



*Tackling the roots of violence*



# Primary Prevention – cheaper than cure, better outcomes for children

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# Report on recent study of policies from conception to age 2

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# Special Interest Group: Pregnancy to 2

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# Conception to 2 is the most crucial phase of development

*The first 2 years of life are critical to a child's development. How we treat 0-2 yr olds shapes their lives... and ultimately our society.*

- Period of fastest development
  - 80% of all brain volume development is complete by age 3; and is fundamentally affected by early relationships and interactions
- Lays foundations for all later development

# Poor support at this stage can have life-long impact on outcomes

- Poor attachment in infancy is associated with behaviour problems later on (and the effect doesn't reduce over time)
- It can affect anyone: the effects are not less for higher socio-economic groups
- Early childhood abuse and neglect affects physical and mental health and life-time outcomes; and the next generation

# Key factors

- Health in pregnancy (including maternal stress)
- Maternal health and mental health post-birth
- Quality of relationship (attachment) with main carer has impact on:
  - emotional wellbeing (and infant mental health);
  - capacity to form and maintain positive relationships with others;
  - brain development;
  - language development; and
  - the quality of the home learning environment.

# Early childhood programmes have been shown to have substantial net benefits and social gains

- ... and net savings to the public purse particularly through better long term health and crime reduction
- Cost-benefit analyses show a range of net benefits, up to 1000 x initial costs
- James Heckman: highest returns for earliest interventions (0-3)
- Best effects are delivered when long-term follow-up

# But care is needed in interpreting this....

- American evidence does not necessarily translate directly to the UK
- In the UK we already have universal maternity and perinatal health provision: Healthy Child Programme, and Family Nurse Partnership
- People tend to quote the most positive effects rather than the most likely
- Most striking effects are for groups with a large number of risk factors

# Nevertheless, some key conclusions:

- Full implementation of the Healthy Child Programme (supported by 4200 new health visitors by 2015) will give us a world class service (more like Sweden than USA?)
- Opportunity to “join up” services for infants and their families when responsibility for public health moves to local authorities from 2015
- Implementation – what you do **and** how you do it – is key
- Early findings from FNP evaluation are very positive (suggesting some of the success of American schemes can be replicated here): doubling of capacity is very welcome

# Wider policy developments

- 4,200 new health visitors
- Doubling of Family Nurse Partnerships
- Prof Cathy Nutbrown review of early years workforce
- Free early education for disadvantaged 2 year olds
- Digital Advice Service for parents just launched
- New Early Years Foundation Stage: new focus on very young children; identifying prime areas of Communication and Language; Social and Emotional Development; Physical Development;
- New requirement for all EY settings to undertake a progress check for 2 year olds, and to provide a report to parents. This will help to identify development needs – to be integrated with the healthy child review

# Some lessons from evidence can be used to influence ongoing practice

- **“Spread the word” to all practitioners:** understand what very early child development looks like, and importance of secure attachment: do people in childcare settings understand babies’ behaviour?
- Publicise good **sources of advice**
- **Early years workforce:** importance of a key worker; emotionally intelligent staff; effective supervision – role of reflective supervision

# Other Implications

- How to target? Stigma vs “deadweight”
- Therefore make best use of universal provision, and stop people falling through the net by
  - Early identification and early help systems (HV, social work and strong multi-disciplinary approaches)
  - Effective information sharing between professionals
  - Sure Start Children’s Centres and outreach working effectively to identify and support the most vulnerable families very early in a child’s life
  - Staff in other EY settings (especially 2YO and earlier childcare) having a good understanding of child development and how to spot and tackle problems appropriately and quickly.
- Continue to improve our understanding of what evidence based intensive support can be commissioned: who it works for; what it costs; timescales and management.

# Resources

- **Pregnancy Book**  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_107302](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_107302)
- **Birth to Five**  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_107303](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_107303)
- **The NHS Choices website** also provides a wealth of information relating to pregnancy, maternity and the early years, including an interactive Pregnancy Care Planner (based on 'The Pregnancy Book') and Birth to Five guide (based on the 'Birth to Five' book) and a range of videos on issues relating to pregnancy, babies and children. <http://www.nhs.uk>
- **Start4Life** <http://www.nhs.uk/start4life/Pages/healthy-pregnancy-baby-advice.aspx>
- **Healthy Start** <http://www.healthystart.nhs.uk/>
- **Information Service for Parents** <http://www.nhs.uk/InformationServiceForParents/pages/home.aspx>
- Age specific downloadable handouts: <http://www.zerotothree.org/about-us/areas-of-expertise/free-parent-brochures-and-guides/>

<http://community.fpg.unc.edu/connect-modules/learners> and <http://community.fpg.unc.edu/connect-modules/5-step-learning-cycle> for an explanation.