



Office of the Children's Commissioner

Review of policies and interventions for low-income families with young children

October 2014

**Ivana La Valle, Lisa Payne, Eva Lloyd with Sylvia
Potter**

Contents

List of abbreviations.....	3
About the Office of the Children’s Commissioner.....	4
Acknowledgements.....	6
1. Introduction.....	7
2. Legal and policy frameworks.....	13
3. Supporting parents in to work.....	50
4. Interventions to support low income families with young children	65
5. Policy planning locally.....	90
6. Conclusion.....	112
References.....	122
Glossary.....	146
Appendix 1: Summary of interventions.....	154
Appendix 2: Interventions identified in local strategies.....	162
Appendix 3: Priority issues identified in local authority child poverty plans, joint health and wellbeing strategies, and housing strategies.....	200

List of abbreviations

CAMHS	Child and Adolescent Mental Health Service
CCG	Clinical Commissioning Group
CPAG	Child Poverty Action Group
CPU	Child Poverty Unit
CQC	Care Quality Commission
DCLG	Department for Communities and Local Government
DfE	Department for Education
DH	Department of Health
DWP	Department for Work and Pensions
EYFS	Early Years Foundation Stage
FIP	Family Interventions Project
FNP	Family Nurse Partnership
JHWS	Joint Health and Wellbeing Strategy
JSNA	Joint Strategic Needs Assessment
NCMP	National Child Measurement Programme
NICE	National Institute for Health and Care Excellence
RCT	Randomised controlled trial
SMCPC	Social Mobility and Child Poverty Commission
UNCRC	United Nations Convention on the Rights of the Child

About the Office of the Children's Commissioner

The Office of the Children's Commissioner (OCC) is a national public sector organisation led by the Children's Commissioner for England, Dr Maggie Atkinson. We promote and protect children's rights in accordance with the United Nations Convention on the Rights of the Child and, as appropriate, other human rights legislation and conventions.

We do this by listening to what children and young people say about things that affect them and encouraging adults making decisions to take their views and interests into account.

We publish evidence, including that which we collect directly from children and young people, bringing matters that affect their rights to the attention of Parliament, the media, children and young people themselves, and society at large. We also provide advice on children's rights to policy-makers, practitioners and others.

The post of Children's Commissioner for England was established by the Children Act 2004. The Act makes us responsible for working on behalf of all children in England and in particular, those whose voices are least likely to be heard. It says we must speak for wider groups of children on the issues that are not-devolved to regional Governments. These include immigration, for the whole of the UK, and youth justice, for England and Wales.

The Children and Families Act 2014 changed the Children's Commissioner's remit and role. It provided the legal mandate for the Commissioner and those who work in support of her remit at the OCC to promote and protect children's rights. In particular, we are expected to focus on the rights of children within the new section 8A of the Children Act 2004, or other groups of children whom we consider are at particular risk of having their rights infringed. This includes those who are in or leaving care or living away from home, and those receiving social care services. The Act also allows us to provide advice and assistance to and to represent these children.

Our vision

A society where children and young people's rights are realised, where their views shape decisions made about their lives and they respect the rights of others.

Our mission

We will promote and protect the rights of children in England. We will do this by involving children and young people in our work and ensuring their voices are heard. We will use our statutory powers to undertake inquiries, and our position to engage, advise and influence those making decisions that affect children and young people. This report is © The Office of the Children's Commissioner 2014

Please reference this report as follows: La Valle, I, Payne, L, Lloyd, E with Potter S (2014) *Review of policies and interventions for low-income families with young children*, London: Office of the Children's Commissioner.

You can read a summary of this work on our website
www.childrenscommissioner.gsi.gov.uk

Acknowledgments

At the Office of the Children's Commissioner we would like to thank Lisa Davis and Ross Hendry for their contribution at all stages of the review. We would also like to thank the project advisory group for their comments on the emerging findings from the review and Professor Jonathan Bradshaw for his feedback on the draft report.

1. Introduction

1.1 The context for the review

Living in poverty has a substantial negative impact on children's lives and the enjoyment of their rights as outlined in the United Nations Convention on the Rights of the Child (UNCRC). Article 27 states that '*every child has the right to a standard of living adequate for the child's physical, mental, spiritual, moral and social development*'. The core child rights include:

- Article 2: Non-discrimination
- Article 3: Best interest of the child
- Article 6: Every child has the right to life. Governments must do all they can to ensure that children survive and grow up healthy
- Article 12: every child in accordance with their age and stage of development has the right both to give their views on all matters affecting them, and have their views taken seriously.

In addition, Article 4 states that the Government must take '*all appropriate legislative, administrative and other measures*' to ensure the realisation of rights protected under the UNCRC. Therefore it is a State that is accountable for living standards, wellbeing and welfare of the children living within its jurisdiction.

During 2014-15, the Office of the Children's Commissioner (OCC) for England is undertaking a project which aims to promote good local practice in tackling poverty in a child's early years. This project follows on previous work of the Office in 2013-14 which highlighted the impact of low income on disabled children's rights. This highlighted the importance of health, housing and education in meeting the needs of children living poverty (OCC, 2013).

The current project focuses on the coordination, commissioning and delivery of services across these three sectors and will analyse the role they play in alleviating poverty for families with children under the age of five.

The project will be undertaken in three phases:

1. **A literature review:** this will map the child poverty policy landscape and the possible services that can be provided at a local level. It will also look at child poverty definitions, local child poverty coordination and evaluations of services.
2. **Local area visits:** these visits will help us further understand:
 - What services are being delivered to low income families with children up to the age of five?

- How and by whom are they delivered?
 - What is known about the impact these services have on children's lives, and how they address the causes and/or symptoms of poverty?
 - What drives commissioning and delivery of services?
 - How are children and families involved in the commissioning, delivery and evaluation of services?
3. **Engagement work with children and families:** this will help us understand why services are important to children and families and what impact these have, and allow us to see if these correspond with the services commissioned and delivered locally.

This report outlines the findings from phase one of our programme of work.

1.2 Aims of the review

The aims of the review are as follows:

- To provide an overview of the current **policy and legislative frameworks** within which programmes and services aiming to reduce or mitigate the effects of child poverty operate in England. Previous OCC work with children and young people identified areas that were important to them, and the review has focused on these areas: child poverty, early years, health and housing policies.
- To describe the **range of definitions** (e.g. low income, child poverty, household income, disadvantage, deprivation) used in policy and legislation to identify groups targeted by relevant policies and interventions.
- To **map examples of the child poverty, early years, health and housing** services and programmes which are commissioned and delivered to low income families with young children. This mapping includes national universal and targeted interventions, as well as examples of innovative interventions developed locally.
- To provide examples of **approaches taken by local authorities** in England to tackling child poverty in their area, including any local prioritisation and delivery of the national policy initiatives.
- To assess if and how these interventions have been evaluated and what evidence is available that they **contribute to reducing child poverty and improving children's lives and wellbeing**.
- To explore whether and the extent to which policy, service/programme design and evaluation are **informed by the views of children and their families**.
- To highlight **knowledge gaps** and areas that the case studies planned by OCC could cover.

1.3 Methodology

The study involved reviews of:

- policy and legal frameworks
- local approaches to child poverty planning
- programmes and services.

The methodology for each of these reviews is outlined in the rest of this section.

Policy review

For the policy review, we identified and summarised a range of policy documents and legislation, including guidance and regulations, covering: child poverty (Department for Education (DfE) and Department for Work and Pensions (DWP)); welfare reform (DWP); early years (DfE); health (Department of Health (DH)); and, housing (Communities and Local Government (DCLG)). The review includes information on relevant reforms that are yet to be commenced, with the implementation date named where known.

The National Children's Bureau database of legislation, policy documents, announcements and reports was searched to identify relevant policy developments since 2010. In addition, we undertook searches of:

- relevant government websites
- current UK legislation
- think-tanks that provide commentary and analysis of child poverty policies, such as the Joseph Rowntree Foundation and the Institute of Fiscal Studies
- public bodies which have responsibility for implementing/monitoring the policies (e.g. the Audit Commission)
- voluntary organisations that work with children and families living in poverty and publish evaluations of the impact of relevant policies, such as The Children's Society and the Child Poverty Action Group.

A cross-analysis of policy and legislation was then carried out to explore where competing policy aims may undermine or indeed enhance service attempts to alleviate or reduce the effects of poverty on low income families with young children. The policy review has also highlighted policies that have been informed by the views of children and families, as well as those that encourage/require others to involve children and young people in service development, design, delivery and evaluation.

Review of local policy planning

The aim of this part of the study was to provide examples of approaches taken by local authorities in England to tackling child poverty in their area, including any local prioritisation and delivery of the national policy initiatives.

Ten authorities were selected for this review:

- Blackpool
- Derbyshire

- Greater Manchester
- Hounslow
- Islington
- Newcastle upon Tyne
- Norfolk
- North Yorkshire
- Portsmouth
- Somerset.

The ten authorities were chosen to: cover the nine regions of England; include urban, rural and seaside locations; and represent different levels of and responses to child poverty and inequality.

Although local authorities in England are required to prepare local child poverty strategies, health and wellbeing strategies, and housing/homelessness strategies, they are not required to produce a separate early years plan. Therefore, the local plans and strategies reviewed focus on child poverty, health and housing. Local priorities relating to young children and their families were drawn from these plans, as well as from additional children, family and parenting plans and strategies where available.

Review of programmes and services

The aim of this part of the study was to develop a map of interventions¹ aimed at reducing child poverty and improving the lives and wellbeing of young children in low income families.

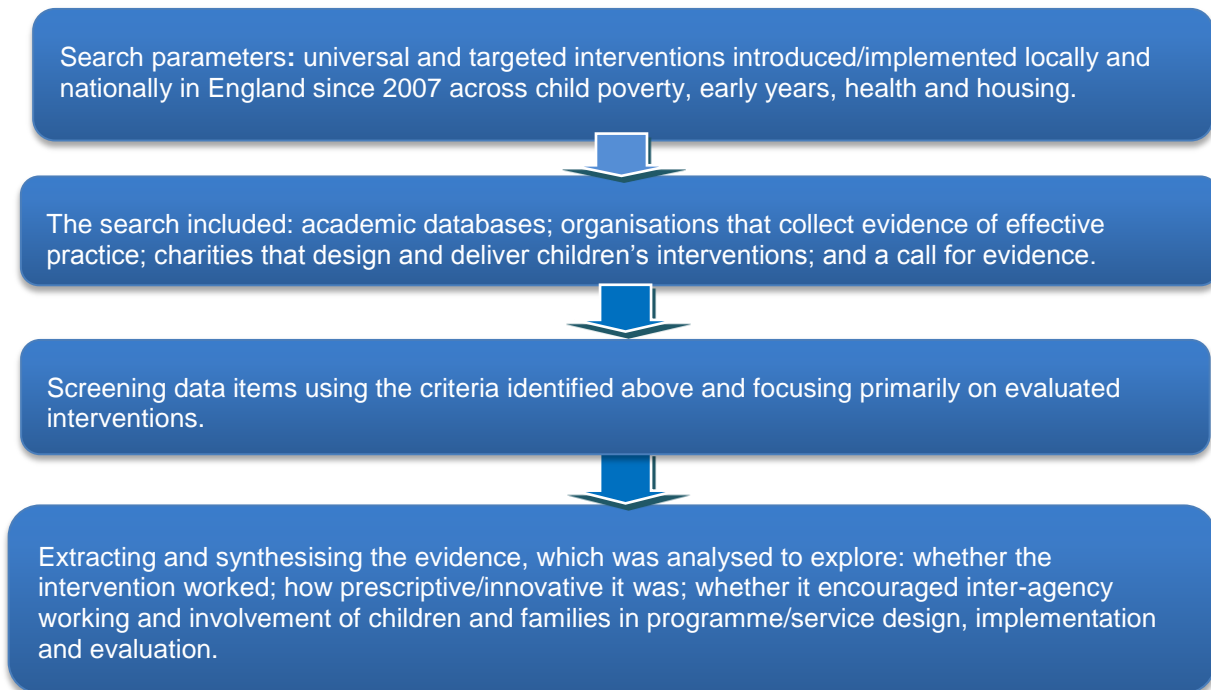
The review focused on services and programmes implemented in England since 2007, when the onset of the economic crisis was beginning to impact on public interventions, and for which evaluations were published by May 2014. The interventions selected met the following criteria:

- child poverty, early years, health and housing interventions
- national interventions, both universal and targeted at low-income families or similar groups (eg disadvantaged families/areas)
- innovative programmes developed and implemented locally
- programmes and services that work or have the potential to work, i.e. they have been evaluated.

The methodology for the mapping of programmes and services is summarised in Figure 1. It involved three steps: searching data sources; screening relevant data items (e.g. articles, reports) and synthesising the evidence.

¹ Interventions include both programmes and services. The former typically refer to a package of support specifying what should be delivered, to whom, when and how, often using specific tools and guidance for implementation. Services are less prescriptive than programmes in terms of implementation and are often universal.

Figure 1.1: Mapping of programmes and services – methodology



For the search, we used a range of sources:

- academic databases, which generated 621 data items
- organisations that collect and disseminate examples of innovative practice (e.g. the centre for Excellence in Children's Outcomes, the Social Care Institute for Excellence, Research in Practice, the Early Intervention Foundation) and children's charities. This generated 28 items
- a call for evidence which was disseminated through key children's sector organisations, including End Child Poverty (a UK-wide coalition supported by over 150 organisations including the main children's charities), the Local Government Association, 4Children and the National Children's Bureau. The call for evidence generated 18 items that had not been identified earlier from other searches.

In addition 18 interventions that had not been already identified from the above sources were identified in the reviews of national policy documents and local plans. From the total 685 items identified, using the criteria mentioned above we selected 54 interventions to include in the review. For national interventions, our aim was to develop a comprehensive map of relevant programmes and services, and therefore all have been included, but we have noted when interventions have not been evaluated (yet) or provide very weak evidence of impact. For local interventions, we have adopted a more pragmatic approach, as the aim here was not to provide a comprehensive map but to illustrate the kind of interventions initiated locally.

1.4 Report structure

Chapter 2 provides an overview of the current policy and legislative frameworks within which programmes and services aiming to reduce or mitigate the effects of child poverty operate in England. In this chapter we identify and summarise current legislation, including guidance and regulations, as well as policy documents and initiatives covering – separately – child poverty, early years, health and housing.

In **chapters 3 and 4** we provide a map of interventions introduced nationally and locally to support low-income families with young children. We look at interventions in the areas identified by the Government's child poverty strategy. In chapter 3 we focus on interventions to support parents into work. In chapter 4 we provide a summary of interventions to: strengthen families, by providing parenting support; improve educational attainment through a focus on the early years; and provide public health support in the early years. We also look at housing, which is not covered in the Government's child poverty strategy, but is an area identified by the OCC as being important in supporting low-income families with young children.

Chapter 5 provides an overview of the different approaches taken by a sample of ten local authorities in England to tackle child poverty in their area, including any local prioritisation and delivery of the national policy initiatives outlined in chapter 2 and interventions covered in chapters 3 and 4.

In **Chapter 6** we summarise the evidence from the different strands of the review and highlight what questions OCC could address when visiting local areas.

2. Legal and policy frameworks

This chapter provides an overview of the current policy and legislative frameworks within which programmes and services aiming to reduce or mitigate the effects of child poverty operate in England. We identify and summarise current legislation, including guidance and regulations, as well as policy documents and initiatives covering – separately – child poverty, early years, health and housing.

In addition to the broader legal framework and policy context, each section highlights policies specifically targeted at low income families with children under the age of five, and whether children and families were involved in the development of those policies.

Although a full account of the welfare reforms is beyond the scope of this review, we do provide a list of changes to welfare benefits that are most relevant to early years and housing policy in particular. Each section ends with a brief summation of selected commentaries on the approaches taken or the impact of decisions made by the Government in each of the four policy areas. Finally, the chapter concludes by exploring how the child poverty, early years, health and housing policy responses to the needs of low-income families with young children are connected – or not.

2.1 Child poverty

Child poverty legislation applies to the four jurisdictions of the UK. However, the child poverty strategy, subsequent policy overview and initiatives covered in this section relate to England only.

Legal framework

A cross-party commitment to eradicating child poverty in the UK by 2020 is enshrined in the Child Poverty Act 2010. The purpose of the Act is to ‘define success in eradicating child poverty and create a framework to monitor progress at a national and local level’ (Child Poverty Act explanatory notes, para.6). The Act does this by placing a duty on the Secretary of State to meet four child poverty targets by 2020 (Section 2). Sections 3-6 introduce the four income targets:

- Relative low income – to reduce to less than 10% the proportion of children living in households below 60% national median income (before housing costs).
- Combined low income and material deprivation – to reduce to less than 5% the proportion of children living in households below 70% national median income who also experience material deprivation (see Glossary for details).
- Absolute low income – to reduce to less than 5% the proportion of children living below 60% national median income in 2010–11 adjusted for inflation (DWP, 2013b).
- Persistent poverty – to reduce the proportion of children living in households below 60% national median income for three out of the last four years.

The Coalition Government added a fifth measure for severe poverty, which is the number of children living in households below 50% national median income who also experience material deprivation.

Section 9 of the Act requires the Secretary of State to publish a UK child poverty strategy every three years to 2020. The strategy should set out the measures the Government intends to take to meet the targets, and under Section 9(5) consider whether measures should be taken in these areas:

- the promotion and facilitation of the employment of parents or of the development of the skills of parents
- the provision of financial support for children and parents
- the provision of information, advice and assistance to parents and the promotion of parenting skills
- physical and mental health, education, childcare and social services
- housing, the built or natural environment and the promotion of social inclusion.

The first English strategy was published in 2011; the second and subsequent strategies must review progress under the previous strategy. Northern Ireland, Scotland and Wales publish their own strategies.

When preparing the strategy, the Secretary of State must take into account economic and fiscal circumstances, and the likely impact of any measure on the economy, taxation, public spending and public borrowing (Section 16(2)). Part 2 of the Act places a duty to cooperate in order to reduce child poverty on local authorities and 'partner authorities' in England, which include: district councils in two-tier authorities; police; transport; health (specifically, Clinical Commissioning Groups); Jobcentre Plus; the Probation Service; and the Youth Offending Team (Section 20). Under Section 21, each local authority and its partners must make arrangements 'with a view to reducing, and mitigating the effects of, child poverty' in the local area. This can include providing staff, goods, services, accommodation and other resources, and/or pooling budgets.

Section 22 requires local authorities to undertake a local child poverty needs assessment, and Section 23 requires local authorities and their partners to prepare a joint child poverty strategy. When developing the strategy, the local authority must consult with children and parents, as well as organisations working with or representing them.

A cross-government Child Poverty Unit was set up to support ministers in meeting the child poverty targets. In 2010, the Child Poverty Unit made £9.5 million available to top-tier local authorities in England as part of the Area-Based Grant to help with the costs of developing, consulting on and publishing the needs assessments and local strategies (Clark, 2010). The Child Poverty Unit also issued non-statutory guidance to Part 2 (Child Poverty Unit, 2010b) which suggested that additional partners should be involved in the development of the needs assessments and local strategies, including the housing sector, schools and colleges, the voluntary and community sector, and employers and business organisations. It also recommended that the local strategies:

- be based on analysis (i.e. the local child poverty needs assessment)
- identify strategic choices (the overall approach and priorities)
- identify how the strategies will be implemented (resources, structures, mechanisms, and how progress will be measured and monitored).

Section 24 of the Act requires local authorities to take their responsibilities to tackle child poverty into account when preparing or revising their Sustainable Community Strategies – the overarching local strategy for promoting or improving the economic, social or environmental wellbeing of the area first introduced in s.4 of the Local Government Act 2000.

The Child Poverty Act – as amended by Schedule 13 of the Welfare Reform Act 2012 – creates the Social Mobility and Child Poverty Commission, which:

- monitors progress on tackling child poverty and improving social mobility, including implementation of the UK’s child poverty strategy and the 2020 child poverty targets
- provides published advice to ministers on matters relating to social mobility and child poverty
- undertakes social mobility advocacy.

The Commission must also publish an annual report setting out its views on the progress being made by the Government to meet the goals of improving social mobility and reducing child poverty (Section 8B).

The need to tackle child poverty is also endorsed at EU level. In 2013, the European Commission issued a recommendation (European Commission, 2013) on breaking the cycle of disadvantage. This highlighted the need to tackle disadvantage in the early years (para.5). More broadly, it recommends that governments: take a child-rights approach to tackling child poverty and social exclusion whilst supporting families as primary carers; maintain a balance between universal policies and targeted approaches; focus on children at risk because of multiple disadvantages; and sustain investment in children and families. It also recommends developing integrated strategies, based on three key pillars:

- access to adequate resources – including supporting parents’ participation in the labour market, and providing for adequate living standards through a combination of benefits
- access to affordable quality services, including education, health, housing and family support
- children’s rights to participate.

The recommendation has received minimal official response in England (Bradshaw and Bennett, 2014), and is unlikely to have had much impact on the ways in which Government is choosing to respond to child poverty in this country.

Child poverty policy overview

In 1999, the UK Government made a historic commitment to end child poverty within a generation, pledging to cut the numbers of children living in poverty by a quarter by 2005, and by half by 2010. That ambition was shared across the political parties, although there was disagreement on how best to achieve this common aim. Partly informed by evidence on how to reduce child poverty, the Labour Government tackled low income through redistributive policies and cash transfers, including child tax credits. Although the Government missed meeting its 2005 and 2010 targets, there was a significant reduction in child poverty. Between 1998–9 and 2009–10 the numbers fell by around 900,000 (Brewer et al, 2011) to 2.3 million children living in relative income poverty in the UK (Judge, 2012).

In 2010, the Coalition Government reported on the failure to meet the 2010 target by 600,000 children (DWP /DfE, 2010). The reasons given were: that not enough parents were able to move into work or progress in work; that work did not pay as well as it should, and therefore the numbers of children living in poverty whose parents were in work increased; and that a significant number of families were not receiving the benefits and tax credits to which they were entitled. Its conclusions were that work is the best route out of poverty and, although income matters, the Government's strategy should focus on breaking the cycle of poverty. In 2012–13, 27% or 3.7 million children were living in relative low income after housing costs. Around two in three children living in both relative and absolute low income were living in families where at least one adult was in work (DWP, 2014).

Official responses to poverty are articulated in a number of strategy papers outlining the Government's thoughts on equality, social justice and social mobility (HM Government, 2010, 2011e, 2012d). Put simply, child poverty policy looks at current income levels but focuses its attention and energies on dealing with issues that can affect someone's future life chances:

[S]ocial mobility is about supporting all families to achieve their ambitions and overcome the barriers that see parental disadvantage too often translate into childhood disadvantage. Social justice is about stabilising the lives of particularly vulnerable families: those struggling at the bottom of the social ladder. Progress is needed on both these agendas to achieve success in eradicating child poverty (HM Government, 2011c, para 1.3).

The policy framework introduced since the passage of the Child Poverty Act must be seen in the context of a national programme of deficit reduction and the introduction of austerity measures, as well as cuts to public spending, including in local government. Local government is also responding to a localism and decentralisation agenda (HM Government, 2011d), that includes:

- the removal of the ring fences around a number of funding streams, which gives councils greater flexibility over how it spends less money
- less prescriptive guidance and instruction from the centre, though government departments continue to issue non-statutory guidance and advice, and the regulatory bodies have considerable influence on the ways in which services are designed and delivered through the inspection frameworks

- a declared aim to increase decision-making powers at local level.

Chapter 5 illustrates how different local authorities are responding to these challenges in their own child poverty work.

Child poverty policy initiatives

In June 2010, Frank Field MP was commissioned by the Prime Minister to produce an independent review on poverty and life chances (Field, 2010) in order to: look again at the nature and extent of poverty in the UK; examine the case for reforms to the income poverty measures; and explore how children's home environment may affect their abilities to take full advantage of their schooling. It made two overarching recommendations:

- to establish set of Life Chances Indicators to run alongside the income poverty measures
- to give greater prominence to The Foundation Years (0-5) in central and local government policy, and that the Government gradually moves funding to the early years, weighting it toward the most disadvantaged children.

The Government's first national child poverty strategy picked up on both of these themes, 'setting out a new approach to tackling poverty for this Parliament and up to 2020' (HM Government, 2011c, p.8). Its approach was to focus on what it described as the causes of intergenerational cycles of poverty, and what the Government's preferred response would be:

- worklessness – a welfare system that will enable people to work their way out of poverty
- debt – building financial capability among families
- strengthening families – relationship and parenting support
- educational failure – improving educational attainment through a new focus on the early years
- poor health – public health reforms, as well as stronger support for the early years.

As recommended in the Field review, the 2011 national child poverty strategy set out a list of indicators and clustered them under three categories: resources, circumstances, and life chances (see Figure 2). Progress against each was reported in the 2014 child poverty strategy (HM Government, 2014a, pp.59–62). The recorded changes in income reflect how the median income has fallen since the introduction of austerity measures in 2010, which has led to a reduction in relative low income but a rise in absolute poverty (Brewer et al, 2011).

Figure 2.1: Child poverty strategy indicators

	Comparator data	Most recent data
Family resources: <ul style="list-style-type: none"> • relative low income (before housing costs) • absolute low income (before housing costs) • combined low income and material deprivation • persistent poverty • severe poverty 	18% (2010/11) 18% (2010/11) 13% (2010/11) 12% (2005-8) 4% (2010/11)	17% (2011/12) 20% (2011/12) 12% (2011/12) No data 3% 2011/12
Family circumstances: <ul style="list-style-type: none"> • children in workless households • in-work poverty • transition from childhood to labour market: <ul style="list-style-type: none"> ○ 18 to 24 year olds in education/training ○ 18 to 24 year olds NEET 	16% (2010) 13% (2010/11) 45.2% (2010) 30.3% (2011)	13% (2013) 13% (2011/12) 46.4% (2014) 30.2% (2013)
Children's life chances: <ul style="list-style-type: none"> • low birth weight (gap between social classes 1-4 and 5-8) • child development (ie school readiness) • attainment gap at school and in further education: <ul style="list-style-type: none"> ○ gap between children on FSM at Key Stage 2 in reading, writing and maths • progression gap of FSM pupils and non-FSM pupils to higher education at age 19 • teenage pregnancy • youth offending <p>children living in relative poverty by family structure:</p> <ul style="list-style-type: none"> ○ married/civil partnership ○ cohabiting ○ lone parents 	1.1% (2010) In development Not available 18 percentage points (2010/11) ² 35.5 per 1000 (2010) 49,042 (2010)	0.6% (2011) In development 18.7% (2012/13) Not available 27.9 per 1000 (2012) 23,196 (2012/13)
	14% (2010/11) 24% (2010/11) 22% (2010/11)	15% (2011/12) 20% (2011/12) 22% (2011/12)

Note: NEET=not in education or training; FSM=free school meals.

Low income families

In 2011, the Government proposed to tackle poverty through:

- a series of structural reforms in early education and childcare, health and the benefits system (through the introduction of Universal Credit)

² 38% non-free school meal HE entrants compared with 20% free school meal HE entrants

- the roll-out of the Work Programme for those on Jobseekers Allowance
- local authority funding through community budgets (now called Our Place) and the Early Intervention Grant (from 2013/14 the EIG became part of the Business Rates Retention Scheme).

Specific commitments that would affect young children were:

2010–11	£22m funding for Early Years Professional Status training
2011–12	£64m funding provided to local authorities for offer of early education
2011–12/2012–13	Funding allocated to local authorities to provide free early education to all disadvantaged two-year-olds
2012–13	4,200 extra health visitors recruited

According to the Government’s 2014 child poverty strategy (HM Government, 2014a), each of these structural reforms has been achieved.

The 2014–17 child poverty strategy bases its policy prioritisation on an evidence review (HM Government, 2014b) that focuses on behavioural rather than structural issues related to poverty (Social Mobility and Child Poverty Commission, 2014). The strategy’s core message is that ‘families can work themselves out of poverty’ (HM Government, 2014a, p.28), but it acknowledges what it describes as key family characteristics that can make this aim more difficult. These are: long-term worklessness, having low qualifications, being a lone parent, having three or more children to care for, and experiencing ill health. Living standards are to be improved through a variety of schemes that will reduce fuel, water, food and transport costs as well as increase the supply of affordable houses. But the overriding policy response is getting families into work. The strategy promises job creation, increased earnings and support to get parents into work as well as policies that will improve living standards, and these are the Government’s priority areas for tackling poverty through to 2017.

Early learning and supporting parents are the priorities for young children, with a goal ‘to ensure that all poor children arrive at school ready to learn through increasing free preschool places, getting better teachers and simplifying the curriculum’ (HM Government, 2014a, p.37–38) – referring to the free entitlement, changes to the training and qualifications framework for early years educators, and reforms to the Early Years Foundation Stage (EYFS) which are outlined in section 2.2. Among specific schemes, the draft strategy refers to Bookstart (providing free books to two year olds receiving free early education in children’s centres) and the CANParent trials (providing access to universal parenting classes). All these initiatives and their impact are discussed in Chapter 3.

A section on parental ill health (HM Government, 2014a, p.43) highlights the support needs of parents with mental health issues such as postnatal depression, and the roles of local mental health champions and health visitors.

Children and families' involvement

During his review of child poverty, Frank Field and his team visited children's centres and undertook a formal written consultation programme, hearing from a wide range of organisations that work with and represent the interests of young children and families.

Staff from the Child Poverty Unit meet regularly with various stakeholder groups, including organisations that help them arrange focus group sessions with young people. During the development of the child poverty strategy, CPU met with the OCC and Amplify, its advisory group of children and young people, and ran a series of events which were attended by 195 children, young people and parents. There is no reference to targeted activity with the parents of young children.

Commentaries

The Social Mobility and Child Poverty Commission has published three reports as well a response to the Government's draft child poverty strategy that are relevant to this review. The first report made a series of recommendations on how the Government could improve social mobility (Social Mobility and Child Poverty Commission, 2013a), highlighting two areas of policy: early years and in-work progression. It criticised Government for a failure of ambition, and recommended that it set out a long-term plan for narrowing gaps in development in the early years with clear milestones and timescales for delivery. Progression into and in work would require greater support for the provision of affordable, flexible childcare. The Commission commented on accountability gaps, particularly at local level, where, despite the rhetoric of protected funding, children's centres are reducing their hours and the choice of services on offer, and local authorities are facing challenges in fulfilling their statutory duties to ensure sufficient free places for 3 and 4 year olds and disadvantaged 2 year olds (p.14).

The second publication – a state of the nation report on social mobility and child poverty (Social Mobility and Child Poverty Commission, 2013b) – concludes that the UK is not on track to meet the goal of ending child poverty by 2020, a view confirmed by research it commissioned (Reed and Portes, 2014) which finds that '*achieving the targets within current fiscal plans will require a combination of parental employment rates of almost 100% - far beyond what has ever been achieved anywhere in the world – together with increases in the hours parents work . . .*' (Social Mobility and Child Poverty Commission, 2014, p.4). The SMCPCC reminds the Government that, although work is the best safeguard against being poor, 'it is not a cure for poverty' (p.6).

In its annual monitoring of poverty and social exclusion based on official government data (MacInnes et al, 2013), the New Policy Institute notes the ways in which poverty profiles continue to change. In 2012, the number of people in poverty in the UK included around 3.5 million children, 3 million parents, 1.5 million pensioners and,

notably, 4.5 million working-age adults without children. For the first time, there were more people in poverty in working families than in workless families. And in relation to housing, although the number of people in poverty in social housing has fallen from 5.9 million in 2002 to 4.2 million, the number in the private rented sector has almost doubled to 3.9 million.

2.2 Early education and childcare

'Early years' in this section includes early education and childcare services available to all families with young children in England, additionally identifying those that target low-income families. As well as the legal framework, it includes a brief overview of the regulatory framework for early education and childcare.

Legal framework

The Childcare Act 2006 is the core piece of legislation concerned with early education and childcare in England.

Section 1 requires local authorities in England both to improve the wellbeing of young children and to reduce inequalities between young children in their area. In order to achieve this, local authorities must work in partnership with the NHS and Jobcentre Plus (Section 4). Under Section 2, 'early childhood services' include: early years provision, social services provided to young children and their families, health services, employment services and information services.

Under Section 12, local authorities have a duty to provide information, advice and assistance to parents and prospective parents on childcare provision in the local area (the Family Information Service), as well as other services or facilities that may be of benefit to the child or parents. Statutory guidance (Department for Education, 2013b) specifies that local authorities should ensure that parents are aware of:

- early education places for two, three and four year olds
- the option to continue to take up their child's 15 hour early education place until their child reaches compulsory school age
- the way to identify high-quality provision in their area.

In order to meet these obligations, the Act includes a 'sufficiency' duty: although they are no longer under a duty to assess local childcare provision, under s.6, local authorities are required to secure sufficient childcare for working parents and those preparing/training for work. Under Section 3(4)-(5), local authorities are required to involve parents, prospective parents and early years providers, and have regard to the views of young children.

Section 3(2) requires the local authority to ensure that early childhood services are provided in an integrated manner in order to facilitate access and maximise benefit to those using them. This was amended by Section 198 of the Apprenticeships, Skills, Children and Learning Act 2009, which obliges local authorities, so far as is reasonably practicable, to include arrangements for sufficient provision of children's centres to meet local need.

Under Section 7 (as amended by Section 1 Education Act 2011 and new Section 7A and 9A inserted by the Children and Families Act 2014), local authorities have a duty to secure prescribed early years provision free of charge. Details for three and four year olds are in the Local Authority (Duty to Secure Early Years Provision Free of Charge) Regulations 2008 and, for disadvantaged two year olds, the Local Authority (Duty to Secure Early Years Provision Free of Charge) Regulations 2012. Statutory guidance stipulates that the free offer is for 570 hours a year over no fewer than 38 weeks of the year for every eligible child. 'Disadvantage' is based on the criteria used to determine eligibility for free school meals (Department for Education, 2013b). The free entitlement should be available to parents at times and in patterns that support them to maximise the use of their child's place. In order to secure quality provision, the guidance suggests that local authorities should base decisions on which providers to fund for delivery of the free offer on their Ofsted inspection judgements, prioritising those that are considered 'outstanding' or 'good'.

Sections 39–48 introduce the Early Years Foundation Stage (EYFS); details of the revised EYFS are given later in this section. All providers caring for children from birth to five are required to deliver the EYFS unless exempted. Exempt providers include registered independent schools (this does not include academies or free schools), and providers who follow established practices such as the Steiner or Montessori approaches to early learning. However, these providers are required to comply with national safeguarding guidance (Department for Education, 2014b).

Part 3 of the Childcare Act deals with the regulation of the provision of childcare in England. Section 32 requires the Chief Inspector to maintain two registers: the early years register and the general childcare register. The early years register – which is compulsory – lists anyone who is registered as the provider of childcare for a young child up to the age of five. The general childcare register covers children over the age of five. Section 84 and Schedule 4 of the Children and Families Act 2014 amend the Childcare Act to give childminders the choice of registering with a childminder agency instead of Ofsted. The childminder agency must be registered with the inspectorate. The regulation and separate inspection of children's centres is covered in s.98A–98G, inserted by s.198 of the Apprenticeships, Skills, Children and Learning Act 2009.

Regulatory framework

Early years providers

The current early years inspection framework (Ofsted, 2014b) applies to those on the Early Years Register, meaning childminders or providers of childcare on domestic or non-domestic premises – the latter comprising nurseries, nursery schools and preschools. Inspectors judge the quality and standards of the early years provision taking into account three key areas:

- how well the early years provision meets the needs of the range of children for whom it is provided
- the contribution of the early years provision to the wellbeing of children
- the effectiveness of the leadership and management.

Newly registered providers are inspected within a short period of their registration. All other providers on the register on 1 September 2012 will be inspected at least once by 31 July 2016.

The majority of the inspection is spent in direct observation of what children are doing, how well adults care for the children, and the impact of what they do on children's learning and development. The inspector will also speak to any parents who may be there to drop off or collect their child. The inspector will meet with the provider and/or manager of group settings to ensure that they understand their responsibilities in meeting the requirements of the EYFS and in monitoring the quality of their provision. For childminding settings, this information will be gathered throughout the course of the inspection.

Early years providers must also comply with a range of statutory requirements relating to planning and building control, taxation, health and safety, employment law, food and hygiene, disability and anti-discriminatory legislation which lie outside Ofsted's remit.

Children's centres

Children's centres are inspected under a separate framework (Ofsted, 2014a). The inspection will either be of a single centre or of a children's centre group that offers integrated services and shares leadership and management. Ofsted inspects all children's centres within a five-year period.

Inspectors judge the effectiveness of children's centres under three key areas:

- access to services by young children and their families
- the quality and impact of practice and services
- the effectiveness of leadership, governance and management.

The centres must be able to demonstrate how effective they are in making arrangements for targeted families to access the services they need in order to improve their child's wellbeing, as well as the quality of universal and targeted services and the impact they have on outcomes for young children and their families. This includes how effective their partnerships are with early years providers, schools, health services, adult training services and employment services, and whether these services are appropriate and relevant to the needs of targeted families.

In terms of impact and in relation to 'targeted' families, they are judged on:

- the children's readiness for school
- improved parenting
- opportunities for adults to participate in activities that improve their personal skills, education and employability
- the development of healthy lifestyles for children and their families
- parents' understanding of their responsibilities for their children's safety and wellbeing.

Two criteria for demonstrating effective leadership are: the extent to which target families contribute to the centre's performance and delivery; and how well the views of target families are taken into account to improve access and shape services. During the inspection, inspectors will talk with families as well as children, where appropriate.

Early years policy overview

In July 2010, the Government announced that Graham Allen MP would undertake a review of early intervention; this led to the publication of two reports the following year (Allen, 2011a, 2011b). A clear recommendation was for the DfE and the DH to work together to produce a 'seamless Foundation Years Plan' covering children from birth to five. Allen believed that the early years workforce should be high status, better qualified and graduate-led. He also wanted to see an expansion in the use of evidence-based early intervention programmes in, for example, children's centres, and advocated the creation of an Early Intervention Foundation, which was finally launched in 2013.

The Coalition Government's vision for early years was developed jointly by the DfE and DH (Department for Education/Department of Health, 2011). *Supporting families in the foundation years* sets out what should be on offer for parents, children and families, and is underpinned by the UN Convention on the Rights of the Child. Its focus is on child development so that, by the age of 5, children are ready for school and have laid down foundations for good health in adult life. Among its commitments:

- Expectant mothers will be supported through universal, high-quality maternity care from early pregnancy, and will be helped to make choices and plans about their care by their midwife, GP and health visitor. Mothers and fathers will have more choice about how to share their caring responsibilities, with more flexible parental leave, and options for flexible working.
- All new parents will be supported in their transition to parenthood, through pregnancy and into the first months of life. Support will come from families and friends, as part of routine healthcare by a trusted professional, through antenatal programmes and through the work of community groups and intensive preventative programmes such as Family Nurse Partnership (FNP) for the most vulnerable.
- Health visitors will provide expert preventative healthcare for parents and children until they are five. All families will have access to high-quality delivery of the Healthy Child Programme led by health visitors. Health visitors will work closely with children's centres and primary care to join up healthcare and child development.
- Children's centres, based in the community, will provide access to a range of integrated universal and targeted services to meet local need.
- All three and four year olds will continue to be entitled to 15 hours of free early education per week for 38 weeks of the year, and this has been extended to children aged two from disadvantaged backgrounds from September 2013.

- The revised EYFS framework will help practitioners to get children more ready for all of the opportunities ahead of them, and for parents to better understand their child's development.
- Children should start school healthy, happy, communicative, sociable, curious, active, and ready and equipped for the next phase of life and learning.

Two DfE policy intention documents were published in 2013:

- *More great childcare* (Department for Education, 2013d) provides the Government's response to a review that it commissioned into early education and childcare qualifications (Nutbrown, 2012). The Nutbrown review set out a number of recommendations to improve the skills and knowledge of those who work with young children, and develop a highly qualified workforce, including having a stronger focus on child development and play, and learning more about special educational needs and disability as well as inclusion and diversity.
- *More affordable childcare* (HM Government, 2013) looked at how the Government will help families meet the costs of childcare, and increase the amount of affordable provision. In relation to affordability for families, the main provisions mentioned were the free entitlement – which, it suggested, should be more readily available through schools – and the Tax-free Childcare Scheme.

Early years policy initiatives

Early Years Foundation Stage (EYFS)

A review of the Early Years Foundation Stage was led by Dame Clare Tickell (2011), leading to a strong recommendation that there should continue to be a framework that applies to all providers working with young children, but that it needs to be more accessible to and better understood by parents, who should be recognised and involved as partners in their children's learning. The EYFS had to be simplified and rationalised, and the personal and social development of young children given equal weight with other areas of learning.

The revised EYFS came into effect in September 2012 (Department for Education, 2012c). Four guiding principles should shape practice in early years settings:

- Every child is a unique child, who is constantly learning and can be resilient, capable, confident and self-assured.
- Children learn to be strong and independent through positive relationships.
- Children learn and develop well in enabling environments, in which their experiences respond to their individual needs and there is a strong partnership between practitioners and parents and/or carers.
- Children develop and learn in different ways and at different rates. The framework covers the education and care of all children in early years provision, including children with special educational needs and disabilities.

The EYFS comprises seven areas of learning and development. There are three prime areas: communication and language; physical development; and personal, social and emotional development. Then, there are four specific areas through which the prime areas are strengthened and applied: literacy; mathematics; understanding the world; and expressive arts and design. Practitioners working with the youngest children are expected to focus strongly on the three prime areas which are the basis for successful learning in the others. Each area of learning and development must be implemented through planned, purposeful play and through a mix of adult-led and child-initiated activity. Each child must be assigned a key person.

Ongoing assessment is an integral part of the process. When a child is aged between two and three, practitioners must review their progress, and provide parents and/or carers with a short written summary of their child's development in the prime areas. This should be provided in time to inform the Healthy Child Programme health and development review at age two (see section 2.3.4). In the final term of the year in which the child reaches age five, the EYFS Profile must be completed for each child. The Profile provides parents and carers, practitioners and teachers with a well-rounded picture of individual children's knowledge, understanding and abilities, their progress against expected levels, and their readiness for Year 1 (Standards and Testing Agency, 2013).

Early Years Pupil Premium

In its 2014 Budget statement (HM Treasury, 2014), the Government announced a new Early Years Pupil Premium worth £50 million, which will provide nurseries, schools and other providers of funded early education with extra money for disadvantaged three or four year olds.

Early years workforce

The National College for Teaching and Leadership is responsible for early years workforce development and qualifications. Early Years Teacher Status is a new level 5 qualification; they are specialists in early childhood development. Early Years Educator is a level 3 qualification. There are also early years apprenticeships and Teach First places for those who wish to work with young children aged three to five.

Tax-free Childcare Scheme

Further details of the Tax-free Childcare Scheme were announced in the March 2014 Budget (HM Treasury, 2014), with its legislative basis to be outlined in the Childcare Payments Bill. The scheme will be introduced in autumn 2015, and eventually replace the current Employer Supported Childcare voucher scheme. All eligible working families should receive support with their childcare costs within the first year of the scheme's operation.

- Eligible families are those where both parents work and have children under the age of 12 (or disabled children under 17). They will receive 20% support towards their childcare costs, up to an annual limit of £2,000 per child.
- Based on the current rate of the National Minimum Wage, parents would each have to earn just over £50 a week on average to qualify for tax-free childcare.

- Under Universal Credit – due to be introduced in 2017 – support will cover up to 85% of families' childcare costs.

New childcare businesses will be encouraged through the Childcare Business Grants Scheme³ funded by the Government Equalities Office. The scheme offers a flat-rate amount of: £250 for new childminding businesses; £500 for new childminding businesses that provide care for disabled children; and £500 for new nurseries.

The Government is also promoting a greater use of schools for early education and childcare, in particular inviting them to begin accepting two year olds (HM Government, 2013).

Welfare reforms affecting families with young children

In June 2010, the Government announced how it intended to 'rebalance the economy' with a priority being deficit reduction (HM Treasury, 2010a). The greatest contribution to this would come from public spending reductions (para 1.32) and £22 billion cuts to the welfare budget by 2014/15 (Child Poverty Action Group, 2013). Welfare reforms that have a direct impact on families with young children include the following:

- The Health in Pregnancy Grant was scrapped. This was a £190 grant introduced in 2009 for all women who had reached the 25th week of their pregnancy, and had received health and dietary advice from a health professional.
- The Sure Start Maternity Grant became limited to the first child only. This is a £500 grant to help with maternity expenses for low-income families (using benefit eligibility criteria).
- Child Benefit rates were frozen from 2011/12 to 2013/14. In 2014/15 the benefit has increased by 20p for the first child to £20.50, and by 15p for the second and subsequent children to £13.55.
- Lone parents must sign on for Jobseeker's Allowance when their youngest child reaches the age of five.
- Lone parents who are not working will be required to prepare for work once their youngest child reaches three – the rationale being that they can access free early education and childcare.
- The baby element of child tax credit was removed. This was an extra £545 in the child's first year, payable to low- and middle-income families.

³ <http://www.childcarebusinessgrants.dcms.gov.uk/>

- Childcare costs covered by working tax credit were cut from 80% to 70%. Current amounts are up to £122.50 a week for one child or up to £210 a week for two or more children.
- Backdating of tax credits was cut from three months to one month. New parents must claim within 31 days of the child's birth.

Disadvantaged families

The free entitlement

An entitlement to free early years provision was introduced for all four year olds in 1998, and expanded to include all three year olds in 2004. Since 2010, the entitlement has been set at 15 hours per week for 38 weeks a year per child. In 2013, 96% of three and four year olds were making use of funded early education, 89% of them using the maximum hours available. Eighty per cent of these were in settings rated as 'good' or 'outstanding' by Ofsted (Department for Education, 2013e). However, reports from the Public Accounts Committee (2012) and National Audit Office (2012b) noted that disadvantaged families have the lowest levels of take-up of the entitlement, and poorer areas the lowest levels of high-quality provision.

Since September 2013, 130,000 two year olds from disadvantaged families have been eligible for a similar free entitlement, with the target doubling to 260,000 or 40% of two year olds from September 2014. The 2013–14 intake is based on Free School Meal eligibility⁴, thus excluding the majority of the in-work poor. The 2014–15 intake will also include children with a Statement of Special Educational Needs or an Education, Health and Care Plan.

Funding for the free entitlement is provided to local authorities through the early years single funding formula (EYSFF), supported by the School and Early Years Finance (England) Regulations 2012. In 2013, the Government consulted on introducing a national funding formula for early education and childcare (Department for Education, 2013a), which it intends to take forward from 2014–15. It has made available a benchmarking tool to allow providers and local authorities to compare levels of expenditure across local authorities (Department for Education, 2014a).

Children's centres

In 2012, the Government published a revised core purpose for children's centres (Department for Education 2012a) – to improve outcomes for young children and their families, with a particular focus on the most disadvantaged families, in order to reduce inequalities in child development and school readiness. This outcome would be supported by improved parental aspirations, self-esteem and parenting skills, and

⁴ Meaning, in receipt of Income Support, Income-based Jobseekers Allowance, Income-related Employment and Support Allowance, Support under Part VI of the Immigration and Asylum Act 1999, the guaranteed element of State Pension Credit, Child Tax Credit (provided the applicant is not also entitled to Working Tax Credit and has an annual gross income of no more than £16,190), or Universal Credit.

child and family health and life chances. A report from the Education Committee (2013) criticised the vagueness of these aspirations, suggesting that they be reshaped to focus on achievable outcomes and make clear whether centres should prioritise services for children or for parents.

In 2013–14, the Early Intervention Grant – which had funded children’s centres – became part of the local government Business Rate Retention Scheme. In its 2013–14 census of children’s centres, 4Children (2013) reported that local authorities would be spending 15% less on children’s centres that year than in 2012–13. Some centres had started charging for services that were previously free or new. Three-quarters of the children’s centres were being operated by the local authority, 18% by voluntary sector organisations and 4% by private sector organisations. Just over 1% were run by a health body.

Official figures show that In April 2010 there were 3,615 children’s centres in England; in April 2013, this figure had dropped to 3,055 (Truss, 2013). The Minister explained that 65 centres had closed; six new centres had opened; and a further 501 were operating as part of a network of children’s centres. The official figures have been questioned and they are not in line with anecdotal evidence which suggests the number of closures is considerably higher.

2.2.6 Children and families’ involvement

It is unclear how or whether additional efforts have been made to involve families in the development of the various government policy documents. The DfE does commission an annual Parents’ Survey of childcare, and Ofsted involves parents in their inspections of children’s centres and early education and childcare providers.

2.2.7 Commentaries

Ofsted’s latest early years annual report (Ofsted, 2014c) has found an increase in the quality of early education and childcare settings and some evidence of improved outcomes for children. The report found that children from low-income families make the strongest progress when supported by high-quality staff, and the latter are more likely to be found in nursery classes based in primary schools and nursery schools. Therefore the report suggests a bigger role for schools in providing early education for two year olds. The report notes that information available to parents on early education and childcare services is not sufficiently clear and simple. The report also notes that children’s centres are changing rapidly, including reductions in numbers and changes in structures and organisation, and there is ongoing debate nationally about their purpose. More children’s centres are now organised in groups, and fewer of these groups have been judged good or outstanding than single centres. A more detailed discussion of the impact of specific early years interventions is included in chapter 4.

2.3 Health services

The NHS is in the midst of system-wide reform. There is a renewed focus on reducing health inequalities at central and local government level, and greater investment in public health through local authorities. Although population-wide, the approach aims to tackle health and wellbeing issues that have a disproportionate impact on disadvantaged children and adults.

Legal framework

The following section summarises the main elements of the Health and Social Care Act 2012 that will have an impact on children and families: responsibilities to reduce health inequalities; the new commissioning structures; public health duties; and a greater focus on patient voice and choice.

The 2012 Act makes major changes to the NHS Act 2006, and the majority of it came into force in April 2013. The Act abolished the roles of Strategic Health Authority (SHA) and Primary Care Trust (PCT).

Part 1 sets out the role of the Secretary of State in relation to health services, among which are duties to:

- promote a comprehensive health service which is designed to secure improvement in the physical and mental health of the people of England, and in the prevention, diagnosis and treatment of physical and mental illness (s.1)
- improve the quality of services connected with the prevention, diagnosis or treatment of illness or the protection or improvement of public health (s.2)
- have regard to the need to reduce inequalities between the people of England with respect to the benefits that they can obtain from the health service (s.4).

Sections 9 and Schedule 1 establish the NHS Commissioning Board and s.10 creates Clinical Commissioning Groups (CCGs). Each year, the Secretary of State will issue a mandate for the Board (s.23) which sets out its financial resources and a set of objectives for the year.

A set of duties for the Board is also laid out in the Act:

- to promote the NHS Constitution
- to exercise its functions with a view to improving the quality of services provided as part of the health service; this would, for example, include the NHS Outcomes Framework and NICE quality standards
- to reduce inequalities in relation to access to services and patient outcomes
- to promote the involvement of individual patients and their carers in making decisions about their own care (shared decision making)
- to enable patients to make choices
- to promote integration of health services, social care and health-related services, such as housing, which may have an effect on the health of individuals.

These and other duties also apply to CCGs (s.26), which are authorised, funded and performance managed by the NHS Commissioning Board. Following consultation with Healthwatch England and the Care Quality Commission, the NHS Commissioning Board authorises and issues guidance to the CCGs (NHS Commissioning Board, 2012). Each CCG is required to break even on its commissioning budget, and must prepare and publish a commissioning plan after having consulted with relevant Health and Wellbeing Boards ('relevant' meaning those in the areas in which the CCG is operating). CCGs are also obliged to publish an annual report on how they have discharged their functions.

The NHS Commissioning Board is responsible for commissioning specialised services (eg those for people with complex needs), primary care, dentistry, community pharmacy and primary ophthalmic services as well as some public health services, offender health services and military health services.

Parts 1 and 2 of the Act provide the legislative basis for what is now Public Health England. In addition, it specifies the public health functions of local authorities, which are now under a duty to improve public health. Under s.30, local authorities are given the responsibility of appointing a Director of Public Health for their local area, who will be required to produce an annual progress report. Section 31 requires local authorities to have regard to documents issued by the Secretary of State, including the Public Health Outcomes Framework. A complaints system will be clarified through regulation.

It is worth noting as well that, under the Public Services (Social Value) Act 2012, local authorities are required to demonstrate that they are delivering social value when commissioning/procuring services – meaning that they have considered the social, environmental and economic impacts.

Parts 3 and 4 of the Health and Social Care Act 2012 attempt to encourage and increase patient choice by opening up the health market, and expand the role of the regulatory body Monitor, which becomes responsible for protecting and promoting the interests of people who use health care services by promoting economic, efficient, effective and quality services (s.62).

Part 5 of the Act deals with public involvement in the health service. Section 181 creates Healthwatch England – a committee of the Care Quality Commission representing the views of users of health and social care services, other members of the public and Local Healthwatch organisations (new s.45A of the Health and Social Care Act 2008). It will advise and provide information to the Secretary of State, the NHS Commissioning Board, Monitor, local authorities and of course the Care Quality Commission. Healthwatch England will be required to produce an annual report. Under s.182, which amends Part 14 of the Local Government and Public Involvement in Health Act 2007, a Local Healthwatch will:

- promote and support the involvement of people in the commissioning, provision and scrutiny of local health and social care services
- enable people to monitor and review the standard of local care services and how they could and should be improved
- obtain the views of people about their need for, and experiences of, local health and social care services
- make those views available to providers, commissioners and overview and scrutiny committees
- provide information and advice about local care services and about choice
- report local views to Healthwatch England
- advise Healthwatch England and the Care Quality Commission on what reviews and investigations they should carry out.

Section 185 requires local authorities 'to make such arrangements as it considers appropriate' for the provision of independent advocacy services for the area, with the expectation that this service will be accessed through the Local Healthwatch.

Section 192 requires local authorities and any CCG that works within that local authority area to prepare a joint strategic needs assessment (JSNA) to identify the current and future health and social care needs of a population in a local authority area. When preparing the JSNA, the local authority and CCGs must involve Local Healthwatch and the people who live or work in the area. Following on from this, s.193 introduces a new duty for local authorities and partner CCGs, as well as the NHS Commissioning Board in relation to its local commissioning responsibilities, to prepare a joint health and wellbeing strategy (JHWS). Again, Local Healthwatch and local people must be involved in the preparation of the strategy.

Both the JSNAs and JHWSs are undertaken by the Health and Wellbeing Board for the local area, established under s.194. Membership of the Board must include the Director of Children's Services, the Director of Adult Social Services and the Director of Public Health. There must be at least one elected representative, as well as representatives of Local Healthwatch and each CCG that works within the area. The Board may choose to appoint additional members.

Statutory guidance on JSNAs and JHWSs describes both as a continuous process of strategic assessment and planning, the core aim of which is to develop local evidence-based priorities for commissioning which will improve the public's health and reduce inequalities (Department of Health, 2013h, p.4). JSNAs must assess current and future health and social care needs, and mental health should receive equal priority with physical health. Health and Wellbeing Boards will need to consider:

- the needs of people of all ages in the area
- how needs may be harder to meet for those in disadvantaged areas or vulnerable groups who experience inequalities, and those with complex and multiple needs (examples given include: looked-after and adopted children; children with special educational needs and disabilities; troubled families; homeless people; gypsies and travellers; victims of violence)
- wider social, environmental and economic factors that impact on health and wellbeing – such as access to green space, air quality, housing, community safety, transport, economic circumstances, employment
- what health and social care information the local community needs, including how they access it and what support they may need to understand it (p.8).

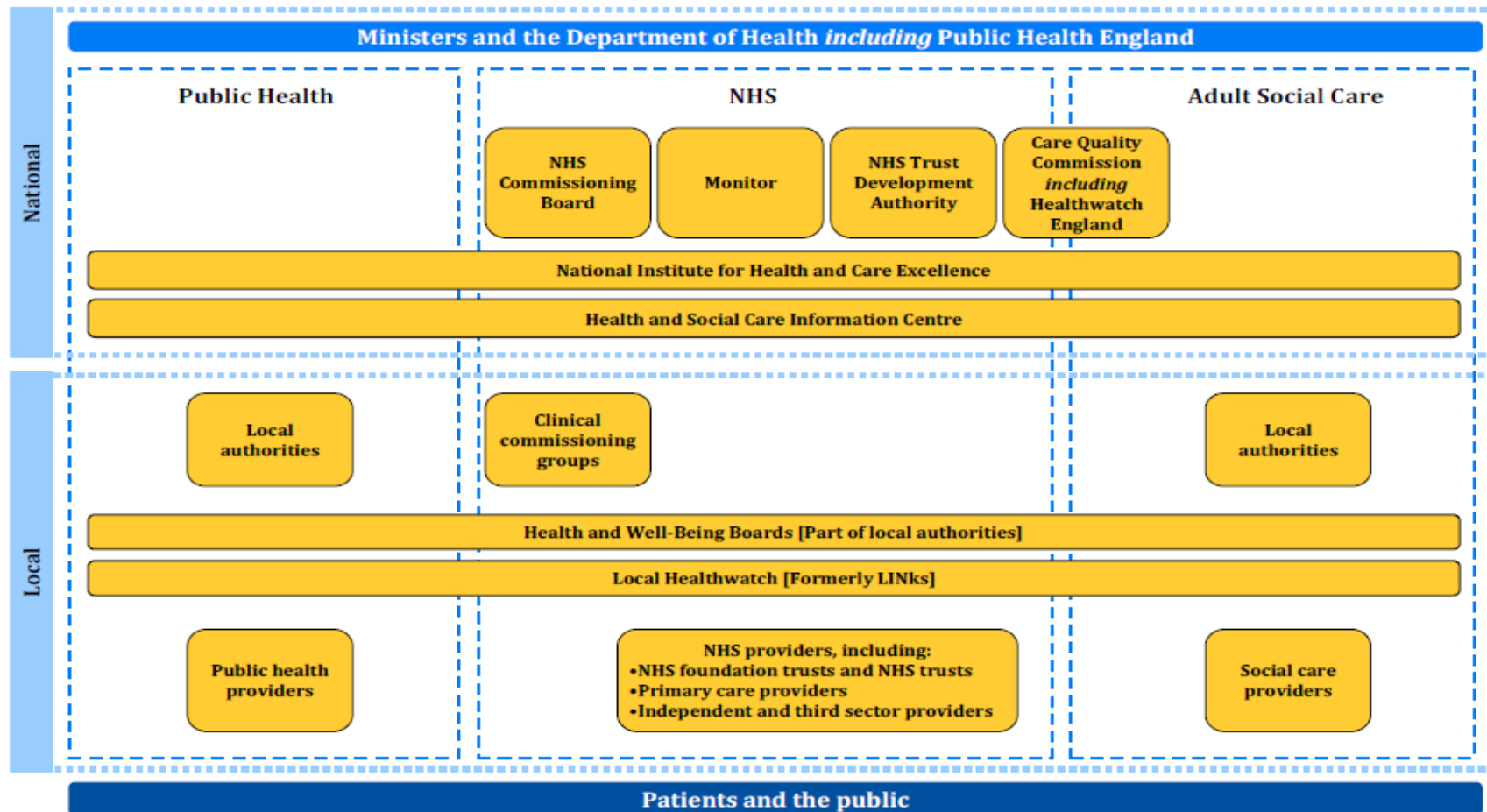
Plans for local commissioning should be informed by the JSNAs and JHWSs (p.9).

JHWSs can help health and social care services to be joined up with other health-related services, such as housing, the economy or the environment (p.10).

Health and Wellbeing Boards are required to 'encourage integrated working' (s.195) across health and social care and health-related services, and to advise on the pooling of budgets and resources between the NHS and local authorities. 'Health related services' are defined as: services that may have an effect on the health of individuals but are not health services or social care services' (s.195(6)).

Part 8 of the Act gives the NHS Commissioning Board or the Secretary of State the power to commission the National Institute for Health and Care Excellence (NICE) to develop quality standards for the provision of NHS, public health or social care services. NICE must have regard to the NHS Constitution (NHS England, 2013). Quality standards and guidance relevant to this review have been published on: quitting smoking in pregnancy and following childbirth (NICE, 2010); postnatal care (NICE, 2013); maternal and child nutrition (NICE, 2008); and social and emotional wellbeing in the early years (NICE, 2012).

Overview of health and social care structures in the Health and Social Care Act 2012
 April 2013



Regulatory framework

The Care Quality Commission (CQC) is responsible for inspecting care in hospitals, care homes, people's own homes, dental and general practices, and other services against national standards. Its regulatory model is to ensure that providers and managers who carry on regulated activities are registered, and that the care people receive from providers meets the essential standards of quality and safety.

The five essential standards are:

1. You should expect to be respected, involved in your care and support, and told what's happening at every stage.
2. You should expect care, treatment and support that meets your needs.
3. You should expect to be safe.
4. You should expect to be cared for by staff with the right skills to do their jobs properly.
5. You should expect your care provider to routinely check the quality of its services.

A new approach to CQC inspections is being piloted during 2014, and new regulations are expected to come into force in 2014-15.

Between September 2013 and April 2014, the CQC has been carrying out a review of how health services keep children safe and contribute to promoting the health and wellbeing of looked-after children and care leavers. The review focuses on: evaluating the quality and impact of local health arrangements for safeguarding children; and improving healthcare for children who are looked after. This includes inspecting health services within local authority areas in England and tracking individual children in each area (CQC, 2013).

CQC is also working with Ofsted, Her Majesty's Inspectorate of Probation, Her Majesty's Inspectorate of Constabulary and Her Majesty's Inspectorate of Prisons to plan multi-agency inspections, though these have been deferred until April 2015.

Health policy overview

The Government's health reforms (Department of Health, 2010b) are intended to:

- put patients and the public first – shared decision making, more choice, access to information, able to rate the service they receive, personalised care, a strengthened collective voice through Local Healthwatch and Healthwatch England – no matter what their need or background
- improve healthcare outcomes – evidence-based outcome measures, patient safety, quality standards developed by NICE, paying providers according to their performance
- give providers greater autonomy, while making them more accountable – creation of Clinical Commissioning Groups and the NHS Commissioning Board, increasing the freedoms of foundation trusts, Monitor as an economic regulator, a strengthened Care Quality Commission, a ring-fenced public health budget and funding to reduce health inequalities

- reduce bureaucracy and improve efficiency – efficiency savings in the DH and the NHS.
- work with the DfE to ensure that the changes ‘support local health, education and social care services to work together for children and families’ (para.1.17).

The *NHS Mandate* for 2014/15 (Department of Health, 2013b) sets out the direction for the whole health service. Objective 4 of the Mandate – *Make sure people experience better care* – commits NHS England to: improving the standards of care and experience for women during pregnancy; and supporting children and young people with specific health and care needs.

The *NHS Outcomes Framework 2014/15* (Department of Health, 2013e) comprises five domains, with indicators relevant to families with young children listed in Table 2.2.

Figure 2.2: NHS Outcomes Framework 2014–15

Domains	Indicators
1. Preventing people from dying prematurely	1.6i-ii Reducing deaths in babies and young children
4. Ensuring that people have a positive experience of care	4.5 Women’s experience of maternity services 4.8 Improving children and young people’s experience of healthcare [in development]

The public health white paper (Department of Health, 2010d) set out the Government’s vision for public health, adopting Sir Michael Marmot’s recommendation (Marmot, 2010) to take a life-course approach to tackling the wider social determinants of health. For children, this would mean ‘giving every child in every community the best start in life’ and:

- Directors of Public Health to be the strategic leaders for public health and health inequalities in local communities through local Health and Wellbeing Boards
- Public Health England, an executive agency of the DH, to strengthen the national response on emergency preparedness and health protection
- ring-fenced public health funding from the NHS budget
- using the best evidence and evaluation through research
- the Chief Medical Officer to provide advice to the Secretary of State and act as the leading advocate for public health within and across government
- stronger incentives for GPs to play a more active role in public health.

The main purpose of the Public Health Outcomes Framework is to provide transparency and consistency across the public health system, from the public health aspects of NHS England and Public Health England at national level, to local level Directors of Public Health and Health and Wellbeing Boards. *The Public Health Outcomes Framework 2013-16* (Department of Health, 2013a) comprises four domains, with indicators relevant to this review listed in Table 2.3.

Figure 2.3: Public Health Outcomes Framework 2013–16

Domains	Indicators
1. Improving the wider determinants of health	<ul style="list-style-type: none"> • children in poverty • school readiness • domestic abuse • statutory homelessness • utilisation of green space for exercise/health reasons • fuel poverty
2. Health improvement	<ul style="list-style-type: none"> • low birth weight of term babies • breastfeeding • smoking status at time of delivery • under 18 conceptions • child development at 2 to 2½ years [under development] • hospital admissions caused by unintentional and deliberate injuries in children and young people aged 0-14 • diet
3. Health protection	<ul style="list-style-type: none"> • population vaccination coverage
4. Healthcare, public health & preventing premature mortality	<ul style="list-style-type: none"> • infant mortality • tooth decay in children aged 5

A group of independent experts, including the Children’s Commissioner, were asked to sit on the Children and Young People Health Outcomes Forum to help develop a strategy for children and young people (Children and Young People Health Outcomes Forum, 2012). In response to the Forum’s recommendations (Department of Health, 2013a), the Department of Health, DfE and partner agencies, including the Royal Colleges, Association of Directors of Children’s Services, Healthwatch, Public Health England and the NHS Confederation, published a Pledge on child health which commits its signatories to: ‘improving the health outcomes of our children and young people so that they become the best in the world’ (p.2). Its five shared ambitions are:

1. Children, young people and their families will be at the heart of decision making, with the health outcomes that matter most to them taking priority.
2. Services, from pregnancy through to adolescence and beyond, will be high quality, evidence-based and safe, delivered at the right time, in the right place, by a properly planned, educated and trained workforce.
3. Good mental and physical health and early interventions, including for children and young people with long-term conditions, will be of equal importance to caring for those who become acutely unwell.

4. Services will be integrated and care will be coordinated around the individual, with an optimal experience of transition to adult services for those young people who require ongoing health and care in adult life.
5. There will be clear leadership, accountability and assurance, and organisations will work in partnership for the benefit of children and young people.

Among a further set of determinations is one to support and protect the most vulnerable by focusing on the social determinants of health and providing better support to the groups that have the worst health outcomes.

The Government's mental health strategy (Department of Health, 2012h) made a number of commitments to make mental health a key priority for Public Health England and prioritise early intervention across all ages. In relation to young children and families, the paper referred to the health visitor programme, the Healthy Child Programme, links with maternity services and children's centres, and the Troubled Families Programme. A mental health dashboard (Department of Health, 2013d) has been developed, which includes the indicator for child development at two to two and a half years, cross-referencing it to the Public Health Outcomes Framework.

Health policy initiatives

Child obesity, physical activity and diet

In 2011, the Government published a call to action on obesity (HM Government, 2011a) for both children and adults, aiming to set off a downward trend in the level of excess weight in the population by 2020. Health and Wellbeing Boards are expected to play a major role in driving health improvement, and local authorities in developing comprehensive local strategies on overweight and obesity.

Delivery components of the national plan include the following:

- New guidelines for physical activity from the four Chief Medical Officers in the UK – there are two covering 0-5 year olds: the first for those who are not yet walking; the second for preschoolers capable of walking (Department of Health, 2011g).
- Feedback on a child's body mass index status through the National Child Measurement Programme, which measures a child's weight and height in reception class and Year 6.
- Including local and national level data on the BMI of pregnant women in the Maternity and Children's Dataset,⁵ which provides comparative mother and child data that can be used to inform the commissioning of services and improve clinical quality.
- Expand the Change4Life⁶ healthy eating/lifestyle information service, and expand it into early years through the start4Life⁷ information service for pregnant women and new parents.

⁵ See details at: <http://www.hscic.gov.uk/maternityandchildren>

⁶ See details at: <http://www.nhs.uk/Change4Life/Pages/why-change-for-life.aspx>

- The Public Health Responsibility Deal⁸ – industry (production, manufacturing, retailing and catering) signs up to a pledge to increase the uptake of fruit and vegetables, work towards a salt reduction strategy, reduce saturated fats and promote healthier food. There are separate pledges on physical activity and alcohol.
- Extending controls on the advertising of food and drinks high in fat, salt and sugar to digital media.
- Nutrition labelling on food packs to give consumers clear and consistent information to help them make healthier choices.

⁷ <http://www.nhs.uk/start4life/Pages/healthy-pregnancy-baby-advice.aspx>

⁸ <https://responsibilitydeal.dh.gov.uk/>

Health Premium

The NHS white paper mentions a Health Premium, which is intended to act as a cash incentive for local authorities to make progress against certain public health indicators. The first payments are planned for 2015-16. One of the proposed measures for allocating the premium is that the health outcome will significantly reduce health inequalities (Department of Health, 2012d).

Health visitor implementation programme

The Coalition Agreement committed to an increase in the numbers of health visitors by 4,200 against a 2010 baseline of 8,092 by April 2015. The Government published an implementation plan (Department of Health, 2011c) outlining the new health visitor model providing different levels of services from universal to targeted (see Chapter 4 for more information). In 2013, there were 49 Early Implementer Sites working to deliver the full programme (Department of Health, 2013).

Integrated review

There are two checks on children between the ages of two and two and a half: a health visitor check as part of the Healthy Child Programme, and a learning and development progress check which is part of the Early Years Foundation Stage. Five local authorities⁹ which are also Early Implementer Sites for the health visitor programme are piloting the Integrated Review, with the Government aiming to introduce it nationally in 2015. The results of these reviews would lead to a child development public health outcome measure at the age of two to two and a half.

Maternity services

Among the DH's aims for maternity services are: for mothers to report a good experience; and to improve diagnosis and services for women with pregnancy-related mental health problems. The Government's maternity strategy dates back to 2007 (Department of Health, 2007), but in 2013 was scrutinised by both the National Audit Office and the Public Accounts Committee (National Audit Office, 2013, Public Accounts Committee, 2013). Both expressed concerns about pressures on midwife numbers, which led to fewer home visits following a birth. Although an estimated 12% of women experienced some form of antenatal or postnatal depression, only 30% of NHS trusts belonged to a perinatal mental health network (National Audit Office, 2013, p.29).

Public health commissioning

An update to the public health white paper (Department of Health, 2011d) clarified local authority public health commissioning responsibilities:

- tobacco control and smoking cessation services
- alcohol and drug misuse services
- public health services for children and young people aged 5-19 (including Healthy Child Programme 5-19)
- the National Child Measurement Programme

⁹ Islington, Leeds, Medway, Norfolk and Northamptonshire

- interventions to tackle obesity such as community lifestyle and weight management services
- locally-led nutrition initiatives
- increasing levels of physical activity in the local population
- public mental health services
- dental public health services
- accidental injury prevention
- population-level interventions to reduce and prevent birth defects
- supporting, reviewing and challenging delivery of key public health funded and NHS delivered services such as immunisation and screening programmes
- comprehensive sexual health services
- public health aspects of promotion of community safety, violence prevention and response
- public health aspects of local initiatives to tackle social exclusion.

Currently, NHS England is responsible for public health services for children 0-5, including health visiting, the Healthy Child Programme and the Family Nurse Partnership until October 2015, when responsibility is expected to transfer to local authorities.

The total funding given to local authorities to spend on public health in 2014/15 is £2.79 billion (Department of Health, 2013g). Public Health England has announced that public health grants will be ring-fenced in 2015/16 as well (Wiggins, 2013).

Low-income families

Family Nurse Partnership

The Government aims to increase the take-up of places on the Family Nurse Partnership programme for new parents aged 20 or under to at least 16,000 by April 2015. This programme and its impact are described in Chapter 4.

2.3.6 Children and families' involvement

The Children and Young People Public Health Outcomes Forum heard from around 200 children and young people through surveys, engagement meetings and webchats, and web responses.

The Care Quality Commission has consulted with children and young people about its future strategy and has committed to involving children and young people in its inspection activity.

In her review of child health (CMO, 2013), the Chief Medical Officer reports that:

NHS England is introducing three new initiatives involving children and young people. Firstly, the expansion of the Friends and Family Test will be rolled out for children's services to all areas by March 2015 so that children and young people can participate in giving their views as part of normal patient feedback processes. Secondly, a strategic voice for children will be formalised through an NHS youth forum, to be established with the British Youth Council, that will

hold NHS England to account. Finally, in 2014, new children's experience measures will be developed for the NHS. (ch.4, p2-3)

She notes the particular challenges that health workers and agencies will have in involving very young children, but is clear that they should be involved.

Healthwatch England reports that its stakeholder engagement plan has targeted key organisations representing children and young people. It has also launched a toolkit entitled *Creating a children and young people friendly local Healthwatch* (2013a) in which it makes clear its expectation that Local Healthwatch will demonstrate how it listens to and promotes the voices and experiences of children and young people. It provides a list of 'top tips' for working with young children, recommending the Mosaic Approach (p.13).

2.3.7 Commentaries

It is too soon to assess the impact the health reforms are having. However, some studies are beginning to appear. The King's Fund has looked at the work of Health and Wellbeing Boards (which have been operating as shadow boards since April 2012). Twenty-five per cent of the 65 local authorities that responded to their survey were prioritising the Marmot principle: 'Give every child the best start in life' as part of their local strategy (Humphries and Galea, 2013).

A more detailed discussion of the impact of specific health interventions is included in Chapter 4.

2.4 Housing

In its 2011 child poverty strategy, the Government made a series of comments about the importance of stable, good-quality housing as well as the negative impacts that living in a poorer, often less safe, area can have on children and young people (HM Government, 2011c).

Links between child poverty and housing generally refer to: housing affordability (whether social housing, private rental or owner-occupier); housing location or neighbourhood, particularly in relation to transport, accessibility of other services, and distance from sources of employment; housing stability in relation to security of tenure; and housing conditions, including the quality of housing as well as considerations about safety and security within the home and local community; and homelessness (for example, Tunstall, 2013).

Legal framework

This section focuses on housing law related to issues identified above as they may apply to low-income families: security of tenure, housing allocation, the regulation of social housing, and the quality of housing stock (including energy efficiency). It also summarises the law on homelessness.

Part 4 of the Housing Act 1985 (since amended by the Housing Acts 1988 and 1996) introduced secure tenancies, which remain the most common form of tenancies

provided by local authorities. Schedule 2 of the 1985 Act lists grounds for repossession, which include:

- discretionary grounds for a possession order – rent arrears; nuisance or anti-social behaviour; domestic violence if one partner has left the dwelling
- discretionary grounds for a possession order – if the size of the dwelling is more extensive than is reasonably required by the tenant and the court is satisfied that alternative accommodation will be available
- mandatory grounds for a possession order (the landlord must find alternative accommodation for the tenant) – overcrowding.

There are also introductory tenancies for new council tenants that normally last for 12 months; joint tenancies where tenants share equal responsibility as tenants; and new flexible (assured) tenancies. Section 154 of the Localism Act 2011 gives local authorities the power to offer flexible tenancies to new social tenants and to family intervention tenants. A flexible tenancy is a secure tenancy of a fixed term (not less than two years and, in the proposals put forward by the Government, up to five years).

New s.160ZA of the Housing Act 1996 (as amended by the Localism Act 2011) gives local housing authorities the power to determine what classes of persons are or are not 'qualifying persons' to be allocated housing.

Under s.166A, local housing authorities must give 'reasonable preference' to:

- a) people who are homeless or threatened with homelessness (ie within 28 days)
- b) people occupying insanitary or overcrowded housing or otherwise living in unsatisfactory housing conditions
- c) people who need to move on medical or welfare grounds (including any grounds relating to a disability)
- d) people who need to move to a particular locality in the district of the authority, where failure to meet that need would cause hardship (to themselves or to others).

Local housing authorities are prohibited from allocating housing accommodation to persons subject to immigration control, and to EU nationals who are not habitually resident and are dependent on benefits (s.160ZA). However, people affected by these restrictions may be eligible for housing assistance if they or a member of their family live and work in the UK. The specific criteria are set out in The Allocation of Housing and Homelessness (Eligibility) (England) Regulations 2006 and 2012.

Although giving new flexibilities for allocating housing, the guidance (Department for Communities and Local Government, 2012a) makes a number of suggestions regarding the new duties:

- DCLG recommends that the bedroom standard be used as an appropriate measure of overcrowding for allocation purposes, which is that a separate bedroom is available to:

- a married or cohabiting couple
 - an adult aged 21 years or more
 - a pair of adolescents aged 10–20 of the same sex
 - a pair of children aged under 10 regardless of sex.
- ‘Welfare grounds’ for preference can include foster carers or those approved to adopt.
 - Those with urgent housing needs can include victims of domestic violence.
 - Local authorities should consider how allocation policies can be used to support households who want to work, or are contributing to their community through, for example, voluntary work.
 - Local authorities may choose to give social tenants who under-occupy their accommodation priority for a transfer – highlighting the Housing Benefit changes that took effect from April 2013.
 - Allocation schemes may take additional factors into account to determine priorities between households with a similar level of need: for example, having a local connection, or having demonstrated responsible behaviour by having been model tenants.

In England, the Homes and Communities Agency is responsible for the regulation of social housing providers in England. All registered private and local authority providers are subject to a regulatory framework (HCA, 2012), which includes standards covering the following:

- Rent – the levels at which rents are set, with the ‘no more than 80% of the estimated market rent’ requirement for those let on Affordable Rent terms.
- Consumers – about customer service, choice and complaints; how tenants can be given opportunities to influence decisions about, for example, how housing-related services are delivered; and being treated with respect.
- Home – quality of the accommodation, repairs and maintenance.
- Tenancy – allocations and tenure.
- Neighbourhood and community management – keeping the neighbourhood clean and safe; working with partners to ‘help promote social, environmental and economic wellbeing in the areas where they own properties’; and tackling anti-social behaviour.

Section 180 of the Localism Act 2011 (amending schedule 2 of the Housing Act 1996) changes the complaints system for tenants in social housing, establishing a single body called the Independent Housing Ombudsman. The same section requires landlords to set up tenant panels.

Part 1 of the Housing Act 2004 created the Housing, Health and Safety Rating system (HHSRS) for dwellings. The HHSRS (Department for Communities and Local Government, 2006b) is a risk-based approach to assessing housing conditions, including damp and mould; overcrowding; noise; heating; domestic hygiene and pests; personal hygiene; food safety; and water supply. It provides the statutory basis for the Decent Home Standard. This is a minimum standard that all social housing should meet. In order to meet the Decent Home Standard, dwellings must:

- not contain any hazards assessed as category 1 (serious) under the HHSRS
- be in a reasonable state of repair
- have reasonably modern facilities and services
- provide a reasonable degree of thermal comfort.

Section 179 of the Housing Act 1996 requires local housing authorities to ensure that advice and assistance to households who are homeless or threatened with homelessness is available free of charge. A 'main homelessness duty' is owed where the authority is satisfied that the applicant is eligible for assistance, is unintentionally homeless and falls within a specified priority need group. Under s.189 of the 1996 Act, 'priority need groups' include households with dependent children or a pregnant woman, as well as people who are vulnerable because of mental illness or disability, or as the result of an emergency or disaster. Section 148 of the Localism Act 2011 gives the local housing authority the power to discharge the main homelessness duty to secure accommodation with an offer of suitable accommodation from a private landlord – ie people who are homeless cannot insist on being housed in temporary accommodation until social housing becomes available.

The Energy Act 2011 provides the legislative basis for the Green Deal and the Energy Company Obligation. Sections 49 and 145 remove the fuel poverty target from primary legislation and place it in regulations. The new definition of fuel poverty (Department of Energy and Climate Change, 2013) finds that a household is fuel poor if:

- their income is below the poverty line (taking into account energy costs), and
- their energy costs are higher than is typical for their household type.

It also uses a fuel poverty gap, which is the difference between a household's modelled bill and what their bill would need to be for them to no longer be fuel poor.

The Energy Company Obligation (Department of Energy and Climate Change, 2013) is the focal point for low-income households. There are three components:

- The Carbon Saving Obligation (CSO) provides support for the delivery of measures in hard-to-treat properties (such as those with solid walls).
- The Carbon Saving Communities Obligation (CSCO) delivers insulation measures in deprived and rural areas (and is expected to deliver a combination of lower-cost loft and cavity wall insulation as well as some solid wall insulation).
- The Affordable Warmth Obligation (AW) is expected to support basic heating and insulation measures in low-income private tenure households.

From April 2016, landlords must permit tenants to undertake energy efficiency improvement works. From April 2018, landlords are prohibited from renting out property that is rated as Band F or G under the Energy Performance Certificate system. However, landlords are allowed to meet this standard through passing on the costs to current and future tenants.

Housing policy overview

The Coalition Government's housing policy was published in 2011 (HM Government, 2011b), with an overall vision of: 'a thriving, active but stable housing market that offers choice, flexibility and affordable housing'. Among its proposals:

- Investing £4.5 billion in affordable housing through the Affordable Homes Programme throughout 2011-15, stating that the majority of new homes should be available as affordable rent and 'in some circumstances' social rent.
- Seeing social housing as a springboard for social mobility, and making changes to allocations policy in order to better manage the scarce supply of social housing.
- Tackling homelessness, with funding for homelessness prevention, and prioritisation of rough sleeping.
- The Troubled Families programme, with housing associations and private landlords playing a key role to identify families and deploy evidence-based interventions.
- To reduce Housing Benefit expenditure by over £2 billion between 2012-15.

The Spending Review (HM Treasury, 2010b) included a 60% cut to the social housing budget – from £8.4 billion between 2008/9 and 2010/11 to £4.4 billion between 2011/12 and 2014/15,¹⁰ with the loss to be made up from affordable rents for new tenants.

A separate homelessness strategy (Department for Communities and Local Government, 2012b) notes that 18% of the households accepted as being homeless in 2011/12 were in that situation due to relationship breakdown, with violence a factor in 70% of those cases. It recommends that local authorities and others:

- adopt a corporate commitment to prevent homelessness
- work with the voluntary sector and other local partners to address support, education, training and employment needs
- offer a Housing Options prevention service to all clients
- have housing pathways agreed with each key partner and client group that includes appropriate accommodation and support
- develop a suitable private rented sector offer for all client groups
- engage in preventing mortgage repossessions
- not place any families in bed and breakfast accommodation unless in an emergency and for no longer than six weeks.

¹⁰ www.parliament.uk/briefing-papers/SN05933.pdf

The most recent statistics on homeless families in England (Department for Communities and Local Government, 2014a) indicate that, as at 31 December 2013, 43,750 households in temporary accommodation included dependent children and/or a pregnant woman (within which households there were 80,950 children or expected children). 1,550 households with children were in bed and breakfast style accommodation and, of these, 500 had been in bed and breakfast for more than six weeks.

Housing policy initiatives

Affordable Homes programme

The Homes and Communities Agency is overseeing the delivery of the Affordable Homes Programme,¹¹ which aims to deliver 170,000 new homes by 2015. Social landlords are also able to convert existing social rented stock to the new affordable rent.

Low-income families

Affordable Warmth Scheme

This replaced the Warm Front Scheme in January 2013, and provides free boilers, cavity wall insulation, and loft insulation to eligible low-income applicants. Costs are paid for by the energy companies.

Troubled Families Programme

The Troubled Families Programme was launched in 2011, aiming to reach 120,000 families in England and provide multi-agency support to help them 'turn their lives around' by 2015. The programme is delivered using payment by results. Success is measured against three criteria: children who were truanting or excluded from school are in school for at least three terms; high levels of youth crime and anti-social behaviour are down over at least six months; and adults are in work for at least three months. Up to the end of March 2014, upper-tier local authorities reported they had 'turned around' 39,480 troubled families, meaning: out of a total of 97,200 families worked with, 36,347 families had achieved a crime/anti-social behaviour/education result, and 3,133 had achieved continuous employment (Department for Communities and Local Government, 2014b). The original budget for the programme was £200 million from Dec 2011 to March 2015; in the 2014 Budget (HM Treasury, 2014), the Government announced an acceleration of the programme to start working with up to 40,000 additional families in 2014-15.

Welfare reforms affecting families with young children

In the 2010 Budget, the Government announced its intention to reduce the amounts spent on Housing Benefit; housing affordability and security have been affected by the welfare reforms, with evidence of the impact of these changes beginning to be recorded. The reforms include:

- a cap on total household benefits of £26,000 per year or £500 per week for couples or lone parents, no matter how many children they have

¹¹ <http://www.homesandcommunities.co.uk/affordable-homes>

- Housing Benefit for private sector tenants is restricted to the cost of the lowest-cost 30% of homes in the local market area
- under-occupancy reductions in Housing Benefit (bedroom tax) – a cut in the amount of Housing Benefit for working-age tenants of social landlords if the number of bedrooms exceeds their assessed needs
- Council Tax reduction – from 2013, funding of £3.2 billion (a cut of 10%) was transferred from the DWP to the DCLG and then devolved to local authorities to distribute to low-income households. With the exception of pensioners, who are protected, local authorities may draw up their own support schemes for vulnerable groups. The relevant legislation is the Local Government Finance Act 2012
- community care grants and crisis loans – abolished and replaced by local schemes controlled by local authorities.

Children and families' involvement

There is no indication of any targeted involvement at national level.

Commentaries

In a review of the Affordable Homes Programme, the National Audit Office (National Audit Office, 2012a) noted that the majority of the new homes are due for delivery in the final year of the programme, and that some providers – particularly those based in London – are expressing concerns that they may not be able to charge the rent levels needed to make the programme financially viable.

A Joseph Rowntree Foundation (JRF) study on the devolved Council Tax reduction scheme (Bushe et al, 2014), finds that, in 2014/15, only 45 out of 326 lower-tier councils in England will continue to provide the levels of support that had been available to low-income residents under the Council Tax Benefit system. The most common change made is the introduction of a minimum payment scheme which requires everyone – no matter what their income – to pay some council tax. In 2014/15, 2.34 million low-income families will be paying an average £149 more in council tax over the year; 1.5 million of this number live in poverty (after housing costs). Although the data is limited due to the recent introduction of the policy, it appears that levels of bailiff referrals and arrears for non-payment have increased.

A separate JRF study on the 'bedroom tax' (Wilcox, 2014) finds that around 498,000 households were affected in November 2013. Under the change, Housing Benefit is reduced by 14% for one additional bedroom, and by 25% for two or more additional bedrooms. Funding for Discretionary Housing Payments have been allocated to local councils, but assessment of income – and therefore eligibility for the payment – varies in each area. Particular concerns about the impact on households where someone has a health need or disability have been raised throughout the development of the policy. The evidence suggests that almost half of all tenants affected by the cut are in rent arrears. In response, social landlords have increased investment in welfare support and rent collection, leading to an increase in their administrative costs. In the first six months of implementation, only 6% of affected households had moved. After the first year (April 2013 to March 2014), 22% of those affected remain registered for a transfer or exchange. A shortage of smaller homes is a particular problem in the north of England.

2.5 Conclusion

There are inherent contradictions in child poverty policy in government. Although the Child Poverty Act income targets remain in place, it seems highly unlikely that they will be achieved given the current programme of welfare reforms and cuts, augmented by the austerity measures and reductions in public spending to reduce the national deficit throughout the duration of the 2010-15 Parliament. Since 2010, targeted redistribution through the tax and benefits system has been eroded, and attention has shifted from the responsibilities of the state to the responsibilities of families. Child poverty strategies are centred round a set of family characteristics that are seen to impede that family being able to lift itself out of poverty; the pathway to a more adequate income is through employment.

The key early years policy document remains *Supporting families in the foundation years*, which was signed off by both the DH and the DfE, providing a coordinated overview – if not delivery – of universal and targeted early years and health policies, including the enhanced health visiting programme, the Family Nurse Partnership, the free entitlement for three and four year olds and disadvantaged two year olds, and children's centres. While there is central government investment in the first three, funding for children's centres comes from local authorities and is unprotected. Yet national policy lays out an expectation that children's centres will be available in each area and able to offer disadvantaged families an integrated service, including support with parenting, financial capability and preparation for work.

A key element of the life course approach in the new health service aims to help disadvantaged families to provide their children with the best start in life through a better diet, more exercise, parent-child communication, development of emotional wellbeing and a safer and cleaner environment in the home and community. The public health changes are particularly relevant in this respect and, at local level, provide a basis for working across health, early years, play, education, housing and social care. However, it remains to be seen how achievable these are.

Like health, housing policy is population-wide and not always directly responsive to the specific needs of low-income families with young children. Therefore, policies to alleviate the effects of poverty target disadvantage and low income through measures to make homes safer, of a decent quality and more affordable.

3. Supporting parents into work

In this and the next chapter we provide a map of interventions aimed at supporting low-income families with young children, considering interventions in the areas identified by the Government's child poverty strategy discussed in Chapter 2. In this chapter, we focus on interventions to support parents into work, while in the next chapter we provide a summary of interventions to: strengthen families, by providing parenting support; improve educational attainment through a focus on the early years; and provide public health support in the early years. In addition, in the next chapter we explore housing, an area identified by the OCC as being important in supporting low-income families with young children.

The interventions discussed in this and the next chapter were identified through an extensive search of academic databases, relevant websites and a call for evidence, and from the review of national and local policy documents, discussed in Chapters 2 and 5 respectively. As explained in Chapter 1, the search focused on interventions implemented in England since 2007, and on both universal interventions and those targeted at low-income families or similar groups (eg disadvantaged families and areas).

In exploring national and local interventions we focused primarily on programmes and services that have been evaluated, although the evaluations of the interventions we identified vary considerably and few can conclusively prove that an intervention worked as intended. Conclusive evidence that an intervention has the intended impact on beneficiaries requires an experimental or quasi-experimental design, and only a small number of interventions reviewed in this and the next chapter used this methodological approach. Others relied instead on measuring change before and after the intervention, but lacked a comparison group, which is required to attribute change to the intervention rather than other factors. Some evaluations relied on even weaker evidence, for example, perceptions of impact reported by beneficiaries and those delivering the intervention; while positive views of an intervention are important, they are not sufficient to prove a programme has worked. A few evaluations discussed did not even attempt to assess impact, and just focused on describing how the intervention was implemented.

In this chapter, we first present the findings from the Child Poverty Pilots (Figure 3.1), funded by central Government from 2009 to 2011;¹² they represent the most recently evaluated national programme aimed at supporting parents into work. While funding for this programme has now ended, there is an expectation that lessons learnt from these pilots will inform local child poverty strategies on how to effectively target, engage and support families (Department for Work and Pensions, 2012a).

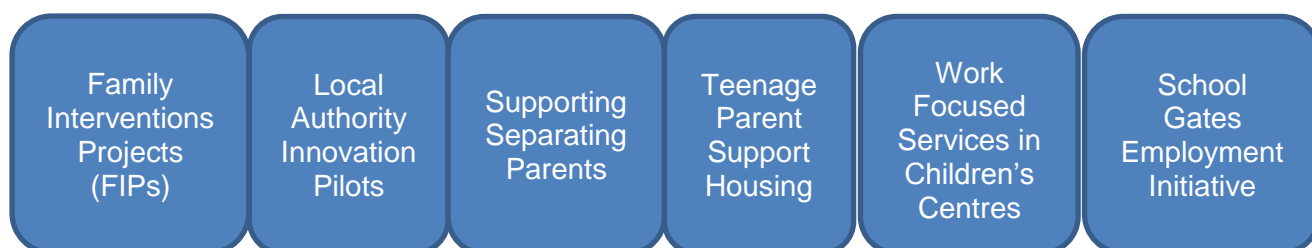
¹² All pilots were funded for a two-year period between 2009 and 2011, with the exception of Family Intervention Projects, which were funded from 2006. Note that we do not discuss the School Gates Employment Initiative, as this is outside the scope of this study, which focuses on families with preschool children.

In reviewing the Child Poverty Pilots, as well as reporting whether they worked as intended, we also consider:

- how prescriptive the pilot interventions were and the extent of diversity in implementing them locally
- the extent to which the pilots involved effective joined-up working between different local agencies
- users' involvement in the commissioning, design, delivery and evaluation of the intervention.

In the last part of the chapter, we briefly review the emerging evidence from the Work Programme evaluation. While this is a general welfare to work programme, and the early findings do not provide evidence specifically on parents with young children, the findings can nevertheless provide an indication of how the children of long-term unemployed parents may be affected by the programme.

Figure 3.1 Child poverty pilots



3.1 Family Interventions Project (FIPs)

FIPs were set up to work with some of the most challenging families to tackle anti-social behaviour, youth crime, inter-generational disadvantage and worklessness. In 2011, FIPs were reconfigured and renamed the Troubled Families programme; the evaluation of the latter is not yet available and given the similarities between the two programmes, the FIPs evaluation can provide an indication of how the Troubled Families programme will work in supporting parents into work.

FIPs took an intensive and persistent multi-agency approach to supporting families to overcome their problems, coordinated by a single dedicated key worker. Some aspects of FIPs were prescriptive (eg programme eligibility criteria, a key worker system), but others were left to the discretion of individual projects (eg size of caseload, staff qualifications, length of families' involvement with the project), and an initial evaluation found some variation in relation to discretionary aspects of the programme (White et al, 2008). While FIPs were not exclusively targeted at workless families and families with young children, the latest evaluation shows that three-quarters of families in the programme were workless and a third had children under the age of five (Lloyd et al, 2011). The FIPs' client profile shows that these projects were indeed working with some of the most disadvantaged families. For example, of the 8,800 families supported by FIPs, over half were at risk of homelessness; domestic violence was an issue in a quarter of families; one in five families had a history of social care referrals; and just over two-thirds were in poor health, including mental health conditions, a poor diet or lack of exercise and substance or alcohol misuse (Lloyd et al, 2011).

The most recent FIPs evaluation did not describe in detail how they worked, but examples of FIPs support was provided in the first evaluation (White et al, 2008) and is shown in Box 3.1.

Multi-agency working was at the heart of the FIPs model and the initial evaluation indicated that the key worker system was crucial to the coordination of the many services typically involved with these families (White et al, 2008). However, the most recent evaluation did not specifically look at how this feature of the programme worked (Lloyd et al, 2011).

The final FIPs evaluation found that families who completed the programme had addressed the following problems at exit: poor parenting (53%); relationship or family breakdown (56%); domestic violence (65%); involvement in crime (65%) or anti-social behaviour (60%); lack of exercise or poor diet (52%); drug or substance misuse (50%); alcohol misuse (56%); and children's truancy, exclusion or bad behaviour at school (57%). However, families were least likely to have achieved a successful outcome in relation to mental health (40%) and worklessness (20%) (Lloyd, 2011). The latter is perhaps not surprising given that the programme was not originally designed to tackle worklessness. Fourteen months after completing the interventions, many families had sustained positive outcomes in terms of family functioning, crime, anti-social behaviour and education, although some difficulties with following up some families after they completed the programme mean that families with more positive outcomes were likely to be overrepresented in this analysis (Lloyd, 2011).

This is the only Child Poverty Pilot programme that was evaluated using a comparison group and a quasi-experimental design to assess the impact of FIPs, although the design had a number of limitations (eg a very small comparison group with incomplete data). The impact assessment showed that:

- FIPs were successful in reducing crime and anti-social behaviour.
- There is limited evidence that FIPs generated better outcomes than other non-FIP interventions in terms of family functioning or health issues, although FIPs did appear to be at least as effective as these alternatives.
- FIPs' impact on reducing education and employment problems was not conclusive.

The evaluations do not document whether and the extent to which families were involved in the design and development of the programme. Families were involved in the evaluations (eg in-depth interviews, completion of assessment on the level of family functioning), but most of the data to assess outcomes and impact of the programme were provided by FIPs staff.

Box 3.1 Examples of support provided by FIPs

Challenging behaviour – Tackling the causes of anti-social behaviour underpinned much of the work that FIP staff undertook with families, for example, by using a combination of structured activities (eg role plays, theatre workshops, worksheets, diary keeping) and informal discussions and advice. A range of activities were used as a reward for achieving goals and/or to address behaviour, and improve family functioning and relationships. These included taking children out for diversion (eg sports and arts-based activities) and rapport building, giving parents time off and arranging whole-family activities such as a games evening or trip to the theatre. Also activities related to domestic maintenance were sometimes used to explore family dynamics and improve communication and teamwork skills.

Parenting advice and guidance – Parenting advice and guidance was provided in parenting groups or classes or delivered in one-to-one sessions at home; this covered routines, boundaries, discipline, rewards and sanctions. In addition, key workers made home visits to supervise the implementation of routines, eg around breakfast or bedtime. Additional support was provided with household activities, including cooking, cleaning, washing clothes and personal hygiene.

Support with educational problems – Key workers encouraged children to attend school or college, liaised with schools and education welfare officers over school problems and attendance issues, accompanied children to school and supervised early morning routines to ensure that children got to school on time.

Support finding education, training and work experience – Key workers helped young people apply for college courses, seek employment and explore their employment options. They also provided encouragement, as well as arranging and accompanying young people to appointments with Jobcentre Plus.

Support with housing issues – Support with tenancy management involved working with the family to understand and resolve housing issues, help with form filling, acting as an intermediary between the family and the housing provider, linking the family up with legal advice and representation, accompanying the family to meetings, and providing advice on issues related to their tenancy, eg dealing with visitors, neighbourhood conflict.

Support to help improve the property – Practical support provided with home maintenance included painting, cleaning, tidying and clearing the garden. Key workers either carried out these activities with the family, bought in external help, or motivated the family to carry out these activities themselves.

Support with finance and budgeting – Financial support included sorting out rent arrears and other debts, providing advice with benefit claims, form completion, household budgeting and accompanying parents to appointments.

(White et al 2008)

3.2 The Local Authority Innovation Pilots

Ten local authorities were funded to develop a range of innovative activities to tackle child poverty. Programmes were expected to address at least one theme linked to the government child poverty reduction measures,¹³ but were free to decide what was required to effectively tackle the chosen issue(s), and indeed a key aim of the programme was to develop innovative ways of reducing child poverty. The evaluation focused on looking at effective features of the pilots, and has not provided evidence on outcomes and impact of the programme on participating families. Over 4,000 parents were supported by these pilots, which provided a wide range of interventions, as illustrated in Box 3.2. The evaluation (Mason et al 2011) found that partnerships developed by the pilots were identified as one of the lasting legacies of the programme, although as the evaluation was completed before the pilots, it is not known whether these partnerships continued to operate beyond the life of the pilots. Features of programme that were reported to be successful (Mason et al, 2011) included:

- Creating family-friendly brands conveying a broad message about the support available, without linking this to stigmatising notions of 'child poverty'. A range of approaches were taken to promote the support available for families and it was found that frontline workers already engaged with families provided a crucial source of referrals.
- Family-based approaches which reflected the need to work with parents as parents, taking into consideration their need for childcare and family-friendly employment, and motivating parents to consider employment by highlighting the expected benefits for their family in the long term.
- Holistic, flexible and responsive models of support delivered or coordinated by a single key worker. Needs assessment and action planning undertaken in partnership with families on an ongoing basis and with clear exit strategies were important to gain families' trust.
- Involvement of employers to promote family-friendly employment and identify vacancies for local parents.
- The provision of support to alleviate the impacts of poverty in the immediate and medium term; when this type of help was used alongside support to enter employment, it could support sustained employment outcomes.

¹³ The themes were: increasing parental employment; raising family income through the improved take-up of tax credits and benefits and local authority administered benefits; narrowing the outcome gap between children in low income families and their peers; promoting economic regeneration focusing on families and tackling regeneration at a community wide level; and building the capacity of communities to address child poverty.

- Provision of financial advice and support for families provided by staff with relevant specialist skills and knowledge.

From the description provided in the evaluation report, families did not seem to have been involved in the design of the projects, although they were involved in the delivery of one of the pilots and in the evaluation.

3.3 Supporting Separating Parents

This initiative tested effective and innovative approaches to coordinating local services for separating and separated parents to speed up and facilitate access to financial, practical, legal and emotional help. The ultimate aim was to reduce parental conflict and the negative impact of separation on children's outcomes. The ten pilots run by the statutory and voluntary agencies focused in particular on disadvantaged parents and supported over 3,200 parents.

The kind of support these pilots provided is illustrated in Box 3.3. The evaluation (Tavistock Institute of Human Relations et al, 2011) found that the pilots encouraged inter-agency working, as services from one location could aid referrals and encourage communication and partnership working among different services. The evaluation was carried out while the pilots were still running, so it is not known if this positive effect on inter-agency working lasted beyond the life of the pilots.

The evaluation (Tavistock Institute of Human Relations et al, 2011) found the following:

- Pilots providing a more holistic set of services were more effective than those delivering a narrow set of services. Parents had better experiences of the former model which led to better outcomes, especially in terms of parents' financial circumstances, health and wellbeing.
- A holistic one-stop shop service made it easier for parents to access and navigate the support available; it reduced the stress associated with having to contact multiple services and having to explain problems repeatedly to different staff, or being inappropriately referred.
- Parents valued having an objective and confidential person to talk to about their relationship difficulties; emotional support was the most helpful type of service for parents.
- Staff with knowledge of a wide range of issues, such as housing, emotional support, benefits and legal and contact issues were most useful to parents. Long-term contact with a single case worker was considered important by parents.
- The pilots had the greatest impact on children's and parents' socio-emotional wellbeing: seven in ten parents reported improvements in wellbeing.
- Ten per cent of parents reported improved financial circumstances as a result of the pilots, with better outcomes in pilots offering a wide set of services.

- Mothers' and fathers' housing stability noticeably improved.
- The proportion of domestic violence cases did not change, as any cases where improvement was seen were largely replaced by newly disclosed cases.
- In one in five cases, there was improved frequency in parental contact or between non-resident parents and their children, and a third of parents reported an improvement in family relationships.

It should be noted that the evaluation did not include a comparison group and relied on parents' perception of impact, and the evaluation report acknowledges the limitation of this approach, as for well-liked programmes there is a tendency for beneficiaries to over-attribute positive changes experienced to the help they have received (Tavistock Institute of Human Relations et al, 2011). Furthermore the evaluation could only look at perceptions of impact in the short term (ie four months) and therefore provides no evidence on the sustainability of short-term improvements.

Box 3.2 Examples of Local Authority Innovation Pilots

Enabling Fund: a flexible resource to help families in/at risk of poverty to improve outcomes, address crises and support progression towards employment outcomes.

Workforce Development Programme to raise awareness of child poverty, and the resources in place across the county to help address it.

A **Housing Pathway** which trained staff in social housing to identify families in poverty through a 'pathway' approach.

The **Family Solutions** project employed skilled 'Family Facilitators' to provide holistic support to parents and a flexible fund to support their work. Free childcare was a central element of support, provided for training activities, and for the first three months of employment.

An **Intelligence-led Strand** added Housing Benefit and Council Tax Benefit data to a database developed within children's services to identify family characteristics and their use of services, and target low-income families.

A **Sustainability Strand** to map families' pathways through local authority services and develop action plans to: improve the delivery of services; raise awareness and provide resources for staff; and promote a model of 'no wrong door' for families through a workforce development programme.

Islington Working For Parents developed a new family-focused employment service, building on existing local authority provision.

Volunteer Family Mentors supported parents to address barriers to service access and to improve their outcomes, including in relation to employment.

Branching Out Bus (BOB) provided accessible and non-stigmatising financial information, advice and guidance through a mobile bus in a rural district county. This was complemented by: a programme of school banks, led by the Credit Union but involving children and parents; and 'financial inclusion workshops' for pupils in primary schools to increase awareness of money and to promote money management skills.

Community Entrepreneurs recruited from the most disadvantaged neighbourhoods to develop community projects, which acted as pathways into sustainable employment for parents in poverty.

A **Key Working Model** bringing together different agencies delivering employability services to disadvantaged parents. Key workers coordinated and had funding to provide a personalised package of support to address parents' barriers to employment. This was combined with a campaign to promote family-friendly practices amongst local employers.

Box 3.3 Examples of Supporting Separating Parents projects

GPs making referrals to **Family Development Workers based in local surgeries**, offering one-to-one support sessions for parents on a wide range of issues including mental health, emotional support, parenting, advice, contact support and therapy for children.

One-stop shops for separating parents providing support around legal issues, finance and debt, childcare, benefits and tax credits, employment, housing, family counselling, health services and more 'crisis' services such as family courts, child protection, and agencies tackling domestic abuse.

Outreach workers operating from different locations in a wide rural area to provide in-depth counselling, emotional support and practical advice in the form of information packs. The project had links with a social welfare advice organisation in order to fast-track cases.

A **mediation service**, which through partnership with other organisations provided advice, counselling and parenting support, in addition to mediation.

A project focused on facilitating better **contact arrangements**, through the provision of practical advice and therapeutic support to children in schools.

From the description provided in the evaluation report about each pilot, families did not seem to have been involved in their design. However, families were involved in the evaluation and their views were extensively reported.

3.4 Teenage Parent Supported Housing

This pilot involved seven local authorities developing effective and innovative support packages for teenage parents, with a particular emphasis on those aged 16 and 17 and those not living with parents/carers. The projects supported nearly 800 young parents, who were mainly mothers (94%). Examples of support provided are outlined in Box 3.4. The evaluation (Quilgars et al, 2011) found that multi-agency working was at the core of many pilots and effective working relationships were developed across housing, health and social care and children's centres. Although, again, we do not know if these were sustained beyond the life of the pilot.

The evaluation (Quilgars et al, 2011) found the following:

- Overall, the majority (72%) of the young parents surveyed towards the end of the pilot thought that involvement in the pilot had made a difference, with the main reported benefits being: having someone to talk to (18%); help with housing (17%); and building confidence and self-esteem (14%).
- The majority of young parents also reported that the pilot had made a difference to their children, although 42% said it had made little or no difference. The main

reported benefits for children were: opportunities for social interaction with other children or adults (22%); parents feeling better equipped with skills to bring up the child (21%); and access to better accommodation (17%).

- A key success associated with the pilot was increasing the opportunities for young parents to achieve independent living, with 67% living independently at the end of the project, compared with 41% at referral. Assistance with housing was reported to be the 'best thing' about the pilot by many teenage parents.
- The projects were less successful in helping teenage parents move into employment, education or training, perhaps unsurprisingly given that many participants gave birth either just before or during the pilot period. Many young people did, however, participate in training, and aspirations for future employment were high.
- Nearly one-fifth of young parents reported that their general health was better at the end of the pilot period than it had been before using pilot services. More generally, there were consistent reports from young people and project staff of improvements in young people's psychological wellbeing, especially improved self-esteem as a result of their involvement in the pilot.
- There were also indications that the support available to young people from their child's other parent (usually the father) had improved over the course of the pilot. However, staff and stakeholders still had concerns about the volatility of some young people's relationships and the risks of domestic abuse.
- Young people consistently reported feeling better able to manage their finances as a result of their involvement in the projects, and fewer young people were behind with their rent or board payments at the point of leaving (16%) compared to point of entry (24%).

Again, the evaluation of the pilot relied on self-reported impact and did not include a comparison group to establish what outcomes young parents would have had without the pilot support. Data on outcomes were collected after young parents had been involved with the pilot for less than a year, and three months before the end of the pilot, so there is no evidence on the sustainability of outcomes once support from the pilot ended.

From the description provided about each pilot in the evaluation report, young parents did not seem to have been involved in the design of the projects, although some involved young parents in the programme delivery (eg peer mentors). Young parents were involved in the evaluation.

Box 3.4 Examples of Teenage Parent Supported Housing projects

- Specialist floating support focusing on **increasing access to the private rented sector** and preparing young parents for independent living.
- Intensive support and life coaching provided in **residential units**.
- A **Youth work** project supporting young parents in hostels and those who had moved on from hostels.
- The provision of **teenage parents support workers**.
- Setting up **young parents support groups**.
- Specialist support package with key focus on **employment, education and training opportunities**.
- A paid **peer mentor scheme** and education programmes.
- **Family and relationship counselling**.

3.5 Work-focused services in children's centres

This pilot tested in ten local authorities whether children's centres could offer an effective means of engaging parents in labour market activity, moving them closer to work and ultimately into employment. The pilot was fairly prescriptive and required all pilot sites to deliver some core elements; the services provided by the pilots are described in Box 3.5. Around 5,800 parents engaged with the pilots, with 50% of pilot participants undertaking specific work-related activities or training (Marangozov and Stevens, 2011).

The evaluation (Marangozov and Stevens, 2011) found that the pilot had strengthened partnership working between Jobcentre Plus and children's centres. More joined-up services meant that parents had better access to services on one site, services could be accessed more quickly and parents' issues were tackled more holistically. As the evaluation was carried out before the pilot ended, it could not test if this improvement was sustained after the end of the pilot. However, the latest evaluation of children's centres found that all centres included in the evaluation provided some kind of Jobcentre Plus service (Goff et al, 2013).

The evaluation (Marangozov and Stevens, 2011) found that children's centres can be ideal venues for hosting work-focused services targeted at poor households. However, equally important was flexibility in the role of the Jobcentre Plus Personal Adviser to allow for a personalised and tailored service and having an adviser with the right mix of skills to facilitate parents' engagement and partnership working with other agencies.

In terms of outcomes the evaluation found the following:

- Effective engagement of the target groups: around 30% of parents involved with the pilot were 'non-traditional' Jobcentre Plus customers, who were not working due to childcare commitments and were more likely to be potential second earners. Most of these 'non-traditional' customers (70%) were from low-income families.

- Increased take-up of Jobcentre Plus services in children’s centres from 3% to 14%.
- Increased levels of parental confidence and aspirations, better awareness of work-focused opportunities and options, and attitudinal changes towards Jobcentre Plus and work.
- Indicative evidence that the pilot moved participants closer to the labour market and moved some into paid employment.

Again, the evaluation did not include a comparison group, nor was it able to establish whether positive changes (eg in terms of parents’ outcomes) lasted beyond the life of the pilot. From the evaluation report, families did not seem to have been involved in the design of the pilots. However, families were involved in the evaluation.

Box 3.5 Work-focused services in children’s centres

Jobcentre Plus provided to children’s centres in the pilot their ‘**standard offer**’ ie: New Deal for Lone Parents; information, advice and guidance; job search; job preparation; better-off calculations and queries regarding tax credits or benefits.

In addition, Jobcentre Plus Personal Advisers in children’s centres in the pilot had discretionary funds to provide **bespoke support**, which included: English language courses; team building; National Vocational Qualifications (NVQs) in first aid, food hygiene, health and safety; IT, motivational and confidence-building courses; sessions on CV writing and interviews.

Many Jobcentre Plus Personal Advisers also **identified and signposted to local support** parents with specific needs, such as high levels of debt or a lack of basic skills and provided bespoke support.

Another important activity across most pilot areas was that of **disseminating job vacancies** and training opportunities, and hosting group information sessions (often with partner organisations).

3.6 The Work Programme

The Work Programme is a major new, integrated welfare-to-work initiative introduced nationally in June 2011, targeted at long-term unemployed people, and providing support for up to two years to help them into sustainable work. The programme is delivered through a network of providers, operating under a payment-by-results regime, with considerable freedom to develop innovative provision for the individuals they support. Providers, whether generalist or specialised, are meant to provide a personalised service for those who require specialist support because of their circumstances, including those with parenting responsibilities.

The initial evaluation findings are based on data collected in spring and summer 2012, shortly after the programme was established; they are qualitative in nature and cannot provide a conclusive assessment of whether the programme is working as intended, but just an indication of how the programme is developing. Furthermore, the evaluation does not provide any specific evidence on the experiences of parents; nevertheless as the initial findings show that the programme faced some

considerable problems that could affect the experiences of programme participants, it is worth considering.

The initial evaluation findings (Newton et al, 2012) show the following:

- As might be expected with a 'black box' (minimum-specification) programme that serves a wide range of participants, the pattern of contact and support provided was extremely variable. Providers reported that the frequency and intensity of adviser–participant contact was lower than they had envisaged and desired. Despite the differential payments regime (with higher payments offered for hard-to-help groups), it seemed common to prioritise more job-ready participants due to higher than expected caseloads and growing pressure to achieve job outcome targets. Advisers also reported considerable and typically cost-driven limits on the additional support that could be offered to participants, particularly where that support involved referrals to external, paid-for provision.
- To encourage some participants to engage with the programme, providers can require them to undertake work-focused activities under threat of a benefit sanction. The findings suggest that poor communications between Jobcentre Plus and providers undermined the effectiveness of the sanctioning process. For example, a large proportion of sanctions referrals were reported to be made erroneously as a result of providers not being notified by Jobcentre Plus of changes to participants' circumstances.
- Many participants faced multiple and complex barriers to work, including caring responsibilities, health conditions, drug or alcohol dependence, housing or debt problems and many others. It was not clear from the evidence whether these kinds of barriers were tackled in an effective and consistent manner by the provision offered under the programme.
- The evidence suggested that providers were able to do more for participants with fewer and less severe barriers to employment, and that support for those who might benefit from specialist interventions was less widespread. In part, this appeared to reflect the tendency for many providers, for reason of cost, to attempt wherever possible to meet support needs either in-house, or through referrals to cost-free support services.
- Participants' reported experiences in this respect were variable. Many of those whose barriers to work centred on confidence or motivation issues did indeed report a positive impact from supportive regular inputs from advisers. Others, including some with health conditions, reported being seen as 'job-ready' and were encouraged to enter work without any further specialist support. In those cases where participants were referred to specialist provision to address specific needs, this was typically provision which was available free of charge to the Work Programme provider.

3.7 Conclusion

The Child Poverty Pilots have provided useful lessons and examples of how to tackle child poverty locally at a time when local authorities were being asked to take

responsibility for making an assessment of the nature of the problem locally, and develop strategies for tackling child poverty (this is discussed further in Chapter 5). The evaluations of the Child Poverty Pilots clearly outline the range of approaches developed, from the perspectives of different stakeholders, including families, and how the projects operated, providing therefore useful evidence on how they could be replicated elsewhere, building on what worked well and less well in the pilots. All pilots seemed to support inter-agency working, although we do not know the extent to which this was sustained after the pilots ended. Most pilots were set up to find innovative ways of tackling child poverty locally, and range of diverse approaches were developed.

A weakness of the pilots, however, was the lack of conclusive evidence on their impact, so while local authorities may adopt these approaches, they do not know for certain whether they will actually help to support parents into work and out of poverty. FIPs was the only pilot that provided a more robust impact assessment (albeit with the limitations noted earlier); this showed that FIPs did not reduce worklessness, although they had other positive effects on some of the most disadvantaged families.

We also found no evidence in the evaluation reports that families were involved in the design and commissioning of the programmes. Families were, however, involved in all the evaluations and their views were extensively reported. They were also involved in the delivery of a couple of programmes which relied on volunteers/peer mentors.

The early evidence from the Work Programme, while not providing specific evidence on parents, has highlighted the potential difficulties that parents who are required to join this programme may face, including lack of personalised support and facing sanctions which could put their families under considerable financial strain. In conclusion, when visiting local areas and critically assessing how parents can be effectively supported into work and out of poverty, the OCC will need to consider the following:

- How effectively families who need support are identified and targeted, using the range of approaches developed by the Child Poverty Pilots.
- Whether local areas effectively engage families; again the pilots provide a number of examples of how effective engagement can be achieved.
- The effectiveness of the support provided to families (including via the Work Programme) and whether this is holistic and tailored to their specific needs as parents, as teenage parents, or as parents going through a very disruptive life event such as separation or major immediate crises such as debt or lack of adequate food.
- Effective mechanisms for delivering joined-up support, in partnership with a range of local stakeholders, again also considering how joined-up and effective is the support provided by the Work Programme.

- The extent to which sanctions are imposed on parents in the Work Programme, why they are imposed and how they impact on the children.
- If and how families are involved in programme design, commissioning and delivery, as the available evidence suggests very limited involvement.
- Whether there is robust evidence that interventions implemented locally work; this is particularly important given the weaknesses identified in the evidence base discussed in this chapter.

In looking at the range of interventions that can be provided locally to support parental employment, one also needs to consider: first, the key role played by early education and childcare services; and, second, that one of the key expected outcomes of the Family Nurse Partnership programme (a key initiative funded by central Government) is to improve employment among teenage mothers – these are discussed in more details in the next chapter.

4. Interventions to support low income families with young children

In this chapter, we build on the map of interventions discussed in the previous chapter by looking at programmes and services that while not introduced specifically to tackle child poverty, could nevertheless be expected to alleviate its impact and/or contribute to reducing it. We review interventions: providing parenting support; aimed at improving educational attainment through a focus on the early years; providing public health support in the early years; and related to housing. The first three of these areas, alongside support for parents to enter employment, are the key intervention areas identified in the Government's child poverty strategy, while housing has been identified by the OCC as potentially important in supporting low-income families with young children.

We have identified a very large number of interventions, and these are therefore discussed more briefly than the Child Poverty Pilots reviewed in the previous chapter. However, as long as the relevant evidence is available, we look at:

- whether services and programmes are: a statutory requirement; linked to sources of central Government funding; recommended or encouraged by central Government but with no specific funding provided; or initiated locally with no financial support or direction/guidance from central Government
- whether interventions work and how robust is the evidence showing that they have the intended impact
- how prescriptive interventions are and the extent of diversity in implementing them locally
- the extent to which interventions involve effective joined-up working between different local agencies
- users' involvement in the commissioning, design, delivery and evaluation of the intervention.

We start by discussing programmes and services providing parenting support. We then provide an overview of other early years and public health programmes and services, before looking at relevant housing interventions. In the last part of the chapter, we draw some conclusions from this evidence for OCC to consider in its visits to local areas.

4.1 Strengthening Families

The importance of supporting families in the early years is now widely recognised, with a growing body of evidence showing the benefits of intervening early and the costs associated with the failure to provide adequate early support to families,

particularly those facing multiple disadvantages. The case for early intervention was strongly made by the Allen review (Allen, 2011a), which argued for a comprehensive plan of support from pregnancy and in the post-natal period, as expectant mothers are motivated to learn and do the best for their child, and most brain development occurs in the first three years of a child's life. Many of the parenting initiatives introduced in the last few years reflect the Allen review's recommendations for specific evidence-based programmes, or the principles underpinning effective support, that is, intervening as early as possible with a combination of universal and targeted multi-agency support, using evidence-based programmes.

Interventions to strengthen families by providing parenting support can be either health- or early years-led in terms of funding and delivery. However, a division between health- and early years-led interventions is not particularly helpful given that these interventions are meant to be integrated and delivered in partnership. In this section, we therefore look at parenting programmes and services that are both health- and early years-led to provide a comprehensive map of the kind of parenting support available to families with young children either through nationally initiated initiatives or locally developed solutions.

We first present universal interventions, and then focus on those targeted at specific groups.

Universal interventions

In addition to maternity services (discussed in Chapter 2), there are a range of **universal** interventions providing parenting support from conception through the early years, including:

- **Start4Life Information Service for Parents**, a national digital service for parents-to-be and parents with young children (up to 30 months) providing information on pregnancy, babies and maternal health, through videos with experts giving advice and emails and texts tailored to stage of pregnancy or child's age. Findings from the evaluation of this service are provided in Box 4.1; these are largely descriptive showing who uses and does not use the service, with very limited evidence of whether the service has had an impact, and we could find no information on users' involvement in service development, although parents were involved in the evaluation.
- **Promotional material provided by the HSC Public Health Agency** for both parents and those working with parents (eg leaflets, booklets and posters on pregnancy, breastfeeding, child development and attachment).¹⁴ We could not find any evidence that this material has been evaluated.
- A **new model for health visitors** to provide comprehensive and tailored support to families with young children through a substantial increase in the number of

¹⁴ Further information about this promotional material can be found at <http://www.publichealth.hscni.net/publications/> (accessed 7 April 2014).

health visitors and a new four-tier service model (Department of Health, 2012a), which includes:

- community services, to deliver the Healthy Child Programme (see Chapter 2)
- universal plus more targeted support to parents with specific needs (eg post-natal depression and weaning problems)
- universal partnership plus ongoing support from other local services as well as health visitors, to families with more complex issues.

The new health visitor model is being piloted in 49 Early Implementer Sites; a progress report (note that this is not an evaluation) of the pilot sites (Department of Health, 2012a) claims that they are ensuring universal clinical delivery of the Healthy Child Programme and improving antenatal services, breastfeeding and immunisation rates, parental confidence and information sharing among practitioners and parents. Only one of the case studies presented in the progress report mentioned involvement of families in health visitors' workforce planning and another mentioned a survey of users to explore satisfaction with the new health visitor service.

- **A new joint assessment of young children** which combines the Early Years Foundation Stage assessment carried out by early education staff with the two-year health review carried out by health staff. The aim of the joint review is to identify children and parents who may benefit from early intervention, for example, to promote children's emotional, behavioural and language development, and to provide parenting support and targeted public health promotion. The integrated review is being piloted in five areas (which are also Early Implementer Sites) but the evaluation of the pilot is not available yet.¹⁵
- **Children's centres**, which provide a wide range of universal and targeted services including health promotion, early education, parenting programmes and (as discussed earlier) employment support for parents. As discussed in Chapter 2, their purpose is to improve outcomes for young children and their families, with a particular focus on the most disadvantaged families. Local authorities have an obligation to provide, as far as reasonably practicable, sufficient childhood services in children's centres. However, children's centres are no longer funded through a dedicated grant and it is entirely up to local authorities to decide which services and programmes to deliver via children's centres (Department for Education, 2013f). Box 4.2 provides a summary of the findings of the most recent stage of the children's centres evaluation, which focused on implementation and does not yet provide any evidence of impact. The evaluation included parents, but again does not report on whether they have been involved in the programme development locally.
- The **CANparent universal parenting classes**, which are being piloted with central Government's funding in four areas and seek to stimulate the

¹⁵ <http://www.bridgewater.nhs.uk/news/innovativenewapproachtotwoyearoldreview/> (accessed 13 April 2014).

development of a commercial market in stigma-free parenting classes to enhance parents' skills and confidence. In three of the trial areas, parents of 0-5 year olds are eligible for a free voucher worth £100 to access a CANparent parenting course. In the fourth trial area, there are no vouchers, just some light-touch support (eg use of the CANparent brand and website, support from corporate and other organisations, and low/no-cost marketing support). The findings of the interim evaluation of the trial are summarised in Box 4.3. The evaluation includes parents, but again does not report whether they have been involved in programme development.

Box 4.1 Start4Life Information Service for Parents (ISP)

In the 10 months after the launch of the service, approximately 135,500 parents signed up to receive ISP emails/texts, and ISP videos had more than 1.7 million views. ISP subscribers were more likely to be mothers (72 per cent) and from more affluent backgrounds (with 58 per cent classified as managerial, administrative or professional).

A survey of ISP subscribers' found that:

- eight in ten respondents said emails were user friendly, linked to good quality information, were 'for people like me' and made them want to find out more information
- more than seven in ten agreed that the videos were easy to understand, trustworthy, clearly presented, relevant, interesting, useful and easy to remember
- three in five reported they had changed at least one form of behaviour as a result of information they had accessed through the service.

A survey ISP non-users found that the main barrier to signing up for ISP was lack of awareness of the service: only one in ten respondents had heard of the service prior to taking part in the survey. Once they had been told about the ISP, 61 per cent of mothers and 48 per cent of fathers said they would 'probably' or 'definitely' sign up for it. More in-depth work with parents who were less likely to sign up for the service found a broadly positive reaction to the ISP, with the main drawbacks mentioned being the need to have internet access, the basic and limited information provided by text messages and concern over actual (and imagined) costs.

(Marshall et al, 2013)

Box 4.2 Evaluation of children's centres

- In 2012 the top five children's centre services (mentioned by over 90% of centres in the evaluation) were: stay and play; evidence-based parenting programmes; early education and childcare; developing and supporting volunteers; and breastfeeding support.
- The original design of a single, stand-alone centre 'within pram-pushing distance' had evolved into networks and clusters.
- Despite financial cuts and loss of staff, few centres in the evaluation had actually closed; mostly they were surviving by focusing on the most vulnerable families.
- Centres did not think a single site was the key factor in the centre's ethos, contrary to previous assumptions about multi-agency working and partnerships focusing on providing services in the same place; other factors such as having workers willing to make contact with other services on behalf of families were more important.
- Staff were very committed, but stretched with more to do (eg supporting the most disadvantaged families, attending meetings outside the centre, increased paperwork related to safeguarding). Services provided by partners were reorganising (eg Jobcentre Plus) and provided fewer staff to work in and with children's centres.
- All centres agreed that evidence-based practice should be followed, but many were confused as to the standards of evidence required for effective practice, and few implemented programmes with full fidelity. The majority of centres implemented at least one programme from the current list of evidence-based programmes (Allen, 2011), but these reached relatively few users.

(Goff et al, 2013)

Box 4.3 Evaluation of the CANparent trial

- The concept and experience of universally available parenting support was welcomed by parents, but take-up of classes was well below what was expected.
- Parents taking part in the first year of the trial were reasonably representative of the population in terms of family size and level of education, but they had markedly higher than average levels of parenting need.
- Trialling a market approach had proved challenging for the providers. The voucher subsidy stimulated *supply* of courses but, on its own, did not stimulate large-scale *demand*.
- The precise role of the voucher in stimulating demand was not yet clear in these interim results; most of the very small sample interviewed (29 parents) said they would not have done the course without the voucher, but take-up figures did not indicate that the voucher had stimulated the scale of demand anticipated by most providers.
- There were indications that the most popular courses were face-to-face rather than online, and of shorter (three sessions or less) rather than longer duration.
- Most providers were not optimistic about the financial sustainability of their universal parenting classes, reflecting the lower than expected levels of take-up of the classes.

(Cullen et al, 2014)

Targeted interventions

In contrast with the wide range of centrally supported universal parenting services, we have identified only one **targeted** parenting intervention funded by central Government, that is: the **Family Nurse Partnership (FNP)**. This is perhaps the leading and best-evaluated model of home visiting by health professionals, developed in the US on the basis of 30 years of rigorous evidence. FNP is a preventive intensive programme for first-time mothers aged 20 and younger starting in early pregnancy (and no later than 28 weeks of pregnancy) and lasting until the child is two years old. One of the distinguishing characteristics of the FNP model is the therapeutic relationship that develops between the nurse and the parent. Family nurses build clients' skills, confidence and hope in a paradigm that values the clients' ability to determine their own futures.¹⁶

FNP began in England in 2007, with the current Government committed to 13,000 places by April 2015 (covering 15-20% of the eligible population), and possibly 16,000 in the longer term (25% of the eligible population). Currently the NHS Commissioning Board is commissioning FNP, but commissioning responsibility will move to local authorities in 2015. The evidence base for the programme and the findings from the evaluations of the ten demonstration sites are provided in Box 4.4.

¹⁶ <http://api.ning.com/files/ojSCGs3jvX1MjEvF5u8j5ZLEJtKOkz2yy1D9CcmmOcQRqRQs6PM2BIZbQinYHolkayUzQYW0z1zqbrgYI3gUqk2afKSSNT-C/FNPEvidenceSummaryLeafletApril13.pdf> (accessed 10 April 2014).

The programme talks about the importance of users' involvement in implementation, although the English evaluation has not provided any substantial evidence of this; for example, users' involvement is not one of the 'fidelity' measures used to assess the quality of the programme. It is likely that initiatives to involve parents are developed locally by individual FNP sites, and the nature and level of users' involvement may vary considerably.

Box 4.4 The Family Nurse Partnership

The US randomised control trials of the Nurse Family Partnership (NFP – the programme's US name) identified a range of positive effects over time.

Improved **pregnancy outcomes** include: decreases in smoking during pregnancy; improvements in prenatal diet; and fewer hypertensive disorders.

Its impact on preventing **child abuse and neglect** and reducing **childhood injury** is where some of the strongest evidence lies, with:

- 48% reduction in cases of child abuse and neglect by age 15
- 56% reduction in A&E attendances for injuries and ingestions during the child's second year
- 79% relative reduction in the number of days children were hospitalised with injuries or ingestions in the child's first two years.

The research shows that NFP children have:

- 50% **reduction in language delay** at 21 months
- better **academic achievement** in the first six years of school
- better **language and emotional development** at age four.

Improved children's **emotional and behavioural** outcomes include:

- 67% reduction in behavioural and emotional problems at age six
- 28% reduction in 12 year olds' mental health problems
- 67% reduction in 12 year olds' use of cigarettes, alcohol and marijuana
- 59% reduction in arrests and 90% reduction in supervision orders by the age of 15.

Maternal life course is improved by:

- fewer subsequent pregnancies and births, and greater intervals between births
- reduction in use of welfare and greater maternal employment
- increase in father's presence and father stability
- 61% fewer arrests and 72 per cent fewer convictions.

<http://api.ning.com/files/ojSCGs3jvX1MjEvF5u8j5ZLEJtKOkz2yy1D9CcmOcqRqRQs6PM2BIZbQinYHolkayUzQYW0z1zqbrqYI3gUqk2afKSSNT-C/FNPEvidenceSummaryLeafletApril13.pdf> (accessed 10 April 2014)

Findings from the formative evaluation of the first 10 FNP sites suggests that the programme can be delivered well in its entirety in **England**, and:

- FNP successfully engages with disadvantaged young parents, with 87 per cent of those who are offered FNP enrolling, and a high proportion continuing to engage until their child is two
- FNP is reaching vulnerable mothers, with 85 per cent having incomes below the poverty line and 75 per cent no/minimal qualifications
- father/partner's involvement in the programme is good with many engaging in the home visits.

While the results of the RCT are due later in 2014, the initial evidence is promising, with reduced smoking in pregnancy, high rates of breastfeeding and mothers coping well with pregnancy, labour and parenthood and having increased confidence and aspirations for future and in their parenting capacity. FNP children appear to be developing in line with the general population, which is promising as this group usually fares much worse.

(Ball et al, 2012)

In addition to FNP, **Troubled Families** could be classified as a targeted parenting support programme; although it focuses on reducing anti-social behaviour and worklessness, help to families can include support to improve parenting skills, and indeed some of the local authorities' documents reviewed mentioned Troubled Families (and/or Family Intervention Projects – FIPs) as an intervention aimed at improving parenting capacity among disadvantaged families. As part of this programme, the Government has provided funding to 'turn around' 120,000 troubled families (Department for Communities and Local Government, 2012c). These families are defined as those where there is no adult working, children are excluded from school and family members are involved in crime and anti-social behaviour. Central Government funding is provided to cover 40% of the costs to support these families. Payment to local authorities is primarily on a results basis, to incentivise a focus on achieving outcomes, that is, a reduction in school exclusion, anti-social behaviour and crime and (progress towards) entering employment. Funding is provided to support families who meet certain eligibility criteria, but local areas are free to decide what kind of support should be provided and can also specify additional eligibility criteria.

The evaluation of the programme is not yet available, but in Chapter 3 we have reviewed the findings from the Troubled Families' predecessor, FIPs, to give an indication of how the revised programme may work. The evaluation findings (Lloyd et al, 2011) show that FIPs were successful in reducing crime and anti-social behaviour, but there was limited evidence that FIPs resulted in better outcomes than other non-FIP interventions in terms of family functioning and health issues, although FIPs did appear to be at least as effective as these alternatives.

In addition to these two nationally supported programmes, numerous targeted programmes introduced locally were identified by our searches, reflecting the growing recognition of the benefits of providing parenting support during pregnancy and in the early years, and also the role played by children's centres in providing integrated and innovative support to families with young children, with an increased understanding of the value of using evidence-based programmes (Allen, 2011, Goff et al, 2013). In selecting local examples we have adopted diverse criteria to illustrate the range of interventions introduced locally. While all interventions described below have been evaluated, the level of the evaluative evidence varied. We have selected some programmes with the strongest evaluative evidence (ie randomised controlled trials - RCTs), which have been recommended by NICE and/or two recent major reviews of early intervention, namely, the Allen Review (Allen, 2011a) and the review carried out for the Big Lottery's A Better Start programme (Axford and Barlow, 2013).¹⁷ These include:

- **Triple P and Incredible Years:** these are parenting interventions identified by NICE as cost-effective in reducing conduct disorder¹⁸ and were recommended by

¹⁷ It should be noted that a number of interventions from the Allen and The Better Start reviews have not been reported because they have not been implemented and tested in England, and are therefore outside the scope of this review.

¹⁸ <http://guidance.nice.org.uk/QS59> and <http://triplep.net/> (accessed 14 April 2014).

both the Allen and A Better Start reviews (Allen, 2011a, Axford and Barlow, 2013). RCTs of these interventions have found that Triple P (suitable for children aged 0-16), leads to significantly lower levels of conduct problems and clinical changes on a behavioural scale. Outcomes from Incredible Years (suitable for 0-12 year olds) include significantly reduced children's anti-social behaviour and hyperactive behaviour, and resulted in a reduction in parenting stress and improvement in parenting competences. These are prescriptive programmes which must be implemented with fidelity, that is, in line with the evidence base used to develop them.

- The **Solihull Approach Parenting Group**: this another intervention for families with children with behavioural problems which is recommended by NICE.¹⁹ It takes a multi-agency approach and is based on the knowledge and skills of the Solihull Approach, which encourages a reflective approach for trainers, facilitators and parents in dealing with children with behavioural problems. While the core programme has remained the same, there have been adaptations to meet the needs of specific groups (eg fathers). The programme has been extensively piloted and evaluated, and has shown positive changes in children's behaviour and a reduction in parental anxiety.

We also identified a number of other interventions which do not provide the high level of evidence of those mentioned above, but have nevertheless been evaluated and give an idea of the range of programmes introduced locally:

- **Playing and Learning to Socialise (PALS)** is a preventative programme designed to support preschool children in developing the key skills they need in learning to effectively play and socialise with their peers. The programme was designed in Australia and has been tested and used successfully there for a number of years. A small evaluation of PALS (James and Mellor, 2007) implemented in a London borough found a significant reduction in problem behaviour and concluded that it is an effective early intervention tool to reduce problem behaviour in preschool children.
- **It Takes Two to Talk (ITTT)** is a programme that helps parents to support the development of active and independent communication among children with motor disorders (such as cerebral palsy), as this group may have difficulties in producing movements for speech and non-verbal communication. The evaluation of ITTT (Pennington and Noble, 2010) was found to lead to positive change in interaction patterns for parents and their children with motor disorders, and parents believed that the programme helped them to change their own conversational style and to facilitate their child's communication development. The research authors conclude that ITTT should be considered when planning early intervention for children with motor disorders.

¹⁹<http://www.nice.org.uk/usingguidance/sharedlearningimplementingniceguidance/examplesofimplementation/eximpresults.jsp?o=334> (accessed 14 April 2014).

- Group-based parent-training intervention for parents with children with **learning disabilities (LD)** and **autistic spectrum disorders (ASD)** were delivered in Greater Manchester. These were evaluated (Todd et al, 2010) using a small sample (and no control group) and it was found that the intervention was effective in reducing the frequency and impact of children's challenging behaviours and improving parental psychological wellbeing. Although this evidence is encouraging, the research authors conclude that more rigorous and extensive evaluation is required to assess the effectiveness of interventions for this group, because the more widely available and well-tested programmes such as Triple P and Incredible Years (discussed earlier) are not effective with children with moderate/severe LD/ASD.
- **Caring Dads: Safer Children** is a group-work programme for domestically abusive fathers, which is currently being tested by the NSPCC. The interim evaluation of the programme (McConnell et al, 2014) found some promising evidence of improvement in fathers' behaviour, resulting in a positive impact in family safety and wellbeing. However, the evaluation also found that not all fathers changed sufficiently and therefore their contact with their families should continue to be monitored. This is the only evaluated programme we identified dealing with domestic abuse, reflecting the findings from the recent report by the Early Intervention Foundation highlighting the lack evidence base and robustly evaluated approaches to preventing and dealing with domestic violence, although the report also noted that some new evidence should become available in the near future (Guy et al, 2014).

We also found that some parenting interventions (for example mentioned in local authorities' documents) have limited or no evidence that they work as intended. These are explored more fully in a NICE review (Schrader McMillan et al, 2012), which has found that, apart from FNP, other less-structured parenting interventions delivered by health staff have shown mixed results. The findings of programmes delivered by volunteers (eg Home Start) are reported to be equally inconclusive (Schrader McMillan et al, 2012). Similarly while we identified a programme for expectant fathers²⁰ offered through children's centres, we could not locate an independent evaluation of the programme.

4.2 Early years

As outlined in the Government's vision for the Foundation Years discussed in Chapter 2, parenting support provided during pregnancy and the post-natal period must be complemented with support for children's early learning, childcare services for parents who want to work and good-quality local information on early education and childcare options, as well as other family services. In this section, we first discuss what central Government funds and/or expects local authorities to deliver in

²⁰ <http://www.efprogramme.co.uk/> (accessed 7 April 2014).

these areas, and then present some examples of locally introduced interventions to support children's early learning.

Early learning and childcare – national initiatives

Provision of early education and childcare

As discussed in Chapter 2, all three and four year olds and the most disadvantaged two year olds have a statutory entitlement to free early education (570 hours a year over at least 38 weeks). Local authorities have a duty to ensure that there are sufficient places of high quality for these children, and funding for this provision is provided by central Government through the as part of the early years funding allocation through the Dedicated Schools Grant. The quality of early education and childcare is regulated through the Early Years Foundation Stage (EYFS) and through Ofsted's registration and inspections of providers.

Other aspects of provision (eg where and when services are provided, provision not covered by the free entitlement) are determined locally through a mixed economy where early education and childcare are typically provided by settings in the statutory, voluntary, private and independent sectors (eg nursery classes and schools, children's centres, day nurseries, playgroups and childminders). Local authorities do not have an obligation to ensure the provision of anything over and above the free entitlement, and there is no specific central Government funding provided to local authorities to support childcare services, although help to pay for childcare costs is provided to parents through tax free childcare vouchers and tax credit schemes (discussed in Chapter 2).

In relation to **take-up** of early education and childcare, the evidence shows the following:

- While there has not been an evaluation of the impact of free early education for three and four year olds, research exploring trends in take-up (Gambaro et al, 2014) has observed that since free education for this group has been introduced, take-up of early education among the most disadvantaged children has increased substantially, with most taking up a place in the highest-quality settings, that is, nursery classes and nursery schools. However, the small proportion of three and four year olds who do not attend an early education setting are overwhelmingly from a disadvantaged background.
- Research on childcare markets (Gambaro et al, 2014; Lloyd and Penn, 2013) has consistently shown considerable failures in delivering provision over and above the free entitlement, with provision not being sufficient to meet parents' needs, being expensive and of variable quality, and with low take-up among low-income families.

In relation to **quality** of provision, the evidence shows the following:

- For children to benefit from early education in terms of cognitive and social development, provision needs to meet certain quality standards. This has been clearly demonstrated by extensive research (Smith et al, 2009, Coghlan et al, 2009) on the effectiveness of preschool for three and four year olds and the evaluation of the pilot of the two year olds offer.

- Research (Gambaro et al, 2014, Lloyd and Penn, 2013, Smith et al, 2009) has also consistently shown that the quality of provision is varied and many places are not of sufficiently high quality to support the kind of improvements in cognitive and social development envisaged when free early education was introduced.
- Good-quality provision is closely linked to highly qualified staff, good opportunities for professional development and strong leadership (Coghlan et al, 2009). Workforce initiatives can therefore be crucial in supporting quality improvement. For example, the Graduate Leader Fund, supported by central Government funding till 2011, aimed to increase the number of graduate early years professionals who could support and mentor others, as well as to model skills and good practice to secure high-quality provision. The evaluation of the initiative (Mathers et al, 2011) found that settings which gained a 'graduate leader' made significant improvements in quality for preschool children as compared with settings which did not. A central Government dedicated fund to increase graduate leaders is no longer available; as discussed in Chapter 2, the Government is introducing other workforce changes (mainly new qualifications), but we do not yet know if these will succeed in improving the quality of provision.

In recognition of the difficulties that **disabled children** face in accessing early education and childcare, in 2010-11 funding was provided by the Government to improve the range and quality of childcare through the Disabled Children's Access to Childcare (DCATCH) pilot. The results of the evaluation (Cheshire et al, 2014) showed that the pilot had mixed results:

- Overall, there was evidence that perceived accessibility of childcare among parents with disabled children had improved as a result of DCATCH activities, but there was no significant impact on the take-up of childcare among these parents, nor on parental satisfaction with the quality of care provided in DCATCH areas, compared with other areas.
- No impact of DCATCH was found on the ease of obtaining childcare information in the local area. However, parents with disabled children in DCATCH areas were slightly more likely to have used the Family Information Service to obtain childcare information than those in non-DCATCH areas.
- Parents with disabled children in DCATCH areas did not experience less difficulty in finding suitable childcare than their counterparts in non-DCATCH areas.
- DCATCH had a small but significant impact on changing the perceived barriers to finding suitable childcare amongst parents with disabled children who had used formal childcare in the previous year or who wanted to use it.

Finally, looking at **families and children's involvement** in the development of early education and childcare services locally, we found no evidence on this in the research studies we reviewed. The childcare sufficiency assessments that local authorities were till recently required to carry out (see Chapter 2) were very likely to involve at least some basic level of consultation with parents about their needs and unmet demand for services. However, practices in consulting and involving parents

were likely to vary considerably, and we do not know whether local authorities are likely to continue to gather parents' views now that they are no longer required to carry out these assessments.

Family Information Services (FISs)

As discussed in Chapter 2, local authorities have a duty under the Childcare Act to provide information, advice and assistance to parents on childcare provision, and this is done via FISs. These have not been evaluated, but a recent survey of parents of 0-14 year olds found that 39% said they had too little information about childcare in their local area; just under a third (31%) were aware of FISs, with 12% having used the service (Huskinson, 2014). A recent study of FISs (Rutter and Stocker, 2014b) has also found that:

- FISs answer around 430,000 enquiries every year, with 73% coming from families and 27% from professionals
- 58% of local authorities cut the budgets of FISs over the previous 18 months, and 52% plan further cuts, changes to services provision or restructuring
- FISs are required to provide an outreach service, but over the previous 18 months, 53% had cut their outreach services.

Again we do not know if and the extent to which parents are consulted or involved in the development of local FISs.

Early learning and childcare – local initiatives

The evidence shows that in addition to good-quality early education, a high-quality **home learning environment** is also critical to young children's social and cognitive development (Siraj-Blatchford and Siraj-Blatchford, 2009). This evidence base is reflected in the local interventions we identified, many of which focus on helping parents to support early learning at home either directly (eg through family-based programmes) or by training early years practitioners to effectively work in partnership with parents to support their children's learning.

- The **Peers Early Education Partnership (PEEP)** is a family literacy intervention with a focus on numeracy, self-esteem and disposition to learn. PEEP is an intervention that works with families from their child's earliest weeks, and makes explicit the notion that babies are active social beings and learners from the outset. It encourages parents in their role as their child's first and most important educator, emphasising the interactive and nurturing qualities associated with learning. It fosters specific aspects of parenting that are about learning and having a positive and communicative bond with the child. The intervention is based on universal, non-stigmatising provision offered to all families within a catchment area, but it tends to focus on areas with high level of disadvantage. An evaluation (Evangelou et al, 2007), which included a comparison group, found that PEEP had a significant positive impact on children's vocabulary, language comprehension, understanding about books and print, early numeracy skills and self-esteem. Parents also reported significantly greater awareness of their child's literacy development and of ways of fostering it, and the programme improved their learning too.

- **Bookstart Corner** is a targeted reading programme, aimed at families with children aged 12-30 months. It supports children's centres to work with families with the greatest need, encouraging them to develop a love of stories, books and rhymes. It is delivered through home visits enhanced with carefully selected resources, including books, rhymes and finger puppets. The evaluation (The Booktrust, 2013) found that the programme significantly improved the frequency with which mothers and particularly fathers read with their children, and reported higher engagement with children's centres. Early years staff reported improvements in the home learning environment and believed that the programme was an effective way of engaging families with the greatest need and provided an opportunity to encourage use of other services. It should be noted, however, that the evaluation did not include a comparison group.
- The **National Literacy Trust** worked with nine local authority pilots to develop a new and robust planning process to influence literacy in the home. The evaluation of the pilots (McCoy, 2011) showed that this approach, which rested on community-wide partnerships, engaged parents, supporting them to undertake literacy activities in the home. Parents reported greater confidence in their role within literacy development and increased access to literacy services as well as physical resources (eg books and family learning bags). The pilots were reported to have extended and enhanced local partnerships and added value to existing literacy provision. The evaluation, however, does not provide any evidence of the impact the programme had on children (eg verbal and reading skills).
- **Every Child a Talker (ECaT)** is a universal-level programme designed to improve the skills of the early years workforce in supporting speech, language and communication development. The programme is delivered by early language consultants working alongside practitioners in early years settings. A local evaluation of ECaT (Worcestershire Health and Care NHS Trust, 2013) found that practitioners identified a significant increase in their ability to deliver positive strategies to support children's speech, language and communication development, and felt more confident in talking to and advising parents on children's speech, language and communication. The evaluation also found significant reductions in the number of children at risk of language delay, and found that the programme particularly improved outcomes for children whose language or communication was behind that of the expected level for their age. It should be noted, however, that the evaluation did not include a comparison group.

At the local level we also found programmes to ensure that early education and childcare are accessible to and suitable for **disabled children**, for example:

- A small-scale study tested the effectiveness of three **early teaching interventions for children aged two to four with autism spectrum disorders (ASDs)**. The interventions included: a one-to-one home-based programme and two different forms of special nursery placement. The evaluation (Reed et al, 2010) showed moderate improvements for children attending a generalised special nursery placement, and for those attending a special nursery placement solely for children with ASDs. Children receiving a home-based one-to-one

programme with similar intervention hours showed moderate effect sizes for only some of the measures tested. These data show that special nursery placements can offer benefits to children with ASDs, especially in the area of adaptive behavioural functioning. It should be noted that the evaluation compared the different types of early education provision and did not include a comparison group including children who received no provision at all.

- The **THOMAS** course (The Hampshire Outline for Meeting the needs of under-fives on the Autistic Spectrum) is a training programme to enhance the learning of young children with impairments in social understanding, communication and play by increasing the use of appropriate interventions. A local evaluation of the programme (Medhurst et al, 2007) assessed the extent to which training skills were embedded in the long-term and indicated that the training was still as effective a year on, with many techniques, including visual structure and behaviour management, seen as highly effective interventions. Furthermore, there is an indication that course participants may experience an increase in confidence that enables them to become more independent and generate their own solutions as skills and knowledge become embedded over time.

4.3 Public health in the early years

In addition to the health-led parenting programmes discussed earlier, public health support in the pre-natal period and the early years also includes the following:

- **Support for mothers with high health risks**, dealing with issues such as maternal depression, substance misuse and smoking. While help with some of these issues is part of the package of support provided by some of the health-led parenting programmes discussed earlier (eg Family Nurse Partnership), here we focus on interventions dealing specifically with these health issues.
- **Health promotion**, again typically the parenting programmes discussed earlier are likely to cover health promotion, but in this section we discuss programmes on nutrition and life style, including those aiming to reduce child obesity.
- **Children's mental health interventions**, there is again some overlap with programmes discussed earlier, particularly those focusing on children's behaviour (eg Triple P and Incredible Years). However, while the programmes discussed earlier are primarily about equipping parents to deal with and prevent behavioural problems, here we focus on mental health services available for young children.

Mothers with high health risks

Maternal depression

The prevention and treatment of maternal depression during the perinatal period is important for the promotion of infant mental health. A systematic review of interventions to prevent post-natal depression (Stewart-Brown and Schrader McMillan 2012) found that effective programmes: include a range of psychosocial approaches and usually offer a combination of practical and emotional support; need to focus on demographically and clinically high-risk groups; and are delivered on a one-to-one basis by trained paraprofessionals or professionals. Effective interventions identified to treat post-natal depression include: cognitive behavioural

approaches; interpersonal psychotherapy; and non-directive counselling. The review found that universal approaches for the prevention of postnatal depression were not effective.

Alcohol consumption/addiction

A review of health interventions in pregnancy and the early years (Barlow et al, 2008) found some evidence that brief motivational interviewing can be effective in motivating mothers who are light to moderate drinkers to cease drinking during pregnancy, while treatment for alcohol abuse should be tailored to the specific mothers' needs and involve a psychosocial component in addition to standard treatment. Treatment options for alcohol abuse include: brief motivational interventions/motivational interviewing; behavioural couples therapy (where there is a drug-free partner); family therapy; and self-help approaches, including community reinforcement approaches and therapy to develop a network of support. The review found that treatment of drug use should also be tailored to the specific mothers' needs, but should involve a psychosocial component in addition to standard care (eg methadone and counselling). For both alcohol and drug abuse, there is some evidence that treatment may be more effective if it includes the provision of rewards and incentives, and information material provided to other family members.

Smoking

The same review (Barlow et al, 2008) looked at effective support in relation to smoking cessation in pregnancy. It found evidence supporting the provision of smoking cessation programmes in all maternity care settings, targeted at both mothers and fathers, as the partner's smoking status is a key determinant of a woman's smoking during pregnancy and presents a health risk to infants post-birth. The review found evidence to support the integration of motivational interviewing into smoking reduction/cessation plans, and that interventions need to address target groups of women using different approaches (eg minimal contact programmes are less successful with women of low socio-economic background). The review also recommends wider tobacco control measures and robust control policies in the community to help reduce smoking in pregnancy.

Health promotion

In this section we review four national programmes that we identified in relation to child nutrition and exercise, and also provide two examples of local programmes introduced via children's centres.

The UNICEF UK **Baby Friendly Initiative** (BFI) sets the standards required to effectively support breastfeeding practices. The recently revised standards (Entwistle, 2013) have been informed by a growing body of systematic reviews and robust evidence of 'what works' in increasing breastfeeding prevalence. The programme is promoted by UNICEF and it is up to local areas to decide whether to subscribe to it, but it is promoted in government literature and the revised standards were officially endorsed by the Government.

The **National Child Measurement Programme** (NCMP) collects annual data on the height and weight of all children in Reception (age 4-5) and Year 6 (age 10-11) to allow the Government to track trends in childhood obesity. Local Authorities are

responsible for delivering the programme with funding from public health grant. An evaluation of the implementation of NCMP (Statham et al, 2011) has found that there is generally strong support for the programme's principal aim of monitoring childhood obesity levels, and local areas have worked hard to overcome initial problems with measuring and to achieve good coverage. However, funding and capacity have in many areas been a challenge and continue to be so. As a result, local areas differ in terms of whether they are providing routine feedback to parents of their child's results and proactive follow-up. With the introduction of routine feedback, the NCMP has evolved to take on some characteristics of a screening programme, although the DH does not present it as such. The evaluation found that views about this change to the programme are divided. On the one hand, routine feedback and follow-up are seen by some as key parts of the programme, whilst on the other the NCMP is acknowledged as working well as a monitoring tool, but less well for screening purposes. The evaluation noted that it is difficult to know how the transition of public health to local authorities will affect the NCMP, but in the current financial climate, with many areas struggling to resource the NCMP, it is likely that the future will be challenging.

Change4Life involved national social marketing campaigns funded by the DH to prevent childhood obesity. Launched in 2009, it involved mass media coverage (eg television, poster advertising, a helpline, a website) aiming to reframe obesity into a health issue relevant to all. The programme aimed to encourage: awareness of the health risk of excess body fat; a reduction in calorie intake and development of healthier eating habits; and participation in regular physical activity and reduction of sedentary time. The programme's evaluation (Crocker et al, 2012) found that the campaign materials achieved increases in awareness of the campaign, but had little impact on attitudes or behaviour, probably due to low engagement with the intervention. It should be noted that the programme was evaluated with parents with children aged five and over and relied on self-reported impact.

The **Healthy Start** scheme, funded by the DH, aims to improve access to a healthy diet. It provides food vouchers and vitamin coupons for pregnant mothers, new mothers and young children (under four years) living on low incomes. The evaluation of the scheme focused on implementation rather than its impact (Lucas et al, 2013), and found that take-up was generally high (72-86% of eligible families). However, some groups had more difficulties accessing the scheme, including: those with chaotic lives, particularly with unplanned disruptions in housing; those with English as a second language; parents whose income fluctuates; and young parents. Most families found using the Healthy Start food vouchers easy, but they seldom used Healthy Start vitamins. Parents valued the Healthy Start scheme highly as it made a significant contribution to their weekly shopping budget. Infant formula and milk were the most commonly bought items, but many parents also reported an increase in the purchase of fruit and vegetables. Only a few parents perceived that taking part in the scheme had considerably improved their diet, but more parents said that it had broadened food experiences for their children. Another paper has concluded that a food subsidy programme like Healthy Start can provide an important nutritional safety net and potentially improve nutrition for pregnant women and young children living on low incomes. Factors that could compromise this impact include erosion of voucher value relative to the rising cost of food, lack of access to registered retailers

and barriers to registering for the programme. However, the paper was again based on an evaluation of Healthy Start that did not include a comparison group and was based mainly on self-reported impact (McFadden et al, 2014).

HENRY (Health Exercise Nutrition for the Really Young) is a preventive approach to child obesity that provides training for practitioners to work with parents of preschool children around obesity and lifestyle issues. The programme was delivered to all children's centres in Leeds, and the delivery of the programme to the first 12 centres was evaluated (Willis et al, 2012). Feedback from staff indicated that HENRY training was associated with considerable changes to the centre's environment. Immediate reported effects were: changes to policy and practice, including the provision of age-appropriate portion sizes and the introduction of healthy snacks; a strengthening of team working and increased staff confidence around tackling lifestyle change; and, enhanced skills when working with families. Training was also reported to induce changes within the staff's personal lives (eg increased physical activity and family mealtimes). The evaluators concluded that the initial evidence suggests that positive and lasting lifestyle effects can be achieved by brief training courses involving children's centre staff teams, but it remains to be seen if the programme will result in a reduction in levels of preschool obesity across the city once it has been extended to all children's centres.

Active Play is an intervention that aims to decrease sedentary time and increasing total physical activity in preschool children. The programme was tested using an RCT in eight children's centres in the North West of England (O'Dwyer et al, 2012). Parents and children in the intervention group received a 10-week active play programme delivered by trained active play professionals; this included an activity and educational component. Families in the comparison group were asked to maintain their usual routine. The evaluation found that the intervention produced positive changes in sedentary time and total physical activity levels in preschool children.

Children's mental health

Interventions dealing with maternal depression are considered crucial in preventing children's mental health problems, as maternal depression disrupts the mother-infant relationship, which can in turn have negative effects on mental health in infancy and childhood. Some of the parenting programmes described earlier focusing on the child-parental bond can also help to prevent children's mental health problems. In addition, there are two national mental health initiatives focusing on children: MindEd and Improving Access to Psychological Therapies for children. Both have been introduced recently and have not been evaluated yet, so we just provide a brief overview of what they involve.

'MindEd: learning to support young healthy minds' was launched in March 2014 and provides practical e-learning sessions on children's mental health to enable those who work with children to build knowledge and confidence to identify mental health issues.²¹

²¹ <http://www.rcpch.ac.uk/minded> (accessed 8 April 2014).

The **Improving Access to Psychological Therapies (IAPT)** programme is a large-scale initiative that aims to increase the availability of NICE-recommended psychological treatments for depression and anxiety disorders within NHS-commissioned services in England. It initially focused on adults but is being extended to children in recognition that poor mental health in early years and adolescence can lead to significant inequality and poorer mental health outcomes throughout life (Department of Health, 2012k). An IAPT project specifically focusing on children has been designed to ensure that the programme can effectively work for them, considering factors such as: children's developmental and social needs; the way in which they present to services; the importance of family and educational settings; referral, pathway and commissioning structures; the roles of the NHS, the local authority and the voluntary sector; and the business case for early mental health intervention with children. The project is building on the wide use of psychological therapies in Child and Adolescent Mental Health Services (CAMHS), but has concentrated on changing services to focus on access and outcomes. We also identified two examples of locally implemented mental health programmes for young children.

- A **Child Psychotherapy Outreach Service** established in a nursery school to offer psychotherapeutic support to children and parents and consultations to staff. The evaluation of the programme (Pretorius and Karni-Sharon, 2012) was very small involving interviews with eight mothers and ten staff members, and no control group. Self-reported impact showed positive results, with mothers reporting improvements in their child's behaviour and mood, and staff reporting increased understanding of the children's communications and behaviours. The evaluation showed that the location of the service in the nursery was crucial for engaging the hard-to-reach population.
- The other local intervention involved **psychoanalytic psychotherapy** with children under five years of age and their families referred to a CAMHS with a range of behavioural and emotional problems. The programme focused on the emotional forces that underpin the family's here-and-now experiences and brought into the frame the child's perspective, with the aim of shifting the parents' states of mind from being less reactive to being more reflective, with a resulting positive impact on the child's behaviour. The evaluation of the programme was very small (Pozzi-Monzo et al, 2012); it involved seven families and no control group, but it found positive results. The parents were found to be less blaming and more reparative in their comments and reported that six of the seven children exhibited a significant reduction/ termination of symptoms for which they had been originally referred.

4.4 Housing

In contrast to the other areas reviewed, where we identified evaluations of many national and local initiatives introduced to implement government policy objectives, we could find very little evidence of how effective housing interventions are in supporting low-income families. For example, we could not identify an evaluation of key government housing initiatives, such as the Affordable Homes Programme and the Affordable Warmth Scheme. Nor could we find any evidence on the effectiveness

of interventions to tackle homelessness, except for some evidence from the national evaluation of FIPs (the Troubled Families' predecessor).

The most recent evaluation of **FIPs** (Lloyd et al, 2011) shows that a quarter of families supported by the programme were at risk of homelessness, and provides some evidence that the FIPs may help to reduce this risk. For example, the evaluation reports reductions in the proportion of families with one or more housing enforcement (from 59% to 26%), and those with a warning letter from their housing provider (from 26% to 12%). However, the evaluation does not provide evidence of whether these improvements in families' housing situation can be attributed to FIPs. Furthermore, in relation to one housing outcome, the situation got worse: while 14% of families had a Notice of Seeking Possession at the beginning of the intervention, this figure increased to 18% by the end.

We found a number of housing programmes in our review of local authorities' documents (discussed in Chapter 5); these primarily related to tackling fuel poverty and homelessness and improving safety at home, but we could not identify any evaluations of these schemes. However, we did identify the evaluation of **Safe At Home**, the first national home safety equipment programme to help families with the highest injury rates in children under the age of five. The programme was established in 2009 with two-year funding from the then Department for Children, Schools and Families.

The evaluation focused on the programme's implementation (Errington et al, 2011) and found that the scheme increased local capacity to deliver home safety advice, information and equipment. In a two-year period, some 282,000 families with young children received home safety advice and over 66,000 received home safety equipment; most of these families lived in deprived areas. While an impact assessment of the programme was beyond the scope of the evaluation, the evaluators noted that the programme had the potential to have a considerable impact, as it was positively received by families, with most reporting improved knowledge and awareness of injury prevention; international evidence also indicated that the provision of targeted information and advice combined with safety equipment can have a positive effect on hazard reduction and safety practices. The evaluation identified the short-term nature of the funding as the greatest weakness of the scheme; while many successful local schemes were established locally, it was not clear how successful they would be in securing alternative funding sources.

The evaluation of **children's centres** (Goff et al, 2011) found that two-thirds of centres provided housing advice; many centres were reported to be operating in areas with poor housing conditions and local authority housing departments were identified as important partners, particularly in supporting homeless families and those in temporary accommodation. It is not clear though, whether children's centre in the evaluation provided any advice and support in relation to home safety.

4.5 Conclusion

Building on a substantial body of evidence, the Allen review (Allen, 2011a) has recommended that the most effective approach to supporting disadvantaged families

is to intervene as early as possible, with a combination of universal and targeted multi-agency support, using evidence-based programmes. In this concluding section, we consider the extent to which this approach is reflected in the interventions we reviewed. We also consider what kind of questions OCC could ask when visiting local areas to assess the extent to which early years, health and housing interventions play an important role in local areas' approaches to tackling child poverty.

Strengthening families by providing parenting support

There are now a range of centrally initiated **universal parenting services and programmes** to support families during pregnancy and in the early years. Alongside ante-natal and perinatal services, we find promotion campaigns and information services (eg Start4Life). There is, however, very limited evidence on the effectiveness of promotion campaigns. The Government also wants to stimulate the creation of universal and non-stigmatising parenting classes. However, the trial of universal parenting classes does not seem to provide much evidence that these will develop in the way envisaged by the Government. Also, a number of major programmes to support parents during pregnancy and the post-natal period, such as the new model for health visitors and the integrated review for two year olds, have been introduced recently and have not been evaluated yet.

The other universal initiative which is meant to play a key role in providing and coordinating parenting support is **children's centres**. Children's centres are meant to provide low-level universal parenting services, and also identify and help to support families who need more intensive and targeted services. The evidence on the main services that children's centres provide does indeed reflect this mix of universal/low-level and targeted/high-level support, and evidence-based parenting programmes are among the top five services they provide. Children's centres are also seen as key to inter-agency working, and there is indeed some evidence of effective joint working with health and Jobcentre Plus in particular. However, their ability to deliver could be seriously undermined by financial cuts, and again we do not yet know if children's centres are having the intended impact on local families. So, overall, there are a number of centrally supported established and new universal parenting interventions, but we do not yet know if they work as intended, ie provide low level support to prevent more serious problems and identify families who need more intensive, targeted and evidence-based support. Furthermore, the future of the initiative that seems to provide more promising evidence in terms of achieving this aim, namely children's centres, appears uncertain as there is no ring-fenced funding nor a legal obligation to support them.

In considering how effective local areas are in delivering parenting support, OCC may want to explore the role played by children's centres. In particular it would be worth exploring future plans for their role in delivering universal parenting services and identifying families in need of more targeted and intensive support. When looking at **targeted** parenting interventions funded by central Government, we found two programmes:

- FNP, a programme with a very strong evidence base; the programme is expanding, but focuses on a narrow group, and current expansion plans will only provide funding to reach a quarter of the eligible population.
- Troubled Families, which targets a broader group but has not been tested yet, although its predecessor, FIPs, showed some positive results. However, unlike FIPs, the Troubled Families programme is delivered through a payment-by-results scheme. This introduces a large element of uncertainty; such a complex programme has never been tested in England, and indeed attempts to introduce such a scheme for children's centres were abandoned due largely to the fact that complex, multi-agency programmes do not easily lend themselves to payment by results.

It is also not clear how these two programmes are linked (or not linked) to children's centres. They appear on the whole to be delivered independently of children's centres, and this raises two key questions that OCC could explore. First, does this mean that opportunities are missed to refer families to these programmes? Second, given that many of these families are likely to continue to need some (lower-level) support once the FNP/Troubled Families intervention is completed, how can effective pathways to less-intensive forms of support be developed without strong links with children's centres?

In addition to these two centrally supported targeted parenting programmes, there is a range of locally initiated targeted parenting programmes for families with specific needs (eg to improve children's behaviour). Not all these programmes have been rigorously tested, but some have, and there is increasing awareness and knowledge of the value of using evidence-based programmes, particularly within children's centres. While there seems to be an increasing awareness of which programmes can be effectively used with families with different needs, there is no specific central Government funding for these programmes, and in a time of severe financial cuts, the OCC may find that even if local areas are aware of the package of support that they could be offering to families with different needs, they may not have the funding to provide this support. The OCC should also ask questions about the effectiveness of programmes that local areas use; while knowledge and use of evidence-based programme seems to be increasing, we also identified use of programmes that have not been robustly evaluated and even some that have been evaluated but did not seem to work.

Early years

There is a recognition that the support provided in pregnancy and the post-natal period needs to be sustained as children grow up, particularly with the provision of high-quality early education and help to parents to support their children's learning at home. The introduction of universal free **early education** for all three and four year olds has led to a substantial increase in take-up of early education among children from low-income families, and while many do attend high-quality settings, concerns remain about variability in the quality of early education. This will be particularly an issue with free early education for disadvantaged two year olds. By and large this provision will not be offered (at least in the short term) in the highest-quality settings, namely nursery classes. It remains to be seen if other settings will be able to deliver

a sufficient number of places of high quality for the 40% most disadvantaged two year olds, as historically the quality of provision in these settings has been more variable. When visiting local areas, the OCC may want to ask about local schemes to quality assure early education and childcare provision, particularly (but not exclusively) when identifying settings to deliver free education places to disadvantaged two year olds.

The EYFS requires settings to work with parents to improve the **home learning environment**, but we do not know the extent to which this is achieved as the revised EYFS has not been evaluated. We identified a number of local programmes that have proved effective in improving the home learning environment, and awareness of these may be becoming more widespread. However, with no central Government funding, it remains to be seen if local areas are able secure resources to deliver these programmes. So again, key issues for the OCC to address with local areas will be awareness of programmes that are effective in supporting the home learning environment, and the ability to secure the resources for these programmes. Provision over and above the free entitlement is likely to be equally if not more relevant to discussions of support for parents to enter paid employment (discussed in the previous chapter). **Childcare services** can play a key role in supporting parental (mainly maternal) employment, but they need to be accessible, flexible, affordable and of good quality. As we have seen, research has consistently highlighted difficulties in delivering the kind of childcare services parents need, particularly those from low-income families. Therefore, important questions for OCC to ask are: how local areas assess unmet needs for childcare services; if and how they intervene to deal with market failures resulting in gaps in the nature of provision (eg at particular times) and to whom provision is available (eg low-income families, disadvantaged areas). Equally important will be to ask about the availability of information and advice on childcare services, as we have seen that the available evidence shows some considerable gaps.

A major gap in relation to targeted early years initiatives relates to **disabled children**; there is both a gap in relation to specific funding to support this group of children, and in the evidence base of how they can be effectively supported to access early education and childcare. As we have seen, the findings from a national programme that piloted ways of making provision more accessible to disabled children were inconclusive. We have found local examples of more effective practice, but it seems that much remains to be done to ensure that disabled children have adequate access to early education and childcare services; how the needs of these children are being met is a key question the OCC should ask.

Promoting public health in the early years

There have been extensive reviews (eg by NICE) of the kind of interventions that are effective in supporting **mothers with high health risks** which, if not tackled, could have considerable negative consequences for their children. However, we do not know how widespread the use of these interventions is. Key questions for OCC to explore when visiting local areas will be: how effective are local strategies for identifying and reaching this group of mothers; and are there sufficient resources and expertise to provide interventions that have been proved to be effective in meeting the needs of mothers in different circumstances?

The universal parenting support initiatives highlighted earlier (eg Start4Life, the new health visitors model) are meant to play an important role in providing universal low-level support in relation to **health promotion**. Some (eg the new health visitors model, children's centres) are also meant to play a key role in identifying families who need more targeted and intensive health support, as well as providing and coordinating this support. In addition we have identified a number of other centrally supported initiatives focused on nutrition and life style, including: the Baby Friendly Initiative to increase breastfeeding; Change4Life, a promotion campaign to reduce childhood obesity; and, the Healthy Start Scheme, to improve access to a healthy diet among low-income families. Only the first of these initiatives is based on a large evidence base of what works in supporting breastfeeding; the effectiveness of the other two has not been established, and the evidence does not seem to be particularly promising in relation to Change4Life. We also identified some local programmes run by children's centres to reduce childhood obesity, and we have seen that breastfeeding support is one of the top five services provided by children's centres. However, for the reasons discussed earlier, when visiting local areas; OCC will need to explore if there is likely to be funding and the political will to continue to support children's centres' public health promotion services.

In response to the growing body of evidence that poor **mental health** in the early years can lead to significant inequality and poorer mental health outcomes throughout life, two centrally supported initiatives have been launched recently to improve children's access to mental health services: MndEd which provides e-learning on children's mental health; and IAPT, which aims to increase the availability of NICE-recommended psychological treatments for depression and anxiety disorders. However, neither of these has been evaluated yet. We also found some local mental health programmes targeted at children, but we do not know how widespread and accessible these are; this is something the OCC may want to investigate when visiting local areas.

Housing

It was not possible to assess if and how housing interventions can play a role in alleviating the negative consequences of child poverty, as on the whole, relevant interventions do not seem to have been evaluated. Yet there are many obvious ways in which housing policies can support low-income families with young children, for example, through home safety and home improvement schemes, and with programmes tackling fuel poverty and homelessness – as indeed some local authorities seem to do as discussed in the next chapter. OCC may therefore want to explore what role, if any, housing interventions are expected to play in relation to child poverty, and also ask questions about the effectiveness of these interventions, as we found very little evidence that these programmes have been evaluated.

Involving children and their families

While parents were generally involved in the evaluation of the services and programmes that we identified, we found no evidence of involvement in programme/service commissioning or design. However, we do not know whether this is because parents were not involved or their involvement was not documented. This will therefore be a key question for the OCC to ask when visiting local areas.

5. Policy planning locally

This chapter provides an overview of the different approaches taken by some local authorities in England (see Box 5.1) to tackle child poverty in their area, including any local prioritisation and delivery of the national policy initiatives outlined in Chapter 2 and interventions covered in Chapters 3 and 4.

The data used in this chapter were obtained from relevant local authorities' strategies and plans. Although local authorities in England are required to prepare local child poverty, health and wellbeing and housing/homelessness strategies, they are not required to produce a separate early years plan. Therefore, the local plans and strategies reviewed focus on child poverty, health and housing. Local priorities relating to young children and their families are drawn from these plans, as well as from additional children, family and parenting plans and strategies where available. For the local child poverty strategies, we provide: a summary of the local priorities and objectives; two examples that illustrate how local areas are monitoring and measuring the success of their child poverty strategy; and an outline of some of the challenges that have arisen since the first strategies were published in 2010/11. For the health and wellbeing and housing strategies, in addition to local priorities and objectives, we highlight the ways in which those plans address disadvantage. For all of the strategies, we note when and how local authorities have involved children and families in the development of their needs assessments, plans and strategies.

Finally, we conclude with a brief overview of common themes and responses to local child poverty that appear in a number of the plans.

Box 5.1 Local authorities included in the review

Blackpool	Newcastle upon Tyne
Derbyshire	Norfolk
Greater Manchester	North Yorkshire
Hounslow	Portsmouth
Islington	Somerset

The authorities were chosen to: cover the nine regions of England; include urban, rural and seaside locations; and represent different levels of and responses to child poverty and inequality. Their local profiles are provided in Table 5.1. Full details can be found in Appendix 1.

Table 5.1: Local authority profiles

Local authorities	Needs assessment information									
	Under 5 population [mid 2012]	% of children [under 16] in low-income families, England average: 20.6	Under 18 conceptions [per 1000 females aged 15-17 years], England average: 30.7	% of all babies with low birth weight, England average: 7.3	Infant mortality [per 1000 live births], England average: 4.3	% mothers smoking at time of delivery, England average: 12.7	% of mothers breast-feeding at 6 to 8 weeks, England average: 47.2	% 4-5 year olds classified as obese, England average: 9.3	% children with decayed, missing or filled teeth at age 5, England average: 27.9	Homeless families [with dependent children or pregnant women per 1000 households], England average: 1.7
Blackpool	8,476	31.3	58.1	8.1	4.9	30.8	26.6	10.6	40.2	0.3
Derbyshire	42,145	17.1	25.8	6.3	3.0	16.2	39.0	8.3	22.3	0.7
Hounslow	20,825	24.3	30.0	7.4	4.6	3.8	No data	11.4	36.4	5.4
Islington	12,694	38.3	34.4	6.9	2.1	7.7	74.7	10.7	30.4	3.2
Manchester	37,468	36.4	52.5	7.9	5.1	13.8	No data	12.4	40.8	1.6
Newcastle	16,930	29.0	42.9	8.8	3.9	17.1	44.9	12.3	22.6	1.5
Norfolk	47,559	18.1	28.4	6.9	4.3	14.3	No data	8.8	27.2	0.9
North Yorkshire	31,223	11.9	19.8	5.8	3.4	13.7	No data	7.9	25.0	1.0
Portsmouth	13,558	25.2	33.3	6.9	2.7	17.3	46.5	9.5	25.1	4.1
Somerset	29,420	14.9	27.8	6.6	3.5	17.4	51.4	9.1	25.8	1.8

Notes: Unless specified otherwise, all information comes from local Child Health Profiles, March 2014, <http://www.chimat.org.uk/profiles>

*Office for National Statistics Mid-2012 population estimates for England and Wales.

The chapter discusses:

- local child poverty strategies (and associated local child poverty needs assessments)
- health and wellbeing strategies (and associated Joint Strategic Needs Assessments)
- housing strategies (note: for two-tier authorities, two district-level housing strategies were reviewed).

5.1 Local child poverty needs assessments and strategies

The first local child poverty needs assessments and strategies developed under s.22 and 23 of the Child Poverty Act 2010 appeared in 2010-2011. The Act stipulates that local strategies must set out measures that the local authority and its partners will take to reduce and mitigate the effects of child poverty in the area, based on matters identified in the local child poverty needs assessment and additional priorities decided by the council.

Following a consultation exercise in 2010, the Government chose not to issue statutory guidance or regulations (Department for Education, 2010), leaving it up to local authorities to decide how to undertake their local child poverty needs assessment. No deadline was given for developing either the needs assessment or strategy. However, in recognition of the additional costs attached to leading the local cooperation arrangements and preparing both the needs assessments and strategies, the DfE made non-ring-fenced funding available for the 2010/11 implementation year, and distributed it to top-tier authorities through the Area-Based Grant (Clark, 2010).

The Child Poverty Unit commissioned the Improvement and Development Agency (IDeA) – now part of the Local Government Association – to develop a needs assessment toolkit.²² The Child Poverty Unit (2010a) also published a basket of indicators based on the now-defunct National Indicator Set to assist local authorities when undertaking their local child poverty needs assessment. The Office for National Statistics (2010) made available local child poverty data profiles as well as local profile interactive data tools – although the ONS has announced that these are likely to be discontinued²³ as part of its programme of reducing non-statutory outputs. Households Below Average Income (HBAI) relative income figures are not available at local authority level, so ‘poverty’ is assessed using a range of proxy measures, including the

²² http://www.local.gov.uk/web/guest/cyp-improvement-and-support/-/journal_content/56/10180/4061228/ARTICLE

²³ ONS announcement 10 Feb 2014: <http://neighbourhood.statistics.gov.uk/dissemination/Info.do?page=analysisandguidance/analysisarticles/localprofilelandingpage.htm>

English Indices of Deprivation (Department for Communities and Local Government, 2011), HMRC data on children in low-income families,²⁴ and the numbers and locations of dwellings in lower Council Tax bands.

In 2012, the Child Poverty Action Group (CPAG) reviewed the progress made by London local authorities in developing their local child poverty needs assessments and strategies. CPAG found that the most effective needs assessments focused 'on the extent, drivers and impacts of child poverty specific to the local authority' (CPAG and 4 in 10, 2012, p.13). It recommended that, in addition to defining child poverty within the local – and in comparison with the national – context, the needs assessment should include data on associated risk factors (eg low income, lone parents, worklessness, large families, living in social housing, teenage parents, having a disabled child or adult in the family, ethnicity, transience, and levels of young person and adult education/skills), and drivers of poverty (eg unemployment, adequacy of childcare).

Key features of effective local child poverty strategies identified by CPAG included: high-level and broad-based political commitment; clear links to the needs assessment; and being built on consultation with children, young people and parents. The most effective strategies have action plans with achievable targets and measurable outcomes.

5.1.1 Local approaches to child poverty

Although all 10 local authority areas reviewed in this report have undertaken their local child poverty needs assessments, not all have published a local child poverty strategy. Derbyshire is due to publish its local strategy later in 2014. North Yorkshire includes 'reducing poverty and mitigating its impact' among its strategic priorities in its current Children and Young People's Plan, with an objective 'to develop a multi-agency child poverty strategy'. Norfolk is in the process of updating its sustainable community strategy, which should contain the local child poverty strategy; currently, its website refers people to the work of its Health and Wellbeing Board.

Blackpool, Hounslow, Islington, Manchester, Newcastle upon Tyne, Portsmouth and Somerset have all published local child poverty strategies, which are summarised below.

Involvement of children and families

The local child poverty needs assessments involve desk research overseen by a local partnership which varies from local authority to local authority. For example, Blackpool Council worked with NHS Blackpool and the police to produce its needs assessment. Greater Manchester set up a Poverty

²⁴ HMRC 2011 snapshot spreadsheets: <http://www.hmrc.gov.uk/statistics/child-poverty-stats.htm>

Commission, bringing together its 10 local authority districts to identify the key components of poverty at a sub-regional level. The Commission consulted with residents, organisations and groups when drawing up its research and recommendations reports. The local child poverty strategies – here represented by the strategy for Manchester City Council – were drafted at district level.

Blackpool's draft child poverty strategy was consulted on through a series of events with frontline staff, local organisations and children and parents. Manchester City Council looked at the results of existing consultations, including a consultation on proposed changes to its early years services, when preparing its local child poverty strategy.

As part of Islington's more recent consultation on a new child poverty strategy, the Council posted a questionnaire for residents and local organisations on survey monkey.

Newcastle consulted with children and young people and, separately, parents and carers to develop its Children and Young People's Plan (CYPP), which includes a section on reducing inequalities. A Young People's Steering Group was set up to review evidence gathered from children and young people across the city, and the council's Participation Unit spoke to a range of early years providers to get the views of younger children to inform the CYPP.

There is no reference to additional consultation specific to its local child poverty strategy.

Portsmouth consulted with residents and services, spoke to groups of children through a school and the voluntary sector Children and Young People's Alliance, and undertook a survey of parents through its children's centres.

How child poverty is defined

Despite the absence of an 'official' needs assessment template, there is considerable commonality in the local child poverty needs assessments, which include local data on:

- deprivation levels, including small-area statistics at Lower Super Output level to better pinpoint pockets of poverty and disadvantage, even in more affluent areas
- numbers of households claiming out-of-work benefits or the childcare element of the Working Tax Credit
- employment statistics, including numbers in part-time or low-waged employment, as well as seasonal or transient workers
- numbers of lone-parent families
- numbers of teenage conceptions
- ethnicity
- disability

Review of policies and interventions for low income families with young children

- adult skills, with a particular focus on literacy and numeracy, and levels of qualifications
- childcare, particularly its cost and availability
- affordability of local housing
- numbers living in social housing
- quality of local housing stock, including numbers in fuel poverty
- numbers of homeless families with dependent children
- numbers of families assessed as having 'multiple problems'.

The needs assessments for some also include information on:

- major employers and local businesses (eg Hounslow refers to its dependence on Heathrow)
- accessibility and affordability of public transport, particularly in rural areas
- digital poverty or digital exclusion (including broadband blackspots).
-

Priorities and objectives

Priorities for action vary from area to area, but are clearly based on the information above.

Cross-authority activity include:

- **embed action to tackle child poverty** across the local authority (Blackpool)
- **'poverty proof'** public services (Greater Manchester)
- **promote early intervention and prevention of child poverty** (Newcastle)
- develop a multi-agency child poverty strategy and **implement bespoke interventions** to reduce or mitigate child poverty in targeted areas (North Yorkshire)
- **embed child poverty research and evidence-based practice** in work with children and families (Portsmouth).

The local economy and labour market activities include:

- ensure disadvantaged communities **benefit from economic growth** (Greater Manchester)
- support parents into **sustainable employment** (Islington)
- take an **assets-based approach to poverty alleviation** by ensuring that regeneration projects develop the maximum economic and social benefit for families in low-income areas (Manchester City Council)
- **help parents furthest from the labour market** who have particular issues, eg those with mental health issues (Blackpool, Manchester City Council)
- encourage **new employment** to the area (Norfolk)
- **develop employability skills** which support the local economy (North Yorkshire)
- develop multi-agency support to help families engage in **training and employment** (Hounslow, Newcastle, North Yorkshire).

Review of policies and interventions for low income families with young children

- campaign for a **Living Wage** and introduce it for council employees (Blackpool, Greater Manchester) and implement the **London Living Wage** across the council and promote it more widely (Islington).

Priorities around welfare benefits and financial capability include:

- support families whose **benefit entitlement** has changed to make sure they maximise their take-up of benefits (Hounslow, Manchester City Council, Newcastle, Norfolk)
- improve access to **legal advice services**, including welfare advice (Blackpool, Greater Manchester)
- improve **financial capability** (Blackpool, Greater Manchester, Newcastle), ensure all families are able to access **debt and financial advice** (Newcastle), and help families **avoid unmanageable debt** (Hounslow, Somerset).

-

Priorities in relation to parenting, early education and childcare include:

- ensure all parents who require support are able to attend **parenting programmes** (Islington, Newcastle)
- implement a '**Think Family**' approach to working with vulnerable families (Newcastle)
- work to reduce levels of **teenage conceptions** (Norfolk) and provide support to **teenage parents** (Norfolk, Somerset)
- **support families with multiple problems** (Blackpool, Norfolk, Portsmouth, Somerset)
- support families affected by **domestic violence** (Blackpool)
- improve the availability of **quality childcare provision** (Greater Manchester, North Yorkshire)
- ensure that all lone parents are able to access quality and affordable childcare (Newcastle)
- increase the numbers of children taking up formal childcare places (Somerset)
- ensure that the **free offer for three and four year olds** is taken up by low-income families (Manchester City Council)
- build capacity for the delivery of the **free offer for disadvantaged two year olds** (North Yorkshire)
- ensure the most vulnerable children are provided with good quality **early education** to improve school readiness (Norfolk)
- **children's centres** to: provide **support with parenting** through family focused teams co-located in children's centres (Islington); offer **home visits to vulnerable parents** through the outreach team (Newcastle); create **early years learning communities** around children's centres (North Yorkshire); **embed Jobcentre Plus** and employment information/advice in children's centres (Newcastle, Somerset).

Health priorities include:

Review of policies and interventions for low income families with young children

- **tackle health inequalities** affecting children and young people (Somerset)
- **improve breastfeeding and immunisation rates** (Blackpool, Islington)
- **tackle food poverty** (Greater Manchester)
- increase **access to affordable fresh fruit and vegetables** (Greater Manchester, Manchester City Council)
- Provide **opportunities for communities to grow their own food** (Islington).

Housing priorities include:

- **improve the quality of housing**, tackle overcrowding and homelessness (Hounslow, Islington, Norfolk)
- **tackle transience** (Blackpool)
- **reduce energy bills** through local cooperatives and warm home discounts (Greater Manchester)
- make homes more **energy efficient** (Blackpool, Islington)
- **tackle fuel poverty** through benefits and energy efficiency advice as well as free insulation for households with children under five (Newcastle)
- improve the availability of **green spaces** in areas of low family income so that children have places to play (Manchester City Council)
- work with partners to ensure **opportunities for play in housing estates** (Islington)
- **reduce digital exclusion** (Greater Manchester).

Appendices 1 and 2 provide a list of local interventions mentioned in the local strategies.

Measuring and monitoring progress

As noted by CPAG (CPAG and 4 in 10, 2012), the best local child poverty strategies should set out clear outcomes and measurable objectives. Hounslow lists key improvement targets under each priority area in its Children and Young People's Plan 2012-2015, which includes the local child poverty strategy. For example.²⁵

Priority 12: Supporting parents into work

What outcomes are we expecting to achieve:

- English as a second language (ESOL) courses are affordable and flexible to meet rising demand by residents from a range of cultural and ethnic backgrounds
- Vocational training for adults is accessible with progression routes from foundation level to level 3
- Adult Education Services and Local Colleges work in partnership with JCP to develop a strategy for working with lone parents, particularly focusing on

²⁵ <http://democraticservices.hounslow.gov.uk/mgConvert2PDF.aspx?ID=68915>

the skills and training needs of lone parents about to move from Income support to Job Seekers Allowance

- The provision of skills training to prepare people, for employment through closer work with, Hounslow Council, Job Centre Plus and the West London Alliance
- The provision of Work Clubs and Enterprise Clubs for 19+ in partnership with JCP. Establish specialist Work Club provision for LDD claimants
- An effective partnership is established with community groups, the voluntary sector, other local authority departments and health services to plan the provision of community learning in order to help the most disadvantaged, least likely to participate and people on low incomes with low skills
- Promotion of family and inter-generational learning
- Continued improvement in the quality of provision against the OFSTED Common Inspection Framework
- Libraries work in partnership with training providers to develop support to adult learners with literacy, numeracy and IT needs

Note: LDD=learning difficulties and disabilities

Priority 12: Key improvement targets 2012-15

- ESOL learner numbers in the borough are maintained at current levels. Success rates for ESOL learners improve by 5% by end of 2015
- Vocational learner numbers maintained at current level
- Increase by 5% number of foundation level courses to provide essential first step provision. Learners progressing to Level 3 are supported and guided through the new FE load system
- Discrete targeted provision is developed to support lone parents into work. Minimum 2 targeted courses in 2012, with a 2%
- increase in provision over the 2012-2015 period. Lone parents into employment outcomes to be monitored in partnership with JCP
- JCP to expand outreach support in Children's Centres targeted to Lone Parents and linked to evidence of need and demand
- Expand the current Work Club provision into accessible outreach venues. 2% increase in provision by end 2015. Work Club targeted at LDD with specialist help to be in operation 2012
- Community Learning Partnership piloted in 2012/2013, to be reviewed and evaluated against designated outcomes by July 2013
- Implementation of Family Learning Strategy to improve take up, progression to further learning/employment to be tracked
- Local colleges, adult training providers and work based training providers to achieve as a minimum an Ofsted Grade 2 rating for Overall Effectiveness of Provision
- The development of open learning centres and information / learning hubs through joint single site working between Adult Education and Library Services

Portsmouth published a separate action plan, specifying who was responsible for overseeing delivery of a particular priority, and for reporting back to the Council on progress, with the minutes of those discussions available on the Council's website.²⁶

²⁶ Portsmouth City Council (2012) Tackling poverty in Portsmouth: an update.
<http://democracy.portsmouth.gov.uk/Data/Cabinet/20120702/Agenda/cab20120702r7.pdf>

Priority 2: To break the inter-generational cycle of deprivation in Portsmouth					
Action	Tasks	Timescale	Lead responsible officer	Measures	Indicators
Embed child poverty research and evidence-based practice into work with children and families in the city	Integrate relevant actions into Children's Trust Plan and subsequent commissioning strategies	June 2011 (finalisation of strategies) Ongoing	Anti-Poverty Co-ordinator (via Children's Trust Commissioning Strategy Leads Group) Strategic Director	Commissioning is clear and evidence-based. It recognises and seeks to alleviate the impact of child poverty on children's outcomes, with the recognition of its costs to public services Frontline staff and services are able to articulate and evidence how this is embedded in their practice	Commissioning Strategies % positive service user satisfaction surveys Informal feedback from professionals/agencies
	As part of this work, integrate provision of employment, benefits, money and debt advice into children's centres and other appropriate areas	July 2011	Senior External Relations Manager, Job Centre Plus (JCP) Anti-Poverty Co-ordinator Portsmouth	Residents are able to get advice from JCP workers and debt advisors in a non-stigmatising way	% uptake of services % of people receiving advice who go into further education or employment % of positive service user satisfaction surveys

	for outreach		Advice Centre Lead Officers		
	Also integrate this provision into other Children's Trust Plan priority areas such as Families with Complex Needs, Youth Services and 'Early Intervention Place' work	September 2011 onwards	Anti-Poverty Co-ordinator		

Challenges to delivering the local child poverty strategy

CPAG (CPAG and 4 in 10, 2012) identifies two major challenges for local authorities trying to tackle poverty, and both are identified in the majority of the local child poverty strategies: welfare reforms and housing (see section 3.4). Although the breadth of changes to the benefit system is acknowledged in the strategies, they were published before their impact had been seen. If the core measure of poverty is household income (Department for Work and Pensions, 2012b), then local authorities have limited power to improve the financial circumstances of families living in their area. Their response in the strategies is to monitor the impact of the changes, try to maximise benefit take-up, and improve families' financial capability.

A third challenge is the scale of public spending cuts affecting local authorities since the 2010 Spending Review – an estimated 29% reduction in England between 2008 and 2015 (Hastings et al, 2013), which will affect not only what local authorities are able to do to mitigate child poverty, but also the availability of services that may be important to low-income families. Deprived authorities which, historically, have been more grant-dependent than more affluent areas, have seen greater reductions in financial allocations from central Government. In 49% of the councils serving the most-deprived 20% of areas, the reduction in funding from 2010/11 to 2013/14 exceeded 15% of their spending in 2010/11 (Audit Commission, 2013). There is a growing regional divide, with local authorities in the Midlands and north of England being particularly badly hit. In terms of local services, culture, the environment, local planning, transport and housing have faced larger cuts in public spending in order to protect other service areas such as child protection and adult social care.

5.2 Health and wellbeing strategies

Section 192 of the Health and Social Care Act 2012 places joint duties on local authorities and Clinical Commissioning Groups to prepare the Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS) through the Health and Wellbeing Board (s.196).

JSNAs are assessments of the current and future health and social care needs of the local community. Health and Wellbeing Boards must also consider wider factors that impact on their communities' health and wellbeing, and local assets that can help to improve outcomes and reduce inequalities (Department of Health, 2013g). Statutory guidance refers to a range of data sources and resources like Local Healthwatch and Public Health England that should assist local areas in identifying and locating a range of qualitative and quantitative evidence that they can use to prepare the JSNA. There is no mandated standard format for the JSNA.

Joint Health and Wellbeing Strategies provide a local plan to meet the needs identified in the JSNA. They should include a small set of key strategic priorities for action, with clear outcomes that will inform local commissioning – normally, on an annual cycle. Both the JSNA and JHWSs are described as

'continuous processes' (Department of Health, 2013g), although Health and Wellbeing Boards have the power to decide when to update or refresh them.

Local approaches to Joint Health and Wellbeing Strategies

The public health duties are population-wide, and all authorities have to balance the needs of families with children with support for an ageing population. This is not only a clearly delineated priority in the JHWSs for the rural authorities Derbyshire, North Yorkshire and Somerset – each of which has a proportionately large elderly population – but is a feature of all the JHWSs. Local ambitions are tempered by the requirement to make best use of limited resources (Islington, Manchester, Newcastle). And, related to both these points, there is a greater emphasis on encouraging people to take responsibility for their own health (Manchester, Somerset).

Involvement of children and families

The first JHWSs (2012-2013) provide little evidence of targeted consultation of children and families, though all areas did consult with the public. However, as the new local public health structures bed in, Local Healthwatch should play a major role in ensuring that the views of children and families inform the local needs assessments and strategies.

Blackpool, Islington, Portsmouth and Somerset consulted with local residents as well as a range of stakeholder groups including service providers, and patient and service user groups. In addition, Islington has involved parent representatives in the development of its First 21 Months action plan. Derbyshire's public consultation on its draft JHWS led to 72% of respondents saying that 'improving health and wellbeing in early years' was a priority, and the vast majority in that group agreed that the focus should be on early intervention and identification of vulnerable children and families.

In addition to a public consultation exercise, Hounslow worked with Local Healthwatch and GP practice patient participation groups. Newcastle LINK (now Healthwatch Newcastle) represented the views of local residents. North Yorkshire held a broad consultation exercise with different communities, representative groups, voluntary organisations (including some representing young people), and individuals through workshops, questionnaires and written/verbal input when preparing its 2012 JSNA. The results of the exercise were also used to inform the JHWS.

How is child poverty/disadvantage addressed?

The statutory guidance on JSNAs and JHWSs (Department of Health, 2013g) provides a list of 'disadvantaged and vulnerable groups who experience inequalities', which includes children in care, adopted children, children with special educational needs or disabilities, troubled families and young carers. Children and families living in poverty are not mentioned, nor are poverty or low income referred to in relation to health inequalities, even though child poverty is an indicator in the Public Health Outcomes Framework.

However, the majority of the JHWSs refer to poverty or child poverty and its impact on health outcomes. Some (eg Newcastle, Portsmouth) are explicit about the links between their JHWS and their local child poverty strategy.

Priorities and objectives

Nearly all of the local strategies (Norfolk is the exception²⁷) prioritise a version of: 'ensuring every child has the best start in life' (Marmot, 2010), though much of this activity is focused on school-age children. Many of the local authorities seek to **reduce health inequalities** by ensuring that more parents, especially those who are disadvantaged, gain from using the universal services that are available to them.

The **Health Visitor implementation plan, Healthy Child programme and child immunisation** are mentioned in virtually all of the JHWSs. **Family Nurse Partnerships (FNP)**, a targeted programme with central Government backing, has near-complete coverage in the strategies: for example, FNP is a central element of Blackpool's strategic response to high levels of teenage pregnancy and parenthood.

Promoting healthy lifestyles plays a major part in each strategy. Derbyshire aims to deliver evidence-based healthy lifestyle programmes in early years settings, as part of its drive to **reduce childhood obesity** and improve cognitive, physical and emotional development in young children. Hounslow and Somerset have also prioritised tackling childhood obesity

Somerset prioritises **tackling alcohol misuse**, linking it to domestic violence and family breakdown. It promises a focus on working with 'the least resilient families' to ensure access to relevant and tailored services (using the Troubled Families programme as one example of these). A strategic priority for Manchester is its Complex Families programme, using community budgets to work with around 4,000 families in Manchester City, or 8,000 families across Greater Manchester. Manchester's version of the programme includes intervening with these families before they reach crisis point. Target groups in the JHWS are families experiencing: emotional and mental ill health; drug and alcohol misuse; long-term health conditions; or health problems caused by domestic violence. The programme also covers efforts to reduce teenage pregnancy.

Both Hounslow and Islington want to **improve oral health in children under five** in their local areas.

Newcastle's theme is 'fairness'. As part of its attempts to reduce the high numbers of children in care, its targeted support will be aimed at parents with

²⁷ Norfolk relegates the objective 'creating good outcomes for all children and young people' to *watching brief* status, explaining that the council feels that there is already sufficient focus and attention on children's health within the health and wellbeing system to which the Health and Wellbeing Board could bring little added value.

poor mental health or suffering domestic violence using a ‘Think Family’ approach. Another priority area is headed ‘Decent Neighbourhoods’: **good quality, secure homes** that provide a healthy, clean and safe environment and neighbourhoods that encourage people to be out and about and be active, with accessible services.

North Yorkshire wants to ‘make a concerted multi-agency approach to identify children and families who are vulnerable to poverty... or are in challenging situations’. Its main objective is to **maximise opportunities for local economic development and employment** – an aspiration mentioned in several of the JSWSs.

Islington has a comprehensive **focus on infants** through its First 21 Months programme (from conception to the child’s first birthday), led by the Health and Wellbeing Board and delivered by universal services/settings, with more targeted support provided by the voluntary and community sector. The programme ‘is designed to coordinate and improve outcomes in this crucial early period of development’ (p.6). Other programmes are to run alongside it, and the local authority and its partners have developed a coordinated action plan.²⁸

What is our focus for improvement?	What will we measure to show we have improved?	How will we make improvements?	Who will lead on this work?
Reduce infant mortality	Rate of infant deaths	First 21 Months programme is profiling current pathways, identifying best models of care through Children’s Centres, and levers to improve outcomes across the first 21 months from conception	First 21 Months Advisory Group
Improve maternity and infant outcomes	Registration with Children’s Centres	First 21 Months: Improve the offer for parents and children through better communication and links between services and developing how services work together to meet the needs of parents-to-be, children and families	First 21 Months Advisory Group

²⁸ [http://www.islington.gov.uk/publicrecords/library/Public-health/Business-planning/Strategies/2012-2013/\(2013-03-01\)-Joint-Health-and-Wellbeing-Strategy-2013-2016.pdf](http://www.islington.gov.uk/publicrecords/library/Public-health/Business-planning/Strategies/2012-2013/(2013-03-01)-Joint-Health-and-Wellbeing-Strategy-2013-2016.pdf)

What is our focus for improvement?	What will we measure to show we have improved?	How will we make improvements?	Who will lead on this work?
	% of women who accessed first booking appointment by 12 weeks + 6 days.	First 21 months: Promote early access to maternity services	First 21 Months Advisory Group
	Uptake of healthy start vitamins	First 21 months: Improve the uptake of Healthy Start vitamins, including vitamin D, starting with women in pregnancy and mothers of under-1s	First 21 Months Advisory Group
	Coverage of screening programmes	Ensure robust pathways for antenatal newborn screening.	Antenatal New Born Screening Committee
Increase childhood immunisation rates	Population vaccination coverage	Promote immunisations through schools and children's centres with a focus on MMR and booster vaccinations	Immunisation Steering Group
Reduce childhood obesity through increasing opportunities for healthy eating and physical activity	Excess weight in 4-5 and 10-11 year olds	Improve pathways for prevention and management of obesity in childhood and adolescence	Obesity care pathway working group
		Reduce the proliferation of fast food outlets near schools	LBI planning
	Breastfeeding initiation and prevalence	Sustain the breastfeeding peer support programme	Infant Feeding Group
	Initiative-specific.	Increase opportunities and avenues for physical activity	Pro-Active Islington
Improving the oral health of children and their families	Tooth decay in children aged five	Fluoride varnish programme Brushing for life scheme Improving access to dental care ("first tooth, first visit" programme, community engagement)	Oral Health Promotion steering group

What is our focus for improvement?	What will we measure to show we have improved?	How will we make improvements?	Who will lead on this work?
		Promoting healthy eating and reducing sugar consumption.	
Teenage pregnancy and sexual health	Under 18 conceptions Rates of Chlamydia diagnoses (15-24 year olds)	Continue to roll-out the healthy schools programme across the borough including the promotion of sex and relationship education.	Teenage Pregnancy Mainstream Group
		Improve access to contraception advice and services in a range of settings	Teenage Pregnancy Mainstream Group

Manchester's approach to early years support emphasises **early learning** as a key component of an integrated early years delivery model. **Children's centres** are at the core of proposals to integrate social care with health services and primary schools, 'thereby increasing universal services to all families whilst providing suitably targeted support for families with additional needs, assertively reaching out to those families who do not access services via traditional routes' (p.5). This involves integrated assessments and evidence-based interventions clearly linked to education and skills development. Three early years implementation sites started up in 2013 and the aim is to expand the programme across Greater Manchester from 2015. Portsmouth has a strategic objective for the **pre-birth to five year age group**. Again, the emphasis is on **an integrated pathway** that will be easily understood and accessed by parents and professionals, with one target group the children living in poverty in the most deprived areas of Portsmouth. Among other things, the local authority intends to improve information across organisations and services; offer evidence-based parenting programmes; have children's centre health hubs which work alongside GP practices; and double the number of health visitors in the area.

Common themes in the Health and Wellbeing Strategies

Reducing health inequalities is a core element of the NHS reforms but, inevitably, the ambitions outlined in the JHWSs – produced two years after the first wave of local child poverty strategies – are limited by the competing needs of different population groups and reductions in the resources available to local authorities and their partners. Several of the strategies stress health improvement through the Health and Wellbeing Boards' wish to help families, whatever their circumstances, to develop the ability to better help themselves and their children.

Many of the priorities identified in the JHWSs match Public Health Outcomes Framework indicators, and the services identified are attached to specific funding streams such as the Troubled Families Programme or policy areas given national prominence such as efforts to reduce childhood obesity. However, the range of issues collected under the 'public health' banner is a positive development: focusing on housing standards, parental mental health and local economic development illustrate a welcome attempt to better integrate the different streams of work that can have an impact on the life chances of poorer children and families.

5.3 Housing strategies

Local authorities are responsible for: assessing housing needs and planning to meet demand through tenancies and new build; ensuring that social housing stock is maintained to a high standard and that standards are monitored and enforced in the private sector; planning and commissioning housing support services to help those with disabilities or the elderly to remain in their homes; assisting those who are homeless or in housing need; and ensuring effective neighbourhood and housing management with partner agencies.

All ten local authorities are projecting an increase in the numbers of residents and changes to the age structure of the population, with both leading to higher demands on housing supply during a period of significant reductions in funding.

Local approaches to housing

Population projections inform each of the local authority housing strategies under review. Priority areas for action in all of the strategies involve: increasing the supply of local housing; improving the quality of what is available; preventing homelessness; and promoting safer, cleaner and greener living environments.

Involvement of children and families

All residents are able to comment on draft housing strategies. Those that mention specific attempts to involve the community in the development of the strategy include Hounslow and Derbyshire, which consulted with local residents, community groups, stakeholders and service users. Derbyshire's consultations focused on those with housing needs.

Newcastle held a series of public consultation events on local housing policy, which in part led to their priority aim of creating decent neighbourhoods – one of the priorities in the Joint Health and Wellbeing Strategy. As part of a research project, the Council collected the views of 100 women and over 300 children (ages unspecified) who were most at risk of domestic violence and abuse, as well as service providers – the results have led to the commissioning of new services from 2015.

How is child poverty/disadvantage addressed?

Disadvantage and deprivation are themes addressed throughout the different housing strategies. Most of the housing strategies report a shortage of affordable family dwellings in the area (Bath and North East Somerset, Derby City, Hounslow and Sedgemoor), and each local authority anticipates an increase in the numbers of those in need of housing support as a result of the welfare reforms. Other aspects of disadvantage refer to housing quality as measured by the Decent Home Standard (see Glossary for definition), and tackling fuel poverty through local energy efficiency and improvement schemes.

Priorities and objectives

Hounslow notes an increase in the numbers of people identifying themselves as **homeless** due to eviction from private rented accommodation or the family home, or in order to escape domestic violence. More families are being accommodated in bed and breakfast, or outside the borough. An inadequate supply of **affordable and secure tenure family homes** is the biggest issue facing the local authority. Around 45% of households in Hounslow are families with children, and this number is expected to increase. Housing services plan to work with children's services to broker enhanced home visits to prevent homelessness, and provide direct though temporary assistance through Discretionary Housing Payments to those experiencing difficulties due to changes to their benefit entitlement or overcrowding. Hounslow housing services are also working closely with the Health and Wellbeing Board. Other local authorities including North Yorkshire, Portsmouth and Sedgemoor report an increase in homelessness.

Sedgemoor District Council is particularly concerned about the **changes to Housing Benefit** and the ending of permanent social housing tenancies for new tenants. Between 2012 and 2020, rents in the region are predicted to rise by 48%, which is higher than the national average. **Affordable housing** supply is the main issue in the area. The council intends to maximise the level of supply in the private rented sector and to continue with new builds. Sedgemoor was one of the Green Deal trailblazers.

Portsmouth has a high level of private rentals – four out of ten properties, divided almost equally between social and commercial rents. Over 90% have attained the Decent Home Standard. However, the **age and condition of the housing stock** is an issue, with **fuel poverty and poor energy efficiency** a significant problem. The Council and housing associations have been involved in a number of schemes, including installing new boilers and insulation in social housing, and testing out a Community Energy Savings Programme.

Ensuring that there are **suitable sites for gypsies and travellers** is a priority area for Bath and North East Somerset, Blackpool, North Yorkshire and Sedgemoor. North Yorkshire is also focusing on integrating migrant communities.

Economic development and local employment are highlighted in the Derbyshire Dales District Council housing strategy, in which it reports a predominance of wealthier, often retired, households, making it harder for those who work in the area to live there. The council aims to increase the availability of affordable housing.

North Yorkshire has lower **levels of social housing** than the rest of the region and England as a whole, which exacerbates issues around housing affordability. The local authority offers a financial assistance service (loans and/or grants) for vulnerable homeowners and private sector tenants.

Housing agencies are providing advice or referring residents to specialist organisations to help with debt, rising food prices and energy bills. Oldham and Rochdale want to raise awareness within the health sector of the impacts of fuel poverty, and plan to work with residents to encourage them to change their behaviour and save more energy

Islington lacks enough **open and green space for its residents**, and wants to protect what it has and increase it where possible. Blackpool aims for all neighbourhoods to be easily accessible to at least one significant area of green space that is attractive, safe and useable. Great Yarmouth is reviewing the quality and provision of **sport facilities, play space and open space**. Norwich City Council is a member of the Healthy City Network,²⁹ and is working on an action plan that will set out the housing service's role in promoting healthy lifestyles in the local area.

Common themes in the housing strategies

All of the strategies raise the issue of affordable housing for low- and middle-income families, and also housing standards, with many concerned about the quality of housing stock available, particularly in the private rental sector. An increase in the use of private rentals is happening in all areas. The anticipated effects of changes to Housing Benefit and Council Tax are to be watched, with most areas wanting to make sure that residents receive all the benefits to which they are entitled.

5.4 Conclusions

Section 9(3) of the Child Poverty Act sets out a list of 'building blocks' – areas additional to the income targets which the Government may consider require action. These are:

- the promotion and facilitation of the employment of parents or of the development of the skills of parents
- the provision of financial support for children and parents

²⁹ Further information at <http://www.healthycities.org.uk/>

- the provision of information, advice and assistance to parents and the promotion of parenting skills
- physical and mental health, education, childcare and social services
- housing, the built or natural environment and the promotion of social inclusion.

These are also the areas of activity on which local authorities focus in their child poverty strategies and interventions that target disadvantaged families. There are three interventions specific to low-income families with young children that appear in all of the local child poverty and Joint Health and Wellbeing Strategies: children's centres, health visitors and Family Nurse Partnership (FNP). Each is a national priority area for Government, and that prioritisation is reflected in the local plans. In particular, children's centres are at the core of many of the strategies: ideally an integrated service that provides parents (usually mothers) with advice and support on employment, offers them information and advice on financial management, helps them to gain confidence as parents, and allows them to access health services. As we have seen in Chapter 4, FNP is possibly the early years programme implemented in England with the strongest evidence base, although it is targeted at a very narrow group (first-time pregnant mothers aged 20 and under); while the new health visitor model had not been evaluated yet. Several of the strategies also aim to increase local take-up of the free entitlement for all three and four year olds, and disadvantaged two year olds. In Chapter 4 we have reviewed the evidence in relation to challenges local authorities may face in increasing both the level and quality of early education provision.

Central Government funding has been secured for the expansion of the health visiting and FNP programmes, as well as the early years free entitlement. As noted in Chapters 2 and 4, the funding for children's centres is not protected, which could place the services delivered through children's centres at risk. The housing strategies are, of course, different. They recognise the needs of low-income families, but rarely specify those with young children – the only exception being households at risk of becoming or those who are homeless, because local authorities are under a legal duty to make sure that these families are accommodated. However, they mention a range of initiatives intended to help poorer households, including housing advice services and energy efficiency schemes, and also recognise the value of healthy environments through the provision of green spaces and places to play.

6. Conclusion

In this final chapter, we summarise the evidence from the different strands of the review and highlight what questions OCC could address when visiting local areas.

6.1 The legal and policy frameworks

The review of the legal and policy frameworks has highlighted inherent contradictions in the Government's child poverty policy. Although the Child Poverty Act income targets remain in place, it seems highly unlikely that they will be achieved given the current programme of welfare reforms and cuts, augmented by the austerity measures and reductions in public spending to reduce the national deficit throughout the duration of the 2010-15 Parliament. Since 2010, targeted redistribution through the tax and benefits system has been eroded, and attention has shifted from the responsibilities of the state to the responsibilities of families. Child poverty strategies are centred round a set of family characteristics that are seen to impede that family being able to lift itself out of poverty; the pathway to a more adequate income is through employment.

The key early years policy document, *Supporting families in the foundation years* (Department for Education and Department of Health, 2011), provides a coordinated overview – if not delivery – of universal and targeted early years and health policies, including the enhanced health visiting programme, the Family Nurse Partnership (FNP), the free entitlement for three and four year olds and disadvantaged two year olds, and children's centres. While there is central Government investment in the first three, funding for children's centres comes from local authorities and is unprotected. Yet national policy lays out an expectation that children's centres will be available in each area and offer disadvantaged families an integrated service, including support with parenting, financial capability and preparation for work.

A key element of the life course approach in the new health service is helping disadvantaged families to provide their children with the best start in life through a better diet, more exercise, parent-child communication, development of emotional wellbeing, and a safer and cleaner environment in the home and community. The public health changes are particularly relevant in this respect and, at local level, provide a basis for working across health, early years, play, education, housing and social care. However, it remains to be seen how achievable these services are.

Like health, housing policy is population-wide and not always directly responsive to the specific needs of low-income families with young children.

Therefore, policies to alleviate the effects of poverty target disadvantage and low income through measures to make homes safer, of a decent quality and more affordable.

6.2 Programmes and services

We have provided a map of interventions introduced nationally and locally to support low-income families with young children. We looked at interventions in the areas identified by the Government's child poverty strategy, namely supporting parents into work; strengthening families by providing parenting support; improving educational attainment through a focus on the early years; and public health support in the early years. In addition, we explored housing, an area identified by the OCC as being important in supporting low-income families with young children.

The interventions were identified through an extensive search of academic databases, relevant websites, a call for evidence and a review of national and local policy documents. The search focused on national and local interventions implemented in England since 2007, and on both universal interventions and those targeted at low-income families or similar groups (eg disadvantaged families/areas).

In exploring national and local interventions, we focused primarily on programmes and services that have been evaluated, although the evaluations of the interventions we identified vary considerably and few can conclusively prove that an intervention worked as intended. Conclusive evidence that an intervention has the intended impact on beneficiaries requires an experimental or quasi-experimental design, and only a small number of interventions reviewed used this methodological approach. Others relied instead on measuring change before and after the intervention, but lacked a comparison group, which is required to attribute change to the intervention rather than other factors. Some evaluations relied on even weaker evidence, for example, perceptions of impact reported by beneficiaries and those delivering the intervention; while positive views on an intervention are important, they are not sufficient to prove that a programme has worked. A few evaluations discussed did not even attempt to assess impact, and just focused on describing how the intervention was implemented.

In addition to reviewing what the evidence shows about the effectiveness and impact of interventions, we also considered:

- how prescriptive interventions were and diversity in implementing them locally
- the extent to which interventions involved effective joined-up working between different local agencies

- users' involvement in the commissioning, design, delivery and evaluation of the intervention.

Supporting parents into work

The Child Poverty Pilots, which were centrally funded up to 2011, represent the most recently evaluated national programme aimed at supporting parenting into work. They include: Family Intervention Projects (FIPs); Local Authority Innovation Pilots; Supporting Separating Parents; Teenage Support Housing; and Supporting Work-Focused Services in Children's Centres. With the exception of FIP, which was an established programme, other funding was provided to new projects to identify effective ways of supporting parents into work. While funding for the pilots has ended, there was an expectation that lessons learn from these pilots would inform local child poverty strategies (Department for Work and Pensions, 2012a).

The evaluations of the Child Poverty Pilots clearly outlined the range of approaches developed, from the perspectives of different stakeholders, including families, and how the projects operated, providing therefore useful evidence on how they could be replicated elsewhere, building on what worked well and less well in the pilots. All pilots seemed to support inter-agency working, although we do not know the extent to which this was sustained after the pilots ended. Most pilots were set up to find innovative ways of tackling child poverty locally and a range of diverse approaches was developed. A weakness of the pilots, however, was the lack of conclusive evidence on their impact, so while local authorities may adopt these approaches, they do not know for certain whether they will actually help to support parents into work and out of poverty. FIP was the only pilot that provided a more robust impact assessment (albeit with the limitations noted in Chapter 3); this showed that FIPs did not reduce worklessness, although they had other positive effects on some of the most disadvantaged families.

We have also reviewed the early evidence from the Work Programme. While not providing specific evidence on parents, the research has highlighted the potential difficulties that parents who are required to join this programme may face, including lack of personalised support and facing sanctions which could put their families under considerable financial strain.

Box 6.1 Questions to ask local areas in relation to supporting parents into work

- How effectively families who need support are identified and targeted, using the range of approaches developed by the Child Poverty Pilots.
- Whether local areas effectively engage families; again the pilots provide a number of examples of how effective engagement can be achieved.
- The effectiveness of the support provided to families (including via the Work Programme) and whether this is holistic and tailored to their specific needs as parents, as teenage parents, or as parents going through a very disruptive life event such as separation, or major immediate crises such as debt or lack of adequate food.
- Effective mechanisms for delivering joined-up support, in partnership with a range of local stakeholders, again also considering how joined-up and effective is the support provided by the Work Programme.
- The extent to which sanctions are imposed on parents in the Work Programme, why they are imposed and how they impact on the children.
- If and how families are involved in programme design, commissioning and delivery, as the available evidence suggests very limited involvement.
- Whether there is robust evidence that interventions implemented locally work, this is particularly important given the weaknesses identified in the evidence base discussed in Chapter 3.

Strengthening families by providing parenting support

Building on a substantial body of evidence, the Allen review (Allen, 2011a) has recommended that the most effective approach to supporting disadvantaged families is to intervene as early as possible, with a combination of universal and targeted multi-agency support, using evidence-based programmes. In this section we consider the extent to which this approach is reflected in the interventions we reviewed.

There are now a range of centrally initiated **universal parenting services and programmes** to support families during pregnancy and in the early years. Alongside ante-natal and perinatal services, we find promotion campaigns and information services (eg Start4Life). There is, however, very limited evidence on the effectiveness of promotion campaigns. The Government also wants to stimulate the creation of universal and non-stigmatising parenting classes. However, the trial of universal parenting classes does not seem to provide much evidence that these will develop in the way envisaged by the Government. There are also a number major programmes to support parents during pregnancy and the post-natal period, such as the new model for health visitors and the integrated review for two

year olds that have been introduced recently and have not been evaluated yet.

The other universal initiative which is meant to play a key role in providing and coordinating parenting support is **children's centres**. These are meant to provide low-level universal parenting services, and also identify and help to support families who need more intensive and targeted services. The evidence on the main services that children's centres provide does indeed reflect this mix of universal/low-level and targeted/high-level support, and evidence-based parenting programmes are among the top five services they provide. Children's centres are also seen as key to inter-agency working, and there is indeed some evidence of effective joint working, with health and Jobcentre Plus in particular. However, their ability to deliver could be seriously undermined by financial cuts, and again we do not yet know if children's centres are having the intended impact on local families.

So, overall, there are a number of centrally supported established and new universal parenting interventions, but we do not yet know if they work as intended, ie provide low-level support to prevent more serious problems and identify families who need more intensive, targeted and evidence-based support. Furthermore, the future of the initiative that seems to provide more promising evidence in terms of achieving this aim, namely children's centres, appears uncertain as there is no ring-fenced funding nor a legal obligation to support it.

In considering how effective local areas are in delivering **universal parenting support**, OCC may want to explore the role played by children's centres. In particular it would be worth exploring future plans for their role in delivering universal parenting services and identifying families in need of more targeted and intensive support.

When looking at **targeted** parenting interventions funded by central Government, we found two programmes:

- Family Nurse Partnership, a programme with a very strong evidence base which is expanding, but focuses on a narrow group; current expansion plans will only provide funding to reach a quarter of the eligible population.
- Troubled Families, which targets a broader group but has not been tested yet, although its predecessor, FIPs, showed some positive results. However, unlike FIPs, the Troubled Families programme is delivered through a payment-by-results scheme. This introduces a large element of uncertainty, such scheme has never been tested in England for complex programmes, and indeed attempts to introduce such a scheme for children's centres were abandoned due largely to the fact that complex, multi-agency programmes do not easily lend themselves to payment by results.

It is also not clear how these two programmes are linked (or not linked) to children's centres, as they appear on the whole to be delivered independently of children's centres.

This raises two key questions that OCC could explore in relation to these major government programmes. First, does the 'separateness' of **FNP** and **Troubled Families** mean that opportunities are missed to refer families to these programmes? Second, given that many of these families are likely to continue to need some (lower-level) support once the FNP/Troubled Families intervention is completed, how can effective pathways to less-intensive forms of support be developed without strong links with children's centres?

In addition to these two centrally supported targeted parenting programmes, there are a range of locally initiated targeted parenting programmes for families with specific needs (eg to improve children's behaviour). Not all these programmes have been rigorously tested, but some have and there is increasing awareness and knowledge of the value of using evidence-based programmes, particularly within children's centres. While there seems to be an increasing awareness of which programmes can be effectively used with families with different needs, there is no specific central Government funding for these programmes.

Early years

There is a recognition that the support provided in pregnancy and the post-natal period needs to be sustained as children grow up, particularly with the provision of high-quality early education and help to parents to support their children's learning at home.

In a time of severe financial restraint, a key question for OCC to ask is whether although areas may be aware of the package of support they could be offering to families with different needs, they may not have the **funding to provide effective support**. The OCC should also ask questions about the **effectiveness of programmes** that local areas use; while knowledge and use of evidence-based programme seems to be increasing, we also identified use of programmes that have not been robustly evaluated and even some that have been evaluated but did not seem to work.

The introduction of universal **free early education** for all three and four year olds has led to a substantial increase in take-up of early education among children from low-income families, and while many do attend high-quality settings, concerns remain about variability in the quality of early education. This will be particularly an issue with free early education for disadvantaged two year olds. By and large this provision will not be offered (at least in the short term) in the highest-quality settings, namely nursery classes. It remains to be seen if other settings will be able to deliver a sufficient number of places

Review of policies and interventions for low income families with young children

of high quality for the 40% most disadvantaged two year olds, as historically the quality of provision in these settings has been more variable.

When visiting local areas the OCC may want to ask about local schemes to **quality assure early education and childcare provision**, particularly (but not exclusively) when identifying settings to deliver free education places to disadvantaged two year olds.

The EYFS requires settings to work with parents to improve the **home learning environment**, but we do not know the extent to which this is achieved as the revised EYFS has not been evaluated. We identified a number of local programmes that have proved effective in improving the home learning environment, and awareness of these may be becoming more widespread. However, with no central Government funding, it remains to be seen if local areas are able secure resources to deliver these programmes.

Key questions for the OCC to address with local areas will be: awareness of programmes that are effective in supporting the **home learning environment**, and the ability to secure the resources for these programmes.

Provision over and above the free entitlement is likely to be equally if not more relevant to discussions of support for parents to enter paid employment. **Childcare services** can play a key role in supporting parental (mainly maternal) employment, but they need to be accessible, flexible, affordable and of good quality. As we have seen, research has consistently highlighted difficulties in delivering the kind of childcare services parents need, particularly those from low-income families.

Therefore important questions for OCC to ask are: how local areas assess unmet needs for **childcare services**; if and how they intervene to deal with market failures resulting in gaps in the nature of provision (eg at particular times) and to whom provision is available (eg low income families, disadvantaged areas). Equally important will be to ask about the availability of information and advice on childcare services; as we have seen the available evidence shows some considerable gaps.

A major gap in relation to targeted early years initiatives relates to **disabled children**. There is both a gap in relation to specific funding to support this group of children, and also in the evidence base of how they can be effectively supported to access early education and childcare. As we have seen, the findings from a national programme that piloted ways of making provision more accessible to disabled children were inconclusive, although we did find some local examples of more promising practice.

It seems that much remains to be done to ensure that **disabled children** have adequate access to early education and childcare services; a key question the OCC should ask is how the needs of these children are being met.

Promoting public health in the early years

There have been extensive reviews (eg by NICE) of the kind of interventions that are effective in supporting **mothers with high health risks** which, if not tackled, could have considerable negative consequences for their children. However, we do not know how widespread the use of these interventions is.

Key questions for OCC to explore when visiting local areas will be: first, how effective are local strategies for identifying and reaching **mothers with high health risks**? Second, are there sufficient resources and expertise to provide interventions that have been proved to be effective in meeting the needs of mothers in different circumstances?

The universal parenting support initiatives highlighted in Chapter 4 (eg Start4Life and the new health visitors model) are meant to play an important role in providing universal low-level support in relation to **health promotion**. Some (eg the new health visitors model, children's centres) are also meant to play a key role in identifying families who need more targeted and intensive health support, as well as providing and coordinating this support. In addition we have identified a number of other centrally supported initiatives focused on nutrition and life style, including: the Baby Friendly Initiative to increase breastfeeding; Change4Life, a promotion campaign to reduce childhood obesity; and, the Healthy Start Scheme, to improve access to a healthy diet among low-income families. Only the first of these initiatives is based on a large evidence base of what works in supporting breastfeeding; the effectiveness of the other two has not been established, and the evidence does not seem to be particularly promising in relation to Change4Life. We also identified some local programmes run by children's centres to reduce childhood obesity, and we have seen that breastfeeding support is one of the top five services provided by children's centres.

However, for the reasons discussed earlier, when visiting local areas OCC will need to explore if there is likely to be funding and the political will to continue to support **children's centre public health promotion** services.

In response to the growing body of evidence that poor **mental health** in early years can lead to significant inequality and poorer mental health outcomes throughout life, two centrally supported initiatives have been recently launched to improve children's access to mental health services: MIndEd, which provides e-learning on children's mental health; and IAPT, which aims to increase the availability of NICE-recommended psychological treatments for depression and anxiety disorders. However, neither of these have been evaluated yet.

We also found some local mental health programmes targeted at children, but we do not know how widespread and accessible these are; this is something the OCC may want to investigate when visiting local areas.

Housing

It was not possible to assess if and how housing interventions can play a role in alleviating the negative consequences of child poverty, as on the whole, relevant interventions do not seem to have been evaluated. Yet there are many obvious ways in which housing policies can support low-income families with young children, for example, through home safety and home improvement schemes, and with programmes tackling fuel poverty and homelessness – as indeed some local authorities seem to do.

OCC may therefore want to explore what role, if any, **housing interventions** are expected to play in relation to child poverty, and also ask questions about the effectiveness of these interventions, as we found very little evidence that these programmes are evaluated, in particular to assess the impact on families with young children.

Involving children and their families

While parents were generally involved in the evaluation of the services and programmes that we reviewed, we found no evidence of involvement in programme/service commissioning or design. However, we do not know whether this is because parents were not involved or their involvement was not documented.

A key question for the OCC to ask when visiting local areas will be whether and how parents and children are involved in the commissioning and design of interventions, as well as their evaluation; at the moment, it represents a major evidence gap.

6.3 Policy planning locally

Section 9(3) of the Child Poverty Act sets out a list of ‘building blocks’ – areas additional to the income targets which the Government may consider require action. These are:

- the promotion and facilitation of the employment of parents or of the development of the skills of parents
- the provision of financial support for children and parents
- the provision of information, advice and assistance to parents and the promotion of parenting skills

Review of policies and interventions for low income families with young children

- physical and mental health, education, childcare and social services
- housing, the built or natural environment and the promotion of social inclusion.

These are also the areas of activity on which local authorities focus in their child poverty strategies and interventions that target disadvantaged families. There are three interventions specific to low-income families with young children that appear in all of the local child poverty and Joint Health and Wellbeing Strategies: children's centres, health visitors and the Family Nurse Partnership (FNP). Each is a national priority area for Government, and that prioritisation is reflected in the local plans. In particular, children's centres are at the core of many of the strategies: ideally an integrated service that provides parents (usually mothers) with advice and support on employment, offers them information and advice on financial management, helps them to gain confidence as parents, and allows them to access health services. As we have seen, FNP is possibly the early years programme implemented in England with the strongest evidence base, although it is targeted at a very narrow group (first-time pregnant mothers aged 20 and under); the new health visitor model had not been evaluated yet.

Several of the strategies also aim to increase local take-up of the free entitlement for all three and four year olds, and disadvantaged two year olds. However, as we have seen, the evidence suggests that local authorities may face considerable challenges in increasing both the level and quality of early education provision.

Central Government funding has been secured for the expansion of the health visiting and FNP programmes, as well as the early years free entitlement. As noted in Chapters 2 and 4, the funding for children's centres is not protected, which could place the services delivered through children's centres at risk. The housing strategies are, of course, different. They recognise the needs of low-income families, but rarely specify those with young children – the only exception being households at risk of becoming or those who are homeless, because local authorities are under a legal duty to make sure that these families are accommodated. However, they mention a range of initiatives intended to help poorer households, including housing advice services and energy efficiency schemes, as well as recognise the value of healthy environments through the provision of green spaces and places to play.

References

- 4Children (2013). *Children's centres census 2013: a national overview of developments in children's centres*, London: 4Children [online]. Available at http://www.4children.org.uk/Files/8dd559e9-acc8-4030-a787-a28800f72e3d/Children_Centre_Census_2013_FINAL_AM.pdf [accessed 3 April 2014].
- Allen, G (2011a). *Early Intervention: the next steps: an independent report to Her Majesty's Government*, London: Cabinet Office [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/284086/early-intervention-next-steps2.pdf [accessed 3 April 2014].
- Allen, G (2011b). *Early Intervention: smart investment, massive savings: the second independent report to Her Majesty's Government*, London: Cabinet Office [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/61012/earlyintervention-smartinvestment.pdf [accessed 3 April 2014].
- The Allocation of Housing and Homelessness (Eligibility) (England) Regulations 2006 [online]. Available at <http://www.legislation.gov.uk/ukxi/2006/2007/contents/made> [accessed 8 April 2014].
- The Allocation of Housing and Homelessness (Eligibility) (England) Regulations 2012 [online]. Available at <http://www.legislation.gov.uk/ukxi/2012/2588/contents/made> [accessed 8 April 2014].
- AMION Consulting (2010). *Evaluation of the National Strategy for Neighbourhood Renewal: final report*, London: DCLG [online]. Available at www.homesandcommunities.co.uk/download-doc/3801/8309 [accessed 19 April 2014].
- Apprenticeships, Skills, Children and Learning Act 2009 [online]. Available at <http://www.legislation.gov.uk/ukpga/2009/22/contents> [accessed 3 April 2014].
- Audit Commission (2013). *Tough times 2013: councils' responses to financial challenges from 2010/11 to 2013/14* [online]. Available at <http://www.audit-commission.gov.uk/wp-content/uploads/2013/11/Tough-Times-2013-Councils-Responses-to-Financial-Challenges-w1.pdf> [accessed 26 April 2014].
- Axford, N and Barlow, J (2013). *Better evidence for a better start: what works an overview of the best available evidence on giving children a better start*. [online]. Available at <http://betterstart.dartington.org.uk/resources/evidence-reviews/what-works/> [accessed 11 April 2014].
- Ball, M et al (2012). *Issues emerging from the first 10 pilot sites implementing the Nurse-Family Partnership home-visiting programme in England*, London: Department of Health.

Barlow, J et al (2008). *Health-led parenting interventions in pregnancy and early years*, London: Department for Children and Families [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/222252/DCSF-RW070.pdf [accessed 18 April 2014].

Booktrust (2013). The health and wellbeing benefits of reading with children: research evidence [online]. Available at <http://fileservr.booktrust.org.uk/usr/resources/1000/bookstart-corner-health-benefits-handout.pdf> [accessed 24 April 2014].

Bradshaw, J and Bennett, F (2014) Investing in children: breaking the cycle of disadvantage: A study of national policies. UK report. Brussels: European Commission [online]. Available at <http://www.york.ac.uk/inst/spru/research/pdf/Naps2013Investing.pdf> [accessed 2 July 2014]

Brewer, M et al (2010). *Child poverty in the UK since 1998/99: lessons from the past decade*. IFS Working Paper 10/23, London: Institute for Fiscal Studies [online]. Available at <http://www.ifs.org.uk/wps/wp1023.pdf> [accessed 3 April 2014].

Brewer, M et al (2011). *Child and working-age poverty from 2010 to 2020*. IFS Commentary C121, London: Institute for Fiscal Studies [online]. Available at <http://www.ifs.org.uk/comms/comm121.pdf> [accessed 3 April 2014].

Bushe, S et al (2014). *How have low-income families been affected by changes to council tax support?* York: Joseph Rowntree Foundation [online]. Available at <http://www.jrf.org.uk/sites/files/jrf/council-tax-support-summary.pdf> [accessed 3 April 2014].

Cameron, D (2014). Machinery of government change: CANParent trial. *House of Commons Hansard*, 23 January 2014, col.9WS [online]. Available at <http://www.publications.parliament.uk/pa/cm201314/cmhansrd/cm140123/wmstext/140123m0001.htm> [accessed 8 April 2014].

Care Quality Commission (2013). *Child safeguarding and looked after children inspection programme*. Newcastle: Care Quality Commission [online]. Available at <http://www.cqc.org.uk/public/publications/themed-inspections/child-safeguarding-and-looked-after-children-inspection-progr> [accessed 8 April 2014].

Cheshire, H et al (2011). *Impact evaluation of the Disabled Children's Access to Childcare Pilot (DCATCH)*. Research Report DFE-RR168, London: DfE [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/183336/DFE-RR168.pdf [accessed 21 May 2014].

Chief Medical Officer (CMO) (2013). Our children deserve better: prevention pays: annual report of the Chief Medical Officer [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/255237/2901304_CMO_complete_low_res_accessible.pdf [accessed 8 April 2014].

Child Poverty Act 2010 [online]. Available at <http://www.legislation.gov.uk/ukpga/2010/9/contents> [accessed 3 April 2014].

Child Poverty Act 2010: explanatory notes [online]. Available at <http://www.legislation.gov.uk/ukpga/2010/9/contents> [accessed 3 April 2014].

Child Poverty Action Group (2013). Welfare reform: what it means for families at risk of poverty [online]. Available at http://www.cpag.org.uk/sites/default/files/CPAG_factsheet_the%20cuts_May13.pdf [accessed 3 April 2014].

Child Poverty Action Group and 4 in10 (2012). The implementation of the Child Poverty Act: examining child poverty strategies in London local authorities [online]. Available at http://www.cpag.org.uk/sites/default/files/CPAG-child-poverty-strategies-1012_0.pdf [accessed 25 April 2014].

Child Poverty Unit (2010a). Child poverty basket of indicators [online]. Available at <https://www.gov.uk/government/publications/child-poverty-basket-of-indicators> [accessed 8 April 2014].

Child Poverty Unit (2010b). A guide to Part 2 of the Child Poverty Act 2010: duties of local authorities and other bodies in England [online]. Available at <http://webarchive.nationalarchives.gov.uk/20130929141829/http://media.education.gov.uk/assets/files/doc/g/guide%20to%20part%202%20of%20the%20child%20poverty%20act%202010.doc> [accessed 3 April 2014].

Child Poverty Unit (2013). Households below average income publication: severe child poverty indicator technical note. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/200714/hbai_severe_poverty_technical_note_0910.pdf [accessed 3 April 2014].

Childcare Act 2006 [online]. Available at <http://www.legislation.gov.uk/ukpga/2006/21/contents> [accessed 3 April 2014].

Children and Families Act 2014 [online]. Available at <http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted> [accessed 4 April 2014].

Children and Young People's Health Outcomes Forum (2012). *Report of the Children and Young People's Health Outcomes Forum*, London: Department of Health [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216852/CYP-report.pdf [accessed 8 April 2014].

Clark, C (2010). Funding for child poverty local duties 2010–11: letter to local authorities in England [online]. Available at <http://webarchive.nationalarchives.gov.uk/20130929141829/http://media.education.gov.uk/assets/files/pdf/f/funding%20for%20child%20poverty%20local%20duties%202010-11.pdf> [accessed 3 April 2014].

Coghlan, M et al (2009). *Narrowing the gap in outcomes for young children through effective practices in the early years*, London: Centre for Excellence and Outcomes in Children and Young People's Services.

Review of policies and interventions for low income families with young children

Communities and Local Government Committee (2012). Taking forward community budgets: ninth report [online]. Available at <http://www.publications.parliament.uk/pa/cm201012/cmselect/cmcomloc/1750/1750.pdf> [accessed 26 April 2014].

Cotzias, E and Whitehorn, T (2013). *Topic note: results of the Early Years Foundation Stage Profile (EYFSP) pilot research report*, London, DfE [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/190639/DFE-RR291.pdf [accessed 3 April 2014].

Croker, H et al (2012). Cluster-randomised trial to evaluate the 'Change for Life' mass media/social marketing campaign in the UK, *BMC Public Health* 12:404.

Cullen, MA et al (2014). *CANparent trial evaluation: second interim report*, London: DfE [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/271106/CANparent_Second_Interim_Report_Final_for_publication_Jan2014.pdf [accessed 3 April 2014].

Department for Children, Schools and Families (2008). Duty to provide information, advice and assistance: guidance for local authorities: Childcare Act 2006 [online]. Available at <http://webarchive.nationalarchives.gov.uk/20130401151715/https://www.education.gov.uk/publications/standard/Youthandadolescence/Page4/DCSF-00943-2007> [accessed 3 April 2014].

Department for Communities and Local Government (2006a). A decent home: definition for guidance and implementation [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/7812/138355.pdf [accessed 8 April 2014].

Department for Communities and Local Government (2006b). Housing health and safety rating system: guidance for landlords and property related professionals [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/9425/150940.pdf [accessed 8 April 2014].

Department for Communities and Local Government (2011). The English indices of deprivation 2010 [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/6871/1871208.pdf [accessed 19 April 2014].

Department for Communities and Local Government (2012a). Allocation of accommodation: guidance for local housing authorities in England [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/5918/2171391.pdf [accessed 8 April 2014].

Department for Communities and Local Government (2012b). Making every contact count: a joint approach to preventing homelessness [online]. Available at

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/7597/2200459.pdf [accessed 8 April 2014].

Department for Communities and Local Government (2012c). The Troubled Families programme: financial framework for the Troubled Families programme's payment-by-results scheme for local authorities [online].

Available at

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/11469/2117840.pdf [accessed 24 April 2014]

Department for Communities and Local Government (2013). Providing social housing for local people: strengthening statutory guidance on social housing allocations: consultation [online]. Available at

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/249439/131008_Providing_social_housing_for_local_people.pdf [accessed 8 April 2014].

Department for Communities and Local Government (2014a). Statutory homelessness: October to December quarter 2013: England [online].

Available at

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/286786/Statutory_Homelessness_4th_Quarter_Oct_-_Dec_2013_England.pdf [accessed 8 April 2014].

Department for Communities and Local Government (2014b) Troubled Families programme progress information and families turned around at the end of March 2014 [online]. Available at

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/307621/PI_up_to_March_2014_Final_2.pdf [accessed 27 May 2014].

Department for Education (2010). Draft statutory guidance for local duties on child poverty (Child Poverty Act 2010): report on and response to formal consultation held March to June 2010 [online]. Available at

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/238420/7891.pdf [accessed 25 April 2014].

Department for Education (2011). Post-legislative assessments of the Education and Inspections Act 2006, Childcare Act 2006 and Children and Adoption Act 2006: memorandum to the Education Committee of the House of Commons [online]. Available at

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/228705/8204.pdf [accessed 3 April 2014].

Department for Education (2012a). The core purpose of Sure Start Children's Centres [online]. Available at

<http://media.education.gov.uk/assets/files/pdf/s/sure%20start%20childrens%20centres%20core%20purpose.pdf> [accessed 3 April 2014].

Department for Education (2012b). The Early Years Foundation Stage (EYFS) learning and development requirements: guidance on exemptions for early years providers [online]. Available at

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/

[192198/guidance_on_exemptions_for_early_years_providers.pdf](#) [accessed 3 April 2014].

Department for Education (2012c). Statutory framework for the Early Years Foundation Stage [online]. Available at http://planipolis.iiep.unesco.org/upload/UK/UK_EYFS_Statutory_Framework.pdf [accessed 3 April 2014].

Department for Education (2013a). Consultation on the proposed changes to the role of the local authority in early education and childcare [online]. Available at <https://www.gov.uk/government/consultations/consultation-on-proposed-changes-to-the-role-of-the-local-authority-in-early-education-and-childcare> [accessed 3 April 2014].

Department for Education (2013b). Early education and childcare statutory guidance for local authorities [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/269734/early_education_and_childcare_for_local_authorities.pdf [accessed 3 April 2014].

Department for Education (2013c). Funded early education choice framework [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/199064/Funded_Early_Education_Choice_Framework.pdf [accessed 3 April 2014].

Department for Education (2013d). More great childcare: raising quality and giving parents more choice [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/219660/More_20Great_20Childcare_20v2.pdf [accessed 3 April 2014].

Department for Education (2013e). Provision for children under five years of age in England, January 2013. SFR 23/2013 [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/209044/Main_Text_SFR23-2013.pdf [accessed 3 April 2014].

Department for Education (2013f) Sure Start children's centre's statutory guidance - for local authorities, commissioners of local health services and Jobcentre Plus [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/273768/childrens_centre_stat_guidance_april_2013.pdf

Department for Education (2014a). Early years benchmarking tool [online]. Available at <https://www.gov.uk/government/publications/early-years-benchmarking-tool> [accessed 3 April 2014].

Department for Education (2014b). Keeping children safe in education: statutory guidance for schools and colleges [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/300309/KCSIE_gdnce_FINAL.pdf [accessed 26 April 2014].

Department for Education (2014c). The regulation of childcare: consultation report and government response [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/

Review of policies and interventions for low income families with young children

[288322/140310_Regulation_of_Childcare_Report_and_Response_final.pdf](#) [accessed 3 April 2014].

Department for Education and Department of Health (2011). Supporting families in the foundation years [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/184868/DFE-01001-2011_supporting_families_in_the_foundation_years.pdf [accessed 3 April 2014].

Department for the Environment, Food and Rural Affairs (Defra) (2013). Fuel poverty: a framework for future action [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/211180/FuelPovFramework.pdf [accessed 8 April 2014].

Department for Work and Pensions (2012a). *Helping families thrive: lessons learned from the child poverty pilot programme*, London: DWP [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214408/Child_poverty_pilots.pdf [accessed 14 April 2014].

Department for Work and Pensions (2012b). The Work Programme [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/49884/the-work-programme.pdf [accessed 3 April 2014].

Department for Work and Pensions (2013a). Family resources survey 2011/12: United Kingdom [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/206887/frs_2011_12_report.pdf [accessed 8 April 2014].

Department for Work and Pensions (2013b). Households below average income: absolute low income: illustrative figures using CPI to adjust for inflation: United Kingdom [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/207120/absolute_low_income_using_cpi.pdf [accessed 3 April 2014].

Department for Work and Pensions (2014). Households below average income: an analysis of the income distribution 1994/95–2012/13 [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/325416/households-below-average-income-1994-1995-2012-2013.pdf [accessed 2 July 2014] [Chapter 4 covers children]

Department for Work and Pensions and Department for Education (2010). Child poverty in the UK: the report on the 2010 target [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/192213/child_poverty_in_the_uk_the_report_on_the_2010_target.pdf [accessed 3 April 2014].

Department of Energy and Climate Change (2010). The Green Deal: a summary of the government's proposals [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/47978/1010-green-deal-summary-proposals.pdf [accessed 8 April 2014].

Review of policies and interventions for low income families with young children

Department of Energy and Climate Change (2013). Fuel poverty: a framework for future action [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/211180/FuelPovFramework.pdf [accessed 8 April 2014].

Department of Health (2007). Maternity matters: choice, access, continuity of care in a safe service [online]. Available at http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_074199.pdf [accessed 8 April 2014].

Department of Health (2010a). Achieving equity and excellence: how liberating the NHS will help us meet the needs of children and young people: consultation document [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216652/dh_119490.pdf [accessed 8 April 2014].

Department of Health (2010b). Equity and excellence: liberating the NHS [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213823/dh_117794.pdf [accessed 8 April 2014].

Department of Health (2010c). Equity and excellence: liberating the NHS: initial equality impact assessment [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213826/dh_117350.pdf [accessed 8 April 2014].

Department of Health (2010d). Healthy lives, healthy people: our strategy for public health in England [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216096/dh_127424.pdf [accessed 8 April 2014].

Department of Health (2011a). A call to action: one year on: health visitor implementation progress report [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213708/dh_132080.pdf [accessed 8 April 2014].

Department of Health (2011b). Government response to the NHS Future Forum report [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216361/dh_127719.pdf [accessed 8 April 2014].

Department of Health (2011c). Health visitor implementation plan 2011-15: a call to action [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213110/Health-visitor-implementation-plan.pdf [accessed 8 April 2014].

Department of Health (2011d). Healthy lives, healthy people: update and way forward [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216142/dh_129334.pdf [accessed 8 April 2014].

Department of Health (2011e). Joint strategic needs assessment and joint health and wellbeing strategies explained: commissioning for populations

Review of policies and interventions for low income families with young children

[online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215261/dh_131733.pdf [accessed 8 April 2014].

Department of Health (2011f). No health without mental health: a cross-government mental health outcomes strategy for people of all ages [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213761/dh_124058.pdf [accessed 8 April 2014].

Department of Health (2011g). Start active, stay active: a report on physical activity from the four home countries' Chief Medical Officers [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216370/dh_128210.pdf [accessed 26 April 2014].

Department of Health (2011h). You're welcome: quality criteria for young people friendly health services [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216350/dh_127632.pdf [accessed 8 April 2014].

Department of Health (2012a). Celebrating early implementer achievement: one year on [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216558/dh_134485.pdf [accessed 24 April 14].

Department of Health (2012b). Compassion in practice: nursing, midwifery and care staff: our vision and strategy [online]. Available at <http://www.england.nhs.uk/wp-content/uploads/2012/12/compassion-in-practice.pdf> [accessed 8 April 2014].

Department of Health (2012c). Guidance document: Health Visiting Programme: pathway to support professional practice and deliver new service offer: maternal mental health pathway 3 [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/212906/Maternal-mental-health-pathway-090812.pdf [accessed 8 April 2014].

Department of Health (2012d). Healthy lives, healthy people: update on public health funding [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213684/dh_134580.pdf [accessed 8 April 2014].

Department of Health (2012e). Improving health and care: the role of the outcomes frameworks [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213118/Improving-health-and-care-the-role-of-the-outcomes-frameworks.pdf [accessed 8 April 2014].

Department of Health (2012f). Liberating the NHS: no decision about me, without me: government response [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216980/Liberating-the-NHS-No-decision-about-me-without-me-Government-response.pdf [accessed 8 April 2014].

Review of policies and interventions for low income families with young children

Department of Health (2012g). The new public health role of local authorities. [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213009/Public-health-role-of-local-authorities-factsheet.pdf [accessed 8 April 2014].

Department of Health (2012h). No health without mental health implementation framework [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216870/No-Health-Without-Mental-Health-Implementation-Framework-Report-accessible-version.pdf [accessed 8 April 2014].

Department of Health (2012i). The power of information: putting all of us in control of the health and care information we need [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213689/dh_134205.pdf [accessed 8 April 2014].

Department of Health (2012j). Public health surveillance: towards a public health surveillance strategy for England [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213339/Towards-a-Public-Health-Surveillance-Strategy.pdf [accessed 8 April 2014].

Department of Health (2012k). IAPT three-year report: the first million patients [online]. Available at <http://www.iapt.nhs.uk/silo/files/iapt-3-year-report.pdf> [accessed 21 May 2014].

Department of Health (2013a). Improving outcomes and supporting transparency, part 1A: a public health outcomes framework for England, 2013-16; Part 1B: appendices [online]. Available at <https://www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency> [accessed 8 April 2014].

Department of Health (2013b). The mandate: a mandate from the government to NHS England, April 2014 to March 2015 [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/256406/Mandate_14_15.pdf [accessed 8 April 2014].

Department of Health (2013c). The National Health Visitor Plan: progress to date and implementation 2013 onwards [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/208960/Implementing_the_Health_Visitor_Vision.pdf [accessed 8 April 2014].

Department of Health (2013d). No health without mental health: mental health dashboard [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/265388/Mental_Health_Dashboard.pdf [accessed 8 April 2014].

Department of Health (2013e). NHS outcomes framework 2014/15 [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/256456/NHS_outcomes.pdf [accessed 8 April 2014].

Department of Health (2013f). NHS public health functions agreement 2014-15: public health functions to be exercised by NHS England [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/256502/nhs_public_health_functions_agreement_2014-15.pdf [accessed 8 April 2014].

Department of Health (2013g). Public health ring-fenced grant conditions 2014/15. LAC(DH)(2013)3 [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/269464/local_authority_circular_dh_2013_3_a.pdf [accessed 8 April 2014].

Department of Health (2013h). Statutory guidance on joint strategic needs assessments and joint health and wellbeing strategies [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/223842/Statutory-Guidance-on-Joint-Strategic-Needs-Assessments-and-Joint-Health-and-Wellbeing-Strategies-March-2013.pdf [accessed 8 April 2014].

Department of Health (2014). Closing the gap: priorities for essential change in mental health [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281250/Closing_the_gap_V2_-_17_Feb_2014.pdf [accessed 8 April 2014].

Department of Health et al (2013a). Better health outcomes for children and young people: our pledge [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/207391/better_health_outcomes_children_young_people_pledge.pdf [accessed 8 April 2014].

Department of Health et al (2013b). Improving children and young people's health outcomes: a system-wide response [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214928/9328-TSO-2900598-DH-SystemWideResponse.pdf [accessed 8 April 2014].

Education Act 2011 [online]. Available at <http://www.legislation.gov.uk/ukpga/2011/21/contents> [accessed 3 April 2014].

Education Committee (2013). Foundation years: Sure Start children's centres: fifth report of session 2013-14 [online]. Available at <http://www.publications.parliament.uk/pa/cm201314/cmselect/cmeduc/364/364.pdf> [accessed 3 April 2014].

Energy Act 2011 [online]. Available at <http://www.legislation.gov.uk/ukpga/2011/16/contents> [accessed 8 April 2014].

Entwistle, FM (2013). *The evidence and rationale for the UNICEF UK Baby Friendly Initiative standards*, London: UNICEF UK [online]. Available at http://www.unicef.org.uk/Documents/Baby_Friendly/Research/baby_friendly_evidence_rationale.pdf [accessed 15 April 2014].

Errington, G et al (2011). *Evaluation of the National Safe At Home Scheme: final report*. Nottingham: University of Nottingham.

Review of policies and interventions for low income families with young children

European Anti Poverty Network (EAPN), Social Inclusion Working Group (2009). Poverty and inequality in the EU [online]. Available at http://www.eapn.eu/images/docs/povertyexplainer_en.pdf [accessed 19 April 2014].

European Commission (2013). Investing in children: breaking the cycle of disadvantage: Commission recommendation 20.2.2013 [online]. Available at <http://ec.europa.eu/social/BlobServlet?docId=9762&langId=en> [accessed 3 April 2014].

European Commission and Council of the European Union (2004). *Joint report by the Commission and the Council on social inclusion*. Brussels: European Commission [online]. Available at http://ec.europa.eu/employment_social/soc-prot/soc-incl/final_joint_inclusion_report_2003_en.pdf [accessed 19 April 2014].

Eurostat (2010). *In-work poverty in the EU*. Luxembourg: Publications Office of the European Union [online]. Available at http://epp.eurostat.ec.europa.eu/cache/ITY_OFFPUB/KS-RA-10-015/EN/KS-RA-10-015-EN.PDF [accessed 19 April 2014].

Evangelou, M et al (2007). The birth to school study: evidence on the effectiveness of PEEP, an early intervention for children at risk of educational under-achievement, *Oxford Review of Education*, 33(5):581-609.

Field, F (2010). *The Foundation Years: preventing poor children becoming poor adults: the report of the Independent Review on Poverty and Life Chances*, London: HM Government [online]. Available at <http://webarchive.nationalarchives.gov.uk/20110120090128/http://povertyreview.independent.gov.uk/media/20254/poverty-report.pdf> [accessed 3 April 2014].

Financial Services Authority (2006). *Financial capability in the UK: establishing a baseline*, London: FSA [online]. Available at http://www.fsa.gov.uk/pubs/other/fincap_baseline.pdf [accessed 19 April 2014].

Gambaro, L et al (eds) (2014) *An equal start? Providing quality early education and care for disadvantaged children*. Bristol: Policy Press.

Goff, J et al (2013). *Evaluation of children's centres in England (ECCE), strand 3: delivery of family services by children's centres*, London: Department for Education [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/224096/DFE-RR297.pdf [accessed 24 April 14].

Guy, J et al (2014). *Early intervention in domestic violence and abuse*, London: Early Intervention Foundation [online]. Available at <http://www.eif.org.uk/wp-content/uploads/2014/03/Early-Intervention-in-Domestic-Violence-and-Abuse-Full-Report.pdf> [accessed 15 April 2014].

Hastings, A et al (2013). *Coping with the cuts? Local government and poorer communities*. York: Joseph Rowntree Foundation [online]. Available at

<http://www.jrf.org.uk/sites/files/jrf/local-government-communities-full.pdf>
[accessed 8 April 2014].

Health and Social Care Act 2008 [online]. Available at
<http://www.legislation.gov.uk/ukpga/2008/14/contents> [accessed 8 April 2014].

Health and Social Care Act 2012 [online]. Available at
<http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted> [accessed 8 April 2014].

Healthwatch England (2013a). *Creating a children and young people friendly local Healthwatch*. Newcastle: Healthwatch England [online]. Available at
http://www.healthwatch.co.uk/sites/default/files/healthwatch_child_report_web-aw.pdf [accessed 8 April 2014].

Healthwatch England (2013b). *Healthwatch England annual report 2012/13*. Newcastle: Healthwatch England [online]. Available at
http://www.healthwatch.co.uk/sites/default/files/full-report-2012-13_0.pdf
[accessed 8 April 2014].

HM Government (2010). The equality strategy: building a fairer Britain [online]. Available at
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/85299/equality-strategy.pdf [accessed 3 April 2014].

HM Government (2011a). Healthy lives, healthy people: a call to action on obesity in England [online]. Available at
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213720/dh_130487.pdf [accessed 8 April 2014].

HM Government (2011b). Laying the foundations: a housing strategy for England [online]. Available at
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/7532/2033676.pdf [accessed 8 April 2014].

HM Government (2011c). A new approach to child poverty: tackling the causes of disadvantage and transforming families' lives [online]. Available at
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/177031/CM-8061.pdf [accessed 3 April 2014].

HM Government (2011d). Open public services white paper [online]. Available at
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/255288/OpenPublicServices-WhitePaper.pdf [accessed 3 April 2014].

HM Government (2011e). Opening doors, breaking barriers: a strategy for social mobility [online]. Available at
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/61964/opening-doors-breaking-barriers.pdf [accessed 19 April 2014].

HM Government (2012a). The equality strategy: building a fairer Britain: progress report [online]. Available at
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/177031/CM-8061.pdf [accessed 3 April 2014].

HM Government (2012b). Measuring child poverty: a consultation on better measures of child poverty [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/228829/8483.pdf [accessed 19 April 2014].

HM Government (2012c). Opening doors, breaking barriers: a strategy for social mobility: update on progress since April 2011 [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/221007/HMG_SocialMobility_acc.pdf [accessed 3 April 2014].

HM Government (2012d). Social justice: transforming lives [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/49515/social-justice-transforming-lives.pdf [accessed 3 April 2014].

HM Government (2013). More affordable childcare [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/212671/More_Affordable_Childcare.pdf [accessed 3 April 2014].

HM Government (2014a). Child poverty strategy 2014-17 [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/324103/Child_poverty_strategy.pdf [accessed 2 July 2014].

HM Government (2014b). An evidence review of the drivers of child poverty for families in poverty now and for poor children growing up to be poor adults [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/285389/Cm_8781_Child_Poverty_Evidence_Review_Print.pdf [accessed 3 April 2014].

HM Government (2014c). Government's response to the annual report of the Social Mobility and Child Poverty Commission [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/301663/37796_Cm_8827_accessible_v0.2.pdf [accessed 3 April 2014].

HM Revenue and Customs (2013). Children in low income families local measure 2011 [online]. Available at <http://www.hmrc.gov.uk/statistics/child-poverty/measure.pdf> [accessed 19 April 2014].

HM Treasury (2010a). Budget 2010 [online]. Available at http://www.direct.gov.uk/prod_consum_dg/groups/dg_digitalassets/@dg/@en/documents/digitalasset/dg_188581.pdf [accessed 26 April 2014].

HM Treasury (2010b). Spending review [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/203826/Spending_review_2010.pdf [accessed 26 April 2014].

HM Treasury (2014). Budget 2014 [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/293759/37630_Budget_2014_Web_Accessible.pdf [accessed 26 April 2014].

HM Treasury and HM Revenue and Customs (2013). Tax free childcare: consultation on design and operation [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/

[226460/tax-free_childcare_consultation_on_design_and_operation.pdf](#)
[accessed 3 April 2014].

HM Treasury et al (2010). *Ending child poverty: mapping the route to 2020*, London: HM Treasury [online]. Available at http://www.endchildpoverty.org.uk/images/ecp/budget2010_childpoverty.pdf [accessed 3 April 2014].

Homes and Communities Agency (2012). The regulatory framework for social housing in England from April 2012 [online]. Available at <http://www.homesandcommunities.co.uk/sites/default/files/our-work/regfwk-2012.pdf> [accessed 8 April 2014].

Housing Act 1985 [online]. Available at <http://www.legislation.gov.uk/ukpga/1985/68/contents> [accessed 8 April 2014].

Housing Act 1996 [online]. Available at <http://www.legislation.gov.uk/ukpga/1996/52/contents> [accessed 8 April 2014].

Huby, M and Bradshaw, J (2012). Water poverty in England and Wales [online]. Available at <http://www.york.ac.uk/inst/spru/presentations/JRBWaterPovFRSUM2012.pdf> [accessed 28 May 2014].

Humphries, R and Galea, A (2013). *Health and Wellbeing Boards: one year on*, London: King's Fund [online]. Available at http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/health-wellbeing-boards-one-year-on-oct13.pdf [accessed 8 April 2014].

Huskinson, T et al (2014). Childcare and early years survey of parents 2012-2013, London: DfE [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/275992/SFR06-2014_Childcare_and_Early_Years_Survey_of_Parents_2012-13_final.pdf [accessed 3 April 2014].

James, S and Mellor, J (2007). Evaluating the use of the Playing and Learning to Socialise (PALS) programme, London Borough of Hillingdon [online]. Available at http://www.hillingdon.gov.uk/media/pdf/l/5/research_paper.pdf [accessed 14 April 2014].

Judge, L (ed.) (2012). *Ending child poverty by 2020: progress made and lessons learned*, London: CPAG [online]. Available at http://www.cpag.org.uk/sites/default/files/CPAG-Ending-child-poverty-by-2020-progress-made-lessons-learned-0612_0.pdf [accessed 3 April 2014].

Kennedy, I (2010). Getting it right for children and young people: overcoming cultural barriers in the NHS so as to meet their needs [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216282/dh_119446.pdf [accessed 3 April 2014].

Kenway, P (2008). *Addressing in-work poverty*, York: Joseph Rowntree Foundation [online]. Available at <http://www.poverty.org.uk/reports/in-work%20poverty.pdf> [accessed 19 April 2014].

Lloyd, C et al (2011). *Monitoring and evaluation of family intervention services and projects between February 2007 and March 2011*. Research Report DFE-RR174, London: DfE [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/184031/DFE-RR174.pdf [accessed 14 April 2014].

Lloyd, E and Penn, H (ed.) (2013). *Childcare markets: can they deliver equitable services?* Bristol: Policy Press.

The Local Authority (Duty to Secure Early Years Provision Free of Charge) Regulations 2008 [online]. Available at <http://www.legislation.gov.uk/ukxi/2008/1724/contents/made> [accessed 3 April 2014].

The Local Authority (Duty to Secure Early Years Provision Free of Charge) Regulations 2012 [online]. Available at <http://www.legislation.gov.uk/ukxi/2012/2488/contents/made> [accessed 3 April 2014].

Local Government Association (2012). *Establishing local Healthwatch: engaging with children and young people* [online]. Available at http://www.local.gov.uk/c/document_library/get_file?uuid=7b0e94e8-4a0a-4f73-bf78-1c3e85d9e2a2&groupId=10180 [accessed 22 May 2014].

Local Government Association and Public Health England (2014). *Public health transformation nine months on: bedding in and reaching out* [online]. Available at <http://www.local.gov.uk/documents/10180/5854661/Public+health+transformati+on+nine+months+on+-+bedding+in+and+reaching+out+-+publication/ce0b8b36-c81d-44f7-ba91-b0836a9b4822> [accessed 22 May 2014].

Local Government Finance Act 2012 [on line]. Available at: <http://www.legislation.gov.uk/ukpga/2012/17/enacted> [accessed 8 April 2014].

Localism Act 2011 [online]. Available at <http://www.legislation.gov.uk/ukpga/2011/20/contents> [accessed 8 April 2014].

Lord, P et al (2011). *Targeting children's centre services on the most needy families*, Slough: NFER and LGA [online]. Available at <https://www.nfer.ac.uk/nfer/publications/LGTC01/LGTC01.pdf> [accessed 19 April 2014].

Lucas, PJ et al (2013). *Healthy Start Vouchers study: the views and experiences of parents, professionals and small retailers in England*, Bristol and London: University of Bristol and Institute of Education [online]. Available at <http://www.bristol.ac.uk/sps/research/projects/completed/2013/finalreport.pdf> [accessed 25 April 2014].

Ludovica, G et al (ed.) (2014). *An equal start? Providing quality early education and care for disadvantaged children*. Bristol: Policy Press.

- MacInnes, T et al (2013). *Monitoring poverty and social exclusion 2013*, York: Joseph Rowntree Foundation [online]. Available at <http://www.jrf.org.uk/sites/files/jrf/MPSE2013.pdf> [accessed 3 April 2014].
- Marangozov, R and Stevens, H (2011). *Work-focused services in children's centres pilot: final report*. Research Report No 772, London: DWP [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214554/rrep772.pdf [accessed 14 April 2014].
- Marmot, M (2010). *Fair society, healthy lives: strategic review of health inequalities in England post-2010: the Marmot review*, London: UCL Institute of Health Equity [online]. Available at <http://www.ucl.ac.uk/whitehall/pdf/FairSocietyHealthyLives.pdf> [accessed 22 May 2014].
- Marshall, C (2013). *Service evaluation report: Information Service for Parents (ISP)*, London: Department of Health [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/256686/ISP_Evaluation_Report_-_081113_access.pdf [accessed 24 April 2014].
- Mason, P et al (2011). *Local authority child poverty innovation pilot evaluation: final synthesis report*. Research Report DFE-RR152, London: DfE [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/182415/DFE-RR152.pdf [accessed 14 April 2014].
- Mathers, S et al (2011). *Evaluation of the Graduate Leader Fund: final report*. Research Report DFE-RR144, London: DfE [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/181480/DFE-RR144.pdf [accessed 21 May 2014].
- McConnell, N. et al (2014). *Caring Dads, Safer Children: interim evaluation report*, London: NSPCC [online]. Available at https://www.nspcc.org.uk/Inform/research/findings/evaluation/caring-dads-pdf_wdf101264.pdf [accessed 23 April 2014].
- McCoy, E (2011). *Local authorities improving life chances: a review of a new approach to raising literacy levels*, London: National Literacy Trust [online]. Available at http://www.literacytrust.org.uk/assets/0000/9314/Final_report.pdf [accessed 15 April 2014]
- McFadden, A et al (2014) 'Can food vouchers improve nutrition and reduce health inequalities in low-income mothers and young children: a multi-method evaluation of the experiences of beneficiaries and practitioners of the Healthy Start programme in England' *BMC Public Health* 2014,14:148 [on line]. Available at <http://www.biomedcentral.com/1471-2458/14/148> [accessed 2 July 2014]
- Medhurst, B and Beresford, J (2007). 'Thomas' training: an early years intervention for children with an autistic spectrum disorder (ASD), *Educational Psychology in Practice*, 23(1):1-17.

National Audit Office (2011). *Department of Health: National Health Service landscape review*, Norwich: TSO [online]. Available at <http://www.nao.org.uk/wp-content/uploads/2011/01/1011708.pdf> [accessed 8 April 2014].

National Audit Office (2012a). *Department for Communities and Local Government: financial viability of the social housing sector: introducing the Affordable Homes Programme*, Norwich: TSO [online]. Available at <http://www.nao.org.uk/wp-content/uploads/2012/07/1213465.pdf> [accessed 8 April 2014].

National Audit Office (2012b). *Department for Education: delivering the free entitlement to education for three and four year olds*, Norwich: TSO [online]. Available at <http://www.nao.org.uk/wp-content/uploads/2012/02/10121789.pdf> [accessed 3 April 2014].

National Audit Office (2013). *Department of Health: maternity services in England*. Norwich: TSO [online]. Available at <http://www.nao.org.uk/wp-content/uploads/2012/07/1213465.pdf> [accessed 8 April 2014].

National Energy Action and Energy Action Scotland (2013). *The UK fuel poverty monitor 2013* [online]. Available at [http://www.nea.org.uk/Resources/NEA/Publications/2012/Fuel%20Poverty%20Monitor%202013%20\(FINAL\).pdf](http://www.nea.org.uk/Resources/NEA/Publications/2012/Fuel%20Poverty%20Monitor%202013%20(FINAL).pdf) [accessed 22 May 2014]

National Institute for Health and Care Excellence (2008). *Maternal and child nutrition. NICE public health guidance 11* [online]. Available at <http://www.nice.org.uk/nicemedia/live/11943/40097/40097.pdf> [accessed 26 April 2014].

National Institute for Health and Care Excellence (2010). *Quitting smoking in pregnancy and following childbirth. NICE public health guidance 26* [online]. Available at <http://www.nice.org.uk/nicemedia/live/13023/49345/49345.pdf> [accessed 26 April 2014].

National Institute for Health and Care Excellence (2012). *Social and emotional wellbeing: early years. NICE public health guidance 40* [online]. Available at <http://www.nice.org.uk/nicemedia/live/13941/61149/61149.pdf> [accessed 8 April 2014].

National Institute for Health and Care Excellence (2013). *Postnatal care. NICE Quality Standard 37* [online]. Available at <http://guidance.nice.org.uk/QS37> [accessed 26 April 2014].

Newton, B et al (2012). *Work Programme evaluation: findings from the first phase of qualitative research on programme delivery*. Research Report No 821, London: Department for Work and Pensions [online]. Available at <https://www.gov.uk/government/publications/work-programme-evaluation-findings-from-the-first-phase-of-qualitative-research-on-programme-delivery-rr821> [accessed 21 May 2014].

NHS Commissioning Board (2012). *Commissioning fact sheet for clinical commissioning groups* [online]. Available at <http://www.england.nhs.uk/wp-content/uploads/2012/09/fs-ccg-respon.pdf> [accessed 8 April 2014]. [Also

Review of policies and interventions for low income families with young children

provides information on what services are commissioned by the NHS Commissioning Board, local authorities and Public Health England].

NHS England (2013). The NHS constitution: the NHS belongs to us all [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/170656/NHS_Constitution.pdf [accessed 26 April 2014].

Nutbrown, C (2012). *Foundations for quality: the independent review of early education and childcare qualifications: final report*. Runcorn: DfE [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/175463/Nutbrown-Review.pdf [accessed 3 April 2014].

O'Dwyer, MV et al. (2012). Effect of a family focused active play intervention on sedentary time and physical activity in preschool children, *The International Journal of Behavioral Nutrition and Physical Activity*, 9:117 [online]. Available at <http://www.ijbnpa.org/content/9/1/117> [accessed 28 May 2014].

Office for National Statistics (2010). A profile of child poverty [online]. Available at <http://www.ons.gov.uk/ons/rel/regional-trends/painting-pictures-of-place-series---topic-profiles/child-poverty-topic-profile/child-poverty-topic-profile---2010.pdf> [accessed 3 April 2014].

Office of the Children's Commissioner (2013a) *We would like to make a change*. London: Office of the Children's Commissioner/

Ofsted (2011). The impact of the Early Years Foundation Stage [online]. Available at <http://www.ofsted.gov.uk/resources/impact-of-early-years-foundation-stage> [accessed 3 April 2014].

Ofsted (2013a). Conducting early years inspections [online]. Available at <http://www.ofsted.gov.uk/resources/conducting-early-years-inspections> [accessed 3 April 2014].

Ofsted (2013b). Evaluation schedule for inspections of registered early years provision: guidance and grade descriptors for inspecting registered early years provision from 4 November 2013 [online]. Available at <http://www.ofsted.gov.uk/resources/evaluation-schedule-for-inspections-of-registered-early-years-provision> [accessed 3 April 2014].

Ofsted (2013c). The framework for the regulation and inspection of provision on the Early Years Register [online]. Available at <http://www.ofsted.gov.uk/resources/framework-for-regulation-of-provision-early-years-register> [accessed 3 April 2014].

Ofsted (2013d). Getting it right first time: achieving and maintaining high-quality early years provision [online]. Available at <http://www.ofsted.gov.uk/resources/getting-it-right-first-time-achieving-and-maintaining-high-quality-early-years-provision> [accessed 3 April 2014].

Ofsted (2013e). Good early years provision for all: a report on the responses to the consultation [online]. Available at

<http://www.ofsted.gov.uk/resources/good-early-years-provision-for-all-report-responses-consultation> [accessed 3 April 2014].

Ofsted (2014a). The framework for children's centre inspection [online]. Available at <http://www.ofsted.gov.uk/resources/framework-for-childrens-centre-inspection-april-2013> [accessed 3 April 2014].

Ofsted (2014b). The framework for the regulation and inspection of provision on the Early Years Register [online]. Available at <http://www.ofsted.gov.uk/resources/framework-for-regulation-of-provision-early-years-register> [accessed 3 April 2014].

Ofsted (2014c). The report of Her Majesty's Chief Inspector of Schools: early years [online]. Available at <http://www.ofsted.gov.uk/resources/report-of-her-majestys-chief-inspector-of-education-childrens-services-and-skills-early-years> [accessed 3 April 2014].

Pennington, L and Noble, E (2010). Acceptability and usefulness of the group interaction training programme It Takes Two To Talk to parents of pre-school children with motor disorders, *Child: Care, Health and Development* 36(2):285-296.

Pozzi-Monzo, M et al (2012). From reactive to reflective: evidence for shifts in parents' state of mind during brief under-fives psychoanalytic psychotherapy, *Clinical Child Psychology and Psychiatry*, 17(1):151-164.

Pretorius, I-M and Karni-Sharon, T (2012). An audit and evaluation of the Hammersmith and Fulham CAMHS child psychotherapy outreach service at the Randolph Beresford Early Years Centre, *Infant Observation*, 15(2):165-184.

Public Accounts Committee (2012). The free entitlement to education for three and four year olds: 86th report of session 2010-12 [online]. Available at <http://www.parliament.uk/documents/TSO-PDF/committee-reports/cmpubacc.1893.pdf> [accessed 3 April 2014].

Public Accounts Committee (2014). Maternity services in England: 40th report of session 2013-14 [online]. Available at <http://www.publications.parliament.uk/pa/cm201314/cmselect/cmpubacc/776/776.pdf> [accessed 8 April 2014].

Public Health England (2013). Our priorities for 2013/14 [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/192676/Our_priorities_final.pdf [accessed 8 April 2014].

Quilgars, D et al (2011). *Supporting independence? Evaluation of the teenage parent supported housing pilot: final report*. Research Report DFE-RR158, London: DfE [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/182552/DFE-RR158.pdf [accessed 14 April 2014].

Reed, H (2012). *In the eye of the storm: Britain's forgotten children and families*, London: Action for Children, The Children's Society, NSPCC [online]. Available at

http://www.actionforchildren.org.uk/media/4012135/in_the_eye_of_the_storm.pdf [accessed 19 April 2014].

Reed, H and Portes, J (2014) Understanding the parental employment scenarios necessary to meet the 2020 Child Poverty Targets [online]. Available at

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/318073/3b_Poverty_Research_-_Final.pdf [accessed 2 July 2014].

Reed, P et al (2010). Effectiveness of special nursery provision for children with autism spectrum disorders, *Autism: The International Journal of Research and Practice*, 14(1):67-82.

Resolution Foundation (2009). In brief: financial inclusion and financial capability explained [online]. Available at

http://www.resolutionfoundation.org/media/media/downloads/Financial_Inclusion_Financial_Capability_Explained.pdf [accessed 19 April 2014].

Richardson, H (2014). Parenting scheme dubbed a flop by Labour, 4 April [online]. Available at <http://www.bbc.co.uk/news/education-26875470> [accessed 11 April 2014].

Rutter, J and Stocker, K (2014a). *Childcare costs survey 2014*, London: Family and Childcare Trust [online]. Available at

<http://www.familyandchildcaretrust.org/Handlers/Download.ashx?IDMF=ac441f45-32fa-468f-b76b-d38579d1af3e> [accessed 11 April 2014].

Rutter, J and Stocker, K (2014b). *The work of Family Information Services 2013/14*, London: Family and Childcare Trust [online]. Available at

<http://www.familyandchildcaretrust.org/Handlers/Download.ashx?IDMF=fa1f3434-4535-4f1f-89ea-b7e128ef233d> [accessed 11 April 2014].

The School and Early Years Finance (England) Regulations 2012 [online]. Available at <http://www.legislation.gov.uk/ukxi/2012/2991/made> [accessed 3 April 2014].

Schrader McMillan, A et al (2012). *Primary study evidence on effectiveness of interventions (home, early education, child care) in promoting social and emotional wellbeing of vulnerable children under 5*, London: NICE [online]. Available at <http://www.nice.org.uk/nicemedia/live/13634/58889/58889.pdf> [accessed 13 April 2014].

Siraj-Blatchford, I and Siraj-Blatchford, J (2009). *Improving children's attainment though a better quality of family-based support for early learning*, London: Centre for Excellence and Outcomes in Children and Young People's Services.

Smith R et al (2009). *Evaluation of the early education pilot for two year old children*, London: Department for Children, Schools and Families.

Social Exclusion Task Force (2007). *Reaching out: think family: analysis and themes from the Families at Risk Review*, London: Cabinet Office [online].

Available at

<http://webarchive.nationalarchives.gov.uk/20080804201836/http://www.cabine>

[tooffice.gov.uk/~//media/assets/www.cabinetoffice.gov.uk/social_exclusion_task_force/think_families/think_families%20pdf.ashx](http://www.cabinetoffice.gov.uk/media/assets/www.cabinetoffice.gov.uk/social_exclusion_task_force/think_families/think_families%20pdf.ashx) [accessed 22 May 2014].

Social Mobility and Child Poverty Commission (2013a). Social mobility: the next steps [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/238789/Social_mobility_the_next_steps.pdf [accessed 3 April 2014].

Social Mobility and Child Poverty Commission (2013b). State of the nation 2013: social mobility and child poverty in Great Britain [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/292231/State_of_the_Nation_2013.pdf [accessed 3 April 2014].

Social Mobility and Child Poverty Commission (2014) Response to the consultation on the child poverty strategy 2014 to 2017 [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/318062/2b_Poverty_Response_-_Final.pdf [accessed 2 July 2014].

Standards and Testing Agency (2013). Assessment and reporting arrangements: EYFS [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/271748/2014_eyfs_accessandreportingarrangementsara.pdf [accessed 3 April 2014].

Statham, J et al (2011). *Taking stock: a rapid review of the National Child Measurement Programme*. London: Thomas Coram Research Unit, Institute of Education, University of London [online]. Available at <http://eprints.ioe.ac.uk/6743/1/Statham2011Taking%28Report%29.pdf> [accessed 21 May 2014].

Stewart-Brown, S and Schrader McMillan, A (2012). *Home and community based parenting support programmes and interventions: report of Workpackage 2 of the DataPrev Project*. Warwick: Warwick Medical School [online]. Available at http://wrap.warwick.ac.uk/3239/1/WRAP_Stewart_brown_DataPrev_final_12_03_10_AS_%282%29_%282%29.pdf [accessed 23 April 2014].

Tavistock Institute of Human Relations et al (2011). *Evaluation of child poverty pilots: delivering improved services for separating parents*. Report DFE-RR175, London: DfE [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/184043/DFE-RR175.pdf [accessed 14 April 2014].

Tickell, C (2011a). *The early years: foundations for life, health and learning: an independent report on the Early Years Foundation Stage for Her Majesty's Government*, London: DfE [online]. Available at <http://www.educationengland.org.uk/documents/pdfs/2011-tickell-report-eyfs.pdf> [accessed 3 April 2014].

Tickell, C (2011b). *The Early Years Foundation Stage (EYFS) review: report on the evidence*, London: DfE [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/184839/DFE-00178-2011.pdf [accessed 3 April 2014].

Todd, S et al (2010). Using group-based parent training interventions with parents of children with disabilities: a description of process, content and outcomes in clinical practice, *Child and Adolescent Mental Health*, 15(3):171-175.

Townsend, P (1979). *Poverty in the United Kingdom*, London: Allen Lane, Penguin Books [online]. Available at <http://www.poverty.ac.uk/free-resources-books/poverty-united-kingdom> [accessed 19 April 2014].

Truss, E (2013). Children's centres. *House of Commons Hansard*, 18 December 2013, col.679–680W [online]. Available at <http://www.publications.parliament.uk/pa/cm201314/cmhansrd/cm131218/text/131218w0002.htm#131219600007> [accessed 4 April 2014].

Tunstall, R et al (2013). *The links between housing and poverty: an evidence review*, York: Joseph Rowntree Foundation [online]. Available at <http://www.york.ac.uk/media/chp/documents/2013/poverty-housing-options-full.pdf> [accessed 8 April 2014].

Welfare Reform Act 2012 [online]. Available at <http://www.legislation.gov.uk/ukpga/2012/5/contents/enacted> [accessed 3 April 2014].

White, C et al (2008). *Family Intervention Projects: an evaluation of their design, set-up and early outcomes*. Research Report DCSF-RW047, London: DCSF.

Wiggins, K (2013). Health ring-fence extended for third year, *Local Government Chronicle*, 2 September [online]. Available at <http://www.lgcplus.com/briefings/joint-working/health/health-ringfence-extended-for-third-year/5062750.article> [accessed 8 April 2014].

Wilcox, S (2014). *Housing Benefit size criteria: impacts for social sector tenants and options for reform*, York: Joseph Rowntree Foundation [online]. Available at <http://www.jrf.org.uk/sites/files/jrf/housing-benefit-reform-summary.pdf> [accessed 8 April 2014].

Willis, TA et al (2012). Training community practitioners to work more effectively with parents to prevent childhood obesity: the impact of HENRY upon children's centres and their staff, *Journal of Human Nutrition and Dietetics* 25(5):460-468.

Wilson, W (2014a). *Allocating social housing (England)*. SN/SP/6397, London: House of Commons Library [online]. Available at <http://www.parliament.uk/briefing-papers/SN06397/allocating-social-housing-england> [accessed 8 April 2014].

Wilson, W (2014b). *EU migrants: entitlement to housing assistance*. SN/SP/4737, London: House of Commons Library [online]. Available at <http://www.parliament.uk/briefing-papers/SN04737/eu-migrants-entitlement-to-housing-assistance-england> [accessed 8 April 2014].

Wilson, W (2014c). *The household benefit cap*. SN/SP/6294, London: House of Commons Library [online]. Available at <http://www.parliament.uk/briefing-papers/SN06294/the-household-benefit-cap> [accessed 8 April 2014].

Review of policies and interventions for low income families with young children

Wilson, W (2014d). *Rent setting for social housing tenants*. SN/SP/1090, London: House of Commons Library [online]. Available at <http://www.parliament.uk/briefing-papers/SN01090/rent-setting-for-social-housing-tenancies-england> [accessed 8 April 2014].

Worcestershire Health and Care NHS Trust (2013). *Every Child a Talker: evaluation summary report* [online]. Available at <http://www.languageforlearning.co.uk/images/uploads/5270bd57b58df.pdf> [accessed 15 April 2014].

Glossary

Absolute poverty

In the UK, the proportion of children who live in households below 60% of the national median income in 2010/11 adjusted for inflation.

Area deprivation

'Usually measured by reference to a composite of factors relating to the economic, health, education, safety, housing, environmental, and social capital aspects of life for residents of particular areas. While these indicators largely comprise an aggregation of individual residents' characteristics (eg socio-economic status), they can also incorporate measurements related to the physical form and location of the area (eg environmental conditions, access to amenities). Over recent years The Index of Multiple Deprivation (IMD) has provided the most commonly accepted national measure of area deprivation.' (AMION Consulting, 2010, p.12)

Child poverty

The main measure of child (and family) poverty is the relative low income measure (see below).

For local authorities and their partners: A child is to be taken to be living in poverty if the child experiences socio-economic disadvantage (s.25(2) Child Poverty Act 2010). This includes those children who fall into the target income groups listed in sections 3 to 6 of the Act, ie those living in households below the relative low income, combined relative low income and material deprivation, and absolute low-income groups (see below).

Children in Low-Income Families Local Measure

Previously National Indicator 116 (number of children living in poverty), this is based on administrative data sources on benefits and tax credits from the Department for Work and Pensions and Her Majesty's Revenue and Customs. It is published annually and is available at regional, county, local authority, ward, parliamentary constituency, or Lower Layer Super Output Area level.

The measure is the proportion of children living in families either in receipt of out-of-work benefits or in receipt of tax credits with a reported income which is less than 60% of national median income. It provides a broad proxy for relative low-income child poverty as set out in the Child Poverty Act 2010 and enables analysis at a local level (HMRC, 2013).

Decent Home Standard

A target set in 2000 that 'all social housing meets set standards of decency by 2010'. The target was missed by around 10 percent. The criteria for the standard are as follows:

- it must meet the current statutory minimum standard for housing (Part 1, Housing Act 2004)
- it must be in a reasonable state of repair
- it must have reasonably modern facilities and services
- it must provide a reasonable degree of thermal comfort.

Deprivation

Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial. The English Indices of Deprivation 2010 use 38 separate indicators, organised across seven domains of deprivation, which are:

- income deprivation
- employment deprivation
- health deprivation and disability
- education skills and training deprivation
- barriers to housing and services
- living environment deprivation
- crime.

Individual domains can be used in isolation as measures of each specific form of deprivation or combined to calculate the Index of Multiple Deprivation (Department for Communities and Local Government , 2011).

Disadvantage

Areas of disadvantage and risk can be grouped into three levels:

Children: for example, those: with special educational needs, including those with communication, language or literacy difficulties; with a long-term illness or disability; with behavioural difficulties; living in poor housing or in rural isolation; who are looked-after children; experiencing poor parenting; on the child protection register; or with low birthweight (although this risk was rarely mentioned in the case studies).

Parents: for example: teenage parents; lone parents; those who have experienced domestic violence; substance misusers; those with mental health problems; and those with a disability or long-standing illness.

Groups: including: families living in disadvantaged areas; families living in temporary/low-standard accommodation; workless households; those on low income/benefits; newly arrived families; traveller/gypsy/Roma communities; families at risk of breakdown; minority ethnic groups; and those with English as an additional language

(Lord et al, 2011)

Disadvantaged areas

See *Area deprivation*

Drivers of poverty

The Government strategy for addressing the drivers of poverty is based around the following:

Review of policies and interventions for low income families with young children

- tackling worklessness: reforming the welfare system so that people are able to work their way out of poverty
- tackling debt: building financial capability among families to support informed decision making and the avoidance of debt
- strengthening families: enhancing relationship and parenting support to strengthen family relationships and the home environment
- tackling educational failure: improving educational attainment, through a new focus on the early years, and the introduction of the Pupil Premium, so that schools are empowered and incentivised to help the most disadvantaged pupils achieve
- tackling poor health: introducing a public health approach based on the life course for addressing the wider social determinants of health and building self-esteem, confidence and resilience from infancy with stronger support for the early years.

(HM Government, 2011c, p. 20)

Education inequalities

Inequalities in educational outcomes affect physical and mental health, as well as income, employment and quality of life. The graded relationship between socioeconomic position and educational outcome has significant implications for subsequent employment, income, living standards, behaviours and mental and physical health (Marmot, 2010, p.24)

Financial capability

The Financial Services Authority (FSA) identifies five key areas of financial capability:

1. Being able to manage money
2. Keeping track of finances
3. Planning ahead
4. Choosing financial products
5. Staying informed about financial matters.

(Financial Services Authority, 2006; Resolution Foundation, 2009)

Food poverty

'Food poverty can be defined as the inability to afford, or to have access to, food to make up a healthy diet. Those experiencing food poverty may have limited money for food after paying for other household expenses; live in areas where food choice is restricted by local availability and lack of transport to large supermarkets; or be lacking in the knowledge, skills or cooking equipment necessary to prepare healthy meals.' (Department of Health, 2005)

Fuel poverty

Until recently, defined as households which spend more than 10% of their net income on fuel.

The new definition of fuel poverty (Department of Energy and Climate Change, 2013) finds a household to be fuel poor if:

- their income is below the poverty line (taking into account energy costs), and
- their energy costs are higher than is typical for their household type.

Health inequalities

In England, inequalities in health exist across a range of social and demographic indicators, including income, social class, occupation and parental occupation, level of education, housing condition, neighbourhood quality, geographic region, gender and ethnicity. Inequalities are evident in many health outcomes, including mortality, morbidity, self-reported health, mental health, death and injury from accidents and violence (Marmot, 2010, p.45).

The Commission on Social Determinants of Health concluded that social inequalities in health arise because of inequalities in the conditions of daily life and the fundamental drivers that give rise to them: inequities in power, money and resources. These social and economic inequalities underpin the determinants of health: the range of interacting factors that shape health and wellbeing. These include: material circumstances, the social environment, psychosocial factors, behaviours and biological factors. In turn, these factors are influenced by social position, itself shaped by education, occupation, income, gender, ethnicity and race. All these influences are affected by the socio-political and cultural and social context in which they sit (Marmot, 2010, p.16).

Inequality

'Unlike poverty, which concentrates on the situation of those at the bottom of society, inequality shows how resources are distributed across the whole society. This gives a picture of the difference between average income, and what poor and rich people earn.' (EAPN Social Inclusion Working Group, 2009, p.13)

In-work poverty

'Children in "in-work poverty" is a shorthand referring to children in families where at least one of the parents is working but where the household income is below the official poverty line.' (Kenway, 2008)

'In-work poverty risk' was introduced in 2003 to the European portfolio of social indicators. The definition is: 'Individuals who are classified as "employed" (distinguishing between "wage and salary employment plus self-employment" and "wage and salary employment" only) and who are at risk of poverty. This indicator needs to be analysed according to personal, job and household characteristics. It should also be analysed in comparison with the poverty risk faced by the unemployed and the inactive.' (Eurostat, 2010)

Local child poverty measure

See *Children in Low-Income Families Local Measure*

Material deprivation

Levels of material deprivation are based on responses to 21 questions included in the Family Resources Survey, asking whether or not the family is able to afford and want a particular item. In 2010/11, changes were made to the list of questions; this has led to statistically significant differences in reported levels of deprivation, so Households Below Average Income is using the updated list to calculate its 2011/12 poverty figures, and the pre-2010/11 list to illustrate trends in levels of poverty since 1994/5.

The pre-2010/11 list of questions to identify levels of 'material deprivation' covers:

Child items

Outdoor space / facilities to play safely

Enough bedrooms that every child 10 years or over does not need to share with a child of a different gender

Celebrations on special occasions

Leisure equipment such as sports equipment or a bicycle

At least one week's holiday away from home with family

Hobby or leisure activity

Swimming at least once a month

Have friends round for tea or a snack once a fortnight

Go on school trip at least once a term

Go to a playgroup at least once a week

Adult items

Money to decorate home

Hobby or leisure activity

Holiday away from home one week a year not with relatives

Home contents insurance

Friends round for drink / meal at least once a month

Make savings of 10 pounds a month or more

Two pairs of all-weather shoes for each adult

Replace worn out furniture

Replace broken electrical goods

Money to spend on self each week

Keep house warm

In 2010/11, the italicised items were replaced by the following:

Child items

Review of policies and interventions for low income families with young children

Attend at least one regular organised activity a week outside school, such as sport or a youth group

Eats fresh fruit and/or vegetables every day

Has a warm winter coat

Adult items

Keep up with bills and any regular debt repayments

Multidimensional measure of child poverty

The Government believes that a multidimensional measure should:

- give us a total number of children in the UK currently growing up experiencing multiple dimensions of poverty, which we can track through time
- show us the severity of a child's poverty so that we can tell which groups need the most help
- show us how poverty affects different groups of children, for example ethnic minorities or disabled children
- be widely accepted by the public and experts as a fair representation of those children who are growing up in poverty and those who are not
- be methodologically robust and draw on the best data available.

A key criterion for the development of a multidimensional measure is that it is understood and accepted by the public (HM Government, 2012b).

The possible dimensions for inclusion set out below are based on these considerations and the evidence of what has an impact on children's lives and life chances:

- income and material deprivation
- worklessness
- unmanageable debt
- poor housing
- parental skill level
- access to quality education
- family stability
- parental health.

Poverty

'Individuals, families and groups in the population can be said to be in poverty when... their resources are so seriously below those commanded by the average family that they are in effect excluded from the ordinary living patterns, customs, and activities.' (Townsend 1979, p.31)

'People are said to be living in poverty if their income and resources are so inadequate as to preclude them from having a standard of living considered acceptable in the society in which they live. Because of their poverty they may experience multiple disadvantage through unemployment, low income, poor housing, inadequate health care and barriers to lifelong learning, culture, sport and recreation. They are often excluded and marginalised from participating in

activities (economic, social and cultural) that are the norm for other people and their access to fundamental rights may be restricted.’ (European Commission and Council of the European Union, 2004, p. 9)

Relative income poverty

Households in the UK with incomes below 60% of contemporary median net disposable household income, which can be assessed before housing costs, and/or after housing costs. This is the agreed definition used throughout the European Union. For international studies, the OECD uses a 50% median income measure.

Severe poverty

Children living in households below 50% national median income who also experience material deprivation (HM Government, 2011c).

Social exclusion

‘Social exclusion is a process whereby certain individuals are pushed to the edge of society and prevented from participating fully by virtue of their poverty, or lack of basic competencies and lifelong learning opportunities, or as a result of discrimination. This distances them from job, income and education opportunities as well as social and community networks and activities. They have little access to power and decision-making bodies and thus often feeling powerless and unable to take control over the decisions that affect their day to day lives.’ (European Commission and Council of the European Union, 2004, p. 9)

Social justice

Social justice is about stabilising the lives of particularly vulnerable families: those struggling at the bottom of the social ladder (HM Government, 2011e).

Social mobility

Social mobility supports all families to achieve their ambitions and overcome the barriers that see parental disadvantage translate into childhood disadvantage (HM Government, 2011e).

UK Government child poverty targets

There are four child poverty targets for 2020:

- Relative poverty – to reduce to less than 10% the proportion of children who live in households below 60% of the national median income, before housing costs.
- Combined low income and material deprivation – to reduce to less than 5% the proportion of children who live in households below 70% of the national median income who also experience material deprivation.
- Absolute poverty – to reduce to less than 5% the proportion of children who live in households below 60% of the national median income in 2010/11 adjusted for inflation.
- Persistent poverty – to reduce the proportion of children who live in households below 60% of the national median income for three out of the last four years – ie those who experience long-term relative poverty.

Review of policies and interventions for low income families with young children

Vulnerable families

There is no one all-encompassing definition of what a 'vulnerable' family is. Analysis from the Social Exclusion Unit in 2007 suggested that around 2% of families – or 140,000 families across Britain – experience complex and multiple problems. 'Families at risk' is a shorthand term for when families experience multiple and complex problems which restrict their life chances. Multiple disadvantage was linked to a family experiencing five or more of a basket of disadvantages:

- no parent in the family is in work
- family lives in poor quality or overcrowded housing
- no parent has any qualifications
- mother has mental health problems
- at least one parent has a longstanding limiting illness, disability or infirmity
- family has low income (below 60% of the median)
- family cannot afford a number of food and clothing items.

The same method was used by the UK Government to establish the number of 'troubled families'.

There is a greater concentration of families with multiple problems in deprived areas, although even in the most deprived areas, only one in twenty families experiences five or more of the basket of disadvantages. Families living in social housing, families where the mother's main language is not English, lone-parent families and families with a young mother all face a higher than average risk of experiencing multiple problems (Social Exclusion Task Force, 2007, Reed, 2012).

Water poverty

Households spending more than 3% of their net income after housing costs on water (Huby and Bradshaw, 2012).

Welfare benefits

If not working, mothers with children under five are eligible to claim income support. Current (May 2014) levels of income support per week are:

- £57.35 for 16-17 year old lone parent
- £72.40 for lone parents over 18
- £56.80 for couples where both are under 18 or one is under 18 and the other under 25
- £71.70 for couples where one is under 18 and the other over 25
- £112.55 where both are over 18.

Child benefit per week is currently £20.50 for the eldest or only child and £13.55 for each additional child.

Information on other benefits can be found at:

<https://www.gov.uk/browse/benefits>

Appendix 1: Local authority plans and strategies screened

Local authorities	Plans/strategies					
	Overarching children's / families' plan	Local child poverty strategy	Joint Strategic Needs Assessment (JSNA)	Health and Wellbeing Strategy	Housing strategy	Other
Blackpool		✓	✓	✓	✓	
Derbyshire	✓ Children and Younger Adult Department Service Plan 2010-2014	Child poverty needs assessment only	✓	✓	✓ Derbyshire Dales; Derby City Council	Working together for a better Derbyshire: sustainable community strategy 2009-2014
Greater Manchester		✓ Manchester City Council Family poverty strategy; Greater Manchester Poverty Commission	✓	✓	✓ Oldham; Rochdale	
Hounslow	✓ Children and Young People's Plan 2012-2015	✓ Included in CYPP	✓	✓	✓	

Local authorities	Plans/strategies					
	Overarching children's / families' plan	Local child poverty strategy	Joint Strategic Needs Assessment (JSNA)	Health and Wellbeing Strategy	Housing strategy	Other
Islington	✓ Children and Families Strategy 2011-2015	✓ (2013 consultation version)	✓	✓	✓	Family and parenting support strategy 2012-2015
Newcastle	✓ Children and Young People's Plan 2011-2014	✓	✓	✓	✓	
Norfolk	✓ Children's services plan 2013-14	Child poverty needs assessment only	✓	✓	✓ Great Yarmouth; Norwich	
North Yorkshire	Children and Young People's Plan 2011-2014	Child poverty needs assessment only	✓	✓	✓	Parenting strategy 2011-2014 Sustainable community strategy for North Yorkshire, 2008/18
Portsmouth	✓ Children's Trust plan 2011-2014	✓ Poverty strategy that covers children, families and adults	✓	✓	✓	

Local authorities	Plans/strategies					
	Overarching children's / families' plan	Local child poverty strategy	Joint Strategic Needs Assessment (JSNA)	Health and Wellbeing Strategy	Housing strategy	Other
Somerset	✓ Children and Young People's Plan 2013-2016	✓	✓	✓	✓ Bath & North East Somerset; Sedgemoor	

[all items accessed 21 May 2014]

Blackpool Council

Blackpool Council (2006) Blackpool Local Plan 2001/2016 [housing strategy], <http://www.blackpool.gov.uk/Residents/Planning-environment-and-community/Documents/Adopted-Local-Plan.pdf>

Blackpool Council (2012) Together on poverty: Blackpool's child poverty framework 2012-2015, <http://www.blackpool.gov.uk/Your-Council/The-Council/Documents/Child-Poverty-Framework.pdf>

Blackpool Health and Wellbeing Board / Blackpool Council (Feb 2014 version) Blackpool Joint Health and Wellbeing Strategy 2013-2015, <http://www.blackpool.gov.uk/Your-Council/Documents/Blackpool-Joint-Health-and-Wellbeing-Strategy-2013-15.pdf>

Blackpool JSNA [web only] <http://blackpooljsna.org.uk/>

Derbyshire County Council

Derbyshire Children and Young People's Trust (2011) Child poverty needs assessment, <http://www.norfolk.gov.uk/EasysiteWeb/getresource.axd?AssetID=30285&type=full&serviceType=Attachment>

Derby City Council (2009) Housing strategy 2009-2014, <http://www.derby.gov.uk/media/derbycitycouncil/contentassets/documents/policiesandguidance/DerbyCityCouncil-Housing-Strategy-2009-14.pdf>

Derbyshire County Council (2012) Children and Younger Adult Department Service Plan 2010-2014. 2012-13 Refresh, https://www.derbyshire.gov.uk/images/Children%20and%20Younger%20Adults%20Service%20Plan%202013-14_tcm44-222902.pdf

Derbyshire County Council / Derbyshire Partnership Forum / NHS Tameside and Glossop/NHS Derby City and NHS Derbyshire County (2012) Derbyshire Health and Wellbeing Strategy 2012-2015, http://www.hardwickccg.nhs.uk/website/X24712/files/Health_and_Wellbeing_Strategy_2012-15.pdf

Derbyshire Dales District Council (2012) Strategic housing options, http://www.derbyshiredales.gov.uk/~dddc/images/documents/S/Strategic_Housing_Options_Paper_June_2012.pdf

Derbyshire JSNA via the Derbyshire Observatory [web only], <http://observatory.derbyshire.gov.uk/IAS/>

Derbyshire Partnership Forum (no date) Working together for a better Derbyshire: sustainable community strategy 2009-2014, http://www.derbyshirepartnership.gov.uk/images/Derbyshire%20Sustainable%20Community%20Strategy%202009-14_tcm39-97547.pdf

Greater Manchester

Greater Manchester Poverty Commission (2012) Greater Manchester Poverty Commission: research report,

<http://www.manchester.anglican.org/upload/userfiles/file/pdf/Church%20&%20Society/GMPC%20Evidence%20Report.pdf>

Greater Manchester Poverty Commission (2013) Greater Manchester Poverty Commission: recommendations report,

<http://www.manchester.anglican.org/upload/userfiles/file/pdf/Church%20&%20Society/GMPC%20Recommendations%20Report.pdf>

Manchester City Council (2012) Family poverty strategy. Report for resolution, item 6, http://www.manchester.gov.uk/download/meetings/id/13776/6_-_family_poverty_strategy

Manchester Health and Wellbeing Board (2013) Joint Health and Wellbeing Strategy,

http://www.manchesterpartnership.org.uk/downloads/file/172/draft_joint_health_and_wellbeing_strategy

Manchester JSNA, <http://www.manchester.gov.uk/jsna>

Oldham and Rochdale Housing Strategy 2012-2015,

http://www.oldham.gov.uk/site/custom_scripts/3di/housing/newhousing/index.html

Hounslow Council

Hounslow Joint Health and Wellbeing Strategy 2013-2017,

http://www.hounslow.gov.uk/joint_health_wellbeing_strategy_2013.pdf

London Borough of Hounslow (2011) Child poverty needs assessment,

<http://democraticservices.hounslow.gov.uk/mgConvert2PDF.aspx?ID=60145>

London Borough of Hounslow (2012) Hounslow Children and Young People's Plan 2012-2015,

http://www.hounslow.gov.uk/children_young_people_plan.pdf

London Borough of Hounslow (2013) Building Homes, Building Communities Housing Strategy: 2014–2018,

http://www.hounslow.gov.uk/housing_strategy_2014-2018.pdf

London Borough of Hounslow / Hounslow Clinical Commissioning Group (no date) This is Hounslow: Joint Strategic Needs Assessment 2012/13 overview,

http://www.hounslow.gov.uk/this_is_hounslow_2012-13_sep12.pdf

Islington Council

Islington Family and Parenting Support Strategy 2012-2015,

[http://www.islington.gov.uk/publicrecords/library/Children-and-families-services/Business-planning/Strategies/2012-2013/\(2013-01-08\)-Family-and-Parenting-Support-Strategy-2012-2015-\(1\).pdf](http://www.islington.gov.uk/publicrecords/library/Children-and-families-services/Business-planning/Strategies/2012-2013/(2013-01-08)-Family-and-Parenting-Support-Strategy-2012-2015-(1).pdf)

Islington JSNA 2010/11, <http://www.islingtonccg.nhs.uk/about-us/jsna/islington-joint-strategic-needs-assessment-2010-11.htm>

London Borough of Islington (2009) Your home: your future: laying a solid foundation for improving lives and creating opportunity Islington's Housing Strategy 2009–2014,

<http://www.islington.gov.uk/publicrecords/library/Housing/Business->

[planning/Policies/2011-2012/\(2012-03-03\)-Islington-Housing-Strategy-2009-2014.pdf](http://www.islington.gov.uk/publicrecords/library/Education-and-skills/Quality-and-performance/Reporting/2011-2012/(2012-03-03)-Islington-Housing-Strategy-2009-2014.pdf)

London Borough of Islington (2011) A fair chance in life for all: Islington Children and Families Strategy, 2011-2015,
[http://www.islington.gov.uk/publicrecords/library/Education-and-skills/Quality-and-performance/Reporting/2011-2012/\(2012-03-03\)-Children-and-Families-Strategy-2011-2015.pdf](http://www.islington.gov.uk/publicrecords/library/Education-and-skills/Quality-and-performance/Reporting/2011-2012/(2012-03-03)-Children-and-Families-Strategy-2011-2015.pdf)

London Borough of Islington (2013) Fairness for families: tackling child poverty in Islington. Draft for consultation,
[http://www.islington.gov.uk/publicrecords/library/Democracy/Information/Guidance/2013-2014/\(2013-10-11\)-Child-Poverty-Strategy.pdf](http://www.islington.gov.uk/publicrecords/library/Democracy/Information/Guidance/2013-2014/(2013-10-11)-Child-Poverty-Strategy.pdf)

London Borough of Islington, Shadow Health and Wellbeing Board (2013) Islington's Joint Health and Wellbeing Strategy 2013-2016,
[http://www.islington.gov.uk/publicrecords/library/Public-health/Business-planning/Strategies/2012-2013/\(2013-03-01\)-Joint-Health-and-Wellbeing-Strategy-2013-2016.pdf](http://www.islington.gov.uk/publicrecords/library/Public-health/Business-planning/Strategies/2012-2013/(2013-03-01)-Joint-Health-and-Wellbeing-Strategy-2013-2016.pdf)

Newcastle upon Tyne

Newcastle Children's Trust (2011) Newcastle Children and Young People's Plan 2011-2014,
http://www.newcastle.gov.uk/sites/drupalncc.newcastle.gov.uk/files/wwwfileroot/education-and-learning/grants/cypp_11_14.pdf

Newcastle City Council (2010) Reducing child poverty strategy,
http://www.newcastle-city-council.gov.uk/wwwfileroot/safenewcastle/Item_3_DRAFT_Reducing_Child_Poverty_Strategy_3.pdf

Newcastle City Council (2013) Fairer housing delivery plan 2013-2016,
<http://www.newcastle.gov.uk/housing/council-housing-and-affordable-homes/housing-strategy>

Newcastle (2013) Our wellbeing for life strategy: a framework for action 2013 – 2016 and our commitments to shared change 2013 – 2014,
<http://www.wellbeingforlife.org.uk/sites/www.wellbeingforlife.org.uk/files/FINAL%20-%20Wellbeing%20for%20life%20strategy.pdf>

Newcastle JSNA on Wellbeing for Life Newcastle,
<http://www.wellbeingforlife.org.uk/newcastle-future-needs-assessment>

Norfolk

Great Yarmouth (2012) Local plan: Core Strategy executive summary. Consultation, <http://www.great-yarmouth.gov.uk/view/GYBC122481>

Norfolk (2013) Joint Health and Wellbeing Strategy 2013/14. (removed from website and replaced by draft 2014-2017 strategy:
<http://www.norfolk.gov.uk/view/NCC122775>)

Norfolk County Council (2013) Children's services service plan 2013-2014,
<http://www.norfolk.gov.uk/view/ncc105533>

Norfolk County Council (2013) Norfolk child poverty needs assessment, www.norfolkinsight.org.uk/resource/view?resourceId=493

Norfolk County Council (2013) Norfolk's Children's Services: Age & Stage Commissioning: Understanding children and young people's needs 0 to 10 year olds [JSNA], <http://www.norfolkinsight.org.uk/jsna/youngpeople>

Norwich City Council (2013) Housing strategy 2013-18, <http://www.norwich.gov.uk/Housing/HousingStrategies/Documents/HousingStrategy201318.pdf>

North Yorkshire

Health and Wellbeing Board, North Yorkshire (2012) Joint Health and Wellbeing Strategy 2013-18, <http://www.nypartnerships.org.uk/CHttpHandler.ashx?id=21125&p=0>

North Yorkshire Children and Young People's Plan 2011-14: delivering the strategic priorities, <http://m.northyorks.gov.uk/CHttpHandler.ashx?id=2725&p=0>

North Yorkshire Housing Strategy 2010-2015, [http://democracy.york.gov.uk/\(S\(yridobusdxi2uduraqdiggyh\)\)/documents/s45241/Annex%203%20Housing%20Strategy.pdf](http://democracy.york.gov.uk/(S(yridobusdxi2uduraqdiggyh))/documents/s45241/Annex%203%20Housing%20Strategy.pdf)

North Yorkshire (2012) JSNA child poverty topic page – based on child poverty needs analysis undertaken in 2011, <http://m.northyorks.gov.uk/CHttpHandler.ashx?id=19087&p=0>

North Yorkshire (2012) Joint strategic needs assessment – 2012 report, <http://www.nypartnerships.org.uk/CHttpHandler.ashx?id=18685&p=0>

North Yorkshire Children's Trust (2011) A parenting strategy for North Yorkshire 2011-14, <http://www.scarboroughryedaleccg.nhs.uk/data/uploads/your-health/cyps-parenting-strategy-2011-14.pdf>

North Yorkshire Strategic Partnership (no date) Sustainable community strategy for North Yorkshire, 2008/18, http://www.selby.gov.uk/upload/Sustainable_Community_Strategy_for_NY_2008_18_PUBLICATION_VERSION.pdf

Portsmouth

Portsmouth Children's Trust Plan 2011-14, <https://www.portsmouth.gov.uk/ext/documents-external/cou-policy-childrens-trust.pdf>

Portsmouth City Council (2011) Tackling poverty in Portsmouth: a strategy for the city, (removed from website)

Portsmouth City Council (2011) Tackling poverty strategy: action, http://www.hants.gov.uk/pccjsna/API_STR_JSNA_SEC_POV_ActionPlan270212.pdf

Portsmouth City Council (2012) Shaping the future of housing: a strategic plan for Portsmouth for the years to 2015,

<https://www.portsmouth.gov.uk/ext/documents-external/cmu-housing-strategy-plan.pdf>

Portsmouth City Council (2013) The big picture of health and wellbeing: Joint Strategic Needs Assessment, <https://www.portsmouth.gov.uk/ext/documents-external/hlth-jsnasummary-proof-20131028.pdf>

Portsmouth City Council & Portsmouth Clinical Commissioning Group (2012) Joint Health and Wellbeing Strategy: GPs and the council working together for Portsmouth, 2012/13 – 2013/14, http://www.hants.gov.uk/pccjsna/JHWellbeingStrategy201213_201314.pdf

Somerset

Bath and North East Somerset Council (2010) Housing and wellbeing strategy 2010-2015, <http://www.bathnes.gov.uk/sites/default/files/sitedocuments/Planning-and-Building-Control/Planning-Policy/Evidence-Base/Housing/HousingandWellbeingStrategy2010-2015.pdf>

Health and Wellbeing Strategy for Somerset 2013-2018, <http://www.somerset.gov.uk/EasysiteWeb/getresource.axd?AssetID=45804&type=full&servicetype=Attachment>

Sedgemoor District Council (2013) Housing strategy 2013-2015, <http://www.sedgemoor.gov.uk/CHttpHandler.ashx?id=8681&p=0>

Somerset Children's Trust (2011) Child poverty strategy and action plan 2011-12, <http://www.six.somerset.gov.uk/somersetchildrenstrust/download.asp?did=23766>

Somerset Children's Trust (no date) Somerset Children and Young People's Plan 2013-2016, <http://www.somerset.gov.uk/EasySiteWeb/GatewayLink.aspx?allid=42521>

Somerset Health and Wellbeing Board (2013) Somerset: our county. The Joint Strategic Needs Assessment for Somerset – summary. 2013/14, <http://www.somersetintelligence.org.uk/jsna-summary-2013-14.pdf>

Appendix 2: Interventions identified in the local strategies

Local authorities	Services/interventions/programmes			
	Poverty	Early years	Health	Housing
Blackpool	<p>Blackpool Fairness Commission</p> <p>Community Budget pilot [focus on worklessness, substance misuse, parental mental health]</p> <p>Living Wage [for Council employees; promoting more widely]</p>	<p>Children's centres</p>	<p>Ante-natal and newborn screening</p> <p>Baby Friendly Initiative</p> <p>Blackpool Child Accident Prevention Scheme [now ended]</p> <p>Breastfeeding Out and About</p> <p>Child immunisation programme</p> <p>Family Nurse Partnership</p> <p>Health Visitor spearhead area</p> <p>Healthy Child programme</p> <p>Healthy eating in children's centres</p> <p>Healthy Start</p> <p>Reducing smoking in pregnancy</p>	<p>South Beach Transience pilot</p>

			Star Buddies peer support [breastfeeding]	
Derbyshire		Derby City Family Intervention Project (FIP) Derbyshire Troubled Families programme Every Child a Talker (ECaT)	Breastfeeding support Child immunisation programme Health Visitor programme Healthy Child programme Healthy Start HENRY programme (health, exercise and early nutrition for preschool children) Oral health promotion Reducing smoking in pregnancy	Derby City – Affordable Warmth Team Community Legal Advice Centre Housing Options Centre [housing advice; homelessness prevention] Neighbourhood Boards and Forums [established in each ward of the city]
Greater Manchester	Community Budget – Manchester Investment Fund working with troubled families Money Mentors [financial inclusion service] My Home Finance Scheme [social enterprise offering affordable, small loans]	Children’s centres Home Start Incredible Years parenting programme Troubled Families programme	Family Nurse Partnership Fareshare [distributes food donated by supermarkets] Food banks Herbi [mobile greengrocer] Growing Manchester [community food growing and work with groups to develop	Oldham and Rochdale – Bulk Buy energy scheme

			budgeting/cooking skills] Neighbourhood shops [local convenience stores carrying more fresh fruit/vegetables] Playground markets Zest [healthy eating]	
Hounslow	Hounslow Outreach Project for Employment (HOPE) New Pathways to Work [Employability Skills Programme funding ended 2011]	2 year old free entitlement Box Full of Feelings Children's centres Early Bird programme [for parents of young children with an autistic spectrum disorder] Every Child a Talker (ECaT) Family Information Service Home Visiting Intensive Family Support (IFS) project Playing and Learning to Socialise (PALS) programme Short breaks	Family Nurse Partnership Smoke-free homes and cars campaign	Warm Homes initiative

Islington	<p>Childcare bursaries</p> <p>Credit union</p> <p>London Living Wage</p> <p>Parental employment partnership with Jobcentre Plus</p>	<p>Childcare Coalition</p> <p>Children's centres</p> <p>Expectant fathers and caring dads programmes</p> <p>Family Information Service</p> <p>Family Intervention Project</p> <p>Family Nurse Partnership</p> <p>Islington Reads</p> <p>Parent Champions</p> <p>Parenting programmes [Incredible Years, Strengthening families/strengthening communities, Triple P]</p> <p>Solihull Approach</p>	<p>First 21 Months programme [maternal mental health; attachment]</p> <p>Fluoride varnish programme [3- 10 year olds]</p> <p>Health visiting</p> <p>Healthy children's centres</p> <p>Maternity services</p> <p>MEND [healthy weight programme for 2-4 year olds]</p> <p>Primary care</p> <p>Teenage pregnancy programme</p>	
Newcastle	<p>Financial inclusion partnership</p> <p>Newcastle Futures working with Jobcentre Plus [training and employment service]</p> <p>Quids for Kids campaign [to maximise family income]</p> <p>Welfare Rights BME team [to</p>	<p>Children's centres</p> <p>Families at Risk Intensive Support Service (FRISS)</p> <p>Road safety work through early years providers</p> <p>Under 5s accident prevention forum</p>	<p>Changing TRAX programme [parental substance misuse]</p> <p>Family Nurse Partnership</p> <p>Healthy Child programme</p> <p>STEPS to personal excellence programme [to raise parental self-esteem]</p>	<p>Newcastle Warm Zone</p> <p>Support service network for victims of domestic violence</p>

	maximise family income]			
Norfolk		<p>2 year old free entitlement</p> <p>Café programme [help families support their child's learning]</p> <p>Children's centres</p> <p>Norfolk Family Focus project [Troubled Families programme/Family Intervention Programme for intensive support]</p> <p>Parent support services</p> <p>Portage [a home-visiting educational service for pre-school children with additional support needs and their families]</p>	<p>Child immunisation programme</p> <p>Dental checks</p> <p>Family Nurse Partnership</p> <p>Healthy Child Programme</p> <p>Healthy Start</p> <p>Health visitor workforce expansion</p> <p>Joy of Food [cooking skills on a low budget]</p>	<p>Healthy City Network [to promote healthy lifestyles integrating health, housing and social care]</p>
North Yorkshire		<p>2 year old free entitlement</p> <p>Children's centres</p> <p>Parenting programmes</p> <p>Troubled Families programme</p>	<p>Baby Clinics</p> <p>Breastfeeding Quality Mark</p> <p>Child immunisation programme</p> <p>Early Support programme</p> <p>Healthy Start</p>	

			Health Visiting	
Portsmouth	Family support workers (0-5) GPs [to identify financial worries and signpost families to services]	Children's centres Early support programme for children with disabilities Parenting programmes Positive Family Steps [working with families with multiple problems]	Children's centres (health hubs aligned with GP practices) Developmental health assessments Early Intervention Project [supports victims of domestic violence] Family Nurse Partnership Health visitors Healthy Child programme Maternity services	Community energy savings programme Council home improvement service Homecheck home safety service Tenancy support service
Somerset		Children's centres Troubled Families programme	Community Food Growing projects Local Health Walks	Green Deal trailblazer Warm Front & Warm Streets [insulation and heating measure for benefit recipients]

Appendix A Summary of interventions

Table 1 Summary of national interventions to support parents into work

Description	Evaluation	How prescriptive	Joined-up working	Users' involvement
<p>The Family Intervention Projects (FIPs) were set up to work with some of the most challenging families and tackle anti-social behaviour, youth crime, inter-generational disadvantage and worklessness.</p> <p>FIPs were funded by the Government between 2006-2011. In 2009 FIPs became part of the Child Poverty Pilots and in 2011 they were replaced with the Troubled Families programme.</p>	<p>The programme was evaluated using a comparison group, although the design had a number of limitations. The impact assessment showed that:</p> <ul style="list-style-type: none"> -FIPs were successful in reducing crime and anti-social behaviour. -There is limited evidence that FIPs generated better outcomes than other non-FIP interventions in terms of family functioning and health issues, although FIPs did appear to be at least as effective as these alternatives. -FIPs' impact on reducing education and employment problems was not conclusive (Lloyd et al, 2011). 	<p>Some aspects of FIPs were prescriptive (eg programme eligibility, a key worker system), but others were left to the discretion of individual projects (eg size of caseload, staff qualifications) (White et al, 2008).</p>	<p>Multi-agency working was at the heart of the FIPs model and the evaluation indicated that the key worker system was crucial to the coordination of the many services typically involved with these families (White et al, 2008).</p>	<p>The evaluation report does not specify if families were involved in FIPs' design. Families were involved in the evaluations, but most of the data to assess outcomes and impact were provided by FIPs staff.</p>
<p>The Local Authority Innovation Pilot supported</p>	<p>The evaluation did not attempt to establish the impact of the pilot but</p>	<p>Projects were expected to address</p>	<p>Partnerships were identified as one of</p>	<p>The evaluation</p>

<p>over 4,000 parents through a range of interventions (e.g. financial and housing support and advice, mentoring).</p> <p>Ten local authorities were funded by the Government to run this pilot in 2009-2011.</p>	<p>highlight features of successful projects, such as creating family-friendly brands; support to alleviate the impact of poverty; the need to take into account parents' specific needs (Mason et al, 2011).</p>	<p>at least one theme linked to the government child poverty reduction measures, but were free to decide what was required to effectively tackle the chosen issue(s).</p>	<p>the lasting legacies of the pilot (Mason et al 2011). However, it is not known whether these partnerships continued to operate beyond the life of the pilot.</p>	<p>does not say if families were involved in the design of the projects, although they were involved in the delivery of one project and in the programme evaluation.</p>
<p>The Supporting Separating Parents Pilot aimed to reduce parental conflict and the negative impact of separation on children's outcomes.</p> <p>The Government funded ten projects between 2009 and 2011. These supported 3,200 (mainly disadvantaged) parents.</p>	<p>The evaluation found that holistic, one-stop shop services were developed and valued by parents. Improvements in children's and parents' socio-emotional wellbeing, financial circumstances and parental contact. However, the evaluation relied on parents' perception of impact, and the evaluators acknowledge, for well-liked programmes there is a tendency for beneficiaries to over-attribute positive changes experienced to the help they have received (Tavistock Institute of Human Relations et al, 2011).</p>	<p>This initiative was not prescriptive, indeed its main aim was to develop effective and innovative approaches to coordinating local services for separating and separated parents to facilitate access to financial, practical, legal and emotional help.</p>	<p>The evaluation found that the pilots encouraged inter-agency working (Tavistock Institute of Human Relations et al, 2011). However, it is not known if this positive effect lasted beyond the life of the pilots.</p>	<p>The evaluation does not say if families were involved in the design of the projects, although they were involved in the evaluation.</p>

<p>The Teenage Parent Support Housing Pilot was targeted at 16-17 year olds and those not living with parents/carers.</p> <p>Seven local authorities were funded by the Government between 2009 and 2011.</p> <p>The projects supported 800 young parents (94% were mothers).</p>	<p>The evaluation found some positive results including an increase in the number living independently. Overall, most parents reported some benefits for them and their children, but the proportion reporting each type of benefit (e.g. better parenting skills, health improvements, better financial management skills) was relatively small (Quilgars et al, 2011). The evaluation had no comparison group and relied largely on self-reported benefits.</p>	<p>This initiative was not prescriptive, indeed its main aim was to develop effective and innovative approaches to supporting teenage parents.</p>	<p>The evaluation found that multi-agency working was at the core of many projects and effective working relationships were developed across housing, health and social care and children's centres (Quilgars et al, 2011). Although, we do not know if these were sustained beyond the life of the pilot.</p>	<p>The evaluation does not say if families were involved in the design of the projects, although they were involved in the delivery of one of the local projects and in the evaluation.</p>
<p>The work-focused services in children's centres pilot aimed to engage parents into labour market activities by providing Jobcentre Plus services in children's centres.</p>	<p>The evaluation did not attempt to assess the impact of the pilot and focused instead on implementation. The evaluation concluded that children's centres can be ideal venues for hosting work-focused services targeted at poor households (Marangozov and Stevens, 2011).</p>	<p>The pilot was fairly prescriptive and required all children's centres in the pilot to deliver some core elements (eg 'standard' Jobcentre Plus offer, bespoke</p>	<p>The evaluation found that the pilot had strengthened partnership working between Jobcentre Plus and children's centres (Marangozov and</p>	<p>The evaluation does not say if families were involved in the design of the pilot, although they were involved</p>

<p>Ten local authorities were funded by the Government to deliver the pilot in 2009-2011, which supported 5,800 parents.</p>		<p>training support, dissemination of job vacancies).</p>	<p>Stevens, 2011), but did not assess if this improvement was sustained once the pilot ended.</p>	<p>in the evaluation.</p>
<p>The Work Programme is a major new, welfare-to-work initiative introduced nationally in June 2011. It is targeted at long-term unemployed people, and provides support for up to two years to help them into sustainable work. The programme is delivered through a network of providers, operating under a payment-by-results regime.</p>	<p>The initial evaluation seems to suggest the programme is not working as intended. For example, the pressure to achieve job outcome targets seems to lead to the prioritisation of job-ready participants. Providers seem less able to support those facing many barriers because of the cost implications of the specialist support require. There is limited evidence that personalised and effective packages of support are being provided to support diverse needs. Benefit sanctions are inappropriately applied with people losing benefits due to administrative errors (Newton et al, 2012).</p>	<p>While entitlement to the programme is prescriptive, providers have considerable freedom to develop personalised services for those who require specialist support.</p>	<p>The evaluation found poor working relationships between providers and Jobcentre Plus (Newton et al, 2012).</p>	<p>The evaluation does not say if users were involved in the design of the programme, although they were involved in the evaluation.</p>

Table 2 Summary of national early years interventions

Description	Evaluation	How prescriptive	Joined-up working	Users' involvement
Parenting support				
<p>A new joint assessment of young children which combines the Early Years Foundation Stage assessment with the two-year health review carried to identify those who may benefit from early intervention, and to provide parenting support and targeted public health promotion.</p>	<p>The integrated review is being piloted in five areas (which are also Early Implementer Sites) but the evaluation of the pilot is not available yet.³⁰</p>	-	-	-
<p>Children's centres provide a wide range of universal and targeted services including health promotion, early education, parenting programmes and employment support for parents. Their purpose is to</p>	<p>Up to now the evaluation has focused on implementation and has not yet provided any evidence of impact. The most recent findings show that:</p> <ul style="list-style-type: none"> -the top five children's centre services were: stay and play; evidence-based parenting programmes; early education and childcare; developing and 	<p>Not very prescriptive with a range of models and approaches being developed.</p>	<p>The evaluation identified examples of effective inter-agency working, but also areas where this could be improved</p>	<p>The evaluation included parents, but does not report on whether users were</p>

³⁰ <http://www.bridgewater.nhs.uk/news/innovativenewapproachtotwoyearoldreview/> (accessed 13 April 2014).

<p>improve outcomes for young children and their families, with a particular focus on the most disadvantaged families. Local authorities have an obligation to provide, as far as reasonably practicable, sufficient childhood services in children's centres. However, children's centres are no longer funded through a dedicated grant and it is entirely up to local authorities to decide which services and programmes to deliver via children's centres (Department for Education, 2013c).</p>	<p>supporting volunteers; and breastfeeding support.</p> <ul style="list-style-type: none"> -the original design of a single, stand-alone centre 'within pram-pushing distance' had evolved into networks and clusters -because of the financial cuts and loss of staff centres tended to focus on the most vulnerable families -all centres agreed that evidence-based practice should be followed, but many were not sure what this involved, and few implemented programmes with full fidelity -the majority of centres implemented at least one programme from the current list of evidence-based programmes (Allen, 2011), but these reached relatively few users (Goff et al, 2013). 		<p>(Goff et al, 2013).</p>	<p>involved in the programme development locally.</p>
<p>CANparent universal parenting classes are being piloted in four areas and seek to stimulate the development of a commercial market in</p>	<p>The interim evaluation of the trial has found that:</p> <ul style="list-style-type: none"> -trailing a market approach had proved challenging for the providers. The voucher subsidy stimulated <i>supply</i> of courses but, on its own, did not 	<p>Parenting classes are developed in response to local demand.</p>	<p>-</p>	<p>The evaluation includes parents, but again does report</p>

<p>stigma-free parenting classes to enhance parents' skills and confidence. In three of the trial areas, parents of 0-5 year olds are eligible for a free voucher worth £100 to access a CANparent parenting course. In the fourth trial area, there are no vouchers, just some light-touch support (eg use of the CANparent brand and website).</p>	<p>stimulate large-scale <i>demand</i>. -most providers were not optimistic about the financial sustainability of their universal parenting classes, reflecting the lower than expected levels of take-up of the classes (Cullen et al, 2014).</p>			<p>whether they were involved in programme development.</p>
<p>Through the Troubled Families programme, the Government has provided funding to 'turn around' 120,000 troubled families. These families are defined as those where there is no adult working, children are excluded from school and family members are involved in crime and anti-social behaviour. Central Government funding is provided to cover 40% of the costs primarily on a</p>	<p>The evaluation of the programme is not yet available.</p>	<p>Funding is provided to support families who meet certain eligibility criteria, but local areas are free to decide what kind of support should be provided and can also specify additional eligibility criteria.</p>	<p>-</p>	<p>-</p>

results basis (Department for Communities and Local Government, 2012).				
Early education and childcare services				
<p>All three and four year olds and the most disadvantaged two year olds have a statutory entitlement to free early education (570 hours a year over at least 38 weeks). Local authorities have a duty to ensure that there are sufficient places of high quality for these children, and funding for this provision is provided by central Government. The quality of provision is regulated through the Early Years Foundation Stage (EYFS) and Ofsted's registration and inspections of providers.</p> <p>Other aspects of provision (eg provision not covered by the free entitlement) are</p>	<p>Research exploring trends in take-up (Gambaro et al, 2014) has observed that since free education for three and four year olds has been introduced, take-up of early education among the most disadvantaged children has increased substantially, with most taking up a place in the highest-quality settings, that is, nursery classes and nursery schools. However, the small proportion of three and four year olds who do not attend an early education setting are overwhelmingly from a disadvantaged background.</p> <p>Research (Gambaro et al, 2014, Lloyd and Penn, 2013, Smith et al, 2009) has consistently shown that the quality of provision is varied and many places are not of sufficiently high quality to support the kind of improvements in cognitive and social development envisaged when free early education</p>	<p>Local authorities have considerable freedom in developing their early education and childcare services, as long as they meet relevant quality and registration requirements.</p>	-	<p>The main studies on early education and childcare do not explore users' involvement. However, it seems likely that many parents were consulted in some shape or form when local authorities had to carry out childcare sufficiency assessments.</p>

<p>determined locally through a mixed economy where early education and childcare are typically provided by settings in the statutory, voluntary, private and independent sectors. There is no specific central Government funding to local authorities to support childcare services, although financial help is provided to parents through tax free childcare vouchers and tax credit schemes.</p>	<p>was introduced.</p> <p>Good-quality provision is closely linked to highly qualified staff, good opportunities for professional development and strong leadership (Coghlan et al, 2009). Workforce initiatives can therefore be crucial in supporting quality improvement.</p> <p>Research on childcare markets (Gambaro et al, 2014; Lloyd and Penn, 2013) has consistently shown considerable failures in delivering provision over and above the free entitlement, with provision not being sufficient to meet parents' needs, being expensive and of variable quality, and with low take-up among low-income families.</p>			
<p>Local authorities have a duty to provide information, advice and assistance to parents on childcare provision via Family Information Services</p>	<p>A survey of parents of 0-14 year olds found that 39% had too little information about local childcare and 31% were aware of FISs, with 12% having used the service (Huskinson, 2014). A study of FISs (Rutter and</p>	-	-	<p>We did not find any information on parents' involvement in the development</p>

<p>(FISs).</p>	<p>Stocker, 2014b) found that:</p> <ul style="list-style-type: none"> -FISs answer around 430,000 enquiries every year, with 73% coming from families and 27% from professionals -58% of local authorities cut the budgets of FISs over the previous 18 months, and 52% plan further cuts, changes to services provision or restructuring -over the previous 18 months 53% had cut their outreach services. 			<p>of FISs.</p>
<p>In 2010-11 funding was provided by the Government to improve the range and quality of childcare through the Disabled Children's Access to Childcare (DCATCH) pilot.</p>	<p>The evaluation (Cheshire et al, 2014) found that:</p> <ul style="list-style-type: none"> - there was no significant impact on the take-up of childcare, nor on parental satisfaction with the quality of care provided in DCATCH areas, compared with other areas -no impact of DCATCH was found on the ease of obtaining childcare information -parents in DCATCH areas did not experience less difficulty in finding suitable childcare than their 	<p>The aim of the pilot was to develop a range of innovative approaches to improve provision for disabled children.</p>	<p>-</p>	<p>The evaluation does not report if families were involved in the development of local projects.</p>

	counterparts in non-DCATCH areas.			
--	-----------------------------------	--	--	--

Table 3 Examples of locally initiated early years interventions

Description	Evaluation
Parenting support	
<p>Triple P and Incredible Years are parenting interventions identified by NICE as cost-effective in reducing conduct disorder³¹ and were recommended by both the Allen and A Better Start reviews (Allen, 2011, Axford and Barlow, 2013).</p>	<p>RCTs of these interventions have found that Triple P (suitable for children aged 0-16), leads to significantly lower levels of conduct problems and clinical changes on a behavioural scale. Outcomes from Incredible Years (suitable for 0-12 year olds) include significantly reduced children’s anti-social behaviour and hyperactive behaviour, and resulted in a reduction in parenting stress and improvement in parenting competences.</p>
<p>The Solihull Approach Parenting Group is an intervention for families with children with behavioural problems recommended by NICE.³² It takes a multi-</p>	<p>The programme has been extensively piloted and evaluated, and has shown positive changes in children’s behaviour and a reduction in</p>

³¹ <http://guidance.nice.org.uk/QS59> and <http://triplep.net/> (accessed 14 April 2014).

³² <http://www.nice.org.uk/usingguidance/sharedlearningimplementingniceguidance/examplesofimplementation/eximpresults.jsp?o=334> (accessed 14 April 2014).

<p>agency approach and encourages a reflective approach, for trainers, facilitators and parents, in dealing with children with behavioural problems.</p>	<p>parental anxiety.³³</p>
<p>Playing and Learning to Socialise (PALS) is a preventative programme designed to support preschool children in developing key skills to effectively play and socialise with their peers.</p>	<p>The programme was designed in Australia and has been tested and used successfully there for a number of years. A small evaluation of PALS (James and Mellor, 2007) in a London borough found a significant reduction in problem behaviour.</p>
<p>It Takes Two to Talk (ITTT) helps parents to support the development of active and independent communication among children with motor disorders (such as cerebral palsy), as this group may have difficulties in producing movements for speech and non-verbal communication.</p>	<p>The evaluation of ITTT (Pennington and Noble, 2010) found that it leads to positive change in interaction patterns for parents and their children with motor disorders, and parents believed that the programme helped them to change their own conversational style and facilitate their child's communication development.</p>
<p>Every Child a Talker (ECaT) is a universal-level programme designed to improve the skills of the early years workforce in supporting speech, language and communication development.</p>	<p>A local evaluation of ECaT (Worcestershire Health and Care NHS Trust, 2013) found that practitioners identified a significant increase in their ability to deliver positive strategies to support children's speech, language and communication development, and felt more confident in talking to and advising parents on children's speech, language and communication. The evaluation also found significant reductions in the number of children at risk of language delay, and improvements in</p>

³³<http://www.nice.org.uk/usingguidance/sharedlearningimplementingniceguidance/examplesofimplementation/eximpresults.jsp?o=334> (accessed 14 April 2014).

	outcomes for children whose language or communication was behind that of the expected level for their age. It should be noted that the evaluation did not include a comparison group.
Group-based parent-training intervention for parents with children with learning disabilities (LD) and autistic spectrum disorders (ASD) were delivered in Greater Manchester.	These were evaluated (Todd et al, 2010) using a small sample (and no control group) and it was found that the intervention was effective in reducing the frequency and impact of children’s challenging behaviours and improving parental psychological wellbeing.
THOMAS (The Hampshire Outline for Meeting the needs of under-fives on the Autistic Spectrum) is a training programme to enhance the learning of young children with impairments in social understanding, communication and play by increasing the use of appropriate interventions.	A local evaluation of the programme (Medhurst et al, 2007) found that the training was still as effective a year on, with many techniques, including visual structure and behaviour management, seen as highly effective interventions. Furthermore, there is an indication that participants may experience an increase in confidence that enables them to become more independent and generate their own solutions as skills and knowledge become embedded over time.
Caring Dads: Safer Children is a group-work programme for domestically abusive fathers, which is currently being tested by the NSPCC.	The interim evaluation (McConnell et al, 2014) found some evidence of improvement in fathers’ behaviour, resulting in a positive impact in family safety and wellbeing. However, the evaluation also found that not all fathers changed sufficiently and therefore their contact with their families should continue to be monitored.
Early education	
Early teaching interventions for children aged two to four with autism spectrum disorders (ASDs) , including: a one-to-one home-based programme and two different forms of special nursery placement.	The evaluation (Reed et al, 2010) showed moderate improvements for children attending a generalised special nursery placement, and for those attending a special nursery placement solely for children with ASDs. Children receiving a home-based one-to-one programme with similar intervention hours showed moderate effect sizes for only some

	of the measures tested. These data show that special nursery placements can offer benefits to children with ASDs, especially in the area of adaptive behavioural functioning.
Home learning environment	
The Peers Early Education Partnership (PEEP) is a family literacy intervention that works with families from their child's earliest weeks, makes explicit the notion that babies are active social beings and learners, and encourages parents in their role as their child's first and most important educator. The intervention is based on universal, non-stigmatising provision offered to all families within a catchment area, but it tends to focus on areas with high level of disadvantage.	An evaluation (Evangelou et al, 2007), which included a comparison group, found that PEEP had a significant positive impact on children's vocabulary, language comprehension, understanding about books and print, early numeracy skills and self-esteem. Parents also reported significantly greater awareness of their child's literacy development and of ways of fostering it, and the programme improved their learning too.
Bookstart Corner is a targeted reading programme, aimed at families with children aged 12-30 months. It supports children's centres to work with families with the greatest need, encouraging them to develop a love of stories, books and rhymes. It is delivered through home visits.	The evaluation (The Booktrust, 2013) found that the programme significantly improved the frequency with which mothers and particularly fathers read with their children, and reported higher engagement with children's centres. Early years staff reported improvements in the home learning environment and believed that the programme was an effective way of engaging families with the greatest need. It should be noted, however, that the evaluation did not include a comparison group.

Table 4 Summary of national public health interventions

Description	Evaluation	How prescriptive	Joined-up working	Users' involvement
Parenting support				
<p>Start4Life Information Service for Parents (ISP) is a national digital service for parents-to-be and parents with young children providing information on pregnancy, babies and maternal health, through videos with experts giving advice and emails and texts tailored to stage of pregnancy or child's age.</p>	<p>The evaluation found that in the 10 months after the launch, around 135,500 parents signed up to receive ISP emails/texts, and ISP videos had more than 1.7 million views. ISP subscribers were more likely to be mothers (72%) and from affluent backgrounds (58%). The main barriers to signing up for ISP was lack of awareness of the service, the need to have internet access, the basic and limited information provided by text messages and concern over actual (and imagined) costs.</p> <p>(Marshall et al, 2013).</p>	-	-	<p>We could find no information on users' involvement in service development, although parents were involved in the evaluation.</p>
<p>Promotional material provided by the HSC Public Health Agency for both parents and those</p>	<p>We could not find any evidence that this material has been evaluated.</p>	-	-	-

<p>working with parents (eg leaflets, booklets and posters on pregnancy, breastfeeding, child development and attachment).³⁴</p>				
<p>A new model for health visitors to provide comprehensive and tailored support to families with young children through a substantial increase in the number of health visitors and a new service model which includes:</p> <ul style="list-style-type: none"> -community services, to deliver the Healthy Child Programme -universal plus more targeted support to parents with specific needs -universal partnership plus ongoing support to families 	<p>The new health visitor model is being piloted in 49 Early Implementer Sites; a progress report (note that this is not an evaluation) of the pilot sites claims that they are ensuring universal clinical delivery of the Healthy Child Programme and improving antenatal services, breastfeeding and immunisation rates, and parental confidence (Department of Health, 2012a).</p>	<p>The pilots are experimenting with different approaches to the implementation of the new health visitor model.</p>	<p>The progress report claims there have been improvement in information sharing among practitioners (Department of Health, 2012a).</p>	<p>One of the case studies in the progress report mentioned involvement of families in health visitors' workforce planning and another a survey of users to explore satisfaction with the new</p>

³⁴ Further information about this promotional material can be found at <http://www.publichealth.hscni.net/publications/> (accessed 7 April 2014).

with more complex issues.				health visitor service (Department of Health, 2012a).
<p>The Family Nurse Partnership (FNP) is perhaps the leading and best-evaluated model of home visiting by health professionals, developed in the US on the basis of 30 years of rigorous evidence. FNP is a preventive intensive programme for first-time mothers aged 20 and younger starting in early pregnancy (and no later than 28 weeks of pregnancy) and lasting until the child is two years old.</p> <p>FNP began in England in 2007, with the current Government committed to funding 13,000 places by April 2015 (covering 15-20%</p>	<p>The US randomised control trials of the Nurse Family Partnership (NFP – the programme’s US name) identified a range of positive effects over time:</p> <ul style="list-style-type: none"> -improved pregnancy outcomes, including decreases in smoking during pregnancy; improvements in prenatal diet; and fewer hypertensive disorders -reduction in child abuse and neglect and childhood injuries -improvements in young children’s language and emotional development, and later academic achievement -improvements in children’s emotional and behavioural outcomes, including risky behaviour -maternal life course improvements 	This is a manualised programme and therefore very prescriptive.	Limited evidence of joint up working with other relevant services.	The programme is meant to involve users but no data is available on the nature and level of their involvement.

<p>of the eligible population), and possibly 16,000 in the longer term (25% of the eligible population).</p>	<p>including reduction in use of welfare and convictions, and increased maternal employment and father's presence and stability. 35</p> <p>While the results of the RCT in England are due later in 2014, the initial evidence is promising, with reduced smoking in pregnancy, high rates of breastfeeding and mothers coping well with pregnancy, labour and parenthood and having increased confidence and aspirations for future and in their parenting capacity. FNP children appear to be developing in line with the general population, which is promising as this group usually fares much worse.</p> <p>(Ball et al, 2012)</p>			
--	--	--	--	--

³⁵<http://api.ning.com/files/ojSCGs3jvX1MjEvF5u8j5ZLEJtKOkz2yy1D9CcmOcqRgRQs6PM2BIZbQinYHolkayUzQYW0z1zqbrgYl3gUqk2afKSSNT-C/FNPEvidenceSummaryLeafletApril13.pdf> (accessed 10 April 2014).

Health promotion				
<p>The UNICEF UK Baby Friendly Initiative (BFI) sets the standards required to effectively support breastfeeding practices. While it is up to local areas to decide whether to subscribe to it, it is promoted in Government literature and the revised standards were officially endorsed by the Government.</p>	<p>The recently revised standards (Entwistle, 2013) have been informed by a growing body of systematic reviews and robust evidence of 'what works' in increasing breastfeeding prevalence.</p>	-	-	-
<p>The National Child Measurement Programme (NCMP) collects annual data on the height and weight of all children in Reception (age 4-5) and Year 6 (age 10-11) to allow the Government to track trends in childhood obesity. Local Authorities are responsible for delivering the programme with funding</p>	<p>An evaluation of the implementation of NCMP (Statham et al, 2011) has found that there is generally strong support for the programme's principal aim of monitoring childhood obesity levels, and local areas have worked hard to overcome initial problems and to achieve good coverage. However, funding and capacity have in many areas been a challenge. As a result, local</p>	-	-	<p>No evidence was found of users' involvement in the development of the programme.</p>

from public health grant.	areas differ in terms of whether they are providing routine feedback to parents of their child's results and proactive follow-up.			
The DH funded Change4Life involved national social marketing campaigns (eg through television, poster advertising, a helpline, a website) aiming to reframe obesity into a health issue relevant to all.	The programme's evaluation (Croker et al, 2012) found that the campaign materials achieved increases in awareness of Change4Life , but had little impact on attitudes or behaviour, probably due to low engagement. It should be noted that the programme was evaluated with parents with children aged five and over and relied on self-reported impact.	-	-	No evidence was found on users' involvement in the programme development although they were involved in the evaluation.
The Healthy Start scheme, funded by the DH, aims to improve access to a healthy diet. It provides food vouchers and vitamin coupons for pregnant mothers, new mothers and young children (under four years) living on low incomes.	The evaluation of the scheme focused on implementation rather than its impact (Lucas et al, 2013), and found that take-up was generally high (72-86%), but some groups experienced difficulties accessing the scheme (eg those with chaotic lives, English as a second language; with variable income, young parents). Healthy Start food vouchers were found	-	-	No evidence was found on users' involvement in the development of the programme, although they were involved in the

	<p>easy to use, but Healthy Start vitamins were seldom used. Parents said the scheme made a significant contribution to their weekly shopping budget and reported an increase in the purchase of fruit and vegetables. Only a few parents thought that the scheme had considerably improved their diet. Another paper concluded that a food subsidy programme like Healthy Start can provide an important nutritional safety net and potentially improve nutrition for pregnant women and young children living on low incomes. Factors that could compromise this impact include erosion of voucher value relative to the rising cost of food, lack of access to registered retailers and barriers to registering for the programme. However, the paper was again based on an evaluation of Healthy Start that did not include a comparison group and was based mainly on self-reported impact (McFadden et al, 2014).</p>			<p>evaluation.</p>
--	---	--	--	--------------------

Children's mental health				
<p>'MindEd: learning to support young healthy minds' was launched in March 2014. It provides practical e-learning sessions on mental health to enable those who work with children to build knowledge and confidence to identify mental health issues.³⁶</p>	Not evaluated yet.	-	-	-
<p>Improving Access to Psychological Therapies (IAPT) is a large-scale initiative that aims to increase the availability of NICE-recommended psychological treatments for depression and anxiety disorders. It initially focused on adults but it is being extended and adapted to children (Department of</p>	Not evaluated yet.	-	-	-

³⁶ <http://www.rcpch.ac.uk/minded> (accessed 8 April 2014).

Health, 2012b).				
-----------------	--	--	--	--

Table 5 Examples of locally initiated public health interventions

Description	Evaluation
Health promotion	
<p>HENRY (Health Exercise Nutrition for the Really Young) is a preventive approach to child obesity that provides training for practitioners to work with parents of preschool children around obesity and lifestyle issues.</p>	<p>An evaluation of the scheme’s implementation in Leeds (Willis et al, 2012) found that staff indicated that HENRY training was associated with considerable changes to the centre’s environment, including the provision of age-appropriate portion sizes and the introduction of healthy snacks; a strengthening of team working and increased staff confidence around tackling lifestyle change; and, enhanced skills when working with families. Training was also reported to induce changes within the staff’s personal lives (eg increased physical activity and family mealtimes). The evaluators concluded that the initial evidence suggests that positive and lasting lifestyle effects can be achieved by brief training courses involving children’s centre staff teams, but it remains to be seen if the programme will result in a reduction in levels of preschool obesity across the city.</p>
<p>Active Play is an intervention that aims to decrease sedentary time and increase total physical activity in preschool children.</p>	<p>The programme was tested using an RCT in eight children’s centres in the North West of England (O’Dwyer et al, 2012). Parents and children in the intervention group received a 10-week active play programme delivered by trained active play professionals; this included an activity and educational component. Families in the comparison group were asked to maintain their usual routine. The evaluation found that the intervention produced positive changes in</p>

	sedentary time and total physical activity levels in preschool children.
Mothers with high health risks	
The prevention and treatment of maternal depression during the perinatal period is important for the promotion of infant mental health.	A systematic review of interventions to prevent post-natal depression (Stewart-Brown and Schrader McMillan 2012) found that effective programmes: include a range of psychosocial approaches and usually offer a combination of practical and emotional support; need to focus on demographically and clinically high-risk groups; and are delivered on a one-to-one basis by trained paraprofessionals or professionals. Effective interventions identified to treat post-natal depression include: cognitive behavioural approaches; interpersonal psychotherapy; and non-directive counselling. The review found that universal approaches for the prevention of postnatal depression were not effective.

<p>Alcohol consumption/addiction</p>	<p>A review of health interventions in pregnancy (Barlow et al, 2008) found some evidence that brief motivational interviewing can be effective in motivating mothers who are light to moderate drinkers to cease drinking during pregnancy, while treatment for alcohol abuse should be tailored to the specific mothers' needs and involve a psychosocial component in addition to standard treatment. Treatment options for alcohol abuse include: brief motivational interventions/motivational interviewing; behavioural couples therapy (where there is a drug-free partner); family therapy; and self-help approaches, including community reinforcement approaches and therapy to develop a network of support. The review found that treatment of drug use should also be tailored to the specific mothers' needs, but should involve a psychosocial component in addition to standard care (eg methadone and counselling). For both alcohol and drug abuse, there is some evidence that treatment may be more effective if it includes the provision of rewards and incentives, and information material provided to other family members.</p>
<p>Smoking</p>	<p>A review of effective support in relation to smoking cessation in pregnancy (Barlow et al, 2008) found evidence of the effectiveness of provision of smoking cessation programmes in all maternity care settings, targeted at both mothers and fathers, as the partner's smoking status is a key determinant of a woman's smoking during pregnancy and presents a health risk to infants post-birth. The review found evidence to support the integration of motivational interviewing into smoking reduction/cessation plans, and that interventions need to address target groups of women using different approaches (eg minimal contact programmes are less successful with women of low</p>

	socio-economic background). The review also recommends wider tobacco control measures and robust control policies in the community to help reduce smoking in pregnancy.
Children's mental health	
A Child Psychotherapy Outreach Service established in a nursery school to offer psychotherapeutic support to children and parents and consultations to staff.	The evaluation of the programme (Pretorious and Karni-Sharon, 2012) was very small involving interviews with eight mothers, 10 staff members and no control group. Self-reported impact showed positive results, with mothers reporting improvements in their child's behaviour and mood, and staff reporting increased understanding of the children's communications and behaviours. The evaluation showed that the location of the service in the nursery was crucial for engaging the hard-to-reach population.
Psychoanalytic psychotherapy with children under five years of age and their families referred to a CAMHS with a range of behavioural and emotional problems. The programme focused on the emotional forces that underpin the family's here-and-now experiences and brought into the frame the child's perspective, with the aim of shifting the parents' states of mind from being less reactive to being more reflective, with a resulting positive impact on the child's behaviour.	The evaluation of the programme was very small (Pozzi-Monzo et al, 2012); it involved seven families and no control group, but it found positive results. The parents were found to be less blaming and more reparative in their comments and reported that six of the seven children exhibited a significant reduction/ termination of symptoms for which they had been originally referred.

References for Appendix 2

- Allen, G (2011). *Early Intervention: the next steps: an independent report to Her Majesty's Government*, London: Cabinet Office [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/284086/early-intervention-next-steps2.pdf [accessed 3 April 2014].
- Axford, N and Barlow, J (2013). *Better evidence for a better start: what works an overview of the best available evidence on giving children a better start*. [online]. Available at <http://betterstart.dartington.org.uk/resources/evidence-reviews/what-works/> [accessed 11 April 2014].
- Ball, M et al (2012). *Issues emerging from the first 10 pilot sites implementing the Nurse-Family Partnership home-visiting programme in England*, London: Department of Health.
- Barlow, J et al (2008). *Health-led parenting interventions in pregnancy and early years*, London: Department for Children and Families [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/222252/DCSF-RW070.pdf [accessed 18 April 2014].
- Booktrust (2013). *The health and wellbeing benefits of reading with children: research evidence* [online]. Available at <http://fileserver.booktrust.org.uk/usr/resources/1000/bookstart-corner-health-benefits-handout.pdf> [accessed 24 April 2014].
- Cheshire, H et al (2011). *Impact evaluation of the Disabled Children's Access to Childcare Pilot (DCATCH)*. Research Report DFE-RR168, London: DfE [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/183336/DFE-RR168.pdf [accessed 21 May 2014].
- Coghlan, M et al (2009). *Narrowing the gap in outcomes for young children through effective practices in the early years*, London: Centre for Excellence and Outcomes in Children and Young People's Services (C4EO).
- Cotzias, E and Whitehorn, T (2013). *Topic note: results of the Early Years Foundation Stage Profile (EYFSP) pilot research report*, London, DfE [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/190639/DFE-RR291.pdf [accessed 3 April 2014].
- Croker, H et al (2012). Cluster-randomised trial to evaluate the 'Change for Life' mass media/social marketing campaign in the UK, *BMC Public Health* 12:404.
- Cullen, MA et al (2014). *CANparent trial evaluation: second interim report*, London: DfE [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/271106/CANparent_Second_Interim_Report_Final_for_publication_Jan2014.pdf [accessed 3 April 2014].

- Department for Communities and Local Government (2012). The Troubled Families programme: financial framework for the Troubled Families programme's payment-by-results scheme for local authorities [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/11469/2117840.pdf [accessed 24 April 2014]
- Department for Work and Pensions (2012). *Helping families thrive: lessons learned from the child poverty pilot programme*, London: DWP [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214408/Child_poverty_pilots.pdf [accessed 14 April 2014].
- Department of Health (2012a). *Celebrating early implementer achievement: one year on* [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216558/dh_134485.pdf [accessed 24 April 14].
- Department of Health (2012b). *IAPT three-year report: the first million patients* [online]. Available at <http://www.iapt.nhs.uk/silo/files/iapt-3-year-report.pdf> [accessed 21 May 2014].
- Entwistle, FM (2013). *The evidence and rationale for the UNICEF UK Baby Friendly Initiative standards*, London: UNICEF UK [online]. Available at http://www.unicef.org.uk/Documents/Baby_Friendly/Research/baby_friendly_evidence_rationale.pdf [accessed 15 April 2014].
- Errington, G et al (2011). *Evaluation of the National Safe At Home Scheme: final report*. Nottingham: University of Nottingham.
- Evangelou, M et al (2007). The birth to school study: evidence on the effectiveness of PEEP, an early intervention for children at risk of educational under-achievement, *Oxford Review of Education*, 33(5):581-609.
- Goff, J et al (2013). *Evaluation of children's centres in England (ECCE), strand 3: delivery of family services by children's centres*, London: Department for Education [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/224096/DFE-RR297.pdf [accessed 24 April 14].
- Guy, J et al (2014). *Early intervention in domestic violence and abuse*, London: Early Intervention Foundation [online]. Available at <http://www.eif.org.uk/wp-content/uploads/2014/03/Early-Intervention-in-Domestic-Violence-and-Abuse-Full-Report.pdf> [accessed 15 April 2014].
- Huskinson, T et al (2014). *Childcare and early years survey of parents 2012-2013*, London: DfE [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/275992/SFR06-2014_Childcare_and_Early_Years_Survey_of_Parents_2012-13_final.pdf [accessed 3 April 2014].
- James, S and Mellor, J (2007). *Evaluating the use of the Playing and Learning to Socialise (PALS) programme*, London Borough of Hillingdon [online].

Available at http://www.hillingdon.gov.uk/media/pdf/l/5/research_paper.pdf [accessed 14 April 2014].

La Valle, I, Payne, L and Lloyd, E (2014) *Review of policies and interventions for low-income families with young children – Full report*, London: Office of the Children's Commissioner.

Lloyd, C et al (2011). *Monitoring and evaluation of family intervention services and projects between February 2007 and March 2011*. Research Report DFE-RR174, London: DfE [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/184031/DFE-RR174.pdf [accessed 14 April 2014].

Lloyd, E and Penn, H (ed.) (2013). *Childcare markets: can they deliver equitable services?* Bristol: Policy Press.

Lucas, PJ et al (2013). *Healthy Start Vouchers study: the views and experiences of parents, professionals and small retailers in England*, Bristol and London: University of Bristol and Institute of Education [online]. Available at <http://www.bristol.ac.uk/sps/research/projects/completed/2013/finalreport.pdf> [accessed 25 April 2014].

Marangozov, R and Stevens, H (2011). *Work-focused services in children's centres pilot: final report*. Research Report No 772, London: DWP [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214554/rrep772.pdf [accessed 14 April 2014].

Marshall, C (2013). *Service evaluation report: Information Service for Parents (ISP)*, London: Department of Health [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/256686/ISP_Evaluation_Report_-_081113_access.pdf [accessed 24 April 2014].

Mason, P et al (2011). *Local authority child poverty innovation pilot evaluation: final synthesis report*. Research Report DFE-RR152, London: DfE [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/182415/DFE-RR152.pdf [accessed 14 April 2014].

Mathers, S et al (2011). *Evaluation of the Graduate Leader Fund: final report*. Research Report DFE-RR144, London: DfE [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/181480/DFE-RR144.pdf [accessed 21 May 2014].

McConnell, N. et al (2014). *Caring Dads, Safer Children: interim evaluation report*, London: NSPCC [online]. Available at https://www.nspcc.org.uk/Inform/research/findings/evaluation/caring-dads-pdf_wdf101264.pdf [accessed 23 April 2014].

McCoy, E (2011). *Local authorities improving life chances: a review of a new approach to raising literacy levels*, London: National Literacy Trust [online].

Available at http://www.literacytrust.org.uk/assets/0000/9314/Final_report.pdf [accessed 15 April 2014]

McFadden, A et al (2014) 'Can food vouchers improve nutrition and reduce health inequalities in low-income mothers and young children: a multi-method evaluation of the experiences of beneficiaries and practitioners of the Healthy Start programme in England' *BMC Public Health* 2014,14:148 [on line]. Available at <http://www.biomedcentral.com/1471-2458/14/148> [accessed 2 July 2014]

Medhurst, B and Beresford, J (2007). 'Thomas' training: an early years intervention for children with an autistic spectrum disorder (ASD), *Educational Psychology in Practice*, 23(1):1-17.

Newton, B et al (2012). *Work Programme evaluation: findings from the first phase of qualitative research on programme delivery*. Research Report No 821, London: Department for Work and Pensions [online]. Available at <https://www.gov.uk/government/publications/work-programme-evaluation-findings-from-the-first-phase-of-qualitative-research-on-programme-delivery-rr821> [accessed 21 May 2014].

O'Dwyer, MV et al. (2012). Effect of a family focused active play intervention on sedentary time and physical activity in preschool children, *The International Journal of Behavioral Nutrition and Physical Activity*, 9:117 [online]. Available at <http://www.ijbnpa.org/content/9/1/117> [accessed 28 May 2014].

Pennington, L and Noble, E (2010). Acceptability and usefulness of the group interaction training programme It Takes Two To Talk to parents of pre-school children with motor disorders, *Child: Care, Health and Development* 36(2):285-296.

Pozzi-Monzo, M et al (2012). From reactive to reflective: evidence for shifts in parents' state of mind during brief under-fives psychoanalytic psychotherapy, *Clinical Child Psychology and Psychiatry*, 17(1):151-164.

Pretorius, I-M and Karni-Sharon, T (2012). An audit and evaluation of the Hammersmith and Fulham CAMHS child psychotherapy outreach service at the Randolph Beresford Early Years Centre, *Infant Observation*, 15(2):165-184.

Quilgars, D et al (2011). *Supporting independence? Evaluation of the teenage parent supported housing pilot: final report*. Research Report DFE-RR158, London: DfE [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/182552/DFE-RR158.pdf [accessed 14 April 2014].

Schrader McMillan, A et al (2012). *Primary study evidence on effectiveness of interventions (home, early education, child care) in promoting social and emotional wellbeing of vulnerable children under 5*, London: NICE [online]. Available at <http://www.nice.org.uk/nicemedia/live/13634/58889/58889.pdf> [accessed 13 April 2014].

Siraj-Blatchford, I and Siraj-Blatchford, J (2009). *Improving children's attainment though a better quality of family-based support for early learning*, *Review of policies and interventions for low-income families with young children*

London: Centre for Excellence and Outcomes in Children and Young People's Services.

Smith R et al (2009). *Evaluation of the early education pilot for two year old children*, London: Department for Children, Schools and Families.

Statham, J et al (2011). *Taking stock: a rapid review of the National Child Measurement Programme*. London: Thomas Coram Research Unit, Institute of Education, University of London [online]. Available at <http://eprints.ioe.ac.uk/6743/1/Statham2011Taking%28Report%29.pdf> [accessed 21 May 2014].

Stewart-Brown, S and Schrader McMillan, A (2012). *Home and community based parenting support programmes and interventions: report of Workpackage 2 of the DataPrev Project*. Warwick: Warwick Medical School [online]. Available at http://wrap.warwick.ac.uk/3239/1/WRAP_Stewart_brown_DataPrev_final_12_03_10_AS_%282%29_%282%29.pdf [accessed 23 April 2014].

Tavistock Institute of Human Relations et al (2011). *Evaluation of child poverty pilots: delivering improved services for separating parents*. Report DFE-RR175, London: DfE [online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/184043/DFE-RR175.pdf [accessed 14 April 2014].

Todd, S et al (2010). Using group-based parent training interventions with parents of children with disabilities: a description of process, content and outcomes in clinical practice, *Child and Adolescent Mental Health*, 15(3):171-175.

White, C et al (2008). *Family Intervention Projects: an evaluation of their design, set-up and early outcomes*. Research Report DCSF-RW047, London: DCSF.

Willis, TA et al (2012). Training community practitioners to work more effectively with parents to prevent childhood obesity: the impact of HENRY upon children's centres and their staff, *Journal of Human Nutrition and Dietetics* 25(5):460-468.

Worcestershire Health and Care NHS Trust (2013). *Every Child a Talker: evaluation summary report* [online]. Available at <http://www.languageforlearning.co.uk/images/uploads/5270bd57b58df.pdf> [accessed 15 April 2014].

Appendix 3: Priority issues identified in local authority child poverty plans, joint health and wellbeing strategies, and housing strategies

Local authorities	Priority issues from local plans and strategies								
	Cross-authority response to tackling child poverty	Improve the local economy and labour market	Support parents into work	Improve families' financial capability	Help families avoid debt	Maximise benefit entitlement	Support vulnerable families / families with multiple problems	Provide parenting support	Improve availability / take-up of early education & childcare provision
Blackpool	✓	✓	✓	✓			✓	✓	
Derbyshire							✓	✓	✓
Hounslow	✓	✓	✓		✓	✓	✓	✓	✓
Islington	✓	✓	✓	✓	✓		✓	✓	
Manchester	✓	✓		✓		✓	✓	✓	✓
Newcastle	✓	✓	✓	✓	✓	✓	✓	✓	
Norfolk		✓				✓	✓	✓	✓
North Yorkshire	✓	✓					✓	✓	✓
Portsmouth	✓						✓	✓	
Somerset	✓				✓		✓	✓	

Local authorities	Priority issues from local plans and strategies								
	Ensure take-up of early years free entitlement	Provide variety of services through children's centres	Ensure opportunities for play	Reduce health inequalities [health checks, breastfeeding, immunisation]	Promote healthy lifestyles [childhood obesity, diet, physical]	Reduce teenage pregnancy / support teenage parents	Reduce smoking in pregnancy	Improve oral health of young children	Tackle food poverty [grow your own schemes, access to fresh fruit &]

					activity]				vegetables]
Blackpool		✓		✓	✓	✓	✓		
Derbyshire		✓		✓	✓		✓	✓	
Hounslow	✓	✓		✓	✓			✓	
Islington		✓	✓	✓	✓	✓		✓	✓
Manchester	✓	✓		✓	✓				✓
Newcastle		✓		✓	✓				
Norfolk		✓	✓	✓	✓	✓		✓	✓
North Yorkshire	✓	✓		✓	✓				
Portsmouth		✓		✓	✓				
Somerset		✓		✓	✓				

Local authorities	Priority issues from local plans and strategies							
	Increase supply of affordable housing	Tackle overcrowding	Prevent homelessness	Ensure availability of housing advice services	Tackle fuel poverty / reduce energy bills / improve energy efficiency	Improve housing quality / meet the Decent Home Standard	Create desirable neighbourhoods / green spaces	Provide suitable sites for gypsies and travellers
Blackpool	✓				✓		✓	✓
Derbyshire	✓			✓	✓	✓	✓	
Hounslow	✓	✓	✓		✓	✓		
Islington	✓	✓	✓		✓		✓	
Manchester					✓		✓	
Newcastle					✓		✓	
Norfolk					✓	✓	✓	
North Yorkshire	✓	✓	✓		✓			✓
Portsmouth			✓	✓	✓	✓		
Somerset	✓	✓	✓		✓			✓

Local authority plans and strategies screened

The local plans and strategies reviewed comprised: local child poverty strategies, (apart from Derbyshire, Norfolk and North Yorkshire, where these strategies could not be located); joint health and wellbeing strategies; and, housing strategies. Local priorities relating to young children and their families were drawn from these plans, as well as from additional children, family and parenting plans and strategies where available.

Blackpool Council

Blackpool Council (2006) Blackpool Local Plan 2001/2016 [housing strategy], <http://www.blackpool.gov.uk/Residents/Planning-environment-and-community/Documents/Adopted-Local-Plan.pdf>

Blackpool Council (2012) Together on poverty: Blackpool's child poverty framework 2012-2015, <http://www.blackpool.gov.uk/Your-Council/The-Council/Documents/Child-Poverty-Framework.pdf>

Blackpool Health and Wellbeing Board / Blackpool Council (Feb 2014 version) Blackpool Joint Health and Wellbeing Strategy 2013-2015, <http://www.blackpool.gov.uk/Your-Council/Documents/Blackpool-Joint-Health-and-Wellbeing-Strategy-2013-15.pdf>

Blackpool JSNA [web only] <http://blackpooljsna.org.uk/>

Derbyshire County Council

Derbyshire Children and Young People's Trust (2011) Child poverty needs assessment, <http://www.norfolk.gov.uk/EasysiteWeb/getresource.axd?AssetID=30285&type=full&servicetype=Attachment>

Derby City Council (2009) Housing strategy 2009-2014, <http://www.derby.gov.uk/media/derbycitycouncil/contentassets/documents/policiesandguidance/DerbyCityCouncil-Housing-Strategy-2009-14.pdf>

Derbyshire County Council (2012) Children and Younger Adult Department Service Plan 2010-2014. 2012-13 Refresh, https://www.derbyshire.gov.uk/images/Children%20and%20Younger%20Adults%20Service%20Plan%202013-14_tcm44-222902.pdf

Derbyshire County Council / Derbyshire Partnership Forum / NHS Tameside and Glossop/NHS Derby City and NHS Derbyshire County (2012) Derbyshire Health and Wellbeing Strategy 2012-2015, http://www.hardwickccg.nhs.uk/website/X24712/files/Health_and_Wellbeing_Strategy_2012-15.pdf

Derbyshire Dales District Council (2012) Strategic housing options, http://www.derbyshiredales.gov.uk/~dddc/images/documents/S/Strategic_Housing_Options_Paper_June_2012.pdf

Derbyshire JSNA via the Derbyshire Observatory [web only], <http://observatory.derbyshire.gov.uk/IAS/>

Derbyshire Partnership Forum (no date) Working together for a better Derbyshire: sustainable community strategy 2009-2014, http://www.derbyshirepartnership.gov.uk/images/Derbyshire%20Sustainable%20Community%20Strategy%202009-14_tcm39-97547.pdf

Greater Manchester

Greater Manchester Poverty Commission (2012) Greater Manchester Poverty Commission: research report, <http://www.manchester.anglican.org/upload/userfiles/file/pdf/Church%20&%20Society/GMPC%20Evidence%20Report.pdf>

Greater Manchester Poverty Commission (2013) Greater Manchester Poverty Commission: recommendations report, <http://www.manchester.anglican.org/upload/userfiles/file/pdf/Church%20&%20Society/GMPC%20Recommendations%20Report.pdf>

Manchester City Council (2012) Family poverty strategy. Report for resolution, item 6, http://www.manchester.gov.uk/download/meetings/id/13776/6_-_family_poverty_strategy

Manchester Health and Wellbeing Board (2013) Joint Health and Wellbeing Strategy, http://www.manchesterpartnership.org.uk/downloads/file/172/draft_joint_health_and_wellbeing_strategy

Manchester JSNA, <http://www.manchester.gov.uk/jsna>

Oldham and Rochdale Housing Strategy 2012-2015, http://www.oldham.gov.uk/site/custom_scripts/3di/housing/newhousing/index.html

Hounslow Council

Hounslow Joint Health and Wellbeing Strategy 2013-2017, http://www.hounslow.gov.uk/joint_health_wellbeing_strategy_2013.pdf

London Borough of Hounslow (2011) Child poverty needs assessment, <http://democraticservices.hounslow.gov.uk/mgConvert2PDF.aspx?ID=60145>

London Borough of Hounslow (2012) Hounslow Children and Young People's Plan 2012-2015, http://www.hounslow.gov.uk/children_young_people_plan.pdf

London Borough of Hounslow (2013) Building Homes, Building Communities Housing Strategy: 2014–2018, http://www.hounslow.gov.uk/housing_strategy_2014-2018.pdf

London Borough of Hounslow / Hounslow Clinical Commissioning Group (no date) This is Hounslow: Joint Strategic Needs Assessment 2012/13 overview, http://www.hounslow.gov.uk/this_is_hounslow_2012-13_sep12.pdf

Islington Council

Islington Family and Parenting Support Strategy 2012-2015, <http://www.islington.gov.uk/publicrecords/library/Children-and-families->

Review of policies and interventions for low-income families with young children

[services/Business-planning/Strategies/2012-2013/\(2013-01-08\)-Family-and-Parenting-Support-Strategy-2012-2015-\(1\).pdf](#)

Islington JSNA 2010/11, <http://www.islingtonccg.nhs.uk/about-us/jsna/islington-joint-strategic-needs-assessment-2010-11.htm>

London Borough of Islington (2009) Your home: your future: laying a solid foundation for improving lives and creating opportunity Islington's Housing Strategy 2009–2014, [http://www.islington.gov.uk/publicrecords/library/Housing/Business-planning/Policies/2011-2012/\(2012-03-03\)-Islington-Housing-Strategy-2009-2014.pdf](http://www.islington.gov.uk/publicrecords/library/Housing/Business-planning/Policies/2011-2012/(2012-03-03)-Islington-Housing-Strategy-2009-2014.pdf)

London Borough of Islington (2011) A fair chance in life for all: Islington Children and Families Strategy, 2011-2015, [http://www.islington.gov.uk/publicrecords/library/Education-and-skills/Quality-and-performance/Reporting/2011-2012/\(2012-03-03\)-Children-and-Families-Strategy-2011-2015.pdf](http://www.islington.gov.uk/publicrecords/library/Education-and-skills/Quality-and-performance/Reporting/2011-2012/(2012-03-03)-Children-and-Families-Strategy-2011-2015.pdf)

London Borough of Islington (2013) Fairness for families: tackling child poverty in Islington. Draft for consultation, [http://www.islington.gov.uk/publicrecords/library/Democracy/Information/Guidance/2013-2014/\(2013-10-11\)-Child-Poverty-Strategy.pdf](http://www.islington.gov.uk/publicrecords/library/Democracy/Information/Guidance/2013-2014/(2013-10-11)-Child-Poverty-Strategy.pdf)

London Borough of Islington, Shadow Health and Wellbeing Board (2013) Islington's Joint Health and Wellbeing Strategy 2013-2016, [http://www.islington.gov.uk/publicrecords/library/Public-health/Business-planning/Strategies/2012-2013/\(2013-03-01\)-Joint-Health-and-Wellbeing-Strategy-2013-2016.pdf](http://www.islington.gov.uk/publicrecords/library/Public-health/Business-planning/Strategies/2012-2013/(2013-03-01)-Joint-Health-and-Wellbeing-Strategy-2013-2016.pdf)

Newcastle upon Tyne

Newcastle Children's Trust (2011) Newcastle Children and Young People's Plan 2011-2014, http://www.newcastle.gov.uk/sites/drupalncc.newcastle.gov.uk/files/wwwfileroot/education-and-learning/grants/cypp_11_14.pdf

Newcastle City Council (2010) Reducing child poverty strategy, http://www.newcastle-city-council.gov.uk/wwwfileroot/safenewcastle/Item_3_DRAFT_Reducing_Child_Poverty_Strategy_3.pdf

Newcastle City Council (2013) Fairer housing delivery plan 2013-2016, <http://www.newcastle.gov.uk/housing/council-housing-and-affordable-homes/housing-strategy>

Newcastle (2013) Our wellbeing for life strategy: a framework for action 2013 – 2016 and our commitments to shared change 2013 – 2014, <http://www.wellbeingforlife.org.uk/sites/www.wellbeingforlife.org.uk/files/FINAL%20-%20Wellbeing%20for%20life%20strategy.pdf>

Newcastle JSNA on Wellbeing for Life Newcastle, <http://www.wellbeingforlife.org.uk/newcastle-future-needs-assessment>

Review of policies and interventions for low-income families with young children

Norfolk

Great Yarmouth (2012) Local plan: Core Strategy executive summary. Consultation, <http://www.great-yarmouth.gov.uk/view/GYBC122481>

Norfolk (2013) Joint Health and Wellbeing Strategy 2013/14. (removed from website and replaced by draft 2014-2017 strategy: <http://www.norfolk.gov.uk/view/NCC122775>)

Norfolk County Council (2013) Children's services service plan 2013-2014, <http://www.norfolk.gov.uk/view/ncc105533>

Norfolk County Council (2013) Norfolk child poverty needs assessment, www.norfolkinsight.org.uk/resource/view?resourceId=493

Norfolk County Council (2013) Norfolk's Children's Services: Age & Stage Commissioning: Understanding children and young people's needs 0 to 10 year olds [JSNA], <http://www.norfolkinsight.org.uk/jsna/youngpeople>

Norwich City Council (2013) Housing strategy 2013-18, <http://www.norwich.gov.uk/Housing/HousingStrategies/Documents/HousingStrategy201318.pdf>

North Yorkshire

Health and Wellbeing Board, North Yorkshire (2012) Joint Health and Wellbeing Strategy 2013-18, <http://www.nypartnerships.org.uk/CHttpHandler.ashx?id=21125&p=0>

North Yorkshire Children and Young People's Plan 2011-14: delivering the strategic priorities, <http://m.northyorks.gov.uk/CHttpHandler.ashx?id=2725&p=0>

North Yorkshire Housing Strategy 2010-2015, [http://democracy.york.gov.uk/\(S\(yridobusdxi2uduraqdiggyh\)\)/documents/s45241/Annex%20%20Housing%20Strategy.pdf](http://democracy.york.gov.uk/(S(yridobusdxi2uduraqdiggyh))/documents/s45241/Annex%20%20Housing%20Strategy.pdf)

North Yorkshire (2012) JSNA child poverty topic page – based on child poverty needs analysis undertaken in 2011, <http://m.northyorks.gov.uk/CHttpHandler.ashx?id=19087&p=0>

North Yorkshire (2012) Joint strategic needs assessment – 2012 report, <http://www.nypartnerships.org.uk/CHttpHandler.ashx?id=18685&p=0>

North Yorkshire Children's Trust (2011) A parenting strategy for North Yorkshire 2011-14, <http://www.scarboroughryedaleccg.nhs.uk/data/uploads/your-health/cyps-parenting-strategy-2011-14.pdf>

North Yorkshire Strategic Partnership (no date) Sustainable community strategy for North Yorkshire, 2008/18, http://www.selby.gov.uk/upload/Sustainable_Community_Strategy_for_NY_2008_18_PUBLICATION_VERSION.pdf

Portsmouth

Portsmouth Children's Trust Plan 2011-14,

<https://www.portsmouth.gov.uk/ext/documents-external/cou-policy-childrens-trust.pdf>

Portsmouth City Council (2011) Tackling poverty in Portsmouth: a strategy for the city, (removed from website)

Portsmouth City Council (2011) Tackling poverty strategy: action,

http://www.hants.gov.uk/pccjsna/API_STR_JSNA_SEC_POV_ActionPlan270212.pdf

Portsmouth City Council (2012) Shaping the future of housing: a strategic plan for Portsmouth for the years to 2015,

<https://www.portsmouth.gov.uk/ext/documents-external/cmu-housing-strategy-plan.pdf>

Portsmouth City Council (2013) The big picture of health and wellbeing: Joint Strategic Needs Assessment, <https://www.portsmouth.gov.uk/ext/documents-external/hlth-jsnasummary-proof-20131028.pdf>

Portsmouth City Council & Portsmouth Clinical Commissioning Group (2012) Joint Health and Wellbeing Strategy: GPs and the council working together for Portsmouth, 2012/13 – 2013/14,

http://www.hants.gov.uk/pccjsna/JHWellbeingStrategy201213_201314.pdf

Somerset

Bath and North East Somerset Council (2010) Housing and wellbeing strategy 2010-2015,

<http://www.bathnes.gov.uk/sites/default/files/sitedocuments/Planning-and-Building-Control/Planning-Policy/Evidence-Base/Housing/HousingandWellbeingStrategy2010-2015.pdf>

Health and Wellbeing Strategy for Somerset 2013-2018,

<http://www.somerset.gov.uk/EasysiteWeb/getresource.axd?AssetID=45804&type=full&servicetype=Attachment>

Sedgemoor District Council (2013) Housing strategy 2013-2015,

<http://www.sedgemoor.gov.uk/CHttpHandler.ashx?id=8681&p=0>

Somerset Children's Trust (2011) Child poverty strategy and action plan 2011-12,

<http://www.six.somerset.gov.uk/somersetchildrenstrust/download.asp?did=23766>

Somerset Children's Trust (no date) Somerset Children and Young People's Plan 2013-2016,

<http://www.somerset.gov.uk/EasySiteWeb/GatewayLink.aspx?allid=42521>

Somerset Health and Wellbeing Board (2013) Somerset: our county. The Joint Strategic Needs Assessment for Somerset – summary. 2013/14,

<http://www.somersetintelligence.org.uk/jsna-summary-2013-14.pdf>

Review of policies and interventions for low-income families with young children

Office of the Children's Commissioner
Sanctuary Buildings
Great Smith Street
London
SW1P 3BT

E info.request@childrenscommissioner.gsi.gov.uk

