

Changing the odds in the early years

A discussion paper on tackling poverty in the early years

Introduction

The lasting impact and cost of poverty in the early years

A child's early years of life are vitally important. This is a time a child's brain grows and changes rapidly, making young children especially sensitive to environmental influences. Early childhood is particularly critical because that is when the family context dominates children's everyday lives, a context that is significantly affected by socioeconomic status. Being part of a poor family means children are more likely than their peers to face problems with health, educational achievement, emotional wellbeing and life chances.

International studies show that when a baby's development falls behind the norm during the first year of life, it is then much more likely to fall even further behind in subsequent years, than to catch up with those who have had a better start (Leadsom et al 2014).

Living in poverty has a serious impact on children's lives, negatively affecting their educational attainment, health, and happiness as well as having long-term adverse consequences into adulthood (Dickerson and Popli, 2012). Even a few years of poverty can have negative consequences for a child's development and is especially harmful from the ages of birth to five. Research indicates that being poor at both nine months and three years is associated with increased likelihood of poor behavioural, learning and health outcomes at age five (Magnuson, 2013). By the age of four, a development gap of more than year and a half can be seen between the most disadvantaged and the most advantaged children (Sutton Trust, 2012).

Increasing the focused interventions at an early stage can have a positive impact for children and society (DfE, 2013a).

The need to address poverty in a child's early years

Despite a reduction in the numbers of children living in poverty between 1998–99 and 2012–13, latest figures show that there are 3.7 million children living in poverty in the UK (DWP, 2015). This represents 27% of children or more than one in four. There are even more serious concentrations of child poverty in some areas- in the wards with the highest concentration of children living in poverty, as many as 53% are growing up in households where family income is below the national poverty level (Hirsch and Valadez, 2014). This equates to over 1 million children under 5 living in poverty across the UK. Despite having a national target to eradicate child poverty by 2020 enshrined in legislation, figures forecast an increase in the numbers of children living in poverty. The Institute for Fiscal Studies forecast a rise to 4.7 million by 2020 (Browne et al 2013).

The Children's Commissioner's previous work has highlighted children's lived experiences of poverty and the link between poverty and children's rights. It has examined the impact of poverty on children's daily lives (OCC, 2013a), the combined impact of welfare/tax reform and cuts to public spending on households with children (OCC, 2013b; OCC 2014) and disabled children's experiences of poverty (OCC, 2013c).

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Good quality early years services provide children with a strong foundation for their learning and development going forwards (Tickell, 2011). The core purpose of services such as Sure Start children's centres and free child care for all 3 and 4 year olds and for disadvantaged two year olds is to improve outcomes for young children and their families, with a particular focus on those in greatest need. They work to make sure all children are properly prepared for school, regardless of background or family circumstances. As a greater number of families are encouraged to take up free entitlement places at a younger age and become engaged with services, it is important to understand the impact of these early years' services on children's lives, and the role they play in reducing the impact of low income.

Some families with young children living in poverty can find crisis support services a lifeline in times of need. These can include services such as discretionary welfare payments, food vouchers or access to food banks. Services such as the discretionary Social Fund¹ provided vital support to vulnerable families and individuals. Increasing use of food banks has been well documented, with a range of research documenting the rise (All-Party Parliamentary Group on Hunger and Food Poverty, 2014, Copper et al, 2014).

Research also shows that increasing numbers of children are affected by homelessness and a reliance on temporary accommodation. The numbers of families with children placed in Bed & Breakfast accommodation increased from 630 at the end of March 2010 to 2,080 at the end of September 2014 (DCLG, 2014a). Increases in debt and arrears for families have also been highlighted in research, showing that 2.5 million children are living in families with problem debt, falling behind on £4.8 billion of payments on household bills and loan repayments (Step Change and The Children's Society, 2014).

Children and families need access to good quality housing provision and a range of services to ensure that housing meets their needs. Evidence highlights the adverse effects that poor housing can have on children's lives including on their health, educational achievement, emotional wellbeing and life chances (Rice, 2006). Poor quality housing is often highest in deprived areas and is therefore likely to disproportionately affect children from low-income families (Harker, 2008).

¹ In April 2013, crisis loans were replaced by Local Welfare Assistance Schemes, and responsibility for delivering them was transferred to local authorities in England and the devolved governments in Wales and Scotland.

Health services play an important potential role in meeting the needs of low income families with young children. The literature base around poverty and health draws attention to the range of health conditions affected by living on a low-income. For example, a number of studies connect growing up in low-income with poor mental health, cognitive and language delay, smoking and drug use (Griggs, 2008). Evidence also shows that access to healthcare is more limited in deprived areas where healthcare needs are typically greater and there are fewer GPs per head than the UK average (NHS, 2014; Royal College of General Practitioners, 2013).

There is an urgent need to take action to 'reduce the negative impact on a child's life. A child born in 2015 will be at school by the end of the current parliament, so there is no second chance to reduce the impact of poverty for this group of young children. The Joseph Rowntree Foundation estimates that child poverty cost the country £25 billion a year (JRF 2013). About half this cost stemmed from the fact that adults have lower productivity and a higher risk of unemployment if they suffer the disadvantages associated with growing up in poverty. The other half of the cost was estimated from the additional public spending required to deal with social problems resulting from high levels of child poverty.

The policy context

2010 saw the passage of the Child Poverty Act. The intention of the act was to create a legally binding duty on consecutive Governments to halve child poverty by 2015 and eradicate child poverty by 2020.

The Government's first national child poverty strategy described how it intended to tackle poverty up to 2020 (HM Government, 2011a). Its approach was to focus on the causes of intergenerational cycles of poverty. Specific commitments that would affect young children were:

- an offer of early education for 3 and 4 year olds, from 2011–13.
- Funding allocated to local authorities to provide free early education to all disadvantaged two-year-olds for 2012–13
- 4,200 extra health visitors recruited

The most recent child poverty strategy (HM Government, 2014), advocates for investment in support services for low-income families. For young children and families living in poverty these services have included the provision of free childcare for disadvantaged two year olds with a goal 'to ensure that all poor children arrive at school ready to learn', the Healthy Child Programme,² investment in health visitors and the Family Nurse Partnership. The Healthy Child Programme aims to deliver a range of outcomes including supporting readiness for school and improved learning. The purpose of the Health Visitor Programme, which started in 2011, is to secure an extra 4,200 health visitors and transform the health visiting service across England.

However, policy development since the passage of the Child Poverty Act must be seen in the context of reductions in public spending, including in local government. Any investment has been coupled with reductions to wider local authority budgets.

Grants from central government (excluding those specifically for education, public health, police and fire services) have been cut by 36.3% overall (and by 38.7% per person) in real terms (Innes and Tetlow, 2015). Real spending per child on early education, childcare and children's centres fell by a quarter between 2009-10 and 2012-13 (Stewart and Obolenskaya, 2015). In 2010, a number of different funding streams for early intervention were pulled together into the Early Intervention Grant, but this has reduced by fifty percent in the value of support over the course of the 2010-15 parliament.

Consequently, there is patchy provision across the service provision landscape, including both services directly aimed at young children, or those playing a significant role – such as the Family Nurse Partnership. This uneven provision is at a time when a great reliance is being placed on joining up services to ensure families receive the support they need.

Welfare reform has also had a significant financial impact on families with children. Although they make up only 32% of working age families in England, they bear 51% of the cost of changes to benefits, tax credit, and personal taxes (OCC, 2013). Tax and benefit changes have hit families with young children harder than any other household type. The poorest 5% of the population lost nearly 3% of their income on average from the changes (Lupton, 2015).

Also, in 2010 the Government introduced a new local welfare assistance schemes to provide emergency and community support to those in need. This replaces key elements of the discretionary Social Fund. However, the total funding for local welfare assistance schemes reduced by £150 million (in real terms) compared with equivalent expenditure on the discretionary Social Fund in 2010. This comes at a time when demand is likely to be increased.

At the same time, we have seen a rise in poverty in working families, with the most recent figures showing that most children living in poverty have at least one parent in work (DWP 2015). This has been coupled with a reduction in benefits for families with young children. Table one outlines the welfare reforms that have a specific impact on families with young children.

² The Healthy Child Programme for the early life stages focuses on a universal preventative service, providing families with a programme of screening, immunisation, health and development reviews, supplemented by advice around health, wellbeing and parenting.

Table 1: Welfare Reform and its impact on families with young children

As outlined in the work of Sylvia et al (2015) a number of reforms have specifically affected households with young children, including reduction to both universal and means-tested family benefits. The main relevant policies include:

- The abolition of the 'Baby Tax Credit' which doubled the family element of Child Tax Credit in a child's first year (worth £545 a year when abolished in April 2011)
- The abolition of the Health in Pregnancy Grant (essentially Child Benefit paid during the last trimester of pregnancy)
- The restriction of the Sure Start Maternity Grant (£500 at birth paid to low income families to help with the costs of a pushchair, cot etc.) to the first child in the family
- For Working Tax Credit eligibility, an increase in the working hours requirements from 16 to 24 hours, for couples with children
- An increase in the withdrawal rate for tax credits from 39% to 41%, and a lowering of the threshold for receiving some tax credits. Families had previously received the full family element (£545) up to an income of £50,000; by 2014-15 the threshold for receiving any tax credit had fallen to £26,000 for families with one child, rising to £45,400 for families with four;
- A freeze on Child Benefit and on the flat-rate family element in Child Tax Credit
- The abolition of the Child Trust Fund (£250 or £500 which had been paid into a savings account for all new babies, with later top-ups for low-income families)
- The introduction of "affluence-testing" for Child Benefit, with a taper setting in when one parent earns £50,000 a year and complete withdrawal at £60,000.

How is child poverty being tackled by local authorities?

The Child Poverty Act 2010 sets out the legal framework by which the Government aimed to abolish child poverty by 2020. It places a legal duty on the Government to produce a child poverty strategy every three years which will set out the actions it will take to reduce child poverty and meet the 2020 target.

The Act also requires top-tier local government to produce child poverty strategies and conduct needs-assessments for their area which set out how child poverty will be reduced and eventually eradicated. It also places a duty of cooperation on local authorities and 'partner authorities' in England³. Each local authority and its partners must also 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.

A child poverty strategy should form the basis of any local authority's plans to tackle child poverty in their area. Publishing a strategy (either as a standalone document or as part of other strategic plan) is more than a legal requirement – it indicates that the local authority has taken the necessary first steps towards identifying who is most in need of support, what policies can provide that support and who should be involved in providing it.

In 2014 we commissioned a review of a range of strategies and services which have an impact on tackling child poverty, including local child poverty strategies, health and housing strategies (La Valle, 2014).

The Government recently announced the intention to amend the Child Poverty Act 2010 to become the Life Chances Act, replacing income related targets with new measures that tackle the root causes of poverty. This is intended to drive Government action to improve the life chances of children. It is admirable that Government is seeking to address the factors that run hand in hand with poverty such as child development and poor educational achievement. However further action will be needed - poverty cannot be tackled by measuring only things that affect it and not poverty itself.

Plans to increase the minimum wage are welcome, but this alone is unlikely to reduce the numbers of children living in poverty. The Institute for Fiscal Studies suggest that reducing tax credits to their 2003-04 levels would push 300,000 more children into poverty (Joyce, 2015).

³ These include district councils in two-tier authorities; police; transport; health (specifically Clinical Commissioning Groups); Jobcentre Plus; the Probation Service; and Youth Offending Teams.

Research aims and methodology

This study was undertaken in three parts and the findings draw on all of these sources of data and insight. A full methodology is included at Appendix A and a brief summary is included below.

1. A review of national and local child poverty policy, strategies and services.

This included policy and legal frameworks, local approaches to child poverty planning which included a review of 10 local child poverty and related strategies, and programmes and services aimed at young children living in poverty and their families.

Ten authorities were chosen across the nine regions of England including urban, rural and seaside locations representing 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 (Valle et al, 2014).

2. Engagement work with children and families

This research sought to gain perspectives of children and their families on services they use, and if they thought these services reduced the impact of living with low-income. It also aimed to use this feedback to make recommendations to those responsible for commissioning, delivering and evaluating services. This work was carried out by the National Children's Bureau in three of the areas visited by the Children's Commissioner team. In total, 25 parents or carers and 15 children took part in the engagement work.

The methodology for children drew on the Mosaic approach, a best practice method for listening to children in an effective, ethical and high quality way, that uses a number of research tools brought together and reflected upon in order to build up a picture of children's views and experiences. (Clarke and Moss, 2011). It uses an understanding of what is important to young children with regards to the services they receive, and was generated via - conversations with children; play based activities which took place in early years settings; short observations by fieldworkers; and parents' reported observation of children's preferences and experiences and the context of home and family circumstances that may be affecting these.

3. Questionnaire and visits to four local areas

The Children's Commissioner and her team visited 4 local authority areas in England. The aim of the visits was to understand how child poverty is addressed at a local level, including how local child poverty strategies are developed, implemented and measured, as well as the type of services being delivered to address child poverty. A pre-visit questionnaire captured additional information and can be found at Appendix B.

1. Early year's services

We have to take £59 million out of next year's budget. We have tried to protect children's services, but there's nowhere else to go.

Early years services help to reduce the impact of poverty on children

Local authorities identified Children's Centres as an essential part of their provision for families with young children, as they allowed them to integrate targeted support for families with additional needs who may not access services via traditional routes. The Centres act as 'hubs' providing a range of services for young children and families. We saw commissioners of social care, health and employment services working together to deliver the right set of support services for families within their local area.

Some children's centres were providing a wide range of service, tailored to meet children and families' needs. These included specific parenting programmes, access to health visitors or Family Nurses, alongside initiatives to aid parents to develop skills including healthy eating and cooking, budgeting and skill development, work experience and help to find work or training using links to local Jobcentre Plus and training providers. Other specific services available include seeing a dentist, dietician or physiotherapist, 'stop smoking' clinics, support and short-term breaks for children with learning difficulties or disabilities, parenting classes and English classes. Strategies such as locating birth registration services within centres aided their ability to 'draw in' families, and connect them to support services.

Free child care for all three and four year olds and two year olds from disadvantaged backgrounds was seen by professionals as a key to raising families' income, by enabling them to work. Childcare was also seen as an effective way to close the gap between children from disadvantaged backgrounds and their peers – particularly in terms of 'school-readiness', through the education provided by the centres, a key part of the Government's long-term plan to reduce child poverty (DfE, 2012a).⁴ During the participatory research carried out by Joshi, Wallace and Williams (2015), one parent reported:

*"I think [the two-year-olds entitlement offer] that's brilliant, the kids need it at two especially if you've got other ones and they get jealous that they're going to school it gives them that chance, do you know what I mean, to socialise and to maybe learn other little things and how to share and how to, you know just stupid little things, drawing, sharing, socialising, that helps a lot for my little one bringing his speech on." **Parent***

During our visits one local authority demonstrated how they were improving outcomes for young children by introducing a new early year's delivery model. The model aims to provide an integrated approach for services across health and local government services and introduces eight stages of assessment starting from pre-birth. The work to date includes the mapping of a child's journey from pre-birth to school reception class, agreeing engagement and assessment points and evidence-based interventions. One support worker said:

*"I can really see a massive difference in how early we are supporting families with the new delivery model, really helping with isolation. If they've got very minor issues, or some are very high level – we're getting in very early and we can see the difference its making. The families, which are most in need – we want to see them accessing services. They feel that comfortable level accessing the centre for different purposes. This centre have given the families confidence. Without this model we wouldn't have seen all these families." **Professional***

Another programme was described as improving outcomes by intervening at the first possible opportunity. The new programme aimed to ensure that key agencies are working together to make sure babies receive the early care and nurture they need for healthy development. Strategy and programmes are informed and based on the best possible science on what works - with an overall outcome being that children are happy, healthy and ready for school. This local authority was also setting up a Centre for Early Childhood Development. The centre will oversee the delivery of services and share learning from the programme on a national and international stage.

⁴ Currently, too many children, particularly from poor backgrounds, start school without the range of skills they need. Poorer children lagged 19 percentage points behind their peers in terms of meeting development milestones (DfE, 2013).

During the participation research (Joshi et al, 2015), many parents reported feeling well supported by early years services. They considered practitioners knowledgeable, qualified and experienced and thought they were well placed to provide advice, guidance and reassurance.

Many parents who took part in the participatory research and who were using early year services felt that their children were accessing learning opportunities at the settings and said they helped children to prepare for school, develop their skills, and/or gain confidence and self-esteem. For example, one parent shared how vital she felt the children's centre had been to her child's development:

“To learn things like counting, they learn colours; they learn how to play with other children. It makes their confidence more, get involved with everybody and there's always activities, they learn everything in the children's centre.” Parent

Parents described children participating in active play, imaginative play, messy play and creative play, and also having quiet time. Play took place both indoors and outdoors and this variety was felt to stimulate different aspects of children's learning and development. These opportunities were felt to be particularly important by parents who could not afford to pay for such a range of toys and play experiences, as it supports social inclusion and ensure that they do not fall behind their more affluent peers (Field, 2010). Parents said they did provide toys and books at home but many also reported accessing more or different play equipment via early years services and also through libraries. Limited space at home did not appear to impede playing; however lack of storage space did seem to impact on how many toys and books parents could buy.

During the participation work with children, a number spoke about their enjoyment of being outdoors; riding bikes in particular appeared to be a popular activity. Spending time with other children also appeared to be important. When children were asked why they come to the setting, one child (aged four) responded: *“To see my best friend.”* Children also appeared to be familiar with where specific toys were kept. This type of user choice is important for ensuring play and learning is suitable, tailored to needs and is building children's capacity to make decisions for themselves.

Some parents and staff reported parents receiving personalised and holistic support from family support organisations such as Gingerbread⁵ and Home-Start⁶, which they reported to be helpful in improving many aspects of their lives.

Availability and accessibility of children's centres

Two of the local authorities we visited specifically noted that expenditure on children's centres has fallen since 2010 and said that they were reducing services and centres as a result:

There was a very real concern about protecting frontline children's services from further budget reductions. One stark example was provided by a local authority who told us that funding reductions had meant that they were not able to provide universal and Level 27 services to families with young children, and that they only had the capacity to intervene at crisis point. A different local authority also said they were less able to provide early intervention for those families most in need because of budget cuts.

A range of research highlights the substantial budget reductions for spending on children's centres. Stewart and Obolenskaya (2015) note a drop of nearly one-third in funding between 2009-10 and 2012-13, with spending on individual centres and local authority services delivered within them falling as much as £9% from 2010-11 to 2013-14. Research indicates a steady rate of centre closures and service reductions (Goff et al 2013).

Some local authorities reported significant challenges in addressing school readiness due to significant numbers of disadvantaged two year olds in their areas and the low developmental starting points for some children in comparison to their peers.

The parents we interviewed also perceived a reduction in availability of services. In particular, the loss of Sure Start Children's Centres was felt strongly by a number of parents, while in some areas parents felt that the range of free activities in children's centres had reduced. Closures and reductions had resulted in the loss of access to 'stay and play' groups, drop-in activities, childcare provision, parent support classes, coffee mornings and reading groups, amongst other activities. Some of these parents were accessing similar activities and free early education entitlement places for their children via other children's centres however, they were now having to pay for some of the activities which had previously been free (Joshi et al 2015).

“It was a bit of a let-down really when [the Sure Start Children's Centre] shut down, it really was.”

5 Gingerbread is a UK charity providing expert advice, practical support and campaigns for single parents. For further information please see <http://www.gingerbread.org.uk/>

6 Home-Start is one of the UK's leading family support charities. For further information about Homestart website please see <http://www.home-start.org.uk/Home-Start>

7 Level 2 services are for children and families with additional needs that require targeted support.

A small number of parents felt that the children's centres were not investing in new equipment as often as they used to. Others felt that staff time was being reduced and linked this to budgetary restrictions:

“Even I feel so sorry for the staff because they’ve had to cut staff. When sometimes it was two of them it’s just one of them so they’re doing all this extra work and it’s really hard on them.”

Although there is a shortage of consistent data on children's centres the evidence suggests their numbers in England decreased by 17 per cent between April 2010 and February 2014, from 3,631 to 3,019, though the Government says most of this decline is due to mergers rather than closures (Ofsted, 2014) The Education Select Committee recently concluded “there is no accurate picture of closures across England, although it can be expected that ongoing budget reductions are likely to have a further impact on the number of centres.” (Education Select Committee 2013) Meanwhile Ofsted has reported on “12 months... characterised by turbulence and volatility”, and high local variability. (Ofsted, 2014)

A number of the parents living in more rural areas reported a lack of locally-based early years services. For example, one parent said that travel costs stopped her taking her child to activities:

“It’s not crazy far but when you are on a low-income and you worry about wasting petrol – [it] can take £7 in the car – then if it’s only for an hour or two hours then it’s not financially worth driving all the way over there.”

Some parents reported lacking awareness of early years services in their area, particularly those who were new to the country or area. Some parents stressed the important role of children's centres in raising awareness and the importance of staff at the centres being fully able to inform parents of other early years services and signpost them to them.

One parent suggested that their local children's centre run an information evening, where parents could find out what is on offer:

“...information evening for your local area, would be a good one. Just even, the people, get health people, that could be one corner, childcare could be in another corner, stay and plays, NSPCC could be in another corner, all get together and go, we’re here, how can we help you?”

Other parents also felt that health visitors should be fully informed of the breadth and range of early year services on offer, and should play a key role in increasing awareness and signposting to these.

Availability and quality of Child care

Free early years entitlement was seen by families as crucial for enabling children to access opportunities which would otherwise be unaffordable to them. However, despite major increases in public funding for childcare, costs remain high for many low-income families. Public funding is fairly generous for some families (for example, low-income families with a child aged two or over) but not for others (for example, a family with a one-year-old and earning just enough to make them ineligible for tax credits). The government has also reduced the level of support available through the tax credit system, damaging work incentives for mothers in low-income families.

A number of local authorities were also concerned about the quality of childcare being delivered in the private sector. They recognised that early years education and care only had a positive impact on a child's development if it was high quality. Standards in more deprived areas are lower across all types of setting, and there is a lack of capacity for ensuring that all two year olds will be given provision in good or outstanding settings.

We observed the important role that children's centres played in supporting and mentoring the development of more childcare providers in their areas, and particular driving up the quality of provision. For example in one local authority area we visited, the children's centre was part of the 'Being Two' DfE funded project, mentoring 20 private childcare providers locally.

Family case study: Positive support from a family support organisation

One parent, a single mother, reported that Home Start had been one of the main supports in her life. The Home Start volunteer had helped her with many personal issues, supported her with childcare, and with simple day to day tasks such as shopping which she found difficult to manage as a single parent

The support has provided her with some respite from the day to day tasks that she was struggling with and has also been an enabling factor in helping her to access early years services which she was nervous of:

“I wouldn’t have attended any [early years] groups if it wasn’t for [Home-Start].”

The research shows that with the support of a Home-Start volunteer families experience a significant increase in their ability to parent and meet the needs of their children.

2. Financial and hardship

“I reluctantly funded food banks in recognition that a lot of families and other adults desperately need access.”

We found local authority services such as children’s centres providing a range of reactive or crisis support services for families with young children at times of extreme hardship. These include service such as discretionary payments of money, food vouchers or food parcels and other essential goods. Children centres and other services were also providing vital referral mechanisms to other services, such as voluntary organisations providing material support.

Food banks

Food is the largest item of household expenditure for low income households after housing, fuel and power costs. In 2012, an average 11.6% of all household spend went on food in the UK; the 20% lowest income households spent 16.6% of their household finances on food (Defra, 2013) The increasing use of food banks has been well-documented in recent months (All-Party Parliamentary Group on Hunger and Food Poverty, 2014; Cooper et al, 2014).

A number of local authorities were concerned about the rise in numbers of families with young children using food banks in their locality. Three areas reported that they had reluctantly begun funding food banks and noted that there had been an increase in referrals during this time

During the participatory research (Joshi, et al, 2015) one parent told the researchers that they were using a food banks and other forms of food vouchers. They noted that at first, the need to use a foodbank had caused great embarrassment.

“I have felt quite embarrassed using them sometimes at the till – people have been there at the till and it can be embarrassing and degrading... its stigma – it does faze me a little.” Parent

Fuel Poverty

Fuel poverty and energy efficiency were identified as a problem by all ten local authorities reviewed in the questionnaire, and was raised as a concern by the local authorities visited. Indeed, the numbers of fuel poor households is rising year on year. In 2012, 45% of the 2.28 million households living in fuel poverty were families with children, compared to 17% in 2008 (DECC, 2012 and 2014). Households in the most energy inefficient properties would have to spend up to £1,700 extra a year to heat their homes to a suitable level (between 18 and 20 degrees Celsius). The problem is most severe in older, detached properties, particularly those in rural areas, off the gas grid. Fuel poverty has been made worse by rising energy bills – consumer gas prices increased by 128% over the period 2003 to 2011. Two local authorities were addressing fuel poverty by buying fuel in bulk at a cheaper price and selling it on residents. Another local authority was addressing the issue by providing advice on switching energy suppliers in order to reduce energy bills. They also advise on take-up of the warm homes discount.

As outlined in the research by Joshi et al (2015) many parents shared similar concerns, with some saying they were worried about paying for their heating. A number reported that their appliances were old and not energy efficient, contributing to high energy bills. However parents in privately rented and social housing lacked the control and finances to make any changes.

“I’ve got old appliances so everything is getting more energy so it’s more expensive.”

Parent

A few parents said they had used strategies such as keeping their heating off during the day (while the children were at school or at an early years setting), used the flame of the gas cooker to warm up the house (instead of the central heating) or wrapped their children up in layers instead of turning the heating on. Some parents had also specifically asked for more advice and support to help them manage their heating bills.

I’m scared to put the heating on because it takes so much money – I’d rather stick jumpers on the kids. Parent

Financial difficulties

Concerns were raised with us on our visits by staff about the impact of welfare reform on poverty levels and changes to housing benefit on levels of homelessness. One local authority told us about rising levels of evictions. They believed that this was due to the changes to way housing payments were being made (direct to claimant rather than landlord), tenants falling behind with housing the payments due to housing benefit cap, and tenants being unable to make-up the short fall in amount needed to cover the cost of the rent.

Another local authority reported difficult decisions about whether to cover the costs of the under-occupation penalty using their discretionary housing payments, given the high costs of rehousing tenants and lack of properties to move them to. Two of the local authorities we visited had chosen to use discretionary payments in this way. However, this was seen as unaffordable, in the medium to long term.

We came across few explicit local strategies to tackle insecurity of tenure and rates of evictions. Those that existed tended to have been put in place by social landlords and often relied on a referral mechanism (for example from the Family Nurse Partnership) to ensure that a pause in rent or other support could be agreed.

The cost of privately renting properties was another issue raised by parents in our research, as many were struggling to save the deposits required to secure a privately rented property. One parent said:

“Private rent is just crazy, there just aren’t enough houses and they are extremely highly priced.” Parent

Some families reported having shared a home with their extended family (such as grandparents or parents-in-law) before they were able to secure independent living. They had found their previous living arrangements cramped and stressful. Some also reported difficulties in finding a guarantor and/or a landlord who was open to accepting social housing tenants. One parent wanted more support from the council to navigate this stigma (Joshi, et al, 2015).

Local authority staff reported that they had prioritised contacting families to offer support, information and guidance before affected households started accruing debts. This meant that staff time and money was being spent reacting to government policy changes, reducing their ability to focus on other areas like refreshing child poverty strategies, updating needs assessments and collecting data to measure progress.

All local areas were concerned about levels of debt and arrears with bills such as council tax and housing payments and the impact that such debt has on family relationships. One local authority noted that if a client came to them for assistance and had debt issue than they would facilitate a call with Step Change,⁸ who are able to provide debt advice and can support the development of a debt reduction plan. The same local authority noted that council tax collection teams also aware of Step Change and included information about the charity and how to access debt advice on council tax demands.

One local authority noted concerns about the increased number of payday loan companies within the local area and concerns about the number of loans being taken out by families with young children. During the visits the same local authority told us that the companies were using aggressive tactics to ensure loans are repaid:

The loan companies are telling them that their debts are priority debts and there will be loads of enforcement. We have to tell them that this isn’t true. The companies are very aggressive.

Case study: Combating the negative impact of payday loans

One local authority supported the development of a not-for-profit credit union shop in the middle of a street where a number of payday loans companies were also situated. The Credit Union is owned and run by its members and provides services only to its members. The benefits of membership are:

- members are also shareholders and any profit is paid back to saving members as a dividend – this year at a rate of 3.00% on savings.
- Christmas savings accounts
- low cost affordable loans – from £200 to £15,000
- free life protection on savings and loans.

Saving is done by payroll deduction (from participating employers), direct debit, direct from benefits (such as Child Benefit, DLA, Pension Credit) or at Post Offices.

⁸ Step Change is a UK-wide debt charity <http://www.stepchange.org/>

Conditionality and sanctions

The welfare reform programme has also introduced more conditionality which brings with it a higher risk of sanctions, which were of particular concern for some local authorities we spoke to. Some practitioners believed that a large proportion of income crisis was linked to the operation of the benefits system with problems including waiting for benefit payments to be processed, the implementation of sanctions, or reductions in disability benefits or tax credit payments. This had left some families with no income on occasions. During the visits one practitioner reported that sanctions were taking a minimum of 9 weeks to overturn and some were taking up to 12 weeks. A number of local authorities also raised concerns about claimants not being advised about other options for financial support i.e. local welfare assistance and discretionary payments

There is a great deal of evidence to show that those with the most difficult lives are greatly affected by sanctions. Research indicates that approximately 100,000 children were affected by sanctions in 2013/14 (Church Action on Poverty 2015). Further research also supports a link between immediate income crisis, use of food bank provision and experience of benefit sanctions (Perry et al 2015).

3. Housing

“I’m scared to put the heating on because it takes so much money”

Housing is the biggest expense for many households. Higher housing costs have led to changes in housing trends and in recent years the numbers of families living in privately rented accommodation in England has risen. The last decade has also seen the first fall in the percentage of home ownership across the UK.

With rising housing costs comes increased demand for low cost accommodation and diminished housing options and quality. This has meant thousands of children living in poor quality homes, leaving them at 25% higher risk of severe ill health and disability (Shelter, 2006).

Our questionnaire, visits and work with families raised a number of concerns around how being poor affects opportunities to access suitable housing and the consequent impact that this has on children’s quality of life.

Housing quality and suitability

In both the questionnaire and visits, local authorities reported concerns about the quality of housing, particularly within the private rented sector. One local authority told us about poor quality housing stock in the local area which was expensive to heat, insecure and lacked proper ventilation. Families were prepared to move into such a dwelling because it was cheap and did not require any form of deposit but were consequently living in poor and very insecure conditions.

Local authorities have an important role in making landlords aware of their responsibilities, coupled with enforcement action when conditions reach unacceptable levels. We heard that well-resourced enforcement teams are key to rising standing in the private rented sector. Where enforcement action is necessary to resolve quality or safety concerns local authorities must have usable and flexible powers to enable them to act swiftly and effectively.

Practice example: Selective Licencing

Area A introduced selective licencing into the area in the year of 2010. They use power of entry to check the condition and quality of properties. Their assessments provide an opportunity to ask if people needed help with anything for example, help accessing a GP or dentist, or if there are wider issues that can be addressed. They use the selective licencing as a way in to working with families in the home and offering very practical support.

The parents will then open up and ask for more support, especially for their children (e.g. children’s centres). About 50% of the people whose door they knocked on need support (ranging from quite simple to much more complex). They were surprised at the number of people needing support.

This example was a tailored solution to the local need to raise quality of in the private rented sector.

As noted in the research by carried out by Joshi, Wallace and Williams (2015) parents echoed concerns about the quality of housing stock. While some felt their house was big enough for children to live comfortably, play and have quiet and privacy when needed, a number of other parents reported feeling upset and frustrated by lack of space.

A few parents reported using rooms for multiple purposes because of the lack of space. For example, one family who were living in a one bedroom single floor flat, were using their living room as the parents’ bedroom as well as a playroom and the dining room. Although they wanted to rent privately they could not afford the high deposit. In some other cases, four children were reported to be sharing one bedroom, with parents feeling that their older children in particular lacked privacy as a result.

Parents living in high-rise flats found the size of their homes particularly stressful – one parent reported feeling guilty that her children were ‘cooped up’ in the flat. Another parent living in a high rise flat said:

It’s very kind of tight and everything is crammed into the corners and having to throw everything away. It would be nice to be able to have the space for them to play upstairs in their bedrooms or to run around in the garden.

A handful of parents were satisfied that they had their own garden (where children could play safely) and access to a local park or playground (where children could access play equipment which parents may not have in their own garden, and socialise with other children). However, many were not satisfied and among those, parents who felt that they were unable to access quality outdoor space. Some families were living in flats with no garden space. A very small number of families reported living in flats did not have their own gardens, but had an allocated play space for children located in the car park. Parents felt that this was unsafe and therefore did not allow their children to play there.

A number of parents living in both social housing and privately rented homes across all the local authority areas reported that their home had some damp and/or mould present, with some of these parents worrying that this was impacting negatively on their children's asthma or eczema.

Individual parents reported that their homes had suffered from a broken boiler, fence, or fridge. A small number of parents also reported living with overgrown and unsafe gardens. Although most people will likely face at least some type of home maintenance problem, the issue for parents involved in the research was that they lacked control over solutions and often could not pay for repairs themselves. As a result, they have often simply had to live with the problem. For example, one parent said that cleaning the mould in her home had become a part of her routine at home:

“There’s mould growing around the windows. I have to clean it with bleach a couple of times a week... it is utterly frustrating.” Parent

In one case, the parent reported that her child disliked the poor conditions in their home. Her four year old son disliked bath time because of the condition of the bath, which he described as ‘slimy’ and which has unfilled holes which require maintenance.

Of those families who were privately renting, only one reported that their landlord responded to repair requests in a timely fashion. Of the others, a number were hesitant to make complaints due to worries that their landlord would respond by raising their rent, failing to renew their contract or evicting them. One parent said:

*We prefer not to mess with the landlord otherwise he will put the cost up.
Parent*

Supply and demand

An inadequate supply of affordable and secure tenure family homes was one of the biggest issues raised by local authorities in our questionnaire and during visits. Demand for social housing is already extremely high and is likely to continue to exceed supply.

Many parents also reported problems around a lack of suitable social housing, problems with extensive waiting lists and pressures to accept properties that were unsuitable.

A small number of parents reported having been placed in housing which they felt was ‘unsuitable’ for them – including homes that were too small (as discussed above) but also those that were too big. Three families felt at risk of being eligible for the removal of the spare room subsidy and were worried about managing these additional costs.

Some felt it was inappropriate that, as a parent of young children, they had been placed in low rise blocks of flats with no lift. Parents found this situation difficult to manage and carrying their young children and shopping up the stairs was a daily struggle. Some also reported feeling unsafe using the stairwell at night because it was dark.

Some parents had been offered more suitable social housing in other towns but had refused the move, even if the house was of better quality than their own, because they did not want to be parted from their family and friends. For example, one parent who had a mental health condition and relied on her family for support refused to move for this reason. She was left feeling ‘stuck in a rut’ due to the lack of availability of housing in her area (Joshi et al, 2015).

During our local authority visits we heard reports of local authorities (particularly in the south east) placing families in temporary housing in cheaper areas which was squeezing local supply.

Where local authorities were not able to turn around enough social housing to meet demand this was driving up the use of temporary accommodation including Bed and Breakfasts.

“I can’t see a day when we could eradicate the use of Bed and Breakfasts.” Local authority

Between 2009 and 2014 there has been a 400% increase of families with children living in bed and breakfast accommodation (DCLG, 2014).

Family case study: Experiences of problems accessing affordable, stable housing:

One single parent with three children was offered a temporary home that she had not seen, and could not afford, but she was compelled to accept, because if she had refused, she would have been made voluntarily homeless - receiving no more support from the service.

Having spent the previous three months living in a single room in a bed and breakfast with her children, she felt she had no choice but to accept the temporary house. At the time of the research, she had been in the house for approximately 12 months and was living in rent arrears, meaning she would likely soon be banned from the bidding process, reducing her chances of moving to more affordable accommodation even further. She had since given up believing that housing officers are willing to help, leaving her feeling powerless.

A child's home is particularly critical because that is where a child spends a significant proportion of their everyday lives. Where they live will shape their wellbeing and development. During the participatory research (Joshi, et al 2015) children were able to share with us what is important to them about their home environment. They mentioned or drew (in a drawing activity) rooms or spaces in the home which were salient to them e.g. the kitchen, living room and garden. Some children also mentioned playing outside in their garden, for example, riding their bikes. Activities, especially playing, appeared to be a key feature of children's experiences of the home. Children discussed the types of games and activities they engaged in at home, for example, "*playing dragons*", painting, and playing with dolls. Close family also appeared important to children when talking about their home. A few mentioned playing with their siblings, and others drew their family during the drawing activity.

4. Health services

“[It’s] impossible to get an appointment, even for young children when they are unwell”

Reducing child poverty is an indicator in the public Health Outcomes Framework which means that local authorities and health services need to work together to tackle child poverty. Given that virtually all aspects of health outcomes are worse among children living in poverty effective healthcare is an important way of closing the gap between poorer children and their peers.

Quality

All local authorities in the questionnaire reported providing a range of good quality health services to families with young children living in poverty. These services were seen as a vital part of their strategy for tackling child poverty in a child’s early years. The local documents we reviewed all mention specific interventions to support low income families with young children. Major national programmes in the field of health included the Health Visitor Implementation Plan, Health Child Programme and Family Nurse Partnership (FNP).

In line with national policy priorities, all local authorities examined as part of the local strategy review identified a reduction in health inequalities and the promotion of healthy lifestyles as priorities for their areas (La Valle et al 2014). However, more specific mechanisms for achieving these, such as reducing smoking in pregnancy and improving access to healthy eating were mentioned by few.

Parents universally regarded health visitors as a vital service for new mothers and into the early years. Many reported that they were pleased with the type and level of support provided by their health visitor (offering advice and guidance when needed). For example, one parent explained that working with the health visitor and sharing stories about parenthood made her feel better as a new parent (Joshi et al 2015).

“[The health visitors] were always really, really helpful.”

One parent who took part in the research was suffering from post-natal depression. She reported that her health visitor had been a particularly helpful support for her when she was facing a difficult period in her life (Joshi et al 2015):

“Because I had postnatal depression I think I found my health visitor, she was there on the ball, she was ringing up every couple of weeks and we made an appointment every four to six weeks, so that she came over to see and things like that. And, I think even if you’re not suffering with depression I think that’s what you need, you need somebody that you know is going to touch base with you and just check in and you’ve got that sounding board, if you like.”

However, some parents felt that health visitors spent insufficient time with them to build a strong trusting relationship and meet their needs. For example, one parent felt that not enough support was offered when their child was born.

“It’s them first few days when you come home and you’ve got this baby and you’re thinking, well what the hell am I going to do now... even if they were there to pat on your back and go, I’ll make you a cup of coffee and you’re doing fine. Or is there anything we can help you with? And there’s a list of services that they can give you.”

Similar feelings emerged when a few parents were discussing their experiences with midwives. For example, one parent felt that she had been rushed through the birthing process. Both midwives and health visitors work with high caseloads and are under pressure to meet the demands on their time. However, for parents, the importance of having this early support is vital in setting them off on the right track and feeling rushed or unsupported may act as an important barrier to this good start.

Many parents told us they felt that there is insufficient early intervention available, especially relating to mental health and parental wellbeing. A handful of parents were receiving support with mental health issues but felt that in their experience, support tended to be reserved for those parents who were at crisis point, leaving a gap in support:

“There’s a big gap for parents with mental health problems who aren’t in immediate crisis... if you’re literally suicidal then they have someone who does home visits but they basically say either let yourself get that bad or deal with it.”

The participation research highlighted that a number of parents had actively engaged in parenting skills and parental wellbeing courses (such as baby massage, confidence raising, assertiveness and ‘managing your emotions’). Attendees had found these courses useful, convenient and enjoyable, increasing their confidence both with their children and in their general lives. For example, one parent said that accessing the courses had made her ‘*more confident as a mum with my child*’.

The Family Nurse Partnership services stand out as a success story in providing effective holistic preventative support for young parents. Young parents who received FNP were universally positive. The personalised approach taken by FNP was one of the key contributors to parent’s satisfaction with the service. For example, one parent shared: ‘*It’s more personal to you, makes you less nervous or embarrassed.*’

Another parent reported that her family nurse referred her to a foodbank. She was initially embarrassed to about accepting the support and further referrals from the FNP.

“I thought [Family Nurse Partnership] were just going to tell me how the baby is growing and come and do her check-ups, but they’ve been amazing they’ve come and helped with benefits and housing, they’ve made phone calls to the doctors for me... they’ve pretty much done everything I needed them to do, they just ask what do you need.”

However, we found that demand for FNP outstripped local supply of the service, with some areas only meeting about 30%. We are also concerned that the vital referral mechanism to programmes such as the FNP could be in jeopardy if funding for children centres is not sustained.

The transfer of responsibility for public health commissioning for 0-5s to local authorities in 2015 was seen as a much welcomed opportunity to identify children’s needs in a more holistic way at an early stage. Aggregated information from these reviews can be used to inform strategic planning and commissioning across children’s services and health.

Cost

Many of the parents felt the cost of healthy food made it difficult for them to provide their child with a healthy diet despite viewing healthy eating as a priority. Some parents reported that the cost of healthy food was higher than other foods. In order to spread the costs of buying healthy food, one parent reported using creative buying techniques where she and several other parents would buy organic food in bulk, sharing the costs. Others reported a need for more support with creative buying and cooking. For example, they wanted tips on how to make food last longer and how to use their leftovers to create new meals.

The parents interviewed saw active play as an important contributor to children’s health, including access to high quality outdoor spaces. However access to this and other leisure services was particularly hard for lower income families, especially families with three or more children as it was too expensive. In addition, some felt prevented from participating in activities because they could not meet the adult child supervision ratios required on their own, for example, at swimming pools.

5. Local strategies and approaches

Accessibility of health care services

Accessibility of health care services varied considerably amongst parents. Some parents were able to get appointments for health care professionals quickly. However, for others this was a struggle. Some reported waiting times of two weeks, with many feeling that increasing delays were reflective of the cuts to health care services.

Emergency appointments at the GP surgery were difficult to secure for some parents, with many reporting that they go straight to A&E or a walk in clinic instead of waiting for their doctor:

*“I’ve taken my sons up to A & E and to walk in clinics because I can’t get an emergency appointment at the doctors.” **Parent***

*“[It’s] impossible to get an appointment, even for young children when they are unwell. [My child] smacked her head once really hard and I wanted to get her checked out for concussion and [the GP] still wouldn’t see her they said they had no appointments – they told me to take her to A&E but I don’t have a car and we don’t have a car seat so I couldn’t even call a taxi.” **Parent***

Some parents also preferred to use walk-in centres because they provided a flexible alternative to the doctor’s surgery which operates in set hours, with one parent reporting, *‘It’s good to have some back up at the weekend’* (Joshi, 2015).

Transport costs also appeared to restrict access to healthcare services for some parents in rural areas. For example, one parent said that her local out of hours GP service did not offer home visits and because of her rural location and lack of transport she felt stuck:

“I didn’t have any transport at the time and they just said there was nothing they could do.”

One of the settings visited during the research was a children’s centre which offered health visiting services on site. The parents who attended this centre found this incredibly useful, reducing the need for them to travel to more than one place to access support. One parent even mentioned utilising the health visitors as an alternative to visiting her GP, avoiding the waiting times:

“You would have to wait forever to see a doctor if it worried you, whereas [at the children’s centre] you can just drop in...”

Child poverty strategies

From the local policy review we found that all 10 local authorities reviewed had undertaken their local child poverty needs assessments. However, out of the 10 local authorities reviewed (La Valle et al, 2014) only 7 have a child poverty strategy in place.

Of the four areas the Children’s Commissioner visited, only one had an independent child poverty framework in place and one had a family poverty strategy. In another areas the local child poverty priorities sat within the wider Children, and Young People’s Plan. The final local area visited did not have a child poverty strategy in place.

Child-rights-based approaches

The UN Convention on the Rights of the Child (UNCRC) identifies the role of individuals, parents and families in promoting children’s rights. However, it is clear that in signing the Convention the UK Government has accepted responsibility to ensure that all children in the UK are able to realise their rights.

Our analysis of feedback to our pre-visits questionnaire suggests that knowledge about the UNCRC in local authorities is inconsistent, and that children’s rights do not routinely inform strategic planning or day to-day work.

For example, we found that little or no reference to the UNCRC in our review of local area strategies. Prior to the local authority visits we asked local authorities to tell us about their understanding and use of the UNCRC. Three local areas did not explicitly refer to the UNCRC in in high level strategies but suggested that their work was guided by it. One local authority told us about how the Convention is referred to in their children and young people plan (with the child poverty strategy being part of this). This local authority also told us about how the UNCRC was incorporated into other legal and procedural frameworks.

From the answers provided to the pre-visit questionnaire and during the visits we believe that limited or no use is made of the UNCRC. It is not used to guide the design and implementation of poverty reduction strategies and interventions in the local areas surveyed.

Including children and families in child poverty and related strategies

Through the review of local authority policies and during our visits we examined how children's and families viewed and perspectives inform local child poverty strategies and service design and delivery.

One local authority talked about the involvement of young people in the development of the objectives outlined within a Children and Young People Plan. Another told us about families with young children from the most deprived areas being involved in its review of the services delivery within children's centres. This same local also noted that parents of children under five are heavily involved within the development as well as the delivery of their new early years' service.

However, there were no specific examples of children and families being involved in the development and evaluation of overall child poverty strategies.

Leadership and accountability

The leadership of the child poverty strategy was different in all the four areas visited by the Children's Commissioner. One Local Authority told us that the strategy was owned by the health and wellbeing board. The other told us that the Chief Executive's department was responsible for the development and implementation of the child poverty strategy but was considering moving accountability to the Health and Wellbeing Board. It was evident from one local area that they were continuing to debate who should take the lead. Originally the Children and Young People's Board had been responsible for delivering on child poverty. This had then moved to the corporate team.

We questioned whether this 'passing around' of the child poverty brief between department was helping or hindering how local areas ability to tackle child poverty. Local authorities are of course in the best place to decide who within local authorities leads on the delivery of child poverty. However, a strong and consistent leadership is essential.

Evaluating strategy and programmes is important, to find out if the approach used and services provided have achieved the desired outcome. During the visits and the through the pre-visits questionnaire we explored how local areas were measuring the impact of their child poverty strategy and services.

In response to the questionnaire, one local area said they had focused on measuring the impact of a new programme for children aged 0-5 years. Another provided partial information relating to free school meals and reductions in the numbers of adults on out of work benefits, but did not provide additional information about progress against objectives outlined within their child poverty strategy. Another local authority only had a draft child poverty strategy:

Specific actions as a partnership are yet to be confirmed. Once agreed, these will have a number of performance indicators attached, which will be tracked over time and reported to the Board.

Only one local authority was able to provide a high quality data in relation to progress made across the full range of their child poverty targets. This included outcomes being tracked and improvements being highlighted.

In contrast to child poverty strategies, local authorities were able to provide a range of data and evidence which related to tracking the impact of certain services used by families with young children. The services that were tracking impact were mainly related to programmes that had national funding attached to them, including the free childcare offer, services delivered through children's centres and FNP.

When examining the role of public health services available to low-income families with young children, we found a good evidence base on effective support for mothers with high health risks, but we do not know how widespread the use of such interventions is. We identified local programmes aimed at reducing childhood obesity with some evidence of their effectiveness, but again we do not know how widespread they are or whether their provision, particularly via children's centres, is declining (La Valle, et al, 2014).

The evidence on the effectiveness of housing schemes is very weak, particularly around the effects they have on children and parents living on a low income. Therefore, it is 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.

Conclusions

The experience of local authorities, professionals, parents and children involved in our research offers valuable insight to the changing context of support for very young children which must inform thinking about national and local priorities.

We know that:

- Children are likely to suffer disproportionate harm if they grow up poor in the early years.
- Reducing the number of children spending the first years of their lives in poverty would have a profound impact on their life chances throughout childhood and through adult life.
- A renewed focus on reducing poverty for pre-school children and their families as a central priority for this Parliament therefore has the potential to reduce social and economic cost in the short and long term.
- Local areas are developing good approaches to reducing poverty but are struggling against a backdrop of increasing need and hardship for families.
- A strengthened focus on robust local strategies to reduce poverty is needed to help families move out of poverty and to break the cycle of disadvantage.

A number of actions are therefore proposed for urgent consideration:

A new national commitment from Government to significantly reduce poverty in the early years over the lifetime of the Parliament

Government has the potential to take decisive action to end early years poverty during this parliament as a national priority.

Such a commitment has the potential to build on the significant national investment already being made in the early years to combine the effects of national investment in health, early education and early years across Government into a national strategy to reduce poverty.

There is the potential for wider priorities to be given to families with children in the early years for example in national housing schemes and in welfare reforms which should be examined. There is an urgent need to build affordable new homes ensuring that families with young children are a priority.

Improving the outcomes of early years children as a local priority for increasingly devolved councils and regions

As local authorities develop their approaches to an increased level of devolution and autonomy, there is a major opportunity to put children at the heart of their plans.

Often focused on economic regeneration and transport, local authorities have the potential to put forward robust proposals to take on enhanced local powers and responsibilities to combine and reshape their finances for children and the services and support they deliver.

Government has the potential to play a powerful role in encouraging and challenging local authorities to put forward proposals to strengthen support for children including to reduce poverty in the early years. From the Northern Powerhouse to seaside towns there is an opportunity to put support for children to improve outcomes at the heart of regeneration and devolution.

Additional Government investment to drive a reduction of early years poverty in the areas of greatest disadvantage

In order to tackle the drivers of poverty for young children, Government could make significant investment in the areas with the highest numbers of children living in poverty in England.

Additional funding could act as a powerful incentive and catalyst for local action and would provide a crucial financial bridge to allow local areas to transform their early years support in some of the most deprived communities.

Additional national funding has the potential to work with the move to local council autonomy to increase the focus on reducing child poverty. It could also have the potential to complement the extended work to support troubled families.

Additional investment could have a powerful role in funding practical support for poor families such as parenting, communication and specialist support for young children, budgeting and preparation for work and debt counselling for parents. These could be delivered through children's centres and local hubs.

Any additional national investment should require local areas to deliver a comprehensive package of support to improve outcomes for young children.

A better understanding of what works in reducing poverty in the early years

As stated in this report, some local authorities are already developing innovative approaches. However, these examples are still emerging and many areas struggle to find evidence of effective strategic approaches.

There is also a lack of evidenced based and effective approaches to reducing poverty and inequalities of very young children.

A greater understanding of what works in reducing poverty in the early years is therefore an urgent priority to inform and support strategies and practice.

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Appendix A

Research methodology

Research aims

The aims of the research:

- Examine the legal and policy framework for the provision of services for young children living in low income families
- Identify the services being provided to young children living in low income households and the impact these services are having on children's lives
- Identify children and families views and experiences of services aimed at tackling poverty
- Identify the barriers to delivering child poverty strategy and services locally
- To explore the extent to which children's rights being realised through these policies and provisions
- Recommend potential action by both national and local government and other institutions in promoting children rights, reducing child poverty and the impact of poverty in a child's early years.

Review policy and strategies

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.

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.

Questionnaire and visits

The aim of the visits were to assist us in understanding how child poverty is addressed at a local level including how local child poverty strategy is developed, implemented and measured and what services are being delivered to address child poverty. A total of four visits were visited. A pre visits questionnaire was designed to capture additional information prior to undertaking the visits. This assisted us with gathering local data and informing which was used to shape a series of research questions to be asked during the visits.

Participation work with children and families

Design and approach

Qualitative research was carried out in three local authority areas in England during November and December 2014. The project involved two strands of data collection across the sites:

- **Family participation events** with 15 children and 16 parents at four early years settings. The purpose was to facilitate children's feedback about services in a setting familiar and comfortable for them, as well as feedback from their parents. For this reason, children were recruited who were existing users of the targeted early years settings.
- **In home parent interviews** with an additional sample of nine parents. The purpose of these interviews was to widen the sample to include parents and children who are not childcare users, and allow a broader range of families in different circumstances to be included in the research.

Family participation events: In order to facilitate children's feedback, the engagement event methodology drew on the Mosaic approach, a best practice method for listening to children in an effective, ethical and high quality way, that recognises children as "*experts in their own lives*", "*skilful communicators*", "*rights holders*" and "*meaning makers*" (Clarke and Moss, 2001). The Mosaic approach places an emphasis on participation work being tailored appropriately to children's individual needs and capabilities. It utilises a number of research tools brought together and reflected upon in order to build up a picture of children's experiences, for example incorporating observation, listening, a mix of child and researcher lead activities, and discussions with children. Input from parents and practitioners, who know the child, can assist with interpretation and provision of additional context. Working with children in this way allows researchers to build up a picture of what is salient and important for children in determining the nature of their experience. Children's experiences of different services were explored in the following ways⁹:

- **the early years setting:** group work with 2-4 children at a time involving child led tours of the setting, children taking photos and/or drawing things that matter to them, discussion, observation, and input from early years practitioners and parents.

- **health services:** one to one sessions between a researcher and a child with the parent present, involving play based participation activities such as role play with toys, doctors kits, story books, observation and discussion.
- **housing and the home:** one to one sessions between a researcher and a child with the parent present, involving activities such as drawing, playing with a toy house, observation and discussion.

The **views and experiences of parents** were explored during the events via separate group discussions. These focused on (i) exploring factors they felt were important to ensuring their child has a happy, healthy and safe upbringing and any issues and challenges faced (ii) types of services used within each area (iii) how well children's needs for play and learning, housing and health are currently being met (which included the role of services use) and suggestions for improvements.

In home parent interviews with an additional sample of parents: These in home depth interviews were designed to explore all relevant topics of interest as above, but with parents of children who were not accessing childcare in order to capture a wide range of experiences and those parents who may be lesser engaged with services.

Sample design

Three local authorities were selected for inclusion by OCC to provide a mix in terms of region (London, North, and a rural area) and area type in terms of level of urbanity, and social profile of the population.

Across the three areas, four early years settings were purposively selected by the research team in areas of high deprivation as defined by national and local indices of deprivation (Department for Communities and Local Government, 2010), as the focus for the participation events.

Within each area, children and families were recruited for the participation events and in home depth interviews according to a flexible quota matrix designed to ensure a spread of child age, service use and family circumstances, and the inclusion of some specific need groups (e.g. young parents, lone parents, minority ethnic groups, and low-income working as well as non-working households). A profile of the achieved sample is provided in Appendix A, along with further details of recruitment and data analysis methodologies employed for the project.

Interpretation of qualitative data: This report presents the qualitative findings from interviews and focus groups with a small sample of parents, and activities, discussions and observations with a small sample of children. Findings provide a useful 'snapshot' of children's and families' views and experiences of services. It is important to note that findings are not necessarily representative of the general population. However, the findings provide a rich picture of some of the types of experiences that are common among some of the families living on low-incomes, and insights into some potential areas for improvement.

⁹ All activities with children included time for discussion and observation, and subsequent conversations with parents and practitioners to add context to the children's feedback. Researchers used a soft toy ("Monkey") to help create rapport with children and engage them in activities. For example, during the activities about housing and the home, researchers used Monkey to prompt children's thinking e.g. "*Which rooms would you take Monkey in if he visited you at home?*"

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