 16 years living in poverty. The rate of family homelessness is worse than the England average.

Children in Birmingham have worse than average levels of obesity: 11.2% of children aged 4-5 years and 24.0% of children aged 10-11 years are classified as obese.

The hospital admission rate for alcohol specific conditions is lower than the England average. The hospital admission rate for substance misuse is lower than the England average.

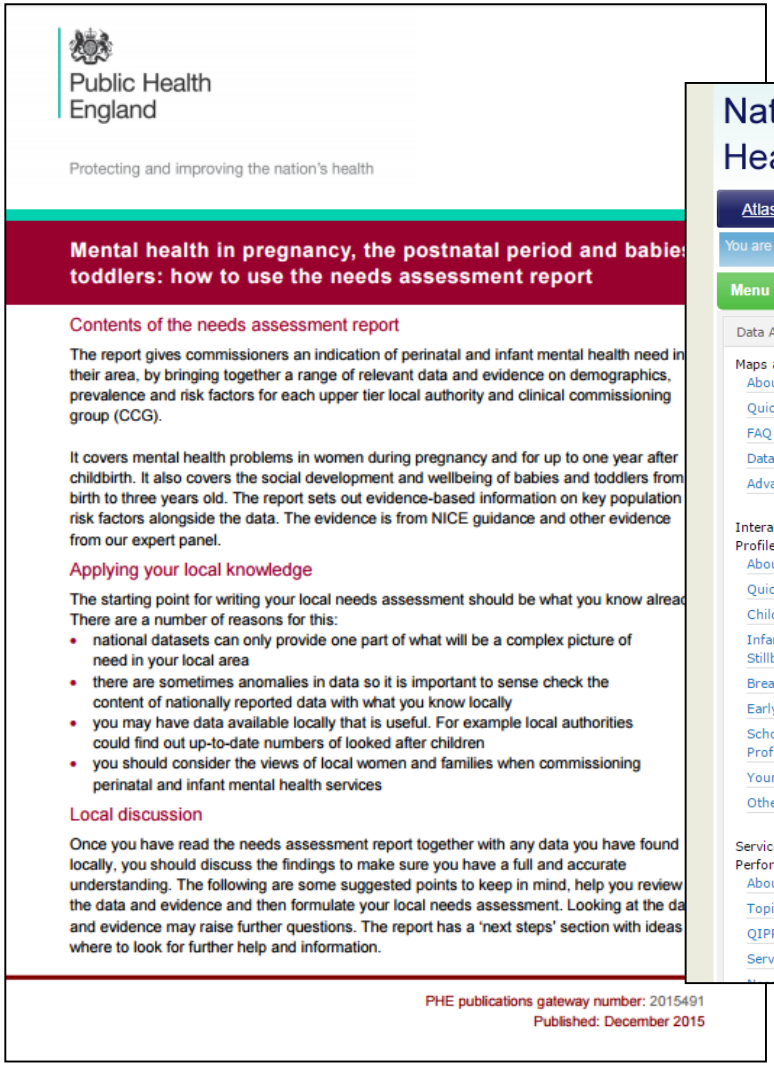
There were 1,990 children in care at 31 March 2015, which equates to a higher rate than the England average. A higher percentage of children in care are up-to-date with their immunisations and GCSE achievement is similar to the England average for this group of children.

Any enquiries regarding this publication should be sent to info@chimat.org.uk.

Birmingham - 15 March 2016

www.gov.uk/phe | www.chimat.org.uk

Perinatal mental health assessment tool



Public Health England

Protecting and improving the nation's health

Mental health in pregnancy, the postnatal period and babies toddlers: how to use the needs assessment report

Contents of the needs assessment report

The report gives commissioners an indication of perinatal and infant mental health need in their area, by bringing together a range of relevant data and evidence on demographics, prevalence and risk factors for each upper tier local authority and clinical commissioning group (CCG).

It covers mental health problems in women during pregnancy and for up to one year after childbirth. It also covers the social development and wellbeing of babies and toddlers from birth to three years old. The report sets out evidence-based information on key population risk factors alongside the data. The evidence is from NICE guidance and other evidence from our expert panel.

Applying your local knowledge

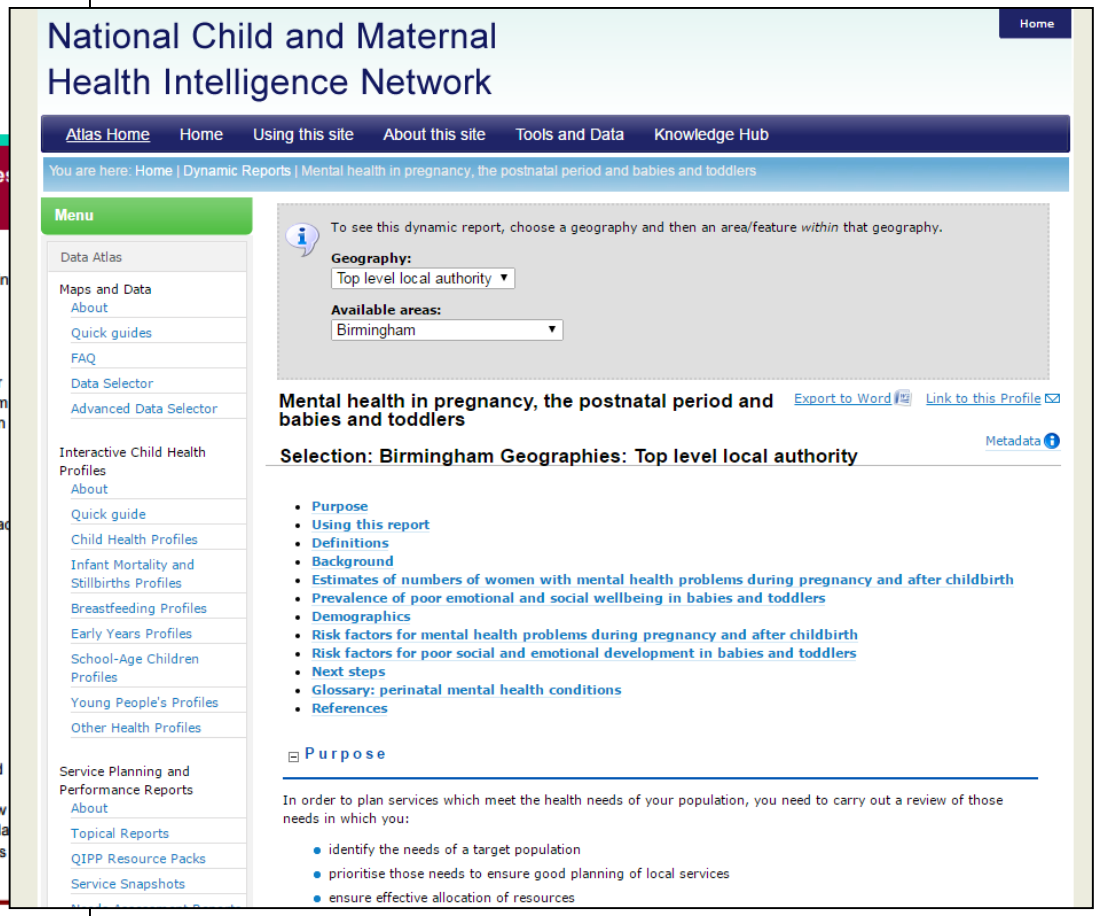
The starting point for writing your local needs assessment should be what you know alread There are a number of reasons for this:

- national datasets can only provide one part of what will be a complex picture of need in your local area
- there are sometimes anomalies in data so it is important to sense check the content of nationally reported data with what you know locally
- you may have data available locally that is useful. For example local authorities could find out up-to-date numbers of looked after children
- you should consider the views of local women and families when commissioning perinatal and infant mental health services

Local discussion

Once you have read the needs assessment report together with any data you have found locally, you should discuss the findings to make sure you have a full and accurate understanding. The following are some suggested points to keep in mind, help you review the data and evidence and then formulate your local needs assessment. Looking at the da and evidence may raise further questions. The report has a 'next steps' section with ideas where to look for further help and information.

PHE publications gateway number: 2015491
Published: December 2015



National Child and Maternal Health Intelligence Network

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To see this dynamic report, choose a geography and then an area/feature *within* that geography.

Geography: Top level local authority

Available areas: Birmingham

Mental health in pregnancy, the postnatal period and babies and toddlers Export to Word | Link to this Profile

Metadata

Selection: Birmingham Geographies: Top level local authority

- Purpose
- Using this report
- Definitions
- Background
- Estimates of numbers of women with mental health problems during pregnancy and after childbirth
- Prevalence of poor emotional and social wellbeing in babies and toddlers
- Demographics
- Risk factors for mental health problems during pregnancy and after childbirth
- Risk factors for poor social and emotional development in babies and toddlers
- Next steps
- Glossary: perinatal mental health conditions
- References

Purpose

In order to plan services which meet the health needs of your population, you need to carry out a review of those needs in which you:

- identify the needs of a target population
- prioritise those needs to ensure good planning of local services
- ensure effective allocation of resources

Further information

Alison Burton

Alison.Burton@phe.gov.uk

Chimat.org.uk

Applying EIF's evidence in the real world

Donna Molloy,
Director for Dissemination,
Early Intervention Foundation

Ben Lewing,
Implementation Advisor,
Early Intervention Foundation

#EIFEarlyYears
@theEIFoundation
eif.org.uk

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Using evidence

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- Supporting local commissioners and managers to become more confident in using evidence
- Supporting capacity to generate own evidence
- Creating new evidence - a learning culture, where innovation is matched with measurement systems

What do EIF want to happen as a result of this new evidence?

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- Important messages for early years commissioners – informing local decisions about what services to commission & deliver

Aims

- Better understanding of what is spent on targeted EI
- Increased proportion of spending on things with good evidence of effectiveness
- Measuring the impact of carefully commissioned early years services which fit local population need
- Increasing attention to the inter parental relationship in family services

"This new work by the Early Intervention Foundation will help ensure that our investment delivers the returns our children need. I'm looking forward to applying it in Rotherham" **Mel Meggs, Deputy Strategic Director, Rotherham Borough**

"This review makes an invaluable contribution to our ability to commission more effectively ...The work of the EIF is rigorous and thorough, and their efforts to work closely with all stakeholders in the sector means that their conclusions have real credibility. " **James Thomas, DCS, London Borough of Newham**

"We have a huge responsibility to offer the best available interventions. Knowing 'what works' …is key to all our work - this research provides an accessible and reliable tool to enable us to do that." **Nicky Rayner, Director, Milton Keynes Council**

"This study is invaluable to local authorities…" **Lucy Butler, Deputy Director, CSC, Oxfordshire County Council**

Evidence in the Real World – what have we learnt from EIF Places?

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Work with 13 of EIF's Pioneering Places in 2014:

- Three quarters of known programmes commissioned locally did not have sufficient evidence to be considered evidence based
- One area: 22% of EI budget on programmes known to have no effect for children

2015 Survey of 28 multi-agency systems for early intervention in 2015:

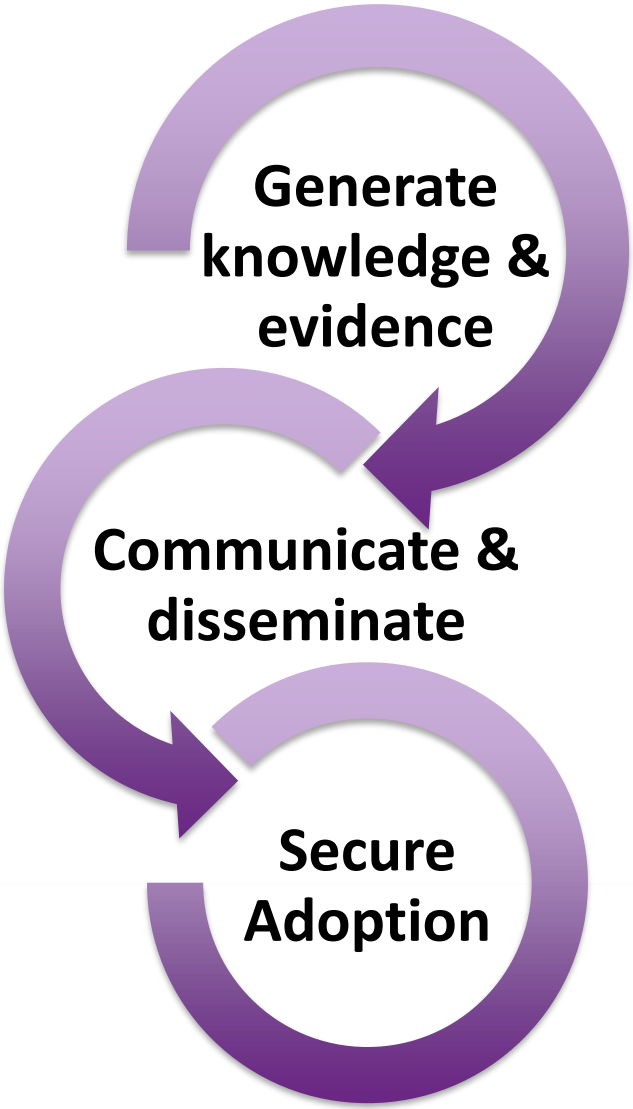
- 25% wanted to evaluate but didn't know how
- Those who had evaluation evidence had largely process monitoring, no evidence of impact on child outcomes

EIF perspective on how we get our evidence used?

- Evidence most likely to be used in the context of relationships
- Evidence used requires active engagement of potential users
- Learning from our work with Early Intervention Police leaders about the value of networks, shared learning, peer support systems for innovation

Evidence in the Real World

National dissemination programme



- National Conference
- Provider Conference & network
- Regional seminars
- Work with sector leadership bodies
- Blogs, case studies and guides

Evidence in the Real World

Supporting local adoption

Commissioner tools

- ‘How to’ guide, & programme reports
- Commissioner Guides
- Commissioner masterclasses

EIF Places Network & Local Family Offer Network

Further development…

Evidence in the Real World

Moving forward

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- Signals of risk
- New networks, models and tools
- Change readiness / multi-agency systems
- ‘Guidebook 2.0’

Keep in touch…! info@eif.org.uk

Conclusions and next steps

Carey Oppenheim,
Chief Executive,
Early Intervention Foundation

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