First 1001 Days Movement

EVIDENCE BRIEF 4

A Decade of Disinvestment

The loss of services for babies in England

Summary

This Evidence Brief, produced by The First 1001 Days Movement, is one of a series providing policymakers and practitioners with the information they need to make informed decisions.

This Brief describes the current state of services that support families during the first 1001 days in England.

Over the last decade in England, funding for support for families during pregnancy and the earliest years has decreased substantially. This has led to significant cuts to services such as health visiting, early help services and children's centres.

All of this comes at a time when adversity, poverty and inequality are escalating, exacerbated by the impact of the COVID-19 pandemic.

Now, more than ever, governments must invest to ensure all our children have the best start in life.

1. Central government funding for services that support families during pregnancy and in the first two years has been decreased substantially over the past ten years.

1.1. To provide babies with the best start in life and to support their development, we need to both tackle adversity and support parents to provide nurturing care. Interventions during the first 1001 days, from pregnancy, can make a significant and lasting difference to the social, emotional and cognitive development of young children, with benefits to them, to society and to public finances, as our ***Age of Opportunity*** and ***Investing in Babies*** Briefs explain.

1.2. Overall, there has been a significant increase in spending on under-fives in recent decades[1]. This increase, though, has mainly been to support free childcare for three- to four-year-olds[2], while support for younger children and their families has reduced. This is despite research consistently showing that the home environment and parent-child relationships have a larger impact on a child's cognitive, social and emotional development than childcare use[3].

1.3. Although the government is investing heavily in childcare, it is not clear that this is resulting in improved outcomes for the most disadvantaged families or reducing inequalities: Evidence suggests that the Government's 30 hours funded childcare policy is not just failing to close the gap but is further entrenching inequalities[4] because it provides more childcare for children from more advantaged families and puts stress on the availability of places for disadvantaged two-year-olds.

There has been a clear shift away from support for low-income families. In 2007/08, 45% of all government spending on the early years and childcare support was targeted explicitly at low-income families. By 2018 the share of spending on low-income families had decreased to 27%[5].

1.4. The last decade has seen cuts in welfare spending, housing support, and in adult services such as those for substance misuse. There have also been cuts in services specifically for families with very young children. This Brief focuses on those services.

1.5. Services for families are fragmented and funded in many different ways. While NHS funding has largely been protected, funding that local authorities receive for public health and children's services has been significantly reduced. This is the funding that is used for services such as health visiting, children's centres and early years family support.

- Estimated funding for local authority children and young people's services fell by 23% between 2010/11 and 2018/19[6]
- Reductions in overall funding mean the 'early intervention' allocation has fallen by 64% during that period[7]
- Public Health Grant allocations have fallen in real terms from £4.2 billion in 2015–16 to £3.3 billion in 2021–22. This equates to a cut of 24% per head[8]

This led to reductions in spending on families.

- Local authority spending on early intervention services for children and young people has fallen from £3.5 billion to £1.9 billion between 2010/11 and 2018/19 – a 46% decrease[9]
- Annual public health expenditure on services for 0–5-year-olds dropped by 20% between 2016/17 and 2019/12[10]

1.6. These national cuts in funding will have different impacts on different local areas. As our ***Variation in Services*** Brief explains, changes in local government financing mean some of the deepest cuts have been in councils in more deprived areas, where families face the greatest need[11].

1.7. Not all services are funded through the public purse, of course. Some third sector programmes for babies and young children are supported by grants and foundations, or through individual giving. But cuts can be seen here too. Voluntary income decreased in half of the top 100 fundraising charities in 2018/19[12]. Research suggests that donation levels for charities largely held up after the first phases of the COVID-19 pandemic, although there were changes in how money was raised, and the causes supported[13]. These national observations will mask much local variation. Charities' futures remain uncertain as the pandemic's longer-term impacts on income become clear, potentially bringing an increase in demand for services paired with further reductions in donations[14].

"Before the pandemic, a decade of austerity left local government funding in a parlous state and children's services teetering on the edge of becoming a 'blue light' service. Tough decisions have had to be made about how funding is allocated and often the services most at risk are those addressing the root causes of problems children and their families face before they reach crisis point. This does nothing to reduce future demand, is more expensive in the long term and leads to poorer outcomes."

Jenny Coles, ADCS President[15]

2. Reductions in funding have led to sweeping cuts in services.

2.1. In difficult economic times, prevention and early intervention services are more likely to be cut, with funding focussed instead on crisis services or later interventions[16]. There is growing evidence that this is what has happened in local authorities across England since 2010[17,18]. Services working with our youngest children have been hit particularly hard, in part because many services for babies are not statutory. However, this is a short-sighted approach that will have long-term implications.

"...preventative activity is hindered by the pace of cuts, loss of organisational capacity and the fact that immediate fiscal benefits will not be felt or may flow to other organisations. These not only harm individual welfare and constrain opportunities but are likely to be storing up problems for the future – problems which will require expensive public service responses at a later date."

Joseph Rowntree Foundation[19]

'Those working in local authorities will be all too familiar with the 'balloon effect' whereby in squeezing one part of the system, the pressure simply pops up elsewhere. But what does this mean for children? The most obvious example is the scaling back of children's centres and youth services, resulting in more children and families reaching crisis point. These services aren't 'nice to have,' they're essential to our support offer. Responding later is more costly, and our chances of intervening effectively reduced meaning children are less likely to get the help they need at the earliest possible stage and their childhood and future life chances are adversely affected as a result."

Rachel Dickinson, Ex ADCS President[20]

Specific information about changes to our health visiting, children's centres and breastfeeding support illustrate some of the impacts of spending cuts.

Health visiting

Since health visiting was transferred from the NHS to councils, the Public Health Grant has been reduced by £700m in real terms[21] and the number of health visitors has declined[22].

In July 2019 there were 6,615 full-time equivalent health visitors in the NHS in England, compared with 10,309 in October 2015[23]. There are estimated to be around 900 health visitors employed outside the NHS, but the fall is still significant – more than a quarter of the workforce[24].

Health visitors are having to manage increased caseloads, resulting in less time and fewer resources to support families. The Child Safeguarding Practice Review Panel's Review of sudden unexpected death in infancy warned that the pressures on health visitors are limiting the opportunity to build relationships and explore vulnerabilities, particularly in families living in areas of high deprivation, with potentially catastrophic consequences[25].

As a minimum, all families in England should be offered five mandated reviews by health visiting services. Many families do not get these reviews, or, if they do, often they are not conducted by a health visitor but by a less qualified professional or families may only receive a letter with no face-to-face contact at all. Many families see several different professionals over time and do not have opportunities to build trusting relationships.

- Research about which assessments health visitors carried out themselves found: the majority did new birth visits (79%) and 6–8-week assessments (67%), but far fewer did antenatal visits (35%), 9–12-month assessments (17%) and 2-2.5-year-old checks (10%), these were conducted by a less qualified practitioner[26]
- Nationally, around 20% of children miss out on their 2-2.5-year-old check. This number is as high as 65% in some areas[27]
- A survey of 2,000 mothers in England before the COVID-19 pandemic found that a quarter had reviews conducted by letter, text message or phone call, instead of face-to-face[28]
- An NSPCC survey found that only 6% of families had been supported by the same health visitor during the perinatal period[29]

"With the service stretched so thin and with so few contacts for universal families, we lose the ability to develop relationships with families. This is a barrier to being able to offer timely support to families as new concerns arise with children and families."

"In some areas of the county our teams are down to 52% of the health visitors they should have and this means that all we can do is fire fight."

"We have no choice but to look for alternatives to deliver the healthy child programme because we do not have enough staff to even deliver the five mandated contacts, we really struggle to deliver the antenatal and 6-8 week contacts and all of our developmental reviews at 12 months and 2 years are completed by the community health workers."

Quotes from Health Visitors[30]

Breastfeeding support

Over the last decade, there have been significant reductions in community breastfeeding support[31], with 44% of local authorities in England cutting services. While in some areas, gaps have been filled by voluntary groups or charities, in many places services have closed or been severely reduced in size or quality[32].

Children's centres

Funding for and spending on children's centres has fallen by an estimated 60%, from £1.6 billion in 2010/11 to £600 million in 2017/18. By 2018 over a thousand centres were thought to have closed and more were likely to follow[i]. Of those that remain, many are only able to operate on a part-time basis and more than half of local authorities have reduced the services on offer[33].

i. Although Government now focusses on Family Hubs rather than children's centres, there has been no specific funding for local Family Hub development.

"Services are now 'hollowed out' – much more thinly spread, often no longer 'in pram-pushing distance'. The focus of centres has changed to referred families with high need, and provision has diversified as national direction has weakened, with local authorities employing a variety of strategies to survive in an environment of declining resources and loss of strategic direction."

Sutton Trust[34]

"The number of children's centres in my area has reduced with many now closed ... It took some time to get a range of children's services working from out of the children's centres and before they had a chance to fine tune cross-disciplinary working relationships as well as broaden the offer they could make to families in their local area, they came under threat of closure and budget cuts and it has been about reducing services offered and reducing support and tightening the net and raising the threshold for families who can access support. They should have been building extensions rather than closing them... they had so much potential for growth."

Early years worker[35]

3. The gulf between the needs of vulnerable families and the help provided by the state, is growing rapidly.

3.1. The impact of budget cuts across different, and often fragmented, policy areas has been very significant when seen from the perspective of families in the first 1001 days who experience the cumulative loss of services. Families with higher needs, including those facing multiple disadvantages or with children with disabilities and additional needs, rely on more services and therefore will feel these cuts more acutely.

3.2. All these reductions come at a time of increased and escalating need. Recent rises in poverty and adversity disproportionately affect families with younger children, as set out in our ***State of Babyhood*** Brief.

4. An already desperate situation has been exacerbated by COVID-19.

4.1. While some services continued to operate during the pandemic, many changed the way they worked or stopped altogether[36,37].

4.2. Health visitors were redeployed from over 60% of areas in England during the first national lockdown. Ten per cent of areas saw half of their health visitors redeployed, and in some, it was up to 80%[38].

4.3. Just as early intervention and prevention services have faced the biggest cuts due to austerity, services reaching vulnerable families below the social care threshold have been most significantly impacted by COVID-19[39].

4.4. It might be presumed that some of these changes are temporary. However, services will take a long time to recover[40] and there are already indications that a return to pre-pandemic service levels is unlikely. By spring 2021 there were anecdotal reports of some services permanently adopting a scaled-back or virtual offer.

"In the coming months and years services supporting 0-2s can expect to face pressures from growing need and an increasingly harsh financial climate."

Reed and Parish[41]

A Call to Action

There is a clear economic, moral and social case to invest in our children. Yet we are doing the opposite. Recent years have seen funding cuts and a reduction in vital services families with young children, at a time of increasing need.

COVID-19 has only served to widen the chasm between the support needed and that which is available.

Against a backdrop of rising poverty and inequality, more families need urgent help. Yet services struggle under sustained economic pressure and further depletion appears inevitable. Failure to invest in services now will generate greater costs for individuals and the public purse in the long run.

Adversity and inequality continue to rise. While services struggle under sustained economic pressure, further depletion appears inevitable – unless action is taken now.

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.

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