

Child health & wellbeing

The early years

Desk research report

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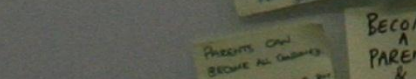
“The foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid in early childhood. What happens during these early years has lifelong effects on many aspects of health and wellbeing – from obesity, heart disease and mental health, to educational achievement and economic status.”

Sir Michael Marmot¹

¹ Marmot, M. (2010) *Fair Society, Healthy Lives: Strategic review of health inequalities in England Post-2010*, The Marmot Review

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1.1 About this document

This report provides a summary of desk research to examine key themes and issues for parents and children in the early years from pregnancy to five years.

This desk research report forms the first part of the research phase of the programme, *Child health & wellbeing – the early years; stimulating innovation in public health through design*, which will also include ethnographic research undertaken within the communities of Southwark and Lambeth with families, children, and early years professionals. The desk research does not aim to provide exhaustive coverage, but rather to highlight key topics and signpost to further information to inform thinking as the programme progresses.

This report is intended to provide those involved in the programme with contextual insights to inform their work and to allow them to understand the key themes and issues for parents and children in the early years from pregnancy to five years. Consequently the report is intended for a lay audience, and does not seek to inform existing subject specialists or those currently working within the early years.

Sources include policy documents, academic research, commercial research, government commissioned research, blogs, parenting websites, on-line media coverage. The case studies included aim to highlight some innovative approaches to prompt learning and appropriation.

The issues discussed within this report are predominantly universal issues, which are experienced regardless of socio-demographics. The nuances of lived experience will be examined in more detail by the ethnographic research which will give further consideration to factors including culture, age, socio-economic status and social relationships.

1.2 Overview of sections

The following points offer a brief introduction to the topics presented in each section of the report.

Section 2 introduces the programme *Child health & wellbeing – the early years; stimulating innovation in public health through design* and its key principles.

Section 3 provides frames the subsequent sections in this document by providing an outline of the key areas and stages of child development.

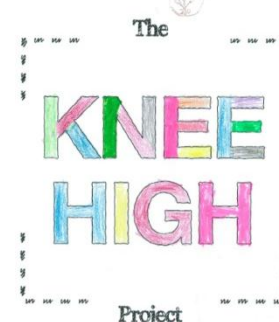
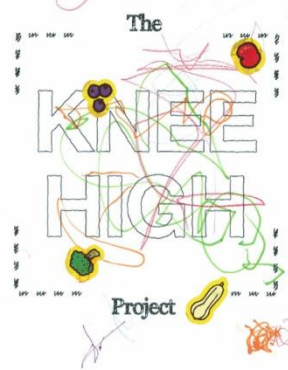
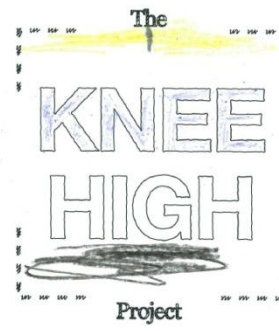
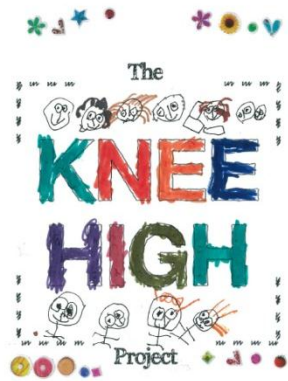
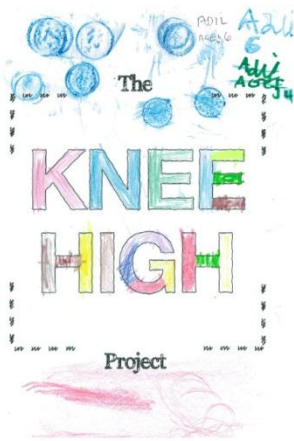
Sections 4, 5 and 6 outline three thematic areas arising from the culmination of data from the desk research.

Section 4, The parent-child relationship, goes on to consider one of the most significant factors influencing child development in the early years – the parent-child relationship.

Section 5, Social and emotional development, examines some of the most critical aspects of child development for predicting successful outcomes in later life, those relating to social and emotional development.

Section 6, Day-to-day experience, looks at a variety of aspects of day-to-day life in the early years, including play, technology, sleep, nutrition and physical activity. It also notes the impact of housing, mental health, and poverty on day-to-day life.

Section 7 provides an overview of formal and informal service provision in the early years. This covers both health provision, parenting support and early years education as well as informal provision organised by parents, voluntary groups and commercial providers.



2. Introduction to the programme



2.1 Introduction

“The foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid in early childhood. What happens during these early years has lifelong effects on many aspects of health and wellbeing – from obesity, heart disease and mental health, to educational achievement and economic status” – Sir Michael Marmot, 2010².

There is a well-established evidence base to show that the first five years of a child's life, including the nine months of pregnancy, are critical to cognitive and non-cognitive development and later life outcomes. The importance of early intervention strategies that ensure that all children are given the best start in life is emphasised in a range of influential reports, such as Graham Allen MP's *Early intervention: The next steps* (2011). Initiatives such as *Family Nurse Partnerships* are widely celebrated as successful programmes that have been proven to deliver improvements in outcomes during childhood and adolescence through focusing on crucial areas, such as positive parenting and the creation of home learning environments.

The quality of both human and environmental interaction very early in a child's life is proven to be a key driver for future health and wellbeing – thus the design and delivery of such interactions are of paramount importance. However, there remains a disjuncture between what we know about early years in theory, and the reality of delivering early years services in practice.

Innovation, experimentation and evaluation is required, and by applying a design approach in this area there is a significant opportunity to create meaningful change. Starting with in-depth research to gain a genuine understanding of the needs, motivations and capabilities of real people and communities, design can offer a fresh perspective.

This programme aims to connect the need for innovation in the products and services available for early years with real people's lives and stories, and in doing so we believe design can make a significant contribution to improvements in the health and wellbeing of children in their early years in Southwark and Lambeth.

² Marmot, M. (2010) *Fair Society, Healthy Lives: Strategic review of health inequalities in England Post-2010*, The Marmot Review

2.2 Policy Context

National policy setting and implementation for services relevant to early years is covered by the Department of Health (regulated by the NICE) and the Department of Education (regulated by Ofsted).

Key policy documents are:

The Department of Health's **Healthy Child Programme**³

'The HCP is the early intervention and prevention public health programme that lies at the heart of our universal service for children and families at a crucial stage of life. The HCP's universal reach provides an invaluable opportunity to identify families that are in need of additional support and children who are at risk of poor outcomes.'

The HCP offers every family a programme of screening tests, immunisations, developmental reviews, and information and guidance to support parenting and healthy choices.'

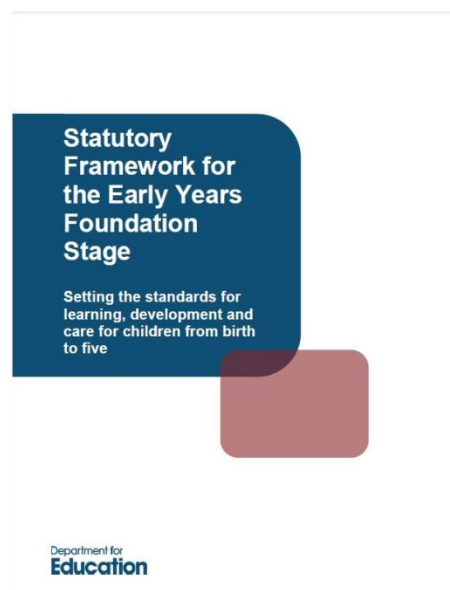


³ Department of Health (2009) *Healthy Child Programme: pregnancy and the first five years of life*

The Department for Education's **Early Years Foundation Statutory Framework**⁴

Every child deserves the best possible start in life and the support that enables them to fulfil their potential. Children develop quickly in the early years and a child's experiences between birth and age five have a major impact on their future life chances. A secure, safe and happy childhood is important in its own right. Good parenting and high quality early learning together provide the foundation children need to make the most of their abilities and talents as they grow up.

The Early Years Foundation Stage (EYFS) sets the standards that all early years providers must meet to ensure that children learn and develop well and are kept healthy and safe. It promotes teaching and learning to ensure children's 'school readiness' and gives children the broad range of knowledge and skills that provide the right foundation for good future progress through school and life.



⁴ Department of Education (2012) *Statutory Framework for the Early Years Foundation Stage*

2.2.1 Policy context: Southwark and Lambeth

Nationally the Public Health function is moving from Primary Care Trusts (which cease to exist in April 2013) to Local Authorities. Locally a decision has been reached for Lambeth and Southwark to share a Public Health function and this will be hosted by Southwark Council from April 2013.

Both Lambeth and Southwark have very similar public health issues and populations so this joint approach is hoped to enhance public health outcomes for local people, by bringing together resources and expertise. Each Local Authority has a shadow Health and Wellbeing Board in place, which become statutory in April 2013. Health and wellbeing boards were proposed by the current health and social care bill.

These new structures that are to be set up in every upper tier local authority area will be tasked with joining up local action to improve health and wellbeing and strengthening the democratic accountability of health and care services. They present a real opportunity for local areas to take control of their own destiny.

Southwark have identified four priorities on which to focus:

- *healthy weight and physical activity*
- *mental wellbeing, coping and resilience*
- *alcohol*
- *early intervention – children and families.*

In Lambeth the health and wellbeing of children and young people is jointly commissioned by the Local Authority and the Clinical Commissioning Group. The Strategic Plan's priorities are:

- *childhood obesity*
- *prevention*
- *early intervention*
- *workforce development.*

To support the above, a joint Early Intervention Commissioning Strategy is being developed which will outline the areas of interest including improving family stability and health inequalities.



3. Early years overview



This section aims to provide an overview of the key stages of child development in the early years and an overview of both formal and informal service provision during this period.

Development stages of early childhood

Within the early years period (defined as from pregnancy to five years for the purposes of this programme) there are broad stages that are often used to define particular areas of development in children:

- Prenatal – 9 months to birth
- New born – 0-4 weeks
- Infant/Baby – 4 weeks to 12 months
- Toddler – 12 months to 3 years
- Pre-school – 3 years to 5 years

Development milestones

Although many aspects of child development are continuous, there are specific milestones of development, which have been developed to allow healthcare professionals, social workers, educators, care providers and parents to assess a child's progress.

The key areas of child development are outlined below with links to milestone guidelines that exist for the early years.

- **Physical growth** – growth in stature and weight, changes in physical proportions⁵.
- **Motor development** – a child's ability to control and direct voluntary muscle movement⁶.
- **Cognitive/intellectual development** – the development of intelligence, conscious thought, and problem-solving ability that begins in infancy⁷.

⁵ World Health Organisation (2006) *Child Growth Standards*

⁶ World Health Organisation (2006) *Motor Development Milestones*

⁷ Miller-Keane Encyclopaedia and Dictionary of Medicine (2006) *Nursing, and Allied Health, 5th ed. and Child Development Institute*

- **Social/emotional development** – the development of social skills and emotional maturity that are needed to forge relationships and relate to others. Often developing empathy, resilience, and autonomy.
- **Language** – understanding and communicating language⁸.

It should be stressed that there is a wide variation in terms of what is considered "normal," driven by a wide variety of genetic, cognitive, physical, family, cultural, nutritional, educational, and environmental factors. Every child is unique and develops differently. Many children will reach some or most of these milestones at different times from the norm. Development across these areas is also deeply interlinked.

A summary of the key stages of physical development milestones can be seen in Appendix Two.

⁸ The Communication Trust (2011) *Talking Point Speech and Language Milestone*

Critical periods and sensitive periods

In developmental psychology and developmental biology, a critical period is a phase in the life span during which an organism has heightened sensitivity to exogenous stimuli that are compulsory for the development of a particular skill. If the organism does not receive the appropriate stimulus during this "critical period", it may be difficult, ultimately less successful, or even impossible, to develop some functions later in life.

Sensitive periods is a term coined by the Dutch geneticist Hugo de Vries and adopted by the Italian educator Maria Montessori to refer to important periods of childhood development⁹. During a sensitive period it is very easy for children to acquire certain abilities, such as language, discrimination of sensory stimuli, and mental modelling of the environment. Once the sensitive period for a particular ability has passed, the development of the brain has progressed past the point at which information can be simply absorbed. The child must then be taught the ability, resulting in expenditure of conscious effort, and not producing results as great as could be produced if the sensitive period had been taken advantage of.

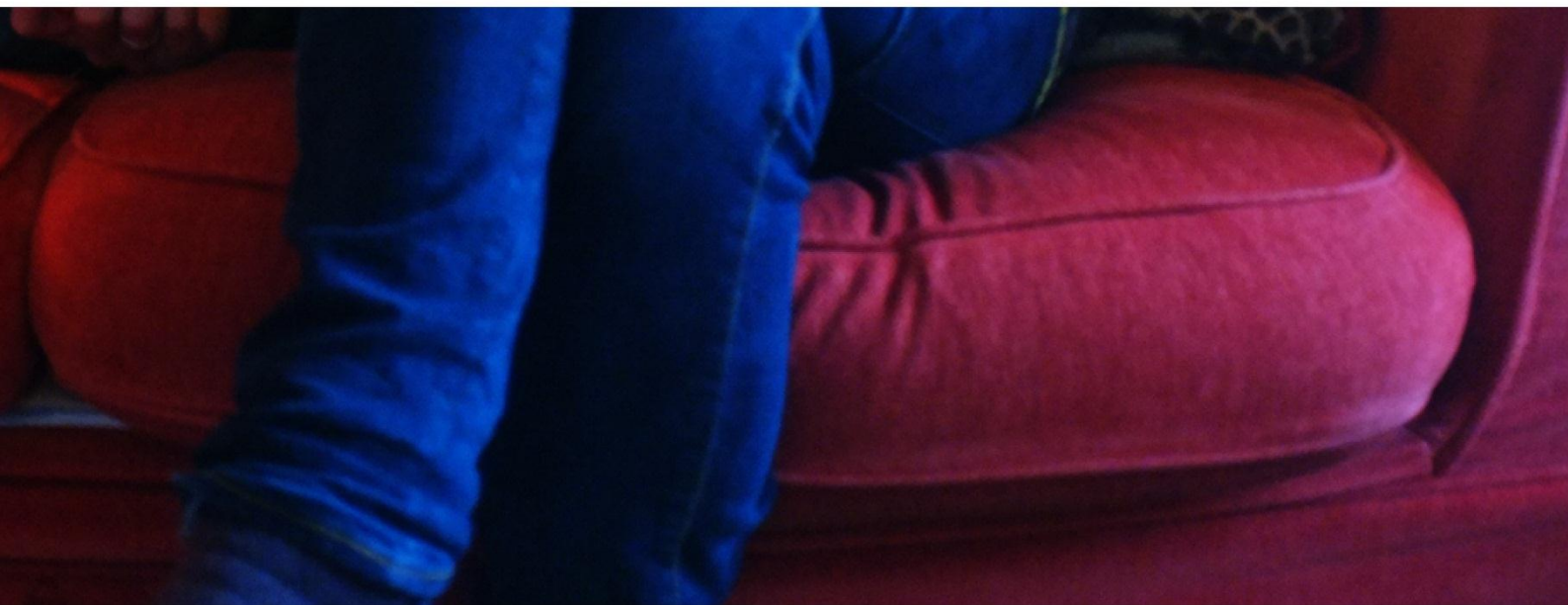
The difference between critical periods and sensitive periods is subtle. Theorists who believe in critical periods believe that children who do not get special stimulation during their window of receptivity are going to be "stuck" forever and never gain the abilities they should have gained in that period. However, other theorists believe that those very sensitive times in a child's life are just sensitive periods¹⁰.

⁹ Maria Montessori (1938) Lecture entitled '*The Four Planes of Education*'. Lecture edited by Mario Montessori (1971) and published in the *Association Montessori Internationale Journal, Communications*, No. 4

¹⁰ Bongaerts, T.; Planken, B.; Schils, E. (1995) '*Can late starters attain a native accent in a second language? A test of the critical period hypothesis.*' In D. Singleton and Z. Lengyel (Eds.) *The Age factor in second language acquisition* (pp30-50). Clevedon: UK: Multilingual Matters.



4. The parent child relationship



The relationship between parent and child lays the foundation for child development until adulthood. In this section when we refer to a parent, we are also referencing the primary care giver.

This section examines some of the key aspects of the parent-child relationship, including key factors influencing parenting, its link to child health and wellbeing and the sources of information which parents turn to.

4.1 Parental responsibility

The Children Act (1989)¹¹ set down in explicit terms a definition of parental responsibility that emphasized the duty of care placed on parents to ensure the development of their children's moral, physical and emotional wellbeing.

The word 'parenting' is generally used to mean the rearing of a child or children, especially the care, love and guidance given by a parent.

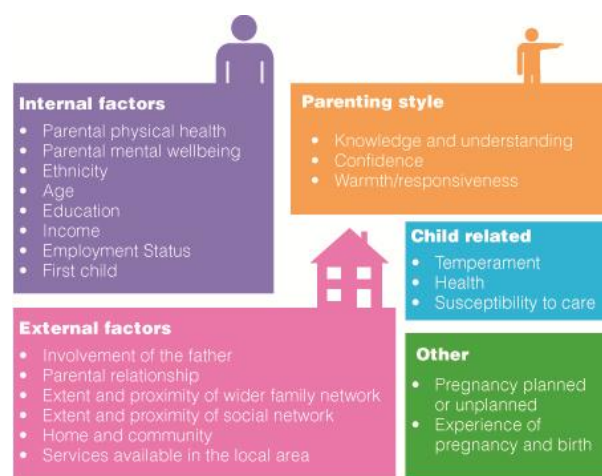
This can be broadly broken down as:

- Providing emotional warmth/stability
- Caregiving
- Ensuring safety and protection
- Providing guidance, boundaries and stimulation
- Supporting the child's cognitive development through interaction, talking and play.

4.2 Factors affecting parent-child relationship

There are a wide variety of factors that can influence the parent-child relationship.

These include:



It should also be noted that relationships between parents and children are not static, they change over time. The variability of children's temperaments and behaviour – some of which are shaped before birth – can have a great influence on how parents manage their children. Parents with more than one child will have different relationships with each of their children.

¹¹ Children Act (1989) (www.legislation.gov.uk/ukpga/1989/41/introduction)

4.3 Impact on child health and wellbeing

The parent is widely recognised as being one of the most significant influences on child outcomes. The parent-child relationship is particularly important in the early years as it is likely to be the most powerful influence at a time when children are too young to articulate or understand their own needs with regards to their parents or have significant contact with other professionals (e.g. at school).

As shown in the previous section, there are a wide variety of factors that can influence the parent-child relationship.

*'Child/parent relationships are critical to children's development, partly as these will be developed early and hence exert influences over children's development that may be hard to alter. For instance, children will have internalised a whole range of behaviours by the age of four or five, which will impact on how they relate to their peers and how they approach critical transitions such as starting primary school'*¹².

*Parent-child relationship quality is associated with an impressive array of different child outcomes. Behavioural/emotional outcomes have attracted much of the attention, but there is also strong evidence concerning multiple aspects of psychological, social, educational, intellectual and physical health'*¹³.

However understanding the causal relationships between individual factors and successful outcomes in later life for children is complex.

*The links between parent-child relationship quality and children's well-being are neither simple nor direct'*¹⁴.

Demos studies^{15,16} using Millennium Cohort Study data have found the following relationships between parenting and child outcomes:

- a strong link between material/financial deprivation, adult mental health and poorer child outcomes
- a strong link between the quality of the relationship between parents and a child's development
- a strong link between level of parental educational attainment of the primary carer and development of character capabilities in the child
- good evidence that certain parenting styles have a strong influence on the development of cognitive and behavioural attributes as well as key outcomes for children including labour market, educational attainment and general health and wellbeing. The most successful parents combine clear, consistently enforced rules with warmth and responsiveness
- for both main carer and second parent, self-esteem, a sense of control over their environment and perceived competence as a parent are all significantly and positively associated with a child's character development.

¹² Action for Children (2007) *Growing Strong*

¹³ Joseph Rowntree Foundation (2007) *Parenting and Outcomes for Children*

¹⁴ Joseph Rowntree Foundation (2007) *Parenting and Outcomes for Children*

¹⁵ DEMOS (2009) *Building Character*

¹⁶ DEMOS (2011) *The Home Front*

4.4 Effect of depression and anxiety

One of the most significant factors that can have a negative impact on the parent-child relationship, and a child's later-life outcomes is poor parental mental health and depression.

A World Health Organization (WHO) study compared depression with angina, asthma, arthritis and diabetes and concluded that the effect of depression on a person's ability to function was 50% more serious than the impact of any of the four physical conditions on them¹⁷.

Longitudinal studies have consistently shown that children of depressed parents have a two- to threefold higher risk of developing a depressive disorder in their lifetime than children of parents who have never been depressed¹⁸. This is also supported by studies showing the correlation between a parent's perinatal depression and a child's antisocial outcomes¹⁹.

There are numerous factors, which can influence the prevalence of parental depression.

These include:

- hormonal changes related to birth
- previous history of parental depression
- relationship breakdown
- domestic abuse
- substance abuse
- poverty
- poor housing
- child development difficulties.

Postnatal depression

Women are known to be particularly prone to depression in the postpartum period (the first six

weeks after birth), which is partly believed to be related to hormonal changes associated with childbirth and the stress of parenting. An estimated one in ten new mothers suffer from post natal depression – approximately 70,000 women a year in England and Wales. Women of all ages, backgrounds and ethnicities can be affected by postnatal depression. Women with a previous history of depression are believed to be at an increased risk of developing postnatal depression.

Fathers can also experience postnatal depression although awareness of male postnatal depression is low.

Reduced interactions

Research suggests that the consequences of having a parent suffering with long term depression can be serious for infants, with studies showing that mothers whose depression has lasted beyond six months have fewer positive interactions with their baby than mothers whose depression has been resolved within six months of birth²⁰.

Longer term impact on cognitive development

Research also shows how untreated, severe or long term postnatal depression can impact on an infant's cognitive and language development²¹. A depressed mother may struggle to provide the desirable or necessary level of stimulation (touch, talk, gaze, read, play, etc.) required in the early years for the child's linguistic and cognitive development. The consequences are highlighted in additional research showing how children with depressed mothers show lower levels of interaction and attachment as well as more problems with sleeping, eating and tantrums²².

¹⁷ 4Children (2011) *Suffering-in-Silence Report*

¹⁸ Pawlby, S., Hay, D., Sharp, D., Waters, CS. and Pariante, CM. (2012), *Antenatal depression and offspring psychopathology: the influence of childhood maltreatment*

¹⁹ Hay, D. et al (2012) *Mothers' antenatal depression and their children's antisocial outcomes*

²⁰ Murray, L. (1992), *The impact of postnatal depression on infant development*, Journal of Child Psychology and Psychiatry

²¹ Cummings EM. and Davies PT. (1994) *Maternal depression and child development*, J Child Psychiatry

²² Stein, A. and Gath, DH. et al. (1991) *The relationship between postnatal depression and mother-child interaction*, British Journal of Psychiatry

4.5 Key statistics

Who are parents?

Women are usually the primary care givers. 6% of men with dependent children say they regularly look after their children whilst their partner works, a ten-fold increase since 10 years ago. A further 18% of parent couples say that they share childcare equally in their household²³.

In 2010 29% of mothers worked full time, 37.4% work part time. Employment rates are higher for mothers in couples than for single mothers. The gap between employment rates for single mothers and mothers in couples is at it's largest for those with children aged 0-4 (27%)²⁴. 43% of children aged under five whose mother is working are looked after by grandparents²⁵.

Just over a quarter (26%) of households with dependent children are single parent families, and this is projected to rise. Lambeth has above average rates of lone parents with dependent children, 9% of households are headed by a lone parent. The national average is 6%²⁶.

The majority (92%) of single parents are mothers²⁷. Single parents are at a higher risk of depression²⁸ than couples and children from single parent families are more likely to suffer childhood mental illness²⁹. Boys whose parents

had split up had the highest rate of childhood mental illness in 2004³⁰.

The mean age of mothers increased from 26.4 years in 1975 to 29.5 years in 2010. If this trajectory increases at the same rate, by 2025 the average age will rise to 31 years³¹.

The number of live births to mothers aged 40 and over has nearly trebled from 9,717 in 1990, to 27,731 in 2010³².

How parents feel about their role?

A survey undertaken in 2002 in Canada of parents with children under the age of 6 found that whilst most parents (94%) say they enjoyed being a parent, they also reported a lack of confidence in their parenting skills. Before their first baby was born only 44% of parents felt prepared for parenthood; after their first baby was born the %age of parents who felt confident fell to 18%; and only 43% of parents reported feeling confident in their current parenting skills, their ability to handle difficult situations and to understand their child's feelings and needs³³.

The same survey also found that parents felt less knowledgeable about their child's social, emotional and intellectual development than about their physical development.

An Action for Children Survey in 2008³⁴ found that 60% of people in social class DE³⁵ said that being

²³ OnePoll for Aviva (2011) interviewing 2,000 people with children under 18

²⁴ Office for National Statistics (2011) *Mothers in the Labour Market*

²⁵ Grandparents Plus (2011) *Policy Briefing Paper*

²⁶ Guy's and St Thomas's Charity (2011) *Equality and equity: Health profiles and demographics in Lambeth and Southwark*

²⁷ Office for National Statistics (2012) *Lone parents with dependent children*

²⁸ Turo-Shields, D. (2009) *Mental Health Matters; Single parents and depression*

²⁹ Batty, D. (2006) *Single-parent families double likelihood of child mental illness*, The Guardian. Online. Accessed 29/01/2013. (<http://www.guardian.co.uk/society/2006/feb/21/mentalhealth.childrensservices>)

²⁹ Office of National Statistics (2006) *UK social trends*

³⁰ Office of National Statistics (2006) *UK social trends*

³¹ Office for National Statistics (2011) *The statistics on live births by characteristics of the mother*

³² Office for National Statistics (2011) *The statistics on live births by characteristics of the mother*

³³ Oldershaw, L. Ph.D., (C) Psych, (2002) *A National Survey of Parents and Young People*, Invest in Kids

³⁴ Action for Children (2008), UK survey of 1180 adults, carried out over 23 and 24 January 2008 by BDSR

³⁵ Office of National Statistics (2011) *National Statistics Socio-economic Classification*

'labelled a bad parent could put people off taking a parenting class'.

A 2009 Department for Education survey of parental opinion found levels of parenting confidence were highest for parents of older children and amongst parents who left the education system at a later age (aged 22 or over). In contrast, levels of confidence were lowest amongst parents who did not speak English as a first language (81%). Although still relatively high, this was still significantly lower than for other groups³⁶. This will be important to acknowledge in the context of Southwark and Lambeth, where there are over 130 different languages spoken. After English the two main languages spoken by under-fives in Lambeth are Yoruba and Portuguese³⁷. In Southwark it is Yoruba and Spanish³⁸.

The Department of Education survey also noted that the attitudinal factors which have the largest impact on whether parents find parenting frustrating are perceived lack of time; perceived behaviour issues; and lack of parental confidence.

Time for parenting

An OECD study³⁹ showed that in Britain, mothers who work outside the home spend on average 1 hour 21 minutes a day looking after their families – including meal times. Stay-at-home mothers managed almost twice as much time directly caring for their children, with 2 hours 35 minutes dedicated to activities like meals, bathtime and playing games. Of all parents, fathers with jobs spent the least time on such care – just 43 minutes a day.

Postnatal depression

A survey undertaken in 2011⁴⁰ showed that half of women (49%) who had suffered from postnatal depression had not sought professional treatment. Further analysis showed that this average figure disguised a significant variation with first time mothers less likely (42%) than 'multi mums' (54%) to seek professional help.

It is increasingly recognised that postnatal depression can also affect men directly, with up to one in 25 men identified as having suffered from paternal depression. A further review of 43 studies from 16 countries (including the UK and the US) involving approximately 28,000 parents argued that as many as one in ten men experience 'postnatal depression', with the highest rates being between three to six months after their partner has given birth⁴¹.

A national review reported an average prevalence rate of 13% in Lambeth but with a wide range (4.4% to 73.7%) suggesting that there is much uncertainty around the numbers of cases to expect in a given area⁴². In the Lambeth Health and Wellbeing Joint Strategic Needs Assessment no current data was found to ascertain current mental health need in pregnancy, although ad hoc data was collected by Specialist Community Public Health Nurses (health visitors) and midwives⁴³.

³⁶ Department for Education (2010) *Parental Opinion Survey*

³⁷ Lambeth Council (2008) *Pupil Survey Data*

³⁸ Sure Start (2010) *Children's Centres in Southwark: Ethnicity and languages of children at the end of the Early Years Foundation Stage*

³⁹ OECD Family Database (2011)

⁴⁰ 4Children (2011) *Suffering-in-Silence Report*

⁴¹ 4Children (2011) *Suffering-in-Silence Report*

⁴² Leahy-Warren, P. & McCarthy, G. (2007) *Postnatal depression: prevalence, mothers' perspectives, and treatments. Archives of Psychiatric Nursing*

⁴³ Lambeth First Team (2011) *Health and Wellbeing Joint Strategic Needs Assessment*

4.6 Changing trends

Expectations of parenting and the parent-child relationship have changed over the last few decades. There are a number of changing trends that affect and influence the future of the parent-child relationship.

Social pressure

In the UK specifically, parenting is an increasingly public subject. Social media, popular culture, reality TV, tabloid media are just some of the places where parents and parenting are made visible to a mass audience⁴⁴. In a recent Netmums' survey it was stated that many mothers are under so much pressure to appear like perfect parents that they cover up how much television their children watch or what they cook their families⁴⁵.

Parenting styles

There is an increasingly public proliferation of views and approaches to parenting which are often conflicting. For example, the proponents of attachment parenting versus the 'tiger mother'⁴⁶. The expectation (from themselves and others) to 'do it right' is cited by parents as an increasingly significant contributor to depression and anxiety⁴⁷.

State provision

With recent changes made to the provision of child benefits, parents across the UK have expressed concern about the risk of increasing inequalities, and marginalising parents⁴⁸. Shared paternity leave will enable both parents to share the responsibility in caring for young children, potentially increasing the father's involvement and reducing the employment divide.

Family structures

With the advancement in medicine and changing social 'norms', the structure of families is increasingly diverse. The average age of mothers is increasing, and a volatile employment market has seen a rise in fathers being the primary care giver⁴⁹. These may all have an impact on the development and experiences of a child in early life. Homeownership and shared housing are also factors in how the relationships are structured around a child in the early years.

Around 67% of households live in rented accommodation in Lambeth. Southwark Council is the largest social landlord in London with 42% of properties council owned⁵⁰.

⁴⁴ Sanders MR, et al, (2000) *The mass media and the prevention of child behavior problems*. Journal of Child Psychology and Psychiatry

⁴⁵ Netmums (2013) *National Sleep Week - Netmums sleep survey results* (www.netmums.com/baby/sleep/national-sleep-week-netmums-sleep-survey-results)

⁴⁶ Chua, A. (2011) *Battle Hymn of the Tiger Mother*, Penguin Books

⁴⁷ Yano (2012) *Parenting, let the games begin*

(yano.co.uk/2012/05/parenting-let-the-games-begin)

⁴⁸ The Guardian (2012) *How will child benefit changes hit your family? Our readers respond*, The Guardian. Online. Accessed 29/01/2013. (<http://www.guardian.co.uk/commentisfree/2012/oct/24/child-benefit-changes-peoples-panel>)

⁴⁹ Ipsos Mori (2009) *Families in Britain: The impact of changing family structures and what families think*

⁵⁰ Southwark Council (2012) *Housing Commission Report*

4.7 Sources of information

In addition to formal parenting support programmes such as those outlined in the section on service provision (see Section 7), there is a wide array of parenting guidance and advice available. This might come from family, friends, online forums (e.g. Bounty and Mumsnet), TV programmes (e.g. SuperNanny), parenting books, family doctors and health visitors.

Some key points are listed below:

Intuition should not be overlooked but is not enough

A review of the evidence base around women's experiences of motherhood found evidence of postnatal tension between natural mothering 'intuition' and professional information⁵¹. Women described an increased reliance on their own instinct, and advice from friends, as their children grew older but in the immediately post-natal period they expressed confusion and disappointment that early mothering was not instinctive.

Parents own experience of childhood is an important source of information

Parents learn about parenting primarily through their own parents. There is a clear transmission of parenting attitudes and capabilities between parent and child that starts at a very early age⁵². However, there is also evidence from mothers that some distrust their own mother's advice as outdated whilst others relying heavily on maternal experience⁵³.

A survey⁵⁴ of parents of young children asking how they found out information about childcare found the following:

- **Parents were most likely to seek advice from individuals or organisations that they were familiar with and encounter on a regular basis**, such as friends or relatives (classed here as word of mouth) and school (39% and 33% respectively).
- **Only small proportions of parents accessed official sources of information.** In the last year Sure Start/Children's Centres (11%), local authorities (7%), Families Information Services (6%) and health visitors (6%) were used by a significant minority of parents. In addition, local advertising and libraries were used by almost one in ten parents (8% and 7% respectively), as was the internet (7%). A smaller proportion of parents used their childcare providers (5%).

For those parents who are online, parenting websites appear to be an important source of information. A Netmums online survey which asked who mothers would turn to for "parenting" advice or support found 70% would turn to another mother/friend, 63% to a website, 57% to family, 52% to a husband or partner, and 45% to a book⁵⁵.

⁵¹ Brunton G. et al, (2011) *A research synthesis of women's views on the experience of first time motherhood*, Institute of Education, University of London

⁵² DEMOS (2011) *The Home Front*

⁵³ Social Science Research Unit (2011) *A research synthesis of women's views on the experience of first time motherhood*

⁵⁴ Department for Education (2010) *Childcare and Early Years Survey*

⁵⁵ Netmums (2013) *A Mum's Life* (www.netmums.com/home/netmums-campaigns/a-mum-s-life)

4.8 Essential reading

Department for Education, Parental Opinion Survey 2010

<https://www.education.gov.uk/publications/RSG/Childrenandfamilies/Page8/DFE-RR061>

Becoming a Mother – A research synthesis of women's views on the experience of first-time motherhood

http://www.ioe.ac.uk/Becoming_a_mother_2011Bruntton_Report.pdf

NHS Parenting Self-Assessment tool

<http://www.nhs.uk/Tools/Pages/Parentingselfassessment.aspx#close>

Joseph Rowntree Foundation, Parenting Outcomes, 2010

<http://www.jrf.org.uk/sites/files/jrf/parenting-outcomes.pdf>

Grandparents Plus, Statistics about the role of grandparents

<http://www.grandparentsplus.org.uk/wp-content/uploads/2011/03/Policy-Briefing-01-paper-statistics-Feb-2011.pdf>

Gingerbread, Statistics about single parents

<http://www.gingerbread.org.uk/content/683/Current-Research-and-Statistics>

Demos, The Home Front (2011) and Building Character (2009)

<http://www.Demos.co.uk/publications/parenting>
<http://www.Demos.co.uk/publications/thehomefront>

Demos, Seen and Heard, Reclaiming the Public Realm with Young People, 2007

http://www.Demos.co.uk/files/070928_DEMOS_S&H_Pamphlet.pdf

4Children, Suffering in Silence, 2011

<http://www.givemestrength.org.uk/wp-content/uploads/2011/10/Suffering-in-Silence.pdf>

Harvard Centre for the Developing Child – various resources about affect of stress on brain development

http://developingchild.harvard.edu/resources/multimedia/videos/three_core_concepts/toxic_stress/
http://developingchild.harvard.edu/resources/reports_and_working_papers/working_papers/wp3/



5. Social and emotional development



The early years is an important time for the development of traits such as empathy, resilience and self-control which can have a significant impact on health and wellbeing in later life.

A rich research literature demonstrates that healthy psychological development requires nurture, affection, intellectual stimulation, security and stability. Factors developing at a very young age such as self-regulation, application and empathy have a significant effect on children's eventual chances in life.⁵⁶

For parents and professionals alike, understanding and supporting the development of these more 'invisible' characteristics can be challenging, but pays significant rewards. Strong brain architecture and attachment to a primary caregiver are two key areas that underpin their development.

An Action for Children Survey in 2008⁵⁷ found that parents recognise that their child's social and emotional development is the bedrock for their overall 'wellbeing' – 79% of parents agree that 'children need to be emotionally tough to get by in today's world'. Parents described what they understood to be emotional and social wellbeing in concept terms; being able to share and play; being able to be sociable; being independent and not clingy; being able to respect other children's feelings; possessing confidence, both social and physical; being able to 'bounce back' from problems.

5.1 Early experience

Biologically the brain is prepared to be shaped by experience. When a baby is born its brain is 25% developed, by the age of 3 its brain is developed to 80%, by age of 5 it is 90% developed⁵⁸. The love, interaction, stimulation and care a baby receives from parents and caregivers during this period, have a profound effect on the development of 'brain architecture' which will set it up for later life.

The development of strong brain architecture is essential for developing the behaviours and character traits that allow individuals to make positive health choices⁵⁹.

Plasticity, or the ability for the brain to reorganise and adapt, is greatest in the first years of life and decreases with age. Interaction between caregivers and children is critical for brain development. One of the most essential experiences in shaping the architecture of the developing brain is the "serve and return" interaction between children and significant adults in their lives⁶⁰. Young children naturally reach out for interaction through babbling, facial expressions, and gestures and adults respond with the same kind of vocalising and gesturing back at them. This back-and-forth process is fundamental to the wiring of the brain, especially in the earliest years⁶¹.

⁵⁸ McCain, M., et al. (2007) *Early years study: Putting science into action*

⁵⁹ OECD/CERI International Conference (2008) '*Learning in the 21st Century: Research, Innovation and Policy*' *Understanding the Brain: the Birth of a Learning Science*

⁶⁰ Centre for the Developing Child (2011) *Three core concepts in early development*, Harvard University (developingchild.harvard.edu/resources/multimedia/videos/three_core_concepts/brain_architecture)

⁶¹ Centre for the Developing Child (2011) *Three core concepts in early development*, Harvard University ([developingchild.harvard.edu/resources/multimedia, ... eos/three_core_concepts/brain_architecture](http://developingchild.harvard.edu/resources/multimedia/videos/three_core_concepts/brain_architecture))

⁵⁶ Demos (2011) *The Home Front*

⁵⁷ Action for Children (2008) *UK survey of 1180 adults, carried out over 23 and 24 January 2008*, by BDSR.

5.2 Early attachment

One of the most significant emotional milestones for children in the early years is the onset of attachment, which begins developing around 6 months. New born babies do not discriminate between who cares for them, but gradually as they grow older they develop attachment. In the first instance this is to their main caregiver (usually the mother) and subsequently extends to others that they see regularly.

In the first two months the baby has limited ability to discriminate between caregivers though recognises the mothers' smell and sound. A shift between two and three months occurs with the emergence of increased social interaction including more eye contact, social smiling and responsive cooing. Gradually, during the period 2-7 months the baby becomes more able to discriminate between caregivers and, while intensely motivated to engage with them, generally doesn't have strong preferences between known carers and unknown others. A further shift occurs around 7-9 months with the emergence of selective attachment, shown by the onset of wariness of strangers and distress when anticipating separation, with the baby varying between exploring and seeking comfort and security. A further shift occurs at 18-20 months with the emergence of pretend play and language as symbolic representation. From then until the age of three, children increasingly have preferences and their own goals that can conflict with those of others requiring compromise and negotiation. Between 9-18 months a hierarchy of attachment figures becomes evident⁶².

The central belief of attachment theory is that mothers who are available and responsive to their infant's needs establish a sense of security in their children. The infant knows that the caregiver is dependable, which creates a secure base for the child to then explore the world⁶³.

Many theorists believe that the attachment relationship acts as a prototype for all future social relationships⁶⁴ so disrupting it can have long-term consequences. Sometimes, mothers who have experienced postnatal depression or other postnatal mental health issues find it hard to relate to their babies and to become attached.

⁶² Hamer, C. (2012) *NCT Research overview: Parent-child communication is important from birth*, NCT

⁶³ Bretherton, I. (1992) *The Origins of Attachment Theory: John Bowlby and Mary Ainsworth*, *Developmental Psychology*, Vol. 28, No. 5, (pp759-775)

⁶⁴ Malekpour, M. (2007), *Effects of attachment on later-life development*, *Journal of Developmental Disabilities*, Vol. 53(105, Pt2), Jul 2007 (pp81-95)

5.3 The emergence of identity

The process of developing an identity begins with the child's discovery of self, it continues throughout childhood, and becomes the focus of adolescence⁶⁵.

*Early identities are themselves complex, and they continue to change and grow as children experience new settings, activities, relationships and responsibilities. Developing personal identity is a dynamic process embedded in the child's multiple activities and relationships in everyday settings at home, in the community and at preschool. Identity is best described as constructed, co-constructed and reconstructed by the child through his or her interactions with parents, teachers, peers and others*⁶⁶.

Around 18 months toddlers display signs that they are developing an awareness of self. One of the signs is the discovery of 'me' and 'mine'. As toddlers become more self-aware, issues of ownership and sharing come into play. The focus on ownership may be one way in which toddlers reach a better understanding of themselves as distinct people. Claiming possession of toys and other objects is also a way for toddlers to express their independence and autonomy⁶⁷.

The terrible twos

The terrible twos is a stage in a toddler's development characterised by mood changes, temper tantrums and a familiarity with the word "no." The terrible twos typically occur when toddlers begin to struggle between their reliance on adults and their desire for independence, which may begin even before a child's first birthday.

No longer infants but not quite ready for preschool either, 2-year-olds undergo major motor, intellectual, social and emotional changes. Their vocabulary is constantly growing, they are eager to do things on their own, and they begin to discover that they are expected to follow certain rules. However, most 2-year-olds still are unable to move as swiftly as they would like, or to clearly communicate their needs or control their feelings. This can lead to frustration and result in misbehaviour⁶⁸.

⁶⁵ Bullock, Merry, and Lukenhaus (1990) *Who Am I? The Development of Self-Understanding in Toddlers*, Merrill-Palmer Quarterly 36 (pp217-238)

⁶⁶ Brooker, L., and Woodhead, M. (Eds.) (2008) *Developing Positive Identities: Diversity and Young Children*, Early Childhood in Focus (3). Milton Keynes: Open University.

⁶⁷ Zero to Three (2007) *Baby Brain Map*, National Centre for Infants, Toddlers, and Families. Accessed 29/01/2013 (www.zerotothree.org/baby-brain-map.html)

⁶⁸ American Academy of Pediatrics (2010) *Social development: Two year olds* (www.healthychildren.org/English/ages-stages/toddler/pages/Social-Development-2-Year-Olds.aspx)

5.4 Character development

As children's brains develop, so does their character.

5.4.1 Empathy

Understanding and showing empathy is the result of many social-emotional skills that develop in the early years.

Some important milestones were outlined by Action For Children⁶⁹ as:

- Establishing a secure, strong, loving relationship with caregivers. Feeling accepted and understood by the primary caregiver helps children learn how to accept and understand others as they grow.
- Beginning to use social referencing, at about 6 months old. This is when a baby will look to a parent or other loved one to gauge his or her reaction to a person or situation. The parent's response to the visitor influences how the baby responds. Social referencing, or being sensitive to a parent's reaction in new situations, helps babies understand the world and the people around them.
- Developing a theory of mind. This is when a toddler (between 18 and 24 months old) first realises that, just as they have their own thoughts, feelings and goals, others have their own thoughts and ideas, which may be different from theirs.
- Recognising one's self in a mirror. This occurs between 18 and 24 months and signals that a child has a firm understanding of themselves as a separate person.

⁶⁹ NCH (2009) *Growing Strong: Attitudes to building resilience in the early years*

5.4.2 Resilience

Resilience is the capacity to withstand stress and catastrophe. Resilience develops as people grow up and gain better thinking and self-management skills and more knowledge. Resilience also comes from supportive relationships with parents, peers and others, as well as cultural beliefs and traditions that help people cope with the inevitable ups and downs in life. Resilience is found in a variety of behaviours, thoughts, and actions that can be learned and developed across the life span.

The pre-eminent 'protective' factor occurring across the literature and research into resilience is the attitude and behaviour of parents⁷⁰.

Research by Barnardo's into resilience in children highlights that:

- Transition points in children's lives can be both threats and opportunities
- Managed exposure to risk is necessary if children are to learn coping mechanisms
- Key factors promoting resilience in children are support from family and/or peers, good educational experiences, a sense of agency, of self-efficacy and opportunities to contribute to family or community life by taking valued social roles⁷¹.

Werner and Smith (1988) concluded that most children seem to have self-righting tendencies and that competence, confidence and caring can flourish even under adverse circumstances. They noted that positive relationships rather than specific risk factors seemed to have a more profound impact on the direction that individual lives take and that it appears that it is never too late to change a life trajectory⁷².

⁷⁰ NCH (2009) *Growing Strong: Attitudes to building resilience in the early years*

⁷¹ Newman, T. (2004) *What works in building resilience?* Barnardo's

⁷² Werner, EE. (1993) *Risk, resilience and recovery: perspectives from the Kauai Longitudinal Study*, Development and Psychopathology

5.4.3 Self-control

Self-control is the ability to control impulses and reactions, and is another name for self-discipline. The development of childhood self-control has been linked with positive outcomes in later life. The capacity for self-control starts to develop over the first years of life. The timeline below comes from a variety of sources including Fox and Calkins *Intrinsic and Extrinsic Influences*⁷³.

0-12 months

Babies are not born with self-control, however they begin to develop self-soothing skills – the beginning of self-control – in their first months. Parents can help babies develop these skills by showing them different ways to do this. Babies cannot be “spoilt” by too much affection– they need love and comfort to help them grow up to be secure and confident children.

12-18 months

Inhibition or controlling behaviour is just starting to take hold – a toddler may know that certain behaviour, e.g. biting, is not acceptable but still be unable to control their impulse to do this. They can begin to learn to control some of their more inappropriate behaviours when they are consistently shown how to do so.

Toddlers at this age can sometimes restrain themselves when told ‘no’ but they will also want to test limits. When they are tired, hungry or upset, tantrums are more likely because it is especially difficult for them to control themselves. By identifying and acknowledging a toddler’s feelings, the toddler will be able to develop trust.

18 months-24 months

During this period self-control develops further. Creating predictable routines and rituals can help toddlers with transitions. Experiencing frustration and tantrums is cited as important for toddlers because it teaches them how to cope with and get through difficult situations.

24-36 months

Older toddlers have more interest in their peers than at 18 months but are still most interested in pleasing themselves and cannot yet understand another child’s perspective.

Older toddlers are making great strides in developing self-control but still need to learn to manage their impulses in appropriate ways. While they are beginning to understand what is and is not acceptable, they still do not have the full ability to stop themselves from doing something that is not allowed.

Recent studies have shown that childhood levels of self-control are closely linked with health and wellbeing outcomes in later-life such as weight control and anti-social behaviour. The research also suggests that self-control is readily amenable to improvement through training⁷⁴.

⁷³ Fox, NA. and Calkins, SD. (2003) *The Development of Self-Control of Emotion: Intrinsic and Extrinsic Influences*, Motivation and Emotion, 27, 7-26

⁷⁴ Moffitt, T. et al. (2011) *From the Cover: A gradient of childhood self-control predicts health, wealth, and public safety*, Proceedings of the National Academy of Sciences

5.5 Essential reading

Zero to Three Foundation, Baby Brain Map
<http://www.zerotothree.org/baby-brain-map.html>

Zero to Three Foundation ,Tips and Tools for Promoting Social Emotional Development
<http://www.zerotothree.org/child-development/social-emotional-development/>

Open University, Developing Positive Identities, Diversity and Young Children, 2008
http://oro.open.ac.uk/16988/1/ECiF3_Eng_as_published.pdf

Growing Strong, Attitudes to building resilience in later life, 2007
http://www.actionforchildren.org.uk/media/144007/growing_strong.pdf

Barnados, What Works in Building Resilience
http://www.barnados.org.uk/what_works_in_building_resilience_-_summary_1_.pdf

Harvard Centre for the Developing Child 'Brain Architecture Video'
http://developingchild.harvard.edu/resources/multimedia/videos/three_core_concepts/brain_architecture/

Harvard Centre for the Developing Child 'Serve and Return' Video
http://developingchild.harvard.edu/resources/multimedia/videos/three_core_concepts/serve_and_return/

Demos, Building Character, 2009
<http://www.Demos.co.uk/publications/parenting>

Demos, The Home Front, 2011
<http://www.Demos.co.uk/publications/thehomefront>



6. The day-to-day experience



This section examines some of the key aspects of day-to-day life for children and their parents in the early years that impact on health and wellbeing. In particular it focuses on nutrition, physical activity, sleep, play and technology. It also examines the impact of housing and poverty on day-to-day life.

Other particularly important factors which shape day-to-day experience which are not in this section but are covered elsewhere in this report include: family structure, parental employment and take up of childcare.

Other factors which should also be considered in the context of the day-to-day experiences in the early years include:

- Immediate local environment – children in the early years spend most of their time either at home or near home. Consequently the character of the immediate local environment and the amenities it offers can have a significant impact on day-to-day activities.
- Proximity of family and social networks – having or not having close family and friends living nearby during the early years is also an important factor to consider.
- Routine and variety – routine is an important factor for young children in feeling safe and secure, while variety and new experiences are important for learning and developing new skills. Understanding how both these factors play out in day-to-day experience in the early years could be useful.

6.1 Sleep

Why it's important?

Sleep is a basic physiological need. In particular it is believed that sleep is important for brain development and plasticity, this suggests that inadequate levels of sleep at a young age may considerably alter the hypothalamic mechanisms that regulate appetite and energy expenditure⁷⁵. New-born babies need a lot of sleep because they are growing and developing at such a fast pace.

At night, adults alternate between light and deep sleep. Usually about four-fifths of our sleep is deep sleep. In contrast, for babies, the split between deep and light sleep is 50:50. The larger amount of light sleep that babies have means they wake up more easily than adults⁷⁶.

⁷⁵ Eisenmann, JC. and Wickel, EE. (2009) *The Biological Basis of Physical Activity in Children: Revisited*, *Pediatr Exerc Sci*. Aug; 21(3)(pp257-72)

⁷⁶ NCT (2012) *Understanding your baby's sleep* (www.nct.org.uk)

6.1.1 Drivers and barriers

Drivers

A simple, soothing bedtime routine is recommended to help babies and children get to sleep. Too much excitement and stimulation just before bedtime can wake children up again⁷⁷.

Barriers⁷⁸

Babies: Social and developmental issues can also affect sleep. Secure infants who are attached to their caregiver may have less sleep problems, but some may also be reluctant to give up this engagement for sleep. During the first 6-12 months, infants may also experience separation anxiety. Illness and increased motor development may also disrupt sleep.

Toddlers: Many factors can lead to sleep problems. Toddlers' drive for independence and an increase in their motor, cognitive and social abilities can interfere with sleep. In addition, their ability to get out of bed, separation anxiety, the need for autonomy and the development of the child's imagination can lead to sleep problems. Daytime sleepiness and behaviour problems may signal poor sleep or a sleep problem.

Preschool children: As with toddlers, difficulty falling asleep and waking up during the night are common. With further development of imagination, preschoolers commonly experience night-time fears and nightmares. In addition, sleepwalking and sleep terrors peak during preschool years.

Other barriers to sleep include lack of physical activity, poor housing conditions, anxiety and stress.

⁷⁷ NHS Information Service For Parents (2011) *Pregnancy and baby: Getting your baby to sleep* (www.nhs.uk/Conditions/pregnancy-and-baby/Pages/getting-baby-to-sleep.aspx#Sleep)

⁷⁸ National Sleep Foundation (2011) *Children and Sleep* (www.sleepfoundation.org/article/sleep-topics/children-and-sleep)

6.1.2 Key statistics

A third of British children are put to bed between 7pm and 7.30pm, followed by one in five between 7.30pm to 8pm⁷⁹. One in three families do not put children to bed until 9.30pm or later, while a further 3% admit they do not have set bedtime.

In the same survey 59% of parents are happy with their family's bedtime routine, one in ten admit getting children to sleep is a "struggle", with 3% believing they have a "real problem".

Almost half of families said they had suffered from sleep deprivation, with nearly a third (31%) saying lack of sleep left them "exhausted".

Over the course of two years, and even accounting for regular power-naps, the majority of mothers and fathers miss out on six months sleep⁸⁰.

Almost two thirds (64%) of parents with babies and under-tuos get just three and three-quarter hours sleep a night⁸¹.

One in three parents admit to lying about their children's sleep patterns⁸².

⁷⁹ Netmums (2013) *National Sleep Week - Netmums sleep survey results* (www.netmums.com/baby/sleep/national-sleep-week-netmums-sleep-survey-results)

⁸⁰ The Telegraph (2010) *New parents miss 6 months' sleep in two years*, The Telegraph. Online.

(<http://www.telegraph.co.uk/women/mother-tongue/7904189/New-parents-miss-6-months-sleep-in-two-years.html>)

⁸¹ The Telegraph (2010) *New parents miss 6 months' sleep in two years*, The Telegraph. Online.

(<http://www.telegraph.co.uk/women/mother-tongue/7904189/New-parents-miss-6-months-sleep-in-two-years.html>)

⁸² Netmums (2013) *National Sleep Week - Netmums sleep survey results* (www.netmums.com/baby/sleep/national-sleep-week-netmums-sleep-survey-results)

6.2 Nutrition

A large body of evidence demonstrates the importance of a healthy and balanced diet to infants' and children's early development and later life outcomes.

There is also emerging evidence that breastfeeding in infancy and good child nutrition can help protect against the development of chronic diseases such as diabetes, obesity and heart disease in adulthood. Research shows that the period spanning pregnancy and the first two years of a child's life is a critical time for laying the foundations of healthy development⁸³.

Key stages in the early years

Brain development is most sensitive to a baby's nutrition between mid-gestation and two years of age⁸⁴. Children who are malnourished throughout this period do not adequately grow, either physically or mentally.

Breastfeeding – recommended NHS guidelines are for mothers to breastfeed for at least the first six weeks, ideally for six months to get the maximum benefit⁸⁵.

Weaning – recommendation is to introduce babies to solid foods around six months old, initially simply when the baby is hungry to start off with and then by 12 months babies should be eating three meals a day, with healthy snacks as necessary.

Nutritional needs specific to the early years

Vitamin D – This vitamin plays several important roles in the body, including regulating the balance of nutrients needed for strong, healthy bones⁸⁶. There has been a lot of publicity recently stating that one quarter of all toddlers are deficient in the nutrient and that consequently childhood rickets is on the rise.

Iron – Iron deficiency has been clearly linked to cognitive deficits in young children. Iron is critical for maintaining an adequate number of oxygen-carrying red blood cells, which in turn are necessary to fuel brain growth. Bottle-fed babies should receive formula that contains iron⁸⁷.

Fat – Children need a high level of fat in their diets (some 50% of their total calories) until about two years of age. Babies should receive most of this fat from breast milk or formula in the first year of life. After two years of age, children should begin transitioning to a more heart-healthy level of dietary fat (no more than 30% of total calories), including lower-fat cow's milk (1 or 2%)⁸⁸.

Healthy eating – children like the foods they get used to. If babies are given very salty or sweet food and drink, then they will get used to these tastes and may find healthier food bland in comparison. On the other hand if they are given lots of different, healthy foods to try when they are babies and toddlers, they are more likely to eat a variety of healthy foods as they grow up⁸⁹.

⁸³ Demos (2012) *For starters: "Diet in the early years can have a major impact on life outcomes..."*. Accessed 29/01/2013 (<http://www.Demos.co.uk/projects/nutritionintheearlyyears>)

⁸⁴ Zero to Three (2012) *FAQ's on the Brain*, National Centre for Infants, Toddlers, and Families. Accessed 29/01/2013 (<http://www.zerotothree.org/child-development/brain-development/faqs-on-the-brain.html>)

⁸⁵ NHS Information Centre (2011) *Infant Feeding Survey 2010* (<http://www.ic.nhs.uk/pubs/infantfeeding10>)

⁸⁶ NICE (2008), *Maternal and child nutrition (PH11)*

⁸⁷ Zero to Three (2012) *Frequently Asked Questions*, National Centre for Infants, Toddlers, and Families. Accessed 29/01/2013 (http://main.zerotothree.org/site/PageServer?pagename=ter_key_brainFAQ)

⁸⁸ NHS Information Service For Parents (2011) *Pregnancy and baby: Getting your baby to sleep* (www.nhs.uk/Conditions/pregnancy-and-baby/Pages/getting-baby-to-sleep.aspx#Sleep)

⁸⁹ Start4Life (2012) *Taste for life - giving your baby a variety of food now may prevent fussy eating later*. Accessed 29/01/2013 (<http://www.nhs.uk/start4life/Pages/babies-food-variety.aspx>)

6.2.1 Barriers and drivers to breastfeeding and healthy eating

Key barriers to breastfeeding include:

- lack of knowledge about the associated health benefits
- lack of knowledge on how to breast feed
- lack of confidence in breast feeding
- early difficulties and no support to persist
- cultural beliefs
- embarrassment.

Key barriers to healthy eating in the early years include:

- children perceived as picky eaters
- role of parents as food role models
- lack of knowledge about healthy shopping, cooking and eating
- lack of time and energy to prepare meals
- lack of income to purchase healthier foods
- not wishing to make food a battleground with children
- using food as a bribe or reward for good behaviour
- the power of advertising and commercial influences.

6.2.2 Key statistics

The proportion of mothers following current guidelines on exclusively breastfeeding for the first six months of a baby's life have remained low since 2005 with only one in a hundred mothers following these guidelines⁹⁰.

The highest incidences of breastfeeding were found among mothers aged 30 or over (87%), those from minority ethnic groups (97% for Chinese or other ethnic group, 96% for Black and 95% for Asian ethnic group), those who left education aged over 18 (91%), those in managerial and professional occupations (90%) and those living in the least deprived areas (89%)⁹¹.

The prevalence of breastfeeding fell from 81% at birth to 69% at one week, and to 55% at six weeks. At six months, just over a third of mothers (34%) were still breastfeeding⁹².

In Lambeth 93.4% of mothers are breastfeeding in the first 6 weeks, and in Southwark 91.2% of mothers are breastfeeding⁹³. These statistics have risen due to recent public health interventions.

⁹⁰ NHS Information Centre (2011) *Infant Feeding Survey 2010* (<http://www.ic.nhs.uk/pubs/infantfeeding10>)

⁹¹ *Ibid.*

⁹² *Ibid.*

⁹³ Child and Maternal Health Observatory (2012) *Child Health Profiles for Lambeth and Southwark*

% of English children who are overweight or obese by age⁹⁴

		Age			
		2	3	4	5
Boys	Overweight	15	18	15	12
	Obese	11	16	10	14
Girls	Overweight	10	17	16	9
	Obese	10	10	9	13

In Lambeth 12.1% of children aged 4-5 are obese, and in Southwark 13.4% of children aged 4-5 are obese. This compares with an English average of 9.4%⁹⁵.

A survey by the Children's Food Trust of more than 1,000 parents with at least one child aged between 3 and 15 years revealed that the majority believed advertising had an effect on what their children asked for. 72% of parents said that in the last month they had bought fast food or other unhealthy products, which they had not intended to, as a result of pestering by their child⁹⁶.

The majority of children in the UK recognise Coca-Cola and McDonald's picture brands before they can count to five or recognise their own written name⁹⁷.

6.3 Physical Activity

Why it's important?

The early years is an important time in the establishment of physical activity and sedentary behaviours. Data shows support for a link between higher levels of physical activity leading to more sustained participation in physical activity in later years⁹⁸.

Being physically active helps with the development of:

- Motor skills e.g. balance, coordination
- Maintaining a healthy weight
- Strong bones, muscles and heart
- Social skills i.e. how to interact, take turns and getting on and caring about others.

There is evidence that under-fives spend a large amount of time being sedentary and this is associated with overweight and obesity as well as lower cognitive development. Sedentary behaviour refers to activities that typically occur whilst seated or lying down and which require very low levels of energy expenditure.

In addition, patterns of sedentary behaviour, (especially TV viewing) established in the early years are more likely to be continued through to adulthood.

A summary of the key stages of physical development milestones can be seen in Appendix Two.

⁹⁴ NHS Information Centre (2012) *Statistics on Obesity, Physical Activity and Diet*

⁹⁵ Chimat (2008-2012) *Child health profiles*. Accessed 29/01/2013.
(<http://www.chimat.org.uk/resource/view.aspx?RID=101746®ION=101634>)

⁹⁶ Children's Food Trust (2012) Parents data tables Feb12. ComRes. Accessed 29/01/2013.
(http://www.comres.co.uk/polls/Childrens_Food_Trust_Parents_data_tables_Feb12.pdf)

⁹⁷ DEMOS (2011) *The Home Front*

⁹⁸ BHFNC (2011) *UK Physical Activity Guidelines for Early Years (walkers)*, British Heart Foundation National Centre for Physical Activity and Health, Loughborough University

Activity guidelines⁹⁹

Babies should be encouraged to be active from birth. Before a baby begins to crawl, parents and caregivers can encourage them to be physically active by reaching and grasping, pulling and pushing, moving their head, body and limbs during daily routines, and during supervised floor play, including tummy time. Once babies can move around, they should be encouraged to be as active as possible in a safe, supervised and nurturing play environment.

Children who can walk on their own should be physically active every day for at least 180 minutes (3 hours). This should be spread throughout the day, indoors or outside.

Children under 5 should not be inactive for long periods, except when they are asleep. Watching TV, travelling by car, bus or train or being strapped into a buggy for long periods are not good for a child's health and development. There is growing evidence¹⁰⁰ that such behaviour can increase the risk of poor health.

6.3.1 Barriers and drivers to physical activity

Key barriers to undertaking physical activity include:

- Poor living environment/lack of suitable play facilities, parks, playgrounds nearby
- Parents are also physically inactive
- Children are unenthusiastic, siblings have different levels of enthusiasm
- Lack of time
- Lack of knowledge about appropriate level of physical activity in the early years

Drivers:

- Building activity in to everyday activities – such as active travel (walking, tricycling or biking, scootering to the shops, early years setting, friend's house, park etc.) or physical tasks – tidying up toys, gardening, setting up for meal times
- Physical activity that is social (for both parents and children)
- Play that is physically active
- Ease of access to appealing outdoor environments.

⁹⁹ NHS (2011) *Physical activity guidelines for children (under 5 years)*. Accessed 29/01/2013. (<http://www.nhs.uk/Livewell/fitness/Pages/physical-activity-guidelines-for-children.aspx>)

¹⁰⁰ NHS Information Centre (2012) *Statistics on Obesity, Physical Activity and Diet*

6.3.2 Key Statistics

Activity and inactivity levels in the early years

% of children meeting recommended level* of activity by age and gender¹⁰¹.

	2 years	3 years	4 years	5 years
Boys	43%	36%	28%	32%
Girls	35%	33%	28%	31%

*more than 60 minutes of physical activity on all 7 days

% of time spent watching TV during weekdays by age and gender¹⁰².

		2 years	3 years	4 years	5 years
Girls	<2 hours	68%	56%	57%	62%
	2-4 hours	26%	36%	40%	34%
	4+ hours	6%	8%	2%	4%
Boys	<2 hours	72%	62%	63%	67%
	2-4 hours	21%	34%	30%	26%
	4+ hours	7%	4%	7%	7%

¹⁰¹ NHS Information Centre (2009) *Health Survey for England 2008: Physical Activity and Fitness*. Accessed 29/01/2013 (<http://www.ic.nhs.uk/pubs/hse08physicalactivity>)

¹⁰² *Ibid.*

Link between television and obesity

Children who increase the number of hours of weekly television they watch between the ages of two and four years old risk larger waistlines by age ten. A Canadian study¹⁰³ which tracked the TV habits of 1,314 children found that every extra weekly hour watched could add half a millimetre to their waist circumference and reduce muscle fitness¹⁰⁴.

Link between television and language development

Good quality age appropriate TV viewed by children age 2-5years can have some positive benefits to their speech and language development. Viewing by children of programmes aimed at a general or adult audience is correlated with poor language development in pre-schoolers. Evidence suggests that children who are frequently exposed to such programmes tend to have a lower vocabulary and poorer expressive language. This is attributable to both the quality of the content on offer and the quantity of exposure to television more generally¹⁰⁵.

¹⁰³ Fitzpatrick, C., Pagani, LS., Barnett, TA. (2012) *Early childhood television viewing predicts explosive leg strength and waist circumference by middle childhood*, International Journal of Behavioral Nutrition and Physical Activity (pp. 9-87)

¹⁰⁴ BBC (2012) *TV habits 'can predict kids' waist size and fitness'*. BBC News. Online. Accessed 29/01/2013 (<http://www.bbc.co.uk/news/health-18829131>)

¹⁰⁵ Dr Robin Close (2004), *Television and Language Development in the Early Years*, National Literacy Trust

6.4 Play

Why is it important?

Playing is a vital part of child development throughout the early years. It is through play that children at a very early age engage and interact in the world around them.

Play allows children to use their creativity while developing their imagination, dexterity, and physical, cognitive, and emotional strength. It is important to healthy brain development.

Playing is central to children's physical, psychological and social wellbeing. Whilst playing, children can experience real emotions, create their own uncertainty, experience the unexpected, respond to new situations and adapt to a wide variety of situations. Play enables children to form friendships and attachments to adults and to places, allowing for the development of familiarity and intimacy with both. It can provide opportunities for independent learning and building confidence, resilience, self-esteem and self-efficacy. Whilst play can bring families closer together, strengthening parent-child relationships, playing away from adult supervision is equally important, allowing children to acquire independent mobility, explore the world on their own terms and create their own identities¹⁰⁶.

¹⁰⁶ Gleave, J. and Hamilton, IC. (2012) *A world without play: A literature review*, Play England

6.4.1 Types of play

Play is so important because it helps children develop across many areas including language, emotional and social development (learning to take turns, learning to play with others), understanding the world, expressing oneself, problem solving, application, self-control – the list is almost endless.

Play is varied and flexible. It encompasses an endless range of play types, which can be active or subdued, imaginative or exploratory, involve others or carried out alone.

Some useful categories to think of with regard to play include:

- unstructured and directed play
- indoor and outdoor play
- play with parents, play alone, play with siblings or other children
- play at home and play in a learning environment.

Scaffolding

Scaffolding is an important concept for play, which stems from the work of the Russian psychologist Lev Vygotsky. At its core is the idea of adults letting children figure things out and do as much as they can on their own but stepping in to give some help before children become frustrated and give up. Scaffolding is about finding a balance between providing just enough support at the right time, but not so much that it interferes with a child's developing skills¹⁰⁷.

¹⁰⁷ Zero to Three (2012) *Tips for Promoting Social-Emotional Development*, National Centre for Infants, Toddlers, and Families. Accessed 29/01/2013 (<http://www.zerotothree.org/child-development/social-emotional-development/tips-for-promoting-social-emotional-development.html>)

6.4.2 Play stages

The way children play changes as they grow older¹⁰⁸. Babies and young toddlers need time and attention from someone who's happy to play with them, to grow and develop. Gradually, as children grow older they learn to entertain themselves for some of the time.

0-1 years

- Babies need others to play with them and will respond to playing

1-2 years

- Initiate play activities
- Play independently, often imitating adult actions

2-3 years

- Enjoy watching and playing with other children
- Become defensive about their own possessions
- Use objects symbolically during play

3-4 years

- Make up games and ask other children to join in
- Begin engaging in pretend play

4-5 years

- Enjoy dramatic, imaginative play with other children
- Enjoy competitive games.

6.4.3 The home learning environment

The term of a 'home learning environment' (HLE) was devised by educational professionals to describe a range of learning related provision in the home provided by parents. It refers to activities such as reading, library visits, playing with letters and numbers, painting and drawing, teaching (through play) the letters of the alphabet, playing with numbers and shapes, teaching nursery rhymes and singing. HLE activities – essentially a particular set of play activities – are especially valuable in supporting language, literacy and numeracy development in the early years.

Language development is influenced by the child's communication environment. Parents give their babies and young child an advantage when they talk with them, read with them, listen and respond to their babbles, gestures and words. More conversations increase the advantage for children in terms of their language development. Children's language development at the age of two (their understanding and use of vocabulary and two or three word sentences) is very strongly associated with their performance on entering primary school.

Research into child language acquisition has identified a substantial relationship between child vocabulary and the amount that parents speak to their children from birth. Speech and language development comes from hearing conversations even before the child is able to speak¹⁰⁹.

A study¹¹⁰ of the Home Learning Environment found that involvement in home learning activities makes an important difference to children's attainment (and social behaviour) at age 3 years through to the age of 11.

¹⁰⁸ Cherry, K. *Social and Emotional Milestones*. Accessed on 29/01/2013 (<http://psychology.about.com/od/early-child-development/a/social-and-emotional-milestones.htm>)

¹⁰⁹ Huttenlocher, et al. (1991) Early vocabulary growth: Relation to language input and gender. *Developmental Psychology*, Vol 27(2), 236-248.

¹¹⁰ Desforges, C. and Abouchaar, A. (2003) *The Impact of Parental Involvement, Parental Support and Family*

6.4.4 Barriers to play

- Lack of time to play can make spontaneous, unstructured play hard to fit in
- Lack of knowledge about the importance of unstructured creative play
- Desire to make play 'purposeful' or 'educational'
- Toys and technology can provide replacements for more meaningful play
- Organised activities may be quite structured
- Outdoor play may be difficult for those without a garden or access to an outdoor space
- Providing variety of play opportunities can be difficult.

6.4.5 Key statistics

Research from the US suggests that children's free time declined more than seven hours per week from 1981 to 1997 and a further two hours per week from 1997 to 2003. It seems children have nine hours less free time a week than 25 years ago¹¹¹.

More than half of primary school teachers have seen a least one child begin formal education with no experience of being told stories at home, and almost two-thirds of the 300 teachers questioned said children were less able to tell stories in writing than 10 years ago¹¹². Playtime may have decreased by as much as 50% since the 1970s¹¹³.

A survey commissioned by Play England found that of 71% of adults played outside in the street or area close to their homes every day when they were children whereas only 21% of children do so today.

A survey of 2000 children¹¹⁴ undertaken in 2010 found that:

- 64% of 8-12 years olds play outside less than once a week
- The distance children stray from home on their own has shrunk by 90% since the 70s;
- 43% of adults think a child should not play outdoors unsupervised until the age of 14.

In 1999 the Mental Health Foundation reported that the increasingly limited amount of time children have to play outside, or to attend supervised play projects was a causative factor in the rise of mental ill health in young people¹¹⁵.

Education on Pupil Achievements and Adjustment: A Literature Review. Department for Education and Skills

¹¹¹ Gleave, J. (2009) *Children's time to play: A literature review*, Play England

¹¹² Williams, R. (2010) *Many parents failing to read to children, survey shows*, The Guardian. Online. Accessed 29/01/2013 (<http://www.guardian.co.uk/education/2010/apr/30/children-parents-reading-stories>)

¹¹³ Gleave, J. (2009) *Children's time to play: A literature review*, Play England

¹¹⁴ Onepoll (2010) Survey of 2,000 children aged eight to 12 years on behalf of Eden TV.

¹¹⁵ Davis, L. (2008) *Play and Health Policy Briefing 3*, Play England

6.4.6 Trends in play

A literature review¹¹⁶ of UK based research around play undertaken in 2009 noted the following key trends:

Play has become more organised and structured

Play experts have expressed concerns that children's free time has become associated with learning, rather than enjoyment. Structured play could reduce the control children have over their free time.

Play has become 'institutionalised'

This means that children's play is increasing carried out in specialised centres, with allocated times and activities, rather than in public space.

Children are spending less time in outdoor space

Children have limited independent mobility. Some depend on adults taking them to parks and open spaces as there are not any play spaces near their homes. This puts a strain on adults who also have very busy lifestyles.

Children value time spent away from adults in public but have less opportunities to do this, because of a combination of other commitments. One researcher used the term 'backseat children', to describe how children are escorted to and from places by their parents and attend adult-organised activities.

Children's time could be 'over-scheduled'

A shift towards more structured forms of play alongside other family and school obligations may have led to the 'over-scheduling' of children's lives. While some children are excelling academically from this, over-scheduling children's time has also been associated with stress and depression.

Children may have less time for creative and imaginative play

A combination of easy access to endless entertainment games and expensive manufactured toys may have left children with very little time for play that involves creativity and imagination, although other research indicates that the shift has been from television to computer games.

The review also noted that there is a shortage of UK based evidence into the area of play.

¹¹⁶ Gleave, J. (2009) *Children's time to play: A literature review*, Play England

6.5 Technology

Why it's important?

Our use of digital technology has expanded significantly in recent years and we are increasingly living our lives online.

The development of the iPad and similar devices allow children to interact with technology at a younger age than ever before. Children who are not yet old enough to manipulate a mouse or operate a video game console can navigate a tablet touch screen.

These changes have important implications for child development in the early years.

Parents are living differently as a result of technology, which in turn affects their children.

There is a growing market of education tools, toys, platforms and other digitally delivered products targeting the early years market, either for use at home or in an early years setting.

Increasingly the UK government is pushing the online delivery of services and information for its citizens, which also has implications for the delivery of early years services.

6.5.1 Key statistics

Increasing use of technology

The latest Ofcom¹¹⁷ figures show that:

- UK consumers are spending almost half of their waking hours watching TV, using their smartphones and other communications devices.
- Britons spend more time online, own more smartphones and digital video recorders and watch more television over the internet than any country in Europe.
- Two fifths of UK adults now own a smartphone, with the same proportion saying their phone is the most important device for accessing the internet.
- Tablet ownership has jumped from 2% to 11% in 12 months. Two thirds of consumers share their tablet with the other people they live with.

The digital divide

49% of people without internet access are in the lowest socio-economic groups and 70% of people who live in social housing aren't online¹¹⁸.

Parents in the ABC1 socio-economic groups are more likely to have access to the internet at home than those in C2DE groups (88% compared to 56%)¹¹⁹.

¹¹⁷ Ofcom (2012) Communications Market Report

¹¹⁸ 21st Century Challenges (2011) *Facts and figures of the digital divide in UK*, RGS-IBG. Accessed 29/01/2013 (<http://www.21stcenturychallenges.org/60-seconds/what-is-the-digital-divide/>)

¹¹⁹ Ulicsak, M. and Cranmer, S. (2010) *Gaming in Families*, Futurelab

Children's use of technology

A survey of 2,200 mothers in 11 countries found that 70% of their two- to five-year-olds were comfortable playing computer games, but only 11% could tie their shoelaces¹²⁰.

A survey¹²¹ of 1,384 American parents of children ages 0 to 8 years old found that:

- Computer use is pervasive among very young children, with half (53%) of all 2- to 4-year-olds having ever used a computer, and nine out of ten (90%) 5- to 8-year-olds having done so.
- Children under 2 years old spend twice as much time watching TV and videos as they do reading books.
- 39% of children aged 2- to 4-years-old and 52% of children aged 5 to 8 have used an iPad, iPhone or similar touch-screen device to play games, watch videos or use other apps.

Ofcom statistics show nearly all children (around 88%) aged between 8 and 15 years own at least one games console, regardless of socio-economic status (ABC1: 89%, C2DE: 86%)¹²².

6.5.2 Impact of technology on child health and wellbeing

There is clear evidence that sedentary lifestyles (linked to activities such as TV watching, video game playing and computer use) have negative impacts on the health of children in the early years.

The American Academy of Pediatrics has published guidelines recommending that under 2s should not watch any television on the basis that unstructured play is much better than TV or videos for encouraging brain development in infants and toddlers¹²³.

A study by the National Literacy Trust¹²⁴ examining the evidence of the impact of TV viewing in the early years on language development highlighted the following:

- Pre-schoolers can benefit from age appropriate TV

Given the right conditions, children between the ages of two and five may experience benefits from good-quality educational television. For this group of children there is evidence that attention and comprehension, receptive vocabulary, some expressive language, letter-sound knowledge, and knowledge of narrative and storytelling all benefit from high-quality and age-appropriate educational programming.

¹²⁰ Learner, S. (2011) *Middle-class angst over technology in the early years*, The Guardian. Online. Accessed 29/01/2013. (<http://www.guardian.co.uk/education/2011/jun/07/early-years-anxiety-digital-technology>)

¹²¹ Rideout, V. (2011) *Zero to Eight: Children's Media Use in America*, Common Sense Media

¹²² Ofcom (2012) Communications Market Report

¹²³ *Media and Children*, American Academy of Pediatrics. Accessed 29/01/2013 (<http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Pages/Media-and-Children.aspx/>)

¹²⁴ Close, R. (2004) *Television and Language Development in the Early Years: A review of the literature*, National Literacy Trust

- The content of TV viewing is important for language development

Viewing by children of programming aimed at a general or adult audience is correlated with poor language development in pre-schoolers. Evidence suggests that children who are frequently exposed to such programmes tend to have a lower vocabulary, poorer expressive language and to engage in less TV-talk (i.e. talking about television) with adults.

- Less is known about the impact of television viewing on under 2s

For children under the age of two, the literature is far less certain about the language benefits of the current crop of children's television. There is some evidence that children at 18 months will be attentive to the visual stimuli of such programmes and respond verbally to them, particularly if the content is of high quality. Other evidence suggests that children under 22 months acquire information, or learn first words, less effectively from television than from interactions with adults. This research questions the extent that children under two understand television content as opposed to being entertained by it.

The pace of change in our use of digital technologies has been so rapid that we have yet to fully understand its impact.

Some other suggested issues for consideration are listed below:

- Parents may spend less time interacting with their children as a result of increasing amounts of time spent online.
- The rise in smart phone use has decreased the amount of time that parent and child have sustained eye contact in the early years.
- Technology may be used as a replacement for active play with children.
- Whilst children are watching television their parents are not talking to them which might affect language development.
- Technology may provide opportunities for families to play together in a meaningful way. It can also provide the opportunity for people to meet others and interact physically.

An ESRC funded study examined how three and four-year-old children develop literacy knowledge and skills as they participate in a range of everyday practices with traditional and new technologies. It found that *'the children who were the most computer savvy were also the ones who took part in the greatest range of indoor and outdoor activities, and led extremely diverse lives'*¹²⁵.

It also noted a 'digital divide' where *'some children in the nursery displayed strategic, meta-level literacy knowledge with new technologies derived principally from participation in supported activity at home, whilst children with less experience only participated in low-level activities or did not use them at all.'*

¹²⁵ *Multimodal Literacies in the Early Years* (2011). Accessed 29/01/2013 (<http://www.open.ac.uk/blogs/multimodalliteracies/>)

6.6 The home

Children spend the majority of their time at home, particularly in the early years. Home – in terms of living accommodation, local area and community – is a hugely important environment for parents and children in the early years.

Play, nutrition, sleep, physical activity, and technology all play out in the arena of the home. The suitability of the home environment in the early years can have a significant impact on how well children sleep, eat, play and exercise.

Being poorly or temporarily housed can affect both parents and children's wellbeing. Over 1.7 million households are currently waiting for social housing. Some homeless households – many with dependent children – may wait for years in temporary accommodation. Families renting privately on low incomes have to put up with poor living conditions and little security. Almost half of all accidents involving children are related to physical conditions in and around the home.

In Southwark and Lambeth, quality of social housing and living conditions for families is a significant public health risk¹²⁶.

Research by Shelter¹²⁷ highlights:

- Children living in poor or overcrowded conditions are more likely to have respiratory problems, to be at risk of infections, and have mental health problems. Housing that is in poor condition or overcrowded also threatens children's safety. One study using data from the National Child Development Study found that children in overcrowded households were more likely to

experience slow growth (measured as being in the lowest fifth of the height distribution).

- Homelessness affects children's access to health care and other services.
- Homeless children are less likely to receive appropriate care: fewer homeless children are registered with a GP
- The issues of 'buggy babies' – infants who are left in their prams, either because the surrounding conditions are so bad or because of overcrowding. These babies develop deformed skulls because they spend most of their time in a lying position in the pram, causing the soft bone in the skull to become misshapen before it sets permanently.

¹²⁶ Guy's and St Thomas's NHS Foundation Trust, (2011) *Equality and equity Health profiles and demographics in Lambeth/Southwark*

¹²⁷ Harker, L. (2006) *Chance of a lifetime: The impact of bad housing on children's lives*, Shelter

6.7 Poverty

Poverty is not solely an issue of low-income and definitions of poverty are moving beyond income based measures to encompass both social and economic viewpoints¹²⁸. While low-income is central to any definition of poverty it is important to recognise that the impact of low income is experienced in numerous ways and that those living in poverty cannot be defined as a homogenous group. Poverty is complex and impacts on children in multiple ways.

It is acknowledged that poverty shapes children's development. Before reaching their second birthday, a child from a poorer family is already more likely to show a lower level of attainment than a child from an economically better-off family. By the age of six a less able child from a wealthy family is likely to have overtaken an able child born into a poor family¹²⁹.

- A Canadian study reported that 22% of children in the lowest income group lived with a depressed parent and 12.5% with a chronically stressed parent compared with 6% and 3.5% among children in the highest income group.¹³⁰
- There are 3.6 million children living in poverty in the UK today. That's 27% of children, or more than one in four¹³¹.

¹²⁸ DEMOS (2012) *Poverty in perspective*

¹²⁹ CPAG (2000-2012) *Child poverty facts and figures*, Child Poverty Action Group. Accessed 29/01/2013. (<http://www.cpag.org.uk/child-poverty-facts-and-figures>)

¹³⁰ Spencer, N. (2008) *Health Consequences of Poverty for Children*, End Child Poverty

¹³¹ CPAG (2000-2012) *Child poverty facts and figures*, Child Poverty Action Group. Accessed 29/01/2013. (<http://www.cpag.org.uk/child-poverty-facts-and-figures>)

In London's Poverty Profile Report, Lambeth and Southwark have significantly higher than average rates of child poverty: Lambeth between 34-36% and Southwark between 30-32%.

Poverty makes day-to-day life for parents and children in the early years particularly hard. Undertaking activities outside the house, buying healthy food, getting enough physical exercise, having fun, playing – all of these things can become harder when incomes are stretched.

Poverty is also linked to poor mental wellbeing, which can also have an impact on day-to-day life for children. The link between poverty, depression and parenting is frequently mentioned in debates round the early years but the links between these factors are highly complex. The following points come from the Demos Building Character report which provides a useful analysis of the link.

There are two theoretical perspectives that explain the effect of income on child outcomes:

- The family investment model focuses on the inability of deprived or poor parents to provide for their children financially with the materials, environment, services or experiences that would benefit their cognitive and behavioural development.
- The family stress model points to the detrimental effect that low income, poverty and deprivation has on parents' mental health and general wellbeing, and ultimately on their ability to parent well. The result is that poorer parents are less able to parent well and support their child's development¹³².

One of the factors complicating research in this area is the strong relationship between material and financial deprivation, adult mental health problems and child outcomes. Teasing out the causal relationships is necessarily a difficult exercise.

¹³² DEMOS (2009) *Building Character*

A study undertaken by Kathleen Kiernan and M Carmen Huerta¹³³, found that poverty and maternal depression – themselves strongly related – both impacted on the cognitive development and emotional wellbeing of children. Part of this effect, the authors suggest, is the result of less responsive and warm parenting from parents who have fewer emotional and economic resources. A further study from Kiernan, co-authored with Fiona Mensah, found that financial poverty is more closely tied to poorer cognitive development and maternal depression is more strongly related to children's behavioural problems.

Parents on a low income, but who are confident and able, are as effective at generating character capabilities in their children as parents on a high income. It is not income itself that causes the different outcomes but other factors which are associated with low income.

¹³³ Kiernan, KE. and Huerta, MC. (2008), *Economic deprivation, maternal depression, parenting and children's cognitive and emotional development in early childhood*, The British Journal of Sociology 2008 Volume 59 Issue 4

6.8 Essential reading

Sleep

<http://www.netmums.com/baby/sleep/sleep-week-on-netmums>
<http://www.nhs.uk/conditions/pregnancy-and-baby/pages/getting-baby-to-sleep.aspx>

Nutrition

Infant Feeding Survey, 2010 – an overview of nutrition in the first 9 months of life
<http://www.ic.nhs.uk/ifs>

Statistics in Obesity, Physical Activity and Diet, 2012
<http://www.ic.nhs.uk/pubs/opad12>

Healthy Start Programme – providing food vouchers to encourage healthy eating
<http://www.healthystart.nhs.uk>

NHS guidelines on healthy eating
<http://www.nhs.uk/start4life/Pages/healthy-pregnancy-baby-advice.aspx>

Physical Activity

NHS Start4Life programme to encourage healthy eating and physical activity in the early years
<http://www.nhs.uk/start4life/Pages/healthy-pregnancy-baby-advice.aspx>

British Heart Foundation Activity Guidelines
<http://www.bhfactive.org.uk/userfiles/Documents/guidelineswalkers.pdf>
<http://www.bhfactive.org.uk/userfiles/Documents/parentleafletbabies.pdf>
<http://www.bhfactive.org.uk/userfiles/Documents/parentleaflettoddlers.pdf>

NHS Activity Guidelines for Children Under 5
<http://www.nhs.uk/Livewell/fitness/Documents/children-under-5-years.pdf>

Play

Play England, A World Without Play, 2012

<http://www.playengland.org.uk/media/371031/a-world-without-play-literature-review-2012.pdf>

Learning Through Play, a useful introduction for practitioners about different types of play in the early years and the learning opportunities they can provide

http://www.nicurriculum.org.uk/docs/foundation_stage/learning_through_play_ey.pdf

National Trust, Natural Childhood Report, 2012

<http://www.nationaltrust.org.uk/servlet/file/store5/item823323/version1/Natural%20Childhood%20Brochure.pdf>

Technology

FutureLab, Gaming in Families, 2010

http://archive.futurelab.org.uk/resources/documents/lit_reviews/Gaming_in_Families_review.pdf

Toddlers and Technology – a useful article providing an overview of the latest tools on the market and the psychology behind them

<http://www.asha.org/Publications/leader/2011/110920/Toddlers-and-Technology.htm>

Zero to Eight: Children's Media Use in America, Common Sense Media

<http://www.commonsensemedia.org/sites/default/files/research/zerotoeightfinal2011.pdf>

National Literacy Trust, Television and Language Development in the Early Years, 2004

http://www.literacytrust.org.uk/assets/0000/0429/TV_early_years_2004.pdf

Housing

Shelter, Chance of a Lifetime, The Impact of Bad Housing on Children, 2006

http://england.shelter.org.uk/data/assets/pdf_file/0009/66429/Chance_of_a_Lifetime.pdf

Poverty

End Child Poverty, the Health Consequences of Poverty for Children

http://www.endchildpoverty.org.uk/files/Health_consequences_of_Poverty_for_children.pdf



7. Overview of service provision



7.1 Key stages of healthcare provision

Antenatal care

Antenatal care is generally provided by a midwife or specialist doctor and is accessed through GPs. Mothers receive between 7-10 appointments depending on whether this is their first child. Partners are encouraged to attend these sessions, which focus on maternal health, health of the baby (screening, tests to identify any problems), lifestyle factors that may affect health of the baby (i.e. smoking, alcohol, drug use).

At these sessions parents are also provided with information about birth and directed to other sources of information such as NHS Direct. In addition to scheduled appointments, mothers – particularly first time mothers – are usually invited to attend antenatal classes.

Birth

Mothers are able to give birth at home, in a unit run by midwives (a midwifery unit or birth centre) or in hospital. Healthy women assessed to be at 'low risk' should be offered a choice of birth setting. Some pregnant women may be advised to give birth in hospital if they have, or develop, certain medical conditions.

Postnatal and early years health care for mother and child

After birth there is a series of routine health check-ups for children (and mothers) in the early years, which occur under the Healthy Child Programme.

Post natal care refers to the care that the mother receives in the first 6-8 weeks post birth, which is usually delivered by a midwife or GP. Beyond the immediate post natal period these check-ups are generally undertaken by health visitors either at home or at Children's Centres or local GP practices.

The focus of these checks is primarily to assess the growth and physical health of the child, provide immunisations and provide breastfeeding support. They also provide an opportunity for health visits to assess maternal health and bonding between parent and child.

In addition to scheduled checks, at any time parents can take their child to the see their health visitor or GP for particular concerns.

7.2 Key locations and professionals

Children's Centres

Sure Start Children's Centres provide integrated services for children aged 0-5yrs and their families. Centres are open to all parents, carers and children and many of the services are free.

The core purpose of Sure Start Children's Centres is to improve outcomes for young children and their families, with a particular focus on the most disadvantaged, so children are equipped for life and ready for school, no matter what their background or family circumstances.

The mix of services offered by each centre differs slightly but should include:

- child care for young children
- social services functions of the local authority relating to young children, parents and prospective parents; (e.g. targeting parenting support programmes)
- health services for young children, parents and prospective parents; (led by health visitors, GPs, midwives, community nurses)
- employment support from Jobcentre Plus for parents or prospective parents;
- universal information, advice and assistance about childcare and other services and facilities relevant to young children and their families (e.g.)
- activities for young children and opportunities to drop-in, meet and chat with other parents with young children.

Children's Centres are provided by a range of organisations, including voluntary and community organisations. Initially Sure Start focused specifically on areas of high deprivation, but it has subsequently broadened in emphasis and all local authorities are now required to ensure sufficient provision of children's centres to meet local need.

Health visitors

A health visitor is a qualified nurse who has had extra training. Health visitors are part of a team that offers screening and developmental checks as part of the Healthy Child Programme. Health visitors are often based in Sure Start Children's Centres or GP surgeries. They visit parents at home and then subsequently arrange appointments at the centre. They are key people in identifying need for more support and connecting parents to more intensive, specialist services.

As a resource health visitors are overstretched. The government pledged to increase the number of health visitors by an extra 4,200 by April 2015. Compared to last year, 3 times as many health visitors began training in 2011/12, which means more than 6,000 new health visitors should be trained before 2015¹³⁴.

Family Information Services

Family Information Services provide a range of information on all services available to parents, to help support their children up to their 20th birthday (or 25th birthday if the child has a disability). They also hold up-to-date details of local childcare and early years provision in the local area.

Family Information Services are usually located within the local authority/council and have close links with children's centres, Jobcentre Plus, schools, careers advisers, youth clubs and libraries. They can also give extra help for parents needing childcare for a child with a disability or special needs, or out of hours childcare.

GP surgeries/A&E departments

GP surgeries and A&E departments are often the first port of call for concerns regarding child health in the early years. GP surgeries may be linked to a particular Children's Centre.

¹³⁴ Department of Health (2012) *Health visitor numbers rising*, DH. Accessed 29/01/2013. (<http://www.dh.gov.uk/health/2012/07/health-visitors/>)

7.3 Childcare, early education and parenting support

Parenting support programmes

There is a wide range of parenting programmes available. These are usually offered to parents free of charge through their local Sure Start Children's Centres, their children's school or their health provider. The availability of programmes is different for each local authority. Access is usually via health visitors, GPs or child's teacher and is assessed based on parental need.

The Department for Education has produced a recommended list¹³⁵ of evidence based parenting programmes, more than thirty of which are suitable for the early years.

Free early years education

From the age of 3 all children are eligible for 15 hours free provision of early years education and the majority of children (95% in England) access their free entitlement. Recently free provision has been extended to some of the least advantaged 2 year olds. By 2013 this will extend to 20% of 2 year olds, by 2014 to 40% of 2 year olds.

Early years and childcare providers

There is an enormous range of providers for childcare and education provision in the early years. Providers must be registered with and are inspected and regulated by Ofsted.

They include:

- Sure Start Children's Centres
- Reception and nursery classes in maintained and independent schools
- Day nurseries
- Child minders
- Playgroups
- After school and breakfast clubs
- Holiday play schemes

¹³⁵ Department for Education (2013) *Find a parenting programme*. Accessed 29/01/2013.
(<http://education.gov.uk/commissioning-toolkit/Programme/Index>)

The Early Years Framework

The Early Years Framework is a framework for all young children from birth through to the end of the reception year in all types of early years provision, for example nursery care, child minders and reception class in schools.

The framework covers seven key areas:

Communication and language development

involves giving children opportunities to experience a rich language environment; to develop their confidence and skills in expressing themselves; and to speak and listen in a range of situations.

Physical development involves providing opportunities for young children to be active and interactive; and to develop their co-ordination, control, and movement. Children must also be helped to understand the importance of physical activity, and to make healthy choices in relation to food.

Personal, social and emotional development involves helping children to develop a positive sense of themselves, and others; to form positive relationships and develop respect for others; to develop social skills and learn how to manage their feelings; to understand appropriate behaviour in groups; and to have confidence in their own abilities.

Literacy development involves encouraging children to link sounds and letters and to begin to read and write. Children must be given access to a wide range of reading materials (books, poems, and other written materials) to ignite their interest.

Mathematics involves providing children with opportunities to develop and improve their skills in counting, understanding and using numbers, calculating simple addition and subtraction problems; and to describe shapes, spaces, and measures.

Understanding the world involves guiding children to make sense of their physical world and their community through opportunities to explore, observe and find out about people, places, technology and the environment.

Expressive arts and design involves enabling children to explore and play with a wide range of media and materials, as well as providing opportunities and encouragement for sharing their thoughts, ideas and feelings through a variety of activities in art, music, movement, dance, role-play, and design and technology.

Assessing readiness for school

Children usually start primary school on the September after their 4th birthday.

There is no formal test of readiness for school although during the application process parents may be asked for details of any special needs or learning requirements that they are aware of.

All early years providers must complete an Early Years Foundation Stage (EYFS) profile for each child during the academic year they reach the age of five (for most children this takes place during the reception year in primary school). The profile describes the child's level of attainment at the end of the EYFS and identifies their learning needs for the next stage of school, helping Year 1 teachers (of children aged 5-6 years) plan an effective and appropriate curriculum for the child.

The idea of 'school readiness' has provoked some controversy. Some argue that the current EYFS places too much emphasis on numeracy and literacy at the expense of a more holistic view of the child and the idea of 'life readiness'. Others have suggested that children need to be tested for their physical development to ensure they are ready for school, returning to the tests by school

nurses which used to occur¹³⁶. Another point raised is that five years old is too early to be testing all children against a set of uniform milestones when development occurs differently for every child.

The Tickell Review makes the following comments on the concept of school readiness:

To avoid the more ambiguous and emotive connotations of 'school readiness', I have considered it from the perspective of its opposite: school unreadiness. I have found this a helpful way of thinking through the problem and finding a way forward. Most children begin reception class at age 4, and for most parents and carers this is when school life begins. If children are not ready for this transition or the move to Year 1 because, for example, they are not yet toilet trained, able to listen or get on with other children, then their experiences of school could present difficulties which will obstruct their own learning as well as other children's¹³⁷.

Informal/Private Provision

There is a wide range of informal provision for parents of young children. For many parents and carers attending these informal meetings and gatherings is an important way of meeting other parents and children. It can provide a structure and framework to the day and week.

Informal provision comprises both free and paid for activities and may be organised by voluntary organisations or commercial providers as well as by parents themselves.

Some typical examples of informal provision include:

- Drop in sessions for children of different ages (e.g. One O'Clock club)
- Informal meet ups in a local area
- Mother and toddler groups
- Organised play sessions activities (tiny tots/musical twos/baby yoga)
- Classes/organised activities such as craft or dance (these might be free or paid for).

Key locations for hosting these types of activities include local leisure centres, parks and playgrounds, libraries, churches and other faith centres, children centres.

Parenting websites are often a key source of information about activities in the local area. Some examples of online local area information is provided below:

<http://local.mumsnet.com/lambeth>

<http://www.netmums.com/local-to-you>

<http://www.southwark.gov.uk/familyinfo>

¹³⁶ Paton, G. (2012) *School doctors 'should check infants are ready for lessons'*, The Telegraph. Online. Accessed 29/01/2013. (<http://www.telegraph.co.uk/education/educationnews/9218511/School-doctors-should-check-infants-are-ready-for-lessons.html>)

¹³⁷ Tickell, C. (2011) *The Early Years: Foundations for life, health and learning*, Department for Education

7.4 Evidence of impact

It is worth noting that local authorities are responsible for the commissioning and delivery of the majority of early years provision, which makes assessment of impact at a national scale challenging. It also means that it's particularly important to understand local provision for an accurate picture.

Evaluation of Sure Start¹³⁸ has demonstrated improvements to parenting styles and child development for those who access Sure Start, with an increased likelihood of parents engaging with other vital services through centres. The difference between the achievements and school-readiness of children in deprived and non-deprived areas is now 12%, a reduction of 3% in the last three years¹³⁹. The voluntary sector has lobbied strongly in support of Sure Start in the face of spending cuts.

Health visitors are widely recognised as key individuals in the early years. Their longevity (health visitors have been in existence for 150 years) also supports this.

Health visitors are a trusted source of advice who visit all parents in the home at a “golden moment” when they are more open to advice and help after the birth of a child. This is the time to embed health prevention with parents – helping them with breastfeeding, healthy eating and emotional problems. Health visitors can help to identify mental health problems and post-natal depression and take action. Health visitors are the key to unlocking other early years’ services – research shows the most vulnerable families are still missing out on children’s centres and other health interventions¹⁴⁰.

¹³⁸ NAO (2006) *Evaluation of Sure Start*

¹³⁹ DCSF (2010) *Parenting and Family Support: Guidance for local authorities in England*, Department for Children, Schools and Families

¹⁴⁰ Gimson, S. (2007) *Health Visitors – An Endangered Species*, Family and Parenting Institute

Early Years Framework (EYF)

A recent review of the EYF recommends that personal, social and emotional development, communication and language and physical development are identified as prime areas of learning in the Early Years Foundation Stage (EYFS). It also recommends that the EYFS test is radically simplified, and reduced in size from 117 pieces of information to 20 pieces of information that capture a child's level of development in a much less complicated way¹⁴¹.

Parenting programmes

Social Care Institute for Excellence (SCIE) guidance¹⁴² on implementing parenting programmes notes that parent education programmes make a real difference to families but that programmes are not reaching everyone who could benefit. Often the parents in most need of support have the greatest difficulty in accessing them.

There are a range of problems associated with access, causing low levels of uptake and high rates of drop-out. These problems are most acute for socially disadvantaged families and parents of children with complex needs.

Some of the main barriers to access and successful completion of parenting programmes include:

- lack of information about programmes
- fear of stigma or being labelled a 'bad parent'
- a mismatch between the programme and the parent
- practical problems such as transport and childcare
- competing demands of daily life.

¹⁴¹ Tickell, C. (2011) *The Early Years: Foundations for life, health and learning*, Department for Education

¹⁴² SCIE (2009) *Reaching parents: implementing parenting programmes*, Social Care Institute for Excellence

Family Information Services

There appears to be relatively low take up of Family Information Services. An evaluation of the services found that users reported high levels of satisfaction, but that the services were not always joined up and struggled at times to meet the information provision requirements. The extent and nature of outreach also varied considerably. Users reported finding the childcare information side of the service most useful.

Involvement of fathers in services

Services that have traditionally focused almost exclusively on the mother are now starting to include fathers, but there is evidence that there is still some way to go in fully including fathers.

Currently, services for fathers are add-ons to a general service aimed at and developed to suit mothers¹⁴³.

¹⁴³ DEMOS (2011) *The Home Front*

7.5 Key statistics

Antenatal Care

A survey of 5,000 mothers undertaken in 2010 found that 98% of women surveyed had attended antenatal check-ups. 63% of first time mothers and 12% of existing mothers had attended antenatal classes¹⁴⁴.

Postnatal visits

The same survey found that on average women saw a midwife 3.8 times (median 3) during the postnatal period with no difference between first time and more experienced mothers. Most women (72%) thought that there were sufficient postnatal home visits¹⁴⁵.

¹⁴⁴ Redshaw, M. and Heikkila, K. (2010) *Delivered with care: a national survey of women's experience of maternity care 2010*, National Perinatal Epidemiology Unit, University of Oxford

¹⁴⁵ Redshaw, M. and Heikkila, K. (2010) *Delivered with care: a national survey of women's experience of maternity care 2010*, National Perinatal Epidemiology Unit, University of Oxford

Vaccinations in the Early Years

% of children vaccinated at 1st birthday¹⁴⁶

	Diphtheria, Tetanus, Polio, Pertussius, Hib (%)	Men C (%)	Pneumococcal Disease (%)
England	94.2	93.4	93.6
Lambeth	91.4	90.9	91.2
Southwark	88.9	87.6	87.8

% of children vaccinated at 2nd birthday¹⁴⁷

	Diphtheria, Tetanus, Polio, Pertussius, Hib (%)	MMR (%)	MenC (%)	Hib/MenC (%)	Pneumococcal Conjugate Vaccine (%)
England	96.0	89.1	94.8	91.6	89.3
Lambeth	91.8	81.2	90.8	81.0	76.6
Southwark	91.4	80.4	90.5	82.4	78.7

Use of Early Education Provision¹⁴⁸

% of English children in early education provision by age

	age 0-2	age 3-4	age 5-7
Formal	39	84	54
Informal	33	27	28
No childcare used	41	11	31

¹⁴⁶ NHS Information Centre (2011) *Immunisation Statistics for England 2010-2011*

¹⁴⁷ NHS Information Centre (2011) *Immunisation Statistics for England 2010-2011*

¹⁴⁸ Department for Education (2010) *Childcare and Early Years Providers Survey*

27% of English children aged 0-2 years receive care from a grandparent, and 20% of children aged 3-7.

Income and ethnicity significantly influence use of formal and informal childcare:

- 38% of children in households with an annual income of less than £10,000 use formal childcare provision, compared to 65% of children in households with an annual income of more than £45,000.
- 70% of White British children use childcare (both formal and informal) compared to only 47% of Black African children and 29% of Asian Bangladeshi children.

Early Years Foundation Stage

The latest figures show that at national level, 64% of children achieved a good level of development (those achieving a total score of 6 or more across the seven Personal Social and Emotional Development (PSE) and Communication Language and Literacy (CLL) scales and 78 points or more in total). This is an increase of 5 percentage points compared with the 2011 figure of 59%¹⁴⁹.

7.6 Barriers and drivers to accessing services

Common factors that are barriers to accessing early years services are listed below:

- Language barriers
- Mobile families
- Stigma associated with using some services (e.g. parenting support groups)
- Poor previous experiences of services
- Depression/mental health problems
- Finding it hard to leave the house with small children
- Don't perceive services to be 'for them'
- Lack of knowledge about services available to parents
- Lack of consistency in professionals seen.

Cost is a key issue for accessing childcare services beyond free provision entitlements. Working single parents paying for childcare are much more likely than working couples to find it difficult to meet childcare costs (32% compared to 22% of couples where one partner is in work, and 20% of couples where both work)¹⁵⁰.

A Department for Education survey¹⁵¹ of parents of children aged 0-18 found that:

- confidence was a key factor in service use: parents in the low confidence group were the least likely to be service users (53% increasing to 85% for the high confidence group).
- seven in ten (71%) parents had spoken to other parents / carers about parenting issues within the last month and four-fifths (79%) to other family members; however, 12% of parents had spoken to neither.

¹⁴⁹ Department for Education (2012) *Early Years Foundation Stage Profile Results in England, 2011/2012*. Accessed 29/01/2013. (<http://www.education.gov.uk/rsgateway/DB/SFR/s001091/index.shtml>)

¹⁵⁰ Department for Education (2010) *Childcare and Early Years Survey of Parents 2009*

¹⁵¹ Department for Education (2010) *Parental Opinion Survey 2010*

7.7 Essential reading

NICE guidelines on postnatal care
<http://publications.nice.org.uk/postnatal-care-cg37>

Delivered with Care: a national survey of women's experiences in maternity care 2010
<https://www.npeu.ox.ac.uk/files/downloads/reports/Maternity-Survey-Report-2010.pdf>

Department of Health: Healthy Child Programme – Pregnancy and the First Five Years
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_107563

NHS Direct information on post natal check up
<http://www.nhs.uk/Conditions/pregnancy-and-baby/Pages/postnatal-check.aspx>

NHS Direct information on Healthy Child Programme check ups
<http://www.nhs.uk/Conditions/pregnancy-and-baby/Pages/routine-checks-vaccinations.aspx>

Statutory Guidance on Sure Start
<https://www.education.gov.uk/publications/eOrderingDownload/SSCC%20statutory%20guidance-2010.pdf>

Department for Education Sure Start FAQs
<http://www.education.gov.uk/childrenandyoungpeople/earlylearningandchildcare/delivery/surestart/a0076213/sure-start-childrens-centres-faqs>

NAO, Evaluation of Sure Start, 2006
http://www.nao.org.uk/publications/0607/sure_start_childrens_centres.aspx

Family and Parenting Institute, Health Visitors – An Endangered Species, 2007
<http://www.familyandparenting.org/Resources/FPI/Documents/Health%20Visitors%20-%20An%20Endangered%20Species.pdf>

Royal College of Nursing, Health Visiting Matters
http://www.rcn.org.uk/_data/assets/pdf_file/0011/288290/health_visiting_matters_final_report.pdf

Department for Health, Information on Health Visitors
<http://www.dh.gov.uk/health/tag/health-visitors/>

Department for Education, Family Information Services Evaluation, 2009
<https://www.education.gov.uk/publications/eOrderingDownload/DCSF-RR082.pdf>

Department for Education, Tickell Review of the Early Years Foundation Stage, 2011
<http://www.education.gov.uk/tickellreview>

Department for Education, Childcare and Early Years Providers Survey, 2011
<http://www.education.gov.uk/rsgateway/DB/STR/d001088/index.shtml>



8. Case studies



Family Nurse Partnership

The FNP is a preventive programme for young first time mothers. It offers intensive and structured home visiting, delivered by specially trained nurses (Family Nurses), from early pregnancy until the child is two. FNP is often provided through SSCC with clients making use of CC services. The programme sits at the intensive end of the prevention pathway for more vulnerable children and families.

FNP has three aims: to improve pregnancy outcomes, child health and development and parents' economic self-sufficiency. The methods are based on theories of human ecology, self-efficacy and attachment, with much of the work focused on building strong relationships between the client and family nurse to facilitate behaviour change and tackle the emotional problems that prevent some mothers and fathers caring well for their child.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_123238

<http://www.nursefamilypartnership.org>

Interesting because: it is a very established evidence based programme which has undergone extensive evaluation. It's quite representative of a lot of the parenting programmes which are currently being offered to higher needs parents i.e. it's come from the US, is evidence based, has since been expanded to other countries, it's delivered by a professional practitioner over a relatively long period (18 months) and there's a large suite of tools and materials which accompany the programme. Some of the materials (e.g. Ages and Stages Questionnaire) might be interesting to check out in more detail.

Parent Gym

Parent Gym is a series of five to nine workshops proven to increase parents' skills and confidence and so improve the behaviour and wellbeing of their children. The two-hour sessions are run in primary schools located in areas of multiple deprivation.

'Not because these parents are in any way less effective (sometimes, quite the opposite) but because wealthier parents have easier access to other sources of guidance and advice'

Parent Gym is a philanthropic programme that was set up by the CEO of the Mind Gym and is funded entirely by The Mind Gym and partner donations.

<http://www.parentgym.com/home>

Interesting because: it draws on learning from the corporate training environment (the Mind Gym) to produce an effective, engaging programme for parents.

Mumsnet

Mumsnet is the UK's busiest social network for parents, generating nearly 40 million page views per month and nearly 5 million visits per month. It aims to make parents' lives easier by pooling knowledge, advice and support. As far as possible the site aims to *let the conversation flow and not to over-moderate*.

"The country's most popular meeting point for parents" The Times

<http://www.mumsnet.com/>

Interesting because: it's so influential, has grown so fast and has content that provides a very uncensored view of motherhood.

Commando Dad

An initiative set up by a former royal marine to provide tailored parenting advice for stay at home dads. Includes a website and book.

<http://commandodad.wordpress.com>

Interesting because: it is humorous and feels like a more genuine alternative to Mumsnet compared to some of the 'dadsnet', 'fathersnet' alternatives.

Mister Imagine Toys

A Chicago based pop up toy store that stocks only cardboard boxes to try to stimulate increasing creativity. Mr Imagine's Toy Store encourages children to put in some effort to get a greater return on their playtime, as well as recognizing their work by placing it on display.

<http://www.misterimaginetoy.com>

Interesting because: it's a fun idea that taps into the need for unstructured, creative play without the need for expensive toys and without being too worthy about it.

Children's Art Commission, Whitechapel Gallery

A film which shows a group of boys, aged between 6 and 12, each entering a gallery full of sculptures. Slowly and tentatively the boys begin their interaction with the space by looking, then touching. They proceed however, to totally dismantling the sculptures, revelling in the joys of play and of destruction.

In this revelatory film, Rothschild investigates the particularly physical interaction boys have with the material world and with making things, while drawing attention to how sculpture in modern and contemporary art has been dominated by men.

<http://www.whitechapelgallery.org/education/families-and-children/childrens-art-commission/2012-eva-rothschild>

Interesting because: it is an inspiring, fun and joyful film which presents a reality that is very different to structured children's play sessions. The focus on boys is also interesting.

Moshi Monsters

Started life as an obscure internet game, Moshi Monster now has 60m users worldwide and one child every second signs up to the site. Children pick their own monster, customise it and take it exploring: off meeting other Moshis, playing puzzles, earning points, decorating its home, acquiring cute pets called Moshlings by growing flowers.

The company has branched out into toys, video games, apps, magazines and trading cards. The first dedicated Moshi Monsters pop-up shop has just opened in Whiteley's in west London, with extra security drafted in to manage the crowds.

<http://www.moshimonsters.com->

<http://www.guardian.co.uk/technology/video/2012/jul/15/moshi-monsters-children-video>

Interesting because: it picks up on all the latest tech trends (going mobile, tablet, expanding to merchandising etc) and so many kids love it. But do they learn anything from it?

Roots of Empathy

At the heart of the program are a baby and parent who visit a classroom every three weeks over the school year. A trained Roots of Empathy Instructor coaches students to observe the baby's development and to label the baby's feelings. In this experiential learning, the baby is the "Teacher" and a lever, which the instructor uses to help children identify and reflect on their own feelings and the feelings of others. This "emotional literacy" taught in the program lays the foundation for safer and more caring classrooms.

<http://www.rootsofempathy.org/en/who-we-are/about-our-families.html>

Interesting because: it's child centred and aims to draw out the less tangible sides of child development in a novel way.

Teens and Toddlers

Teens and toddlers is a youth development and teenage pregnancy prevention programme.

The programme is designed for young people who might otherwise be at risk of becoming parents or opting out of the education system before they have any qualifications. Teenagers are paired with children at a local nursery. The teenagers are working alongside the teaching staff. Each has been given a child to focus on - but they also help with the rest of the class.

The idea of Teens and Toddlers is to give young people face-to-face experience of what a responsibility and privilege it is to have a child.

<http://www.teensandtoddlers.org>

<https://www.education.gov.uk/publications/standard/publicationDetail/Page1/DFE-RR211#downloadableparts>

Interesting because: it emphasizes the preciousness of children and what we can learn from them.

The Greenspan Floortime Approach

The Greenspan Floortime Approach is a system developed by the late Dr. Stanley Greenspan. Floortime meets children where they are and builds upon their strengths and abilities through creating a warm relationship and interacting.

For a child of any age, you do three things:

- Follow your child's lead, i.e. enter the child's world and join in their emotional flow;
- Challenge them to be creative and spontaneous; and
- Expand the action and interaction to include all or most of their senses and motor skills as well as different emotions.

<http://www.stanleygreenspan.com/about-floortime/>

Interesting because: the concept of floortime (being close to the child, at their level, and enjoying the open space) is so simple and yet so powerful.

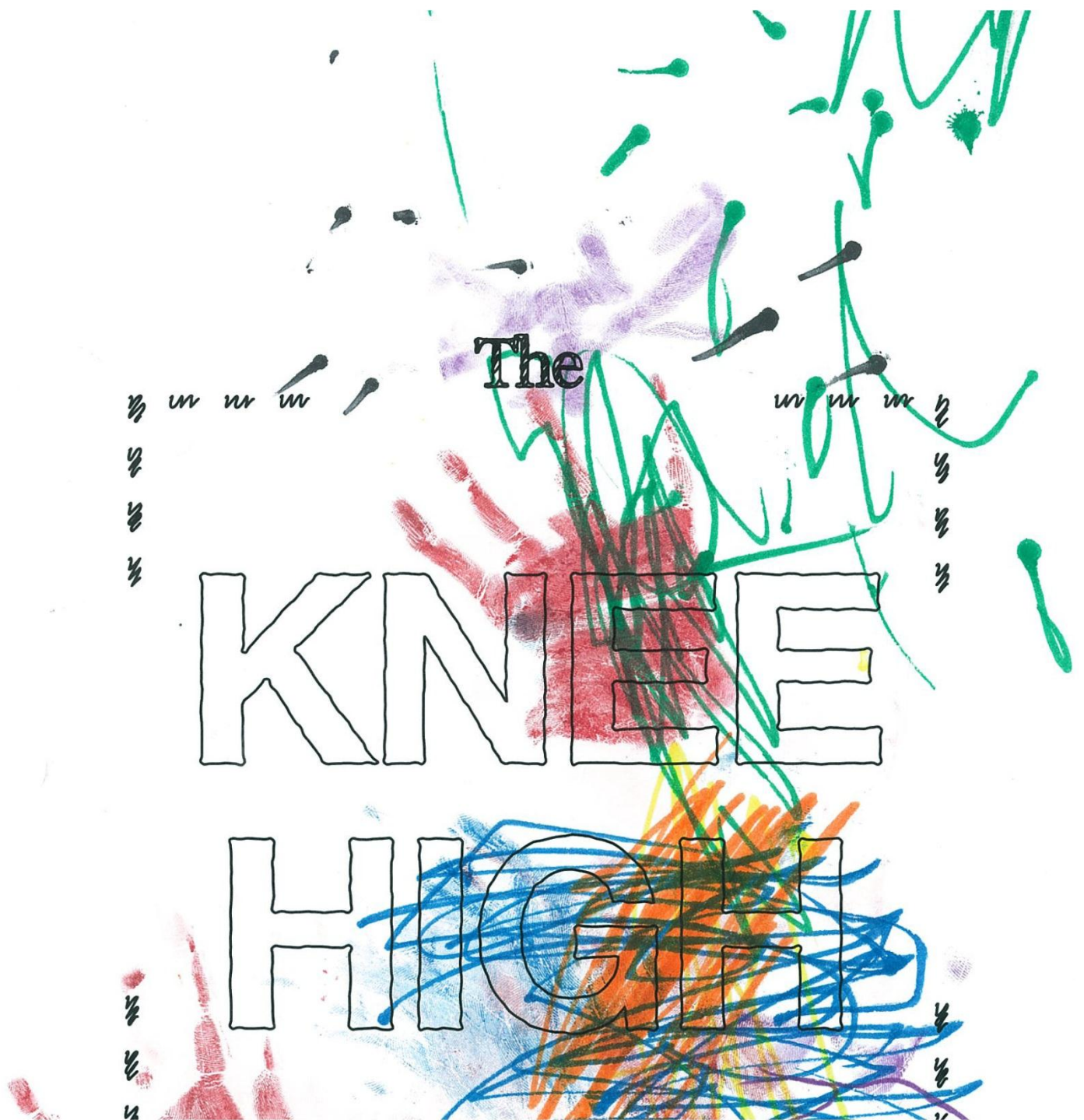
Baby TV

A 24 hour channel with dedicated baby programming delivered by FOX news.

Our creators imagined a service which offered easy access to programming specifically designed for your youngest children around the clock. They felt that in today's world where media use is so prevalent, there is a need to offer parents a televised service they can trust. At BabyTV, we know what its like to be a parent. We therefore put together a dynamic team of content experts and childhood experts and created the first television channel adapted to the needs and abilities of growing babies and toddlers.

<http://www.babytv.com>

Interesting because: this is a commercial proposition which appears to be selling round the clock baby tv watching as a way of being a good parent. The use of language is interesting because it highlights how commercial operators know exactly which buttons to push when selling to time poor parents.



9. Appendices



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9.1 Appendix One

Longitudinal data sets and other useful data

Families and Children Study

The Families and Children Study (FACS), formerly known as the Survey of Low Income Families (SOLIF), originally provided a new baseline survey of Britain's lone-parent families and low-income couples with dependent children. The survey was named SOLIF for Waves 1 and 2, and FACS from Wave 3 onwards.

<http://www.esds.ac.uk/longitudinal/access/facs/l4427.asp>

National Child Development Study

The NCDS is a continuing longitudinal study that seeks to follow the lives of all those living in Great Britain who were born in one particular week in 1958. The aim of the study is to improve understanding of the factors affecting human development over the whole lifespan.

The NCDS has gathered data from respondents on child development from birth to early adolescence, child care, medical care, health, physical statistics, school readiness, home environment, educational progress, parental involvement, cognitive and social growth, family relationships, economic activity, income, training and housing.

<http://www.esds.ac.uk/longitudinal/access/ncds/l33004.asp>

Child and Maternal Health Observatory

Child Health Profiles provide a snapshot of child health and well-being for each local authority in England using key health indicators, which enables comparison locally, regionally and nationally.

<http://www.chimat.org.uk>

Effective Pre-school, Primary and Secondary Education (EPPSE)

The EPPSE project is a large-scale, longitudinal study of the progress and development of children from pre-school to post-compulsory education. It considers the aspects of pre-school provision, which have a positive impact on children's attainment, progress and development.

<http://www.ioe.ac.uk/research/153.html>

National Evaluation of Sure Start (NESS)

As a first step in assessing the impact of SSLPs on child and family functioning, the Impact module of the National Evaluation of Sure Start (NESS) is studying 9- and 36-month old children and their families in 150 SSLP areas and in 50 comparison communities (i.e. areas designated to become SSLP later).

<http://www.ness.bbk.ac.uk>

Millennium Cohort Study (MCS)

A longitudinal research project following the lives of around 19,000 children born in the UK in 2000/1, through their early childhood years and plans to follow them into adulthood. The first survey recorded the circumstances of pregnancy and birth, as well as those of the all-important early months of life, and the social and economic background of the family into which the children have been born.

The study's broad objective is to create a new multi-purpose longitudinal dataset, describing the diversity of backgrounds from which children born in the new century are setting out on life.

<http://www.esds.ac.uk/longitudinal/access/mcs/l33359.asp>

Early Years Foundation Stage Profile Results

The Early Years Foundation Stage Profile measures achievements of children aged five against 13 assessment scales with 9 points within each scale (scale point). The 13 assessment scales are grouped into six areas of learning.

The Department for Education publishes annual figures at both national and local authority (LA) level on achievement outcomes at the end of the Early Years Foundation Stage (EYFS).

<http://www.education.gov.uk/rsgateway/DB/SFR/s001091/index.shtml>

<https://www.education.gov.uk/publications/RSG/AllPublications/Page1/DFE-RR239C>

Longitudinal Study of Early Years Professional Status

Early Years Professional Status (EYPS) was part of a range of measures to develop a more professional early years workforce that would raise the status of work with pre-school children. It was also linked to other quality improvement efforts in the sector such as the implementation of the Early Years Foundation Stage.

The Longitudinal Study of Early Years Professional Status (EYPS) was a three-year study commissioned by the Children's Workforce Development Council (CWDC) in 2009. It set out to investigate if EYPS was achieving its aims by examining Early Years Professionals' (EYPs) views on their ability to carry out their roles since gaining Early Years Professional Status.

Avon Longitudinal Study of Parents and Children (ALSPAC)

A long-term health research project following the health of more than 14,000 mothers who enrolled during pregnancy in 1991 and 1992, and development of their children.

<http://www.bristol.ac.uk/alspac/>

<http://www.neighbourhood.statistics.gov.uk>

ONS Measures of National Wellbeing

ONS is developing new measures of national wellbeing. The aim is to provide a fuller picture of how society is doing by supplementing existing economic, social and environmental measures. These could provide some useful information for thinking about ways of assessing changes in child wellbeing.

<http://www.ons.gov.uk/ons/guide-method/user-guidance/well-being/index.html>

<http://www.ons.gov.uk/ons/interactive/well-being-wheel-of-measures/index.html>

Child Development Theorists

Historically child development was largely ignored by scientists and psychologists. Children were often viewed simply as small versions of adults and little attention was paid to the advances in cognitive abilities, language usage, and physical growth that occur during childhood and adolescence. Interest in the field of child development finally began to emerge early in the 20th-century. The links below provide an overview of the key child development theorists who influence current thinking on early years provision.

An overview of key child development theorists including Erikson, Bowlby, Piaget and Vygotsky.

<http://psychology.about.com/od/developmentalpsychology/a/childdevtheory.htm>

Diana Baumrind – one of the key theorists on parenting styles

<http://psychology.about.com/od/developmentalpsychology/a/parenting-style.htm>

9.2 Appendix Two

Key stages in the early years

Physical development milestones¹⁵²

0 to 3 months	<ul style="list-style-type: none">• Slightly raise the head when lying on the stomach• Hold head up for a few seconds with support• Clench hands into fists• Tug and pull on their own hands• Repeat body movements
3-6 months	Developing agility and strength. Able to: <ul style="list-style-type: none">• Roll over• Pull their bodies forward• Pull themselves up by grasping the edge of the crib• Reach for and grasp object• Bring object they are holding to their mouths• Shake and play with objects
6-9 months	Increasingly mobile. Able to: <ul style="list-style-type: none">• Crawl• Grasp and pull object toward their own body• Transfer toys and objects from one hand to the other
9-12 months	In addition to the major milestones such as standing up and walking, children also begin to develop more advanced fine-motor skills. In this window of development, most babies are able to: <ul style="list-style-type: none">• Sit up unaided• Stand without assistance• Walk without help• Pick up and throw objects• Roll a ball• Pick up objects between their thumb and one finger
1-2 years	Children become increasingly independent. At this age and tasks requiring balance and hand-eye coordination begin to emerge. During this stage of development, most children are able to: <ul style="list-style-type: none">• Pick things up while standing up• Walk backwards• Walk up and down stair without assistance• Move and sway to music• Colour or paint by moving the entire arm

¹⁵² Cherry, K. *Physical Developmental Milestones*. Accessed on 29/01/2013
(<http://psychology.about.com/od/early-child-development/a/physical-developmental-milestones.htm>)

	<ul style="list-style-type: none"> • Scribble with markers or crayons • Turn knobs and handle
2-3 years	<p>Building on earlier skills, children become increasingly adept at activities that require coordination and speed. From one to three years of age, most children begin to:</p> <ul style="list-style-type: none"> • Run in a forward direction • Jump in one place • Kick a ball • Stand on one foot • Turn pages of a book • Draw a circle • Hold a crayon between the thumb and fingers
3-4 years	<p>Physical abilities become more advanced as children develop better movement and balance skills. From age three to four, most kids begin to:</p> <ul style="list-style-type: none"> • Ride a tricycle • Go down a slide without help • Throw and catch a ball • Pull and steer toys • Walk in a straight line • Build a tall tower with toy blocks • Manipulate clay into shapes
4-5 years	<p>During this period of development, children become increasingly confident in their abilities. Most children begin to:</p> <ul style="list-style-type: none"> • Jump on one foot • Walk backwards • Do somersaults • Cut paper with safety scissors • Print some letters • Copy shapes including squares and crosses

