

## **Strong Start for All Children**

### **Submission to the All-Party Parliamentary Group on Conception to Age Two: the First 1001 Critical Days**

Strong Start for All Children is the non-partisan campaign for a national life chances strategy, focused on the first 1001 critical days of a child's life. Research<sup>1</sup> demonstrates that the earlier the investment in childhood development, the greater the return, and that a 'whole systems approach' to tackling inequities at this early stage would improve outcomes for children's life chances including health, education and personal development. We are working with all political parties and early years organisations to set up a Commission and gain support for the development of a national coordinating strategy to give every child a strong start in life.

#### **The need for a whole systems approach to early childhood development:**

Over the last decade, there has been growing cross-party commitment for the need to invest in early childhood development, particularly in the first 1001 days of a child's life starting at conception.

In October 2013, the All-Party Parliamentary Group (APPG) on Conception to Age Two launched the first 1001 Critical Days Manifesto as a vision for the provision of services in the UK, putting forward the moral, scientific and economic case for the importance of the conception to age 2 period. Members of the APPG agreed that society is missing an opportunity if we do not try to prevent problems before they arise. The APPG also stated that policy makers should focus on the early years.

This cross-party commitment continues to develop. In 2017, Tim Loughton MP, Chair of the APPG said: *"There is a growing acknowledgement that those first early years of a child's life are absolutely crucial. Getting it right as parents with professional help and public resource to support where needed has the potential to make a huge difference to how that child will grow into an adult contributing to society. Putting this approach at the heart of what Government does, across all party divides, has the potential to be life-changing literally which makes the work of the APPG so important"*.

We need a national coordinated strategy to be developed in order to fully implement the Manifesto. This should be supported by legislation and underpinned by:

- strong leadership at a national and local level;
- a commitment to integrate services and resources; and,
- increased and dedicated budgetary commitment.

#### **The importance of early intervention:**

This year the National Society for the Prevention of Cruelty to Children (NSPCC) produced a report on child abuse: 'How safe are our children?'

*"In England we have seen significant cuts to the funds available to provide early help to children. For example, the value of the early intervention allocation to English local authorities fell by 55per cent in five years, from around £3.2billion per year in 2010-11,*

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<sup>1</sup> Professor James Heckman, on early childhood development, and Professor Jane Barlow on infant brain development

*down to just £1.4 billion per year by 2015-16 – a cut of £1.8 billion. But we know that this funding is crucial. By intervening as early as possible to stop abuse and ensuring children receive the right support at the right time we can help get children back on track. And of course, putting in support and safeguards which prevent abuse from happening in the first place ensures the best outcomes for children and society.”*

The Institute of Health Visiting pointed out that if health visitors do not have the capacity to identify vulnerable children early through their universal service, government will see more children entering safeguarding and care proceedings. The costs arising from this for local authorities and other services will be huge.

The Early Intervention Foundation estimates that *'nearly £17 billion per year is spent in England and Wales by the state on the cost of late intervention'*. Yet services which support babies and children in the first 1001 days are all facing significant financial constraints, the impact of which will lead to increased late intervention costs. See annexe 1 for further evidence of this.

### **Creating effective delivery through a whole systems approach:**

In order to intervene early, the World Health Organisation<sup>2</sup> (WHO) suggests there needs to be proper coordination across government: *'By tackling inequities and ensuring that efforts to do so are focused on achieving particular outcomes, several societal goals and aspirations can be achieved: ...early childhood interventions, for example, tackle fundamental inequities with the expectation of positive outcomes in terms of health, education and personal development and life chances. This provides a more compelling argument than, for instance, asking education ministers to support health outcomes per se'*.

We support the Department for Education's latest report on social mobility, which references 'closing the word gap in the early years' as one of the four main 'ambitions'. It is the most crucial ambition as it impacts all the later ambitions.

### **Conclusion:**

There is widespread recognition that local and national government need to invest in the first 1001 critical days of a child's life. This is the period when a child's brain is developing at its fastest and we want to see a real focus on this area. We want government to develop a national strategy to improve children's life chances and commit to increased investment in early years services.

We ask the APPG on Conception to Age Two to consider formally endorsing the Strong Start for All Children campaign and our Commission. The 'Strong Start for All Children Commission' will bring together early years professionals and those in positions of national influence to explore and apply existing research to develop the national coordinating strategy, focused on the first 1001 days of life. We hope that a member of the APPG could join this to provide insight on the 1001 days manifesto.

We would appreciate the support of the APPG to create the narrative, and build support within communities and all political parties, for implementation of the strategy.

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<sup>2</sup> Review of social determinants and the health divide in the WHO European Region: final report

## **Annexe 1**

### **Health Visiting:**

In November 2017, the Institute of Health Visiting wrote to the Chancellor alerting him to an unfolding crisis for society because of huge reductions in health visiting services that support the welfare and development of infants and pre-school children.

The Coalition Government (2010-2015) developed plans to increase the number of health visitors by 50% over the parliamentary term. However, a policy change in 2015 moved the commissioning of health visiting services to local government. This coincided with an in-year reduction of 6.2% of the public health budget for 2015-16 followed by further annual cost savings of 3.9% each year until 2020.

Between 2015-17, the number of health visitors employed nationally reduced by around 18%. At the start of the health visitor investment plan in January 2011 there were 7906 health visitors in post. In October 2015, at the end of health visitor investment plan 10,309 were in post but by July 2017 this number had reduced to 8440.

In 2017 a survey of over 1300 health visitors by the Institute of Health Visiting found that 73% of health visitors are not confident that they can contribute fully to the care of pre-school children in the future because of rapidly rising caseloads. 34% said that their service is so stretched that they foresee a safeguarding tragedy in their area at some point soon.

### **Midwifery:**

Maternity unit closures, budget cuts and reduced services were among the issues highlighted by a survey of UK senior midwives in 2016. Maternity services are seeing cuts to their budgets, despite the high birth rate and more complex births. Almost a fifth (18.8%) of Heads of Midwifery (HoMs) said their budget had decreased in the last year, compared to 14.6% in 2015.

On staffing levels, well over a third of HoMs (38.6%) said that they did not have enough midwives to cope with the demands on their services. This is a significant increase on last year when 29.6% said that services are also being cut as the lack of adequate funding and staffing shortages hit maternity services. 13.6% of HoMs reported that they had to reduce services in the last year, compared to 11.0% in 2015. This included reductions in parent classes, breast feeding and bereavement support.

### **Children's Centres:**

In February 2017, the Department for Education announced that 64 Sure Start children's centres had closed in 2016. From 2010 to 2015, 313 had closed, making a total of 377. Spending on Sure Start was £600m less in real terms than in 2010, with £60m more real-terms cuts planned this year. Spending on the centres in the 2015-16 financial year was 47% less in real terms than in 2010.