



Best Beginnings

A proposal for a new early years guarantee to give all children in England the best start in life

July 2020

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I would like to thank all the members of the expert advisory board who have worked with me on developing this report.

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Foreword from the Children’s Commissioner, Anne Longfield OBE

I have been working – in various guises – with vulnerable and disadvantaged children for the last 30 years. In that time much has changed, in children’s lives, and in terms of what we know about how to help them. But one thing has remained constant – a broad consensus that to genuinely improve children’s long-term life chances we need to start younger. We know more than we did then, particularly about the benefits to lifetime mental health of support in the early years, but the basic fundamental argument is the same: to bring about change, we need to focus on the first years of life.



We have more than enough evidence as to why we should help children earlier, and what works best. This report sets out to ask the question: ‘given we’ve all known this for so long, why haven’t we done it?’ It describes how we could start changing the system to bring about the change in practice that we all want to see. In some aspects we have made progress - there has been real gains over the last two decades as successive governments have invested more funding - but it’s been incremental and inconsistent. As this paper demonstrates, the result is a system of support for children – and their *families* – during their first years of life which remains disjointed, fragmented and, in some areas, neglected. The fundamental problem clear to me 30 years ago – that the education system in England was too heavily focused on older children – remains as true today as it did then.

What is the result of this failure? Well, for hundreds of thousands of children in England it means their life-chances are undermined, if not defined, soon after birth – not only their chances of achieving in education, but also their long-term mental health, their ability to form positive relationships, and to get on in later life. For England as a whole, this means a big gap between where we are, and where we want to be in international rankings of educational attainment. The unpalatable truth is that there are still too many countries doing much better than us both in terms of educational outcomes *and* the wellbeing of children. Those countries that do better than us, start better than us. It really is that simple.

Two stats underline the nature of this problem:

- (a) By age 16, disadvantaged children are 18 months behind their peers¹.
- (b) 13% of children beginning school have failed to meet half of their expected development indicators on the Early Years Foundation Stage Profile. On average, 40% of the overall development gap between disadvantaged 16-year-olds and their peers has already emerged by the age of five

¹ Education Policy Institute, Education in England: Annual Report 2019, July 2019

Unless we address the second statistic, we cannot solve the first. The Early Years Foundation Stage Profile assesses whether children are ready to learn. Measures like how well a child can speak and the ability to sit still. These 82,000 children, more than 1 in 5 of all children in our most deprived communities, are starting school so far behind that they will struggle to ever catch up. New analysis for this report also shows that children who are this far behind in the early years are also more likely to be excluded from school or have involvement from social services by the time they are eleven.

Our education system puts intense focus on the achievements of children aged 16 and 18, yet a key determinant of this achievement is what children are able to do upon starting school, and to this we pay too little attention.

The most frustrating thing about this is that we know what makes a difference. There are numerous well-evidenced interventions to help children struggling in their earliest years, often achieved by helping the parents. From mental health issues, to speech and communication; from physical development to parenting problems, if we pick-up on issues we can address them. The point of this paper is to understand why we are failing to do this.

In order to answer this question, I have focused on the points where issues could and should be picked-up, the 'reachable and teachable' moments. In doing this, I have been assisted by an Advisory Board with unrivalled experience in the policy, practice and politics of the early years. Together we looked at the current system – from the perspective of children and families-and asked what is working well, what isn't and what would it take to bring about change. I have looked at the nuts and bolts of how the system operates, with a data request to all Local Authorities about their health visiting services. Based on this, we've put together a clear blueprint for an early years system which gives every child the right start in life.

This means designing a system that makes sense for families – currently they are bounced between or fall through the gaps of different services with different aims, managed by different national and local government departments, without a clear offer of what help they can get.

The proposals I am making are pragmatic and achievable, they look to join dots between the current system and what we need. Often, they are about making use of sensible reforms which have been implemented in the past decade, but have not been properly utilised. This is the boring, but essential task, of making public services work for the people who need them, in this case young children. This paper explains how we should do this, from local level co-operation to national level ownership. This detail may not be headline stealing, but if done right will achieve more radical change than any shiny new policy announcement. All that is needed is for Government to be prepared to roll-up its sleeves and put in the effort to make the system work.

Some of this can be done without further funds, but it will be much more effective if accompanied by additional resources and there are areas where we feel services need to be expanded to bring us up to a level of provision comparable with our European and OECD neighbours, whose outcomes we seek to emulate. This means re-investing in our children's centres, expanding our

childcare offer and increasing health visitor numbers so their caseloads are lower. We still spend far more on older children than younger ones, and this is another factor we need to re-balance.

The Prime Minister has laid out his commitment to 'levelling up' life chances. There is no more important place for him to start than the early years.

A handwritten signature in black ink that reads "Anne Longfield." Below the signature is a short horizontal line.

Anne Longfield, OBE

Children's Commissioner for England

Essentials for the Best Beginning

There are certain things that every baby needs as the foundations for a healthy, happy life:

1. Loving, nurturing relationships with parents and carers
2. A safe home free from stress and adversity
3. The right help to develop good language and other cognitive skills
4. Support to manage behaviour and regulate their emotions
5. Good physical and mental health and access to healthcare

These factors are about the kind of happy childhood we all want for our children but are also based on the solid body of evidence on what makes a difference in the long term. We need to invest in these early years of childhood for their own sake, and because we know that getting these solid foundations in place can mean a generation of children who grow up able to learn, play, thrive and participate in society.

1. Loving, nurturing relationships with parents and carers

For babies and toddlers, good, loving relationships with care-givers underpin everything. Without care from parents that is nurturing, and responsive to their needs and feelings, whatever else that we want for children will be much harder to achieve. As Professor Robert Winston puts it

'hugs, lullabies and smiles from parents could inoculate babies against heartbreak, adolescent angst and even help them pass their exams decades later'²

There is a significant body of research to show how important these relationships are³, and children who grow up with a secure attachment to a caregiver have been shown to have

' better outcomes than non-securely attached children in social and emotional development, educational achievement and mental health'⁴

2. A safe home free from stress and adversity

'Adverse Childhood Experiences' include being the victim of child abuse or neglect, and living with parental mental ill health, parental substance abuse or domestic abuse. These are not only traumatic and dangerous for a child at the time, but also predict poor outcomes in adulthood, particularly poor mental health, violent behaviour and problematic substance use⁵.

It is important to acknowledge the impact of these experiences and to address how we can mitigate these 'ACEs' in childhood, as well as reduce their onward transmission by supporting parents who themselves experienced ACEs. But as a recent review by the Early Intervention Foundation pointed out, it is important not to focus on ACEs to the exclusion of everything else -

² Winston, R. and Chicot, C. , *The importance of early bonding on the long-term mental health and resilience of children*, London Journal of Primary Care, 2016

³ Asmussen, K. et al, *Foundations for Life*, Early Intervention Foundation, July 2016

⁴ National Institute of Health and Care Excellence, *Children's Attachment*, October 2016

⁵ Felitti, V. et al, *Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study*, American Journal of Preventive Medicine, 1998

they are far from the only factors that can make life harder for children⁶. Many other early childhood experiences – such as experiencing bullying, discrimination, or parental conflict - can increase children’s chances of experiencing depression, anxiety, and conduct problems.

A home free from adversity and stress must also mean a home free from poverty. Growing up in poverty not only increases children’s chances of experiencing an ‘ACE’ but also is in itself one of the main drivers of poor outcomes for children. This paper focuses primarily on the services delivered to children in their early years, but bringing children out of poverty is also vital for improving their outcomes

3. Good language and cognitive development

There is already a strong body of research to show that children who are speaking and communicating well, who are curious and exploring the world and making sense of numbers do better later in life⁷.

We also know that the educational attainment gaps between richer and poorer children that exist in teenagers are already present at a very young age, with low income children on average over a year behind their peers at school entry⁸. Only 55% of children from deprived backgrounds achieve all their learning goals at five compared to 73% of other children⁹.

4. Support to manage behaviour and regulate their emotions

We know that children who at an early age can manage their own emotions and behaviour go on to have much better outcomes later in life. Babies and very young children cannot regulate their emotions alone, and so need help from parents and carers to do so – which in turn helps them learn to regulate their emotions independently.

Evidence shows that children who are less able to control their feelings and behaviour in the early years are more likely to have worse long term outcomes – for example they are more likely to struggle in education¹⁰; children with poorer socio-emotional skills at age ten are more likely to be unemployed, and to have a criminal conviction, by the time they are adults¹¹. Long term health outcomes have also been connected to these early skills, with children’s socio-emotional skills at five years of age are predictive of likelihood of smoking and obesity in adolescence¹². Although much of the research focuses on ‘skills’ of managing emotions, deferring gratification and showing an ability to concentrate there is also evidence that early childhood well-being more broadly is also closely related to later outcomes with significant effects on income, wages, employment, social mobility and relationship choices¹³.

⁶ Asmussen, K. et al, *Adverse Childhood Experiences*, Early Intervention Foundation, February 2020

⁷ Schoon, I. et al, *The Impact of Early Life Skills on Later Outcomes*, UCL Institute of Education, September 2015; Asmussen, K. et al, *Key competencies in early cognitive development: Things, people, numbers and words*, Early Intervention Foundation, December 2018; Schoon, I et al, *Children’s Language Ability and Psychosocial Development: A 29-Year Follow-up Study*, April 2010

⁸ Waldfogel, J. , & Washbrook, E., *Low income and early cognitive development in the UK: A report for the Sutton Trust*, Sutton Trust, 2010.

⁹ Department for Education, *Early years foundation stage profile results: 2018 to 2019*, October 2019

¹⁰ Graziano, P. et al, *The Role of Emotion Regulation and Children’s Early Academic Success*, Journal of School Psychology, February 2007

¹¹ Goodman, A. et al, *Social and emotional skills in childhood and their long-term effects on adult life*, Early Intervention Foundation, March 2015

¹² Attansio, O. et al, *Inequality in socio-emotional skills: A cross-cohort comparison*, March 2020

¹³ Goodman, A. et al, *Social and emotional skills in childhood and their long-term effects on adult life*, Early Intervention Foundation, March 2015

5. Good physical and mental health and access to healthcare

Good health is a vital foundation for later life. We know that babies with a low birthweight have increased health risks as adults – for example it has been found to increase the risk of having a stroke before the age of 50 by 200%¹⁴. But it has effects beyond physical health, with low birth weight babies less likely to finish secondary school and more likely to have reduced earnings in adulthood¹⁵. Good mental health is just as essential, and will depend on all five of these building blocks being in place.

What this evidence shows is that the environment and care a child has in their earliest years, and the early indicators of their health, socio-emotional well-being and cognitive development all make a difference to how well they do later in life. If we want to see children doing better at school, forming healthy relationships, and having good mental health and well-being all this suggests that we need to be helping children and investing very early on.

The evidence also shows that it is not easy to neatly compartmentalise the different aspects of a child's development – children's behaviour at an early age is linked to their later physical health; their cognitive development is linked to social care outcomes and their bonds with their parents are linked to their educational attainment. These are all reasons, as this report will set out, why the early years system needs to be a priority across government – important for the Department for Education to help children achieve academically and prevent vulnerability, important for Health in supporting physical and mental health, important for Department for Work and Pensions that wants to help parents work and build a robust future workforce and important for the Home Office and the Ministry of Justice that want to reduce crime and exploitation.

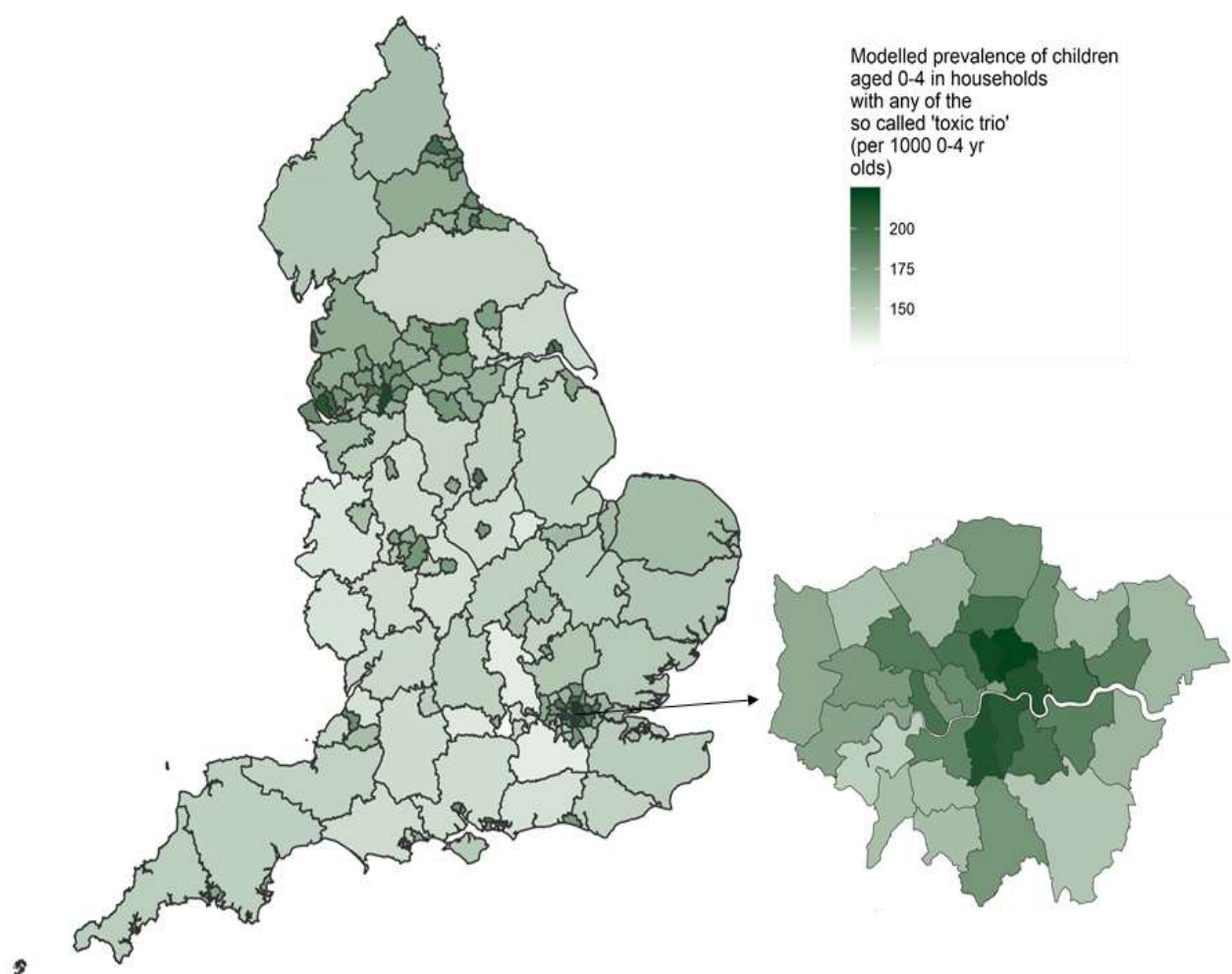
¹⁴ Martinson, M. and Reichman, N., *Socioeconomic Inequalities in Low Birth Weight in the United States, the United Kingdom, Canada, and Australia*, April 2016

¹⁵ Johnson, R. and Schoeni, R., *The Influence of Early-Life Events on Human Capital, Health Status, and Labor Market Outcomes Over the Life Course*, September 2016

Children who fall behind in the early years¹⁶

In 2020 a significant number of children in England have a difficult start, without the essential building blocks in place for a happy life.

There are 560,000 children under five living in households where a parent or carer is experiencing severe mental ill health, substance misuse or domestic abuse. 42,000 under-fives are living in homes where a parent has experienced all of these in the last year¹⁷. These are children who do not have the vital foundation of a stress and anxiety free home, and whose parents may be less able to give them the loving attention they need. Over two million families with children under five are living in poverty, and poverty is rising fastest for the youngest children¹⁸.



¹⁶ Throughout this report we refer to the 'early years' – by this we mean the time from pregnancy through to the age of five when statutory schooling begins.

¹⁷ Children's Commissioner, *Local Vulnerability Profiles*, 2020

¹⁸ Department for Work and Pensions, *Households Below Average Income*, March 2019

This report shows how this difficult start not only means young children are experiencing hardship and trauma now, but that these challenging beginnings will go on to have long-term repercussions for those children throughout their childhood and later life.

Too many children, many of whom have grown up in families like those described above, are already behind by the time they start formal education. In the early Years Foundation Stage Profile a child is assessed as either 'emerging', 'expected' or 'exceeding' against 17 early learning goals. Last year 71% of five year olds were at the expected level of development for all those goals, which means that 29% were not – and this rises to 45% of children who are eligible for Free School Meals. In total, that means there are 185,000 children each year who are not starting school ready to learn. There is significant regional disparity in the development levels of young children eligible for FSM; our research has found that a child qualifying for FSM in London is 30% more likely to be at the expected standard at the end of Reception than a child in the Leeds City Region, Greater Manchester or on Merseyside¹⁹

New analysis for this report shows that a subset of those children who are not at the expected level are particularly far behind where they should be at the age of five. 13% of children did not meet the 'expected' level on half or more of the 17 early learning goals. This places them at a significant disadvantage as they move into Year 1. Twenty-two percent of children who are eligible for Free School Meals were in this group, compared to 11% of all other children.

The wider impact of starting school behind are significant and can be devastating to a children's progress and prospects. We tracked a cohort of children who had not met the expected level on half of their early learning goals through to the end of primary school, and found that they were doing less well than their peers not just in terms of education, but also in their social outcomes²⁰. Crucially this analysis found that this held true even after we controlled for other factors such as gender and free school meal eligibility:

- > Children who are do less well at five are five times as likely to end up being excluded by the end of primary school (82% more likely after accounting for demographics)
- > Children who do less well at five are over twice as likely to have had contact with children's social care at age eleven. (46% more likely after accounting for demographics)
- > Children who do less well at five are nearly three times more likely to be struggling with reading at eleven, even once demographics are accounted for
- > Children who do less well at five are four times more likely to be struggling with writing at eleven (three times more likely after accounting for demographics)

Our analysis also shows that knowing how children are doing at five gives us a better picture of which children might be likely to struggle later on. We can accurately predict 54% of those children who are below the expected standard in KS2 writing when we include their levels of development at age 5, compared to 41% when only looking at demographic information such as whether they are living in poverty.

When we look to other longer-term outcomes for children, this report will set out the evidence that shows how these are influenced by how children are doing at an early age as well. There are

¹⁹ Children's Commissioner, *Growing Up North*, March 2018

²⁰ The full methodology and findings are available in the technical report published alongside this report

far too many children experiencing these poorer outcomes:

- > 18% of children leave school with no GCSEs, and poor children are twice as likely to do so²¹
- > 10% of children experience some form of mental ill-health²²
- > 20% of 11 year-olds are obese²³

We also know that better early intervention at a young age could do more to help those children who end up in extreme need. Currently, every year:

- > 60,000 children are arrested²⁴
- > 32,000 children are going into care²⁵
- > 27,000 children are ending up in gangs²⁶
- > 8,000 children are permanently excluded from school²⁷
- > 1,000 children are sectioned under the Mental Health Act²⁸
- > 700 children are in prison²⁹

An appreciation of the need to intervene early to resolve these issues has been growing in the last few years. We have had reports from the Education Select Committee, the Health Select Committee, the Science and Technology Committee on the early years, as well as a cross government working group led by then Leader of the House Andrea Leadsom of the first two years of life, which all called for government to commit to tackling these problems with the early years system.

In 2017 the Government produced its social mobility strategy 'Unlocking Talent, Fulfilling Potential' which among other things set an ambition to close the 'word gap' that emerges between disadvantaged children and their peers at an early age. Damian Hinds committed in 2018 to halve the number of children who do not reach expected levels in communication and language and literacy at the end of Reception. There has been some very positive work on joining up between health and education to achieve this objective, with training for over 1,000 health visitors, and the launch of the Hungry Little Minds campaign to encourage children to boost their child's learning at home.

But, as the Social Mobility Commission recently noted, there is no over-arching strategy for the early years to support families with all their child's development needs³⁰. In recent years the gap

²¹ Children's Commissioner, *Leaving School with Nothing*, 2019

²² NHS Digital, *Mental Health of Children and Young People in England*, November 2017

²³ NHS Digital, *National Child Measurement Programme for England*, October 2019

²⁴ Ministry of Justice, *Youth justice statistics: 2018 to 2019*, January 2020

²⁵ Department for Education, *Children looked after in England including adoption: 2018 to 2019*, January 2020

²⁶ Children's Commissioner, *Keeping Kids Safe*, 2019

²⁷ Department for Education, *Permanent and fixed period exclusions in England 2017 to 2018*, August 2019

²⁸ NHS Digital, *Mental Health Act Annual Statistics, Annual Figures 2018-19*, October 2019

²⁹ Ministry of Justice, *Youth justice statistics: 2018 to 2019*, January 2020

³⁰ Social Mobility Commission, *Monitoring Social Mobility*, June 2020

between disadvantaged children and their peers has actually slightly widened³¹, and many of the vital services needed to make the difference for these families has dwindled.

What is needed is a focused drive from government, backed by intelligent targeted interventions and funds, to improve the whole early years system.

³¹ In 2017, 54% of FSM children achieved at least expected in all ELGs, compared to 71% of all pupils, while in 2019 it was 55% and 73%.

The case for investing in the early years

In the first days, weeks and months of a baby's life their brain is developing rapidly, and it is shaped by their experiences and the care they receive – whether a parent talks to them, plays with them, and responds warmly to them, or not. What happens in these early days can have a lifelong effect. As the Early Intervention Foundation has reported:

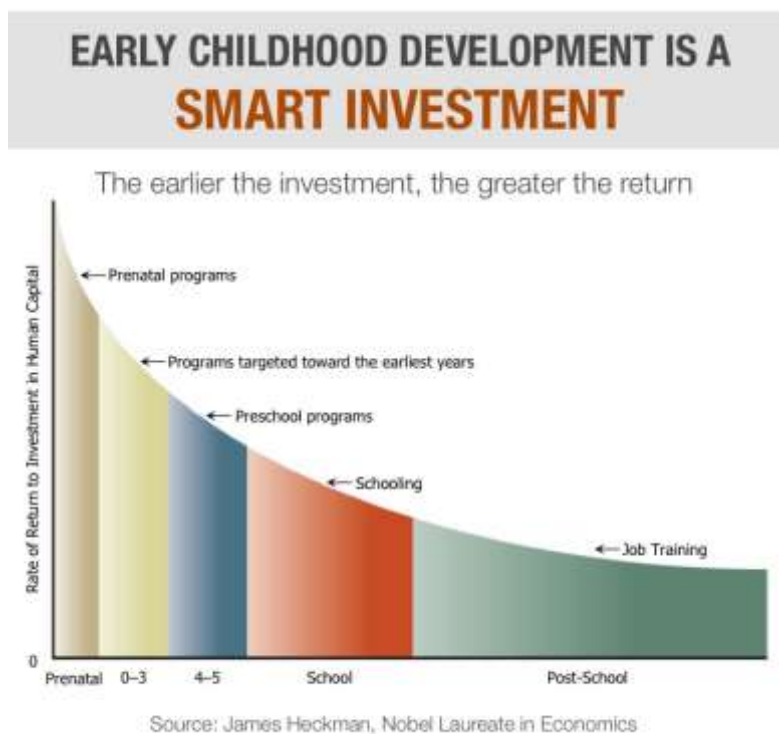
“The first five years of a child's life are a period of momentous change – a baby grows into a child who can walk, talk and relate to others, both family and friends. Parents and carers help lay the foundations for a child's life chances and life skills in the ways in which they interact with the child, including the ability to build strong relationships, manage their emotions, communicate and solve problems amongst much else.”³²

Parents and carers will always have the most important role to play in their child's development. But there are ways in which governments can do more to help children reach their full potential – and indeed to support parents in this vital role.

The early years present a key opportunity to intervene to change the course of a child's life. As Nobel Laureate James Heckman has stated:

‘We can invest early to close disparities and prevent achievement gaps, or we can pay to remediate disparities when they are harder and more expensive to close. Either way we are going to pay. And, we'll have to do both for a while.’³³

The following schematic, known as the ‘Heckman Curve’, illustrates visually the principle.



³² Asmussen, K. et al, *Foundations for Life*, Early Intervention Foundation, July 2016

³³ Heckman, J., *The Economics of Inequality: The Value of Early Childhood Education*, American Educator, 2011

Importantly, while this diagram sketches out an important principle based on evidence from child development, it does not claim that any early years intervention is more effective than any intervention in late childhood or adulthood – there will be some interventions that do not follow the shape of this curve.³⁴ The cost effectiveness of any intervention will depend on the exact nature of that intervention including its rationale and evidence base, as well as how well it is targeted and delivered.

However, taking all of that as given, intervening earlier can be more cost effective than intervening later, especially if it is less expensive, has a better chance of affecting some aspect of a child’s development or environment, and leaves more time afterwards during which benefits can manifest. This does not mean that early years intervention should be prioritised to the exclusion of interventions at later years – the two are best seen as complements rather than substitutes³⁵ – but rather the gains from intervening early, if missed, are more difficult and more expensive to replicate by intervening later.

Specifically, a range of social science, psychological and economic evidence indicates that:

- > Key aspects of children’s skills, capabilities, behaviours and wellbeing emerge in early childhood^{36,37,38,39}
- > These factors can significantly influence a child’s trajectory through the rest of childhood and well into adulthood.^{40,41,42}
- > These factors can be influenced by timely intervention – but are more malleable earlier in life, and harder to shift later in life.^{43,44}
- > Programmes which successfully improve these factors deliver substantial individual and social benefits over time.^{45,46}

Taking all of these points together this means there is good reason to believe that investing in high-quality early years provision delivers substantial long-term benefits both to the individuals

³⁴ Rea, D and Burton, T, *New Evidence on the Heckman Curve*, Journal of Economic Surveys, December 2019

³⁵ Cunha, F. et al, *Interpreting the Evidence On Life Cycle Skill Formation*, Handbook of the Economics of Education, 2006

³⁶ Dearden, L., Sibiet, L. and Sylva, K., *The socio-economic gradient in early child outcomes: evidence from the Millennium Cohort Study*, Longitudinal and Life Course Studies, 2014

³⁷ Bradbury, B. et al, *Inequality during the Early Years: Child Outcomes and Readiness to Learn in Australia, Canada, United Kingdom, and United States*, IZA, 2011

³⁸ Magnuson, K. and Duncan, G., *Can Early Childhood Interventions Decrease Inequality of Economic Opportunity?*, The Russell Sage Foundation Journal, May 2016

³⁹ Law, J., Charlton, J. and Asmussen, K., *Language as a child wellbeing indicator*, Early Intervention Foundation, September 2017

⁴⁰ Law, J et al, *Modeling Developmental Language Difficulties From School Entry Into Adulthood: Literacy, Mental Health, and Employment Outcomes*, JSLHR, December 2009

⁴¹ Goodman, A. et al, *Social and emotional skills in childhood and their long-term effects on adult life*, Early Intervention Foundation, March 2015

⁴² Goodman, A et al, *The long shadow cast by childhood physical and mental problems on adult life*, PNAS, April 2011

⁴³ Francesconi, M. and Heckman, J., *Child Development and Parental Investment: Introduction*, *The Economic Journal*, October 2016

⁴⁴ Cunha, F. et al, *Interpreting the Evidence On Life Cycle Skill Formation*, Handbook of the Economics of Education, 2006

⁴⁵ Early Intervention Foundation, *Realising the potential of Early Intervention*, October 2018

⁴⁶ Karoly, L. et al, *Proven Benefits of Early Childhood Interventions*, 2005

themselves and to wider society.^{47,48,49,50} The social, moral and economic case for doing so, as a matter of principle, is strong.

It is important to distinguish between the case for this high-level principle, and the evidence that a particular programme commissioned will benefit a particular agency in a particular context. The extent to which this is true depends on many other factors that are unrelated to the programme's effectiveness.

Many early years and parenting programmes delivered in practice are not accompanied by the kind of rigorous empirical evaluation that would be needed in order for them to be described, at a high evidential standard, as 'effective'.^{51,52} The absence of evidence of effectiveness – because of a failure to track and evaluate the outcomes rigorously – should not be taken as evidence of absence of effectiveness, and nowhere is this more apparent than in the early years.

Furthermore, even when early years programmes are effective – and found to be effective in a rigorous study – this may not always satisfy a conventional government 'business case' or the needs of the agency doing the commissioning.⁵³ This can happen for three main reasons, set out below, all of which reflect failures of systems and of governance – rather than failures of interventions themselves.

First, most evaluations indicate whether a programme was effective at improving child outcomes at the end of the intervention. It may take several years and decades for this improvement to feed through into tangible and measurable economic or social benefits. These programmes may still deliver short-term impacts – such as improved reading skills or behaviour – but these are more difficult to ascribe an instant economic value to. Therefore, while these programmes may pay for themselves several times during the child's adult life, they will not look favourable during the short-term horizons over which public spending may be appraised.⁵⁴

Second, the fragmentation of the systems within which early years programmes are delivered can often undermine the case for investing in them. The majority of early years and parenting programmes tend to be commissioned by local authorities. Yet the programmes with the most renowned evidence and most impressive cost-benefit ratios have not been found to deliver significant benefits to local government – instead, the benefits mainly accrue to schools (via improvements in child learning and behaviour and reduced rates of SEND), health services (via improvements in child mental health), and the national treasury (via reductions in future unemployment or increased earnings).⁵⁵

That early years programmes may not deliver cash savings to local authorities – through, for example, reduced demand for children's social care – should not come as a surprise. While some intensive and specialised psychotherapy programmes can be effective at reducing risks associated

⁴⁷ Ibid

⁴⁸ Reynolds, A. et al, *Long-term Effects of an Early Childhood Intervention on Educational Achievement and Juvenile Arrest*, JAMA Paediatrics, 2001

⁴⁹ Reynolds, A. et al, *A Multicomponent, Preschool to Third Grade Preventive Intervention and Educational Attainment at 35 Years of Age*, JAMA Paediatrics, March 2018

⁵⁰ Early Intervention Foundation, *Realising the potential of Early Intervention*, October 2018

⁵¹ House of Commons Science and Technology Committee, *Evidence-based early years intervention*, October 2018

⁵² Asmussen, K. et al, *Foundations for Life: What works to support parent-child interaction in the early years?*, Early Intervention Foundation, July 2016

⁵³ Chowdry, H., *Parenting and Family Support Programmes*, October 2017

⁵⁴ House of Commons Science and Technology Committee, *Evidence-based early years intervention*, October 2018

⁵⁵ Chowdry, H., *Parenting and Family Support Programmes*, October 2017

with abuse and neglect,⁵⁶ most early years programmes generally aim to improve children's attachment, cognitive and language development, physical development, socio-emotional skills and mental health. These early developmental outcomes are important for helping children to succeed in education and the labour market,^{57,58} to enjoy good future health,^{59,60} and to stay out of crime and youth violence,^{61,62,63} as well as important contributors to long-term national economic growth.⁶⁴ But early developmental outcomes are not drivers of demand for intensive social care intervention, especially compared to social deprivation, parental and familial vulnerabilities (including the so-called 'toxic trio'), and risks outside the home.^{65,66,67} If anything, one might plausibly expect an effective early years programme to bring more families in need of social care intervention to the attention of local authorities – which would then look like *increased* demand for children's social care.

Third, even where programmes which are effective at improving children's lives and reducing their need for other downstream services, this may not always translate into direct 'cashable' savings in public expenditure. Firstly, those services may have significant fixed running costs – for example, making some children less likely to engage in crime does not mean that a prison or a police station can be closed.⁶⁸ Secondly, services may be rationed via thresholds or waiting lists, in which case reduced demand among a cohort of children who benefit from early years intervention may simply be replaced by (previously unmet) demand by others in the population.

Some important programmes – including both manualised interventions and wider policies and schemes – are described on the following page.

⁵⁶ Early Intervention Foundation, *Realising the potential of Early Intervention*, October 2018

⁵⁷ Cattan, S. et al, *The economic effects of pre-school education and quality*, IFS, 2014

⁵⁸ Bartik, T, *From Preschool to Prosperity: The Economic Payoff to Early Childhood Education*, W.E. Upjohn Institute for Employment Research, 2014

⁵⁹ Faculty of Public Health Medicine, *The Impact of Early Childhood on Future Health*, May 2017

⁶⁰ Conti, G and Heckman, J, *The Developmental Approach to Child and Adult Health*, *Pediatrics*, April 2013

⁶¹ Sainsbury Centre for Mental Health, *The Chance of a Lifetime*, November 2009

⁶² Parliamentary Office of Science and Technology, *Early Interventions to Reduce Violent Crime*, April 2019

⁶³ Garcia, J. et al, *Early Childhood Education and Crime*, *Infant Mental Health Journal*, January 2019

⁶⁴ Sawhill, I. et al, *The Effects of Investing in Early Education on Economic Growth*, Brookings, April 2006

⁶⁵ Cromarty, H, *Children's Social Care Services in England*, House of Commons Library, June 2019

⁶⁶ The Association of Directors of Children's Services, *Safeguarding Pressures Phase 6*, November 2018

⁶⁷ Department for Education, *Characteristics of Children in Need: 2018 to 2019*, October 2019

⁶⁸ Early Intervention Foundation, *Realising the potential of Early Intervention*, October 2018

Early years programmes shown to have positive effects for children

Health programmes

A review by Public Health England of the 50% increase in health visitors between 2010 and 2015 found that this increase may have led to some of the improvements in outcomes for teenage pregnancy, smoking in pregnancy, low birthweight at term, infant mortality, excess weight at 4-5 years, hospital admissions for injuries under 5 years and coverage of MMR immunisation.⁶⁹

The Family Nurse Partnership, a much more intensive programme of visits for young parents, has also been shown to have impressive effects in the Netherlands and US on babies' health outcomes. The data from the UK has so far been more mixed, although a new review is imminent⁷⁰.

Children's centres

The Evaluation of Children's Centre in England study found that using children's centres had a beneficial effect on parent-child relationships, parental stress and the home learning environment. The home learning environment – how parents interact with their child, play with them and read to them – has significant effects on children's development, so it is likely that this will have long-term benefits for children⁷¹.

A study from the Institute for Fiscal Studies found that children's centres led to a reduction in hospital admissions for children up to the age of 11⁷². Reducing hospital admissions later in life was not a stated outcome for Children's Centres, but did deliver savings to the NHS of an estimated £65 million, or 6% of Children's Centres' budget. Although this is a small proportion, it reiterates that the returns to government may accrue in unexpected places.

Programmes to support parent child interactions and the home learning environment

The Early Intervention Foundation also highlights specific programmes such as the Incredible Years parenting programme for 3 to 6 year olds, which helps parents to respond positively to their child and manage their behaviour. The series of 20 group sessions is shown to have a positive impact on children's education, and reduce their chances of getting involved in crime. For the home learning environment, the ParentChild+ programme, which delivers a series of 92 home visits, is shown to have a beneficial impact on educational and mental health outcomes.

Early education

The long term Effective Pre-school, Primary and Secondary Education (EPPSE) study tracked children through to 16 and shows that attending pre-school has a significant impact on GCSE attainment, with children who attended a high quality pre-school getting 49 more points – the equivalent of getting 8 GCSEs at grade C rather than 8 at grade D⁷³. The Institute for Fiscal Studies estimated that those who attended some pre-school would earn £27,000 more over their lifetimes than those that didn't, and an additional £12,500 on top of this if they attended a good pre-school. This translates into a saving of £16,000 to the Exchequer in terms of more tax paid, or fewer benefits paid, per child who attends a high quality pre-school compared to none.⁷⁴

⁶⁹ Public Health England, *Review of Mandation for the universal health visiting service*, 2016

⁷⁰ Early Intervention Foundation, *Family Nurse Partnership*, July 2016

⁷¹ Sammons, P et al, *The impact of children's centres: studying the effects of children's centres in promoting better outcomes for young children and their families*, Department for Education, December 2015

⁷² Cattan, S. et al, *The health effects of Sure Start*, IFS, 2019

⁷³ A more recent Department for Education study – the Study of Early Education and Development – shows more mixed effects of early education on later education outcomes in early schooling. However, the authors note that this study was not able to compare attending an early education setting with not attending one, as virtually all children now receive some form of early education; the study instead compared high use of early education with low use, suggesting perhaps that using more early education a week is not necessarily beneficial. It also has only so far tracked children through to five, so cannot yet draw any long-term conclusions. Analysis of age 7 outcomes is expected to be published in 2021

⁷⁴ Cattan et al, *The economic effects of pre-school education and quality*, IFS, November 2014

Building on our current early years system

Parents often tell us how confused and baffled they are when they need to find help for their very young child. Help is often fragmented, built up over the years as a result of programmes led by different governments and different Whitehall departments to resolve different issues. There has been a significant increase in investment in the early years over recent decades and whilst a broad range of interest and help is welcome, doing so in such an incremental and piecemeal way can mean that help appears disjointed and that some families miss out. There is no overarching strategy that makes sure that support is in place when it is needed for every child, and that there is a clear, single point of access for families to get help. There are wide local variances meaning that a child in one area of the country could get a very different experience and offer of help than another.

Most parents will need help at some point as their children grow up and when they do it can be difficult to know where to turn.

Some families may ask their school and some families may be lucky enough to have a local Children's Centre or family hub. Some families experiencing serious difficulties may be offered support under the Troubled Families scheme, but many who may still need extra help will not meet the threshold for this targeted support. Help from more specialist services such as mental health teams or speech and language therapists is highly variable across the country. The fact of the matter is that unless a family lives in one of the few local areas that has prioritised early years support, they will likely be facing a patchwork of services.

Children should receive five health reviews through the Healthy Child Programme, and from next year will receive three assessments from education professionals (the 2 year EYFS check, the reception baseline assessment at 4⁷⁵ and the EYFS Profile at 5). But there are variations in how they are delivered and none of these give parents the whole picture of how their child is doing. There are no guarantees that issues which are identified will lead to support being provided, and no certainty about where that help should come from.

If you need childcare after parental leave ends a year after birth, you need to pay for it yourself with help from tax and benefit systems or from an employer. If parents want to access free early education most will need to wait until their child is three, although disadvantaged children will be eligible for help at two. When parents need childcare to be able to work, they have to work out whether they are eligible for tax-free childcare, the childcare element of universal credit or extended hours for three-and-four year olds. All of these have different requirements and different ways to access them.

Early years and education might be run by the council, by a charity, a school, private business or an employer. If you would prefer home based childcare your childminder is likely to be independent. If you want a mix of both, you will need to sort out the practicalities including how the intricate financing schemes work together - or don't.

⁷⁵ This has been piloted, but the roll-out has now been delayed until 2021 due to Covid-19

HMRC

Maternity/paternity/shared parental pay

DWP

Sure Start Maternity Grant for low-income first time parents

NHS

11 Antenatal appointments with midwife/doctor
Free prescriptions and dental care
Healthy start vouchers for low-income or young parents

Children's Centres

Antenatal sessions may be available at Children's Centres

Public Health

First Health visitor contact



Pregnancy

HMRC

20% of costs paid under tax-free childcare, up to £167 a month Legacy childcare vouchers

DWP

85% of childcare costs covered under Universal Credit – up to £1108 a month, child under 16

NHS

6-8 week check, routine vaccinations

Children's Centres

Sessions may be available at Children's Centres

Public Health

Three health visitor contacts



0-1 year

HMRC

20% of costs paid under tax-free childcare, up to £167 a month Legacy childcare vouchers

DWP

85% of childcare costs covered under Universal Credit – up to £1108 a month, child under 16

NHS

MMR jab

Children's Centres

Sessions may be available at Children's Centres



1-2 years

Education

15 hours free childcare for 2 year olds from low-income families
2 year old check by childcare provider (sometimes joint with health check)

HMRC

20% of costs paid under tax-free childcare. Legacy childcare vouchers

DWP

85% of childcare costs covered under Universal Credit – up to £1108 a month, child under 16

Children's Centres

Sessions may be available at Children's Centres

Public Health

2-2 1/2 year check by health visitor (sometimes joint with education check)



2-3 years

Education

15 hours free childcare for all, 30 free hours for working parents

HMRC

20% of costs paid under tax-free childcare, Legacy childcare vouchers

DWP

85% of childcare costs covered under Universal Credit – up to £1108 a month, child under 16

NHS

Pre-school booster

Children's Centres

Sessions may be available at Children's Centres



3-4 years

Education

15 hours free childcare for all, 30 free hours for working parents. Can enrol in Reception class.

HMRC

20% of costs paid under tax-free childcare, Legacy childcare vouchers

DWP

85% of childcare costs covered under Universal Credit – up to £1108 a month, child under 16

Children's Centres

Sessions may be available at Children's Centres



19

4-5 years

Despite many positive interventions, there remains little glue to the early years system to make sure all the different components work together well. For example, there are currently two main universal frameworks that exist for professionals working with children in the early years – the Healthy Child Programme and the Early Years Foundation Stage. Each of these sets out their own ambitions for children, and the support that should be in place. The Healthy Child Programme is being refreshed, and the Early Learning Goals of the EYFS have recently been reformed. This can and should be an opportunity for the Government to develop one overarching strategy for what we want to achieve in the early years, to be shared by all relevant departments.

There has been some important joint working recently, with Public Health England and DfE working together on a new speech, language and communication pathway for 0 to 5 year olds⁷⁶. This approach acknowledges that it is almost impossible to separate out the ‘health’ and ‘education’ aspects of a child’s development, and is the basis of an approach we need to see adopted across the whole of the early years, embedded from central strategies down to the local level. Since 2015 Health Visitors have been the responsibility of Local Authorities (LAs) rather than the NHS, so there should be much more capacity for this kind integrated working at the local level.

Some local areas are already trying to develop this kind of integrated strategy. Greater Manchester for example have, with support of £1.5 million from DfE, developed an Early Years Delivery Model, which has multi-agency pathways to support speech, language and communication; parent and infant mental health; physical development; and social, emotional and behavioural needs. Their model includes three checks for children between the ages of three and five, alongside the Healthy Child Programme mandated checks⁷⁷

Recent research for the Early Intervention Foundation has found that areas which have been particularly effective in closing the early years word gap have focused on making sure that different parts of the system are working together and integrating assessments between different frameworks⁷⁸.

Too many different parts of the system operate independently of one another and some have been reduced over recent years as finances have tightened.

⁷⁶ Nicholson, W, *Working with Health Visitors to Close the Word Gap*, March 2019

⁷⁷ Manchester City council, Children and Young People Scrutiny Committee 4th September 2019 available at: <https://democracy.manchester.gov.uk/documents/s9696/Early%20Years%20Service.pdf>

⁷⁸ Gross, J., *Closing the word gap: learning from five areas who have gained ground*, EIF, June 2020

Help for Children and their Families

Midwives

A commitment was made in 2018 to recruit 3,000 more midwives over three years. Alongside their role during childbirth, midwives are responsible for delivering antenatal checks, up to ten for a first time mother, and will co-ordinate with health visitors on delivering post-natal checks.

Health visitors

The Healthy Child Programme was introduced in 2009, and the strategy for 0 to 5 year olds includes a series of five mandated health reviews to be delivered by health visitors. It also sets out how Health Visitors should provide support as needed to families with their child's health and development. In 2011 the health visitor implementation plan was introduced with the aim of increasing the workforce, which as the chart below shows was successful. However, in 2015 health visiting was transferred over to councils from the NHS and since then funding for the Public Health Grant has fallen by £700million⁷⁹. The numbers of health visitors has fallen significantly since then, although the chart below does not show the number of non-NHS health visitors employed as data is not centrally collected on these – the Local Government Association estimates an additional 900 health visitors are employed outside the NHS⁸⁰.



Source: NHS Hospital & Community Health Service (HCHS) monthly workforce statistics. Note these figures do not include health visitors not employed by the NHS.

Mental health

There have been some positive recent developments when it comes to perinatal mental health, for example the introduction of the 6-8 week GP appointment for mothers to discuss their mental health, and commitments in the NHS long term plan for 66,000 women with perinatal mental health problems to get the support they need by 2023/4, to extend support to 2 years, and to deliver parent-infant interventions. However, this will

⁷⁹ Local Government Association, *Health and Local Public Health Cuts*, May 2019

⁸⁰ Local Government Association, *The reduction in the number of health visitors in England*, October 2019

not cover all affected women, and does not address the needs of mothers who may have a level of need below a diagnosable condition, many of whom will be supported by universal services.

For children's mental health, our research has shown how spending across the country is very variable, and that many children who require both low-level and specialist support are not able to access it⁸¹. The system is also largely focused on older children; for example when it comes to low-level support the plans in the NHS Ten Year Plan focus on Mental Health Support teams working with schools, but do not include children not in school. Research in 2019 found that in 42% of CCG areas in England CAMHS services do not accept referrals for children aged 2 or under⁸². While mental health support for babies and young children will look very different, and be focused on work with parents, it is just as vital as support for older children.

Speech and Language Therapy

Research from our office has found high levels of variation when it comes to spending on speech and language therapy, ranging from 58p per child in the lowest spending quarter of areas to £16.35 in the highest spending quarter. In 57% of areas spending per child has fallen in real terms since 2016/17⁸³.

Troubled Families Programme

The Troubled Families programme works with 140,000 children under 5, about 27% of all the children who are eligible and part of the programme⁸⁴. Launched in 2012, the initial programme was targeted at families involved in crime and anti-social behaviour, children who were out of school, and adults who were out of work. The second phase was expanded to add children needing help, families experiencing domestic abuse and families with physical and/or mental health problems, including substance misuse. Local areas can use their own indicators for children who need help, including how children are doing at their two and a half year check.

Although one of the key strengths of the Troubled Families programme has been its robust evaluation in recent years, a lack of robust data in the early years limits much of what it could capture about children in the early years⁸⁵. There is also considerable scope to improve the integration of the programme with other services for children under 5 through pooled budgets and shared outcomes.

Children's Centres

There are currently around 2,300 Children's Centres, and an additional 700 'linked sites',

⁸¹ Children's Commissioner, *The state of children's mental health services*, January 2020

⁸² Hogg, S., *Rare Jewels: Specialised Parent-Infant Relationship Teams in the UK*, PIPUK, 2019

⁸³ Children's Commissioner, *We Need to Talk: Access to Speech and Language Therapy*, June 2019

⁸⁴ MHCLG, *National Evaluation of the Troubled Families Programme 2015-20, Part 4*, March 2019

⁸⁵ MHCLG, *National Evaluation of the Troubled Families Programme 2015-20, Part 5*, March 2019

down from a peak of 3,600 centres in 2010.

Funding for, and spending on, centres has fallen significantly. In 2010, there was an estimated £1.6billion spent on Sure Start, which was part of a specific grant for Sure Start and Early Education. Funding was then moved into the Early Intervention Grant and was no longer specifically ring-fenced for Sure Start, and then moved into the un-ringfenced funds in the business rate retention scheme. Since then year on year the amount spent on all forms of early intervention has decreased from £1.7billion in 2013/14 to £1billion in 2019/20⁸⁶.

As a result of decreases in overall investment in early intervention and no ring-fence on that funding, as well as increased pressures on the statutory services local government must provide, local government spending on Children's Centres has fallen by an estimated 60%, from £1.6billion in 2010/11 to £600million in 2017/18. Since the peak in 2010 we know that at least 600 centres have closed outright, and another 700 are now only counted as 'linked sites' rather than full centres⁸⁷.

The last guidance for Children's Centres was issued in 2013, and Ofsted inspections have been suspended since 2015.

Positively, The Conservative Party Manifesto for 2019 contained a commitment to champion Family Hubs in order to *'to serve vulnerable families with the intensive, integrated support they need to care for children – from the early years and throughout their lives.'*⁸⁸ In this report, we will set out how this could work in practice.

Early Years Education

As already acknowledged, there has been a steady increase in the amount of government funded early education and childcare provided for young children and their families in England over the past twenty years.

12 and a half hours of free childcare per week for four year olds was introduced in 1997. In 2006 a pilot for 15 free hours per week for the most disadvantaged two year olds was introduced and made a statutory requirement in 2013 – aimed at boosting social mobility. From 2010 all three and four year olds have been eligible for 15 free hours of education and childcare per week, and in 2017 an additional 15 hours was added per week for three and four year olds in working families. Provision is popular with take up rates for early education and children for three and four year olds are very high at 94%.

However ,the funding system is complicated. The table below sets out the range of help with early education and childcare available, which families are entitled to it and which departments pay for it.

⁸⁶ House of Commons *Briefing Paper Number 7647, Early Intervention, 2019*

⁸⁷ Department for Education, *Number of children's centres, 2003 to 2019*, November 2019

⁸⁸ The Conservative and Unionist Party Manifesto 2019

	Cost	Entitled Families	Responsible Department	Numbers Benefitting in England
Universal 15 hours offer for three and four year olds	£2.32billion ⁸⁹	Those with a three or four year old child	DfE	856,000 children (excluding children in reception classes) ⁹⁰
Extended 30 hour offer for three and four year olds	£792million	Working families with three and four year olds	DfE	346,000 children
15 hour offer for disadvantaged 2 year olds	£448million	Low income families with 2 year olds	DfE	143,000 children
Tax Credits covering 70% of childcare costs	£415million	Low income working families	DWP	140,500 families with a child under 5 ⁹¹
Universal Credit childcare element	<i>Total spend not available in public figures</i>	Low income families	DWP	68,000 families ⁹²
Childcare vouchers	£485million ⁹³	Any income group	HMRC	457,000 families with a child under 5
Tax Free childcare	£176million	Families potentially earning up to £199,000	HMRC	193,000 children under five ⁹⁴
Total	£4.63billion			

⁸⁹ Based on DSG 20-21 allocations as of April 2020

⁹⁰ As at January 2020

⁹¹ 40.5% of families receiving childcare element of CTC are in England and have at least one child under 5 (source: Family Resources Survey 2018/19) applied to number of families benefiting (source: Child and Working tax credits statistics 2017/18)

⁹² Data taken from Stat Xplore as at February 2020, in England

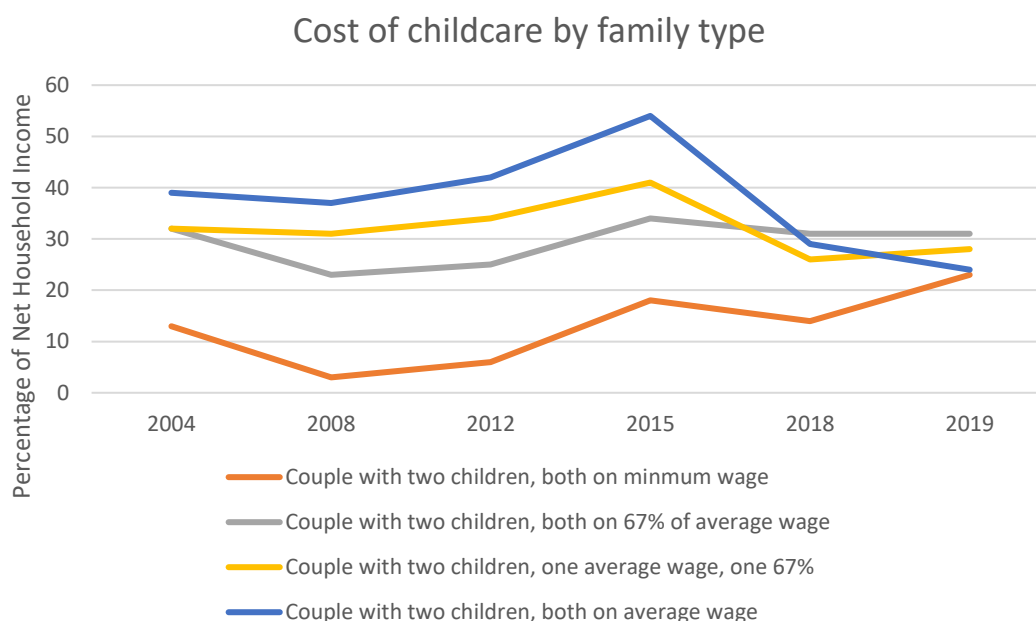
⁹³ IFS estimate in 2019 <https://www.ifs.org.uk/uploads/BN258-Early-education-and-childcare-spending.pdf> multiplied by proportion of families reporting receiving childcare vouchers in England that have at least one child aged under 5 (69.3%- Source Family Resources Survey 2018/19)

⁹⁴ 90.8% of children aged under 5 with a used childcare account are in England (source: Family Resources Survey 2018/19). Proportion applied to number of 0-4 year olds with an open account at March 2020 (source: <https://www.gov.uk/government/statistics/tax-free-childcare-statistics-march-2020>). Government top up assumed to be distributed pro-rata

Whilst funding for early years provision does not yet start to compare with that of education for older children, there is no doubt that there has been progress. The priority now must be to ensure that this investment works harder for the children and families who need help most and that gaps are filled to provide coherent and dependable support.

Despite this spending, the UK still has the highest childcare costs per family in the OECD. Public spending per child on early childhood is lower in the UK than the OECD average (0.6% of GDP compared to 0.7% on average, and 1.8% in the highest spending country, Iceland). And if we compare per child funding levels at different stages of education within the UK, the early years fall far behind the spending level in primary or secondary education, with only £3,200 spend per 3 or 4 year old a year, compared to £4,700 per child at primary school and £6,200 per child at secondary school⁹⁵. In addition, as already stated, the state does not currently provide any free childcare to one year olds.

It is important to note is that although there has been increased spending in recent years, this money has not always targeted at those children who need it most. As the chart below shows, the lowest earners ten years ago paid relatively little, while relatively higher earners (on average wages) paid more. However, the changes to subsidies and benefits have meant that while costs have come down significantly for those on average wages they have gone up significantly for those on the lowest.



Source: OECD, *Net childcare cost for parents using childcare*

As the Institute for Fiscal Studies points out:

Support for low-income workers fell from 45% of total childcare spending in 2007 to just 17% ten years later. Even taking into account new spending on the 2-year-old free childcare targeted at the 40% most disadvantaged, the share of childcare spending on low-income families has fallen by close to half, from 45% to 27%. On

⁹⁵ Belfield, C et al, *2018 Annual Report on Education Spending in England*, IFS, September 2018

*the other hand, support for working families – regardless of their income level – has increased from 10% of total childcare subsidies to 25%, following the introduction of 30 hours’ free childcare...policymakers’ priorities in the childcare sector have shifted over time.*⁹⁶

The introduction of tax-free childcare also benefits higher earners, as families where two parents each earn £100,000 are eligible, meaning a family with earnings of £199,999 could still have 20% of their childcare costs paid by Government.

Some of the different parts of the system do seem to operate in unfairly disparate ways.

For lower income families on Universal Credit, delivered by DWP, parents will have to wait weeks to be repaid for the upfront childcare costs, and can only claim for it once that childcare has been used. This is a significant barrier to parents wanting to move into work as they won’t be able to afford the initial outlay, and needs to be addressed⁹⁷. In contrast, for higher income families the benefits paid through tax-free childcare scheme designed by HMRC are made available on the same day that parents put money into their childcare accounts, with no need to wait, and in advance of paying for childcare. Given the importance of ensuring that families are able to work and children from poorer backgrounds are able to access childcare, it is important that there aren’t barriers for these families who want to get off benefits and return to work

As well as not working effectively for poorer families, providers say that the current funding system is also challenging for them – especially those in the private and voluntary sector. There have been long running complaints about a shortfall in the funding for the ‘free’ hours they have to offer. These financial difficulties have been exacerbated during the Covid-19 crisis, as many providers have not been able to claim the support they anticipated through the government job retention scheme. Without help, the future for some providers looks bleak with 24% telling the Early Years Alliance that they do not expect to be operating in a year’s time, rising to 34% in the most deprived areas⁹⁸.

With such vital provision it is both quantity and quality that is important and research shows that having a high quality workforce who can give every child the attention and help they need is what matters most. Encouragingly, there are signs that the quality of provision in the early years has been improving – 96% of all early years education is now rated good or outstanding⁹⁹. However, there is some research to suggest that the bar of being a good provider according to Ofsted is not high enough, particularly for babies and toddlers¹⁰⁰. A recent survey found that only half of nursery staff had level 3 (A-level equivalent) qualifications or above, and a third were aged between 18 and 20, as older, more experienced staff were leaving. Half of those staff who were leaving were doing so to go on to better paid retail work¹⁰¹. The average pay in the sector is £7.48 an hour, compared to £7.83 in retail, and an average of £14.48 across the total working

⁹⁶ Farquharson, C., *Early education and childcare spending*, IFS

⁹⁷ Lee, T., *Upfront For Families? Childcare Costs In Universal Credit*, CPAG, 20th October 2019

⁹⁸ Pascal, C et al, *COVID-19 and Social Mobility Impact Brief #4: Early Years*, The Sutton Trust, July 2020

⁹⁹ Ofsted, *Childcare providers and inspections as at 31 August 2019*, November 2019

¹⁰⁰ Parker, I., *Early Developments*, IPPR, August 2013

¹⁰¹ National Day Nurseries Association, *2018/19 England Workforce Survey*

population¹⁰².

Although these are the people who will be caring for and teaching our youngest children and most precious assets, their value is not reflected in the pay they receive. Any new programme for the early years must ensure that early years staff have a status and remuneration that reflects the importance of their work.

¹⁰² Upcoming research from the Social Mobility Commission

New research: How the additional needs of children are identified and responded to

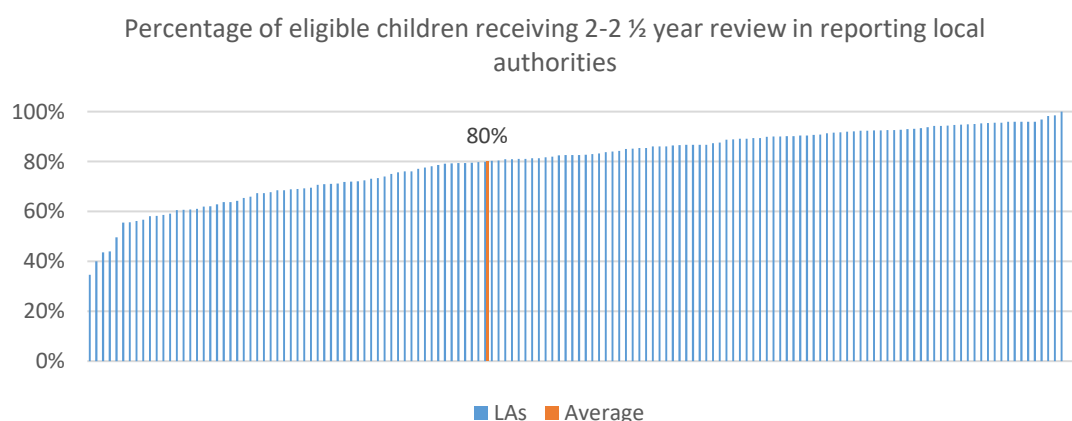
To better understand how children with early needs are being identified and responded to, the Children's Commissioner's Office sent a data request to all local authorities. This data request focused in on one important aspect in this process - the delivery of the 2 ½ year old Healthy Child programme check¹⁰³.

Introduced in 2008 the 2 ½ year check is a vital opportunity to identify the needs of children at this crucial stage of development and ensure the right support is in place in response to help children meet their development goals. It is also the final universally mandated interaction with the health visiting team, and comes at the time when some children are just beginning to take up their free early education offer. We therefore wanted to understand how this cross-over point between health and education happens in practice.

The results from our survey brought into sharp focus the variation across the country, and the lack of a continuum of support from birth through to five in many areas.

Getting help to the children who need it

The research found that that despite the vital nature of these checks, not all children are receiving them. Overall, 80% of children are checked with 20% missing out. However, the number of children missing out rises to 65% in some areas meaning that the majority of children here are missing this important assessment. There is also little evidence that local areas are ensuring that their vulnerable young children are checked. Some local authorities said that the children who did not receive checks were those in transient groups, who moved between different areas, with one council saying that those who were hardest to contact for the check were those where concerns had been raised.



We asked LAs whether they could identify whether children who missed their check had any additional vulnerabilities. We found that:

- > only 13% of local authorities could identify whether a child who missed their check was also from a disadvantaged family (using the eligibility for the two year

¹⁰³ The full findings of this data request can be found in a technical report accompanying this paper.

old childcare offer as a proxy)

- > only 30% of LAs could identify whether a child was a Child in Need
- > only 12% of LAs could identify whether a child had Special Educational Needs

Many were unable to say which children had been seen as they had been unable to share data held by children's social care teams, SEND teams, the NHS Trust or other health visitor provider and DWP. Even if they could share the data, they said there was no way to match up children from one data set to the other. Some councils said that their health visitor records did not record whether a child was a Child in Need and that this would have to be gathered from notes meaning that they couldn't be sure if their most vulnerable children had been assessed or not.

These difficulties in sharing data between all the different agencies means that no single organisation by themselves can identify the basics - how many under-fives in their area have additional needs, and how many are being targeted for help. Similar issues are reported when it comes to targeting childcare support. The take-up rate for the universal offer of childcare for three and four year olds is high – at 94% - compared to 69% for two year olds eligible for a place.¹⁰⁴ Those children with special educational needs, or who are children in need, could most benefit from early education provision, yet without appropriate data sharing in place they cannot be targeted for support to take up places.

We went on to ask what support was then offered in response to need. For those areas that could tell us whether children received support, the results appear to be positive with an average of 76% of children identified as part of the review as having an additional need or developmental delay were referred or received additional support. Forty-three per cent of those areas reported that all of the children identified were referred to or received additional support.

However, this is not the same in every area and many councils said that their response was hampered by bureaucracy and difficulties with gathering data. Only just over half (54%) of LAs could tell us whether children were referred on to any additional support after the check¹⁰⁵.

It is concerning that so many councils were unable to report whether children benefited from support after their assessment. Without this vital information, it is difficult to understand how local areas can develop strategies to ensure that children get the help they need, and impossible for them to be held to account for what they provide. Other research also suggests that in many areas this additional support is simply not put in place - a recent survey of health visitors found almost three quarters reported that children are not routinely followed up at 3 years if early language difficulties or delay are identified at the check.¹⁰⁶ The concern is that despite the introduction of the check, a vital opportunity to identify need and provide support in response is being missed.

¹⁰⁴ Department for Education, Education provision: children under 5 years of age, June 2020

¹⁰⁵ Of course, referrals are only a part of what happens next – much support can and should be delivered by health visitors themselves.

¹⁰⁶ Institute of Health Visitors, *State of Health Visiting Annual Survey*, November 2019

The table below shows that most Local Areas could not identify which services were referred on to, and that this was particularly challenging for any wider family support services.

Proportion of reporting LAs and proportion of children referred to or receiving by type of support

	Child Development support	Services for parent	Universal family services	Children's social care & early help	Other
% of all reporting LAs	42%	26%	28%	36%	29%
% of av. number of children referred/receiving support by type of support	73%	24%	50%	32%	12%

Is the ambition of integrated checks being delivered?

In order to get a better understanding of how well services worked together, we asked how many of the 2 ½ year checks delivered were integrated – that is, jointly delivered by health and education. Currently there is a statutory requirement for the Early Years Foundation Stage check to be delivered to 2 year olds, and the Healthy Child Programme check to be delivered to 2 – 2 ½ year olds. In appreciation of the fact that getting two different reports of a child’s progress might be unhelpful for parents, and that the health and educational development of a young child are very linked, the government made a commitment in 2011 to work towards these checks being integrated¹⁰⁷. The current framework for the EYFS states:

‘Where possible, the progress check and the Healthy Child Programme health and development review at age two (when health visitors gather information on a child’s health and development) should inform each other and support integrated working’¹⁰⁸

Our research found that in fact only 9% of checks at this age are delivered in an integrated way, with nearly half of Local Authorities (47%) reporting that none of their reviews were integrated. Only 5% of LAs did more than half of their reviews in an integrated way. Many Local Authorities reported that they were planning ways to improve the integration between these reviews and overcome the barriers in place.

There are opportunities for central government to improve integration by joining up its programmes at the top. Public Health England is currently reviewing the Healthy Child Programme checks. Alongside this the new Reception baseline assessment is being piloted, and the assessment requirements of the Early Years Foundation Stage have just been revised by the DfE. It is very positive that there are some areas where joint working seems to be taking place – for example Public Health England working with Department

¹⁰⁷ Blades, R. et al, *Implementation study: Integrated Review at 2-2½ Years*, Department for Education, November 2014

¹⁰⁸ Department for Education, *Statutory Framework for the Early Years Foundation Stage*, March 2017

for Education on developing a speech and language assessment tool - and we need to see this happening across the board.

It is interesting to note there is very low correlation between the overall outcomes which areas report for all children on the ASQ profile at 2 ½ and on the EYFSP¹⁰⁹. It is not clear why this is, and could be due to how these assessments are carried out, or because they are measuring slightly different things – with ASQ more about identifying delays than a full educational assessment. This means that not only is it not practically possible to track a child’s development from two to five – because the data isn’t shared – but there is a disjuncture in the theoretical basis as the assessments measure different things. However, we know that for older age groups being able to measure progress between two points – for example with Progress 8 scores – helps to hold school systems to account and see what works. To be able to do the same in the early years would ensure that agencies could track a child’s progress and check whether the support being provided was making a difference.

The reception baseline assessment is being introduced to help understand the progress that children make during their time in school. But it is narrowly focused on maths, literacy and language. It is essential that all assessment of children in the early years looks at their development in all areas, and helps to inform us about what has gone before as well as form a baseline for the future. This is particularly important if, as the recent consultation response from Government suggests, the EYFSP data will no longer be moderated¹¹⁰.

Improving the quality checks

When looking at the quality of the Healthy Child Programme, our data request considered some indicators about how the checks are delivered in practice. For example, we found that only a third of the two-and-half year checks were conducted by qualified health visitors, while the rest were done by other members of staff in a health team. This masks significant variation across the country, with some LAs using qualified health visitors exclusively while other LAs only used other practitioners. This cannot in itself say whether those checks were done effectively, but raises questions about the skills and qualifications we expect those delivering the check to hold.

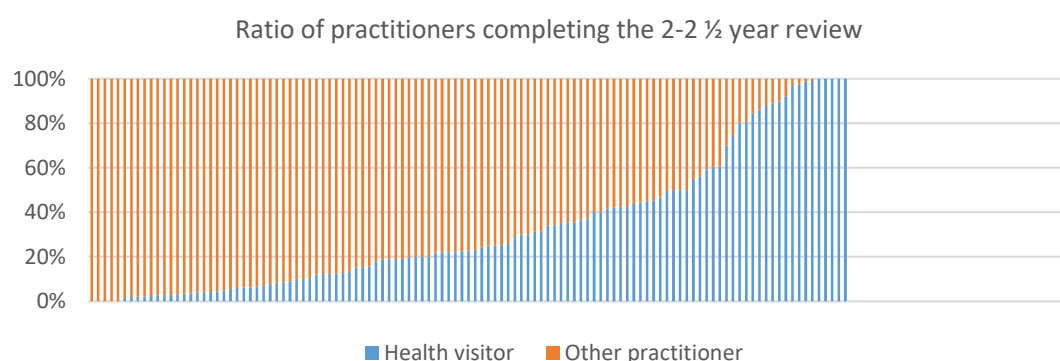


Figure 1 – n.115 (76% of all LAs)

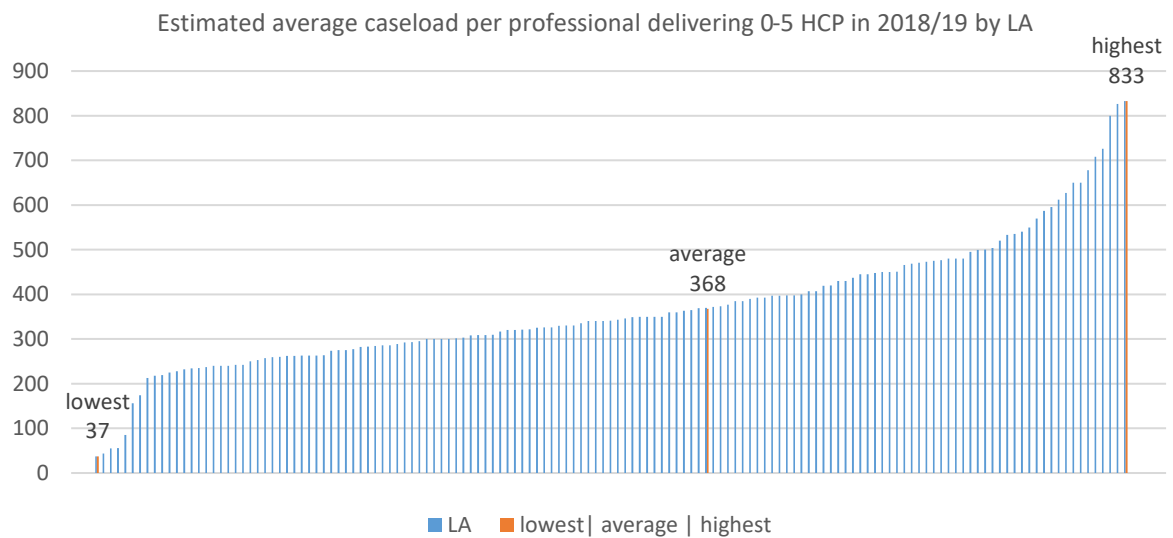
Our research also found that at the checks, the majority (82%) of needs were identified

¹⁰⁹ Ofsted and NHS Digital, *Ages and Stages Questionnaire (ASQ-3) Analysis*, September 2017

¹¹⁰ Department for Education, *Early Years Foundation Stage Reforms*, July 2020

by the Ages and Stages Questionnaire – this is useful tool for providing a population measure of child development, but should be used as part of a holistic assessment to understand the family’s strengths and areas where they might be struggling. It is just as important for practitioners to consider wider family needs as well as the emotional well-being of the child.

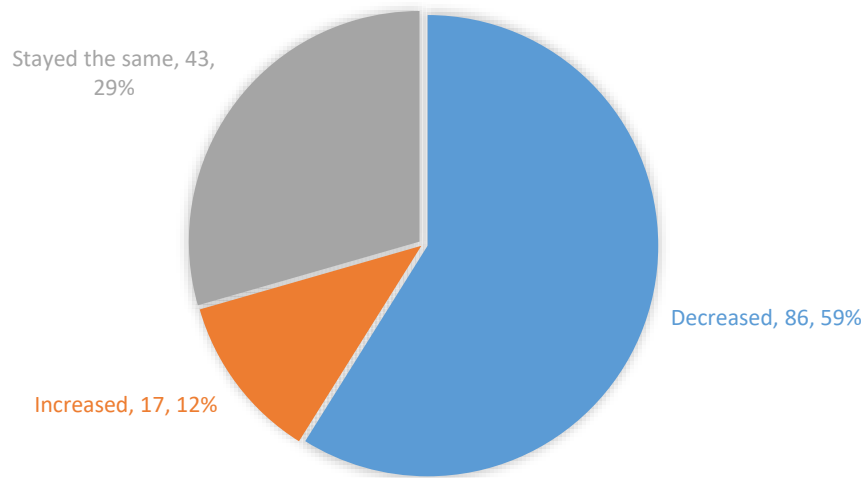
The quality of the check is also influenced by the capacity of those making the judgment. Our research found that the average caseload for a practitioner delivering the HCP in 2018/19 was 368 under fives, with the highest being 833 children and the lowest 37 children.



n.141 (94% of LAs)

Having only one health visitor for hundreds of young children clearly limits their ability to identify and support the most vulnerable. We are concerned that the falling number of health visitors, which most councils are reporting (see figure below), will exacerbate the issue of over-stretched professionals with less time to identify need or provide support.

Proportion and number of IAs that have seen changes in the number of practitioners since 2016/17



This tallies with the findings of the recent Institute for Health Visiting survey of 1,000 practitioners, where one health visitor stated *'Larger caseloads and fewer staff mean families are not getting a tailor-made service to meet their needs. Vulnerable children are slipping through the net.'*¹¹¹ Forty one percent of health visitors reported that they felt they were spread too thinly to make a difference, compared to 19% in 2015. Overall, only 20% of health visitors in the survey felt they were delivering a good or better service to families¹¹².

¹¹¹ Institute of Health Visitors, *State of Health Visiting Annual Survey*, November 2019

¹¹² Ibid

Best Beginnings – How Government could give children the best start in the early years

We know that getting the right help at the right time to early years children can make all the difference, and yet our early years services currently do not operate coherently enough to guarantee that will happen.

Some of the foundations of an excellent early years offer are already in place. We also have commitments from Government about how some of these services will be extended. The goal now must be to bring together and extend each part of this system to provide a first class early years system that works for families and ensures that all children, including the most disadvantaged, get the best start in life possible.

A 'Best Beginnings' programme would ensure that all families have a single point of contact in their local area where they can go for advice and help with all the daily challenges that being a parent brings. It would mean regular checks on children's health, well-being and development, leading to responsive help when needed. It would mean help that is coordinated, with clear accountability for making sure that no child falls through the gaps.

All children, but particularly those that need it most, would have access to high quality early education that is nurturing, creative, personalised and beneficial to their child

To deliver this, Government would need to make the early years a priority from the top to drive reforms, with a bold ambition to have all children start school ready and able to learn and progress. Early Years would take its place as a central building block of the country's recovery plan to boost and level up children's life chances and support families and the economy.



Pregnancy



0-1 year



1-2 years



2-3 years



3-4 years



4-5 years

	Pregnancy	0-1 year	1-2 years	2-3 years	3-4 years	4-5 years
The early years offer for everyone	Midwife checks and antenatal groups delivered through family hubs	'Whole child' checks covering health, development, and social needs Access to advice and universal services	A new development check at age one. 15 free hours of childcare a week Access to advice and universal services	'Golden Gateway' pre-school check - covering health, development, and social needs 30 free hours of childcare a week	30 free hours of childcare a week	School readiness check - covering health, development, and social needs 30 free hours of childcare a week
Extra help for some	Targeted antenatal support for young parents, those with substance misuse issues, suffering domestic abuse	Universal Plus services, support from perinatal mental health teams, parenting support classes, home visiting services, breastfeeding support	Perinatal mental health support return to work coaching, targeted parenting sessions, nutrition advice.	Speech and language support delivered through nursery classes, home visiting to support the home learning environment, targeted parenting interventions to support parents		
Specialist services	There will be some children who will need a higher level of intervention from child protection teams or specialist health teams					

Children's progress in language, social and emotional and physical development is consistently monitored and tracked

Recommendations

1. A cross-government 'Best Beginnings' strategy should be established, led by a Cabinet Minister for the Early Years

Government should create a new, cross-departmental strategy for 'Best Beginnings' to support children's development in the early years. This would set out how a revitalised and extended Healthy Child Programme, the Early Years Foundation Stage, Children and Family Hubs, antenatal services and the Troubled Families Programme would be working together. It should contain clear pathways of support for children and family who need particular help, and clear roles and responsibilities for professionals. It should create a shared outcomes framework, which would provide all early years professionals with a shared purpose, and make joint commissioning and working more manageable, and make accountability at the local and national level more possible. This will allow areas to coordinate and plan their work to make sure no child is simply bounced between services missing out on help.

2. A Family Guarantee of support for early years children and their families

The Best Beginnings programme would include an ambitious new guarantee that every child has the help they need to be ready to start school and meet their development goals. Family support will be a key aspect of this support delivered in a co-ordinated way by midwives, Health Visitors, early help and Troubled Families workers, Family Nurses or family support workers based in Children and Family Hubs. Hubs would coordinate to ensure no child or family falls through the gaps, and support the workers delivering it.

In order to ensure there is sufficient capacity to both identify those in need of support through universal visits, and to provide that help, this will require a clear plan to ensure sufficient numbers of Health Visitors, and well as increased funding for Early Help and Troubled Families services.

3. A national infrastructure of Children and Family hubs to support children and families

Children and Family hubs would be a centre point of support for children and families. They would act as the gateway to multiple services and the teams within them would be responsible for coordinating early years services and support across the local area, to ensure all children who need help get it.

Each Hub would act as a base for universal services, including birth registration services and health visiting teams running assessment and support services. They would strengthen and co-ordinate these universal services, so that every child is reached, in order to be able to identify all families who are struggling and offer more targeted support to them.

Some parents may want to meet other parents or get additional advice about breastfeeding. Some parents may want help to find work, or deal with the new strains on their relationship, or on their mental health, that can come with having a baby – and those stressful issues may also be making it harder for them to give their young children the loving attention they need. The Hubs would also have these more targeted services – including perinatal and infant mental health teams, JobCentre advisors, Speech and Language Therapists and housing teams – co-located within the service.

For children with particular needs the Hub could operate as a base for targeted interventions, and support parents as they navigate their way through specialist health teams. They would also play an important role in providing help for parents with issues such as domestic violence in the home, addiction and mental health support.

Hubs would serve as a linchpin for the wider community services. They would develop relationships with

local families and early years providers so that services such as speech and language support could be delivered within nurseries, and training and quality improvement could be shared between settings. They would also need to ensure, particularly in more rural areas, a sufficient level of outreach – going to community groups and playgrounds to identify families who could benefit from extra help. There is a thriving network of toddler groups, volunteer organisations, and charities which deliver peer to peer support – such as HomeStart and NCT – working with families with young children. These so often provide the strong communities and friendly faces that parents need, and Hubs must work closely with these organisations.

There would need to be significant additional investment and development to get to a point where every disadvantaged area has a Children and Family Hub, with thriving services co-located within them, so all families are able to access the services and support they need. In order to ensure standards there should be clear requirements on recording data, and Ofsted should inspect them, as they once inspected Children’s Centres, against a clear outcomes framework.

4. Consistent checks to identify need and respond with support

To ensure that all children who need it can and do access this guarantee of support, it is essential that we are identifying those children who need help and tracking whether they get it.

To do this most effectively, all the checks that a child receives from health and education before the age of five should be made more consistent with each other, with a coherent methodology for assessing those developmental areas that overlap. Each check should cover all of the essential building blocks for a happy childhood: the relationship between parents and child and between the parents, the home environment and any stress in the home, a child’s behavioural and cognitive development and their physical and mental health. There should be additional checks at 3-4 months and one at 18 months to fill the gaps between current reviews. There should be a statutory requirement for the joined-up child development check to be delivered at 2 by health visitors and their early years setting (for those attending nursery settings at two this should be done close to the beginning of their attendance at the settings). From then on there should be annual check-ups, again co-ordinated between health and education, to ensure that children are staying on track.

This would mean that families would get a more complete picture of how their child is doing at every stage, and also that it would be more possible to track a child’s development from one check to the next as they are all measuring similar things.

5. An extended childcare offer

A Best Beginnings programme would have an expanded offer of 30 hours universal free childcare and early education for all children aged two, three and four, and 15 free hours for all one year olds, so that early years education is seen as part of ordinary life, in the same way that school is. This would be backed by an ambitious plan to match the investment other countries achieve in their early years, and ensure quality is high.

To achieve this, Government should undertake a review of early education and childcare funding to ensure it is working as effectively as possible to help children and families who need it most.

It must immediately establish an emergency recovery package for those childcare providers whose finances have been worst affected by Covid-19. Government should also review how Universal Credit funding makes it particularly hard for lower earning families to get help with childcare, as parents have to pay costs upfront and then wait to be repaid.

In the longer term the Government should consider moving towards a single system for supporting families with early years education and childcare, with fees charged in relation to families' incomes as they are in Sweden and Norway.

6. Building the Early Years Workforce

Government should establish a national workforce strategy for the early years, based on robust workforce modelling, focusing on staffing across health, local government and early years settings. This should include a drive to sustainably increase the numbers of people working in the early years, including health visitors, early educators and Children and Family Hub staff.

Action should be taken to ensure that staff in early education and childcare settings are valued more highly – both in terms of their pay, and their professional development. Prior to a longer term review of childcare funding, immediate increases to the per child funding rate for early education are needed to increase the pay available for staff, and make it a more attractive career prospect. Improving the quality of early years education, will require a programme of recruiting, retaining and training the best professionals into the career. The forthcoming Social Mobility Commission report proposes that an Early Years career strategy is devised, which should include a training pathway all the way from apprenticeship to primary headship, so there are clear opportunities for progression.

Children and Family Hubs should have a crucial role to play in delivering training and drive quality development, and this should be backed by ring-fenced funding to provide training to practitioners.

7. Better Data

A new national strategy should help ensure that services work together in a more coordinated way, but for it to work most effectively local agencies need to share data and information between different services, and eliminate any barriers to data sharing, so children do not fall through the gaps or go unidentified.

This would be made more straightforward if every child had a unique anonymised child number which allowed them to be tracked through the system and across services. The NHS number – which is already assigned to every baby – should be used as this unique identifier, with other services recording it alongside their identifiers (such as the Unique Pupil Number every child receives on entering school) so it is possible to match children in different databases. Further detailed recommendations on improving data recording are included in our accompanying technical report.

It is essential that a council is able to understand how many children in their area are in need of additional help, what help they have been offered and have taken up, and what the outcomes are for that child. We know that how a child is doing at five is related to how they were doing at two, and how they will do at eleven, and yet the way our data works at the moment means that it is very hard to monitor this either locally or nationally.

Conclusion

This paper lays down a challenge to Government to commit to a new guarantee for the support children and their families in their earliest years to ensure that every child, no matter their starting point, is able to have the best spring board possible into school.

Many of the building blocks are already in place but are falling short in their intention or potential. This report sets out how a world-leading system of support for young children can be achieved.

If Government wants to close the education gap between richer and poorer children, to address the mental health crisis among children, and have a generation who can go on to fulfil their potential, this is where they must start. The Prime Minister has laid out his commitment to levelling up since he took office; there is no better place to start than in the early years

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