Born to Move - how health visitors can successfully lead early intervention
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Introduction
Born to Move is a health visitor-led project, which aims to increase awareness of current evidence-based research on child development and the importance of providing early sensory and movement experiences from birth.

Strategic Aims of the Kent-wide project:
• To empower health visitor and children’s centre teams to motivate parents and carers to take a more active role in their children’s development from birth, by increasing awareness of current evidence-based research on child development.
• To help more children reach their potential by improving their physical, social and emotional skills in pre-school years so that more children start school with the fundamental movement skills and self-esteem to improve equity of life chances.

Rationale:
• An increasing local and national trend of children starting school not developmentally ready for formal learning.
• Lifestyle changes that are resulting in children becoming increasingly sedentary. Many parents are unaware that this may delay development of core strength and mature movement to support physical, social and emotional health.
• Movement from birth supports maturation of baby reflexes and normal development. Sally Goddard-Blythe states that: "Immature vestibular functioning is frequently found in children who have specific learning difficulties, such as dyslexia, dyspraxia, problems with attention, language impairment, emotional problems and adults who suffer from anxiety, agoraphobia and panic disorder."
• The project aims to improve outcomes in self-esteem, communication, educational achievement and physical health.
• Cost effective, within current financial constraints, delivering consistent messages to all families at universal contacts, with existing staff.

Methods
• Maximising our unique opportunity to promote the healthy child programme from birth, health visitor led workshops with multi-agency colleagues have had a positive impact on partnership working.
• Local district champions were trained to support sustainability across the county using a train the trainer approach.
• Born to Move leaflets are discussed at every new birth contact and reinforced at every subsequent contact.
• Health visitors have led children’s centre teams in promoting three key messages:
  • the importance of awake tummy time from birth in preparation for crawling
  • eyes need to move too
  • chatter matters.

Active learning helps your child to:
1. develop intellectually, emotionally, socially and spiritually, as well as physically.
2. build the foundations for learning, moving and communicating.
3. be healthy and happy, confident and feel loved.
Results

Key early implementer site innovation

• Supporting parental confidence and improved information sharing among practitioners and parents/carers.
• Establishing regional communities of practice to share best practice.
• Born to Move is one of the top 20 published wave two implementer site projects promoted on the Department of Health’s website.
• Presented at the third International Public Health Conference 2013.
• Included in the early intervention foundation www.eif.org.uk/guidebook

Key results:

• The Millennium Study third review (UL 2006) noted that babies reaching their expected levels of development by the time they were one year directly correlated, across all social strata, to children being developmentally ready for school later.
• The first measurable early outcome was the number of babies crawling by the one year universal contact after the first year of input. Across the pilot area district an improvement in crawling rate rose from 30 per cent to 94 per cent and has been sustained for the past two years.
• Plans are in place to evaluate results of the one year universal developmental assessments across the county 12 months from the roll out to see if more babies are achieving their expected milestones.
• Workshops delivered to more than 1,000 staff in Kent, 100 per cent of staff felt more confident in motivating parents and carers, with better understanding of the neuro-science behind the key messages promoting positive parenting.

Key outcomes:

Improved public health outcomes

• Improved emotional wellbeing in teen years and beyond from improved early attachment.
• Supporting the safeguarding policy by encouraging secure attachment between parents/carers and children.
• Increased vocabulary at five-years-old predicts improved educational attainment.
• Children develop positive attitudes towards physical activity - reducing childhood obesity levels.
• Increased equity in the number of children developmentally ready for formal learning.
• Increased parental participation and confidence in their role in helping their child to achieve improved self-esteem and resilience.

Conclusion

By strengthening the integrated partnerships of health and social care, a more economic service model for children and families has been achieved to help children reach their potential.

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