

Chapter 10: Recommendations for childhood health: a life- course approach

Successful improvement of health at key life stages requires a continuum of interventions across the life-course, combined with efforts to strengthen health delivery systems and address the broader social and economic determinants of health.

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The future health and wellbeing of the UK is linked to how successfully we manage the health and wellbeing of today's children. We must value children for who they are at the moment, as well as who they will become. Children's services, and the processes and structures that enable them, should be coordinated in the interests of children and families. This will require financial and organisational coordination, supportive local and national policy, and adequate resources invested for sufficient time to enable improvement. The life-course approach suggests that many of the risk and protective factors that influence health and wellbeing across the lifespan also play an important role in birth outcomes and in health and quality of life beyond the initial years.² It is clear that conditions early in life have long-term effects on adult health. Because of this, inequalities in children's socioeconomic circumstances contribute to inequalities in health in adulthood.

A life course perspective offers a more joined up approach with implications for long-term health gain and places emphasis on education and early intervention. It approaches health as an integrated continuum rather than as disconnected and unrelated stages. It puts forward a complex interplay of social and environmental factors mixed with biological, behavioural, and psychological issues that help to define health outcomes across the course of a person's life. In this perspective, each life stage exerts influence on the next stage; social, economic, and physical environments also have influence throughout the life course.

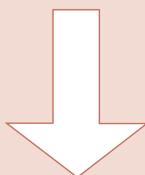
The following sets out the recommendations put forward in this report and incorporated into a life-course approach.

PRE-CONCEPTION AND PREGNANCY

Helping parents with their plans for a healthy family. Early support for a healthy pregnancy.

- Parenting begins before birth and the developing fetus can be affected by smoking, drugs (including alcohol), poor nutrition and excessive maternal stress or anxiety.
- Intervention for care in pre-conception and during pregnancy, involving both parents, is important.
- By identifying those families at higher risk and with lower protective factors early in the pregnancy, it is possible to build resilience and achieve healthier outcomes.
- Parenting is the single largest variable implicated in childhood illnesses and accidents; teenage pregnancy and substance misuse; truancy, school disruption, and underachievement; child abuse; unemployability; juvenile crime; and mental illness.
- A growing body of research suggests that good parenting skills and a supportive home learning environment are positively associated with children's early achievements and wellbeing. Easily accessible and tailored approaches for preparation for parenting and parenting support have been shown to improve outcomes for the child and family, especially for those more at risk.
- A healthy pregnancy is important for the neurological development of the child, and the potential impact on child development of maternal anxiety and depression in pregnancy.
- Young women should receive consistent dietary messages to encourage consumption of fruit and vegetables, starchy foods and oily fish, and to limit consumption of dietary fat, salt and added sugar. This should be accompanied by the message that poor diet and nutritional status could impact on their ability to meet the nutrient needs of future pregnancies.
- Targeted environmental changes can have an impact and should be tried. Interventions to change aspects of the food environment, so that consumers are encouraged to choose healthier foods, may offer important opportunities to achieve change in eating habits. For example, changing the location of fruit and vegetables in supermarkets may have an effect.
- Work should be undertaken to improve the knowledge base of young women. Interventions that include elements of education or counselling, support and empowerment can improve nutrition knowledge and behaviour among young women.
- A multifaceted approach should be used to improve diet during pregnancy. Interventions that combine food supplementation, nutrition counselling and referral to health and social services, can lead to improvements in maternal diet during pregnancy, increased maternal weight gain and increased breastfeeding rates.

- Cooking and food preparation skills are key to a good diet; help with these should be offered. Practical cooking/food sessions should be delivered by peers, which aim to give low-income families food knowledge and skills to bring about dietary change and improve food practices among recipients.
- The efficacy of health visitors and others at increasing breastfeeding rates should be recognised and resourced. Interventions that educate women about the benefits and practice of breastfeeding are effective at increasing breastfeeding initiation. Appropriate support for breastfeeding mothers can prolong the duration of breastfeeding.

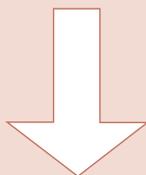


BIRTH AND INFANCY

Working with families to protect the new born child. Supporting an environment that supports 'attachment', encourages breast feeding and recognises the early signs of postnatal depression.

- Good service provision should include an understanding of the needs of the local population, which inform a flexible and responsive service.
- A range of maternity services should be provided in a networked manner, so that women have access to a full range of choices, such as screening, birth centre care and homebirth.
- Good service provision should include activity to reduce premature births by increasing early antenatal booking (especially for the more at-risk mothers).
- An annual report on the health of children, similar to the Chief Medical Officer's report on the State of the Public Health, should be published, with a view to monitoring health trends in children so that remedial action can be taken where needed and progress monitored.
- Comprehensive, reliable, regularly collected data on child health and health care needs is required to inform health services planning and evaluation.
- The planning, commissioning and evaluation of children's health services should be informed by child public health professionals.
- First contact care for children should be improved by ensuring that all staff are appropriately trained and supervised.
- Chronic care for children should be improved by developing chronic care health service models, appropriate for children's needs, and effectively managing transition to adults' services.

- Parents and families, particularly in areas of high need, should be supported.
- Investment in UNICEF 'Baby Friendly' accreditation of acute Trusts and community providers needs to be maintained in order to ensure that the recent progress made, in increasing breastfeeding initiation, is not lost.
- There is a clear need to re-examine the extension of statutory maternity leave and to improve the availability and quality of childcare close to the mother's workplace.
- Thirty years after the publication of the International Code on Marketing of Breastmilk Substitutes, there remain gaps in the legal framework controlling the marketing and promotion of breast milk substitutes in the UK. The attachment of health claims to products such as infant formula and follow-on formula may exploit these and there is a need to monitor the impact of this development.
- It is beyond doubt that breastfeeding improves the health of babies and their mothers even in an industrialised country like the UK. Breast milk provides all the nutrients required at this age, in a form that is hygienic and easy to digest.
- The promotion, protection and support of breastfeeding, coupled with appropriately paced diversification of the diet to encourage acceptance of a wide range of healthy foods, is fundamental to the prevention of obesity in later life.



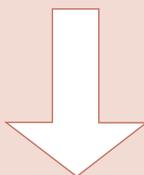
EARLY YEARS

Laying the foundations for a bright, healthy future and providing children with the best start in life.

- There is now strong evidence that intervention during a child's early years, particularly through the provision of skilled home visitors, can provide the type of support necessary to improve the health of the child, as well as their cognitive development.
- Severe adversities and maltreatment in infancy and the early years can have a lifelong impact on a child's brain development, physiological reactions to stress and later mental and physical health. Devoting resources to supporting families with young children can potentially prevent a proportion of these adverse outcomes, with benefits both for the individual child and in avoiding later financial and other costs for society.
- There is good evidence that providing structured parenting programmes based on social learning principles for parents whose children aged three to eight years

have severe behaviour problems, is an effective intervention with the potential to divert children from negative developmental trajectories that are distressing to them, their families and their neighbourhoods and expensive to society.

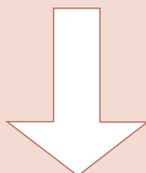
- There is emerging evidence that promoting parents' attunement to their child's communications, using video-based techniques, can develop parental skills and help troubled parent-child relationships get back on track.
- Good service provision should include plans for improved access to immunisation services for those who are at risk of not being fully immunised. It should also include accurate and up-to-date information provided in a variety of formats for parents and carers about the purpose and safety of immunisation programmes, to enable informed decisions to be made.
- There is a need to invest in practical help from trained supporters – health professional or from the mother's peer group. The importance of this has been highlighted in several position statements and policy documents but implementation is still very poor.
- The foods that parents introduce to their children reflect their own dietary preferences and lifestyle, implying that changing behaviour necessitates engagement with whole families rather than merely offering advice on children's diets. This means engaging with families in a range of environments including retail outlets, early year's settings, children's centres and Sure Starts.
- Competencies at an appropriate level related to infant and young child nutrition should be clearly defined core components of training for all professionals who care for young children and work with their parents. There is a need to ensure that the workforce has more access to specialised and contextualised advice, and that it can access suitable training.
- Positive action should be taken to reduce the consumption of sweetened drinks and high-sugar foods through healthy diet advice from conception and into early years.
- Uptake of the Healthy Start scheme, use of the vouchers and availability and consumption of the vitamin supplements need to be monitored and reviewed.
- Diversifying the number, and improving the quality of 'drop-in' services available through Sure Start and Children's Centres may also improve access to services capable of fulfilling the range of functions required to support breastfeeding, complementary and young child feeding.



CHILDHOOD

Encouraging healthy behaviours, empowering the next generation.

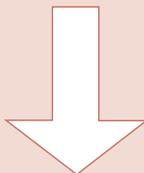
- The social and physical (built) environment should be adapted to prevent child obesity and promote a culture of playing outside.
- The health knowledge and behaviours of school-age children should be improved.
- The built environment should be improved to support healthy lives for children and families and to reduce accidents and injuries.
- Promotion of activity and identification of safe play space is also an important objective.
- A variety of policy and regulatory steps should be taken to reduce alcohol and tobacco use.
- Interventions, for example, to ensure a higher percentage of children are ready for school at school starting age, should be undertaken. Where positive results are seen, the activity or intervention should be widely promulgated and implemented in areas with the same problem. All research-implementation cycles should be subjected to surveillance to measure efficacy.
- Children's services should implement programmes which will increase the availability of fluoride, improve the diet by reducing sugar intake and encourage preventive dental care.
- Policies should be developed to support healthy eating through early years or schools' healthy eating policies.
- A family-based approach to childhood weight management to change attitudes and behaviours, with programmes that include physical activity, diet and emotional wellbeing should be encouraged. There should be an emphasis on encouraging positive changes in behaviour that can be maintained over the long term.
- Health service should include the use of brief interventions and opportunities such as smoking cessation support to encourage children to make changes to help them achieve a healthy weight.
- All public sector and voluntary providers should promote opportunities for active travel, healthy food and drink.



ADOLESCENCE

Enjoying adolescence safely and preparing well for adulthood.

- Unhealthy risk-taking behaviours by young people are often a consequence of wider issues such as deprivation, inequalities and social exclusion. They can also be linked to lower educational attainment and involvement in either the care or criminal justice system. Increased risk behaviours are associated with factors such as alcohol and drug misuse.
- Strong social and family networks, healthy standards provided by significant adults, and involvement in family, schools and community can reduce risk taking.
- A variety of policy and regulatory steps should be taken to reduce alcohol and tobacco use.
- There should be a joined-up services between CCGs, community and acute young people's services, and local authority children's services that have young people at the centre of commissioning plans.
- Partnerships between community, family and educational support schemes should be encouraged.



THREADS ACROSS THE LIFE COURSE

Ensuring a healthy future for our children.

- Accountability for children's health and wellbeing is key to ensuring progress is made. This should be at Ministerial level within the Cabinet, and should incorporate a framework of monitoring, reviewing, and remedying processes. A national oversight mechanism, with responsibility for child health services, should be set up, and report at Ministerial level so that there is sufficient influence to implement remedying action when problems are detected.
- Funding for health and welfare of children – including for health (primary, secondary and community), education, social care – should be consolidated in one fund, to enable the joined-up planning and delivery of care.
- Investment in improving the quality of social and other housing is essential to improving health and wellbeing of children and adults.

- Local Government must make health and wellbeing a priority within its housing policy, and report annually on progress to achieving a housing stock that is conducive to the health of housing occupants.
- Community and family support schemes require ongoing investment to reduce adverse impacts on child health and wellbeing. Local and national governments must be helped to understand that interventions may take time to have an effect, and that consistent and reliable funding must underpin evidence-based interventions.
- The high levels of all types of poverty experienced in the UK, including by children, are unacceptable. Society in the UK should expect its Governments to take more effective action to reduce the social, and therefore the health inequalities, currently experienced. Work on the MIHL should inform Government's policy on benefit reform. Health professionals should lobby actively on ensuring a healthy living basis to minimum income protection.
- The universal services provided by health visitors working closely with GPs in strong primary care teams should be strengthened.
- Policy should serve to improve the 'match' between healthcare needs and services.
- National and local policy on matters affecting the social and economic determinants of health should be devised and evaluated according to the ECM outcomes, and with reference to the needs and interests of children.

Child maltreatment

- Future policies to tackle child maltreatment should take a public health approach and focus on preventive and family welfare services to improve support for parenting. Research evidence suggests that this approach, rather than a forensic approach of diagnosis and establishing culpability, is likely to make most impact on child maltreatment and child welfare.
- Robust population health research should be used to inform policy, rather than enquiries into individual child deaths.
- In the area of child protection, use of routine data and linkage of data from health, social care, the judicial system and education is essential for understanding which professionals are coming into contact with children and patterns of this contact, which children might not have any early or preventive services, where services might be duplicated and which outcomes are linked to input from which services.
- There is an urgent need for randomised controlled trials to evaluate which interventions work and for whom. These studies are needed both for preventive social welfare interventions and for the coercive interventions such as out-of-home care.

- Healthcare should play a more clearly recognisable role in addressing the health determinants and consequences of child maltreatment.
- Healthcare practitioners should focus on targeting families who stand to benefit from effective interventions to improve parent-child interaction and thereby reduce the risk of child maltreatment and its consequences. Clear guidance is needed on how healthcare professionals can access therapeutic interventions directly, without always going through social care services.
- GPs should be given a more proactive role in the ongoing support, monitoring and management of parents whose health needs increase the risk of harmful parent-child interaction.

The child with a disability

- People with disabilities have poorer health than the rest of the population. Early intervention and a community approach have been shown to prevent deterioration of disabled young people's health.
- Government should revisit the Kennedy report in the light of the changes planned in the Health and Social Care Act and consider Local Service Partnerships as a vehicle for change, supported by local children's budgets and simplified outcome measures.
- The benefits of the new systems envisaged for the Children and Families Bill should be shared by all children with disability.
- There should be implementation of PbR, bearing in mind the chronic nature of difficulties and the benefits of a consultation model.
- Child development should be put on the curricula of teaching training courses.
- Professional bodies should campaign for awareness regarding the impact of benefit cuts on families of disabled children. They should also collaborate to produce professional guidance and standards on pre-diagnosis assessment and generic problems, in order to inform the development of local offers.
- Clinicians in leadership roles should collaborate with local partners to produce care pathways and 'offers' for local disability services. They should also get involved with local CCGs to ensure appropriate commissioning.
- All clinicians should ensure that the families they work with understand what services are available, and feel empowered to make their voices heard. They should also ensure that the families they work with are in receipt of all relevant benefits.

Emotional and behavioural problems

- Many of the risk factors for mental health problems in children are often found in association with each other. Poverty, poor housing, domestic violence, parental mental ill health and drug abuse may cluster together in families, and have a negative effect on children that is multiplicative rather than additive. As less

money is spent on social services, family support and health care, it is important that it is targeted towards effective services that are accessible to those most in need.

- Inequalities in access to mental health services need to be addressed. Interpreters need to be available, staff need to be trained to be culturally aware, staff need to be flexible in how and where services are offered.
- As the coordinating role of social services and the local education authority is reduced, with more emphasis on services provided by a range of voluntary and statutory providers seeking funding in competition with each other, maintaining interagency networks remains important if holistic and integrated care is to be provided to families with complex needs.
- The current focus on outcomes-based evaluation of services is an opportunity to learn more about what works to improve children's emotional wellbeing and mental health. Similarly, the introduction of CAMHS PbR planned for 2014 will help to encourage clarity about the focus of CAMHS interventions. It is important that both these changes to practice do not become bureaucratic exercises where form-filling and data collection interfere with the development of creative relationships between families and professionals.
- Parents and staff working with young children need to be able to distinguish between normal and abnormal developmental trajectories so that, when necessary, appropriate referrals can be made for specialist assessments and interventions.
- Sufficient specialist CAMHS staff should be available in each locality for assessments and interventions to be offered in a timely manner.