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Early intervention: a background paper

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Summary

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Summary

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

Early intervention is a public policy approach to identify and support children and their families at an early stage, to prevent a range of problems developing later in life, such as poor physical and mental health, low educational attainment, crime and anti-social behaviour. The Early Intervention Foundation charity notes that policies in this area can take many different forms, from home visiting to support vulnerable parents, to activities to support children's early language development. Early intervention policies are not, however, limited to early years but due to the rapid pace of physical and social development in very young children, policies are often targeted at this stage.

There are a range of different definitions of 'early intervention', covering a wide range of policy areas and attached to a variety of approaches and different age groups. Some, such as the [First 1001 Days Movement](#), focus interventions during the early years of a child's life. Other approaches, such as the Troubled Families programme extend to adolescence and whole family units to prevent problems developing at later stages.

Early intervention programmes can be targeted at specific groups; for example the [Family Nurse Partnership](#) (England) for first time mothers aged 19 or under, aimed specifically at vulnerable families, where children are at higher risk of poor outcomes in later life. Universal programmes by contrast, such as the [mandated health visits](#) for young children, are offered to all families.

The common thread between different definitions is their focus on the importance of early support for children and their families, to improve children's later life chances, health and wellbeing.

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 crime and substance misuse.

This paper provides an introductory overview to the development of early intervention policies, their evidence-base and their impact. It also provides links to further reading. It complements the [Library briefing paper Early Intervention: policy and provision](#) (CBP 7647) which provides information on the provision of early intervention support programmes in England.

1 A brief history

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. 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.¹

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.²

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.³

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.⁴

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.”⁵

¹ [‘The history of health visiting’](#), Nursing in Practice, September/October 2012

² Young-Ihm Kwon, [‘Changing Curriculum for Early Childhood Education in England’](#), Early Childhood Research and Practice, Vol 4 No2, Autumn 2002

³ Trevor Buck, *The Social Fund: Law and Practice*, 4th edition, 2009, p296

⁴ Responsibility for the employment of health visitors moved to the NHS in 1974 before returning to local authority control in 2015.

⁵ Section 19, [Education Act 1918](#)

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:

[T]here 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 '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.⁶

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.

In 1999, the then Labour Government announced a target to eradicate child poverty by 2020. 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 were more likely to experience unemployment and poor health outcomes.⁷

The Labour Government's child poverty strategy arguably marked the point at which early intervention developed as a distinct and more joined-up preventative policy approach. 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.⁸

⁶ Central Advisory Council for Education (England), *Children and their Primary Schools*, 1967, para 299

⁷ Department for Social Security, [Opportunity for all: Tackling poverty and social exclusion](#), September 1999

⁸ See section 2.3 of this paper for further information on Sure Start children's centres

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).⁹

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.

⁹ Education Committee, [Foundation Years: Sure Start Children's Centres](#), 11 December 2013, HC 364-II 2013-14, Ev 174

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Rationale

Health and wellbeing

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.¹⁰ Early parent-child interactions are important for this development and can have an impact on future mental and emotional health and wider wellbeing.¹¹

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.”¹²

The Chief Medical Officers 2012 Annual report, [Our Children Deserve Better: Prevention Pays](#), provides further information on foetal and early childhood development and the importance of early intervention (bold retained from original):

The evidence base clearly identifies that **events that occur in early life (indeed in fetal life) affect health and wellbeing in later life.** Whether this is through changes in genetic expression, how the brain is formed or emotional development, we increasingly understand that what happens in these years lays down the building blocks for the future. **This is particularly the case at times of rapid brain growth in the early years (i.e. from birth to 2 years) and adolescence. Increasing investment in research in recent years is helping to explain the complicated links between psychology, sociology and biology.** This understanding underpins the concept of the life course, that each stage of life affects the next. Therefore, to try to impact on the diseases of adult life that make up the greatest burden of disease, **it makes sense to intervene early.**¹³

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

¹⁰ Harvard University, Center on the Developing child, [The Science of Early Childhood Development \(InBrief\)](#), 2007

¹¹ Department of Health, [Our Health and Wellbeing Today](#), November 2010

¹² Professor Sir Michael Marmot, [Fair Society, Healthy Lives. The Marmot Review](#), February 2010

¹³ [Annual Report of the Chief Medical Officer 2012. Our Children Deserve Better: Prevention Pays](#), October 2013

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.

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 crime and substance misuse.

In [The Next Steps](#), the first Government commissioned early intervention report by Graham Allen MP, the review team stated 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.¹⁴

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). A 2006 Unicef study, [Behind Closed Doors](#), found that exposure to domestic violence in the early years can hinder development.¹⁵

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.¹⁶

Frank Field's report, [The Foundation Years](#), noted that, in education, disadvantage that is manifest at age five can have a strong correlation to disadvantage at age 18:

¹⁴ Graham Allen MP, [Early Intervention: The Next Steps](#), January 2011

¹⁵ Unicef, [Behind Closed Doors: The Impact of Domestic Violence on Children](#), 2006

¹⁶ Department for Children, Schools and Families, [Early Intervention](#), 2010

An analysis of the 1970 cohort study, for example, shows that only 18% of children who were in the bottom 25% in early 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.¹⁷

The report asserted 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.¹⁸

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.

Further information on research that that has influenced the development of early intervention policies in the England is provided in the Library briefing paper, [Early Intervention: policy and provision \(CBP 7647\)](#).

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 reduced public spending on health and social problems, and increased economic productivity. For example, Public Health England states that "Evidence shows that prevention and early intervention represent good value for money. Well-chosen interventions implemented at scale, help avoid poor health, reduce the growth in demand on public services, and support economic growth."¹⁹

The economic case was clearly set out in Graham Allen's second early intervention report, [Smart Investment, Massive Savings](#) (2011) (original emphasis):

¹⁷ Frank Field MP, [The Foundation Years: Preventing poor children becoming poor adults](#), December 2010, p38

¹⁸ Ibid., p5

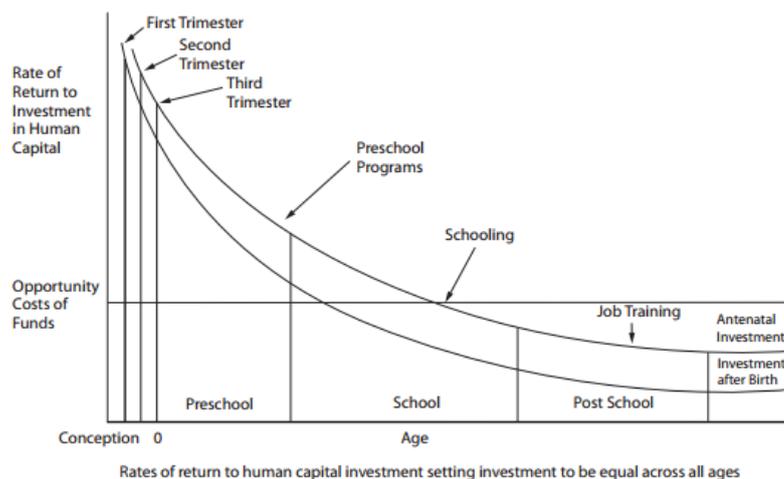
¹⁹ [Public Health England Business Plan for 2018-19](#)

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.²⁰

There is some research into the optimal timing of interventions, with a study by Doyle et al (2007) reporting that with equal levels of investment, the rate of return in terms of human capital is highest from the first trimester of pregnancy, decreasing at each subsequent stage of life.²¹

Rates of return to Human Capital Investment Setting

Investment to be Equal across all Ages



Source: Carneiro and Heckman, 2003.

The exact economic benefit of early intervention policies is, however, difficult to accurately assess; quoted figures vary significantly, based on the different methodologies used.

For example, the Commons Science and Technology Committee report [Evidence-based early intervention](#) (November 2018) referred to the potential for effective early intervention to save the Government money, with the cost of 'late intervention' estimated to be at least £16.6 billion each year in England

²⁰ Graham Allen MP, [Early Intervention: Smart Investment. Massive Savings](#), July 2011

²¹ Doyle et al, '[Early childhood Intervention: rationale, timing and efficacy](#)', UCD Discussion Series, WP/5/2007, January 2007

and Wales.²² In 2015, the First 1001 Days APPG, using methodologies from Australian and American studies, estimated that the cost of non-intervention in child maltreatment cases costs the UK economy £15 billion per year.²³

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.²⁴

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.

An overview of the rationale for early intervention can be found in the Early Intervention Foundation's report, [Realising the potential of early intervention](#), published in October 2018.

²² Science and Technology Committee (Commons), [Evidence-based early intervention](#) (HC 506) 14 November 2018. The Early Intervention Foundation has estimated the costs of late intervention to be £17 billion a year across England and Wales (in 2016/17 prices – see EIF, [Realising the potential of early intervention](#), October 2018)

²³ First 1001 Days APPG, [Building Great Britons](#), February 2015

²⁴ New Economics Foundation and Action for Children, [Backing the Future: why investing in children is good for all of us](#), September 2009

1 Evaluating the effectiveness of Early intervention

It is difficult to reliably measure how effective individual early intervention 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.²⁵ 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.²⁶

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. However, there can be difficulties in carrying out successful RCTs (such as differing drop-out rates for control groups and non-control groups). 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':

Under what circumstances does Head Start achieve the greatest impact? What works for which children? What Head Start services are most related to impact?²⁷

²⁵ Graham Allen MP, [Early Intervention: The Next Steps](#), January 2011

²⁶ NESS, [National Evaluation of Sure Start – Methodology Report](#), March 2009

²⁷ Head Start Research, [Head Start Impact Study Final Report](#), January 2010

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.²⁸

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 2020.²⁹

The Commons Science and Technology Committee report [Evidence-based early intervention](#) (November 2018) referred to the potential for effective early intervention to save the Government money, with the cost of 'late intervention' estimated to be at least £16.6 billion each year in England and Wales.³⁰ Public Health England also state that "Evidence shows that prevention and early intervention represent good value for money. Well-chosen interventions implemented at scale, help avoid poor health, reduce the growth in demand on public services, and support economic growth."³¹

During the Science and Technology Committee inquiry, the Early Intervention Foundation noted that, through their work, they had encountered "lots of examples where we see a gap between what we know from robust, peer-

²⁸ National Foundation for Educational Research and Local Government Association, [Developing a business case for early interventions and evaluating their value for money](#), November 2011

²⁹ [PQ 4687 \[on Pre-school Education\], 7 July 2015](#)

³⁰ Science and Technology Committee (Commons), [Evidence-based early intervention](#) (HC 506) 14 November 2018

³¹ [Public Health England Business Plan for 2018-19](#)

reviewed literature and what happens in local services and systems”.³² The Committee recommended that the Government “...should ensure that it has better oversight of the provision of early intervention around the country, so that it can identify approaches that are working well, detect local authorities in need of support and hold local authorities to account.”³³

The Government agreed with the Committee that the provision of early intervention will benefit from studies that can provide a strong evidence base, and its response noted the launch of the What Works Network in 2013, including the Early Intervention Foundation (EIF):

This Government is committed to improving the evidence base for what works and supporting research to inform evidence-based policy. Alongside the research programmes of individual departments, the Government has also invested in the EIF to build evidence on early intervention initiatives, and invested £10 million in the What Works Centre for Children’s Social Care to improve the evidence base in children’s social care and to make sure this evidence is translated into better practice.

Learning is already being generated from the individual evaluations of the Children’s Social Care Innovation Programme. The programme launched in 2013 and we have invested £200 million since then across 95 Innovation Projects. We have a comprehensive programme to share learning and enable LAs to adopt and adapt the most successful innovations from the Innovation Programme.

The Government will consider including further research into early intervention methods for addressing childhood adversity as we refresh individual departments’ areas of research interest (ARIs). We will engage UK Research and Innovation (UKRI) as we develop our thinking.³⁴

On 22 May 2019 the Government responded to a PQ about the long-term benefits of early intervention policies, and set out its support for the Early Intervention Foundation:

The government has funded the Early Intervention Foundation (EIF) since 2013, including almost £2 million in 2018-20, to assess, evaluate and disseminate evidence of what works. The EIF has assessed the benefits of a wide range of specific early intervention programmes and suggested that whilst producing robust estimates is challenging, there is a compelling argument that the costs of intervening early are likely to pay off to society in economic terms. In particular, they highlight that the long-term economic benefits are considerable where early intervention leads to labour market gains,

³² Science and Technology Committee, [Evidence-based early intervention](#) (HC 506) 14 November 2018

³³ Ibid, paragraph 47

³⁴ Science and Technology Committee, [Evidence-based early years intervention: Government’s Response to the Committee’s Eleventh Report of Session 2017–19](#) (HC 1898, February 2019)

such as improvements in employment and earnings. However, they are clear that it is not a quick fix and is unlikely to reduce pressure on the social care system in the short term.³⁵

Further information can be found in the Early Intervention Foundation's report, [Realising the potential of early intervention](#), published in October 2018.

In 2020 Andrea Leadsom MP was asked by the Government to chair a review into improving the health and development outcomes for babies in England. The review report published in March 2021 argued that a failure to invest in support services for families during the early 'start of life' period will result in "expensive future consequences".³⁶

The report, [The best start for life: a vision for the 1,001 critical days](#), set out six key areas for action to reduce health inequalities in the first 1,001 days of life including encouraging local authorities to publish a clear 'Start for Life offer' for parents in their area – a single publication making parents and carers aware of what support they can expect in their local area.

The report stated that a review implementation team would also be reviewing the role of the Early Intervention Foundation:

We will work with others to identify the best and most cost-effective ways to implement 'what works'. This will include exploring whether the remit of the Early Intervention Foundation means it is best placed to lead this work or whether a new body is needed.³⁷

³⁵ [PQ254818, 22 May 2019](#)

³⁶ DHSC, [The best start for life: a vision for the 1,001 critical days](#)- Early Years Healthy Development Review Report (March 2021), para 15

³⁷ Ibid, para 5.2

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