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# Early intervention: policy and provision



## Summary

- 1 Early intervention
- 2 Government policies
- 3 The role of local authorities

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# Contents

<b>Summary</b>	<b>4</b>
<b>1 Early intervention</b>	<b>5</b>
1.1 Definitions and scope	5
1.1 Government-commissioned reviews	5
1.2 Parliamentary reports	7
<b>2 Government policies</b>	<b>11</b>
2.1 Health	13
2.2 Educational development	20
2.3 Social development	28
2.4 Benefits and financial assistance	31
<b>3 The role of local authorities</b>	<b>36</b>
3.1 Children's services	36
3.2 Early help	37
3.3 Troubled Families Programme	38

## Summary

Early intervention is a public policy approach to identify and support children and their families at an early stage, to prevent problems developing later in life, such as poor physical and mental health, low educational attainment, crime and anti-social behaviour. The [Early Intervention Foundation](#) charity notes that policies in this area can take many different forms, from home visiting to support vulnerable parents, to activities to support children's early language development.

Early intervention policies are not limited to early years but due to the rapid pace of physical and social development in very young children, policies are often targeted at this stage. The focus of this briefing is on early intervention policies targeted at children from conception to age five. While some early intervention policies can be universal in scope (such as mandated health visits and access to children's centres) other policies are targeted at children deemed to be at higher risk of disadvantage.

The Library briefing [Early intervention: a background paper](#) (CBP 9292) provides an introductory overview of the development of early intervention policies, their evidence-base and their impact. It also includes suggestions for further reading. This paper focuses on the development of early intervention policies in England and programmes directed at parents and children from conception up to age five years in the following areas:

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

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

In addition, this paper includes details of government commissioned early intervention reviews, select committee inquiries, and reports from All Party Parliamentary Groups. It also notes some approaches to early intervention and prevention taken by local authorities.

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# 1 Early intervention

## 1.1 Definitions and scope

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

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

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

## 1.1 Government-commissioned reviews

A number government commissioned reports have influenced policies on early intervention:

- **Graham Allen MP**, [Early Intervention: The Next Steps](#) (January 2011) and [Early Intervention: Smart Investment, Massive Savings](#) (July 2011)

In 2010, Graham Allen MP was asked to chair an inquiry into early intervention for the newly established Social Justice Cabinet Committee, looking at the best and most effective models for early intervention. <sup>1</sup>

The resulting reports looked at existing early intervention programmes from Europe and North America and recommended that 19 of these should be supported by the Government. The reports also recommended the

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<sup>1</sup> DWP press release, [Early intervention: Key to giving disadvantaged children opportunities they deserve](#), 28 July 2010

establishment of an Early Intervention Foundation (EIF) to provide evidence of what works, and to support local early intervention projects.

In the short term, it was proposed that 15 local early intervention places should be set up to test out new programmes, and in the longer term the reports argued that budgets and spending reviews should fundamentally shift from later interventions to an early intervention approach.

In response, the EIF was established in 2013, with its work supported through a £20m investment in a social outcomes fund.<sup>2</sup> Between 2013 and 2015, the EIF worked with 20 ‘early intervention places’.

- **Frank Field MP**, [The Foundation Years: Preventing poor children becoming poor adults](#) (2010)

Frank Field MP’s report was commissioned to look at poverty and life chances. It recommended a new policy focus around the ‘foundation years’, conception to age five, which was argued to be a crucial stage at which disadvantage can set in.

Recommendations for the foundation years included better targeted services for the most disadvantaged families, including better outreach and the opportunity to take parenting classes. The report also recommended the appointment of a Foundation Years Minister, sited between the Department of Health and the Department for Education.

- **Dame Clare Tickell**, [The Early Years: Foundations for life, health and learning](#) (2011)

Following on from Frank Field’s report, the Tickell review into the early years proposed reforms to pre-school age education, including reform of the Early Years Foundation Stage (EYFS) assessment process and reform of safeguarding early years students. Further information on the EYFS can be found in section 2.2 on this paper.

- **Professor Eileen Munro**, [The Munro Review of Child Protection](#) (2011)

Professor Munro’s Government commissioned review of the child protection system also emphasised the importance of early help. Referencing the reviews from Allen, Field and Tickell, the review recommended a statutory duty on local authorities to secure sufficient provision of local early help services for children, young people and families.

The [Government’s response](#) accepted the importance of early help services and joint working between services, but did not commit to a statutory duty on local authorities.<sup>3</sup>

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<sup>2</sup> DWP press release, [Wave Trust: early intervention](#), 20 December 2013

<sup>3</sup> DfE, [The Government’s response to the Munro review of child protection](#), July 2011

- **Inter-ministerial Group on early years and family support (2018)**

In July 2018 the Government announced the formation of a cross-Government ministerial working group on early years and family support. <sup>4</sup> The Inter-Ministerial Group, led by Andrea Leadsom MP was tasked with considering how the Government could improve the coordination and cost-effectiveness of early years (from conception to age 2) family support and bolster local provision.

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

A Government commissioned review into early years development, led by Angela Leadsom, set out six key areas for action to reduce health inequalities in the first 1,001 days of life including encouraging local authorities to publish “a clear Start for Life offer for parents in their area – a single publication making parents and carers aware of what support they can expect in their local area.” <sup>5</sup>

The report stated that the Government’s vision is for Start for Life offers to be co-designed with ‘Parent and Carer Panels’ and to include a Universal offer for every family and a Universal+ offer to meet the needs of specific local communities. It added that the Government would work with bodies, including local authorities and the NHS, to implement this. <sup>6</sup>

## 1.2

## Parliamentary reports

The issue of early intervention has also been championed by the [First 1001 Days APPG](#), a cross-party group of MPs and Members of the House of Lords, which focuses on provision during the period from conception to age two. In its 2015 [Building Great Britons](#) report, it set out what it saw as the essentials of a good local prevention approach:

1. Good universal services
2. Central role of children’s centres
3. Universal early identification of need for extra support
4. Good antenatal services

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<sup>4</sup> Cabinet Office, [Leader of the Commons to chair ministerial group on family support from conception to the age of two](#), 27 July 2018

<sup>5</sup> DHSC, [Government publishes review to improve babies’ and children’s healthy development](#), 25 March 2021.

<sup>6</sup> HM Government, [The Best Start in Life: A Vision for the 1,001 Critical Days – The Early Years Healthy Development Review Report](#), CP 419, March 2021, p35.

5. Good specialised perinatal mental health services
6. Universal assessment and support for good attunement between parent and baby
7. Prevention of child maltreatment <sup>7</sup>

The Early Intervention Foundation's report, [Realising the potential of early intervention](#), published in October 2018, included recommendations for local and national government:

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

A number of select committee inquiries have also examined early intervention, including the:

- Science and Technology Committee (Commons), [Evidence-based early intervention](#) (HC 506) 14 November 2018; [Government response](#) (HC 1898) published February 2019.
- Health and Social Care Committee, [First 1000 days of life](#) (HC 1496), 26 February 2019; [Government response](#) published 6 June 2019.

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<sup>7</sup> All Party Parliamentary Group for Conception to Age 2 – The First 1001 Days, [Building Great Britons](#), February 2015

The central recommendation in the report from the Science and Technology Committee was for a new national-adversity-targeted early intervention strategy for addressing childhood adversity and trauma. The Committee believed such a strategy would raise awareness and ambition among local authorities with regards to adversity-focused early intervention, provide guidance and described best practice, and establish a central team to support local authorities. <sup>8</sup> The Committee expressed its disappointment with the Government decision to reject the recommendation.

The Health and Social Care Committee also called on the Government to consider the needs of the most vulnerable families in all its policies across all departments with a Minister for the Cabinet Office given responsibility to lead the strategy's development. It said:

Improving support for children, parents and families during this vulnerable period requires a long-term and coordinated response nationally and locally. The Government should lead by developing a long-term, cross-Government strategy for the first 1000 days of life, setting demanding goals to reduce adverse childhood experiences, improve school readiness and reduce infant mortality and child poverty. The Minister for the Cabinet Office should be given responsibility to lead the strategy's development and implementation across Government, with the support of a small, centralised delivery team.

High-quality local services for children, parents and families should be founded on the following six principles:

- “proportionate universalism”, so services are available to all but targeted in proportion to the level of need,
- prevention and early intervention,
- community partnerships,
- a focus on meeting the needs of marginalised groups,
- greater integration and better multi-agency working; and
- evidence-based provision. <sup>9</sup>

Some of the key recommendations from the Health and Social Care and Science and Technology Committees' reports are set out in section 2.1.

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<sup>8</sup> Science and Technology Committee (Commons), [Evidence-based early years intervention: Government's Response to the Committee's Eleventh Report of Session 2017–19](#) (HC 1898, February 2019)

<sup>9</sup> Health and Social Care Committee, [First 1000 days of life](#) (HC 1496), 26 February 2019

## Adverse Childhood Experiences (ACEs)

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

1. Physical abuse
2. Emotional abuse
3. Sexual abuse
4. Physical neglect
5. Emotional neglect
6. Divorce/parental separation
7. Household mental illness
8. Household domestic violence
9. Household substance misuse
10. Incarceration of a household member

The WAVE Trust supports the [All Party Parliamentary Group for the Prevention of Adverse Experiences](#).

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

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

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

A review report by the Early Intervention Foundation, [Adverse childhood Experiences What we know, what we don't know, and what should happen next](#) (February 2020) concluded that if its 33 evidence-based interventions were integrated into a comprehensive public health strategy developed in response to population needs, many ACEs could be prevented or substantially reduced.

## 2

## Government policies

Evidence that influences on brain development in the early years of life impact on outcomes in later life is widely cited by health and social care professionals, think tanks, and commentators advocating early intervention approaches. The evidence-base has induced successive governments to develop and implement a range of early years policies.<sup>10</sup>

Recent Government policy in the area has focussed on supporting local government and other partners, noting that early intervention policies should be commissioned locally to best meet local needs. The Government set out this position in its [response to the Health and Social Care Select Committee's report](#) on early intervention in June 2019:

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

A shift towards a more localised approach to public health protection occurred in 2013 when local government became responsible for funding and commissioning a number of preventive health services, including smoking cessation, drug and alcohol services, and sexual health. In 2015 it also took responsibility for early years support for children such as school nursing and health visitors. These services are funded by central government from the public health grant.

In November 2018 the Government set out its ambition to reduce health inequalities in its vision document '[Prevention is better than cure](#)', published in November 2018. This cited "strong evidence showing that prevention and early intervention represents very good value for money (improving health, reducing demand for public services and supporting economic growth)."<sup>12</sup>

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<sup>10</sup> Further information is available in the Library briefing paper [Early Intervention: a background paper](#) (CBP 9292)

<sup>11</sup> [Government Response to the Health and Social Care Select Committee report on 'First 1000 days of life'](#), CP 112, 2019; para 11

<sup>12</sup> [Prevention is better than cure: Our vision to help you live well for longer](#), gov.uk, Department of Health & Social Care, 5 November 2018

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

Our early experiences help shape lifelong health. The Government is taking further action before and during pregnancy, through childbirth, and throughout childhood, by:

- **Encouraging healthier pregnancies.** Stopping smoking before or during pregnancy is the biggest single factor that will reduce infant mortality, and the Government will continue to work to drive down smoking rates in pregnancy as well as across society.
- **Working to improve language acquisition and reading skills in the early years,** including by supporting parents to help their children's language development at home. Ensuring no child is left behind at the beginning of their school life, given the importance of educational attainment to future life chances.
- **Helping families by taking a whole family approach.** This involves coordinating support for those that need it across a range of important areas, including: mental and physical health, housing, debt and employment. There is clear evidence that exposure to frequent, intense and poorly resolved conflict between parents can have a negative impact on children's early emotional and social development. As such, the Reducing Parental Conflict Programme is working with all local areas in England to increase the availability of evidence-based support for families to address parental conflict.<sup>13</sup>

The subsequent [Advancing our health: prevention in the 2020s](#) consultation green paper in 2019 included details of further actions to support families in the early years including ‘modernising’ the Healthy Child Programme and the [Hungry Little Minds](#) campaign to support parents to help their children to develop their communication, language and literacy skills.<sup>14</sup> The green paper also emphasised the importance of joint working between the NHS and local authorities:

Throughout the review people told us the importance of local authorities and the NHS working together to plan and deliver these services. This is a complex task and while there are some inspiring examples of success, this is too often dependent on the efforts of particular individuals or favourable local circumstances. As a result,

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<sup>13</sup> Ibid.

<sup>14</sup> Cabinet Office and Department of Health and Social Care, 22 July 2019

the extent and nature of collaborative commissioning arrangements varies dramatically.

**We want to see the NHS and local authorities working more closely with more collaborative commissioning.** In some areas – such as sexual and reproductive health – we want collaborative commissioning to become the norm, building on best practice from across the country. This will require local authorities and the NHS to work closely together at both the national and local level.<sup>15</sup>

Although not an exhaustive list, the following section provides information on current Government early intervention policies and recent policy developments, related to health, educational development, social development and social security benefits.

## 2.1

## Health

### Healthy Child Programme

The Healthy Child Programme (HCP) is a universal NHS programme for the health and wellbeing of children and young people aged 0-19 years. It aims to help parents develop a bond with their child, protect them from disease through screening and immunisation, and identify problems in children's development that may relate to neglect or other causes. The programme also focuses on identifying children at risk of problems later in life and parents with mental health or other problems that may need further assistance. The [NHS website](#) sets out the minimum schedule of assessments that should be carried out between birth and five years of age.

HCP is a 'progressive universal service', that is, a universal service that is offered to all families, with additional services for those with specific needs and risks.

In 2015 local authorities took over full responsibility from NHS England for the commissioning of public health services for children up to the age of five. Since then, local authorities have been required to carry out mandated child development reviews, providing a national, standardised format to ensure universal coverage and ongoing improvements in public health.<sup>16</sup>

In England, the five mandated reviews are:

1. the antenatal health promoting visit (from 24 weeks of pregnancy);
2. the new baby review (at 1-2 weeks);

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<sup>15</sup> HM Government, *Advancing our health: prevention in the 2020s*, July 2019; p65

<sup>16</sup> Information on the mandated health visits across the UK is available on the [Royal College of Nursing website](#).

3. the six to eight week assessment (the health visitor or Family Nurse led check);
4. the one year assessment; and
5. the two to two-and-a-half year review.<sup>17</sup>

PHE state that the mandated reviews are based on evidence showing that these are the key times to ensure parents are supported to give their baby the best start in life, and to identify early those families who need extra help.<sup>18</sup> The current guidance for England suggests additional contact visits at 3-4 months and at 6 months but does not mandates them.<sup>19</sup>

A 2016 PHE review found that mandating local authorities to offer universal health visiting reviews had helped increase the eligible population reached by the service during 2015-16, and that there was widespread support for it to remain in place.<sup>20, 21</sup>

The Health and Social Care Committee<sup>22</sup> and the Commons Science and Technology Committee<sup>23</sup> launched inquiries into early intervention policy in 2018. Both Committee's called on the Government to review the current provision of the Healthy Child Programme and set a date for achieving complete coverage in the number of children who receive all five mandated health visits. The Health and Social Care Committee also recommend that the Government set out proposals for increasing the number of routine visits, recommending that "an additional mandated visit at 3 to 3.5 years should be included in the Healthy Child Programme, to ensure that potential problems that may inhibit the ability of children to be ready to start school are identified and addressed."<sup>24</sup> The Institute for Health Visiting also recommended that the number of mandated visits be increased, suggesting that three more mandatory contacts should be introduced alongside additional tailored support where needed.<sup>25</sup>

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<sup>17</sup> Department of Health, [Universal Health Visitor Reviews: Advice for local authorities in delivery of the mandated universal health visitor reviews from 1 October 2015](#), September 2015. See also [Your baby's health and development reviews - NHS \(www.nhs.uk\)](#)

<sup>18</sup> A review of the evidence base for the Healthy Child Programme was published by PHE in 2015: [Healthy child programme: rapid review to update evidence](#), March 2015

<sup>19</sup> See: PHE [Best start in life and beyond-Improving public health outcomes for children, young people and families. Guidance to support commissioning of the healthy child programme 0 to 19 Commissioning guide 2: model specification](#); March 2021

<sup>20</sup> PHE, [Review of mandation for the universal health visiting service](#), October 2016

<sup>21</sup> Regulations, passed in March 2017, ensured that this duty remains with local authorities: [The Local Authorities Public Health Functions and Entry to Premises by Local Healthwatch Representatives \(Amendment\) Regulations 2017, SI 2017/505](#)

<sup>22</sup> Health and Social Care Committee, [First 1000 days of life](#) (HC 1496), 26 February 2019

<sup>23</sup> Science and Technology Committee (Commons), [Evidence-based early intervention](#) (HC 506) 14 November 2018

<sup>24</sup> Health and Social Care Committee, [First 1000 days of life](#) (HC 1496), 26 February 2019, para 59

<sup>25</sup> Institute for Health Visiting, [Health Visiting in England: A Vision for the Future](#), October 2019

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

#### Recommendation 7

A revised Healthy Child Programme should be expanded to focus on the health of the whole family and examine how this affects the physical and mental health of the child, recognising that the physical health and mental health of a baby's parents, and the strengths of their relationships with each other and their child, are important influences on their child's health.

#### Recommendation 8

We recommend that the revised Healthy Child Programme should include the provision of pre-conception support for parents who are planning a pregnancy, or to parents who could have benefited from more support prior to a previous pregnancy. This should begin at school, where there should be focused attention on healthy relationships, pregnancies, including advice about smoking, alcohol, substance misuse and parenting.

#### Recommendation 9

We recommend that an additional mandated visit at 3 to 3.5 years should be included in the Healthy Child Programme, to ensure that potential problems that may inhibit the ability of children to be ready to start school are identified and addressed.

#### Recommendation 10

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

In response the Government stated:

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

The Healthy Child Programme was introduced in 2009 and thus may not reflect the most up-to-date developments in evidence, commissioning and integrated delivery, national policy priorities or

expectations from the public on accessing information through digital channels. We are therefore working with Public Health England (PHE) on modernisation for the Programme, with an initial focus on the first 1,000 days and early years, to improve a range of childhood outcomes including early development and school readiness. There is also an ambition to ensure a stronger link with pregnancy and preconceptual care, while the refresh of the Healthy Child Programme also provides an opportunity to link with the refresh of the health visitor and school nurse service model (4-5-6) which PHE are undertaking.<sup>26</sup>

The 2019 '[Advancing our health: prevention in the 2020s](#)' green paper included proposals to “modernise the Healthy Child Programme” by:

- Making better linkages to other health records, including the digital red book; adding components including a digital support tool; and new pathways for speech and language development and pre-conception and pregnancy advice.
- Extending the upper age range of the programme (from 19 to 24 year olds) for those young people needing extra support, and look to improve the way support is provided for perinatal mental health and the healthy social and emotional development of babies and young children.

## Health visitors

Health visiting teams lead and deliver the elements of the Healthy Child Programme for children aged 0–5.

Health visitors are highly trained specialist community public health nurses. The wider health visiting team may also include nursery nurses, healthcare assistants and other specialist health professionals. Health visitors also work in close partnership with midwives who have an important role to play before birth and in the first days of life. The Healthy Child Programme currently goes on to cover those aged 5–19, and health visitors work with school nurses who are key to delivering the programme for this age group. NICE guidelines on health visiting note that:

Health visiting teams provide expert advice, support and interventions to all families with children in the first years of life (National health visiting service specification 2014/15 NHS England 2014). They are uniquely placed to identify the needs of individual children, parents and families (including safeguarding needs) and refer or direct them to existing local services, thereby promoting early intervention. They can also have a role in community asset mapping, identifying whether a particular community has any specific needs. By offering support through working in partnership

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<sup>26</sup> DHSC, [Government Response to the Health and Social Care Select Committee report on 'First 1000 days of life'](#) (CP 112, 6 June 2019)

with other professionals, for example staff working in children's centres, they can help communities to help themselves.<sup>27</sup>

The [Royal College of Nurses](#), emphasising the increasing importance of early intervention in childhood, state that health visitors “have been key to initiatives such as ‘Sure Start’ children’s centres, which support families and improve parenting, particularly for those living in disadvantaged areas.”<sup>28</sup>

Updated guidance on [Health visiting and school nursing service delivery model](#) was published in May 2021.

## Family Nurse Partnership

The Family Nurse Partnership programme (FNP) is an evidence-based, preventive programme for vulnerable first-time young mothers. Structured home visits, delivered by specially trained family nurses, are offered from early pregnancy until the child is two. Participation in the FNP programme is voluntary. When a mother joins the FNP programme, the HCP is delivered by the family nurse instead of by health visitors.

FNP is targeted at first-time young mothers aged 19 and under, as this is the group shown to benefit most from the programme, and also whose children are shown to be at high risk of poor developmental outcomes.

In 2009, the Centre for Trials Research at Cardiff University was commissioned by the Government to conduct a large-scale independent randomised control trial to evaluate FNP’s effectiveness in England. Initial findings from the trial were published in October 2015.<sup>29</sup> While the initial results indicated little evidence of cost-effectiveness of the FNP programme in England, the researchers noted that effectiveness of the intervention had been most strongly established in the US where there had been a longer follow-up. The UK researchers recommended that there should be a similar long-term approach to evaluation, with the focus expanded to cover a wider range of emotional and behavioural ‘life-course’ outcomes for children and parents.

A further evaluation published in 2021 followed up the same mothers and their children for a further five years until the child was 7 years old. Although the trial found “no observable benefit of the programme for maltreatment or maternal outcomes” it found that “it does generate advantages in school readiness and attainment at Key Stage 1.”<sup>30</sup> It found that children from families visited by a Family Nurse were more likely to achieve a good level of development at reception age; at Key Stage 1 were more likely to reach the

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<sup>27</sup> NICE, [Health visiting: NICE advice \[LGB22\]](#), September 2014 [now archived]

<sup>28</sup> [RCN, Health visiting](#)

<sup>29</sup> Cardiff University, [Evaluating the Family Nurse Partnership programme in England: The Building Blocks randomised controlled trial. Executive Summary](#), 2015

<sup>30</sup> NIHR, [The Family Nurse Partnership to reduce maltreatment and improve child health and development in young children: the BB:2 6 routine data-linkage follow-up to earlier RCT](#), February 2021

expected standard in reading (after adjustments were made for a child's month of birth).

The Centre for Trials Research recommended that assessments should continue to observe whether the benefits of the family nurse interventions observed in children in their school life extended to later school years.<sup>31</sup>

The Health and Social Care Committee's report on the [First 1000 days of life](#) recommended that the Government, working with local areas and the voluntary sector, develop a programme into which children and families who need targeted support can be referred, drawing on the experience of the Family Nurse Partnership in Scotland, Northern Ireland and in some parts of England, and of Flying Start in Wales. The Committee also agreed with the Science and Technology Select Committee that commissioners should continue to appraise the evidence base for the Family Nurse Partnership, as well as for other targeted interventions, and consider investment or disinvestment accordingly.<sup>32</sup> The [Government response](#) outlined its work with the Early Intervention Foundation as a "What Works Centre", to ensure that investment in services is evidence based and has a stronger impact on child outcomes.<sup>33</sup> The Government response also provided the following on the Family Nurse Partnership:

The FNP programme uses an approach to share learning and evidence that once tested has the potential to benefit a wider cohort of families.

In April 2020, the FNP National Unit function will transfer to in-house within Public Health England to enable sustainability, significantly better taxpayer value, and dissemination of skills and knowledge across a range of high priority early years interventions. This will enable PHE to deliver the FNP National Unit functions to fulfil the FNP licence requirements for England, as well as supporting cross Government priorities on the first 1000 days in order to benefit a wider cohort of children.<sup>34</sup>

## Healthy Start and Start4Life

Under the [Healthy Start scheme](#) vouchers for vitamins, and for milk, fresh fruit and vegetables, are available to pregnant women and families with children up to four years of age, across the UK, where the parents are in receipt of certain income related benefits.

For milk, fruit and vegetables, pregnant women and children over one and under four years old can get one £4.25 voucher per week to redeem at local

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<sup>31</sup> Cardiff University, [Building Blocks 2-6 -key findings](#), February 2021

<sup>32</sup> Health and Social Care Committee, [First 1000 days of life](#) (HC 1496), 26 February 2019

<sup>33</sup> DHSC, [Government Response to the Health and Social Care Select Committee report on 'First 1000 days of life'](#) (CP 112, 6 June 2019), para 25

<sup>34</sup> Ibid, paras 27-8

retailers. Children under one year old can get two £4.25 vouchers (£8.50) per week. These can be spent on:

- milk
- fresh, frozen, and tinned fruit and vegetables
- fresh, dried, and tinned pulses
- infant formula milk labelled 'suitable from birth'<sup>35</sup>

Healthy Start vitamins are available for pregnant women, women with a baby under one year old and children from four weeks to four years old.

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

## Maternity services and perinatal mental health

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

3.12. Recommendations from the National Maternity Review: Better Births are being implemented through Local Maternity Systems. These systems bring together the NHS, local authorities and other local partners with the aim of ensuring women and their families receive seamless care, including when moving between maternity or neonatal services or to other services such as primary care or health visiting. By spring 2019, every trust in England with a maternity and neonatal service will be part of the National Maternal and Neonatal Health Safety Collaborative. Every national, regional and local NHS organisation involved in providing safe maternity and neonatal care has a named Maternity Safety Champion. Through the Collaborative and Maternity Safety Champions, the NHS is supporting a culture of multidisciplinary team working and learning, vital for safe, high-quality maternity care. Twenty Community Hubs have been established, focusing on areas with greatest need, and acting as 'one stop shops' for women and their families. These hubs work closely with local authorities, bringing together antenatal care, birth facilities, postnatal care, mental health services, specialist services and health visiting services.<sup>36</sup>

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<sup>35</sup> [Using Healthy Start](#)

<sup>36</sup> NHS, [The NHS Long Term Plan](#), 7 January 2019, p47

Perinatal mental health services focus on the prevention, detection and management of mental health problems that occur during the perinatal period - pregnancy and the first year after birth. This includes new-onset mental health problems, as well as recurrences of previous problems and women with existing mental health problems who become pregnant.

Services include specialised in-patient mother and baby units, specialised perinatal Community Mental Health Teams (CMHTs), maternity liaison services, adult mental health services including admission wards, community and crisis services, and clinical psychology services linked to maternity services.

Mother and baby units are commissioned nationally by NHS England, while most other perinatal mental health services are commissioned locally by Clinical Commissioning Groups (CCGs).

The impact of poor perinatal mental health can be severe. Maternal depressive illness and anxiety have been shown to affect the infant's mental health and have long-standing effects on the child's emotional, social and cognitive development. Perinatal psychiatric disorder is also associated with an increased risk to both mortality and morbidity in mother and child.<sup>37</sup>

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

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

In April 2019 NHS England confirmed that new and expectant mothers across the country are now able to access specialist mental health care in the area where they live.<sup>38</sup>

## 2.2

## Educational development

### Early education entitlements

The majority of Government funding for early years provision in England is delivered via three early education entitlements:

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<sup>37</sup> Royal College of Psychiatrists, [Perinatal mental health services: Recommendations for the provision of services for childbearing women](#), July 2015, p10

<sup>38</sup> [PQ 254232, 22 May 2019](#)

- **15 hours universal entitlement for three and four-year-olds:** all three and four year olds are entitled to 570 hours of Government-funded childcare a year, often taken as 15 hours a week for 38 weeks of the year (and often referred to as “15 hours of free childcare”). The entitlement is universal and applies irrespective of parent income. <sup>39</sup>
- **15 hours entitlement for disadvantaged two-year-olds:** introduced in 2013 under the Coalition Government, around 40% of what the Government considers to be the most disadvantaged two-year-olds have an entitlement to 15 hours of free early education per week. <sup>40</sup>
- **Extended 30 hours entitlement:** introduced in September 2017, some three and four-year-olds qualify for a further 570 hours of funded childcare on top of the “15 hours of free childcare”. This, together with the universal entitlement, is commonly taken as 30 hours over 38 weeks (and often referred to as “30 hours of free childcare”). Only three and four-year-olds from working households and certain other households specified in regulations qualify for the extended entitlement. <sup>41</sup>

As at January 2020, 93% of three and four-year-olds accessed some funded early education. Take up of the entitlement for disadvantaged two-year-olds was lower at 69% of eligible children. <sup>42</sup>

### Box 1: A brief history of the early education entitlements

Four year olds have been legally entitled to free part-time early education since 1998 and this right was extended to three year olds from September 2004. <sup>43</sup>

The offer initially comprised a minimum of five two-and-a-half hour sessions a week (12.5 hours) for 33 weeks of the year. From April 2006, the entitlement was extended from 12.5 hours a week for 33 weeks to 38 weeks. In September 2010, the Coalition Government extended the entitlement to 15 hours a week. <sup>44</sup>

As set out above, in 2013, the early years entitlement was extended to disadvantaged two-year-olds and the extended 30 hours entitlement was introduced across all areas of England from September 2017.

<sup>39</sup> [15 hours free childcare for 3 and 4-year olds](#), Gov.uk. All webpages last accessed 25 November 2020 unless stated.

<sup>40</sup> [Free education and childcare for 2-year-olds](#), Gov.uk.

<sup>41</sup> [30 hours free childcare](#), Gov.uk

<sup>42</sup> DfE, [Education provision: children under 5 years of age](#), 25 June 2020.

<sup>43</sup> DfE, [Study of Early Education and Development \(SEED\): Impact Study on Early Education Use and Child Outcomes up to age four years](#), September 2018, p8.

<sup>44</sup> Laing & Buisson, *Children’s Nurseries – UK Market Report*, 13th edition, October 2014, pp82–83.

An overview of policy development related to the funding of early years education from 1918 to 2016 is available in a report from the London School of Economics: [Public funding of early years education in England: An historical perspective.](#)

### Impact of the entitlements on child development

In a 2018 report, the Early Intervention Foundation found “mixed evidence of positive effects from the expansion of provision of childcare” to disadvantaged two year olds in terms of the attainment of children eligible for free school meals in the Early Years Foundation Stage Profile (see section below).<sup>45</sup>

The Government has commissioned a major longitudinal study into early education and development, the [Study of Early Education & Development \(SEED\)](#). As part of the study, in February 2020, a [research report on early education use and child outcomes up to age five was published](#). The report’s key conclusions regarding early childhood education and care (ECEC) were:

1. Higher use of informal individual ECEC (with friends, relatives etc.) between age two and the start of school was associated with better verbal ability measured during school year one.
2. Greater use of formal group ECEC (mean hours per week) between age two and the start of school is associated with negative effects on socio-emotional wellbeing in school year one.
3. There is evidence that the use of some individual ECEC (childminders, friends, relatives) mitigates the negative socio-emotional effects of high formal group ECEC use.
4. For the 40% most disadvantaged children, starting to use a minimum of ten hours per week formal ECEC no later than age two, combined with a mean use of over twenty hours per week of formal ECEC between age two and the start of school, increases the chances of achieving expected EYFSP levels in school reception year and improves children’s verbal ability in school year one.
5. There was a positive association between formal group ECEC use (in nursery classes, nursery schools etc.) and better verbal ability during school year one, but only for children from families in the lowest quartile of home learning environment score (i.e. children with the least enhancing home learning environments).
6. There was no clear evidence of associations between the quality of ECEC which children had attended between ages two and four and

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<sup>45</sup> Early Intervention Foundation, [An initial assessment of the 2-year-old free childcare entitlement: Drivers of take-up and impact on early years outcomes](#), August 2018, p5.

their developmental outcomes during reception year / school year one: though these findings may relate to the relatively small sample of settings for the SEED quality study and the similarities in ECEC quality across the sample.

The report stated that the persistence of the findings would be assessed in later follow-ups of the SEED study.<sup>46</sup>

## Early Years Foundation Stage

The [Early Years Foundation Stage \(EYFS\)](#) is a statutory framework for children up to the age of five, which sets out the areas of learning around which educational activities should be based. All schools and Ofsted-registered early years providers must follow the EYFS, including childminders, preschools, nurseries and school reception classes.

The current framework sets out seven areas of learning which should be provided as part of early years education: literacy, mathematics, understanding the world, and expressive arts and design, as well as the three 'prime' areas of communication and language, physical development, and personal, social and emotional development.

Prior to September 2016, all early years providers (any provider offering education for children under five, including nurseries and childminders) had to complete an EYFS profile for each child in the final term of the year in which they turn five. For most children this was the reception year of primary school. This is no longer required, although the EYFS continues to be statutory.

Early years providers are required to provide parents and carers with a progress check at age two, with a short, written statement of their child's development in the three prime areas of learning.

The full [EYFS statutory framework](#) is published by the DfE.

## Pre-school special educational needs provision

The [Children and Families Act 2014](#) provided an overhaul of the system for identifying children and young people in England aged up to 25 with special educational needs (SEN), assessing their needs and making provision for them.

The type of support that children and young people with SEN receive may vary widely, as the types of SEN that they may have are very different. However, two broad levels of support are in place: SEN support, and Education, Health and Care (EHC) Plans.

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<sup>46</sup> DfE, [Study of Early Education and Development \(SEED\): Impact Study on Early Education Use and Child Outcomes up to age five years](#), February 2020, pp23-4.

**SEN support** - support given to a child or young person in their pre-school, school or college. In schools, it replaces the previously existing ‘School Action’ and ‘School Action Plus’ systems.

For children under five the type of support provided includes a written progress check at age two, a child health visitor carrying out a health check at age two to three, a written assessment in the summer term of the first year of primary school, and making reasonable adjustments for disabled children (such as providing aids like tactile signs).<sup>47</sup>

**EHC Plans** - for children and young people aged up to 25 who need more support than is available through SEN support. They aim to provide more substantial help for children and young people through a unified approach that reaches across education, health care, and social care needs.

Parents can ask their local authority to carry out an assessment if they think their child needs an EHC Plan. A request can also be made by anyone at the child’s school, a doctor, a health visitor, or a nursery worker.

Early years providers must have arrangements in place to support children with SEN or disabilities. These arrangements should include a clear approach to identifying and responding to SEN. The [SEN Code of Practice](#) states:

The benefits of early identification are widely recognised – identifying need at the earliest point, and then making effective provision, improves long-term outcomes for children.<sup>48</sup>

The Code of Practice also states that maintained nurseries must designate a teacher to be responsible for co-ordinating SEN provision (the SEN co-ordinator, or SENCO).

More information can be found in the Commons Library briefing paper, [Special Educational Needs: support in England](#), SN 7020.

### Box 2: Special Educational Needs (SEN) Inclusion Funds

Since April 2017 the Government has required local authorities to establish SEN inclusion funds for three and four-year olds who are taking up any number of hours of free entitlement (local authorities can adopt a similar approach for two-year olds, but this is not a requirement).

Local authorities are responsible for deciding the amount of money that they set aside for their SEN inclusion fund, and how the fund will be allocated to early years providers. Eligibility for funding is similarly determined by local authorities, in consultation with their local early years providers, parents and SEN specialists.

<sup>47</sup> Gov.uk, [Children with special educational needs and disabilities \(SEND\)](#), [Accessed: 8 July 2019]

<sup>48</sup> DfE, [SEND Code of Practice](#), January 2015, p79

In 2016, the DfE stated that “the fund would be best focused on children with lower level or emerging SEN, since those with more complex SEN (broadly those children in receipt of an Education, Health and Care (EHC) plan) can receive additional funding via the high needs DSG [dedicated schools grant] block”.<sup>49</sup>

## Early Years Pupil Premium

The Early Years Pupil Premium (EYPP), introduced in April 2015, is additional funding for 3 and 4-year-olds who are receiving any number of hours of state-funded early education and:

- meet the benefit-related criteria for free school meals; or
- are currently looked after by a local authority in England or Wales; or
- have left care in England and Wales through adoption, a special guardianship order, a child arrangements order, or a residence order.<sup>50</sup>

In 2020-21, around £30 million of EYPP funding was allocated to local authorities for distribution to early years providers.<sup>51</sup> The national rate for the EYPP is 53p per hour per eligible child up to a maximum of 570 hours.<sup>52</sup> Local authorities are required to fund all eligible early years providers in their area at this rate. The national rate has remained unchanged since the EYPP was introduced.<sup>53</sup>

## Early Intervention Grant

The Early Intervention Grant (EIG) was introduced in 2011-12 to replace a large number of specific grants covering spending on the under-fives, in addition to some support for young people and families. This new grant was not tied to any particular grant funding area it replaced or ring-fenced overall. The Government’s stated aim of combining these funding sources and removing the large number of ring-fences was to allow “greater flexibility and freedom at local level, to respond to local needs, drive reform and promote early intervention more effectively.”<sup>54</sup>

Changes to the coverage and financing of EIG make it impossible to assess levels of overall funding from 2011 to the present on any consistent basis. Changes in the definition and nature of what EIG (and the funding it replaced) is for, mean that any funding series across the time period would have little

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<sup>49</sup> DfE, [An early years national funding formula: Government consultation](#), August 2016, p50-1; DfE, [Early years funding: Government consultation response](#), December 2016, pp30-1.

<sup>50</sup> ESFA, [Early years entitlements: local authority funding of providers: Operational guide 2020-21](#), December 2019, pp22-6.

<sup>51</sup> ESFA, [Dedicated schools grant \(DSG\): 2020 to 2021](#), 16 November 2020.

<sup>52</sup> ESFA, [Early years national funding formula: technical note for 2020-21](#), 19 December 2019.

<sup>53</sup> DfE, [Early Years Pupil Premium and funding for two-year-olds](#), June 2014, p5.

<sup>54</sup> DfE, [Early Intervention Grant FAQs](#), 2012

meaning. The annual figures set out below give only an approximate indication of how this funding has varied.

The total of all EIG predecessor grants were originally set at £2.79 billion for 2010-11, before being reduced<sup>55</sup> to £2.48 billion at the end of May 2010. Around two-thirds of the original total of these grants were specifically aimed at the under-fives and the majority of this funding was for Sure Start children's centres which was (initially) worth £1.14 billion in 2010-11. The remaining grants were a mixture of those aimed at young people only, such as Connexions, and those covering children of all ages, such as short breaks for disabled children.<sup>56, 57</sup>

EIG was reduced to £2.24 billion in 2011-12; 10% below the revised 2010-11 total and 20% below the original 2010-11 allocation. The 2012-13 total was increased to £2.37 billion.<sup>58</sup> It included £0.29 billion of funding for early education places for disadvantaged two-year-olds. Although as EIG is not ring-fenced local authorities were not forced to spend this amount on these places.<sup>59</sup>

There were three main changes introduced to EIG in 2013-14:

1. The funding for early education for two-year-olds was transferred from EIG and added to the Dedicated Schools Grant. This funding, now outside of EIG, was increased to £0.53 billion in 2013-14 and £0.76 billion in 2014-15 as the offer was extended to more two-year-olds.<sup>60</sup>
2. The method of payment for the remaining EIG was changed. Rather than coming from the DfE it was transferred to the new Business Rates Retention Scheme as part of the Start-Up Funding Assessment. While most funding from this source was unhypothecated (that is, not required to be spent on any particular area), the amount of EIG funding was separately identified, along with a number of other grants. Total EIG 'funding' transferred to this scheme was £1.71 billion in 2013-14 and £1.58 billion in 2015-16.<sup>61</sup> Removing the two-year-olds' funding from EIG cut its value in each of these years.
3. The DfE retained £150 million of funding earmarked for EIG, to be "retained centrally for future use in funding early intervention and children's services." This was paid to local authorities as the Adoption

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<sup>55</sup> The £310 billion in-year cut was made pro rata, i.e. to the total of all these grants, rather than different reductions grant-by-grant.

<sup>56</sup> DfE, Early Intervention Grant Baseline Allocations Methodology

<sup>57</sup> [HC Deb 13 December 2010, cc66-71WS](#)

<sup>58</sup> DfE, [Early Intervention Grant FAQs](#), 2012

<sup>59</sup> DfE, [Early intervention Grant and free early education places for disadvantaged two-year-olds FAQs](#), 2012

<sup>60</sup> DfE, Dedicated Schools Grant Allocations 2014-15 (and earlier)

<sup>61</sup> Department for Communities and Local Government (DCLG), Breakdown of settlement funding assessment 2015-16 (and earlier)

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

The value of the remaining EIG within the local government finance settlement was subsequently reduced to £1.32 billion in 2016-17 and to £1.02 billion in 2019-20, before increasing slightly to £1.04 billion in 2020-21. These are indicative totals of what the Government has calculated can be spent. It is up to local authorities to decide the exact amount they spend on early intervention.<sup>62</sup>

Much of the concern about the reductions in EIG centre on Sure Start children's centres (see next section). However, as EIG is not ring-fenced there is no way to assess changes to central Government funding specifically for children's centres. The table below looks at changes in what local authorities spent. Real levels of spending have fallen in each year and by two-thirds overall between 2010-11 and 2019-20.

<b>Local authority spending on Children's Centres</b>				
Gross expenditure in England, £ million 2019-20 prices				
	Individual Children's Centres	Area-wide services <sup>a</sup>	LA management costs	<b>Total</b>
2010-11	1,068	359	..	<b>1,428</b>
2011-12	949	307	..	<b>1,256</b>
2012-13	876	235	..	<b>1,111</b>
2013-14	776	124	47	<b>947</b>
2014-15	692	108	46	<b>846</b>
2015-16	599	111	44	<b>755</b>
2016-17	533	86	45	<b>664</b>
2017-18	438	82	38	<b>558</b>
2018-19	403	69	33	<b>505</b>
2019-20 (budget)	383	62	32	<b>478</b>
<i>Change</i>				
10-11 to 19-20	-64%	-83%	..	<b>-67%</b>

Note: Prices adjusted using December 2020 GDP deflators

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

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

<sup>62</sup> MHCLG, [Core spending power: visible lines of funding: 2020 to 2021](#)

## 2.3

## Social development

**Sure Start children's centres**

Local authority run Sure Start children's centres make available universal and targeted early childhood services, either by providing the services at the centre itself or by providing advice and assistance on accessing them elsewhere.

Under the Childcare Act 2006 (as amended), a local authority must make arrangements to ensure that "early childhood services" in their area are provided in an integrated manner. "So far as is reasonably practicable", this must include "arrangements for sufficient provision of children's centres to meet local need."<sup>63</sup> The Act defines "early childhood services" as:

- early years provision;
- social services functions of the local authority relating to young children, parents and prospective parents;
- health services relating to young children, parents and prospective parents;
- training and employment services to assist parents or prospective parents; and
- information and advice services for parents and prospective parents.<sup>64</sup>

Section 5A(4) of the Act defines "children's centre" for these purposes.<sup>65</sup>

In 2013, the DfE published [statutory guidance](#), which, among other things, sets out the following core purpose for children's centres:

The core purpose of children's centres is to improve outcomes for young children and their families and reduce inequalities between families in greatest need and their peers in:

- child development and school readiness;
- parenting aspirations and parenting skills; and
- child and family health and life chances.<sup>66</sup>

As set out in the section above, concerns have been raised about the impact of reductions in local government funding on the number of children's centres. In April 2010, there were 3,632 designated children's centres in England.<sup>67</sup> As of March 2021, there were 2,298 children's centres and 695

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<sup>63</sup> Childcare Act 2006, ss 3 & 5A.

<sup>64</sup> [Childcare Act 2006, s 2](#).

<sup>65</sup> Ibid, s 5A(4).

<sup>66</sup> DfE, [Sure Start children's centres statutory guidance](#), April 2013, p7.

<sup>67</sup> Numbers of Sure Start Children's Centres as at 30 April 2010, DfE

children's centre linked sites. Linked sites were formerly children's centres in their own right but no longer meet the statutory definition of a children's centre. However, they offer some early childhood services on behalf of another children's centre.<sup>68</sup>

More information on children's centres, including policy developments since 1997, can be found in the Commons Library briefing paper, [Sure Start \(England\)](#).

## Family Hubs

Family Hubs often build on the existing infrastructure of children's centres and extend their offer to include support for parents, couples and children regardless of age. In a [2016 discussion paper on Family Hubs](#), the Children's Commissioner explained that they "deliver holistic, early intervention services to a whole community." It added that they are a "next step to co-ordinate existing services and support thereby creating better information-sharing networks, ensuring that children and families no longer go missing between services and make effective use of funds."<sup>69</sup>

In September 2020 the Children's Commissioner argued that Family Hubs "should become core assets in every community" as part of a recovery package to support children following the Covid-19 pandemic.<sup>70</sup>

Further information on how Family Hubs operate is available on the website of the Family Hubs Network at: [Introducing Family Hubs](#).

The [Conservative Party Manifesto for the 2019 general election](#) stated that a Conservative government would "champion Family Hubs to serve vulnerable families with the intensive, integrated support they need to care for children – from the early years and throughout their lives."<sup>71</sup>

At the [March 2020 Budget](#), the Government announced that it would provide "£2.5 million for research and developing best practice around the integration of services for families, including family hubs, and how best to support vulnerable children."<sup>72</sup>

In December 2020, the Minister, Vicky Ford, set out plans to create a National Centre for Family Hubs, which will "draw on existing good practice" and "support areas and councils to set up new family hubs."<sup>73</sup> In [response to a PQ on 3 March 2021](#), the Minister stated that the Government was investing "over

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<sup>68</sup> DfE, [Get information about schools](#), downloaded 16 March 2021; DfE, [Glossary](#), last accessed 16 March 2021.

<sup>69</sup> Children's Commissioner, [Family Hubs: A Discussion Paper](#), October 2016, p5

<sup>70</sup> Children's Commissioner, [Childhood in the time of Covid](#), September 2020, p27.

<sup>71</sup> [Conservative Party Manifesto 2019](#), p.14.

<sup>72</sup> HM Treasury, [Budget 2020](#), HC 121, 12 March 2020.

<sup>73</sup> DfE, [Vulnerable families to benefit from additional package of support](#), 8 December 2020.

£14 million” to champion Family Hubs and expected the National Centre to be “up and running by spring 2021.”<sup>74</sup>

In February 2021, the DfE [launched an expressions of interest](#) to recruit a first local authority partner to work with it on a Family Hubs Growing Up Well project. The project aims to “improve how early years professionals collaborate and plan for families, with a particular focus on information sharing.” Three local authorities will be recruited to work on the project and will receive a total of £1.2 million of funding over 2021/22 and 2022/23. The project was funded at Spending Round 2020 as part of the additional £200 million for the Shared Outcomes Fund.<sup>75</sup>

### Early years healthy development review report (March 2021)

On 25 March 2021, the Government published the report of a review into reducing inequalities in the first the first 1,001 days led by Andrea Leadsom: [The best start for life: a vision for the 1,001 critical days](#).

The review highlighted six key action areas to improving health outcomes in babies and young children, including “a welcoming hub for the family.”

The report stated that Family Hubs, which may consist of both physical and virtual places, “are at the heart of [the Government’s] vision for baby-centred services”.<sup>76</sup> It set out a number of actions the Government would take to champion Family Hubs, including:

- Working with the National Centre for Family Hubs to ensure that councils understand how best to build a Family Hub Network.
- Encouraging all Family Hubs to include a specific Start for Life offer.
- Working to understand why families are sometimes discouraged from accessing support and identifying the best way to introduce families to their local Hub.<sup>77</sup>

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<sup>74</sup> [PQ 159283](#), 3 March 2021.

<sup>75</sup> DfE, [Family Hubs - Growing Up Well: submit an expression of interest](#), 16 February 2021.

<sup>76</sup> HM Government, [The Best Start in Life: A Vision for the 1,001 Critical Days – The Early Years Healthy Development Review Report](#), CP 419, March 2021, pp63-4.

<sup>77</sup> As above, pp36 & 73.

### Box 3: Growing up well pilot

[Spending Round 2019](#) announced £200 million “to pilot innovative approaches to cross-public

sector working” (subsequently referred to as the Shared Outcomes Fund).<sup>78</sup> £11.8 million of this funding will be used to fund a Growing Up Well initiative over three years between 2020/21 and 2022/23.

In [response to a PQ in December 2020](#), the Minister, Vicky Ford, stated that the project will aim to “identify, and test, data and digital innovations that will improve outcomes for disadvantaged and vulnerable families with children aged 0 to 5.” She added that the project, which is currently “in its mobilisation phase”, will “focus on improving the family user experience of early years services; improving local level professional collaboration and planning around the family and child; and greater alignment of early years objectives and funding across government.”<sup>79</sup>

## 2.4

## Benefits and financial assistance

### Sure Start Maternity Grant

Families in receipt of Income Support, income-based Jobseeker’s Allowance, income-related Employment and Support Allowance, Pension Credit, Child Tax Credit, Working Tax Credit that includes a disability or severe disability element, or Universal Credit can also claim the £500 lump sum [Sure Start Maternity Grant](#).

A claim must be made in the 11 weeks before the expected week of confinement, or in the three months following the birth. Payment is conditional on the person having received health and welfare advice about child health matters and, if applying before the birth, advice about maternal health.

[Child Benefit](#) and [Child Tax Credit](#) may be claimed once the child is born (although new claims for Child Tax Credit can now only be made in limited circumstances).

Tax credits and means-tested social security benefits are being replaced by [Universal Credit](#) – which is payable to families in or out of work – although the

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<sup>78</sup> HM Treasury, [Spending Round 2019](#), CP170, para 1.25.

<sup>79</sup> [PQ 123670](#), 1 December 2020; HM Treasury, [Spending Round 2020](#), CP 330, p98.

new benefit is not expected to be fully introduced until the end of 2024 at the earliest.

## Changes since 2010

As part of its deficit reduction plan, the Coalition Government made a number of changes to benefits for maternity and for families with young children. From April 2011, the Sure Start Maternity Grant was restricted to the first child only, with certain limited exceptions (although from May 2012 onwards Social Fund Budgeting Loans could be offered for maternity items).<sup>80</sup> Expenditure on the Sure Start Maternity Grant fell from £162 million in 2010-11 to £56 million in 2011-12, and expenditure in 2021-22 is forecast to be £40 million (all figures in real terms, at 2021-22 prices).<sup>81</sup>

The £190 Health in Pregnancy Grant – introduced by the previous Labour Government in April 2009 – was abolished in January 2011. This was a non-means-tested payment made to women from the 25th week of pregnancy, on condition that they received maternal health advice from a health professional. Savings were estimated at £150 million per year.<sup>82</sup>

Changes were also made to tax credits which affected families with very young children. These included:

- Removal of the ‘baby element’ of Child Tax Credit, which provided additional help of up to £545 a year for families with a child under one (saving £295 million in 2011-12, and around £275 million a year in subsequent years).
- Not proceeding with the Child Tax Credit supplement (‘toddler tax credit’) for one to two-year-olds Labour had planned to introduce from 2012-13 (saving £180 million a year).

A November 2014 report by Maternity Action, [Valuing families? The impact of cuts to maternity benefits](#), looked at the impact of these and other measures.

Further measures introduced by governments since 2010 which have impacted on families with children include:<sup>83</sup>

- Freezing most working-age benefits and tax credits – including Child Benefit and the child elements of Child Tax Credit and Universal Credit (except the additional amounts for disability) – at their 2015-16 rates for four years until April 2020.

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<sup>80</sup> For further information see [Restriction of the Sure Start Maternity Grant, Commons Library Briefing Paper SN5860, 10 February 2011](#)

<sup>81</sup> DWP, [Benefit expenditure and caseload tables 2021](#), March 2021

<sup>82</sup> See [Savings Accounts and Health in Pregnancy Grant Bill \[Bill 73 of 2010-11\]](#), Commons Library Briefing Paper, RP10-66, 22 October 2010

<sup>83</sup> For further information on these measures and their impact see Commons Library briefing CDP-2019-0173, [Spending of the Department for Work and Pensions](#), 1 July 2019

- The introduction in 2013 of a household benefit cap limiting the maximum amount in benefits a family can receive, which has subsequently been lowered (thereby affecting more families).
- The abolition of the ‘family element’ in tax credits and the equivalent in Universal Credit, for new claims.
- Limiting the per child element in tax credits and in Universal Credit (with certain exceptions, including children born as a result of ‘non-consensual conception’) to two children for births after 6 April 2017.

A Child Poverty Action Group briefing produced in advance of the 2018 Budget looked at the impact on child poverty – separately for children under five and for children aged five and over – of reversing these and other welfare measures introduced since 2010.<sup>84</sup>

The two-child limit is particularly controversial. The 2015 Conservative Government justified the two-child limit on the grounds that families in receipt of means-tested benefits “should face the same financial choices about having children as those supporting themselves solely through work.”<sup>85</sup> The measure is expected eventually to yield savings of around £3 billion a year.<sup>86</sup>

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

- An estimated 160,000 families had been affected by the policy to date – the majority working families – but more than 800,000 families with three million children could eventually be affected by it.
- The two-child limit could push an additional 300,000 children into poverty, and one million children already in poverty into even deeper poverty, by 2023-24 – at which point over half of children in families with three or more children, according to this report, are expected to be in poverty.
- 95% of survey respondents said that the two-child limit had affected their ability to pay for basic living costs, including 88% who said it had affected their ability to pay for food and clothing. Families were facing severe and ongoing financial difficulty, creating huge levels of stress and impacting negatively on their mental health and relationships.
- Many parents reported that they could no longer afford to pay for their children to take part in after-school clubs, sport and school trips.

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<sup>84</sup> CPAG, [Representation for the 2018 Budget](#), October 2018

<sup>85</sup> HM Treasury, [Summer Budget 2015](#), 8 July 2015, HC 264 2015-16, para 1.145

<sup>86</sup> IFS Observations, [Significant cuts to two parts of the benefit system to be phased in from next week](#), 30 March 2017

- The families interviewed were unable to compensate for the reduction in support by working longer hours – most could not see a way out of the situation.
- Awareness and understanding of the two-child limit were low – only half of those affected by the policy said they knew about it before having their youngest child.
- Victims of domestic abuse were particularly vulnerable to the harmful effects of the policy and the requirement for disclosure of non-consensual conception to get an exception provided no solution – the policy could make it more difficult to leave an abusive relationship and put them at increased risk of violence.
- For refugees – who were likely to have arrived in the UK with next to nothing – the two-child limit hindered their ability to rebuild their lives after traumatic experiences.
- Orthodox Jewish and Muslim communities were also disproportionately affected by the two-child limit, due to strong cultural norms and deeply held religious beliefs that favour larger families.

The report stated that the two-child limit was having a ‘devastating’ effect on parents and children, harming children’s wellbeing with potentially lifelong consequences. It argued that if the Government was serious about tackling poverty and enabling children to thrive, it should lift the two-child limit.

## Scotland

The Scotland Act 2016 gives the Scottish Parliament legislative competence for, amongst other things, benefits for maternity expenses, which throughout Great Britain, until recently, was provided by the Sure Start Maternity Grant.<sup>87</sup>

The Scottish Government has replaced the Sure Start Maternity Grant with the [Best Start Grant](#) (BSG), aimed at giving support to low-income families at ‘key transitions’ in the early years. The Scottish Government believes that BSG “will play an important part in reducing inequalities and will help improve health outcomes for under-fives.”<sup>88</sup>

From December 2018, the Best Start Grant Pregnancy and Baby Payment replaced the Sure Start Maternity Grant in Scotland, providing eligible families with £600 on the birth of their first child and £300 on the birth of any subsequent children. In April 2019 the Best Start Grant Early Learning Payment – a £250 payment made to eligible families around the time a child can start nursery – was introduced, and in June 2019 the Best Start Grant School Age Payment – a £250 payment for eligible families around the time a

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<sup>87</sup> See Commons Library briefing CBP-9048, [Social security powers in the UK](#), 9 November 2020

<sup>88</sup> [Scottish Government Response to the Consultation on Social Security in Scotland](#), 22 February 2017, p18

child starts school – was launched.<sup>89</sup> As with the Sure Start Maternity Grant, eligibility normally depends upon a family being in receipt of a qualifying means-tested benefit (i.e. Universal Credit, or one of the legacy benefits or tax credits being replaced by UC). Under 18s not in receipt of a qualifying benefit can also qualify for a Best Start Grant.

An interim evaluation of the Best Start Grant, focusing primarily on findings from qualitative research with claimants, was published in December 2020.<sup>90</sup>

In addition to Best Start Grants, parents in Scotland can also receive a [Best Start Foods](#) card – a prepaid card that can be used to buy healthy foods for children under three. Applications can be made during pregnancy, or at any time up to a child turning three years old. The criteria are the same as for the Best Start Grant, although where eligibility depends on receipt of a qualifying benefit, additional income limits may apply.

The Scottish Government has also introduced an income supplement for low-income families – the [Scottish Child Payment](#) – which opened for applications in November 2020, with the first payments being made in February 2021. The payment, which Scottish Ministers have described as “the most ambitious anti-poverty measure currently being undertaken anywhere in the UK”<sup>91</sup>, is administered by Social Security Scotland through an application-based process and is paid on a four-weekly basis. It is payable to families in receipt of [qualifying benefits](#) including Universal Credit, income-based Jobseekers Allowance and Child Tax Credit, and is worth £10 a week for each eligible child. The Scottish Child Payment is currently limited to children under six, but the Scottish Government plans to extend it to all eligible children under 16 by the end of 2022, “subject to data on qualifying benefits being received from the DWP to enable Social Security Scotland to make top-up payments”.<sup>92</sup>

In their 2021 Scottish Parliament election manifestos, the Scottish National Party, the Scottish Conservatives, Scottish Labour, the Scottish Liberal Democrats, and the Scottish Greens all pledged to double the Scottish Child Payment to £20 a week.<sup>93</sup> The SNP also committed to provide a cash grant of £520, to be paid across four quarterly instalments, for every family with children on free school meals, until the full rollout of Scottish Child Payment is complete.

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<sup>89</sup> For further information on eligibility and how the payments are claimed see [Best Start Grant and Best Start Foods](#) on mygov.scot

<sup>90</sup> ScotCen Social Research, [Interim Evaluation of Best Start Grant](#), 15 December 2020

<sup>91</sup> [New Scottish Child Payment starts today](#), Scottish Government press release, 14 February 2021

<sup>92</sup> Ibid.

<sup>93</sup> See Fraser of Allander Institute, [Social Security in the 2021 election manifestos](#), 23 April 2021

## 3 The role of local authorities

### 3.1 Children's services

Local authorities in England have a range of duties and powers relating to safeguarding the welfare of children and promoting their well-being. These include:

- A general duty to safeguard and promote the welfare of children in need in their area by providing appropriate services (Children Act 1989, section 17). More detailed information is provided in Library Briefing 7730, [Local authority support for children in need \(England\)](#).
- A duty to provide accommodation to children in need who require it for prescribed reasons (Children Act 1989, section 20).
- A duty to make the necessary enquiries to decide whether it needs to act to safeguard a child's welfare where it suspects that a child is suffering, or is at risk of suffering, significant harm (Children Act 1989, section 47).
- A power in certain circumstances to apply to the court for an order placing a child in the care of the local authority (Children Act 1989, section 31).
- A duty to make arrangements to promote co-operation with key partners and local agencies with a view to improving the well-being of children in its area (Children Act 2004, section 10).

A [research report published by the DfE in 2016](#) provided the following summary of children's services provided by local authorities:

Local councils describe their children's services by using a four-tier model, which may be represented as a pyramid or continuum of needs.

Tier 1: Universal services such as schools, and health visiting.

Tier 2: Targeted services for children and families beginning to experience, or at risk of, difficulties; for example school counselling, parenting programmes, and support for teenage parents.

Tier 3: Specialist services for children and families with multiple needs such as intensive family support, and services for children with disabilities.

Tier 4: Specialist services for children and families with severe and complex needs, including child protection services, and looked after children.<sup>94</sup>

It added that non statutory services for children with lower levels of need fall within tiers one and two (including early help services) and that statutory services for children in need and looked after children (children's social care) fall within tiers 3 and 4.<sup>95</sup>

The Department for Education (DfE) is responsible for the legal and policy frameworks within which children's social care operates. The main policy guidance is contained in the DfE's statutory guidance, [Working Together to Safeguard Children](#). The guidance sets out how individuals and organisations should work together to safeguard and promote the welfare of children and young people in accordance with the relevant legislation. Local authorities (and other prescribed persons and bodies) are required to have regard to the guidance).<sup>96</sup>

Further information is available in the following Library Briefings:

- Library Briefing 8543, [Children's social care services in England](#).
- Library Briefing 7730, [Local authority support for children in need \(England\)](#).
- Library Briefing 6787, [An overview of child protection legislation in England](#).

## 3.2

### Early help

While there is currently no statutory duty to provide early help services for children, the DfE's Working Together to Safeguard Children Guidance states early help "is more effective in promoting the welfare of children than reacting later." It adds that local authorities "should work with organisations and agencies to develop joined-up early help services based on a clear understanding of local needs. This requires all practitioners, including those in universal services and those providing services to adults with children, to understand their role in identifying emerging problems and to share information with other practitioners to support early identification and assessment."<sup>97</sup>

In recent years local authorities have generally protected spending on children's social care services.<sup>98</sup> However, there is evidence that spending on

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<sup>94</sup> Department for Education, [Children's services: spending and delivery: Research report by Aldaba and the Early Intervention Foundation](#), July 2016, p7

<sup>95</sup> As above, p9.

<sup>96</sup> Children Act 2004, s 11(4).

<sup>97</sup> DfE, [Working Together to Safeguard Children](#), last updated 9 December 2020, p13.

<sup>98</sup> National Audit Office, [Financial sustainability of local authorities 2018](#), 8 March 2018.

non-statutory children's services, in particular for early help and preventative interventions has been reduced in many areas. For example, in its January 2019 [report on children's social care](#), the NAO found that the proportion of local authority spending on preventative children's services (as a percentage of overall spending on children's services) fell from 41% in 2010/11 to 25% in 2017/18. The proportion of spending on statutory social care activities rose from 59% to 75% over the same period.<sup>99</sup> Further information is available in section 3.5 of Library Briefing 8543, [Children's social care services in England](#).

### 3.3 Troubled Families Programme

The Troubled Families Programme (TFP) was relaunched as the [Supporting Families Programme](#) in March 2021. Further information on the new programme will be included in the next update of this paper.

The TFP is administered by the Ministry of Housing, Communities and Local Government (MHCLG) in England. The programme conducts targeted interventions for families experiencing multiple problems, including crime, anti-social behaviour, truancy, unemployment, mental health problems and domestic abuse.

#### TFP, 2012-2015

The first TFP worked with around 120,000 families. An [independent evaluation](#) of the programme, commissioned by the Department for Communities and Local Government (DCLG), concluded “across a wide range of outcomes, covering the key objectives of the programme - employment, benefit receipt, school attendance, safeguarding and child welfare [...] our analysis found no impact on these outcomes attributable to the programme”.<sup>100</sup>

#### TFP, 2015-present

The second phase of the TFP was launched in 2015, and [intended](#) to help up to 400,000 families to 2020.<sup>101</sup> The [November 2020 Spending Review](#) extended the programme to 2021/22.<sup>102</sup>

Whilst not specifically targeted at families with pre-school children, of those families who joined the TFP to December 2017, around 49% had at least one child under five (compared to 17% of families nationally).<sup>103</sup> Around 36% of families on the TFP to the same date had a child under-five and had both adults out of work.<sup>104</sup> The proportion of reception- year children on the

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<sup>99</sup> National Audit Office, [Pressures on children's social care](#), HC 1868, 23 January 2019, para 2.21

<sup>100</sup> Ecorys for the Department for Communities and Local Government (DCLG), [National evaluation of the TFP: Final synthesis report](#), October 2016, p69

<sup>101</sup> DCLG, [Supporting disadvantaged families: The TFP \[...\] progress so far](#), 2017, p6

<sup>102</sup> HM Treasury, [Spending Review 2020](#), 15 December 2020, para 5.10

<sup>103</sup> MHCLG, [National evaluation of the TFP 2015-2020. Family outcomes- national and local datasets](#), Part 4, March 2019, pp17, 18

<sup>104</sup> [Ibid.](#), p19

programme meeting expected levels of development (e.g. literacy, personal development) were also lower than the general school population.<sup>105</sup>

In 2017, the DWP said the next phase of the programme would have greater emphasis on “tackling worklessness and issues associated with it – such as parental conflict and problem debt”.<sup>106</sup> The [financial framework from April 2020](#) states authorities should prioritise families that incur the “highest cost to the public purse” and would benefit from an “integrated, whole family approach”.<sup>107</sup>

The MHCLG’s 2020 report on the TFP, [Improving families’ lives: TFP annual report 2019 to 2020](#), said that 399,906 eligible families were being worked with by April 2020, and that, as of 5 April 2020, 350,105 families had reported successful outcomes (80%). Successful family outcomes figures are not measured against a comparison group, and the MHCLG says it is therefore unable to assess how many of those outcomes are a result of participation in the TFP.<sup>108</sup>

A 2018 survey by Ipsos MORI of TFP coordinators on behalf of the MHCLG found that they are “positive about the effectiveness of the programme in achieving whole family working” and that 85% agreed that it is effective in achieving a focus on early intervention in their area.<sup>109</sup> The programme has also been found to have an impact on children already in the social care system before joining the programme, reducing probability of children’s social care service use among those already on a child in need plan or on a child protection plan, and increasing the probability of being on a child protection plan among those not already in the social care system.<sup>110</sup>

Further information on the scheme, the characteristics and progress of families on the TFP and commentary on it can be found in the Library’s [The Troubled Families programme \(England\)](#).

## Related programmes

At the national level, the TFP works with other programmes, such as the Reducing Parental Conflict Programme and [Early Outcomes Fund](#).<sup>111</sup> In November 2019, the [Reducing Parental Conflict Programme](#) was offered in 30 local authority areas, and 148 local authority areas had access to practitioner training to support workers to manage conflict in family life.<sup>112</sup> An

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<sup>105</sup> MHCLG, [National evaluation of the TFP 2015-2020: Family outcomes—national and local datasets, part 5](#), 2020, pp8, 18-19

<sup>106</sup> DWP, [Improving Lives: Helping Workless Families](#), April 2017, para 21

<sup>107</sup> MHCLG, [Financial framework for the TFP](#), April 2020, p17

<sup>108</sup> MHCLG, [Improving families’ lives: Annual report of the TFP 2019-20](#), 2020, p13

<sup>109</sup> Ipsos MORI for MHCLG, [TFP: National evaluation. Survey amongst TFP coordinators](#), May 2019, p11

<sup>110</sup> MHCLG, [National evaluation of the TFP 2015-2020: Family outcomes—national and local datasets, part 5](#), 2020, p26

<sup>111</sup> MHCLG, [Building resilient families: Third annual report of the TFP](#), 2019, p13

<sup>112</sup> MHCLG TFP blog, [Reducing parental conflict](#), 5 November 2019

independent evaluation of the programme has been commissioned by the DWP. A final report is expected in 2022.<sup>113</sup>

#### **Box 4: Parental conflict related to alcohol misuse**

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

Further research and resources on parental conflict are available on the Early Intervention Foundation (EIF) [RPC hub](#). The EIF is a research partner of the Department for Work and Pensions (DWP), and the hub provides a repository of key evidence, tools and guidance on reducing parental conflict.

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<sup>113</sup> DWP, [Reducing parental conflict: Evaluation](#), 18 January 2021; PQ HL 4628 [[Families: Disadvantaged](#)], 2 June 2020. See also [Reducing Parental Conflict programme: evaluation - GOV.UK \(www.gov.uk\)](#)



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