

Delivering the Best Start for Life

This briefing outlines the recent government policies impacting the first 1001 days, from pregnancy to age two. It questions how the Government will deliver on its vision to give every child “the best start for life”, as set out in the Early Years Healthy Development Review. It recommends putting babies at the heart of the public health restructure, the Health and Care Bill, and the Comprehensive Spending Review.

The first 1001 days of life are crucial

Babies’ brains grow at a rapid rate and their early experiences, including interactions with parents or caregivers, lay the foundations for lifelong health, wellbeing and learning¹. Parent-infant relationships underpin important aspects of development such as emotional regulation, language and attachment.

When parents experience stress and adversity, such as poverty, domestic abuse or mental health problems, they can find it difficult to provide the consistent, responsive care their baby needs to thrive. It is estimated that 10–25% of children experience disorganised attachment with their main caregivers, putting them at greater risk of poor social, emotional and educational outcomes.²

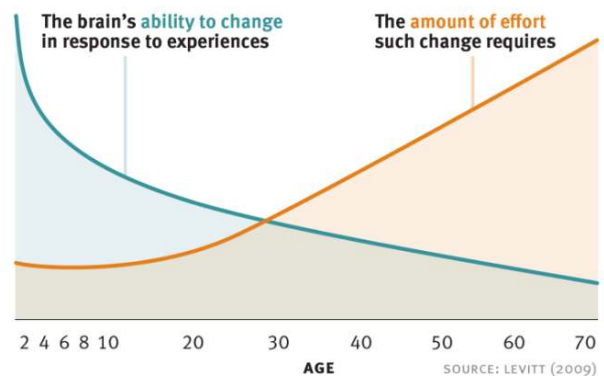


Fig. 1 Source: Center for the Developing Child (2000)

Despite the importance of the first 1001 days, a “baby blind spot” exists in government policy, planning and funding, meaning that babies are often overlooked. **The need for a cross-government strategy for the first 1001 days has long been recognised³. It is therefore promising that measures to give children the best start in life are included in the Government’s legislative agenda.⁴**

The impact of the pandemic on babies and parents

The stress and adversity caused by the pandemic put pressure on families at a time when services for children under two were drastically reduced⁵. Health visitors were redeployed away from supporting families⁶ and professionals said that remote working was not as effective for identifying needs⁷. Babies were already at increased risk of abuse and neglect⁸; tragically, during the pandemic we saw a 50% rise in incidents involving death or serious harm to a baby⁹.

A baby’s development is shaped by their environment. During lockdown, there were increased reports of speech delay¹⁰ and toddlers regressing to use nappies or dummies again¹¹. Yet government catch-up funding for lost learning failed to include under twos and largely focused on school aged children. If left unaddressed, this will widen inequalities in development, which already show that children from disadvantaged backgrounds are 4.5 months behind their peers by age 5.¹²

Upcoming opportunities for reform

There are four main opportunities to ensure that every baby gets the best start for life:

- 1) **The Best Start for Life Review:** a cabinet minister will be responsible for implementing the Early Years Healthy Development Review in 2021–22;
- 2) **The new Office for Health Promotion** in the Department for Health and Social Care (DHSC) will be responsible for children’s public health from autumn 2021;¹³
- 3) **The Health and Care Bill** aims to integrate health and social care services, but the legislation introduced this spring needs to consider babies’ and children’s needs;¹⁴
- 4) **The Comprehensive Spending Review** expected this autumn, should invest in the staff and services needed to deliver the Start for Life vision.

1) The Best Start for Life Review

‘The Best Start for Life’ sets out a vision to improve early years healthy development. It is a government review, chaired by Andrea Leadsom MP, which aims to deliver a universal offer of services to every family, alongside a universal+ offer for families facing additional challenges.¹⁵ A cabinet minister will oversee the Start for Life Unit which is tasked with delivering this vision, firstly by making the economic case for investment ahead of the Comprehensive Spending Review.

For babies and parents to access services, they need to exist

The review recommends each local authority to publish a Start for Life offer, outlining the services available to babies and parents. Each local authority should also have a designated lead responsible for co-commissioning Start for Life services in collaboration with a Parent and Carer Panel.

However, better communication of the services currently available is only part of the solution. To increase parents’ access to services, they need to exist across the country. Yet the funding local authorities receive for health visiting, children’s services and early years family support has been significantly reduced. The most deprived communities have been hit hardest by spending cuts.¹⁶

- The public health grant fell by £1 billion in real terms between 2015/16 and 2021/22, equivalent to a cut of 24% per head.¹⁷
- Funding for local authority children and young people’s services fell by an estimated 23% between 2010/11 and 2018/19.¹⁸

Investing in services that support babies and parents will require cabinet leadership and central government funding for local commissioning.

Q: Which cabinet minister will be responsible for overseeing the implementation of the Best Start for Life Review?

Q: Will the Comprehensive Spending Review commit sufficient investment in universal, targeted and specialist services to deliver the Start for Life vision?

Increasing the reach of Family Hubs

The review champions Family Hubs as places where parents can access services in their local area. However, Family Hubs are not yet available in vast swathes of the country (see fig. 2) and – as many children’s centres have closed¹⁹ – considerable investment will be needed to increase their reach. The services existing Family Hubs offer vary greatly and there is currently no requirement for them to provide for under twos.

Family Hubs should be required to provide a progressive universal offer for children under two, with services accessible to all families and additional targeted support for those who need it.

Rebuilding the health visiting workforce to provide a truly universal service

The review covers workforce development, staff retention and improving continuity of care. However, more work is needed to address the heavy caseloads that are putting babies’ lives at risk by undermining professionals’ ability to build relationships and identify vulnerabilities.²⁰

Health visiting staff shortages must urgently be addressed to make caseloads more manageable and guarantee safe practice.

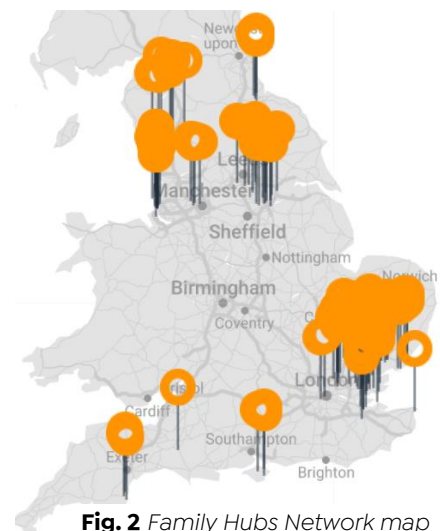


Fig. 2 Family Hubs Network map



Health visitors are in a prime position to reach out to all families and identify their needs. However, even before the pandemic, mandated health visiting checks were being missed. Research from the Children's Commissioner showed 20% of children were missing out on their 2 ½ year check, rising to as many as 65% in some local areas.²¹ Emerging data also shows that the likelihood of babies receiving checks varies based on their ethnicity and level of deprivation²².

The Government should invest in rebuilding the depleted health visiting workforce²³, as well as making additional funding available for targeted and specialist services to support families with complex challenges in their early relationships or with additional challenges like poverty, mental health problems, and substance misuse.

Q: Will the new Office for Health Promotion have the mandate, powers and resources to ensure consistent provision of universal services like health visiting?

Making the Start for Life vision a reality



As the Best Start for Life Review recognises: “the words on the page will not change what happens”, it is “what happens next that matters”. With major reforms ahead for public health and the NHS, there are plenty of opportunities to increase leadership, accountability and investment in the Start for Life.

2) The new Office for Health Promotion

The Government has outlined plans to disband Public Health England (PHE) and bring responsibility for children's public health into a new Office for Health Promotion in the Department for Health and Social Care (DHSC). This new Office will report to the Chief Medical Officer and the Health Secretary from autumn 2021. A cross-government ministerial board on prevention will also be established.²⁴

Delivering the Healthy Child Programme and improving outcomes across the country

Bringing responsibility for children's public health within the DHSC is a crucial opportunity to increase resources and accountability for supporting families in the first 1001 days. Public Health England has been overseeing outcomes for under twos, without the necessary levers to improve them. Meanwhile, progress on reducing infant mortality has stalled, there has been a decline in breastfeeding²⁵, and the health visiting workforce has reduced drastically.²⁶

This restructure should address the disconnect between what is needed for children's public health and what is delivered. For example, recent commissioning guidance for the Health Child Programme, which is the national framework for the delivery of public health services to children, recommends two additional universal health visiting checks, yet no additional funding has been made available to deliver them.²⁷

The restructure of public health should increase the resources and levers available to improve outcomes and reduce inequalities in the mental and physical wellbeing of under twos.

Q: Will the new Office for Health Promotion increase resources and accountability for improving outcomes and reducing inequalities in the mental and physical wellbeing of under twos?

Q: How will the new Office for Health Promotion ensure delivery of the full Healthy Child Programme across the country?

Q: Will the new Ministerial Board on Prevention be responsible for delivering the actions areas set out in the Best Start for Life review of early years healthy development? If not, which cross-Government board is overseeing the implementation of the review?



3) The Health and Care Bill

The Integration and Innovation White Paper sets out proposals to enable the NHS, social care and wider partners to work together by establishing statutory Integrated Care Systems (ICSs) in all parts of England. ICSs will be made up of an ICS NHS Body to hold the budget and an ICS Health and Care Partnership to bring together the NHS, local government and partners.²⁸

Babies and children cannot be forgotten in efforts to integrate health and care services

Better integration and joint working can make sure that babies and parents have access to the services they need, when they need them. However, children have been an afterthought in the Health and Care Bill proposals so far. There is currently no requirement to include local leaders with responsibility for children in ICS governance structures. Without this strategic involvement, the needs of children will not receive the attention required to improve health outcomes long term.

The Health and Care bill must recognise that children are a distinct population who use a distinct health and care system with its own workforce, legislation and integration challenges. The Government must be explicit about the measures required to join up services for children at a local level.

Q: Will a named person with direct responsibility for children sit on each ICS Board, alongside a full range of partnering members from Public Health, Children's Services and Special Educational Needs?

A statutory duty to secure services for children under two

The Best Start for Life Review sets out the Government's vision of joined up services for families in every local area, however this will only be delivered with adequate funding and accountability mechanisms.

The Health and Care Bill should create a statutory duty on ICSs to design and implement a strategy that improves outcomes and reduces inequalities for children under two. This statutory duty will be the driver for sharing responsibility across statutory siloes and securing high quality integrated services for children in every local area.

Q: Will ICSs have a statutory duty to secure services for children under two that improve outcomes and reduce inequalities?

Q: Will a pooled budget be established to integrate children's health and social care services, similar to the Better Care Fund for adult health and social care services?

4) The Comprehensive Spending Review

Improved leadership and greater accountability on the Start for Life can be achieved through restructure and reform, but ultimately **greater investment is needed to reverse the decline in prevention and early intervention services.**

Local authority spending on early intervention services for children and young people decreased by 46% between 2010/11 and 2018/19, at the same time spending on *late* intervention increased by 29%.²⁹ The decline of early help has left services intervening further down the line at a higher cost to children's health, family life, and the public purse.

The strength of the Government's commitment to giving every child the best start for life will be judged at the Comprehensive Spending Review this autumn, based on the level of investment in the workforce and services needed to support families in the first 1001 days.



This briefing was published in May 2021 by the First 1001 Days Movement, an alliance of almost 200 charities and professional bodies. Together we are calling on national and local decision makers across the UK to value and invest in babies' emotional wellbeing and development in the first 1001 days, giving every child a strong foundation in the earliest years of life.

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- ³ Health and Social Care Committee (2019) *First 1000 days of life*
- ⁴ The Queen's speech (2021)
- ⁵ **In a survey of services supporting children under two, half said that during the pandemic they were unable to continue to give support to the families they usually work with in person, beyond providing information on a website.** First 1001 Days Movement (2021) *Working for babies: lockdown lessons from local systems*
- ⁶ Conti G. and Dow A. (2020) *The impacts of COVID-19 on Health Visiting in England*
- ⁷ First 1001 Days Movement (2021) *Working for babies: lockdown lessons from local systems*
- ⁸ Department for Education data shows that **35.8% of notifications of the death or serious harm of children where abuse or neglect is known or suspected involved children under one in April–Sept 2020.**
- ⁹ Department for Education data shows that **between April – Sept 2020 there were 102 notifications of the death or serious harm of children under one where abuse or neglect is known or suspected, a 50% increase on the previous six months.**
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- ¹¹ The Sutton Trust (2020) Montacute R., *Social mobility and COVID-19. Implications of the COVID-19 crisis for educational inequality.*
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- ¹³ Department for Health and Social Care (2021) *Transforming the public health system: reforming the public health system for the challenges of our times.*
- ¹⁴ Department for Health and Social Care (2021) *Integration and Innovation: working together to improve health and social care for all.*
- ¹⁵ HM Government (2021) *The Best Start for Life, A vision for the 1,001 critical days: The Early Years Healthy Development Review*
- ¹⁶ Institute for Fiscal Studies (2015) *The most deprived councils are likely to continue facing the sharp end of local government spending cuts.*
- ¹⁷ Health Foundation (2021) *Public health grant allocations represent a 24% (£1bn) real terms cut compared to 2015/16*
- ¹⁸ Action for Children, NSPCC et al. (2020) *Children and young people's services: Funding and spending 2010/11 to 2018/19*
- ¹⁹ **There were 3615 children's centres in 2010, which dropped to 2301 centres in 2021.** Questions for Department for Education Michelle Donelan responding to Angela Rayner on 22 January 2020 ([UJIN.6707](#)) compared to Questions for Department for Education, Vicky Ford responding to Tulip Siddiq on 24 March 2021 ([UJIN.174925](#))
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- ²⁵ Royal College of Paediatrics and Child Health (2020) *State of Child Health*
- ²⁶ **A 31% reduction in the health visiting workforce since 2015.** Institute for Health Visiting (2020) *State of Health Visiting in England: Are babies and their families being adequately supported in England in 2020 to get the best start in life?*
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