Annex 1

Overall vision

The way children start their lives has a signicant impact on the way they live their lives. The experiences that children have pre-birth to 5 lay the foundations for their adult lives and have a profound impact on well-being, health, educational achievement and economic prosperity. We know that being at risk of poor outcomes during this period severely impacts on life chances and limits social mobility for children in our city.

Because of the strong evidence that they are of particular importance, our aim through this plan is to improve all children's outcomes with a specific focus on developing nurturing, protective relationships and appropriate early childhood education to deliver (on infant and parental mental health leading to) improved speech, language and communication outcomes. This will ensure that all children, but particularly those who are most disadvantaged, make secure transitions in to school.

Rationale

'Contrary to popular belief, the structure of our brains as they develop in early childhood is determined by more than just our genes. The experiences we have in the rst years of our lives also affect the physical architecture of the developing brain. Because brains are built in stages, with more complex structures built on simpler structures, it's crucial to get the early years right. Just as a house needs a sturdy foundation to support the walls and roof, a brain needs a good base to support all future development. Building better brains is possible by exposing children to positive, nurturing interactions at a young age. These positive experiences are the bricks that build sturdy brain architecture, leading to improved learning and behaviour as well as better physical, mental, and social wellbeing throughout life.





'As a community, when we identify how and when to support children and families in the course of development, we can change how the story unfolds so that all of us, regardless of background and life circumstances, have the chance to lead happier, healthier lives, build stronger communities, and reduce risk for mental health problems, including addiction.

Trying to build new skills on a foundation of unstable brain circuits requires more work and is less effective than establishing strong brain architecture from birth. Although our brains retain the capacity to change and adapt even as we age, remedial education, clinical treatment, and other professional interventions are more costly, take more time, and produce less desirable outcomes than getting it right the first time through the provision of nurturing, protective relationships and appropriate learning experiences earlier in life.

Better life outcomes could be achieved by decreasing the number and severity of adverse childhood experiences and by strengthening the relationships that protect young children from the harmful effects of toxic stress. It is important to remember that, when needed, providing services and supports for a caregiver in need isn't just an intervention for the benefit of that individual—it's an intervention for families and communities as well.'

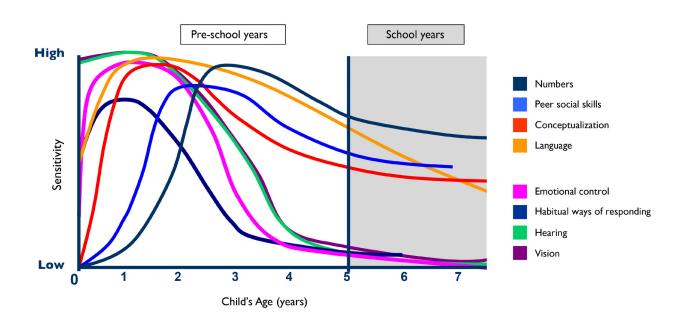
 The Brain Story, developed by the Alberta Family Wellness Initiative





Early Brain Development

Sensitive periods in Early Brain Development



- This graph shows the rapid brain growth in the rst few years of life, looking at the sensitive periods in early brain development. All areas of learning are most rapid before the child's 4th birthday.
- The pink line emotional control is pretty much established by the child's 3rd birthday. Those minute by minute, everyday experiences the birth to 2 year olds are experiencing have far more impact than we often realise.
- This is why preventative services are so important in the early years of a child's life.



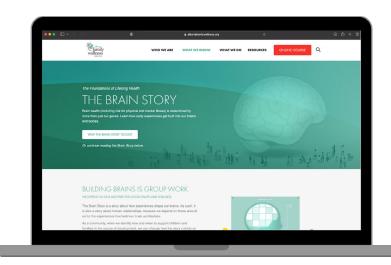


Key bit of knowledge development

We want our whole city to know and understand the core story of early brain development.

This is the core story: www.youtube.com/watch?v=hMyDFYSkZSU

We want those who are closest to children from pre conception to 5 (parents, carers, support networks and professionals) to know and understand the detailed story of early brain development



The detail of the brain story: www.albertafamilywellness.org/what-we-know/the-brain-story

NB Here is how understanding the brain story has already been used in a UK context: www.youtube.com/watch?v=efMzOGI4W8A





Outcomes that we will use to tell us how progress towards a child's good development is going

Time period (suggest which perspective to populate)	Outcome – what's the most significant outcome for a child at this age to be developing well in relation to the focus domains of infant mental health and speech, language and communication?	How do we know whether this outcome is being met? (when are we able to report?)
Antenatal (maternity – will probably be a maternal outcome)	Maternal mental health (exact wording to come)	Reports on referral pathways possible (high/low) exact wording to come
Post natal (maternity – might well also be a maternal outcome)	Bonding with baby	Reports on referral pathways possible (high/low) exact wording to come
6 – 8 week (Health visiting – note parental outcome but strongly linked to child outcomes)	Mothers report positive mental health	Perinatal mental health screening (can report now)
I year (Health visiting)	Child reach expected level of development in communication at screening	ASQ data (can report now)
2 years (Health visiting)	Child reaches expected level of development	Early Language Identification Measu e (ELIM) (will be able to report from September 2022)
3 – 4 (ECE)	Scoring 'Green' on WellComm Toolkit assessment	WellComm screening data (will be able to report from Jan 2023)
Aged 5 (School)	Meeting age related expectations (ELG) in the communication and language domain and personal, social and emotional development domain	Early Years Foundation Stage Profile (can report now)

Action areas

If we want to achieve the above we will need to take action:

- I. A city wide move towards understanding the early childhood development story that translates into decision making and actions by all those involved in children's lives.
- 2. Data sharing we must have better data between our partnership so that we know how we are doing, in 'real time', against key outcomes and across a child's life to support a coordinated whole system approach
- 3. Clear outcome frameworks underneath the outcomes in this plan, so that we understand the individual contributions that make up the complex journey through early years

Action area I – Requires a long term multi stranded plan which would involve professional development, community development, including family hubs, and a signi cant comms campaign.

Action area 2 – Could springboard from the JSNA currently underway and build upon the data dashboard that has already been developed for the HCS. In the rst instance it should focus on the outcomes agreed in the table above – the core indicators.

Action area 3 – Should be across many service areas. It's an opportunity to review current practice/provision/offer and identify which bits are making the biggest difference, how we know and what more/differently could be done to improve outcomes.



