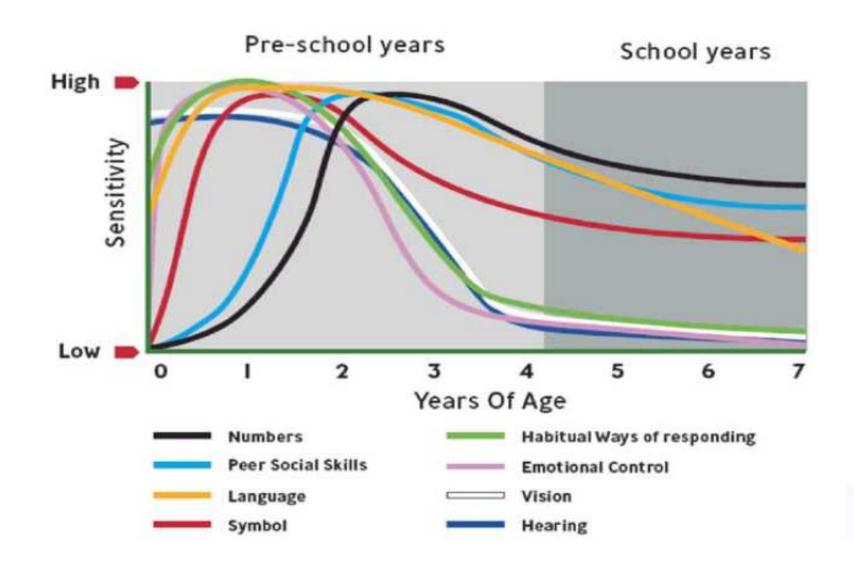
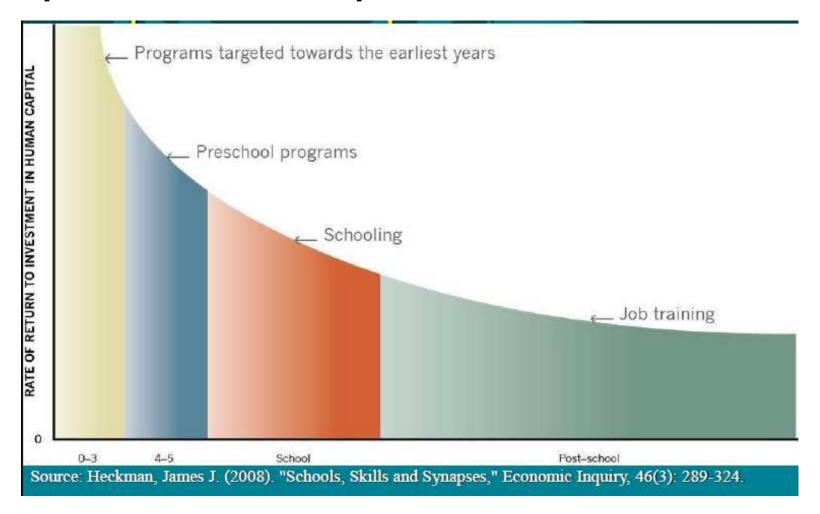
### Cyfnodau sensitif yn natblygiad cynnar yr ymennydd Sensitive periods in early brain development



Suggested mixed, two-generation approach to universal early childhood social-emotional and cognitive development based on evidence of promising interventions

Delivery	Population	CONTINUUM OF CARE			
		Pregnancy	0-12 months	12-36 months	36-48+ months
Highest risk of developmental and/or attachment disorder			Enrichment of home environment e.g. Play@home Nurturing of holistic child development Children's centres with use of multiagency integrated services	Full- or half-day childcare at high quality child development centre (higher risk - higher number of hours up to a max. 30 hrs/wk) Enrichment of home environment	Full-day* high quality preschool Enrichment of home environment Child training e.g. Incredible Years  Specialist input as required
	Parent- Child	Intensive midwifery support Nurse-Family Partnership Parents As Teachers	Attachment-based interventions to improve parent sensitivity§ Intensive midwifery and home visiting support Nurse-Family Partnership Parents As Teachers	Intensive home visiting support Nurse-Family Partnership Parents As Teachers	Positive Parenting e.g. Triple P Specialist input as required
	Parents	Maternal education and literacy Parenting preparation Support for addictions	Training to understand stages of child development and how to nurture Parenting/child management support e.g. Incredible Years More intensive support in accessing services, problem solving, adult education for high school completion, job/employment support, accessing benefits, addiction management etc		
Medium risk	Children		Enrichment of home environment e.g. Play@home Nurturing of holistic child development Children's centres		Half-day preschool
	Parent- Child	Promotion of sensitive parenting with provision of support as needed			
	Parents	Support for behaviour change Antenatal care according to medical risk	Support for breastfeeding initiation and maintenance	Support in accessing services Problem solving techniques Adult education for high school completion, job/employment support	
Universal	Children		Children's centres e.g. drop-in centres, toy and book libraries Resources e.g. Bookstart# Enrichment of home environment		Half-day preschool
	Parent- Child	Access to information or	ion on positive, sensitive parenting		
	Parents	Standard antenatal care Promotion of healthy diet, physical activity, breastfeeding and smoking cessation. Ready Steady Baby#	Information on healthy child development Information on available child, parent and family services Core child health promotion programme with routine child development reviews		
			© Scottish Collaboration for Publ		

# Ymhlygiad gan y Buddsoddiad Optimwm Implication for Optimum Investment



### Ail Gynllunio Effaith ATODIAD / APPENDIX 4 Gwasanaeth: Redesigning Nodyn – yn Service Impact seiliedig ar ddata gwariant yr UDA Note: based on US spend data Gallu'r ymennydd i newid Brain's capacity for change Gwariant ar raglenni i newid yr ymennydd Spending on programmes to change the brain **Oedran**

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Ffynhonnell/Resource : Bruce D Perry

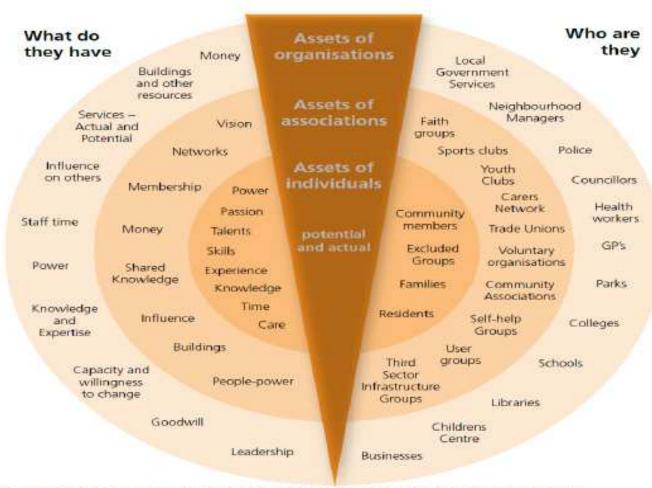
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Age

#### Population 'needs' Example interventions Involvement of older people Tackling ageism – positive images Citizenship ·Equal access to mainstream services Making a positive contribution, including volunteering General Neighbourhood & population Community safety initiatives, including distraction burglary community ·Locality based community development Intergenerational work "No door the wrong door" Information / access ·Single point of access, self assessment, peer 'navigators' Low to Active ageing initiatives moderate Lifestyle Public health messages, including diet and smoking needs ·Peer health mentoring Practical support Befriending and counselling Shopping, gardening etc. ·Case finding and case management of those at risk Early intervention Substantial Intermediate care services needs ·Enablement services - developed from home care Enablement Self care programmes Integrated or co-located teams and/or networks Community support Generic workers for LTC Case finding and case management of complex cases / LTC Complex ·end of life care - enabling people to die at home needs Institutional avoidance ·Management of unscheduled care ·Hospital in-reach and step down pathways Timely discharge Post discharge support, settling in and proactive phone contact Improved health and emotional well-being Outcomes:-Improved quality of life Making a positive contribution Increased choice and control Freedom from discrimination or harassment Economic wellbeing Maintaining personal dignity and respect

## Partnership with individuals and communities- an asset based approach.

Asset mapping

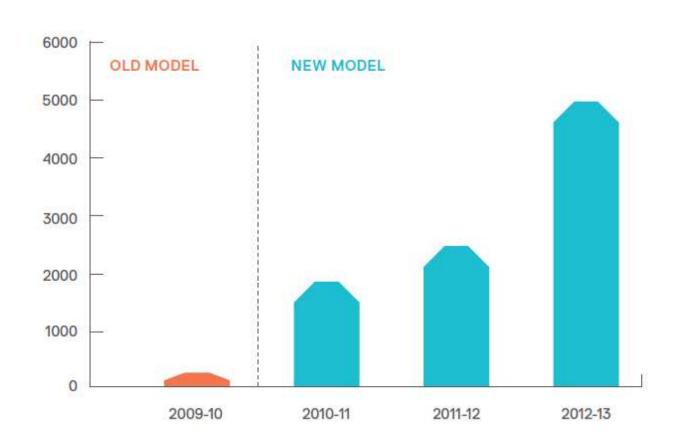


#### Strategy for Evaluating the Effectiveness of Early Intervention Projects Outcome Problem Connectivity 2. What is the intended outcome of 1. What is the problem behind the project? 3. From where and whom should 1.1 What is the problem for which this project is a solution? 1.2 Why is this thought to be a problem? 1.3 Why is it thought to be a problem in Nottingham? 1.4 What is already happening to address the problem? the project? 2.1 What does the project seek to information/evidence come? 3.1 Who coordinates front line activity and improve? 2.2 Will the project outcomes address what data do they need to gather? 3.2 What data sharing opportunities are there the cause of the problem rather than and who should data be shared between? 1.5 Can causes and symptoms of the problem be identified? the symptoms? 3.3 What dependencies / interdependencies 2.3 Have the right outcomes been exist between performance indicators? identified or are there different ways of thinking about the cause and effect? 3.4 Are there opportunities to add value at Programme level? 2.4 Could the project produce any disbenefits/issues? Evidence Information 4. What counts as evidence of success? 5. What information might we need to assess or measure the effectiveness of the project? 4.1 What measures of success have already been 5.1 What statistical data will be needed? identified - has an evidence-base been identified? 4.2 What monitoring and evaluation needs were 5.2 What qualitative data will be needed? planned at project initiation document stage and 5.3 What specialist research will be needed? are these sufficient? 5.4 What early indicators are there of effect? 4.3 What do professionals believe works in this situation? 4.4 What else will impact on the project (what are the 'leads in')? 4.5 Where else will this project impact (what are the 'leads out')? Evaluation Embedding 6. How do we evaluate the outcome? 7. Will successful work be embedded? 6.1 Is the project working? 7.1 Has the impact on 'business as usual' been - Is the project demonstrating and achieving a focus on considered? tackling intergenerational issues 7.2 How will the project be sustainable in the long - Is the focusing on those activities that could reduce the number of specialist interventions? 7.3 What are the practicalities and operational issues Is the project targeting work at those individuals or families for front line staff? who are very likely to have difficulties without effective 7.4 How will the Evidence Group communicate learning? intervention? 6.2 What is the cost of the effectiveness and is this the best 6.3 What if evaluation suggests that the outcomes are not solving the problem? **Early** intervention

#### ATODIAD / APPENDIX 8

New vs old: volunteers

Number of hours volunteered in Knowsley



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Total number of families for Bradford, Knowsley and Reading

