Department of Health & Social Care

Public Health England

Early years high impact area 6: Health, wellbeing and development of the child aged 2: Ready to learn, narrowing the 'word gap'. Health visitors leading the Healthy Child Programme

Local Government Association

NHS Health Education England

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.

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This guidance has been developed with our key partners, including Department of Health and Social Care, NHS England, Health Education England and Local Government Association. NHS England supports this work and has advised on key areas.

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Context

Health visitors have an important role in leading the delivery of the Healthy Child Programme: Pregnancy and the first five years of life (Healthy Child Programme 0-5). This is a universal prevention and early intervention programme and forms an integral part of Public Health England's priority to give every child the Best Start in Life: 'Ready to learn at 2 and ready for school at 5'. This comprises child health promotion, child health surveillance, screening, immunisations, child development reviews, prevention and early intervention to improve outcomes for children and reduce inequalities. Parents are the experts in their child's health and wellbeing and health visitors work in partnership with parents to promote child development, assess need and identify problems or issues at the earliest opportunity.

Early childhood is an important period of rapid brain growth: by 2 years of age the brain is about 80% of the adult size. Attachment and good maternal mental health shapes a child's later emotional, behavioural and intellectual development.

Getting a good start in life, building emotional resilience and getting maximum benefit from education are the most important markers for good health and wellbeing throughout life. Early language impacts on many areas of child development. It contributes to children's ability to manage emotions and communicate feelings, to establish and maintain relationships, to think symbolically, and to learn to read and write (Early Intervention Foundation, 2017).

Enabling children to achieve their full potential and be physically and emotionally healthy provides the cornerstone for a healthy, productive adulthood. Socially disadvantaged children are more likely to have poorer oral health and speech, language and communication difficulties than their peers, which has implications for their educational attainment and future life chances (Public Health England and Early Intervention Foundation, 2017). Children with learning disabilities or with complex health care needs will have individual needs, which may include problems with eating and drinking. It is essential that awareness of nutrition and hydration and the importance of exercise begins in childhood, to promote a healthy lifestyle and prevent and/or manage constipation from an early age.

Public Health England's ambition, 'ready to learn at 2; ready for school by 5', means that by school entry every child will have reached a level of holistic development which enables every child to be able to:

- communicate their needs with a good vocabulary and understand others
- get dressed and go to the toilet independently
- eat independently
- take turns, sit still, listen and play
- socialise with peers, form friendships and separate from parent/s
- enjoy good physical health or have disabilities and complex health needs identified and managed appropriately to maximise access to education
- have a healthy weight for height range and be well nourished
- attend the dentist regularly and have good dental health
- benefit from protection against infectious illness, having received all childhood immunisations

Health visitors lead the 2-2½ year health and development review as part of the Healthy Child Programme (0-5). This review enables health visiting teams to assess a child's progress, aiming to optimise child development and emotional wellbeing, reduce health inequalities and promote school readiness. The health visitor may work in partnership with other members of the multi-disciplinary team, including nurses or allied health professionals such as learning disability nurses, occupational therapists or physiotherapists to support children with a learning disability or complex health care needs.

The review provides the health visitor with an opportunity to Make Every Contact Count, promoting the importance of healthy lifestyles and the value of health as a foundation for future wellbeing. This may include, for example, healthy eating including Healthy Start, physical activity, accident prevention, improving parents' confidence in managing minor illnesses and reducing unnecessary antibiotic use, sun safety and skin cancer prevention, oral health, promotion of smoke free homes and cars, responsive parenting, behaviour management including sleep, promotion of development, play and a language-rich home learning environment and the promotion of free early years childcare offer for eligible families.

Age 2-2½ is a crucial stage when problems such as speech and language delay, tooth decay or behavioural issues become visible. Early identification and good quality evidence-based early intervention improve outcomes. If a child is already attending an early years service, the health review may be integrated with the Early Years Progress Check carried out at age 2.

Speech, language and communication

Early language has been recognised as a key child wellbeing indicator which impacts on social, emotional and learning outcomes. Almost all children learn to communicate thorough language, yet there are strong and persistent differences in their ability to do so, with a child's socio-economic background an important factor. By age 3, there is already a 17-month income-related language gap, with children from disadvantaged groups twice as likely to experience language delay. 5 year olds with poor vocabulary are 3 times as likely to have mental health problems as adults. Two-thirds of 7-14 year olds with serious behaviour problems have a language impairment.

While the reasons behind the word gap in the early years are complex, exposure to a breadth and depth of vocabulary and a learning-rich home environment, supported by high quality Early Years provision, are essential. (Education Endowment Foundation, 2017 and Early Intervention Foundation 2017).

The increased prevalence of speech, language and communication delay among disadvantaged children is thought to contribute to the achievement gap that exists by the time children enter school and continues until they leave. It is important to note that the family income does not directly cause language delays, however it is associated with differences in children's exposure to language. Specifically, the evidence suggests that, on average, children living in middle and higher income homes have more opportunities to practice language skills and experience language-rich environments in comparison to children living in low income homes.

Language-related social inequalities are not inevitable. Health visitors are ideally placed to support parents and caregivers by providing information on ways to promote early language acquisition, identifying children with signs of speech and language delay and ensuring uptake of appropriate early intervention or specialist support.

Parents will be able to actively participate in their child's review through the use of the Ages and Stages Questionnaire (ASQ™-British English) which forms part of a holistic assessment. Information gathered from the review will inform discussions with parents about their child's progress, to identify any problems or delay.

Integrating health and early education reviews acknowledges that a holistic approach is important to good health and development and multi-agency/partnership working is essential.

The purpose of the integrated review is to:

- identify the child's progress, strengths and needs at this age in order to promote positive outcomes in health and wellbeing, learning and behaviour and to promote school readiness

- facilitate appropriate early intervention and support for children and their families where developmental delay or additional needs are identified
- generate information which can be used to plan services and contribute to the reduction of inequalities in children's outcomes

The review will draw on the content of existing health and educational reviews, focussing on the child in:

- speech, language and communication
- personal, social and emotional development
- physical development, including a review of growth and the promotion of healthy weight
- learning/cognitive development
- physical health, including oral health and bladder/bowel health to prevent such problems as constipation and urinary tract infections

These align with the Early Years Foundation Stage Prime Areas of Learning.

Early parenting matters. Some children do not experience positive parenting, which may impact on their future life chances. Health visitors are well placed to assess and identify risk early as part of their universal and targeted contacts with families, having extensive knowledge of child development and wider parenting risk factors.

Health visitors can intervene to address additional need, providing evidence based support and work with early years' services, school nurses and other community resources to support children to be ready for school.

Pressure on services such as health and social care is growing and is costly. A focus on preventing child maltreatment is essential and the need to work with vulnerable families paramount. Evidence-based prevention and early intervention can make a difference to life-long health and wellbeing, educational achievement, employment prospects, economic productivity and responsible citizenship throughout life and achieve significant cost savings. Furthermore, they help to break the cycle of disadvantage, setting up the next generation to enjoy better health outcomes than the last.

The Early Years Foundation Stage Profile results highlight that too many children currently start school with poor communication skills and personal care skills such as not being toilet trained, and are not emotionally ready to learn, with avoidable national variations. The health visiting service aims to support every child to achieve their potential and contribute to reductions in inequality.

Education and lifestyle choices begin at an early age. The health visitor may work in partnership with the learning disability nurse to help the child with additional needs reach their full potential and reduce the health inequalities faced by children with a learning disability.

Health visitors' role

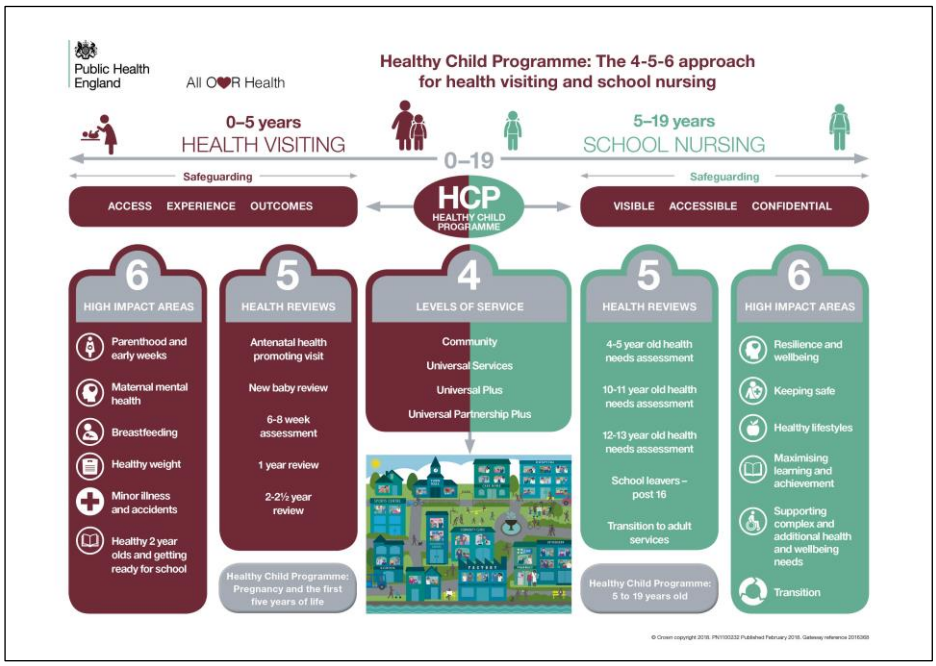
Health visitors as public health nurses use strength-based approaches, building non-dependent relationships to enable efficient working with parents and families to support behaviour change, promote health protection and to keep children safe.

Health visitors undertake a holistic assessment in partnership with the family, which builds on their strengths as well as identifying any difficulties including the parents' capacity to meet their infant's needs and the impact and influence of wider family, community and environmental circumstances. This period is an important opportunity for health promotion, prevention and early intervention approaches to be delivered.

The health visiting service supports parents to identify the most appropriate level of support for their individual needs. Although health visitors provide leadership, they will need to work with partners to deliver a comprehensive programme of support.

Health visitors have a clear, easily understood national framework on which local services can build. The health visiting 4-5-6 model sets out 4 levels of service with increased reach from community action to complex needs, five universal health reviews for all children and the six high impact areas where health visitors have the greatest impact on child and family health and wellbeing (Figure 1).

Figure 1: The 4-5-6 approach for health visiting and school nursing



This high impact area interfaces with the other high impact areas and incorporates health visitors working in partnership with maternity, primary care, early years services, GP services, troubled families services, children's safeguarding services, mental health services, specialist and voluntary organisations.

Improving health and wellbeing

The high impact areas will focus on interventions at the following levels and will use a place-based approach:

- individual and family
- community
- population

The place-based approach offers new opportunities to help meet the challenges public health and the health and social care system face. This impacts on the whole community and aims to address issues that exist at the community level, such as poor housing, social isolation, poor/fragmented services, or duplication/gaps in service provision. Health visitors as leaders in public health and the Healthy Child Programme (0-5) are well placed to support families and communities to engage in this approach. They are essential to the leadership and delivery of integrated services for individuals, communities and population to provide RightCare that maximises place-based systems of care.

Individual and family

Health visitors have a vital role to play in school readiness and preparing families for school. This will include improving families' knowledge on the importance of hygiene, particularly after toileting, before eating or preparing food and when children or family members are unwell so that illnesses are not spread through the family. They also play an important role in education of families and children about health protection issues such as immunisation, screening, using antibiotics appropriately and not when they have viral illnesses such as coughs and colds.

The health visitor can coordinate appropriate early intervention before the child starts school.

Healthy child programme - the 2 year review

2 years of age is a key time for the development of speech and language, social, emotional and cognitive development. Health visitors assess children in their family context, which builds on their strengths as well as identifying any difficulties, including taking account of:

- parenting capacity
- child development and the home learning environment

- family circumstances
- social/community circumstances
- health and wellbeing, including the immunisation status of the child

Where a child is assessed as needing support from another agency, or risks to the child's welfare or safety are identified, the health visitor will make a timely referral to the appropriate service and contribute to multi-agency support packages including early help, the Troubled Families Programme, safeguarding, or multi-disciplinary meetings for children with a disability and/or complex health needs. Where a child has been identified to have a learning disability and/or with complex health care needs, the health visitor will work in partnership with the learning disability nurse and or allied health professionals working with families within the home or as part of a multi-disciplinary team.

Where a child already has an identified disability or developmental delay, health visiting teams will need to agree with parents whether they wish to complete the ASQ-3™ (British English) questionnaire as part of their child's 2 year review. Much rests on health visitors' professional judgement and their skill in working sensitively and collaboratively with families to agree the best approach.

The review provides a population measure of child development at age 2, building a picture of how children are developing at age 2 across the country.

Parents are experts in their child's development and are key players in the review, sharing information about their children's development with their health visitor or community nursery nurse by completing a short questionnaire. Combined with the clinical judgement of the health professional, a rounded picture of a child's development can be made to identify the child's progress, strengths and needs, with an agreed plan to address any needs going forward.

Where a child has a special educational need or disability, the health visitor may work with the family and the children's learning disability nurse in order to positively plan to address the health care needs of the child and/or identify any additional support they might require to enable the child to achieve their full potential. Where the parent opts not to use an Ages and Stages Questionnaire, health visiting teams may wish to use an alternative tool to help assess a child's development as part of their 2 year review. It is up to local areas to choose the most appropriate tool, but we would expect this to be an evidence-based, standardised tool, as set out in the Healthy Child Programme two year review guidance document.

During the review, the health visitor should check whether the child has an integrated Education, Health and Care plan or if work is underway to develop one. Where a child does not have an Education, Health and Care plan, the health visitor may want to discuss with the family whether they should request one. Where a plan exists, it should

provide a comprehensive source of information that can inform the integrated review process.

Community

The remit for improving school readiness does not rest with a single agency, and health visitors work in partnership with other key stakeholders, including local government, early years services, children's centres, education settings, school nurses and voluntary organisations. Health visitors play a key role in promoting early language acquisition and signposting parents to early years services and community groups.

Health visitors can also promote the uptake of free early education and childcare for eligible children who have not taken up this offer. They can also signpost to libraries to promote reading and language skills.

Population

To promote a smooth transition between health visiting to school nursing services, Public Health England has produced a pathway for supporting health visitor and school nurse interface and improved partnership working.

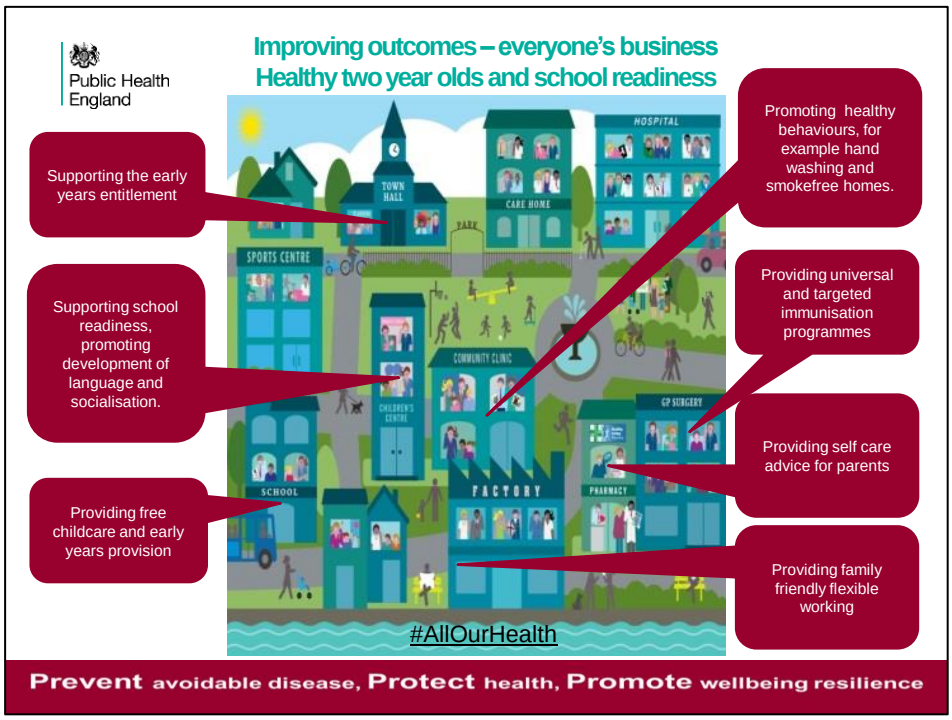
A health and development review is offered to all families with a child aged 2-2½, which should also include anticipatory guidance as part of the Healthy Child Programme (0-5), for example advice about potty training and oral health.

At a population level, this data will provide a measure of children's development and wellbeing as part of the Public Health Outcomes Framework and generate information which can be used to plan services and contribute to the reduction of inequalities in children's outcomes.

Using evidence to support delivery

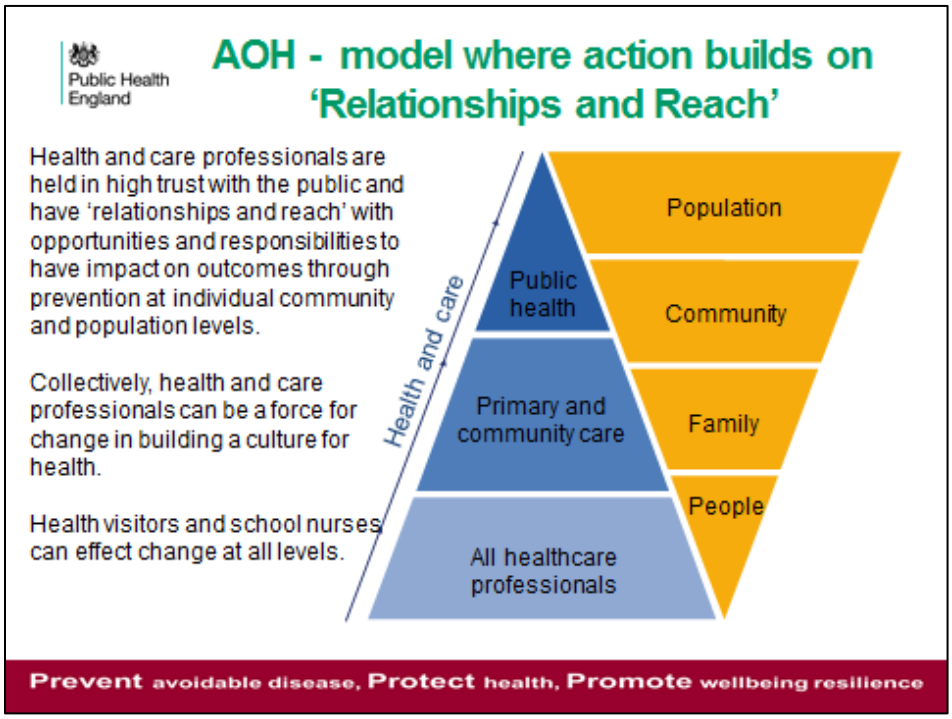
A place-based, or community-centred, approach aims to develop local solutions that draw on all the assets and resources of an area, integrating services and building resilience in communities so that people can take control of their health and wellbeing, and have more influence on the factors that underpin good health. This is illustrated in Figure 2, which uses the All Our Health townscape to demonstrate how improving outcomes is everyone's business, working across both traditional and non-traditional settings such as the workplace, green spaces and community centres.

Figure 2: All Our Health: Community and placed-based approach to health and wellbeing



The All Our Health framework brings together resources and evidence that will help to support evidence based practice and service delivery, Making Every Contact Count and building on the specialist public health skills of health visitors.

Figure 3: All Our Health (AOH) – model where action builds on 'Relationships and Reach'



Health visitors' contribution to the Healthy Child Programme (0-5) using the 4-5-6 model and incorporating the evidence base through All Our Health, is achieved from individual to population level.

Measures of success/outcome

High quality data, analysis tools and resources are available for all public health professionals to identify the health of the local population. This contributes to the decision making process for the commissioning of services and future plans to improve people's health and reduce inequalities in their area including Public Health and NHS Outcomes Frameworks for Children or future Child Health Outcomes Framework measure/placeholder, interim proxy measure, measure of access and service experience. Health visitors and wider stakeholders needs to demonstrate impact of improved outcomes. This can be achieved by using local measures:

Access:

- C6i: percentage of 2-2½ year health visitor reviews completed, collected via PHE (interim solution) and NHS Digital's Community Services Data Set (strategic solution) and published in the Public Health Outcomes Framework and Early Years Profiles
- C6ii: percentage of 2-2½ year health visitor reviews completed using ASQ-3, collected via PHE (interim solution) and NHS Digital's Community Services Data Set (strategic solution) and published in the Public Health Outcomes Framework and Early Years Profiles

Effective delivery:

- C6i: percentage of 2-2½ year health visitor reviews completed,collected via Public Health England (interim solution) and NHS Digital's Community Services Data Set (strategic solution) and published in the Public Health Outcomes Framework and Early Years Profiles
- C6ii: percentage of 2-2½ year health visitor reviews completed using ASQ-3, collected via Public Health England (interim solution) and NHS Digital's Community Services Data Set (strategic solution) and published in the Public Health Outcomes Framework and Early Years Profiles
- outcome sub-indicator(s): Collection of scores using the Ages and Stages questionnaire (ASQ-3™-British English) - the tool produces a score for 5e separate areas of development: Communication, Gross Motor, Fine Motor, Problem solving, Personal-social

Outcomes:

- C6iii: percentage of children who were at or above the expected level of development in communication skills, collected via Public Health England (interim solution) and NHS Digital's Community Services Data Set (strategic solution) and published in the Public Health Outcomes Framework and Early Years Profiles
- C6iv: percentage of children who were at or above the expected level of development in gross motor skills, collected via Public Health England (interim solution) and NHS Digital's Community Services Data Set (strategic solution) and published in the Public Health Outcomes Framework and Early Years Profiles
- C6v: percentage of children who were at or above the expected level of development in fine motor skills, collected via Public Health England (interim solution) and NHS Digital's Community Services Data Set (strategic solution) and published in the Public Health Outcomes Framework and Early Years Profiles
- C6vi: percentage of children who were at or above the expected level of development in problem solving skills, collected via Public Health England (interim solution) and NHS Digital's Community Services Data Set (strategic solution) and published in the Public Health Outcomes Framework and Early Years Profiles
- C6vii: percentage of children who were at or above the expected level of development in personal-social skills, collected via Public Health England (interim solution) and NHS Digital's Community Services Data Set (strategic solution) and published in the Public Health Outcomes Framework and Early Years Profiles
- C6viii: percentage of children who were at or above the expected level of development in all 5 areas of development, collected via Public Health England (interim solution) and NHS Digital's Community Services Data Set (strategic solution) and published in the Public Health Outcomes Framework and Early Years Profiles
- dental attendance of 0-2 year olds (NHS digital)
- number of children with developmental delays detected and receiving appropriate support – this may include health visiting universal plus or universal partnership plus interventions (including monitoring), or referral to early intervention by a partner agency, or further assessment
- number of children starting school with unrecognised developmental delay or special educational needs

User experience:

- feedback from NHS Friends and Family Test and health visitor service user experience questionnaire on satisfaction with 2 – 2½year review or integrated review via local commissioner and provider data

- uptake of child immunisation eg measles, mumps and rubella

Other measures can be developed locally and could include measures such as initiatives within health visitors' building community capacity role, such as developing peer support, engaging fathers, joint developments with parent volunteers and early years services

Connection with other policy areas and interfaces

How does this link to and support wider early years work?

The high impact area documents support delivery of the Healthy Child Programme and 0-5 agenda, and highlight the link with a number of other interconnecting policy areas such as the Maternity Transformation Programme, childhood obesity, Speech, Language and Communication, mental health and Social Mobility Action Plan. The importance of effective outcomes relies on strong partnership working between all partners in health (primary and secondary), local authority including early years services, and voluntary sector services.

How will we get there?

Approaches to improving outcomes through collaborative working

- Public Health Outcomes Framework measure of child development at age 2-2½. Data will be collected via the Children and Young People's Health Services Data Set
- the Public Health England 0-19 health visiting and school nursing commissioning guidance supports the delivery of the high impact areas, the Healthy Child Programme and delivery of the 5 universal health reviews, which are currently mandated via legislation
- information sharing agreements in place across all agencies
- local authorities to commission public health 0-19 services responsive to local needs, integrated commissioning of services
- health visiting and early years services to offer integrated reviews at age 2, bringing together the Early Years Foundation Stage progress check and the Healthy Child Programme (0-5) health review
- data for the outcome measure will be collected during the 2 year Healthy Child Programme review
- early years services play a key role in supporting improved outcomes for children and families as part of the integrated planning, delivery, monitoring and reviewing approaches
- partnerships can use information from Joint Strategic Needs Assessments (including Early Years Foundation Stage Profile data, public health data, information about families, communities and the quality of local services and outcomes from integrated reviews) to identify need and respond to agreed joint priorities - Health and Wellbeing Boards drive integration
- IT system alignment (Health visiting and early years)
- NHS Outcomes Framework 2016: Tooth extractions due to decay in children admitted to hospital, aged 10 years and under

- Demonstrate value for money and Return on Investment

Improvements

- Improved uptake of the mandated 2 year health review for all children, to ensure accessibility for vulnerable groups
- Improved levels of dental attendance in 0-2 year olds
- reduction in tooth decay aged 5 years and hospital admissions for tooth extraction
- integrated IT systems and information sharing across agencies
- development and use of integrated pathways
- systematic collection of user experience e.g. NHS Friends and Family Test to inform service delivery
- increased use of evidence-based interventions with incorporated local evaluation methods and links to other early years performance indicators.
- improved partnership working as described in the health visiting and school nursing partnership pathway: Supporting health visitor and school nursing interface and improved partnership working
- consistent, culturally relevant, information for parents and carers
- standardised measure of child development: British English version Ages and Stages questionnaire (ASQ-3 British English™) and ASQ SE-2
- appropriate services to address identified needs
- reduction of the percentage of children with unknown needs identified at school entry
- increased uptake of free early years education and childcare for eligible children

Professional/partnership mobilisation

- Access to multi-agency training programmes:
  - understanding tools
  - multi-agency working
  - use of IT systems
  - information sharing
  - safeguarding
  - how to support parents to improve the learning environment
- effective delivery of evidence-based universal prevention and early intervention programmes, with clear evaluation methods
- improved understanding of data within the Joint Strategic Needs Assessment and at the local Health and Wellbeing Board to better support integrated working of health visiting services with existing local authority arrangements to provide a holistic, joined up and improved service for young children, parents and families
- identification of skills and competencies to inform integrated working and skill mix
- approaches to enrich home learning environments from pregnancy through to early years

Associated tools and guidance

(including pathways)

Information, resources and best practice to support health visitors – health, wellbeing and development of the child aged 2

Policy

Child oral health: Applying All Our Health, Public Health England, 2018
Children and Young People's Health Benchmarking tool, Public Health England, 2014
Delivering better oral health: An evidence-based toolkit for protection, Public Health England, 2014
Early Years Foundation Stage profile: 2018 handbook, Standards and Testing Agency, 2017
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Early years (under 5s) foundation stage framework, Department for Education, 2014
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Improving oral health: An evidence-informed toolkit for local authorities, Public Health England, 2014
Improving oral health: A toolkit to support commissioning of supervised toothbrushing programmes in early years and school settings, Public Health England, 2016
Rapid review to update evidence for the Healthy Child Programme 0-5, Public Health England, 2015
The five year forward view for mental health, NHS England, 2016
Universal Health visitor reviews: Advice for local authorities in delivery of the mandated universal health visitor reviews from 1 October 2015, Department of Health and Social Care, 2015
Working Together to safeguard children, HM Government, 2018

Research

1001 Critical days: The importance of the conception to age two period, WAVE Trust, 2014
Ages and Stages Questionnaires, accessed September 2018
Child and Maternal Health, Public Health England, accessed September 2018
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Health visiting and school nursing partnership: Pathways for supporting health visitor and school nurse interface and improved partnership working, Department of Health Social Care and Public Health England, 2015
Healthy child programme 0 to 19: health visitor and school nurse commissioning, Public Health England, 2016
Improving oral health for children and young people infographic, Public Health England, 2016

NICE Guidance

Health visiting, NICE Local Government Briefing [LGB22], 2014
Maternal and child nutrition, NICE Quality Standard [QS98], 2015
Oral health: Local authorities and partners, NICE Public Health guideline [PH55], 2014
Oral health promotion, general dental practice, NICE Guideline [NG30], 2015