

Early Intervention in Children's Lives Debate on 1 November 2018

Summary

This House of Lords Library Briefing has been prepared in advance of the debate due to take place on 1 November 2018 in the House of Lords on the motion moved by Baroness Massey of Darwen (Labour), “that this House takes note of initiatives in early intervention in children’s lives that would improve the welfare, life chances and social mobility of young people in the United Kingdom”.

Early intervention can be defined in a number of ways and can take a variety of different forms. In essence, it means social policy approaches that attempt to identify and provide effective early support to children and young people who are at risk of poor outcomes. Advocates for early intervention contend this proactive support can help to prevent a number of problems that children may encounter in later life, such as deprivation and disadvantage. A range of studies have pointed toward the efficacy of early intervention across different spheres, including reducing health inequalities, economic disadvantage and a lack of social mobility.

Consecutive UK governments have pursued early intervention policies, which often cut across areas. To examine them, this briefing focuses on:

- health;
- educational development and childcare; and
- societal developments and benefit entitlements.

It also details notable recent policy announcements, such as the publication of the Department for Education’s plan for tackling social mobility through education, *Unlocking Talent, Fulfilling Potential*, in December 2017, and the reaction to it. Given the breadth of policy areas involved, this briefing focuses on early intervention initiatives in England.

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I. What is Early Intervention?

Early intervention in social policy can, and has, been defined in a variety of different ways and taken to apply to different age ranges. The Early Intervention Foundation (EIF) defines it as:

[I]dentifying and providing effective early support to children and young people who are at risk of poor outcomes.

Effective early intervention works to prevent problems occurring, or to tackle them head-on when they do, before problems get worse. It also helps to foster a whole set of personal strengths and skills that prepare a child for adult life.¹

The EIF note early intervention can take different forms, from home visiting programmes to support for vulnerable parents, school-based programmes to improve children's social and emotional skills, and mentoring schemes for young people who are vulnerable to involvement in crime. Such interventions can also be undertaken on a universal basis or targeted at particular children, such as those deemed to be at higher risk of disadvantage, for example.²

When in a child's life an intervention is classed as 'early', and the resulting implications for its efficacy, has also been the subject of debate. The Early Intervention Foundation, for example, have said that its focus is from conception to early adulthood because it is important not just to focus on early years but also on preventing adolescents and young adults from developing problems. In contrast, the First 1001 Days All Party Parliamentary Group (APPG) defines early intervention as those policies focused on conception to age two, whilst in education policy early intervention is often classed as conception to age five, before a child enters primary school.

This paper seeks to update information provided in the House of Commons Library briefing, *Early Intervention*, published in June 2017, which used from conception to age five as its focus, and so will follow the same definition.³

¹ Early Intervention Foundation, '[What is Early Intervention?](#)', accessed 18 October 2018. The foundation is a charity set up in 2013 following examinations of early intervention strategies by Graham Allen, then Labour MP for Nottingham North, at the initial behest of then Prime Minister, David Cameron.

² House of Commons Library, [Early Intervention](#), 26 June 2017, p 3.

³ *ibid.*

2. Arguments for Early Intervention Policies

A range of studies have highlighted that what happens to children in their early years is key to later life outcomes. For example, the 2010 review of health inequalities in England by Professor Sir Michael Marmot found that “giving every child the best start in life is crucial to reducing health inequalities across the life course”.⁴ The review contended that disadvantage started before birth and accumulated throughout life, and action to reduce health inequalities should similarly begin before birth and be followed through the life of the child. The Marmot review called for reforms to reduce inequality, but in its words its “highest priority” recommendation was children be given the best start in life.⁵

Similarly, the *Lancet’s* early development series published in 2016 found strong biological, psychosocial, and economic arguments for intervening as early as possible, starting from and even before conception, to promote, protect, and support children’s development. Highlighting the importance of a child’s early years and the key role of what the *Lancet* termed ‘nurturing care’ to their future health and well-being, it concluded:

Development begins at conception. Scientific evidence indicates that early childhood is not only a period of special sensitivity to risk factors, but also a critical time when the benefits of early interventions are amplified and the negative effects of risk can be reduced. The most formative experiences of young children come from nurturing care received from parents, other family members, caregivers, and community-based services. *Nurturing Care* is characterised by a stable environment that promotes children’s health and nutrition, protects children from threats, and gives them opportunities for early learning, through affectionate interactions and relationships. Benefits of such care are life-long, and include improved health, wellbeing, and ability to learn and earn. Families need support to provide nurturing care for young children, including material and financial resources, national policies such as paid parental leave, and provision of population-based services in a range of sectors, including health, nutrition, education, and child and social protection.⁶

⁴ Professor Sir Michael Marmot, [Fair Society. Healthy Lives: The Marmot Review](#), February 2010, p 14.

⁵ *ibid.*

⁶ *The Lancet*, [‘Advancing Early Childhood Development: from Science to Scale’](#), October 2016, p 2.

The 2010 report from the Department of Health, *Our Health and Wellbeing Today*, stated that the key public health challenges in the very early stages of people's lives were:

- preventing infant mortality (which, although improving, is high when compared internationally);
- encouraging and enabling the good health of mothers, both before and during pregnancy and after birth; and
- maximising early child development.⁷

The report also highlighted the importance of the role of the parent in a child's development:

How children develop at an early stage in their lives is crucial for their future health and wellbeing. The parent-child relationship is vital to children's development, learning, achievement and wider wellbeing. Poor parenting is a risk factor for mental health problems while good parent-child relationships reduce the risk of children adopting unhealthy lifestyle choices.⁸

Similarly, a range of studies contend there are societal benefits to early intervention, allowing problems to be more effectively addressed if tackled early in a child's life. For example, Graham Allen's first report on early intervention, *Next Steps*, argued that:

Many of the costly and damaging social problems in society are created because we are not giving children the right type of support in their earliest years, when they should achieve their most rapid development. If we do not provide that help early enough, then it is often too late. Here are just a few illustrations from the literature:

- A child's development score at just 22 months can serve as an accurate predictor of educational outcomes at 26 years.
- Some 54% of the incidence of depression in women and 58% of suicide attempts by women have been attributed to adverse childhood experiences, according to a study in the US.
- An authoritative study of boys assessed by nurses at age 3 as being 'at risk' found that they had two and a half times as many criminal convictions as the group deemed not to be at risk at age 21. Moreover, in the at-risk group, 55% of the convictions were for violent offences, compared to 18% for those who were deemed not to be at risk.⁹

⁷ Department of Health, [Our Health and Wellbeing Today](#), 2010, p 24.

⁸ *ibid*, p 27.

⁹ Graham Allen MP, [Early Intervention: The Next Steps](#), January 2011, xiii.

Indeed, the report concluded:

The central problem for all developed countries, especially ours, is that intervention happens too late, when health, social and behavioural problems have become deeply entrenched in children's and young people's lives. Delayed intervention increases the cost of providing a remedy for these problems and reduces the likelihood of actually achieving one. More often than not, delayed intervention results only in expensive palliative measures that fail to address problems at their source.¹⁰

Similarly, the review of poverty by Frank Field (then Labour MP for Birkenhead¹¹) emphasised the importance of improving parenting and children's early development as a means of ending the inter-generational transmission of child poverty, pointing, for example, to the impact that high-quality early education for two-year olds can have on later life chances.¹²

It is also argued early intervention policies can lead to significant economic advantages, principally because of early, preventative interventions proving more cost-effective than later, reactive ones, and that early intervention can lead to greater economic productivity. For example, in their 2007 study, *Early Childhood Intervention*, Dr Orla Doyle et al contended:

Early investment in preventive programmes aimed at disadvantaged children is often more cost effective than later remediation which can be prohibitively costly. Early intervention programmes have been shown to improve attendance and performance in school, raise the quality and productivity of the workforce, reduce crime, teenage pregnancy and welfare dependency. A key finding in this area is that efficiency in public spending would be enhanced if human capital investment were re-orientated from the old (remedial programmes) to the young (preventative programmes).¹³

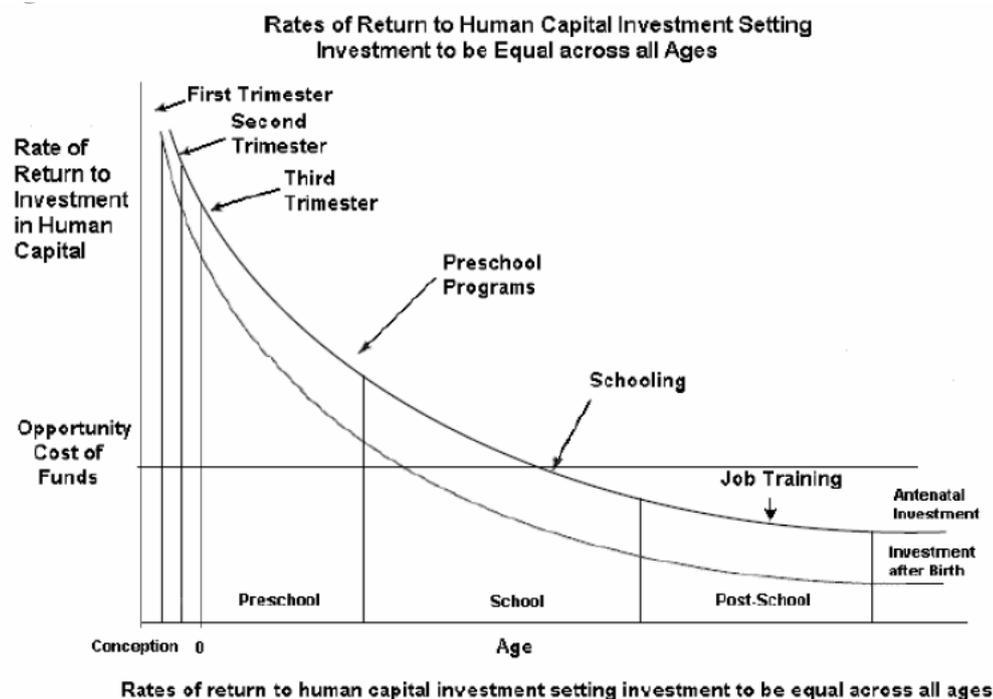
To illustrate that point, the authors provided the following graph which they argued showed that, when investment levels were the same, the rate of return in terms of human capital was highest in the first trimester of pregnancy and decreased at each subsequent stage of life.

¹⁰ Graham Allen MP, [Early Intervention: The Next Steps](#), January 2011, p 4.

¹¹ Mr Field currently sits as an Independent.

¹² Frank Field, [The Foundation Years: Preventing Poor Children Becoming Poor Adults](#), 2010, p 5.

¹³ Dr Orla Doyle et al, [Early Childhood Intervention: Rationale, Timing and Efficacy](#), 2007, p 4.

Graph: Rates of Return to Human Capital Investment

(Source: Dr Orla Doyle et al, [Early Childhood Intervention: Rationale, Timing and Efficacy](#), 2007, p 10)

The precise economic benefits of effective early intervention are complicated to assess accurately and depend upon the methodology used. However, the First 1001 Days APPG, using methodologies from Australian and American studies, has estimated that the cost to the UK economy of non-intervention in child maltreatment cases were £15 billion per year.¹⁴ Similarly, a 2009 joint study by the New Economics Foundation and Action for Children proposed a programme of early intervention which they argued could deliver savings. For example:

- An investment of £191 billion in targeted interventions will deliver a net return of £269 billion. This investment, over a 10-year period, should be seen as a temporary measure to improve the wellbeing and opportunity of our most vulnerable children. ⁽
- An investment of £428 billion in universal childcare and paid parental leave provision will deliver a net return of £612 billion over a 20-year period. A focus on the early years is an essential part of the transition to create the enabling conditions for increased child wellbeing for all and to consolidate the gains of the targeted investment. ⁽

¹⁴ First 1001 Days All Party Parliamentary Group, [Building Great Britons](#), 2015.

- If the Government invests in targeted interventions, universal childcare and paid parental leave, a saving of £486 billion would be made over 20 years—compared with the £4 trillion price tag of continuing with business as usual and meeting the costs of addressing existing problems.¹⁵

A further analysis on the cost of late intervention by the Early Intervention Foundation in 2016 contended that:

- Nearly £17 billion per year is spent in England and Wales by the state on the cost of late intervention [...] This works out at around £287 per person.
- The largest individual costs are:
 - £5.3 billion spent on Looked After Children
 - £5.2 billion associated with cases of domestic violence
 - £2.7 billion spent on benefits for young people who are not in education, employment or training (NEET).
- The cost of late intervention is spread across different areas of the public sector, with the largest shares borne by:
 - local authorities (£6.4 billion)
 - the NHS (£3.7 billion)
 - Department for Work and Pensions (£2.7 billion).¹⁶

The report also found significant regional variation in the amount spent:

Using spend per person in each local authority [in England] as a basis for comparison, we find that this is £298 on average but can be as low as £164 or as high as £531.¹⁷

3. Government Approach

Successive UK governments have implemented early intervention policies across a range of policy areas. Many of these interventions have been across a number of issue areas but are examined below under the broad headings of health, education and social development.

¹⁵ New Economics Foundation and Action for Children, [Backing the Future: Why Investing in Children is Good for All of Us](#), 2009, p 7.

¹⁶ Early Intervention Foundation, [‘The Cost of Late Intervention: EIF Analysis’](#), 2016.

¹⁷ *ibid.*

3.1 Health

Healthy Child Programme

The healthy child programme is a NHS England initiative for the early life stages, focusing on a universal preventative service, providing families with a programme of screening, immunisation, health and development reviews, supplemented by advice around health, wellbeing and parenting.¹⁸

The Coalition Government set out that, as part of the transfer of public health responsibilities to local government in England, public health services commissioning for new-borns to five-year olds would move to local authorities. As part of this transfer, local authorities are now responsible for carrying out five mandated child development reviews:

1. An antenatal health visit;
2. The new baby review;
3. The six to eight-week assessment;
4. The one-year assessment; and
5. The two to two-and-a-half review.¹⁹

In support of the changes, the Department of Health argued that local authorities were best placed to understand the needs of those in their areas:

Local authorities (LAs) know their communities and understand local need, meaning they are able to commission the most vital services to improve local children's health and wellbeing. One of the benefits of LAs commissioning health visitor services is that it offers opportunities to link with wider systems, such as housing, early years education providers and to enable the integration of children's services. This in turn will provide a more joined-up, cost effective service built around individual need, paving the way to deliver across a wider range of public health issues.

LAs have the flexibility to ensure that the mandated universal services will support early intervention, community development and complex care packages in the context of local need. The smooth transfer of these services to LAs is an important step to reduce health inequalities through the provision of high quality care for every child and their family.²⁰

¹⁸ Department of Health and Social Care, '[Healthy Child Programme](#)', accessed 22 October 2018.

¹⁹ Department of Health, [Universal Health Visitor Reviews: Advice for Local Authorities in Delivery of the Mandated Universal Health Visitor Reviews from 1 October 2015](#), 2015, pp 5–6.

²⁰ *ibid*, p 7.

A 2016 review by Public Health England found that there was a “statistically significant increase” in the eligible population reached by the service during 2015/16 in comparison with the previous year, and that the momentum of the health visitor programme was being maintained through the transfer of responsibility.²¹ New regulations passed in March 2017 have subsequently ensured this duty remains with local authorities.²²

Public Health England has produced guidance (updated in March 2018) to support the commissioning of the healthy child programme according to what it calls a 4-5-6 model:

Health visitors and school nurses, as public health nurses use strength-based approaches, building non-dependent relationships to enable efficient working with their population (children, young people and families) to support behaviour change, promote health protection and to keep children safe. This is the only workforce that has the opportunity of engaging with all families in their own homes; this is essential for early identification and interventions to mitigate problems worsening in the future, thus contributing to demand management in areas of statutory requirements.

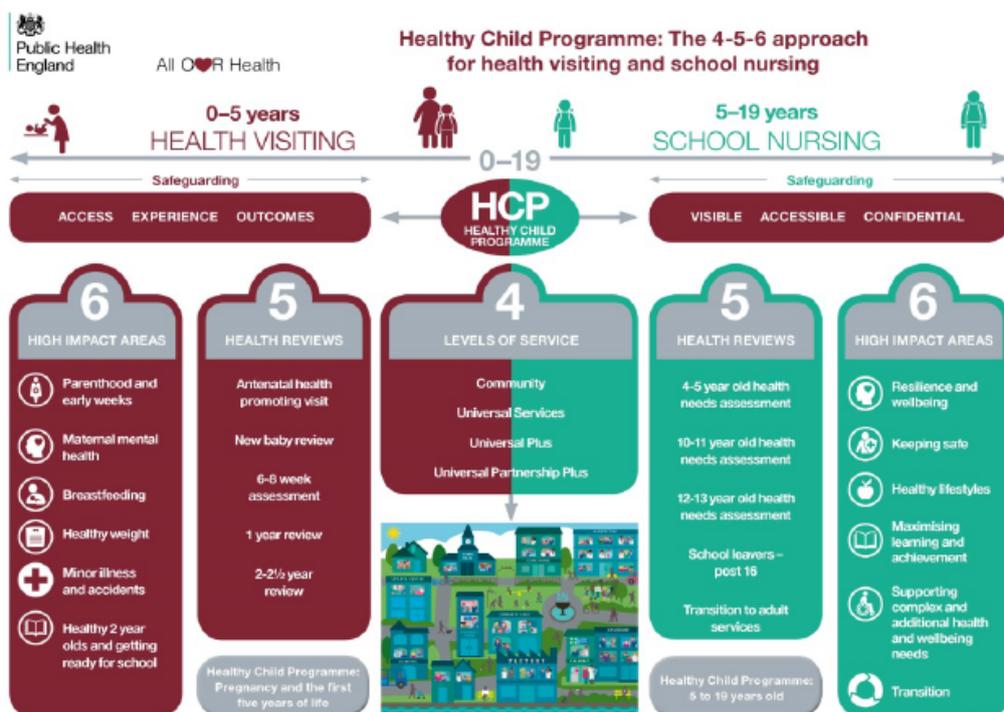
The 4-5-6 model shown in figure 1 is an evidence-based approach to deliver the healthy child programme. It encompasses the reach and impact of health visiting and school nursing services through:

- 4 levels of service
- 5 universal reviews
- 6 high impact areas

²¹ Public Health England, [Review of Mandation for the Universal Health Visiting Service](#), October 2016, p 5.

²² House of Commons Library, [Early Intervention](#), 26 June 2017, p 15.

Figure 1: Health Child Programme: The 4-5-6 Approach for Health Visiting and School Nursing



(Source: Public Health England, [Best Start in Life and Beyond: Improving Public Health Outcomes for Children, Young People and Families](#), 2016, p 6)

Health Visitors

As noted in the above diagram, health visiting teams lead and deliver the Health Child Programme for all children aged 0 to 5. The Institute of Health Visitors defines their role as follows:

Health visitors are registered nurses/midwives who have additional training in community public health nursing. They provide a professional public health service based on best evidence of what works for individuals, families, groups and communities; enhancing health and reducing health inequalities through a proactive, universal service for all children 0–5 years and for vulnerable populations targeted according to need. Health visiting is a proactive, universal service that provides a platform from which to reach out to individuals and vulnerable groups, taking into account their different dynamics and needs, and reducing inequalities in health. Pre-school children and their families are a key focus.²³

²³ Institute of Health Visitors, [‘What is a Health Visitor?’](#), accessed 22 October 2018.

In response to a parliamentary question in March 2018, the Department of Health provided figures on the number of health visitors in England in each of the last nine years:²⁴

NHS Hospital and Community Health Services (HCHS): Health visitors in NHS trusts and CCGs in England as at 30 November each specified year (FTE and HC).

Year	Health Visitors (FTE)	Health Visitors (HC)
November 2010	7,961	9,884
November 2011	7,812	9,626
November 2012	7,963	9,647
November 2013	8,526	10,213
November 2014	9,629	11,407
November 2015	10,279	12,173
November 2016	9,376	11,142
November 2017	8,317	9,995

(Source: NHS Digital, [‘Provisional NHS HCHS Monthly Workforce Statistics’](#), 2018)

Family Nurse Partnership

The family nurse partnership (FNP) is a voluntary home visiting programme for first-time young mothers and families, designed to help parents “have a healthy pregnancy, improve their child’s health and development, plan their own futures and achieve their aspirations”.²⁵ It is targeted at mothers aged 19 and under, and is designed to provide intensive support for vulnerable first-time young mothers and their families, including those from disadvantaged areas and backgrounds. In response to a written parliamentary question in September 2017, the Department of Health provided data on the number of mothers who have been clients of the family nurse partnership since 2010.²⁶

²⁴ House of Commons, [‘Written Question: Health Visitors’](#), 13 March 2018, 132310.

²⁵ Family Nurse Partnership, [‘How FNP Works’](#), accessed 22 October 2018.

²⁶ House of Commons, [‘Written Question: Family Nurse Partnership Programme’](#), 4 September 2017, 7131. The table shows the number of ‘active clients’ (mothers only) the family nurse partnership (FNP) has had since 2010. An active client is defined as being enrolled on the FNP programme and received at least one visit during the year. A client who completes the programme is typically active in multiple calendar years. The data presented is for England only.

Calendar Year	Active Clients
2010	5,590
2011	6,242
2012	8,403
2013	9,982
2014	11,850
2015	14,702
2016	14,412

(Source: House of Commons, '[Written Question: Family Nurse Partnership Programme](#)', 4 September 2017, 7131)

Healthy Start

Pregnant women and families with children up to four years of age who are in receipt of certain income-related benefits are eligible for vouchers for free vitamins, and to spend on milk, fresh fruit and vegetables under the healthy start scheme.²⁷

Perinatal Mental Health

Perinatal mental health problems are those which occur during pregnancy or in the first year following the birth of a child. According to NHS England, perinatal mental illness affects up to 20 percent of women, covers a wide range of conditions and if left untreated can have significant and long-lasting effects on the woman and her family.²⁸ NHS England also states that perinatal mental health problems can also have long-term effects on children's emotional, social and cognitive development.

NHS England has committed to fulfilling the ambition in the *Five Year Forward View for Mental Health*, which aims to deliver increased access to specialist perinatal mental health support in all areas of England by 2020/21, allowing an additional 30,000 women each year to receive "evidence-based treatment, closer to home, when they need it".²⁹ This includes the right range of specialist community and inpatient care.

In seeking to deliver this aspiration, NHS England states that it intends to focus on the following areas:

A phased, five-year transformation programme, backed by £365m in funding, is underway to build capacity and capability in specialist

²⁷ NHS, '[Healthy Start](#)', accessed 22 October 2018.

²⁸ NHS England, '[Perinatal](#)', accessed 22 October 2018.

²⁹ *ibid.*

perinatal mental health services, focused on improving access to and experience of care, early diagnosis and intervention, and greater transparency and openness.

Preparation and planning

- **Developing and implementing evidence-based pathways:** helping to deliver integrated services which incentivise early intervention and holistic approaches to care and recovery.
- **Networks:** being established in all regions, as recommended in NICE guidelines, to provide leadership and expertise in the development of local services and pathways.
- **Workforce development:** working with partners to build the capacity and competency across the specialist workforce; to develop and deliver a workforce strategy as well as a multidisciplinary skills and competency framework.

Building capacity

- **Increasing Mother and Baby Unit (MBU) provision:** including development of new MBUs in areas with significant access issues and increasing capacity in existing units, as needed.
- **Strategic collaborative commissioning models:** develop and implement new commissioning models so that inpatient MBUs serve the needs of large populations and are closely integrated with specialised community perinatal mental health teams.

Securing transformation

- **Perinatal mental health community services development fund launched on 19 August** to promote service development and quality improvement. Organisations invited to submit funding proposals for up to three years focused on expanding existing specialist community teams into a wider geography or resourcing small new teams with limited provision to meet the needs of local populations more comprehensively.
- **Specialist community perinatal services:** ensure these are available in each locality to deliver care as well as provide consultation and advice to maternity, mental health and community services; support this development with targeted investment through a community development fund over time before mainstreaming into CCG allocations.
- **Data, outcomes and incentives:** collecting and publishing national and local data; developing standardised data and outcomes measures to measure and monitor improvement, activity and service provision, and reviewing levers to drive improvements.³⁰

³⁰ NHS England, '[Perinatal](#)', accessed 22 October 2018.

3.2 Education and Childcare

Childcare/The Early Education Entitlement

All three- and four-year olds, and approximately 40% of the most disadvantaged two-year olds, are entitled to 570 hours of government-funded childcare a year, often taken as 15 hours over 38 weeks. For three- and four-year olds, this entitlement is universal and not means tested or reliant on any other conditions, such as immigration status. A 2016 report by the National Audit Office found that take up of this entitlement for three- and four-year olds was around 94% and 99% respectively.³¹

Under the Coalition Government, similar provision was introduced for two-year olds where certain conditions are met, including if the child's parents or carers were eligible for certain means-tested benefits, or if the child was or had been looked after by a local authority.³² (Funding for this provision is provided separately from provision for three- and four-year olds.) The 2016 NAO report found take-up amongst eligible two-year olds at that time was 58%, beneath the Government's aspiration of 73% to 77%.³³

Through the Childcare Act 2016, a further extended entitlement for three- and four-year olds to provide a further 570 hours of government-funded childcare—commonly taken as 30 hours over 38 weeks—was implemented subject to certain conditions.³⁴

The House of Commons Treasury Committee summarised these reforms, and the Government's wider childcare provision, in its March 2018 report examining childcare funding as shown in the table below.

³¹ National Audit Office, [Entitlement to Free Early Education and Childcare](#), March 2016, HC 853 of session 2015–16, p 6.

³² House of Commons Library, [Childcare: The Level of Funding for Free Provision for 3 and 4 Year Olds \(England\)](#), 9 October 2018, p 1.

³³ National Audit Office, [Entitlement to Free Early Education and Childcare](#), March 2016, HC 853 of session 2015–16, p 6.

³⁴ The entitlement can be 'stretched' over more than 38 weeks, though it cannot be condensed to a period under 38 weeks. There are also constraints on how the funded childcare can be taken, including no session to be longer than ten hours (though there is no minimum length) and delivered between 6am and 8pm (House of Commons Library, [Childcare: The Level of Funding for Free Provision for 3 and 4 Year Olds \(England\)](#), 9 October 2018, p 1).

Table: Summary of Childcare Policies

Scheme Entitlement	Eligibility
Childcare vouchers – Parents can take up to £55 a week of their wages as childcare vouchers, on which they do not pay income tax or National Insurance.	<p>The employer must offer a childcare vouchers scheme.</p> <p>From 6 April 2018 (extended by a further six months to October in a statement to the House of Commons on 14 March²⁶) childcare voucher schemes will close to new applicants.</p> <p>Existing recipients will keep their entitlement if they joined a scheme and get their first voucher by 5 April 2018 (extended by a further six months), as long as they stay with the same employer and their employer continues to run the scheme and they do not take an unpaid career break of longer than a year.</p>
<p>Tax-Free Childcare – Up to £500 every 3 months (£2,000 a year) for each child to help with the costs of childcare.</p> <p>If eligible, the government pays £2 for every £8 a parent pays for childcare provision via an online account.</p>	<p>Parent and their partner (if they have one) must be:</p> <ul style="list-style-type: none"> • In work or getting parental leave, sick leave or annual leave • Each earning at least the National Minimum Wage or Living Wage for 16 hours a week
30-hours free childcare (1,140 hours per year) for 3 to 4-year-olds	<p>Parent and their partner (if they have one) must be:</p> <ul style="list-style-type: none"> • In work or getting parental leave, sick leave or annual leave • Each earning at least the National Minimum Wage or Living Wage for 16 hours a week • Not earning more than £100,000 per year
15-hours free childcare (570 hours per year) for 3 to 4-year-olds	All children
As part of Universal Credit up to 85 per cent of childcare costs, up to a maximum of £175 per week for one child or £300 per week for two or more children	<p>Parent must be:</p> <ul style="list-style-type: none"> • Eligible for Universal Credit • Working
Child Tax Credits	Dependent on number of children and income

Scheme Entitlement	Eligibility
As part of Working Tax Credits parents can claim extra amount to help cover the costs of approved childcare, up to 70 per cent of childcare costs up to the same thresholds as for Universal Credit with additional funding for households on housing or council tax benefits.	Parent must <ul style="list-style-type: none"> • Work a certain number of hours a week • Get paid for the work they do (or expect to) • Have an income below a certain level
15-hours free childcare (570 hours per week) for 2-year-olds	Parent must be entitled to one of the following benefits: <ul style="list-style-type: none"> • Income Support • Income-based Jobseeker’s Allowance (JSA) • Income-related Employment and Support Allowance (ESA) • Universal Credit—if parent and their partner are on a low income from work (this usually means a combined income of less than £15,400 a year after tax) • Tax credits and you have an annual income of under £16,190 before tax • The guaranteed element of State Pension Credit • The Working Tax Credit 4-week run on (the payment a parent receives when they stop qualifying for Working Tax Credit)
Support for parents in education: <ol style="list-style-type: none"> 1) Weekly payments through Care to Learn 2) Discretionary Learner Support to pay for childcare 3) Childcare Grant to pay for childcare costs for children under 15 or under 17 if they have special needs 	<ol style="list-style-type: none"> 1) Under 20 at the start of a publicly-funded course, 2) If a parent is 20 or over and in further education. 3) If a parent is in full-time education

This table is a summary of the policies and not all detail, exemptions and eligibility criteria have been listed. Full details of each scheme can be found at www.gov.uk/help-with-childcare-costs

(Source: House of Commons Treasury Committee, [Childcare](#), 25 March 2018, HC 757 of session 2017–19, pp 11–12)

Among the conclusions in its report, the committee said:

The Government has stated that it provides £4.94 per hour to fund 30-hours free childcare. Such a figure is misleading firstly because not all this money is passed onto childcare providers—a proportion is retained by local authorities—and secondly, because it includes money for some specific schemes, such as the early years fund, which many providers do not receive. The average rate passed on to private, voluntary and independent providers was £4.34 per hour.

A number of different studies have calculated the average cost per hour of providing childcare. The estimates range from £3.72 to £4.68. The Government maintains that its current level of funding per hour compares very favourably to these average costs. However, the Department for Education’s own analysis, as well as the Study of Early Education (SEED) report, show that for certain types of providers, the average government rate passed on to providers of £4.34 is only just above, and in some cases less than, the average costs providers incur.³⁵

The committee further found that childcare providers were altering their service in “ways that were not foreseen” when the scheme was designed, and that may undermine the Government’s overarching policy objectives, including restricting the times when parents could claim 30 hours and cutting back on higher-qualified staff and increasing their child-to-staff ratios.³⁶ The committee also found evidence to suggest some local authorities were having to cut back on childcare provisions for low-income children younger than three, who do not qualify for free childcare, for whom they had previously provided support.³⁷

In its response to the committee, published in June 2018, the Government said that by 2019/20 it will be spending £1 billion a year to deliver 30 hours of free childcare and fund the increase in rates introduced in April 2017.³⁸ It added that the Government was confident the early years national funding formula was allocating that funding fairly and transparently and that it would continue to monitor childcare costs.³⁹

³⁵ House of Commons Treasury Committee, [Childcare](#), 25 March 2018, HC 757 of session 2017–19, p 42

³⁶ *ibid.*

³⁷ *ibid.*

³⁸ Rates are calculated according to a regional funding formula, a full breakdown of which can be found in the Department for Education’s [Early Years National Funding Formula: Funding Rates and Guidance](#), updated February 2018.

³⁹ House of Commons Treasury Committee, [Childcare: Government Response to the Committee’s Ninth Report](#), 13 June 2018, HC 1196 of session 2017–19, p 9.

Regarding childcare providers, the Government said it was committed to continuing to support them in managing their costs and improve productivity. To this end, the Department for Education has introduced a business sustainability package and is working with partners to make available further materials to support providers to help them deliver high quality childcare and early education.⁴⁰

Further changes to early educational entitlement which the Government intends to make with the introduction of universal credit are examined below.

Early Years Foundation Stage

The early years foundation stage (EYFS) is a statutory framework for children up to the age of five in England, setting out areas of learning around which educational activities should be based. Designed so that children will predominately be taught through games and play, the EYFS is based around the following areas of learning:

- communication and language
- physical development
- personal, social and emotional development
- literacy
- mathematics
- understanding the world
- expressive arts and design⁴¹

All schools and Ofsted-registered early years providers must follow the EYFS, including childminders, preschools, nurseries and school reception classes.

Early Years Pupil Premium

The early years pupil premium, introduced in 2015/16, was additional funding for early years settings to improve the education provided to three- and four-year olds. When it was introduced it was worth up to £300 per eligible child and £50 million in total.⁴² The amount each child currently receives is decided by a regional funding formula.⁴³

⁴⁰ House of Commons Treasury Committee, [Childcare: Government Response to the Committee's Ninth Report](#), 13 June 2018, HC 1196 of session 2017–19, p 9.

⁴¹ Department for Education, ['Early Years Foundation Stage'](#), accessed 22 October 2018.

⁴² House of Commons Library, [Early Intervention](#), 26 June 2017, p 24.

⁴³ Department for Education, ['Dedicated Schools Grant \(DSG\): 2018 to 2019'](#), July 2018.

At the end of 2017 a consultation was held on how the allocation of the early years pupil premium, early education entitlement and free school meals would be decided following the introduction of universal credit. The Parliamentary Under Secretary of State for Children and Families, Nadhim Zahawi, issued a written statement in February 2018 which said:

Following the two public consultations my department ran recently, I am pleased to announce my intention to lay regulations in the House later today that will introduce net earned income thresholds under universal credit for free school meals, the early years pupil premium, and the early education entitlement for disadvantaged two-year olds.

This approach is consistent with how other government departments have set criteria for other 'passported' benefits.

The changes will come into force on 1 April 2018 for the start of the school summer term. Under our proposals, we estimate that by 2022 around 50,000 more children will benefit from a free school meal compared to the previous benefits system. In addition, we will apply transitional protection to anyone currently receiving free school meals.

These changes do not affect the criteria for universal infant free school meals, which will continue to be available to all pupils in reception, year 1 and year 2 regardless of parental income.

For free school meals and the early years pupil premium we are introducing a net earnings threshold of £7,400 per annum. A typical family earning around £7,400 per annum would, depending on their exact circumstances, have a total household income of between £18,000 and £24,000 once benefits are taken into account.

For the early education entitlement for disadvantaged two-year olds, we are introducing a net earnings threshold of £15,400 per annum. Under this new threshold, we estimate that by 2023 around 7,000 more children will benefit from the two-year old entitlement compared to the previous benefits system.⁴⁴

Unlocking Talent, Fulfilling Potential (December 2017)

In December 2017, the Department for Education published its plan to improve social mobility through education, *Unlocking Talent, Fulfilling Potential*.⁴⁵ The plan contained five core ambitions: four which span across

⁴⁴ House of Commons, [Written Statement: Schools and Early Years Update](#), 7 February 2018, HCWS459.

⁴⁵ Department for Education, [Unlocking Talent, Fulfilling Potential](#), December 2017, Cm 9541.

each life phase—the early years, school, post-16 education, and careers—and a fifth overarching ambition focusing on “delivering better educational and career outcomes more evenly across the whole country”.⁴⁶

Addressing early years and closing the ‘word gap’ was ambition 1 in the plan:

Ambition 1: Close the ‘word gap’ in the early years. Good early years education is the cornerstone of social mobility—and we are making record investment in this area. Children with strong foundations will start school in a position to progress, but too many children still fall behind early, and it is hard to close the gaps that emerge. We need to tackle these development gaps at the earliest opportunity, particularly focused on the key early language and literacy skills, so that all children can begin school ready to thrive.⁴⁷

To support this aim, the plan stated that the Government would invest £6 billion in early education and childcare support by 2019/20, which will include a new early years national funding formula and the changes to childcare provision detailed above. It said:

This is why we are making a record investment of around £6 billion per year in early education and childcare support by 2019/20. This includes: a new early years national funding formula that increases the funding rate for children and areas that need it most; the early years pupil premium to support disadvantaged three- and four-year olds; and 15 hours of free childcare a week for disadvantaged two-year olds. To support families, we are offering 15 hours of free childcare per week for all three- and four-year olds, and a further 15 hours for working parents.

Our best quality early years settings are proof that prevention is better than cure, putting children from all backgrounds on the right track from the very beginning and enabling them to begin school in a position to thrive. For too many children, however, gaps do arise early and then prove stubbornly hard to close:

- **Development gap:** On average, 40% of the overall gap between disadvantaged 16-year-olds and their peers has already emerged by the age of five. And there is significant variation across the country: while 71% of disadvantaged five-year olds in Lewisham achieve a good level of development, in York it is only 46%.

⁴⁶ Department for Education, [Unlocking Talent, Fulfilling Potential](#), December 2017, Cm 9541, p 8.

⁴⁷ *ibid.*

- **‘Word gap’:** These gaps are particularly pronounced in early language and literacy. By the age of three, more disadvantaged children are—on average—already almost a full year and a half behind their more affluent peers in their early language development. And around two fifths of disadvantaged five-year olds are not meeting the expected literacy standard for their age.

We know that these gaps have a lasting detrimental impact on social mobility. Children who are behind in language development at age five are six times less likely to reach the expected standard in English at age eleven, and 11 times less likely to achieve the expected level in maths. Children who arrive at school in a strong position will find it easier to learn, while those already behind will face a growing challenge: early advantage accumulates, but so too does early disadvantage.⁴⁸

The plan also detailed further measures to improve literacy, such as a focus on phonics, and to ensure “more disadvantaged children are able to experience a language rich early environment”.⁴⁹ To this end, the plan committed to spreading good practice on home-based learning environment programmes and working in partnership with Public Health England to provide holistic support. It would:

- **Identify and spread evidence-based home learning environment programmes that support early language development.** To identify the most promising and well evidenced approaches, and those that can be scaled rapidly, we will invest £5 million to trial ‘what works’ in this area in the North of England, working closely with external partners. And we will launch an evidence review on how family learning and adult literacy approaches can be used to involve actively parents in supporting their children’s early language development.
- **Form a partnership with Public Health England to enable health visitors and early years practitioners to identify and support children’s early speech, language and communication needs.** We will develop training and guidance to support these professionals in targeted areas. And we will also develop an effective early language assessment tool for health visitors and early years practitioners to help to check children’s early language development—including as part of the two-year old check—ensuring that any delays can be picked up and the right early support put in place.⁵⁰

⁴⁸ Department for Education, [Unlocking Talent, Fulfilling Potential](#), December 2017, Cm 9541, p 11.

⁴⁹ *ibid*, p 12.

⁵⁰ *ibid*, pp 12–13.

The plan also committed £50 million to creating more high quality early education places for disadvantaged children, arguing disadvantaged children would have most to gain:

As graduate teachers and leaders are a requirement in school-based settings, we will focus on ensuring more new schools include nursery provision and on introducing and expanding nursery provision in good existing schools, both with a focus on disadvantaged children. We will also work with external partners to understand better ‘what works’ to improve the outcomes of disadvantaged pupils via school-based provision, spreading best practice across the country to ensure these children have greater access to high quality early years education. Alongside this, we will continue with supplementary funding for maintained nursery schools until 2019/20, and work with the sector to develop our plans for the long term.⁵¹

As part of this approach, the plan stated that the Government would seek to identify communities with low take-up of early education and provide bespoke support including developing performance dashboards to show what was happening in each local authority:

These dashboards will include the take-up of early education and care (including the two-year old offer) and the outcomes children go on to achieve at the end of reception, including a specific measure for disadvantaged children. We will also support families of three- and four-year olds with disabilities to access their free childcare entitlements through the £12.5 million disability access fund.⁵²

Further to spread best practice in early years provision, the plan stated that the Government would focus on early language and literacy:

- We will make a dedicated new £50 million investment, targeted in areas of weak early language and literacy. This will create a new national network of school-led English Hubs to promote and share excellence—drawing on and developing the evidence base—with a particular focus on reception year. And this will also create a significant new £20 million offer of school-led professional development for early years practitioners in pre-reception nursery settings (both private and school-based) to support early language and numeracy development. To complement this, we will ensure that the next round of the £75 million teaching and leadership innovation fund (TLIF) has a themed focus on professional development programmes to

⁵¹ Department for Education, [Unlocking Talent, Fulfilling Potential](#), December 2017, Cm 9541, p 13.

⁵² Department for Education, [Unlocking Talent, Fulfilling Potential](#), December 2017, Cm 9541, p 13.

support early language and literacy teaching in reception year. And we will also include within the £280 million strategic school improvement fund (SSIF) a specific focus on boosting early literacy and numeracy, spreading the best practice that currently exists to where it can make the biggest difference.

- Spread best practice to where it is needed, including from high performing local authorities to underperforming areas. We will launch a new £8.5 million ‘system leadership’ programme of sector-led peer support and challenge, where high performing local authorities will help others to develop effective strategies to improve outcomes, including through the effective use of children’s centres and alignment with local troubled families programmes. These high performing local authorities will support and help to build the capacity in similar areas that have not yet been successful, demonstrating what can be achieved and how it can be done. And alongside and informed by all of these approaches, we will work with the EEF, Early Intervention Foundation (EIF), Nuffield Foundation and others to further enhance the evidence-based professional development opportunities in the early years and ensure practitioners can identify and make the best use of proven interventions to support disadvantaged children—including through a new dedicated ‘what works’ fund.⁵³

Finally, to further improve the quality of provision in reception year, the plan stated that the Government would revise early learning goals and support teachers in delivering the best outcomes for their pupils:

- Following the consultation on primary assessment, we will work closely with teachers and experts to revise the early learning goals (ELGs), reflecting the latest evidence on rounded child development. We want the ELGs to support teachers in delivering the best outcomes for their pupils, without driving unnecessary workload. This means ensuring the outcomes described by the early years foundation stage profile better align with the starting point of year one teaching, with particular regard to strengthening literacy and numeracy in the early years. This will include an enhanced focus on vocabulary development.
- Ofsted’s recent review of the reception year highlighted that many teachers were uncertain about what should most effectively be covered in the reception year, leading to uneven provision. We will therefore establish expert groups—drawn from the profession—to identify examples of best practice and help develop guidance on what strong reception year practice

⁵³ Department for Education, [Unlocking Talent, Fulfilling Potential](#), December 2017, Cm 9541, pp 14–15.

can look like.⁵⁴

Responses to *Unlocking Talent, Fulfilling Potential*

Reaction to the Government’s proposals has been mixed. Beatrice Merrick, chief executive of the charity Early Education, said there was “much to welcome” in the Government’s strategy and said it was vital that the focus on language “runs through a broad and varied early years curriculum, and is not seen as a stand-alone”.⁵⁵ She added:

We regret that only a very small part of the funding here is directly targeted on initiatives to improve the home learning environment, which has to be the starting point for action—early education cannot alone be a panacea.⁵⁶

Action for Children director, Emma Horne, also welcomed the measures:

We welcome the Government’s recognition that too many children from disadvantaged backgrounds are falling behind and the importance of the early years in turning this around. Improving the quality of both early education with a focus on language, and the home learning environment, will go a long way to helping all children get the best start in life.⁵⁷

However, Purnima Tanuku, chief executive of National Day Nurseries Association, was more critical, stating that the plan “sends out an unpleasant and unsupportive message to the PVI nursery sector”.⁵⁸ In particular, she criticised the decision to restrict £50 million of investment to nursery schools, arguing that “the Government is threatening the sustainability of those businesses which are already struggling to deliver its current childcare offer to parents on stand-still rates”.⁵⁹

⁵⁴ Department for Education, [Unlocking Talent, Fulfilling Potential](#), December 2017, Cm 9541, p 15.

⁵⁵ *Times Educational Supplement*, [‘Social Mobility: All the Reaction as Justine Greening Sets out her ‘Action Plan’](#)’, 14 December 2017.

⁵⁶ *ibid.*

⁵⁷ Action for Children, [‘Action for Children Response to the DfE’s ‘Unlocking Talent, Fulfilling Potential’ Social Mobility Report](#)’, 14 December 2017.

⁵⁸ *Times Educational Supplement*, [‘Social Mobility: All the Reaction as Justine Greening Sets out her ‘Action Plan’](#)’, 14 December 2017.

⁵⁹ *ibid.*

Responding on behalf of local authorities, Councillor Richard Watts, chair of the Local Government Association's children and young people board, said:

Councils want every child to have a good quality of life and be able to improve their circumstances regardless of their background or where they live. It is absolutely right that the DfE is embracing the social mobility agenda, but this goes much further than just education.

To tackle poverty and promote social mobility, policies cutting across a wide range of areas—such as early years, family support, education, employment support, welfare, public health and housing—need to be considered together and follow people through their lifetime.⁶⁰

Early Language and Literacy Skills

Further to *Unlocking Talent, Fulfilling Potential*, in April 2018 the Government announced the formal creation of two schemes trailed in the plan and which it argues will help to close the 'word gap'—the gap in communication skills between disadvantaged children and their peers when they start school—and build the confidence of parents to support their children in language and reading at an early stage.

The first is a £5million scheme to be run by the Education Endowment Foundation (EEF) to trial projects to provide practical tools and advice to parents so they can help their children learn new words through simple steps like reading and singing nursery rhymes.

Alongside this, the Government state an £8.5million programme has opened for local authorities to fund projects to improve early language and literacy development for disadvantaged children.⁶¹

Social Mobility Funding

In July 2018, the Government also announced a £6.5 million fund to improve social mobility through projects supporting children who need the most help with early language and speech skills.⁶² As part of this approach, the Government intends that parents who need help teaching their children reading, writing and language skills will get support such as home visits and online tools. Voluntary and community groups will also receive funding to run projects that help disadvantaged families and children with additional

⁶⁰ Local Government Association, '[Councils Respond to DfE's Social Mobility Action Plan](#)', 14 December 2017.

⁶¹ Department for Education, '[Multi-Million Fund to Boost Children's Early Language Skills](#)', 30 April 2018.

⁶² Department for Education, '[Multi-Million Pound Fund to Support Disadvantaged Children in the Early Years](#)', 1 July 2018.

needs.

3.3 Societal Development and Benefit Entitlements

Early Intervention Grant and Sure Start Centres

The early intervention grant was introduced in 2011/12 to replace many of the grants which covered spending on under-fives, in addition to some support for young people and families.⁶³ Changes were made to the grant in 2013/14, as summarised below:

- The funding for early education for two-year olds was transferred from EIG and added to 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.
- 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. Removing the two-year olds' funding from EIG cut its value in each of these years.
- 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 Adoption 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 £1.21 billion in 2017/18. Indicative totals for the following years show further cuts down which take the total down to £1.03 billion in 2019/20.⁶⁴

In response to a written question in June 2018 on the early intervention grant and early intervention funding more widely, Nadhim Zahawi, the Parliamentary Under Secretary of State for Children and Families, pointed to funding commitments given in *Unlocking Talent, Fulfilling Potential*:

The 2015 spending review made available more than £200 billion until

⁶³ House of Commons Library, [Early Intervention](#), 26 June 2017, p 26.

⁶⁴ *ibid*, pp 26–7.

2020 for councils to deliver the local services their communities want to see, including children's services.

In addition, by 2019/20 we will be spending around £6 billion on childcare support. This is more than any other government and this government support will make childcare more affordable and more accessible.

Furthermore, in our ambitious plan 'Unlocking Talent, Fulfilling Potential' that the Department published in December 2017, we committed to a £100 million investment to help close the gap between disadvantaged children and their peers.

My right hon. Friend, the Chancellor of the Exchequer has announced that the next spending review will be in 2019. This will, as normal, consider all elements of government spending, including local government funding and funding for early intervention.⁶⁵

Much of the concern regarding the early years intervention grant has focused on the funding of Sure Start centres (though as the EIG is not ring-fenced, it is not possible to see the impact of any changes to the grant directly on Sure Start funding). Sure Start is a network of local authority-run children's centres providing activities for young children and helping to ensure the integration of early childhood services. Figures on spending on Sure Start centres in England since 2010/11 are provided below:

⁶⁵ House of Commons, ['Written Question: Early Intervention Grant'](#), 20 June 2018, 153278.

Table: Local authority gross spending on Sure Start Children's Centres in England**£ million cash**

	Spend/funding for/by individual Sure Start Children's Centres	LA provided or commissioned area-wide services delivered through Children's Centres	LA management costs relating to Children's Centres	Total
Outturn				
2010-11	907	305	..	1,212
2011-12	818	264	..	1,082
2012-13	770	207	..	977
2013-14	694	111	42	848
2014-15	628	98	42	768
2015-16	548	102	41	691
Budget				
2011-12	799	202	..	1,000
2012-13	782	172	..	954
2013-14	704	111	48	863
2014-15	648	95	51	794
2015-16	560	90	44	694
2016-17	516	77	35	629

Sources: Section 251 data returns, DfE (Outturn -table A; Budget -summary level table)

(Source: House of Commons Library, [Early Intervention](#), 26 June 2017, p 27)

Sure Start Maternity Grant

Families in receipt of certain benefits can claim a £500 lump sum, known as the Sure Start maternity grant. A claim must be made in the eleven weeks before the expected week of confinement or in the three months following the birth, and payment is also conditional on the person having received health and welfare advice about child health matters and, if applicable, maternal health.⁶⁶

From 2011, the Sure Start maternity grant has been restricted to the first child only, or to those parents expecting a multiple birth (eg twins) who already have children.

⁶⁶ House of Commons Library, [Early Intervention](#), 26 June 2017, p 32.

According to the Department for Work and Pensions most recent ‘Benefit Expenditure and Caseload Tables’, published in March 2018, in real terms and in 2018/19 prices, expenditure (and forecast expenditure) on the Sure Start maternity grant is set out in the table below.

**Table: Expenditure by Benefit, £ million, Real Terms, 2018/19 Prices—
Sure Start Maternity Grant**

2009/10	161
2010/11	149
2011/12	52
2012/13	43
2013/14	40
2014/15	36
2015/16	32
2016/17	29
2017/18	26
2018/19	26
2019/20	26
2020/21	26
2021/22	25
2022/23	25

(Source: Department for Work and Pensions, ‘[Benefit Expenditure and Caseload Tables 2018](#)’, March 2018)

Child Tax Credits

Child tax credits are one of the benefits currently being phased out to be replaced by universal credit. As a result of changes which took effect in April 2017, the per child element in tax credits and universal credit is now limited to two children.⁶⁷ In contrast, child benefit will continue to be paid to all children.⁶⁸

⁶⁷ House of Commons Library, [Early Intervention](#), 26 June 2017, p 33.

⁶⁸ *ibid.*