Best Start and Beyond

DRAFT v8

A framework for ensuring the best start to life for all Rotherham children and young people, from pre-conception through to becoming an adult.

Best Start and Beyond Framework Overview

Our Vision

All children and young people get the best start in life and go on to achieve their potential.

'Best Start and Beyond' is a framework which seeks to meet one of the key aims of Rotherham's Health and Wellbeing Strategy, which is to improve the life chances of children and young people, by addressing inequalities, narrowing the gap in attainment and improving outcomes for all children and young people, with a strong focus on health and wellbeing in the early years to ensure all Rotherham children and young people can fulfil their potential in later life.

Why is it necessary?

The purpose of the framework

The principal reason for developing this framework is to enable an overview of work delivered by public agencies (including those in the voluntary sector) that influence the health and wellbeing of children, young people and families (CYP&F). This will be through the impact those agencies can have on the circumstances in which children, young people and families live, learn, work and play, or through provision of services that have a more direct relationship to their health and wellbeing.

The framework is designed as a tool to describe direct or indirect influences, using priority 'lenses' for how we wish important health and wellbeing outcomes to be pursued. Whilst it is not therefore a delivery plan, it does provide a way to identify opportunities across the whole system, e.g., in terms of commissioning and service delivery. In order to accelerate achieving the vision that every child gets the best start to life and is able to reach their potential, and that no child is held back in ways that are unfair.
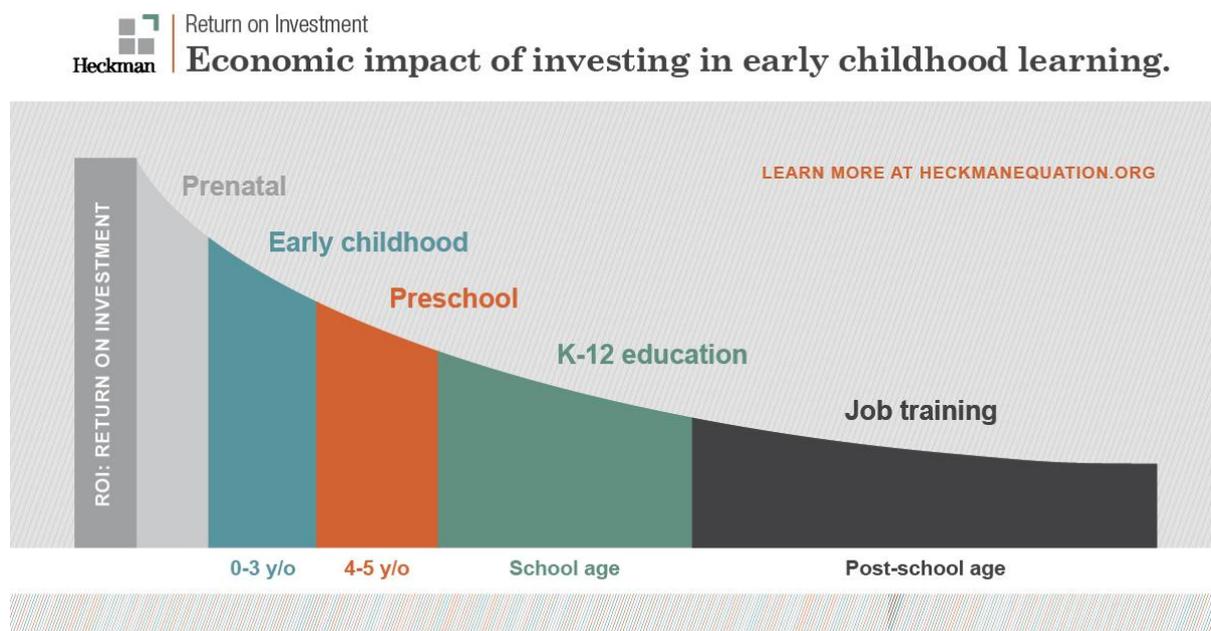
The Best Start and Beyond Framework adopts a population-level health and wellbeing focus, based on addressing wider determinants, primary prevention and universal health services. It is intended to be complementary to the Early Help Strategy.

Rotherham is currently (September 2022) preparing to commit to the DHSC's Family Hub and Start for Life programme, with direct oversight provided by the Early Help Steering Group. As its delivery plan is developed and related task and finish groups are established, priorities identified through the Best Start and Beyond framework should seek to coordinate with that work. As part of the family hubs programme, publication of a 'Start for Life' offer is expected by April 2023, which should set out the services and support available to families during the critical 1001 days. This framework and its steering group will provide a key mechanism to ensure that that offer is a comprehensive, needs-based, partnership-owned offer, and one that can be continuously improved.

Optimising the benefits of early investment

The Heckman Curve famously describes the theoretical economic case for investments early in the life course, which are expected to provide significantly higher rates of return compared to investments targeted at adults.

With respect to health outcomes, the body of evidence is growing to support theories of foetal and early childhood origins of adult disease. In acknowledgement of this, a recent government-commissioned report has made recommendations for optimising the impact of support to the critically important first 1001 days of each human life (the period between conception and age two), and recent additional funding announcements by The Chancellor of the Exchequer appear to be responding directly to some of these recommendations.

Heckman | Return on Investment
Economic impact of investing in early childhood learning.

LEARN MORE AT HECKMANEQUATION.ORG

ROI: RETURN ON INVESTMENT

Prenatal

Early childhood

Preschool

K-12 education

Job training

0-3 y/o   4-5 y/o   School age   Post-school age

Addressing the wider determinants

Public health takes the viewpoint that health is a product of where we live, learn, work and play and that the more we are able to address these wider determinants of individuals' and communities' health and well-being, the greater the net benefit, when compared with addressing problems at the individual level.

The wider determinants include socio-economic factors, housing, social networks and education as well as the commercial determinants of health – a phrase designed to encapsulate a conflict of interest in some parts of private sector activity where profit maximisation may be dependent on promoting products and behaviours that are detrimental to health. Within this discourse, poverty is quite often overlooked but should be considered a key social determinant of child health, and an important context for understanding and responding to families' needs and experiences.
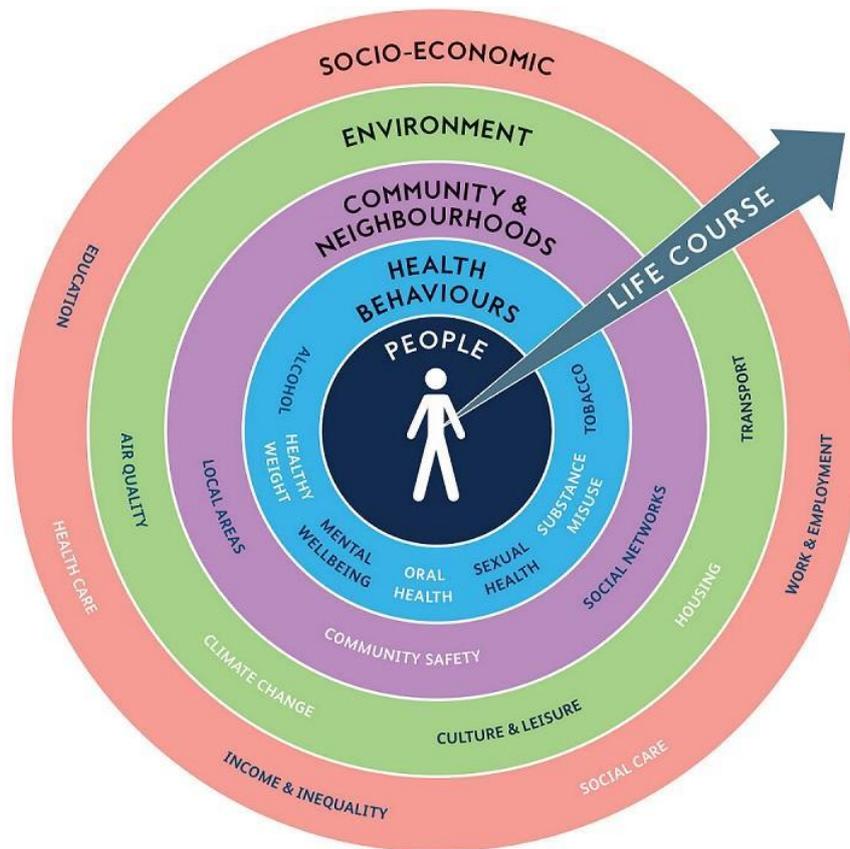
Wider determinants of health through the life course. Source: Rotherham JSNA

During the course of a child's life from conception through to transition to adulthood, the importance of the range wider socio-economic and environmental determinants and exposures on the child's health and wellbeing will change.

From before conception and through pregnancy, social disadvantage experienced by women is likely to increase the risk of poorer maternal outcomes. The individual risk factors that such disadvantage might lead to include existing health problems (mental and physical), misuse of substances prior to or during pregnancy, a low level of education, being poorly nourished or in poor quality housing, and having unsupportive or even abusive partners.

Socio-economic determinants can have an important influence on the early phase of a child's life in the way that it affects parental income, parenting styles, housing quality, the extent to which the home and family environment is a nurturing one, the quantity and quality of stimulation and interaction within the home learning environment, exposures to environmental toxins both indoors and outdoors, and the quality of nutrition.

As a child ages, so other determinants beyond the home environment increase in importance, such as social and community networks, influences of peers, education, culture and leisure influences, the quality of the local built and natural environment.

Health and care services and other public sector services can exert some influence over these determinants but have limited power in respect of socio-economic determinants. Ironically, the sphere of influence of public/voluntary sector services

tends to increase as a child ages, whereas a greater potential benefit might result from improving the conditions that affect a child earlier in life.

The best way for the health and care system to respond is to draw on the concept of 'proportionate universalism' - making services universally available but delivering them at a scale and intensity that is proportionate to the degree of need.

There is growing evidence that wide-reaching strategies to provide support at a population level result in fewer children and families in need of more intensive services. Such an approach has the additional benefit of avoiding stigmatisation of people in receipt of those services.

Prevention and early help/early intervention

In public health the word prevention is often categorised into three types of prevention: primary, secondary and tertiary. Within a strategy to give children the best start in life, prevention offers the greatest return in the long term, and primary prevention is the ideal. Secondary prevention is more targeted prevention, and effectively refers to identifying and responding to risks or emergent problems at the earliest possible opportunity.

'Early help' and 'early intervention' are terms that are often used interchangeably to describe a range of services, programmes or interventions to help children and families resolve problems before they become more difficult to reverse or require more interventionist support. In this respect early help can be seen as a form of secondary prevention.

Sometimes the default understanding of early help or early intervention is as a risk-based individual-level form of protection. However, it is the wider conditions of people's lives (those wider determinants that include their homes, their financial resources, education and employment, access to services, etc.) that have the biggest impact on their health and wellbeing.

Our early help and wider system of support provided through public policies, investment and service provision needs to adopt an holistic approach, informed by evidence on preventative public health.

The diagram below depicts the Early Help system in its widest possible sense, showing 3 types of support service around the family – community support, universal services, and acute and targeted support. Those described as universal are effectively universally available, but some will require agency on the part of the family to receive the service.

Early Help System. Source: Early Help System Guide, DfE and DLUHC

Life course

Physical and cognitive growth occur rapidly during the early stages of life, and there are key stages in utero, in infancy, and in later childhood/adolescence when such changes accelerate.

In addition, there are particular transitional moments in the life of a child relating to growing independence from their parents, and greater participation in wider society that mean that the context for the influence of wider determinants of health and for the provision of services go through step changes.

In the light of this, it makes sense to organise this Best Start and Beyond framework, and in particular the priority issues of concern, the outcomes that are sought, and the consideration of access to services and the interplay between them into key life-course stages.

The framework will adopt four key phases:

1. The first 1001 Days (from conception to 2 years, but also including consideration of pre-conception phase)
2. The early pre-school years of life
3. The school years – primary and secondary
4. The transition to adulthood

Inequality

The wider determinants of health matter because they drive unequal outcomes. In particular, inequalities in the way income and wealth are distributed through the

population tend to be reflected in inequalities in exposures to all the wider determinants, and this in turn leads to most health outcomes following a social gradient.

The extent to which these unequal effects are also unfair is well illustrated by the graph below, which shows how a child's low socioeconomic status drags down early high cognitive scores, whereas high socioeconomic status can pull up low early scores.
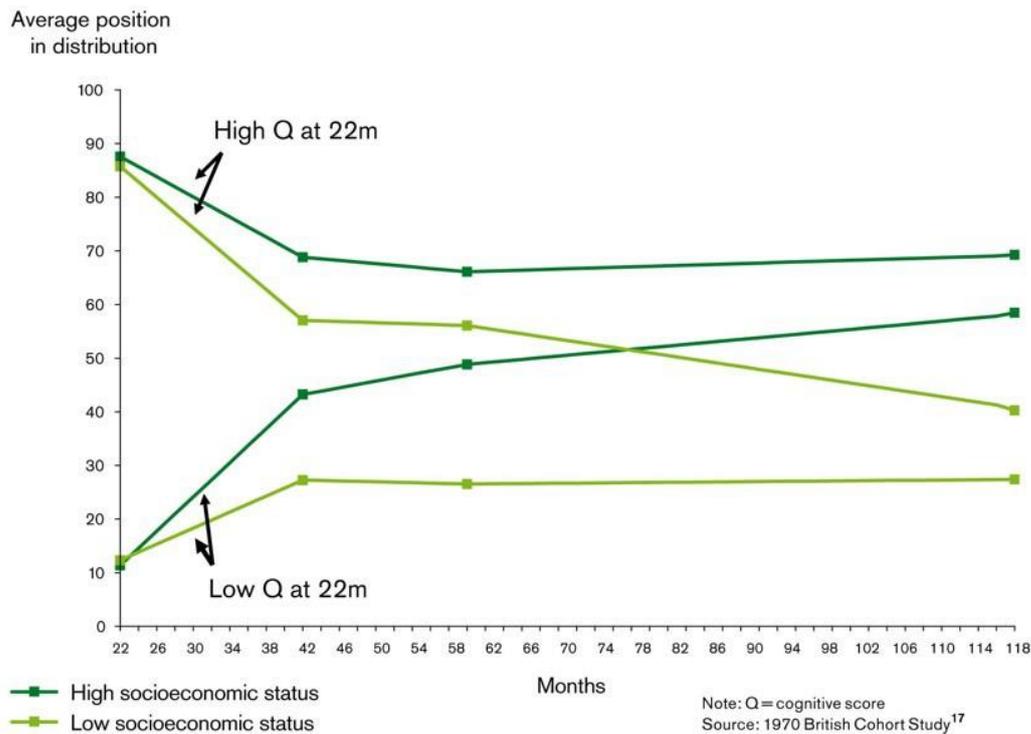
Childhood inequality and cognitive development at 22 months and 10 years

Source: Marmot Review (2010). Fair Society, healthy lives. Review of health inequalities in England post-2010

Very often we measure outcomes by looking at averages across a whole population. This inevitably risks overlooking the way the outcome is distributed within the population, and the gradient of the slope.

Reducing inequality in health and related outcomes should be seen as a key aim of this framework, and one that is more important than simply improving the average.

Co-production

A key principle is that families and communities are likely to have the best knowledge and assets to respond to local challenges, and that such knowledge should be brought to bear on the design of services and support networks that are better distributed and avoid stigmatising interventions. Families and relationships within them are hugely important to the health and wellbeing of a child, and we will

seek to work with the whole family and to understand those relationships in seeking the best outcomes for the child/young person.

The Rotherham Charter

Also referred to as The Four Cornerstones, the [Rotherham Charter](#) is a set of principles and a way of working that was developed to enable better parental involvement in ensuring better outcomes for Rotherham children and young people with special educational needs.

It is now recognised that these principles should be equally reflected in relationships with all the children and young people of Rotherham, and their parents and carers, as a way to underpin co-productive processes.

WELCOME AND CARE

VALUE AND INCLUDE

COMMUNICATE

WORK IN PARTNERSHIP

Developing and nurturing each of these to build

TRUST

How we will effect change

Principles

A set of principles is set out that are designed to ensure that actions are guided and coordinated in ways that fit with a public health approach, encapsulating the key ideas of prevention, equality, co-production and working from evidence. These principles also largely coincide with principles agreed within the Prevention and Health Inequalities Strategy, and so ensure some consistency of approach across the system. They are set out below.

- Embedding proportionate universalism by delivering interventions at a scale and intensity that is proportionate to the degree of need.
- Adopting a whole pathway approach, considering opportunities for primary, secondary and tertiary prevention.

- Drawing from research, data and intelligence to develop evidence-based interventions.
- Working with local people and involving them in decisions about their health and care.
- Taking a compassionate approach to health promotion.
- Making every contact count to maximise opportunities for prevention.
- Advocating for prevention within the wider system, including work to tackle the 'causes of the causes.'
- Challenging clinical variation to raise the bar of the management of risk factors and chronic conditions across all communities.
- Acting at the earliest possible stage to prevent and reduce the burden of ill-health.
- Raising the average performance for a health and wellbeing outcome is seen as of secondary importance to reducing the slope of its social gradient.

Priority Lenses

Five themes have been identified that provide a focus for how actions under this framework will achieve outcomes in the best possible way that take account of current key priorities. These can be thought of as 'lenses' through which to view existing or proposed actions, rather than as outcomes to be pursued per se. Ideally all planned related activity should be considered under these priority lenses to ensure that change is effected in an optimal way

The five lenses are:

1) **Poverty** – poverty is a key determinant of health, and particularly at a time when the cost of living is rising rapidly, actions that build resilience, individual strengths and skills, and community assets are essential to enable health benefits to be equally accessible to all, especially those whose family income is below the poverty line.
2) **A compassionate approach** – obesity is increasingly spoken of as having the attributes of an epidemic, but at the same time the predominant policy response remains to seek change purely through individual choice. The compassionate approach adopts the view that the paradigm now needs to change, and seeks to acknowledge that obesity is largely a product of wider (especially commercial determinants), and that individuals should not be stigmatised for their weight (and that this only produces worse outcomes). Whilst its starting point is in relation to weight, in reality it applies to most health outcomes that are socially determined.
3) **Parental health** – it is well established that the health of the child is strongly influenced by parental health. In particular, when seeking that every child get the best possible start to life, a focus on the health of the parents when planning a family and during pregnancy and immediately after birth has the potential to deliver lifelong benefits.
4) **Transitions** – the life-course experience of a child, from conception through to adulthood does not follow a smooth path with respect to physical, mental and emotional development, and there are some key moments of transition.

These present moments both of opportunity and jeopardy for every child and should be a key focus of services and support efforts.

5) **Mental health** – it is now well understood that mental health is generally underrepresented within the organised efforts of society to promote health and wellbeing. Within this context, parental mental health, especially in the perinatal phase, as well as the mental health of the child should be understood to be inextricably linked to all other health and wellbeing outcomes, and that this can be a two-way relationship – poor outcomes or adverse events can drive poor mental health and vice versa.

The life-course stages

An overall high level outcome and key contributing impacts are set out for each of four stages of the child's journey from pre-conception to transition to adulthood. 1001 Days remains the stage that has the greatest capacity for long-term benefit, if everything is done to ensure that every child gets the best possible start and is not disadvantaged by the circumstances and conditions into which they are born.

Against each life stage a broad overall outcome is described that clearly contributes to the vision that every child has the best start to life and is able to fulfil their potential. Enabling outcomes are also set out. They are not deliverables of the framework itself, but are expected to be being delivered within the system, as key contributors to the vision. Where opportunities are identified within the system to improve the way these outcomes are realised, the steering group may take a view that some specific improvement work (e.g. through a task and finish group) would be beneficial.

1001 Days (Conception to 2nd Birthday)

Overall outcome: Every child has the best start to life

Key enabling outcomes:

- Pregnancies are planned and well prepared for
- A compassionate approach to weight is used to support parents during and between pregnancies
- Harms of smoking, alcohol and other substances during and after pregnancy are reduced
- Perinatal mental health is robust (and partners are considered)
- Infant feeding is an informed and supported choice
- Breastfeeding initiation is supported and length of exclusive breastfeeding is supported to reach recommended levels
- Continuity of care from midwifery to health visiting is optimised

Early years

Overall outcome: All children are ready to start school at age 5

Key enabling outcomes:

- A compassionate approach to weight is adopted that influences the home environment and within EY settings
- We take shared responsibility for building a culture where early years education is valued across all communities.
- All eligible children are enabled to take up their early education entitlement.
- Parents are seen as educators
- Children achieve a good level of development at age 5

School age (including children not attending school)

Overall outcome: All children and young people are able to reach their potential.

Key enabling outcomes:

- Education settings adopt a whole school approach to child health
- The health of children not attending school has parity of esteem
- Good sleep habits are promoted
- Good child emotional and mental wellbeing is promoted and supported
- All children and young people have access to and good attendance at the most appropriate educational setting
- Resilience and agency is built by ensuring young people can benefit from having places to go and things to do

Transition to Adulthood

Overall outcome: Every child ready to live as independently as is within their capacity

Key contributing outcomes/impacts:

- All young people have agency and resilience for a successful transition to adulthood, and support is available when needed.
- Young people benefit from a person-centred understanding of need and choice of support/opportunity

An aggregated action plan

The framework does not contain an action plan per se, but sets up a means of assessing current actions across different parts of the system, in order to achieve an overview of how likely the system is to enable every child to have the best start in life and to go on to achieve their potential. In this respect, the wider determinants and the priority lenses provide the means of such a mapping exercise. It is envisaged that a steering group will consider the outcome of such an exercise, and identify gaps in our efforts and/or opportunities to add value to existing efforts, e.g. by making links between different agencies to work in a more joined up way.

The appended diagram describes how the process is envisaged to take place.

Appendix.

Best Start and Beyond Framework – operation within expected governance, action planning and progress reporting arrangements