

Cynulliad Cenedlaethol Cymru | National Assembly for Wales

Y Pwyllgor Plant, Pobl Ifanc ac Addysg | Children, Young People and Education Committee

Y 1,000 diwrnod cyntaf | First 1,000 Days

FTD 33

Ymateb gan: Cymru Well Wales

Response from: Cymru Well Wales

Introduction

Cymru Well Wales welcomes the opportunity to respond to the Children, Young People and Education Committee consultation on the First 1000 Days and the focus being given to one of our key priority areas.

Cymru Well Wales began in April 2015 with a meeting of over 60 organisations from across Wales under the United in Improving Health banner and has grown into a powerful platform for collaborative working across Wales's public and third sectors. Recently branded as Cymru Well Wales, the partnership is a movement of motivated organisations that are committed to working together today to secure better health for the people of Wales tomorrow. By harnessing activity and resources, we will tackle the issues which contribute most towards poor health in Wales.

Partners in Cymru Well Wales share a commitment to:

- Acting today to prevent poor health tomorrow.
- Improving wellbeing by harnessing activity & resources to amplify our collective impact.
- Thinking and working creatively to tackle health inequalities.
- Empowering our communities in all that we do.
- Learning from others to design innovative action for the future.

The First 1000 Days was the first priority area identified by the partnership.

1 **The Importance of the First 1000 Days**

The early years are a critical part of life. These years have a long lasting impact on individuals and families. They shape the destiny for children as they grow up: their educational achievements, their ability to secure an income, their influences on their own children, and their health in older age. Cymru Well Wales's First 1000 days collaboration arose from an initial workshop which brought together representatives from across sectors and across Wales to consider where the collaboration could best add value. The workshop identified the following areas for consideration:

- **A Greater Focus on the Early Stages of Life from Conception to Two Years of Age**

There was an acknowledgement that current activity does not focus on this critical period and yet the scientific evidence is very clear that this is the most important area for intervention. The group felt that the following actions should be considered; a shared set of areas for action based on evidence of what will make the greatest impact that can be the focus of aligning action across agencies and a focus on intervention based on risk assessment rather than waiting for problems to appear.

- **Improved Use of Information for Identifying Need; Planning Response; Sharing Intelligence and Monitoring Impact**

There was an acknowledgement that currently agencies do not actively share information, other than in the most acute safeguarding situations. The group felt that the following actions should be considered; improved information systems that permit shared intelligence across agencies to facilitate earlier identification of risk and shared indicators and measurement of outcomes. There are some good examples of this from the safeguarding partnerships e.g. the MASH (Multi agency safeguarding hub) in Cwm Taf, which may provide valuable learning for less high risk families.

- **Multi-agency services, based around core universal provision and shared outcomes, that provide a clear stepped provision according to need not postcode**

There was an acknowledgement that while a wide range of services are available in each area of Wales there is often a lack of co-ordination; a lack of clarity about progression from universal to more specialist support and no way of knowing what any one individual family is receiving. In addition, the current practice of geographical targeting was felt to leave many individuals with significant needs without support.

The United in Improving Health partnership group accepted that improving outcomes for children and families as an area where a more systematic approach across sectors could deliver improved outcomes and that the first 1000 days offered the greatest potential for action for a number of reasons:

- Current policy and programmes in the Early Years in Wales did not focus specifically on this period within the broader 0 – 7 years period
- The international literature identifies investment in the first 1000 days as having the greatest return on investment across the wider public sector
- The approach was consistent with the ambition and intent encompassed within the Wellbeing of Future Generations Act and the Future Generations Commissioner has identified this as one of her early priorities
- Across core public services; community and voluntary groups and dedicated government funded programmes there is significant investment in this area and the opportunity to more effectively align this investment and other assets to bring about improved outcomes.

2 Programme Development

Initial work has involved a review of the existing literature to identify the key outcomes of interest at age two i.e. what are we trying to change and how might we measure it and the evidence based interventions that need to be available on a universal and targeted basis according to identified need. This work has been undertaken in partnership with our two pathfinder areas in Wrexham and Torfaen.

2.1 What are the key factors that result in good outcomes?

Cohort studies which follow a group of children from pregnancy or birth over a number of years provide valuable information on the risk and protective factors which contribute to a greater likelihood of good or poorer outcomes. This includes studies such as the Millennium Cohort Study the Avon Longitudinal Study of Parents and Children and their equivalents internationally. Improving outcomes will result from strengthening the 'protective factors' and minimising the 'risk factors'.

The following have been identified as contributing to poorer outcomes in the first two years of life. They reflect a wide range of factors relating to parent wellbeing and functioning; the social environment in which a child lives and the clinical services provided.

Clearly these factors do not exist in isolation and some are more significant in their impact than others. The more risk factors that are present the greater likelihood of a poorer outcome.

Factors which increase the risk of a poor outcome at Age 2

- Age of mother <20 years of age
- Unstable or abusive parental relationship
- Exposure to substances (tobacco; alcohol; drugs) and inadequate nutrition during pregnancy
- Sub-optimal ante-natal care and care during delivery
- Exposure to violence or abuse in pregnancy or early childhood
- Socio-economic or material disadvantage
- Poor maternal mental and emotional wellbeing
- Inconsistent or sub-optimal parenting
- Limited or delayed language development
- Poor attachment and bonding with at least one adult

There is good evidence of interventions that can prevent or mitigate these factors and these have been well described in the literature and within

professional and NICE guidance. There are challenges in ensuring that this evidence is implemented routinely in practice.

Further work will be undertaken to describe the optimal interventions following a more detail assessment of the outcome of the process mapping, the emphasis will be placed on those areas where there appear to be the most significant gaps or challenges in current practice

2.2 System Mapping

The second phase of initial work involved mapping the current system in two pathfinder areas in Wrexham and Torfaen. This work provided much valuable information regarding the current system and concluded:

- There is a great deal of activity and services working in the Early Years field in local areas
- Currently there is not an organised system which consistently delivers core interventions at a population level and ensures that different components of the system understand how they link together
- There is significant inequality in available services to meet identified needs between Flying Start and non Flying Start areas
- Core services could not be certain that they would become aware of 'risks' or changes in family circumstances as information sharing on levels of risk below safeguarding thresholds was not established.

Visual minutes from the system mapping exercises are attached below and present an overview of some of the issues highlighted.

2.3 Programme Outcomes

The programme has worked with its partners and partnership board to refine the three core outcomes, which are:

- The best possible outcome from every pregnancy
- Children reaching their social and emotional developmental outcomes at age 2

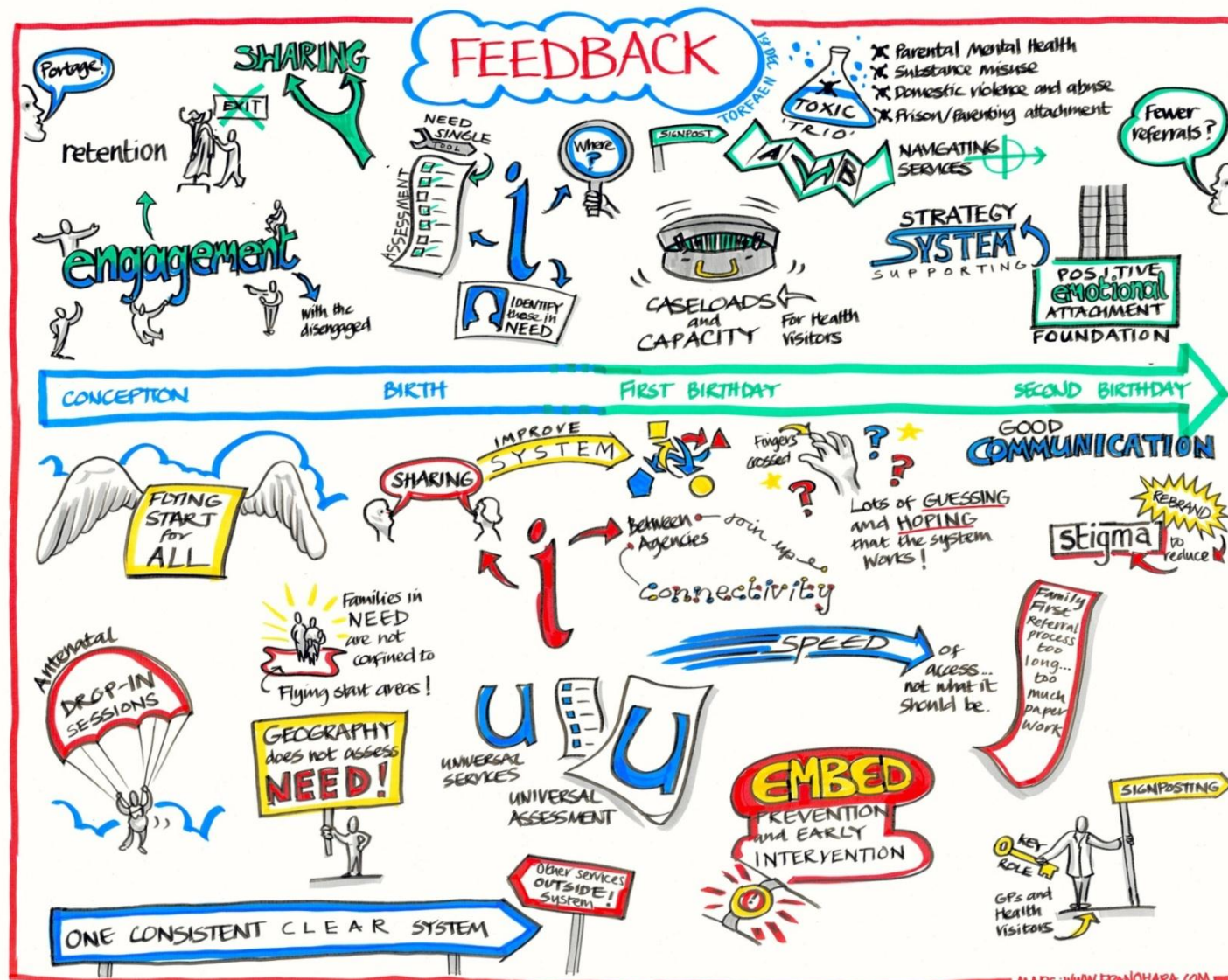
- Children are not exposed to multiple adverse childhood experiences in the first 1000 days of life

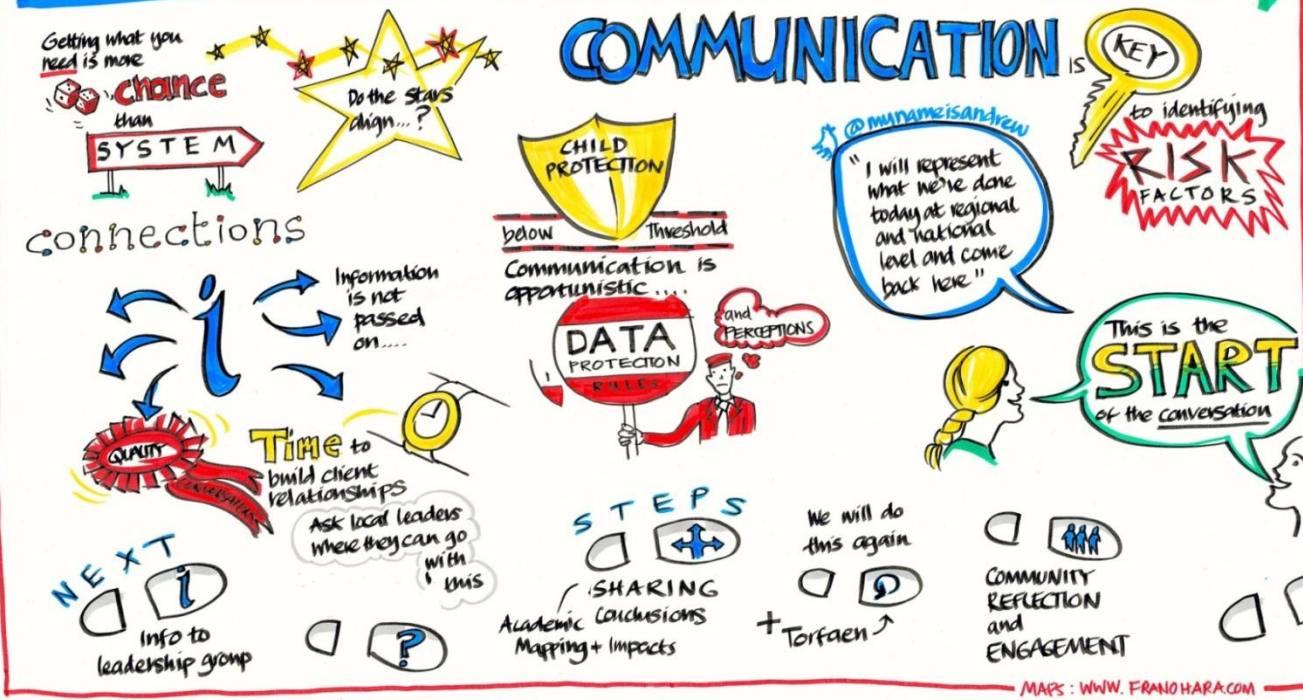
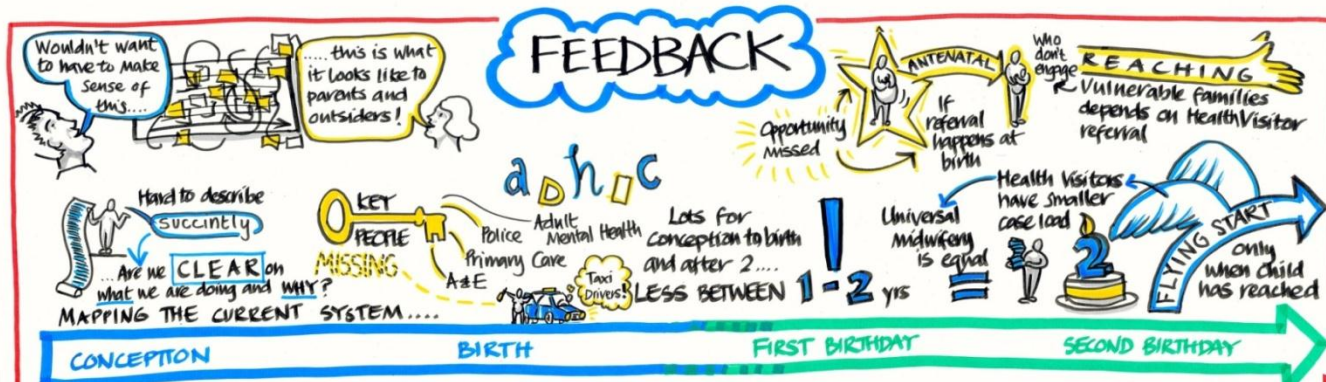
The programme has been established as a collaborative; using an improvement approach and is adopting an approach which will include:

- Synthesising and sharing evidence of the interventions most likely to bring about improved outcomes
- Facilitating sharing of experience and best practice between local areas within Wales and outside of Wales
- Learning events on topics of interest and methodologies leading to large scale change
- Support for monitoring and evaluation

Initial areas of work include the following:

- Refinement and agreement of the common outcomes and areas for action i.e. what are the things that if we all do well will result in better outcomes.
- Establishment of indicators and monitoring and evaluation framework
- Evidence reviews and briefings on interventions most likely to achieve better outcomes
- Engagement and co-production with parents; families and the workforce
- Recruitment of local partnerships and establishment of the pathfinder areas





3 Optimum system

To facilitate discussion and interpretation of the process mapping of the local system work has commenced on describing the 'ideal' system model at a locality level. This has sought to describe the components of the system and how these inter-relate rather than to prescribe in detail what needs to be done and how.

The system should be underpinned by a multi-agency commitment to recognising the importance of the first 1000 days of life and taking action to share information on risk. The NHS professionals who provide universal services in this critical period, Midwives and Health Visitors play a critical role in assessing need and co-ordinating responses.

Critical to the success of this work will be the active involvement and engagement of parents and families. Parents are responsible for the day to day care of their children and ensuring that the work of the programme is informed by the 'lived experience' of parents and families is central to the programme success. We have commissioned a series of focus groups with parents, including those who are most vulnerable and expect to receive the findings from this initial work in the early summer.

The Healthy Child Wales programme has the potential to provide the spine of the system ensuring that all children receive systematic review at critical intervals but this will need to be supported by a data capture system which measures both the outcome of the assessment in addition to the process so that it can contribute to monitoring and evaluation at a population level.

We recognise however, that the potential of these initiatives may be limited by a short fall in the number of available midwives and health visitors.

The model identifies four broad levels of intervention:

- Whole system population services in communities e.g. playgroups; parent and toddler groups; libraries
- Core universal services for individual children and families e.g. health visiting

- Enhanced universal services for identified need e.g. additional visits to families identified as being at risk
- Individual specialist services to address identified needs e.g. specialist speech and language therapy
- Multi-agency services to address complex needs delivered in response to a high level of risk for prevention not just in response to an already identified problem; the existing team around the family model provides a foundation for this work

4 Conclusion

The international evidence base on the critical importance of investment in the First 1000 Days is compelling. Our work to date has highlighted that many of the building blocks of a preventative system are in place but that the co-ordination and alignment of the system is lacking. There is clearly potential for more effective deployment of existing resources but achieving this change will require equitable deployment and investment in core NHS services such as Midwifery and Health Visiting and funds to support transformation, monitoring and evaluation.