Public Health Briefing

Institute of Health Visiting
Excellence in Practice

Local Authority Child Public Health Briefing (4): The health visiting contribution to children's readiness for school

The Public Health Challenge

There is no authoritative definition of 'readiness for school' and it is subject to debate. Nevertheless, it is significant in the shaping of priorities for 0-19 children's services. The Office for Standards in Education, Children's Services and Skills (Ofsted) states the challenge in these terms: 'Too many children start school without the range of skills they need... Too few who start school behind their peers catch up by the time they leave education' (Ofsted, 2014a: 4). Ofsted (2014a, 2014b, 2015) throws light on the quality of learning opportunities provided for children in the Early Years Foundation Stage in order to 'narrow the gap' in educational attainment on entry to school. This is evident in assessments measured by the Early Years Foundation Stage Profile and, subsequently in the educational trajectories of many children that have damaging effects on future life chances (Field, 2010).

Shifting the curve

The prevention paradox (Rose, 2008; Marmot, 2010), explains that the greatest impact will be achieved by addressing needs across the population as a whole in order to improve health as well as reducing the severity and number of children and others with the greatest needs. These make the greatest demands on public services over the long term. Heckman has depicted graphically the return on investment in the earliest years of life and the costs of failure. WAVE (2013) has demonstrated that 'early years' interventions are a rare opportunity to spend money in a way that delivers social and economic benefits at the same time' (p.101). The focus of health visiting is the whole population of children in the 'foundation years' from pregnancy to school entry and includes access to early education and childcare regulated and monitored by Ofsted. In particular, health visitors engage on a universal basis with the families of all children in the first '1001 critical days' from conception to age two, described as the 'age of opportunity' when the impact of social and other adversity can become biologically embedded in brain development as manifested in social, emotional, cognitive and physical developmental outcomes.

The evidence base

Ofsted (2014a) identifies three concerns for poor readiness for school: Communication skills; personal, social and emotional development; and physical development. Their foundations are laid early in childhood when they are closely interwoven with all others aspects of health and development. Recent research in developmental cognitive neuroscience demonstrates '[I]n this very early period basic 'executive functions' are rapidly established which support fundamental learning processes, including statistical learning, learning by imitation, learning by analogy and causal reasoning' (Whitebread and Bingham, 2015: 1).

The evidence base drawn from epidemiology and reviews of early intervention underline the strength of argument in favour of **preventative approaches** (Field, 2010; Allen, 2011). In particular, evidence suggests that the quality of early childhood experiences and relationships with primary care givers are of central importance (WAVE, 2013; Tickell, 2011). Also, key to promoting the quality of these relationships are the knowledge, skills and attitudes of the **workforce** engaging with children and families in whatever setting, and especially the home (Nutbrown, 2012; Sylva et.al., 2004). 'Why Health Visiting?' (Cowley et. al., 2013) underlines the critical importance of the quality of health visitor – client relationships to effective outcomes of health visitors promoting the health and social and emotional development of young children in the home by working with parents in the first '1001 critical days' (WAVE, 2013).

Interventions

The WAVE Trust (2015) states that '1001-days' strategies should be based on primary preventive principles, with particular emphasis on fostering mental/emotional wellbeing and secure attachment, and preventing child maltreatment. These include:

1. Good universal services

According to the National Children's Bureau (2012), 'from before birth, parents start to *engage with healthcare*, so this period represents a window of opportunity to start things off right for children and families' (NCB, 2012: 22, emphasis added). Health visiting has universal reach by initiating unsolicited home visits. Scottish Government (2015) research identifies that mothers experiencing disadvantage are less likely to participate in group or centre-based activities and programmes and see them as stigmatising. However, they would prefer to receive information, advice and support on a one-to-one basis... satisfaction with health visitors is very high... With this expressed preference for one-to-one support and such a

[1] The EYFS Profile's statutory status has been superseded by the non-statutory 'base-line assessment' on entry to reception class, as from September 2016.

high level of satisfaction with health visitors, the [health visiting service] has the potential to make an important contribution to tackling inequalities in the early years. (The Scottish Government, 2015: 21).

The research concludes that *The role of the health visitor, in providing one-to-one advice and support to parents, should be central in the efforts to tackle inequalities in the early years.*

2. Universal early identification of need for extra support

According to Ofsted (2015:70) 'a central focus of the health commissioning framework is educational achievement. Health visitors are the only professionals who are expected to proactively be in contact with the most disadvantaged children before the age of two'. Health visiting leads and delivers the Healthy Child Programme (HCP), the 'key universal public health service for improving the health and wellbeing of children through health and development reviews, health promotion, parenting support, screening and immunisation programmes' (PHE, 2015). The HCP includes five child health and development reviews from pregnancy to pre-school. It operates in a tiered manner building on the 'universal' spine of the HCP, to provide additional support directly (Universal Plus) and / or in partnership with others (Universal Partnership Plus) in accordance with the Harvard Center on the Developing Child that reports 'Decades of brain science and developmental research suggest a three-tiered approach to ensure the health and wellbeing of young children' to which the community level of service delivery is added to strengthen community capacity.

Health visitors use ASQ-3™ to provide a public health outcome measure of development at 2-2.5 years, often integrated with the two year Progress Check for children in regulated childcare settings. ASQ-3 questionnaires are completed by parents and cover five domains of child development. Increasingly this is also supplemented by ASQ-3™ SE that identifies strength and concerns in social and emotional development. These form part of referral pathways whereby health visitors support children to access 'early help' and other services. This includes promoting the uptake of free child care and education for two year olds to which Ofsted (2015) believes health visitors 'hold the key', especially for low income families.

3. Universal assessment and support for good attunement between parent and baby

There is a strong link between the quality of early infant-parent relationships and educational and other outcomes:

Children without secure parental bonds are more likely to have behaviour and literacy problems. Children with insecure attachment are at risk of the most prominent impediments to education and upward social mobility in the UK: behavioural problems, ... are a particular concern for the UK. (Sutton Trust, 2014:4).

The HCP five mandated development reviews are enhanced by health visitors' highly developed skills based on in-depth applied knowledge of attachment such as adoption of the Solihull Approach and, more recently, use of tools such as Newborn Behavioural Observation (NBO) to promote parental sensitivity and secure infant attachment. These provide the basis for promoting the **social and emotional development** of the young child essential for being ready for school. They also directly influence parents to engage with their child from before birth and from infancy onwards as an active social communicator. Resources such as 'baby states' are used to help parents to be attuned to the young child's expressive and receptive capacities for pre-verbal, verbal and non-verbal communication. An effective relationship with a health visitor facilitates families to take up wider opportunities to access community and other resources including parenting programmes and early years care and education.

Success factors

Success factors must not be limited to a basket of separate interventions, but encompass an integrated evidence-based programme (the HCP) and integrated **collaborative working**. A preventative approach takes place along a continuum from universal primary prevention, through 'early help', 'early intervention', safeguarding and child protection. A **shared language** and understanding of such terms and the overall shape of services encompassing this continuum is essential to effective collaborative working. Health, Wellbeing and Development of the Child Age 2 – Two year old review (integrated review) and support to be 'ready for school' is one of 6 early years high impact areas that exemplifies good practice in collaborative working towards **integrated services**.

The quality of relationships between health visitors and parents is key to public acceptability and effectiveness of promoting sensitive and responsive parenting. It is also key to access to support and interventions for the most hard to reach parents and disadvantaged children. Health visiting services should be staffed and organised in order to facilitate and support such **relationship-based interventions** (Cowley et. al, 2013).

Health visitors need to maintain personal and **professional resilience to remain courageous and compassionate** as well as proficient in unpredictable and uncontrolled environments. The support and supervision of health visitors, including a restorative function, is key to the quality of professional relationships, judgement and decision making.

The role of the Institute of Health Visiting

The Institute of Health Visiting (iHV) has established national standards for the knowledge, skills and attitudes required for effective practice to realise the 6 high impact areas for public health in the early years. **bit.ly/1Jych8N**

The iHV has developed resources to support practitioners and managers/ employers to maintain resilience with compassion. **bit.ly/1OVOulm**

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