First 1001 Days Movement

EVIDENCE BRIEF 5

National and Local Variation in Services for Families in the First 1001 Days

Summary

This Evidence Brief, produced by the First 1001 Days Movement, is one of a series evidencing the case for investment in pregnancy and the earliest years of life.

In this Brief, we examine the variation in services for babies and their families in different parts of the UK, particularly in England.

The four nations of the UK are providing very different services for babies and their families.

There is significant variation in service provision across England. Some of the most disadvantaged areas, with the greatest need, have seen the largest cuts in services.

Some variation in local service provision is important and demonstrates a response to the local context and need, but there is also unwarranted variation. Funding is clearly a key factor affecting the availability and quality of services, but there are other factors at play too. The commitment and ambition of local leaders play a significant role in shaping local provision.

To level-up babies' experiences and outcomes, governments must tackle the unwarranted variations which mean that families face a postcode lottery in accessing the support they need.

1. In the UK today, families are able to access different services and support as a result of where they live.

1.1. Babies and their families have different experiences, needs and outcomes. There are differences too in public spending and in the quality and quantity of support available for families in different areas. Often there is a mismatch: The level of support available for families does not necessarily reflect the level of need.

1.2. There are many types of inequalities. Families from particular communities, such as those from Black, Asian and minority ethnic communities, and those with additional needs, such as children with disabilities, are known to be more likely to face barriers in accessing services, and to have worse outcomes. While acknowledging the wide range of inequalities, this Brief focuses on geographical inequalities. It describes the local differences in support available to families across the UK. This is sometimes called a 'postcode lottery'.

1.3. A variety of services – including statutory and voluntary sector provision, universal, targeted and specialist services – are all involved in supporting families in the first 1001 days. The quality and sufficiency of all of these services can vary in different areas, leading to some families getting a very different offer of support to others. Tackling these inequalities will be key to 'levelling-up' and ensuring equality of opportunities across the country.

2. The four nations of the UK are providing very different services for babies and their families.

2.1. Decision making about many services that support families in the first 1001 days has been devolved to a national, regional and/or local level. This has led to differences in policy and priorities, which translate to variations in the services available to families.

2.2. There are significant disparities between the political philosophy guiding decision making in the four nations of the UK, and in their approaches to children's policy. There are also tangible differences in essential early years services as illustrated in these examples:

Throughout the UK, **perinatal mental health services** have expanded, but there are some marked differences between the nations. Specialist community perinatal mental health teams cover much of England and Wales. There are gaps in provision in Scotland and Northern Ireland but a welcome commitment to change[1]. Inpatient mother and baby units exist in England, Scotland and Wales, but in Northern Ireland, they are still a future goal[2].

Health visiting services differ too, illustrated by the different core offer to all families: by the different core offer to all families:[3]

- **England:** five visits between pregnancy and when a child is two-and-a-half
- **Northern Ireland:** nine visits before a child starts school
- **Scotland:** eleven home visits before a child starts school
- **Wales:** nine visits before the child is four

The commitment to **children's centres** is variable as well. For example, in Wales, the Flying Start programme, which funds children's centres and similar services, has retained the bulk of its funding, whereas in England there have been major cuts to children's centres over the last decade[4].

3. There is significant variation in service provision across England.

3.1. There are differences in services within each nation of the UK. Here we focus on England, where differences in local priorities, combined with difficult decision making forced by austerity and gaps in national policy have led to significant variation in the services available for families. The green box on this page illustrates some of this variation.

"...provision is fragmented and highly variable across England, with inadequate effective oversight mechanisms for the Government and others to monitor what local authorities are delivering."

House of Commons Science and Technology Committee[8]

Several studies point to significant differences in the provision of **children's centres** across England. The extent of cuts, the number of centres that remain open, and the range of services on offer vary significantly.

By 2017, sixteen authorities closing 50% or more of their centres accounted for 55% of the total number of closures nationally. Six authorities (West Berkshire, Camden, Stockport, Bromley, Oxfordshire and Staffordshire) had closed more than 70% of their centres[5].

There are disparities in the proportion of children who have contact with **health visitor services** and the nature of these contacts[6]. The latest data from Public Health England found that, while 85% of toddlers had had their 12-month health visiting review by the time they reached 15 months old, the number of children having this check on time in different local areas ranged from 11% to nearly 100%[7].

Although there have been developments in recent years, there are less than 40 **specialist parent-infant relationship teams** across the UK. There are huge variations in the mental health support available for families, even where there are concerns about babies' wellbeing and development. In 2019, research found that 42% of CCGs in England reported that their mental health services would not take a referral for a child aged two or under[9].

4. Some of the most disadvantaged areas, with the greatest need, have seen the largest cuts in services.

4.1. Services in more disadvantaged areas are more likely to be of poorer quality than in richer neighbourhoods (although there are many examples where this is not the case). The inverse care law suggests that the availability of good care tends to vary inversely with the need in the population served[10]. There are many reasons for this. In the case of children's services, for example, research has found that there are variations in workforce quality between areas, with services in deprived areas being more likely to struggle to recruit high-quality workforce[11].

4.2. Over the last decade differences in service provision between local areas have been exacerbated by spending decisions. Disadvantaged areas in England – those likely to have the highest levels of need – have seen the most rapid decline in funding and therefore service provision.

4.3. Our ***Decade of Disinvestment*** Brief describes the significant cuts in central government funding for children and young people's services over the last decade. Funding was cut faster for more disadvantaged areas. Central government funding for children and young people's services for the fifth most deprived local authorities fell more than twice as fast as for the least deprived over the last decade[xiv].

> **"The reality is that despite the efforts of local government the poorest places and the poorest people are being the hardest hit, with those least able to cope with service withdrawal bearing the brunt of service reduction."**
>
> Joseph Rowntree Foundation[12]

4.4. Changes in how local authorities are funded – with less central government funding and more reliance on local revenue – has disadvantaged more deprived areas. These areas used to receive more from central government funding based on higher need and usually have less capacity to raise their own revenue[13]. This has led to very significant declines in the total resource available to spend on services. Therefore, local spending on children and young people's services has fallen even faster than central government funding. Spending on these services in the fifth most deprived local authorities has fallen five times faster than spending in the least deprived over the last decade[14].

4.5. There are also enormous regional differences in spending cuts. Between 2010/11 and 2018/19 spending on children's services fell three times as fast in the North as in the South of England.

4.6. Areas facing the largest cuts and the greatest reductions in spending are the ones facing the greatest demand. Reductions in funding are therefore likely to further entrench inequalities. Local authorities servicing more deprived communities are experiencing higher demand and greater financial pressures, leading services to 'screen out' more cases, work with families for shorter periods, and spend less per child in need[15].

4.7. The research shows how local authorities with more disadvantaged popultations have experienced greater financial pressures, which lead to different decisions about care and "rationing" of high end, expensive, forms of intervention. The Child Welfare Intervention Project team showed that disadvantaged families are more likely to receive an intervention from children's services if they live in a more affluent local authority, compared to equivalent families in more deprived areas[16].

4.8. Research has shown a greater reduction in service use amongst families in disadvantaged areas. For example, between 2014/15 and 2017/18 there was a drop of 18% in the number of families using children's centres in England. This was not uniform, usage in the most deprived areas fell by 22%, but in the least deprived by 12%[17].

5. The commitment and ambition of local leaders play a significant role in shaping local provision.

5.1. Some variation in local service provision is important and demonstrates a response to the local context and need. But there is also unwarranted variation and inequality. Funding is clearly a key factor affecting the availability and quality of services, but there are other factors at play too.

5.2. There are vast discrepancies in the number of babies taken into care between different local authorities. In 2016, the number of newborn babies taken into care ranged from five to 159 per 10,000 births. Professionals reported several reasons for this, including varying poverty levels, the availability and timeliness of support services, the quality of legal advocacy for parents, and local events such as Ofsted inspections or senior case reviews influencing local decision making[18].

5.3. Local priorities, together with the commitment and ambition shown by local leaders, directly influence the experiences and outcomes of local children and their families.

5.4. Local leaders have many competing priorities, and whilst some will choose to focus on early childhood, others may not. The Child Welfare Inequalities Project found that ***'some local authorities... intervened more frequently with teenagers, especially older teenagers, than with under-fives. For other local authorities this relationship was reversed... The patterns again suggest underlying attitudes or priorities"***[19].

5.5. In 2005, the Government investigated local variations in teenage pregnancy rates between areas with similar demographics. The areas with greater reductions were implementing more aspects of the Government's teenage pregnancy strategy, had better local partnerships, and had strong senior leadership. These findings led to more prescriptive guidance for local authorities, and more support and challenge for local areas, which is thought to have contributed to sustained national reductions in teenage pregnancy, including in areas of high deprivation[20].

5.6 Research into the implementation of the Nurse Family Partnership Programme in America (known as the Family Nurse Partnership in the UK), found that the extent to which local leaders committed to collaboration between organisations had an impact on program success. Variation in the quality of local collaboration predicted some of the differences in the drop-out rates of parents. The authors suggest a process of "commitment transfer" in local systems[21].

5.7. The COVID-19 pandemic has illustrated the impact of committed local leadership. Our research has shown that where there was already strong committed leadership, mature local partnerships, a good understanding of local need, and a culture of learning, areas were able to respond to COVID-19 with a wider range of more flexible and innovative solutions for babies and their families[22] Where commitment and leadership were lacking, services were less likely to adapt and to continue to deliver support to families during the pandemic[23].

A Call to Action

Local resources and local decision making, alongside factors such as geographic differences, demographics, and deprivation, all contribute to inequalities in access to services and support across the UK.

The First 1001 Days Movement calls 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.

To ensure all children have equal life chances, and to level-up outcomes and experiences across the country, national governments must take all these factors seriously. Past policy interventions have shown that targeted funding coupled with support and challenge for local leaders can both improve national outcomes and tackle inequalities.

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