



Department
of Health &
Social Care



Public Health
England

Early years high impact area 1: Transition to parenthood. 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.

Public Health England
Wellington House
133-155 Waterloo Road
London SE1 8UG
Tel: 020 7654 8000

www.gov.uk/phe

Twitter: [@PHE_uk](https://twitter.com/PHE_uk)

Facebook: www.facebook.com/PublicHealthEngland

Prepared by: Wendy Nicholson.

For queries relating to this document, please contact: HEChiefNurseTeam@phe.gov.uk



© Crown copyright 2018

You may re-use this information (excluding logos) free of charge in any format or medium, under the terms of the Open Government Licence v3.0. To view this licence, visit [OGL](https://www.ogilive.com/). Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

Published: November 2018
PHE publications
gateway number: 2018582

PHE supports the UN
Sustainable Development Goals



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

Contents

About Public Health England	2
Transition to parenthood	4
Context	4
Health visitors' role	6
Improving health and wellbeing	8
Individual and family	8
Community	9
Population	10
Using evidence to support delivery	11
Measures of success/outcome	13
Connection with other policy areas and interfaces	15
Associated tools and guidance	17

Transition to parenthood

Context

Transition to parenthood

The foundations for virtually every aspect of human development, including physical, intellectual and emotional, are established in early childhood. Transition to parenthood and the **first 1001 days** from conception to age 2 is widely recognised as a crucial period in the life course of a developing child.

Transition to parenthood starts before and during pregnancy. This period of adjustment can place pressures on relationships as families grow. This important phase is supported by delivering the vision of **Better Births** through the **Maternity Transformation Programme**. **Promoting preconception care and being fit for pregnancy** are key aspects of this programme. 45% of pregnancies are unplanned or associated with feelings of ambivalence and even amongst those who do plan their pregnancy, a relatively small proportion of women currently modify behaviours pre-pregnancy. Planning pregnancy, promoting healthy behaviours and reducing or managing risk factors are important for improving pregnancy outcomes.

There is a significant body of **evidence** that demonstrates the importance of sensitive, attuned parenting on the development of the baby's brain and in promoting secure attachment and the foundations for early language. Preventing and **intervening early to address attachment and parenting issues** will have an impact on the resilience and physical, mental and socio-economic outcomes of an individual in later life.

There is increased potential for **domestic violence** and abuse to escalate or start within a relationship during pregnancy. Early identification of the associated risks and intervening early can reduce the potential for these factors escalating into more serious concerns and affecting the parent-child relationship.

New parents' skills and confidence may be affected by factors such as:

- economic/social issues (social capital)
- own experience of being parented/adverse childhood experiences (ACEs)
- cycle of poor aspiration
- exposure to domestic violence
- alcohol and substance misuse
- emotional health problems

[The 1001 Critical Days](#)



The period of preconception to age 2 provides a unique opportunity for professional involvement because it is the time when parents are often the most receptive to behaviour change interventions and where the **evidence** suggests it is most effective. Outcomes are improved if **parenting programmes** start in pregnancy and parents can be supported to understand and communicate their feelings about the emotional transition to parenthood and build positive relationships between parents and their baby from pregnancy onwards.

Home visiting programmes, for example **Family Nurse Partnership**, support first time young parents and their families, helping them have a healthy pregnancy, improve their child's health and development and plan their own futures.

Health visitors' role

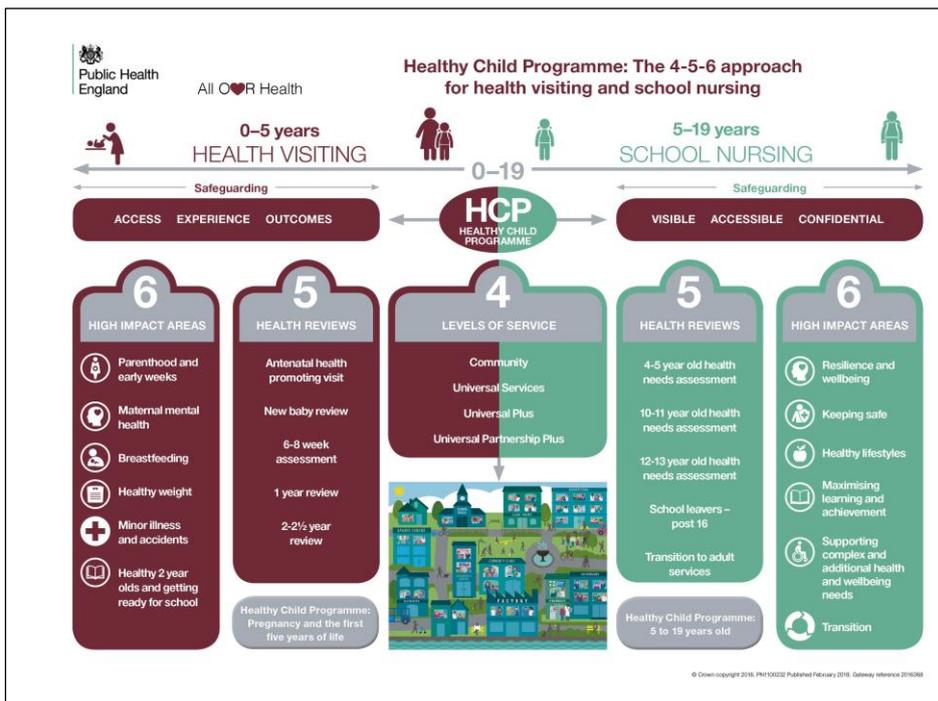
Health visitors as public health nurses use strength-based approaches, building non-dependent relationships to enable efficient working with parents and families to support behaviour change, promote health protection and to keep children safe.

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.

Health visitors work with parents and families to identify the most appropriate level of support for their individual needs. Although health visitors provide the 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, 5 universal health reviews for all children and the 6 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 programme, 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: Pregnancy and the first five years of life** (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 are **valued and accepted by parents**, leading to a good uptake of the service. This commences in the antenatal period, working closely with midwifery services to provide seamless support and care and building effective relationships with parents. Health visitors use a strengths-based, holistic approach and work in partnership with parents and carers to provide individualised care which is more likely to promote behaviour change and improve health outcomes.

The reliability of needs assessment is improved with continuity of the health visitor and a partnership approach which builds a health visitor/client relationship. This starts at the universal antenatal visit and is revisited at the new birth visit and the 6-8 week review. Additional support can be provided through targeted health visiting to families identified with additional needs or difficulties in transition to parenthood.

Health visitors are trained in a variety of universal and targeted interventions which could include parenting programmes and intensive home visiting. Many of these programmes have good evidence for supporting important child and parent outcomes. Further details about the evidence and implementation requirements of some of these interventions are listed in the **Early Intervention Foundation Guidebook**. Health visitors can signpost to a wide range of information, services and support, such as parenting support, benefits, housing, relationship advice, alongside other resources, and advice

on wider health and wellbeing issues including screening, immunisations, oral health, preconception care, smoking cessation and contraception. Health visitors can promote and increase the reach of early years services as they see all children aged between 0-5 years old, and their families, and work in an inclusive manner which improves engagement.

The proactive, health-promoting, focus of health visiting means that, particularly in the mid-to-late phases of pregnancy, having a new baby and inter-pregnancy period services reach out to parents who may not initially have engaged. The inter-pregnancy period is another important opportunity to provide continuum of care from one pregnancy to the next and promote pregnancy planning, fitness for pregnancies and healthy behaviours in general. This way of working can potentially enhance the uptake and use of services.

The initial antenatal visit (28 weeks) in the Healthy Child Programme (0-5), provides a relational basis for assessing mental health for mothers and partners, and supports parents to form an image of their unborn child, laying the ground for parental bonding. Health visitors have in-depth knowledge and advanced skills in assessment, therapeutic communication and care management which may include:

- promoting parental bonding, reflective function and parental sensitivity during pregnancy, helping mothers and partners to identify with the baby and bond prenatally
- assessing presence of individual risk and resilience factors in families during the perinatal period, and using these to determine the level of future health visiting support in line with the safeguarding procedures of their local area
- helping parents and carers to manage difficult and challenging issues that are affecting their transition to parenthood, such as parental and infant disability and chronic illness, perinatal depression, toxic stress, previous trauma, family conflict or social isolation
- recognising the signs of distress in the parents' relationship, and discussing relationship issues comfortably, offering effective support and referring sensitively to specialist services where necessary



Community

The contacts during the antenatal period and early weeks inform the level and type of support needed. This includes safeguarding concerns, potential and actual mental health issues, domestic violence and abuse, sexual abuse and substance misuse.

Health visitors can promote information about **Healthy Start** vouchers to pregnant women and parents and carers of children under 4 years old who may be eligible, with advice on how to use them to increase fruit and vegetables in their family diet, and vitamins for pregnant or breastfeeding women and for children under 4. (**Maternal and Child Nutrition, NICE Quality Standard [QS98], 2015**).



Population

Health visitors lead the Healthy Child Programme (0-5) and provide leadership at a strategic level to contribute to the development and improvement of policies, pathways and strategies to support delivery of high quality, evidence-based, consistent care for children and families for improving transition to parenthood.

Using evidence to support delivery

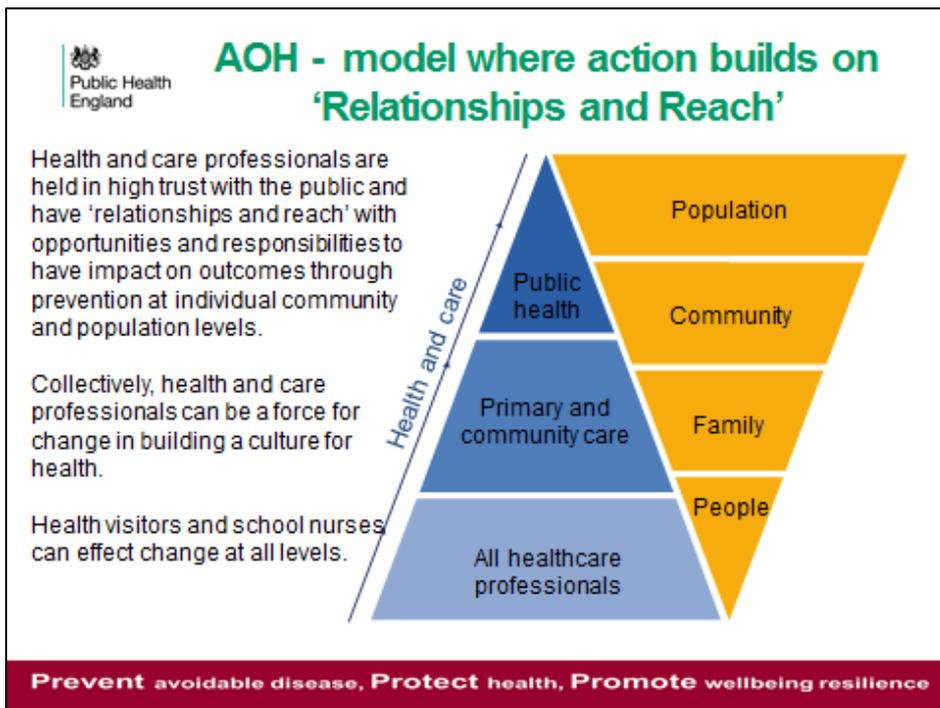
A place-based, or community-centred, approach aims to develop local solutions that draw on all the assets and resources of an area, integrating services and building resilience in communities so that people can take control of their health and wellbeing, and have more influence on the factors that underpin 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 place-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 need to demonstrate the impact of improved outcomes. This can be achieved by using local measures:



Access:

- number of infants who received a first face-to-face antenatal contact with a health visitor
- percentage of parents who receive a new birth visit with a health visitor, monthly reporting via **Children and Young People's Health Services dataset**. Future reporting will be via the **Community Services Data Set**
- percentage of infants who receive face-to-face contact at 6-8 weeks, monthly reporting via Children and Young People's Health Services dataset
- local measures, such as increased and improved local partnerships, number of referrals, equity audit of access to health visitor mandated contacts and audit of local pathways could be included. This would be for local determination



Effective delivery:

- evidence of development and implementation of evidence-based training, and use of validated tools to identify infants who may be at risk of poor attachment and parents who need additional support to attune and bond to their infants, for example, **The Parent Infant Interaction Observation Scale** and **attachment-focused perinatal parenting programmes**
- the development of evidence-based, integrated local pathways for infant mental health (this area overlaps significantly with integrated perinatal mental health pathways and includes Specialist Health Visitors in perinatal and infant mental health as recommended by Health Education England)



Outcomes:

- uptake of Healthy Start Vouchers - percentage of entitled beneficiaries over eligible beneficiaries

- Under-18 conceptions - conceptions in women aged under 18 per 1,000 females aged 15-17. Quarterly and annual reporting by the Office for National Statistics at local authority level. Also in the Public Health Outcomes Framework and Early Years Profiles
- proportion of pregnant women who smoke at the time of delivery
- quarterly reporting by **NHS Digital** at clinical commissioning group level and annually in the Public Health Outcomes Framework and Early Years Profiles
- low birth weight of term babies, collection is through routinely collected birth registration data. Annual reporting by Public Health England in the Public Health Outcomes Framework and Early Years Profiles
- rate of infant deaths under one year per 1,000 live births. Reporting is via Office for National Statistics, NHS Digital and **Public Health England**; and in the Public Health Outcomes Framework and Early Years Profiles
- Public Health Outcomes Framework measure of child development at age 2-2½. Data will be collected monthly via the **Community Services dataset** using the Ages and Stages (**ASQ-3™**) covering 5 separate areas of development: communication; gross motor; fine motor; problem solving; personal-social interventions to improve parental attunement and confidence and infant attachment and should include evidence based outcome measures, for example The Parent Infant Interaction Observation Scale and **The Karitane Parenting Confidence Scale** (2008)



User experience:

- feedback from **NHS Friends and Family Test** and health visitor service user experience questionnaire on satisfaction with antenatal and new birth review contacts, via local commissioner and provider data

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 **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 indicators - Data is collected via the Maternity Services dataset and the Children and Young People's Health Services dataset
- The Public Health England **Guidance to support the commissioning of the Healthy Child Programme 0-19: Health visiting and school nursing services** supports the delivery of the high impact areas, the Healthy Child Programme and delivery of the five universal health reviews, which are currently mandated via legislation
- information sharing agreements in place across all agencies
- planning the design of delivery of services together through Local Maternity Systems, Sustainability and Transformation Partnerships and Integrated Care Systems
- Joint Strategic Needs Assessments, including Early Years Foundation Stage data and Fingertips (Public Health profiles) to identify and respond to agreed joint priorities
- parent infant attachment strategies and pathways showing cross partnership commitment to population approach to promoting parenting and early attachment
- systems to capture at risk parents/families
- data collection and reporting of parental/service user satisfaction
- demonstrate value for money and Return on Investment

Improvements

- improved accessibility for vulnerable groups
- integrated IT systems and information sharing across agencies
- systematic collection of user experience to inform action, eg **NHS Friends and Family Test**

- increased use of prevention and evidence-based interventions and multi-agency programmes to improve parenting and attachment and links to other early years performance indicators
- improved partnership working, eg maternity, specialist perinatal and infant mental health services, school nursing, social care and early years services and education providers
- consistent, culturally relevant, information for parents and carers
- data collected during antenatal visits and new birth visits
- identification of risk/resilience factors at individual level using validated screening and assessment tools alongside professional judgement
- prevention and early intervention to include fathers and partners

Professional/partnership mobilisation

- multi-agency training on infant mental health and best practice approach to improve attachment and parental attunement
- multi-agency training in universal parenting programmes, using principles of positive parenting and focused on how parents and children think, feel and behave
- effective delivery of universal, evidence-based prevention and early intervention programmes with validated outcome measures
- improved understanding of data of local need, evidenced within the Joint Strategic Needs Assessment to inform priority setting by the local Health and Wellbeing Board and its actions via the Joint Health and Wellbeing Strategy
- integrated perinatal and infant mental health pathway
- identification of skills and competencies to inform integrated working and skill mix
- increased integration and working with early years services/specialist perinatal and infant mental health teams/voluntary sector organisations to offer a range of services/activities to promote attuned parenting and positive infant mental health
- review provision of local public health services that can support the wider health and wellbeing of families including preconception.
- upskill other workforces to give public health advice, offer or refer to interventions eg early years practitioners

Associated tools and guidance

(including pathways)

Information, resources and best practice to support health visitors - transition to parenthood

Policy

[Building Great Britons: Conception to age two](#), First 1001 Days All Party Parliamentary Group, 2015

[Chief Medical Officer: Our children deserve better, Prevention pays](#), Department of Health and Social Care, 2013

[Child and Maternal Health](#), Public Health England, accessed September 2018

[Children and young people's health benchmarking tool](#), Public Health England, 2014

[Children's public health transfer](#), Local Government Association, 2015

[From evidence into action: opportunities to protect and improve the nation's health](#), Public Health England, 2014

[Healthy Child Programme: Pregnancy and the first five years of life](#), Department of Health and Social Care, 2009

[Preparation for birth and beyond: Resource pack to help government groups](#), Department of Health and Social Care, 2011

[Prime Minister pledges a revolution in mental health treatment](#), Department of Health and Social Care and NHS England, 2016

[Public Health Outcomes Framework 2013 to 2016](#), Department of Health and Social Care, 2013

[Rapid review to update evidence for the Healthy Child Programme 0-5](#), Public Health England, 2015

[SAFER Communication Guidelines](#), Department of Health and Social Care, 2013

[The five year forward view for mental health](#), NHS England, 2016

[Towards a smokefree generation: A tobacco control plan for England](#), Department of Health and Social Care, 2017

[Working Together to safeguard children](#), HM Government, 2018

Research

[All babies count: spotlight on perinatal mental health](#), NSPCC, 2013

[Baby Steps](#), NSPCC, accessed September 2018

[Conception to Age 2: The age of opportunity](#), WAVE Trust, 2013

[Early years foundation stage profile: 2016 handbook](#), Standards and Testing Agency, 2016

Health visiting: the voice of service users - Learning from service users' experiences to inform the development of UK health visiting practice and services, Donetto, S., Malone, M., Hughes, J., Morrow, E., Cowley, S. & Maben, J., 2013

Karitane Parenting Confidence Scale, Karitane, 2008

Parenting intervention in Sure Start services for children at risk of developing conduct disorder: pragmatic randomised controlled trial, Hutchings, J. *et al*, *BMJ* Mar 31; 334 (7595): 678, 2007

Preconception health: *The Lancet*, 2018

Solihull Approach, accessed September 2018

Specialist health visitors in perinatal and infant mental health, Health Education England, 2016

The 1001 Critical Days: The Importance of the Conception to Age Two Period: A cross-party manifesto, WAVE Trust, 2014

The Best Start at Home, Early Intervention Foundation, 2015

The Brazelton Centre UK, accessed September 2018

The Parent–Infant Interaction Observation Scale: reliability and validity of a screening tool, Svanberg P O, Barlow J & Tigbe W, *Journal of Reproductive and Infant Psychology*: Volume 31, Issue 1, 2013

Triple P, accessed September 2018

Universal screening and early intervention for maternal mental health and attachment difficulties, Milford R, Oates J., *Community Practitioner*; 82(8): 30-3, 2009

Why Health Visiting? A review of the literature about key health visitor interventions, processes and outcomes for children and families, Cowley S, *et al* (2013)

Guidance

Better beginnings: Improving health for pregnancy, National Institute for Health Research, 2017

Better births: Improving outcomes of maternity services in England: A five year forward view for maternity care, NHS England, 2016

Breastfeeding help and support, Start4Life, accessed September 2018

Healthier weight promotion: Consistent messaging, Public Health England, 2018

Health Matters: Preconception health and pregnancy planning, Public Health England, 2018

Health of women before and during pregnancy: Health behaviours, risk factors and inequalities: An initial analysis of the Maternity Services Dataset antenatal booking data, Public Health England, 2018

Health visiting and midwifery partnership – pregnancy and early weeks, Public Health England, 2015

Information for healthcare and childcare professionals, Start4Life, accessed August 2018

Latest technology supports new mums to breastfeed, Public Health England, 2018

Local health and care planning: Menu of preventative interventions, Public Health England, 2018

Making the Case for Preconception Care report, Public Health England, 2018

NHS information service for parents, Start4Life, accessed September 2018

Planning for pregnancy, Tommy's, accessed September 2018

Preconception animation, Public Health England, 2018

Reproductive health: What women say, Public Health England, 2018

Saving babies' lives care bundle, NHS England, 2016

Smokefree, NHS, accessed September 2018

The Perinatal Mental Health Care Pathways, NHS England, NHS Improvement and National Collaborating Centre for Mental Health, 2018

Very brief advice training module, National Centre for Smoking Cessation and Training, accessed September 2018

Where to give birth: the options, NHS Choices, 2018

NICE Guidance

Antenatal and Postnatal Mental health, NICE Quality Standard [QS115], 2016

Behaviour change: General approaches, NICE Public Health Guideline [PH6], 2007

Behaviour change: Individual approaches, NICE Public Health Guideline [PH49], 2014

Postnatal care, NICE Quality Standard [QS27], 2013

Pre-conception: Advice and management, NICE Clinical Knowledge Summary, 2017

Pregnancy and complex social factors, NICE Clinical Guideline [CG110], 2010

Social and emotional wellbeing: early years, NICE Public Health guideline [PH40], 2012