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BRIEFING PAPER

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Early Intervention

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Contents:

Contents

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Summary

Early intervention is a public policy approach to identify and support children and their families, to prevent problems developing later in life, such as poor physical and mental health, low educational attainment, crime and anti-social behaviour. The Early Intervention Foundation note 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.

The Commons Science and Technology Committee report *Evidence-based early intervention* (November 2018) highlighted the correlation between experience of adversity or trauma in childhood and the prevalence of encountering a range of problems in later life. The Committee also referred to the potential for effective early intervention to improve outcomes and to save money, with the cost of 'late intervention' estimated to be at least £16.6 billion each year in England and Wales. Public Health England 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"(see Public Health England Business Plan for 2018-19).

Early intervention policies are not 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. This briefing therefore looks at early intervention in terms of policies targeted at children from conception to age five. While some early intervention policy can be universal in scope (such as mandated health visits and access to children's centres) most policies are targeted at children deemed to be at higher risk of disadvantage.

This paper provides an overview of the development of early intervention policies and sets out recent developments and Government programmes in the following areas:

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

In addition, this paper also provides information on the evidence base for early intervention policy, as well as government commissioned reviews, select committee inquiries, and reports from All Party Parliamentary Groups. It also notes some approaches to early intervention and prevention taken by local authorities.

As many significant areas, such as health, education and local authority children's services, are devolved; this briefing paper focusses on early intervention policy in England, unless otherwise stated.

1. Early Intervention

1.1 Definitions and scope

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. For example, the First 1001 Days All-Party Parliamentary Group (APPG) focusses on the intervention period as conception to age two. 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]

Early intervention programmes can be either targeted at specific groups or universal in scope. Targeted programmes, such as the Family Nurse Partnership for first time mothers aged 19 or under, are aimed specifically at vulnerable families, where children are at higher risk of poor outcomes in later life. Universal programmes by contrast, such as the five 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. Recognising the importance of the very early years, this briefing paper looks specifically at policies directed at parents and children from conception up to age five, and focusses on targeted programmes. Also examined is the role of local authority children's services and the Trouble Families Programme. Although these are not focused solely on the under-fives they have a significant role in supporting this age group. For example, local authorities have a significant role in intervening early in the lives of vulnerable children. Of the 32,000 children who started to be looked after in 2015, 35% were younger than five.[2] Similarly around half of the families supported through the Troubled Families Programme include children under the age of five.[3]

This briefing paper does not cover early intervention policies outside of the early years/child development context (for example it does not cover early intervention policy in connection with the criminal justice system).

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

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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
3 Science and Technology Committee (Commons), Evidence-based early years intervention: Government's Response to the Committee's Eleventh Report of Session 2017–19 (HC 1898, February 2019)

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.[4]

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.[5]

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

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

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

In response, the EIF was established in 2013, with its work supported through a £20m investment in a social outcomes fund.[6] 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.[7]

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
4. Good antenatal services
5. Good specialised perinatal mental health services

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

6. Universal assessment and support for good attunement between parent and baby
7. Prevention of child maltreatment[8]

The 2015 Conservative Government also focused on perinatal mental health, with an announcement of £290 million 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 David Cameron gave a clear indication that early intervention would play a central role in the strategy.[9] 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,[10] but there have been a number of subsequent papers in this area:

- In April 2017 the Government published *Improving Lives: Helping Workless Families,* which set out action to drive improved outcomes for disadvantaged families and children.
- The Department for Education published plans for tackling social mobility through education, *Unlocking Talent, Fulfilling Potential*, in December 2017.
- The Government has also set out its ambition to reduce health inequalities in *Prevention is better than cure*, published in November 2018. This cited "strong evidence showing that prevention and early intervention represents very good value for money (improving health, reducing demand for public services and supporting economic growth)."[11]

In particular, Prevention is better than cure set out some key actions during pregnancy and early childhood:

> Our early experiences help shape lifelong health. The Government is taking further action before and during pregnancy, through childbirth, and throughout childhood, by:
>
> • **Encouraging healthier pregnancies**. Stopping smoking before or during pregnancy is the biggest single factor that will reduce infant mortality, and the Government will continue to work to drive down smoking rates in pregnancy as well as across society.
>
> • **Working to improve language acquisition and reading skills in the early years**, including by supporting parents to help their children's language development at home. Ensuring no child

8 All Party Parliamentary Group for Conception to Age 2 – The First 1001 Days, *Building Great Britons*, February 2015
9 'Prime Minister's speech on life chances', *PM's office press release*, 11 January 2016
10 PQ 56144 [on Social Mobility], 8 December 2016
11 Prevention is better than cure: Our vision to help you live well for longer, Gov.uk, Department of Health & Social Care, 5 November 2018

is left behind at the beginning of their school life, given the importance of educational attainment to future life chances.

• **Helping families by taking a whole family approach**. This involves coordinating support for those that need it across a range of important areas, including: mental and physical health, housing, debt and employment. There is clear evidence that exposure to frequent, intense and poorly resolved conflict between parents can have a negative impact on children's early emotional and social development. As such, the Reducing Parental Conflict Programme is working with all local areas in England to increase the availability of evidence-based support for families to address parental conflict.[12]

The Government has noted that a prevention Green Paper is expected later in 2019. Chapter 2 of the NHS Long Term Plan (7 January 2019) also set out action the NHS will take to strengthen its contribution to prevention and health inequalities.

1.3 Inter Ministerial Group on early years and family support

In July 2018 the Government announced the formation of a cross-Government ministerial working group on early years and family support.[13] The Inter Ministerial Group has considered how the Government can improve the coordination and cost-effectiveness of early years (conception to age 2) family support and bolster local provision. In June 2019 the former chair of the Group, Andrea Leadsom, asked a series of parliamentary questions about whether its recommendations had been agreed across Government. Department's responses noted that the Group's recommendations would be considered in due course.[14]

Following a submission to the Backbench Business Committee by Andrea Leadsom, Lucy Powell and Sir Norman Lamb, on 16 July 2019 there will be a Commons debate on a Motion relating to the Inter-Ministerial Group on Early Years Family Support.[15]

1.4 Recent reports

There have been a number of recent Select Committee reports considering early intervention, including:

- Science and Technology Committee (Commons), *Evidence-based early intervention* (HC 506) 14 November 2018. Government response (HC 1898) published February 2019

12 *Ibid.*
13 Cabinet Office, Leader of the Commons to chair ministerial group on family support from conception to the age of two, 27 July 2018
14 See for example: PQ267742 [Early Years Ministerial Group on Family Support], 26 June 2019
15 Backbench Business Committee, representations for backbench debates, 2 July 2019

- Health and Social Care Committee, *First 1000 days of life* (HC 1496), 26 February 2019. Government response published 6 June 2019.

Key recommendations from the Health and Social Care and Science and Technology Committees reports are provided in sections 3.1 and 5 of this briefing.

The Science and Tech Committee expressed disappointment that the Government rejected their central recommendation for a new national strategy for early intervention addressing childhood adversity and trauma. The Committee believed such a strategy would have raised the awareness and ambition among local authorities with regards to adversity-focused early intervention, provided guidance and described best practice, and established a central team to support local authorities.[16]

The Health and Social Care Committee also called on the Government to consider the needs of the most vulnerable families in all its policies across all departments:

> Improving support for children, parents and families during this vulnerable period requires a long-term and coordinated response nationally and locally. The Government should lead by developing a long-term, cross-Government strategy for the first 1000 days of life, setting demanding goals to reduce adverse childhood experiences, improve school readiness and reduce infant mortality and child poverty. The Minister for the Cabinet Office should be given responsibility to lead the strategy's development and implementation across Government, with the support of a small centralised delivery team.
>
> High-quality local services for children, parents and families should be founded on the following six principles:
>
> • "proportionate universalism", so services are available to all but targeted in proportion to the level of need,
>
> • prevention and early intervention,
>
> • community partnerships,
>
> • a focus on meeting the needs of marginalised groups,
>
> • greater integration and better multi-agency working; and
>
> • evidence-based provision.[17]

The Early Intervention Foundation's report, *Realising the potential of early intervention*, published in October 2018, also included a number of recommendations for local and national government:

- **National Action 1:** Establish a new long-term investment fund to test the impact of a whole-system approach to early intervention in a small number of places

16 Science and Technology Committee (Commons), Evidence-based early years intervention: Government's Response to the Committee's Eleventh Report of Session 2017–19 (HC 1898, February 2019)

17 Health and Social Care Committee, *First 1000 days of life* (HC 1496), 26 February 2019

- **National Action 2:** Establish a new What Works Acceleration Fund to support a wider set of places across England to deliver effective early intervention
- **National Action 3:** Create an independent expert panel to advise government on a long-term early intervention research strategy to fill significant gaps in our current knowledge
- **National Action 4:** Set up a new cross-government taskforce on early intervention to coordinate the work of relevant Whitehall departments and to oversee the delivery of these commitments
- **Local Action 1:** Agree a clear vision that is founded on the benefits of effective early intervention to local communities and the local economy
- **Local Action 2:** Foster a culture of evidence-based decision-making and practice

Box 1: Adverse Childhood Experiences (ACEs)

There is no universally agreed definition of what constitutes an adverse childhood experience (ACE) but the WAVE Trust explains that the term is used to describe traumatic experiences before age 18 that can lead to negative, lifelong emotional and physical outcomes. They note that the term ACEs derives from a study carried out in the 1990s in California. The 10 ACEs they measured were:

- Physical abuse
- Emotional abuse
- Sexual abuse
- Physical neglect
- Emotional neglect
- Divorce/parental separation
- Household mental illness
- Household domestic violence
- Household substance misuse
- Incarceration of a household member

Subsequent ACE studies have added other traumatic experiences to this list and there are numerous published sources, including:

- UCL Institute of Health Equity, 'The impact of adverse experiences in the home on the health of children and young people, and inequalities in prevalence and effects' (2016).
- The Journal of Public Health, 'Adverse childhood experiences: retrospective study to determine their impact on adult health behaviours and health outcomes in a UK population'.

The Commons Science and Technology Report looked in detail at the evidence base for the impact of ACEs, and the use of this framework in early intervention policy, in its report *Evidence-based early intervention* (HC 506, 14 November 2018).

There is also an All Party Parliamentary Group for Prevention of Adverse Childhood Experiences (ACEs).

1.5 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. 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.[18]

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.[19]

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.[20]

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.[21]

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."[22]

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 'extended family' with cousins and aunts and grandparents close at hand provides, where it still exists, a natural bridge between

18 'The history of health visiting', *Nursing in Practice*, September/October 2012
19 Young-Ihm Kwon, 'Changing Curriculum for Early Childhood Education in England', *Early Childhood Research and Practice*, Vol 4 No2, Autumn 2002
20 Trevor Buck, *The Social Fund: Law and Practice*, 4th edition, 2009, p296
21 Responsibility for the employment of health visitors moved to the NHS in 1974 before returning to local authority control in 2015.
22 Section 19, *Education Act 1918*

> 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.[23]

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).[24]

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

[24] 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."[25]

The Chief Medical Officers 2012 Annual report, Our Children Deserve Better: Prevention Pays provides further information on fetal 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**.[26]

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.[27] Early parent-child interactions are important for this development, and can

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

26 Annual Report of the Chief Medical Officer 2012, Our Children Deserve Better: Prevention Pays, October 2013

27 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.[28]

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 crime and substance misuse.

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.[29]

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.[30]

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.[31]

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 development scores at age five achieved an A Level or higher, compared to nearly 60% who were in the top 25%
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> […]

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28 Department of Health, *Our Health and Wellbeing Today*, November 2010
29 Graham Allen MP, *Early Intervention: The Next Steps*, January 2011
30 Unicef, *Behind Closed Doors: The Impact of Domestic Violence on Children*, 2006
31 Department for Children, Schools and Families, *Early Intervention*, 2010

> 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.[32]

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.[33]

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 reduced public spending on health and social problems, and increased economic productivity. 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."[34]

The economic case was clearly set out in Graham Allen's second early intervention report, *Smart Investment, Massive Savings* (2011) (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.[35]

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.[36]

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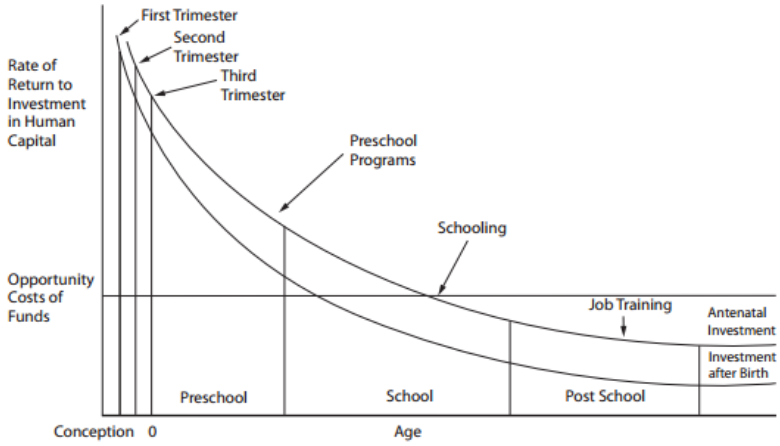
32 Frank Field MP, *The Foundation Years: Preventing poor children becoming poor adults*, December 2010, p38
33 *Ibid.*, p5
34 Public Health England Business Plan for 2018-19
35 Graham Allen MP, *Early Intervention: Smart Investment, Massive Savings*, July 2011
36 Doyle et al, 'Early childhood Intervention: rationale, timing and efficacy', *UCD Discussion Series*, WP/5/2007, January 2007



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

The exact economic benefit of early intervention policy are, 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 and Wales.[37] 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.[38]

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.[39]

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 good 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.

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37 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)

38 First 1001 Days APPG, *Building Great Britons*, February 2015

39 New Economics Foundation and Action for Children, *Backing the Future: why investing in children is good for all of us*, September 2009

3. UK Government Policies

Evidence that influences on brain development in the early years of life impact on outcomes in later life is widely cited by health and social care professionals, think tanks, and commentators, and there is widespread support for early intervention approaches. As set out in section 1.2, Labour, Coalition and Conservative Governments have also advocated a range of policies in this area, which have seen increased scrutiny from Select Committees.

More recent Government policy has highlighted its role in supporting local government and other partners, noting that early intervention policies should be commissioned locally to best meet local needs. The Government set out this position in its response to the Health and Social Care Select Committee's report on early intervention in June 2019:

> 11.Early family support is a serious and complex matter and the Government's approach reflects this. The approach is based on several principles: that early, rather than late, intervention is key; that central government's role is to support, facilitate and work with local government and other partners to tackle these issues together; that solutions should be focused on outcomes and underpinned by evidence, and that successful strategies should be identified and shared widely within the sector

In 2013 local government became responsible for funding and commissioning a number of preventive health services, including smoking cessation, drug and alcohol services, and sexual health. In 2015 it also took responsibility for early years support for children such as school nursing and health visitors. These services are funded by central government from the public health grant, and funding and availability of these services over the next five years will be decided in the next Spending Review. Chapter 2 of the *NHS Long Term Plan* (January 2019) noted that the Government and the NHS will consider whether there is a stronger role for the NHS in commissioning health visitor services and other public health services. On 6 June 2019 the Department of Health and Social Care announced that a Government review had confirmed local authorities will continue to commission public health services, and that the forthcoming prevention Green Paper will consider closer working between local government and the NHS.[40]

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.

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[40] Gov.uk, Government review confirms local authorities will continue to commission public health services, 7 June 2019

3.1 Health

Healthy Child Programme

The Healthy Child Programme (HCP) is a universal NHS programme for the health and wellbeing of children and young people aged 0-19 years. 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 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.[41]

The mandated reviews are based on evidence showing that these are the key times to ensure parents are supported to give their baby the 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.[42]

A 2016 PHE review found that mandating local authorities to offer universal health visiting reviews has helped increase the eligible population reached by this service during 2015-16, and that there was

41 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

42 PHE, *Healthy child programme: rapid review to update evidence*, March 2015

widespread support for it to remain in place.[43] New regulations, passed in March 2017, ensured that this duty remains with local authorities.[44]

One of PHE's 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 PHE 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*, this was revised in March 2018.

The Health and Social Care Committee[45] and the Commons Science and Technology Committee[46] started inquiries into early intervention policy in 2018. Both Committee's called on the Government to review the current provision of the Healthy Child Programme and set a date for achieving complete coverage in the number of children who receive all five mandated health visits. The Health and Social Care Committee also recommend that the Government set out proposals for increasing the number of routine visits.

Some of the Health and Social Care Committee's key recommendations, and the Government's responses, are set out below:

> **Recommendation 7**
>
> A revised Healthy Child Programme should be expanded to focus on the health of the whole family and examine how this affects the physical and mental health of the child, recognising that the physical health and mental health of a baby's parents, and the strengths of their relationships with each other and their child, are important influences on their child's health.
>
> **Recommendation 8**
>
> We recommend that the revised Healthy Child Programme should include the provision of pre-conception support for parents who are planning a pregnancy, or to parents who could have benefited from more support prior to a previous pregnancy. This should begin at school, where there should be focused attention on healthy relationships, pregnancies, including advice about smoking, alcohol, substance misuse and parenting.
>
> **Recommendation 9**
>
> We recommend that an additional mandated visit at 3 to 3.5 years should be included in the Healthy Child Programme, to ensure that potential problems that may inhibit the ability of children to be ready to start school are identified and addressed.

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43 PHE, *Review of mandation for the universal health visiting service*, October 2016

44 *The Local Authorities Public Health Functions and Entry to Premises by Local Healthwatch Representatives) (Amendement) Regulations 2017*, SI 2017/505

45 Health and Social Care Committee, *First 1000 days of life* (HC 1496), 26 February 2019

46 Science and Technology Committee (Commons), *Evidence-based early intervention* (HC 506) 14 November 2018

Recommendation 10

We recommend that a revised Healthy Child Programme, with increased focus on continuity of care, should include the explicit objective that so far as possible a family will see the same midwife and the same health visitor, at each appointment or visit.

Government response:

(…)

The government has no plans to introduce an additional mandated contact for all children aged 3 to 3.5 years of age. Within the funding available, an increased focus on the universal mandated visits may lead to a reduced focus on those children and families that need additional support and help. Rather than additional mandated contacts for all, the government wants to secure a system that supports greater professional leadership so that local areas can best target resources to meet the needs of their local communities.

The Healthy Child Programme was introduced in 2009 and thus may not reflect the most up-to-date developments in evidence, commissioning and integrated delivery, national policy priorities or expectations from the public on accessing information through digital channels. We are therefore working with Public Health England (PHE) on modernisation for the Programme, with an initial focus on the first 1,000 days and early years, to improve a range of childhood outcomes including early development and school readiness. There is also an ambition to ensure a stronger link with pregnancy and preconceptual care, while the refresh of the Healthy Child Programme also provides an opportunity to link with the refresh of the health visitor and school nurse service model (4-5-6) which PHE are undertaking.[47]

Health visitors

Health visiting teams lead and deliver the elements of the Healthy Child Programme for 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

[47] DHSC, Government Response to the Health and Social Care Select Committee report on 'First 1000 days of life' (CP 112, 6 June 2019)

> 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.[48]

Health visiting services were discussed during a Westminster Hall debate on early intervention policy in March 2019. Responding for the Government, the Education Minister Chris Skidmore provided the following:

> Local authorities are receiving £16 billion between 2015 and 2021 to spend on public health functions, which includes funding to support the healthy child programme and the mandated five health visits, which the hon. Lady mentioned, for children between the ages of nought and five. We are seizing the opportunities presented by such moments with families. A key piece of partnership working between the Department and Public Health England will see the Institute of Health Visiting train up to 1,000 health visitors in 2019 to identify and support children with speech, language and community needs early. The health visitors will then cascade the training to provide even greater reach. It is important to make sure that an evaluation takes place to make sure it is as effective as possible.
>
> On the recruitment of additional health visitors and the quantity of visits, health visiting services are commissioned by local health authorities, and health visitors are employed by the local health service providers. However, the Government will continue to work with partners, child development experts and professional organisations representing health visitors to ensure that the healthy child programme remains an effective and evidence-based framework providing good health, wellbeing and resilience for every child.[49]

Between September 2010 and September 2015, the number of health visitors employed by the NHS in England rose from 7,849 to 10,236 (full time equivalent posts). Because commissioning responsibilities for health visiting services moved from the NHS to local authorities in late 2015, it is not possible to say how many health visitors there are in England since that date. The number of health visitors employed by the NHS has fallen back to 7,884 as of September 2018, but this number should not be compared with the previous workforce figures as it doesn't represent the whole workforce – this is because some local authorities do not commission health visiting services from the NHS[50] and there is no data available on staff at other providers.[51]

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

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48 NICE, *Health visiting: NICE advice [LGB22]*, September 2014
49 WH Debate, Evidence-based Early Years Intervention, 21 March 2019
50 Sources: NHS Digital, NHS Workforce Statistics
51 The Government made this point in a written question response from 2017. PQ 63586

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.[52] 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.[53]

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.[54] 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.

The Health and Social Care Committee's report in the first 1000 days of life recommended that the Government, working with local areas and the voluntary sector, develop a programme into which children and families who need targeted support can be referred, drawing on the experience of the Family Nurse Partnership in Scotland, Northern Ireland and in some parts of England, and of Flying Start in Wales. The Committee also agreed with the Science and Technology Select Committee that commissioners should continue to appraise the evidence base for the Family Nurse Partnership, as well as for other targeted interventions, and consider investment or disinvestment accordingly. The Government response outlined its work with the Early Intervention Foundation as a "What Works Centre", to ensure that investment in services is evidence based and has a stronger impact on child outcomes. The Government response also provided the following on the Family Nurse Partnership:

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

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

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

> The FNP programme uses an approach to share learning and evidence that once tested has the potential to benefit a wider cohort of families. In April 2020, the FNP National Unit function will transfer to in-house within Public Health England to enable sustainability, significantly better taxpayer value, and dissemination of skills and knowledge across a range of high priority early years interventions. This will enable PHE to deliver the FNP National Unit functions to fulfil the FNP licence requirements for England, as well as supporting cross Government priorities on the first 1000 days in order to benefit a wider cohort of children.

Healthy Start and Start4Life

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:

- 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.[55]

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.

Public Health England's Start4Life programme delivers advice and practical guidance to parents-to-be and families with babies and under-fives, to help them adopt healthy behaviours and build parenting skills. This includes promoting uptake of the Healthy Start voucher scheme. Start4Life provides advice on its website and through the Information Service for Parents email programme. Further information can be found on the Start4Life website.

Maternity services and perinatal mental health

NHS maternity services aim to ensure that women and families are supported from preconception through to the weeks after birth – and include measures to reduce risk and tackle inequalities. The *NHS Long Term Plan* (January 2019) referred to measures to improve maternity services, including the establishment of twenty Community Hubs in areas with the greatest need, to act as 'one stop shops' for women and their families:

> 3.12. Recommendations from the National Maternity Review: Better Births are being implemented through Local Maternity

[55] Healthy Start, *About Healthy Start*

> Systems. These systems bring together the NHS, local authorities and other local partners with the aim of ensuring women and their families receive seamless care, including when moving between maternity or neonatal services or to other services such as primary care or health visiting. By spring 2019, every trust in England with a maternity and neonatal service will be part of the National Maternal and Neonatal Health Safety Collaborative. Every national, regional and local NHS organisation involved in providing safe maternity and neonatal care has a named Maternity Safety Champion. Through the Collaborative and Maternity Safety Champions, the NHS is supporting a culture of multidisciplinary team working and learning, vital for safe, high-quality maternity care. Twenty Community Hubs have been established, focusing on areas with greatest need, and acting as 'one stop shops' for women and their families. These hubs work closely with local authorities, bringing together antenatal care, birth facilities, postnatal care, mental health services, specialist services and health visiting services.

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.[56]

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

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[56] Royal College of Psychiatrists, *Perinatal mental health services: Recommendations for the provision of services for childbearing women,* July 2015, p10

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.[57]

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.[58]

The Five Year Forward View for Mental Health committed to invest £365 million from 2015/16 to 2020/21 in perinatal mental health services to ensure that, by 2020/21, at least 30,000 more women each year are able to access evidence-based specialist mental health care during the perinatal period.

In January 2016, then Prime Minister David Cameron outlined plans for this investment:

> 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.[59]

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57 *Ibid.*

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

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

PQ responses have noted that the funding would also ensure all women have access to NICE recommended care[60] by 2020-21,[61] and to build capacity in specialist services.[62] This includes investment in workforce development and developing clinical leadership capacity, enhanced specialist Community Perinatal Mental Health service provision, strengthening Perinatal Mental Health networks, and building capacity in Mother and Baby units.

In October 2016, Public Health England published updated guidance on maternal mental health, and closer working between local authorities and the NHS in commissioning of perinatal mental health services. 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.[63]

The *NHS Long Term Plan* (January 2019) included a commitment for a further 24,000 women to be able to access specialist perinatal mental health care by 2023/24. Specialist care will also be available from preconception to 24 months after birth, which will provide an extra year of support. Support will also be extended to fathers and partners of women accessing specialist perinatal mental health services and maternity outreach clinics.

In April 2019 NHS England confirmed that new and expectant mothers across the country are now able to access specialist mental health care in the area where they live.[64]

Box 2: Parental conflict related to alcohol misuse

Research shows that having an alcoholic parent can have long lasting and severe impact on a child. Following campaigns by a number of MPs and others with experience of alcohol dependent parents, the Government announced a package of measures designed to help identify at-risk children more quickly, and provide greater access to support and advice for both children and parents. The programme, announced in April 2018, is backed by £6 million in joint funding from the Department of Health and Social Care and the Department for Work and Pensions. It is designed to help an estimated 200,000 children in England living with alcohol-dependent parents and develop interventions to reduce parental conflict within those families. This will include £500,000 for the development of an existing helpline, a £4.5 million innovation fund for up to eight local authorities to pilot new interventions, and £1 million for voluntary sector capacity building. Details of the Innovation Fund are available on the Gov.uk website.

60 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

61 PQ 23806 [on Mental Health: Females], 2 February 2016

62 PQ 66473 [on Mental Health Services: Mothers], 8 March 2017

63 PHE, *Early Years High Impact Area 2: Maternal mental health*, October 2016

64 PQ 254232, 22 May 2019

3.2 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, and this was launched on 1 September 2018.

Three and four year olds qualify for the extended entitlement, except any looked after children and those four-year olds who are attending a school reception class. A child does not become eligible as soon as they turn three – rather, they have to wait until the start of the term following their third birthday.[65]

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.[66]

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.[67] It is also possible to 'spread' the entitlement over a greater number of weeks (with the agreement of the childcare provider).

In addition, beginning in 2013, 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

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[65] More information can be found in House of Commons Library briefing paper: Childcare: "30 hours" of free childcare – eligibility, access codes and charges (England)

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

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

the child was or had been looked after by a local authority, or was disabled.[68]

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%.[69]

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.[70]

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 across England in 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.[71]

More information can be found in the Commons Library briefing paper, Childcare: "30 hours" of free childcare – eligibility, access codes and charges (England).

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

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68 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)

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

70 PQ 4687 [on Pre-school education], 7 July 2015

71 HC Deb 25 January 2016, c58

2020, and has already started publishing findings on the SEED website.[72]

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 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[73]

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. DHSC 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).[74]

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72 PQ 4687 [on Pre-school Education], 7 July 2015
73 DfE and HM Treasury, *2010 to 2015 government policy: childcare and early education*, 8 May 2015, Appendix 2
74 PQ 12513 [on Children: Health], 28 October 2015

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.[75]

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 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 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).[76]

- **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.[77]

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).

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75 'Revised EYFS: a guide to the changes', *Nursery World*, 1 April 2014.

76 Gov.uk, Children with special educational needs and disabilities (SEND), [Accessed: 8 July 2019]

77 DfE, SEN Code of Practice, January 2015, p79

More information can be found in the Commons Library briefing paper, *Special Educational Needs: support in England*, SN 7020.

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.[78]

Currently early years education providers can get up to £302 per year to help with children's education. This is paid directly to providers.[79]

Three and four-year-olds in state-funded early education will attract EYPP funding if their family gets one of the following:

- 15 hours free childcare.

As well as at least one of the following:

- Income Support
- income-based Jobseeker's Allowance
- income-related Employment and Support Allowance
- support under part six of the Immigration and Asylum Act 1999
- the guaranteed element of State Pension Credit
- Child Tax Credit (provided you are 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 4 weeks after you stop qualifying for Working Tax Credit
- Universal Credit - your household income must be less than £7,400 a year after tax not including any benefits you get

You may also get early years pupil premium if your child is currently being looked after by a local authority in England or Wales or if your child has left care in England or Wales through:

- adoption
- special guardianship order
- a child arrangements 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. [80]

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

78 DfE, Extra funding to prepare for the early years pupil premium, February 2015
79 Gov.uk, Get extra funding for your early years provider, [accessed: 29 May 2019]
80 DfE, Early years pupil premium: guide for local authorities, December 2016

be pooled to fund activities that will benefit a group of or all of the authority's looked-after children.[81]

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.[82]

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."[83]

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[84] 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. [85] [86]

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81 DfE, *Pupil premium: virtual school heads' responsibilities*, March 2015
82 DfE, *Early Years Pupil Premium and funding for two-year-olds*, June 2014
83 DfE, Early Intervention Grant FAQs, 2012
84 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.
85 DfE, *Early Intervention Grant Baseline Allocations Methodology*
86 HC Deb 13 December 2010, cc66-71WS

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.[87] 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.[88]

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 the 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.[89]

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 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.[90] 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 the Adoption Reform Grant (ARG) in 2013-14 and paid as ARG, SEN reform grant and funding for children's services in 2014-15.

87 DfE, Early Intervention Grant FAQs, 2012
88 DfE, Early intervention Grant and free early education places for disadvantaged two-year-olds FAQs, 2012
89 DfE, *Dedicated Schools Grant Allocations 2014-15* (and earlier)
90 Department for Communities and Local Government (DCLG), *Breakdown of settlement funding assessment 2015-16* (and earlier)

The value of the remaining EIG within the local government finance settlement was subsequently reduced to £1.32 billion in 2016-17 and each following year to £1.02 billion in 2019-20. These are indicative totals of what the Government has calculated can be spent. It is up to local authorities to decide the exact amount they spend on early intervention.[91]

Local authority spending on Children's Centres

gross expenditure related to Sure Start Children's Centres, England

	Individual Children's Centres	Area-wide services[a]	LA management costs	**Total**
£ million 2017-18 prices				
2010-11	1,036	348	..	**1,383**
2011-12	917	296	..	**1,213**
2012-13	852	229	..	**1,081**
2013-14	753	121	46	**920**
2014-15	668	105	44	**818**
2015-16	577	107	43	**726**
2016-17	522	84	44	**650**
2017-18	426	80	37	**543**
Change 2010-11 to 2017-18	*-59%*	*-77%*	..	***-61%***

Note: Prices adjusted using December 2018 GDP deflators

(a) LA provided/commissioned area-wide services delivered through Children's Centres

Source: Section 251 data returns, DfE (Outturn -table A)

Much of the concern raised around the reductions in EIG centre around 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. Real levels of spending have fallen in each year and by 61% overall between 2010-11 and 2017-18.

[91] MHCLG, Core spending power: visible lines of funding 2019 to 2020

3.3 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.[92]

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 Select 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.[93]

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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92 Section 2, *Childcare Act 2006*

93 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.[94] As of February 2019 there were 2,362 main centres and 722 former designated children's centres that now offer access to early childhood services.[95]

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.[96]

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 the Early Intervention Grant within section 3.2 above). The EIG was then subsequently merged into the Business Rates Retention System.

When the programme was launched in 1998, the National Evaluation of Sure Start (NESS), coordinated by Birkbeck College, 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.

On 3 June 2019 the Institute for Fiscal Studies published a report on the health effects of Sure Start. This report's main finding included that:

- Sure Start significantly reduced hospitalisations among children by the time they finish primary school
- At younger ages, a reduction in infection-related hospitalisations plays a big role in driving these effects. At older ages, the biggest impacts are felt in admissions for injuries
- Sure Start benefits children living in disadvantaged areas most
- A simple cost–benefit analysis shows that the benefits from hospitalisations are able to offset approximately 6% of Sure Start's programme costs

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94 *Numbers of Sure Start Children's Centres as at 30 April 2010*, DfE
95 https://get-information-schools.service.gov.uk/ (downloaded 1 March 2019)
96 DfE, *Sure Start children's centres statutory guidance*, April 2013

The IFS did not find any evidence that Sure Start had impacted child obesity at age 5, or maternal mental health.[97]

On 5 June 2019 Lucy Powell asked an Urgent Question about the IFS report on Sure Start centres.[98] Referring to the report's findings she stated that: "There is a clear lesson here for Government: investment in early intervention saves money later on. Closing Sure Start centres is a false economy."[99] The Minister responding, Anne Milton, welcomed the report and noted that Early Intervention Foundation will look at children's centres and other delivery models to find out what works well. She said this would give local authorities more evidence to help them to decide how to organise services for families in their areas.[100]

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."[101]

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.[102]

In addition, a new *CANParent* (CAN standing for Classes and Advice Network) website was established to provide more information about the scheme.[103]

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

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97 Institute for Fiscal Studies, *The health effects of Sure Start*, June 2019
98 HC Deb [Urgent Question: Sure Start: IFS Report], 5 June 2019
99 *Ibid.*
100 *Ibid.*
101 DfE and DH, *Supporting Families in the Foundation Years*, July 2011, para 96
102 'Free parenting classes to be offered to over 50,000 mothers and fathers', *DfE press release*, 16 October 2011
103 Parenting UK, *CANparent*, (accessed 7 June 2017)

> 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.[104]

The trial was extended for one year, to March 2015, and run by the then Department of Health.[105]

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 parenting classes and recommend the best way to incentivise parents to take them up.[106]

However, in December 2016, it was confirmed that the Life Chances Strategy would no longer be published.[107]

Box 3: 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.[108] 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.[109]

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104 DfE, *CANparent Trial Evaluation: Final Report – Research brief*, July 2014, p4
105 PQ 218858 [on Parents: Education], 18 December 2014
106 Prime Minister's speech on life chances', *PM's office press release*, 11 January 2016
107 PQ 56144 [on Social Mobility], 8 December 2016
108 'Nicola Sturgeon to provide free 'baby box' to new parents', *The Guardian*, 17 April 2016
109 'Baby Boxes begin', *Scottish Government press release*, 1 January 2017

The Troubled Families Programme

The Troubled Families Programme aims to support families with multiple problems, including crime, anti-social behaviour, truancy, unemployment and mental health problems.

Local authorities identify 'troubled families' in their area and usually assign a key worker to act as a single point of contact. Central Government pays local authorities by results for each family that meet set criteria or move into continuous employment. The programme is designed to reduce demand for high-cost services (such as children's social care, health, police and employment services) by incentivising local services to transform and work together in a more cost efficient and integrated way.

The programme is run by the Ministry of Housing, Communities and Local Government (MHCLG) and managed by upper tier local authorities in England and their partners. The programme is delivered by local early help teams and is branded differently across the country

£448 million was allocated to the first phase of the programme, which ran from 2012 to 2015 and worked with around 120,000 families. An independent evaluation of the first phase of the programme found limited evidence of impact across its key objectives.

The second phase of the Troubled Families programme was launched in 2015, with £920 million allocated to help an additional 400,000 families, and will run until 2020. While not targeted at families with pre-school children, 49% of families on the programme have at least one child under-5.

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.[110]

In March 2019, James Brokenshire, Secretary of State for Ministry of Housing, Communities and Local Government, announced the publication of the latest Troubled Families Programme national evaluation reports. The national evaluation looks at how well the programme is achieving those aims. He stated that when comparing families on the programme with a matched comparison group, the analysis indicates that the programme has had a positive impact, reducing the proportion of:

- Looked After Children by 32%
- Adults going to prison by 25%
- Juvenile convictions by 15%
- Juveniles going to custody by 38%

[110] DWP, *Improving Lives: Helping Workless Families*, April 2017, para 21

- Jobseeker's Allowance claimants by 10%

In addition, 20,000 families on the programme include one or more adults who have moved into work. The evaluation results also suggest local services are being reformed and the Programme has been successful in driving this change.[111]

The full set of national evaluation reports together with an evaluation overview policy report can be found on the Gov.uk website. The Government has also said it would review the Troubled Families Programme's impact on families, services and taxpayers as part of planning for the Spending Review.[112] The Guardian has reported that James Brokenshire has said that the government "needs to look again at the name of the programme" and said the use of the term "troubled families" "obscures as much as it enlightens".[113]

Further background is available in the Library briefing, The Troubled Families programme (England), published in July 2018.

3.4 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 (although new claims for Child Tax Credit can now only be made in limited circumstances).

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 the end of 2023.

Changes since 2010

As part of its deficit reduction plan, the Coalition Government made a number of changes to benefits for maternity and for 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

111 Written Ministerial Statement, HCWS1430, 19 March 2019
112 PQ228747, 13 March 2019
113 'Troubled Families programme could be renamed, says minister', *The Guardian,* 19 March 2019

be offered for maternity items).[114] Expenditure on the Sure Start Maternity Grant fell from £152 million in 2010-11 to £53 million in 2011-12, and expenditure in 2019-20 is forecast to be £23 million (all figures in real terms, at 2019-20 prices).[115]

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.[116]

Changes were also made to tax credits which affected 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 child under one (saving £295 million in 2011-12, and around £275 million a year in subsequent years).
- 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.

Further measures introduced by governments since 2010 impacting on families with children include:[117]

- Freezing most working-age benefits and tax credits – including Child Benefit and the child elements of Child Tax Credit and Universal Credit (except the additional amounts for disability) – at their 2015-16 rates for four years.
- The introduction in 2013 of a household benefit cap limiting the maximum amount in benefits a family can receive, and its subsequent lowering (thereby affecting more families).
- Abolition of the 'family element' in tax credits and the equivalent in Universal Credit, for new claims.
- The per child element in tax credits and in Universal Credit has (with limited exceptions, including children born as a result of 'non-consensual conception') been limited to two children for births after 6 April 2017.

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

115 DWP, Benefit expenditure and caseload tables 2019, April 2019

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

117 For further information on these measures and their impact see Commons Library briefing CDP-2019-0053, Spending of the Department for Work and Pensions, 25 February 2019

A Child Poverty Action Group briefing produced in advance of the 2018 Budget looked at the impact on child poverty – separately for children under five and for children aged five and over – of reversing these and other welfare measures introduced since 2010.[118]

The two-child limit is particularly controversial. The 2015 Government justified the two-child limit 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."[119] The measure is expected to eventually yield savings of around £3 billion a year.[120]

A report published by the Child Poverty Action Group and the Church of England in June 2019, All kids count: The impact of the two-child limit after two years, presents findings from new research on the two-child limit including a survey of more than 430 families affected by the policy as well as in-depth interviews with 16 families. Key findings include:

- An estimated 160,000 families had been affected by the policy to date – the majority working families – but more than 800,000 families with three million children could eventually be affected by it.
- The two-child limit could push an additional 300,000 children into poverty, and one million children already in poverty into even deeper poverty, by 2023-24 – at which point over half of children in families with three or more children are expected to be in poverty.
- 95% of survey respondents said that the two-child limit had affected their ability to pay for basic living costs, including 88% who said it had affected their ability to pay for food and clothing. Families were facing severe and ongoing financial difficulty, creating huge levels of stress and impacting negatively on their mental health and relationships.
- Many parents reported that they can no longer afford to pay for their children to take part in after-school clubs, sport and school trips.
- The families interviewed were unable to compensate for the reduction in support by working longer hours – most could not see a way out of the situation.
- Awareness and understanding of the two-child limit are low – only half of those affected by the policy said they knew about it before having their youngest child.
- Victims of domestic abuse are particularly vulnerable to the harmful effects of the policy and the requirement for disclosure of non-consensual conception to get an exception provides no

118 CPAG, Representation for the 2018 Budget, October 2018
119 HM Treasury, Summer Budget 2015, 8 July 2015, HC 264 2015-16, para 1.145
120 IFS Observations, Significant cuts to two parts of the benefit system to be phased in from next week, 30 March 2017

solution – the policy can make it more difficult to leave an abusive relationship and put them at increased risk of violence.

- For refugees – who are likely to have arrived in the UK with next to nothing – the two-child limit hinders their ability to rebuild their lives after traumatic experiences.
- Orthodox Jewish and Muslim communities are also disproportionately affected by the two-child limit, due to strong cultural norms and deeply held religious beliefs that favour larger families.

The report states that the two-child limit is having a 'devastating' effect on parents and children, harming children's wellbeing with potentially lifelong consequences. It argues that if the Government is serious about tackling poverty and enabling children to thrive, it must lift the two-child limit.

Scotland

The *Scotland Act 2016* gives the Scottish Parliament legislative competence for, among other things, the Sure Start Maternity Grant.[121]

The Scottish Government is 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. The Scottish Government believes that BSG "will play an important part in reducing inequalities and will help improve health outcomes for under-fives."[122]

From December 2018, the Best Start Grant Pregnancy and Baby Payment replaced the Sure Start Maternity Grant in Scotland, providing eligible low income families with £600 on the birth of their first child and £300 on the birth of any subsequent children. In June 2019 the Best Start Grant school age payment – a £250 payment to be made to low income families around the time a child starts school – was introduced, and in summer 2019 the Best Start Grant early learning payment – a £250 payment to be made to low income families around the time a child can start nursery – is to be introduced.

The Scottish Government has also announced plans for an income supplement for low-income families – the 'Scottish Child Payment' – to be introduced by March 2021. It will be payable to families in receipt of qualifying benefits including Universal Credit, Jobseekers Allowance and Child Tax Credit. It will be worth £10 a week and will initially be paid for children under six. By the end of 2022, it should be payable for all eligible children under the age of 16. Payments will be made monthly for all children in eligible families, and it will be uprated annually in line with inflation.[123]

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121 See Commons Library briefing CDP-2019-0084, Devolution of welfare, 8 April 2019

122 Scottish Government Response to the Consultation on Social Security in Scotland, 22 February 2017, p18

123 For further details see Scottish Government, Scottish Child Payment: position paper, 26 June 2019

4. The Role of Local Authorities

4.1 Children's services

The Government's statutory guidance updated in July 2018, *Working Together to Safeguard Children*, includes the section "Identifying children and families who would benefit from early help," and states that:

> 4. Local organisations and agencies should have in place effective ways to identify emerging problems and potential unmet needs of individual children and families. Local authorities should work with organisations and agencies to develop joined-up early help services based on a clear understanding of local needs. This requires all practitioners, 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 practitioners to support early identification and assessment.
>
> 5. Multi-agency training will be important in supporting this collective understanding of local need. Practitioners working in both universal services and specialist services have a responsibility to identify the symptoms and triggers of abuse and neglect, to share that information and provide children with the help they need. To be effective, practitioners need to continue to develop their knowledge and skills in this area and be aware of the new and emerging threats, including online abuse, grooming, sexual exploitation and radicalisation. To enable this, the three safeguarding partners should consider what training is needed locally and how they will monitor and evaluate the effectiveness of any training they commission.[124]

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.[125]

However, for children more generally, where a child 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". Support can also be provided to the child's family.

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[124] DFE, *Working Together to Safeguard Children*, February 2019, pp12–13

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

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
>
> (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.[126]

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.[127]

For more information, see the Library briefing paper Local authority support for children in need (England).

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

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126 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."

127 Hershman and McFarlane, *Children Law and Practice*, para F56

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. [128]

Local authorities, as well as implementing national early intervention schemes, often pilot programmes of their own, targeting social 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. [129]

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. [130]

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, [131] 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

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128 EIF, *Getting It Right For Families*, November 2014
129 Luton Borough Council, *Luton's Flying Start Strategy 2014-15*, June 2015
130 Nottingham City Council, *Early Intervention: A citywide approach in Nottingham*, October 2010
131 PQ HL2291 [on Pre-school Education: Basic Skills], 3 November 2014

report argues that this could have implications for investment in early intervention, despite the potential savings in the long-term.[132]

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).[133]

The Health and Social Care Committee's report, *First 1000 days of life* (February 2019) recommended the establishment of a fund to incentivise the transformation of local commissioning and provision covering the first 1000 days.[134] The Committee also recommended that each local authority area should develop jointly with local NHS bodies, communities and the voluntary sector, a plan for their area, setting out how they will improve support for local children, parents and families during the first 1000 days.[135] In its response the Government said it agreed with the importance of local partners working together closely. It highlighted the existing role of Health and Wellbeing Boards, and the Troubled Families Programme, which requires each local area to have an overarching outcome plan for families who need targeted support. The Government response also noted that "further opportunities should arise through Sustainability and Transformation Partnerships and, in their evolved form as Integrated Care Systems (ICSs)," to promote collaboration between NHS bodies, local government and local communities.[136]

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132 Action for Children, National Children's Bureau and the Children's Society, *Losing in the long run: trends in early intervention funding*, February 2016

133 Graham Allen MP, *Early Intervention: Smart Investment, Massive Savings*, July 2011; some examples of early intervention SIBs are set out in the EIF's 2014 report on the topic, *Social Impact Bonds and Early Intervention*.

134 Health and Social Care Committee, *First 1000 days of life* (HC 1496), 26 February 2019, Recommendations 2 and 3

135 *Ibid*. recommendation 4

136 DHSC, Government Response to the Health and Social Care Select Committee report on 'First 1000 days of life' (CP 112, 6 June 2019), paras 13-15

5. 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.[137] 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.[138]

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?[139]

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

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137 Graham Allen MP, *Early Intervention: The Next Steps*, January 2011
138 NESS, *National Evaluation of Sure Start – Methodology Report*, March 2009
139 Head Start Research, *Head Start Impact Study Final Report*, January 2010

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.[140]

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.[141]

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.[142] 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."[143]

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-reviewed literature and what happens in local services and systems".[144] 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 (Paragraph 47). It also

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

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

142 Science and Technology Committee (Commons), *Evidence-based early intervention* (HC 506) 14 November 2018

143 Public Health England Business Plan for 2018-19

144 Science and Technology Committee (Commons), *Evidence-based early intervention* (HC 506) 14 November 2018

called for better assessment of the effectiveness of early intervention policies – for example:

> As it starts working towards its goal of improved interdisciplinary collaboration, UK Research and Innovation should co-ordinate research into child development and early intervention methods for addressing childhood adversity, across different academic disciplines. Particular focus should be on developing interventions to address adverse childhood experiences for which no effective intervention has been demonstrated, including sexual abuse, parental substance misuse or parental incarceration and crime. (Paragraph 31)

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.
>
> Separate to departmental research budgets, UKRI funds research and innovation across all disciplines and sectors. In particular, the Economic and Social Research Council (ESRC) invests in research and capabilities in a broad range of disciplines, many of which are directly relevant to this area. For example, ESRC funds the International Centre for Language and Communicative Development – a five-year research collaboration to deepen our understanding of how children learn to communicate with language. ESRC is also co-funding a project with the EIF. Further funding is available through the UKRI councils' open calls.
>
> Going forward, UKRI will continue to consider what more is required in this area, with a particular focus on departments' ARIs, which help UKRI to engage with researchers to build their understanding and respond to the Government's research needs. UKRI will consider what future funding is most appropriate, which could be through ESRC or through a potential future wave of

> UKRI's Strategic Priorities Fund, balancing this against other government priorities.[145]

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, 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.[146]

Further information can be found in the Early Intervention Foundation's report, *Realising the potential of early intervention*, published in October 2018.

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145 Science and Technology Committee (Commons), Evidence-based early years intervention: Government's Response to the Committee's Eleventh Report of Session 2017–19 (HC 1898, February 2019)

146 PQ254818, 22 May 2019

6. Further Reading

Action for Children, National Children's Bureau and the Children's Society, *Losing in the long run: trends in early intervention funding*, 2016

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

APPG for Conception to Age 2 – The First 1001 Days, *Building Great Britons*, 2015

Birkbeck, University of London, *National Evaluation of Sure Start*, 2012

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

Children, Schools and Families Committee, *Sure Start Children's Centres*, 2010

Department for Children, Schools and Families, *Early Intervention*, 2010

Department for Education*, Early years pupil premium: guide for local authorities*, 2015

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

Department of Health and Social Care, *Prevention is better than cure*, November 2018

Department of Health, *Evidence base for Family Nurse Partnership*, 2011

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

Doyle et al, *Early childhood Intervention: rationale, timing and efficacy*, 2007

Early Intervention Foundation, *Realising the potential of early intervention*, October 2018.

Early Intervention Foundation, *The Cost of Late Intervention: EIF Analysis*, 2016

Early Intervention Foundation, *Getting It Right for Families*, 2014

Early Intervention Foundation, *Social Impact Bonds and Early Intervention*, 2014

Education Committee, *Tackling disadvantage in the early years* (HC 1006) 7 February 2019

Education Committee, *Foundation years and the UK Government's life chances strategy inquiry*, 2016

Education Committee, *Foundation Years: Sure Start children's centres*, 2013

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

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

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

Health and Social Care Committee, *First 1000 days of life* (HC 1496), 26 February 2019. Government response published 6 June 2019.

House of Commons Hansard, *Conception to Age 2: The First 1001 Days (backbench business debate)*, 2015

House of Commons Hansard, WH Debate, Evidence-based Early Years Intervention, 21 March 2019

House of Lords Hansard, Children: Welfare, Life Chances and Social Mobility, 1 November 2019

House of Commons Library, *Conception to Age 2: The First 1001 Days (debate pack)*, 2015

House of Commons Library, *Government support for childcare and childcare reform under the Coalition Government*, 2014

House of Commons Library, *Government support for childcare under the Labour Government 1997-2010*, 2014

House of Commons Library, *Special Educational Needs: support in England*, 2017

House of Commons Library, *Sure Start (England)*, 2017

House of Commons Library, *The two child limit in tax credits and Universal Credit*, 2017

House of Commons Library, *Children: Introduction of 30 hours of free childcare (England)*, 2018

House of Lords Library, *Early Intervention in Children's Lives*, 25 October 2018

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

Institute for Fiscal Studies, *The health effects of Sure Start*, June 2019

Irwin et al, *Early Child Development: A Powerful Equalizer - Final Report for the World Health Organization's Commission on the Social Determinants of Health,* 2007

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

Maternity Action, *Valuing families? The impact of cuts to maternity benefits*, 2014

Professor Eileen Munro, *The Munro Review of Child Protection*, 2011

NatCen Social Research, *Study of Early Education & Development (SEED)*, ongoing

National Audit Office, *A Literature Review of the Impact of Early Years Provision on Young Children with Emphasis Given to Children from Disadvantaged Backgrounds*, 2004

National Audit Office, *Entitlement to free early education and childcare*, 2016

National Child and Maternal Health Intelligence Network, *The evidence behind PREview*, 2011

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

New Economics Foundation and Action for Children, *Backing the Future: why investing in children is good for all of us*, 2009

Prime Minister's Office, *Prime Minister's speech on life chances*, 2016

Public Health England, *Rapid Review to Update Evidence for the Healthy Child Programme 0 to 5*, 2015

Royal College of Psychiatrists, *Perinatal mental health services: Recommendations for the provision of services for childbearing women*, health2015

Science and Technology Committee (Commons), *Evidence-based early intervention* (HC 506) 14 November 2018. Government response (HC 1898) published February 2019

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

Unicef, *Behind Closed Doors: The Impact of Domestic Violence on Children*, 2006

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