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Early Intervention

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Summary

Early intervention is a public policy approach which encourages preventative intervention in the lives of children or their parents, to prevent problems developing later in life. Interventions can either be targeted at children deemed to be at higher risk of disadvantage, or can be universal in scope.

As well as the political and social benefits of preventing poor outcomes in later life, such as mental health problems, low educational attainment and crime, advocates of early intervention also cite economic benefits to the approach. This is based on the argument that preventative policies cost less to implement than reactive policies.

Due to the rapid pace of physical and social development in children's early years, early intervention is a policy approach often targeted at very young children. This briefing paper looks at early intervention in terms of policies targeted at children from conception to age five.

Although policies directed at very young children and their parents have been around in various forms since the nineteenth century, early intervention as a distinct Government policy approach only began to develop significantly from the 1990s onwards.

A range of policy programmes, such as Sure Start children's centres, the Healthy Child Programme and the Early Years Foundation Stage have been introduced in recent years. This briefing paper sets out recent developments and Government programmes in the following areas of early intervention policy:

- Health
- Educational development
- Social development
- Benefits and financial assistance

In addition, this paper also provides information on Government thinking on the topic, including two major reports on early intervention by former MP Graham Allen, commissioned by the Coalition Government, as well as approaches to early intervention taken by local authorities.

As many of the more significant policy areas for early intervention, such as health, education and local authority children's services, are devolved areas, this briefing paper primarily looks at early intervention policy in England only, unless otherwise stated.

1. Early Intervention

1.1 Definition

Early intervention as a public policy approach is one that has been differently defined across a wide range of policy areas and attached to a variety of approaches and different age groups.

The common thread between these different definitions is one of intervention in the lives of children, or their parents, to prevent later detrimental life outcomes, such as poor educational attainment, mental health problems or crime.

There are disagreements about the age up to which intervention ceases to be early intervention. For example, the First 1001 Days All-Party Parliamentary Group (APPG) defines the early intervention period as conception to age two, whilst the Early Intervention Foundation (EIF) defines its focus as:

> Conception to early adulthood because intervention is not just about the early years but also about preventing adolescents and young adults from developing problems.[1]

The age range also varies between different policy areas, with, for example, early intervention in education policy usually continuing up until compulsory school age (age five).

Although different definitions exist, this briefing paper looks specifically at policies directed at parents and children from conception up to age five.

Early intervention programmes can be either targeted or universal. Targeted programmes, such as the Family Nurse Partnership for first time mothers aged 19 or under, are aimed specifically at groups perceived to be at higher risk. Universal programmes by contrast, such as the Sure Start programme, are aimed at all children and families. Both targeted and universal programmes are examined in this briefing paper.

Also examined is the role of local authority children's services. Although their powers with regards to children are not focused solely on the under-fives, they have an extremely significant early interventionist role for this age group. Of the 32,000 children who started to be looked after in 2015, 35% were younger than five.[2]

Other programmes and policies looked at in the paper are ones focused solely on children and parents of children from conception up to the age of five.

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1 EIF, *What is early intervention?* (accessed 7 June 2017)
2 Department for Education, *Children looked after in England including adoption: 2015 to 2016*, February 2017

1.2 Development of early intervention policy

Numerous individual programmes and policies targeted at parents and children in the early years had existed prior to 1997. However, the previous Labour Government's child poverty strategy arguably marks the point at which early intervention developed as a distinct and more joined-up preventative policy approach.

In 1999, a target to eradicate child poverty by 2020 was announced. The accompanying publication, *Opportunity for all: Tackling poverty and social exclusion*, defined poverty in wider terms than purely financial, including "poverty of opportunity." It argued that children who grow up in disadvantaged families are more likely to experience unemployment and poor health outcomes.[3]

A wide range of policies to tackle poverty and "the causes of poverty" were implemented, some of which had a strongly early interventionist focus. Central to this was the development of Sure Start centres, which sought to improve health and education outcomes amongst pre-school children, as well as to join-up local early years services.

The Labour Government introduced an entitlement to 15 hours free childcare and early education provision per week for three and four-year-olds, as well for some disadvantaged two-year-olds (the rollout of which was completed under the Coalition Government). The 2015 Conservative Government extended this to 30 hours for working parents of three and four-year-olds through the *Childcare Act 2016*.

The Coalition Government sought to further develop early intervention policy that could reduce or prevent poor outcomes in later life. To help with this, a number of reviews were commissioned early on in the Parliament.

- **Graham Allen MP**, *Early Intervention: The Next Steps* and *Early Intervention: Smart Investment, Massive Savings* - (2011)

Graham Allen was asked to chair an inquiry into early intervention for the newly established Social Justice Cabinet Committee, looking at the best and most effective models for early intervention.[4]

The resulting reports looked at existing early intervention programmes from Europe and North America and recommended that 19 of these should be supported by the Government. The reports also recommended the establishment of an Early Intervention Foundation (EIF) to provide evidence of what works, and to support local early intervention projects.

In the short term, it was proposed that 15 local early intervention places should be set up to test out new programmes, and in the longer term

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3 Department for Social Security, *Opportunity for all: Tackling poverty and social exclusion*, September 1999

4 'Early intervention: Key to giving disadvantaged children opportunities they deserve', *DWP press release*, 28 July 2010

the reports argued that budgets and spending reviews should fundamentally shift from later interventions to an early intervention approach.

In response, the EIF was established in 2013, with its work supported through a £20m investment in a social outcomes fund.[5] Between 2013 and 2015, the EIF worked with 20 'early intervention places'.

- **Frank Field MP**, *The Foundation Years: Preventing poor children becoming poor adults* - (2010)

Frank Field's report was commissioned to look at poverty and life chances. It recommended a new policy focus around the 'foundation years', conception to age five, which was argued to be a crucial stage at which disadvantage can set in.

Recommendations for the foundation years included better targeted services for the most disadvantaged families, including better outreach and the opportunity to take parenting classes. The report also recommended a Foundation Years Minister, sited between the Department of Health and the Department for Education.

- **Dame Clare Tickell**, *The Early Years: Foundations for life, health and learning* – (2011)

Following on from Frank Field's report, the Tickell review into the early years proposed reforms to pre-school age education, including reform of the Early Years Foundation Stage (EYFS) assessment process and reform of safeguarding early years students. More information on the EYFS can be found in section 3.

- **Professor Eileen Munro**, *The Munro Review of Child Protection* – (2011)

Professor Munro's review of the child protection system also emphasised the importance of early help. Referencing the reviews from Allen, Field and Tickell, the review recommended a statutory duty on local authorities to secure sufficient provision of local early help services for children, young people and families.

The Government's response accepted the importance of early help services and joint working between services, but did not commit to a statutory duty on local authorities.[6]

The issue of early intervention has also been championed by the First 1001 Days APPG, which focuses on the period from conception to age two. In its 2015 *Building Great Britons* report, it set out what it saw as the essentials of a good local prevention approach:

1. Good universal services
2. Central role of children's centres
3. Universal early identification of need for extra support

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5 'Wave Trust: early intervention', *DWP press release*, 20 December 2013
6 DfE, *The Government's response to the Munro review of child protection*, July 2011

4. Good antenatal services
5. Good specialised perinatal mental health services
6. Universal assessment and support for good attunement between parent and baby
7. Prevention of child maltreatment[7]

The 2015 Conservative Government also focused on perinatal mental health, with an announcement of £290m of funding in January 2016 (see section 3 for more information).

In the 2016 Queen's Speech, it was announced that the Government would publish a Life Chances Strategy, with the intention to improve the life chances of disadvantaged children and families. A January 2016 speech by the then Prime Minister gave a clear indication that early intervention would play a central role in the strategy:

> And one critical finding is that the vast majority of the synapses the billions of connections that carry information through our brains develop in the first two years.
>
> Destinies can be altered for good or ill in this window of opportunity.
>
> On the one hand, we know the severe developmental damage that can be done in these so-called foundation years when babies are emotionally neglected, abused or if they witness domestic violence.
>
> As Dr Jack Shonkoff's research at Harvard University has shown, children who suffer what he calls 'toxic stress' in those early years are potentially set up for a life of struggle, risky behaviour, poor social outcomes, all driven by abnormally high levels of the stress hormone, cortisol.
>
> On the other hand, we also know – it's common sense – how a safe, stimulating, loving family environment can make such a positive difference.
>
> […]
>
> It's tragic that some children turn up to school unable to feed themselves or use the toilet.
>
> Of course this is a clear failure of parenting, but by allowing poor parenting to do such damage for so long, it is also state failure of social services, of the health service, of childcare – of the lot. [8]

The speech also set out plans for increased state funding for parenting classes, more information on which can be found in section 3.

In December 2016, it was confirmed that the Life Chances Strategy would no longer be published, and would be replaced by a forthcoming social justice green paper.[9]

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7 All Party Parliamentary Group for Conception to Age 2 – The First 1001 Days, *Building Great Britons*, February 2015

8 'Prime Minister's speech on life chances', *PM's office press release*, 11 January 2016

9 PQ 56144 [on Social Mobility], 8 December 2016

1.3 Historic policy background

Although the policy lexicon of early intervention is relatively recent, public policy concerned with the wellbeing of very young children and their parents has much deeper historical roots.

The nineteenth century saw the first trained health visitors, nurses who came to the homes of families with very young children to advise on infant health and wellbeing, as well as things like nutrition and household management.

This was largely in response to high rates of infant mortality in cramped and unsanitary households in many industrial towns and cities.[10] Local public health boards first employed health visitors in 1862, although prior to this many were already working either at the behest of voluntary organisations or of philanthropic factory and mill owners.[11]

The requirements of mothers and older siblings to work in mills and factories during the day, prompted some owners to provide nursery education in specific settings to those under five.[12]

A philanthropic "maternity and child welfare movement" emerged towards the end of the nineteenth century which helped bring the issue to the attention of national policy makers. In 1891, it became illegal to employ women in factories for the first four weeks after birth, and 1911 saw the introduction of maternity benefit.[13]

The creation and development of the welfare state in the first half of the twentieth century saw increased state involvement in many of these formerly voluntary programmes. In the 1920s, the Ministry of Health took over training of health visitors, and made the service a universal one to be provided by local authorities (health visitor employment moved to the NHS in 1974).[14]

After 1905, children under five who attended schools were required to do so in separate facilities to older children, in recognition of their different needs. The *Education Act 1918* gave powers to local authorities to set up nursery schools attending to children's "health, nourishment and physical welfare."[15]

Nursery education became a significant political topic again in the 1960s, with the 1967 Plowden report calling for universal nursery education to aid children's social development, in response to broader changes in society:

> But there are aspects of modern life in cities which disturb us. The child who lives with his parents in a tall block of flats is likely to be housebound as the child in a bungalow or small house is not. The

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10 Barnet, Enfield and Haringey Mental Health Trust, *History of Health Visiting*, 2015
11 'The history of health visiting', *Nursing in Practice*, September/October 2012
12 Young-Ihm Kwon, 'Changing Curriculum for Early Childhood Education in England', *Early Childhood Research and Practice*, Vol 4 No2, Autumn 2002
13 Trevor Buck, *The Social Fund: Law and Practice*, 4th edition, 2009, p296
14 Barnet, Enfield and Haringey Mental Health Trust, *History of Health Visiting*, 2015
15 Section 19, *Education Act 1918*

> 'extended family' with cousins and aunts and grandparents close at hand provides, where it still exists, a natural bridge between the intimacy of life at home and life with strangers in the wider world of school. But there are fewer extended families because more men change jobs and move to new districts.
>
> Mothers have less relief from their young children, lose the social contacts they have been used to, and may become less good mothers in consequence. And, of course, increasing numbers of married women are at work. The consequence of this is the new occupation of registered or unregistered child minders. Many professional families, too, rely on 'au pair' girls or other help to look after their young children during part of the day. Child minders and au pair girls are rarely trained to look after the young child. Their growing number points to the need for the transitional world of the nursery school or class with its trained staff to do for today's children what modern family life often cannot do.[16]

Whilst the programmes above provided some early intervention support to parents and children, their scope was often limited and varied significantly across different locations. As a result, some voluntary organisations began to set up children's centres, bringing together a range of services for pre-school age children.

Professor Peter Moss, in his 2013 evidence to the Education Select Committee's inquiry into the foundation years, set out the rationale for these centres:

> The Children's Centre movement in the 1970s, which I was part of as a young researcher at the newly established Thomas Coram Research Unit, was a response to the major inadequacies of early childhood services: a split system (childcare/education/welfare) and services that were fragmented, incoherent, divisive and insufficient. The aim of the movement was to develop a new type of service to replace this dysfunctional patchwork of provision. Writing in 1976, Jack Tizard (founder of TCRU), Jane Perry and myself set out the ambition:
>
> > For a society which provides free education (and) a free public health service, a free pre-school service is a logical corollary...the basic form of [this] service should be through multi-purpose children's centres offering part and full-time care with medical and other services, to a very local catchment area, but there is much room for experimentation (Tizard et al., 1976, pp.214, 220).[17]

The approach of these centres had a significant impact on the development of the Sure Start programme in the 1990s. The centres also championed the idea of better joining up of early intervention services, which is central to much of the public policy debate on the topic today.

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16 Central Advisory Council for Education (England), *Children and their Primary Schools*, 1967, para 299

17 Education Committee, *Foundation Years: Sure Start Children's Centres*, 11 December 2013, HC 364-II 2013-14, Ev 174

2. Rationale

2.1 Health and wellbeing

What happens in the early years of a child's life, particularly the period between conception and age two, can affect future health and wellbeing; it is widely recognised as a crucial period for physical, cognitive and emotional development.

The 2010 Marmot Review highlighted the importance of the early years to outcomes in later life, stating that "giving every child the best start in life is crucial to reducing health inequalities across the life course."[18]

In response to a March 2016 debate on maternal care, the Parliamentary Under-Secretary of State for Education, Lord Nash, highlighted the importance of the early years in all areas of a child's development:

> …we all agree on the importance of maternal care and attachment in early childhood and its implications for longer term social and emotional development. International and UK studies have shown that the foundations for virtually every aspect of human development—physical, intellectual and emotional—are laid in early childhood. [..] What happens to a child from the womb to the age of five has lifelong effects on many aspects of health and well-being from obesity, heart disease and mental health to educational achievement and economic status.[19]

The 2010 Department of Health publication, *Our Health and Wellbeing Today* reported that the key public health challenges in the early stages of life were preventing infant mortality, encouraging the good health of mothers during pregnancy and after birth, and maximising early years development.[20]

Public health interventions in the antenatal period and in the early years of a child's life, such as immunisation, maternal care, and parenting support, can all play a role in improving lifelong health. Examples include, screening and health advice in the antenatal period to ensure the best health for mother and baby, supporting breastfeeding for both short and long term health benefits, and encouraging healthy behaviours with regards to diet and activity in the early years.

Much of the work on early intervention is focussed on the important stages of neurological development in the period from conception to the age of two. At this time, the brain is developing rapidly, with more than one million new neural connections formed every second.[21] Early parent-child interactions are important for this development, and can

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18 Professor Sir Michael Marmot, *Fair Society, Healthy Lives. The Marmot Review*, February 2010

19 HL Deb 17 March 2016, cGC269

20 Department of Health, *Our Health and Wellbeing Today*, November 2010

21 Harvard University, Center on the Developing child, *The Science of Early Childhood Development (InBrief)*, 2007

have an impact on future mental and emotional health and wider wellbeing.[22]

2.2 Societal impact

A key argument in favour of early intervention is that social problems can be more effectively addressed if dealt with early in a child's life. It is argued that later, reactive interventions are markedly less effective at combatting social issues, ranging from unemployment, to mental health problems, to crime, to poor health.

Graham Allen's first early intervention report, *The Next Steps*, argued that:

> The central problem for all developed countries, especially ours, is that intervention happens too late, when health, social and behavioural problems have become deeply entrenched in children's and young people's lives. Delayed intervention increases the cost of providing a remedy for these problems and reduces the likelihood of actually achieving one. More often than not, delayed intervention results only in expensive palliative measures that fail to address problems at their source.[23]

The palliative argument, that once problems are entrenched in later life they can only be managed rather than fully addressed, is a key social rationale behind early intervention policy.

Problems that begin in the crucial early stages of development can be caused by direct neglect or mistreatment of the child, or by more indirect household factors, such as poverty, or parental actions (such as domestic violence). For example, a 2006 Unicef study, *Behind Closed Doors*, found that exposure to domestic violence in the early years can hinder development.[24] Similarly, a 2005 assessment by Refuge found that children who had witnessed frequent domestic violence were at significant risk of developing emotional, behavioural and speech and language problems.[25]

Effective early intervention is argued to break inter-generational cycles of social problems. This is not only because the early years are a key stage for physical and social development, but also because parents can often be more receptive to state or third sector intervention when their children are very young, compared to when their children are older.[26]

Frank Field's report, *The Foundation Years*, noted that, for example in education, disadvantage that is manifest at age five can have a strong correlation to disadvantage at age 18:

> An analysis of the 1970 cohort study, for example, shows that only 18% of children who were in the bottom 25% in early

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22 Department of Health, *Our Health and Wellbeing Today*, November 2010
23 Graham Allen MP, *Early Intervention: The Next Steps*, January 2011
24 Unicef, *Behind Closed Doors: The Impact of Domestic Violence on Children*, 2006
25 Refuge, *Refuge assessment and intervention for pre-school children exposed to domestic violence*, August 2005
26 Department for Children, Schools and Families, *Early Intervention*, 2010

> development scores at age five achieved an A Level or higher, compared to nearly 60% who were in the top 25%
>
> […]
>
> This shows that children who perform badly at the start of school tend to perform badly throughout and that a good start in life is hugely important to later educational attainment.[27]

He argued that although disadvantage in the early years did not guarantee disadvantage in adulthood, it could have a significant impact:

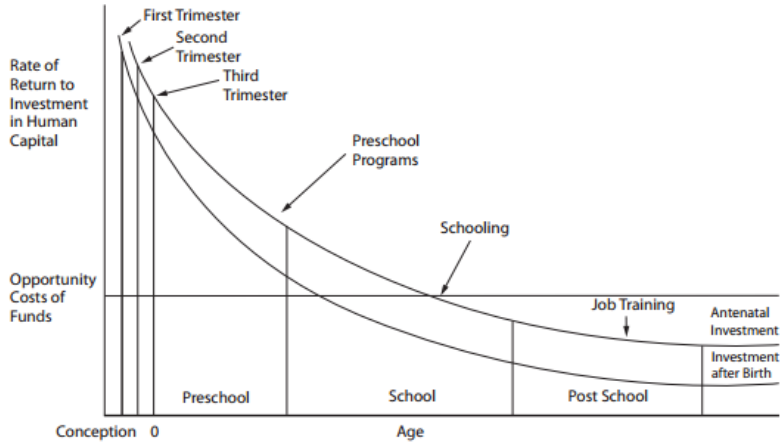
> By the age of three, a baby's brain is 80% formed and his or her experiences before then shape the way the brain has grown and developed. That is not to say, of course, it is all over by then, but ability profiles at that age are highly predictive of profiles at school age.[28]

The idea that early development and disadvantage can have a significant impact on children's later lives is a key rationale behind early intervention policy.

2.3 Economic impact

In addition to the social rationale for intervention, advocates of early intervention policies and programmes often cite the economic advantages in terms of cost savings to the public purse. This is based on the premise that early, preventative interventions deliver results for significantly less money than later, reactive interventions.

It is also based on the idea that effective early intervention programmes help with social and educational development, which can lead to enhanced economic productivity in adulthood. This argument is visually represented in the chart below from Doyle et al (2007), which shows that with equal levels of investment, the rate of return in terms of human capital is highest from the first trimester of pregnancy, and decreasing at each subsequent stage of life.[29]



Rates of return to human capital investment setting investment to be equal across all ages

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27 Frank Field MP, *The Foundation Years: Preventing poor children becoming poor adults*, December 2010, p38

28 *Ibid.*, p5

29 Doyle et al, 'Early childhood Intervention: rationale, timing and efficacy', *UCD Discussion Series*, WP/5/2007, January 2007

The exact economic benefit of effective early intervention is extremely complicated to accurately assess; quoted figures vary significantly, based on a range of different methodologies.

For example, the First 1001 Days APPG, using methodologies from Australian and American studies, estimate that the cost of non-intervention in child maltreatment cases costs the UK economy £15 billion per year.[30]

The Australian study, *The cost of child abuse in Australia*, found that a lack of preventative interventions for at-risk children can lead to lower economic productivity through higher than average rates of work absenteeism, lower educational attainment, and lower life expectancy. This is in addition to the cost of later health, support and education interventions.[31]

A 2009 study by the New Economics Foundation, *Backing the Future*, proposed a programme of early intervention that it argued could deliver cumulative savings of between £486 billion and £880 billion over 20 years.[32]

It is worth noting that these figures are often based on the assumption that a programme will be 100% effective. The figures are arguably more useful when viewed as an indicator of the scale of potential savings, rather than projections of expected returns.

A policy programme that tackles social problems whilst simultaneously saving significant amounts of money is one with obvious appeal to Governments of all political persuasions. As Graham Allen argued in his second early intervention report, *Smart Investment, Massive Savings* (original emphasis):

> It proved hard to finance Early Intervention in our country even when public resources were abundant. Now that they are severely restrained, the task may seem impossible. However, Early Intervention turns this conventional wisdom on its head by reaping massive savings in public expenditure for the smallest of investments in better outcomes, and by avoiding expensive provision when things go wrong. By building out the immense costs of failure, it is in fact the best sustainable structural **deficit reduction programme** available.[33]

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30 First 1001 Days APPG, *Building Great Britons*, February 2015
31 Australian Childhood Foundation and Monash University, *The cost of child abuse in Australia*, November 2008
32 New Economics Foundation and Action for Children, *Backing the Future: why investing in children is good for all of us*, September 2009
33 Graham Allen MP, *Early Intervention: Smart Investment, Massive Savings*, July 2011

3. UK Government Policies

In recent years, early intervention as a policy approach has become increasingly championed by Governments of all political persuasions (see section 1.2).

Although not an exhaustive list, the following section provides information on current Government early intervention policies and recent policy developments, related to health, educational development, social development and social security benefits.

Health

Healthy Child Programme

The Healthy Child Programme (HCP) is a universal NHS programme for the health and wellbeing of children. It aims to help parents develop a bond with their child, protect them from disease through screening and immunisation, and identify problems in children's development that may relate to neglect or other causes. The programme also focuses on identifying children at risk of problems later in life and parents with mental health or other problems that may need further assistance.

The NHS Choices website sets out the *minimum* schedule of assessments that should be carried out between birth and five years of age. HCP is a 'progressive universal service', that is, a universal service that is offered to all families, with additional services for those with specific needs and risks.

From October 2015, local authorities have taken over full responsibility from NHS England for commissioning public health services for children up to the age of five. Since then, local authorities have been required to carry out five mandated child development reviews, providing a national, standardised format to ensure universal coverage and ongoing improvements in public health.

The five mandated reviews are:

1 the antenatal health promoting visit;

2 the new baby review;

3 the six to eight week assessment (the health visitor or Family Nurse led check);

4 the one year assessment; and

5 the two to two-and-a-half year review.[34]

The mandated reviews are based on evidence showing that these are the key times to ensure parents are supported to give their baby the

[34] Department of Health, *Universal Health Visitor Reviews: Advice for local authorities in delivery of the mandated universal health visitor reviews from 1 October 2015*, September 2015

best start in life, and to identify early those families who need extra help. To ensure the programme remains up to date with the latest evidence, a review of the evidence base for HCP was undertaken by Public Health England (PHE) and published in March 2015.[35]

A 2016 PHE review found that mandating local authorities to offer universal health visiting reviews has helped increase the eligible population reached by the this service during 2015-16, and that there was widespread support for it to remain in place.[36] New regulations, passed in March 2017, ensured that this duty remains with local authorities.[37]

In 2013, the Department for Education (DfE) ran a joint Integrated Review (IR) pilot with the Department of Health (DH) which focused on two-year-olds in registered childcare settings. This was to test the most effective way of undertaking the early years progress check alongside the universal DH Healthy Child Programme and providing parents with a holistic review of their child's development.

In 2015, DfE provided funding to support the roll out of the IR by all local authorities in England. This was piloted in seven local authority areas in 2015-16, to test different local models of how early years practitioners can collaborate with health professionals to identify parents of two year-olds not in registered childcare settings, so that their children can also benefit from an IR. The pilot results are currently being considered by the Government.[38]

The National Institute for Health and Care Excellence (NICE) has produced public health guidance relevant to each service level of HCP. These guidelines are intended to ensure local authorities provide effective services and achieve indicators in the Department of Health's Public health outcomes framework for England, 2013 to 2016, across four domains:

- 'school readiness' (Domain 1),
- 'child development at two to two-and-a-half years' (Domain 2),
- 'population vaccination coverage' (Domain 3) and
- 'infant mortality' (Domain 4).

There are a set of online planning resources, known as PREview, designed to help commissioners, managers and professionals to target preventive resources, in particular around HCP, where they are most needed. PREview is based on evidence identifying the factors in pregnancy and infancy that are associated with outcomes for children at five years.[39]

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35 PHE, *Healthy child programme: rapid review to update evidence*, March 2015
36 PHE, *Review of mandation for the universal health visiting service*, October 2016
37 *The Local Authorities Public Health Functions and Entry to Premises by Local Healthwatch Representatives) (Amendement) Regulations 2017*, SI 2017/505
38 PQ 53558 [on Children: Health], 24 November 2016
39 National Child and Maternal Health Intelligence Network, *The evidence behind PREview*, 2011

One of PHE's seven national priorities is to ensure that every child has the best start in life, so that they are ready to learn at age two and ready for school at five. The Best Start in Life programme provides national leadership to support local areas to take a whole system approach to commission and provide evidence based services and interventions which improve child health outcomes and reduce inequalities. In January 2016 PHE published guidance to support HCP commissioning, *Best start in life and beyond: Improving public health outcomes for children, young people and families*.

Health visitors

Health visiting teams lead and deliver the Department of Health's Healthy Child Programme for all children aged 0–5.

Health visitors are highly trained specialist community public health nurses. The wider health visiting team may also include nursery nurses, healthcare assistants and other specialist health professionals. Health visitors also work in close partnership with midwives who have an important role to play before birth and in the first days of life. The Healthy Child Programme goes on to cover those aged 5–19, and health visitors work with school nurses who are key to delivering the programme for this age group. NICE guidelines on health visiting note that:

> Health visiting teams provide expert advice, support and interventions to all families with children in the first years of life (National health visiting service specification 2014/15 NHS England 2014). They are uniquely placed to identify the needs of individual children, parents and families (including safeguarding needs) and refer or direct them to existing local services, thereby promoting early intervention. They can also have a role in community asset mapping, identifying whether a particular community has any specific needs. By offering support through working in partnership with other professionals, for example staff working in children's centres, they can help communities to help themselves.[40]

In 2011, DH published the *Health visitor implementation plan 2011-15: a call to action*, which set out its programme for renewing the Health Visiting Service. It stressed the importance of pregnancy and the early years in laying the foundations for future health, learning and wellbeing, and stressed the role of health visitors, their teams and partners in supporting families to do well.[41]

The implementation plan also included a commitment to an additional 4,200 health visitors by April 2015. This target was narrowly missed but still represented an increase of around 49% measured against a May 2010 baseline.[42]

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40 NICE, *Health visiting: NICE advice [LGB22]*, September 2014

41 DH, *Health Visitor Implementation Plan 2011-15: A Call to Action*, February 2011

42 The Government's commitment is to increase the number of FTE health visitors by 4,200 against a May 2010 baseline of 8,092. In April 2015 there were 11,929 FTE health visitors (see PQ 21379 [on Health Visitors], 11 January 2016). Data on health visitors is no longer published on a comparable basis to these figures.

Family Nurse Partnership

The Family Nurse Partnership programme (FNP) is an evidence-based, preventive programme for vulnerable first-time young mothers. Structured home visits, delivered by specially trained family nurses, are offered from early pregnancy until the child is two. Participation in the FNP programme is voluntary. When a mother joins the FNP programme, the HCP is delivered by the family nurse instead of by health visitors.

FNP is targeted at first-time young mothers aged 19 and under, as this is the group shown to benefit most from the programme, and also whose children are shown to be at high risk of poor developmental outcomes. In 2013, the Government announced it would increase the number of places on the FNP programme from 11,000 to 16,000 by 2015.[43] It also expanded the number of areas commissioning the FNP programme.

The Department of Health published a summary of the evidence base for FNP in 2011. The evidence was largely from a number of US-based studies over the previous 30 years, and some initial findings from England (where the FNP programme was introduced in 2007). The US studies found the programme had led to significant reductions in behavioural and mental health problems, as well as other improved health outcomes and wider socio-economic benefits.[44]

In 2009, the Government commissioned a large-scale independent randomised control trial to evaluate FNP's effectiveness in England. Initial findings from the trial were published in October 2015.[45] While the initial results indicated little evidence of cost-effectiveness of the FNP programme in England, the researchers noted that effectiveness of the intervention had been most strongly established in the US where there had been a longer follow-up. The UK researchers recommended that there should be a similar long-term approach to evaluation, with the focus expanded to cover a wider range of emotional and behavioural 'life-course' outcomes for children and parents.

Healthy Start

Under the Healthy Start scheme vouchers for vitamins, and for milk, fresh fruit and vegetables, are available to pregnant women and families with children up to four years of age, across the UK, where the parents are in receipt of certain income related benefits.

For milk, fruit and vegetables, pregnant women and children over one and under four years old can get one £3.10 voucher per week to redeem at local retailers. Children under one year old can get two £3.10 vouchers (£6.20) per week. These can be spent on:

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43 'Family Nurse Partnership programme to be extended', *DH press release*, 4 April 2013

44 DH, *Evidence base for Family Nurse Partnership*, July 2011

45 Cardiff University, *Evaluating the Family Nurse Partnership programme in England: The Building Blocks randomised controlled trial, Executive Summary*, October 2015

- Plain cow's milk – whole, semi-skimmed or skimmed. It can be pasteurised, sterilised, long life or UHT
- Plain fresh or frozen fruit and veg (fruit and vegetables with no added ingredients), whole or chopped, packaged or loose
- Infant formula milk that says it can be used from birth and is based on cow's milk.[46]

Healthy Start vitamins are available for pregnant women, women with a baby under one year old and children from six months to four years old.

Perinatal mental health

Perinatal mental health services focus on the prevention, detection and management of mental health problems that occur during the perinatal period - pregnancy and the first year after birth. This includes new-onset mental health problems, as well as recurrences of previous problems and women with existing mental health problems who become pregnant.

Services include specialised in-patient mother and baby units, specialised perinatal Community Mental Health Teams (CMHTs), maternity liaison services, adult mental health services including admission wards, community and crisis services, and clinical psychology services linked to maternity services.

Mother and baby units are commissioned nationally by NHS England, while most other perinatal mental health services are commissioned locally by Clinical Commissioning Groups (CCGs).

The perinatal period can be extremely important for mothers and babies. The Royal College of Psychiatrists states that:

> Poorly managed perinatal mental health problems can have lasting effects on maternal self-esteem, partner and family relationships, and the mental health and social adjustment of the child.[47]

The impact of poor perinatal mental health can be severe. Maternal depressive illness and anxiety have been shown to affect the infant's mental health and have long-standing effects on the child's emotional, social and cognitive development. Perinatal psychiatric disorder is also associated with an increased risk to both mortality and morbidity in mother and child.

Over the past two decades, psychiatric disorder has been a leading cause of maternal mortality, contributing to 15 per cent of all maternal deaths in pregnancy and six months postpartum. Psychotic illness in pregnancy is also known to be associated with an increased risk of pre-term delivery, stillbirth, perinatal death and neurodevelopmental disorder.[48]

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46 Healthy Start, *About Healthy Start* (accessed 7 June 2017)
47 Royal College of Psychiatrists, *Perinatal mental health services: Recommendations for the provision of services for childbearing women*, July 2015, p10
48 *Ibid.*

Guidance from the Royal College of Psychiatrists emphasises the importance of early intervention in perinatal mental health problems. It states that perinatal mental health services should promote prevention, early detection and diagnosis, and recommends that services should identify women at high risk at an early stage.

The guidance states, for example, that maternity services should ensure that women at high risk of a recurrence of serious psychiatric disorder should be identified at early pregnancy assessment and referred for specialised care. Additionally, all women should be asked about current mental health problems during pregnancy and the early postpartum period. GPs should also offer women with serious mental illness pre-conception counselling, and ensure they are aware of the risks to their mental health of becoming pregnant.[49]

The 2015 Conservative Government stated that it was committed to improving access to perinatal mental health services for women during pregnancy and in the first postnatal year.[50] In January 2016, David Cameron announced investment to enhance mental health services across the country, including £290 million for perinatal mental health services:

> One in 5 new mothers develop a mental health problem around the time of the birth of their child and some 30,000 more women need specialist services. If untreated this can turn into a lifelong illness, proven to increase the likelihood of poor outcomes to the mother or new baby.
>
> That is why the government is today announcing a £290 million investment in the years to 2020 which will mean that at least 30,000 more women each year will have access to specialist mental healthcare before and after having their baby. For example, through perinatal classes, new community perinatal teams and more beds in mother and baby units, mums with serious mental health problems can get the best support and keep their babies with them.[51]

In response to a Parliamentary Question (PQ) in February 2016, Alistair Burt, the then Health Minister, said that the funding will aim to ensure all women have access to NICE recommended care[52] by 2020-21:

> The Prime Minister recently announced a £290 million investment over the next five years to 2020/21 in perinatal mental health services. This builds on the initial investment announced in the March 2015 Budget, making a total investment from 2015/16 to 2020/21 of £365 million. This settlement is expected to enable

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49 Royal College of Psychiatrists, Perinatal mental health services: Recommendations for the provision of services for childbearing women, July 2015, p19

50 PQ 24407 [on Mental Health Services: Pregnancy], 1 February 2016

51 'Prime Minister pledges a revolution in mental health treatment', *Prime Minister's Office press release*, 11 January 2016

52 The NICE guidelines offer evidence-based advice on the recognition, assessment, care and treatment of mental health problems in women during pregnancy and up to one year after childbirth, and in women who are planning a pregnancy. See NICE, Antenatal and postnatal mental health: clinical management and service guidance, June 2015

> NHS England to build capacity and capability in perinatal mental health services, with the aim of increasing access to The National Institute for Health and Care Excellence-concordant care for women in all areas of England by 2020/21.[53]

Additionally, Health Education England – responsible for NHS workforce planning and development - has a mandate commitment to ensure that trained specialist mental health staff are available to support mothers in every birthing unit by 2017.[54]

In October 2016, Public Health England published updated guidance for local authorities on public health, including on maternal mental health which described a national measure of perinatal mental health as being "in development". In particular, there is an attempt to integrate commissioning of perinatal mental health services between local authorities and NHS England. NHS England is aiming to strengthen integrated perinatal mental health pathways to reduce regional variations and improve coordinated care for women. This will involve effective collection and use of information, as well as information sharing across agencies, allowing for the early identifying of perinatal mental illness and direct referral to primary care and specialist perinatal mental health services.[55]

In response to a PQ in March 2017, Health Minister Nicola Blackwood noted than initial spending of the allocated £365 million had focused on capacity building:

> Planned spend for 2016/17 is £15 million and this is being achieved through targeted funding of activities to build capacity in specialist services including investment in workforce development and developing clinical leadership capacity, enhanced specialist Community Perinatal Mental Health service provision, strengthening Perinatal Mental Health networks across the country to drive forward change and building capacity in Mother and Baby units. However actual spend will not be available before the end of the financial year.[56]

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53 PQ 23806 [on Mental Health: Females], 2 February 2016
54 PQ 26117 [on Mental health services: Pregnancy], 10 February 2016
55 PHE, *Early Years High Impact Area 2: Maternal mental health,* October 2016
56 PQ 66473 [on Mental Health Services: Mothers], 8 March 2017

Educational Development

Early education entitlement

All three and four-year-olds, as well as around 40% of what the Government considers to be the most disadvantaged two-year-olds, have an entitlement to 15 hours of free early education per week. The current Government has legislated to extend this to 30 hours for working parents of three and four-year-olds.

The free hours of early education and childcare can be taken at nurseries and nursery classes, playgroups and pre-school, childminders and Sure Start children's centres.

Since 2000, free early education and childcare for young children has been universally available for younger children for part of the week:

> In 1998 the Labour government announced that it would introduce a free entitlement to part-time early education for all 3 and 4 year olds in England. This followed a similar policy announced by the Conservative government in 1996 for all 4 year olds. The policy became effectively universal across England for 4 year olds by 2000 (helped by a shift towards an earlier school starting age), but expanded more slowly for 3 year olds, becoming effectively universal across England by 2005.[57]

The provision was initially for five sessions of two-and-a-half hours' provision per week for 33 weeks per year, before being increased to 38 weeks of the year for all three and four-year-olds in 2006. Under the Coalition Government, the entitlement was increased to 15 hours over 38 weeks for all three and four-year-olds from September 2010, following a number of pilots under the previous Labour Government.[58] It is also possible to 'spread' the entitlement over a greater number of weeks (with the agreement of the childcare provider).

In addition, the provision was made available for two-year-olds if certain conditions were met, including that their parents or carers were eligible for certain means tested-benefits, or if the child was looked after by a local authority.[59]

A 2016 report from by National Audit Office found that in 2015 take-up was very high amongst three and four-year-olds, at 94% and 99% respectively. Amongst eligible two-year-olds the take-up was 58%, below the Government's aspiration of 73% to 77%.[60]

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57 Institute for Fiscal Studies, *The impact of free early education for 3 year olds in England*, October 2014

58 LaingBuisson, *Children's Nurseries – UK Market Report*, 13th edition, October 2014, pp82–83

59 For more details, see Gov.uk, *Help paying for childcare – 5. Free childcare and education for 2 to 4-year-olds* (accessed 7 June 2017)

60 National Audit Office, *Entitlement to free early education and childcare*, 2 March 2016, HC 853 2015-16

In response to a PQ in July 2015, Sam Gyimah, the Childcare Minister, argued the importance of the early education entitlement to children's development:

> The Department for Education recognises the importance of brain development and nurturing in the early years. Research shows that high quality early education, in conjunction with effective parenting skills, has a positive influence on children's confidence, their capacity to learn, and contributes to a sense of well-being and self-worth. The foundations for human development – physical, intellectual and emotional – are laid in early childhood. It is for this reason that the department has invested so heavily in the early education entitlement for all three- and four-year-olds as well as the most disadvantaged two-year-olds.[61]

Following a commitment in the Conservative Party's 2015 election manifesto, the increase to 30 hours for working parents of three and four-year-olds was introduced by the *Childcare Act 2016*. Early implementation of this started in pilot areas in September 2016, followed by full roll-out by September 2017.

During the Report Stage of the *Childcare Bill 2015-16*, Sam Gyimah stated that the policy intention of the increase related less to early intervention than did the existing, universal 15 hours policy:

> Let me say at the outset, however, that extending the 15 hours to 30 hours is primarily a work incentive. That is why the first 15 hours are universal, but the second 15 hours are based mainly on economic eligibility criteria. In judging and evaluating the impact of the policy we should bear in mind the work incentive.[62]

More information can be found in the Commons Library briefing paper, *Children: Introduction of 30 hours of free childcare (England)*.

The Government has commissioned a major longitudinal study into early education and development, the *Study of Early Education & Development (SEED)*. The study, which is expected to provide a full impact report in 2020, will examine the impact on child development of the early education entitlement for two-year-olds from lower income families.[63]

Early Years Foundation Stage

The Early Years Foundation Stage (EYFS), developed under the previous Labour Government, is a statutory framework for children up to the age of five, which sets out the areas of learning around which educational activities should be based.

A 2015 policy paper, published jointly by the Treasury and the Department for Education (DfE), states that:

> The early years foundation stage (EYFS) sets the statutory standards that all early years providers must meet. This includes all

61 PQ 4687 [on Pre-school education], 7 July 2015
62 HC Deb 25 January 2016, c58
63 PQ 4687 [on Pre-school Education], 7 July 2015

maintained schools, non-maintained schools, independent schools and all providers on the Early Years Register.

The EYFS aims to provide:

- quality and consistency in all early years settings
- a secure foundation for all children for good progress through school and life
- partnerships between different practitioners
- partnerships between parents or carers and practitioners
- equality of opportunity for all children[64]

The current framework sets out seven areas of learning which should be provided as part of early years education: literacy, mathematics, understanding the world, and expressive arts and design, as well as the three 'prime' areas of communication and language, physical development, and personal, social and emotional development.

Prior to September 2016, all early years providers (any provider offering education for children under five, including nurseries and childminders) had to complete an EYFS profile for each child in the final term of the year in which they turn five. For most children this was the reception year of primary school. This is no longer required, although the EYFS continues to be statutory.

Early years providers are also required to provide parents and carers with a progress check at age two, with a short written statement of their child's development in the three prime areas of learning. DH and DfE are currently piloting an Integrated Review in selected local authority areas, bringing the progress check together with health visitor checks (see section 3: Healthy Child Programme).[65]

A revised statutory EYFS framework has been in place since September 2014. An article in Nursery World outlines the changes from the previous version of the EYFS framework, published in 2012.[66]

Pre-school special educational needs provision

The *Children and Families Act 2014* provided an overhaul of the system for identifying children and young people in England aged up to 25 with special educational needs (SEN), assessing their needs and making provision for them.

The reformed system was introduced in September 2014, with transitional arrangements for those who already had support in place. Transition to the reformed system is intended to be complete by April 2018.

The type of support that children and young people with SEN receive may vary widely, as the types of SEN that they may have are very

64 DfE and HM Treasury, *2010 to 2015 government policy: childcare and early education*, 8 May 2015, Appendix 2
65 PQ 12513 [on Children: Health], 28 October 2015
66 'Revised EYFS: a guide to the changes', *Nursery World*, 1 April 2014.

different. However, two broad levels of support are in place: SEN support, and Education, Health and Care (EHC) Plans.

- **SEN support** - support given to a child or young person in their pre-school, school or college. In schools, it replaces the previously existing 'School Action' and 'School Action Plus' systems.

  For children under five the type of support provided includes a written progress check at age two, a child health visitor carrying out a health check at age two to three, a written assessment in the summer term of the first year of primary school, and making reasonable adjustments for disabled children (such as providing aids like tactile signs).

- **EHC Plans** - for children and young people aged up to 25 who need more support than is available through SEN support. They aim to provide more substantial help for children and young people through a unified approach that reaches across education, health care, and social care needs.

Parents can ask their local authority to carry out an assessment if they think their child needs an EHC Plan. A request can also be made by anyone at the child's school, a doctor, a health visitor, or a nursery worker.

Early years providers must have arrangements in place to support children with SEN or disabilities. These arrangements should include a clear approach to identifying and responding to SEN. The *SEN Code of Practice* states:

> The benefits of early identification are widely recognised – identifying need at the earliest point, and then making effective provision, improves long-term outcomes for children.[67]

The Code of Practice also states that maintained nurseries must designate a teacher to be responsible for co-ordinating SEN provision (the SEN co-ordinator, or SENCO).

More information can be found in the Commons Library briefing paper, *Special Educational Needs: support in England*.

Early Years Pupil Premium

The early years pupil premium (EYPP) is additional funding for early years settings to improve the education they provide for disadvantaged three and four-year-olds. It was introduced in financial year 2015-16 and was worth up to £300 per eligible child and £50 million in total.[68]

Three and four-year-olds in state-funded early education will attract EYPP funding if they meet at least one of the following criteria:

- their family gets one of the following:
  - Income Support

[67] DfE, SEN Code of Practice, January 2015, p79
[68] DfE, Extra funding to prepare for the early years pupil premium, February 2015

    - income-based Jobseeker's Allowance
    - income-related Employment and Support Allowance
    - support under part VI of the Immigration and Asylum Act 1999
    - the guaranteed element of State Pension Credit
    - Child Tax Credit (provided they're not also entitled to Working Tax Credit and have an annual gross income of no more than £16,190)
    - Working Tax Credit run-on, which is paid for four weeks after they stop qualifying for Working Tax Credit
    - Universal Credit
- they are currently being looked after by a local authority in England or Wales
- they have left care in England or Wales through:
    - an adoption
    - a special guardianship order
    - a child arrangement order

EYPP funding is allocated by the local authority to early years providers based on how many eligible pupils the provider has, and how many hours of state-funded early years education the children take up. [69]

For looked-after children, the funding is instead given to a local authority 'virtual school head' (VSH). In most cases, the VSH will then distribute the EYPP to early years providers, although some funding may be pooled to fund activities that will benefit a group of or all of the authority's looked-after children.[70]

Providers are able to use the EYPP how they best see fit, although it must be used to improve early education for disadvantaged children. A 2014 DfE consultation on EYPP stated the following:

> 5.12 We believe that providers will use this funding most effectively where they have the flexibility to innovate and to spend it on the strategies that they think will be most effective. This is the approach which has proven effective with the school-age Pupil Premium. If anything, it is even truer in the early years given the very wide diversity of providers.
>
> 5.13 We will not, therefore, impose conditions on providers about how the EYPP is spent. We will, however, be clear that they must use it to improve the quality of early years education for their disadvantaged children. [..] Providers will be held to account for the quality of the early education that they provide to disadvantaged children through Ofsted inspection.[71]

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69 DfE, Early years pupil premium: guide for local authorities, March 2015
70 DfE, *Pupil premium: virtual school heads' responsibilities*, March 2015
71 DfE, *Early Years Pupil Premium and funding for two-year-olds*, June 2014

Early Intervention Grant

The Early Intervention Grant (EIG) was introduced in 2011-12 to replace a large number of specific grants covering spending on the under-fives, in addition to some support for young people and families. This new grant was not tied to any particular grant funding area it replaced or ring-fenced overall. The Government's stated aim of combining these funding sources and removing the large number of ring-fences was to allow "greater flexibility and freedom at local level, to respond to local needs, drive reform and promote early intervention more effectively."[72]

Changes to the coverage and financing of EIG make it impossible to assess levels of overall funding from 2011 to the present on any consistent basis. Changes in the definition and nature of what EIG (and the funding it replaced) is for, mean that any funding series across the time period would have little meaning. The annual figures set out below give only an approximate indication of how this funding has varied.

The total of all EIG predecessor grants were originally set at £2.79 billion for 2010-11, before being reduced[73] to £2.48 billion at the end of May 2010. Around two-thirds of the original total of these grants were specifically aimed at the under-fives and the majority of this funding was for Sure Start children's centres which was (initially) worth £1.14 billion in 2010-11. The remaining grants were a mixture of those aimed at young people only, such as Connexions, and those covering children of all ages, such as short breaks for disabled children. [74] [75]

EIG was reduced to £2.24 billion in 2011-12; 10% below the revised 2010 - 11 total and 20% below the original 2010-11 allocation. The 2012-13 total was increased to £2.37 billion.[76] It included £0.29 billion of funding for early education places for disadvantaged two-year-olds. Although as EIG is not ring-fenced local authorities were not forced to spend this amount on these places.[77]

There were three main changes introduced to EIG in 2013-14:

1 The funding for early education for two-year-olds was transferred from EIG and added to Dedicated Schools Grant. This funding, now outside of EIG, was increased to £0.53 billion in 2013-14 and £0.76 billion in 2014-15 as the offer was extended to more two-year-olds.[78]

2 The method of payment for the remaining EIG was changed. Rather than coming from the DfE it was transferred to the new Business Rates Retention Scheme as part of the Start-Up Funding

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72 DfE, Early Intervention Grant FAQs, 2012
73 The £310 billion in-year cut was made pro rata, i.e. to the total of all these grants, rather than different reductions grant-by-grant.
74 DfE, *Early Intervention Grant Baseline Allocations Methodology*
75 HC Deb 13 December 2010, cc66-71WS
76 DfE, Early Intervention Grant FAQs, 2012
77 DfE, Early intervention Grant and free early education places for disadvantaged two-year-olds FAQs, 2012
78 DfE, *Dedicated Schools Grant Allocations 2014-15* (and earlier)

Assessment. While most funding from this source was unhypothecated (that is, not required to be spent on any particular area), the amount of EIG funding was separately identified, along with a number of other grants. Total EIG 'funding' transferred to this scheme was £1.71 billion in 2013-14 and £1.58 billion in 2015-16.[79] Removing the two-year-olds' funding from EIG cut its value in each of these years.

3 The DfE retained £150 million of funding earmarked for EIG, to be "retained centrally for future use in funding early intervention and children's services." This was paid to local authorities as Adoption Reform Grant (ARG) in 2013-14 and paid as ARG, SEN reform grant and funding for children's services in 2014-15.

The value of the remaining EIG within the local government finance settlement was subsequently reduced to £1.32 billion in 2016-17 and £1.21 billion in 2017-18. Indicative totals for the following years show further cuts down which take the total down to £1.03 billion in 2019 - 20.[80]

Much of the concern raised around the reductions in EIG concern support for Sure Start children's centres (see next section). However, as EIG is not ring-fenced there is no way to assess changes to central Government support specifically for children's centres. The table below looks at changes in what local authorities spent or planned to spend since 2010. Outturn spending in 2015-16 was 43% lower than 2010-11 in cash terms; 47% less in real terms.[81] Budgets for 2016-17 showed a further planned reduction in spending.

Local authority gross spending on Sure Start Children's Centres in England

£ million cash

	Spend/funding for/by individual Sure Start Children's Centres	LA provided or commissioned area-wide services delivered through Children's Centres	LA management costs relating to Children's Centres	**Total**
Outturn				
2010-11	907	305	..	**1,212**
2011-12	818	264	..	**1,082**
2012-13	770	207	..	**977**
2013-14	694	111	42	**848**
2014-15	628	98	42	**768**
2015-16	548	102	41	**691**
Budget				
2011-12	799	202	..	**1,000**
2012-13	782	172	..	**954**
2013-14	704	111	48	**863**
2014-15	648	95	51	**794**
2015-16	560	90	44	**694**
2016-17	516	77	35	**629**

Sources: Section 251 data returns, DfE (Outturn -table A; Budget -summary level table)

79 Department for Communities and Local Government (DCLG), *Breakdown of settlement funding assessment 2015-16* (and earlier)

80 DCLG, *Core spending power: final local government finance settlement 2017 to 2018 (Visible lines of funding table)*, February 2017

81 Values adjusted using January 2017 GDP deflators

Social Development

Sure Start children's centres

Sure Start is a network of local authority run children's centres, providing activities for young children and ensuring that early childhood services in the local area are integrated. Services can either be provided by the centre, or the centre can provide advice or assistance on accessing these services elsewhere.

The *Childcare Act 2006* defines these early childhood services as:

- early years provision (early education and childcare);
- social services functions of the local authority relating to young children, parents and prospective parents;
- health services relating to young children, parents and prospective parents;
- training and employment services to assist parents or prospective parents; and
- information and advice services for parents and prospective parents.[82]

Since the launch of the Sure Start programme in 1998 under the previous Labour Government, the intention has been that local Sure Start centres provide services tailored to local needs, both of young children and of their parents.

A 2010 report by the Children, Schools and Families Committee noted a wide range of services offered by centres across the country, including:

> 'Baby Bounce and Rhyme' sessions, speech and language therapy appointments, baby massage, fathers' groups, housing advice, Citizens' Advice Bureaux, money management workshops, sexual health clinics, holiday and after-school clubs for older children, home birth support groups, breastfeeding support groups, 'Stay and Play' sessions, book and toy libraries, community cafés, sales of cost-price home safety equipment, relationship counselling, befriending services, family learning, parenting skills courses, childminder drop-ins, healthy eating classes, smoking cessation groups, basic skills courses including ESOL and IT, domestic violence support groups, advocacy services, dental hygiene clinics, multiple birth support groups.[83]

The programme began as local partnerships in the most disadvantaged areas, although between 2003 and 2010 Sure Start developed into a universal service, with the aim of a children's centre that would be accessible by every family in England.

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82 Section 2, *Childcare Act 2006*

83 Children, Schools and Families Committee, *Sure Start Children's Centres*, HC 130-1, 15 March 2010, para 17

In April 2010 there were 3,632 designated Sure Start children's centres in England.[84] As of May 2017 there were 2,443 main centres and 731 former designated children's centres that now offer access to early childhood services. A total of 439 children's centres closed outright from 2010 to mid-April 2017.[85]

The Coalition Government, as part of its *Health Visitor Implementation Plan*, sought to ensure that every children's centre had a named health visitor, and that centres could help better deliver health services such as the Healthy Child Programme.

In 2013 the Government published statutory guidance which affirmed a new 'core purpose' for Sure Start centres, although this still left room for local flexibility:

> The core purpose of children's centres is to improve outcomes for young children and their families and reduce inequalities between families in greatest need and their peers in:
>
> - child development and school readiness;
> - parenting aspirations and parenting skills; and
> - child and family health and life chances.[86]

The Coalition Government also implemented reforms to funding for Sure Start. In 2011, the Government removed the ring-fence from Sure Start funding and introduced the EIG (see section 3: Early Intervention Grant). The EIG was then subsequently merged into the Business Rates Retention System.

There has been much debate over the impact of Sure Start. When the programme was launched in 1998, the National Evaluation of Sure Start (NESS), coordinated by Birkbeck, University of London, was also established. NESS reported every year from 2002-2012, and looked at a number of different impacts on children and parents who used Sure Start children's centres, including social development, health, later behaviour at school and parenting styles.

More information on Sure Start can be found in the Commons Library briefing paper, *Sure Start (England)*.

Parenting classes

In July 2011, the Coalition Government published *Supporting Families in the Foundation Years*, which argued in support of parenting classes, saying "we want more mothers and fathers to be able to access high quality parenting programmes when they choose to do so."[87]

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84 *Numbers of Sure Start Children's Centres as at 30 April 2010*, DfE

85 PQ 70127 [on Children's Centres: Closures], 18 April 2017; PQ 71222 [on Children's Centres: Closures], 24 April 2017; PQ 55895 [on Children's Centres: Closures], 6 December 2016

86 DfE, *Sure Start children's centres statutory guidance*, April 2013

87 DfE and DH, *Supporting Families in the Foundation Years*, July 2011, para 96

Subsequently, in October 2011, the then Children's Minister, Sarah Teather, announced that the Government would trial free parenting classes in three areas of the country, aiming to reach over 50,000 parents. She announced that the trials would run in Bristol, Middlesbrough, High Peak in Derbyshire and Camden, and be available for all parents of children aged five years and under. [88]

In addition, a new *CANParent* (CAN standing for Classes and Advice Network) website was established to provide more information about the scheme.[89]

The DfE published *CANparent Trial Evaluation: Final Report – Research brief* in 2014, which found that:

> The trial was successful in stimulating a supply of providers of parenting classes financed by fixed price vouchers; and some demand from parents who were offered classes that were free.
>
> The trial demonstrated that more time is necessary to increase the awareness of all parents of the benefits of quality universal parenting classes and thereby generate a culture whereby universal parenting classes are seen by most parents as a normal part of becoming a parent, similar to the culture of attending antenatal classes.
>
> The trial created the incentive for some providers to start offering online versions of their classes accessible to any parent nationally and, in the non-voucher area, to offer classes to parents of older children too.
>
> The trial led to a significant drop in the proportion of parents believing that parenting classes were only for parents with 'problems bringing up their children' i.e. it reduced stigma around parenting classes.
>
> The trial indicated that, at this stage of market development, parents paying for classes are likely to form only one of a number of income streams necessary to sustain supply of universal parenting classes.[90]

The trial was extended for one year, to March 2015, and run by the Department of Health.[91]

Under the 2015 Conservative Government, the then Prime Minister David Cameron announced a plan for further parenting classes in a January 2016 speech:

> I believe we now need to think about how to make it normal – even aspirational to attend parenting classes…
>
> …So I can announce today that our Life Chances Strategy will include a plan for significantly expanding parenting provision. It will examine the possible introduction of a voucher scheme for

88 'Free parenting classes to be offered to over 50,000 mothers and fathers', *DfE press release*, 16 October 2011
89 Parenting UK, *CANparent*, (accessed 7 June 2017)
90 DfE, *CANparent Trial Evaluation: Final Report – Research brief*, July 2014, p4
91 PQ 218858 [on Parents: Education], 18 December 2014

> parenting classes and recommend the best way to incentivise parents to take them up.[92]

However, in December 2016, it was confirmed that the Life Chances Strategy would no longer be published, and would be replaced by a forthcoming social justice green paper.[93]

In April 2017, the Government announced that it would, as part of its Troubled Families programme, launch a new programme to "embed proven parental conflict provision in local areas." Part of the stated rationale for the policy pointed to evidence that children growing up with parents who have good-quality relationships tend to have better outcomes in education, and mental and physical health. However, the policy is not targeted specifically at parents of children under five.[94]

Baby boxes (Scotland)

In January 2017, the Scottish Government began a three-month pilot in Clackmannanshire and Orkney of a 'baby box' programme, gifting a box of essential items, such as clothes, nappies and books, to every new-born baby. Each box is also designed to be a suitable place in which babies can sleep.

This new programme is based on the Finnish 'maternity package' scheme which has been running since 1938 and which in 2016 had a 95% take-up rate. It is credited by some as helping to reduce the Finnish infant death rate from 10% to 0.2%. In Scotland, where in 2016 the death rate was 0.37%, it is a concept designed to encourage expectant mothers to engage with maternity and antenatal services.[95] It is planned that the programme will be rolled out across the rest of Scotland from the summer of 2017. First Minister of Scotland, Nicola Sturgeon, remarked upon the beginning of the pilot:

> It's a simple idea with a proven record in tackling deprivation, improving health and supporting parents… The Box complements the existing services available to help babies and parents to thrive in the crucial early months.[96]

A similar scheme, again based on the Finnish model, will be launched by Hackney Council in London in April 2017. The boxes in this scheme will reportedly include a firm mattress, waterproof cover, and a cotton sheet.[97] Expectant parents will be required to watch an instructional video delivered by local health professionals and take a quiz before receiving their baby box. These boxes, and the requisite education resources, are being supplied by an American company, Baby Box co., free of charge.[98]

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92 Prime Minister's speech on life chances', *PM's office press release*, 11 January 2016
93 PQ 56144 [on Social Mobility], 8 December 2016
94 DWP, *Improving Lives: Helping Workless Families*, April 2017, para 21
95 'Nicola Sturgeon to provide free 'baby box' to new parents', *The Guardian*, 17 April 2016
96 'Baby Boxes begin', *Scottish Government press release*, 1 January 2017
97 'All Hackney mothers to get Finnish-style baby boxes to help reduce infant mortality', *Evening Standard*, 29 March 2017
98 'London council to hand out baby boxes to new parents', *LocalGov*, 30 March 2017

Benefits and Financial Assistance

Sure Start Maternity Grant

Families in receipt of Income Support, income-based Jobseeker's Allowance, income-related Employment and Support Allowance, Pension Credit, Child Tax Credit, Working Tax Credit that includes a disability or severe disability element, or Universal Credit can also claim the £500 lump sum Sure Start Maternity Grant.

A claim must be made in the 11 weeks before the expected week of confinement, or in the three months following the birth. Payment is conditional on the person having received health and welfare advice about child health matters and, if applying before the birth, advice about maternal health.

Child Benefit and Child Tax Credit may be claimed once the child is born. A family may also become entitled to Working Tax Credit, because of the more generous hours rules for those with children.

Tax credits and means-tested social security benefits are being replaced by Universal Credit – which is payable to families in or out of work – although the new benefit is not expected to be fully introduced until 2022 at the earliest.

Recent and forthcoming changes

As part of its deficit reduction plan, the Coalition Government made a number of changes to benefits for maternity and families with young children. From April 2011, the Sure Start Maternity Grant was restricted to the first child only, with certain limited exceptions (although from May 2012 onwards Social Fund Budgeting Loans could be offered for maternity items).[99] Expenditure on the Sure Start Maternity Grant fell from £146 million in 2010-11 to £51 million in 2011-12, and expenditure in 2017-18 is forecast to be £28 million (all figures in real terms, at 2017-18 prices).[100]

The £190 Health in Pregnancy Grant – introduced by the previous Labour Government in April 2009 – was abolished in January 2011. This was a non-means-tested payment made to women from the 25th week of pregnancy, on condition that they received maternal health advice from a health professional. Savings were estimated at £150 million per year.[101]

Changes were also made to tax credits which impacted on families with very young children. These included:

- Removal of the 'baby element' of Child Tax Credit, which provided additional help of up to £545 a year for families with a

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99 For further information see *Restriction of the Sure Start Maternity Grant*, Commons Library Briefing Paper SN5860, 10 February 2011

100 DWP, *Benefit expenditure and caseload tables: Spring Budget 2017*, March 2017

101 See *Savings Accounts and Health in Pregnancy Grant Bill [Bill 73 of 2010-11]*, Commons Library Briefing Paper, RP10-66, 22 October 2010

child under one (saving £295 million in 2011-12, and around £275 million a year in subsequent years); and

- Not proceeding with the Child Tax Credit supplement ('toddler tax credit') for one to two-year-olds Labour had planned to introduce from 2012-13 (saving £180 million a year).

A November 2014 report by Maternity Action, *Valuing families? The impact of cuts to maternity benefits*, looked at the impact of these and other measures.

As a result of further changes introduced by the 2015 Government, the per child element in tax credits and in Universal Credit – worth £2,780 a year – has been limited to two children for births from 6 April 2017. The Government justified this on the grounds that families in receipt of means-tested benefits "should face the same financial choices about having children as those supporting themselves solely through work."[102] The family element in tax credits and the equivalent in UC has also been abolished for new claims. The two measures will eventually yield savings of £5 billion a year, with the two child limit accounting for around £3 billion. Around 900,000 families with three or more children currently receive tax credits. Child Benefit will continue to be paid for all children.

There will be protection for families already getting support for third and subsequent children born before April 2017. The disabled child premia in tax credits and UC will also continue to be paid to all children with a disability. Full support for third and subsequent children born after April 2017 will also be available in certain 'exceptional circumstances.' This will include children cared for by family or close friends under 'kinship care' arrangements, children adopted from local authority care, and multiple births. There will also be an exception for 'non-consensual conceptions.' Further information is given in Commons Library briefing CBP-7935, *The two child limit in tax credits and Universal Credit*.

The *Scotland Act 2016* gives the Scottish Parliament legislative competence for the Sure Start Maternity Grant (and all other elements of the Regulated Social Fund). Further information on the new powers and on how the Scottish Government intends to use them is given in Scottish Parliament Information Centre briefing, *New Social Security Powers*.[103]

The Scottish Government is committed to replacing the Sure Start Maternity Grant with a new 'Best Start Grant' (BSG), aimed at giving support to low income families at 'key transitions' in the early years. Qualifying families would receive £600 on the birth of their first child and £300 on the birth of any second or subsequent children, plus £250

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[102] HM Treasury, *Summer Budget 2015*, 8 July 2015, HC 264 2015-16, para 1.145

[103] See also Child Poverty Action Group in Scotland, *Sure Start Maternity Grants and the Healthy Start Scheme: CPAG in Scotland policy seminar on the use of future powers*, December 2015

when each child begins nursery, and a further £250 when they start school.[104] The Scottish Government believes that BSG "will play an important part in reducing inequalities and will help improve health outcomes for under-fives."[105] It is "currently modelling the operation of the Best Start Grant to look at the practicalities of delivering this new benefit."[106]

[104] Scottish Government, *A New Future for Social Security Consultation on Social Security in Scotland*, 29 July 2016, Part 2, Section 10
[105] *Scottish Government Response to the Consultation on Social Security in Scotland*, 22 February 2017, p18
[106] Ibid.

4. The Role of Local Authorities

4.1 Children's services

The Government's statutory guidance from March 2015, *Working Together to Safeguard Children*, includes the section "Identifying children and families who would benefit from early help," and states that:

> 3. Local agencies should have in place effective ways to identify emerging problems and potential unmet needs for individual children and families. This requires all professionals, including those in universal services and those providing services to adults with children, to understand their role in identifying emerging problems and to share information with other professionals to support early identification and assessment.
>
> 4. Local Safeguarding Children Boards (LSCBs) should monitor and evaluate the effectiveness of training, including multi-agency training, for all professionals in the area. Training should cover how to identify and respond early to the needs of all vulnerable children, including: unborn children; babies; older children; young carers; disabled children; and those who are in secure settings.[107]

The guidance is clear that staff of local authorities and other agencies should be trained to identify and respond to the needs of unborn and very young children.

Where a child is identified as being vulnerable, local authorities have a wide range of investigative and supportive powers available to them. This can include detailed investigations (commonly referred to as "section 47 investigations") where a local authority has a duty to investigate if, among other factors, it has "reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm." Other measures include the power to take a child into the care of a local authority pursuant to a care order, or be provided with accommodation by a local authority.[108]

However, for children more generally, where a child or their family is deemed to be "in need" local authorities have a general duty to provide "a range and level of services appropriate to those children's needs."

The *Children Act 1989* defines a child as being in need in if:

> (a) he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority under this Part;
>
> (b) his health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services; or

[107] DFE, *Working Together to Safeguard Children*, March 2015, pp12–13

[108] For more information, see Family Rights Group, *Child Protection Procedures*, May 2015

> (c) he is disabled
>
> and "family", in relation to such a child, includes any person who has parental responsibility for the child and any other person with whom he has been living.[109]

In terms of the services that a local authority can offer to a child in need and their family, these are set out in the legislation as:

- advice, guidance and counselling;
- occupational, social, cultural, and recreational activities;
- care or supervised activities (which includes 'day care');
- home help;
- travel assistance;
- holiday;
- maintenance of the family home;
- financial help;
- provision of family accommodation.[110]

4.2 Local early intervention programmes

Local authorities have responsibility for many of the most important policy areas for the delivery of early intervention, such as education, public health and children's services. As a result, early intervention programmes conceived by central Government, for example Sure Start and the Healthy Child Programme, are often delivered on the ground through local authority structures.

In addition to this, the structures of local authorities, and their connections with relevant local groups and organisations, allow for greater integration of services, which can be key for the delivery of effective early intervention. For example, the EIF notes the importance of local, statutory Health and Wellbeing Boards with dedicated sub-groups for children and young people:

> This allows for a specific focus on this group and prevents other issues or population groups from overshadowing their needs. It also enables membership from a wider range of partners involved in the children's agenda, while maintaining strong governance arrangements to a senior partnership group. Many LAs have some form of children's partnership sub-group that gives specific attention to Early Intervention from conception to age five. [111]

Local authorities, as well as implementing national early intervention schemes, often pilot programmes of their own, targeting social

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[109] Section 17 also defines a child as being disabled "if he is blind, deaf or dumb or suffers from mental disorder of any kind or is substantially and permanently handicapped by illness, injury or congenital deformity or such other disability as may be prescribed." It adds that "'Development' means physical, intellectual, emotional, social or behavioural development, and 'health' means physical or mental health."

[110] Hershman and McFarlane, *Children Law and Practice*, para F56

[111] EIF, *Getting It Right For Families*, November 2014

problems that are more prevalent in their local area. For example, Luton's *Flying Start Strategy* for under-fives included specific plans to target low birth weights, of which Luton had the second highest prevalence in UK. It also sought to work with the diverse population of the area:

> We know from experience that we will need to adapt, "Lutonise", approaches to suit our super-diverse population to meet their language and cultural needs. Therefore Flying Start will ensure interventions meet the cultural and linguistic needs of our diverse community.[112]

Graham Allen's first early intervention report noted the importance of local authorities in its call for 15 'early intervention places'. The example of Nottingham was given, which launched itself as an Early Intervention City in 2008. This entailed drawing up an overarching framework for early intervention, as well as piloting a number of projects to tackle local problems. In terms of integration, the projects are delivered by the Nottingham Children's Partnership, which draws from a range of local bodies including the police, Jobcentre Plus, the local CCG, schools and the voluntary sector.[113]

Given the economic rationale for early intervention, the potential for significant savings has appeal for local authorities in the current financial climate. However, although there are occasional Government funding streams for individual programmes, such as the Early Language Development Programme,[114] it has been argued that general Government early intervention funding has been reduced in recent years (see section 3: Early Intervention Grant for background information).

A 2016 report by Action for Children, National Children's Bureau and the Children's Society found that between 2010-11 and 2015-16, spending by local authorities on early intervention services for children, young people and families fell by 31% in real terms, with a 48% reduction in children's centres and early years services funding. The report argues that this could have implications for investment in early intervention, despite the potential savings in the long-term.[115]

Graham Allen's second report (2011) recommended further exploration of alternative funding mechanisms for local authorities, such as payment-by-results models or social impact bonds (SIBs).[116] Some recent examples of early intervention SIBs are set out in the EIF's 2014 report on the topic, *Social Impact Bonds and Early Intervention*.[117]

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112 Luton Borough Council, *Luton's Flying Start Strategy 2014-15*, June 2015
113 Nottingham City Council, *Early Intervention: A citywide approach in Nottingham*, October 2010
114 PQ HL2291 [on Pre-school Education: Basic Skills], 3 November 2014
115 Action for Children, National Children's Bureau and the Children's Society, *Losing in the long run: trends in early intervention funding*, February 2016
116 Graham Allen MP, *Early Intervention: Smart Investment, Massive Savings*, July 2011
117 EIF, *Social Impact Bonds and Early Intervention*, March 2014

5. Evaluating the Effectiveness of Early Intervention

Although champions of early intervention policy cite a range of potential societal and economic benefits, it is often a challenge to reliably measure how effective individual programmes have been.

This is in part due to the long-term nature of early intervention. Given that the aim of many programmes is to act early in a child's life to prevent social problems later in life, evaluation should therefore follow the programme's beneficiaries into later life. However, such longitudinal studies can be complex and expensive.

Graham Allen's first early intervention report looked at 72 early intervention programmes, which had followed agreed social sciences standards of evidence from Europe and North America, to assess their effectiveness.[118] The report also recommended a new rigorous methodology for evaluating early intervention programmes, which was to be taken on by the newly established Early Intervention Foundation (EIF). The EIF operates as a 'what works centre' to more reliably evaluate the effectiveness of different approaches.

Examples of longitudinal early intervention studies include the National Evaluation of Sure Start (NESS), which studied children who used Sure Start children's centres and followed them up at ages three, five and seven. The study also used data from the Millennium Cohort Study to act as a control study with the children studied by NESS.[119]

Outcomes in a child's later life are affected by a huge range of factors, and therefore the inclusion of a randomised control trial (RCT) in an evaluation can be important in determining whether the outcomes can be attributed to the programme, or whether they would have occurred anyway. The EIF argues that for this reason RCTs have a reputation as the 'gold standard' for measuring impact, although there are difficulties in carrying out a successful RCT (such as differing drop-out rates for control groups and non-control groups).[120]

The process of attributing outcomes to a specific programme can be further complicated by the fact that programmes will generate different outcomes in different contexts. 'What works' can be a more complicated issue than simply whether something is or is not effective. For example, the longitudinal analysis of Head Start in the USA, a programme to boost the school readiness of low-income children, posed a broader version of the question of 'what works':

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[118] Graham Allen MP, *Early Intervention: The Next Steps*, January 2011
[119] NESS, *National Evaluation of Sure Start – Methodology Report*, March 2009
[120] EIF, *Translating the Evidence*, September 2015

> Under what circumstances does Head Start achieve the greatest impact? What works for which children? What Head Start services are most related to impact?[121]

Reliable evaluation of economic impact can be even more difficult to carry out. These evaluations have to deal with a range of complications, such as savings that may not be delivered to the same organisation that spent the money, for example early education spending preventing later spending from the criminal justice budget. In addition, as noted in the National Foundation for Educational Research and the Local Government Association's guide to business cases for early intervention, some benefits are simply not quantifiable:

> In many cases with health and social care interventions, it is not possible to monetise all the outcomes and impacts. This is most usually the case for social and environmental impacts as opposed to economic impact.[122]

A major longitudinal study into early education and development is underway, commissioned by the Coalition Government in 2013, to evaluate the impact of current early years policies. The Childcare Minister, Sam Gyimah, gave more information on the *Study of Early Education & Development (SEED)* in response to a PQ in July 2015:

> SEED will specifically examine the impact on child development of providing funded early years education to two-year-olds from lower income families.
>
> The study will follow the progress of over 5,000 children from the age of two, up until the end of key stage one at the age of seven. SEED will update evidence from the highly influential Effective Provision of Pre-school Education (EPPE) that has provided crucial evidence of the benefits of high quality early years education. A full impact report is due in 2020.[123]

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121 Head Start Research, *Head Start Impact Study Final Report*, January 2010

122 National Foundation for Educational Research and Local Government Association, *Developing a business case for early interventions and evaluating their value for money*, November 2011

123 PQ 4687 [on Pre-school Education], 7 July 2015

6. Further Reading

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