Opening Doors:

Access to early childhood services for families impacted by poverty in the UK

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Contents

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Report written by Vicky Nevin, NSPCC and Rebecca Jacques, UNICEF UK.

Executive Summary

A child's first few years of life are a unique period of rapid physical, social, emotional and cognitive development. Babies and young children need nurturing, responsive care for their healthy development. This should be provided in a safe, secure and loving environment where they get the right nutrition and have opportunities to play and learn.[1] However, living on a low income can directly impact a families' capacity to provide the care their baby or young child needs needs: making it harder to cover the cost of essentials like housing, food and heating, and limiting access to quality early education and childcare. Without the right support, the weight of these problems can also overload parents' mental and emotional capacity to take care of their children's needs.[2]

In the UK, more than one in three (36%)

children in families with the youngest child aged under five were in poverty in 2022-23. (DWP 2024)[3]

Child health and development disparities take root from early childhood. Babies and young children who grow up in poverty are more likely to have poorer health, education and economic outcomes throughout their lives.[4] The impact of poverty can result in lower birth weights, increased likelihood of chronic diseases such as asthma, as well as tooth decay, malnutrition, obesity, and diabetes.[5] Children from low-income households are also much less likely to achieve a 'good' level of early childhood development at age 5, associated with their 'readiness' to thrive at school.[6] Without appropriate and timely support, these disparities risk becoming entrenched throughout children's lives and into their adulthood.

It does not have to be this way. Interventions focusing on early childhood can play a significant role in mitigating the impacts of poverty by helping families to lay strong foundations for their children's futures. This includes high-quality, local services including maternity, health visiting and integrated early childhood services like children's centres or family hubs. These services are designed to promote healthy early childhood development, to support families' capacity to provide nurturing care and to strengthen the important parent-infant relationship, which can come under strain when families are experiencing adversity.

Early childhood services may be the only sources of professional support a family receives for their child's development before they reach school. Midwives, health visitors and other relevant professionals therefore play a crucial role in identifying young children's health and development needs. They can provide preventative support and refer families to more targeted and specialist services as needed. Integrated early childhood services, such as children's centres and family hubs, can also provide place-based offers and tailored support that responds to the needs of the local population.

Unfortunately, families are facing huge disparity in the quality and quantity of early childhood services available across the UK. All four nations of the UK experience challenges with providing enough quality early childhood services, but the problems are often most acute in England.[7] While babies and young children living in low income-households stand to benefit the most from vital early childhood support,[8,9] they are also often the most likely to miss out on it.[10,11]

The findings and recommendations in this report make the case for urgent reform and investment in early childhood services, with the aim of reducing the impact of poverty and providing a gateway to wider support for families on low incomes.

However, child poverty cannot be addressed by services alone. To reduce the numbers of children born into and growing up in poverty, further investment to increase families' incomes through the social security system is also required to ensure that parents can support their children to thrive.[12]

Summary of Research Findings

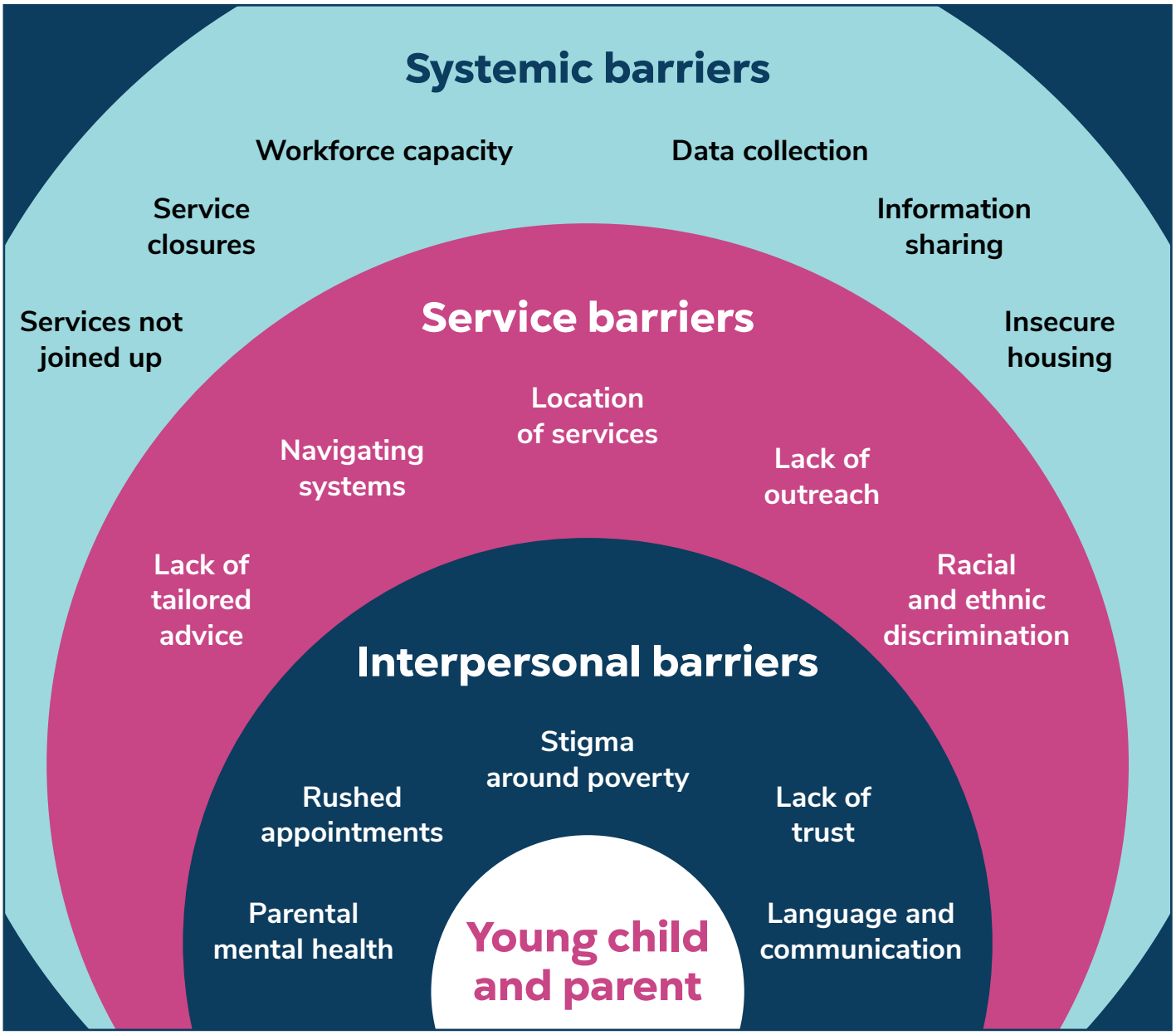
The new findings in this report are drawn from research with parents and the professionals working to support them. They build on a wide-ranging rapid evidence review conducted for this report and provide the basis of the policy recommendations that follow.

The findings highlight both the barriers to accessing early childhood services for families on low incomes, as well as what works well to improve the accessibility and effectiveness of support for these families. While some of the barriers and enabling factors that are reported can affect every family, the consequences are often felt more acutely by young children and families experiencing poverty.

Families experiencing poverty face barriers to accessing early childhood services at every level

The research takes a broad look across the early childhood services landscape to understand what factors are contributing to families missing out on these vital services. Babies, young children and parents experiencing poverty are entitled to these services, but the research finds that barriers to accessing and positively experiencing them exist at an interpersonal, service and systemic level (see fig 1).

Figure 1: Systemic, service and interpersonal barriers to accessing early childhood services



The parent-professional relationship is fundamental to whether babies and young children access support

The relationship between parents and early childhood professionals has a considerable influence over whether services are accessed and positively experienced by families. Parents involved in the research feared judgement and scrutiny from professionals when raising a young child on a low income, as there is often stigma associated with asking for help.

Discussing the impact of financial struggles on pregnancy and early childhood development can be difficult; topics like infant feeding and nutrition are particularly sensitive. Blanket advice that fails to meet the needs of families experiencing poverty may be ignored as it is not relevant. Negative interactions can also make them less likely to engage in future.

However, continuity of care - where families receive support from the same professional or small team of professionals – can improve outcomes for women and babies during pregnancy and birth,[13] particularly those on low incomes.[14] The research found that the continuity of care model underpins the ability to establish a trusted parent-professional relationship, which can improve access to maternity and health visiting services. Unfortunately, consistent care from the same professional is far from a reality for every family, such as in England where the roll out of continuity of care across maternity services has been paused due to unsafe staffing levels.[15]

The research found that a lack of understanding between parents and professionals can put children's health and development at risk, including during crucial times such as labour and childbirth. The research shows that when professionals are rushed or under-resourced, they are less able to provide accessible and tailored support for families experiencing poverty and associated challenges. Anti-poverty and cultural safety training are needed to ensure that professionals can provide appropriate advice and care.

Hard to reach early childhood services create barriers to access and engagement for families

The costs associated with attending scheduled appointments outside the home can create barriers for families experiencing poverty, including in relation to transport, childcare and time away from work. To remove this barrier, home visits and drop-in sessions were considered more accessible, and children's centres or family hubs within walking distance could provide an opportunity to access a range of support for young children's development in one place.

The research found that parents on low incomes can face challenges with self-advocacy when accessing services. Parents described battles to gain support for their young child from under-resourced services, which were made harder when simultaneously managing other stresses associated with living on a low income. There were difficulties with navigating the system, which could be made harder when faced with a lack of understanding or discrimination. Where this was the case, it was found that voluntary and community sector organisations often played an important role in advocating for parents and acting as a bridge to early childhood services.

Proactive and sustained outreach is needed at various points in a parent's journey to increase engagement and inclusivity. Some parents need extra support to feel safe engaging with a service, particularly if they face discrimination, stigma, mental health difficulties or social isolation. The research found that when professionals proactively contact parents, barriers to access are broken down and engagement increases. However, this often takes time and resources which professionals do not have.

Systemic barriers must be urgently addressed to provide quality joined-up services for every baby and young child

The urgent workforce and resourcing challenges facing early childhood services are well known. This research shows the toll these pressures place on professionals and the subsequent knock-on effects this has on babies, young children and their families. Parents feel up against the clock in appointments, without the time needed to discuss the full picture of their concerns. Meanwhile, professionals with heavy and complex caseloads risk burnout and are less able to respond effectively to the needs of families impacted by poverty.

Both parents and professionals involved in the research expressed a desire for better joined-up working in early childhood services. Co-located services can mean that parents have access to health visitors, midwives, housing support and financial advice all in one place. Effective data and information sharing can also facilitate easier access to support families who are interacting with various services and systems. However, there are still major systemic barriers to joined up working between services supporting families.

These wider systemic challenges must be urgently addressed to rebuild early childhood services and make them more accessible. The barriers that exist at the interpersonal level and service level can only be resolved with the investment and the systemic reform needed, that will enable professionals to consistently deliver high-quality care. Currently, the system is so stretched that there is little space to try things differently or to invest in evidence-based interventions. Examples of local good practice exist, but the Government must provide adequate investment to build on what is proven to work well.

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Recommendations

The UK Government has a significant opportunity to rebuild and reform early childhood services so that they improve access to support for babies, young children and families experiencing poverty.

Tackling child poverty, breaking down barriers to opportunity, transforming the NHS into a prevention-first system, and raising the healthiest generation of children ever. These are all key priorities for the UK Government. Achieving these goals requires sustained focus on early childhood, backed by sustained investment. The Government must ensure that early childhood services are equipped to be responsive, accessible and inclusive of all children.

Babies and young children cannot wait. The Government must take immediate steps to rebuild and reform early childhood services.

The upcoming Child Poverty Strategy is a crucial opportunity to improve local early childhood services and to ensure that they are inclusive of families on low incomes. This goal should also be central to the work of relevant government mission delivery boards. The findings and recommendations in this report should be used to inform the UK Government's efforts. The research can also be used to inform future developments in decision-making, policy and practice in the devolved nations.

Recommendations:

1. **The UK-wide Child Poverty Strategy should set measurable goals to improve access to early childhood services for families on low incomes,** including maternity services, health visiting services and integrated early childhood services. Significant progress should be delivered against these goals within this parliamentary term.

2. **The UK Government's Mission Delivery Boards on both Health and Opportunities should align to measurable goals to improve early childhood health, wellbeing and development outcomes for babies and young children in low-income households by 2030.** They should work with relevant departments and partners to deliver these goals and to track progress annually.

3. **The UK Government should design and commence implementation of a clear plan to rebuild and reform early childhood services** to ensure that they have the capacity to effectively support families experiencing poverty.

   This plan should include clear and measurable commitments to:

   a. Rebuild and strengthen the midwifery and health visiting workforces to ensure the availability and quality of services. This requires additional investment to **address the shortfalls of 2,500 full-time midwives and 5,000 full-time health visitors in England** by 2030. An increase in capacity must include investments in specialist midwives and health visitors to support the growing number of families with complex or additional needs.

   b. **Introduce a continuity of care model in maternity services,** where families receive support from the same small team of professionals, **and a continuity of carer model in health visiting services** where families receive support from the same professional. Recognising this can only be delivered when services have safe staffing levels in place.

   c. Commit to and deliver evidence-based **integrated early childhood services in every local community.** These integrated services should provide a range of accessible and inclusive services that are tailored to the needs of local families. To ensure the long-term sustainability of these local services, pooled funding arrangements, and incentives to drive collaboration in the system should be explored.

   d. **Improve data collection and information sharing** to facilitate improvements in local decision making about the accessibility, quality and integration of early childhood services:

      i. *Publish national guidelines for **safely and ethically monitoring the demographics of families** accessing maternity services, health visiting and children's centres/ family hubs, so that services have robust data to inform decision making and impact evaluations.*

      ii. *Deliver on the commitment to implement the **Unique Child Identifier** and improve IT system interoperability for better data sharing and service integration.*

      iii. *Reverse the change to national guidance on data collection for health visiting delivery statistics to ensure that **only face-to-face contacts can be counted** as mandated health visits.*

4. **The UK Government should ensure that early childhood services act as a gateway to support and advice for families experiencing poverty.**

To ensure the achievement of this goal local commissioners and service providers should be supported to:

a. Roll-out mandatory **anti-poverty training and cultural safety training** for early childhood professionals. Anti-poverty training should enable them to initiate sensitive conversations about financial difficulties and to tailor their advice appropriately. Cultural safety training should raise awareness of unconscious biases and to increase understanding of families experiencing intersecting inequalities. All training should be fully embedded and evaluated within services.

b. **Invest in initiatives to improve outreach and engagement** for families on low incomes. Examples drawn from **"what works well at the service level"** include:

   i. ***Co-design*** *of services, programmes and communications to ensure they are relevant and accessible.*

   ii. *Flexible service delivery options, including* ***home visits*** *for families who cannot access affordable transport or childcare and* ***drop-in sessions*** *which do not require an appointment.*

   iii. ***Face-to-face communication of the services available*** *and practical support for families on low incomes to access it.*

c. Collaborate with the government departments responsible for benefits, housing and other financial support to improve families' access to information, including **benefits and housing advisors being present in integrated early childhood services.**

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Definitions

Early childhood services: Refers to early childhood health and development services that are the focus of the research. This includes the universal services of maternity and health visiting, support delivered through community-based services such as children's centres or family hubs, and programmes with enhanced or targeted offers for families living in deprived areas such as Flying Start in Wales and Sure Start in Northern Ireland.

Integrated early childhood services: Refers to physical spaces, delivered in communities that provide a wide variety of joined-up support for parents, carers and young children, such as children's centres and family hubs. They can offer access to midwives and health visitors, evidence-based child development support, and wider advice including support with money and accessing benefits.

VCS organisations: voluntary and community sector organisations supporting families.

Low income: Refers to relative poverty which is defined as below 60% of the median income. Thresholds for parents participating in the research were calculated using the same methodology that the UK Government uses.[16] In the polling data a low income is defined as below an annual household income of £20,000.

Racialised communities: Refers to ethnic, racial, and cultural communities who are in the minority and have been racialised by white-majority systems.[17] The term is used in this report due to the nature of the inequalities that are discussed. Where it is possible and appropriate, specific terms will be used to avoid homogenising groups and communities.

Parents: 'Parent' is a shorthand term used to capture a range of genders and primary carers for the young child. Where it is of specific relevance, terms including 'mother and 'father' are used.

Young children: includes children aged 0-4 (up to age 5)

Introduction

A child's first few years of life are a unique period of rapid physical, social, emotional and cognitive development. Babies and young children need nurturing, responsive care for their healthy development.[18] This should be provided in a safe, secure and loving environment where they get the right nutrition and have opportunities to play and learn.

Early relationships and early experiences shape childhood development which lays the foundations for future outcomes in adult life.[19,20] Living on a low income can directly impact a families' capacity to provide the care their baby or young child needs: making it harder to cover the cost of essentials like housing, food and heating, and limiting access to quality early education and childcare.

Almost two thirds

of parents on low incomes (64%) said they worry about making ends meet 'a lot' or 'all of the time' (UNICEF UK 0-4 parents survey).

The knock-on impact of poverty on children's development is borne out in data, with babies and young children who grow up in poverty more likely to have poorer health, education and economic outcomes throughout their lives.[21] These trajectories for babies and young children are not inevitable and can be prevented with the right interventions and support.

There are two readily identified routes to improving outcomes for these children, one is to reduce the number of babies and young children growing up in poverty through measures that increase family incomes and reduce costs associated with early childhood. The other is to mitigate the impact of poverty on early childhood development through the provision of timely services and support that meets the needs of babies, young children and their families. Both are essential and need to work together to be effective.

This report focuses on the latter of these routes; seeking to answer the question of what is needed to ensure that early childhood services are effective at meeting the needs of families living on a low income, improving early childhood outcomes and reducing disparities in outcomes.

To answer this question, the report starts by summarising existing evidence about the impact that maternity, health visiting and integrated early childhood services can have on mitigating the effects of poverty, and what is known about the extent to which families on low incomes currently have access to these services. The report then presents new evidence gathered directly from parents living on low incomes in each of the four UK nations, as well as a range of early childhood professionals. The findings identify barriers to access at an interpersonal, service and systemic level, with examples of what is shown to work also highlighted at the end of each section.

The report concludes with a set of recommendations to the UK Government on rebuilding and reforming early childhood services – including maternity, health visiting and integrated early childhood services. These recommendations would enable early childhood services to play their vital role in mitigating the impact of poverty on babies and young children and provide a gateway to wider support for families living on a low income.

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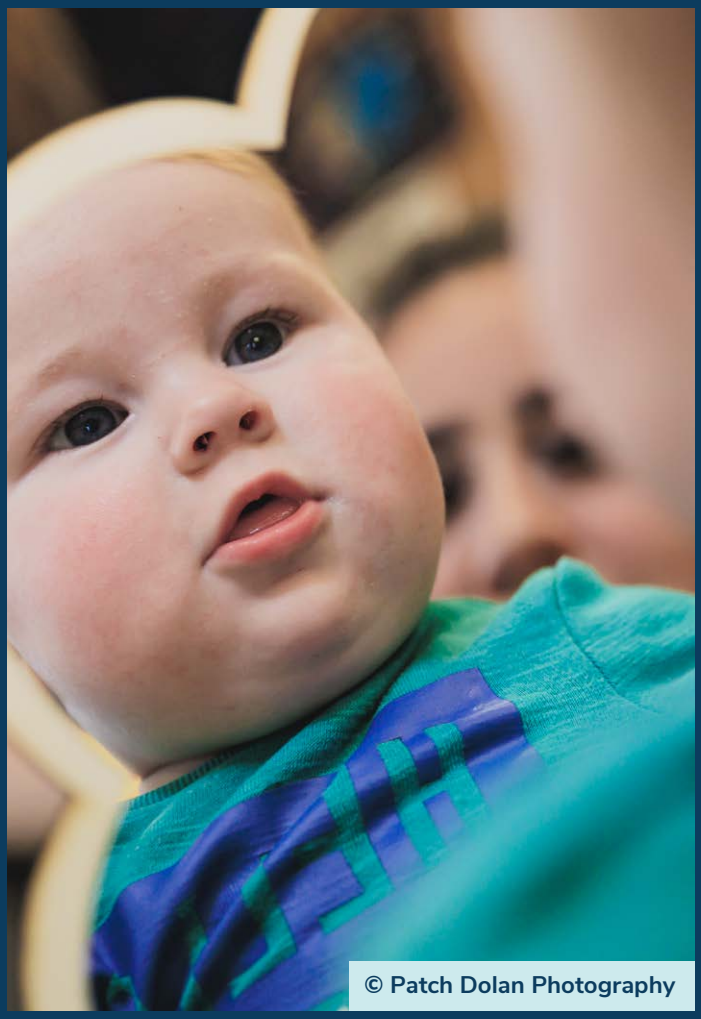
Research Methods

The research takes a mixed methods approach to gain a deeper understanding of the experiences of families on low incomes in relation to accessing early childhood services. The context of this report sets out existing evidence. The findings include new qualitative data from focus groups and interviews with parents, as well as interviews with a range of early childhood professionals and practitioners. Polling conducted with parents and carers is also included throughout.

Research aims

This research aims to:

- examine the availability of early childhood services for children aged 0-4 years and their families across the UK and build an understanding of who is missing out;
- explore the experiences of families on low incomes when accessing early childhood services, particularly the barriers to access that living on a low income can create;
- understand how these services can promote young children's health and development, including by acting as a gateway to wider support.



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Research methods

1. Evidence Review

A rapid review of existing evidence was undertaken by Prof. Jane Barlow and Dr Anita Schrader-McMillan from the Department of Social Policy and Intervention, University of Oxford. The review focused on synthesising existing evidence on children and parents who are not receiving/accessing early childhood services in the UK, known barriers and enablers to access that exist for parents living on low incomes, and the role that early childhood services play in mitigating the impacts of poverty on children.

Due to the intersecting nature of child poverty with other characteristics, the research considered characteristics that are associated with an increased risk of experiencing poverty. The evidence review took a broader look across these characteristics than would be possible in a qualitative research sample. Due to the timescale available to conduct the evidence review, the primary focus was race, ethnicity, language, migration status and mental health. Additional characteristics included were disability, family structure and rural versus urban locations.

The findings from the evidence review informed plans and focus for the qualitative research and findings have also been referenced in the context of the report.

2. Interviews with Professionals

Semi-structured online interviews were conducted with twelve early childhood services professionals. Professionals were selected based on their experience and expertise relating to the services included in the scope of this research and convenience sampling was used. These professionals worked in maternity, health visiting, the Flying Start programme in Wales, and Sure Start in Northern Ireland. Interviews were also carried out with professionals working in local authorities and VCS organisations.

3. Focus group and interviews with parents and carers

Thirty parents and carers participated in the research which included four focus groups, one in each of the UK nations, and a small number of interviews. Creative and participatory methods were used.

Locations were chosen based on a high level of deprivation in the communities and the presence of universal early childhood services available to families living there.

Parents were recruited via a range of community settings including a food bank, a library and a women's centre. Convenience sampling and snowball sampling was used, with a secondary screening process to ensure that participants met the recruitment criteria of:

- Having at least one child aged 0 to 4;
- Experiencing relative poverty (below 60% of the median household income after housing costs);
- Living in the local area where the research was taking place.

Most participants were mothers, but a small number of fathers also took part, as did a small number of carers. Parents and carers were of a mix of ages and from a variety of ethnic, cultural and racial backgrounds. Some participants were or had been asylum seekers in the UK.

4. Survey of parents and carers

UNICEF UK commissioned YouGov to conduct a nationally representative online survey of 2,892 parents of children aged 0-4 years living in Great Britain in May to June 2024. Of those who responded, 236 were on a 'low income' which is defined as a gross household income (combined income of all earners from all sources before tax deductions) of less than £20,000 annually. This survey is referenced throughout the report.

Background and Context

This section of the report sets the scene for the following findings about access to early childhood services for families on low incomes. In doing so, it provides an overview of: the geography of poverty across the UK; key characteristics of families most likely to experience poverty and other intersecting forms of inequality; and the impact this has on their lives. It then sets out what is understood about how early childhood services work to mitigate the impact of poverty, and evidence as to their impact on childhood outcomes. Finally, this section provides a brief snapshot of what the data says about who is accessing these services.

This report does not set out to provide an exhaustive review of the evidence, however it is important to note that there are significant gaps in what is known across all of these areas. Whilst the evidence available, combined with insights from parents and professionals, provides a strong basis for more effective policy making, more work is needed to fill gaps in understanding to ensure that ongoing policy and implementation is as effective as possible.

Poverty and its impact on early childhood

There are now 4.3 million children growing up in poverty in the UK. The UK's child poverty rate grew by 20% between 2012/14 and 2019/21 – the largest increase of 39 OECD and EU countries.[22]

In the UK, more than one in three (36%)

children in families with the youngest child aged under five were in poverty in 2022-23. (DWP, 2024).[23]

Multiple factors affect a child's likelihood of growing up in poverty.[24] It varies by:

Nation and location: child poverty is higher in England (30%) and Wales (29%) than in Scotland (24%) and Northern Ireland (23%). There are also regional variations. For example, in England, 37% of children in the North West experience poverty compared to 25% in the South East.

Racial or ethnic background: 67% of children in Bangladeshi households live in poverty, 58% of children in Pakistani households live in poverty, and 51% of children in Black/African/Caribbean/ Black British households live in poverty, compared to 24% of children in white households.

Disability: 34% of children in households where someone is disabled experience poverty, compared to 27% where nobody in the household is disabled.

Family structure: 44% of children in single parent families are in poverty compared to 26% in couple families.

The impact of poverty on health outcomes

Health risks are significantly increased for babies, children and families impacted by poverty. Experiencing poverty as a baby is associated with low birth weight, shorter life expectancy and a higher risk of death in the first year of life.[25] It can increase the likelihood of chronic diseases such as asthma, as well as tooth decay, malnutrition, obesity, and diabetes.[26] Children born in the most deprived areas are also less likely to be breastfed than those from least deprived areas, based on data from NHS trusts in the UK,[27] and breastfeeding has many benefits, including for the immune system.

There are also links between poverty and young children's mental health and wellbeing.[28] In England, 2 to 4-year-olds living in low-income households were twice as likely to have a mental health condition compared to those living in middle and high-income households. The rate of any mental health condition was almost four times higher for those living with a parent in receipt of benefits related to low income and disability, compared to parents not receiving benefits.[29]

Women living in areas with the highest levels of poverty in the UK

are 50% more likely

to experience a stillbirth or neonatal death (Rayment-Jones, 2019).[30]

In the UK, disparities in outcomes during and after birth are stark. Women from Black ethnic backgrounds have a maternal mortality rate almost three times as high as white women, and women from Asian ethnic backgrounds have a maternal mortality rate almost two times as high as white women.[31] Black babies and Asian babies are nearly twice as likely and nearly 1.5 times more likely respectively to die during their first 28 days compared to white babies.[32] A recent study found that the impact of socio-economic deprivation appears to differ between ethnic groups – while the risk of mortality increases with deprivation for white women, risks for Black women were higher irrespective of deprivation.[33]

The impact of poverty on developmental outcomes

Evidence shows the link between a young child's socio-economic background and the development of certain brain functions including those involved in language and learning.[34] Children growing up in low-income households can experience delays in aspects of their development; for instance income-related differences in children's early language development have been shown to be evident by 18 months of age.[35]

Furthermore, evidence from England shows that by age five, there is around a 5-month learning gap between the most advantaged and disadvantaged children.[36] During their first year of primary school, around 50% of children eligible for free school meals were assessed as having a 'good' level of development, compared to around 70% of children not eligible for free school meals.[37]

Parents living on low incomes were more

likely to say they worried

about their child's health and development all or a lot of the time (58%), compared to parents on average (44%) (UNICEF UK 0-4 parents survey).

Recent research found that environmental factors, such as educational opportunities, parental education, parental mental health, parent-infant relationships and housing, interact with genetic factors to shape the early experiences and outcomes of children in poverty,[38] while other evidence suggests that lower access to nutrition, healthcare and material resources impact early development.[39,40,41]

Babies and young children need the five components of nurturing care (health, nutrition, safety and security, responsive caregiving and opportunities for early learning)[42] for good early childhood development. Living in poverty can prevent children from receiving the components of nurturing care and it is important that parents receive support to ensure their young children have all that they need to thrive.

This is particularly important where parents' own mental and emotional capacity is impacted, which can affect the quality of the parent-child relationship that is critical to early childhood development.[43]

How early childhood services work to mitigate the impact of poverty and reduce disparities in outcomes

There is a wide range of early childhood services available across the UK. They vary by nation, location, level of children's need and provider. England's Family Hubs and Start for Life Programme Guide published in 2023 identifies six services in the Start for Life offer: maternity, health visiting, breastfeeding, parent-infant relationships and perinatal mental health, SEND and safeguarding, with further targeted services such as debt advice or domestic abuse support also highlighted as key aspects of support for families with young children.[44] Resource limitations of this research mean that focus is given to exploring maternity, health visiting and then integrated early childhood services such as children's centres or family hubs as a gateway to accessing a range of support.

Maternity and health visiting are the first services parents and babies encounter. As these services are statutory and universal, they may be one of the few sources of support for families that are unable to afford extra classes, parenting books or paid for baby and toddler activities. Maternity and health visiting services are designed to provide vital advice on pregnancy and early childhood development that is critical to tackling health inequalities in young children.

The impact of maternity services

Antenatal appointments are an important form of support that can prepare parents for what to expect, provide accurate advice and build trust with professionals. There is evidence to suggest that how services are delivered can impact the extent to which families gain value from these services. For instance, continuity of care[45] in maternity services is shown to improve birth outcomes where there are a range of social risk factors including poverty. Continuity of care was linked to babies being less likely to be admitted to the neonatal unit and parents being more likely to be referred to support services, including psychiatry and domestic violence advocacy.[46]

There are also localised examples of how universal services have been adapted to meet the needs of families living on low incomes. For example, following a successful pilot in Tayside, midwives are being trained to engage in meaningful conversations with parents about financial concerns and refer them to appropriate local services for support.[47] However, high-quality impact evaluations as to what works remain limited, in turn reducing opportunities for good practice to be replicated or scaled up.

The impact of health visiting services

A review of the Healthy Child Programme, led by health visitors in England, showed that universal perinatal services improved the short-term outcomes that are strongly associated with reducing later inequality at a population level.[48] A review of the literature on health visiting in the UK found that universal level work by health visitors is vital to identifying women in need of additional input, many of whom will be disadvantaged and that Universal Plus health visiting was effective in supporting women with postnatal depression, and signposting women to other services.[49] Health visitors can also provide useful advice such as how to support healthy child nutrition.[50]

Universal health visiting services can offer relevant support for families on low incomes, however, the growing scale of poverty means that services often do not have the capacity to meet increased need. The latest annual Institute of Health Visiting survey found that 93% of health visitors reported an increase in poverty and that poverty was their greatest cause of concern.

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The impact of integrated early childhood services

Integrated early childhood services, such as children's centres or family hubs, provide a wide range of support locally which can act as a one-stop shop for parents. These integrated services often include flexible drop-in clinics with health visitors and can also make access to a range of classes and support easier – from baby massage and Stay and Play sessions to advice on topics such as first aid, infant feeding, speech and language, parenting programmes and employment support.

Integrated services that are 'place-based', where services are designed, commissioned and managed locally can be more responsive to the specific needs of the local population, rather than the provision of 'one size fits all' programmes. Yet such variations in local delivery can make evaluations more challenging.[51]

However, there is promising evidence from integrated programmes of support in the UK which show specific and clear benefits for disadvantaged children. The Institute for Fiscal Studies has conducted long-term evaluations of Sure Start, the UK's first integrated early years programme, which show significant long-term effects for children who accessed the services when aged under five:

- 13,000 hospitalisations of 11 to 15-year-olds were prevented each year and the reduction of hospitalisation for mental health and injuries is hypothesised to be related to parenting. The reduced hospitalisations were concentrated in more disadvantaged neighbourhoods.[52]
- There was an increased likelihood of children being recorded as having a special educational need or disability (SEND) at age 5, but the proportion of older children recorded as having a SEND significantly decreased, potentially showing that early identification and support helped to reduce the levels of need for additional support at an older age.
- There was a significant impact on educational achievement up to GCSE level, with children living within 2.5km of a centre performing 0.8 grades better in their GCSEs. Critically, the impact was greatest for those from low-income and non-white backgrounds, for whom the effects of access to a centre were six times higher.[53]
- The share of 16-year-olds with a criminal conviction reduced by 13% and those with custodial sentences reduced by 20%.[54]

The 2013 evaluation of Flying Start, a programme of integrated support provided in disadvantaged areas in Wales, suggests that it helped to reduce disparities in aspects of children's development, including cognitive and language skills, social and emotional development, and independence/self-regulation.[55] Most parents believed that Flying Start had a positive impact on their child in terms of speech, language, communication skills, school readiness, social skills, and behaviour. Families had higher levels of engagement with family support services and were more frequently referred between services.

To what extent are families on low incomes accessing services?

Access to maternity services

Within maternity services women and birthing people should typically receive between seven to ten antenatal appointments, including two ultrasound scans.

However, evidence from England shows that women on low incomes are less likely to access antenatal care and preventative healthcare services.[56] Families on low incomes are also less likely to have attended any kind of antenatal class.[57]

Women living in areas of high deprivation and from racialised communities in England and Wales are more likely to initiate antenatal care late. It is recommended that women have their first antenatal visit before ten weeks into the pregnancy, however, one fifth of mothers (20.8%) in England started antenatal care later than twelve weeks pregnant. Late initiation varied across ethnic groups, from 16.3% (white British) to 34.2% (Black African). The odds of late initiation and relative risk of extremely late initiation were highest for Black African mothers.[58]

Access to health visiting services

Health visiting programmes differ in each nation but include a set number of mandated contacts that should be delivered.

Despite challenging data gaps, the evidence available in England suggests that several characteristics increase the likelihood of missing out on mandated health visiting contacts, including living on a low income. Families in the second to fourth lowest income deciles have less access to Health Visiting than those in the wealthier or very poorest deciles.[59] Asian, Black, Chinese or Mixed Race children have a higher likelihood of missing out on mandated health visiting checks than white children. Additionally, families moving between local authority areas and parents with English as a second language are more likely to miss out.[60]

Contrastingly, data suggests that Scotland's Universal Health Visiting Pathway (UHPV) is reaching families facing the greatest deprivation, although in-person visits are not distinguished from contact made by phone.[61,62]

Health visiting contacts should be used to identify needs and provide support and referrals where necessary. However, 79% of health visitors said that the service could not offer a package of support to all children with identified needs, and this problem is most acute in England.[63] It is also worth noting that there is significant geographical variation in the delivery of mandated health visits across England,[64] Wales[65] and Northern Ireland.[66] The coverage for newborn visits tends to be fairly consistent and high across regions and nations, but the proportion of completed visits declines significantly for later visits overall, and the geographical coverage gap widens significantly for later scheduled visits.

Parents on low incomes were

more than twice as likely

to state that they struggled to cover the cost of an appointment that their child needed, compared to other parents surveyed.[67] (UNICEF UK 0-4 parents survey)

Access to integrated early childhood services

Access to integrated early childhood services in England is primarily determined by whether a family lives within the proximity of a centre. In England, the number of children's centres has declined by 38% since 2010.[68] Many local authorities have replaced Sure Start with Family Hubs, offering a range of services to a broader age range of children and young people. A survey of parents with young children in England showed that the service provision in many of these centres has been hollowed out, with many families unable to access programmes for early development and play, parenting programmes, and those designed to strengthen the parent-infant bond.[69]

In Northern Ireland and Wales, access to Sure Start and Flying Start is primarily determined by whether a family lives in a low-income neighbourhood where the delivery of these services is targeted. This means that families living on low incomes within neighbourhoods that are more affluent are less likely to be able to access this support. In Northern Ireland, 38 Sure Start projects exist across the top 25% of deprived areas, with the latest figures showing that 63% of eligible children are registered.[70]

Gaps in the Data

From the evidence available it is possible to determine that income level along with other often overlapping social characteristics are affecting access to and take up of early childhood services. However, the picture remains incomplete. Demographic data collection is necessary to understand who is and is not accessing early childhood services, however the evidence review that was commissioned for this research found limited availability of this data at a national level. This lack of high-quality data makes it challenging to effectively monitor engagement in services and respond to young children and parents who are not accessing support.

The research findings in the next section outline the challenges that parents on low incomes currently face in accessing and positively experiencing early childhood services, and - crucially - where good practice exists that the Government can expand on to rebuild these services so that they work for every child.

Research Findings

The research finds that families living on low incomes experience barriers at every level that prevent them from accessing and positively experiencing early childhood services, including at an interpersonal level, a service level, and a systemic level. This section has been structured in line with these three levels and key findings are included from the research with parents, the professionals who work with them and other early childhood policy experts.

While these barriers may not always be uniquely experienced by parents and young children living in poverty, the research findings demonstrate the challenges that were reported by parents with lived experience, and the professionals who work with them. The additional stressors that parents living on low incomes face can mean that their access to high-quality support is even more important. For example, the UNICEF UK survey of parents of 0–4-year-olds[71] found that those on low incomes were more likely than parents overall to experience several challenges and worries:

40%

of low-income parents struggled to pay bills on time, compared to 21% of parents overall.

40%

of low-income parents worried about losing their job or their income stability 'all' or 'a lot' of the time, compared to 26% of parents overall.

44%

of low income parents were worried about relationships or family strains 'all' or 'a lot' of the time compared to 31% of parents overall. (UNICEF UK 0-4 parents survey)

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Understanding barriers and enablers experienced by families at the interpersonal level

The experience of poverty can add layers of complexity to the interaction between parents and professionals. Parents may worry about their ability to provide for their children's needs, which can lead to feeling judged when interacting with early childhood services. Professionals should be aware of power dynamics and their own personal biases, including in relation to class, race and ethnicity. Access to compassionate, responsive and person-centred care is vital for all parents and young children, but can be particularly important for families on low incomes and those from racialised communities, including those we spoke to for this research.

Early childhood service professionals are under huge amounts of pressure, often working in unsafe and unsupportive environments due to shortages of midwives and health visitors. This can result in health professionals feeling stressed due to a lack of time and resources to deliver high-quality care to parents and young children.[72] This makes it less likely that professionals will be able to support parents experiencing poverty to overcome barriers that prevent them from accessing or positively experiencing early childhood services. These challenges are discussed further in the section on 'Lack of workforce capacity'.

Professionals must be able to discuss financial difficulties with parents

Financial difficulties can be deeply personal. Parents and carers from across the four focus groups described the stigma of raising a young child on a low income. They explained that there can be shame associated with asking for help, particularly for someone who is financially responsible for a child. Parents may also feel that financial matters are private and that they should be able to deal with any challenges on their own.

> *"I still find that there's judgment and that stigma to say, 'How can you bring up a child if you can't manage your finances?' and things like that, I just feel like there's that stigma attached to it."*
>
> **- Mother, England**

> *"People are cagey talking about their financial situation."*
>
> **- Health visitor, Scotland**

This research found that to break down barriers to accessing effective support, professionals need to be able to sensitively initiate conversations about finances with families living on low incomes. These conversations are particularly important if they are having an impact on early childhood development. A public health professional in England explained how their local authority delivers training with health visitors on how to discuss difficult topics, such as money, with families. A mother in Wales described a health visitor who always asked her "Do you have enough food at home?" and that helped because she did not feel able to say: "I need money." It was found that parents are less likely to raise financial difficulties, unless a professional initiates the conversation, and does so in a way that is open, supportive, and non-judgemental.

When professionals can effectively discuss finances with families, they are more able to identify the needs of the young child, including whether they have access to adequate nutrition. The research found that early childhood professionals can provide vital support for families on low incomes by: checking they are aware of the benefits available to them; helping them to access the Healthy Start Scheme (or Best Start Foods Scheme in Scotland) which provides a digital card for fruit, vegetables and milk; or signposting and referring to additional support available in the community.

> *"It's so overwhelming and I haven't got much food, I haven't got enough for the kids, but then if someone supports you and points you in the right direction... It's like a godsend if they tell you that's available and you're full of anxiety because you're on your last £5 and you've got children and when they're telling you towards the right directions that's amazing, they're doing the right thing."*
>
> **- Mother, Wales**

Not all early childhood professionals have the time or knowledge to support families with accessing financial support. However, there are ways in which external agencies can support, for example by providing advice about benefits through early childhood services, as discussed in the section on 'Interagency working'.

Mental health challenges, mistrust of services and social isolation create barriers for parents

The presence of mental health challenges can create barriers to parents accessing early childhood services. Persistent poverty is also strongly associated with worsening parental mental health over time.[73] Parents involved in the research described how they want to do the best for their children, but it becomes a vicious cycle when they are struggling with their mental health, which can make it more difficult to leave the house and seek support.

Over the last year

52% of parents living on low incomes

felt overwhelmed and 44% felt anxious 'all' or 'a lot' of the time (UNICEF UK 0-4 parents survey).

When parents are experiencing these emotions, they may struggle to make appointments, feel anxious attending children's centres, or lack the energy to engage with a formal programme.

> *"It can be hard to be a mummy, all these emotions come into your head. You're thinking "do I feel welcome?" Because sometimes, when you're feeling okay, it's like "I can deal with everything", but then other times you do feel a bit... paranoid's the word."*

- Mother, Northern Ireland

Home visits with a consistent professional can build parents' trust and improve access to services. This research heard from parents experiencing mental health challenges who were better able to access support at home in an environment where they feel safer and more comfortable.

When professionals are not rushed, it provides parents a sense of permission to discuss the full extent of any challenges they are facing. A mother in Wales with experience of anxiety explained:

> *"The one [health visitor] I've got now is just lovely and she's been at my house for an hour talking to me to make sure I was fine with everything because I do get overwhelmed with things and overwhelmed with my girls."*

- Mother, Wales

Three quarters (75%)

of parents living on low incomes with children under-5 said they had experienced mental health problems as a parent and over a third (37%) said they feel lonely 'all the time' or 'a lot of the time' (UNICEF UK 0-4 parents survey).

In focus groups, participants explained that informal peer support enables parents experiencing social isolation to access and continue engaging with early childhood services. This informal peer support can also help to ease the pressure that struggling with money can place on family relationships.

> *"When you realise you're not on your own, you can speak to another parent and they're going through that as well and then you can socialise – you feel better by communicating and you make friendships and it's good for the child as well. Stepping out and going to that [service] it changes your world around from just being stuck in the house with a baby... because it's such isolation."*

- Mother, Wales

Feelings of loneliness and social isolation can be intensified for migrant families with young children. However, it is possible for early childhood services to help bring together parents with similar backgrounds or experiences and this can allow them to share their worries, feel understood and validated. This is explored further in the section on 'Cultural Safety of Services'.

> *"We don't have any family here, it's only me and my children so it's really lonely at times, you don't have anybody to talk to or share your feelings with, what you are going through, because you lost that trust in people when they are judgmental and you just go into a shell."*

- Mother, Wales

> *"When people are stressed, they do not have family to help them because they come from abroad. If it's your first baby and you do not have your family behind you, it can be a worrying time. If you do not speak the language, it can be isolating."*

- Health visitor, Scotland

> *"The ability to put parents who are in the same or similar situations, so creating new groups with a sense of safety around them, and that might be running groups with and smaller numbers, for example, where parents are in similar situations, so you're allowing them to share their experiences in a safe space."*

- Flying Start Manager, Wales

Empowering parents through a strengths-based approach

A professional's approach and level of empathy and understanding can be an enabler or a barrier to accessing early childhood services for families on low incomes. The professional's approach can influence whether a parent feels understood and finds the support useful, or feels judged and is less likely to seek professional support.[74] The parents in this research tended to have a preference for professionals who take a positive, strengths-based approach as opposed to a more prescriptive or authoritarian approach.

'Box ticking' was identified by parents as a barrier to this empathetic approach. Maternity and health visiting are regulated professions, therefore professionals must follow certain processes and complete certain paperwork. However, without the right approach, this can leave a parent feeling as though they are being treated like a 'to do' list, rather than a human being. A midwife in England explained how she would wait until parents have left the room before completing paperwork to ensure she was providing her full attention and to avoid this 'box ticking' assumption.

A positive, strengths-based approach is an enabling factor for families on low incomes accessing early childhood services:

> *"You don't want somebody to keep on saying, "You're doing this wrong, or you're doing that." You want somebody to say, "You know what? You've done a brilliant job. It doesn't matter about the clothes. It doesn't matter about the mess. You're doing fantastic"*
>
> **- Mother, Northern Ireland**

Providing praise and recognition for getting it right as a parent can help to build self-esteem and reduce feelings of judgement which can act as a barrier to positively engaging early childhood services. A Flying Start Manager shared more about this, including how their programmes were strengths-based and focused on building positive relationships through a non-judgemental approach:

> *"All of our approaches are putting the parent as the expert, rather than the old Health Visiting approach of 'you need to do this and you need to do this and you need to do this' and that's why we got rid of the [former early years programme] - it felt quite prescriptive."*
>
> **- Flying Start Manager, Wales**

This approach differs from the traditional, more prescriptive approach where the practitioner always knows best. Instead, the professional draws on their experience to explain different evidence-based options and methods that parents can choose from, enabling them to actively engage with the information on offer and share in the decision-making process relating to their child.

Infant feeding and nutrition

Infant feeding and nutrition can be a sensitive topic, with many families unable to get the support they need to achieve their feeding goals. Focus group participants raised specific challenges relating to living on a low income including not having access to essential equipment, such as a fridge or bottle sterilising equipment, and not being able to afford formula or a quality breast pump.

Supporting families with breastfeeding and responsive bottle feeding should be done in a sensitive and evidence-based way. All too often services lack the time and resources to provide this, which can leave parents feeling unsupported at one the earliest hurdles of caring for their baby.

Continuity of care and building trusted parent-professional relationships

Parents who took part in the research said they want a consistent relationship with the same professional, which is known as 'continuity of care' (CoC) in maternity and health visiting services. There is compelling evidence to show that this is associated with improved outcomes where there are a range of social risk factors including poverty.[75]

CoC helps to build trusted relationships between parents and professionals, which enable the discussion of sensitive issues, including mental health, parenting, infant nutrition, and the realities of raising a young child on a low income. This - in turn - improves the professional's ability to identify any wider challenges that would not otherwise be disclosed, enabling them to provide appropriate support and make timely referrals that best supports a family's needs.

Parents described negative experiences of being supported by different health visiting professionals at each appointment. Professionals also recognised that this was a problem that prevented them from building the rapport needed to provide quality support.

> *"She hardly turned up, I didn't see her for months and then it had to be other people coming out that I didn't know."*
>
> **- Mother, Wales**

> *"I don't have any bonding with the health visiting services... because it was Covid and there were three different health visitors were changed, between the time first one came and then she was replaced and then second one was replaced third health visitor only visiting one time. So I wasn't able to get any support from them."*
>
> **- Mother, Scotland**

> *"People don't see the same health visitor twice in a row these days, so they don't have a named health visitor. You ask somebody 'who is your health visitor?' and they'll say 'Oh, such and such came to see me the first time and then somebody else came to see me the other time - I don't know her name'."*
>
> **- Director, VCS organisation, England**

Continuity of care is reported by health visitors to be least common in England.[76] However, in other UK nations where it is more common - like Northern Ireland - parents view CoC as an important enabler for building a supportive parent-professional relationship:

> *"I've been really lucky, with my second two I had the same health visitor which I found really, really helpful when I was pregnant again, because I already knew her and had a relationship with her. But it's really difficult when they change like your midwives all the time and change your health visitor, and they change where you're going for appointments."*
>
> **- Mother, Belfast**

A Flying Start Health Visitor in Wales explained that seeing a different health visitor every time can lead to parents feeling let down and less likely to see the importance of engaging with the service. However, as Flying Start health visitors have small caseloads, they can see the same parents and children, which allows them to build relationships and parents tend to see this as more valuable.

This research found that continuity of carer - where the exact same professional supports a family - is less practical in maternity services compared to heath visiting. A midwife in England described how continuity of care was instead being delivered by a small team of maternity professionals within her service. This was antenatally, rather than during the labour and birth period. The Royal College of Midwives (RCM) explained how continuity of *carer* is less appropriate due to working conditions - particularly during the labour and birth period as a baby can arrive at any time, but a midwife cannot be on call throughout the night for prolonged periods. The RCM recognised that, when the workforce was adequately resourced, continuity of care from a small team of professionals could improve outcomes for families, particularly disadvantaged families.

The importance of building rapport and positive parent-professional relationships was also recognised by a children's centre professional. She explained that this relationship could influence whether early childhood advice was more likely to be well received by parents. Parents involved in her co-production project had told her:

'the messenger changes the message', meaning a trusted and respected professional's advice is more likely to be followed.

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Continuity of care for asylum seeking and refugee parents

Continuity of Care (CoC) was particularly valued by asylum seeking and refugee women involved in this research. These parents had been through traumatic events before coming to the UK and following their arrival. A mother explained how CoC could avoid constantly having to revisit these traumatic events:

> *"It's like you don't have to keep on telling your story, she already knows. Instead of meeting different people, every time telling your story, and my story was really sad, I didn't feel like I wanted to keep on telling people."*

For parents who do not have a support network nearby, early childhood professionals may be amongst the few people they are in contact with, and that makes the quality of their interaction very important.

One asylum-seeking mother described how she cried when her midwife left her job, as she had provided quality support to her during a difficult time in her life. Another described that after having moved accommodation she continued to make a long journey on public transport to visit the same midwife, because she had already built a relationship and was familiar with the hospital where she was going to be giving birth.

However, the Home Office policy of 'dispersal' which moves destitute asylum seekers to local authorities across the UK creates a significant barrier to families remaining registered with the same services, attending appointments and receiving continuity of care. Asylum seekers can be dispersed up until they are 34 weeks pregnant, disrupting their care and any trusting relationships they have been able to build with professionals.[77]

Language and communication barriers between parents and professionals

Language and communication barriers can affect the level of care babies and parents receive. At worst, these barriers can put them at serious risk during critical times such as childbirth. This research heard how language and communication barriers can be experienced by parents who may not speak English and parents with lower levels of literacy. These barriers can mean that parents have difficulty understanding what to expect from processes and appointments and face challenges communicating their needs to professionals.

Mothers who took part in this research described situations where professionals did not listen to them, did not understand them, or did not take their views seriously, including when they were going into labour:

> *"I found one of the hardest things I had to deal with was the midwives don't listen to you when you're in labour. They don't listen to you. With all three of mine I was able to tell them I was in active labour and I needed to push, and not one of them listened to me, which resulted in all three of my children being born nearly in the reception of the [hospital], all three of them. And they just don't listen."*

- Mother, Belfast

> *"My third baby was born in ambulance, because - I'm going to scare - they say 'no water no breaking, so going home'. I'm coming back [home] and heavy contractions coming and just phone ambulance and they still say 'no' they not coming because your water not breaking. When the ambulance come, ambulance man say 'can you hold five minutes?' and I said 'no, baby's coming'."*

- Mother, Wales

While in some cases this lack of understanding could be put down to a language barrier, this was not always the case, a mother also explained her experience of professionals using inaccessible medical jargon. She recommended that professionals should use language that everyday people understand to improve access to early childhood services.

> *"We didn't all go to college or university, so we don't understand your mumbo-jumbo!"*

- Mother, England

Parents and professionals gave examples of how ineffective communication could lead to women experiencing unnecessary pain following childbirth. For example, a mother described being awoken at 5:00am and instructed to bathe, without being provided with the support she needed to get to the bathroom. Another mother was told to go and feed her baby when she did not feel strong enough to walk. In both examples the mothers were migrant or asylum-seeking women, therefore there may have also been other intersecting inequalities and power relations at play, causing them to feel less able to challenge professionals and get the support that they needed.

Interpretation services are an important enabler to accessing services, they can be delivered in person or through an interpretation helpline. A midwife explained how even when working with an interpreter, it was still important to establish a connection with parents. To facilitate this, she would learn how to say a few words in her patients' first language, use positive body language, and speak directly to the parent, not to the interpreter. This illustrates the importance of professionals using effective non-verbal communication to help build parents' trust and improve their access to support.

Visual aids can also help to overcome language and communication barriers between parents and professionals. VCS organisations described supporting parents to create visual birth plans that they could take to hospital to explain their preferences in labour. There was also an example of using a miniature hospital to demonstrate to expectant parents who will be in the room when they give birth and what to expect from the process. Visual aides are not only helpful for parents experiencing language barriers, but they can also benefit parents who are neurodivergent or who have lower levels of literacy.

What works well at the interpersonal level:

- ✓ **Professionals who discuss financial difficulties** with families and are aware of the challenges families on low incomes can face.
- ✓ **Continuity of care**, where support is received from the same professional to help build a trusted parent-professional relationship.
- ✓ **A strengths-based approach** applied with choices offered to parents to increase confidence and desire to engage with services.
- ✓ **Informal peer support and community building opportunities** facilitated by services to help address social isolation and improve engagement.
- ✓ **Professionals who avoid jargon** and use everyday language.
- ✓ **Provision of interpretation services and visual aids.**

Understanding barriers and enablers at the service level

The way services are designed and the processes in place can create barriers from the very start of a parent's interaction with early childhood services and throughout their whole journey. Services may not always be designed in a way that best supports the needs of families on low incomes. Furthermore, families experiencing multiple or intersecting forms of discrimination may face additional barriers due to how a service is organised and whether it responds to their needs. This can affect a family's ability to engage in or positively experience services. For services to be truly inclusive and accessible to those who are currently missing out, meaningful co-production with these families is essential and should focus on all elements of service design.

Proactive and consistent outreach is essential to facilitate access and engagement

Outreach and engagement strategies are needed to engage families who are currently missing out on services or are less likely to access them. As one midwife explained:

> *"Don't depend on a woman to just turn up, because she might never know a service exists."*
>
> **- Midwife, England**

Proactive and sustained contact is therefore needed to overcome the barriers that families are facing so that they can receive support for their young child.

The method of communicating information about a service can be a barrier or an enabler to access. Midwives and health visitors involved with this research explained how additional contact is needed and parents may need a phone call to help explain the nature of the service and to remind them of upcoming appointments. This additional outreach increases their chances of accessing the service.

Focus group participants said they are more likely to access integrated early childhood services if they hear about them from a trusted peer, such as a friend or neighbour. Word of mouth was preferrable to simply receiving a leaflet. A children's centre coordinator reported that parents told staff that rather than receiving a leaflet, they would prefer someone to come and talk through what a service is offering. However, not all parents have support networks who can share information with them, therefore it is crucial that services have proactive outreach strategies.

Sustained outreach and engagement are important to ensure that parents continue to engage with services. For example, a mother in Northern Ireland explained that her local Sure Start centre used to message her often, but then when they stopped, she no longer felt welcome to attend the service. This need for continued contact was also recognised by a professional in the area: a Sure Start Coordinator explained the value of

the in-depth outreach and engagement work they do. This can involve ringing a parent on a weekly basis and meeting with them one-on-one in the park, until – slowly but surely – they get to know each other and the parent feels safe sharing their family's needs and accessing support.

A consistent and proactive approach from a professional can help to break down barriers for families on low incomes. A Flying Start health visitor in Wales explained how her persistence helps to identify the specific reasons why a family is not engaging with services and enables her to better address their vulnerabilities and risks. A midwife in England explained how it can take repeated attempts to engage families with services like family hubs. For example, by sharing information verbally, providing a leaflet, then reminding them of the service and asking whether they have attended. If they do not attend, she continues to encourage them, and tries again when their circumstances have changed. If they do attend, she asks them how they found the service. This shows how by taking a dedicated interest and encouraging families, professionals can provide outreach to parents.

Parents can face challenges initiating care and navigating systems

The first appointment with the midwife, known as the booking appointment, has the potential to be a key contact point where parents can be referred to additional support. However, several barriers can delay or prevent parents from initiating antenatal care, from a lack of familiarity with healthcare systems to a lack of secure housing. For example, a health visitor in Scotland explained how parents who are new to the UK may be unfamiliar with healthcare appointment systems which means that they might not attend scheduled appointments.

An organisation working to improve access to maternity units for low-income families in England found pregnant women waiting in hospital not knowing how to ask for help:

> *"They maybe say, 'oh, well, I have been here for over an hour'. They just hadn't thought to ask or known that they could. Maybe being forgotten about or within the wrong place. Just not knowing how the system works and what to ask for and what to even say and just kind of quite passively waiting to be seen without really always knowing what they were waiting for or what they should be expecting."*
>
> **- Team Manager, VCS organisation, England**

When families do not have access to safe and secure housing, initiating and continuously engaging in support for early childhood development can be challenging. A VCS organisation in England shared how when pregnant women and birthing people are moved between local authority areas this can result in delays initiating antenatal care until they are four or five months pregnant, as they are not permanently settled in one area. Professionals explained how these types of precarious housing situations can create additional barriers to accessing early childhood services. This may be because parents are living in contingency hotels or other forms of temporary accommodation that are not located near services, or because they are living in inappropriate housing and are hoping to move to more suitable housing before registering to access support.

Parents in Wales described challenges navigating healthcare services to access immunisations for their young children. While these challenges could have arisen for any family, the additional strain associated with living on a low income meant that it was harder for parents to self-advocate and to continue pushing for access to support for their young child.

> *"My baby is now 16 months old. His 12-month vaccination date, still we don't get any date for the vaccination. Now my baby is 16 months old, we go to the GP in person, they said there is a delay for the health visitor.. we are worried about it."*
>
> **- Father, Wales**

Factors which enable easier navigation of early childhood services

It was found that VCS organisations play an important role in advocating for parents and helping them to navigate unfamiliar services. They often provide very targeted support and play an important role in the early childhood services landscape. They understand the individual needs of the families they are supporting, they can better support them to make informed decisions about the care they access, and they can act as a bridge to universal early childhood services.

> *"It's advocating and giving women a voice and a choice, you know? We provide trauma informed care and part of that is allowing them to have a voice. You know, she knows what's best for her and [we're] advocating for the decisions that she makes and helping her to know what she's eligible for and to make those decisions."*
>
> **- Perinatal Programme Manager, VCS organisation, England**

Another factor which can enable parents to navigate healthcare services more easily is being given the name and contact number of a professional. Parents involved in focus groups described being encouraged to contact professionals directly when they had concerns about their pregnancy or their baby. However, this is not standard practice. Other parents described feeling scared when they did not know who to contact or feeling discouraged from accessing support when they reached an automated options menu on the phone instead of a human being.

The research found a good practice example of Community Connectors based in Blackpool Better Start.[78] Community Connectors are trained peer support workers who help parents with young children under five to access services and support. They go out into the local area - including by visiting children's playgrounds - to let parents know about the support and activities available to them. They help parents to register with local health providers and to access programmes such as the Healthy Start Scheme. Community Connectors are entry level roles filled by local community members with lived experience that are in a good position to break down barriers to access for families on low incomes.

NHS charges based on immigration status can delay or prevent access to care

A unique but significant barrier is the immigration health surcharge. While this impacts a minority of parents and babies in the UK, the implications are significant. This charge creates a barrier to accessing maternity and antenatal services for families on low incomes who are subject to immigration control. NHS charges for maternity care start from £7,500 which includes all antenatal appointments, birth and postnatal care.[79]

A midwife in England explained that if a professional in antenatal care mentions the NHS charging team to a parent with irregular immigration status, they may never see them again. Undocumented migrants may be reluctant to share their information for fear of it being passed on to the Home Office. The cost associated with accessing healthcare services also explains why migrant families may initiate care late or avoid services altogether due to fear of unaffordable bills. This poses serious health risks to pregnant women and babies.

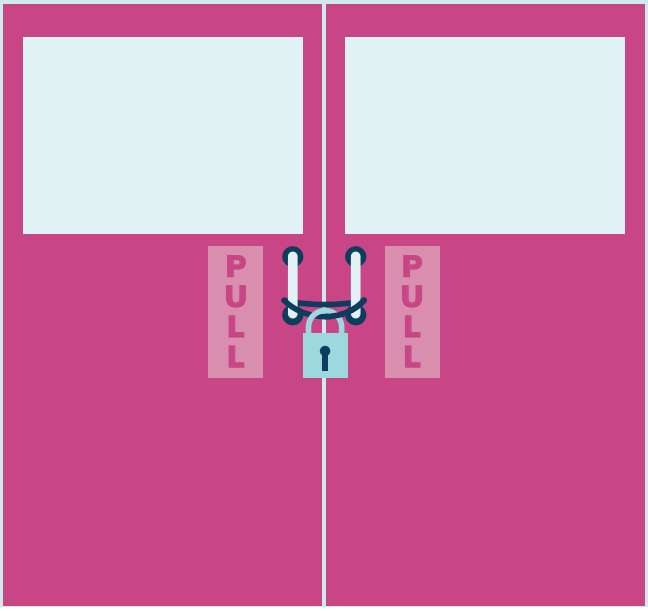
The format and location of service provision can affect parents' access

A variety of options, including both home visits and flexible drop-ins, can facilitate increased access for parents who may experience challenges attending scheduled appointments outside the home.

This research reflects existing evidence that transport is often a barrier to families on low incomes accessing early childhood services.[80] A father in a focus group explained that as the couple did not own a car, they usually cycled to maternity appointments, but that this became challenging in the later stages of pregnancy. A mother who had been moved to new temporary accommodation travelled for miles on public transport which she could not afford and was often late for appointments.

Barriers to access at a service level include:

- Difficult registration / appointments process
- Transport to service costly
- Short / rushed appointments
- Do not feel welcome / feel judged
- Advice not tailored for low-income families
- Costly immigration health surcharge



Parents on low incomes were

more than twice as likely

to state that they struggle to cover the cost of an appointment that their child needed, compared to other parents surveyed.[81] (UNICEF UK 0-4 parents survey).

The focus groups with parents found that home visits are more accessible compared to scheduled appointments outside of the home – not only for practical reasons like costs but also for emotional reasons. Parents shared that they felt more comfortable meeting the professional in their own surroundings. A Flying Start Manager in Wales reflected on the importance of home visits for building relationships with families on low incomes, explaining how the Health Visitor role is unique:

> *"For some families it's the first time they've met a professional that is entirely devoted to them for that hour long visit."*
>
> **- Flying Start Manager, Wales**

A Sure Start centre in Northern Ireland improved access to parents on low incomes by delivering programmes in a one-on-one setting during home visits. This included play sessions, speech and language support and poverty alleviation advice. This flexible approach ensures that integrated early childhood services can reach those who stand to benefit most, even if they are unable to attend centres.

Flexible drop-in options in integrated early childhood services were also viewed as positive. Where these hubs are in central locations and host a range of professionals, drop-in sessions can facilitate access to vital health and development services. A Flying Start Health Visitor explained how a previous drop-in clinic provided access to a range of support including dentists and infant feeding. It was also located close to two schools, so parents with older children could attend the clinic after taking children to school, avoiding the need for additional childcare arrangements.

Services must prioritise cultural safety to ensure high-quality care and inclusive support

Due to the intersecting nature of child poverty with other characteristics, such as race and ethnicity, certain parents and young children may face additional barriers to accessing services. Parents in racialised communities can experience discrimination in early childhood services that ranges from a lack of understanding of their cultural practices to overt racism. These challenges have been highlighted by the Royal College of Midwives' work to tackle racism, including microaggressions, and to decolonise midwifery education.[82,83]

Some of these challenges were reflected in this research. For example, a midwife in England explained the impact of racial and ethnic discrimination in maternity services, where - although professionals' biases may not always be explicitly expressed - they can impact on bedside manner and the qualtity of care they provide.

When parents receive discriminatory treatment or do not feel that professionals respect their culture or religion, this can increase their risk of disengaging with early childhood services.[84] A health visitor in Scotland discussed how parents' cultural practices could clash with national health guidance. For example, some cultures have different expectations and norms on co-sleeping which may conflict with NHS guidance and lead to parents feeling misunderstood by professionals.

Services that enable parents to feel culturally safe provided an inclusive approach by tailoring the advice they offer. A Muslim mother in Wales described how maternity and health visiting professionals had considered her religion which enabled her to access maternity support and to provide affordable food for her young family:

> *"When I was pregnant, they always asked me if I want a female doctor or female midwife, or if I am open to having a male doctor or midwife. They have always been supportive about the religious perspective... They showed me the ways to get food from food banks... and as we have dietary restriction, we have to get halal food or vegetarian, they understood that and they recommended us place that we could get those supplies."*
>
> **- Mother, Wales**

Professionals reported that children's centres do not always feel safe for parents from racialised communities. This research found examples of parents who have had negative experiences in the past, or do not feel like they fit in. Recognising this problem, a Sure Start centre in Northern Ireland discussed how coming to a group which is made up of predominantly white parents can be difficult for parents from racialised communities. In response, they set up a project specifically for South Asian mothers, which started as a weekly walk and then, once trust had been established between the mothers and the professionals, it developed into a group that operates within the Sure Start centre. This targeted effort increased access for families who may have otherwise felt culturally excluded.

Specialist support and tailored advice is needed for challenges associated with poverty

When specialist support for families with wider support needs are oversubscribed, it can have a knock-on effect on early childhood professionals' ability to help families access the support they need. Several professionals reflected that health visitors can no longer focus exclusively on the health remit of their role.

For example, a Flying Start Health Visitor in Wales spoke about how they provide interim mental health support for new parents who are on long waiting lists for mental health services. They explained that while they try to offer support as best they can with the knowledge that they have, often this is not enough. This is worrying considering that this research found that mental health challenges can create barriers to accessing early childhood services.

If early childhood professionals are expected to provide mental health support for families, there needs to be appropriate training and supervision. A former Health Visitor in England explained how health visitors in their area are trained to deliver a mental health intervention for parents experiencing mild to moderate post-natal depression. This meant that they could provide support at the point of need, in the parent's home, without needing to refer them to another mental health service. This type of specialist training for health visitors is being delivered in a way that means parents can receive evidence-based support from a professional they have already built a relationship with, which better enables their access to early childhood services.

In some local areas, specialist midwives and health visitors are recruited at a higher pay grade to specifically support perinatal mental health, neurodevelopment, asylum seeking and refugee families, and other needs. These specialist roles were viewed by professionals as an important enabler for families to receive support as they strengthen referral pathways and provide tailored support where universal provision might not be enough. However, given the strain on many local services, these specialist roles have been scaled back or cut completely.

Tailored advice that considers the impact of poverty

The quality of advice that a service provides to parents on low incomes can affect the likelihood of their future engagement. Parents want to receive tailored advice that is specific to their needs and situation. A professional in England discussed the importance of this:

> *"They really need that support that's being provided to be adapted to their circumstances... when they're told to do particular things that they're then unable to do because of their circumstances, they're left with not understanding. So certain things that midwives could do, like printing off information for them... cause Mum might not have Wi-Fi or, you know, instead of saying, well, this is how you feed your baby, but understanding that, you know, Mum doesn't have access to a fridge or she doesn't have access [to] sterilizing bottles... so really adapting the care to make it individual to the person in front of you would be really helpful."*
>
> **- Perinatal Programme Manager, VCS organisation, England**

Services need to strike a balance in communicating national health guidance, but in a way that is responsive to families' specific needs and experiences. Parents with protected characteristics or belonging to a certain group should not be viewed as homogenous groups, as they will each experience services differently. The findings demonstrate that every parent and child is individual, with unique needs. A blanket approach to providing services can lead to them feeling unsupported and lacking access to valuable information.

To effectively tailor advice, services need to allow professionals to take a holistic approach. A mother in Wales shared that as her health visiting appointment was focused on weighing the baby, there was little room to discuss wider challenges the family were facing. Parents in England and Scotland described how they benefited from services that provided more holistic care, recognising the many interconnected challenges a family could face when trying to meet their young child's needs. Therefore, services that consider the whole family and the environment in which they are living can improve their access to effective early childhood advice.

What works well at the service level:

- ✓ **Home visits** to make services more accessible by reducing transport costs.
- ✓ **Drop-in sessions** that do not require an appointment and increase opportunities to access services more flexibly.
- ✓ **VCS organisations play an important advocacy role** for families by providing more tailored support to those with specific needs and acting as a bridge to early childhood services.
- ✓ **Co-design of services with parents**, particularly those who are least likely to access a service, to ensure that services work for all parents and young children.
- ✓ **Proactive and sustained outreach** to build trust and ensure parents continue to feel welcome and able to use services.
- ✓ **'Community Connectors'** or trained peer support workers to support with outreach to families in the local area.
- ✓ **Verbal communication** about appointments and information, either over the phone or by word of mouth.
- ✓ **Parents given the name and contact number** of a professional to contact, rather than a general helpline.
- ✓ **Inclusive and culturally safe services**, such as providing sessions specifically for parents from different cultures and backgrounds.
- ✓ **Support and advice tailored to the individual** considering their financial situation and cultural background to increase take up of advice.

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Understanding barriers and enablers at the systemic level

The systems that should be there to support babies, young children and their parents are often stretched to breaking point. Early childhood professionals and services can do their best, but without adequate resources and time to carry out their role, barriers to access for families living on low incomes will remain. Where families are in contact with multiple systems, including early childhood services, welfare, immigration, or housing systems, they can be faced with barriers from multiple directions. This impacts parents' ability to access and receive early childhood support and puts them at an increased risk of falling though the gaps.

The lack of workforce capacity and resources to support families experiencing poverty

In England, there is an estimated shortage of 2,500 midwives[85] and 5,000 health visitors following a reduction of almost 40% of the workforce since 2015. While workforce shortages have been less severe in other UK nations, there are still challenges[86,87,88] and inadequate staffing levels were a common theme underlying many of the barriers identified through the focus groups and interviews with parents and professionals. It was shared that overstretched maternity and health visiting workforces do not have the time and resources to meet the needs of families living on low incomes. These challenges can create significant risks to the health and safety of both parents and babies. It is unsurprising that professionals involved in the research talked about capacity – only 6% of health visitors in England report working with the recommended average ratio of 250 children per health visitor, and 28% have more than 750 children.[89]

Time constraints during appointments can prevent a professional from identifying a family's needs and providing effective early childhood support. Parents explained their experience of rushed appointments and how the professional's rushed body language prevented them from detailing the full extent of their concerns.

> *"You cannot finish your conversation in that timeframe and you understand that they are not showing that they are in a rush, but you understand that they have to go... I have seen they were being impatient, but they are not saying anything."*
>
> **– Mother, Wales**

> *"You're like this person's only here for the appointment, you don't really want to waste their time on nonsense."*
>
> **- Mother, England**

An organisation in England aiming to improve maternity services for families on low incomes described examples of midwives sensing an issue or additional need but feeling reluctant to dig into it as they do not have the resources to provide help beyond the immediate medical need. This can lead to parents feeling that services are not meeting their needs or that their needs are being ignored.

Lack of workforce capacity is damaging for professionals as well as parents. A health visitor in Scotland explained that the caseload weighting tool was not always representative of the disadvantaged area in which she is working, as families tended to need more visits:

> *"You're working on the frontline, but you don't have enough resource... How can you do your job properly if you don't have the resource?"*

– Health visitor, Scotland

Professionals described how a lack of resources to provide support for families on low incomes took a strain on their own health and wellbeing. A health visitor working in a disadvantaged neighbourhood in Scotland described going on sick leave for six months with stress. A midwife in England also described the emotional toll of working without enough resources when delivering a caring role. These challenges are reflected in a recent survey by the Royal College of Midwives, which found that 78% of maternity staff in London reported they were 'always' or 'often' faced with excessive workloads and demands on their time.[90] Without the resources they need, professionals are at risk of burnout which will further prevent families from accessing support.

Resourcing challenges are also impacting integrated early childhood services, such as children's centres. A professional working in a VCS organisation in England shared how six out of twelve of their city's children's centres are under consultation for being closed:

> *"We've just received notification of a proposal to close half of the city's children's centres. This will have a devastating impact on families and young children if it goes ahead – a safe purpose-built place for parents and children with access to support and information, activities that are accessible and evidence based, and also venues that we and other services can access for no cost to hold activities... Health visitors and midwives use the venues for their clinics and are already struggling to meet capacity."*

– Director, VCS organisation, England

35%

of parents on low incomes with children under-5 reported they cannot access children's centres or family hubs in their local area, compared to 23% of parents on average (UNICEF UK 0-4 parents survey).

These types of integrated early childhood services in local communities can be a vital gateway to accessing a wider range of support. However, without longer term funding settlements that provide continued funding, they can be forced to close, leaving families without a place in the community where they can access support.

Intergrated services can better provide parents with the support they need

Both parents and professionals who took part in the research expressed a desire for better joined up working and communication within and between organisations. There were examples of where a failure to do this meant that families were missing out on support and their child's health was being put at risk. The delivery of 'collaborative care' through interagency working is particularly important for families facing multiple disadvantages who could benefit from accessing various services, but are at risk of falling though the gaps if this support is not coordinated.

Effective service integration can provide seamless support for families

A Sure Start centre in Northern Ireland explained how they work in an integrated way with maternity services, receiving referrals from the local Health Trust when a parent attends their initial booking appointment. This automatic referral means that the Sure Start centre can register families during the antenatal period, helping them to identify families' support needs early and improve the chances of a healthy pregnancy.

A Flying Start Manager who took part in the research shared examples of how the programme provides collaborative care to local families: a panel made up of statutory and voluntary agencies meets twice a week to discuss families who might need additional support, with the aim of preventing families' situations escalating to the point where a children's services referral is needed. The panel makes referrals to Flying Start or to wider services depending on what is deemed most appropriate for the family and their needs.

The Flying Start Manager explained that communication around referrals was being improved as part of this interagency working. For example, when a family is being referred from early years Child and Adolescent Mental Health Services (CAMHS) to Flying Start, instead of CAMHS telling families they are 'closing' support, they explain that another colleague from Flying Start will be in touch as part of the continued support. This interagency approach felt safer to families.

Parents discussed the importance of integrating early childhood support and financial support. They described how early childhood services could facilitate access to experts in benefits and financial support, so that they could - for example - gain advice about accessing schemes to help cover the cost of essentials like gas and electricity. A service manager in England explained how cost-of-living advice had been integrated into 'Stay and Play' sessions that are accessible to everyone. This is a non-stigmatising way to offer support with money as it is not a standalone service, but rather it is intergrated into the early childhood service offer.

The co-location of services improves access for families

The physical co-location of services can help to facilitate the delivery of collaborative care. There were examples of integrated early childhood services in communities that provide a one-stop shop for parents. A health visitor in Scotland explained how co-location with social workers, homelessness teams, and other professionals facilitated better collaboration as it saved on duplication and meant that professionals could better understand their roles and responsibilities. Similarly, an early childhood services manager in England explained how their parent-infant relationships service, midwives, health visitors and specialist health visitors are all integrated into the family hub, which enables more effective collaboration and means that families can seek help more easily.

A Public Health Strategist in a local authority in England explained how they utilise children's centres to offer a wide range of support to families. For example, an immunisation clinic is delivered through the children's centre as some local families who attend the centre might not want to visit their GP or a new immunisation clinic. The immunisation clinic is also an opportunity to introduce new families to the children's centre:

> *"We know if they've got their foot in the door there, then that immediately opens up like a Pandora's box of all these other different support offers that are available."*
>
> **- Public Health Strategist, England**

Collaboration between statutory and voluntary services is essential

The voluntary sector also has a key role to play in integrated early childhood service delivery. Collaboration between both statutory and voluntary services delivered at a local level can ensure that families living on low incomes or with complex needs can access more targeted support. Examples were given of how VCS organisations can help to bridge the gap between early childhood services and vulnerable or marginalised parents, by advocating on their behalf and enabling them to engage with universal early childhood services.

But VCS organisations should not be plugging gaps in statutory services – rather the different agencies should collaborate and focus on the strengths each brings. For example, a public health strategist working in a local authority explained that a portion of family hubs funding was allocated to established local voluntary organisations. The local authority also worked closely with a range of local partners to establish a robust early years' referral pathway including both statutory and voluntary agencies. This approach ensures that families who do not feel safe approaching council-led or statutory services can access the support they need through the most appropriate routes. Providing local authorities with continued funding to strengthen existing partnerships and service delivery can ensure provision that is tailored to local families' needs.

The need for collaboration between housing and healthcare systems

Safe and secure housing is a fundamental need for young children and their parents, but the research found that the housing system creates significant barriers to accessing early childhood services. A lack of collaboration between the housing system and health systems can pose significant health risks to parents and young children. For example, a VCS organisation that supports asylum-seeking, refugee and migrant women shared an example of a woman who was informed she had to go for a caesarean section on the same day that she was going to be made homeless. Temporary accommodation was also found to create barriers to initiating antenatal care and engaging in continuous support, as discussed in the section on 'initiating care and navigating systems'.

Data collection and information sharing to evaluate services

Young children and their parents encounter multiple services, each collecting and monitoring different types of data, but these services are not always able to monitor and share data to understand who is accessing services and the impact of engagement with particular services.[91] This needs to be addressed to ensure that early childhood services are effectively improving outcomes and addressing inequalities.

The collection of demographic data can help to establish who in the local community is not accessing early childhood services and facilitate targeted outreach to them. However, professionals participating in the research explained that some parents have a fear or mistrust of data collection which can create barriers to data collection and result in inaccurate information. For example, a VCS organisation explained that many of the families they work with will not provide accurate information if they are unsure of where their data will be shared. If parents have an insecure immigration status, they may be concerned about their information being shared with the Home Office. Therefore, professionals need to build trust before collecting data, or it can deter families from accessing early childhood services.

The research also found positive examples of how local data collection and monitoring can be used to improve access to support for families from certain demographics. A local authority shared an example of how they monitor the uptake of a universal early childhood vitamins scheme and use evaluation insights to carry out targeted communications and engagement work for any groups that are not receiving this support.

Currently, there is no standardised way to track children between health, education, and wider children's services. Some promising examples exist in local areas[92] including those using data to monitor young children's engagement in services and associated reductions in poorer outcomes.[93] However, challenges to data sharing were also reflected in this research, with examples of some health visiting records still being paper based or professionals having to input data into multiple systems due to a lack of interoperability. A Flying Start Manager also stated how they faced difficulty establishing data sharing agreements, even within their local Health Board area.

What works well at the systemic level:

- ✓ **Longer-term funding settlements for integrated early childhood services** to ensure they remain open and easily accessible for families living on low incomes.
- ✓ **Interagency collaboration, including between statutory and voluntary services**, to ensure parents and young children facing multiple disadvantages receive the support they need in a timely way.
- ✓ **Co-location and integrated support across a range of services**, such as housing, benefits and child health, help prevent families missing out on important support.
- ✓ **Data collection and evaluation** to identify who is and is not accessing services and to evaluate the impact of support provided.

Conclusion

Experiencing poverty during pregnancy and early childhood can lead to worse health and development outcomes for babies and young children during a critical period for healthy growth. Local early childhood services - including maternity, health visiting and integrated early childhood services - can play an important role in mitigating the impact of poverty. However, existing evidence shows that families experiencing poverty are less likely to access these services. Unless this problem is urgently addressed, there is a risk that young children will continue to miss out on vital support.

A review of existing evidence, combined with findings from speaking to parents and professionals suggests that barriers to accessing early childhood services for families living on a low income exist at three levels: interpersonal, service and systemic level.

Fundamental to facilitating access and positive engagement is the quality of the parent-professional relationship. When parents can build trusted relationships with professionals, this can ensure that the needs of young children are openly discussed, and support can be put in place to mitigate the impact of poverty on early childhood development.

Early childhood professionals are working in incredibly stretched contexts. The capacity of practitioners to build trusted relationships to support parents living on low incomes is deeply affected by this. Throughout the research, parents and professionals shared how they are experiencing the day-to-day realities of this: parents feeling rushed in appointments, midwives feeling emotionally drained, specialist health visitor roles being scaled back, and children's centres closing their doors.

Where early childhood health services are under-resourced, professionals cannot deliver the level of care they would like to prevent poor early childhood development outcomes. For parents and young children experiencing poverty, these services need to offer easily accessible and meaningful support. To achieve this, early childhood services need to be given greater priority by national and local government.

The upcoming Child Poverty Strategy is a crucial opportunity to improve local early childhood services and to ensure that they are inclusive of families on low incomes. This goal should also be central to the work of relevant government mission delivery boards. The findings and recommendations in this report should be used to inform these efforts.

There are examples of good practice from across the UK to draw on when working to make early childhood services more accessible and beneficial for families on low incomes. The right reforms and investment can make sure that these vital services achieve positive change during an important window of opportunity - the earliest years of a child's life.

Recommendations:

1. **The UK-wide Child Poverty Strategy should set measurable goals to improve access to early childhood services for families on low incomes,** including maternity services, health visiting services and integrated early childhood services. Significant progress should be delivered against these goals within this parliamentary term.

2. **The UK Government's Mission Delivery Boards on both Health and Opportunities should align to measurable goals to improve early childhood health, wellbeing and development outcomes for babies and young children in low-income households by 2030.** They should work with relevant departments and partners to deliver these goals and to track progress annually.

3. **The UK Government should design and commence implementation of a clear plan to rebuild and reform early childhood services** to ensure that they have the capacity to effectively support families experiencing poverty.

   This plan should include clear and measurable commitments to:

   a. Rebuild and strengthen the midwifery and health visiting workforces to ensure the availability and quality of services. This requires additional investment to **address the shortfalls of 2,500 full-time midwives and 5,000 full-time health visitors in England** by 2030. An increase in capacity must include investments in specialist midwives and health visitors to support the growing number of families with complex or additional needs.

   b. **Introduce a continuity of care model in maternity services,** where families receive support from the same small team of professionals, **and a continuity of carer model in health visiting services** where families receive support from the same professional. Recognising this can only be delivered when services have safe staffing levels in place.

   c. Commit to and deliver evidence-based **integrated early childhood services in every local community.** These integrated services should provide a range of accessible and inclusive services that are tailored to the needs of local families. To ensure the long-term sustainability of these local services, pooled funding arrangements, and incentives to drive collaboration in the system should be explored.

   d. **Improve data collection and information sharing** to facilitate improvements in local decision making about the accessibility, quality and integration of early childhood services:

      i. *Publish national guidelines for **safely and ethically monitoring the demographics of families** accessing maternity services, health visiting and children's centres/ family hubs, so that services have robust data to inform decision making and impact evaluations.*

      ii. *Deliver on the commitment to implement the **Unique Child Identifier** and improve IT system interoperability for better data sharing and service integration.*

      iii. *Reverse the change to national guidance on data collection for health visiting delivery statistics to ensure that **only face-to-face contacts can be counted** as mandated health visits.*

4. **The UK Government should ensure that early childhood services act as a gateway to support and advice for families experiencing poverty.**

To ensure the achievement of this goal local commissioners and service providers should be supported to:

a. Roll-out mandatory **anti-poverty training and cultural safety training** for early childhood professionals. Anti-poverty training should enable them to initiate sensitive conversations about financial difficulties and to tailor their advice appropriately. Cultural safety training should raise awareness of unconscious biases and to increase understanding of families experiencing intersecting inequalities. All training should be fully embedded and evaluated within services.

b. **Invest in initiatives to improve outreach and engagement** for families on low incomes. Examples drawn from **"what works well at the service level"** include:

   i. ***Co-design*** *of services, programmes and communications to ensure they are relevant and accessible.*

   ii. *Flexible service delivery options, including* ***home visits*** *for families who cannot access affordable transport or childcare and* ***drop-in sessions*** *which do not require an appointment.*

   iii. ***Face-to-face communication of the services available*** *and practical support for families on low incomes to access it.*

c. Collaborate with the government departments responsible for benefits, housing and other financial support to improve families' access to information, including **benefits and housing advisors being present in integrated early childhood services.**

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United Kingdom Committee for UNICEF
(UNICEF UK),
1 Westfield Avenue,
London E20 1HZ

Registered Charity No. 1072612
(England & Wales),
SC043677 (Scotland)

https://www.unicef.org.uk/

NSPCC
Weston House
42 Curtain Road
London EC2A 3NH

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