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## Maternity and Early Years

Making a good start to family life



# FOREWORD



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We know that families want to do everything they can to give their baby the best possible start in life. The parents' role is by far the most important one in the baby's lives, and it is not for the Government to try to eclipse this. But we can do more to make sure families have the support and care that they want to help them with the start of family life.

The Families and Relationships Green Paper set out a wide range of measures to support all families as they bring up their children. Our renewed vision for maternity and early years sets out how we want to support families as they prepare to bring up their baby and in the crucial earliest years of their child's life.

And it shows how we want to join up children's services and healthcare into an integrated service that is welcoming to both parents, and to all families, irrespective of their situation in life.

With over 3500 Sure Start Children's Centres now established across the country, in addition to the existing network of GP surgeries and health centres, we are well placed to reach all families, and to make sure all families

can draw on the support they want in preparing for and bringing up their baby.

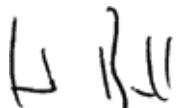
Our renewed vision for maternity and early years services is about the whole family:

- The family will be able to make choices about their care during pregnancy and beyond and shape it to suit their needs – with new entitlements so that all families can guarantee that they'll be able to access maternity services early in pregnancy and make important choices around where to have their baby.
- And local services will join up so that families have continuous care and support from early pregnancy to at least the child's sixth month – with a named children's centre contact offered to parents early in pregnancy, who will invite them into the children's centre, and access to a health visitor for every children's centre.
- Families will also be offered more help to prepare for parenthood so they can give their baby the best possible start in life – with new antenatal education


opportunities rolled out in settings that suit parents. And there will be new opportunities for fathers to get more involved - including an invitation for both parents to attend a Family Start meeting at their children's centre and an opportunity to agree a Parents' Plan together.

- And as we understand that families will have very different needs, and that some may want more support in preparing for parenthood, we will give those families that need it extra support – for instance by expanding the Family Nurse Partnership so it reaches all young, vulnerable first time families within 5 years.

We've drawn on the views of mothers and fathers, children's centre staff, local health practitioners and children in developing our renewed approach to maternity and early years services. They've been clear that the existing services are good ones, and ones that we should build on. And so our offer takes what's best in the existing services, and adds to it to create a more welcoming, consistent and flexible service that responds to each individual family's needs and wishes.



Rt Hon Ed Balls MP



Rt Hon Andy Burnham

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**a vision for a renewed  
maternity and early  
years service**

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# 1. A VISION FOR A RENEWED MATERNITY AND EARLY YEARS SERVICE

Everyone's health, happiness and achievements in life will depend heavily on their experience before birth and during their first years of life. Strong family relationships, health and healthy lifestyles, community resources, and the support of local services can all help to make sure that the experience during this period is a positive one.

We have done a lot to make sure that families get the right health and social care and can draw on local children's services and community provision to help make the best choices for them and their baby. Now we want to do more to make sure every family, irrespective of their background or situation, is confident about approaching pregnancy, birth and parenthood, and feels that they have the support they need, when they want it, from people they trust. In this way we hope to help all babies be born into a loving, nurturing and stimulating environment that will help them to thrive and give them the best possible start in life.

We have talked to families about how to do this. They have told us that although they have confidence in their clinical care, they do not always have a clear sense of what that care will look like and, as a result, can be

uncertain about how to make plans for pregnancy, birth and parenthood. Some parents can feel unprepared for the arrival of their baby and unsure of whom to call on when they need help. Fathers sometimes feel left out of a programme of health services that can be geared towards the mother and baby, making it harder for them to support the mother and baby themselves. And families talk about the postnatal period as a time when they can feel especially lonely and struggle to cope.

Our vision for a renewed maternity and early years service is one that puts the excellent clinical care already available at the centre of a wider network of family support. It's one in which all families have clarity on the journey from early pregnancy to parenthood, the power to shape that journey, support that ensures they feel they are ready for parenthood, and confidence that they are able to give their baby the best possible start in life. And it's one where the most disadvantaged or vulnerable families get extra support when they need it.

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This is about giving all families an understanding of the services and resources available and empowering them to make informed decisions about their care, and the health and development of their baby. It is also about helping families to develop the support network that best suits their needs, whether that support comes from local professionals, grandparents or other members of the extended family, other parents or friends in the community or third sector volunteers.

Families will need different types of help if they are all to feel that they are in a position to give their baby the best start in life. Some will already have a network of family and friends around them and will feel confident in approaching pregnancy and parenthood. Others may be more isolated, or have specific needs, and will require more targeted support from local services to make sure that they are equally confident and resourced in facing pregnancy, birth and parenthood. So, the renewed maternity and early years service will adopt a proportionate universal approach that adjusts the input from local services according to the specific needs of the family.

The capabilities and aspirations of their parents, supported by the communities around them, are the most important resources for children at the start of life. Building on parents' own resources is the first principle for making a reality of our vision for maternity and the early years.

## A RENEWED MATERNITY AND EARLY YEARS SERVICE

During pregnancy:

- you will be offered a full assessment of your health and social care needs, by a maternity health professional, by the end of your 12th week of pregnancy. The Government will consult on making this an entitlement for all pregnant women.
- you will be offered the opportunity to develop your personalised plan of care for pregnancy with your maternity team. This will help you understand what services are on offer and what appointments, meetings and events are most important or useful for fathers or partners to attend.
- you will be offered the opportunity to choose where you want to give birth to your baby. The Government supports this principle and will consult on an entitlement around choice of place of birth, following further research.

- you will be offered a named contact in your local Sure Start Children's Centre and will be invited into your children's centre. The health professionals who support you during pregnancy will work closely with children's centre staff, and share information appropriately, and each children's centre will have a named health visitor.

- you will be offered the opportunity to discuss with a health professional how you feel about becoming a parent and what support you might need at a new Family Start meeting or other meetings set out in the Healthy Child Programme.

- you will be offered a meeting with someone from your local Healthy Child team – the team is led by a health visitor who works closely with local services such as your GP and children's centre. We are aiming for all parents to be offered the opportunity to develop a "parents' plan" so that you can consider the support you might want to draw on in preparing for parenthood and after the baby is born.



- you will be offered information to keep you and your baby healthy, for example guidance on nutrition, smoking, alcohol and breastfeeding.
- you are entitled to receive a one-off health in pregnancy grant, worth £190.
- you will be offered access to a growing range of antenatal education opportunities, in a variety of settings. These will focus on things that new parents themselves really want.
- you will be offered extra support if you need it, for example on stopping smoking. We're aiming for all young, vulnerable, first time parents to have the opportunity to receive support from the Family Nurse Partnership within five years time.

#### When your baby is born:

- you will be offered your child's health record – the Red Book – which will explain which services you are entitled to and will record your child's health and development.

- you and your baby will continue to receive clinical care if you need it, and we will aim within the next 5 years that parents with babies in neonatal care can be confident a bed will be provided for them, so that both mothers and fathers can stay close to their baby.
- you will be offered support on caring for your baby and adjusting to life as a parent, for example on breastfeeding. This will be provided by your midwifery team, health visiting team and local children's centre.
- you will be offered examinations and tests for your baby including at 14 days and 6-8 weeks. These will check your baby is developing normally.
- you will be offered immunisations for your baby when he or she is eight weeks, three months, four months, 12 months and 13 months old. These will protect your baby against serious infectious diseases.
- you will be entitled to 52 weeks of maternity leave, 39 weeks of it paid, if you are an employed mother.

- you will be entitled to two weeks of paid paternity leave , if you are an employed father. From April 2011, fathers will be able to take up to six months of additional paternity leave if the mother returns to work with maternity leave outstanding. Some of it may be paid if taken during the mother's maternity pay period.

- you will be offered continued support from your local children's centre, including support with access to health services, childcare, family support, and training and employment support. Your children's centre named contact will continue to be available to you.

- you will be offered continued extra support if you need it, for example on speech and language development. If your baby needs additional support associated with disability or emerging special educational needs, you will receive support through the Early Support Programme.

#### During your child's early years:

- you will be offered free Bookstart book packs when your baby is 6-9 months, 18 months, and three years plus, to help improve your child's communication skills and encourage their enjoyment of books.

- you will be offered reviews of your child's health and development at one year, and at between two and 2.5 years. Your child's health will also be reviewed when they start school.

- your GP will be available for any medical concerns you may have about your baby or you as parents.

- you will have the right to request flexible working when you return to work

- you will be offered continued support from your local children's centre including support with access to health services, childcare, family support, and training and employment support

#### THE FAMILIES AND RELATIONSHIPS GREEN PAPER

As your child grows older, you will continue to be able to access local services and support through the 0-5 offer, which is set out in the Families and Relationships Green Paper. The green paper, published earlier this year, set out a wide range of measures to support all families as they bring up their children and help families cope with times of stress and difficulty.

This support includes an entitlement to free childcare provision for your three and four year old child (which is being extended to 15 hours per week from September 2010, with more flexibility on how the offer can be used) and financial support.

## the importance of early family life

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## 2. THE IMPORTANCE OF EARLY FAMILY LIFE

The start of family life matters hugely. For babies, what happens in pregnancy and early childhood influences their physical and emotional health, learning and behaviour throughout their lives. For society, the economic returns over the life of an individual are likely to more than repay investment into their health and development when they were a baby. So, for both the baby's happiness and wellbeing, and in terms of the broader economy, it makes sense to invest in the earliest years of life.

The ways new mothers and fathers adapt to and shape their roles as parents are critical in influencing their own wellbeing and that of their child. There is no such thing as the typical family: all families are diverse and will have different views on how they want to bring up their babies. However, some of the elements that contribute to a positive start in family life are universal: strong family relationships, good health and healthy lifestyles, and a positive community and environmental setting. The right support from local services helps to make sure that all families are able to put these elements in place as they prepare for and bring up their baby.

We know that 'what families do matters more than who they are'<sup>2</sup> but we also know that parents' circumstances and needs can make it harder to secure both their baby's and their own wellbeing. Teenage mothers, more likely to have experienced deprivation and poor family support themselves, face three times the risk of postnatal depression than older women<sup>3</sup> and a greater risk of poor health for their babies. The day-to-day stresses of poverty or homelessness can take their toll on the mental health of mothers and fathers and the quality of their interactions with their children. A parent with a disability, or parents who don't speak English as their first language, may need tailored support and may experience difficulties accessing the help they need.

The role of parents in the lives of young children is pivotal and it is never the place of Government to eclipse this. But Government and public services do have an important role to play in working alongside mothers and fathers to ensure, whatever their situation, they are equipped to care positively for their baby and enjoy the start of family life.

## STRONG FAMILY RELATIONSHIPS

### ‘Children need above all to be loved.’

(A Good Childhood: the landmark report for the Children’s Society)

A loving and stimulating home is the most important thing that a mother or father can give to their young child<sup>4</sup>. Parents are also the main ‘teachers’ of their babies and have a huge influence on their baby’s learning and development. The impact of this early parental investment can be felt for years to come as a warm, secure bond from early infancy is linked to wellbeing later in life - to good mental and physical health and healthy lifestyles, to the ability to relate positively to others and to do better at school.<sup>5 6</sup>

There is no set model for families to follow if they are to provide the best start in life for their baby, but we do know that the involvement of two parents is good for the baby. Fathers who are supportive and engaged – whether they live with the mother and baby or not - are good for the wellbeing of mother and child both before and after the child is born. Women who feel supported by their partner during pregnancy, labour and early motherhood are likely to have lower anxiety levels, and may feel differently about their abilities to cope with the demands of a new baby<sup>7</sup>. Children whose fathers are closely involved with their care from the start are more likely to have a secure relationship with their fathers

throughout childhood<sup>8</sup>, which is linked to children feeling better about themselves, doing better at school and engaging in less antisocial behaviour.<sup>9 10</sup>

Starting a new family can be a very emotional time. It helps the baby if the two parents support each other and resolve conflict constructively as this can have an effect on their relationship with their child<sup>11</sup> and the child’s long-term mental health, behaviour and achievement. This is important, whether or not parents live together, and couples who have separated but are still able to cooperate positively in raising their child can help the child to adjust better.<sup>12</sup>

The support of extended family members can have a beneficial impact on a baby’s development, as it helps the family to adapt with the demands of new parenthood. Grandparents can be an important resource at the start of family life, and provide social, emotional and practical support that helps to protect the new family from stress.<sup>13</sup> The importance for women of support and advice from their own mother (and in some instances from an aunt, grandmother or a close friend) stands out.<sup>14</sup>

While positive parenting can help children overcome a range of disadvantages, evidence suggests that parents’ interactions with their children can be affected by the family’s wider situation. The quality of the home learning environment is higher for young children from families

in professional social groups than it is for families in lower socio-economic groups<sup>15</sup>. And experience of multiple, overlapping problems - such as poverty, poor quality housing, long term health difficulties and debt, is associated with harsher and more punitive parenting styles<sup>16</sup> and relationship breakdown between parents<sup>17</sup>.

## HEALTH AND HEALTHY LIFESTYLES

A child’s experiences before birth and in the early years will affect its health throughout life. Maternal smoking, drug or alcohol use, deprivation and poor nutrition during pregnancy, as well as complications such as hypertension, are associated with low birth weight. Low birth weight is linked to neonatal mortality, poor growth and cognitive development and chronic diseases later in life<sup>18</sup>. And after birth, the baby’s diet and access to healthcare are also critical in determining its future health and wellbeing. We know for example that breastfeeding increases children’s future life chances<sup>19</sup> and that immunisations can prevent illness and, in some cases, deaths.<sup>20</sup>

So, the baby has the best chances of future health and wellbeing when the baby’s mother is in as good health as possible, and is following a healthy diet and avoiding alcohol, smoking or drugs. The health of fathers and partners is also influential: for example, fathers who do not smoke, or give up, protect their baby’s health<sup>21 22</sup>. In addition, fathers influence healthy decisions on the

part of the mother. For instance, we know that fathers who have a positive attitude towards breastfeeding, know about its benefits, and actively engage in the decision to breastfeed increase the likelihood that mothers will breastfeed their babies <sup>23 24</sup>.

It is not just physical health that matters, as good parental mental health is also influential for the baby's future health and wellbeing. Chronic or recurrent depression in mothers can affect their children's social, behavioural and cognitive development. In fathers it has been linked to behavioural and peer difficulties in the child. Research suggests around ten per cent of mothers and around four per cent of fathers experience postnatal depression after the birth of their baby <sup>25</sup>.

Significant, life-long health inequalities have their roots in pregnancy and the early years. Mothers are more likely to breastfeed if they are professional and have a higher level of education and less likely if they are young and are bringing up their baby without a partner.

<sup>26</sup> Smoking in pregnancy is more common amongst very young and poorer women, and women who have low educational attainment, poor social support and poor mental health<sup>27</sup>. The impact of maternal postnatal depression is greater for families in deprived areas<sup>28</sup>.

And mothers are less likely to engage with health services early in pregnancy or regularly if they are young<sup>29</sup> or from a black or minority ethnic group<sup>30</sup>.

## **POSITIVE COMMUNITY AND ENVIRONMENTAL SETTING**

If parents are to provide the best start for their baby, they need to be sufficiently supported themselves, and we know the community setting that parents find themselves in can influence their own and their baby's wellbeing.

Irrespective of the support they receive from local services, parents see family and friends as a central source of information and advice, especially those with recent experience of childbirth. <sup>31 32</sup> New mothers in particular like to receive information and support from friends who had been through childbirth recently.

<sup>33</sup> Women can feel isolated and lonely in the postnatal period and want and need to meet other new mothers to share concerns, experiences and advice<sup>34</sup>. For instance mothers who have more extensive social networks have higher quality interactions with their child in the early years<sup>35</sup>. The community figures surrounding the parents may therefore indirectly, but importantly, influence the baby and its early development. Strong social and community support is also associated with a lower risk of maternal postnatal depression <sup>36</sup>.

Neighbourhoods which are deprived and have high levels of crime or lack social cohesion are associated with emotional and behavioural problems in young children. This may be because the increased stress placed upon

parents, and the lack of local networks to support them, affects their capacity to care for their children<sup>37</sup>. Teenage parents are also less likely to have support from their local neighbourhood<sup>38</sup>.

## **SUPPORT FROM SERVICES**

Parents play the key roles in a baby's life. And community resources can be important in helping families prepare and care for their baby. But local services can help to ensure mothers and fathers, whatever their situation, are equipped to give their baby the best possible start in life. For example, the National Evaluation of Sure Start<sup>39</sup> shows that parents in Sure Start areas have more positive parenting skills and provide a better home learning environment for their children, helping prepare children to do well at school and make the most of their talents.

## THE CASE FOR EARLY INVESTMENT

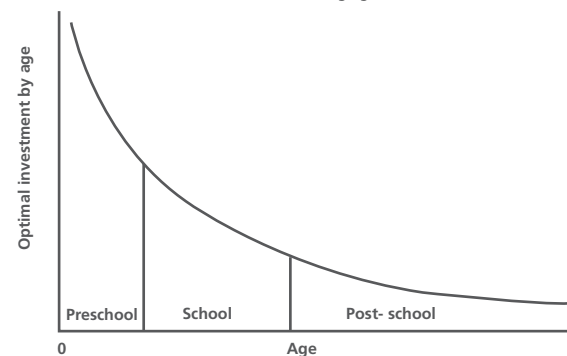
Early childhood is both the most critical and the most vulnerable time in any child's development <sup>40</sup>.

Babies' brains are uniquely designed for learning and growth. What happens in pregnancy and the first years of life lays the foundations for virtually every aspect of their future development – physical, cognitive, language, social, emotional and behavioural. When a baby is born, its brain is only a quarter formed, but by the time it reaches the age of three it will have developed to 80% of its adult volume with most growth taking place in the first year of life. In that early period, interactions and experiences determine whether a child's developing brain architecture provides a strong or a weak foundation for their future health and wellbeing.

A strong foundation in the early years increases the probability of positive outcomes across the child's life, whereas a weak foundation significantly increases the risk of later difficulties. The brain continues to

develop over time but it becomes increasingly difficult to re-shape pathways and circuits that are 'wired' in early childhood. This means that later interventions, although still important, are considerably less effective without good early foundations.

It is therefore clear that one of the best investments a country can make is into its children at their youngest – ensuring positive returns for the individuals themselves and beneficial impacts for society as a whole. Ensuring the right conditions for early childhood – physical, emotional and cognitive – and supporting families to do their best to provide these conditions is a top priority for government. The quality of childcare provision is second only to parenting in shaping how well children do in the early years <sup>41</sup>.



SOURCE: J Heckman & D Masterov (2005) Ch 6, *New Wealth for Old Nations: Scotland's Economic Prospects*

## **THE MARMOT REVIEW: THE POST-2010 STRATEGIC REVIEW OF HEALTH INEQUALITIES**

Professor Sir Michael Marmot recently published an independent review commissioned by the Secretary of State for Health, **Fair Society, Healthy Lives**, to propose the most effective evidence-based strategies for reducing health inequalities in England from 2010. He said that to have an impact on health inequalities we need to address the social gradient in children's access to positive early experiences. Later interventions, although important, are considerably less effective where good early foundations are lacking. The Marmot Review made it their highest priority recommendation to give every child the best start in life, and identified three key objectives for doing so:

- **Reduce inequalities in the early development of physical and emotional health, and cognitive, linguistic, and social skills;**
- **Ensure high quality maternity services, parenting programmes, childcare and early years education to meet need across the social gradient;**

- **Build the resilience and well-being of young children across the social gradient.**

Whilst recognising the considerable policy attention given to the early years since 1997, the Marmot Review concludes that much more needs to be done to achieve long-term reductions of inequalities and called for a second revolution in the early years. Marmot makes three principal recommendations to the government:

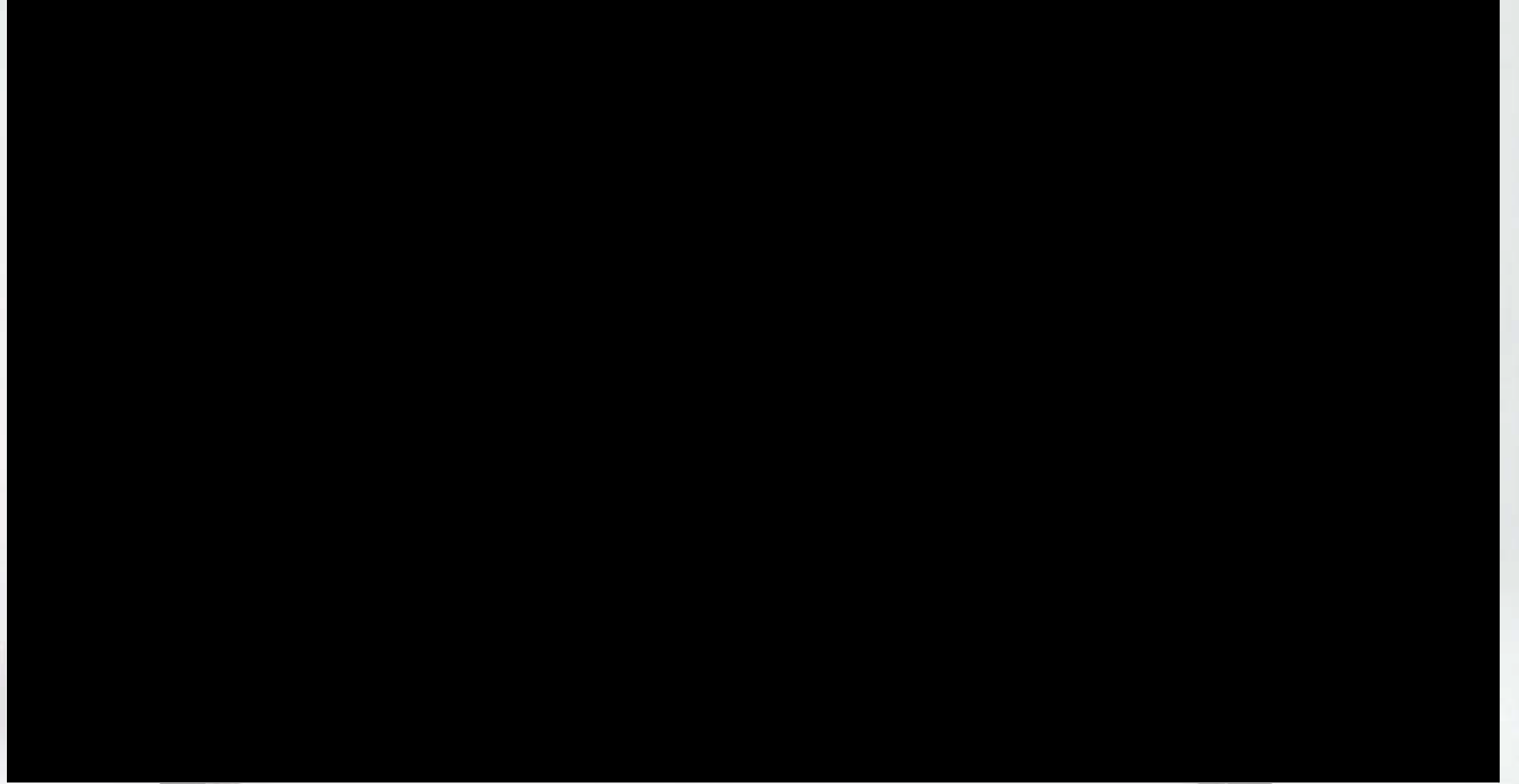
- 1. To increase the proportion of overall expenditure allocated to the early years and ensure expenditure on early years development is focused progressively across the social gradient.**
- 2. Support families to achieve progressive improvements in early years development, including:**
  - Giving priority to pre and postnatal interventions, such as intensive home-visiting programmes, that reduce adverse outcomes of pregnancy and infancy
  - Providing paid parental leave in the first year of life, with a minimum income

for healthy living

- Providing routine support to families through parenting programmes, children's centres and key workers, delivered to meet social need via outreach to families
  - Developing programmes for the transition to school.
- 3. Provide good quality early years education and childcare proportionately across the gradient. This provision should be:**
- Combined with outreach to increase the take-up by children from disadvantaged families
  - Provided on the basis of evaluated models and must meet quality standards.



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## the existing maternity and early years service

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# 3. THE EXISTING MATERNITY AND EARLY YEARS SERVICE

GP surgeries, health centres, Sure Start Children's Centres, and hospitals all play a role in supporting families during pregnancy, birth and parenthood. GPs and the primary care team, midwives, health visitors, children's centre staff including outreach workers all work together to ensure an integrated service for families.

## HEALTH SERVICES

The **National Service Framework for Children, Young People and Maternity Services 2004-2014** set out how maternity services would ensure women can access services that suit them, including a named midwife throughout pregnancy, and access to a midwife at all times<sup>42</sup>. **Maternity Matters: Choice, access and continuity of care in a safe service** set out national choice guarantees, including where women choose to have their baby.

To reflect the rising birth rate, the maternity workforce has grown significantly across the country. There are over 25,500 midwives – more than ever before – and numbers of obstetricians and maternity support

workers has also increased. The **Action on Health Visiting Programme** is continuing to promote health visiting as a career, increasing numbers through action on recruitment, retention and return to practice, and supporting professional development. Following the birth of the baby, advice continues to be available from health visitors and GPs for any health concerns, for example if the baby is unwell or to help the mother cope with feelings of depression.

## CHILDREN'S SERVICES

**Every Child Matters** set out an ambition that services should work together to ensure every child can be healthy, stay safe, enjoy and achieve, make a positive contribution and achieve economic wellbeing. The **Childcare Act** in 2006 introduced duties on local authorities to meet this ambition, including one to ensure that there is sufficient childcare available locally to meet the needs of all parents. And since 2008, all learning and care from birth to 5 must meet the new requirements in the **Early Years Foundation Stage**. Support for childcare is available to parents through the childcare element of working tax credits, and 20,000

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of the most disadvantaged two year olds across the country are already benefiting from free childcare.

Building on Sure Start Local Programmes, Early Excellence Centres and Neighbourhood Nurseries at the beginning of the decade, there are now 3500 **Sure Start Children's Centres**. These are the flagships of the Government's 'Early Years Revolution' and have brought groundbreaking improvements to the activities, support and networks available to families with young children in their own communities. At their children's centre, families with young children can expect: access to childcare; health services; training and employment support; and family support.

## JOINING UP HEALTH AND CHILDREN'S SERVICES

All local areas now have a **Children's Trust Board**, which is responsible for ensuring that local services work together to deliver for children, young people and their families. A key element of this is the work that health and children's services are doing together to deliver the **Healthy Child Programme**, which is a schedule of health checks, immunisations, health promotion and parenting support. The programme can be delivered from GP surgery, health centre or children's centre settings, or from the home when appropriate. The programme has a core schedule, but is flexible so can be adapted to meet the needs of all families, and

respond to their specific requirements by introducing extra support or additional services.

## SERVICES THAT ARE WELCOMING TO ALL

In addition to the flexibilities in the Healthy Child Programme, additional programmes are available for families with particular needs. If there are signs that a family may need targeted support, the family's needs should be assessed through the Common Assessment Framework. Then a lead professional will draw on the different local services and agencies to provide a coherent package of support for the family. For families with babies or children under five with additional requirements due to disability, low birth weight, medical conditions or special educational needs, the **Early Support Programme** will provide support and their lead professional will be an Early Support key worker. Teenage parents can have particular needs, and the **Family Nurse Partnership** is being tested in a number of areas for vulnerable, young, first time parents, providing a structured and intensive home visiting programme from early pregnancy until the child's second birthday.

## SAFEGUARDING CHILDREN

The vast majority of people in our society, and the vast majority of families, have only the best interests of children at heart. Unfortunately, a small but significant

minority do not and it is vital to take effective steps to protect children from them. The role of the agencies and professionals who have the closest contact with babies and children in their early years is critical. We know that one in four women experience domestic abuse at some point. We also know that 30% of abuse begins during pregnancy, and that existing abuse may get worse during pregnancy or after giving birth, with risks to both the mother and her baby<sup>40</sup>. So it is important that services offer safe opportunities for parents to seek help, and that staff working with families are alert to risks and follow the arrangements in place to safeguard and protect children. The Government is issuing revised Working Together to Safeguard Children guidance which covers what all professionals working with children should do in cases of suspected abuse or risk of harm to a child.

## **INVESTMENT IN SERVICES**

In challenging economic times it is even more important that resources are prioritised and services are as productive as possible. As the Marmot Review has set out, there is a strong case for prioritising early investment, but it is also important to recognise that more can be done to integrate services and improve quality and productivity. Children's Trust co-operation arrangements are the means by which key local services for children come together in partnership to improve children's well-being. The NHS Operating Framework,

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supported by Children's Trust guidance, sets out the delivery framework for 2010/11 and future frameworks will be set out following further discussion on funding priorities following the Spending Review settlement<sup>43</sup>.

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## the views of mothers and fathers

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## 4. THE VIEWS OF MOTHERS AND FATHERS

The great majority of families are confident about the clinical care that they receive during pregnancy and the early years, and those that use Sure Start Children's Centres are positive about the experience. However, the journey from early pregnancy through the first two years of a child's life is an emotional and significant period and there are still common low points along the way where parents would appreciate more support and specific barriers to accessing services that we need to address.

Feedback from families suggests that they would like more clarity about the journey ahead from early in pregnancy, more practical help to make decisions, stronger continuity of care after birth, and support that meets emotional needs and is welcoming to all. These are areas where we can build on the services already provided to help to move families' experiences of maternity and early years services from good to great.

A lot has been put in place already to respond to the case for early investment, and to meet the needs of families during pregnancy and the early years, as set out in the existing services offer. The views of families do not suggest that the current policies are the wrong ones. But

they do suggest that there are areas where more could be done to improve and build upon existing services, ensure the delivery of those services, and make sure those services are accessible to all families, irrespective of background or situation.

### **Clarity about the road ahead from early in pregnancy**

**'I feel blind to what's going to happen. If I knew a bit more what to expect I would feel more comfortable.'** <sup>44</sup>

Parents, particularly first time parents, look to their first contact with health services in early pregnancy for a clear sense of the journey ahead and to understand the next steps<sup>45</sup>. Detailed information is already available – in particular on the NHS Choices website and in the NHS Pregnancy and Birth to Five books. However, mothers and fathers consulted about their maternity experiences suggested a 'road map' of what lies ahead from early in pregnancy would also be helpful.<sup>46</sup> Parents seek straightforward personalised and localised information which enables them to plan ahead to

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attend appointments, think about key decisions in advance, book ahead for antenatal classes and know where to go for support. Women with higher levels of education, English language competency and medical understanding are more likely to know about local services, which suggests those who are most in need of this type of information receive it least.<sup>47</sup>

### **Practical help to make decisions and to feel respected**

**“It just feels like, you know, getting on an aeroplane and the pilot says Where do you want to go? how high? how low? shall we go to this terminal, shall we not? We don’t know! You know though, you’ve done this quite a few times, can we go the easy route - the safest”<sup>48</sup>**

Although prospective parents can have a huge thirst for information, many can feel overwhelmed by the volume of new things to know and the speed at which they need to assimilate it to make important choices - such as where they would like to give birth. Feelings of information overload can be worse when parents are tired, low in confidence, have poor literacy or do not have English as their first language.<sup>49</sup> Many women report that interpreting services are inadequate.

Not all pregnancies are expected or hoped for. The chance to talk about whether or not to go ahead with

the pregnancy with someone impartial and trustworthy can be important, particularly for teenagers discovering that they or their partner is pregnant. At this emotional and uncertain time, young people often rely on their parents and partners for advice, who may be struggling to come to terms with the pregnancy themselves.

### **Better preparation for parenthood and consistency of support after birth**

**‘You get home and you just don’t know where to start’.<sup>50</sup>**

Many mothers and fathers of a new baby say they would like to have been better prepared for the practicalities of caring for a baby and for parenthood. New parents can feel overwhelmed and taken aback by the impact of a baby on their lives<sup>51</sup>. For couples this often includes changes to their own relationship. Research shows that couples relationships commonly deteriorate after the birth of their baby<sup>52</sup> as parents deal with lack of sleep, the demands of a new baby and re-negotiating roles and responsibilities.

For younger parents in particular, an important part of feeling prepared to have a baby can lie in understanding how they will balance parenthood with other demands and opportunities in their lives, including work and learning<sup>53</sup>.

**‘Most of this will be about getting over the things that will stop me from succeeding in life.’<sup>54</sup>**

In the immediate postnatal period in particular, parents need to feel they have people they trust to turn to, for reassurance, information and to avoid feeling isolated and to have a sense of continuity in the support they receive.

### **Greater engagement of fathers, partners or other key supporters**

The support and engagement of fathers and partners during pregnancy and in the early stages of family life is valued by many women. At the same time fathers and partners can struggle with their own issues and concerns about the start of parenthood which are not always addressed. Partners often feel that they are not invited to antenatal appointments or classes, or do not feel included when they do attend.<sup>55</sup> Young fathers in particular report feeling judged by professionals or older parents or sidelined by their partner’s own family.

Not all women have support from a partner, for some their relationship with the father of the child may itself be a source of anxiety. Women in this situation may rely on support from their own mother, sister or a friend and it is important that services welcome these ‘key supporters’ at appropriate times<sup>56</sup>.

### **A gateway to community support and new friendships**

Mothers-to-be and new mothers in particular value the chance to share experiences and receive support and advice from friends and family and other mothers in their community. This can be an important part of preparing for parenthood, and can prevent a sense of isolation after the birth of the baby. Men are less likely than women to be supported by their friends at this time, or turn to their fathers for parenting advice, as women commonly turn to their mothers. Some don’t feel that they need this, others report feeling excluded and anxious.<sup>57</sup>

### **Support that is welcoming and emotionally responsive for all**

Pregnancy and the early years of parenthood is a time of huge emotional significance. The degree of empathy and warmth that mothers and fathers are shown by professionals and others can have a lasting impact on their perception of events, good or bad. This is particularly the case for parents sensitive to being judged, such as young parents, or for parents who experience a worrying or upsetting turn of events, such as a premature labour, or learning that their baby has disabilities. And families that have to cope with the distressing event of miscarriage or ectopic pregnancy

will need sensitive support and care from services and the people around them.

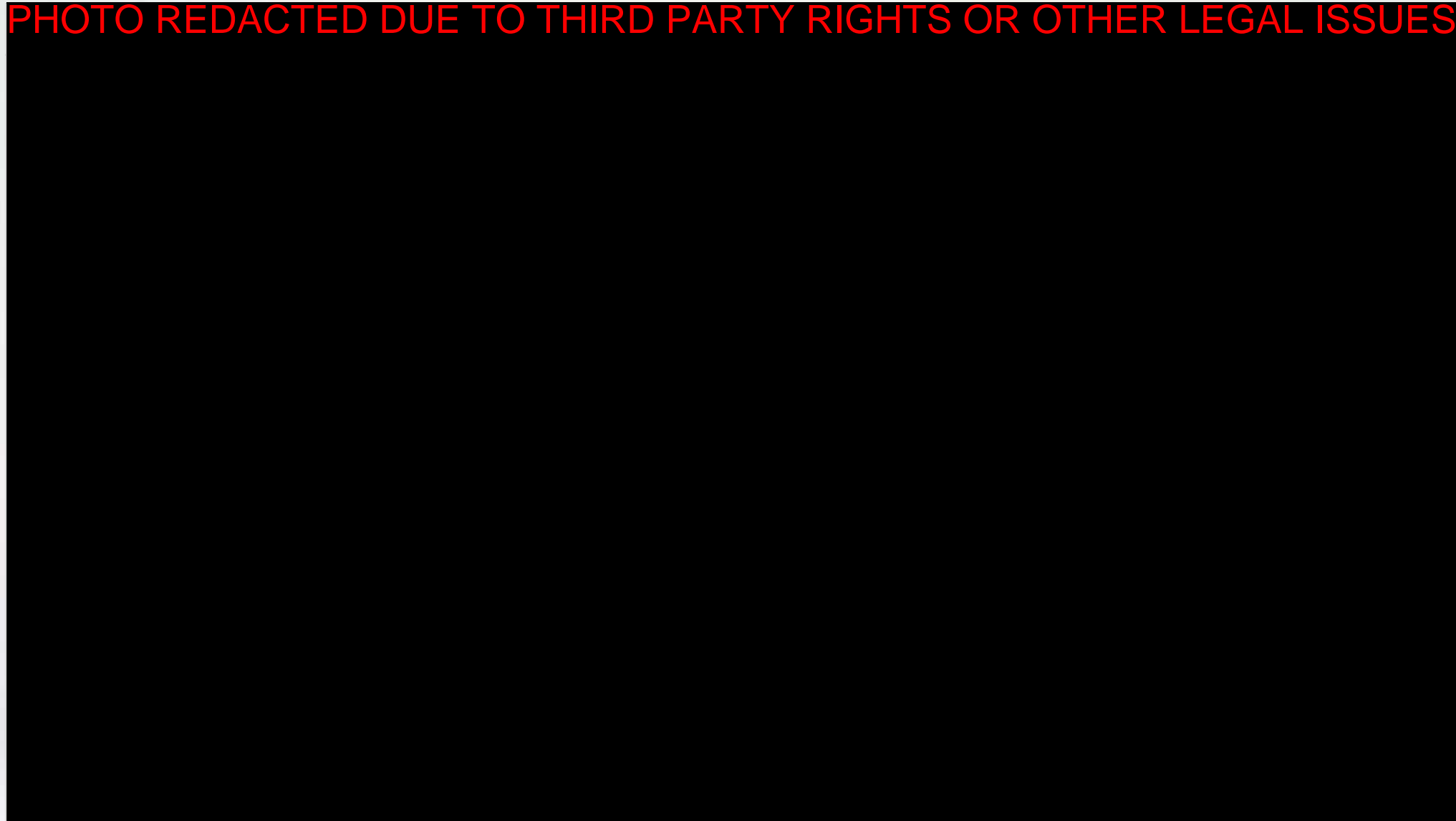
Some parents may not engage with the support available because they do not feel welcome or that they will not ‘fit in’.

**‘If I was there with my unemployed husband and all the other mums had husbands who were bankers I would wonder if they were looking down on me.’<sup>58</sup>**

In some communities the cultural norm can be to rely more on family support and less on support from formal services. However, we also know that satisfaction with maternity services is lower amongst black and minority ethnic women than amongst white women<sup>59</sup>.

Clearly there is a need for the services available to be responsive to the needs of the families in their community, and to continue to build on their current flexible approaches so that the services are welcoming and responsive to all.





# a whole family approach to maternity and early years services

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## 5. A WHOLE FAMILY APPROACH TO MATERNITY AND EARLY YEARS SERVICES

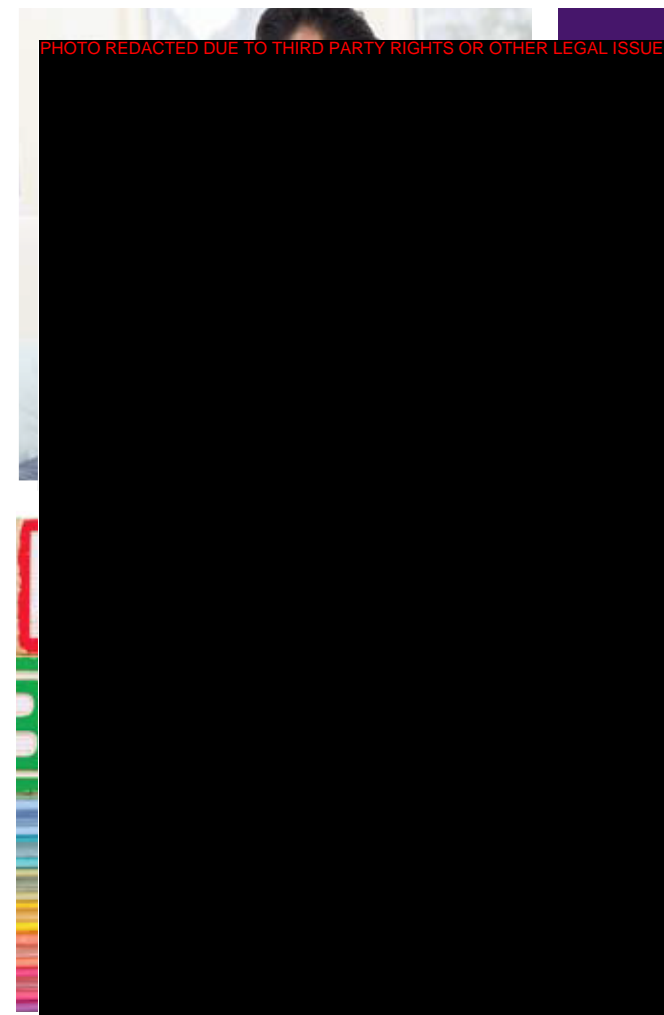
We want now to do more to respond to the case for early investment, and to ensure that all families get the benefit of the improvements in recent years. And we know there are areas where families are looking for different kinds of support to help them prepare better for parenthood and give their baby the best possible start in life.

### EMPOWERING FAMILIES TO SHAPE THEIR CARE

The traditional focus of maternity services has been on supporting mothers through a safe pregnancy to a safe birth and a healthy baby. More recently there has also been increasing attention to improving the experience of mothers, listening to their preferences and offering greater choice. But we have ambitions to go further. Parents have told us that it is important to them to feel informed throughout pregnancy and the early stages of parenthood: to understand what will happen at different stages; confident to ask questions and better equipped to make choices about their care.

For this to happen it is critical that families engage with maternity services early. Wherever possible, women are offered a full assessment with a maternity health professional before the 12th completed week of their pregnancy, covering their health and social care needs, discussion of any risks to their own health and wellbeing and the health of their unborn child, and of their choices about their maternity care. NHS is working to deliver this assessment for all pregnant women and, once it is in a position to guarantee this, **we will consult on making this assessment an entitlement under the NHS Constitution - ensuring that all mothers-to-be have the opportunity to engage with health services by their 12th completed week of pregnancy.** To support this, services might usefully be looking to inform women about the benefits of engaging with maternity services as soon as they realise that they are pregnant.

This is an important opportunity to make plans in good time and to identify any risks that need special attention. All families should be able to develop a plan of care to cover the clinical care for mother and baby and any extra help needed, for example smoking cessation support for either parent, or home visits from a health visitor,



Sure Start Children's Centre outreach worker or family nurse. The plan should be captured in the handheld notes carried by all pregnant women and be a 'living document', updated by professionals with the mother and, wherever appropriate the father or partner, as new needs are identified or choices made. We want this plan of care to be broadened so that it includes a discussion of meetings, appointments or events that fathers or partners may be particularly interested in attending, and covers the role of the children's centre contact.

Families have told us that one of the most important decisions is about the choice of place of birth. Nearly everyone is offered the opportunity to make a choice about where they would like to give birth, although it is difficult to guarantee a woman's choice, for example when labour does not go according to plan. Sometimes choice will need to be balanced by the need for specialist services or to respond to specific clinical risks. However, we recognise how important this is to families and the Government supports the principle that women should have the right to choose where to give birth. Following further research **we will consult on more detailed proposals for an entitlement, under the NHS Constitution, to be offered a choice of place of birth.**

Some parents may need extra help, encouragement or flexibilities actively to engage in planning their care.

The flexibilities in the Healthy Child Programme and other specific support programmes make it possible to provide that extra support. All women should have an early opportunity to identify their needs at their full assessment with their midwife. Support can then be adjusted so that it reflects their particular requirements. For instance, families who need support from a range of different services will be helped to shape the support they need by a lead professional, who will be their main contact and help to co-ordinate the activities of other professionals.

There is a particular issue surrounding the empowerment of fathers to shape, along with their partners, the care of their families. Many fathers, particularly young fathers, report feeling unwelcome at maternity appointments, or that they are not encouraged to attend, although we know many women value the presence of their partner at key decision points. We are pleased that the Royal College of Midwives and the Royal College of Obstetricians and Gynaecologists are working together to develop guidance for maternity staff to improve engagement with fathers. There are some excellent examples where staff have made real efforts to welcome and involve fathers and it is important that this practice becomes widespread.

Enabling the family to support one another and stay close is especially important if, after birth, the baby needs to stay in hospital. Parents want to be confident

that their baby is receiving quality care and that they too will be well-supported and will be able to stay near their baby in these difficult circumstances. This is one of the areas neonatal services will be working to improve, following publication of the Neonatal Toolkit. So **we will aim within the next 5 years that parents with babies in neonatal care can be confident a bed will be provided for them, so that both mothers and fathers can stay close to their baby.**

### Case study: antenatal classes for fathers in Hartlepool

Expectant fathers have the chance to learn baby skills at a series of antenatal classes for men. Staff from the Headland Future community group are running the courses as part of a wider programme across Hartlepool to help dads-to-be and also those with children become better parents at free antenatal classes where men can learn about hygiene, changing nappies, clothes and how to bond with their baby.

There are four different projects running across Hartlepool:

- **young Dads** is aimed at giving dads aged under 25 help, emotional support and practical advice;
- **expectant Dads** is aimed at those aged 25 and over;
- **separated Dads** is aimed at dads separated from their partners or those having relationship trouble and include counselling sessions and debt management advice;

- **the Social Opportunities Relationships Training and Education Development (SORTED)** sessions involve dads taking part in activities including fishing, football and non-contact boxing with their children.

### TAKING IT FORWARD

We want to give parents more opportunities to understand the care and support available and to be able to make decisions that affect it, and will:

raise awareness of the maternity and early years offer for families

consult on making an assessment of health and social care needs, risks and choices by the 12th completed week of pregnancy an entitlement for all pregnant women

consult on detailed proposals for an entitlement under the NHS Constitution to be offered on a choice of place of birth, following further research.

## CREATING A FAMILY SUPPORT NETWORK

Supporting a baby through maternity and the early years is about more than providing the right healthcare. It's about the network of people who can help support the family during pregnancy, helping them prepare for the arrival of the baby, and to give the baby itself the best possible start in life. This is vital for providing consistent care throughout the maternity and early years period, so that families know they can draw on people they trust, whether from local services, their extended family, or the community, when they need support.

Many new parents draw much of this support from family and friends. For health related concerns, the GP, midwife or health visitor should be the first point of contact. But the exchange of experience and formation of friendships with other new parents can be enormously important, especially in helping new families feel supported when they bring their baby home.

We would like it to be easier for all families to engage with local services and start to build the connections and relationships that will make up their circle of support from an early stage of pregnancy – and children's centres offer a new gateway to this community resource. The family's local children's centre can also help the family with other local contacts if that is what they would like – for example group sessions during pregnancy with other expectant parents, putting new mothers in

touch with trained breastfeeding mothers, or by inviting grandparents to stay-and-play sessions at the children's centre. First time parents and more isolated or vulnerable parents may especially value the help their children's centre can give in putting them in touch with others and helping them find support, especially through the sometimes difficult postnatal period.

**We encourage the delivery of maternity services in children's centres wherever possible as a very practical way of engaging prospective parents with the wider range of activities there.** However, since this not always possible, we want **all women to be offered a named contact from a local children's centre at their first booking appointment.** Their contact will invite the family to visit the children's centre so that they can familiarise themselves with the staff and the host of resources available there. The father, or other key family member, will be encouraged to visit the children's centre as well, if the mother is happy with this arrangement. The children's centre needs to know about pregnant women and births in their local area in order to contact expectant or new parents, so appropriate information sharing between NHS services and children's centres is vital.

For many parents this may be enough to help them to engage in the support available at the children's centre. Other vulnerable families, such as young mothers, may need more sustained support, in which case their

contact may be a children's centre outreach worker who can work with the family in a respectful, personalised way. The Children's Workforce Development Council (CWDC) is developing training materials, which will enable up to 5000 children's centre outreach workers to take up new training opportunities during 2010-11.

### **Case Study: early notification of pregnancy in Lancashire**

Within Lancashire, the County Council Sure Start Early Years and Childcare Service has worked with local Primary Care Trusts and Acute Hospital Trusts to implement a process whereby children's centres are notified of all local pregnancies.

The Early Notification of Pregnancy scheme is the result of local work looking at how professionals can work together with expectant parents (especially the most vulnerable) in the early stages of pregnancy. Under the scheme midwives complete a notification form at the initial antenatal booking appointment (typically 8-12 weeks into the pregnancy) and, with parents' consent, the details are shared with local children's centres.

**Sharing information in this way has promoted the work of children's centres to parents and has helped staff working from children's centres to make contact with parents and introduce them to the range of services and support on offer throughout the pregnancy and beyond into the child's early years. Although the Early Notification of Pregnancy scheme is in its early days, local families have reported feeling better supported and able to access services available in children's centres.**

Many children's centres and maternity services work together to run peer support programmes which have been shown to encourage breastfeeding, helping expectant parents to learn to care for their babies with confidence, and engaging potentially vulnerable groups, such as very young dads. Local people who get involved in activities to support new or expectant parents can develop new skills and access new opportunities.

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### Case study: the Goodwin Volunteer Doula Project, Hull

This project recruits and trains volunteer birth partners, or doulas, to support women through pregnancy, childbirth and early family life. Launched in 2005, the project currently has over 40 trained doulas who provide informal emotional support, health advice, companionship and information on local children's services to over 100 pregnant mothers from vulnerable groups in the area each year.

Doulas are highly valued by participants from some BME communities, who feel socially isolated because their friends and family are abroad. The volunteer doulas provide one-to-one coaching to overcome parents' personal barriers in improving the health of their children. An example is breastfeeding, where mothers can feel isolated in their difficulties – 84 per cent of the mothers in the project initiated breastfeeding in 2009 compared with a local rate of 52 per cent. The women supported through the project have also experienced lower intervention rates in labour than the local rates, with a caesarean

section rate in 2009 of 18 per cent compared with a local rate of 23 per cent. The doula project was perceived as beneficial by parents and doulas, who reaffirmed that this support enhances the birth experience, and noted it had great potential to assist mainstream maternity provision.

**We see a strong role for children's centres, working with health services to, draw in the wealth of experience and capabilities within the communities they serve to support new families.** We know that many are already acting as a hub for social networks and community based support and see this as central to their role in the future. This is particularly important for parents likely to be more isolated, for example teenage mothers or mothers who are not fluent in English and may need support from others who speak their language.

## **TAKING IT FORWARD**

We want to do more to help local services work together as well as possible and will:

**continue to support and develop the maternity and early years workforce,**

**through the Action on Health Visiting Programme (jointly with Unite/CPHVA), promote health visiting as a career, support an increase in action on recruitment, retention and return to practice, and support professional development**

**continue to support the work of Together for Children, which works in partnership with the Department for Children, Schools and Families to support local authorities in their delivery of Sure Start Children's Centres. This is particularly important in the context of new legislation, which places a duty on local authorities to secure sufficient provision of children's centres to meet local need; and places a duty on local authorities, Primary Care Trusts, and Jobcentre Plus to consider providing services through children's centres.**

**publish new guidance for NHS services and children's centres, to clarify how to share information appropriately and how parents' contact details (with their consent) can be passed safely from health services to children's centres, so that the children's centre named contact can get in touch with new parents and invite them to the children's centre.**

**examine the different roles played by those working in health, family support and social care from birth onwards, to identify how best to support approaches to integrated working with potential to improve productivity and deliver better quality**

**finalise the national NHS datasets for maternity, child health and child and adult mental health services, which will help local areas better measure the impact of their joint activities and improve services accordingly**

## **WHOLE FAMILY APPROACH TO PREPARATION AND SUPPORT FOR PARENTHOOD**

Pregnancy is a time of preparation, especially for first time parents. They may be coming to grips with just what it will mean to be a parent; wanting to learn how to do their best for their child – from the most practical day-to-day matters to understanding child development; or wondering what having a child will mean for their own relationship.

Some parents have said it isn't always easy to find support for these wider needs. Yet we know just how important this is if they are to help their child get the best possible start in life. And we would like it to be easier for families in all circumstances to find the support they need.

**So, we want to offer all families the opportunity to meet with a health professional at a Family Start meeting** to talk about how they would like to prepare for parenthood. This sort of meeting is likely to be most helpful around the period between 12 and 28 weeks of pregnancy. PCTs, working with Local Authorities, will be able to work out the best way to do this, building on existing local arrangements and adapting the approach to suit the needs of local families. The Healthy Child Programme<sup>59</sup> already offers



an antenatal review for prospective parents and one possibility would be to use that opportunity. The Family Start meeting is an opportunity for the family to explore with local professionals how they would like to prepare for pregnancy, birth and the arrival of their baby; think about who they can turn to for support; identify ways to meet other expectant parents; and think about how to help their baby to grow and develop. The meeting will often be held at, or involve, the local children's centre to help families engage with the wider support available there including things like childcare, training and employment.

#### **Case Study: Spa Spiders Children's Centre, Doncaster**

**Spa Spiders Children's Centre engages with families early in pregnancy so that staff can organise a package of care to meet their needs. As soon as the midwife receives a referral from the GP she visits the woman at home to introduce herself and to invite her and, if she chooses, her partner or family, to a booking clinic at the Children's Centre. They spend half an hour looking around the centre, meeting the staff and learning about the support that will be available to them there that can help them prepare for parenthood and in the early years of the child's life. The**

**visit coincides with an early parenting group which helps prospective and new parents explore topics such as parenting skills, breastfeeding, their own mental health in pregnancy and the early stages of parenthood. The early parenting group is facilitated by the health visitor, family support worker and other children's centre staff. Another half hour is spent with the midwife in the booking visit, providing the opportunity to discuss individual support needs. Antenatal appointments throughout pregnancy are held at the health centre adjoined to the children's centre so pregnant women and their partners can continue to build relationships with staff and other parents at the children's centre and engage easily with the services available there.**

**We would like all families to have the opportunity to develop a parents plan** based on this meeting and to have the chance to amend and develop the plan at their other meetings with local services. This will help mothers and fathers actively plan the kinds of support they would like to draw on, whether from the family or the community, and identify the local services that they might require, so that they can prepare for parenthood with confidence.

#### **Case study: East Lancashire PCT**

**East Lancashire PCT have developed informal 'Planning with People' tools, which can be used to help individuals think about the people and resources in their own lives that they might draw on for help and support in any given situation. Such person-centred tools can be used to encourage families to take control of actively planning how they will cope with a new baby and to think about the 'support circles' that surround them: family, friends, groups and activities and services in their lives. In this way mothers might, for example, be helped to identify a 'breast feeding buddy' a local woman with recent successful experience of breastfeeding who can support her, whether a member of her family, or from a local peer breastfeeding group.**

There are many examples of different forms of support for new parents through pregnancy and beyond. Some of these are led by health professionals, while some are led from the community by experienced parents or by third sector groups. And many parents enjoy the support offered by information services, such as NHS Choices<sup>61</sup>, and virtual networks, such as Mumsnet and Netmums. But the current arrangements are patchy and the range and quality of support available locally varies. **So, we will encourage development of more diverse local options to help mothers and fathers to learn and prepare for pregnancy, birth and early parenthood.**

We will produce a 'starter kit' guide for the people who fund and deliver these services. The guide will set out why antenatal education and preparation for parenthood is important, what different groups of mothers and fathers say they want, what the research says works, as well as suggestions of how to set up and run programmes locally using new technologies, existing services and community groups.

Many parents value the opportunity to learn with, and gain mutual support from, peers through community-based groups. We want to make the most of the community-based opportunities provided by children's centres, with the involvement of health practitioners including midwives and health visitors, to test new ways

### **Case study: 'Great Expectations' – agencies and communities working together to support pregnant women, their partners, friends and families before and after birth**

The 16 Sure Start Children's Centres across Plymouth host a Great Expectations programme which is a course for pregnant women, their partners, friends and families. The aim of the programme is to ensure women across Plymouth have equal access to antenatal and postnatal information and care. The programme is led by midwives, health visitors and children's centre staff and is delivered in children's centres over six weeks. Each programme is facilitated by a member of staff from the children's centre to allow continuity. The Great Expectations programme is offered on weekends and evenings in some centres.

The Great Expectations programme is successful in part as it is not the sole responsibility of any one agency and the workload and responsibility is shared.

The programme includes the following:

- midwives deliver sessions on antenatal screening, labour and delivery.
- health practitioners deliver a breastfeeding workshop to the Baby Friendly Initiative (BFI) standard.
- a communication co-ordinator trained by a speech and language therapist delivers one session, 'Talk to your bump', covering development of language. The other half of the session is delivered by the Early Years Children and Adult Mental Health Services team and focuses on the development of attachment and emotional wellbeing.
- health visitors deliver a session on the period after birth. Topics include, the role of the health visitor, how to access baby clinics, screening tests for the newborn, child development and stimulation.
- the children's centres facilitate a session on topics like healthy eating, accident prevention, smoking cessation, and, according to need, a workshop on budgeting and financial advice.

of helping parents to prepare for pregnancy, birth and early parenthood.

Once the baby is born and throughout early childhood, parents continue to welcome support on how to help their baby's development and establish healthy routines such as breastfeeding, healthy weaning and regular sleep patterns. Under the Healthy Child programme, all young children should receive a health and development review after birth, at around 14 days old, at the baby's six to eight-week examination, by the time the child is one year old; and between two and two and a half years old. **We will raise parental awareness of the opportunities the Healthy Child Programme reviews provide to discuss parenting and supporting their baby's healthy development, to raise concerns or seek further information.**

In addition to the HCP reviews parents can continue to access support from their children's centre and we expect health visitors to promote the activities there to parents at the reviews. In particular, given what is now known about the importance of the language environment for babies for their cognitive development, **we want all children's centre staff, health professionals and parents to realise and promote the huge benefits of talking and reading to babies and infants.**

## **TAKING IT FORWARD**

**We want families to feel confident in planning for parenthood, and in caring for their baby, and to support this we will:**

**make available a "starter kit" based on what parents want, with practical suggestions on antenatal education and preparation for parenthood – including practical family friendly planning tools to use in the Family Start meeting. This will be available to those who decide what services to fund and all who are interested in delivering such support, including community-based and third sector groups**

**test new ways of offering antenatal education and preparation for parenthood through Sure Start Children's Centres and other community settings, including delivery through a non-professional and peer-led workforce and focusing on more disadvantaged communities**

**help local practitioners work with families in line with the commitment in the Families and Relationships Green Paper to examine ways of embedding more effective training on**

**relationship support into practice and training of key frontline staff working with parents before and after the birth of a child**

**work with Jean Gross - the Communication Champion who is leading delivery of the National Year of Speech, Language and Communication in 2011<sup>62</sup> - and other partners to hold regional events aimed at health visitors, midwives and children's services practitioners. The events will promote the importance of helping parents to support early speech, language and communication development from birth and to ensure children's centres are environments that support communication**

We want to focus particularly on improving preparation and support for first time disadvantaged parents, and those whose previous experience and circumstances may mean they need more help. Some may have specific needs – for example help with managing drug misuse. Some in more vulnerable circumstances will want more personal support. And people will have many different preferences about how they access any support – younger parents may like a different style of support, couples may like to do some things together, but also have some activities just for fathers or for mothers. Preferences may differ across different cultural groups.

### Case Study: Best Beginnings Programme in Greenwich

Best Beginnings is a community-based team of seven midwives who provide support to vulnerable women in Greenwich. The midwives work very intensively with vulnerable women, sometimes spending up to two hours booking and assessing them. They begin with a home visit and then subsequent meetings may be home-based or at a local Children's Centre. The frequency of the meetings will depend on the woman's needs – midwives may even meet weekly with particularly vulnerable women. The Best Beginnings team provide all antenatal care and education for the women, as well as support in the immediate postnatal period. They proactively manage the handover to health visiting services, usually handing over formally at 28 days, though the health visitor may have met with the woman twice before then to ensure continuity. Best Beginnings has provided a great service to vulnerable women in Greenwich, even winning an award from the All-Party Parliamentary Group. They've also shared their learning with other community midwives, when they meet similar issues.

The most vulnerable families have been shown to benefit from the Family Nurse Partnership programme which offers an intensive nurse-led home visiting programme for vulnerable, first time young mothers and fathers. The programme is being evaluated, and subject to the outcome of that evaluation, and in line with our goals to increase the number of health visitors, **we will aim to make the Family Nurse Partnership available to all young, vulnerable families within 5 years time.** The Family Nurse Partnership is a programme of intensive, nurse-led home visiting for vulnerable, first time young mothers and fathers. It begins in early pregnancy to help young parents form positive relationships with their babies and become more confident in bringing up their children. 3500 families are already benefiting from this new programme and we plan to expand the Family Nurse Partnership so that it will have reached 7000 families by 2011. Subject to the results of the evaluation, our ambition is for the FNP to be offered to all of the most vulnerable first time young parents across England within 5 years.

We would also like to help other vulnerable families access additional support, even if they do not require the intensive one-to-one support provided by the Family Nurse Partnership. **So we would like to see further testing of a group-based version of the Family Nurse Partnership combined with antenatal care, with strong links to local children's centres.** This will mean that those families will benefit from a structured

programme that we know improves outcomes, in a supportive group-based environment that will enable them to learn and make the successful transition to parenthood with friends and networks with other families in their area.

While a stronger range of support through pregnancy will help parents embark on family life with more confidence, needs will continue to vary through the early years. This is already recognised, for example in the Healthy Child Programme which makes a universal offer of service and support for all families, along with access to extra or specialist support for more vulnerable children and those with additional needs.

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**next steps**

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## 6. NEXT STEPS

The case for investing well in maternity and early years is clear.

The NHS Operating Framework<sup>63</sup> reaffirms the high national priority of maternity and early years services. Similarly, Children's Trust Statutory Guidance<sup>64</sup> highlights maternity and early years as one of six commonly identified areas where joint working between Primary Care Trusts and local authorities will be essential to ensuring the best outcomes. Indeed, the partnership between the local authority and the PCT is the driving relationship of the Children's Trust. And the separate Children's Centres Statutory Guidance makes clear the duty local authorities, Primary Care Trusts and JobCentre Plus now have to consider providing services through Sure Start Children's Centres.

Our ambitions for better integrated care, building on the excellent existing health care and early years services (including children's centres), are already being realised locally across the country - as the case-studies in this document show.

We will invite local areas to work with the Department of Children, Schools and Families, and with the Department of Health, to design and test an approach to delivering the proposals set out here, based on the Total Place principles, of starting with the citizen – in this case the family – and working with all local partners.

Our proposals will help to make sure that the needs of all families are met - irrespective of the make-up of the family, their situation, or their particular needs.

In this way local areas can move towards more integrated services that go further to meet the needs of local communities and the families within them, that look and feel integrated and joined up, that help prepare families for parenthood, that reach out to provide extra help and support for those that need it most, and that help give the best outcomes possible for pregnant women, for families and for children, and - ultimately - play a role in helping reduce the inequalities in our society.

This refers to England - only policy as health issues are a Devolved issue

references

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## 7. REFERENCES

Department of Health (2007) **Guidance on Joint Strategic Needs Assessment**. London: DH (available at [www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_081097](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081097))

Department for Education and Skills/Department of Health (2006) Joint Planning and Commissioning Framework for Children, Young People and Maternity Services  
London: DfES/DH (available at [www.everychildmatters.gov.uk/news/?asset=News&id=37742](http://www.everychildmatters.gov.uk/news/?asset=News&id=37742))

Department for Education and Skills/Department of Health (2004) National Service Framework for Children, Young People and Maternity Services

Department for Children, Schools and Families/ Department of Health (2009) Healthy lives, brighter futures: the strategy for children and young people's health

Department for Children, Schools and Families/ Department for Communities and Local Government (2008) Information sharing: guidance for practitioners and managers

Department of Health / Unite the Union / Community Practitioners' and Health Visitors' Association (2009) Getting it right for Children and Families: maximising the contribution of the health visiting team.

Healthcare Commission (2008) Towards Better Births: A review of maternity services in England<sup>65</sup>

Department of Health (2009) Toolkit for highquality neonatal services <http://www.dcsf.gov.uk/supportforall/>

Department of Health (2007) Maternity matters: choice, access and continuity of care in a safe service

Department of Health / Department of Children Schools and Families (2009) Healthy Child Programme: Pregnancy and the first five years of life

Department for Children Schools and Families (2007) Teenage Parents Next Steps: Guidance for LAs and PCTs

The Operating Framework for the NHS in England 2010/11, Department of Health (2009)



- 1** <http://www.dcsf.gov.uk/everychildmatters/healthandwellbeing/ahdc/earlysupport/home/>
- 2** Sylva et al (2004) The effective provision of pre-school education (EPPE) project: findings from pre-school to end of key stage 1
- 3** Teenage Parents Next Steps : Guidance for LAs and PCTs, 2007, DCSF
- 4** Coghlan et al (2009) Narrowing the gap in outcomes for young children through effective practices in the early years, C4EO
- 5** Siraj-Blatchford (2006) Improving children's attainment through a better quality of family-based support for early learning, C4EO
- 6** Bogenschneider (2006) Family Policy Matters; how policy making affects families and what professionals can do
- 7** Beardshaw (2001 ) Supporting the role of fathers around the time of birth. MIDIRS Midwifery Digest, 11(4): 476-479
- 8** Lamb (1997) The role of the father in child development, New York: Wiley
- 9** Assmussen et al (2009) Evaluating the Evidence, Fathers, families and children, National Academy for Parenting Practitioners
- 10** Flouri, E. (2005) Fathering and child outcomes Chichester: Wiley.
- 11** Harold et al (2004) Marital Conflict, Child Emotional Security about Family Relationships and Child Adjustment, Social Development, 13 (3):350-376
- 12** Rogers, B and Pryor, J, (1998) Divorce and separation: the outcomes for children, York: Joseph Rowntree Foundation.
- 13** Fisher (1988) The influence of kin on the transition to parenthood. Marriage and Family Review, 12 (3-4), 201-219
- 14** Deave et al (2007) Transition to parenthood: the needs of parents in pregnancy and early parenthood, Centre for Child and Adolescent Health, University of the West of England, Centre for Child and Adolescent Health, University of Bristol
- 15** Coghlan et al (2009) Narrowing the gap in outcomes for young children through effective practices in the early years, C4EO
- 16** Gutman et al (2009) Nurturing parenting capability: the early years, Centre for Research on the Wider Benefits of Learning, Research Report No 30
- 17** Ghate D and Hazel N (2002) Parenting in poor environments, stress, support and coping, London: Jessica Kingsley
- 18** WHO/UNICEF (2004) Low Birthweight, country, regional and global estimates,
- 19** Department of Health, Implementation plan for reducing health inequalities in infant mortality: a good practice guide, 2007
- 20** CEMACH (2008) Why Children Die: A Pilot Study Report
- 21** Venners et al, (2004). Paternal smoking and pregnancy loss, a prospective study using a biomarker of pregnancy, American Journal of Epidemiology, 159 (10) 993-1001
- 22** Health Education Authority (1999) Smoking and pregnancy, A survey of knowledge, attitudes and behaviour, 1992-1999 London: Health Education Agency
- 23** Freed et al (1993). Accuracy of expectant mothers' predictions of fathers' attitudes regarding breast-feeding. Journal of Family Practice, 37(2), 148-152
- 24** Shaker et al (2004). Infant feeding attitudes of expectant parents: breastfeeding and formula feeding. Journal of advanced Nursing, 45(3), 260-268
- 25** Ramchandani et al (2008) Depression in men in the postnatal period and later child psychopathology: a population cohort study. Journal of the American Academy of Child Adolescent Psychiatry, 47(4): 390-398
- 26** Dex et al (2005) Children of the 21st Century: from birth to nine months, Policy Press
- 27** Lumley et al (2009) Interventions for promoting smoking cessation during pregnancy. Cochrane Database of Systematic Reviews 2009, Issue 3.
- 28** DCSF/DH (2009) Getting Maternity Services right for pregnant teenagers and young fathers - 2nd edition
- 29** Bharj et al (2008) Addressing ethnic inequalities in maternity service experiences and outcomes: responding to women's needs and preferences, Race Equality Foundation
- 30** Deave et al (2007) Transition to parenthood: the needs of parents in pregnancy and early parenthood, Centre for Child and Adolescent Health, University of the West of England, Centre for Child and Adolescent Health, University of Bristol
- 31** Forthcoming synopses of customer insight work to be published on the Department of Health website
- 32** Deave et al (2007) Transition to parenthood: the needs of parents in pregnancy and early parenthood, Centre for Child and Adolescent Health, University of the West of England, Centre for Child and Adolescent Health, University of Bristol
- 33** Forthcoming synopses of customer insight work to be published on the Department of Health website
- 34** Gutman et al (2009) Nurturing parenting capability: the early years Centre for Research on the Wider Benefits of Learning, Research Report No 30
- 35** Ibid
- 36** Sutton, Utting and Farrington (2004) Support from the Start, DCSF
- 37** Ibid
- 38** Brazelton et al (2000) The Irreducible Needs of Children, Perseus Publishing
- 39** Melhuish et al (2008) The Impact of Sure Start Local Programmes on three year olds and their families, NESS/2008/FR/027 Institute for the Study of Children, Families and Social Issues, Birkbeck, University of London
- 40** Sylva, et al (2004) The Effective Provision of Pre-School Education (EPPE) project
- 41** DH (2005) Responding to domestic abuse: a handbook for health professionals

- 
- 42** By 2014
- 43** Each of the new national proposals set out in the document will need to be covered by Impact Assessments and Equality Impact Assessments before being finalised in due course.
- 44** Forthcoming synopses of customer insight work to be published on the Department of Health website
- 45** Research Works (2009) Birth and Beyond, COI – DH,
- 46** Forthcoming synopses of customer insight work to be published on the Department of Health website
- 47** Bharj et al (2008) Addressing ethnic inequalities in maternity service experiences and outcomes: responding to women's needs and preferences, Race Equality Foundation
- 48** Forthcoming synopses of customer insight work to be published on the Department of Health website
- 49** Ibid
- 50** Bharj and Salway (2008) Addressing ethnic inequalities in maternity service experiences and outcomes: responding to women's needs and preferences, Race Equality Foundation
- 51** Mother quoted in Research works Ltd (2009) HCP Qualitative research findings, DH
- 52** Deave et al (2007) Transition to parenthood: the needs of parents in pregnancy and early parenthood, Centre for Child and Adolescent Health, University of the West of England, Centre for Child and Adolescent Health, University of Bristol
- 53** Belsky et al (1994) The transition to parenthood, how a first child changes a marriage, Vermillion
- 56** Research Works, (2009), Birth and Beyond: Qualitative research findings, DH
- 57** Mother, quoted ibid
- 58** Deave et al (2007) Transition to parenthood: the needs of parents in pregnancy and early parenthood, Centre for Child and Adolescent Health, University of the West of England, Centre for Child and Adolescent Health, University of Bristol
- 59** Young mother quoted in Research Works (2009), Birth and beyond: qualitative research findings, DH
- 60** Bharj et al (2008) Addressing ethnic inequalities in maternity service experiences and outcomes: responding to women's needs and preferences, Race Equality Foundation
- 61** Department for Health, Department for Children, Schools and Families (2009): Healthy Child Programme for Pregnancy and the first five years of life
- 62** <http://www.nhs.uk>
- 63** [www.dcsf.gov.uk/slcnaaction](http://www.dcsf.gov.uk/slcnaaction)
- 64** The operating framework for the NHS in England 2010/11 [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_110107](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_110107)
- 65** Children's Trusts: statutory guidance on co-operation arrangements, including the Children's Trust Board and the Children and Young People's Plan <http://www.dcsf.gov.uk/everychildmatters/>



