

FUNDING A GOOD START

Philanthropy and the early years sector in the UK

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INTRODUCTION

What happens during a mother's pregnancy and in their child's early years has a huge impact on the rest of the child's life. In this paper, we define 'the early years' of a child's life to be from conception to their third birthday. This is a crucial time for physical, social, emotional, cognitive and language development. It is where the foundations are laid for later life outcomes.

Not all children get the same start. But there is work that can be done to try to level the playing field and improve a child's life chances by intervening in this early stage.

The Charles Gordon Foundation had previously commissioned Dr Christine Stephen at the University of Stirling to conduct a literature review on children's early development and global intervention programmes. Building on this research, The Charles Gordon Foundation commissioned NPC to undertake a review of the landscape of the charity sector working in the early years space in the UK.

About this report

This paper looks at the landscape of the charity sector working in the early years space in the UK. It builds on a literature review by Stirling University—previously commissioned by the Charles Gordon Foundation—which is summarised in various sections of this report.

What follows is based on desk research and interviews with experts in the field. It is designed for donors with an interest in developing initiatives or funding organisations working in the early years sector. Throughout, we present:

- key contextual information about early years development, and some of the drivers for poor outcomes at this time, and later in life
- current UK government provision for early years
- the main approaches being taken by the UK charity sector to improve outcomes in the early years
- an overview of the different levels at which funders can work, with examples of charities working at each level

The difference between 'early years' and 'early intervention'

These two terms are often used interchangeably but have two very different meanings. In this report 'early years' refers to the formative years of a child—conception to age three. We begin at conception to highlight the importance of this period for a child's development.

'Early intervention' refers to the actions taken by charities, the state and others which try to prevent problems before they arise. Early intervention can obviously include programmes addressing the early years of a child's life but is a much broader term encompassing interventions tackling a range of issues, occurring across all ages.

ABOUT THE EARLY YEARS

Why the early years are so important

Pregnancy and the first 1,000 days of a child's life is a crucial period in his or her development. This combination of biological, psychological and emotional changes determines a child's personality. Development indicators during this period—such as language ability and weight—are consistently predictive of both positive and negative outcomes later in life.

The brain develops very quickly during the first 1,000 days of life. Brain development is at a critical point with connections between neurons being created more rapidly than at any other time.¹ The quality of a baby's environment impacts on brain development and lays the foundations for a child's responses to their future experiences.

Good maternal nutrition, cutting down stress and other risk factors during pregnancy can make a huge difference to a child's health. Children who do not get all the nutrients they need during pregnancy have an increased risk of heart disease, stroke and diabetes later in life². Getting this right can have knock-on effects over a lifetime.

*'A baby is born with 25% of their brain developed, by age three it is 80%.'*³

These changes lead to huge sensitivity to the environment around a child. The food a child eats, who they interact with and how, and the experiences they are exposed to, shapes them for life. For example, studies have shown that avoiding stressful social environments during early life increases brain development and reduces subsequent mental health risks in adult life⁴. Children who are breastfed have a lower risk of childhood obesity than those who are not.⁵

*'A child's development score at just 22 months can serve as an accurate predictor of educational outcomes at 26 years.'*⁶

In 'Intervening to make a difference in the lives of children'⁷, Dr Christine Stephen outlines five different types of development.



Often these are separated in study and interventions, but in reality, they are highly interconnected.

Key messages from *Intervening to make a difference in the lives of children*, Dr Christine Stephen, University of Stirling

A child's development from birth to three has a profound influence on their life course. This is the product of a range of factors from the biological and nutritional to the home, cultural and economic makeup of the environment they grow up in. Drivers of development can be split into the following:

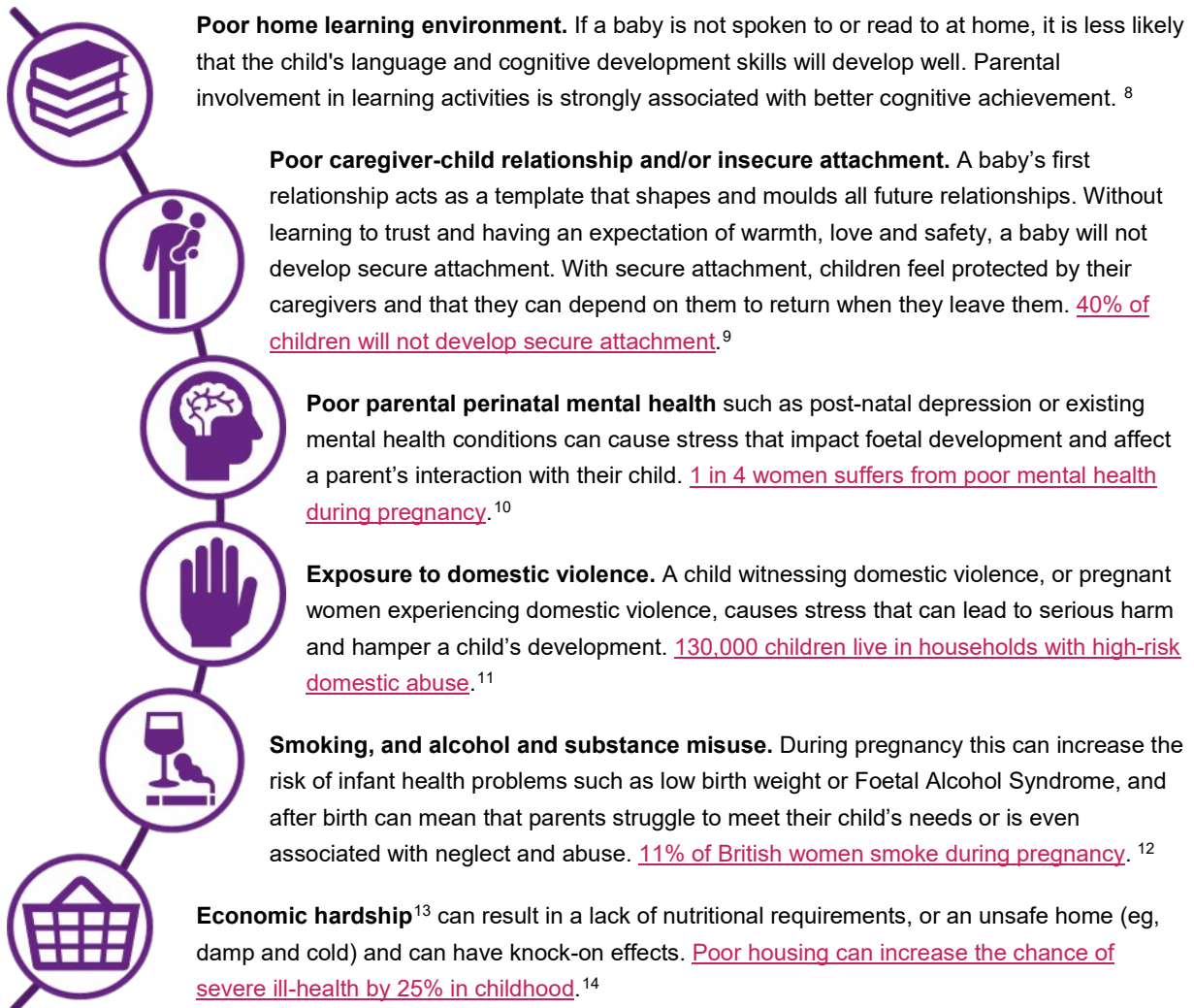
- Biological, physical and neurological factors: inadequate nutrition, disease, access to healthcare and developmental monitoring.
- Family circumstances and context: poverty, toxic stresses in the family and community, the nature of relationships, maternal education and parenting capacities.

These two sides are intertwined and impact on each other as development is a holistic process. Interventions, however, inevitably have to make artificial choices and target specific areas.

Context is hugely important and can determine the success of an intervention, but charities can have some of the most impact by focusing on family circumstances and the home environment.

Drivers of poor development

There are several drivers of poor physical, emotional, social, cognitive and language development in children during the early years.



Many of these drivers are interlinked and impact on each other, and this is not an exhaustive list of challenges a child may face in their first 1,000 days. The caregiver-child relationship is key. It is instrumental to brain development and impacts on all aspects of a child's development. Many of the other drivers, such as mental health and substance abuse, impact on this relationship, as well as it being a driver of outcomes itself.

The impact of Adverse Childhood Experiences (ACEs)

Some of these drivers can result in Adverse Childhood Experiences (ACEs). This is a common term originally developed in the US by [The Substance Abuse and Mental Health Services Administration](#)—which defines ACEs as '*stressful or traumatic events, including abuse and neglect*'¹⁵. ACEs also may include witnessing domestic violence, parental separation or growing up with a family member who misuses alcohol and drugs or with a mental illness.

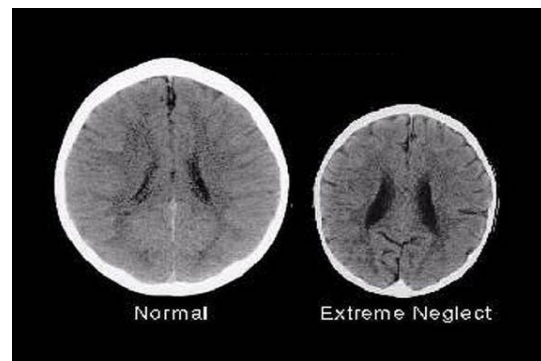
9% of all adults in the UK have at least 4 adverse childhood experiences. ¹⁶

The effects these can have on brain development can be seen in Figure 1¹⁷. Adverse Childhood Experiences have been linked to poor outcomes later in life such as alcohol and drug misuse, heart disease, cancer, diabetes and depression and attempted suicide.¹⁸

A prevalence of four or more of these ACEs are predictive of a range of detrimental outcomes later in life. For example:

- 4 times more likely to engage in high risk drinking
- 7 times more likely to have been involved with violence in the last year
- 11 times more likely to be in jail^{19,20}

Figure 1: Brain development at 3 years



Knowing what works is difficult in the early years sector

There is now a large body of evidence that establishes drivers of poor child development leading to poor outcomes in later life. However, evaluating what works to *improve* outcomes is difficult in the early years sector, for three reasons:

- **A large number of factors impact a child's development.** They include family relationships, nutrition, health services and the wider environment. It is very hard to isolate the effect of a single one of these factors from any one of the others. Therefore, it is extremely difficult to compare the effect of the same intervention whilst controlling for the range of different experiences that two children may have.
- **Outcomes occur over a long timescale.** Longitudinal research is expensive, takes a long time, and capturing data and outcomes becomes more difficult as staying in touch with service users becomes harder. Attributing the impact of a service over a lifetime is also very difficult as causal links become less and less straightforward to make as time goes by.
- **Context matters.** What works in one place might have different effects when put in a different location, as illustrated by The Family Nurse Partnership example on page 11.

What this means for funders

Although it is difficult to know 'what works', there are common principles and approaches that good interventions follow, and there are certain organisations who are doing this more effectively and rigorously than others. The 'What the charity sector is doing' section (on page 14) explores this in more detail.

What it does mean is that service providers and funders must approach this sector with an open mind. Instead of looking for a silver bullet to address poor early years outcomes, funders must look at which interventions show promise, and which interventions have been shown to work in a particular context. They can then decide how they can best support these interventions, or indeed whether to create a new initiative that fills a particular gap.

THE UK POLICY CONTEXT

Early years provision by the current UK government

Around 775,000 babies are born in the UK every year.* For each new life there is some government provision of services. Although early years policies are conceived by central government, local authorities are responsible for delivering education, public health and children's services. This means early years services are often delivered through local authority structures.²¹ In addition to implementing these central government programmes, local authorities also run their own programmes that target relevant local social problems, for example Luton's [Flying Start Strategy](#)²².

The Social Mobility Commission's [State of the Nation 2017](#)²³ report suggests that support for parents on their child's development is, in most local authorities, very limited and not based on strong evidence. Table 1 sets out the current government provision for expectant parents and parents with children under the age of three.

Government funds a mix of universal, open access and targeted services[†]

Table 1: Government provision for families from pregnancy to third birthday

UK government policy	Description
Universal and open access services	
NHS Healthy Child Programme (<i>Universal</i>)	<p>Aims to:</p> <ul style="list-style-type: none"> • help parents develop a bond with their child • protect children from disease through screening and immunisation • identify problems in a child's development that may relate to neglect or other causes <p>The programme also focuses on identifying children at risk of problems later in life and parents with mental health or other problems that may need further assistance. The five mandated reviews are:</p> <ul style="list-style-type: none"> • The antenatal health promoting visit. Pregnant women in England can have up to 10 NHS antenatal appointments—including pregnancy ultrasound scans²⁴ at 8 to 14 weeks, and 18 to 21 weeks, antenatal screening tests²⁵ for conditions such as Down's syndrome—and blood tests and screening for diseases and conditions. • The new baby review. • The six to eight week assessment (the health visitor or Family Nurse led check). • The one year assessment. • The two to two-and-a-half year review. <p>These could take place at home, a Children's Centre, a GP surgery or a hospital. Parents are also offered antenatal classes and breastfeeding workshops. There is relatively high take up of these services with around 88% of new mums receiving a new birth visit, 82% a 6–8 week and 1 year checkup, and 75% the 2–2.5 years checkup (2016 data).²⁶</p>

* In 2016, 775,696 babies were born in the UK: 696,271 in [England and Wales](#) (ONS (2017) *Births in England and Wales: 2016*), 54,488 in [Scotland](#) (National Records of Scotland (2017) *2016 Births, Deaths and Other Vital Events*) and 24,067 in [Northern Ireland](#) (Northern Ireland Statistics and Research Agency (2018) *Monthly Births*).

[†] Universal services refer to services that are offered to every citizen nationally. Open access services refer to services that are available to all individuals. Targeted services are services that target individuals that meet particular criteria. However, a service can also be both open access and targeted.

NHS choices ²⁷ website (<i>Open access</i>)	Provides free information through its Your pregnancy and baby ²⁸ guide, from looking after your health during pregnancy, to breastfeeding, to potty training and why play is.
Sure Start (<i>Open access</i>)	<p>Sure Start is a government-led initiative aimed at giving every child the best possible start in life. It functions as a network of children's centres run by the local authority. Sure Start centres offer a broad range of services focusing on family health, early years care and education, and improved well-being programmes to children aged 0-4. Sure Start centres also ensure that early childhood services in the local area are integrated.</p> <p>A fall in spending on Sure Start centres is explored on page 11. NatCen²⁹ ran an evaluation of Sure Start³⁰ centres in England, published in 2015.</p>
Baby boxes (<i>Universal in Scotland</i>)	In January 2017 the Scottish Government began a pilot of the baby box programme—gifting a box of essentials such as clothes, nappies and books to every new-born. This was rolled out across Scotland. A similar pilot scheme was planned to be run in Hackney in April 2017 but has been delayed due to concerns over the boxes meeting safety standards. ³¹
Targeted services	
Family Nurse Partnership (FNP) (<i>Targeted</i>)	<p>FNP is an evidence-based, preventative programme for first-time mothers aged 19 and under. When an expectant mother of this age joins, the usual NHS Healthy Child Programme is delivered by FNP, rather than NHS health visitors. The programme consists of home visits from a specially trained family nurse, from early pregnancy until the child's second birthday.</p> <p>The National Unit oversees the delivery of FNP to around 16,000 families. It is commissioned by the Department of Health and currently funded by Public Health England. More details about FNP can be found overleaf.</p>
In-patient mother and baby units (<i>Targeted</i>)	Mother and Baby Units provide specialist in-patient care and treatment for mothers—with their babies—when they are experiencing mental illness. Mothers can receive treatment without being separated from their baby, which aids attachment and ensures mothers are well. In May 2018, NHS England announced funding for a second wave of specialist perinatal [‡] mental health community services. This follows the highly successful first wave of funding for 20 NHS areas in December 2016. ³²
Specialised Community Mental Health Teams (CMHTs)/adult mental health services (<i>Targeted</i>)	Local provision through the NHS and CMHTs supports people living in the community who have complex or serious mental health problems. This may offer some provision for caregivers suffering from serious mental health problems during pregnancy and when they are looking after young children.
Pre-school Special Educational Needs (SEN) provision (<i>Targeted</i>)	<p>For children under the age of three SEN support in pre-schools includes a written progress check at age two and a health check by a child health visitor between the ages of two and three. Education Health and Care (EHC) plans are for children who need more support.</p> <p>Parents can ask their local authority to carry out an assessment if they think they need an EHC plan. Early years providers must have arrangements in place to support children with SEN or disabilities. These arrangements should include a clear approach to identifying and responding to SEN.</p>
Healthy Start (<i>Targeted</i>)	Vouchers for vitamins, milk and fresh fruit and vegetables are available to pregnant women and families with children up to four years old, who receive certain means-tested benefits. (£3.10–£6.20 per week per person).
Early educational entitlement (<i>Targeted</i>)	Of all children, the 40% most disadvantaged two-year-olds are entitled to 15 hours free early education per week to be taken at nurseries, playgroups, Sure Start centres and childminders. In 2016, 58% of eligible two-year-olds were accessing this. This varies by local authority, and some are better at encouraging uptake than others. Nottingham, for example, is one of the best and launched itself as an 'Early Intervention City' in 2008 ³³ . Even the most effective local authorities, however, find it hard to reach some groups. For example, the vast majority of eligible Roma, Gypsy and Traveller children do not take up these 15 hours, although the exact numbers are unclear. ³⁴

[‡] Relating to the period shortly before and after birth

Sure Start Maternity Grant (<i>Targeted</i>)	Families who received means-tested income benefits or Universal Credit are entitled to a £500 grant. Since 2011, this has been restricted to the first child only. The Scottish Government is committed to changing this to a Best Start Grant—which would be £600 on the birth of their first child and £300 on the birth of any second or subsequent children, another £250 when each child begins nursery, and a further £250 when they start school.
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Family Nurse Partnership (FNP) provides a home visit service by specially trained nurses to mothers aged 19 or under from the early stage of pregnancy until their child is two years old. The organisation's vision is that *'every baby, child and young parent can thrive, fulfil their aspirations and contribute to society'*. FNP is overseen by a National Unit, funded by Public Health England, and delivered through local teams.

Despite strong evidence of effectiveness in the USA, FNP's UK Randomised Control Trial in 2015 did not show the positive results it had done in the USA such as reducing smoking in pregnancy, premature births and women becoming pregnant again within two years. But FNP is now adapting its programme based on these results.³⁵

Government funding for early years has reduced since 2010

In 2010, multiple funding streams (including for children's centres, early years and children's social care workforce development and family support services) were combined into the Early Intervention Grant.

[The Children's Society](#)³⁶ found that the value of early intervention allocation to local authorities fell by 55% between 2010 and 2016—from £3.2 billion to £1.4 billion in 2015–2016.³⁷ Later research showed that spending on services for children, young people and families fell by 31% in real terms between 2010–2011 to 2015–2016³⁸. The Children's Society notes that, whilst central government funding is going down, local authorities are not reducing services at the same rate. This suggests that they are finding resources from elsewhere. The Children's Society's [interactive map](#)³⁹ shows how these changes break down for each local authority.

Reduction in funding has had a large impact on Sure Start Children's Centres

Sure Start is a government-led initiative composed of children's centres run by the local authority. Centres focus on children aged 0–4 years old and offer a range of services such as early education and childcare, and information and services for parents and prospective parents. These centres were initially designed to be universal within disadvantaged areas, but most families who use centres are accessing them through a referral. The aim of the centres is to reduce inequalities in child development and school readiness, parenting aspirations and parenting skills, and child and family health and life chances.⁴⁰ Not all children's centres are Sure Start centres, and other children's centres may be run by voluntary sector organisations.

When the Government introduced the Early Intervention Grant in 2011, it removed the ring-fence from Sure Start funding.⁴¹ Some of the biggest falls in local spending are on Sure Start children's centres, which was 47% lower in 2015–2016 than in 2010–2011 in real terms. Budgets for 2016–2017 showed a further reduction in spending⁴².

Reduction in funding has meant that many Sure Start children's centres have closed. The Sutton Trust's [Stop Start report](#)⁴³ suggests that more centres are only open part-time and the number of services they are providing has fallen. Six out of ten local authorities reported most centres were open full-time. But few or none were open full-time in almost one in five authorities. Reduced services were reported by 55% of local authorities, with only 35% providing a range of ten or more services.⁴⁴

There are an estimated 3,120 children's centres across England—a reduction of 12.5% since 2010.[§] However, there is a discrepancy in the figures published on this, with varying definition of a children's centre, and some sources suggest there were many locally announced closures that were not reflected in the database. The [Stop Start research](#)⁴⁵ says that by counting 'registered centres' there has been a drop of 30% since 2009. This suggests that more than 1,000 centres have closed across England.⁴⁶

The South and North East of England have been the worst hit by the closure of the children's centres, losing nearly a quarter of their centres since 2010. However, this headline figure includes several sites functioning at a reduced level—delivering fewer, more targeted services. Some areas, such as Swindon and Solihull, reported having no Sure Start children's centres.⁴⁷

The [Stop Start research](#)⁴⁸ also suggests that the suspension of Ofsted inspections and lack of national guidance on purpose has meant the children's centres seem less important and become less of a priority for local authorities.

Future UK government provision for early years

The government's current focus is on language development

Across the UK, 'closing the word gap' is the current government focus within the early years space: its social mobility action plan [Unlocking talent, fulfilling potential](#)⁴⁹ names it as a key priority. This is an important aim. Much of the difference in educational achievement is already present when a child starts school at four years' old. Children behind in language development by age five are 6 times less likely to reach expected standards in English and 11 times less likely in Maths by age eleven.⁵⁰ Examples of government schemes to tackle this include:

- An £8.5m programme for local authorities to fund projects that improve early language and literacy development for disadvantaged children.
- A new £5m scheme run by the Education Endowment Foundation (EEF) which will trial projects in the North of England to provide practical tools and advice to parents. The aim is to help parents teach their children new words through simple steps like reading and singing nursery rhymes.
- New Early Years National Funding Formula that increases the funding rate for children and areas that need it most. This includes providing additional support to increase up-take of free childcare for disadvantaged two-year-olds in areas where this is low.

However, much of this will impact three- and four-year-olds. In addition, language and development is only one aspect of a child's development, and is also impacted by emotional and physical development—something not addressed by the government's social mobility report. Interventions for younger children and a broader focus on development areas may be necessary to reduce the gap in educational attainment that is already present by the time a child is four years old.

Adverse Childhood Experiences are the focus in Scotland, Wales and Northern Ireland

In Scotland, Wales and Northern Ireland there has been an increasing focus on the impact of Adverse Childhood Experiences (ACEs). ['Resilience'](#)⁵¹, a film about ACEs, has gathered a lot of attention particularly in Scotland. However, in England, early years advocacy groups have found it harder to engage government and ACEs is not high on the agenda.

[§] Since Sept 2017, real-time data on children's centres has been supplied by local councils via the department's Get Information About Schools (GIAS) database portal.

There are still gaps in government early years provision

The First Thousand Days All Party Parliamentary Group has identified that better joined up services and better parent mental health is key and should be a focus for the government. It suggests that to improve outcomes in early years the government needs to do the following:

- Provide specialist services that promote parent-infant interaction—for example video interaction guidance and parent-infant psychotherapy—to vulnerable families.
- Offer a range of mental health services in every local area to ensure parents with mental health problems receive the appropriate support.
- Offer antenatal classes that address both the physical and emotional aspects of parenthood.

But an increase in spending and wider focus on development does not look likely

The Children's Society research suggests that early intervention funding is expected to fall to just £900m by 2020—a reduction in 70% since 2010.⁵² The Children's Society's 2016 research suggests that 87% of councillors say that early intervention services are a high priority within their local authority—but 59% say early intervention services for early years will be reduced.⁵³

During our research, it emerged that there is a large disconnect between the evidence on early years and government policy. Two challenges were cited as possible reasons for this disconnect:

1. The democratic nature and short-term focus of the UK's political system makes early intervention difficult. That's because its impact will not be seen until further down the line—when that party may not be in power.
2. Often, intervening during the early years requires intervention at home. For some, there is a sense that it is not the government's place to intervene in home life.

WHAT THE CHARITY SECTOR IS DOING

Charities take a variety of approaches to improving outcomes for young children and their parents. Interventions vary depending on the context in which they operate and the need they are trying to meet. Favoured approaches have often changed with the science and the policy environment. Other approaches have remained the same for a long time, with some charities keeping to historically-based niches.

Charities can play a role in early child development that is different to the government for many reasons:

The interaction between parents and their child is personal, and government intervention might not always be welcome. A charity may be able to offer help in the home when required without accusations of paternalism.

Charities are often better placed to support some of the most disadvantaged groups in our society—those that are worst affected by some of the drivers of poor development.

Compared to the highly specialised government support—for example, through the health system—charities often provide a more holistic view and engage families in a range of services to meet their needs.

Research spotlight: Key messages from *Intervening to make a difference in the lives of children*, Dr Christine Stephen, University of Stirling

This 2014 review looked at 50 different interventions on a range of themes from all over the world. Included in this process were:

- nutritional and health interventions
- centre-based and group-based interventions for children
- enhancing the home environment as well as education for parents
- home visiting programmes

The work looked at and compared their impact on a range of cognitive, physical and emotional indicators.

Assessing impact is incredibly difficult. The different aims of programmes, the range of measurement techniques, different contexts with varied influencing factors as well as the long time horizon of impact make measurement and comparison very tricky. Some interventions are clearly more effective in their aims than others. Despite this, we should not look for a perfect programme, but instead think in terms of what is 'good enough', or what works in context.

Context matters, and attempts to scale-up successful programmes have more of a history of failure than success. The evidence suggests that organisations can have the biggest impact on family circumstances and context—specifically, focusing on creating positive home environments for children until about three years old gives opportunities to make a real difference. This may involve targeting one or a combination of: child or parental health; education around parenting practices; helping develop attachment; language development; and maternal depression or anxiety.

The size and scope of charities in the early years sector

Children’s charities represent [15–20% of all charities in the UK](#) and [7% of its income](#).⁵⁴ We know the number of charities focusing specifically on the early years is fewer, but the precise size and scope of the early years charity sector is difficult to measure. The types of approaches and organisations are so wide ranging—and all with a slightly different definition of early years. So it is hard to say how many charities are working to improve outcomes for children from conception to their third birthday.

However, the importance of early years is recognised across the youth sector. In addition to early years specific charities, most large children’s charities now have an early years programme of work.

Charities vary in size and focus

Charity provision varies by local area. Many charities build on government provision—which, now commissioned and delivered by local authorities, varies by area too. Charities can intervene on different scales:

- **National:** For example, undertaking research, campaigning for national change, providing a helpline or online advice and guidance through an app or a website.
- **National programmes delivered locally:** For example, offering a service across the country through local providers or children’s centres.
- **Local:** Local charities delivering programmes for that area only.

It is also worth noting that some charities may run a programme that is also designed to be run in a different local area by a different public sector or voluntary sector organisation. For example, the NSPCC’s [Baby Steps](#)⁵⁵ programme is delivered by NSPCC, but can also be delivered by other organisations—for example Baby Steps Family Engagement Workers are based within Children’s Centres across the 7 Better Start Wards in Blackpool.

Charities also vary in focus, and take either one of the following approaches:

- **Targeting a specific need:** For example, [Incredible Years](#)⁵⁶ provides evidence-based training and comprehensive treatment programmes for young children with early onset conduct problems and ADHD.
- **Offering a range of services and approaches:** For example, [Pembury Children’s Community](#)⁵⁷ offers all the services a child needs under one roof, and therefore saves money and time on duplication and service referral.

Programmes also vary in the level of need that they are addressing and how they reach their target groups. Interventions can choose to target a greater number of people, some of whom may be in less need, or attempt to isolate and target those who most require help.

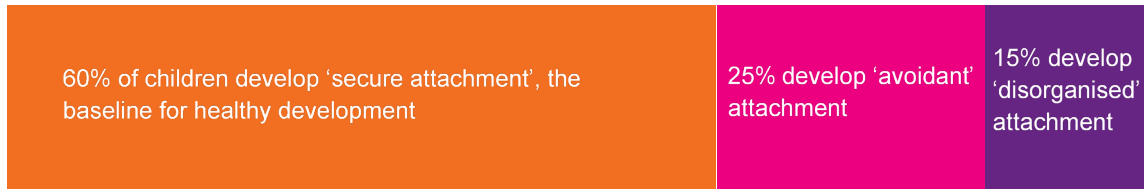
These interventions are referred to as ‘universal’, ‘open access’ or ‘targeted’ depending on who they help. Helping the most disadvantaged children effectively does not always mean using a targeted intervention. In fact, often an open access service with assertive outreach to those most in need is most likely to reach its target audience. This highlights the importance of a non-stigmatised service.

Reaching those with very complex needs can be difficult and interventions can have a greater impact on well-being by reaching a larger group with less intense needs. The issue of attachment is a good way to think about the trade-offs between these different types of targeting. Attachment between a caregiver and a child can be ‘secure’ or ‘insecure’. There are two main types of insecure attachment—‘avoidant’ or ‘disorganised’ (although researchers distinguish these further into three or four types).^{**} As Figure 2 (on page 16) shows, 60% of children

^{**} Avoidant attachment occurs when a caregiver rejects or responds in an insensitive way to a child’s needs. A child will then often minimise expression of their needs and avoids the caregiver when distressed. Disorganised attachment happens when a caregiver increases a child’s distress. A child will then often exaggerate in order to engage a caregiver, resist them, or not be

develop a secure attachment, while 25% develop avoidant attachment and 15% disorganised. An intervention can focus on those with disorganised attachment, as these are the families with highest needs. Targeting this 15% is likely to be expensive as it requires intense and long-term intervention.

Figure 2: The percentage of babies experiencing different types of attachment ⁵⁸



However, helping families across the entire attachment spectrum in a light-touch way may mean an intervention can reach more children at the same cost. Even those children who do reach secure attachment may have a range of needs that would benefit from intervention, although intervention at this level is unlikely to be as in-depth or complex as for those who are most struggling.⁵⁹

Targeting by demographics

Some charities and funders choose to target a specific demographic of young children. We have not discussed these in depth in this report, but there are many minority groups who face all the challenges we have outlined—as well as specific others, for example:

Children with disabilities or special educational needs may require a range of different services not outlined here. Recognising the disability can be the first barrier, as late diagnosis can mean children falling behind in education. If a child does not attend pre-school, recognising what is normal development and what is not can be harder for the parents.⁴¹

Children born into ethnic minority families face a range of additional challenges. Studies have shown that babies from ethnic minorities have a consistently lower birthweight than their white peers. This can have serious health impacts later in life.⁴²

There are several different groups of children that could be targeted for support but ultimately the decision has to be based on a value judgement.

Types of charity intervention

Whether local or national, delivered by an early years specific charity or a charity with a wider focus, or targeting universal access or a specific need—charities are using a variety of approaches to address the drivers of poor outcomes in early years.

A distinguishing feature of the early years sector is that most of the work is not done with the intended beneficiaries themselves (ie, the children). Instead, it is done with their parents or caregivers, practitioners and policymakers.

able to manage emotions and needs. See Washbrook, E. et al (2014). *Baby Bonds: Parenting, attachment and a secure base for children*. The Sutton Trust.

The following table lists some of the major types of intervention undertaken by the charity sector:

Target of intervention	Type of intervention
Young children	<ul style="list-style-type: none"> Improving a child's nutrition and physical development. Supporting better attachment between child and caregiver. Supporting a child's cognitive and language development. Delivering a combination of these interventions.
Parents/caregivers	<ul style="list-style-type: none"> Supporting better perinatal mental health. Supporting better parent-to-parent relationships. Reducing domestic violence and/or substance misuse.
Practitioners and professionals	<ul style="list-style-type: none"> Training professional and practitioners in early years to provide better quality care and advice. Providing early years care and education through nurseries and playgroups. Researching and evaluating what works to improve child development and outcomes for later life.
Wider society and policy	<ul style="list-style-type: none"> Researching early years development and improving our understanding of the drivers of different types of outcomes. Campaigning for policy change—ie, for more government focus on early intervention.

For more detail and examples of programmes addressing all the above, please refer to the 'Different types of funding opportunities' section on page 20.

The effectiveness of current approaches

Measuring the effectiveness of any intervention in the early years sector is difficult. Time scales for progress are lengthy, and it is difficult to attribute change to a specific intervention. This means that there are few rigorous and long-term evaluations that can point clearly to types of intervention that work. However, during our interviews, four broad themes for what makes a good approach came through.

Coordinating with others

One major issue in early years is the lack of coordination between services.⁶¹ Many organisations often end up working independently. Unless they have child protection concerns, or there is a specific emergency, organisations are often reluctant or unable to refer to other services.

This may be incidental due to focus on their own mission at the exclusion of what is around them. But sometimes it can be intentional. In a time of squeezed funding, many charities are having to compete for the same grants. By partnering or referring constantly to others, some organisations may believe that they undermine their chances of winning future grants and risk the survival of their organisation.

There is no single body who can speak for or coordinate strategy across the early years sector. On a national scale, this can lead to the duplication of services, wasted resources, and an inefficient model for referring families on to help which they might sorely need.

The issue of siloes is difficult to overcome, but charities that go furthest to overcome it tend to follow one or both of two approaches.

Taking a 'systems approach'

A systems approach is where a charity takes a broad perspective and makes efforts to identify where they sit within a wider system. This allows them to coordinate with other charities and statutory services and make sure they are not duplicating services being offered elsewhere. It also supports efficient referral services that can identify what help a family needs and direct them to someone who can give them that help.

One example of this is the Hub and Spoke model. With this approach, there is one central professional or organisation who acts as the ‘hub’. This organisation will be a first point of contact for an at-risk family and acts as a trusted intermediary for any issues the family might be having. The Hub will have a series of links to other, more specialised services, the ‘Spokes’. The family can be referred onto these services for more specific problems they may have. This prevents duplication of services and means that a family can get the help they require when they are not sure where to find it.

This is a model that is not used widely for early childhood support in the UK but is offered in parts of the [NHS and social services](#)⁶². When done well it can mean a whole system of services operating efficiently with little duplication. A good example is the local government’s family support services [Team around the family](#)⁶³.

Taking a ‘place-based approach’

A place-based approach is where charities offer a range of joined-up services located in one single place. This is based on the idea that there are multiple and overlapping challenges in a child’s life, and that by only acting in one single part of it you risk your good work being undermined in another. Complex problems require an integrated approach that is tailored to the area where a child grows up. By taking a place-based approach you can provide a range of services in one area, with direct referrals to anything that a child might need. Examples of this in practice include [West London Zone](#)⁶⁴, or the Big Lottery’s [A Better Start](#)⁶⁵ programme. The best examples tend to be rooted in a specific community, building on its strengths and providing targeted help where it is needed.

These approaches tend to be very resource intensive and have not yet been around long enough in the UK for conclusive results on their effectiveness. Proponents however, point to early signs of success as well as successful programmes abroad such as the Harlem Children’s Community⁶⁶. They also claim that through cutting out duplicated services, the programmes are not much more expensive than traditional siloed services.

Intervening early—often at home

Prevention is cheaper, more effective and less intrusive than reacting to a problem once it has already arisen. In the UK we spend nearly £17 billion a year on later intervention.⁶⁷ Regardless of the issue being targeted, it is essential that a programme starts as early as possible.

Aside from health visits and GPs, there are very few universal contact points with children and parents in the early years. This can make it difficult for professionals and practitioners to spot issues early.

Early interventions are not always at home, but home is where a child spends most of its first few years of life, and The Early Intervention Foundation states that interventions in the home can be the most effective.⁶⁸ Making sure this environment is positive, conducive to learning, and removing stresses wherever possible is crucial to making sure a child has the best start. Home visits are most commonly from practitioners who can provide relevant support.

If we want to ensure good outcomes later in life, it makes sense to try and isolate these problems and prevent them from occurring. There are programmes and treatments that attempt to mitigate the harm once arisen, but they are much more time and resource intensive. They also have much more varying success rates.

Adapting to local context

Every community has different strengths and different needs. Making real lasting change means building on the strengths a community already has, whilst taking careful consideration of the issues where more help is required. Successful, long-term interventions will spend a long time learning about the community they want to serve both through in-depth data analysis as well as speaking to members of that community. Services tailored to these specific requirements are then offered, and are adapted in line with impact data and feedback collected over time.

Beginning with this learning process is important to achieve the best outcomes according to the Early Intervention Foundation model.⁶⁹

Involving users in service design

Involving the voices of parents and families in service design has proved to result in successful interventions. First, each family will have different needs and different strengths that they know better than anyone else. To be able to deliver the most efficient and effective intervention requires listening to what people say that they require, and tailoring services accordingly.

Second, successful interventions are based on a long-term partnership. Family drop-out is one of the biggest reasons for the failure of an intervention. If the family does not feel engaged with or that their thoughts are valued, this partnership will not last.

Finally, and most importantly, giving people a say in services that affect them, and their children, is worthwhile in itself. Giving weight to the voices of vulnerable people can be empowering for them, something that is too often missing from their lives. It recognises the dignity that comes from having control over your own life.

The Big Lottery's A Better Start programme has all of the five features mentioned above, and aims to contribute to the evidence base around what works.

A Better Start is a 'test and learn' programme investing a total of £215m between 2015–2025 in early years intervention across five local partnerships: Bradford, Blackpool, Lambeth, Nottingham and Southend-on-Sea.⁷⁰

The programme aims to change systems locally, so that local health and other public services, voluntary sector organisations and the wider community work together to improve outcomes for children. Partnerships aim to make improvements to social and emotional development, communication and language development and diet and nutrition, and focus on pregnancy and a child's first three years.

Alongside government funded and third-sector providers working collaboratively across health, education and social care, Big Lottery Fund's investment will allow these areas to make structural changes to the way in which they identify and work with families at risk of poor outcomes. This is in addition to introducing a range of preventive interventions focusing on pregnancy and the first three years of life.

HOW FUNDERS CAN HELP

Children and young people are the third most popular cause amongst UK givers, after medical research and animal welfare.⁷¹ But not all of this funding focuses on a child's early years^{††}. There is therefore a significant role for philanthropy in this sector, especially given the importance of early intervention in a child's life.

Donors could fund the following:

- Charities that deliver services directly to parents and families, particularly when statutory spending is being cut.
- Innovation by piloting new services or programmes.
- Improvements to the early years system, for example through training and supporting professionals or directly influencing government policy.

There are a range of funders already working in this space including The Esmée Fairbairn Foundation, The Sutton Trust, and the Big Lottery Fund. Many of these funders share knowledge and experience with each other and use this to help devise their programmes. In the next section we highlight some of the specific programmes being run by some of these funders.

Funding gaps

Additional funding would be beneficial in all areas of early years provision. Much more extensive research would be required to do a full funding gap analysis. However, through our research we've identified some areas where experts believe more provision would be a good thing:

- Focusing on prevention through, for example, early interventions at home with very young children, and support for expectant parents.
- Increasing understanding of child development and awareness of the importance of attachment amongst the general public and parents.
- Providing services that improve and support maternal and paternal mental health.
- Supporting the role of fathers.^{‡‡}
- Campaigning to advocate for change in statutory service provision.
- Researching what makes programmes effective and supporting better use of this research.

Different types of funding opportunities

Once funders have identified the scope of their funding in the early years space, they'll need to think about the actual interventions that they would like to fund. Although aiming to improve outcomes for children under three years old, many interventions in the early years sector are delivered to expectant parents, caregivers, professionals and practitioners, and policy makers.

^{††} Which we define as pregnancy through to a child's third birthday.

^{‡‡} The importance of fathers in a child's development is being increasingly recognised, but there is little funding available for it.

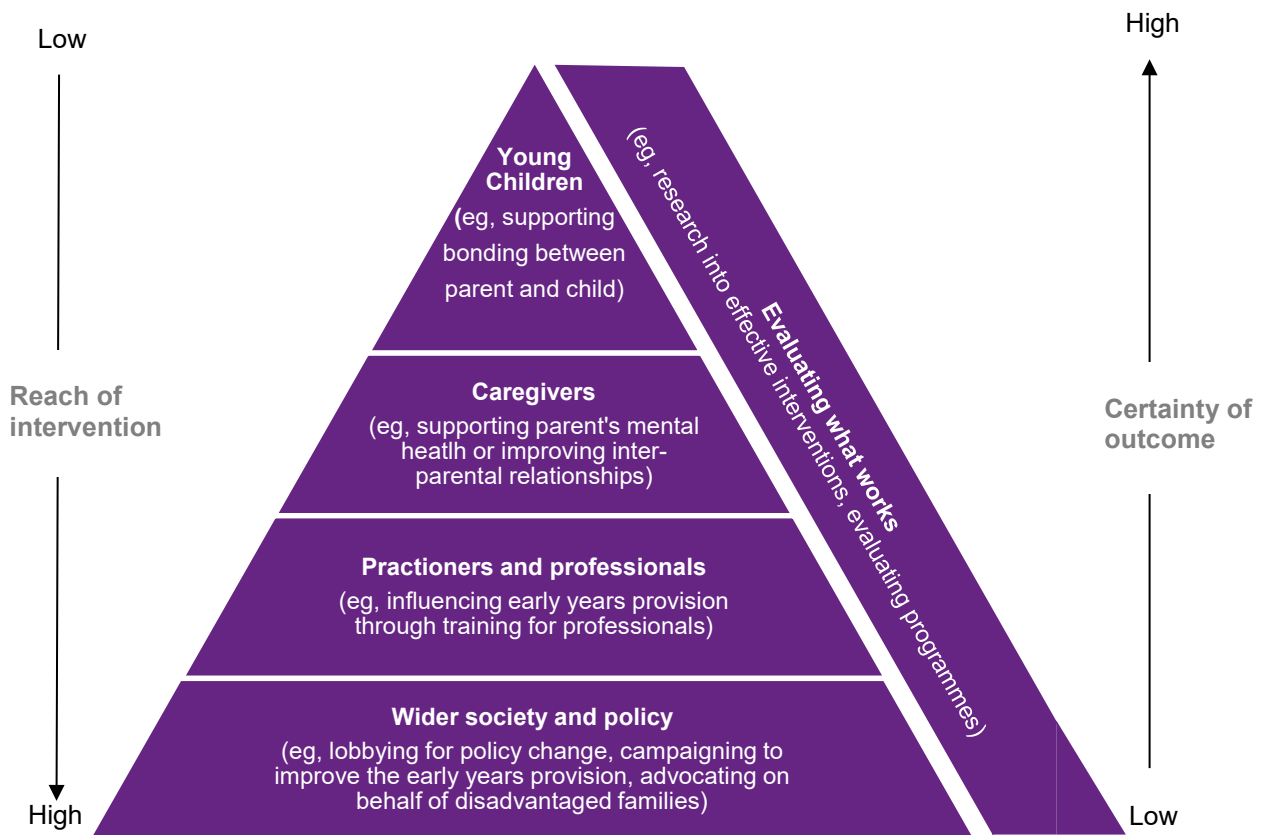
As Figure 3 shows, there are opportunities for philanthropists to have a significant impact at each of the five funding levels we have identified:

1. Supporting organisations who focus on the child by working directly with young children and their caregivers.
2. Working with caregivers directly.
3. Improving early years provision and the network of services that support young children and families by training professionals and practitioners.
4. Influencing policy around early years.
5. Evaluating what works.

Many of the charities operating in the early years sector in the UK work across these different levels, but it may be possible to fund streams of work or programmes working at a particular level.

For funders thinking about supporting the early years sector, thinking about these levels can provide a useful starting point. It helps funders think through the trade-off between having a quick, direct, relatively certain impact on a small number of children by working with them directly, versus creating change for a large number of children at the society or policy level (which is much less certain and could take a long time to achieve). By considering the reach of an intervention in relation to its level of certainty, funders can make key decisions about what types of organisations they might want to fund.

Figure 3: NPC’s funding levels model for supporting the early years sector



The following section of this report looks at each of these funding levels in more detail.

1. Interventions focused on young children

Although working with the caregiver and the child, and sometimes only the caregiver, these interventions focus on the child and the interaction between child and caregiver. Of all the different types of interventions, these have the highest certainty of outcome, but the lowest reach. Funding could have a real impact here through supporting services that are intervening very early, at home and during pregnancy.



Improving a child's nutrition and physical development

Proper nutrition and immunisation during foetal development and early years are crucial to good child development. Without it, babies can have poor physical development, suffer diseases such as Foetal Alcohol Syndrome and stunted growth. Some local authorities estimate that around 70% of the children needing adoptive families have drug/alcohol misuse in their background or have been exposed during pregnancy⁷². Immunisation is also essential to prevent illness throughout life, and breastfeeding and receiving the proper vaccines support this. And yet the UK has one of the lowest breastfeeding rates in the world—with only 34% of babies receiving any breast milk at six months, compared with a high of 71% in Norway⁷³.

Nutrition and physical development is largely the remit of the NHS through its Healthy Child programme. However, the voluntary sector still has a role to play. Interventions range from supporting pregnant women to look after their own health during pregnancy, to helping parents support the nutritional development of their baby. This is mainly through provision of information online by charities like [NCT](#)⁷⁴, [Tommy's](#)⁷⁵, [Family Lives](#)⁷⁶ and [British Nutrition Foundation](#)⁷⁷. Others offer a more comprehensive range of services like face-to-face advice and workshops on nutrition and health—such as [HENRY](#)⁷⁸, [The Breastfeeding Network](#)⁷⁹, or [Family Nurse Partnership](#)⁸⁰, which support pregnant women and young mothers on breastfeeding and smoking cessation as part of their home visits. NCT also facilitates peer support through an initiative called [The Baby Café](#)⁸¹.

Other charitable interventions funders could support include raising awareness amongst parents about how to support child development during pregnancy and the early years. Examples include the [Sleep On Side](#)⁸² campaign by Tommy's, encouraging pregnant women in their third trimester to sleep on their side to reduce the risk of stillbirth, and the [Always Ask](#)⁸³ campaign by Tommy's, encouraging pregnant women to ask about their health concerns.

Supporting better attachment between child and caregiver

A baby's first relationship acts a template that shapes and moulds all future relationships. So the parent-child relationship is crucial to brain development and impacts many aspects of a child's development. 40% of children will not develop secure attachment. This type of support is not as universally available through statutory provision like the NHS. Funders could support voluntary sector interventions that aim to promote secure attachment between a caregiver and a child—often through teaching and guidance for parents before they have their child or in their child's first months.

Some of this is provided by charities through online information and guidance, for example from [Action for Children](#)⁸⁴ and [Family Lives](#)⁸⁵. Other interventions provide this through group parenting classes: [The Solihull approach](#)⁸⁶ (part of the NHS), [The Anna Freud Centre](#)⁸⁷ and [Mellow Parenting](#)⁸⁸ run parenting classes and face to face support for parents to help them transition to parenthood, meet their child's needs and improve their communication skills. Some have a programme specifically for Dads who have babies and young children—such as Mellow Dads. [Aberlour](#)⁸⁹ is based in Scotland and takes a needs-based approach to help parents build their own confidence and skills—from mental health difficulties, to classes in baby massage or child development.

Funders could support organisations that deliver programmes that focus particularly on difficult child-carer relationships, such as [Triple P](#)⁹⁰—a well-evidence programme that gives parents simple and practical strategies

to help them build strong, healthy relationships. [Incredible Years](#)⁹¹ provides evidence-based training and comprehensive treatment programs for young children with early onset conduct problems and ADHD.

Funding home visiting services can be particularly effective here too. Many home visiting programmes, such as [Family Nurse Partnership](#)⁹², focus on several areas of a child's development. However, [NSPCC's Baby Steps programme](#)⁹³ has a strong focus on building relationships between parents and babies. Both Mellow Parenting and Baby Steps use Video Interaction Guidance (VIG)^{§§}, which is seen to be effective in promoting secure attachment. Approaches that use infant-parent psychotherapy, child-parent psychotherapy and [Parent-Child Interaction Therapy](#)⁹⁴ (PCIT)—such as Mellow Toddlers—have proven to be effective in improving attachment. [PIP UK](#)⁹⁵'s prime task is to provide specialised, strength-based, therapeutic services that focus on the relationship between baby and parents—and they deliver these in the home or in local children's centres. PIP UK has a network of locally delivered Parent Infant Projects. Often these interventions are delivered through local organisations, which funders could support.

A challenge in this area is that caregivers are not always aware of the impact of attachment and their behaviour towards their babies, so it may not occur to them to seek help. Funding campaigns to increase the general public's awareness of attachment could have an impact. The collaboration between the Big Lottery's [A Better Start programme](#)⁹⁶ and [The Frameworks Institute](#)⁹⁷ is hoping to build caregivers' understanding of these domains of development and to promote more effective caregiving interactions.

Supporting a child's cognitive and language development

Children behind in language development by the time they start school are likely to find it difficult to catch up with their peers. Poor cognitive and language development can impact on educational attainment and outcomes later in life. Funders could support cognitive development in the early years by funding some of 6,691 voluntary sector playgroups and nurseries.⁹⁸ Whilst most of these will be for children aged three-four, some two-year-olds will attend.

It's also worth considering supporting charities that promote this learning at home. Some of these operate through home visiting programmes such as [Parents as First Teachers](#)⁹⁹, in which practitioners partner with families with children under three to help parents observe their child's developmental milestones, facilitate parent-child interaction through age-appropriate talk, play and reading activities. Other examples of programmes include: [FRED \(Fathers Reading Every Day\)](#)¹⁰⁰—which encourages Dads to read at home with their children—and [LENA HOME](#)¹⁰¹—a programme currently being piloted by Home Start UK—in which trained coaches use a word pedometer to help support parents to expand the frequency and range of conversations they have with their young children. [Peeples](#)¹⁰² is a charity that supports families in Oxfordshire to build relationships to help with learning and has a good evidence base and well-respected methodology. Increasingly the use of technology has enabled better access to parents at home. For example, [EasyPeasy](#)¹⁰³ is an app for parents and carers of 2–6 year old children. It encourages positive play and interaction at home through game ideas.

Funders could also support other learning organisations that run special programmes for early years: [The Book Trust](#)¹⁰⁴ encourages a child's reading journey through its [BookStart programme](#)¹⁰⁵. This offers a free pack of interactive storybooks, booklists, book-finders, and activities to all children aged 0–12 months. [National Literacy Trust's Early Words Together at Two](#)¹⁰⁶ programme (funded by the Department for Education until March 2018) partners with parents to engage them in their child's learning. It provides early years practitioners with opportunities and training to engage parents and develop networks.

§§ VIG consists of filming parent-infant interactions during everyday activities. The parent is then shown clips of their natural, positive interactions. Parents are then asked to reflect on what they were thinking during that moment and what they think their baby was thinking too. In this non-judgemental and empowering way the parent develops a deeper understanding of their child. For more information, see here <https://www.videointeractionguidance.net/aboutvig> and here <https://www.mentalhealth.org.uk/a-to-z/v/video-interaction-guidance>

Cognitive and language development is the current focus of the government's work in early years. So while an important area, other areas could benefit more from philanthropic funding.

Supporting a combination of interventions

Some charities deliver a combination of those interventions mentioned above. This blended approach depends on the needs of the parent. One of the larger family charities, [Home-Start](#)¹⁰⁷, operates through 269 local, independent Home-Starts, and sends volunteers to help families with young children deal with the challenges they face. Family Nurse Partnership is also a good example. While they are currently funded by Public Health England, there may be opportunities for them to diversify funding. Technology is being utilised here too—[Baby Buddy](#)¹⁰⁸, an app developed by [Best Beginnings](#)¹⁰⁹, provides expertise and guidance through pregnancy and the first six months of life. It is designed to support all different types of development.

Other charities provide a space where multiple services can be delivered—for example voluntary sector-run children's centres deliver many of the direct services to parents. Some children's centres may be Sure Start centres, but the local authority commission voluntary sector organisations to run them. This means children centres could be run by large charities such as [Barnardo's](#)¹¹⁰ or [Family Action](#)¹¹¹, or could be local charities themselves, and a funding opportunity could be to support one directly.

Reducing the impact of adverse childhood experiences

Once a child has suffered adverse childhood experiences like abuse or neglect, they may need support to reduce the impact of this on their lives. Much of this work is done directly with children who have suffered trauma. This means many services tend to be aimed at children old enough to interact with the charity directly through services like [ChildLine](#)¹¹². However, [Body & Soul](#)¹¹³ works with 0–3-year-olds through its Adventurers programme—equipping children who have experienced trauma with the emotional skills they need to cope with day-to-day life. [Imara](#)¹¹⁴ supports children under 12 to cope with trauma suffered as a result of sexual abuse.*** Charities running these sorts of programmes could be a funding opportunity for funders interested in non-preventative interventions—although it was difficult to come across many charities working directly with children under the age of three.

2. Working with caregivers

These interventions focus on the caregiver themselves. Funding could have a real impact here through supporting services aimed at improving the perinatal mental health of caregivers.



Supporting better perinatal mental health

The mental health of the mother during pregnancy, and that of the caregivers after birth greatly impacts on foetal development and the attachment caregivers make with the baby once born. 1 in 4 women will suffer from poor mental health during pregnancy.¹¹⁵ Poor mental health is one of the 'toxic trio' of poor child development—the other two being domestic violence and substance misuse.

Despite extra government spending since 2015, provision of support for mothers is not consistent across the UK or in line with need. As an example, Perinatal Mental Health Units are needed for women with severe conditions, but less than 15% of localities provide these fully and 40% provide no service at all. An NHS review noted that

*** NPC published a report assessing the impact of Imara's work, which can be found at www.thinknpc.org/resource-hub/support-after-trauma/

some excellent work is being done by charities to fill these gaps. Some of this is commissioned by government but most of it is reliant on local support and volunteers.¹¹⁶

Funders can make an impact by supporting charities and programmes that support better parent perinatal mental health—providing services for parents both during and after pregnancy. Some offer help through counselling and helplines, such as [MumsAid](#)¹¹⁷ and [PANDAS](#)¹¹⁸. Many of these interventions also focus on peer-to-peer support including home visits and telephone services. For example, [The Family Action Perinatal Support Service](#)¹¹⁹ is provided by a team of volunteer befrienders who have experience of parenthood to those diagnosed with low-to-moderate level mental health issues or who are at risk of developing perinatal mental illness. [PANDAS](#)¹²⁰ runs peer support groups; [Support 2gether](#)¹²¹ is for those living with antenatal and postnatal depression. It is driven by people with lived experience and provides support groups within rural communities in Northern Ireland.

Some charities provide information and helplines on particular mental health issues—for example, [The Association for Post Natal Illness](#)¹²² provides support to mothers with postnatal depression. The [Birth Trauma Association](#)¹²³ provides support for women who have experienced traumatic childbirth. [Maternal OCD](#)¹²⁴ provides support for people experiencing perinatal OCD.

Some programmes are specifically for women who have poor mental health because of their own experiences of trauma. [The Survivor Mums' Companion](#)¹²⁵ is a telephone-based service designed to support pregnant women who have a history of childhood trauma, who are at risk of, or are experiencing, PTSD symptoms during pregnancy. NSPCC¹²⁶'s [Minding the Baby](#)¹²⁷ programme help mums who are struggling emotionally because they've experienced neglect or abuse themselves.

Supporting better parent-to-parent relationships

This is a new area and the evidence is still emerging. It works from the basis that a couple's relationship impacts hugely on child development. If this relationship can be made the best it can before a child is born, it can provide a solid basis for a healthy childhood. In the UK the best examples are being attempted by [Family Action](#)¹²⁸ in their 'Parents as Partners' and 'Schoolchildren and Families' programmes.

Reducing domestic violence and/or substance misuse

Domestic violence and substance misuse are the other two aspects of the 'toxic trio' for poor child development—the other being mental illness. If a caregiver is experiencing domestic violence or is misusing substances, they may be less able to form strong attachments with their child. In addition, the child itself is more at risk of experiencing high levels of stress, and even abuse or neglect itself.

Whilst there are charities outside the early years sector focused on reducing domestic violence and substance misuse, there are some within the sector that also focus on this—and funders could support charities focused on these issues to improve early childhood outcomes. [Pause](#)¹²⁹ works with mothers whose children have been taken into care to support them with substance misuse and domestic violence. [For Baby's Sake](#)¹³⁰ is a programme run by [The Stefanou Foundation](#)¹³¹ for expectant parents who want to bring an end to domestic abuse. The NSPCC led, Blackpool Better Start [Parent Under Pressure](#)¹³² programme is for parents who are on a drug or alcohol treatment programme and have young children. This programme helps them to develop a safe, caring relationship with their baby, feel calm and in control, and learn practical parenting tips and life skills, like financial management.

Supporting other carers

Some charities focus on 'kinship care'. This refers to the 150,000 or so children being looked after by a relative or friend that isn't a parent—of which 76% are living in a deprived household¹³³. For example, [Grandparents Plus](#)¹³⁴

provides advice and advocacy for grandparents caring for children, whilst [Mentor UK](#)¹³⁵ offer support to carers looking after children whose parents have substance misuse problems—around two thirds of children in care.

3. Supporting early years practitioners and professionals

These interventions focus on practitioners and professionals that work in the early years sector. They are aimed at enabling professionals to give more advice and support around emotional and social development, as well as physical development and nutrition. Funding could have a real impact here.

Funders can help build capacity in the sector by supporting charities that improve the skills of those that work with expectant parents or parents with young children—for example [Wellbeing of Women](#)¹³⁶ and [Family Links](#)¹³⁷, or health visiting services and children’s centres to support mothers to breastfeed. Other programmes support practitioners in helping expectant mothers during pregnancy—for example, Mellow Parenting’s [Mellow Bumps](#)¹³⁸ programme.



Other charities focus on developing the skills of practitioners who work with young children to support their emotional and cognitive development. For example [The Fatherhood Institute](#)¹³⁹ provides training, consultancy and publications on father-inclusive practice. [ICAN](#)¹⁴⁰ delivers early years training to those working in early years settings to help children aged 0–5 develop language skills.

4. Influencing wider society

These interventions focus on influencing policy and other institutions to improve the system and structures around early years provision. Funding could support those organisations campaigning to improve statutory early years provision.

Researching the issue

As well as evaluating programmes, more research into drivers of child development could also help inform effective approaches and interventions. Supporting organisations like [The Wave Trust](#)¹⁴¹, [the Anna Freud Centre](#)¹⁴², the [EIF](#)¹⁴³, [The Fatherhood Institute](#)¹⁴⁴, and many of the big national children’s charities could enhance the understanding of the drivers of child development and current challenges in the sector. Funding evidence-based interventions is another way of supporting the use of evidence and communicating its importance .



Campaigning for policy change

Many organisations that conduct research also campaign for policy change in the wider environment.

Some of these campaigns focus on parents. For example, several organisations are campaigning for more support from the government and other organisations on perinatal parent mental health. The [Maternal Mental Health Alliance](#)¹⁴⁵ is a coalition of UK organisations fighting for better mental health during pregnancy and in the year after giving birth. Its current campaign, [Everyone’s Business](#)¹⁴⁶, calls for all women throughout the UK who experience perinatal mental health problems to receive the care they and their families need, wherever and whenever they need it.

Other charities are also committed to campaigning for policy change in this area, such as [Mothers at Home Matter](#)¹⁴⁷ and [Maternity Action](#)¹⁴⁸. [The Fatherhood Institute](#)¹⁴⁹ lobbies for changes in law, policy and practice to remove the barriers to fathers’ care of infants and children in the UK. [PIP UK](#)¹⁵⁰ want to see specialist infant

mental health services throughout the UK so that all families that are struggling to create a healthy and helpful relationship with their infant can be supported in a timely way. [Family Rights Group](#)¹⁵¹ facilitated sector-led review into the rising numbers of children in care. The review, [Options for Change](#)¹⁵² was published in June 2018.

Other types of campaigns focus specifically on a more general emphasis from the government on early intervention. Funders could support this through funding campaigns, such as The Wave Trust's [70/30 campaign](#)¹⁵³ to achieve 70% reduction in child maltreatment by 2030, and [Save the Children's Make Childcare Work](#)¹⁵⁴ campaign, or by supporting campaigning children's charities such as [The Children's Society](#)¹⁵⁵.

5. Evaluating what works

Funders could help improve child development outcomes by funding research and evaluation of interventions. Doing so would increase the knowledge base about what types of interventions work. [The Early Intervention Foundation](#)¹⁵⁶, [Education Endowment Foundation](#)¹⁵⁷ (EEF), and [National Institute for Health and Clinical Excellence](#)¹⁵⁸ (NICE), are examples of charities that evaluate what works when it comes to parenting interventions and a child's development. The Big Lottery's A Better Start Programme is an example of where a funder has taken an evaluation approach. It is monitoring what works and will be using this to add to the evidence base of what makes a successful intervention. Funders can play a big role here and can help draw in more funding for effective interventions.



CONCLUSION

What happens during a mother's pregnancy, and the years that follow, has a huge impact on a child. A child's physical, social, emotional, cognitive and language development are significantly impacted by their early relationships, experiences and nourishment. Not all children get the same start, and this inequality can follow them through the rest of their lives.

Government funding for early years provision is centred around health and physical development. Funding for support on social and emotional development has fallen dramatically in the last seven years, and this trend looks set to continue. The needs of many families are not being best met by local authorities constrained by a difficult funding environment, and there is significant variation in service provision by local area.

Charities—in conjunction with statutory services—play a vital role in helping to improve the support for families during this crucial period, and to level the playing field and improve a child's life chances by intervening in this early stage. From providing direct support to parents, to training practitioners and professionals, to campaigning and researching to influence the entire system—charities are working across the spectrum.

It is difficult to say what the most effective interventions in the early sector are. But we think that coordinated approaches that are adapted to the local context, that intervene early, and that involve users in their design, are all characteristics of promising ways of working in this area.

Funders have an opportunity to help reduce inequalities in life outcomes by supporting charities intervening in this early period of a child's life. They can choose for their money to target the child itself, caregivers, early years practitioners, or policy makers. Or they can support research into what works. Areas where funding would be particularly impactful include: early intervention on developing secure attachment (antenatally and at home); perinatal mental health; domestic violence and substance misuse; boosting caregivers' understanding of child development; campaigning for change in statutory provision; and research into programme effectiveness.

We hope this research enables those who care about a child's early years, and the impact of these years on the rest of their life. As always, we are keen to hear from those who would like to discuss the issues in more detail with us—do get in touch via info@thinkNPC.org.

Useful questions for funders to ask themselves

- **Where do you want to fund?** One way to narrow the scope of funding is to target a geographic area. Within the early years sector, local, holistic approaches seem to work well.
- **Which children do you want to target?** Funders could focus on those that are particularly disadvantaged and have multiple complex needs or fund universal interventions—reaching a greater number of individuals with lesser needs. Funders could also target a particular group—for example, children who are at risk of neglect or abuse, children in care or children whose parents are in prison.
- **What level of intervention do you want to fund?** Funders could focus on the child, caregivers, professionals and practitioners, or policy makers—or a combination of all of these.
- **What issue or driver do you want to focus on?** Do you want to focus on a specific driver such as mental health or attachment, or fund across a number of issues?

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TRANSFORMING THE CHARITY SECTOR

NPC is a charity think tank and consultancy. Over the past 15 years we have worked with charities, funders, philanthropists and others, supporting them to deliver the greatest possible impact for the causes and beneficiaries they exist to serve.

NPC occupies a unique position at the nexus between charities and funders. We are driven by the values and mission of the charity sector, to which we bring the rigour, clarity and analysis needed to better achieve the outcomes we all seek. We also share the motivations and passion of funders, to which we bring our expertise, experience and track record of success.

Increasing the impact of charities: NPC exists to make charities and social enterprises more successful in achieving their missions. Through rigorous analysis, practical advice and innovative thinking, we make charities' money and energy go further, and help them to achieve the greatest impact.

Increasing the impact of funders: NPC's role is to make funders more successful too. We share the passion funders have for helping charities and changing people's lives. We understand their motivations and their objectives, and we know that giving is more rewarding if it achieves the greatest impact it can.

Strengthening the partnership between charities and funders: NPC's mission is also to bring the two sides of the funding equation together, improving understanding and enhancing their combined impact. We can help funders and those they fund to connect and transform the way they work together to achieve their vision.

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