The Association of Directors of Public Health

Policy Position: Best Start in Life – the first 1,001 days

Key Messages

- The first 1,001 days are critical to a child's development and set the foundations for lifelong emotional and physical wellbeing. A shift towards prevention and early intervention is needed to support children to lead healthy and fulfilling lives and prevent ill health in later life.
- Children have a right to and benefit from healthy happy childhoods, and not solely because it confers long term benefits.
- A whole system approach is needed to address the determinants of child health, with joint working between the NHS, housing, education, social services, voluntary, police and youth justice sectors.
- Despite improvements in child health and life expectancy, the UK still compares unsatisfactorily to countries of similar wealth for both infant and child mortality rates.
- Measures should be in place to address childhood poverty.

ADPH Recommendations

National

A new Child Poverty Act which commits to ending child poverty by 2030 should be introduced. Governments across four nations should reintroduce binding national targets to reduce child poverty.

Investment in early years and public health must be increased across the four nations. In England, the Public Health Grant needs £0.9 billion more a year to reverse years of funding cuts.[1] The Government should mitigate the impact of wider funding cuts on children's health (eg cuts to children's services).

Whole system approach: Governments across the four nations should take a whole system approach to children's health and should adopt a 'health in all policies' approach to decision-making and policy.

A whole family approach should be taken with a focus on positive parenting.

Healthy Child Programme: More resources should be dedicated to the delivery of the healthy child programme, including a focus on the recruitment training and retention of Health Visitors. There should be flexibility to explore different models of delivery so that services can adapt according to need.

Early years sector: Governments across the four nations should recognise the importance of the early years sector in supporting young children and their families. The early years sector should be supported with training and sufficient resources to meet the need of children under the age of two.

Trauma informed approaches: A national framework should be developed to encourage the use of trauma informed approaches.

Perinatal mental health can affect parent-infant relationships and have a significant impact on a child's development. Health visitors, GPs and midwives play a vital role in early identification of mental health issues to prevent the need for specialist services.

Supporting breastfeeding: A long-term plan and public health campaign are required with the support of all the UK Governments, health agencies and health services to change the culture of breastfeeding so that women feel socially supported to breastfeed.

Promoting healthy weight: Governments across the UK should take action to reduce sugar in children's food and drink as well as educate families to reduce and replace high sugar products.

Food advertisement: Across the UK, advertisements for food and drink products that are high in saturated fat, salt, and sugars (HFSS) should be banned before the 21:00 watershed. The marketing and composition of baby food should also be regulated, with restrictions on nutrition and health claims on packaging.[2]

Creating healthy environments: Local authorities (LAs) should have more powers to create healthy environments, such as the power to ban junk food advertising near schools.

Local

Whole system approach: Effective integration of health and social care services and a whole system, place-based approach should be adopted to improve children's health and wellbeing.

Health professionals including GPs, midwives, health visitors and social workers should be trained to identify prenatal and perinatal maternal problems early, offer support and signpost.

Immunisation: Local public health authorities[1] should advocate to increase the uptake of childhood immunisation. Data on vaccination uptake and health inequalities should be available to public health teams, so that immunisation programmes can respond to local needs.

Maternity services, primary care, health visiting, and paediatric services should support mothers in making informed choices around breastfeeding and offer practical support to help them initiate and maintain breastfeeding.

Child oral health: Health professionals should be trained to identify child oral health issues early. Fluoridation of public water supplies should be considered where there is a high prevalence of tooth decay.

Background

The first 1,001 days is critical to a child's development and set the foundations for lifelong emotional and physical wellbeing. A whole system, life course approach should therefore be undertaken to address underlying social, environmental, and commercial determinants of health present at childhood to ensure that children have the best start in life.

It is also important to consider the effects of childhood poverty on health outcomes both in childhood and later in life. Childhood poverty has been shown to cause lower birth weight and reduced breastfeeding as well as other negative health outcomes including increased risk of contracting diseases, higher levels of obesity, and a four times higher likelihood of developing a mental disorder.[3 4 5 6] Evidence also shows that poverty can increase mortality risks.[7] The effects of childhood poverty can go on to have implications in adulthood, with poor educational attainment being a predictor of poverty or severe material deprivation at a later stage in life.[8] Those at highest risk of childhood poverty include children from lone parent families,

[1] By local public health authorities we mean bodies with statutory local responsibility for public health functions (eg upper tier local authorities in England, Health Boards in Scotland and Wales, Public Health Service in Northern Ireland). These differ across the UK, Crown Dependencies, and associated territories. We have published a separate headline explainer on public health in each of these systems.

black and minority ethnic backgrounds, and larger families.[9]

Poverty is not the only contributor to health inequalities between children. For example, infant mortality rates are shown to differ by ethnicity of the baby, with babies from black ethnic backgrounds having the highest infant mortality rates, followed by Asian ethnic backgrounds, with white ethnic backgrounds having the lowest rates.[10] Children from urban areas are also more likely to die than those from rural areas.[11]

Policy Context

In March 2021, the Department of Health and Social Care (DHSC) published 'The best start for life: a vision for the 1,001 critical days' as part of the early years healthy development review. The vision sets out a programme of work to ensure the very best support from the period between conception to the age of two, to set babies up to maximise their potential for lifelong emotional and physical wellbeing.[12] This document outlined six areas for action to improve the health outcomes of all babies in England: seamless support for families, a welcoming hub for families, accessible information for families, an empowered start of life workforce, continuous improvement of the start for life offers and clear leadership and accountability. Following this the Government committed over £300 million in a new flagship family Hubs and start for life programme at the 2021 Autumn Budget. In 2023, the DHSC published a progress report.[13] It announced that 14 LAs have been appointed as 'trailblazers' to deliver new and improved start for life services. DHSC also announced that £12 million would be dedicated to a Family Hubs Transformation Fund to support an additional 12 LAs across England to move to a family hub model by 2024. There would also be £10 million investment on Start for Life workforce pilots to test ideas on supporting the workforce.

Since 2018, Scotland handed out the 'Best Start Grant' which provides parents or carers with financial support during the key early years of a child's life. This includes pregnancy payments, early learning payments and school age payments.[14]

The Welsh Children and Young People's Plan[15] outlines measures to support Best Start in Life including the Healthy Child Wales Programme,[16] Flying Start[17]and Families First.[18] Work has also recommenced after Covid-19 to implement the All Wales Breastfeeding Action Plan which aims to increase the number of babies breast-fed in Wales, the duration they are breast-fed and reduce the current inequalities that exist between groups.[19]

In 2021 the Northern Ireland Executive published a report 'A Life Deserved: "Caring" for Children and Young People in Northern Ireland',[20] which aims to improve the well-being of children and young people who are already in care or at risk of being in care.[21]

ADPH Position

A whole system approach to improving children's health

ADPH advocates for a whole system approach to improving child health. This requires joint working between the NHS, housing, education, social services, planning, voluntary, police and youth justice sectors. A strategic shift towards prevention and early intervention is needed and this should begin with supporting good maternal health, promoting positive outcomes for both mother and child and a focus on the early years. A whole family approach should be adopted, with a focus on positive parenting, to provide the opportunity for children to thrive and improve health and wellbeing. A Make Every Contact Count (MECC)

approach should also be used to safeguard children. A balance is needed between providing universal services to all children (such as through health visiting teams) while also focusing additional resources on vulnerable children. It is also crucial to ensure that local services have arrangements to manage the transition to adult services.

More public health funding needed to improve the outcomes for children

Investment in public health must be increased across the four nations. Public health needs to be funded sustainably and adequately in line with local population health need. In England, LAs' public health funding has suffered a 26% cut (in real terms on a per person basis) since 2015/16.[22] Funding in children's services (aged zero to five) has also reduced by 19% in real terms. Although Directors of Public Health (DsPH) have been acting to manage these cuts, they have reached the limit of available efficiencies. Cuts to public health investment will limit the ability of local public health authorities to fund and deliver early intervention, prevention, and universal services. Cuts to children's services are counterproductive, as the return from investment in early years' prevention is not merely financial but also observable in health improvements across the life course.[23]

Child poverty should be addressed through long term planning

ADPH would welcome the restoration of binding national targets to reduce child poverty and the adoption of a 'health in all policies' approach to decision making and policy development. We need to work with partners at a local and national level to reduce child poverty and its impact on their health. ADPH supports the recommendations in the Marmot Review; tackling health inequalities involves tackling social inequalities.[24] Public health and healthcare services, particularly primary care, health visitors and school nurses, play a key role in early intervention to mediate the adverse health effects of poverty and prevent more serious problems later in life. Health visitors and school nurses are key public health practitioners and are vital for improving children's health and mitigating the impacts of poverty.

Breastfeeding should be supported and promoted

Breastfeeding reduces the risk of infection and obesity in early childhood and improves childhood development.[25] [26] It is highly beneficial for both infant and mother and helps contributing to lower health inequalities. However, the breastfeeding rates are low in the UK and the reasons are mixed, including low levels of support and education on breastfeeding for mothers, practical problems with initiating breastfeeding after birth, and social stigma. It is crucial to encourage breastfeeding through programmes such as the UNICEF Baby Friendly Initiative, as well ensuring that research data is used to create an evidence base in support of improved health outcomes. It is also important to ensure that children, particularly those that are breastfed, receive the recommended daily allowance of Vitamin D, in order to promote healthy bones and reduce the risk of musculoskeletal conditions in later life.[27] There is, however, a lack of uptake of the Healthy Start vitamin programme. Programmes that support and encourage breastfeeding should be regularly reviewed to increase effectiveness and reach.

Immunisation and vaccination are vital for prevention

Immunisation is vital for the prevention of communicable diseases and their associated morbidity and mortality.[28] [29] However, England was not able to meet the 95% vaccination target set by the WHO in 2021/22.[30] As of March 2023, England's '6-in-1' coverage was 92.1%, in Scotland at least 95% coverage was achieved for all antigens (except rotavirus) at 12 months, in Wales at least 93% coverage, and in Northern Ireland coverage was at least 91%.[31] Barriers to immunisation uptake include a lack of access to

services and perceived medical contraindications. A report by the Royal Society of Public Health found that timing of appointments (49%), availability of appointments (46%) and childcare duties (29%) were the main barriers to people getting vaccinated.[32] Low level of immunisation is also associated with socioeconomic deprivation and is commonly found amongst people from ethnic minority backgrounds, refugees, and children whose families are travellers. It is important to tailor interventions to increase vaccination uptake for different social and cultural groups, particularly those that are harder to reach. Research is needed to understand why specific groups have lower uptake.[33] [34]

Perinatal mental health has a significant impact parent-infant relationship

Poor perinatal mental health can affect parent-infant relationships and have a significant impact on a child's development. There is a large evidence base on associations between perinatal mental health issues and childhood adverse mental health outcomes, particularly for perinatal depression and antenatal alcohol use.[14] Health visitors, GPs and midwives play a vital role in early identification of mental health issues to prevent the need for specialist services. Guidance and advice should also be provided to parents who may not have had good experiences of being parented, so that they could be more informed and have a better understanding of how parental experience could impact parenting and child development. In many areas of the UK there is a lack of access to specialist perinatal mental health community teams.[35] More resources should be dedicated to ensuring that parents in need could receive appropriate specialist mental health support. More support should also be given to teenage mothers who are found to have higher rates of depression.[36]

Commercial determinants of health

Industries utilise different tactics such as denial, distortion and distraction to shed doubt on public understanding of risk and profit from health-harming behaviours. For example, there has been marketing campaigns to undermine the negative health consequences of smoking and alcohol consumption during pregnancy. Additionally, the UK continues to harbour high levels of childhood obesity, 10.1% of reception aged children are obese, and a further 12.1% are overweight. Moreover, 23.4% of children aged ten to 11 (year six) are obese and 14.3% are overweight.[37] The commercial influences on parental and infants' health should be recognised if we are to counter the strong market factors at play that undermine children's health and wellbeing. NICE guidance should be implemented to reduce smoking during pregnancy, including carbon monoxide testing and opt-out referral processes. ADPH has published policy position statements on the topics of alcohol,[38] tobacco,[39] healthy weight[40] and drugs.[41]

Actions needed to improve children's oral health

Research found that in 2022, over 35% of children in areas of deprivation experienced dentinal decay in comparison to only 13.5% in more affluent areas.[42] This demonstrates a wider system failure to take forward proven, cost-effective public health measures that prevent tooth decay and improve everyone's health and wellbeing. Tooth decay is preventable and promoting improved oral health in children requires action at a national, local and individual level. We urge the Government to impose further restrictions on the marketing and sale of sugary food and drinks. The Government should support policy across all departments to improve access to affordable, healthy food. There should be an increase in the number of water fluoridation schemes, which are the single most effective public health measure for reducing tooth decay rates.[43] [44] Governments across the four nations should also improve funding and access to supervised toothbrushing programmes and fluoride varnish application programmes in nurseries and schools. To improve child oral health, children should be given timely access to free child dental services

for preventative advice and early diagnosis. Early years workforce and families should also be educated about the importance of child oral health.

About ADPH

The Association of Directors of Public Health (ADPH) is the representative body for Directors of Public Health (DsPH) in the UK. It represents the professional views of all DsPH as the local leaders for the nation's health.

The Association has a heritage dating back over 160 years and is a collaborative organisation, working in partnership with others to strengthen the voice for public health. It seeks to improve and protect the health of the population through collating and presenting the views of DsPH; advising on public health policy and legislation at a local, regional, national and international level; facilitating a support network for DsPH; and providing opportunities for DsPH to develop professional practice.

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