Child wellbeing

Introduction
The early years of life are a crucial period of change and brain development. The right kind of early support can shape an infant’s life into adulthood to give them the best start in life. Events that occur during pregnancy, infancy and childhood including the quality of relationships, parenting and nurture by parents and primary carers have a lifelong impact. Those who suffer adverse experiences during their childhood, generally achieve less educationally, earn less and are less healthy, and this becomes a cycle of harm.1

The Chief Medical Officer (CMO) Report Prevention pays – our children deserve better® states that investing in children is a certain way of improving the economic health of our nation, as well as our children’s wellbeing. Having a concerted shift away from reactive spending towards early action has the potential to result in better outcomes, reduce public spending over the long term and achieve greater value for money. In short, healthy children are much more likely to become healthy adults and there is an expected of return on investment of between 6-10%iii.

The health and wellbeing of parents pre-conception, during pregnancy and throughout their child’s early years combined with their parenting ability contributes to the environment in which a child develops. Key to this is the development of a nurturing, parent-child attachment a child experiences which can strongly influence educational attainment, aspiration and opportunity and affects physical, emotional and psychological health and wellbeing throughout life.

What is the evidence base?
The Marmot review12 reinforced the view that early intervention before birth is critical in improving the health of babies and their chances of leading a healthy life, stating the importance of:

- Ensuring women have adequate levels of income in pregnancy to enable them to maintain sufficient health and nutrition
- Access to a strong midwifery workforce who refer at an early stage to specialist care when appropriate whilst avoiding unnecessary intervention
- Addressing behavioural risk factors in pregnant mothers such as smoking, poor diet and substance misuse
- Intensive home visiting programmes during and after pregnancy that aim to improve the health, wellbeing and self-sufficiency of low income, first-time parents and their children.

NICE has produced guidance covering maternal and child nutrition, social and emotional wellbeing, health visiting and specific medical interventions.iv

Promoting and protecting child and young people’s health:
The interventions required as part of a universal, integrated approach for children and families to achieve healthy child outcomes is set out in the Healthy Child Programme (HCP - pregnancy to 5 years) for the early life stages and for older children and young people in the 5-19 HCP. The 0-5 HCP
includes Health Visiting services and Family Nurse Partnerships, a targeted intensive support service for teenage parents.

Nationally, there has been a recruitment plan to increase the number of health visitors as part of the Call to Action to increase capacity and focus on health in the early years and meet the standards set out in the HCP. This is also part of the remit of Children Centres which work in partnership with health and local authority services within the community, playing a key role in supporting families to access information, health intervention and specialist services as required.

From 1 October 2015 the responsibility for commissioning public health services for children aged 0-5 and delivery of the Healthy Child Programme will transfer from NHS England (NHSE) to local authorities. Although NHSE will no longer have responsibility as lead commissioner the expectation by Department of Health (DH) is that they will continue to work closely with local authorities in an assurance role.

The benefit of this transfer is that local authorities know their local needs and what to commission to improve local health and wellbeing. The transition provides an opportunity to link the health visitor (HV) service to wider systems, housing, early years education and enable integration of services; with greater focus on prevention, early intervention and coordinating an improved universal and targeted offer to families. This transition offers considerable opportunities for improvement, not least to link up to the School Nurse Services, the commissioning responsibility for which transferred from the NHS to local authorities in April 2013 to develop an integrated pathway from 0-19 years.

This pathway also takes account of the close link between education and health, and so promoting the health and wellbeing of pupils and students within schools and colleges has the potential to improve their educational outcomes and their health and wellbeing outcomes. Five key evidence based points are:

- Pupils with better health and wellbeing are likely to achieve better academically – successfully attaining GCSEs (five or more A*-C) is strongly associated with higher levels of life satisfaction among young people.
- Effective social and emotional competencies are associated with greater health and wellbeing, and better achievement. For example, pupils with better emotional wellbeing at age seven were a full term more advanced academically than pupils with poorer emotional wellbeing.
- The culture, ethos and environment of a school influence the health and wellbeing of pupils and their readiness to learn.
- A positive association exists between academic attainment and physical activity levels of pupils.
- Schools ‘maintained’ by local authorities have a statutory duty to provide a broad based curriculum that meets the needs of all pupils, promotes spiritual, moral, cultural, mental and physical development of pupils at the school and prepares pupils at the school for the opportunities, responsibilities and experiences of life.

This is reinforced by the CMO report which states “promoting physical and mental health in schools creates a virtuous circle reinforcing children’s attainment and achievement that in turn improves their wellbeing, enabling children to thrive and achieve their potential”.

Ofsted has identified a strong correlation between schools that achieved a high grade for personal, social, health and economic education (PSHE) and those that were graded outstanding for overall effectiveness.

Parental behaviours are the main contributory factors that determine the health and wellbeing of all children. The key priorities are set out in Section 5.

What is being done locally?
The prime programme is Flying Start. The aim of the 10 year programme is to make a positive and systematic change to the lives and life chances of children from conception to the age of 5 years. This will be achieved by:

- Reviewing how services are delivered, aligning services and budgets to deliver positive outcomes using current investment.
- Developing collaborative partnerships with all services delivery outcomes for children and families.
- Making a significant impact on the social and emotional development, communication and language and nutrition of our youngest children.
- Providing evidence to prove that ‘getting it right’ early is not only a good thing to do, but is also a smart and sustainable use of money and resources.
- Ensuring parent and community-led decision making is part of the process as this will positively and systematically change the lives and life chances of children under four in Luton for future generations.
- Focusing on, and using resources to address the key issues of pregnancy, birth, parenting and family relationships, which have a direct effect on child development and family resilience.
- Making generational change by working with teenagers in Luton schools, to develop a life-course approach to health, wellbeing, increased ambition, aspiration and preparing them for adulthood and their role as future parents.

The expected outcomes within 10 years are to have:

- Significantly more children to have age-appropriate communication skills and will interact effectively with adults and children, resulting in better educational outcomes leading to improved employment opportunities.
- More children are securely attached and emotionally resilient, with improved school readiness. In the longer term the impact of poor maternal mental health and associated risk factors on children’s outcomes are reduced.
- Babies with improved birth outcomes; with fewer women obese in pregnancy, improved understanding of nutrition and healthy behaviours, breastfeeding will be increased and fewer children are obese or have dental decay, with improved health and wellbeing into adulthood.
- Within 5 years, parent and community-led decision making will positively and systematically change the lives and life chances of children from conception to 5 years and for future generations.
- By 5 years the Flying Start Executive aims to reallocate linked investment from core budgets into sustainable evidence based early intervention programmes and programmes for future parents.
Promoting the health of school aged children in Luton:

The Flying Start Strategy recognises that to affect change requires a generational impact and a focus not only on early years’ children and their families but additionally the need to prepare our parents of the future, not only to promote their health and lifestyle but also to increase their resilience, their ability to learn and maximise their education opportunities. Flying Start also recognises that in 2013, the Council commissioned a review of PHSE in Luton secondary schools and identified that the subjects taught as part of that curriculum were varied, and for most schools, not reflective of need of pupils and in some areas not sufficiently quality assured.

In response to the PSHE review, a Health in School Education programme was established in 2014 to reduce the variability in health and wellbeing interventions in schools, raising all schools to the standard of the best. This initially focused on sex and relationship education, drugs and alcohol awareness, mental health and risks associated with sexual exploitation.

School Nursing Service

School nurses are the key deliverers of the 5-19 Healthy Child Programme delivering care to school aged children and young people (4 years+ to year 13, the 19th birthday), approximately 40,000 children and young people within schools and community settings.

Working with partner organisations, services and professionals, school nurses are responsible for coordinating local services to address many of the health priorities that affect children in Luton. This includes promoting healthy weight and lifestyles, vaccine administration, supporting children with long term conditions to attend school and to manage their conditions, promoting sexual health and a key role regarding the safeguarding of children and young people.

An annual school health profile for all secondary schools and a primary school profile has been developed which aims to raise awareness and to have a shared understanding of health and wellbeing needs of school aged children across all professional groups providing services.
References


3 Heckman JJ. Skill formation and the economics of investing in disadvantaged children. Science, 2006; 312: 1900-1902


