



HM Government

The Best Start for Life

A Vision for the 1,001 Critical Days

The Early Years Healthy Development Review Report





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Foreword by the Secretary of State for Health and Social Care



I have always recognised the importance of the early years and the difference this period can make in achieving better physical and emotional health outcomes. This is why I was delighted when the Prime Minister asked Andrea Leadsom to chair the Early Years Healthy Development Review.

Ensuring every baby gets the best start in life is an issue we are both passionate about, and I know that over many years, this topic is one that Andrea has campaigned on with great determination and knowledge.

During the past year, the coronavirus pandemic has tested not only our nation's physical health, but also its mental health to the extreme. We have all been affected by the lockdown but the effects on our youngest have been profound. It has been an extraordinarily difficult time for new families, where through no fault of their own, they have not been able to normally access face to face services or in-person support.

We have always had high ambitions for comprehensive early years services. The pandemic has highlighted the immediate action that needs to be taken to support families and babies.

The Early Years Healthy Development Review comes at a timely moment for the future of our nation, and I am delighted to sponsor its action plan and to support, through my Department, the next phase of implementation.

The in-depth research and engagement conducted by the review team with parents, carers, sector professionals, volunteers and academics will help to shape and guide the next phase of this work, ensuring that we are doing all we can to support families in giving their baby the best start in life.

The Rt Hon Matt Hancock MP
Secretary of State for Health and Social Care

Chairman's introduction – Rt Hon Andrea Leadsom MP



Two is too late! We spend billions on challenges in society from lack of school readiness to bullying to poor mental health to addictions and criminality; and further billions on conditions such as obesity, diabetes, and congenital heart disease. Yet, the building blocks for lifelong emotional and physical health are laid down in the period from conception to the age of two and we don't give this critical period the focus it deserves. Prevention isn't only kinder, but it's also much cheaper than cure – what happens to an infant in the 1,001 critical days is all about prevention, and a strong, supportive policy framework in this area can truly change our society for the better, while saving billions for taxpayers.

Imagine living in a world where a vanishingly small number of babies and children need to be taken into care or walking through a city without seeing young teens living rough in the streets. The world in which we all want to live is one where every baby is nurtured to fulfil their potential, where good lifelong emotional wellbeing is the norm, where our society is productive and cooperative, and every one of our citizens has the chance to be the very best that they can be.

To make the biggest strides towards that vision, we need look no further than where it all begins – the 1,001 critical days. Every family deserves support to help them make sure their baby grows up to be physically healthy and emotionally capable. Securely attached infants are much more likely to go on to become adults who cope well with life's ups and downs, build strong relationships at work and at home, and are better equipped to raise their own children. This becomes a 'virtuous' cycle where instinctive good parenting is passed down from one generation to the next.

Human babies are unique in the animal kingdom in the extent of their underdevelopment at birth. What other offspring is unable to walk until it is a year old, or fend for itself in any way until it is at least two years old? Those physical challenges are only the beginning; the human brain is itself only partially formed at birth and becomes hardwired by the baby's earliest experiences, having a lifelong impact on their physical and emotional health.

For every new parent, having a baby should be a thrilling and joyful experience that brings families closer together. The truth is, even for those living in relative comfort and surrounded by a loving family, the arrival of a new baby is usually exhausting and can be overwhelming. In too many families, specific problems such as a traumatic birth experience, mental health issues, a disability, conflict with a partner, deprivation or substance misuse can dramatically hinder the capacity to be a 'good' parent.

Today, the period from conception to age two is globally recognised as critical for building strong societies. We are fortunate that support for families in England is delivered by many committed midwives, health visitors, social workers and primary care practitioners, as well as thousands of committed volunteers. However, what is clear is that services are patchy, not joined up and often do not deliver what parents and carers need. This must change if we are to truly transform our society for the better.



Championing better support for families to make sure that every baby gets the best start in life has been my passion for more than 20 years. I chaired the Oxford Parent Infant Project from the late 1990s and founded the national charity PIP UK in 2012; in Parliament I established the APPG for Conception to the Age of two and the 1001 Critical Days Manifesto, which is now supported by over 160 charities and professional bodies. I also chaired the Inter-ministerial Group on the Early Years from 2018-19, working across seven Whitehall departments to build the beginnings of a vision for how to give every baby the best start in life.

It has become crystal clear to me that we must focus on providing a new, joined up Start for Life offer, so I was delighted when the Prime Minister asked me to chair the Early Years Healthy Development Review. I want to thank both the dedicated team of civil servants and my own Parliamentary team for their superb commitment to this work. We heard from many mums, dads, carers and grandparents, as well as volunteers, professionals, academics and cross-party parliamentarians – their experiences and perspectives have been invaluable in shaping the ‘areas for action’ in this Review.

When we started work on the Review, I was clear that the needs of the baby must be at the heart of everything we do. The coronavirus pandemic has put even more pressure on already struggling families and, just as we need to level up economic opportunity across the country, we need to level up the health and care provision for the very youngest in our society.

In this first phase, we didn’t have enough time or resources to cover every aspect of the earliest experiences of new families. During the implementation phase, I therefore intend to look in more detail at how to support families experiencing baby loss and trauma and at the specific needs of particular groups of parents and carers. I also intend to consider the lessons we can share with colleagues in Scotland, Wales and Northern Ireland, as well as further afield in putting into practice these agreed actions.

Investing in the 1,001 critical days will have a truly transformational impact on our society, and I am confident that delivering this Vision will help millions of families to give their baby the very best Start for Life.

The Rt Hon Andrea Leadsom MP

Executive summary

Introduction

- 1** The Prime Minister asked the Rt Hon Andrea Leadsom MP to chair a review into improving the health and development outcomes for babies in England. Andrea was appointed to lead the Early Years' Healthy Development Review in July 2020.
- 2** The Review focused on the 1,001 critical days through pregnancy to the age of two. These critical days are when the building blocks for lifelong emotional and physical health are laid down.

What the Review heard

- 3** The Review began in September 2020 and has considered evidence from a wide range of sources. Through virtual visits to local areas, meetings with parents and carers, academics, practitioners, civil society organisations, representative bodies and others we learnt about what's going well and where change is needed. We met with a wonderful diversity of families and with those professionals and volunteers who support them to hear first-hand about their experiences.
- 4** The commitment and passion from those working with families to help them give their baby the best start for life is impressive. But the Review also heard how hard it can be for parents and carers, grandparents and the wider family to find the support they need when they need it most. It can be hard to know what's available in your local area, hard to know where you can go to get help and hard to find advice you can trust online. Parents and carers don't have data and information about their baby in a form they can access easily and share readily.
- 5** The Review heard examples of brilliant support that helped families when they needed it most. But the Review also heard about workload pressures that meant it was hard for dedicated professionals and volunteers to support families in the way they wanted to and, sadly, the Review also heard examples of instances where families felt let down by the services they received.
- 6** Not everyone who works with families during the 1,001 critical days implements a plan of support which has been shared and agreed with the family. Sometimes, professionals and volunteers do not know what good joined up services would look like for that family. Some families don't have confidence in the services and support in their area and it isn't clear who is accountable at either a local or a national level for ensuring every baby is given the best start for life.

- 7** The Review heard a great deal from parents and carers about the need for improvement; however, the Review also heard, loud and clear, a strong commitment from across early years charities, organisations and the workforce to improving how we support families during the 1,001 critical days. This commitment will be necessary but it should also help us feel optimistic; by working together we can improve how we support families in every community so that every baby gets the best start for life.

What the Review will do next

- 8** As part of the Government’s determination to build back better from the coronavirus pandemic, we need to ensure that the youngest members of society – and the families who nurture and care for them – are given the help and support they need.
- 9** This Vision sets out an ambitious programme of work to transform how we support families. The Review team will work to implement this Vision in the coming months – our goal is to ensure the best support throughout those 1,001 critical days, setting babies up to maximise their potential for lifelong emotional and physical wellbeing. To achieve this we will focus on six Action Areas.

Action Areas

Ensuring families have access to the services they need

- 1. Seamless support for families:** a coherent joined up Start for Life offer available to all families.
- 2. A welcoming hub for families:** Family Hubs as a place for families to access Start for Life services.
- 3. The information families need when they need it:** designing digital, virtual and telephone offers around the needs of the family.

Ensuring the Start for Life system is working together to give families the support they need

- 4. An empowered Start for Life workforce:** developing a modern skilled workforce to meet the changing needs of families.
- 5. Continually improving the Start for Life offer:** improving data, evaluation, outcomes and proportionate inspection.
- 6. Leadership for change:** ensuring local and national accountability and building the economic case.

Work to implement these actions begins today.

The Best Start for Life

Context



Context

- 1** In July 2020, the Prime Minister asked the Rt Hon Andrea Leadsom MP to chair a review into improving health and development outcomes for babies in England. Titled the 'Early Years Healthy Development Review', the first phase started in September 2020. The initial task was to create a vision for 'brilliance' in the 1,001 critical days from conception to age two.
- 2** The Review was carried out during the height of the coronavirus pandemic. This affected how we conducted the Review but, more importantly, it will inform longer term work too. England's Chief Medical Officer said that "*COVID-19 is likely to have an impact on public health globally, in the UK, and in England specifically, for many years*".¹ As we set about improving the public health of the nation, we must place our youngest citizens at the centre of our work to build back better.



- 3** Previous reports have highlighted the significance of the period from conception to age two and the need for action to improve support for families during this period. These include:
- ‘Building Great Britons’, published by the All-Party Parliamentary Group for Conception to Age 2 – The First 1001 Days in February 2015²
 - ‘Evidence-based Early Years Intervention’, published by the Science and Technology Select Committee in November 2018³
 - ‘Tackling Disadvantage in the Early Years’, published by the Education Select Committee in February 2019⁴
 - ‘First 1000 Days of Life’, published by the Health and Social Care Select Committee in February 2019⁵
 - ‘Fair Society, Healthy Lives (The Marmot Review)’, published by University College London in 2010⁶ and ‘Health Equity in England: The Marmot Review 10 Years On’, published by University College London in February 2020⁷
 - ‘Lockdown Babies’, published by the former Children’s Commissioner in May 2020⁸
 - ‘Best Beginnings in the Early Years’, published by the former Children’s Commissioner in July 2020⁹
 - ‘Out of Routine: A Review of Sudden Unexpected Death in Infancy (SUDI) in Families Where the Children are Considered at Risk of Significant Harm’, published by the Child Safeguarding Practice Review Panel in July 2020¹⁰
 - ‘Babies in Lockdown’, published by Best Beginnings, the Home Start Foundation and the Parent Infant Foundation in August 2020¹¹
 - In November 2020, HRH the Duchess of Cambridge and the Royal Foundation published ‘5 Big Questions’ at the conclusion of a nationwide tour, survey and open online questionnaire¹²
 - ‘Working for Babies: Lockdown Lessons from Local Systems’, published by the ‘First 1,001 Days Movement’ in January 2021¹³
- 4** The Early Years Healthy Development Review is the start of work to transform how we support families so they can give their baby the best start for life, whoever they are and regardless of ability or circumstance. The words on the page won’t change what happens in communities and won’t improve the support families receive; it’s what we do next that matters.

The Best Start for Life

Why the 1,001 days are critical



Why the 1,001 critical days are critical

Foreword to Ipsos MORI report for the Royal Foundation

“Science tells us that a child’s experiences from conception through their first five years will go on to shape their next 50. It tells us that the kind of children we raise today, will reflect the kind of world we will live in tomorrow. It tells us that investing in the start of life is not an indulgence, but economically, socially and psychologically vital to a prosperous society.”

– Jason Knauf, CEO of the Royal Foundation, December 2020¹⁴

- 1** The 1,001 days from pregnancy to the age of two set the foundations for an individual’s cognitive, emotional and physical development. There is a well-established and growing international consensus on the importance of this age range; it is part of the World Health Organisation’s Global Strategy for Women’s, Children’s and Adolescents’ Health¹⁵, the UNICEF Baby Friendly Initiative¹⁶, and in England, both the NHS Long Term Plan¹⁷ and Public Health England’s 2016 guidance on *“giving every child the best start in life”*.¹⁸
- 2** These 1,001 days are a critical time for development, but they are also a time when babies are at their most vulnerable. Some babies have a disability diagnosedⁱ; some have a developmental need that is likely to develop into a special educational need once they enter compulsory education if special provision is not made. For others it may take longer for needs to be identified. Babies do not yet have the language skills to advocate for themselves so their carers must advocate on their behalf.

i When the Review uses the term ‘special educational need’, it is important to note the difference in definition that arises when referring to children of different ages. As outlined in the ‘Special educational needs and disability code of practice: 0 to 25 years’ (HM Government. (2015, updated 2020)

<https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>), a child of compulsory school age or a young person has a learning difficulty or disability if he or she:

- Has a significantly greater difficulty in learning than the majority of others of the same age, or
- Has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions

A child under compulsory school age has a learning difficulty or disability if he or she is likely to fall within the definition above when they reach compulsory school age or would be likely to if special educational provision was not made for them (Section 20, Children and Families Act 2014).

A healthy pregnancy

- 3 A healthy pregnancy sets up the unborn baby for a healthy life. As the baby grows inside the womb, the foetus is susceptible to the environment around the mother; it hears what the mother hears, consumes what the mother consumes and may react when the mother is distressed.¹⁹ In addition to being important in its own right, the mental and physical wellbeing of the mother is important for the baby's healthy development.

1,001 Critical Days Manifesto

“A pregnant mother suffering from stress can sometimes pass on the message to the unborn baby that the world will be dangerous, so that as a child he or she will struggle with many social and emotional problems”

– The 1001 Critical Days – The Importance of the Conception to Age Two Period, cross-party ‘manifesto’, 2013, revised 2015 and 2019.²⁰

A healthy start for life

- 4 During the period from conception to age two, babies are uniquely susceptible to their environment. Babies are completely reliant on their caregivers and later development is heavily influenced by the loving attachment babies have to their parents.
- 5 Every year researchers learn more about the potentially damaging effects of what are known as ‘adverse childhood experiences’ (ACEs). These are traumatic events which may result from exposure to poor parental mental health, abuse, neglect and parental drug misuse amongst other risk factors. The Review also heard how parental conflict can impact on the mental health of the baby.²¹ That is why it is so important that parents and carers get the right type of support to help them give their babies the best start for life.
- 6 These 1,001 days are also a critical period for developing communication and physical skills. By the time a baby turns two, they will usually be able to walk unaided, say 50 or more words, kick a ball, climb furniture and scribble spontaneously. However, babies need to be encouraged and supported by their parents and carers to learn these skills and their development must be monitored. If developmental delays are not identified and addressed early, this could cause significant problems later on.
- 7 Some babies might have a disability or may not follow usual development trajectories. Early diagnosis can improve long term outcomes by ensuring parents and carers have access to the information and provision they need.²²

Parents and carers

- 8** Pregnancy changes life for parents, carers and the family around them. The healthier a mum is during pregnancy, the easier it will be for her to adapt to her changing body and cope with labour as well as recover fully after the birth.²³
- 9** The mental health and wellbeing of mums, dads, partners and carers is also important for the development of the baby. Poor mental health can impact a parent's ability to bond with their baby.²⁴ This is why it is important that parents and carers have their own needs met so they can meet the needs of their baby.



Why the 1,001 critical days are critical: the science of early development

Scientific research is helping us understand why the period that includes pregnancy and the first two years of a baby's life is so important to their development.

1 The 1,001 critical days is when the foundations of the brain's architecture are built

Construction of the basic architecture of the brain begins before birth. More than a million new neural connections are formed every second in the first year of a baby's life. Sensory pathways for basic functions like vision and hearing develop first, followed by early language skills and higher cognitive functions. This is the peak period of brain development.

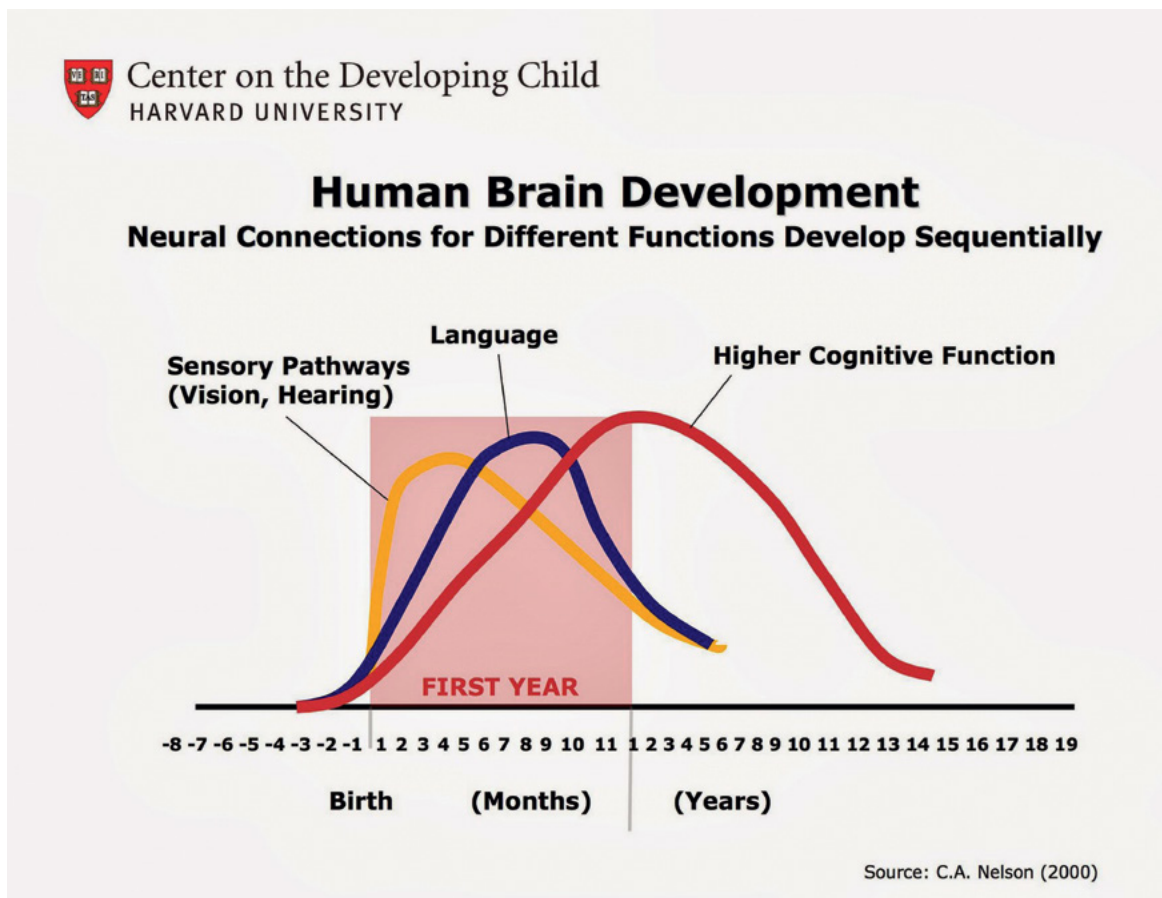


Figure 1 – Human Brain Development from the Center on the Developing Child at Harvard University, available at <http://developingchild.harvard.edu>

2 Experience (nurture) shapes how genes (nature) are expressed

Although genes provide the basic blueprint, experiences influence how and when genes are expressed.

Some of the most important experiences that will shape the architecture of a baby's brain come from their interactions with significant adults in their lives. Babies naturally reach out for interaction through babbling, facial expressions and movements. The adults caring for them respond in kind with sounds and gestures. This back-and-forth process, known as 'serve and return', plays a vital role in developing the wiring of the brain.

The brain has the greatest ability to reorganise and adapt in the early years of life. When the brain is most flexible or 'plastic', it can accommodate a range of experiences and interactions. For example, by its first year, the parts of the brain that differentiate sounds are becoming specialised to the language the baby is exposed to.



3 The foundations of cognitive, emotional and social capabilities are formed in this period

The emotional health and physical wellbeing, social skills, cognitive and linguistic capacities that develop in the 1,001 critical days form the foundations for an individual's success in school and in later life. These best develop when a baby has at least one stable and committed relationship with an adult. Where a baby forms a secure attachment with their primary caregivers, they feel safe and secure. It's these relationships that build the emotional scaffolding to support early development.

4 Stress and adverse experiences in the 1,001 critical days can have lifelong impacts

We now know that chronic stress in early childhood – whether it is caused by repeated abuse, severe maternal depression or extreme poverty – has a negative impact on a baby's development. Some exposure to stress is an important and necessary part of development but only when it is short-lived physiological responses to moderately uncomfortable experiences. Regular exposure to high levels of stress causes unrelieved activation of the baby's stress management system. Without the protection of adult support, toxic stress becomes built into the body by the processes that shape the architecture of the developing brain. This has long-term consequences for learning and a baby's future physical and mental health.

Adapted from Harvard University's Center on the Developing Child (2007). The Science of Early Childhood Development (InBrief). Retrieved from www.developingchild.harvard.edu.

Learning from other countries

The importance of the 1,001 critical days is widely recognised, with a number of other countries also looking at how they can better support families with babies.

The Review commissioned the Government's Open Innovation Team (OIT) to collect international case studies. OIT interviewed over 25 academics and officials from overseas to build the examples we list below.

France has a long-established system of multidisciplinary care for mothers and young children in community centres.²⁵ They have over 5,000 centres that offer free services to all, with as little bureaucracy as possible.²⁶ Academics suggest that although effective, they are too autonomous and need greater central government control of staffing and activity standards to ensure that quality is maintained.²⁷

Ireland is digitising maternal health records as part of a larger 'e-health' strategy.²⁸ Initial evaluations suggest it has been adopted and widely used, and that it is improving patient outcomes. This success has been credited to the involvement of clinicians who will actually be using the system in its design.²⁹

In the **Netherlands**, as in England, midwifery is an independent profession. Dutch midwives deliver primary care for most low-risk pregnancies.³⁰ The system prioritises continuity of care. Studies show high levels of wellbeing in mothers, linked in part to continuity of care, and high levels of job satisfaction in midwives due to their feelings of autonomy.³¹

'Sure Start' in **New Zealand** integrates information and services for pregnancy and infant care from various platforms into a single website.³² The Observatory of Public Sector Innovation report that the programme is not only beneficial to parents, but also facilitates data sharing between governmental agencies/departments, as 91% of users consent to share their information.³³

The **USA** has established Children's Cabinets and Early Childhood Councils to coordinate services and develop common outcomes³⁴ These have proven effective at increasing collaborative working, resulting in better measurement of child outcomes and better outcomes themselves.³⁵

'Chile Crece Contigo' is a national start for life programme in **Chile** which has achieved significant reductions in the proportion of two year old children with developmental delay.³⁶ It was led by a single department focused on social development. Rapid change was made possible due to attention from the President of Chile and general political buy-in.³⁷

Figure 2 – Learning from other countries

The ways we already support families with babies



The ways we already support families with babies

The services that families currently receive

- 1** There are many different services available to support families throughout pregnancy, as their baby is born and in the months that follow. Currently, a small number of services are offered to every new parent or carer – these include midwifery and health visiting services, which sit alongside those services available to everyone, like General Practitioners (GPs) and NHS 111. Many local partners offer a broader range of services to all their families, but a significant number only offer additional services on a ‘targeted’ basis in response to need. These additional services include breastfeeding support, mental health support, smoking cessation and intensive parenting support. Local authorities, working with partner organisations and agencies, have a statutory duty to safeguard and promote the welfare of all children, including babies, in their area. All of these services are vital for ensuring every baby gets the best start.

Midwifery

- 2** A midwife is a registered healthcare professional who provides personalised care and support throughout pregnancy. Midwives also provide support during labour and the birth of a baby, which continues up to 10 days after the baby is born. Every practicing midwife must have completed a degree or apprenticeship in midwifery and must be registered with the Nursing & Midwifery Council.
- 3** An initial midwife appointment should be offered before 10 weeks of pregnancy.ⁱⁱ A universal service provided by the NHS, midwife appointments can happen at home, at a hospital, at a GP surgery or at a community clinic. Midwives explain what needs to happen during pregnancy to ensure new mothers and their babies will be as healthy as possible. They also ensure mums, dads and other carers feel prepared for the baby’s birth.

ii Also known as an ‘initial booking appointment’.

- 4 Pregnancy is a deeply sensitive time, with changes to the body and new things to learn. There are commitments in the NHS Long Term Plan to ensure continuity of care. During the coronavirus pandemic, NHS England set out its ambition that by March 2021 “35% of all women should be on a continuity pathway with at least as many women from the BAME communities and the most deprived communities receiving continuity of care as white women”. Importantly, continuity of care will be targeted “towards women from BAME groups and those living in deprived areas, for whom midwifery-led continuity of carer is linked to significant improvements in clinical outcomes”.ⁱⁱⁱ



The NHS Long Term Plan

First published in 2019, The NHS Long Term Plan set out to improve the quality of patient care and health outcomes. It strongly recognises the need to integrate care to meet the needs of a changing population and has a focus on care quality and outcomes improvements for children’s health.

ⁱⁱⁱ Targets relating to the targeting of care continuity for March 2020 were set out in the NHS Standard Contract 2019/20. The coronavirus pandemic had an impact on maternity services and led to the target being revised to March 2021. We do not expect to have data on whether ambitions have been achieved until May 2021.

Health visiting services

- 5** Some days after the baby is born, the midwife steps back and the role of ongoing support is handed over to the health visitor.^{iv} The health visitor is on hand to provide information, evidence-based interventions and advice to support families up until their child starts school. Health visitors are qualified and registered nurses or midwives who have completed a specialist community public health nursing programme.
- 6** Health visiting services must offer a minimum of five health and development reviews to every parent, whether or not it is their first baby. Parents should first meet a health visitor for an antenatal review 28 weeks into a pregnancy. Together they discuss physical, mental and emotional health as well as the transition to parenthood. A health visitor may visit a family at their home, in a health or children's centre facility, or the review may take place over the telephone. Ideally, these would take place antenatally, 10 to 14 days after a baby's birth, again at six to eight weeks, between nine and 12 months and between the age of two and two and a half.
- 7** Health visitors have a critical role in supporting parents and keeping babies safe and well. The health visitor will discuss bonding with the baby and responding to its needs; they also make sure the baby is putting on weight and meeting developmental milestones.^v Perhaps most significantly, health visitors are uniquely placed to identify where parents or their baby might require additional support. As a result, they play an essential role providing early support, signposting information, bringing in specialist professionals such as social workers and working with others when they identify additional needs, a disability or where there are safeguarding concerns.
- 8** Local authorities commission health visiting services up to the age of five as part of the Healthy Child Programme. The Healthy Child Programme covers children's health right up to the age of 19, extending to age 25 for children with particular health needs. Local authorities have a legal responsibility to ensure parents are offered the five health reviews.³⁸ To pay for this, local authorities receive money for the Healthy Child Programme through an annual Public Health Grant from the Government.

iv After 10 days, care transfers from the midwife to the health visitor. The health visitor provides a range of support and evidence-based public health interventions.

v As a public health review, the health visitor will also discuss smoke free homes, breastfeeding, maternal mental health and immunisations.

The Healthy Child Programme

The Healthy Child Programme is the national public health framework for children and young people. It brings together the evidence on delivering good health, wellbeing and resilience for every child. Public Health England shaped the Healthy Child Programme by issuing evidence, tools and resources to local authorities and partners.

This is published as a universal offer with additional services for families needing extra support, whether short-term intervention or ongoing help for complex longer-term needs.

The programme comprises of health promotion, child health surveillance and screening. It provides a range of services to families, including:

- Immunisation during pregnancy and childhood
- Health and development reviews
- Advice and support to help children's physical and emotional development
- Antenatal, newborn and infant screening

The programme can ensure families receive early help and support upstream before problems develop further, which in turn reduces demand on downstream, higher cost specialist services. The Healthy Child Programme is led by health visitors in collaboration with other health professionals and is being modernised to include new resources on pregnancy and pre-conception care. This provides an invaluable opportunity to support further collaboration and integrated services from early in a baby's life, such as improving the continuity of care between midwifery and health visiting.

- 9** Public Health England has a commitment to modernise the Healthy Child Programme. This provides an invaluable opportunity to support further collaboration and integrated services from early in a baby's life. As the NHS Long Term Plan did for midwifery, it is intended that Public Health England or its successor body uses the modernisation of the Healthy Child Programme to improve the offer to families, for example improving continuity of care between midwifery and health visiting services.

Mental health

- 10** Pregnancy and the period after birth is an exhilarating and challenging time for all new parents. It can be especially so if parents have experienced trauma or an unexpected event in childbirth or their baby's development. For others, pregnancy can cause or exacerbate mental health conditions. This is why health visitors, midwives and other practitioners working with families, such as social workers, have a role in identifying mental health needs.³⁹ This is also why the NHS Long Term Plan is committed to creating a comprehensive, joined up mental health service offer for parents. The Antenatal and Postnatal Mental Health NICE guidelines recognise the serious impact of undiagnosed depression and anxiety disorders on the health and wellbeing of the mother^{vi} and baby during pregnancy and the postnatal period. The Improved Access to Psychological Therapies (IAPT) Manual recommends that women in the perinatal period are prioritised for assessment by IAPT services within two weeks of referral and commence treatment within four weeks.
- 11** Work continues between NHS England and the Government to improve the mental health offer. Undertaken by GPs, NHS England provides a six to eight week postnatal health check for new mothers, including a specific focus on mental health and wellbeing.
- 12** Additionally, the Department of Health and Social Care spent almost £19 million in capital last year on central programmes to support mental health services. This includes schemes to ensure Perinatal Mental Health Mother and Baby Units deliver greater personalised care to expectant and new mothers with serious mental ill health.

^{vi} We have tried to refer to 'parental' mental health where possible. In this instance, however, we have copied NICE guidelines which refer to the wellbeing of 'mother and baby'.



Safeguarding babies from harm

- 13** Most families will never need to be connected with safeguarding services but everyone relies on those services being there for the most vulnerable. Multi-agency safeguarding arrangements require safeguarding partners to have a shared and equal duty to work together alongside relevant agencies, including the voluntary community sector, to safeguard and promote the welfare of babies and children. Everybody in the Start for Life workforce should understand how to make a referral to children's social care if they have any concerns about a baby or child.
- 14** Under the Children Act 1989, local authorities are required to provide such services as are appropriate for children in need to safeguard and promote their welfare. A child in need is defined as a child who is unlikely to achieve or maintain a reasonable level of health or development without the provision of such services, or whose health and development is likely to be significantly or further impaired without the provision of those services. Disabled children also come under the definition of a 'child in need'. The local authority and its social workers have specific roles and responsibilities to lead the statutory assessment of children in need and to lead child protection enquiries. The Director of Children's Services and Lead Member for Children's Services are responsible for effective delivery of these functions. The Minister for Children and Families is responsible for the statutory framework that underpins the local authority responsibilities.

- 15** There are a range of safeguarding issues which can have a devastating impact on babies and young children. Such issues include substance misuse, poor parental mental health and domestic abuse. Local authorities are under a duty to notify if any baby or child has suffered serious harm and to undertake a ‘lessons learned’ review. Babies and young children will benefit from the measures set out in Public Health England’s 2020 guidance on vulnerable children⁴⁰ as well as those in the Domestic Abuse Bill (HL Bill 171)^{vii}, which will ensure that all children under 18 – including babies – are recognised as victims of domestic abuse in their own right when they see, hear or experience domestic abuse and are related to either the victim or the perpetrator.

Reflections on the Prime Minister’s Summit on Hidden Harms in 2020 by the Secretary of State for Education:

“We will... Respond specifically to the points raised about vulnerable babies by working with local authorities on the opening of register offices, reaching out to parents who have not registered their child’s birth and prioritising the recovery of health visiting and the Healthy Child Programme.”

– June 2020⁴¹

Special Educational Needs and Disability (SEND)

- 16** A baby might have difficulties or delays which affect their developmental progress or they might have a disability. In some cases, this will have been identified in pregnancy or shortly after childbirth. In other cases, a baby’s needs will take longer to be identified but may be recognised as a special educational need as the child approaches early years education. Under the Children and Families Act 2014, local authorities have a statutory duty to ensure services are accessible to parents and carers who have children with additional needs.

Wraparound services to support babies, parents and carers

Services provided by public sector organisations

- 17** Local partners support parents and carers with a wide range of needs that extend beyond parenting skills. These include support with debt and finances, disability, housing and social services. This is in addition to more specialist support for areas like safeguarding, domestic abuse and mental health.
- 18** A wide range of other organisations in the public sector have a role to play in the Start for Life system. Social workers and those in the NHS providing other health services, like speech and language support, all help to identify specific needs and refer families to the care of others.

vii The Domestic Abuse Bill is subject to the usual legislative process and its content may change.

- 19** As well as providing the national support for the Healthy Child Programme, Public Health England or its successor body is responsible for programmes which promote healthy pregnancies such as infant feeding (including the National Breastfeeding Helpline), smoking cessation and smoke-free homes. In 2020, the Government announced that it will be reforming Public Health England to align expertise and capability with decision-making responsibility. Reforms will simplify accountability by strengthening the health improvement roles of a range of bodies including the Department for Health and Social Care, NHS England & NHS Improvement and local authorities.

The Troubled Families Programme

The Troubled Families Programme (England only) provides effective, co-ordinated support to disadvantaged families with a range of complex problems, to ensure that they get access to the vital early support they need before they hit crisis point. It is delivered locally by local authorities and their partners including police, probation, children's services, housing, health organisations, schools, Jobcentre Plus, voluntary and community services, and others. The programme is funded and overseen by the Ministry of Housing, Communities and Local Government (MHCLG).

To be eligible for support from the programme each family must include dependent children and/or expectant parents and have at least two of six headline problems including involvement in crime and anti-social behaviour; worklessness; poor school attendance; domestic abuse; and health problems. Of families on the programme, 34.2% have at least one child aged under two.

The programme provides upfront funding for local authorities and their partners to invest in providing more joined up, data-driven support to families, and also payment by results, where local authorities receive part of the funding when their work with families results in significant and sustained progress against their identified problems or achieves continuous employment.

Civil society

- 20** Public sector organisations are not the only providers of Start for Life services. Babies, parents and carers rely on the support of a thriving civil society. There are many charities, socially minded companies, religious organisations and community groups which have developed innovative, and often highly focussed support for families to give their babies the best possible start for life. From charities advocating for kinship carers, adoptive parents and same sex parents, to support groups for single parents, dads and parents of babies with special needs, civil society organisations are a lifeline for millions of families across England.

Some of the ways we already support families with babies

There are many different services available across England to support families during the start for life period. Not all of the services we have described are available to everybody; even when they are, it can be incredibly difficult for parents to navigate the Start for Life system and figure out what support is available to them. Figure 3 below shows an illustrative example of a journey through the start for life period. The Review recognises that experiences will vary depending on the family’s circumstances – this visualisation shows just some of paths a family’s journey might take.

User Journeys will form an important part of the next phase of the Review’s work as they are an important element of user centred approaches to both policy and service design. This simplified illustration of only some of the services described on the proceeding pages is a first step. We know that parent and carer journeys will be far more complex.

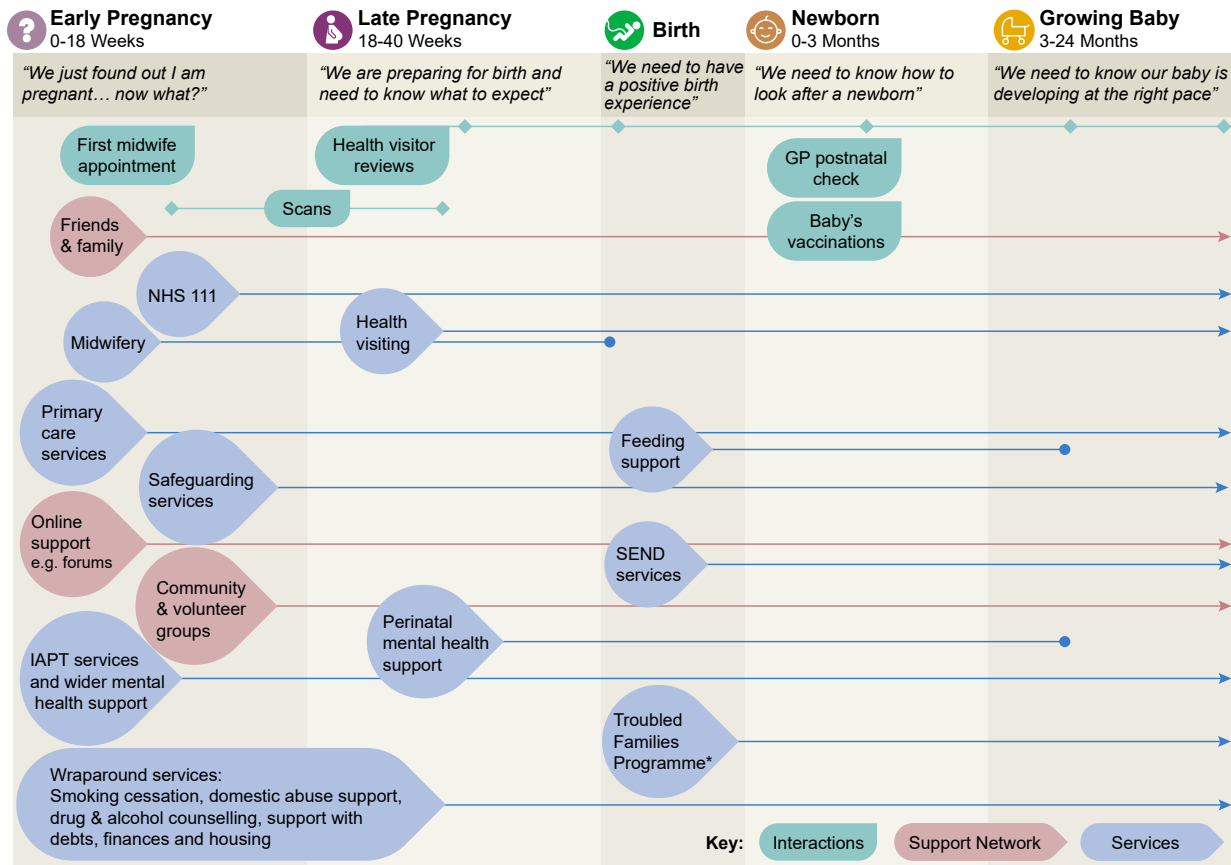


Figure 3 – Mapping some of the ways we already support families with babies

*The Troubled Families Programme is overseen by the Ministry for Housing, Communities and Local Government. In 2020 eligibility criteria for the programme was extended to include expectant parents, so the programme’s support now starts from early pregnancy, rather than birth.

The impact of the coronavirus pandemic on the 1,001 critical days

- 1** The coronavirus pandemic has had a significant effect on everyone's lives. But for a whole cohort of babies born before and during the pandemic, there have been worrying repercussions for their development and wellbeing. Impacts like the consequences of reduced social contact due to social distancing will take time to properly understand and rectify. Others, like a 31% increase in the total number of serious incident notifications for babies in their first year, are sadly already clear.^{viii}
- 2** We know that the pandemic has placed unprecedented pressures on families, as well as those delivering services for parents and their babies. At the beginning of the first national lockdown, many important services were suspended or the delivery model changed to meet national social distancing guidance. Staff members, including health visitors, social workers and other Start for Life practitioners, were redeployed to help the NHS respond to the influx of coronavirus patients. Professionals who remained in their local service faced significantly increased caseloads.

Reducing maternal health disparities during the coronavirus pandemic

An example of best practice is the 'Birmingham Pathway'. Midwives in the University Hospitals Birmingham NHS Trust identified that "*local ethnic minority women in the top ten percentile of deprivation*" were at higher risk for COVID-19.⁴² In response, the Trust convened a multidisciplinary team and launched a maternity surveillance programme to share data and monitor pregnant women testing positive.

The programme aimed to detect COVID-19-related problems at an early stage in pregnant women. COVID-19 phone lines made daily calls to patients, guaranteeing rapid access to midwives. 45% of women on the surveillance programme were from ethnic minority groups. Women's feedback to midwives was that they felt supported and reassured by calls. This initiative provided a swift, data-informed response to prevent poor outcomes for women at higher risk of COVID-19 complications.

– Government Equalities Office and Race Disparity Unit. (2021) *Second quarterly report on progress to address COVID-19 health inequalities*.⁴³

viii 30% increase in total number of notifications during the first half of 2020-21 compared to the same period in 2019-20. There were 92 cases in April to September of 2018, 78 cases in the same period in 2019, and 102 cases in 2020. Source:

Department for Education. (2021) *Serious incident notifications*, online via <https://explore-education-statistics.service.gov.uk/find-statistics/serious-incident-notifications#releaseHeadlines-summary>



- 3** In addition to loss of services, parents also reported feelings of loneliness and a loss of social connection as a result of the coronavirus pandemic. The Review heard that peer support is vital for everyone – the loss of this is likely to have had a significant impact on the emotional wellbeing of parents and carers.
- 4** As the pandemic has continued, there have been huge efforts to ensure that babies are not forgotten. Health visitors have returned to their teams and professionals and volunteers across the country have found new and innovative ways to deliver services safely. This includes moving them online or changing the way they are delivered to make them COVID-19 compliant.
- 5** Many professionals have seen a positive uptake of virtual services by parents and carers – in some instances these services were adapted for the pandemic but some already existed. For example, Parent Talk (an online support service provided by Action for Children) reported a 430% increase in the number of parents seeking advice online during the pandemic.⁴⁴

- 6** There have been serious consequences as a result of the disruption to services during the pandemic. The ‘Babies in Lockdown’ survey of over 5,000 parents of 0 to two year olds found nine out of ten parents and carers experienced higher levels of anxiety during lockdown. 25% reported concern about their relationship with their baby.⁴⁵ This makes the work of this Review more important than ever.
- 7** Work is being undertaken to understand the effects of the coronavirus lockdowns on babies and their carers. This is not a straightforward issue, and it will not be simple to identify the numerous effects, or the best way to tackle them. More research is needed to understand the particular challenges that the pandemic has brought for disabled babies and their parents. Several organisations have started important work to study aspects of the problem. For example, a study into ‘The Effects of Social Distancing Policies on Children’s Cognitive Development’ is being carried out by a collaboration of universities.⁴⁶ The Review considers that the Government and the Start for Life sector should pay close attention to research findings in this area as it is essential that we understand the lessons from this unprecedented time in our nation’s history.

“At this time of unforeseen and ongoing change, it is imperative to understand the impacts of the lockdown during a critical period for children’s development.”

**– Dr Nayeli Gonzalez-Gomez, Senior Lecturer in Psychology,
Oxford Brookes University⁴⁷**

A summary of the Review's areas for action



A summary of the Review's areas for action

Introduction

The Review identified six Action Areas:

Ensuring families have access to the services they need

- 1. Seamless support for families:** a coherent joined up Start for Life offer available to all families.
- 2. A welcoming hub for families:** Family Hubs as a place for families to access Start for Life services.
- 3. The information families need when they need it:** designing digital, virtual and telephone offers around the needs of the family.

Ensuring the Start for Life system is working together to give families the support they need

- 4. An empowered Start for Life workforce:** developing a modern skilled workforce to meet the changing needs of families.
- 5. Continually improving the Start for Life offer:** improving data, evaluation, outcomes and proportionate inspection.
- 6. Leadership for change:** ensuring local and national accountability and building the economic case.

The Action Areas define the next phase of the Review's work. The Action Areas will be taken forward by the Review Team, working with the organisations indicated.

The work undertaken in the next phase of the Review will be subject to future funding decisions. This Vision document, and the areas for action it describes, do not pre-empt any future spending events.



Action Area 1: Seamless support for new families

Our vision is that local authorities, working with other local partners, should pull together a coherent and joined up Start for Life offer and make it clearly available. The offer should explain clearly to parents and carers what services they are entitled to and how they can access them.

- 1.1** Our vision is for Start for Life offers to be co-designed with Parent and Carer Panels and include a Universal offer for every family and a Universal+ offer to meet the needs of their specific local communities. We will work with local authorities, the NHS, the Department of Health and Social Care, Public Health England or its successor body, the Ministry for Housing, Communities and Local Government, the Department for Education, the Department for Digital, Culture, Media and Sport and others to implement this.
- 1.2** We will share the lessons of best practice, including how local authorities design and promote their Start for Life offer. During the implementation phase of this Review, we will work with local leaders to identify and implement best practice in the Start for Life offer.
- 1.3** Working with local leaders and across the Start for Life sector, we will design a set of principles that will be a freely available guide for the effective design of Start for Life offers.
- 1.4** We will support every local authority to publish its Start for Life offer, allowing new parents who are moving home to consider where the best place might be to raise their baby.
- 1.5** We will work across national and local government and the NHS to ensure the Start for Life offer is at the heart of local healthcare commissioning and integral to their Integrated Care Systems.

Action Area 2: A welcoming Hub for the family

Championing Family Hubs as a place where parents and carers can access Start for Life services.

- 2.1** We will work with local partners to maximise the resources and facilities they already have, in order to ensure the best offer is made available to families. We will also work with the National Centre for Family Hubs to ensure councils understand how best to build a Family Hub network, including incorporating existing Sure Start Children's Centres into their network where appropriate.
- 2.2** We will work with the Department for Education, the National Centre for Family Hubs and others in the health system to encourage all Family Hubs to include a specific Start for Life offer.
- 2.3** Alongside this, wider work is needed to understand why families are sometimes discouraged from accessing support. In the next phase of the Review, we will work with the National Centre for Family Hubs, the Department for Education and the Department for Health and Social Care to identify the practical steps that should be taken at a national and local level to reduce the stigma some experience when asking for help. Every parent and carer needs to know it's perfectly normal to need help.
- 2.4** We will work with the Home Office, the National Centre for Family Hubs, the Department for Education and the Ministry for Housing, Communities and Local Government to identify the best way to introduce families to their local Hub. We will encourage local authorities to consider offering birth registration services at the Family Hub.

Action Area 3: The information families need when they need it

How digital, virtual and telephone services will be designed around the needs of babies, parents and carers.

- 3.1** We will work with Public Health England or its successor body, NHS England and NHS Improvement to map out the Start for Life journey of parents and carers that captures how they experience digital, virtual and telephone-based services during the 1,001 critical days.
- 3.2** We will work closely with NHSX and in consultation with parents and carers to develop the Digital Personal Child Health Record, replacing the existing paper Personal Child Health Record ('Red Book').
- 3.3** We will work closely with NHSX and local partners to roll out a Digital Personal Child Health Record for every new birth by April 2023.
- 3.4** We will support NHS England and NHS Improvement as they develop additional features for the Digital Personal Child Health Record.

Action Area 4: An empowered Start for Life workforce

Building skills across the Start for Life workforce, strengthening continuity of care and developing a modern workforce that can better meet the needs of all families.

- 4.1** There needs to be a strong focus on sharing best practice within the Start for Life workforce. We will work with the Local Government Association, Public Health England or its successor body, the education sector (including Health Education England) and others to develop improvements to interdisciplinary training and development.
- 4.2** The importance of demonstrating empathy should continue to be at the heart of training and development for the Start for Life workforce. We will help local partners share best practice so that this becomes a central part of how we build a Start for Life workforce that supports all families.
- 4.3** We will work with local leaders and the National Centre for Family Hubs to further explore the concept of a 'key contact' for every family. The 'key contact' can ensure a good level of continuity within the multidisciplinary team providing support to babies and families.
- 4.4** We will work with the Start for Life sector, professional bodies, the education sector, DHSC, MHCLG and HM Treasury to develop costed proposals to strengthen the Start for Life workforce. This will include how to increase diversity in professions, how to address issues with workload and supervision, and how to ensure we are training and retaining the skilled professionals needed to support families.

4.5 We know that health visitors are central to how we support families. Because of this, we will work with the health visiting profession, the Government's Principal Adviser for Public Health Nursing, the Nursing & Midwifery Council, Health Education England and others to ensure health visiting is viewed as an attractive career and that skilled health visitors are developed and supported so they stay in the profession. This will form part of our wider work on how to develop a modern, diverse and skilled Start for Life workforce.

Action Area 5: Continually improving the Start for Life offer

Improving the quality and relevance of data collections; ensuring clear evaluation of 'what works' so that local authorities can implement best practice; establishing Parent and Carer Panels to co-design services and provide feedback on them; building consensus for a new Outcomes Framework for the Start for Life system; and developing a new and proportionate inspection regime.

- 5.1** We will work with others to better understand why existing data collection requirements are not universally met. We will look to find the quickest way to achieve long-lasting compliance for the collection of relevant data within existing resourcing. We will also promote data sharing where it is proportionate.
- 5.2** We will work with others to identify the best and most cost-effective ways to implement 'what works'. This will include exploring whether the remit of the Early Intervention Foundation means it is best placed to lead this work or whether we need a new body.
- 5.3** We will promote the development of Parent and Carer Panels, where professionals and parents work together to co-design services. We will celebrate and share the excellent practice that we have seen during our Review.
- 5.4** We need a set of common goals which match a shared purpose of supporting parents to give their baby the best start for life. We will need to align work to existing outcomes frameworks in local government and public health. We will engage across the system to develop an Outcomes Framework that has broad support.
- 5.5** We will work across Government and the public sector to identify opportunities to improve the regulatory framework, ensuring it is proportionate. This framework will give parents and carers vital assurances about the quality of services in their local area and, at a national level, give Government a clear overview of performance.

Action Area 6: Leadership for change

Learning from the experiences of parents and carers; clear leadership and accountability at a national and local level; building the economic case for investment in the Start for Life; and harnessing the support of families, volunteers and professionals to deliver the best start for life.

- 6.1** We will consult with local partners, parents and service providers to establish the Parent and Carer panels that help local leaders to co-design the Start for Life offer and also provide effective and meaningful feedback to ensure continuous improvement. We will also ensure that the voices of parents, carers and families inform national policy and decision making.
- 6.2** Our vision is that delivering support and services to families during the 1,001 critical days will be the responsibility of a single, identifiable leader who would be accountable for the Start for Life offer in their area. This leader ensures that the 1,001 critical days are prioritised and that excellent services are co-commissioned across the public and third sectors as part of the Integrated Care Systems core offer. We will work with partners in local authorities to develop best practice on which individual should take up this role. This could, for example, be the Director of Children's Services, Director of Public Health or an equivalent role depending on the preference of each local area.
- 6.3** A Cabinet Minister will oversee implementing the agreed actions from this Review and for ensuring that Start for Life is kept at the heart of policy-making decisions across Government.
- 6.4** The minister will be supported by a cross-government team – a Start for Life Delivery Unit – that will work across Government and with the wider sector to implement this vision and transform the support for families during the 1,001 critical days. The Chairman of the Early Years Healthy Development Review (Rt Hon Andrea Leadsom MP) will continue her work as the Government's advisor in this area.
- 6.5** We will ensure the needs of babies and their carers are at the heart of policy development and implementation. We will work with NHS England and NHS Improvement to take into account the commitments already made in the NHS Long Term Plan, particularly on maternity services and the introduction of parent-infant support.
- 6.6** In the next phase we will work with local leaders and the lead minister in conjunction with colleagues in HM Treasury to understand efficiencies and to build the economic case for further investment in the Start for Life.



Action Area 1: Seamless support for new families

Action Area 1: Seamless support for new families

- 1** The arrival of a baby is often a moment of immense joy but becoming a parent or carer can be overwhelming. Everyone needs a helping hand, whether it be breast feeding support, advice on the baby's health, or sometimes more intensive support to deal with serious challenges. All too often, however, families are left to work out for themselves not only what help they need, but also where to find it. This is on top of caring for their newborn baby and adapting to the changes that come with parenting.
- 2** There are already many services available to families, delivered by a workforce of highly skilled professionals as well as many dedicated volunteers. Yet the Start for Life offer is patchy, is not joined up, and is not easily accessible for parents, making it almost impossible for them to navigate the system. Our first building block for action, therefore, is that every local authority in England – working with the NHS and other partners – will be encouraged to provide a clear and joined up Start for Life offer to every new family, with a Universal offer that provides the essential support that every new family needs and a Universal+ offer that targets specific support to those families experiencing the toughest times.
- 3** Too often, parents and carers don't feel that a particular service is meeting their needs and sometimes local bodies have not consulted parents and carers in the process of designing Start for Life services. We intend to support local partners across the country to establish Parent and Carer Panels that join up with parents, carers, professionals and civil society to co-create brilliant Start for Life Universal and Universal+ offers for their local communities that reflect the lived experience of the baby, as well as provide regular feedback on how well the Start for Life offer is delivering for them.

Case Study:

Working in partnership with families to shape services

A Family Services Manager for a children's centre in Leeds told us of the importance of working in partnership with families and involving them in shaping services.



We invite parents to join our Advisory Board, to offer support and challenge to the professionals and help shape engagement with our families. And whilst it is important that we always aim to gather feedback from the families using services about what they found useful and where we could improve, we also make a particular effort to reach out to families who are not coming into the Centre so their voices are also heard. We also run 'Tea and Toast' sessions, where parents, professionals and volunteers sit and chat about what is happening in the community, what is working well and what gaps there might be in the community that we could help close.



Parents and carers know exactly what services and support they can expect

- 4** Our vision is that parents and carers will be told exactly what support they can expect to access, right from the very moment they know a baby is on the way. Local authorities publish their Universal and their Universal+ offers on their website and make them available to all of those working in Start for Life services, as well as accessible in places such as libraries, community centres and GP surgeries.

The Universal offer

- 5** There are some services that are accessed by every new parent. Excellent midwifery support during pregnancy and childbirth is critical. Health visiting services are crucial in supporting the transition to parenthood as well as in identifying mental, physical, social, disability and safeguarding needs and vulnerabilities early on. Midwives and health visitors, alongside general practice professionals, are the first port of call for new parents and they provide fundamental support, advice and early interventions. These services provide critical early warnings around deprivation, substance misuse and safeguarding.
- 6** This Vision describes our ambition for every Universal offer to bring together essential provision for every new family. This includes the critical services of midwifery and health visiting, mental health support and infant feeding advice with specialist breast feeding support.
- 7** Every Universal offer should include safeguarding and those services relating to Special Educational Needs and Disability (SEND). In both cases, services and responsibilities are shaped by statutory requirements on local partners and should align closely with both the SEND local offer and the support ordinarily available to those with SEND in nursery and early education settings. Services are available for every baby but taken up on the basis of need.

Midwifery and a healthy birth

- 8 Feedback from parents made it clear that excellent midwifery is a vital universal service; many really valued the care they had received during pregnancy and birth. However, pregnancy is a deeply sensitive time with many physical and emotional changes taking place. We were told by professionals in the sector that consistency of care from one or a small group of midwives is very important – parents don't want to keep re-telling their story, answering the same questions and feeling they are not being heard. Continuity of care also improves health outcomes for babies and new mothers: as explained by the NHS Long Term Plan, "*Women who receive continuity of carer are 16% less likely to lose their baby, 19% less likely to lose their baby before 24 weeks and 24% less likely to experience pre-term birth*".⁴⁸
- 9 Our vision is that the Universal offer will explain how parents are supported to ensure a healthy birth. This includes where parents and carers might need support, advice and adjustments if their baby is born prematurely.

Health visiting services

- 10 There is a requirement to offer every new family a minimum of five health reviews, but not every family receives them. This may be because some families choose not to take up the offer but, in some instances, families do not receive the offer of all five reviews.^{ix} There are disparities based on demographic and geographic factors. Evidence is emerging that the likelihood of receiving all mandated health reviews up to the age of one varies with ethnicity and that you are more likely to receive health visitor reviews if you live in the more advantaged areas of England.⁴⁹ In future, our vision is not only that every family will be offered the minimum five mandated health reviews, but that we can encourage and support families where higher needs are identified to take up the offer.

Infant feeding support

Breastfeeding rates in Europe

48% of mothers breastfeed their baby at 6-8 weeks in England. This is very low compared to rates in other European countries, including Norway (89-91%), Sweden (84%), Italy (84%), Germany (73%) and Spain (72%).

- **For England: Breastfeeding at 6-8 weeks, Annual statistical release 2019/20.**⁵⁰
- **For Europe: 'Breastfeeding Rates and Programs in Europe', Journal Article.**⁵¹

ix Data from Public Health England suggests that in Q4 of 2019/20, only 84.4% of six to eight week reviews were completed. Source: Public Health England. (2021) *Health visitor service delivery metrics experimental statistics: 2019 to 2020 annual data*.

The benefits of breastfeeding

- Research has shown that breast milk can reduce the risk of childhood obesity by up to 25%⁵²
- Breast milk can protect babies from life-threatening illnesses; risk of Sudden Infant Death Syndrome is lowered by 45-73%⁵³
- The risk of breast cancer is lowered by 4.3%⁵⁴

Babies with tongue-tie

It is estimated that up to 10.7% of babies are born with tongue-tie. Tongue-tie can prevent babies from feeding successfully, often leading to poor weight gain. Babies are not routinely assessed for tongue-tie during neonatal examinations in the UK which can cause delays in diagnosis.

**– From the British Journal of Midwifery, 2017⁵⁵
and the British Medical Journal, 2015⁵⁶**

- 11** Breastfeeding has numerous health benefits for both mother and baby. For example, it reduces the risk of obesity in the baby and reduces the risk of both breast and ovarian cancer in the mother. However, some may be unable to breastfeed and others might simply choose not to; parents and carers will use infant formula, expressed milk or donor milk for a wide range of reasons.
- 12** Our vision is that infant feeding support is always available as part of the Universal offer to all parents and carers, including help for breastfeeding, advice and early diagnosis of issues such as tongue-tie, and help with formula feeding where that is more appropriate. The Review heard a lot from parents about the positive impact breastfeeding can have on confidence and self-esteem, so breastfeeding support groups and peer networks should be an important part of the Universal offer.



Case Study: Breastfeeding Peer Support



Leeds City Council commissions a breastfeeding peer support service that provides groups to help new mums who want to breastfeed their baby. The groups are run by volunteers who have all breastfed and understand some of the challenges that sometimes come with breastfeeding. The volunteers have been trained to offer support and signpost to services if mums need more specific help. Leeds City Council shared that the mothers who access breastfeeding peer support feel it is useful to be in a group, so they can see how other mums feed their babies and pick up tips and advice.



- 13** The NHS Long Term Plan states that all maternity services in England should already deliver an evidence-based infant feeding programme. This should be accredited by a body such as the UNICEF Baby Friendly Initiative or be in the process of getting accredited. We will work with local authorities, local NHS bodies, Public Health England or its successor body and health visitors to help them provide excellent universal infant feeding support.

Mental health support

- 14** It is vital that every new parent and carer has access to compassionate and timely mental health support if they need it, from the moment they find out that their baby is on the way. This is not just because of the negative consequences to both the parents and their baby if mental health goes untreated – the effects of mental health challenges come with a heavy financial cost. For every one-year cohort of births in England, the NHS has estimated that the long term cost from lack of timely access to quality perinatal mental health care is £1.2 billion to the NHS and social services and £8.1 billion to society.⁵⁷

Parental mental illness

10 – 20% of women develop a mental illness during pregnancy or the first year after having a baby.

– Public Health England, 2019⁵⁸

Parental mental illness is associated with increased rates of mental health problems in children. In 2017, NHS Digital found that two to four year olds are 2.7 times more likely to develop a mental disorder if they have a parent who also has poor mental health.

– NHS Digital, 2017⁵⁹

Many women are reluctant to disclose how they are feeling due to the stigma associated with mental health problems and fears that they may be judged to be an unfit mother, resulting in their baby being removed from their care. Being busy taking care of their baby can also be a barrier to seeking treatment. This can delay mothers seeking and accepting timely treatment. About half of all cases of perinatal depression and anxiety go undetected and fail to receive evidence-based treatment.

– Public Health England, 2018⁶⁰

- 15** Effective mental health support for parents and carers to develop a secure bond with their new baby can be integrated fully into the Universal offer to every family. The Universal offer should make reference to the services that result from existing commitments in the NHS Long Term Plan. It should reference existing mental health support for those parents whose baby may have a disability, a health condition that requires hospital care or who was born very prematurely. Each can mean a lack of opportunity to bond, stress on parental mental health and emotional stress on the baby.

Parent-Infant Psychotherapy

Parent-Infant Psychotherapy refers to clinical practice which is rooted in psychoanalysis and attachment theory. It aims to promote a baby's healthy development by strengthening its relationships with its caregivers. Parent-infant psychotherapists help parents reflect on their past or present experiences which may be influencing their view of their baby and their relationship with their baby.⁶¹

A recent study in the United States found that Parent-Infant Psychotherapy significantly reduced symptoms of early regulatory disorders in infants by strengthening the quality of the relationship between the infant and its mother.⁶²



Case Study

**This case study was provided by Dr Jane Barlow –
Professor of Evidence Based Intervention and Policy**

Evaluation at the University of Oxford

J and her partner A were referred to Parent-Infant Psychotherapy (PIP) when Baby L was seven weeks old. The couple had a history of drug and alcohol abuse and mental health problems. Exhausted by caring for a newborn during the coronavirus lockdown, J was experiencing panic attacks and A's Obsessive Compulsive Disorder led to hours of cleaning.

The PIP therapist invited both parents, with Baby L, to attend the first virtual meeting. L, tight in her mother's arms, felt very far away from both her father in the room and the therapist on the computer screen. Over time, the therapist was able to build a relationship with J and A and explore their experiences. The therapist was able to highlight the many positive attributes they brought to L's life. Within a few sessions L was allowed to move from mother's gripping arms to her father and to 'playing' with the therapist.

Although there were significant improvements the family remained vulnerable. The therapist set up a network meeting to arrange more coordinated team support. J was worried that her parenting would be found inadequate but all the professionals reassured her that L was safe in her care. This began to change J and A's view that the world is against them, which was a meaningful shift in their trust.

Work is ongoing, as lockdown remains in place but Baby L crawls toward toddlerhood.

Safeguarding

- 16** Safeguarding and protection should be a key part of every Universal offer. Parents and carers have primary responsibility for the safety and wellbeing of their baby, but local authorities – working with partner organisations and agencies – have specific statutory duties to safeguard and promote the welfare of all babies and children in their area. Midwives and health visitors have important roles in the identification of need and are often the people who will first flag a safeguarding concern by making a referral to local authority children’s social care if concerned about a baby’s welfare. The local authority and its social workers have specific roles and responsibilities to lead the statutory assessment of children in need and to lead child protection enquiries.

Adverse Childhood Experiences

Adults who experienced four or more adverse childhood experiences (ACEs) in early childhood are 4.9 times more likely to have memory impairment, 4.7 times more likely to have depression, 2.3 times more likely to get cancer and 2.1 times more likely to have a cardiovascular disease. ACEs can also have a behavioural impact, leading to increased risk of illicit drug use, suicidal ideation, violence perpetration and school absenteeism.

– British Medical Journal, 2020⁶³

- 17** Safeguarding of vulnerable babies is a top priority that should already be shared by every single professional in the Start for Life workforce. It is not just the role of the health visitor or the social worker. Safeguarding partners (the local authority, clinical commissioning group and police) must continue to work together with other relevant local agencies who contribute to the safeguarding of children and promotion of their welfare.⁶⁴ High quality safeguarding support must be fully integrated into wider services and we will ensure our work in the implementation phase supports this.

Supporting the parents of seriously ill or disabled babies

- 18** Services to support disabled or seriously ill babies, including those born prematurely, should also be a key part of every Universal offer. This means finding ways to improve earlier identification of additional needs. We know that these 1,001 critical days can be challenging for parents of disabled or seriously ill babies as they juggle hospital stays and appointments or adjust to the news of their baby's condition. Families with disabled children rely on high quality referrals and support. Special needs and disability services should also be a key part of every Universal offer. As with safeguarding, we rely on statutory special needs and disability services being integrated into wider services. The Review heard just how essential it is for families with disabled babies to have a co-ordinated plan of care offered by a lead professional.

Parents of disabled babies

"We know that finding out that your child has a developmental disability has a huge impact upon parents and the way in which parents are told and supported is of lasting importance. We know that parents of disabled children often have to wait for support and advice on how to care for their child."

– Hedderly et al in Current Paediatrics, 2003⁶⁵

The Universal+ offer

- 19** The Universal offer is for every family, but many need additional, targeted or specialist interventions to deal with a range of specific problems and challenges. Our vision is that each local authority should therefore also provide a Universal+ offer that meets the needs of their local population. The Universal+ offer should cover a broad range of issues, from language barriers to debt advice, from disability to transport in rural areas, and from domestic abuse to drug and alcohol support.^x
- 20** The Troubled Families Programme works to significantly improve the provision of family support services for all vulnerable families across a local area, including those with children aged 0 to two years old. The proposed Universal+ offer should work as an integral part of the wider structure of early help partnerships and services that have been developed, as already happens in many areas. This will ensure families get the right support at the right time, whilst also ensuring more specialist early years services can be highlighted to parents and other workers alike.

x In relation to the Healthy Child Programme, Universal+ includes those services known as both 'targeted' and 'specialist'.

Designing the Universal and Universal+ offers

Parents and carers at the centre of service design

- 21** In the implementation phase, the Review Team will work with local partners in the creation of the Parent and Carer Panels that can assist in co-designing services and provide regular feedback on their effectiveness and quality.
- 22** The membership of these Panels should reflect that families come in all shapes and sizes with very different experiences and perspectives. The Panels need to represent parents and carers from every community including dads and partners, LGBT parents, adoptive parents, kinship carers and parents from a range of ethnic backgrounds.

Parent and Carer Forums

The vast majority of local areas already have a Parent Carer Forum (PCF). These are *“representative local groups of parents and carers of children and young people with disabilities who work alongside local authorities, education, health and other service providers to ensure the services they plan, commission, deliver and monitor meet the needs of children and families.”*⁶⁶ As local authorities and partners are actively encouraged to work with their Parent Carer Forum, the PCF could provide a strong foundation for local authorities and partners to develop Parent and Carer Panels around their Start for Life offer. Parent Carer Forums could be involved in the co-design of Start for Life offers in addition to broader engagement with Parent and Carer Panels; this would help ensure that the offer of support and services works for disabled babies and their families.

Leadership

- 23** Action Area 6 below includes how each local authority area can establish clear accountability for its Start for Life service offer. We explain our vision is that a local leader should be appointed with responsibility for ensuring the co-commissioning of Start for Life services across the public and third sectors.

Local authorities encouraged to promote their Start for Life offer

- 24** The Review received evidence that joined up support for new families would be best delivered by a new statutory duty requiring all local authorities to publish their Universal and their Universal+ offers. But many of the services that form an essential part of the Start for Life offer, such as midwifery, health visiting, breastfeeding support, mental health support and safeguarding, are already existing funded responsibilities for local authorities. The Review Team will work with the Ministry for Housing, Communities and Local Government and local authorities during the implementation phase in order to consider whether any new duties are necessary. Government will consider this proposal further prior to implementation, including whether it would create any new burdens for local government, ensuring they are funded and in accordance with the New Burdens Doctrine.⁶⁷

Principles for designing a Start for Life offer

The Review has heard some brilliant examples of service design for the 1,001 critical days. Some principles that underpin those examples are listed below. In the implementation phase, the Review Team will work with others to develop them.

Collaboration:

- **Co-commissioning.** The best services are those which are co-commissioned between local authorities, the NHS in the local area and civil society.
- **Work in partnership.** Relationship-building both within and across different teams and cross-agency training should be promoted.
- **Relational approach.** Professionals should work in collaboration with parents, empowering them and offering empathy, information and support.

Continuity and consistency for parents and carers:

- **Continuity of care.** Consistency of staff should be ensured wherever possible.
- **Consistency of message.** Joint purpose is important and the workforce should give a consistent message to parents.

Meeting user needs:

- **Family centred.** A baby- and family-centred approach should be adopted across all services. We have seen the importance of local and ‘user’ involvement in the creation and design of services that are available in the 1,001 critical days. Recognising that babies cannot speak for themselves, local services should take into account the needs and views of parents and carers, whilst also remembering that at the heart of these services lie the needs of the baby.
- **Population needs and cultural awareness.** Awareness of cultural, social and economic population needs is important when designing services. This includes commissioning high-quality services for those with additional needs and vulnerabilities.
- **Access to services.** Digital services should be developed to complement face to face services and provide clear information and guidance.
- **Inclusive.** Services should be designed to include all types of carers regardless of socio-economic status or any protected characteristics.
- **Dads, partners, grandparents and other family members.** Ensure that the wider support network around the baby is included.

Evidence:

- **Evidenced.** Services should be commissioned based on evidence of ‘what works’ specific to the needs of the local community.

Accessible:

- **No jargon.** Start for Life offers should be easy to read and free from jargon.
- **Available to parents and carers in the places they visit at the times they need it.** Start for Life offers should be available online as well as displayed in the places parents go, whether that be community centres, libraries or recreation facilities. Thought should be given to how people access information and how it is distributed among communities, for example the role of social media and community leaders.

What the Review will do next

Local authorities, working with other partners, set out their Start for Life offer to parents and carers

- 25** Local authorities should be supported to work with local partners to develop a coherent and joined up Start for Life offer and make it clearly available. Our vision is that the offer will explain clearly to parents and carers what services they are entitled to and how they can access them. It should be a document in plain English, free from public sector jargon. Local authorities will also be supported to make the offer, both Universal and Universal+, easily accessible to local communities both online and displayed in places where parents and carers visit, such as community centres, libraries and GP surgeries.
- 26** Our vision is for Start for Life offers to be co-designed with Parent and Carer Panels and include a Universal offer for every family and a Universal+ offer to meet the needs of their specific local communities. **We will work with local authorities, the NHS, the Department of Health and Social Care, Public Health England or its successor body, the Ministry for Housing, Communities and Local Government, the Department for Education, the Department for Digital, Culture, Media and Sport and others to implement this (1.1).**
- 27** We will share the lessons of best practice, including how local authorities design and promote their Start for Life offer. During the implementation phase of this Review, **we will work with local leaders to identify and implement best practice in the Start for Life offer (1.2).**
- 28** **Working with local leaders and across the Start for Life sector, we will design a set of principles that will be a freely available guide for the effective design of Start for Life offers (1.3).**
- 29** **Alongside this, we will support every local authority to publish its Start for Life offer, allowing new parents who are moving home to consider where the best place might be to raise their baby (1.4).**
- 30** **We will work across national and local government and the NHS to ensure the Start for Life offer is at the heart of local healthcare commissioning and integral to their Integrated Care Systems (1.5).**

Case study: A young parent

“

I don't know what I'm doing and I've had no support.... I'm just winging it. I would just like to have someone to talk to individually [who can] give reassurance

”

A was 19 years old when she gave birth to her baby. Feeling very scared about giving birth and totally unprepared for becoming a parent, A tried her hardest to find Start for Life professionals who could help. Unfortunately, she kept hitting dead ends; her GP told her to contact her health visitor but she hadn't been assigned one. A was desperate to have a person she could build a relationship with; someone she could ask questions and seek advice from. Although she contacted her local health visiting team several times to find out who her health visitor was, nobody could give her an answer. It is mandatory for new parents to be offered an antenatal health review around 28 weeks into a pregnancy; A didn't hear from her health visitor until after her baby was born.

A also experienced problems with housing which exacerbated her feelings of stress and worry. With nowhere to go, she relied on her local council to find her a place to live. At 36 weeks pregnant and after a long wait, A was finally housed in a property which had leaking windows and problems with mold. A feels that the council didn't take her seriously because of her young age.

Lack of support has been a continuous problem for A. She found that once her baby was born, her friends did not want to spend time with her anymore. Her relationship with her family was also difficult; they were unhappy about her pregnancy. By chance, A met another pregnant mum, O, who has become A's main source of support. A speaks to O several times a week; she trusts O and feels she can go to her to ask anything.

Although A is feeling much more positive about her situation, she still feels as though she *“doesn't have a clue”* what help and support is available. As a busy single parent to a 10-week-old baby, A doesn't have time to search online to find out what's available and is worried that she is missing out on parenting classes and support groups which could help her and her baby.

Ethnicity

The Review wanted to hear from a wide range of parenting and caring experiences. Here we share some of what the Review heard about how ethnicity interacts with the Start for Life system.

What the Review heard

- 1** The way services and information are provided do not always feel inclusive. Information on websites or in pamphlets does not always reflect different cultures and experiences. Language barriers sometimes make communication between parents and professionals difficult; this can mean families feel a professional is not as caring and understanding as they should be.
- 2** Even where there are no language barriers, the Review heard that not all Start for Life professionals have an inclusive and sensitive approach to cultural factors. This lack of understanding and empathy can create distrust and, for some families, a reluctance to turn to professionals for help.
- 3** The Review heard how a lack of knowledge can mean important health issues are missed. For example, the Review heard that vital information about vitamin D is not always given to mums from black and South Asian ethnic backgrounds despite the greater risk of deficiency.
- 4** Data provides further evidence of disparities. Fortunately, maternal mortality is rare. In 2016-18 over 2.2 million women in the UK gave birth of which 217 died from causes associated with their pregnancy. However, women from black ethnic backgrounds are more than four times as likely, and women from Asian ethnic backgrounds almost twice as likely, to die from causes associated with their pregnancy compared to white women.⁶⁸ Emerging findings from Public Health England data, published this year, indicates that babies from minority ethnic groups are less likely to receive mandated health reviews⁶⁹ and mothers from minority ethnic groups are less likely to have accessed maternity care within ten weeks of their pregnancy. The Best Beginnings, Home-Start UK and Parent-Infant Foundation 'Babies in Lockdown' survey⁷⁰ found that fewer Asian/Asian British and black/black British respondents felt they had the information they needed during pregnancy or after birth when compared to other groups including white, mixed and other.
- 5** There are also impressive stories of parents making a difference. For example, the Review heard from black and South Asian mums who took action when they didn't receive the support, information and sense of community they needed. They set up new networks and groups so that other new parents will have a better experience than they did.

Case study: Ethnicity



I loved my midwife. I found out she's retired recently but she needs to come back. I can't imagine going through pregnancy again without her support.



F developed excessive nausea and vomiting, known as hyperemesis gravidarum ⁷¹, in her first pregnancy. She knew something wasn't right but she felt dismissed by her GP who said sickness was just a normal part of pregnancy. She felt she wasn't given an opportunity to explain how bad things were. F was eventually given prescription anti-sickness medication but the GP had not diagnosed her with hyperemesis gravidarum and F wasn't fully informed about what the medication was for.

F's family and community weren't familiar with hyperemesis gravidarum. Because no one knew why the medication had been prescribed, the idea of possible side effects raised great concern. F was unable to work and eventually needed hospital treatment for dehydration. She lost her baby when she experienced a miscarriage.

In her second pregnancy, she developed the same condition. This time her midwife shared a similar cultural background to F. She knew how the community around F would respond to F's condition and how people responded to her as a black woman. She helped F feel confident about what to say to her family and her employers. F describes how her midwife's awareness of her community was vital; she felt uplifted and empowered and able to speak up.



Ethnicity: How the actions in this Review will have real world impact

- 6** Each family has had a unique experience and has a different story to tell. This can mean they need different services or they might need the same services to be provided in a different way. Some people know little about the services that are available, perhaps because the information provided didn't reach them or didn't feel relevant. The Review heard how ethnicity and culture can have a significant effect on the quality of the service provided.
- 7** Every baby should be given the opportunity to thrive and achieve their full potential, regardless of their background. For this to happen, we need to ensure that the needs of all families are at the heart of how services are designed and delivered. At a national level, we will continue to listen to parents, carers and families from as wide a range of backgrounds as possible. Our vision is that local authorities develop their Start for Life offer with local communities, ensuring services are designed to meet the local need and that communications are tailored to meet the needs of the families who access support and services.
- 8** We want Parent and Carer Panels to reflect the diverse backgrounds of families in each community. The local workforce should also be fully represented so that volunteers and professionals from a wide range of backgrounds and organisations help to shape the delivery of support and services in their local area. By working together, families, professionals and volunteers can help local partners develop an inclusive and sensitive approach to cultural differences and needs.

Dads and partners

The Review wanted to hear from a wide range of parenting and caring experiences. Here we share some of what the Review heard about the experiences of dads and other partners.

What the Review heard

- 1** When we hear '*postnatal depression*' we often think about mums. But the mental health of dads and other partners can also be affected by the birth of a baby. In 2015, a study by the National Childbirth Trust found that one in three first-time dads reported feeling worried about their mental health following their baby's birth.⁷² The Review heard from dads who experienced postnatal mental health problems but did not speak out as they did not want to take any attention away from the health needs of their partner. The Review also heard from dads who did speak out about their mental health but felt ignored or marginalised by professionals.
- 2** We know that dads and partners sometimes need support with the more practical aspects of becoming a parent. There is no 'one size fits all' – some feel confident about caring for their new baby as they have experience of caring for younger siblings or other family members, while others have no idea what to expect and the prospect of becoming a parent feels very daunting.
- 3** The Review heard from dads who had accessed a wide range of services, from practical classes which taught them how to change a nappy, to support groups where they could meet other dads and other partners. The Review heard positive feedback from dads who were able to access services which gave them the space to share their experiences without worrying about taking the focus away from the other partner's health.
- 4** The Review also heard how dads and other partners sometimes didn't access support as they perceive services as being there for mothers, not for them. This can mean they didn't feel confident turning up to support groups or accessing services.
- 5** For this reason, some local organisations we spoke to are focused on making Start for Life services more inclusive for dads and other partners. They recognise that there are barriers to getting dads and other partners to access support. These barriers can be both practical, such as work commitments, and emotional, such as the fear of opening up in front of other people. Some organisations are co-designing their family services with parents, getting feedback on the types of support dads want and what needs to happen in order for dads and partners to access services with confidence.

Case study: Dads and partners



It's good to know that whenever you need help all you have to do is call



When B found out that his partner Y was pregnant, he felt excited. Y had another child from a previous relationship but this was B's first baby. B was keen to attend antenatal classes – he was worried that he was lacking the skills to care for a newborn. Luckily, Y knew exactly where to turn and she and B went to their local children's centre.

The children's centre immediately booked B and Y on to a five-week course of antenatal classes. The classes answered the questions B had about how the birth would work. In one session, B even got to practice changing a nappy on a real baby. B felt that every professional and volunteer he met was friendly and welcoming and helped him prepare for the arrival of the new baby.

B met lots of other parents at the children's centre who told him about other groups, such as soft play sessions and a dad's group at the local library. B enjoyed attending the dad's group so he could *"go and make a mess"* with his baby while meeting other dads and carers.

Overall, B felt really supported and included by the Start for Life services he engaged with. B feels fortunate that these services were available nearby to support him and his family.



Dads and partners: How the actions in this Review will have real world impact

- 6** The Review heard how important it is for dads and other partners to be able to access support. This includes mental health support, which every new parent should have access to if they need it. We want local partners to develop a Start for Life offer that explains clearly to mums, dads and other carers what support they are eligible for and how they can access it.
- 7** Sometimes, dads and partners can feel that support services are only available for mothers; it is really important for all family members to be able to access the help they need and to feel supported in giving their baby the best start for life. All Start for Life offers should be co-designed with Parent and Carer Panels; these panels must include dads and other partners, so they get the chance to shape the services which are there for them. Dads and partners should be able to give their feedback on services via the Parent and Carer Panels, so that local partners can ensure continuous improvement of services.
- 8** We know that becoming a parent can feel very daunting. The Review heard from dads who had no idea what to expect or where to begin looking for information to help them prepare for parenthood. We want every family member to always have immediate access to trustworthy information. That is why we want to create an NHS-branded online destination – a ‘digital front door’ – where parents and carers can access trusted information and support around-the-clock.
- 9** The Review heard some excellent examples of services available specifically for dads and partners. We’ve emphasised the importance of spreading best practice throughout this Review; local partners need to work together to share examples of ‘what works’ and ensure that dads and other partners are supported across England.

Action Area 2: A welcoming Hub for the family



Action Area 2: A welcoming Hub for the family

- 1** Every family must feel supported in giving their baby the best start for life, whether they're together or separated. All parents and carers – whether they're mums, dads, same sex parents, adoptive parents, grandparents, step-parents, foster carers or the wider family – need to know where to get help and support. A baby-focused place will make families feel welcome and be somewhere where they can get the help they need whenever they need it.
- 2** The feedback from families and service providers during the coronavirus pandemic has highlighted how important it is to be able to meet other parents and get face to face support; it just isn't the same when services are only available via phone or video call. In order to give every baby the best start for life, families need places they can go to get support, they need to know where these places are, and they need to know exactly how to access them.
- 3** Just as the services and support provided must be tailored to the needs of the local community, the places where families go to get help must be designed around them. Local authorities can have different ways of achieving this – where local partners are already providing Start for Life services and support in this way, they use a range of buildings including Sure Start Children's Centres and Family Hubs. What the buildings are called doesn't matter – what matters is that every family knows where they can receive high-quality advice and support. A hub approach allows families to access face to face and digital support from public, private and voluntary organisations at a single place.
- 4** The approximately 3,000 Sure Start Children's Centres and linked sites are highly valued by families. This Government's manifesto commitment to championing new Family Hubs will give us the opportunity to deliver, as the former Children's Commissioner put it in 2016, *“holistic, early intervention services to a whole community”* and that *“their introduction is a clear next step to coordinate existing services and support”*.⁷³ This is why Family Hubs are at the heart of our vision for baby-centred services, designed to give every baby the best start for life.

Family Hubs: the place to go

“Pregnancy and the first 1001 days in a baby's life are a significant time for parents – change, new skills, new concerns, new pressures. Family Hubs' priority is to engage with families during this time”

– Family Hubs Network. What Family Hubs offer: Antenatal and Postnatal Services.⁷⁴



- 5** Our vision is for Family Hubs to be welcoming, family-focused centres for every new family during pregnancy and beyond. Local Family Hub networks may consist of both physical and virtual places where services to support families come together, from birth registration to midwifery, health visiting to mental health support and parenting courses to infant feeding advice. All of the many ‘wrap-around’ services provided by local authorities and health organisations – ranging from debt and housing advice and relationship support services, to language classes and support to overcome domestic abuse, substance abuse or to improve wellbeing – can also be accessible through Family Hubs. A successful Family Hub would be a place for families to go for advice and for information about services they might need when they’re having a difficult time.
- 6** Although Family Hubs are designed to support families from conception all the way up to young people of 19 (or older if they have special educational needs or are disabled), our vision is that the Start for Life offer would be offered as a core part of the Family Hub network. This could include the provision of all antenatal and postnatal services – a locally published Start for Life offer would ensure families know what’s available to them. An example of an existing Start for Life service available to parents in the London Borough of Camden is the ‘Bump to Baby Programme’.

Case Study: The London Borough of Camden's Bump to Baby Programme

The London Borough of Camden's Integrated Early Years Service introduced 'Bump to Baby' – a new Preparation for Parenthood programme in April 2017. Bump to Baby provides support and information to help parents-to-be make the transition to parenthood. During the initial five weeks, parents learn about:

- Preparing for and managing labour
- Bonding with the baby
- Baby brain development
- Working out the baby's sounds, signals and cues
- Coping with crying and comforting the baby
- Becoming a parent and changing relationships
- Mental health impacts of pregnancy and birth
- Where to go if they need a little extra help

On course completion, families receive a gift bag containing information about services, activities in the children's centres and other community venues. It also contains some books and essential items for parents, carers and the new baby.

Completion rates are high, including by fathers and partners. Bump to Baby does not end after five weeks as families are encouraged to keep in touch with each other and they are invited to a Bump to Baby 'social' following their baby's birth.

Camden are now set to increase the number of courses available each year and have recently introduced postnatal groups, offering continuity and supporting access to other services.



A Family Hub network

- 7** Having a place to go to is important for families but a single, centralised location will not be able to meet the needs of all families in a community. More rural locations, as well as more diverse communities, will need different specialist or outreach services that can form a part of the wider Family Hub network but which are tailored for the particular needs of a community. In our virtual visit to Devon, the Review heard about how some families were struggling to access vital services due to a lack of transport, with the cost of a bus fare or simply the amount of time it takes to travel to their nearest Sure Start Children's Centre making it impossible for them to drop in or attend appointments.
- 8** The Review heard two main problems that arise from 'targeted only' support. First, identifying vulnerable families can be challenging. Second, a targeted approach can leave families feeling stigmatised and therefore less willing to ask for help, even when they desperately need it. Therefore, it is important that the Start for Life workforce know how to sensitively refer families on for further support, including social work support where it is needed.
- 9** There are examples of local authorities using their Sure Start Children's Centre estate to create a core of superb, multidisciplinary Family Hubs in the locations that best meet the needs of their communities. These Family Hubs sit at the heart of other physical and virtual services delivered in the community, in people's homes and in other locations such as GP surgeries and libraries. Sure Start Children's Centres are already highly valued by many and can be incorporated into this model where appropriate.



Family Hub network – virtual hubs

- 10** During the coronavirus pandemic, the Review heard from new families who had been under greater pressure than ever before. To add to their challenges, much face to face support was stopped and couples were prevented from being together during major events such as baby scans and even childbirth. Of necessity, a number of local services were moved online to try and maintain a level of contact that would support families through this extraordinary period. The feedback from online and remote service delivery is mixed. Some parents told us that they valued the opportunity to quickly text their health visitor or to have a video consultation with their midwife. Other feedback was that remote and digital breastfeeding advice was helpful as it enabled greater personal privacy. Parents found that video chats with other parents provided some vital social interaction for them and their baby. For those living in rural locations, online and remote support was considered extremely helpful, avoiding the need for, in one case, a 31-mile round trip on a bus to the nearest centre.
- 11** We are determined not to lose the advantages of easy access and convenience for parents that virtual tools brought during the pandemic. Family feedback is that they want face to face support to resume and to be at the core of all Start for Life services. At the same time, as a part of our work with local partners in the implementation phase, we will support them to develop their physical as well as virtual face to face offer.

Case Study: An example of virtual support delivered by a Family Hub

Community Family Hub East in Byker Sands, Newcastle-upon-Tyne adapted their services to offer excellent virtual support to families throughout the coronavirus pandemic. This included:

- Virtual work on parenting skills
- Timetable of virtual activities including story and song sessions
- Virtual activity packs
- Telephone support line
- Virtual 'holiday club' to deliver a virtual dance and music programme

Community Family Hub East reported that they had fantastic engagement from parents and carers and the babies and children who took part in the virtual activities really enjoyed them.



Remove the stigma that sometimes makes it hard for parents and carers to ask for help

According to IPSOS Mori's report for The Royal Foundation, 70% of parents of a 0 to five year old say they feel judged by others. 15% of parents report that the fear of feeling judged makes it difficult to ask for help and support for their child if needed.⁷⁵

- 12** The Review heard that it can be difficult for parents and carers to ask for help, in part because they fear they will be judged. Some people we spoke to specifically mentioned that Sure Start Children's Centres can be perceived as places for those who need help with specific problems. This can dissuade families from accessing services, as they fear being perceived as a 'bad parent'. Much more work needs to be done to make it easier for families to feel it is OK to need support and to ask for help – to remove the stigma many parents feel. One of the ways to do this is to make each Family Hub a place where you go to do the things that every parent does, including registering the birth of your baby.

Birth registration

“The ability to register births in Family Hubs provides an opportunity to alert expectant parents to the support services available and reduce any stigma associated with going through the doors.”

– The Family Hubs Network⁷⁶

- 13** All births in England are required by law to be registered, with most registrations currently taking place at a register office or associated service point. In some local authorities, registrars visit a specific location (such as a Family Hub) and take appointments on a specific day of the week. Every local authority should be encouraged to consider offering birth registration services in their Family Hubs in the future. This has been offered in a small number of locations in England for more than a decade.
- 14** A local area may wish to offer birth registration in Family Hubs as a way to introduce families to their local Family Hub and encourage them to make use of it.^{xi} Registering the birth of a child is something every new parent does – where this can be done in a Family Hub it can help families see their local Hub as a place they can visit without stigma. Staff based at the Family Hub can meet the new parents as they come to register their baby, including those who would otherwise not be in touch with services. This, in turn, provides staff with an opportunity to engage with the family, signposting them to groups and services relevant to them and, in doing so, dispelling the common misconception that services and support are only available to the birth parent.

^{xi} It is not known exactly how many Family Hubs or Sure Start children’s centres currently offer birth registration in England. However, this number is understood to be very small; of the 116 Hubs in England registered with the Family Hub Network, only one is known to offer birth registration on-site – Balby Family Hub in Doncaster. The number may be higher in children’s centres but this remains unknown. Evidence submitted to the Review by The Family Hubs Network (January 2021).

Case study: Benchill Children's Centre

Manchester City Council has been registering births at Children's Centres since 2001; there are now five centres that provide this service across the city, including the Barnardo's-run Benchill Children's Centre in Wythenshawe. Benchill Children's Centre offer birth registration at their Centre once a week, which is convenient for many parents as it means they don't have to travel the eight mile journey to Manchester city centre to register their baby's birth. However, offering birth registration at the Centre also acts as an effective way to introduce new families to their local Children's Centre and the services on offer. When attending a birth registration appointment, parents will meet with the registrar before seeing an 'outreach worker who will explain the different sessions available to them. These sessions include baby massage, sensory room and health visitor drop-in clinics, as well as an offer of support, advice and guidance on any problems parents might have experienced since their baby's birth.

From April 2019 to March 2020, Wythenshawe Children's Centres saw a total of 687 families attend the Centre to register a baby's birth. In the same year, the Benchill area of Wythenshawe had 161 births, of which 116 were registered at Benchill Children's Centre. 74% of those families re-engaged with the Centre after attending birth registration, with 46% of those families re-engaging within one month, a further 46% re-engaging within six months and 7% re-engaging after six months.

A place for the professionals and volunteers who support families

- 15** Family Hubs can provide a place to meet, physical or virtual, for the people who provide support to babies and their carers. Start for Life professionals and volunteers would be able to come together in a multi-disciplinary Family Hub to share best practice and ideas and develop a shared understanding of each other's roles and priorities.
- 16** By helping them come together, connections between the many professionals and volunteers supporting families can be easily formed. For example, if a family is 'handed over' from the midwife to the health visitor or introduced by the health visitor to a mental health professional at a Family Hub, it will be much easier to share vital information and concerns than when professionals are based in different locations. This also gives professionals and volunteers the opportunity to receive support, advice and supervision.

"A 'place' to go (physical or virtual) hub should be the coordinating mechanism. Although virtual care provides opportunities, this is not accessible to all. A physical space may have benefits for women/families and for facilitating integrated working between different agencies and professionals."

– Research Midwife

Commitment from the Government

- 17** The Government is committed to championing Family Hubs, as set out in its Manifesto.⁷⁷ The Government is investing over £14m to champion Family Hubs. This includes a new National Centre for Family Hubs to provide expert advice, guidance and advocacy; an evaluation innovation fund to build the evidence base; and data and digital products to help professionals collaborate and plan with families in the early years. The Department for Education is leading this work.

What the Review will do next

Our vision of the Family Hub experience

It is our vision that all families can expect to be welcomed to their local Family Hub from the moment their pregnancy is confirmed up until their child turns 19. Upon entering the Family Hub for the very first time, families will find that they now have a single point of access to information and advice on family, social and health issues. Local family services, including a broad range of health and social care services, will be co-located and integrated. Although not all services offered in a Family Hub will be available to every family as some will be targeted to specific needs and not every service will be available in every building, Family Hubs will be open-access and any parent or carer can 'drop in' to their local Hub when they need to. For this reason, we envisage Family Hubs as being baby-friendly, welcoming for families and located in accessible places.

Going to your local Family Hub should be as 'everyday' an event as going to your GP's surgery with no stigma attached. Family Hubs will be inclusive – they may be used by everyone, regardless of protected characteristic or socio-economic status.

Championing Family Hubs as a place where parents and carers can access Start for Life services

- 18 We will work with local partners to maximise the resources and facilities they already have, in order to ensure the best offer is made available to families. We will also work with the National Centre for Family Hubs to ensure councils understand how best to build a Family Hub network, including incorporating existing Sure Start Children's Centres into their network where appropriate (2.1).**
- 19 We will work with the Department for Education, the National Centre for Family Hubs and others in the health system to encourage all Family Hubs to include a specific Start for Life offer.**
- 20** Wider work is needed to understand how concerns about people judging their parenting or family circumstances can discourage parents and carers from accessing support. **In the next phase of the Review, we will work with the National Centre for Family Hubs and the Department for Education and the Department for Health and Social Care to identify the practical steps that should be taken at a national and local level to reduce the stigma some experience when asking for help. Every parent and carer needs to know it's perfectly normal to need help (2.3).**
- 21 In the next phase, we will work with the Home Office, the National Centre for Family Hubs and the Department for Education and the Ministry for Housing, Communities and Local Government to identify the best way to introduce families to their local Hub. We will encourage local authorities to consider offering birth registration services at the Family Hub (2.4).**

Disabled babies

The Review wanted to hear about a wide range of parenting and caring experiences from those who care for disabled babies.

What the Review heard

- 1** The Review heard that for many parents and carers of disabled babies, the journey to get a diagnosis and access to appropriate support can be a long and challenging one. One carer we spoke to commented that navigating the Start for Life system is “*a complete minefield*”, especially for first-time parents or those who have never cared for a baby with additional needs. The Review heard that some carers feel that the Start for Life system forgets about disabled babies, meaning it can be very difficult to find services which meet their needs.
- 2** The Review heard how time consuming it can be for parents to find the information they need to help their baby and even to understand their needs. Some parents can spend hours trawling the internet, trying to piece together often contradictory information from many different sources.
- 3** The Review also heard from some parents who felt that professionals did not take their concerns seriously; they felt they weren’t being listened to, further adding to the feelings of isolation and helplessness that some parents and carers of disabled babies experience. It also meant that there were unnecessary delays in the diagnosis of health conditions which could have had a detrimental impact on the baby’s development.
- 4** When a baby has a long list of complex needs, multiple agencies often become involved to support the family. The Review heard how parents and carers find themselves repeating their story to different professionals and volunteers – this can feel very upsetting and frustrating.
- 5** Parents and carers often get an intense feeling of relief when their baby finally gets their diagnosis. But for some, this is quickly replaced by feelings of despair when they discover that there are further barriers to accessing the services their baby needs. This could be because of long waiting lists, further procedures the family must go through or because the services simply aren’t available in their area.
- 6** The Review also heard from parents and carers with disabled babies who were able to access excellent support in their area. One carer told us how their health visitor listened to their concerns and referred their child to ‘Portage’ – a home-visiting educational service, commissioned by local authorities, which provides support to babies and young children with additional needs from birth up to statutory school age. The carer commented that her Portage visitor gave invaluable support and they felt like she was “*one of the family*”!

Case study: Disabled babies



I've known something wasn't right since before he could walk. I feel like I've had to persuade everyone it's not my parenting."

"We had no access to anything until he was two. I've been on two different parenting courses at the Children's Centre – including one I used to run myself. I've had to do them just to prove I know that information and it's not that I leave my child in a corner and ignore him.



K has known since her baby was seven months old that something wasn't right. Her health visitor told her not to worry but as he grew, her son couldn't recognise simple words and his speech still wasn't developing. Because the family lived in a village half an hour out of the nearest major town, they couldn't be referred to a home-visit service that helps babies with special needs, nor to a specialist speech and language therapist.

K had to wait until her son turned two before she could access local speech and language services. Even then, K was told she would have to go to a communication course at her local children's centre before the referral would be accepted. Although it was clear something wasn't right, she feels she was still asked to tick additional boxes.

It took another year to see a paediatrician, who suggested K's son might have autism. K has now been waiting for six months for the results of his assessment. Her son has now started at a mainstream school with no additional support.

Disabled babies: How the actions in this Review will have real world impact

- 7** The Review heard how hard it can be for parents of disabled babies to get the support they need. More must be done to support the inspiring parents and carers who work hard to give their baby the best start in life despite challenging circumstances. That is why we want local partners to provide a seamless Start for Life offer to all families. This should be well publicised and clearly set out what support is available to families and when families can expect to receive it.
- 8** There should be additional support available for disabled babies – this should be made available to parents and carers in the local Universal offer. This support should meet the needs of disabled babies and their parents. The best way to tell whether a service is meeting a family’s needs is to ask the family themselves, which is why we want local partners to co-design all Start for Life offers with Parent and Carer Panels, working with input from existing Parent Carer Forums. Parents and carers of disabled babies and professionals who deliver services for babies with additional needs should be represented on these Panels.



- 9** Parents and carers of disabled babies must also be able to find information that is trustworthy, easy to access and available when they need it. That is why we want to see the creation of a 'digital front door', which is NHS-branded and signposts parents to information and advice on a range of health topics.
- 10** The Review has heard how difficult it can be for parents to navigate the Start for Life system, due to a lack of 'join up' between different organisations and lack of data sharing meaning that parents often find themselves repeating their story to different professionals. This can be especially challenging for parents of disabled babies, who sometimes have a wide range of complex needs and require support from many different professionals. We want to improve the experience of parents and carers in the 1,001 critical days by giving them ownership of data on their baby's behalf, via a digital personal child health record, so they can share important information about their baby without having to start from the beginning.
- 11** Parents and carers are the experts of their own experiences, which is why it is so important that we listen to them. The Review has heard from parents of disabled babies who feel as though professionals have minimised their concerns about their baby's health. Parents and carers must feel supported by caring and compassionate Start for Life professionals – that is why we believe the importance of demonstrating empathy should be at the heart of training and development for the Start for Life workforce.

Adoption and fostering

The Review wanted to hear from a wide range of parenting and caring experiences. Here we share some of what the Review heard about the experiences of adoptive parents and foster carers.

What the Review heard

- 1** Some foster carers feel there isn't enough support available for them, especially when they're caring for babies. The Review heard how some foster carers get most of their support from fellow foster carers and support from the local Foster Carers Association, buddying systems and online forums such as Facebook groups are invaluable.
- 2** The Review also heard how foster carers feel there needs to be a larger number of structured support groups available, provided by local partners and social care professionals.
- 3** Even when support is available for families with babies, foster carers and adoptive parents often feel confused about whether they are eligible for the same services as birth families. The Review heard that foster carers often aren't told about the support that parents and carers can access and it is sometimes assumed that they know what is available.
- 4** Caring for a baby can be tough for any parent. But a lot of fostered or adopted children need specialist support as a result of traumatic early experiences and additional needs.⁷⁸ This makes being a parent or carer even harder. The Review heard how specialist services designed for children with additional needs can sometimes be difficult for foster carers and adoptive parents to access, with very long waiting lists and a lack of alternative support available in the interim. In some cases, services are not available – for example, the Review heard that many Child and Adolescent Mental Health services don't work with children under five.
- 5** The Review heard that for some foster carers, lack of data sharing can be a big problem. Sometimes, foster carers are given a baby to care for with limited information on the baby's needs, background and why it is in foster care. This is especially true if the baby goes to live with foster carers as an emergency measure. There is no way for foster carers to access information about the baby other than to ask the social worker or health visitor; the Review heard how sometimes professionals do not see the benefit of disclosing this information to the foster carer. The Review heard foster carers wish to be given a full picture of the baby's situation at the very beginning, so they can put the information into practice as soon as possible and adapt their approach to meet the baby's needs.
- 6** The review also heard how some foster carers and adoptive parents feel they are treated differently by Start for Life professionals. Some said they have to justify themselves again and again every time they interact with professionals.

Case study: Adoption and fostering

“

It does feel now we are getting support, but it's the fight you have to have to get it and the hoops you have to jump through – it's so much lost time for these kids.”

“Parenting is hard anyway, and with adoption and special needs on top – having these battles is so unnecessary.

”

J and his husband adopted A knowing that she might have additional needs. A was late with all her developmental milestones and was diagnosed with Foetal Alcohol Syndrome (FAS) as she turned one. The paediatrician wanted to get A straight into local support services but the family had to go through an Early Help Panel first, even though A met all the criteria necessary for support.

They weren't approved for support until A's second birthday, so there was no specialist input at all until she turned two. There was no route to any other services either and A first saw a speech and language therapist when she was two years and two months old.


Both J and his husband have worked in social care and education and know how to navigate the system but wonder how adoptive parents without the same experience would know where to start. They support other LGBT and adoptive parents and know that their situation is not unusual. They are aware of other adopters who have had to attend parenting classes during the adoption process and then been asked to complete very similar classes before getting access to support – again creating a delay in getting necessary help for the child.

Two years on, A is now getting the support she needs, but J and his husband feel the battle to get it in place was just so much wasted time. A year is a huge amount of time to lose when it comes to supporting a baby's development.



Adoption and fostering: How the actions in this Review will have real world impact

- 7** Foster carers and adoptive parents need support just as much as biological parents. The Government supports fostering families through Fosterline and adoptive families and Special Guardians through the adoption support fund and will continue to do so. However, the Review heard that many foster carers feel confused about the support that is available to them. We want all families to be able to access support and advice from their local Family Hub – this includes families who foster and adopt.
- 8** The Review also heard how invaluable support from fellow foster carers can be; Family Hubs could also help foster carers and adoptive parents connect with others in their local area and build a support network with people who have had similar experiences.
- 9** The Review also heard about the specific challenges around data sharing that foster carers and adoptive parents experience. The delivery of a Digital Personal Child Health Record (a digital version of the ‘Red Book’) can help with this by ensuring foster carers and adoptive parents are given ownership of the baby’s data on his or her behalf.
- 10** The Review heard how foster carers can often feel judged or treated differently. We want all Start for Life professionals to demonstrate empathy in every interaction they have with families, no matter what their background or circumstances are. These values need to be at the heart of training and development of professionals.



Action Area 3: The information families need when they need it

Action Area 3: The information families need when they need it

- 1** Every family should always have immediate access to trustworthy information. From that very first time hearing that a new baby is on the way, parents and carers must have access to a range of services: from professional advice to welcoming local support, both face to face and digital services will be designed with parents and carers in mind. This is why our vision is for the experience of parents and carers to be enhanced by excellent virtual and online support, with far better access to their baby's own data.
- 2** Parents told us that they need to be able to find information quickly and that they need to be confident that they are accessing information they can trust. Our vision is that mums and dads, family members and carers are able to have the information they need at their fingertips so that they can access help at every hour of the day.
- 3** For a new approach that keeps the baby's wellbeing at the heart of Start for Life services, parents and carers must be able to access their data where appropriate from pregnancy onwards. Holding this data in an accessible format will help parents and carers to advocate on behalf of their baby, and for many, sharing the data directly with midwives health visitors and other professional service providers will remove the burden of constantly repeating basic information, or worse still, repeating traumatic experiences to different professionals.

Enhancing support for parents and carers with virtual services alongside face to face support

- 4** Becoming a parent or carer for the first time is a significant life event which brings with it new experiences and responsibilities.⁷⁹ When you add in pressures such as ill health or additional needs or disability, the task of a parent is further complicated. It is unsurprising that the recent Royal Foundation research found that 73% of parents found their role to be either "stressful" or "very stressful".⁸⁰
- 5** More can be done to alleviate some of the pressures that parents and carers feel. During the 1,001 critical days, some families encounter a multitude of different services, whilst others find there is nowhere for them to turn. New parents may seek information online or by calling NHS 111 if they have concerns about their baby's health. Our vision is that parents and carers get the information and support they need as soon as they need it. As well as asking local partners to develop the services that meet the needs of their local communities, we want to ensure that this approach is mirrored nationally, with accurate, up to date and trustworthy information available online and over the phone for every parent and carer.

6 Although around 95% of adults in the UK use the internet⁸¹, digital exclusion remains an issue, and the likelihood of having internet access increases with household income.^{82xii} Digital exclusion isn't just about access – digital and language skills also matter. For example, a recent study found that 22% of the UK's population lack the basic digital skills needed to effectively engage online.⁸³ Around 8% of the population in England do not speak English as a first language.⁸⁴ Digital forms of information alone will not improve the experience of all parents and carers. Research has shown that the more adverse a family's circumstance, the more important it is for them to have secure and supportive relationships with trusted practitioners.⁸⁵ Digital and virtual services can enhance support but our vision is that everyone continues to prioritise face to face as the core means of delivering support.

A single digital 'front door' for parents and carers

7 Feedback from parents and carers has shown that there is a confusing mix of online information available from a wide range of NHS, charity and commercial sources. Even when searching for an answer to a simple question, parents can be overwhelmed with contradictory advice.⁸⁶ Therefore, it is important that parents and carers have an online NHS-branded destination where they can feel confident in the advice and information they access.

8 The Royal Foundation found that individuals turn to sources they know to be trustworthy, like the NHS, when they need information or advice.⁸⁷ This is why the Review Team will work with NHS England and NHS Improvement to enable parents to have easy access to information through the NHS digital 'front door'.

9 The NHS Long Term Plan describes how digital technology can “provide convenient ways for patients to access advice and care.”⁸⁸ It describes access to professionals and advice through the NHS App, alongside the role of nhs.uk in ensuring everyone can find helpful information online.

10 It is important for parents to easily access support from NHS 111.^{xiii} Trained professionals should offer advice and information for parents and carers worrying about their baby. They can also offer interpreters for parents and carers who do not speak English as their first language.^{xiv} The availability of NHS 111 must be made known and available to every parent and carer.

xii ONS data explores how adult non-internet users vary by age: Office for National Statistics. (2019) *Exploring the UK's digital divide*, online via <https://www.ons.gov.uk/peoplepopulationandcommunity/householdcharacteristics/homeinternetandsocialmediausage/articles/exploringtheuksdigitaldivide/2019-03-04#how-does-digital-exclusion-vary-with-age>

xiii NHS 111 a free 24-hour service that can be accessed online or by telephone. Current guidance outlines that assessments for those under 5 should be made via the telephone service only.

xiv The current NHS 111 service means that you can ask for a translator if you need one.



A digital child health record (a digital version of the paper ‘Red Book’) to ensure joined up support for parents and carers

- 11** Data is a powerful tool in the healthcare space, which can help unlock support and enable the right interventions. Making better use of data can transform the Start for Life experience for parents, carers and their babies.
- 12** NHSX will soon publish and implement a Data Strategy for Health and Social Care. This will capitalise on the good practice from the response to coronavirus by building on the permissive approach to data sharing while protecting the need for patient confidentiality. The strategy will set out a vision on how actors across the system can share data effectively and efficiently, for the benefit of better patient outcomes and to reduce burden in the system.

“Data sharing across agencies is the key to integrated working. The inability to share data often results in poorer, less coordinated delivery for those using services.”

– Representative, Northamptonshire Health & Care Partnership

- 13** Every parent currently has access to a limited amount of health and development data on their baby via the Personal Child Health Record (PCHR), known as the ‘Red Book’. The ‘Red Book’ is a paper record given to parents and carers at birth, and information and data are added by hand. In most cases, parents and carers take this book to each appointment relevant to their baby’s health but the paper format makes it impossible for them to share data quickly. If lost, either accidentally or deliberately, then critical information can be lost forever. The design of the ‘Red Book’ also constrains how parents use the record as there is no opportunity for them to tailor it to their needs. For example, it has no photo sharing capabilities, so parents are unable to add visual information about their baby’s development.

- 14** A digital record of a baby’s health and development would significantly help parents and carers give their baby the best start for life. For many parents and carers, digital access to their baby’s information will help them to advocate for their baby’s needs. Often for parents and carers, the need to tell a number of different professionals about their traumatic experiences or that of their baby can be upsetting. Likewise for service providers, many have told us that they would find it easier to help families if they knew about their journey in advance. Better data access will make it easier for parents to share information in the way that is easiest for them.
- 15** There is already a commitment from NHSX to deliver a Digital Personal Child Health Record (DPCHR). There is also a commitment in the NHS Long Term Plan to enable maternity records to be accessed digitally.⁸⁹ The digital record will ensure ownership of their own data belongs to each baby’s parent and carer on his or her behalf. This ownership of data from the very beginning will, over time, transform each citizen’s ownership of their personal digital health data for the whole of their lives.
- 16** Data is sensitive, so it is vital that it is shared safely and responsibly in order to protect babies and their families. For the digital health record to deliver on the promise of better outcomes, the data collected will comply with the NHS Digital Child Health and Maternity Standards so that it can be shared across all organisations and IT systems. NHS England and NHS Improvement are leading the work to improve how data is recorded and stored. Of course, data must only be shared where it is safe, ethical and appropriate.



Figure 4 – The Personal Child Health Record (known as the ‘Red Book’).
Image reproduced with kind permission of Harlow Printing Limited.

What the Review will do next

Ensuring an excellent experience for parents, carers and babies

- 17** Local authorities, working with other partners such as the NHS, should develop Start for Life offers that are based on the needs of their communities. A baby-centred approach to designing services should help local partners ensure that their offer gives every baby the best start for life. We will replicate this approach at a national level with a focus on how the digital offer and telephone-based services are designed around the needs of babies, parents and carers.
- 18** **We will work with Public Health England or its successor body, NHS England and NHS Improvement to map out the Start for Life journey of parents and carers that captures how they experience digital, virtual and telephone-based services during the 1,001 critical days (3.1).** This project will mirror work done by local partners and produce a national Start for Life offer for digital services.
- 19** A Start for Life offer for digital services will emphasise the need for accurate information from a trustworthy source that is easily accessible for parents and carers. As part of this action, we will work with NHS England and NHS Improvement to ensure parents and carers have access to an NHS-branded digital ‘front door’ for information during the 1,001 critical days **(3.1 cont)**.

Accelerating work on the Digital Personal Child Health Record

- 20** **We will work closely with NHSX and in consultation with parents and carers to develop the Digital Personal Child Health Record**, replacing the existing paper Personal Child Health Record or ‘Red Book’ **(3.2)**.
- 21** **We will work closely with NHSX and local partners to roll out a Digital Personal Child Health Record for every new birth by April 2023 (3.3).** This will include encouraging and ensuring suppliers, commissioners and developers comply with standards set out by NHSX.
- 22** **We will support NHS England and NHS Improvement as they develop additional features for the Digital Personal Child Health Record (3.4).** This could for example include combining it with the digital ‘front door’ so that push notifications could provide targeted information and support to new parents.

Single parents

The Review wanted to hear about a wide range of parenting and caring experiences. Here we explore what the Review heard about the experiences of single parents.

What the Review heard

- 1** Around one in four families in the UK are thought to be single parent families⁹⁰ Being a single parent can be tough; the Review heard that single parents often face loneliness, money troubles, lack of support and judgement from other parents and professionals.
- 2** The Review heard that single parents are twice as likely to live in poverty than married or co-habiting parents.⁹¹ It can be really difficult for single parents to find a balance between working and caring for their baby. This can be especially hard for parents who have limited support networks and can't turn to friends or relatives if they need help.
- 3** The Review also heard how feelings of isolation and loneliness are common among single parents. Again, this is more so for parents who do not have a strong support network or do not have people close by who can pop round for a chat when parents are feeling low.
- 4** Single parents can also experience negative interactions with other parents and even the professionals and volunteers who are there to support them. The Review heard how some single parents feel judged by others. This can prevent them from accessing support – whether that's not attending 'stay and play' groups with other parents or turning down a visit from the health visitor.

Case study: Single parents



It's really nice just to see another human, sit and talk about god knows what. [My support worker] has been a real support – if I have any issues, I can give her a call.



Once C was pregnant, her partner became verbally and physically abusive. Things got

worse after the baby was born and the police became involved. C ended the relationship with her partner to protect herself and her baby.

Initially, C was really nervous and blamed herself for a lot of what had happened. C was anxious about her baby all the time. Then her Independent Domestic Abuse Adviser referred C to a support worker. C started attending sensory play sessions where she learnt how different play activities could support her baby's development. C's support worker also helped with breastfeeding, suggesting different positions when C found things difficult, as well as when it came to weaning.

C has built a close relationship with her support worker and C feels she can contact her whenever she needs to talk about anything. Despite the difficulties she has had to deal with, C feels positive and her confidence in caring for her baby has improved significantly.



Single parents: How the actions in this Review will have real world impact

- 5** Support networks made up of family members and friends are a lifeline for many single parents but those who do not have access to them must feel supported. A welcoming and inclusive Family Hub should be where they can go to access that support, as well as being able to make use of other services as part of the network. Family Hubs in particular could provide opportunities for single parents to meet other parents and carers, volunteers and support workers, extending their network of people available to offer help, advice or a friendly chat when needed.
- 6** The Review heard how single parents sometimes feel judged by professionals and volunteers, but most of the time those providing Start for Life services provide vital help, advice and support; sometimes just as someone to speak to. We want to strengthen the Start for Life workforce so they can support every parent and carer to give their baby the best start for life.
- 7** Our vision is that single parents will be included in the design of services in their area, which will be achieved by their representation on Parent and Carer Panels. Local partners should make active attempts to seek feedback from single parents so they can shape services to meet their needs.

Action Area 4: An empowered Start for Life workforce



Action Area 4: An empowered Start for Life workforce

- 1** Our vision is that every family will be supported by a range of professionals and volunteers, each of whom brings skills, knowledge and empathy to interactions with families. From their first appointment, every parent and carer must feel that they are heard and that they can ask for help.
- 2** Parents and carers should be confident that the people there to help them have the right skills and knowledge and that whoever they speak to is aware of the full range of support available. Above all, families should feel that every individual they encounter treats them with dignity and respect.
- 3** To make this possible, the Start for Life workforce, whether public or third sector, needs to have up to date skills and knowledge about their own area as well as manageable workloads and appropriate supervision. However, professionals and volunteers also need to understand how their service fits into the bigger picture of support for families.

A Start for Life workforce that understands the needs of families and how others can support them

- 4** Families engage with many different sources of support during the 1,001 critical days. The Review heard feedback that for some it can feel like they are being passed from one service to another, with each interaction focusing on one aspect of the support they and their baby need, but no one looking in the round at how to best support them. A clearly published Start for Life offer will help signpost families to the support and services available where they live – but it's only part of the solution.
- 5** The people who deliver services and who provide support have an important role to play. They need to have a broad understanding of the perinatal period and be able to guide and connect families to other services and support when the help that's needed is outside their own specialism. They need to be suitably skilled to support babies with additional needs, disability and health conditions. The Start for Life workforce must also have an inclusive and sensitive approach to social, cultural and other factors; the Review has heard from some parents of experiences of what they perceive to be racism and from others about a lack of understanding of specific health issues that affect a particular demographic. It is also important that the Start for Life workforce know how to support LGBT families.



- 6** We've known for some time that cross-system training has an important role to play. For example, in 2015 the *'Building Great Britons'* report recommended *"joint inter-agency training on the importance of the early years for social and emotional development, for all professionals working with children and families in the early years, a priority in the '1001-days' strategy"*.⁹² And the Review heard that some professionals already have access to wider system training.

Case study: Knowledge and Skills Exchange Programme

Provided to the Review by the Family Nurse Partnership

The Knowledge and Skills exchange (KSE) programme was launched to increase the reach of the evidence-based methods used by the Family Nurse Partnership (FNP) in providing intensive parenting support. As part of the KSE programme, The FNP National Unit developed learning modules around topics including attachment, engaging with marginalised clients and communication skills.

Between April 2018 and September 2019, KSE training sessions were delivered to over 5,000 Start for Life professionals including health visitors, midwives, local authority services staff and voluntary agencies.⁹³

The FNP National Unit commented that the KSE *“makes full use of the skills and clinical experience of family nurses... to enhance the skills and knowledge of the wider children’s workforce to benefit children and families across the system.”*

– Representative, FNP National Unit

They also report that *“there have been far reaching benefits as collaboration and shared learning has led to wider system developments in response to local context and priorities. These include the development of integrated pathways for vulnerable parents; enhanced health visiting pathways and multiagency projects piloting new ways of working to address specific priorities such as engaging with fathers.”*

– Representative, FNP National Unit

- 7** It is only possible to be confident that every baby is getting the best start for life when every professional understands how their expertise contributes to the Start for Life system and how others support families. We need to ensure that the many excellent volunteers delivering support for families have access to system-wide development opportunities as they play such a pivotal role.

A Start for Life workforce where professionals have time to support families

- 8** The Review heard concerns at a local and national level about there being too few skilled professionals to ensure every family has the support it needs. In some areas, the Review heard about how hard it is to recruit and retain a range of professions but the most common example was health visitors. Health visitors have a unique role in the Start for Life offer as every family interacts with them. This is due to the statutory requirement for a minimum of five health visitor reviews to be offered between late pregnancy and age two and a half.⁹⁴ We heard cause for concern that the number of health visitors has fallen since 2015.
- 9** Approximately one in five mums and one in ten dads suffer from mental health problems in the period from conception to age two.⁹⁵ There is wide ranging support through the First 1,001 Days Movement from over 160 Royal Colleges, charities and other organisations that advocate for better mental health provision.⁹⁶ At the moment, such provision is patchy and tends to focus on the provision of adult mental health services rather than support for the relationship between parent and infant. More needs to be done to train parent-infant specialists and to develop a consistent and universally available service.
- 10** A shortage of skilled professionals can negatively impact the quality and quantity of support families receive. The Review heard how it can delay families accessing the support they need. The Review also heard concerns about staff being given unsustainable workloads. With too many families to see, they cannot take the time to get to know and understand their needs, often missing important opportunities to take early action. Newly qualified members of staff can be asked to work with families whose complex needs would be better met by colleagues with more experience and some suggested to us that there wasn't always sufficient oversight and support for those in the professional roles.

A Start for Life workforce that values the contribution made by volunteers and civil society

- 11** Civil society organisations play a vital role in supporting families. Charities are fulfilling contracts to provide services in many areas but they also have a wider, more informal role; there is an army of volunteers who help families in the 1,001 critical days. At a local level, the Review heard many examples of how important volunteers are – they help mums overcome problems with breastfeeding, run support groups and, increasingly, create online communities to help parents, grandparents and kinship carers connect with others. However, the role of volunteers is often not recognised at a national level.
- 12** Civil society organisations and local voluntary groups should be included in work to develop local Start for Life pathways and, wherever possible, be given access to cross-sector professional development. An important part of this will be establishing a shared understanding of what works so that the valuable time volunteers give to support families is used effectively.

A Start for Life workforce that families feel they can turn to for help and support

- 13** The Review heard from families who were full of praise for the professionals and volunteers who had supported them during the 1,001 critical days. Many said they didn't know how they would have managed without the people who had helped them give their baby the best start for life.
- 14** The Review also heard about less positive experiences. Some told us that they felt the professional they were talking to was 'box ticking' rather than listening to them, and they had to tell their story to every new person they met. Some parents told us that they were reluctant to use services because they didn't think they were meant for 'people like them'.
- 15** Parents and carers also told us how much they value seeing the same person or small team; they can build the trust and rapport which research shows is the key driver in achieving positive outcomes in the most vulnerable.⁹⁷ It is often not possible for one named professional to be there throughout a family's journey through the 1,001 critical days, but more can be done to ensure better continuity of care. The foundations are already there; for example, the NHS Long Term Plan has a target to ensure "*most women receive continuity of the person caring for them during pregnancy, during birth and postnatally*".⁹⁸

What the Review will do next

Building skills across the Start for Life workforce

- 16** We need every professional and volunteer to understand the wider needs of families and how the local Start for Life offer helps ensure parents and carers give their baby the best start for life. There also needs to be a greater focus on ensuring the Start for Life workforce understands emerging best practice and what works. **At a national level, we will work with the Local Government Association, Public Health England or its successor body, the education sector (including Health Education England) and others to develop improvements to interdisciplinary training and development (4.1).**

Strengthening connections between families and the workforce

- 17** Most professionals and volunteers demonstrate real empathy for the families they work with and treat them with dignity and respect. However, the Review also heard from a number of families who felt ‘judged’ by those whose job was to help them and about services that do not respond to clear need. Published local Start for Life offers should help ensure that services are designed to meet the needs of local communities; and in addition, the process of developing them will help professionals and volunteers connect with the families they serve. Action Areas 1 and 5 will describe how we will encourage local partners to promote professionals and parents working together to co-design services through the Parent and Carer Panels. This will build empathetic connections and mutual understanding which will be ingrained into the Start for Life offer. We will celebrate and share good practice as part of our work to support local partners.
- 18** The importance of demonstrating empathy should continue to be at the heart of training and development for the Start for Life workforce. **We will help local partners share best practice so that this becomes a central part of how we build a Start for Life workforce that supports all families (4.2).**
- 19** Continuity of support matters to families and can improve outcomes.⁹⁹ Where possible, local partners should ensure families have continuity of care. For example, within a Family Hub there could be multidisciplinary teams of workers, amongst whom there should be a key point of contact for each family. This ‘key contact’ model could allow a greater sense of continuity as the family could be personally introduced to other service providers within the Family Hub network by a person they know well. **We will work with local leaders and the National Centre for Family Hubs to further explore the concept of a ‘key contact’ for every family. The key contact can ensure a good level of continuity within the multidisciplinary team providing support to babies and families (4.3).**



Developing a modern workforce that can better meet the needs of all families

- 20** Cross-workforce training helps ensure professionals and volunteers are better able to support families – but more work is needed. **We will work with the Start for Life sector, professional bodies, the education sector, DHSC, MHCLG and HM Treasury to develop costed proposals to strengthen the Start for Life workforce. This will include how to increase diversity in professions, how to address issues with workload and supervision, and how to ensure we are training and retaining the skilled professionals needed to support families (4.4).**

- 21** Health visitors are central to how families are supported. Because of this, **we will work with the health visiting profession, the Government’s Principal Adviser for Public Health Nursing, the Nursing & Midwifery Council, Health Education England and others to ensure health visiting is viewed as an attractive career and that skilled health visitors are developed and supported so they stay in the profession (4.5).** This will form part of our wider work on how to develop a modern, diverse and skilled Start for Life workforce.

Case study: Same sex parents



The number of times we've had to cross out husband... we're so far ahead in some ways and so far behind in others.



B and her wife L have been together for 11 years. They got married nearly three years ago, and a year before that had discussed starting a family and decided that IVF was the right option for them. They spoke to their GP who advised them they would have to fund this privately.

Once they'd started the process, they found out that if their baby was born before they got married, the other parent would need to formally adopt before being officially recognised as a parent. At both the private clinic and in the NHS, they've sometimes come up against paperwork that assumes a husband or father is involved; at some appointments, it's been assumed that B's partner must be a 'Mr'.

IVF was a long and difficult process, and the couple are over the moon that it's finally worked. While B is carrying the baby, the couple chose an egg sharing arrangement – L is the egg donor.



Now that B's care has transferred across to the NHS and community midwives, she sees a different midwife for each antenatal appointment. B has had midwives who understand her situation immediately, but others have reacted differently. B doesn't expect everyone to understand why they're doing what they're doing but it's important to her that people are respectful. Sometimes she's had the impression that a midwife is saying *'I've never seen this before, I don't deal with this sort of thing'* and it can feel quite derogatory. But she feels as a couple they are able to take everything in their stride. They have bought a new house and are looking forward to sharing their baby's milestones with their families.

The Review met parents, carers, professionals and volunteers from many different walks of life. The Review knows that the pathway to parenthood is complex and families are diverse. We will ensure that in delivering the Review's action areas we will engage and take advice from families and parents that reflect modern society – this includes single parents, carers of adopted children, LGBT parents and others.

A close-up photograph of a young child with dark, curly hair, smiling broadly. The child is wearing a light-colored, short-sleeved top with intricate floral embroidery in shades of pink, yellow, and blue. The background is a solid, warm red color. In the top left corner, there are three overlapping blue rectangular shapes of varying sizes. The text 'Action Area 5: Continually improving the Start for Life offer' is overlaid in white, bold font across the lower half of the image.

Action Area 5:
Continually
improving the
Start for Life offer

Action Area 5: Continually improving the Start for Life offer

- 1** Our vision is that every parent and carer has confidence that the services and support in their area will help them give their baby the best start for life. Each local authority needs to understand how adequate its start for life provision is for local families, and every organisation (whether public or third sector) contributing to the local Start for Life offer needs to understand how the work they do contributes to the wider service supporting babies and their families. Good data will help those who commission and deliver services to continuously improve their offer. At a national level, ministers will also want to measure different standards of local provision in order to share best practice and ensure continuous improvement and the best outcomes for babies. This is why the fifth action area is to measure outcomes and evaluate the effectiveness of Start for Life services.
- 2** There needs to be a shared purpose for everyone delivering services in the early years. For this reason, our vision is that we need a set of common goals or outcomes that define what constitutes the best Start for Life.
- 3** A shared outcome framework will allow for measurement and evaluation, enabling parents to compare different local authority outcomes in the same way as they can consider school performance when they are considering where to raise their family.
- 4** There are three levels of evaluation. First, we need to establish what works – from parent-infant psychotherapy to intensive health visiting to therapeutic baby massage, there is a vast range of interventions offered in different local authorities. Whilst some are proven to be effective, others have less of an evidence base and we need to ensure Start for Life workforces have the tools they need to make the difference. Second, local authorities need to be able to measure their own effectiveness in order to continually improve their service offer – Parent and Carer Panels and strong local leadership are important here. Third, at a national level, ministers will want assurance on progress against clear outcomes and the narrowing of inequalities.

Using data collection to improve outcomes and reduce inequalities

- 5** Collecting and analysing data is essential to understanding the needs of babies and their families. The Review heard wide-ranging concerns that the data collected does not help us understand variation and disparity of outcomes across the country. Good quality datasets are essential to identifying and eliminating the greatest inequalities. Reviewing what data is collected and ensuring it is collected in a way that is both efficient and punctual and that it is correctly recorded will make a substantial difference. There is the potential for less data collection but far better focus on the needs of families.

- 6 For example, during the coronavirus pandemic, regulations were put in place to ensure that accurate collection and sharing of birth data was a priority. This was to monitor the effects of the coronavirus pandemic on births. We need to learn from this and encourage sharing of live birth data in every local authority, but also consider what other data could prove vital in identifying and reducing inequalities in outcomes such as infant mortality.

Evaluation to show what works

- 7 There are examples of good practice in evaluation of services, including those where local authorities partner with universities.¹⁰⁰ The Early Intervention Foundation has also carried out research into particular services but has a very specific standard which can be difficult for some Start for Life interventions to be assessed against. The Review heard that the level and quality of evaluation is patchy across the country; some services are poorly evaluated or not evaluated at all. This can be because of a lack of resources, but the Review has also heard that it is sometimes because of a lack of awareness about the importance of evaluations and a lack of knowledge of how to carry out effective evaluations. This can mean that services are prioritised because they feel like the right thing to do rather than because there is evidence that they help babies and families.
- 8 Although evaluation of individual services is important, it would be inefficient and ineffective to expect every local area to evaluate each of their services from scratch. Instead, our vision is that local authorities and health commissioning bodies can commission services that work within their local offer. These need to be from clearly evaluated and successful interventions that they know will offer the support that families need, therefore providing value for taxpayers' investment.

Continuous improvement of local Start for Life provision

- 9 Under Action Area 6 on leadership, the Review is proposing best practice that a designated lead individual in every local authority area will be responsible for co-commissioning services across the public and third sectors to deliver the Start for Life offer. This individual should be responsible for ensuring every family is made aware of the Universal and the Universal+ Start for Life offers that they can expect to enjoy, helping them give their baby the best start for life.
- 10 Parents and carers, as well as those delivering services, should be invited to take part in Parent and Carer Panels that will provide input to the design of services as well as feedback on the effectiveness and quality of the Start for Life offer. These panels should ensure that 'seldom heard voices' are included in all aspects of continuous improvement.

Agreeing national common outcome measures for the best Start for Life

- 11** Measuring outcomes across the system will help practitioners, local authorities and health organisations to design Start for Life offers. It will also help parents have confidence in their local services and will give ministers greater insight into how the ambition to give every baby in England the best start for life is being met.
- 12** A wide range of outcome measures, covering different aspects of the start for life, are in use. Data is measured or recorded by different organisations at both local and national levels. The Review heard how data isn't always being used comprehensively to inform local decisions about the Start for Life system. We need to create a common outcomes framework that looks strategically at all of the data that is recorded by different organisations. This will allow us to decide what matters most when measuring outcomes in the 1,001 critical days.
- 13** There is a strong consensus supporting better use of system-wide outcome measures, but there is less agreement about what these measures should be. During the Review, we worked closely with Public Health England, local partners and stakeholders across the early years sector, including charities, organisations, and the wider civil society, to hear what factors are most important to babies' outcomes.

Ages & Stages Questionnaires®

Ages & Stages Questionnaires(ASQ®) are used as a population-level outcome measure of child development at age two to two and a half in England. Health visiting teams use the ASQ for the nine to twelve month and the two to two and a half year review, offered as part of the Healthy Child Programme. The ASQ-3 questionnaires measure five domains of child development – communication, gross motor skills, fine motor skills, problem solving and personal-social development. The ASQ:SE-2 questionnaires are also available, which provide further insight on social and emotional aspects of child development. The returns help monitor the development of babies across England to assess the effectiveness and impact of services for 0 to two year olds and to support future planning.

- 14** Further work is needed before we can secure agreement to a practical and proportionate approach to measuring outcomes across the Start for Life system. This work will include considering whether the outcome data needed is best collected as part of the Public Health Outcomes Framework or as a new, separate framework.



Regulation of services to provide confidence to parents and carers

- 15** When services are assessed and regulated by an independent external body that people trust, parents and carers can feel more confident that they are being provided with safe, effective and high-quality care and support. Such existing bodies include the Care Quality Commission (CQC) and Ofsted. Proportionate and focused regulation of the Start for Life offer will provide the means to compare best practice, which can then be shared between local authorities.
- 16** The current regulation of Start for Life Services is fragmented. During the implementation phase, the Review Team will work with existing regulators to develop a proportionate and consistent measurement system that will provide confidence to parents and carers.
- 17** In the implementation phase, the Review will need to consider the regulation of similar multi-agency approaches to the provision of services. One such example is in the case of special educational needs (SEND), where the Department for Education and the Department for Health and Social Care have jointly issued statutory guidance for local authorities to publish a 'local offer'¹⁰¹ in much the same way as we have recommended publication of a Start for Life offer. In this example, Ofsted and Care Quality Commission (CQC) work in partnership to inspect local partners on their effectiveness in fulfilling their SEND duties. We might reasonably develop a similar model for the inspection of Start for Life offers.

What the Review will do next

Improve the quality and timeliness of current data collections

- 18** Currently, there are concerns that the data used to measure health outcomes in the 1,001 critical days is not capturing the whole picture. Improving the quality and timeliness of current data collections is the quickest way to improve knowledge about outcomes in the start for life period. Doing so will be particularly important when looking at inequalities and the ways in which vulnerable communities need extra support. **We will work with others to better understand why existing data collection requirements are not universally met. We will look to find the quickest way to achieve long-lasting compliance for the collection of relevant data within existing resourcing. We will also promote data sharing where it is proportionate (5.1).**

Providing clear evaluation of interventions so that local authorities and local partners can implement best practice.

- 19** **We will work with others to identify the best and most cost-effective ways to implement 'what works'.** This will include exploring whether the remit of the Early Intervention Foundation means it is best placed to lead this work or whether a new body is needed **(5.2).**



Ensuring local leadership and consultation with families and service providers

- 20** We will promote the development of Parent and Carer Panels, where professionals and parents will work together to co-design services. We will celebrate and share the excellent practice that we have seen during our Review (5.3).

Build consensus for a set of common outcome measures for the Start for Life system

- 21** Further work is needed to secure consensus about the best way to measure both individual and population-level outcomes across the Start for Life system. We need a set of common goals which match a shared purpose of supporting parents to give their baby the best start for life. We will need to align work to existing outcomes frameworks in local government and public health. **We will engage across the system to develop an Outcomes Framework that has broad support (5.4).**

Regulating services across the Start for Life system.

- 22** We will work across Government and the public sector to identify opportunities to improve the regulatory framework, ensuring it is proportionate. This framework will give parents and carers vital assurances about the quality of services in their local area and, at a national level, give Government a clear overview of performance (5.5).

Families living in rural areas

The Review wanted to hear from a wide range of parenting and caring experiences. Here we share some of what we heard from parents, carers and Start for Life professionals and volunteers who live and work in rural areas.

What the Review heard

- 1** Caring for a baby in a large rural area can bring with it a number of obstacles. These come on top of the challenges which parents and carers face regardless of where they live. The Review heard that living in a large rural county where the towns and cities are many miles apart can make accessing support very difficult for families as they have a long way to travel. For example, the average journey time to hospital using public transport is 34 minutes in urban areas, compared to 61 minutes in rural areas¹⁰² and the Review heard that in Devon, families can live up to 29 miles away from their nearest Children's Centre.
- 2** In rural areas, accessing services can be especially difficult for families who do not have use of a car. The Review heard how transport options can be very limited; in some areas, the train services are virtually non-existent and residents have to rely on bus services which are infrequent and often expensive. For some families, travelling on buses to get to appointments can take up a large portion of their day, especially if there is no direct bus route.
- 3** The Review also heard how covering a large geographical area can make things harder for Start for Life professionals and volunteers. Many professionals – such as health visitors and community midwives – are able to offer home visits to the families they support. Having long distances to travel between visits will reduce the number of families Start for Life professionals and volunteers are able to see each day. This might make it more difficult for families to get a home visit and it might mean increased workload pressures for professionals.
- 4** We also heard about the ways in which service providers have overcome the challenges faced by geographically dispersed areas. For example, some local partners are able to provide free transport to help parents access services. Others have been conducting research with local families to find out which locations are the easiest for parents to get to. Local partners have also made some of their services mobile, running sessions in different locations around an area so they can reach out to communities which are often isolated.
- 5** The Review has also heard about how the changes to service provision as a result of the coronavirus pandemic have been welcomed by some families living in rural locations. As many local partners have been able to offer virtual services – either online or over the phone – families have been able to avoid travelling long distances in order to attend a face to face appointments.

Case study: Families living in rural areas

“

When I had concerns, I had to drive one hour to the hospital and then wait, sometimes all night.

”

M had quite a difficult pregnancy – luckily, there is a clinic in the small rural town where she lives so she was able to attend midwife appointments close to home. But when M had more serious concerns, nobody was available locally to provide medical support and so M had to set off for her nearest major hospital – one hour away.

Problems with accessing support continued after M's baby was born. M's local clinic didn't have any scales, so she had to travel to the larger hospital to check her baby's weight. M also experienced issues with breastfeeding and was referred to an infant feeding clinic. She would have had to travel to the hospital to attend appointments for this but due to coronavirus restrictions, the clinic offered virtual support. M felt this support was amazing and the professionals were very supportive during a challenging time.

Luckily, M has access to a car and was able to drive to the hospital. However, some parents don't have this option. Other people living in M's town would have to travel for an hour and a half on a bus to get to the hospital – a bus which only runs four times in a day.

Families living in rural areas: How the actions in this Review will have real world impact

- 6** The Review has heard how living and working in rural areas comes with additional challenges for families, with difficulties around accessing face to face services due to the time and cost of travelling to appointments. While having a physical place to go is central to the Start for Life offer, meeting the needs of every family requires services to connect with those in isolated communities, giving them the support they need without expecting them to always travel far for it.
- 7** There are similar challenges for those professionals and volunteers providing services as part of the Start for Life offer, where one person doing home visits can by necessity spend more time travelling between appointments than working with families. While home visits are a vital service, particularly for midwives and health visitors, we want to enable greater ability to connect with families remotely through the digital offer to supplement face to face engagement.
- 8** Services provided under both Universal and Universal+ offers should include a digital element wherever possible, be it telephone appointments or group activity sessions held over a video call. However, we recognise that broadband connectivity and mobile phone networks are unavailable or unreliable in some rural areas.¹⁰³ For this reason, we think digital services must complement, but not replace, in-person physical services.
- 9** We have seen some excellent examples of services adapted to meet the needs of their local communities, particularly those that have been implemented due to the coronavirus pandemic. It is important that others are given the opportunity to learn from these experiences; we think local leaders will be well-placed to identify and share best practice, as well as 'what works' when commissioning service
- 10** It is really important that local partners listen to the people they serve and consider their preferences when designing a Start for Life offer. The Review has heard how some local areas have conducted research with parents and carers to ensure that physical services are based in the locations which are easiest for families to reach. We want to see more local partners involving their communities in all aspects of how services are designed. This should be achieved by the co-design of the Start for Life offer by local authorities and Parent and Carer Panels.

Action Area 6: Leadership for change



Action Area 6: Leadership for change

- 1** Giving every baby the best start for life will need clear and committed leadership. Families need leaders across the system to work together to achieve consistent, quality services. Leadership is critical – the Review heard from mums, dads and carers that they feel they have to work out for themselves how to join up the complex service landscape for their baby. This leaves them feeling lost, not knowing where to turn or who to hold to account if the services in their area aren't up to scratch. This is why our vision is to ensure responsibility and accountability for delivering excellent Start for Life services to every family. This requires a fresh focus on national and local leadership.
- 2** Throughout this Review we were told by parents and carers that they want to be heard by the people designing and commissioning Start for Life services. To give them confidence in the delivery of these actions, we will encourage Parent and Carer Panels that provide input to the creation of a joined up service offering, as well as first-hand feedback to ensure continual improvement.

Parents and carers know who is accountable for supporting them to give their baby the best start for life

- 3** Our vision is for identifiable and committed leadership at a local and national level for all elements of Start for Life services. We want to prevent babies and their carer passed between different professionals and volunteers, having to tell their story over and over again. We want to ensure that locally and nationally, accountable leadership will provide high-quality, joined up care and support designed to give every baby the best start for life.

“Each local authority area should develop, jointly with local NHS bodies, communities and the voluntary sector, a clear and ambitious plan for their area, which sets how they will improve support for local children, parents and families during the first 1,000 days and how they intend to achieve national goals. The development and delivery of these local plans should be led by a nominated officer, accountable for progress.”

**– House of Commons Health and Social Care Committee
“First 1,000 days of Life”, 2019. Thirteenth Report of Session 2017–19¹⁰⁴**

Local leadership

- 4** Feedback during the first phase of the Review made it clear that local leadership is variable, and accountability for delivering Start for Life services range between local authorities, local health facilities and the third sector. Currently, local authorities have a statutory responsibility to improve the health of their local communities. They receive an annual Public Health Grant which, as well as supporting delivery of vital services like drug and alcohol treatment, should be used to support services for the period from conception to age two. Parents and carers should be able to expect health checks from conception to the age of five, as well as a number of critical wraparound services to deliver improved start for life outcomes. This works highly successfully in a few local authorities, but by no means all.
- 5** The Review saw encouraging evidence of improvements to the way that local authorities and health organisations jointly commission services. The creation of 'Integrated Care Systems' is one such example. It is NHS England and NHS Improvement, guided by the NHS Long Term Plan, that require a focus on care quality and outcomes improvements for children's health, envisioning *"a strong start in life for children"*.¹⁰⁵ Local leaders across the NHS, public health and the local authority take collective responsibility for managing resources, delivering care and improving the health of the population they serve. A more joined up approach with clear, local accountability will ensure families receive the support they need. We think every family deserves this.
- 6** But the Review has also heard concerns from across the system that support for the 1,001 critical days is too often marginalised at a local level. Despite hearing from passionate and committed professionals and volunteers, the Review also heard about how the need for high-quality start for life support is sometimes an afterthought when making decisions about which services to deliver. We are not the first to observe that local leadership can be a problem. In 2014, WAVE Trust interviewed local authorities and professionals in the field of the early years and identified *"lack of leadership"* as one of the principal barriers preventing adoption of preventive policies by local partners.¹⁰⁶

"Respondents suggested that a lack of consistent, strategic and committed leadership, both locally and nationally, was a major restrictive factor inhibiting a shift to a preventive approach. Poor quality leadership resulting in a lack of strategic direction is a potential issue for some local areas, and is compounded by a lack of innovation and bravery in decision making."

– WAVE Trust, 2014¹⁰⁷

- 7** The Review has seen excellent examples of local leadership. We had detailed virtual meetings with families, professionals and volunteers from the London Borough of Camden, Stoke-On-Trent City Council, Devon County Council, Essex County Council and Leeds City Council. They have developed services to ensure parents and babies are supported throughout the 1,001 critical days. Local leaders have come together to ensure services take an integrated approach on a range of health, social and family issues. Most importantly, they have ensured that the needs of babies remain in constant focus. For example, Camden Borough Council have set up a ‘First 1,001 Days’ steering group, designed to *“bring [local] leaders together” and “find shared solutions to influence and develop services, ensuring every child has the best start in life.”*¹⁰⁸ Another excellent example of local leadership comes from Leeds City Council – they have emphasised a commitment to invest in their ‘Best Start’ programme. A key objective of the strategy is to get all relevant services to prioritise support in the 1,001 critical days. This strategy is shared between public health and children’s services; Leeds City Council state that this *“partnership approach has been the key to success”*.¹⁰⁹
- 8** Collaborative working is undoubtedly valuable in providing better support for families. However, the clear conclusion of our research is that best practice is for a designated, locally accountable leader who will take the responsibility for co-commissioning all Start for Life services across the statutory and voluntary sectors.
- 9** As the Prime Minister has said, brilliance and potential are widespread right across our United Kingdom¹¹⁰, but opportunities are not. He has committed the Government to levelling up so that the opportunities are equally available in every city, town and village. There are many different measures of opportunity which would include income, employment, physical health, emotional wellbeing, and the opportunities for local regeneration.
- 10** The levelling up metrics for the earliest period of life will require a far greater understanding of parenting capacity and mental health, as well as measures of foetal and infant health. Research from the Maternal Mental Health Alliance demonstrates that in the North East and the North West where some of the greatest levels of socio-economic deprivation exist, are also where poor maternal mental health is at its highest. There is a wealth of evidence that poor mental health, drug and alcohol dependency and domestic abuse amongst parents and carers lead to significantly poorer outcomes for babies and young children. Support to reduce incidence of these in the early years will positively contribute towards the Prime Minister’s levelling up agenda.
- 11** Supporting families to give their babies the best start for life will ultimately result in far greater levels of school readiness and a significant reduction in youth problems such as anti-social behaviour, poor mental health, drug use and gang membership. There can be no greater contribution to levelling up across the nation.

National leadership

“The overwhelming majority of organisations who submitted written evidence to our inquiry called for a cross-government approach to the first 1,000 days. To be effective a minister responsible and accountable for the first 1,000 days of life must be able to work cross-government to secure and maintain the contribution of different departments”

**– House of Commons Health and Social Care Committee
“First 1,000 days of Life”. 2019¹¹¹**

“Appoint a Minister for Families and Best Start in Life with cross-departmental responsibility, drawing together all relevant departmental ministers. The Minister should either be in the Cabinet or reporting directly to Cabinet”

**– Recommendation 6 from ‘Building Great Britons’ (2015) –
The All-Party Parliamentary Group for Conception to Age 2¹¹²**

“We call for Accountability at a national level for perinatal mental health care in the UK. It should be clear which ministers, commissioners and health providers are responsible for making sure there are sufficient, high-quality services for all the women who need them. Levels of provision should be monitored, and people and organisations held to account for gaps in provision.”

**– The Maternal Mental Health Alliance (MMHA)
“Everyone’s Business” campaign¹¹³**

12 Ministerial responsibility for the 1,001 critical days is scattered across multiple departments and ministerial portfolios. It can be difficult to identify who is responsible for overall policy for the start for life period. Figure 5 illustrates the number of departments and ministers with an interest in this area.

Responsibility for outcomes at a national level

There are a range of ministerial interests for the period from conception to age two from different Government departments:

Department for Education:

- The Secretary of State for Education is the Cabinet Minister with responsibility for children and families
- The Parliamentary Under Secretary of State for Children and Families is responsible for children's social care, safeguarding and the welfare of all children, children's mental health and wellbeing in education, early years policy, Special Educational Needs and Disability, and childcare

Department of Health & Social Care:

- The Secretary of State for Health and Social Care is responsible for child health outcomes in partnership with NHS England and Public Health England
- The Parliamentary Under Secretary of State for Prevention, Public Health & Primary Care is responsible for health improvement and inequalities
- The Minister of State for Patient Safety, Suicide Prevention & Mental Health is responsible for maternity care and mental health

Home Office:

- The Secretary of State for the Home Department has overarching responsibility for the Home Office's portfolio, including safeguarding
- The Parliamentary Under Secretary of State for Safeguarding is responsible for a range of safeguarding issues where they affect unborn babies and infants

Ministry of Housing, Communities & Local Government:

- The Secretary of State for Housing, Communities & Local Government has oversight of local government
- The Parliamentary Under Secretary of State for Rough Sleeping & Housing is responsible for the Troubled Families Programme

Department for Work & Pensions:

- The Secretary of State for Work & Pensions has oversight of the Reducing Parental Conflict Programme, the Child Maintenance system and the Welfare system
- The Parliamentary Under Secretary of State for Work & Pensions is responsible for policies around reducing parental conflict, the Child Maintenance system and Maternity benefits

The safeguarding of children is a joint responsibility of:

- The Parliamentary Under Secretary of State for Children and Families (Department for Education)
- The Parliamentary Under Secretary of State for Safeguarding (Home Office)
- The Minister of State for Patient Safety, Suicide Prevention & Mental Health (Department for Health & Social Care)

- 13** Bearing in mind the impracticality of moving all Start for Life services into one Government department, our vision is for an overarching Cabinet-level oversight for joining up policy and implementation for the 1,001 critical days. Parents and carers should be confident that every change to Government policy is made with their baby's wellbeing in mind. As a Government we need to make it easier for parents and carers to help their babies to thrive. By giving a Cabinet Minister a tightly defined oversight for Start for Life policy, we will not only signal the Government's commitment to giving every baby the best start for life; we will also ensure that the Prime Minister's appointment in Cabinet is advocating on behalf of babies to make sure that the needs of the youngest members of society are not neglected when decisions are being made.

Why we need to invest in the 1,001 critical days

- 14** Without a powerful voice advocating for babies in decision-making, we've neglected to invest in the services and support needed to ensure they get the best start for life. Investing in this period is the ultimate long term investment we can make in our population.
- 15** If we fail to invest in support services for parents, carers and babies during the start for life period, we will see expensive future consequences. A recent British Medical Journal study points to the impact of adverse experiences in the earliest days resulting in significant physical and emotional detriment in later life (see Figure 6). Adverse experiences are linked to such issues as criminal activity and school expulsions.¹¹⁴ These costs soon add up. In 2016, the Early Intervention Foundation calculated that £655 million was spent on school absence and expulsion and £5.9 billion was spent on youth crime and anti-social behaviour during that year. Overall, £16.6 billion was spent on 'late interventions' by the public sector in England and Wales in 2016.¹¹⁵

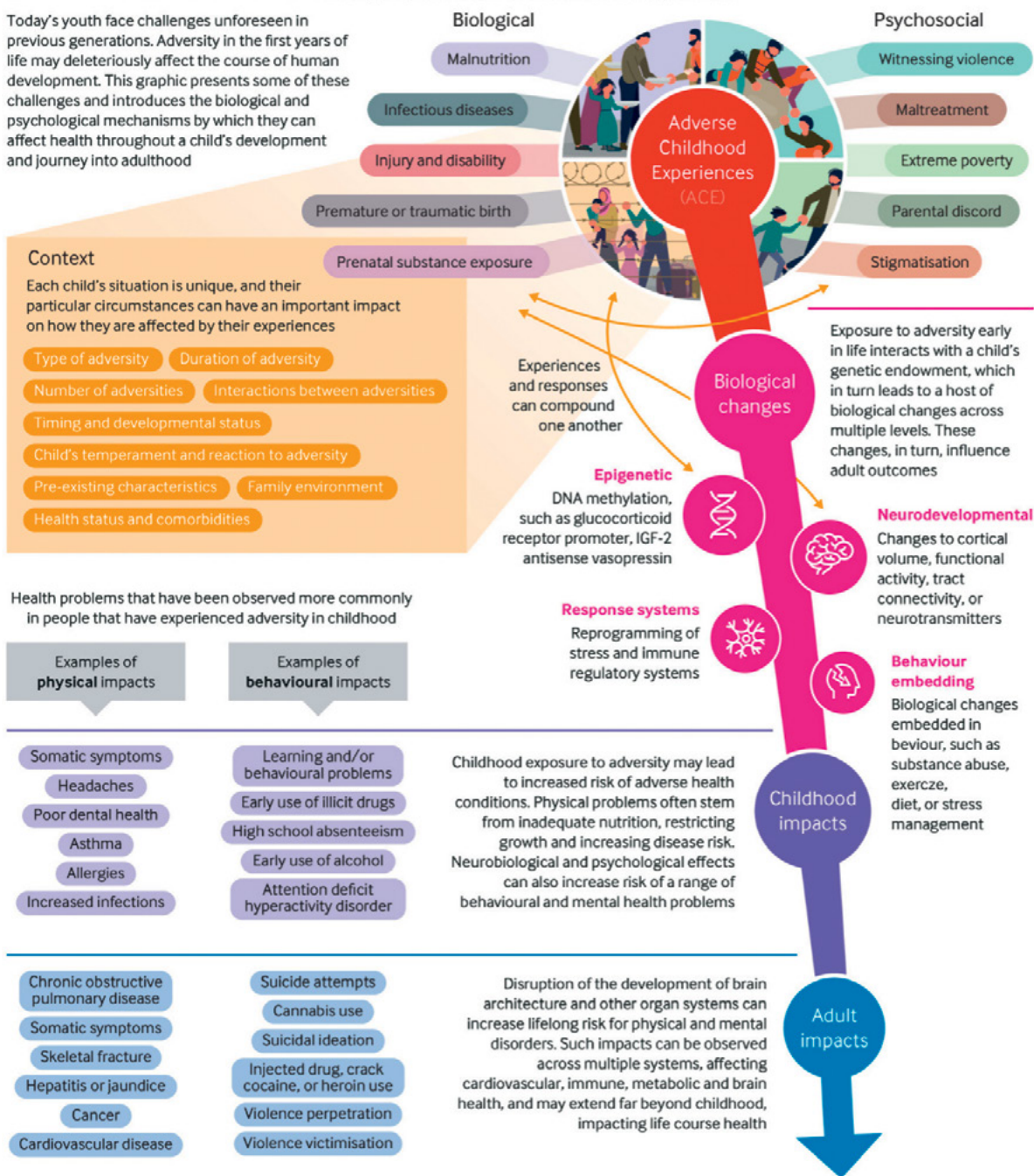


thebmj Visual summary

From bitter experience

Lifelong implications of adverse childhood experiences

Today's youth face challenges unforeseen in previous generations. Adversity in the first years of life may deleteriously affect the course of human development. This graphic presents some of these challenges and introduces the biological and psychological mechanisms by which they can affect health throughout a child's development and journey into adulthood



The way forward In their BMJ analysis article, Nelson and co-authors explain their recommendations for policy and research in this area, including:

- Development of new metrics
- Implementation of evidence-informed policies
- More individualized research
- A range of interventions at all stages of childhood

thebmj Read the full article online <https://bit.ly/BMJace>

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See more visual summaries <http://www.bmj.com/infographics>

Figure 6 – Infographic showing the physical and behavioural impacts of Adverse Childhood Experiences – provided by The British Medical Journal (BMJ)

- 16** The life chances for children who are taken away from their families and put into care are very poor, with increased risk of teenage pregnancy, poor educational achievement, substance misuse and mental health problems. This comes at a high cost. In 2017-18, council spending on children's social care amounted to almost £8.8 billion.¹¹⁶ Children's social care spending has increased year on year since 2012 and the number of children being taken into local authority care remains at an all-time high.¹¹⁷ As of March 2020, just over 80,000 children were in care – an increase of 2% from the year before.¹¹⁸
- 17** Although there is a wealth of evidence of the long term consequences and costs of adverse early experiences, it has proved difficult in the past to secure long term commitment to invest in the start for life. This must now change.

“Economists now assert on the basis of the available evidence that investment in early childhood is the most powerful investment a country can make, with returns over the life course many times the size of the original investment.”

– The World Health Organization’s Commission on the Social Determinants of Health, 2007¹¹⁹

“It was, and is, the view of the charities that the common sense case for investing in ‘early intervention’ is now almost beyond challenge. It is certainly clear that Government continues to spend enormous sums of money meeting the cost of expensive social concerns such as those related to unemployment and the skills to work; physical or mental health issues; criminal justice cases; or rehabilitation programmes for substance misuse. Yet increasing amounts of evidence are demonstrating just how much resource can be saved by supporting children and families earlier, before the costly effects of these inter-linked conditions become acute.”

– The Case for Early Support: Barnardo’s, Action for Children, The Children’s Society, NSPCC, and Save the Children UK. 2015¹²⁰

“Investing in early childhood development is a cost-effective way to boost shared prosperity, promote inclusive economic growth, expand equal opportunity, and end extreme poverty. For every \$1 spent on early childhood development, the return on investment can be as high as \$13.”

– UNICEF online article¹²¹



Accountability to parents and carers

- 18** The Review has heard how parents and carers can often feel that services do not meet their needs, either because the content is not right for them or because the timing or the location does not fit with their lives. The Review has seen how communities are more likely to trust and access services if they feel those services represent them, listen, and understand their needs. This is why it is vital that parents, carers and the people who support them feel they have a voice and a way to influence decision making.

“When I did go to services it did seem like a one size fits all approach. Professionals were not asking the right questions, it’s like they have a script, they are not trying to figure out what is good for the mother, it was a disingenuous blanket approach.”

– Participant at the Black Mums’ Round Table

- 19** In future, local authorities will be able to draw on the newly established Parent and Carer Panels to develop Start for Life services. Parent and Carer Panels will provide feedback on the accessibility and effectiveness of services year on year. This is an important next step – it will strengthen accountability and ensure local authorities are meeting the needs of the local community.

What the Review will do next

Learning from the experiences of parents and carers

- 20** It can be difficult to know what services and support are best suited to the needs of a community, but it can be enhanced by listening to those who are themselves parents and carers. **We will consult with local partners, parents and service providers to establish the Parent and Carer panels that help local leaders to co-design the Start for Life offer and also provide effective and meaningful feedback to ensure continuous improvement. We will also ensure that the voices of parents, carers and families inform national policy and decision-making (6.1).**

Clear leadership and accountability at a national and local level

- 21** Parents and carers need to know exactly what they can expect from a joined up Start for Life offer. Our vision is that delivering this to every family will be the responsibility of a single, identifiable leader who would be accountable for Start for Life offer in their area. This leader ensures that the 1,001 critical days are prioritised and that excellent services are co-commissioned across the public and third sectors as part of the Integrated Care Systems core offer. **We will also work with partners in local authorities to develop best practice on which individual should be given the authority and accountability for the co-commissioning and continual improvement of Start for Life services.** This could, for example, be the Director of Children’s Services, Director of Public Health or an equivalent role depending on the preference of each local area **(6.2).**
- 22** Parents and carers also need to know who is advocating on their behalf at a national level. By nominating a Cabinet Minister with clear oversight for the Start for Life, the Prime Minister is signalling his personal commitment to transforming how we support families. In this role, the minister will oversee implementing the agreed actions from this review and for ensuring that Start for Life is kept at the heart of policy-making decisions across Government. **The Prime Minister will appoint a member of the Cabinet to oversee the Start for Life system, which will include leading a Start for Life Delivery Unit. (6.3).**
- 23** The minister will be supported by a cross-government team – a Start for Life Delivery Unit – that will work across Government and with the wider sector to implement this vision and transform the support for families during the 1,001 critical days. **The Chairman of the Early Years Healthy Development Review (Rt Hon Andrea Leadsom MP) will continue her work as the Government’s advisor in this area (6.4).**

- 24** Strengthening the support for the Start for Life must be integrated into all relevant aspects of Government policy and implementation. We can only build back better from the coronavirus pandemic if we ensure that every baby gets the best start for life and that action is taken to reduce inequalities of outcome. The new lead minister will be a powerful advocate for the needs of babies. **In the next phase, we will ensure the needs of babies and their carers are at the heart of policy development and implementation. We will start by working with NHS England and NHS Improvement to take into account the commitments already made in the NHS Long Term Plan, particularly on maternity services and the introduction of parent-infant support (6.5).**

Building the economic case for investment in the Start for Life

- 25** In this vision, we lay the foundations for improving how families are supported during the 1,001 critical days of their baby's life. These are only the foundations. Longer-term work will be needed to transform how we support families and it is likely that will require significant and sustained investment. Before we make the case for more money, we need to be confident that existing spending is having the most impact. Only when this work is done will we be able to make the case that investment in the 1,001 critical days can lead to savings and efficiencies in later life. **In the next phase we will work with local leaders and the lead minister in conjunction with colleagues in HM Treasury to understand efficiencies and begin building the economic case for further investment in the Start for Life (6.6).**

Harnessing the support of families, volunteers and professionals to deliver the best Start for Life.

- 26** The Review has heard from so many people who are committed to improving the support for families in the early years. **We want to harness this passion, so alongside publication of this document we will be asking supporters to join us in pledging their commitment to give every baby the best start for life.**

Grandparents and other kinship carers

The Review wanted to hear from a wide range of parenting and caring experiences. Here we share some of what we heard from grandparents and other relatives who care for babies.

What the Review heard

- 1** Although most children in England live with at least one parent, for some babies this isn't possible. There can be many reasons for this – the baby might be at risk of abuse or neglect in their parents' care, their parents may be unable to safely care for their baby due to family circumstances such as parental mental health or incarceration, or their parents might have passed away. The majority of these children go to live with 'kinship carers'¹²² – a person connected to the family who is able to provide safe and nurturing care, be it a grandparent, an aunt or uncle, an older sibling or a family friend. The majority (51%) of kinship carers in England are grandparents.¹²³
- 2** The Review heard from some grandparents and other kinship carers that caring for their baby full-time can be extremely rewarding but it can also come with its challenges. Often, the babies they care for have experienced significant trauma early in life from losing their parents as well as potential experiences of abuse and neglect. Compared with children living with at least one parent, babies in kinship care are thought to be twice as likely to experience disabilities and long term health problems.¹²⁴ This means that they often require additional support.
- 3** For some grandparents and other kinship carers, the Review heard that accessing this support can feel like a huge battle. The Review heard that some carers are reluctant to engage with services because it *“feels like being cross examined in a witness box”*, and they often have to justify over and over again why they are caring for their baby. The circumstances surrounding the baby coming to live with them can often be very upsetting and traumatic for carers to talk about – every time they repeat their story they are reliving that trauma.
- 4** The Review also heard that grandparents and other kinship carers can sometimes face financial concerns as a result of caring for their baby. The Review heard that people who are kinship carers often step in to help because it is the right thing to do but this means they must give up work and make considerable changes to how they live. The Review heard that kinship carers need support – practical and emotional – to adapt to these changes, which are sometimes very sudden and unexpected.

Case study: Grandparents and other kinship carers

“ You can't say things that happened when he was a baby were directly responsible [for delays to his development] – some things are genetic – but they are there. Having carers who couldn't cope... it's a difficult thing. ”

W is 65 and has had full-time care of her grandson B since he was 16 months old. W knew that her daughter, B's mother, had ongoing issues. When B was born, W saw him on regular weekend visits until her daughter suddenly stopped bringing him round. W eventually discovered that B was in the full-time care of his paternal grandmother, whose family had a long history of abuse. W had serious concerns about B's safety and began court proceedings to become his main carer when he was just a few months old.

The court process was long and drawn out. In the meantime, W was disturbed to see that her growing grandson was not forming any attachments to the adults around him. She knew his physical needs were being well met by his paternal grandmother – he was kept clean and fed well – but W saw that B was given almost no stimulation and was kept in a pram all day. He had cognitive delays as well and would often go blank and not seem to know what to do.

When B moved in with W full time, she did not get any external support apart from a single visit from a health visitor. She wanted support around about her grandson's evident social and emotional delays and felt that having someone to talk to and ask for advice would have been good.

Now B is a kind and gentle eight –year old, but still struggles with his concentration, and has issues forming friendships. W knows that while his genes are a factor, B's early months with carers who couldn't cope and gave him no stimulation has had long term implications for his development.



Grandparents and other kinship carers: How the actions in this Review will have real world impact

- 5** Caring for the baby of a relative or family friend is a big commitment; it can mean everything about your life changes. Very suddenly – sometimes overnight – grandparents and other kinship carers find that they must take on the responsibilities that come with caring for a baby. The workforce Action Area in this Review proposes better join up and cross-profession training to enable more holistic support for families. The Digital Personal Child Health Record should create a record of early years experiences that means carers no longer having to keep repeating their story. Our vision is that Family Hubs will offer a welcoming place for all parents and carers.
- 6** The Review heard that grandparents and other kinship carers often experience problems with accessing support for their baby. We think it is important for all grandparents and kinship carers to have people who are ‘on their side’ – ready to advocate on behalf of them and their baby wherever possible, so they don’t have to repeat their story and re-live any traumatic experiences they have been through. That is why in our action area on joined up services and our action area on Family Hubs, we are proposing multidisciplinary teams with a key point of contact for every family to provide continuity of care. Carers should always have somebody they can go to for advice and support.
- 7** Grandparents and other kinship carers can benefit from being able to meet with other people who are in a similar position to them so they can share experiences, build a support network and get emotional support from people who know what they’re going through. Our vision is that grandparents and other kinship carers will be able to access support groups and helpful signposting through their local Family Hub network.

The Best Start for Life

Annexes and endnotes



Annex A – How we conducted the Review

- 1** The Early Years Healthy Development Review ('the Review') was commissioned by the Prime Minister in the summer of 2020. Chaired by Rt Hon Andrea Leadsom MP, the Review looks at the '1,001 critical days from conception to the age of two', ensuring babies and young children in England can be given the best start for life. The first phase of the Review was asked to produce a vision of what 'brilliance' in the early years would seek to achieve, as well as a set of policy recommendations.
- 2** Work started in September 2020 with a small team of civil servants based in the Department for Health and Social Care supporting the Chairman.

A note from the Early Years Healthy Development Review's Chairman – Andrea Leadsom MP

I'd like to thank the dedicated team of Civil Servants – Ashleigh Goodall (Policy Advisor), Amie Sleigh, Caius Halliday and Phil Dawkins (all Senior Policy Advisors), Vasant Chari (Head of Review Team) and Liz Ketch (Director) – who worked with me during the Review. I'd also like to thank my parliamentary team – Luke Graystone (Chief of Staff) and Laura Emily Dunn (Senior Parliamentary Assistant) – for the work they did to support me and the Review. Both teams made a superb contribution with each individual bringing valuable skills and experience to our work. Thank you to Matthew McPherson for designing the Early Years Healthy Development Review logo.

Advisory groups

- 3** The Review had three advisory groups: parliamentarians, academics and practitioners. Each advisory group met four times and brought a range of perspectives, experience and specialist expertise. They were an important mechanism to ensure important issues were considered during the Review, with the Review team drawing heavily on the expertise of the members of all three, both collectively and individually. A list of advisory group members is at Annex B.
- 4** The Review's Chairman, Andrea Leadsom MP, and the Review Team would like to thank the advisory groups for their contributions to the Review. Each member committed a significant amount of their time to the Review, whether that involved attending the roundtables, submitting evidence or offering their expertise.



A meeting with the advisory groups

Call for evidence

- 5 A call for evidence was hosted on GOV.UK and ran from 18 September to 23 October 2020. The questionnaire was targeted at new parents, health service professionals, charities and volunteer groups. Some questions were tailored to different groups but most were the same: we asked about experiences of the support and services, what is most important, what was missing and what improvements could be made.
- 6 In total, there were 3,614 responses, with:
 - 2,633 responses from parents and carers.
 - 266 responses from organisations or charities.
 - 715 responses from academics or healthcare professionals.
- 7 As well as providing powerful testimony and personal accounts, responses to the survey were analysed carefully to identify statistics and themes.

Engagement activity

- 8 The Review completed a series of **virtual visits**. (Restrictions in place because of the coronavirus pandemic meant in person visits were not possible.) Four local authorities hosted visits: the London Borough of Camden, Devon County Council (kindly supported by Action for Children), Leeds City Council and Stoke-on-Trent City Council. We visited services in Essex and Newcastle-upon-Tyne, kindly supported by Barnardo's. We also visited Benchill Children's Centre in Manchester. During the visits we talked to councillors, children's services managers, practitioners and parents and carers. In some locations, and with the consent of participants, we joined virtual parent, carer and baby sessions.

- 9** We consulted public sector officials across **Government, the NHS and non-departmental public bodies** to gather relevant information. The former Children's Commissioner (Anne Longfield) kindly hosted a roundtable discussion with **Directors of Children's Services** from local authorities across the country.
- 10** The Review team ran a programme of **deep dives** to understand certain areas in greater detail. We used the deep dives to test emerging findings as the Review progressed. Topics for the deep dives included: breastfeeding, social work, digital parenting apps, health visiting, speech & language therapy, parenting programmes and parent-infant psychotherapy.
- 11** We were kindly supported by the **National Children's Bureau** and **Barnardo's** who used their extensive reach to help us engage with a wide range of charities and organisations across the start for life sector.
- 12** The Review wanted to hear from **people directly affected by start for life services**. During the virtual visits across the country, we were able to engage with many parents and carers. We conducted short interviews with some parents, which allowed us to explore the individual's lived experiences.
- 13** Two 'roundtable meetings' were held with **black and South Asian parents** to hear about their experiences. They created the space for the Review team to gain a greater understanding of the impact of ethnicity and cultural difference. The roundtables were kindly organised and facilitated by Agnes Agyepong (Best Beginnings), Zakra Yasin (Better Start Bradford), Aliya Amar (Bradford Doulas).
- 14** **Mumsnet** hosted an online discussion thread with our Review's chair, Andrea Leadsom MP. The discussion allowed parents, carers and professionals to share their own experiences of the 1,001 critical days.
- 15** Andrea Leadsom MP hosted a Twitter Q&A with members of the Parliamentary Advisory Group to engage with parents and carers.
- 16** Andrea Leadsom MP participated in a phone-in hosted by Iain Dale on his LBC programme to hear the views of parents and carers. In particular, the Review heard from new mums and dads who shared their experiences of parenting during the pandemic.
- 17** We also invited a number of **civil society organisations** and groups who support more targeted groups of parents and carers to discuss their experiences. These included organisations who work on mental health, disability, domestic abuse, fathers and those that work with grandparents and kinship carers.

Documentation

- 18** The Review team gathered a wide range of information to supplement those documents sent to us in response to our ‘call for evidence’.
- 19** Documents covered views and reflections of staff at the Department for Health and Social Care, Public Health England, NHS England and NHS Improvement as well as Government departments. Documents obtained included parliamentary committee papers, questions and reports, legislation, policy and impact assessments.
- 20** As the Review progressed and gaps identified, the team targeted requests to individuals and teams within the department, across the health system and externally. Publicly available sources were also searched, including reports from the Independent Children’s Commissioner, children’s charities, and think tanks.

A note from the Early Year’s Healthy Development Review’s Chair – Andrea Leadsom MP

“During the Review, we met so many fantastic and passionate people who all shared one thing in common – they wanted to make sure every baby has the best start in life. We met some wonderful parents, carers, Start for Life professionals, volunteers, service managers, counsellors, academics and representatives from a wide range of organisations. I am so grateful to everyone who has contributed to the Review – whether that involved organising or taking part in a virtual visit, presenting at one of our ‘deep dive’ sessions, or submitting evidence for us to read. The information shared and the discussions we had were extremely helpful, interesting and insightful. I especially appreciate the time given by all of the parents, carers and other family members as well as the professionals and volunteers we met. They each shared their experiences with us and listening to – and learning from – their stories had a significant effect on our thinking. Hearing how services have an impact on families and babies during the 1,001 critical days motivated us to ensure this Review has real world impact.”

International comparisons

- 21** The Review commissioned the Government’s Open Innovation Team to provide international comparisons of services for these 1,001 critical days. The Open Innovation Team spoke to academics and experts across the globe to find early years initiatives that provide insights for the Review. Each initiative was put in context and compared to the English setting.

Annex B – List of advisory group members

Parliamentarians:

- Nickie Aiken MP (Cities of London and Westminster)
- Siobhan Baillie MP (Stroud)
- Steve Brine MP (Winchester and Chandler's Ford)
- Dr Samantha Callan (Parliamentary Adviser to Lord Farmer; Director, Family Hubs Network)
- Miriam Cates MP (Penistone & Stocksbridge)
- Lord Field (of Birkenhead)
- Sharon Hodgson MP (Washington & Sunderland West)
- Tim Loughton MP (East Worthing and Shoreham)
- Cherilyn Mackrory MP (Truro & Falmouth)
- Lord Russell (of Liverpool)
- David Simmonds MP (Ruislip Northwood & Pinner)
- Baroness Stroud
- Ed Timpson MP (Eddisbury)

Academics:

- Prof. Jane Barlow (Professor of Evidence Based Intervention and Policy Evaluation, University of Oxford)
- Prof. Peter Fonagy (Head of the Division of Psychology and Language Science, University College London; Chief Executive of the Anna Freud Centre)
- Prof. Eunice Lumsden (Head of Early Years, University of Northampton)
- Dr Susan Pawlby (Senior Research Fellow, Kings College London)
- Prof. Judith Rankin (Professor of Maternal and Child Health, Newcastle University)
- Zoe Vowles (Research Midwife, Department of Women and Children's Health, Guy's and St Thomas' NHS Foundation Trust; Midwife Researcher, NIHR ARC South London Maternity and Perinatal Mental Health Theme)
- Dr Karen Whittaker (Fellow, School of Nursing, University of Central Lancashire)

Practitioners:

- Dr Cheryl Adams (Executive Director, Institute of Health Visiting)
- Prof. Viv Bennett (Public Health England's Chief Nurse; Government Adviser on Public Health Nursing and Midwifery)
- Dr Adrian Datta (Consultant Clinical Psychologist)
- Kamini Gadhok (Chief Executive, Royal College of Speech & Language Therapists)
- Dr Alain Gregoire (Consultant Perinatal Psychiatrist; Founder & Honorary President, Maternal Mental Health Alliance)
- George Hosking (Founder & CEO, Wave Trust)
- Isabelle Trowler (Chief Social Worker for Children)
- Prof. Russell Viner (Professor of Adolescent Health; President, Royal College of Paediatric & Child Health)

Annex C – Glossary of terms

Use of language

We have referred to ‘parental’ mental health where possible in recognition that fathers and partners can experience problems with their mental health just as much as mothers. We have retained references to maternal mental health when quoting the work of others.

We used ‘baby’ instead of ‘child’ where possible to emphasise that this Review is focused on the period from pregnancy to age two.

We have used ‘professionals and volunteers’ where possible to emphasise the involvement that civil society organisations and local voluntary groups have in the Start for Life space.

We have reflected the social model of disability by referring to ‘disabled babies’ but have also referred to some babies as ‘having a disability’.

Adverse Childhood Experiences (ACEs)

Adverse Childhood Experiences are stressful and traumatic events which occur during childhood. Examples of ACEs include:

- Physical, emotional and sexual abuse
- Physical and emotional neglect
- Parental mental illness
- Domestic abuse and/or parental conflict
- Divorce or separation
- Parental substance abuse
- Loss of a parent through imprisonment or death

Antenatal

Refers to the period during pregnancy/before a baby’s birth.

Attachment bond

The attachment bond describes a baby’s emotional connection to their primary caregiver. Attachment theory has established four types of attachment bond: secure, avoidant, ambivalent and disorganised.

BAME

This refers to black, Asian and minority ethnic groups.

Care Quality Commission (CQC)

The CQC are the regulator of health and social care services in England. This includes hospitals, GP services and clinics.

Civil society organisations

Refers to organisations and groups which are distinct from government and business. These include charitable organisations, non-governmental organisations (NGO) and community groups.

Clinical Commissioning Groups

Clinical Commissioning Groups commission most of the hospital and community NHS services in the local areas for which they are responsible.¹²⁵

Continuity of care

This term refers to the relationship families have with health and social care services. Continuity of care is achieved when a family has an ongoing relationship with one professional or a small team of professionals and transitions smoothly between different teams when they move between different parts of the health and social care system.

Developmental trajectories

This term describes the progression of development – including physical, social, cognitive and emotional development – as a baby grows older.

Digital exclusion

This term refers to people who are excluded from accessing digital services. Causes of digital exclusion include:

- Lack of digital skills
- Limited or no access to the internet
- Limited or no access to digital devices
- Lack of confidence or lack of trust

Early regulatory disorders

Early regulatory disorders refer to difficulties babies have with regulating their behaviour. Symptoms of early regulatory disorders include excessive crying, problems with sleeping and problems with feeding.

Entrenched inequalities

This refers to disadvantages which people face as a result of socio-economic factors.

Implementation phase

This refers to the phase of the Early Years Healthy Development Review where the Start for Life Delivery Unit will put the actions outlined in this Vision into effect.

Integrated Care Systems

Integrated Care Systems (ICSs) are partnerships between organisations in an area which provide services and support to meet the health and care needs of the people in that area. ICSs are designed to coordinate services, plan ways to improve population health and reduce inequalities.

Joined up services

Joined up services are services which work separately but are integrated; the professionals and volunteers who work for each service communicate efficiently and work together to provide effective support.

Kinship carers

A Kinship carer is a person who cares for the child of a relative or friend on a full-time basis. Kinship carers could be grandparents, aunts, uncles, siblings, family friends, neighbours or anybody else who is connected to a family.

LGBT

This refers to people who identify as lesbian, gay, bisexual or transgender.

Local partners

This refers to the different organisations which commission local services, including local authorities, CCGs and local NHS teams.

Mandated health reviews

This refers to the five health and development reviews which should be offered to every new family as part of the Healthy Child Programme.

Maternal mortality

This refers to the death of a mother or mother-to-be following complications during pregnancy, childbirth or within six weeks after the pregnancy ends.

Multidisciplinary care

Multidisciplinary care is an integrated approach to care and support. It is offered by professionals from two or more different specialisms from across health, social care and community care services.

Neural connections

This refers to the connections between specialised cells in the brain which enable basic functions.

New Burdens Doctrine

The New Burdens Doctrine¹²⁶ provides guidance and sets out the processes Government departments must follow when considering new burdens. The doctrine requires departments to justify why any new duties, powers or other bureaucratic burdens should be placed on local authorities, as well as outlining how much these new policies and initiatives would cost and how they will be funded.

Ofsted

Ofsted is the regulatory body for education and children's social care services. This includes nurseries, childcare providers and child and family services.

Outcomes Framework

An outcomes framework – such as the Public Health Outcomes Framework – is a set of indicators used to monitor outcomes. In this Review, we refer to outcomes in health and development of babies and young children up to the age of two.

Perinatal

The perinatal period is the time from pregnancy up until one year after a baby's birth.

Personal Child Health Record

The Personal Child Health Record – also known as the 'Red Book' – is a health and development record given to all new parents at their baby's birth. It is used to record immunisations, the baby's height and weight and details of the health and development reviews.

Postnatal

Refers to first few weeks and months after a baby is born.

Postnatal depression

Postnatal depression is a mood disorder associated with childbirth. It can affect new parents – including dads – at any time within the first year after a baby is born.

Primary care

Primary care services are the first point of contact for healthcare services. They include the GP, community pharmacy, dentist and optician services.

Protected characteristics

It is against the law to discriminate against someone based on any of the protected characteristics. As outlined in the Equality Act (2010), the nine protected characteristics are:

- Disability
- Sex
- Gender reassignment
- Sexual orientation
- Age
- Marriage and civil partnership
- Pregnancy and maternity
- Race including colour, nationality, ethnic or national origin
- Religion or belief

Regulatory framework

This refers to any laws, policies or regulations developed by the Government which are used to regulate services. In this Review, we refer to the regulatory framework for health and social care services.

Safeguarding

In this Review, we use safeguarding to mean the safeguarding of babies and children. This means acting to protect a baby from harm, to promote their welfare and to enable them to have the best outcomes.

Sensory pathways

This refers to the neural connections which are responsible for the perception of sensations (sight, sound, smell, taste and touch).

Special educational need

When we use the term 'special educational need', it is important to note the difference in definition that arises when referring to children of different ages. As outlined in the 'Special educational needs and disability code of practice: 0 to 25 years'¹²⁷, a child of compulsory school age or a young person has a learning difficulty or disability if he or she:

- Has a significantly greater difficulty in learning than the majority of others of the same age, or
- Has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions

A child under compulsory school age has a learning difficulty or disability if he or she is likely to fall within the definition above when they reach compulsory school age or would do so if special educational provision was not made for them (Section 20, Children and Families Act 2014).

Special Guardians

Special Guardians are carers who have been granted a 'Special Guardianship Order' by the Family Court. This Order secures a child's placement with their carer(s) and grants the carer(s) Parental Responsibility of the child.

Start for Life period

This refers to the 1,001 critical days between conception and the age of two.

Start for Life services

This refers to the services – including local government run, NHS, community and voluntary services – which offer support to babies and their families during the Start for Life period.

Start for Life system

The Start for Life system is made up of all of the Start for Life services available to families in England.

Start for Life workforce

This refers to the professionals and volunteers who provide support to babies and their carers during the 1,001 critical days. Examples include midwives, health visitors, social workers, primary care practitioners, children's nurses, family support workers, speech and language therapists, parent-infant psychotherapists, paediatricians, mental health professionals, counsellors, local authority parent champions, police officers and individuals who volunteer for the many civil society organisations who support during the start for life period. This is not an exhaustive list.

Substance misuse

In this Review, the term substance misuse is used to mean continued, excessive and harmful use of alcohol, illegal drugs or prescribed medications.

Sure Start Children's Centres

Sure Start Children's Centres were designed offer a building in every community where families of young children could go to access care and support.

‘Targeted’ support

This is specialist support for babies, children and families with severe and complex needs. They are usually only accessed via referral.

Tongue-tie

Tongue-tie (ankyloglossia) is a condition where the strip of skin connecting a baby’s tongue to the bottom of their mouth is shorter than usual. This can cause restricted movement of the tongue and, for some babies, can lead to problems with feeding.

Universal

Universal services are those which are accessible to all, including health visiting and midwifery services.

Universal+

In this Review, we use Universal+ to mean services which are available to all families but may not need to be accessed by everyone. In relation to the Healthy Child Programme, Universal+ includes those services known as both ‘targeted’ and ‘specialist’.

Voluntary community sector

These are non-governmental, not-for-profit organisations that work to benefit the communities in which they operate.

Wrap-around services

Wrap-around services are used to provide comprehensive and holistic support to address all the needs of a family. This includes support with housing, debt advice and drug and alcohol counselling.

Annex D – Endnotes

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