



## **Putting the emotional wellbeing of children under three, their families and communities at the heart of policy and practice**

The charity What About The Children? was established in 1993 to promote better public awareness and understanding about the importance of the emotional needs and wellbeing of the under-threes, and to promote secure early infant/parent/carer relationships, the key to the emotional wellbeing of children, brain development and future physical and mental health.

The emotional needs of under-threes are not sufficiently recognised by policy-makers and society at large; provision lacks focus, is short-term and piece-meal. What About The Children? sets out here its aspirations to put the emotional wellbeing of children under three, their families and communities at the heart of policy and practice.

A long-term integrated strategy which supports the emotional wellbeing and needs of children under three, their families and communities, has clear benefits for individual children and ultimately brings huge benefits to the whole of society.

**Our purpose is to prioritise the emotional wellbeing of children under three by outlining the critical issues and the corresponding necessary actions.**

*"History will judge us by the difference we make in the everyday lives of children"*

Nelson Mandela





## Putting the emotional wellbeing of children under three, their families and communities at the heart of policy and practice

### Children under three, their families and communities

Appendix 1

A child's earliest relationships are critical to their brain development, emotional wellbeing and for future physical and mental health. Sensitive, responsive relationships are optimised by emotionally supported parents.

Consistent, appropriately responsive loving care, especially in the period of most rapid brain development from 0-3 is vital for emotional wellbeing .

A supportive community-led approach is most effective in supporting families with children under three

Ring-fenced funding to local authorities to provide a 'child's place' in all local communities – community led, accessible to all parents/carers with children under three enabling social contact, support and friendship, a place for play and interaction.

- a safe place where under-threes with their parents/carers can play, explore and access the natural outside environment
- a place where parents/carers of under-threes can meet others to socialise, network, access advice and peer-support from other parents; a 'safe place' for play - a venue for parent and toddler groups
- a venue for 'drop in' support from Health Visitors and other support services

### Professionals -Midwives, Health Visitors, GPs, Early Years professionals

Appendix 2

Services which support children and families are in crisis:

A national shortage of Health Visitors and the number of Midwives is plummeting

- Access and availability of perinatal mental health services are inconsistent and inadequate
- Childminders are leaving the profession in droves
- Huge number of Early Years Education & Childcare settings are closing

Over-the-threshold home visits and contact are essential for the provision of effective universal preventative service and ensuring continuity of care and trusted relationships with health and other professionals

- Reinstatement of the 'universal health-visiting service' with ring-fenced funding to Local Authorities to ensure Health Visitors can meet statutory requirements: 'continuity of care' and 'over-the-threshold' home-visits for all under-threes and their families
- Health Visitors provide a vital infrastructure of support for all families, and a crucial safety-net identifying early vulnerable babies and young children who are often otherwise invisible to services
- Additional long-term funding to train more Midwives and Health Visitors
- Improvement to and statutory training in perinatal mental health for all GPs Midwives, Health Visitors and Social Workers
- Funding, support and training to increase the number of childminders who provide home-based care for the under-threes

### Policy-makers – central and local government

Appendix 3

Governmental systems and structures do not prioritise the emotional needs, nor the importance of secure attachment and the development of children under three.

Government interdepartmental collaboration is largely absent. The Tax and Benefits system is complex; it does not support parents to provide their children under three with appropriate, responsive, consistent loving care.

Long-term integrated investment in social infrastructure with a clear focus on the emotional wellbeing of children under three

- Appointment of a Cabinet Minister to be accountable for and lead on integrated, inter-departmental policy and provision supporting children under three and their families
- All Local Authorities to appoint a Councillor to lead on an integrated community approach to services that support children under three and their families.
- A root and branch review of benefits available to families with children under three to include entitlement and funding for paid maternity and paternity leave, 'front loading' of child benefit, a 'home-care' allowance
- A Tax system that supports families, and the emotional needs, relationships and wellbeing of children under three

## Children, their families and communities

### Appendix 1

What About the Children? is calling for investment and rapid increase in local integrated services available to all families in a friendly local setting. Despite clear evidence of the effectiveness and impact of such initiatives and recommendations of numerous studies and government reports, it continues to be the case that a ‘child’s place’ is not available to most families with young children in the UK (Walker, 2017). Funding to support such child-focussed community initiatives is no longer ‘ring-fenced’ and has been vulnerable to lack of leadership and commitment. As a consequence, like other public health service initiatives, availability and access is a ‘post-code’ lottery. In particular, rural communities are unlikely to have sufficient and appropriate provision.

Early brain development has a lasting impact on a child’s ability to learn and succeed in school and life, and this has been affected by lack of opportunities to mix informally with other young children during the Covid-19 pandemic (Guevara, 2022). The recent ‘Best start for Life’ government report highlighting the importance of the first 1001 days, stresses the importance of ‘a place for families to access Start for Life services’, but such community-based centres, specifically catering for families with young children, prior to school age, are few and far between. There needs to be one in each community, with services focussed on the first 1001 days of children’s lives.

The notion that a community-focussed ‘child’s place’ to reduce inequalities and improve the health and emotional wellbeing of young children is not new, being a focal point of Penelope Leach’s 1994 book ‘Children First – what society must do and is not doing for children today’. She called for ‘A pleasant place to go for a change and company, for extra facilities and different playthings, for the exchange of worries and reassurance; a place and people so familiar that they can be trusted to backstop parenting’ p. 251).

This one-stop-shop mix of informal and formal service provision working in an integrated way in the community is likely to strengthen local social networks and relationships, known to be important for parenting (Barnes, 2007; Garbarino & Crouter, 1978), to reduce parental loneliness, known to be relevant for children’s emotional development (Schore, 2013). Integrated working for children’s outcomes has been described as “the holy grail of policy and services” (Canavan et al., 2009, p. 385). It has been promoted as a way to reach the families who are the most vulnerable, but who may not access services. While it enables families to avoid having to ‘tell their story’ multiple times, it also enables parents to develop relationships with the locally-based professionals and support staff, which is likely to increase the likelihood that they can share personal issues such as depression, domestic abuse, or anxieties about their young child’s development. When maternity services are included in the range of provision (Barnes, 2018), the important early stages of children’s brain development during pregnancy can be addressed by promoting regular antenatal visits, ensuring also that maternal depression can be supported. Early brain development has a lasting impact on a child’s ability to learn and succeed in school and life, and this has been affected by lack of opportunities to mix informally with other young children during the COVID pandemic (Guevara, 2022). Providing integrated services in a locally based centre for families with young children has been promoted in many European countries (Barnes et al., 2018). The idea was central to the UK Sure Start Local Programmes (Eisenstadt, 2011; Anning & Ball, 2008). A UK government comprehensive spending review on services for children under eight, as far back as 1998. noted that investment in support provision from pre-birth could reduce the impact of poverty on children’s development (Melhuish & Hall, 2007). Sure Start children’s centres were designed to improve and integrate a range of services for young children and their families in the most disadvantaged neighbourhoods, and the target was to have 3,500 centres by 2010, one ‘in each community’. However, the numbers of such centres have declined drastically over recent years (Morton, 2013; Smith et al., 2018).

A community-led focal point for young children, parents, both mothers and fathers, in addition to other carers such as grandparents, enables them to meet and socialise, provides a base where they have access to a range of services, such as antenatal and postnatal support, information and guidance on breastfeeding, health and nutrition, drugs, alcohol, smoking-cessation support. In addition, there is the possibility of peer-support, parental outreach, maternal and paternal mental health support, advice on parenting, information about services available in the area and access to specialist, targeted services. Of particular note, in relation to young children’s emotional development, is loneliness, both for caregivers and also for young children which has relevance to parental mental health, from pregnancy and through early childhood. Place-based services develop with the community, and may vary in different communities, such as rural versus urban to meet the diversity of communities and their needs.

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#### Funding, support & training to increase the number of childminders available to offer home-based care of the under-threes

Appropriately responsive continuous care, consistently given by the same known, trusted and loving adults is vital for optimum brain development and emotional wellbeing of the under-threes. This can rarely be assured in group day-care settings where staff recruitment, retention and turnover are high and where adult/child ratios do not ensure the availability of a known, trusted adult. Regular all-day group care of under-threes compromises successful extended breast feeding, supervision and safety. (<https://www.oliversfoundation.org.uk/>)

Home-based care from a trusted loving childminder who offers appropriately responsive, consistent care is more appropriate for the under-threes; however, the availability of childminders has significantly reduced in recent years and, as a consequence, so has parental choice.

‘Over the last 10 years, there has been a consistent downward trend in the number of Ofsted-registered childminders. On 31 August 2022, there were 48% (27,800) fewer providers registered with us than on 31 August 2012. This decline is due to more providers leaving than joining the childcare sector’ <https://www.gov.uk/government/statistics/childcare-providers-and-inspections-as-at-31-august-2022/main-findings-childcare-providers-and-inspections-as-at-31-august-2022#a-focus-on-childminders>

#### Additional long-term funding to train more Midwives & Health Visitors

The number of midwives is currently insufficient and in many areas there is a real crisis and an inability to provide ‘continuity of care’ during pregnancy, childbirth and post-natally. ‘As a term, continuity of care might sound pretty vague. But what it really means is that you’ll have the same healthcare professionals supporting you in pregnancy, labour and post-natally. That way you get to know these professionals and feel comfortable, and they get to know what your wishes are for labour and beyond’. <https://www.nct.org.uk/pregnancy/who-will-care-for-you-during-pregnancy/continuity-care-what-you-need-know>

Ideally, you would have one midwife throughout your pregnancy, during labour and birth, and post-natally, a midwife with whom mothers and fathers build a trusted relationship. In reality, a small group of healthcare professionals may be more likely and is still a strong option. The team should include those who are trained to identify those at risk of post-natal depression, provide support and promote infant/parent attachment.

Health-visiting is a role and service focused on promoting health, identifying hidden risk and needs, and offering families early support to reduce potential long-term negative health and social outcomes for their children. They are key professionals with statutory duties to ensure safe-guarding of children under three.

The number of health visitors has fallen dramatically in recent years and negatively impacted the capacity of health visitors to meet statutory requirements and make ‘over the threshold’ home-visits for all under-threes and their families. ‘Families will no longer receive a universal health visiting service as set out in Public Health England’s Commissioning Guidance – instead, health visitors will work predominantly with the most vulnerable families and will only see families for 3 of the 5 mandated reviews. This removes their essential opportunity to work in partnership with families to identify need upstream and offer support before it becomes problematic’.

“Every baby needs at least one special person to attach themselves to’ Leach P. 1994

Allan N. Schore “Minds in the Making: Attachment, the self-organizing brain, and developmentally-oriented psychoanalytic psychotherapy” British Journal of Psychotherapy 17(3), 2001

Bowlby’s “Environment of Evolutionary Adaptedness” Recent studies on the interpersonal neurobiology of attachment and emotional development (2013). Schore, A.N. In: Evolution, early experience and human development. From research to practice and policy. (2013) Pages 31-67. Oxford University Press, Oxford, England Eds: Narvaez, D., Panksepp, J., Schore, A.N. and Gleason, T.R

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<https://maternalmentalhealthalliance.org>

- **Appointment of a Cabinet Minister to lead and be accountable for the inter-departmental integration of policy and provision for children under three and their families**
- **Appointment of a similar high-level member in every elected Local Authority council to lead and be accountable for the inter-departmental integration of policy and provision for children under three and their families**

Securing real change requires leadership from national and local Government. The First 1001 Days APPG Report ‘Building Great Britons’ (2015) made a strong recommendation for the appointment of a cabinet-level minister with cross-departmental responsibility, drawing together all relevant departmental ministers, with a remit to draw up a ‘1001-days’ strategy masterplan within 12 months of the election. More recently, the Government published ‘The Best Start for Life: a vision for the 1001 critical days’ (HM Government, 2021) again identifying the importance of strong and accountable leadership at national and local government levels to ensure that support and service provision for children under three and their families are kept at the heart of policy-making decisions across Government. The importance of Local Authorities for assuring high quality childcare has been stressed (Gittins, 2023).

Yet despite this clear acknowledgement that strong national and local political commitment is required to successfully lead an inter-departmental approach to integrate policy and services which support the emotional wellbeing and development of children under three and their families, no Cabinet-level minister has been appointment with this remit. It makes absolute sense to move in that direction. There is plenty of anecdotal evidence that fragmented services cause distress to needy families, re-telling their story numerous times, and wastes valuable practitioner time re-discovering the same issues. “So the idea of joining up simply makes sense” (Barnes et al, 2006, p.195).

Studies in a number of countries have concluded that inter-agency provision is likely to lead to increased access to relevant services to benefit those who need them. Closer inter-agency collaboration can also result in greater involvement of service-users which can strengthen bottom-up influences to determine local needs, and a reduction in the length of time between identification of an issue and receiving a service (Barnes et al., 2020. p.16).

‘Historically, there has been a problem of “silo working” at central and local government levels in many countries, with particular departments or agencies being interested only in the service for which they were responsible and not with the potential effects on families of a range of services. ....Access to health, education and social welfare services are important for families with young children, but the way in which these services operate often creates fragmentation of experience for the family and wasted time for professionals’ (Barnes et al, 2020, p. 9).

- **A root and branch review of benefits available to parents of children under three**
- **A taxation structure that recognises the value and importance of early attachment relationships; a safe and stable home as key to optimum care of children under-three; maternity and paternity leave during child’s first 36 months; ‘front loading’ of child benefit, ‘home care’ allowance**

Family breakdown has long been identified as a causal factor in child poverty, poor physical and mental health and educational outcomes (Social Justice Policy Group, 2007). In 2023 there are 83,840 looked-after children in England, an increase of 2% from 2022, about three-quarters in foster-care, with a steep rise in babies being removed from their mothers into the care system at birth, a system in which babies experience multiple changes of foster-carer. The evidence is clear that stable family life, absence of poverty, secure and suitable housing, and emotionally healthy parents are key to the emotional wellbeing and health of babies and young children (Layard et al, 2014; Leach, 2018). Consistent, appropriately responsive and loving care and relationships during the critical first three years of life impact on long-term physical and mental health out of all proportion to the rest of childhood (Pereira Gray, 2013). There is long-standing criticism that the UK system of personal taxation and benefits does not acknowledge or support the ‘child-caring’ responsibilities of parents and is not neutral in relation to ‘family life’, in particular for those with children under three.

The current arrangements for maternity and paternity leave are not ‘fit for purpose’; they do not support parental mental health, reduce stress or support healthy development during pregnancy and infancy, nor do they support infant/parent attachment or couple-relationships; the benefits of maternity leave taken before birth, which can reduce stress at a time of early brain development, is not recognised, with this Benefit actually being deducted from the Entitlement. (Reader, 2023)

Current tax and benefit structures have not been designed with outcomes for children in mind. They have developed from disjointed piece-meal policies built on top of each other over time. The result is complex for parents to understand and navigate, and support does not always reliably reach the children and parents who need it the most. Tweaks to the current systems or more funding, simply to increase hours of free childcare for younger children, will not achieve better outcomes for children under three. Parents need real choices and the opportunity to care for their youngest children themselves, and to have available high quality sensitive and responsive childcare in home-like settings (Lilley, 2023; Young, 2022).

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## What About The Children?

Raising awareness about the never-changing emotional needs of the under-threes in our ever-changing society



**For more information & research evidence**

**[www.whataboutthechildren.org.uk](http://www.whataboutthechildren.org.uk)**