



# EARLY MOMENTS MATTER

**GUARANTEEING THE BEST START IN LIFE  
FOR EVERY BABY AND TODDLER IN ENGLAND**

UNITED KINGDOM



for every child

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# FOREWORD



Every child deserves a brighter future – no matter where they live. It’s an honour to introduce this report that explores how this can become a reality, for every child across England.

Babies and toddlers are growing up in one of the most difficult moments in recent history – as we continue to collectively recover from the COVID-19 pandemic, we now face an unprecedented rise in the cost of living. The work of parents, carers, services and communities has never been more vital to protect and support our youngest citizens and their futures.

Throughout my life, professionally and as a parent, I’ve seen first-hand how drastically the earliest years of life can alter the course of someone’s future. When I became Chief Executive, the UK Committee for UNICEF (UNICEF UK)’s role in helping this effort was clear. For over 50 years, we have been working to advocate for lasting change for children here in the UK and our domestic programmes reach over 2.5 million children every year in the hospitals where they are born, the schools where they learn and the services that shape their early childhood.

We also know that it takes a community to raise a child. Children, their parents and families need a whole community of services to grow up happy and healthy, and it’s the ease of access and availability of this support that can have an enormous impact on who babies and toddlers grow up to become.

Where you’re going in life shouldn’t be determined by the village, town or city in which you are born and the support and services your parents and carers happen to be able to access in that location. A third (32%) of parents of babies and toddlers from across Great Britain told us that right now they are finding it difficult to access parental support.

Many are left waiting long periods for appointments, confused about what support they can access or falling through the gaps that exist between services. And it’s not just the challenges parents and carers are facing right now that need our collective attention, it’s the long-term impact this could have on their little ones’ futures.

I welcome the UK Government’s efforts to address these challenges, through initiatives like the Start for Life offer and levelling up vision. To be successful in delivering a brighter future for every child, at every stage of their early development, increased national, regional and local vision and leadership, greater investment and improved data and transparency are needed to make this vision a reality for every child across England.

That’s why we’re asking the UK Government to commit to a Baby and Toddler Guarantee – to ensure that the rights of every one of our youngest citizens are met, and future generations are able to reach their full potential. Matched with increased Ministerial leadership, we believe this would give every baby the best chance at the brightest future, wherever they live.

I want the UK to be the best place for babies and toddlers, as well as for their parents and carers. I hope you share this vision. Whilst this report focuses on England, further analysis on Scotland, Wales and Northern Ireland will follow in the coming months. I look forward to continue working with parents and carers, our partners in service delivery, national and local government and beyond to make this vision a reality, for every child.

A handwritten signature in blue ink that reads "Jon Sparkes". The signature is written in a cursive, slightly slanted style.

**Jon Sparkes OBE**  
**Chief Executive,**  
**UK Committee for UNICEF (UNICEF UK)**

# EXECUTIVE SUMMARY

## GUARANTEEING THE BEST START IN LIFE FOR EVERY BABY AND TODDLER IN ENGLAND

### The importance of the early years

The earliest years of everyone's life are some of the most crucial. They are a period of unprecedented growth and cognitive, social and emotional development. They are the foundations that have a life-long impact on our ability to learn, cope with adversity, be healthy, build strong relationships, and thrive throughout our lives. It is also a time of risk, especially for vulnerable babies and toddlers. Without access to services and support, cycles of disadvantage, poor mental health, low academic achievement, and poverty become entrenched for generations. Ensuring that the right services and support are in place and available for every baby and toddler across England, regardless of where they are born and live, is therefore essential. Alongside parents and carers, government has a critical role in ensuring that early childhood is a priority for investment, leadership, and action.

### What babies and toddlers need

Babies and toddlers need a range of interconnected support for their development, including: good health and nutrition, responsive caregiving, opportunities for early learning, and a safe and secure environment. In early childhood, it is parents and carers who play the central role in providing this support, but they too need access to support and services, especially those who may themselves be vulnerable. This essential support includes services such as maternity, health visiting, perinatal mental health, parent-infant relationships, Special Educational Needs and Disabilities (SEND), Infant Feeding, and Early Childhood Education and Care (ECEC). These are to be delivered across the NHS, Local Authorities and the voluntary sector, as well as via children's centres and family hubs.



One in three parents in England are finding it difficult to access professional support for themselves and their child. For those who have found it difficult to access support, 78% have been left feeling frustrated by this, with a worrying 21% left feeling desperate.

### **The current situation in England**

Across England, a significant percentage of children are not developing the competencies and abilities they need at the start of their lives. For example, across the first three-quarters of 2021–22, nearly one in three children aged 2–2.5 were assessed to have missed out on reaching their expected level of development.<sup>1</sup> This contrasts with around one in six in the first three-quarters of 2019–20,<sup>2</sup> starkly demonstrating the impact of the COVID-19 pandemic on the development of the nation's children. These outcomes are not split evenly across the country or between groups of children. The available data shows disparities between children from a very early age, connected to family income, gender and ethnicity. The available data also shows marked geographical disparity.

Polling undertaken by YouGov for the UK Committee for UNICEF (UNICEF UK) showed that 2 in 5 parents in England with children aged 0–4 said they have been worried about the social or emotional wellbeing or behaviour of their child.\* While the evidence shows that many children are not reaching expected level of development, the significant gaps in data make it challenging to assess the full picture and the range of factors that are leading to poor outcomes for children. What is clear is that too many babies and toddlers, in their formational early years of childhood, are not getting the support they need to thrive and there are unacceptable gaps and disparities between children.

### **Accessing early years support and services**

While there are a range of policies, frameworks and sources setting out what services should be available for every baby and toddler in England, there is no central overview of core support available, no easily accessible information for parents and carers about what they are entitled to or where and how they can access the support they need. Although the Government's flagship early years programme Start for Life<sup>3</sup> is a positive step, with its aim to support 75 Local Authorities to publish local offers, it remains limited in its scope and provision. The programme guidance references 22 core services relevant to families with children under age 5, but does not ensure that these services exist in the first instance, provides no longer-term guarantees of support, and does not mandate their universal delivery. It also does not yet offer meaningful support for addressing resourcing gaps, or provide a sustainable answer to underlying workforce challenges across these services.

Looking at the availability of four core early years services – health visiting, maternity, parent-infant relationships, and early education and care – there is significant regional disparity. Polling revealed that one in three (32%) parents in England are finding it difficult to access professional support for themselves and their child. And of those, 78% have been left feeling frustrated by this, and a worrying 21% left feeling desperate.

\* All polling figures, unless otherwise stated, are from YouGov Plc. Total sample size was 3,564 adults. Fieldwork was undertaken between 8–18 August 2022. The survey was carried out online. The figures have been weighted to be representative of parents by regional distribution only.

# THE GEOGRAPHICAL DISPARITY IN SERVICE PROVISION

* Area	% of Health Visitor contacts missed 2021-2022 (New Birth Visit - 2 year review)	% of children's centres that have closed (2010 - 2021)	Percentage of children not accessing their free 15 hours (2 - 4 year olds)	% drop in ECEC (Mar 15 - Mar 22)	Mother and baby units	Specialised parent-infant relationship teams	(%) Child poverty (2021)	(%) Proportion of children not meeting expected Level of development at 2 (Q1-3 2021 - 2022)	Change in children's service funding (2010 - 2020)
East Midlands	17.5	-20	10	-30	2	0	24	37	4
East of England	30.5	-18	8	-24	1	3	27	24	1
London	25	-20	20	-23	3	7	35	51	-10
North East	8	-12	5	-33	1	1	38	39	-7
North West	16	-11	7	-29	2	13	30	40	1
South East	18	-13	7	-27	4	3	24	18	10
South West	20	-20	7	-31	3	4	25	31	0
West Midlands	16.5	-13	11	-29	2	0	33	21	-1
Yorkshire and The Humber	17	-13	8	-29	1	2	34	23	1

Overall, while no region is uniformly strong in the provision of these four services, the East of England stands out as consistently struggling in terms of the availability of these services, with high levels of health visiting checks being missed and low levels of early childhood education and care (ECEC) sufficiency.

On the nationally mandated five health visit checks, the Government's 2021–22 annual Health Visitor data showed a total of 458,454 checks were missed.<sup>4</sup> Some regions fair significantly better than others – just 8% of checks missed in the North East, while 30.5% were missed in the East of England and 25% in London. Our polling also showed that 13% of parents in England said they hadn't received any of their mandated checks, leaving them at significant risk of not receiving a wide range of support provided via these interactions. Across all most all regions, parents and children are most likely to get a new birth visit than any other health visitor check and least likely to receive their 2–2.5-year review.

On maternity services, adequacy of time spent on antenatal discussion ranges from 70% in the Midlands Commissioning Region to 77% in the South East and South West Commissioning Regions.

Antenatal discussions are a critical space for promoting the health and wellbeing of mothers/gestational parents and their unborn babies, helping prepare parents practically and emotionally for the birth of their children and to care for them in early infancy. These discussions also offer a space for sensitive conversations about topics such as mental health and domestic violence, which can trigger additional support being offered or potential issues to be monitored over time.

In the area of perinatal mental health and parent-infant relationships, although there has been significant progress in increasing specialist support, including through the NHS Long Term Plan and Start for Life funding, services remain limited across the country. While the South East has four mother-and-baby units and London and the South West have three, the North East, the East of England and Yorkshire only have one unit across their region.<sup>5</sup> It is a similar picture with specialised parent–infant relationship teams, but there are none available in both the West Midlands and the East of England. While these are highly specialised services, they provide an indication of the prioritisation and provision of wider mental health services for parents and carers, including those with mild to moderate conditions.

\*The colour gradients of the tables in this report indicate a comparison scale for each data point across the regions. Dark orange indicates the region performing poorest comparatively and dark blue indicates the region performing best. The same coding applies in each table within the report.

Fathers and co-parents, or mothers with common mental health problems (or beyond the perinatal period) are particularly less catered for in current service provision, including via universal services. Polling also showed that in England almost three in five (59%) parents of 0–4-year-olds say they struggled with their mental health. One in ten (11%) have not received any mental health support, despite wanting it. And across Britain, parents on a lower income are most likely to struggle with their mental health.

In the area of early childhood education and care there has been significant progress in recent years, with 18% more areas saying that they have sufficient childcare for 3- and 4-year-olds entitled to their free offer in 2021 compared to 2017.<sup>6</sup> However, data from Coram Family and Childcare’s *Childcare Survey 2022* show that this trend is in reverse in some areas and large disparities exist between regions.<sup>7</sup> There is also significant disparity across age groups. For example, in the South West, provision of the 3-4 years free entitlement is 73%,

but for children under 2 years the childcare sufficiency is just 47%. In Yorkshire this is 93% compared to 60%, and in East of England this is 71% compared to 29%. In addition to regional disparities, other factors are having an impact on service provision and access. For example, in all regions, children who are ‘white’ are more likely to have received their 2–2.5-year health visitor review than other children.<sup>8</sup> In almost all areas, children from the most deprived families are less likely to receive checks than their less deprived peers. For ECEC, a 2018 study of 3-year-olds found children who speak English as an additional language were nearly three times as likely not to take up their full five terms of eligible preschool compared to children with English as their first language.<sup>9</sup> Other factors cited by parents include costs, long waiting times for an appointment, and lack of accessible information. Our YouGov polling showed that among parents in England who found it difficult to access services, 29% were let down by promised follow ups that didn’t happen and 35% felt their concerns were not being taken seriously.

Malik’s mum Colleen didn’t receive as much support as she would’ve liked. She said “There isn’t a system, and more mums need to know when and how they can access support at every stage.”



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## Barriers to service provision and access

Changing this situation and ensuring that every young child can access the services and support they are entitled to – regardless of where they live and their circumstances – must be a national priority. However, ensuring these services are universally available and accessible is challenging because of several systemic issues. First, in all areas of service provision for early childhood, the workforce is overstretched, undervalued and under-resourced. Morale and staff retention is critically low. For example, 25% of health visitors in England have caseloads of over 750 children,<sup>10</sup> and a survey of their membership by the Royal College of Midwives showed that over 57% would leave the NHS in the next year due to work pressure.<sup>11</sup> Recent ECEC reports have consistently highlighted the undervalued status of early years educators with lack of career progression, limited time for training, and staff often on minimum wages.<sup>12</sup>

In terms of government funding, the picture is mixed. While in recent years there has been a large increase for early childhood education and care services – largely attributed to provision of up to 30 hours of ‘free’ childcare for working parents – there has been a dramatic decrease in funding for other services that support early childhood. For example, research from Pro Bono Economics in 2021 showed that funding for Local Authorities parenting programmes in children centres and local safeguarding is £325 million per year lower in 2019–20 than in 2010–11.<sup>13</sup> Early intervention spending, including family support services, has also declined by 48% between 2010–11 and 2019–20. These changes in spending are uneven across the country, yet they worst affect the most deprived local authority areas with the highest levels of need.

The recent £300 million investment to support families secured as part of the *Best Start for Life* vision,<sup>14</sup> including through the Start for Life offer and Family Hubs is positive, but this is limited to 75 local authorities and does not provide sufficient investment in underlying core services. This funding is only secured for the short-term, meaning local authorities are unable to plan long-term for consistent service provision for the youngest children.

In addition, at both national and local level, governance and accountability for support in early childhood is hampering efforts to provide universal services for every baby and toddler. Currently, decision making at a national level is spread across multiple departments and teams, without a central coordination mechanism or focal point of Cabinet-level oversight and accountability. There is also a lack of policy coherence between government departments. For example, current plans focusing on family hubs don’t account for the need to cut across areas such as social welfare, parental leave, childcare, levelling up, or social care, among others. There is only one mention of babies within the ‘levelling up’ agenda,<sup>15</sup> and limited recognition to date of the impact of the current cost of living crisis on the UK’s youngest members of society.

At a local level, the way spending and commissioning is taken forward can prevent services working together effectively. Between the different responsibilities of Local Authorities and NHS commissioning bodies (Clinical Commissioning Groups or soon to be Integrated Care Systems), problems persist in areas such as data sharing, which can limit targeting of services for those who need them the most. Early years education and care is also poorly integrated with other services, with Local Authorities lacking the powers to address sufficiency gaps.

Michael's mum, Andrea said "It's very difficult to raise a child, studying and working."

Finally, data collection, sharing and evaluation is uneven and is hampering efforts to ensure services are available, accessible, and reach those babies and toddlers who need them the most. While some data is routinely collected, such as the number of health visitor checks, there is no assessment of quality, no information on who is missing visits, and no plan to reduce unsustainable caseloads.

There are also gaps in data, as babies and young children are passed from NHS commissioned services (maternity services) to Local Authority commissioned support (health visiting). Limited data and the lack of ability to exchange information between systems at a national level makes accurate data collection, comparison, and reporting extremely challenging. This risks babies and toddlers, particularly the most vulnerable, being missed out or left behind.



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# THE BABY AND TODDLER GUARANTEE



Rey's mum Martha wants to know that there is somewhere they can go for support and be heard.

All babies, toddlers and young children should have guaranteed access to a set of core services and support in early childhood, which promotes and protects their development from pregnancy through to age five no matter where they live in the country.

**The Baby and Toddler Guarantee should include accessible, quality, and fully resourced maternity services, health visiting support, mental health support, SEND provision, infant feeding support, and early childhood education and care.**

While the current policies that are in place represent good progress, they fall short in ensuring every baby and toddler can access the basic services and support they need. The Baby and Toddler Guarantee would address this gap by creating a nationally recognised suite of connected services with accountability for their delivery held at the highest level of government. This would also support the delivery of the UK government's own mission to 'level up' the country.

The package of services included in The Baby and Toddler Guarantee should be based on the vision referenced in Start for Life and Family Hubs programme, the Healthy Child Programme and

commitments in NHS Long Term Plan which together cover universal, targeted and specialist support. The Guarantee must also include a commitment to ensuring early childhood education and care availability, quality, and affordability and put an end to the artificial separation between health and learning services and support for young children. Specific recommendations for each of the four nations will follow this report in due course.

In addition to a comprehensive commitment to service provision, The Baby and Toddler Guarantee must also address the 'baby blindspot' in government decision making by ensuring that every decision made by any government department considers its impact on and wellbeing of the nation's youngest citizens. Currently, this would include the government's evolving response to the COVID-19 pandemic and its response to the cost-of-living crisis.

# RECOMMENDATIONS FOR THE UK GOVERNMENT

In response to the challenges facing babies and toddlers across the country, the UK Government should:

- 1 Commit to making The Baby and Toddler Guarantee a reality for every baby, young child and family across the country. All babies, young children and their parents/carers have access to:**
  - Local **maternity services**, delivered by fully resourced workforces that provide high quality, trusted, and consistent support throughout pregnancy and birth, including infant feeding and early attachment.
  - Timely, high-quality **health visiting services**, which at a minimum fulfil the expected schedule of contacts (five in England) including support for infant feeding and SEND referrals where needed.
  - Local, timely, high-quality **mental health support** (including parent-infant relationship support) whatever the severity of their mental health problem.
  - Local, affordable and flexible **early education and care** that is fairly funded with highly trained staff that focus on the development and wellbeing of the young children in their care.
  
- 2 Make early childhood a national priority** for the Government with **Cabinet-level leadership** to drive the delivery of **The Baby and Toddler Guarantee** and ensure coherence between Government departments. **This would include:**
  - Expanding the remit of the Secretary of State for Education to become the **Secretary of State for Early Childhood, Education and Skills**, leading a Department of Early Childhood, Education and Skills.
  - **Appoint a Minister of State for Early Childhood** with a joint portfolio across the (new) Department for Early Childhood, Education and Skills and the Department of Health and Social Care
  - Establish a **standing Early Childhood Cabinet Committee** to include the Secretaries of State for Education, Health and Social Care, Culture, Media and Sport, Environment, Food and Rural Affairs, Department for Work and Pensions, and Levelling Up, Housing and Communities.
  
- 3 Deliver a cross-Government strategy for early childhood** that builds on the vision and commitments in Best Start for Life, and responds to the challenges of workforce, funding, and governance with joint outcomes for early childhood development that sit across departments. **This would include:**
  - **Outcomes for early childhood development** should be introduced and owned across departments with clear accountability mechanisms. Responsibility for monitoring outcomes and improvements should be shared with Local Authorities and ICSs.
  - A **long-term early childhood workforce strategy** across all services with national commitments to improve recruitment, retention, and career pathways.
  - Ensuring that **all Government plans, strategies, and legislation consider the impact on young children and families.**
  
- 4 Commit to track and monitor progress towards delivery of The Baby and Toddler Guarantee** for every baby, young child, and family across the country.
  - **Add an early childhood mission to the Levelling Up and Regeneration Bill** that focuses on improving outcomes by age 5 by 2030.
  - **Provide adequate resources, support, and guidance to Local Authorities** to collect high quality data on early childhood services provision and uptake.
  - Introduce a **unique 'child identifier' to enable tracking from birth across health and education.**
  - Expand the **annual State of the Nation report on child wellbeing to include 0–4 year olds .**

# PART 1:

## EARLY MOMENTS MATTER

### THE IMPORTANCE OF EARLY CHILDHOOD

“The foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid in early childhood. What happens during these early years (starting in the womb) has lifelong effects on many aspects of health and well-being – from obesity, heart disease and mental health to educational achievement and economic status.”

(Michael Marmot, 2010)<sup>16</sup>

**The months and years from pregnancy until a child begins school are a period of unprecedented growth and development.**

‘Early childhood development’ refers to the cognitive, social and emotional, and physical development that occurs during pregnancy and up to age 5, and sets the foundations for competencies and abilities that enable a child to thrive throughout life; including our ability to learn, form lasting relationships, cope with adversity, problem solve, control impulses and manage emotions. These basic skills form the foundation for more sophisticated skills as children grow older, supporting further learning and development, and setting children up to make healthy choices for themselves and for their families in the future.<sup>17</sup>

*“Mental health, education, accessing opportunities, the foundations for all of this is set by early years development.”*  
Penelope’s mum  
Jocelyn



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Early childhood development outcomes and experiences have been well-evidenced as predictors of childhood and adult outcomes across physical, mental health and educational attainment.<sup>18</sup> In the UK, a study using data from the Millennium Cohort Study\* found that common factors of language disability, social emotional behavioural problems and overweight/obesity in UK children aged 11 could be predicted with moderate discrimination using data routinely collected in the first 3 years of life.<sup>19</sup> There is also a substantial body of research† that has established that, while not inevitable, children exposed to chronic adversities early in life are more likely than other children to suffer a variety of mental health problems as they grow older.<sup>20</sup>

Developing social and emotional and language skills in this period has been shown to positively influence children's future outcomes, including their wellbeing. This includes the capacity of the child to form close relationships, manage and express emotions including 'emotional self-regulation', and learn from the environment around them.‡ The role of parents and carers in responsive caregiving is core to this. We know from developmental science that a key ingredient in the brain developing healthily is 'serve and return', including consistent responsive interactions with a child. This promotes the development of secure attachment with that caregiver and strengthens brain architecture.<sup>21</sup>

A 2020 meta-analysis of self-regulation in early childhood as a predictor of future

outcomes found that in pre-school (under age 4) it was positively associated with social competency, school engagement and academic performance and negatively associated with internalising problems, peer victimisation and externalising problems in early school years.<sup>22</sup>

From a policymaking perspective, interventions that influence a child's life during this period have enormous potential to inform outcomes and impact inequalities, in both positive and negative ways.<sup>23</sup> The age-old argument of nature versus nurture is now better understood to be a complex interplay between these factors. The Institute of Fiscal Studies' (IFS) *Deaton Report on Early Childhood Inequalities* found that a substantial proportion of inequalities in children's early development by age 3 can be traced back to inequalities in their home, educational, emotional and material environments. For instance, differences in children's environments explain over 45% of the inequalities in social emotional development at age 3.<sup>24</sup>

Early intervention to support parents and carers and reduce risks to babies and young children can therefore effectively change the trajectory of a child's life right from the start, helping to break entrenched cycles of poverty, poor mental health and low educational attainment for generations to come. This means that it's crucial for policies that affect this period of a child's life to be sensitive to the impact that they can have, by seeking to maximise opportunities that support parents and carers and minimise the risks of adding additional stress.

\* The Millennium Cohort study is a nationally representative birth cohort study following the lives of around 19,000 young people born across England, Scotland, Wales and Northern Ireland in 2000–02.

† Adversities include a range of environmental factors, for example: poverty, inadequate nutrition, exposure to environmental pollutants, lack of support for parents/carers experiencing poor mental health, physical illnesses or injury, neglect and maltreatment, violence at home or in the community, or experience of discrimination (for example based on race, ethnicity, gender, or disability).

‡ Self-regulation centres around the understanding of a child's own feelings and others and adapting behaviour to reflect this. This could be for example through showing patience, focused attention, or responsive interactions and is included as part of the Early Year Foundation Stage review.

# THE CASE FOR INVESTMENT

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Ensuring the right support is in place in the earliest moments of children's lives, including during pregnancy, is an effective way of improving outcomes for all children, transforming lives for those most at risk and closing the gaps between children furthest behind.<sup>25</sup>

All children, no matter where they are born, have the right to the best possible physical and mental health and protection from adversity, to enable them to develop to their full potential. The right to develop to their full potential is enshrined in Article 6 of the UN Convention on the Rights of the Child (UNCRC) and is further supported by Article 24, a child's right to good physical and mental health, good nutrition and pre- and post-natal health care for mothers; Article 19 on protecting children from violence or maltreatment; and Articles 27 and 28 that set out a child's right to learn and receive a good quality education.<sup>26</sup> These rights need to be upheld during these first extraordinary years, just as they are later in a child's life.<sup>27</sup> In the first few years of life, parents and carers play the most significant role in ensuring that needs of their children are met, however there is a very clear duty for governments here too; particularly in ensuring that parents and carers have the support they need for their children to thrive and develop to their full potential.

In addition to the rights-based argument for investing in children's earliest years, there is also a strong economic case to be made. Investing early can save money on costly interventions in later childhood and into adulthood, where it is harder to achieve change and more expensive to implement. Research from the London School of Economics in partnership with the Royal Foundation's Centre for Early Childhood, calculated that more than £16 billion each

year is spent across government, for instance by local authorities, the NHS, and the Department for Education, on remedial steps to address issues that might have been avoided through action in early childhood.<sup>28</sup> UNICEF's reports *Achieving the greatest impact for children* and *Early moments matter* make the global case for investments in children's early development can lead to increases in adult incomes of up to 25% and estimate that for every \$1 spent there's a return of \$13.<sup>29, 30</sup>

As the UK Government continues with its long-term mission to 'level up' the UK, investment in early childhood must be a main priority. The Institute for Government recently included investing in early years as one of their recommended areas of focus to drive economic change.<sup>31</sup> However babies and young children receive limited attention in the Levelling Up White Paper as currently drafted. In its current form, the mission to reduce gaps in education outcomes focuses on ensuring 90% of KS2 pupils (aged 11) reach expected levels of educational attainment.

However, it is children who are currently between 2 and 3 years of age and due to start school in September 2023 who will make up this 2030 cohort. Data collected through the 2-year-old checks suggests that 1 in 5 of these children are already not at the expected level of development. Based on current development trajectories, these gaps will have widened by the time they reach age 11. By focusing attention on what happens to children once they reach school, without also addressing what happens before they get there, the Government will miss a significant opportunity to produce better outcomes children in their earliest years and into the future.

# EARLY CHILDHOOD DEVELOPMENT IN ENGLAND

2 in 5 parents (42%) in England with children 0–4 years said they have been worried about the social or emotional wellbeing or behaviour of their child.

## Social-emotional, cognitive and physical development

Across England, large numbers of children are not developing the competencies and abilities they need right from the start of life.

The data available shows that disparities in outcomes between children exist from a very early age and are connected to where a child lives, their families' income, their gender, and their ethnicity.

Analysis by the IFS of the Millennium Cohort Study of children growing up in the UK shows that gaps in cognitive as well as social and emotional development are identifiable as young as age 3, with differences in scores emerging across dimensions of sex, ethnicity, maternal education, family income, family structure and maternal depression.<sup>32</sup>

Data collected through the Ages and Stages Questionnaire undertaken for children between 2–2.5 years in England, while incomplete due to gaps in collection, offers a live picture of children's cognitive and social and emotional development.\* While the majority of children are achieving expected levels of development, a significant and growing minority are not.

Across the first three-quarters of 2021, 31% of children, who had their development checks completed, had missed out on reaching an expected level of development. In the first three-quarters of 2019–20, this figure was 17% of children, indicating a potentially significant fall in levels of child development since the start of the pandemic.<sup>33</sup>

In our YouGov poll of parents, 2 in 5 parents (42%) in England with children 0–4 years said they have been worried about the social or emotional wellbeing or behaviour of their child.



\* ASQ-3 questionnaires are completed by parents or health visitors and cover five domains of child development: communication, gross motor skills, fine motor skills, problem solving and personal-social development.

## Nearly three in ten children are not reaching all areas of cognitive, social and emotional development by the end of Reception.

### Outcomes by age 5

Checks conducted as part of the early years foundation stage again show a significant proportion of children not reaching expected levels, with 29% of children not reaching all areas of cognitive, social and emotional development by the end of Reception.<sup>34</sup> Based on the current number of 0–4-year-olds and birth rates in England, this could lead to up to 1.9 million children not reaching their expected level by 2030.

These outcomes are not evenly split across the country or between groups of children. In the local authority with the highest scores, 80% of children achieved at least the expected level in all learning goals, compared to 61% in the lowest-scoring area. Gender, ethnicity and income also inform outcomes.

Girls are more likely to meet expected levels of development than boys in all regions and across other influencing factors. Boys and girls on free school meals averaged 55%, which is 18% lower than the national average. Whilst some ethnic groups were above the national average, such as 84% of Indian girls meet at least expected level of development, the same cannot be said for other groups such as Gypsy Romany boys of whom only 27% achieve their expected level.\* Similar patterns can be seen across wider health outcomes, including areas of nutrition, obesity, speech and language and oral health.<sup>35</sup>

### Maternal and infant mortality

While this report predominantly focuses on factors that support children to thrive, for some children in England their very survival is at risk. Services in early childhood are a

vital aspect of safeguarding against these tragedies. The recent National Review of the murders of Star Hobson and Arthur Labinjo Hughes shone a light on the risks that children of this age may face behind closed doors. In 2021–22 there were 191 serious incident notifications relating to deaths of children.<sup>36</sup> The UK has seen a decline in overall maternal death rates over time, however maternal deaths disproportionately affect women from ethnic minority backgrounds, or areas of deprivation. Over the past decade, several reports have highlighted concerns about variations in care provided across the UK, including variation for those experiencing inequalities and those from Black and minority ethnic groups.<sup>37</sup>

In 2017–19, 8.8 women per 100,000 died during pregnancy or up to six weeks after childbirth or the end of pregnancy,<sup>38</sup> This is higher than the European Union average (8 maternal deaths per 100,000 live births).<sup>39</sup> This risk disproportionately affects certain groups, as a recent MBRRACE report showed Black and Asian ethnic groups are four- and two-times higher risk respectively than white women, highlighting racial injustice in maternity services.<sup>40, 41</sup> This means that the safety of all mothers and babies is not equal, with devastating and lifelong impacts on families involved when things go wrong.

In terms of infant mortality, there were 3.6 deaths per 1,000 live births across England and Wales in 2020.<sup>42</sup> The West Midlands continued to have the highest infant mortality rate across all regions in England, with 5.3 deaths per 1,000 live births. In England, there is an ambition to halve the stillbirth and neonatal mortality rate by 2025 (from 2010). However, the 2020 rate was 3.8 stillbirths per 1,000 births – compared to the target of 1.5.

\*For a more detailed breakdown of disparities between groups, see EYFSP pupil characteristics 2019: underlying data at [www.gov.uk/government/statistics/early-years-foundation-stage-profile-results-2018-to-2019](http://www.gov.uk/government/statistics/early-years-foundation-stage-profile-results-2018-to-2019)

## Children from the poorest 20% of households are four times as likely to have serious mental health difficulties by the age of 11 as those from the wealthiest 20%

### Child poverty and inequalities

Given the impact that poverty and other social determinants have on early childhood outcomes, it is important to consider the need to support all families, especially those affected by inequalities.

Prevalence of relative poverty among families where there are children under the age of five is currently 36%, which is 2.2 million children.<sup>43</sup> A family's economic circumstances has a wide and direct impact on children's wellbeing. For instance, it can affect their housing, where exposure to damp can negatively impact children's physical and mental health.<sup>44</sup> Children from the poorest 20% of households are four times as likely to have serious mental health difficulties by the age of 11 as those from the wealthiest 20%.<sup>45</sup> Poverty can also impact experiences, opportunities and resources, which can affect social and emotional development as well as language development.<sup>46</sup>

With the recent dramatic increases in the cost of living, more families will be facing economic hardship in the coming months. In our poll, the cost of living is already negatively affecting 66% of parents with children under 5 in England. Of those surveyed who have been negatively impacted, 45% have already cut back on their electricity and gas usage, 54% have cut down on activities that support their child's development (such as playgroups) and around half (49%) on buying books, toys or crafting materials.

It's also important to recognise the intersectional nature of poverty and other inequalities, for example the impact of systematic racism on mental health outcomes, as well as the link between economic inequality and structural racism.<sup>47</sup>

A 2019 report from the Children's Commissioner estimated that 2.3 million children are living with risk because of a

vulnerable family background, with over half a million of under 4s exposed to one or more of these risks. Within this estimate more than a third (or 829,000 children) are 'invisible' to services and therefore not getting any support.<sup>48</sup>

### Data gaps

Gaps in data pose a significant challenge in assessing the full picture of children's wellbeing and development. For many children the first indication that they need additional support doesn't happen until they reach school age. Without high quality, nationwide data, it is hard to set appropriate targets, track trends and rigorously assess effectiveness of interventions. The best overall picture of development is gathered through Health Visitor checks but not all authorities share this data publicly nor, as will be discussed in later sections, is it consistently gathered.

The Office of Statistics Regulation's recent review of children and young people in official statistics highlighted that there are gaps in statistics for babies and young children, with the collected data offering little information on the lives and development of this age-group of children.<sup>49</sup> The Department of Education's annual evidence report *State of the Nation: Children's and Young People's Wellbeing* starts at age 5, reinforcing the view of the First 1001 Days Movement that there is a dangerous 'baby blind-spot' when it comes to reporting on outcomes in policy.<sup>50</sup>

Positively, as part of the Health and Care Act 2022, the Government has committed to publishing a report within a year that sets out Government policy on implementing a consistent identifier for children from birth. Such a move would be a significant step forward to support data-sharing across services; however, it is not clear yet what the level of ambition will be in response to this amendment.<sup>51</sup>

# THE ROLE OF SERVICES IN SUPPORTING EARLY CHILDHOOD

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## The world of support around a child

Babies and young children require a range of factors to support their physical, cognitive and social and emotional development to help them thrive throughout childhood and beyond. These interconnected and reinforcing factors include good health, adequate nutrition, responsive caregiving, opportunities for early learning, and safety and security. They are set out in UNICEF and WHO's Nurturing Care Framework.\*† In children's earliest years, their most formative relationships are with parents and caregivers, and their family or home environment is most central to their development.

To ensure this family and home environment best supports a child's development, parents and caregivers in turn need to be supported. While much of the social and emotional support it takes to raise a child can come through friends, family and community, this network isn't there for all families and there will be times when it isn't enough to meet a parent or child's needs. Universally available core services are the best response to this.

In England there are a range of services in place that support babies, young children and their families from pregnancy through to school age. **Figure A** from the Nuffield Foundation gives a helpful overview of how these services are grouped and delivered to families. As highlighted, there is a combination of universal and targeted support for families requiring specialist services.‡ In addition, and as a key part of the overall offer, there are child safeguarding and support services for children with special educational needs and disabilities (SEND) (for example, speech and language therapy, occupational therapy etc). These services are delivered by a workforce that brings together GPs, Midwives, Health visitors, early years educators and wide range of other healthcare professionals and community workers. These services are delivered through a combination of public, private and voluntary funded organisations, presenting a complex picture of commissioning and delivery.

Below we set out some of the essential services that support babies, young children, and families. It is by no means comprehensive but gives a basic picture of what some of these core services look like and their impact.

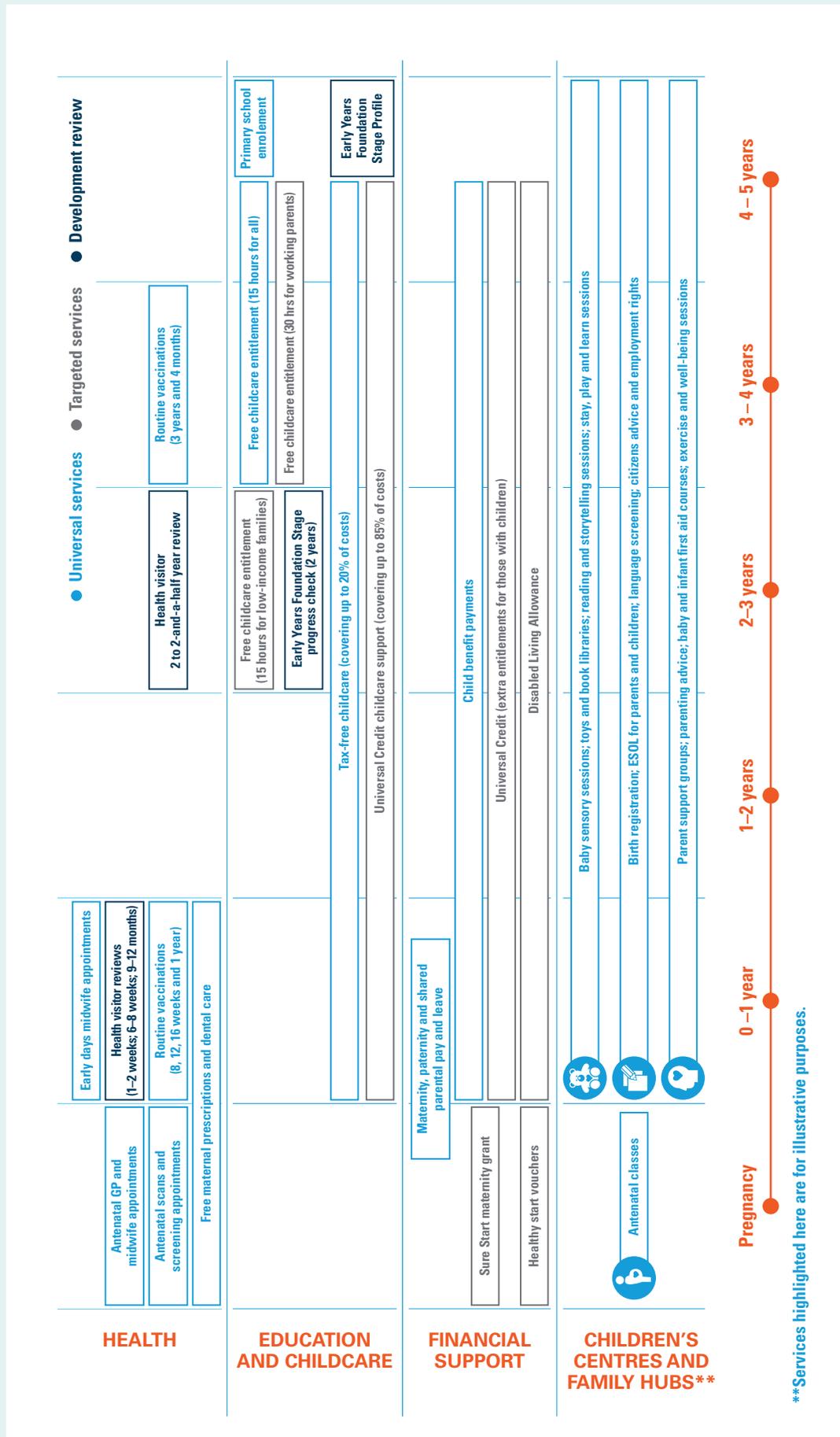
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\* For more on WHO and UNICEF Nurturing Care for Early Childhood Development: <https://apps.who.int/iris/bitstream/handle/10665/272603/9789241514064-eng.pdf>

† The Office for Health Improvement and Disparities (previously Public Health England) has a global role in upholding these aims, as a WHO collaborating Centre for Public Health Nursing and Midwifery.

‡ The majority of services are captured with the Healthy Child Programme and the NHS Long Term Plan; however these documents don't include education provision and other aspects of children services. The recently published Start for Life Programme Guidance document for Family Hubs lists 22 'core services' relevant to early years support, with 9 of these specific to the first 1001 days (pregnancy to around 2 years).

Figure A: Universal and targeted early childhood services in England\*



\*\*Services highlighted here are for illustrative purposes.

\* Reproduced with permission from Oppenheim, C., Batcheler, R., & Rehill, J. Nuffield Foundation (2022), *Bringing up the next generation: from research to policy*

## Maternity services

Maternity services are the primary source of support for parents in pregnancy through to birth. This care may be provided predominantly by midwives, but supported by GPs, health visitors, specialists and wider healthcare professionals and community support groups. Support during this period, not only increases safety for newborns and their mothers/gestational parents but can also help early identification of potential problems for higher risk pregnancies, as well as provide information and support for parents and carers for their physical and mental health and wellbeing.<sup>52</sup>

Continuity of care in this period has been one example of evidence of how high-quality and properly resourced services can improve health outcomes for babies and new mothers/gestational parents: as explained by the NHS Long Term Plan,

*“Women who receive continuity of carer are 16% less likely to lose their baby, 19% less likely to lose their baby before 24 weeks and 24% less likely to experience pre-term birth.”<sup>53</sup>*

However, the current pause to review these changes is key to ensuring these are taken forward effectively and with proper resourcing.<sup>54</sup> Tragically, some of the most compelling evidence for why high-quality maternity services are so effective comes from what happens when the system breaks down. For instance, as was evidenced in the Ockenden Report investigating system-failings at Shrewsbury and Telford Hospital NHS Trust, which led to deaths and injuries of babies.<sup>55</sup>

*“The health visitor was really interested in how everyone was. We really appreciated the support.”  
Penelope’s dad Nick*

## Health visiting

Health visiting is the backbone of early years services across the UK. Health visitors, central to the delivery of the Healthy Child Programme (HCP) are considered the ‘safety net’ around all families, as families don’t need referrals to be able to access support. The most visible aspect of the HCP and health visiting is the five mandated checks in England that all babies and parents and carers should receive from pregnancy through to the age of 2.5. These reviews provide important ‘touch-points’ with families to promote health and wellbeing for all family members and benchmark child development to identify children with developmental delay, previously undiagnosed childhood conditions, disabilities, or other vulnerabilities. Health visitors also work with parents and carers, supporting them with physical and mental health problems or social needs. This includes providing safeguarding and child protection support, and referrals to other services when needed.

Evidence also shows the importance of health visiting for supporting wider public health. For example, a Public Health England review of the 50% increase in health visitors between 2010 and 2015 found a potential link to improvements in outcomes across 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.<sup>56</sup>



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## LUCY – SECOND-TIME MOTHER

Second-time mother Lucy\* contacted Emma\* on the Health Visitor duty desk, feeling overwhelmed and seeking support for her toddler's behaviour.

Lucy's health visitor, Josie\*, called her back and Lucy told her she was feeling low and struggling. Josie explored the significance of these symptoms, how they affected Lucy's day-to-day functioning, her relationships with others, and whether they prompted any thoughts of self-harm or suicide. Although no serious risks were identified, Josie and Lucy agreed that additional support was needed.

As a result of Lucy reaching out, Josie offered individualised, evidence-based interventions<sup>†</sup> including:

- enabling Lucy to express her feelings and fears, and feel heard, supported and reassured
- information and advice, enabling Lucy to identify strategies and activities to problem solve and promote her wellbeing
- affirming positive parent–infant and parent–toddler interactions to build Lucy's confidence
- exploring infant development and baby cues, supporting Lucy to recognise her baby's and toddler's feelings and experiences, consider how these might affect their behaviour, and respond sensitively
- signposting to GP, national charities, and the local psychological therapies team, ensured Lucy had access to timely, appropriate additional support.

As a result of these interventions, Lucy's depression and anxiety scores improved, indicating that the intensity, duration, and impact of Lucy's perinatal mental health symptoms had lessened.

**“I can't really put into words just how much [Josie and Emma] helped and got me out of a black hole through listening and coming up with a plan to move forwards ... I really feel that they made all the difference to get me back to a place where I am enjoying my toddler and baby and feeling so much stronger ... I don't know how quickly I would have made it out of that dark place without such warm support and I thank them both for this ... I just really hope other mums get to experience health visitors as incredible as [Josie and Emma].” Lucy**

\*All names changed to maintain confidentiality

<sup>†</sup>Lowenhoff C, Appleton JV, Davison-Fischer J, Pike N (2017) NICE guideline for antenatal and postnatal mental health: The health visitor role, *Journal of Health Visiting*, <https://doi.org/10.12968/johv.2017.5.6.290>; Douglas H and McGinty M (2001) *The Solihull Approach: changes in health visiting practice*, *Community Practitioner*, 74(6), 222-224

## Perinatal mental health and parent–infant relationships

Perinatal mental health problems affect 10% to 20% of women during pregnancy and the first year after having a baby, making mental health problems the most common serious health issue women can experience in the perinatal period.\*. 57

The availability of quality and timely perinatal mental health support, including support for fathers and co-parents, is core to ensuring parents and carers are supported with their own mental health and wellbeing, which in turn supports responsive caregiving.<sup>58</sup> This support can be delivered through various services dependent on level of need, from Improving Access to Psychological Therapies (IAPT) programmes to more intensive support in mother and baby units or via specialist perinatal mental health teams in the community. Perinatal mental health services also provide support to women who have lost a baby during or after pregnancy, and women with specific mental health issues such as severe fear

of childbirth. A recent London School of Economics report also emphasised the evidence for integrated universal services such as health visiting, GPs and midwives and specialist supervision in these workforces to address common maternal mental health problems.<sup>59</sup> This should include support for parents and carers beyond the perinatal period, for example, via GPs, health visitors, and wider mental health services.

In terms of babies and young children’s mental health, support focuses on the relationship between them and their parent or carer and can be delivered via universal services and parenting support offers. Specialised parent–infant relationship teams provide more targeted support by working with babies, young children and their parents and carers to strengthen relationships and secure attachment, build on parenting strengths, and overcome difficulties including via specialist therapeutic work.<sup>60</sup>

DJ’s mum Elle didn’t realise she had postnatal depression. She wished professionals had asked about how she was feeling so that she could access support.



\*The perinatal period is usually defined as from pregnancy to when the child is 1 years old.

## Special Educational Needs and Disabilities (SEND)

If a baby or young child has a health or developmental condition that is impacting their everyday life, this can be referred to as an additional need.<sup>61</sup> These needs could be behavioural, physical, developmental, sensory, or learning.<sup>62</sup> Some children who have Special Educational Needs (SEN) may also have a disability, and some children with a disability may not have SEN. Universal services such as health visiting<sup>†</sup> and GPs are crucial in identifying these needs early on and referring to additional support.<sup>63</sup> This includes early identification and support for signs of autism or communication difficulties.

A multi-agency approach is taken across NHS services, Local Authorities, and education settings to work with families who need additional support. This support aims for early intervention in co-occurring health needs, as well as supporting families through specialist support such as speech and language therapists, occupational health, and physiotherapists and psychologists. Parents, carers, and families may also be offered a package of support through children's centres, including for example inclusion learning groups or home learning sessions. There is already statutory guidance for local authorities to publish a local offer for children with SEND to aim to ensure all families get the support they need.<sup>64</sup>

## Infant feeding

Midwives, health visitors, and peer support workers all provide support for infant feeding and breastfeeding. This can be via appointments, or at local baby clinics, children centres or family hubs. Breastfeeding drop-ins or cafes are also available in some areas to provide peer support for breastfeeding and to meet other parents. Breastfeeding is a government public health priority, partly delivered through the Healthy Child Programme with additional funding from Start for Life, due to extensive evidence of the benefits for parents, and babies' future outcomes.<sup>65</sup>

The UNICEF UK Baby Friendly Initiative enables public services to better support families with feeding and developing close and loving relationships. It provides an achievable roadmap for improvement across maternity, neonatal, health visiting, and children's centres.

## Children's centres and Family Hubs

Children's centres and more recently Family Hubs are designed to offer a 'one-stop shop' for families bringing together a range of health services, parenting support, education and childcare support.

In two recent reports, IFS sets out evidence showing the decisive impact that children centres have had on reducing hospitalisations for children aged 5–11 (preventing approximately 5,500 hospital admissions each year), with even greater numbers for children aged 11–15 (13,150 each year).

IFS argues that stronger immune systems, better disease management through increased parental confidence in managing childhood illnesses, safe home environments and reduced behavioural problems all played a role in these figures. According to the report these factors were supported through engagement with a range of practitioners in a children's centre setting, including health visitors.\* These effects were greatest for children living in more deprived areas and helped close the gap by almost half between rich and poor areas. More impact evaluations of this nature are expected to emerge in the next few years as a major project funded by Nuffield Foundation works to capture this valuable evidence base of what works for children.<sup>66</sup>

While Family Hubs are not the same as Children's Centres, as they are intended to support families until children turn 19 (or 25 for disabled children), they share many of the same principles. One of the features that Family Hubs are keen to promote is an open door to all families and improving awareness and uptake of services by better signposting and outreach to under-served communities. They are less focused on the bricks and mortar of a physical location, with some family hubs operating virtually.

<sup>†</sup>Health visitors are highly skilled specialist public health nurses who can identify the health and wellbeing needs of babies, young children, and their families at a very early stage (when it can make the biggest difference) to ensure they have the right support in place at the right time.

# SIAN – SPECIALIST HEALTH VISITOR

Arthur, whose parents were once told that he may not speak, is now a complete chatterbox and is ready to start school and is ready to learn.

Sian is a specialist health visitor (HV) for children with complex disabilities working in Portsmouth for Solent NHS Trust. Sian highlights how children with disabilities, like all children, have hopes and can achieve when the right support is in place.

Sian was the health visitor for Arthur\* who was born prematurely and spent several weeks in intensive care before being discharged home. It was not long before his parents noticed that he was not developing as expected and this was very worrying for them. From the start of Arthur's life he was reviewed, investigated, referred, and supported by many different services. Arthur was eventually diagnosed with cerebral palsy and visual impairment.† Arthur's family were also told that he may not speak. They were devastated, confused, and needed time and support to try to come to terms with what future lay ahead for Arthur.

Sian was the lead professional and had strong and trusting relationships with Arthur and his family. In partnership with the family and other services, Sian completed an early help assessment to identify Arthur's needs. Sian held team around the family (TAF) meetings that brought everyone together regularly to coordinate the best plan of care for Arthur.

This involved coordinating a multidisciplinary network of support including:

- visual impairment teachers to discuss sleep routines and practical solutions
- occupational therapists to help with toilet training and specialist seating to improve independence
- speech therapist to help with feeding difficulties and monitoring growth
- Sian also provided wellbeing support for Arthur's parents, visiting them at home and listening to their worries and supporting the relationship with their child.

Arthur, whose parents were once told that he may not speak, is now a complete chatterbox and is ready to start school and is ready to learn.

Arthur's parents said that the early support which they received from Sian and the team was so beneficial to them, as they felt totally unprepared as first-time parents of a disabled child. Arthur's parents said that Sian was able to provide them with the reassurance and guidance that they needed, being part of their journey from the start, and making sure Arthur had the right services involved to help him.

\*All names have been changed for anonymity

† Babies and very young children with cerebral palsy need effective, early intervention to improve life outcomes and minimise secondary complications. Cerebral palsy has been widely demonstrated to be highly responsive to early intervention, when plasticity (ability to change) in the child's developing brain is at its greatest.

## Early childhood education and care

For early childhood education and care (ECEC) there is a complex system of early learning support available, from childminders, nurseries and pre-schools through to drop-in 'stay and play' sessions. High quality ECEC has a long-established history of supporting children's development.<sup>67</sup> The impacts can be seen across health, social and emotional, cognitive and physical development outcomes. There have been multiple studies in the UK that have showcased its effectiveness. The ongoing Study of Early Education and Development (SEED) has identified multiple benefits and states that *"attending high quality ECEC helps prepare young children to be 'school ready', which is important as a foundation for a successful educational career and long-term life outcomes."*<sup>68</sup> While the evidence shows that attending high-quality, early education settings has a positive impact for all children, a 2004 Department for Education study showed that the benefits are even more significant for children from disadvantaged backgrounds.<sup>69</sup>

Michael's mum Andrea talked about finding childcare really expensive. She relies on family and neighbours to help her with her son while she goes to work or does the shopping.

## Beyond health and education services

As highlighted in Figure X, there are other financial support mechanisms provided by the Government that form a critical part of the early childhood support package. Improving financial security and reducing the experience of inequalities for families with babies and young children must be seen as a critical dimension of any Government intervention looking to support early childhood development. Parental leave policies, child benefit and the wider benefits system, childcare entitlements and housing are all part of this picture. Broader than that, equalities legislation that seeks to reduce racial and gender-based discrimination, such as through maternity protections remain vital to protect families and children at a particularly vulnerable moment in their lives.



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<sup>67</sup> The report also found that hospitalisations increased for babies under 1, due to increased exposure to a wider range of infectious diseases and have increased support to access health services, but this was reversed by age 5 due to stronger immune systems, better disease management, safer homes and fewer behavioural problems. <https://ifs.org.uk/publications/15573>, <https://ifs.org.uk/publications/14139>

# IMPACT OF COVID-19 ON EARLY CHILDHOOD DEVELOPMENT

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“When I had the baby, there was not a single person I would physically see. So, I didn’t know if I was healing. I didn’t know if my baby’s fine. I didn’t know if I’m breastfeeding properly.”

Focus Group Discussion participant on having a baby during lockdown

COVID-19 has had additional and significant impact on babies, young children, and parents/carers, particularly on those who were already disadvantaged. The pandemic and subsequent lockdowns increased isolation from vital networks (both family and community) for parents, carers, and families, while also decreasing access and face-to-face trusted support via formal services. This has led to the reduction in early identification of issues and referrals to additional support. In parallel, there has been an increase in household stress for families with young children.

The Institute for Health Visiting’s 2020 report revealed that nearly two in three health visitors had reported a rise in cases of child neglect as well as increases in perinatal mental illnesses. The 2021 report showed a 71% increase in child safeguarding concerns, with 86% of health visitors reporting increases in speech, language and communication problems, an 80% increase in child behavioural problems, 80% increase in

domestic abuse and 72% increase in poverty affecting children and families.<sup>70</sup>

*“When I had the baby, there was not a single person I would physically see. So, I didn’t know if I was healing. I didn’t know if my baby’s fine. I didn’t know if I’m breastfeeding properly.”*

Focus Group Discussion participant on having a baby during lockdown

A 2022 Ofsted briefing on education recovery in the early years highlighted that children’s communication and language development has been affected, with more referrals being made for external help than before. Negative impacts on children’s personal, social and emotional development were also highlighted, with many children lacking confidence in group activities.<sup>71</sup>

Despite alliances like the First 1001 Days Movement raising the alarm, babies and young children were largely invisible in the Government’s response to COVID-19.<sup>72</sup>

<sup>16</sup> <https://ihv.org.uk/wp-content/uploads/2022/01/iHV-annual-report-2020-21-Year-9.pdf>

# PART 2: STATE OF SERVICES FOR EARLY CHILDHOOD

## The national picture

There are a range of sources that set out what services should be available to babies, young children and their families in England. However, it is very difficult to establish a complete picture of what service provision actually looks like at a local level.\* For example, within the Healthy Child Programme the only aspect for which delivery is consistently monitored are the five mandated health visiting contacts<sup>†</sup> that should take place from pregnancy through to age 2.5.<sup>73</sup> The 22 core services relevant to early childhood referenced in *Start for Life Programme Guidance* is a helpful indication of what the UK Government's expectations are for what should be available at a local level, but this does not mandate services' existence nor support their delivery beyond<sup>‡</sup> funding for three service areas currently being prioritised for strengthening.<sup>‡</sup>

To better understand current levels of access and availability, this section offers a regional snapshot of delivery of four of the core early years services: maternity, health visiting, parent-infant relationships, and education. While by no means comprehensive of the wide-ranging services that babies and parents and carers rely on, this approach does enable a view of coverage from pregnancy to age 4 and looks across a range of health and education services. Experiences from parents and carers gathered through polling

and focus group discussions is used to add additional context to the data outlined. A full explanation of the methodology can be found in **Annex**.

Across England our polling revealed that three in ten (32%) parents are finding it difficult to access professional support for themselves and their child.

For those who have found it difficult to access support in England, 78% have been left feeling frustrated by this, with a worrying 21% left feeling desperate.

At a national level, the number of babies, young children and parents/carers missing out on services includes:

### ■ Maternity services

In 2021 nearly 27% of women/gestational parents felt they did not have adequate time spent with a professional on antenatal discussion<sup>74</sup>

### ■ Health visiting

458,454 health visiting checks were missed in 12 months between April 2021 and March 2022<sup>75</sup>

### ■ Early childhood education and care

154,689 children were missing out on their entitlement to free early childhood education and care at the start of 2022.<sup>76</sup>

\* Efforts to comprehensively address this gap are underway by a team at NESTA working with local authorities to map services across the country. The findings from this work will be invaluable in understanding the picture of support for babies, young children and their families.

† Whilst called health visiting contacts, these do not all have to be carried out by a professional health visitor.

‡ The services receiving additional funding for delivery are parent-infant relationships and perinatal mental health; infant feeding; and early language and the home learning environment, including some funding for innovative workforce pilots.

"" These four areas have been identified to provide a provide snapshot across health and education and ages of children. These are also areas where there is robust data available for analysis. For a more complete explanation of methodology and sources see Annex A.

# GEOGRAPHICAL AVAILABILITY

**Table 1: Regional availability of core services for early childhood development**

* Area	% of Health Visitor contacts missed 2021-2022 (New Birth Visit - 2 year review)	% of children's centres that have closed (2010 - 2021)	Percentage of children not accessing their free 15 hours (2 - 4 year olds)	% drop in ECEC (Mar 15 - Mar 22)	Mother and baby units	Specialised parent-infant relationship teams	(%) Child poverty (2021)	(%) Proportion of children not meeting expected Level of development at 2 (Q1-3 2021 - 2022)	Change in children's service funding (2010 - 2020)
East Midlands	17.5	-20	10	-30	2	0	24	37	4
East of England	30.5	-18	8	-24	1	3	27	24	1
London	25	-20	20	-23	3	7	35	51	-10
North East	8	-12	5	-33	1	1	38	39	-7
North West	16	-11	7	-29	2	13	30	40	1
South East	18	-13	7	-27	4	3	24	18	10
South West	20	-20	7	-31	3	4	25	31	0
West Midlands	16.5	-13	11	-29	2	0	33	21	-1
Yorkshire and The Humber	17	-13	8	-29	1	2	34	23	1

Jocelyn moved house in between having her two baby girls. She experienced very different levels of support in each area.

As evident from this table, there is a high level of variability in service availability across England. While no region is uniformly strong across the services focused on, the East of England stands out as being consistently in the bottom two or three regions for availability of services, with high levels of health visiting checks being missed and low levels of ECEC sufficiency, particularly for the 30-hour entitlement for 3-4-year-olds.

While it is essential for local areas to have autonomy to respond to local population needs when planning their services, this should never result in some families not having access to basic support. Currently, there is a gap in accountability at national level to monitor the delivery of a core package of services and to act where gaps in sufficiency or quality emerge.



\*The colour gradients of the tables in this report indicate a comparison scale for each data point across the regions. Dark orange indicates the region performing poorest comparatively and dark blue indicates the region performing best. The same coding applies in each table within the report.

## Maternity services

**Table 2: Regional variation in adequacy of time on antenatal discussion**

NHS Commissioning Region	Adequacy of time spent on antenatal discussions (%) (2021)
East of England Commissioning Region	74
London Commissioning Region	73
Midlands Commissioning Region	70
North East and Yorkshire Commissioning Region	74
North West Commissioning Region	71
South East Commissioning Region	77
South West Commissioning Region	77

For maternity services, this report includes one of the National Maternity Indicators, which measures user experience. 'Adequacy of time spent on antenatal discussion' is measured via the Care Quality Commission (CQC) Maternity Services Survey, which is carried out every 2 years (annually from 2019) and asks mothers/gestational parents a range of questions about their experience of choice and continuity of care in maternity services in hospital.<sup>77</sup> While 'adequacy of time spent on antenatal discussions' is just one of a number of indicators used to establish a picture of a Trust's quality of care, it does give some indication of the ability of the service to be flexible and responsive to individual needs.

Antenatal discussions are a critical part of support for mothers/gestational parents and co-parents prior to giving birth. It is through these discussions that midwives and other relevant health professionals can promote the health and wellbeing of mothers/gestational parents, and their unborn child(ren) throughout their pregnancy and early infancy and build their trust. It is a space where questions can be answered about the process and what to expect practically, emotionally and physically, and receive professional, accurate advice. For mothers and birthing parents it is also a place where sensitive discussions around issues of violence in the home and mental health can take place, ensuring referrals for immediate support are pursued or ongoing monitoring and follow up established.

Looking at the regional picture, most areas fall within a few percent of the national average of 73% of mothers and birthing parents reporting they received adequate antenatal discussions. This means that around 1 in 5 did not feel they had adequate antenatal discussions and therefore potentially missed out on the full range of support they should have received. While the regional picture shows some level of conformity across the country, greater disparities were seen to exist between NHS Trusts within these regions.

## Health visiting

**Table 3: Regional variation in health visiting contacts received**

Region	Percentage of births that receive a New Birth Visit (NBV) within 14 days (%)	Percentage of infants who received a 6 to 8 week review by the time they were 8 weeks (%)	Percentage of children who received a 12 month review by the time they turned 15 months (%)	Percentage of children who received a 2 to 2½ year review (%)
East Midlands	93	92	69	77
East of England	71	66	78	62
London	88	74	73	64
North East	94	90	92	92
North West	86	85	86	80
South East	83	87	82	77
South West	73	80	89	79
West Midlands	84	85	89	77
Yorkshire and The Humber	78	85	91	78

Focusing on the five nationally mandated health visitor checks, according to the Government’s 2021–22 Annual Health Visitor Data, 458,454 health visiting checks were missed in that time period. Some regions fair significantly better than others with just 8% of checks missed in the North East, while 31% were missed in the East of England, and 25% in London. However, due to temporary changes made during COVID-19, this data includes virtual contacts (over the phone or by letter), with only the first health visit as mandatory face-to-face. This means the reality of families experience of their physical contact with a health visitor is likely to be much lower than the data suggests. Mandated contacts are a gateway into the service, with further geographic discrepancies in the level of support that services can provide families.<sup>78</sup>

Concerningly, our YouGov polling showed that 13% of parents in England said they hadn’t received any of their mandated checks, leaving them at significant risk of not receiving a wide range of other support provided via these interactions. There are some significant differences

between the official data collected on health visiting and parents’ experiences gathered through our polling. For instance, in London, local authority data reports that 98% of newborn visits took place, however our poll found that 19% of parents in London reported receiving none of their mandatory visits.

*“She was supposed to have a health visitor to see how she’s growing. I just got a phone call. But my friend living in a different borough, she had three people coming to her house.”*

Focus Group Discussion participant on inequality of services

Across all regions, families are most likely to get a New Birth Visit than any other health visitor check. In most regions, and on average across England, children and families are least likely to receive a 2–2.5-year review. For some children this could be the last time that they see a health or education professional until they begin school at five, leaving a potential gap of 30-months or more without support for parents or carers.

## Perinatal mental health and parent-infant relationship support

**Table 4: Regional variation in specialist mental health provision**

Area	Mother and baby units	Specialised parent-infant relationship teams
East Midlands	2	0
East of England	1	3
London	3	7
North East	1	1
North West	2	11
South East	4	3
South West	3	5
West Midlands	2	0
Yorkshire and The Humber	1	3

Specialised parent–infant relationship teams are few and far between in the world of early childhood support.<sup>79</sup> Even in the most well-served areas of England, the numbers of services are small and for many families non-existent.\* Although mother and baby units provide very specialised care, the presence of these units can also give some indication of local services mental health prioritisation and act as a catalyst for change across the whole pathway,<sup>†</sup> including advocating for those with mild–moderate perinatal mental health problems.<sup>80</sup> Wider universal support, such as via mental health conversations at 6–8-week GP checks, is also inconsistent, with recent research showing potentially a quarter of mothers were still not being asked about their emotional or mental health.<sup>81</sup> Fathers and co-parents (of whom approximately 5–10% may experience perinatal depression, and 5–15% anxiety)

are also less able to access support, and those with mild-moderate conditions are dependent on wider health services and availability of programmes such as Improving Access to Psychological Therapies (IAPT).<sup>82</sup>

Our polling showed that in England, around six in 10 (59%) parents of 0–4 year olds say they struggled with their mental health. One in 10 (11%) have not received any mental health support, despite wanting it. And across Britain, our polling showed that parents on a lower income are most likely to struggle with their mental health.

The NHS Long-term Plan commitments to expanding perinatal mental health services, and recent progress in increasing the number of mother and baby units and access to specialist community teams is notable.<sup>83</sup> The value of additional services has also been recognised by the Start for Life offer, and positively funding has been made available for the 75 local authorities to strengthen delivery of services for perinatal mental health and specialised parent–infant relationship teams through Family Hubs. However, this is subject to local authority uptake and capacity to maintain longer-term provision of these services, as well as delivery of support with adequate specialist supervision through services such as health visiting. The recently announced Mental Health Plan could also be a positive opportunity for improving support for babies, young children and families going forward.<sup>84</sup>

\* In England, 42% of CCGs (now ICSs) report that their CAMHS service does not accept referrals for children under 2 years, and even in areas where CAMHS might formally take referrals for younger children, children aged 2 and under are rarely seen. (Hogg, 2019)

† This includes providing specialist training for local universal services that support parents and carers (such as GPs, health visiting, midwifery).

## Early childhood education and care

**Table 5: Regional variation in childcare sufficiency across age groups**

Area	Under 2 childcare sufficiency 2022 (Yes: in all areas LAs) (%)	2 YO free entitlement 2022 (Yes: in all areas LAs) (%)	3/4 free entitlement 2022 (Yes: in all areas LAs) (%)	3/4 YO 30hr entitlement 2022 (Yes: in all areas LAs) (%)
East Midlands	67	67	78	78
East of England	29	29	71	43
London	64	70	79	70
North East	100	100	100	100
North West	65	70	90	90
South East	47	53	73	67
South West	25	33	50	42
West Midlands	45	55	73	73
Yorkshire and The Humber	60	80	93	87

Overall childcare sufficiency has increased significantly since 2017,<sup>85</sup> with 18% more local authorities saying that they have sufficient childcare for 3- and 4-year-olds entitled to their free offer in 2021 compared to 2017: a pattern replicated across all early years' childcare. However, Coram Family and Childcare's Childcare Survey 2022 shows that there are still insufficient levels of childcare and that there are large disparities between regions. For instance, their data shows that only 57% of respondent Local Authorities had childcare

sufficiency defined as 'Yes: in all areas' for children under age two, and the South-West having significantly lower levels of access to childcare than the North-East.<sup>86</sup> The trend in increased levels of sufficiency also looks to be reversing, down 15% from 2021. There was a similarly large drop of 9% for LAs that have sufficient childcare for the two-year-old entitlement, down to 63%. Levels of sufficiency across LAs are however comparatively high for three- and four-year-old 15- and 30-hour entitlements, at 79% and 73% respectively.



## OTHER FACTORS AFFECTING ACCESS AND USAGE

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Seven in 10 parents, who stated it was difficult to access services, identified waiting a long time for an appointment as being a challenge.

### Economic and racial inequalities

Disparities in access and usage of services does not just cut across geographical lines. For instance, in all regions, children who

are 'White' are more likely to have received their 2–2.5-year health visitor review than other children. In almost all areas, children from the most deprived families are less likely to receive checks than their less deprived peers.<sup>87</sup>

In our poll of parents, among those who stated it was difficult to access services, seven in 10 (71%) identified waiting a long time for an appointment as being a challenge. 28% of parents in England didn't know what services were available to them, 29% were let down by promised follow ups that didn't happen and 35% felt their concerns were not being taken seriously.

For ECEC, a 2018 study of 3-year-olds found that children who speak English as an additional language were nearly three times as likely not to take up their full five terms of eligible pre-school compared to children with English as their first language.<sup>88</sup> Children are also more likely to attend preschool if their parents or carers are working, with higher enrolment rates among those in couple households where both parents are working (92% of eligible 2- to 4-year-olds) and lone parent households where the parent is working (90%). The effectiveness of these early education policies in supporting disadvantaged children has been widely

debated. Research suggests the current free-entitlement offer isn't reaching the families and children that need it most, with "just 20% of families in the bottom third of the earnings distribution eligible to the entitlement".<sup>89</sup>

The Sutton Trust and Sylvia Adams Charitable Trust found that this inequality to access, was further compounding inequalities and impacting children's life chances.<sup>90</sup>

### High cost of childcare

The cost of childcare is a well-documented challenge across England. A recent survey undertaken by the TUC, found that almost one in three (32%) of parents with pre-school aged children spend more than a third of their wages on childcare.<sup>91</sup> Our polling found that a third (36%) of parents are struggling with the cost of childcare and 1 in 4 (26%) parents are cutting back on necessities to pay for it.

Coram Family and Childcare's Childcare Survey 2022 shows that it costs families over £7,000 a year to have a 2-year-old in childcare for 25 hours per week. This means that efforts to ensure that all children and their families are accessing the services they need, must take account of the cost and demand for these services too.

*"I know that nursery costs have been so [high] ... God, it makes me feel sick, that's where we're at right now. So, even considering nursery later on is not even an option. If that's where we're at now, what are we going to be like in the winter?"*

Focus Group Discussion participant

# PART 3: THE CHALLENGES FOR INCREASING SERVICE PROVISION

Steps to improve access to and usage of core services through effective policy response is possible, but this needs to consider and account for the system pressures that exist. Failure to address these will prevent significant progress from being achieved.

## WORKFORCE

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Across early childhood education and health sectors there are significant challenges facing the workforce. In all areas, the existing workforce is overstretched, undervalued and under-resourced.

Around 25% of health visitors in England have caseloads of over 750 children.<sup>92</sup> This leaves professionals spread thinly, with unmanageable caseloads. The COVID-19 pandemic exacerbated this, with Health Visitors redeployed to other front-line services and many checks moving online. Most of the health visiting workforce in England are over the age of 50, with 39% of respondents to a recent survey saying they had experienced low mood because of the stress of the job.<sup>93</sup> This paints an unsustainable picture of one of our most vital and effective early years support services.

This problem is not limited to health visiting services, with cross-sector and Parliamentary agreement that the health and social care workforce in England is facing it's the biggest workforce crisis in its history.<sup>94</sup>

The impact of shortages on core workforce such as midwives who support babies, young children and families affects the safety, retention, and continuity of care.<sup>95</sup> Tackling the overstretched workforce in order to address safety concerns was a key recommendation from the Ockenden Report. Midwives themselves aren't happy with the state of care they are able to deliver under these constraints and again retention is a problem, with the Royal College of Midwives survey of their membership showing over 57% would leave the NHS in the next year.<sup>96</sup> In response to these ongoing concerns,<sup>97</sup> the Government has invested both expertise and funding (£127 million in March 2022) to "boost ... maternity services across England to help ensure safer and more personalised care for women and their babies." However, this won't provide a long-term solution.<sup>98, 99</sup>

*"Yeah, I don't blame the staff. [They] might be underfunded badly ... I feel like some people just slip through the cracks. And luckily, I was, okay, but some people aren't. And, after having a baby, it's hard."*

Focus Group Discussion participant

Recent reports on ECEC have consistently highlighted the undervalued status of early years' educators, with lack of career progression, time or resources for training, and staff often on minimum wages.<sup>100</sup> The Education Policy Institute showed a decline in providers with highly qualified staff, increasing turnover (14% for group-based providers, and 8% for nurseries), and a gendered dimension with women making 97% of the workforce, and as many 16% of these unpaid volunteers.<sup>101</sup>

The undervaluing of this section of the workforce reveals a need to reevaluate what early education offers in terms of providing quality expert support during a child's most important years. Although the recent early years workforce strategy from

the Government is a positive first step, the sector needs investment and recognition so that the workforce has opportunities for career progression and is paid fairly. However, the policy recommendation to increase ratios of staff to children may further undermine this situation.

The Start for Life offer and Family Hubs in England includes some funding for innovative workforce pilots, however this will do little to meet underlying workforce shortages, retention issues, and the need for substantive action across services to ensure the value of these workforces are recognised. The Start for Life funding only currently covers 50% of Local Authorities, and there is no core investment in the health visiting workforce as part of this.



# FUNDING

**Table 6: Regional proportion of children’s centres closed and change in children’s services funding**

Area	% of children’s centres that have closed (2010 - 2021)	Change in children’s service funding (2010 - 2020)
East Midlands	-20	4
East of England	-18	1
London	-20	-10
North East	-12	-7
North West	-11	1
South East	-13	10
South West	-20	0
West Midlands	-13	-1
Yorkshire and The Humber	-13	1

**“I feel with inflation and things at the moment, gaps are only going to get larger.”**

Focus Group Discussion participant

The past decade has seen a large increase in funding for early childhood education and care services. This growth can be entirely attributed to increased spending on

subsidies for parents and carers, including the provision of 30 free hours for 3–4-year old children of working parents.<sup>102</sup>

In the same period, funding for other early childhood support services has reduced dramatically. Research from Pro Bono Economics in 2021, shows that funding for Local Authorities’ parenting programmes in children’s centres and local safeguarding is £325 million per year lower in 2019–20 than in 2010–11.<sup>103</sup> Early intervention spending including family support services has declined by 48% between 2010–11 and 2019–20, with Local Authorities having to prioritise reacting to demand when children are in crisis, rather than investing in preventative action. Again, the reduction in spending is uneven across the country and the most deprived local authority areas with the highest levels of need are worst affected. This reduction in funding is at odds with the increased demand in terms of caseloads and acuity of need.<sup>104</sup>



Rey’s mum Martha talked about the importance of the accessibility of local children centres, and the impact of travel costs on being able to access services.

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The early childhood education and care sector in England is also facing similar challenges. A Freedom of Information request from the Early Years Alliance showed that the free entitlement offer is currently being underfunded by an estimated £2.60 per hour per child.<sup>105</sup> This shortfall of almost £3,000 per child per year has created numerous impacts on the sector, threatening its sustainability. It is reported to be causing childcare settings to close in record numbers.<sup>106</sup> Between March 2015 and March 2022, 8% of nurseries closed in England, with 66% closing in North Somerset and 32% closing in Hartlepool. Based on our analysis of OFSTED's *Childcare providers and inspections* data from August 2021 to March 2021, there has been an overall drop in 5% of available childcare in England (including childminders) in just nine months.<sup>107</sup> Middlesbrough has seen an unprecedented drop of 13%.

The funding shortfall is also putting increasing pressure on families, as the cost of childcare continues to spiral. In 2019, 82% of nurseries were passing on additional charges to families to pay for specific items on top of normal fees.<sup>108</sup> Recent proposals around changing childcare ratios could risk children's safety and development, with 87% of respondents to a recent survey by the Early Years Alliance saying they were opposed to relaxing ratios, and only 2% thinking the changes would result in reduced fees for parents.<sup>109</sup> Ultimately, a comprehensive package of reforms is required for the early education sector. These reforms should: fund the

free entitlement rate at a sustainable level, create clear career pathways for professionals, provide local authorities with the ability to address sufficiency gap, provide a geographically consistent level of access and quality of settings, dramatically increase the current levels of pupil premium funding, and ensure children who would benefit most from quality early childhood education and care settings can access them through expanding the free entitlement offer.

The recent £300 million investment to support families secured as part of the *Best Start for Life* vision, including through the Start for Life offer and Family Hubs is positive progress in showing the Government's increased commitment to funding services for babies and their families. However, the long-term reductions that Local Authorities face in wider services, the underlying workforce issues, and uncertainty for the future creates insecurity for local systems and affects their capacity to commit to this agenda and provide the resource required to implement it effectively. This funding also only currently covers 75 local authorities in the most deprived areas and will not reach the babies and families in need of support in other areas that are experiencing gaps in services.

Without long-term commitments to funding, Local Authorities won't be able to deliver investment in vital prevention and early intervention services that meet the needs of the babies, young children and families in their area.

# GOVERNANCE

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**“You shouldn’t be penalised for where you live. You shouldn’t be at a disadvantage. Everyone should have equal opportunities.”**

Focus group discussion participant

As identified by Andrea Leadsom’s review and *The Best Start for Life* vision, the core of successful delivery of better early years support and services is effective leadership and accountability across services that affect babies and young children’s lives at national and local levels.<sup>110</sup> Currently, decision-making at a national level is spread across multiple departments and teams, which can mean that the needs of babies, young children and their families, and the impacts of policy decisions, get lost between them. This was evidenced during the COVID-19 pandemic and has continued.<sup>111</sup>

While recent publications such as the Mental Health Plan consultation asked for specific feedback on supporting babies and children in their early years, it is less evident elsewhere. The Levelling Up White Paper only mentions babies once in relation to Start for Life, and the Education Bill entirely misses out this age group and early years settings.

**“Levelling up is what they’re talking about a lot of the minute isn’t it? You shouldn’t be penalised for where you live. You shouldn’t be at a disadvantage. Everyone should have equal opportunities.”**

Focus group discussion participant

Aside from the cost of childcare, there hasn’t been a clear acknowledgement of the unique impacts that the cost-of-living pressures are having on families with young children, or what this might mean for their

long-term outcomes.

At a national level, beyond the cross-government team implemented as part of the Start for Life Unit across the Department for Health and Social Care (DHSC) and Department for Education (DfE), there is a lack of consistent and intentional wider cross-government accountability for policies affecting families. Current plans focusing on Family Hubs don’t account for cross-cutting needs such as social welfare, parental leave, childcare, levelling up, and social care amongst others, or create the opportunity to recognise and address the impact of financial insecurity and poverty on families and children’s development. The proposal for a Cabinet Minister to oversee the Start for Life offer and prioritisation across Government, which could be a step towards this, is yet to be fulfilled.

At a local level, the way that spending and commissioning is taken forward can prevent services working together effectively. Between the different responsibilities of Local Authorities and Integrated Care Systems (ICSs), problems persist in areas such as data sharing, which can limit targeting of services at those who need them the most. The Health and Care Act reforms and roll out of ICSs is hopefully a positive move towards further integration and person-centred care.<sup>112</sup> The Start for Life offer and Family Hubs programmes also seek to address some of these challenges, with guidance calling for a leader to be appointed in local systems to ensure this age group is prioritised across service commissioning and delivery. However, early childhood spending needs to be drawn together to deliver a coordinated offer that prioritises babies and young children.

Malik's mum Colleen spoke about the lack of a system of support for mums in England.

Although parent and carer panels as part of new ICSs are a positive move to integrate local leadership with service users, there must be clear accountability for local level decisions across the range services in contact with families, and sustainable multi-year funding at a national level to

support this. As a vital part of the early childhood system, early years education is poorly integrated, with Local Authorities lacking the powers to address sufficiency gaps or challenges, making them reliant on a market system.



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# DATA

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“The NHS should have a proper database of every patient, it doesn’t matter if you’re a mum or not ... Every appointment, I met a different midwife. Every time, I had to repeat everything.”

Focus group discussion participant

Data sharing and evaluation is another aspect that the *Best Start for Life* report identified as being core to delivering the best outcomes for a child. Data collection on service provision is limited and inconsistent in its availability. The data that is collected (for example, health visiting checks) doesn’t provide information on the quality of services that are delivered (for instance, whether face to face or online) or who is missing out, and when there is a gap in provision it’s not clear how this translates into action. For instance, it isn’t clear evidence showing a Local Authority is particularly affected by unmanageable health-visiting caseloads triggers additional support.

There are also gaps in data about children, as babies and young children pass from NHS commissioned services (for instance, midwifery) to Local Authority commissioned support (for instance, health visiting). While efforts are being made towards ensuring better continuity of care, the data and interoperability of systems at a national level is not in place to facilitate this locally.

The *Best Start for Life* vision described shared outcomes across local government and public health to support a shared purpose, and the Family Hubs guidance asks for local areas to improve their data sharing, including around plans for birth registration. However, without clear, nationally agreed and shared outcomes across wider indicators, including a review of whether the Ages and Stages Questionnaire is fit for this purpose, babies and young children won’t get adequate consideration in the way that the wider policy is developed.

# CONTRIBUTION OF START FOR LIFE AND FAMILY HUBS

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**“For me, these these things are absolute basics. These are just things that should happen.”**

Focus group discussion participant

As highlighted previously, the introduction of Family Hubs and the Start for Life offer are very significant policy developments in the early years space. The Start for Life programme has the potential to improve availability and take-up by investing in the delivery of some core areas. It is also aiming to make it easier for parents and carers to find the support available to them locally by requiring publication of ‘an offer.’<sup>113</sup> By giving parents and carers a voice in shaping the way these services work, it will also help to ensure local services are contextualised to their needs and the needs of their community.

The funding behind the scheme is the most significant investment in early years, outside investments in ECEC hourly entitlements for parents, for a long time. However, there has been criticism that despite approximately £300 million going towards Start for Life, this does little to make up for the amount disinvested from services over the past 10 years, and only a proportion of this is going towards service delivery. As already noted, while the Start for Life guidance indicates the services that should exist, it neither mandates for their delivery nor offers meaningful support for addressing gaps where they do exist, beyond the previously stated areas of infant feeding, perinatal mental health, and parent–infant relationships, early learning and the home learning environment. It also does not yet have a sustainable answer to the challenges of a declining Health Visitor workforce or take account of the wider ‘health’ contributions of the Health

Visitors to numerous child and adult health pathways that require strengthening as part of the new ICSs in healthcare.

The NHS Long Term Plan sets out an ambition for all maternity services to deliver the UNICEF UK Baby Friendly Initiative accreditation programme by 2025. In addition, all new initiatives funded by the Family Hubs and Start for Life programme have been asked to complement this ambition to ensure that families experience a seamless transfer of care from maternity to community – however this is not guaranteed. The Baby Friendly Initiative is part of the ‘jigsaw’ required to expand breastfeeding and infant feeding support in the UK. Findings from the ‘Becoming Breastfeeding Friendly’ project support this and suggest that longer-term improvements across the UK in infant feeding depend on full implementation of the Baby Friendly Initiative, improved data and a coordinated national infant feeding strategy.<sup>114</sup>

*“For me, these things are absolute basics. These are just things that should happen. But it differs from local council to local council. If all those things were in place, things might be picked up earlier.”*

Focus group discussion participant

This funding is also only secure until the next Spending Review, leaving it vulnerable to being terminated and cuts being made. An expectation has been set that future funding will depend on evaluations demonstrating positive impact. The window for such impacts to be felt and measured is however extremely short, putting continuity of funding at risk.

# PART 4: GUARANTEERING CHILDREN THE BEST START IN LIFE

## THE BABY AND TODDLER GUARANTEE

All babies, toddlers and young children should have guaranteed access to a set of core services and support in early childhood that promote and protect their development from pregnancy through to age four, no matter where they live in the country.

**The Baby and Toddler Guarantee should include accessible, quality, and fully resourced maternity services, health visiting, mental health support, SEND provision, infant feeding support, and early childhood education and care.**

While the current policies that are in place represent good progress, they fall short in ensuring every baby and toddler can access the basic services and support they need. The Baby and Toddler Guarantee would address this gap by creating a nationally recognised suite of connected services with accountability for their delivery held at the highest level of government. This would also support the delivery of the UK Government's own mission to 'level up' the country.

The package of services included in The Baby and Toddler Guarantee should be based on the vision referenced in Start for Life and Family Hubs programme, the Healthy Child

Programme and commitments in NHS Long Term Plan which together cover universal, targeted and specialist support. The Guarantee must also include a commitment to ensuring early childhood education and care availability, quality, and affordability and put an end to the artificial separation between health and learning services and support for young children. Specific recommendations for each of the four nations will follow this report in due course.

In addition to a comprehensive commitment to service provision, The Baby and Toddler Guarantee must also address the 'baby blindspot' in government decision making by ensuring that every decision made by any government department considers its impact on and wellbeing of the nation's youngest citizens. Currently, this would include the Government's evolving response to the COVID-19 pandemic and its response to the cost-of-living crisis.



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# RECOMMENDATIONS FOR THE UK GOVERNMENT

In response to the challenges facing babies and toddlers across the country, the UK Government should:

- 1 Commit to making The Baby and Toddler Guarantee a reality for every baby, young child and family across the country. All babies, young children and their parents/carers have access to:**
  - Local **maternity services**, delivered by fully resourced workforces that provide high quality, trusted, and consistent support throughout pregnancy and birth, including infant feeding and early attachment.
  - Timely, high-quality **health visiting services**, which at a minimum fulfil the expected schedule of contacts (five in England) including support for infant feeding and SEND referrals where needed.
  - Local, timely, high-quality **mental health support** (including parent-infant relationship support) whatever the severity of their mental health problem.
  - Local, affordable and flexible **early education and care** that is fairly funded with highly trained staff that focus on the development and wellbeing of the young children in their care.
  
- 2 Make early childhood a national priority** for the Government with **Cabinet-level leadership** to drive the delivery of **The Baby and Toddler Guarantee** and ensure coherence between Government departments. **This would include:**
  - Expanding the remit of the Secretary of State for Education to become the **Secretary of State for Early Childhood, Education and Skills**, leading a Department of Early Childhood, Education and Skills.
  - **Appoint a Minister of State for Early Childhood** with a joint portfolio across the (new) Department for Early Childhood, Education and Skills and the Department of Health and Social Care”
  - Establish a **standing Early Childhood Cabinet Committee** to include the Secretaries of State for Education, Health and Social Care, Culture, Media and Sport, Environment, Food and Rural Affairs, Department for Work and Pensions, and Levelling Up, Housing and Communities.
  
- 3 Deliver a cross-Government strategy for early childhood** that builds on the vision and commitments in Best Start for Life, and responds to the challenges of workforce, funding, and governance with joint outcomes for early childhood development that sit across departments. **This would include:**
  - **Outcomes for early childhood development** should be introduced and owned across departments with clear accountability mechanisms. Responsibility for monitoring outcomes and improvements should be shared with Local Authorities and CCGs/ICSs.
  - A **long-term early childhood workforce strategy** across all services with national commitments to improve recruitment, retention, and career pathways.
  - Ensuring that **all Government plans, strategies, and legislation consider the impact on young children and families.**
  
- 4 Commit to track and monitor progress towards delivery of The Baby and Toddler Guarantee** for every baby, young child, and family across the country.
  - **Add an early childhood mission to the Levelling Up and Regeneration Bill** that focuses on improving outcomes by age 5 by 2030.
  - **Provide adequate resources, support, and guidance to Local Authorities** to collect high quality data on early childhood services provision and uptake.
  - Introduce **a unique ‘child identifier’ to enable tracking from birth across health and education.**
  - Expand the **annual State of the Nation report on child wellbeing to include 0–4 year olds .**

# ANNEX: DATA METHODOLOGY OVERVIEW

Throughout this report we have shown the regional disparities of services using a variety of data and research findings across England.

Regional findings have been determined using Local Authority level averages, using data from 149 different Local Authority areas. Using these averages, we have been able to articulate how some service provision has changed over time, as well as how services are delivering within a specific time snapshot – whether that be a month or year period. Alongside our own analysis, we have used regional findings from a variety of reports that have analysed the primary data. For example, the recent changes to early years services funding carried out by Pro Bono Economics.

For almost all our unique analysis, we have used publicly available datasets, with data being drawn from a variety of government departments and agencies including Office for Standards in Education, Children's Services and Skills (OFSTED) and Office for Health Improvement and Disparities (OHID), and Department for Education. Our analysis of childcare sufficiency was completed with data provided to us by Coram Family and Childcare from their annual Family and Childcare Survey.

## Maternity data

The NHS Maternity Digital Dashboard provides a large and regularly updated data set for each NHS Trust, including National Maternity Indicators. These indicators are gathered through an annual Maternity Services Survey, which asks women a range of question about their experience of maternity services.

We decided to use a data point from the 'user experience' domain of the National Maternity Indicators, to further show the experiences of mothers alongside the survey data. As a result, we selected 'adequacy of time spent on antenatal discussions' as an illustrative indicator of the capacity within maternity services and their ability to be reactive to patients' needs.

## Health visiting

Public Health England publishes quarterly Health Visitor Service Delivery Metrics that provides both the percentage completion of the four health visits after birth and the total number of infants. Using this data, as well as analysis of it by the Institute for Health Visiting, the report can give an overview of service delivery and conclude the proportion of total visits missed. This data is provided at a Local Authority level and subsequently analysed to create comparable regional averages. Using the total number of infants data, we were able to estimate how many individual checks of children were missed.

### **Perinatal mental health and parent-infant relationships**

To provide a snapshot of delivery, we opted for the acute end of perinatal mental health, as well as specialised parent-infant teams that deliver a specialist service. The Maternal Mental Health Alliance charts the availability of Mother and Baby Units across the UK, showcasing their geographic sparsity. Parent-Infant Foundation's consistent monitoring and mapping of specialised Parent-Infant Relationship teams allowed an accurate representation of this scarce and vital service.

### **Early Childhood Education and Care (ECEC)**

Focusing on access, the most analogous dataset available is Local Authority and Regional childcare sufficiency data. Using Coram Family and Childcare's Childcare Survey 2022 and their primary data set, we were able to draw regional comparisons. To obtain the data, Coram Family and Childcare conducted a survey where Local Authorities were asked to report whether they had sufficient childcare in terms of 'Yes: in all areas', 'Yes: in some areas', 'No' or 'Data not held or cannot tell'. Overall, the provision of childcare 'in all areas' was far from universal, and varied according to the type of childcare required. Childcare was deemed 'sufficient' when local authorities answer 'Yes: in all areas.'

Other ECEC available datasets are available through OFSTED and provide insight on

the quality of ECEC services, as well as the proportion of children registered for ECEC offers that they may be eligible for. Using OFSTED Childcare Providers and Inspections data from 2015 and 2022, we were also able to accurately calculate the change in the number of ECEC providers on a local authority and regional level. This can be done by differentiating childminders from nursery providers, or by combining the two together. As well as on a timescale of multiple years, using the most recently available data, we analysed the trend over a 9-month period.

### **The challenges for increase provision: funding**

To articulate the financial pressure currently placed under local provision we chose to use two factors: the change in funding for children's services and the well-documented reduction in children's centres. Pro Bono Economics published their *Children and young people's services: Spending 2010–11 to 2019–20* report in 2021, and we were able to draw local data together to create regional comparisons. Drawing on the Sutton Trust's 2018 publication on the reduction in children's centres up to 2017, we were able to conduct new analysis between 2010 and 2021 using centre numbers for 2021 provided by a minister through a written parliamentary question.

*Collated data available upon request.*

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