



The British Association for Early Childhood Education



helps children communicate



## Early Years Recovery Briefing

### Introduction

Pregnancy and the early years are a critical time for both child development and family wellbeing. Stable, supportive environments and positive interactions during this period play a unique role in shaping a child's brain, with long-term consequences for health and wellbeing, as well as educational attainment.<sup>1</sup>

Despite the huge pressures the pandemic has placed on families with young children, the Government's immediate response to the current crisis has shown that 0-5s are forgotten or an afterthought.

This briefing highlights our collective concerns about the impact of COVID-19 on children under 5 and their families, and sets out recommendations for action to stop these concerns having a long-term impact that could last well into childhood and beyond.

### The impact of COVID 19 on children under five, their parents and the early years system

We are concerned that the secondary impact of the pandemic will have a significant adverse effect on babies, born and unborn, who are experiencing this crisis at a particularly critical stage in their development, and will also have an impact on the wellbeing and development of 2-4 year olds. Families who were already experiencing multiple adversities may find that problems have intensified during COVID-19, but they are now unable to access the same level of support from family and friends. At the same time, they may be unable to access the same level of professional support through community, health visiting and specialist services. For other families, the extraordinary circumstances that have arisen from this pandemic will create new hardships and vulnerabilities which may not be readily identified by professionals given government guidance on social distancing.

Many young children have also not had their usual access to playgrounds, outdoor space, toddler groups, and children centres. This may have negatively impacted on the wellbeing and development of some children, particularly those from more disadvantaged families living in overcrowded accommodation, without garden access nor the material or digital resources to facilitate play and learning at home. More than half of children in poverty in the UK live within a family with a young child (0-4),<sup>ii</sup> leading to concerns that the epidemic will have further embedded the existing development gap between disadvantaged children and their peers when they start school.

As we come out of this pandemic, undetected needs will emerge and the current level of available support is unlikely to meet increased demand. There will be significant challenges associated with resuming full face-to-face community, health and social care services due to the inevitable backlog of missed contacts as well as the contacts that must be repeated because full assessments weren't able to take place digitally. A range of educational, socioeconomic and health inequalities will therefore likely be exacerbated, and digital inequalities mean that those families who may benefit the most from early intervention might lose out.

It is therefore more important than ever that post COVID-19 we reset our priorities and build back better. For successive years there have been significant reductions in funding which undermine the ability of the system to both tackle inequalities in early years support and to improve outcomes for all children. We must ensure all of our existing and future early years' provision is sufficiently underpinned by what we know from the evidence on child development; the needs of parents;<sup>iii</sup> best practice around engaging parents;<sup>iv</sup> and is fully resourced to enable all families to give babies and young children the best start in life.

### **Cross-system Short-Term Recovery Recommendations**

- Government to ensure that the physical and emotional needs of the youngest children are considered more explicitly and transparently by those making decisions about the response to COVID-19.
- The Department of Health and Social Care, NHS England, Public Health England and the Department for Education to provide clear guidance and best practice for early years services across health, early education, social care and voluntary sector services on how they can swiftly and safely return to offering high-quality face to face support to families. This should include guidance to local authorities and their health visiting and social work teams around how to work in partnership with early education and childcare settings, children's centres, community services and parents to facilitate the urgent identification and addressing of unmet mental health and safeguarding needs that may have emerged during the lockdown and how additional support can be put in place to mitigate the impacts of social distancing, particularly on the most vulnerable families.
- Commit to a rapid review of the strengths and limitations of the virtual and digital adaptations implemented due to COVID-19 to ensure that future practice is informed by the best evidence of "what works" to improve outcomes.

### **Cross-system Long-Term Recovery Recommendations**

- The early years must become an explicit, cross-system priority through a commitment to developing a single, cross-government Children's Recovery Strategy, starting in the first 1001 days. The strategy must be co-developed with families and young children and facilitate integrated working between all early years services. It should be evaluated through a rigorous accountability framework, overseen by a Cabinet-level pan-Government Children's Minister with cross-departmental responsibility.
- To deliver this recovery strategy for early years and to address the growing health inequalities<sup>v</sup> exacerbated by the crisis, it will require long-term investment across the full range of early years services.

- A key pillar of sustainable solutions for the early years must be a fully resourced, trained and valued early years workforce, through the development of a Children’s Workforce Strategy. The Workforce Strategy should address the fact that many professionals are bereaved and struggling with their mental health due to COVID-19.
- The Children’s Workforce Strategy would also address the need for a sufficiently resourced and skilled community-based practitioner and volunteer workforce who can reach parents who might not otherwise engage, signpost to specialist services, and offer support to parents with less entrenched or urgent needs, freeing up capacity in specialist teams.

### **Strengthening public health, perinatal, parent-infant and child mental health, and community services, starting in the first 1001 days**

The period from conception through to age two (the first 1,001 days of a child’s life) is a crucial period for child development and a time of increased vulnerability to harm. The interactions between parents and infants during this period directly influence brain development<sup>vi</sup> with consistent positive interactions fostering positive wellbeing whilst also buffering the child’s brain against future harm.<sup>vii</sup> To effectively enable this environment it is vital that parents’ strengths are valued and families are supported to provide their babies and young children with the sensitive, consistent and responsive care that they need to thrive.

However, we know that perinatal mental health problems are common; even prior to the crisis they affected up to one in five women, as well as up to one in ten men. Mental illness does not discriminate but previous history of mental health problems, complications in pregnancy and experiences of domestic abuse all increase risk.<sup>4</sup> When undetected and unsupported, mental ill-health can make parent-infant bonding particularly challenging and increase risk of maltreatment.

Whilst health visiting and community services have worked hard to retain some level of support during the pandemic the response to the pandemic has resulted in a reduction in elements of provision. Between March and early June<sup>viii</sup> NHS England advised providers of community services to release capacity to support the COVID-19 by reducing health visitor contacts from 5 mandated contacts to 2 virtual contacts, with additional contacts available for those previously identified as vulnerable.<sup>ix</sup> In this period there is an increased possibility that perinatal mental health issues may not have been identified, and this is particularly concerning for assessing infant mental health and safeguarding concerns, given that cues will likely be non-verbal and dependant on professional skill and knowledge.

Capacity to provide community-based parenting support, particularly for new parents, must also be rebuilt, with an estimated 1,000 children centres closed over the last 10 years<sup>x</sup> as funding has been cut by 46%. Analysis found that estimated funding for local authority children’s services fell by £2.2 billion between 2010/11 – 2018/19<sup>xi</sup>, matched by a shift from spending on early intervention services such as children’s centres and family support, to spending on late intervention services such as safeguarding and children in care. Services to support families with parenting were already under resourced before the current crisis and will be under additional pressure now.

We are also concerned that there are less than 30 teams in the whole of the UK that provide specialised care for parent-child interactions and infant mental health, and 42% of England’s Clinical Commissioning Group (CCG) services will not accept referrals for children aged 2 and under.<sup>xii</sup> Latest prevalence data published in 2018, also found that one in eighteen (5.5%) 2-4 year olds in England have a diagnosable-level mental health problem. However, only 0.8% of 0-5 year olds in England are in contact with secondary mental health services, which suggests a significant gap between need and provision.<sup>xiii</sup>

### **Short-Term Recovery Recommendations**

- Now NHS England has published the restoration framework for children’s community services, health visitors must be fully financially resourced and supported to enable them to understand the scale of missed health

visitor contacts and to mitigate known limitations of virtual contacts and support effective assessment of needs/ risks and re-institute face to face contacts for families.<sup>[1]</sup>

- There must also be capacity to address these needs as they are identified, through a coherent pathway of support, incorporating community-based parenting support, specialised parent-infant relationship teams, mental health services delivered through CAMHS, and perinatal mental health teams for parental mental health needs.
- Without significant investment, the strain of managing the expected spikes in need and addressing the backlog of health visitor contacts will be unmanageable. Prior to the pandemic, the Healthy Child Programme was not equipped to support the pre-existing need of struggling families across the county<sup>xiv</sup> as a result of the 31% decline in NHS health visiting staff since 2015,<sup>xv</sup> coupled with the increase in family caseloads for those still in the profession.<sup>xvi</sup> The Treasury must therefore commit to additional funding for local authorities to ensure they are sufficiently resourced to urgently attend to the backlog of missed health visitor contacts as well as the subsequent demand for a range of support services.

### **Long-Term Recovery Recommendations**

- We need to see investment that goes beyond the £120m which has been taken out of public health early years services since 2014, to deliver the investment of £700m in services for children under four<sup>xvii</sup> to ensure every area of England can provide the standard of public health service all families are entitled to.
- The vital role that charities and community-based organisations play in supporting families must be championed. Additional funding must be provided to ensure these parenting support services have the resources to support families, making up for the investment taken out of early help services in recent years.
- The modernisation of the Healthy Child Programme should extend the current mandated five health visitor reviews with additional reviews, in line with the rest of the UK, where the value of a robust and fully resourced health visiting service has been accepted<sup>xviii</sup>. The value of consistency of carer has been accepted in midwifery and should be extended to health visiting and other services. Careful consideration should be given to how to utilise new and existing virtual and digital service delivery to increase reach to families in a person-centred way, whilst not compromising on the value of in-person support.

### **Strengthening the role of early education and childcare settings**

Positive early interactions in the first 1001 days can be further reinforced with high quality early education that is shown to support development for pre-school children<sup>xix</sup>. This provision must be organised and delivered to address any access and health inequalities that impact families in their area. Young children from less affluent backgrounds are less likely to be school-ready than their more affluent contemporaries<sup>xx</sup> with a six-month developmental gap between toddlers from higher and lower income families by 24 months.<sup>xxi</sup> Proactive outreach to and support for parents with eligible children is needed to encourage take up of the disadvantaged 2-year-old offer, which specifically targets reducing the early years attainment gap and is intended to better prepare disadvantaged children for the start of school.

While some early education and childcare settings have been able to remain open for vulnerable and keyworker children, many needed to close between March and June. Some settings have since reopened from 1 June but others are encountering significant logistical and financial barriers to operating fully<sup>xxii</sup>. On 4 June, it was estimated that only 10% of children who would normally attend an early education and childcare setting in term-time were attending.<sup>xxiii</sup> Many parents are understandably fearful of their baby or young child starting or returning to an early education setting.

The learning and development requirements and the Progress Check at Age 2 within the Early Years Foundation Stage (EYFS) Statutory Framework have also been disapplied on a temporary basis.<sup>xxiv</sup> The former may reduce the provision of broad and holistic learning and development opportunities for young children. The disapplication of the Progress Check coupled with the reduction in health visitor contacts (notably the 2-2.5 yr review) and virtual delivery of support between March and June means that there is also a risk that vulnerable children with emerging or hidden needs, such as those with Special Educational Needs and Disabilities (SEND), may not be identified nor referred for specialist support.

There are also concerns that the current crisis will exacerbate the financial difficulties that many early education and childcare settings already face. A survey of over 3,000 settings conducted in May found that a quarter predict that they are likely to close within a year.<sup>xxv</sup> Small settings and childminders are least able to benefit from the Government's COVID-19 business support package<sup>xxvi</sup>, and maintained nursery schools cannot benefit from the business rates rebate. Settings are concerned about the likely financial impact of social distancing requirements which will restrict the size of cohorts attending, reducing occupancy and, therefore, funding.

If significant numbers of settings close, there is a danger that there will be a shortage of settings for babies and young children, which would have a negative impact on the sufficiency of the early education entitlements, most critically the disadvantaged 2 year old offer. This is particularly concerning for vulnerable families and those living in disadvantaged areas and may contribute to a range of negative early years outcomes which could impede the Government's social mobility agenda. This is also occurring at a time where eligibility for the 2 year old offer looks set to increase due to the recent rise in welfare benefit applications as a result of the pandemic, but parental anxiety about their 2 year olds starting at a setting in combination with some setting being closed may create a significant access gap.

### **Short-Term Recovery Recommendations**

- Department for Education and Department of Health and Social Care should develop a mental health support package for the early education and childcare sector and the babies and young children attending, to mirror the support package being offered to schools, colleges and their pupils.<sup>xxvii</sup> This should be culturally responsive and sensitive to the concerns of the BAME early education and childcare workforce, as BAME communities have been disproportionately affected by COVID-19.
- The priority focus for babies and young children starting or returning to education and childcare settings must be their physical safety and their personal, social and emotional development above all else.<sup>xxviii</sup>
- The Treasury must urgently commit to additional short-term funding for the early education and childcare sector to make sure all children, especially the most vulnerable and disadvantaged can access:
  - a. their early education entitlements;
  - b. a summer programme so children can catch-up on their emotional security and personal, social and emotional development, as the foundation of learning. This would mirror the summer catch-up programme offered by the Government to school-age children<sup>xxix</sup>.

### **Long-Term Recovery Recommendations**

- Government should allocate additional Early Years Pupil Premium for 'COVID-19 catch-up' programmes focused on communication and language and emotional wellbeing.

- As well as the need for short-term funding for the early years and childcare sector, Government also need to commit to increased long-term investment to secure the sustainability of the early education and childcare sector to ensure all children have access to their early education entitlements, thereby providing for their future life chances.

<sup>i</sup> Center on the Developing Child (2009) Five numbers to remember about the developing child. Harvard: Center on the Developing Child.

<sup>ii</sup> Households below average income (HBAI) 2018/19 statistics. Available online at :

<https://www.gov.uk/government/collections/households-below-average-income-hbai--2>

<sup>iii</sup> For example, the competency framework from AIMH <https://aimh.org.uk/infant-mental-health-competencies-framework/>

<sup>iv</sup> [https://www.ncb.org.uk/sites/default/files/uploads/documents/Research\\_reports/Nurturing\\_Healthy\\_Minds\\_Together\\_Full\\_Report\\_FINAL.pdf](https://www.ncb.org.uk/sites/default/files/uploads/documents/Research_reports/Nurturing_Healthy_Minds_Together_Full_Report_FINAL.pdf)

<sup>v</sup> [Marmot 10 Years On Review](#); [RCPC's State of Child Health 2020 report](#)

<sup>vi</sup> Schore AN: Relational trauma and the developing right brain: The neurobiology of broken attachment bonds. In Tessa Baradon: *Relational Trauma in Infancy*. London: Routledge 2010, p. 22.

<sup>vii</sup> Clinton, J., Feller, A., & Williams, R. (2016). The importance of infant mental health. *Paediatrics & Child Health*, 21(5), 239–241.

<sup>viii</sup> <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0145-COVID-19-prioritisation-within-community-health-services-1-April-2020.pdf>

<sup>ix</sup> <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0145-COVID-19-prioritisation-within-community-health-services-1-April-2020.pdf> Guidance for March no longer available

<sup>x</sup> Sutton Trust, Stop Start George Smith, Kathy Sylva, Teresa Smith, Pam Sammons and Aghogho Omonigho - April 2018

<https://www.suttontrust.com/wp-content/uploads/2018/04/StopStart-FINAL.pdf>

<sup>xi</sup> Action for Children, Barnardo's, National Children's Bureau, NSPCC and The Children's Society (2020). *Children and young people's services: Funding and spending 2010/11 to 2018/19*. Available at:

<https://www.actionforchildren.org.uk/media/13023/childrens-and-young-peoples-services-funding-and-spending-report-2018-19-002.pdf>

<sup>xii</sup> Parent Infant Foundation (2019) Rare Jewels <https://parentinfantfoundation.org.uk/our-work/campaigning/rare-jewels/#execsummary>

<sup>xiii</sup> [https://www.ncb.org.uk/sites/default/files/uploads/documents/Research\\_reports/Nurturing\\_Healthy\\_Minds\\_Together\\_Full\\_Report\\_FINAL.pdf](https://www.ncb.org.uk/sites/default/files/uploads/documents/Research_reports/Nurturing_Healthy_Minds_Together_Full_Report_FINAL.pdf)

<sup>ii</sup> <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0552-Restoration-of-Community-Health-Services-Guidance-CYP-version-3-June-2020-1.pdf>

<sup>xiv</sup> NSPCC research conducted with YouGov early this year highlights that just 6% of families who have received the programme since 2015 have been supported by the same health professional during the 1001 days period. Furthermore, one in four mothers said that for some reviews, they had a letter, text message, or a phone call instead of in-person support. It is clear that the current service is unable to provide families with the quality of care they should be receiving, or that health professionals wish to deliver.

<sup>xv</sup> Health Visiting in England: A Vision for the Future - <https://ihv.org.uk/wp-content/uploads/2019/11/7.11.19-Health-Visiting-in-England-Vision-FINAL-VERSION.pdf>

<sup>xvi</sup> Health Visiting in England: State of Health Visiting in England, *Results from a survey of 1040 practising health visitors*

<https://ihv.org.uk/wp-content/uploads/2020/02/State-of-Health-Visiting-survey-FINAL-VERSION-18.2.20.pdf>

<sup>xvii</sup> Health Foundation (2018) Taking our health for granted: Plugging the public health grant funding gap

[https://www.health.org.uk/sites/default/files/upload/publications/2018/Taking%20our%20health%20for%20granted\\_for%20web.pdf](https://www.health.org.uk/sites/default/files/upload/publications/2018/Taking%20our%20health%20for%20granted_for%20web.pdf)

<sup>xviii</sup> [https://www.gov.scot/publications/universal-health-visiting-pathway-scotland-pre-birth-pre-school/pages/2/;](https://www.gov.scot/publications/universal-health-visiting-pathway-scotland-pre-birth-pre-school/pages/2/)

<https://gov.wales/sites/default/files/publications/2019-05/an-overview-of-the-healthy-child-wales-programme.pdf>

<sup>xix</sup> Sylva, K et al (2004) The Effective Provision of Pre-School Education (EPPE) Project: Findings from Pre-school to end of Key Stage1. London: Department for Education and Skills

<sup>xx</sup> Social Mobility Commission (2020) *Monitoring Social Mobility 2013-2020: is the government delivering on our recommendations?* Available at:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/891155/Monitoring\\_report\\_2013-2020\\_-\\_Web\\_version.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/891155/Monitoring_report_2013-2020_-_Web_version.pdf)

<sup>xxi</sup> Fernald, A., Marchman, A., Weisleder, A. (2012). *SES differences in language processing skill and vocabulary are evident at 18 months*. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3582035/>

<sup>xxii</sup> [https://www.eyalliance.org.uk/sites/default/files/the\\_forgotten\\_sector\\_early\\_years\\_alliance\\_25june\\_2020.pdf](https://www.eyalliance.org.uk/sites/default/files/the_forgotten_sector_early_years_alliance_25june_2020.pdf)

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[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/890949/Attendance\\_figures\\_coronavirus\\_covid\\_19\\_4\\_June\\_2020.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/890949/Attendance_figures_coronavirus_covid_19_4_June_2020.pdf)

<sup>xxiv</sup> Accurate at 9 June 2020 <https://www.gov.uk/government/publications/early-years-foundation-stage-framework--2/early-years-foundation-stage-coronavirus-disapplications#:~:text=The%20disapplications%20and%20modifications%20to,includin%20free%20schools%20and%20academies>)

<sup>xxv</sup> Early Years Alliance (May 2020), A quarter of childcare providers fear closure within a year. Available online at:

<https://www.eyalliance.org.uk/news/2020/05/quarter-childcare-providers-fear-closure-within-year>

<sup>xxvi</sup> [https://www.eyalliance.org.uk/sites/default/files/the\\_forgotten\\_sector\\_early\\_years\\_alliance\\_25june\\_2020.pdf](https://www.eyalliance.org.uk/sites/default/files/the_forgotten_sector_early_years_alliance_25june_2020.pdf)

<sup>xxvii</sup> <https://www.gov.uk/government/news/extra-mental-health-support-for-pupils-and-teachers>

<sup>xxviii</sup> This would mirror the approach being taken in some other countries where the chosen focus is on supporting children's wellbeing when returning to settings, for example, in the Netherlands <https://www.issa.nl/content/webinar-early-childhood-educators-supporting-professionalism-during-covid-19>

<sup>xxix</sup> This would ensure parity between school-aged children and children under-five, following the announcement of a catch-up programme for primary and secondary school pupils <https://www.gov.uk/government/news/billion-pound-covid-catch-up-plan-to-tackle-impact-of-lost-teaching-time>