

Science and Technology Committee

Oral evidence: [Evidence-based early-years intervention](#), HC 506

Tuesday 1 May 2018

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[Watch the meeting](#)

Members present: Norman Lamb (Chair); Vicky Ford; Bill Grant; Stephen Metcalfe.

Questions 376 - 470

Witnesses

I: Nadhim Zahawi MP, Parliamentary Under-Secretary of State for Children and Families, Department for Education; Michelle Dyson, Director of Early Years, Department for Education; Jackie Doyle-Price MP, Parliamentary Under-Secretary of State for Mental Health and Inequalities, Department of Health and Social Care; and Mark Davies, Director of Population Health, Department of Health and Social Care.

Written evidence from witnesses:

- [Department for Education](#)



Examination of witnesses

Witnesses: Nadhim Zahawi MP, Michelle Dyson, Jackie Doyle-Price MP and Mark Davies.

Q376 **Chair:** Welcome. It is very good to see you. It is good to have two Ministers in front of us. I thank both Ministers and their colleagues very much for coming. Would you like to introduce yourselves, starting with the two Ministers and moving to the civil servants?

Jackie Doyle-Price: I am Jackie Doyle-Price. I am the Minister for Mental Health and Inequalities.

Nadhim Zahawi: I am Nadhim Zahawi, the Minister for Children and Families.

Michelle Dyson: I am Michelle Dyson, the director of early years and childcare in the Department for Education.

Mark Davies: I am Mark Davies. I am the director of population health in the Department of Health and Social Care.

Q377 **Chair:** Excellent. This area straddles two Departments. Some questions will be more appropriate for one of you than for the other. I am very happy for you to decide who wants to respond; do not feel that you both have to respond to everything.

This inquiry has looked particularly at the issue of adverse experiences in childhood, such as trauma and neglect, at the potential link between things that happen to children and the potential for poor health—perhaps in childhood, but also later on in life—and at potential links with issues such as educational attainment, the criminal justice system, worklessness and so forth. I would be interested to hear what opportunities you see for early intervention. What assessment have you made of the science and our understanding of the evidence of the impact of trauma, abuse and other adverse experiences in childhood? Who wants to start by giving their view on that?

Jackie Doyle-Price: Perhaps I will start. From my perspective, how we approach this is about the nought-to-fives, before children enter school. I see the Department of Health's role as being to minimise the impacts of inequalities. That really means making some sort of intervention from pre-birth up to school age. We have a big investment going on in maternity services, where there is a fixed relationship with the mother. We can develop that relationship and identify where further support is needed, in line with any risk.

Post birth, we have the mandated checks by health visitors. The role of the health visitor is very important here, not least because they visit in the family context and establish a relationship with fathers as well. It is very much a family-based approach.



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There are particular risk areas at what is actually a traumatic time. The birth of a new child into a new family brings strains on relationships. It alters the nature of a relationship. Quite often, people do not know where to go for help. The idea is that we have that relationship with the health visitor to have those conversations and, where appropriate, to signpost and manage further support through the family nurse partnership, which can give further support if there are particular areas of risk.

That is what we have in place at the moment. As part of the mental health initiatives, we have invested quite significantly in perinatal support. We recognise that if there is significant trauma in the period from birth—in the early months—when we know that women are particularly vulnerable to mental health episodes, that can lead to long-term issues for the child. That is a big area of support. We are all learning here. I will be very interested to see the outcome of the Committee's work, particularly what else we can do in the nought-to-five area. There is nothing more effective in early intervention than early intervention, so we are keen to learn.

Nadhim Zahawi: I would echo everything Jackie has just talked about. Your question was about evidence. We know that the gap for disadvantaged children begins very early in life. Before children turn two, that gap begins to appear. Of course, the gap then increases and becomes much more challenging for us all as the child progresses further up. By age five, the gap between disadvantaged children eligible for free school meals and others is still 17%. It has come down from about 19%, but the challenge for us all is how to push it further down.

You can stand back and look at our overall strategy to address that gap. We have published our social mobility action plan, which is an investment of about £800 million, £100 million of which will go into early years. In addition, in 2013 we already had the two-year-old offer—the 15 hours of free childcare. We know from evidence around the world that those 15 hours make a huge difference both to the child's own development, in closing the word gap, and to the parent, so that they have a little bit of space to be able to cope. These are people who are clearly disadvantaged in a number of ways. I hope that today we can explore our social mobility action plan. We also deliver 15 hours for three and four-year-olds universally. Then there is the 30-hour offer for working parents, which helps those on low incomes. A single mum can claim that at £6,500. I have seen myself that that works.

I want to pick up Jackie's point about health visitors. I visited an early-years setting in Wigan and held a round table with the local authority. Cross-Government work, involving all parties, is incredibly important. In Wigan, the message for me was that the work of the health visitor, who can identify even in pregnancy that the child who will be born will need early educational interventions, is incredibly important. That sharing of information seems to be critical to effective intervention.



Q378 **Chair:** We will talk a bit more about sharing data and information.

We have had evidence that Scotland and Wales, and probably Northern Ireland, now have specific national strategies that recognise the potential impact of adverse experiences—trauma, abuse, neglect and so on—in childhood. England does not yet have a similar national strategy. Do you have any thoughts on that? Do you have any work in progress to explore whether you should follow the same route as Scotland and Wales? What is your response to that?

Jackie Doyle-Price: In the health context, we have tackled each component in turn. The child obesity strategy will come out later this month. We have separate workstreams. Perhaps there is an argument for bringing that thinking together in some way, but it probably reflects the fact that doing things in England is slightly more complex. We have been bringing the focus to local authorities that these are very much public health issues. We want local leadership to take place against an overarching national policy framework in which we want to identify best practice and the measures that will tackle these issues. That said, I am always keen to learn from the other nations. It is good to hear what they are doing.

Q379 **Chair:** Good. Mark and Michelle, please feel free to come in as you wish.

Nadhim Zahawi: May I come in on that? I spoke about our £800 million social mobility action plan. It is also worth looking at what the Government did in 2015 with the troubled families programme, which has now been expanded. It is now a programme touching £1 billion and is available to about 400,000 families, 40% of whom have a child below the age of five. That is very much around a whole-government approach to those families. It is not just a single touch-point to the families, because they present with all sorts of different traumas and problems. There is other cross-departmental work with the DWP on parental conflict, which, clearly, can cause trauma for a child.

Of course, we want to learn from what the other nations are doing, but there are already a number of well-established, well-evidenced programmes. The troubled families programme is essentially to achieve significant improvement for the 400,000 families concerned—to transform the way in which the public service works with those families. Within that, there is a very clear evidence-gathering assessment of how the programme is delivering.

Mark Davies: Chair, in your opening remarks, you talked about adverse childhood experiences and the impact on health. It is worth reminding ourselves that, as the research shows, when these experiences cluster, they have a huge impact on other aspects of people's later life. I have the figures here. People are seven times more likely to be involved in violence and 11 times more likely to use drugs. The point is that we need a multi-agency approach.

Q380 **Chair:** In a way, you are also highlighting the enormous cost to



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Government of not addressing these issues.

Mark Davies: Absolutely. The adverse childhood experiences research is quite new; we are still working out how to make best use of it. Through our policy research programme, we are funding some work to look at how we can best approach the issues raised by that research. In the meantime, as the Ministers have said, we have lots of pieces of work going on that address some of those factors—probably all of them, essentially.

Michelle Dyson: I want to add to what the Minister said about the parental conflict programme in the DWP. This is quite innovative stuff. It comes from research done by the Early Intervention Foundation, from which I know you have heard. It was always known that domestic violence has a very detrimental impact on children, but this is about what they call silence to violence—parents freezing each other out. That includes parents who have separated. The evidence shows that, if parents who have separated can still collaborate well, it does not have a detrimental impact on their children. If, on the other hand, they are freezing each other out, it really does. It is not just about identifying a problem; there are interventions that allow you to do something about this. The DWP has a programme of about £10 million to £15 million per year to trial this across a whole range of local authorities. That is quite new.

Nadhim Zahawi: It was remiss of me not to open with the fact that I have just announced a review of children in need. About 400,000 children are defined as children in need because they come into contact with children's social services in different ways. Within that figure are looked-after children—about 75,000 kids, 54,000 of whom are in foster care. Part of our manifesto pledge was a review of what more we could do, which we have just launched. The educational outcomes for those kids remain challenging, to say the least. They are overrepresented in NEETs—those not in employment, education or training—in exclusions, of which we also have a review under way, and in alternative provision. We have put forward a vision of what alternative provision should look like, because far too many of those young adults come out with very little to look forward to in terms of employment.

Q381 **Chair:** Do the Government want to see early intervention prioritised by all local authorities, as a principle of approach in public service, or is the approach more to leave it to local authorities to determine their own priorities? If it is your wish to see that prioritised across the piece, what are the mechanisms to make it happen?

Nadhim Zahawi: From the Department for Education, I can tell you that both the Prime Minister and the Secretary of State are committed to making sure that we prioritise early intervention and the home learning environment. On Monday, I announced two pieces of funding. One is £5 million with the Education Endowment Foundation to look at what is really working. Let me try to bring it to life for you. I went to Luton to look at



an app the Education Endowment Foundation is currently testing and gathering evidence on. It is called EasyPeasy and uses technology.

Q382 **Chair:** We have heard from them.

Nadhim Zahawi: You certainly have. There is much spoken about how technology is distracting parents from parenting. This technology reverses that, because there are videos every week showing parents how to do a selfie or a video with a child to demonstrate different emotions and then to ask why—why they are angry, why they are happy, what makes them happy, and so on.

Another programme, again developed in Luton, allows our youngest children, in early-years settings, to learn the alphabet by sign language. It sounds counter-intuitive, because sign language is quite difficult, but human beings learn much more by doing than just by reading.

Q383 **Chair:** You are highlighting some very interesting practice.

Nadhim Zahawi: Let me finish with this point, which answers your question directly. The other programme, which costs £8.5 million, is to peer-review what is working best and most cost-effectively in local government, so that we can scale that up. The commitment is very much there to work out where the evidence is that this stuff is really working well. Then the strategy is how to scale that up.

Q384 **Chair:** Is there a clear national strategy within either education or health, or the two combined, on early intervention?

Nadhim Zahawi: I think so. From our perspective in education, there is a very clear strategy, which is very much part of our social mobility action plan, to close the word gap and what Michelle is very fond of referring to as the development gap. You may want me to sit here and virtue-signal by saying to you, “We are going to place our bets, because government knows best on this particular investment,” but that is not the right way to do it. The right thing to do is to gather the evidence.

Look at the use of children’s centres. Newcastle is using children’s centres very differently now, with much better outcomes. The same is happening in Staffordshire, where they have focused their children’s centres in the most disadvantaged areas. The number of children’s centres that are open in the most disadvantaged areas has stayed constant.¹ What has changed is the number of centres where local authorities have felt, “Actually, we can take that investment out of bricks and mortar and put it into direct outreach, where we knock on the doors of the neediest families, who may never come into a building run by government, get into their homes and give them the confidence to interact with us or our partners in health.”

¹ [See further information provided by witnesses.](#)



Jackie Doyle-Price: Fundamentally, we believe in a localised approach, because local leaders can respond best to their particular circumstances. Equally, we recognise that there is a massive variable in the quality of local leadership. We look at Public Health England as our method of trying to ensure that we are spreading good practice and holding local areas to account for the responsibilities that we are giving them.

There is evidence of good practice out there. Blackpool is an area with considerable poverty and much higher levels of smoking among new mothers than other areas of the country. It has decided to invest at the front end with the health checks. That is a really good example of a good intervention.

Equally—I am looking at my two Essex colleagues, who, I am sure, are very familiar with this—I was just looking at the performance of both Essex and Thurrock in delivering the health checks. We know that nationally 98% of new babies get the health check at birth, but it falls off to 75% by two. Interestingly, in Thurrock, which is poorer than Essex, it stays at 98%. That tells you that there is good local leadership. In Essex, it falls to 48%. You could argue that Essex is not doing its job. Equally, a lot of parents may think, “We just don’t need it,” because we are dealing with a very different cohort. It is our job in government to set out clearly what the public should be able to expect from their local services and to use the tools that we have where that is not happening, but we fully recognise that we will get better results by empowering local authorities to do their own thing.

Q385 **Chair:** Is there anyone in government who specifically and identifiably takes the lead on early intervention? Secondly, how good is the collaboration between the two Departments on this core principle?

Jackie Doyle-Price: It is getting better.

Nadhim Zahawi: It is getting much better.

Q386 **Chair:** Will you answer the first question first?

Nadhim Zahawi: As the children’s Minister, I take the lead on intervention. My colleague in the Department of Health and I work together closely. We have a project looking at training health visitors to deliver better communication and language outcomes for parents. We know that, if a child has a wider vocabulary at home, you begin to address the challenge of closing the gap.

From our side of the fence, I want to comment on the workforce. I guess that those children you are most concerned about are the ones who come into contact. The first contact is with the children’s social worker. We have a big reforms programme. We want to celebrate and thank the 36,000 social workers, who do a tremendous job day in, day out. My first meeting as the new Minister was with social workers in Hackney. I told them that—as you and your colleagues here will know, Chair—at a Friday surgery every MP will get one case of a child in trauma or difficulty or of a



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family in difficulty. By the end of that 20-minute surgery appointment, you can hardly breathe, let alone think, because of how traumatic some people's lives can be. Children's social workers have to do that every single day of the week, so we want to celebrate them.

With the Department of Health—this is real cross-party work—we are launching Social Work England. We have just announced the chairman and will announce the chief executive imminently. We are also rolling out a system of accreditation and assessment for the workforce to make sure that children's social workers and the whole infrastructure are fit for purpose, as that contact has to be the right one for every child and must deliver for that child.

Michelle Dyson: I want to support what the Minister has said. It is absolutely the Department for Education that takes the lead on early intervention as far as children are concerned. For example, we lead the sponsorship of the Early Intervention Foundation. We get all the money in from other Departments to pass over to the foundation. Obviously, there are broader issues, on adult vulnerability and so on, on which we do not lead. That is a Home Office lead.

Mark Davies: You asked about how we co-ordinate across Government. A couple of weeks ago, you heard from Viv Bennett, who talked about the group that she leads: the children, young people and families partnership board. We recently established a directors group across Whitehall, which is focusing on vulnerability and doing a piece of work together looking at early years. We are starting to get there on co-ordination. I have been around this block a number of times, but I do not think that I have seen such a good collective and co-ordinated approach to early years as we have now.

Jackie Doyle-Price: At heart, your question is a philosophical one. Essentially, it has evolved as a principle that sits behind a lot of our work. The question is: should someone have ownership of it? In the past, silo culture across Government Departments has been the enemy of good policy making. It is improving, but that is a useful prism through which to look at this whole issue.

Q387 **Chair:** Nadhim, you made a point about virtue-signalling, which does no one any good in itself. Do you agree that the Government can ensure that every area of the country is encouraged to follow the evidence?

Nadhim Zahawi: Very much so. I spent 10 years of my life observing human behaviour outside this place. Human beings are very good at learning from other human beings. We tend to level up, rather than down, which is why humanity does so many great things.

Take our partners in practice work for local authorities. Before we began the programme, Ofsted judged far too many local authorities inadequate on children's social services. That first contact was clearly just not good enough. The first council to be taken into serious intervention was



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Doncaster, where we took children's services away into a trust. In two years, that was turned around to "good" by Ofsted. That was a remarkable turnaround, so I said, "I want to go and visit. I want to see what happened there. Why can Doncaster do this in two years?"

I will go back to partners in practice and what we are doing there to partner with 16 local authorities that may be on the edge and could fail or be in a bad place. When I got to Doncaster, I found that about 70% of the staff were still the same people who were there when the council children's services were totally failing young people and their families. I asked, "What is the secret juice here? What happened here that made this turn around? I get it that we took the service out. That must be part of it." The answer was quite interesting. They said, "Basically, we were given the confidence by our leadership to do our jobs properly—and the support behind it. Most importantly, we knew that that leadership was going to be around." The heads of service—the people they look up to—remained doing the job and were there. It is very much about leadership and having that consistency of decision making and support in place. That is what turns around failing children's services.

To answer your point, Chair, we have the right governance infrastructure in place. I can give you lots of examples, from Leeds, Kirklees, Hackney and so on—all slightly different, but very similar stories. Much of this is about really good, stable leadership.

Chair: Absolutely.

Q388 **Vicky Ford:** This is an issue my colleagues and I care about very much, because we are talking about the youngest members of our society—and, within that group, the most vulnerable members of society. We are not the Health Committee or the Education Committee; we are the Science Committee. That is why we particularly wanted to look at the issue of evidence-based early intervention. We all know that early intervention is important, but how do we make sure that it is targeted and evidence-based decision making?

You have answered some of the questions already. The Early Intervention Foundation told us, "there is not any reliable information about the extent to which evidence-based interventions are used...by local authorities," and no means to compare across different authorities. You have given us good examples of specific projects that you are taking forward at national level or in local areas. What do you think about the comment from the foundation? Do you agree with it, or is there a better means of comparing how evidence-based policy is used?

Jackie Doyle-Price: Obviously, you need to be able to demonstrate the outcome from the intervention that you make. That is actually quite difficult to quantify, because if it is successful the negatives do not appear. We have done some research. Do you want to say a bit more about that, Mark?



Mark Davies: We tend to rely on Public Health England to help us to communicate and to support local authorities. As I mentioned before, we are looking at how best to implement the findings of the adverse childhood experiences work. It is a fair challenge. I do not think that there is a consistent approach. We tend to look at outcomes. I think that we have very good data on outcomes, which Public Health England makes available through its tools. Those look not just at health outcomes, but at other types of outcomes. The Early Intervention Foundation has given us good information about what works, but we have not looked systematically at how that is applied. It is a fair challenge to us. We are doing some research, but we do not have a consistent approach to collecting information.

Nadhim Zahawi: I will take your question in two parts. There is enough evidence to have allowed us to move our investment and strategy to a place where we are delivering the 15 hours for disadvantaged two-year-olds. It is evidence based that, if you deliver that for the most disadvantaged two-year-olds, it makes a difference. There are worldwide surveys on this stuff. You have some of that. We can provide you with the stuff we look at.²

There is enough evidence to deliver the 15 hours of universal care for three and four-year-olds. That is why, if you look at our childcare offer, it will be £6 billion in total. There is evidence to suggest that it was right to move the policy. In 2000, when children's centres and Sure Start were started, there was not that investment in the early years. I would say that there is enough evidence that we are making the right investments. You can look at the early years pupil premium. Again, there is enough evidence to suggest that we should support early-years children. On the EYPP, we did it deliberately so that the money follows the child. There is evidence to suggest that all those interventions were the right strategy.

Q389 **Chair:** What we do not—

Nadhim Zahawi: I am coming to the second part of my answer. Where I would agree with the Early Intervention Foundation is on whether we have enough evidence that, at local authority level, we are delivering value for money and the right interventions. I agree that we do not. That is why we are putting money both into the Early Intervention Foundation—Michelle can talk more about that—and into the Education Endowment Foundation.

Michelle Dyson: That is a good challenge about reading across between local authorities. Our peer-to-peer local government programme, which the Minister talked about, will really help us to see what is going on in different local authorities and to compare them.

There is a good evidence base that early-years education really helps disadvantaged children—hence all the investment we have made. What

² [See further information provided by witnesses.](#)



we do not have very good evidence on is what you should do with those children when you have them in settings—hence, we are making a £5 million investment with the Education Endowment Foundation to learn what works in settings and a separate £5 million investment to learn what works in the home learning environment. Separate from that, the Education Endowment Foundation has 14 different randomised control trials going on in the early years. Hopefully, within the next few years we will know an awful lot more about the detail of what actually works, either in the classroom or in the home, in the early years.

Q390 Vicky Ford: In the last Ofsted cycle—2013 to 2017—over 70% of local authority children’s services were deemed “inadequate” or in need of improvement. Will this peer-to-peer comparison allow Government to understand where early intervention is effective and, therefore, help them to share that best practice and bring services up? Is that the intention?

Michelle Dyson: Yes. It is absolutely in the early intervention space. It is not in the social services space. It is looking really at how local authorities are integrating their early education offer with their health offer. As the Minister said, we see all sorts of different practice across local authorities. You can compare what is going on to their outcomes at age five. You can see that some have great outcomes on narrowing the gap and some have not. It is really about understanding the detail of what they are doing at an early intervention level, including how they are using their children’s centres.

Nadhim Zahawi: I will answer your very specific question. You are absolutely right. Far too many children’s services in local authorities were judged “inadequate.” We therefore introduced a programme called partners in practice, which involves the 16 best-performing children’s services partnering with those local authorities we are worried about and want to help.

That is one thing. I would describe it as our radar screen, to make sure that those local authorities we are worried about do not tip over. Then there are our interventions. The intervention I spoke to you about—Doncaster—is at the maximum end of intervention: you take the service out, put it into a trust and run it outside the local authority. We also deliver earlier interventions, where commissioners go into local authorities to understand better what is going wrong and why, and put forward a plan for how we transform things, before we get to the more active end of taking away the service altogether.

The best example I can give you from partners in practice is Leeds helping Kirklees. Kirklees saw a jump in referrals of 30%. The knee-jerk reaction is to say, “Let’s get lots of temporary staff in, because we have a massive jump in referrals. These are vulnerable children, so we have to deal with it really quickly.” Budgets go through the roof. These people are temporary—to go back to my point about stability and having people there whom you see every day for months and years—so it does not help.



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What Leeds did was say to Kirklees, “Step back for a second. Let’s understand why there is this massive 30% jump in referrals. Let’s understand the underlying pressures—the factors that are leading to that—and try to fix them.”

That is how they are working. I think that they are working really well. None of the 40 or so local authority children’s services that we have taken out of “inadequate” has gone backwards. We now have a really good infrastructure in place. We just have to make sure that we continue to invest in it and that it continues to deliver.

Q391 Vicky Ford: We know that early intervention is important, but it is about having the evidence-based early intervention that allows you to target that on the young people who you think the evidence shows are more likely to need help. Do you believe that Ofsted gives enough prominence to that evidence-based help when it is doing its assessments? Is it just saying, “Every child needs this,” rather than targeting evidence-based interventions?

Nadhim Zahawi: In January, Ofsted launched a new framework for how it assesses children’s social services and provides information about the local authority and its performance. I believe that that framework will drive further improvement.

Q392 Chair: Does it, as Vicky said, address specifically the importance of evidence-based early intervention?

Nadhim Zahawi: Post the Lenehan review, it feels to me, as the new Minister, that everything we do is driven by evidence. We are putting £10 million into the What Works centre for children’s social care.

Q393 Chair: The question is about Ofsted, in particular. When it assesses local authorities, does its new framework focus on how they are applying evidence in their early intervention work? You can come back to us on this.

Nadhim Zahawi: I will come back to you with exactly what the new framework says.³ It is very much around driving further improvement. Ultimately, if you talk to the chief social worker, it is all about making sure that stability is delivered around the child and family concerned, and how we best deliver that.

Q394 Vicky Ford: So it is not just about the mainstream but about targeting early interventions on children who need them most.

Nadhim Zahawi: Yes.

Q395 Vicky Ford: Obviously, you need the data to be able to support that. When will the digital child health programme be complete, to give the data? Is the budget required for the programme confirmed?

³ [See further information provided by witnesses.](#)



Mark Davies: It is an ongoing programme. I do not have the details of when it will be complete, but there is an ongoing project to deliver it. I will have to come back to you with the details, if that is okay.⁴

Q396 **Vicky Ford:** This is a technical question, but quite an important one. Will the same information that is in the red book that every mum has, with their personal child health record, be in the digital child health record?

Mark Davies: The plan is that one of the first products of the digital child health record will be a digital red book. That is part of the plan.

Q397 **Vicky Ford:** Will that provide enough data to identify children? Have you consulted on making sure that it will give you access to the data that you need to make sure that you can have targeted early intervention?

Mark Davies: I think it will. Again, I will confirm that.⁵ As far as I am aware, it will both translate the current red book into the digital red book and make it more easily accessible and available.

Q398 **Vicky Ford:** The question is: have you looked at what data you may need when setting up the digital child health record if you are going to make targeted, evidence-based early interventions and to say that a particular cohort of children or a specific child may need extra assistance because of whatever else is happening in their family or other backgrounds?

Mark Davies: That is part of the data collection. More important are the professionals—the universal services that are in people's homes and are talking to their families, as the eyes and ears of the system.

Jackie Doyle-Price: I will follow up on that. Obviously, data are an indicator and tell you a lot. A good debate has been had about their role in driving intervention. Really, this is all about relationships and behaviours. Although we are right to focus on whether we have the evidence that really justifies this, ultimately we are dealing with a professional—whether it be a GP, a health visitor or a teaching assistant—who can see that this is a child who needs additional help. Data have their part to play, but they are not the whole story.

Nadhim Zahawi: At local authority level, we have the LAIT data, which are used by our Department and partner organisations to look at local authority data for children and young people. They support our management discussions with local authorities as well.

Q399 **Stephen Metcalfe:** Good morning. I would like to talk a little about funding. On the face of it, it appears that the amount of funding for early intervention has been decreasing. First, do you recognise that, or should we be taking into account other things? You mentioned investment in other services across the piece. Could you outline in which direction the

⁴ [See further information provided by witnesses.](#)

⁵ [See further information provided by witnesses.](#)



funding is travelling and whether you think there are cost savings to be made later by investing in early intervention as early as possible?

Nadhim Zahawi: Let me try to address that in two parts. The local authority part is the work that local authorities do in early intervention at the first contact point for a vulnerable child, in children's social services. We have made available £200 billion by 2020—that is, in this spending review—to local authorities to deliver their services. Within that, obviously, are their children's services. I think that the spend at local authority level is now something like £9.3 billion; I will come back to you with the exact figure.⁶ It has not actually gone down as regards what they do in their responsibility towards children at local authority level.

I think that your question is about our early intervention. Our investment profile has shifted. We have £6 billion going into childcare. That covers the 15 hours for disadvantaged two-year-olds, the 15 hours for three and four-year-olds, the 30 hours for three and four-year-olds, tax-free childcare and universal credit. If you are on universal credit, you can claim back 85% of your childcare costs. The investment profile has shifted from bricks and mortar towards direct intervention to the individual child.

Q400 **Stephen Metcalfe:** Although it may seem on paper that funding for early intervention has dropped from £1.7 billion to getting close to £1 billion, we should not read that figure on its own, but should take it in totality, with the other services.

Nadhim Zahawi: Absolutely.

Q401 **Stephen Metcalfe:** The other question was about whether the Government see the value of investing in early intervention and achieving later cost savings—whether that is discussed and appreciated. Do you want to take that?

Nadhim Zahawi: You can look at what we are doing on the social mobility action plan and on closing the word gap or development gap we speak about. I have talked to you about the investments that we are making on the childcare side.

There is one other really major project. I have been around politics for a quarter of a century and have been here for eight years, but this is the first time I have seen a project where we are directly trying to change opportunities for the most disadvantaged young people in our society—the opportunity areas.

We are putting £72 million into opportunity areas. This is the first time that I see something that may stand a chance of working. Successive Governments have tried to do this stuff. The London challenge was particularly successful, but people will argue the toss about the evidence

⁶ [See further information provided by witnesses.](#)



for how successful that investment was—whether its success was demographic or due to the programme itself.

What are we doing with opportunity areas? We have got local people, from the local authority, local schools, local leadership and local charities, to come together to tell us what they want to do to deliver opportunities for young people, especially those who are most disadvantaged, and the communities we all speak about in the Chamber. We want to get money and, more than that, help to those communities—not just financial help, but an opportunity in life, whether it be through education or through employment and training.

Each one of those opportunity areas has a local action plan—real KPIs that we measure. Every week, I speak to one of the opportunity areas and the team on the ground. We assess how we are doing against those action plans. I think that it is the best way in which we can deliver the stuff, rather than virtue-signalling.

Q402 **Stephen Metcalfe:** Presumably all those action plans will be different—locally led, depending on local need.

Nadhim Zahawi: Correct.

Q403 **Stephen Metcalfe:** Is there any obligation on them to ensure that there is some early-years intervention?

Nadhim Zahawi: When you look at their plans—

Q404 **Stephen Metcalfe:** Do they have to be approved?

Nadhim Zahawi: They come forward with their plans. Areas are judged to be opportunity cold spots. That is the technical term, which I do not particularly like. Basically, they are the areas where we see the least opportunity for children and young people. Therefore, their action plans are very much about addressing opportunity, both educationally and through employment and training.

Q405 **Chair:** Does the plan have to be approved, as Stephen asked?

Nadhim Zahawi: Yes. They put forward a plan, we agree it with them and then we measure against it. I can send you all the details of all the different plans.⁷

Q406 **Stephen Metcalfe:** Although the early intervention grant was rolled into the more flexible funding, that has not seen a fall in early intervention. It has given local authorities more flexibility to decide how to use funding as they see best, against an evaluation by yourselves.

Michelle Dyson: This is separate money.

Q407 **Stephen Metcalfe:** It is separate.

⁷ [See further information provided by witnesses.](#)



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Michelle Dyson: It is not part of the early intervention grant. It is DFE core funding.

Q408 **Stephen Metcalfe:** But the early intervention grant has been rolled into other funding.

Michelle Dyson: Yes. That is part of the local government finance settlement.

Q409 **Chair:** The widespread view is that the money has gone down over the last eight to 10 years. That is right, is it not?

Nadhim Zahawi: It is up to the local authority to decide how it uses that funding. Hackney decided to continue to invest in early intervention, because it sees the benefits coming through in fewer troubled families, fewer referrals and so on.

Q410 **Chair:** The evidence that we had from Manchester was that money is not the be-all and end-all. There is lots of stuff that you can do by using the money that you have more effectively.

Nadhim Zahawi: Correct.

Q411 **Chair:** They were really compelling on that. They also said that the money had gone down.

Nadhim Zahawi: I agree with you absolutely that the money is not the be-all and end-all, but we still have to keep a close eye on the funding and to listen to local authorities and what they are saying to us.

Q412 **Chair:** But you would concede the point that the money for early intervention has gone down in the last five to 10—

Nadhim Zahawi: It has been rolled into the overall settlement. Local authorities then use their settlement as they see fit in their local area. I would support the Manchester view that money is not the be-all and end-all and that much of this is about leadership. If you take two neighbouring local authorities with a very similar demographic and very similar funding, you may find that one has much better outcomes for children's services than the other.

Chair: That is the point that we are making: the application of evidence is so variable around the country. That is what we have heard.

Q413 **Stephen Metcalfe:** I have just one more question, which is about the children's social care innovation programme. None of the projects in the most recent wave appears to relate to early intervention. Are there plans to fund similar initiatives for early intervention?

Nadhim Zahawi: My advice to the What Works programme for children's social care that we have launched was to learn from the work of the Education Endowment Foundation. I said, "Don't try to hug the world. Try to deliver evidence that delivers better outcomes for children's social care in your first iteration, because then everybody will believe that what you



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do is really important and valuable." The reason we all now love the Education Endowment Foundation is that we believe the evidence, and the evidence clearly works. This is the beginning of the project, not everything that it will do.

Q414 **Stephen Metcalfe:** So we can expect some early intervention work later.

Nadhim Zahawi: We are already doing other early intervention work, which Michelle referred to, both with the Education Endowment Foundation and with the Early Intervention Foundation.

Q415 **Stephen Metcalfe:** Jackie, do you want to add to that?

Jackie Doyle-Price: I want to come back to the point about funding. I would be the first to concede that local authorities have borne the brunt of significant cuts, but I would also commend them for being innovative.

Nadhim Zahawi: Hear, hear.

Jackie Doyle-Price: Actually, they have responded to the challenge of local leadership. What the Chair said about Manchester—that it readily recognises that—is interesting. The great thing is that I keep hearing about great practice from Manchester. That illustrates the importance of leadership and good, locally focused co-ordination, which is really being responsive to the needs of the area. The whole principle of early intervention is that it is less about inputs and more about really focused interventions that deliver better outcomes.

Q416 **Chair:** LSE has done some interesting work looking at where the state spends money during childhood. Its analysis shows that the money spent peaks in late childhood, before falling off quite sharply. It makes the point, "Shifting money into preventative services therefore may involve an increase in expenditure in the short term, while financial pay-offs might be expected in the medium-to longer-term as the need for reactive services"—the services that are used when things go wrong—"reduces."

Do you have any interest in exploring the overall picture of where we as a society spend money during childhood? It appears to be suboptimal. If all the evidence shows that early intervention is important, as you have both agreed, shifting resource towards preventing things from going wrong may reap rewards, both for families and for the state later on.

Jackie Doyle-Price: Totally.

Nadhim Zahawi: Totally. Why did we put £2 billion into the disadvantaged two-year-olds offer? The point that I made in answer to Vicky earlier is that this Government have deliberately changed the profile of our investment and early intervention. That £2 billion into the mix was very deliberate. I would love to see the LSE research, but I suspect that much of it is because the pupil premium is now touching £13 billion. We have the early-years pupil premium, but the bulk of it is going to slightly older children, as you said.



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Ultimately, as Jackie articulated so beautifully, this is all about outcomes. What is the output here? It is about having evidence that suggests that a particular set of interventions delivers a really improved outcome. We now have the infrastructure for that evidence, which puts us in a really strong place, rather than one where Whitehall is taking big bets on what particular Ministers think or on bugbears or passions that they have. That may be where we were decades ago; I do not know, as I am a political novice. It is about collecting the evidence and then making judgments, as we see that evidence come through.

Q417 **Bill Grant:** We touched very briefly on evaluation. I am sure that we all agree that it is important that authorities evaluate the early intervention work that they are delivering. What support are your Departments giving to authorities to secure that evaluation information?

Nadhim Zahawi: On the work we are doing with the Early Intervention Foundation, collectively we are putting in £1.9 million for this bid. In my view, the foundation is best able and has the contact with local authorities to evaluate what works.

There are different initiatives and pots of money. You have children's social services, where we have the What Works programme and the innovation programme—£10 million to What Works and £200 million on the innovation programme. Then you have the Early Intervention Foundation. Then you have all the work we are doing with the Education Endowment Foundation.

The point I was referring to, which the Chair mentioned, is that there is now an infrastructure that will gather evidence that is really reliable and that will allow the best ideas to flourish. When I was in Luton last week, I heard that they really want to drive their whole service—and joint services, with health and other services—around giving children the best start in life. They call it Flying Start. They even got Luton airport to help them with funding for that. They applied for funding and did not get it, but they decided, "Do you know what? We can still do this ourselves." I said to them, "You boot-strapped it." They did, but it has made a huge difference for them locally with these projects.

We are now encouraging them. The reason I went there was to say, "Look, we have this £8.5 million pot for peer reviews between local authorities as to what works. Is it your sign-up programme, is it your PEEP programme, where you bring parents into the setting and get them to become more confident about the home learning environment, or is it EasyPeasy and other projects you are working on through your children's centres?" We want them to bid for the money that I announced on Monday, so that we peer-review this stuff. I am confident that we now have an infrastructure that will tell us where the evidence lies and what really works. Then we can make those calls accordingly.

Michelle Dyson: May I follow up on that? As the Minister said, we announced £100 million of new funding in our social mobility action plan.



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All the different initiatives include evaluation, which your question was about. For example, we have a new tool that the DFE and Public Health England are going to procure jointly to enable health visitors to assess at the two-year-old check whether there are early speech and language issues. That is the tool; there is training that goes with it. It will start to roll out towards the end of this year, in 30 of the most deprived local authorities. It comes with evaluation. Everything that we do has evaluation with it.

This is anecdotal, but in my experience of talking to local authorities, they completely get the value of evaluation. I was talking to Luton yesterday. They were talking about their link-up with the University of Buckinghamshire, I think, to help them with evaluation. We push evaluation, but local authorities absolutely get the value of it themselves as well.

Q418 **Bill Grant:** So it is clear that we are evaluating the service that we are delivering for early-years intervention.

Michelle Dyson: Yes.

Q419 **Bill Grant:** I am also catching on to Luton airport's involvement in the Flying Start strategy.

Vicky Ford: I would not get too excited by Luton airport giving funding to Luton Borough Council, because Luton Borough Council is of course the largest shareholder in Luton airport. It sounds great, but just be careful.

Bill Grant: That has spoiled my enthusiasm, but there we go: we are having an emergency landing so soon.

Jackie Doyle-Price: I hear what you are saying about evaluation, data and so on but, as the Chair has alluded to, one of the challenges is that you need to spend up front to prevent a problem. We end up having the problem, and then we are on the back foot to deal with it.

The biggest challenge in all this is to be sufficiently fleet of foot to make a real difference. You see a real success where there is really strong local leadership that has just grabbed something.

Drawing an example, again, from one of the other nations, there is the way Glasgow has attacked knife crime, which has involved a massive up-front investment and has delivered hugely. If we had waited for an evidence base, we would not have done that. The outcomes are there to be proven and demonstrated.

Q420 **Chair:** The key is translating the great practice in some places across the board.

Jackie Doyle-Price: Yes.

Q421 **Bill Grant:** You would think that local authorities cannot make enough use of the data that are collected and of the analysis to inform their



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decision making on how they deliver early-years intervention.

I note that one of the constants running through the conversation is that you are very much for localised delivery. Can we be confident that they are using data wisely for the delivery of services?

Jackie Doyle-Price: Exactly. Every local area has different challenges. In some places, knife crime is endemic; in others, it is not. If we have national, standardised indicators of what we expect, we are not targeting resource in the way that best suits those localities. We take a strong view that local leadership is best placed to respond to that, but overlaying it with guidance and advice from Public Health England on best practice—and also working with the Local Government Association.

Nadhim Zahawi: Where I would like us to get to with local authorities using data for early intervention is where we have got to now with schools, using evidence from the Education Endowment Foundation on what really works in a school setting. That has now become pretty much second nature to most educationists.

I do not think we are there yet with early intervention at a local authority level. We are working with the Early Intervention Foundation, which has the best outreach into local authorities and the best reputation among local authorities. If I could come here and tell you that we are at a place where local authorities are using that evidence resource to deliver widespread decision making on early intervention, we would have won, and we would have done something really good, but I do not think we are there yet.

Q422 **Bill Grant:** I sense that data collection and localisation are important. Do you sense that, at any time in the future, the Government or your Departments would consider putting in a statutory requirement for gathering data on early intervention statistics? I sense that there is no requirement to do that at the moment, other than in the general process.

Nadhim Zahawi: I would say that you do not need to mandate it, as it is already happening.

Q423 **Chair:** It is interesting that, in the NHS, we routinely gather data across the whole system, so we know what is going on. That does not happen across local authorities. To a large extent, we know the great practice. Good things appear to be happening in Luton, Manchester and elsewhere but, across the board, we do not know what is going on. Is that acceptable, given that children's futures are at stake?

Nadhim Zahawi: It depends which bits of it you are talking about. If you are looking at children's social services, we have a good infrastructure regarding the outcomes and the deliveries for those children. That first touchpoint needs to be fit for purpose and of high quality.

Everything we have put in place—my predecessors did the policy making and the legislation; now, for me, it is all about delivery: how do I get this



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to work on the ground, whether it is the accreditation assessment of the 36,000 child social workers, Social Work England or the partners in practice programme? On that side, I think we are in a good place with data.

We had a really interesting collaboration with the Ministry of Justice, where we have just launched a platform—a website. Lots of people have been going in, because it is open. You can look at outcomes from family courts and what is happening throughout the country. Thinking of that use of data across the whole of Government, if we want to step back a second, if we make more data available and have open access, lots of people, whether they are in charities or are concerned individuals, will be able to slice and dice the data to allow—

Q424 **Chair:** But the data have to be collated in the first place. That is Bill's point.

Nadhim Zahawi: I get that. With all the evidence that we are gathering at the moment—I spoke earlier about the LAIT—across local government in terms of performance for children, it is already there: it is already gathered.

What I am saying is that we are not short of data. It is about better analysis and the decision making behind it. I came from a world where we did lots of data gathering, but what does it really mean to the decision maker, ultimately? What can I do with that data that will affect the outcome for that child?

Michelle Dyson: The educational outcomes data that we get at age five is really valuable. We set huge store by it. That tells us what percentage of children are getting a good level of development in each local authority and what percentage—this is the gap that we have talked about: we take free school meals children versus the rest and see what the gap is. Each year, we see what is happening to that gap.

Obviously, we look at it at a national level, but it is massively instructive to see what is going on at local level, with Newcastle, for example, closing that gap over three years by 10 percentage points. Other places such as Luton or Newham had a very small gap in the first place. There is huge variation. Without getting into the really detailed data collection, you can learn an awful lot and ask questions about what is going on at local authority level.

Q425 **Bill Grant:** On the same theme, in 2016 the Government had a strategy for “excellent children’s social care,” which set out the aim to deliver “data-driven” children’s services. Has that rolled on? Is that continuing, or is it out there in the ether? We are still using that aim and aspiration, are we?

Nadhim Zahawi: Yes, very much so.

Q426 **Bill Grant:** You would probably sense that there can be clashes of data.



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When you have datasets, you want to use them. They are valuable for multi-agency use. Is there a clash—despite the best of intentions—in sharing the data? Is there a clash between that and the general data protection regulation while ensuring privacy? There are a lot of risks in there. It is about benefiting from the data and yet not offending that regulation. Do you see challenges there, or is it manageable?

Nadhim Zahawi: We obviously recognise how important data sharing is for safeguarding children and keeping them safe. The evidence from the serious case reviews has shown how far a failure to share data can contribute. I heard a quote the other day that there has not been a serious case review saying that too much data were shared—it is the other way round. The action we are taking is to improve that through clarifying the legislation. We have some amendments to the Data Protection Act. We are also strengthening the statutory guidance on data sharing, we are improving multi-agency work at local level—and of course we are rolling out the new technology, too.

What are the barriers to information sharing? I have talked about the Data Protection Act. We are going to introduce an amendment to clarify that safeguarding is a lawful ground for sharing information without consent if the circumstances justify it. We want to be very clear to our colleagues working at health and across the board about the Data Protection Act. There are headlines at the moment about data protection and companies having to review all their stuff. The danger with that is that human beings will start saying, “I mustn’t share data about this child, just in case I fall foul of the new legislation.” We want to make it very clear.

In 2015 we published cross-Government practice guidance on information sharing, including a myth-busting guide, effectively. We are doing a lot of work on that.

Jackie’s Department has committed to look to strengthen the forthcoming update of the NHS confidentiality code, to make it clear when information about vulnerable children and young people should be shared.

Jackie Doyle-Price: Culturally, health professionals are risk averse about this, and we need to take them on, in truth.

Q427 **Bill Grant:** Do you have a process in mind for the concerns or challenges about sharing and securing information vis-à-vis data protection? Do you have a system to take that to the frontline practitioners so that they fully understand what they can and cannot do in relation to data sharing?

Jackie Doyle-Price: It is a constant message that we push out. We keep reminding them of their obligations regarding safeguarding. I fully recognise that the current issues around data protection will have reinforced their risk-averse nature, and we perhaps need to think clearly about what messages we need to give to the health service about that.

Q428 **Bill Grant:** So you are very much aware of the reticence of frontline



practitioners.

Jackie Doyle-Price: Very much so.

Q429 **Bill Grant:** They are very much in the spotlight—the law is made elsewhere, and it trickles down to them. You are very conscious of that.

Jackie Doyle-Price: I am very conscious of it.

Q430 **Chair:** Nadhim, you have talked about the changes to social work training and accreditation, with Social Work England being established. Under the new structure, what do you hope to see from the change in focus on intervention in the training and accreditation of social workers?

Nadhim Zahawi: Social Work England is a joint collaboration; it will cover all 90,000 social workers. Some 36,000 children’s social workers will be assessed and accredited. That is very much to make sure that our infrastructure of children’s social work is fit for purpose. We are doing it with the workforce. I opened by saying that the work they do is invaluable in helping the most vulnerable children in our society. We are rolling it out.

Q431 **Chair:** You said in 2016 that your aim was to have every social worker assessed and accredited by 2020. Is that still the commitment?

Nadhim Zahawi: That is still our aim and the commitment.

Q432 **Chair:** Are we on track, do you think?

Nadhim Zahawi: We are on track in launching Social Work England and the accreditation. But I want to make this point really clear, because lots of social workers will be watching this evidence session: we will be doing it with the workforce. We have 21 local authorities participating in the early roll-out and about 5,000 social workers will take the assessment. I have seen the process that the team has gone through in getting that assessment right, and I am certainly confident that we will have a genuinely world-class system of assessment and accreditation.

The regulator, Social Work England, will continue to help social workers to develop a career path. We have several programmes to bring people into the social work world, into the frontline, and to step up into social work. I met some of the new recruits into social work, who told me that what we are putting in place, with the assessment, accreditation and Social Work England, is exactly the right aspirational career path that they would seek.

Q433 **Chair:** So what will be the key changes to the new standards of initial education and training?

Nadhim Zahawi: I shall write to you about all of those.⁸

Chair: Okay.

⁸ [See further information provided by witnesses.](#)



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Nadhim Zahawi: Essentially, the actual accreditation has been through several iterations.

Q434 **Chair:** In the very good evidence that we had from Manchester, there was a strong focus on the absolute importance of understanding how you actually make things happen and how professionals need to focus on the implementation of a particular plan and on ensuring that evidence is applied. Will that be very much part of the scheme?

Nadhim Zahawi: Yes, and I would also urge you, if you would like—we could have a specific presentation on our accreditation and assessment. I have to say, having come into Parliament from a world of technology and evidence-based strategy, that it is probably one of the best things that I have seen in my time.

Q435 **Chair:** We heard about the focus that Manchester puts on training the frontline workforce. What scope is there to include early intervention awareness in training members of the early-years workforce who are not social workers? Public Health England may have an interest in that. Their point was that there are so many professionals who have an interaction that ensuring awareness-raising of the importance of the evidence of early intervention and the impact of trauma is critical. I wondered whether there is any plan to ensure that that is part of the model for ensuring that the frontline workforce is properly trained.

Nadhim Zahawi: We have the project together around health workers and training around speech and language.

Jackie Doyle-Price: Equally, the work we are doing around the children's and young people's mental health Green Paper is important in this regard. Again, it comes back to highlighting those examples of innovative good practice, because we learn by doing. I visited a school in Southwark that had taken its budget and, rather than invest that money in teaching assistants in every classroom, had built up multidisciplinary support staff. Those individuals were involved in one-to-one sessions with some of the more vulnerable children—and they reached out to the parents. We tend to approach these things through a process, and say, "Here's your budget—that'll pay for X," and so on. But the more we can liberate that leadership that responds to local conditions, so much the better—and we can learn from those experiences.

Q436 **Chair:** The witnesses from Manchester told us they were planning to use the apprenticeship levy in quite a creative way to up the skills of the frontline early-years workforce. Are the Government conscious of that? Are they encouraging local authorities to be creative in this way? Are they facilitating it in any way? Do you need to explore it further?

Jackie Doyle-Price: I think that we probably do need to explore it further. Culturally, the public sector manages standards by process. What we are seeing is that, when we liberate it, we get better outcomes. But that is quite a big cultural challenge for Government, and we probably need to do a lot.



Nadhim Zahawi: I am visiting Manchester next week, or the week after. We published the “Early Years Workforce Strategy” in March 2017, which effectively sets out how Government will work with the sector to improve recruitment, retention and development of the workforce. The evidence is clear that there is a positive link between a really well-qualified workforce and the quality of early-years provision. I think that the latest Ofsted data confirm that 94% of early years and childcare providers are now rated as good or outstanding, which is the highest proportion ever recorded.

Q437 **Stephen Metcalfe:** Thank you. I am very conscious that we are running rapidly out of time, so I shall try to keep these questions snappy. I want to come back to the healthy child programme. The majority—98%—received their initial visits, and then it drops away to an average of about 80%. I am very pleased to hear that Thurrock is doing well.

Jackie Doyle-Price: Thurrock is doing very well.

Q438 **Stephen Metcalfe:** Thurrock is doing very well indeed—big tick, VG—but in Essex it drops away to 48%. How do you evaluate whether we should be concerned about those figures? Should we aspire to ensuring that everyone gets all their visits, or is that an unrealistic ambition?

Jackie Doyle-Price: No, we are quite clear. Public Health England mandates local authorities to achieve those targets—the five mandated visits. There is a judgment as to how far we should worry if they do not happen. The fact that areas such as Blackpool and Thurrock, which have higher deprivation than their neighbours, are achieving better, is a good indication that the resourcing is happening. But we should never be complacent. It remains the case that, if we can get a child to school healthy and not obese, those are important ingredients, and we must pursue them.

Mark Davies: It is also worth noting that the current data on health visitors are based on voluntary collections from local authorities, and we are developing a community dataset that will collect record-level data on individual children. We are still working on that, but we should have better information within the next year or so, when we have implemented that dataset. At the moment, they are good data, but we cannot be confident that they are 100% perfect. We will have much better data collection going forward.

Q439 **Stephen Metcalfe:** The figures that we have show that, since 2015, there has been a drop in the number of health visitors. First, do you accept that those figures are accurate? Secondly, is there an attempt to reverse that decline?

Jackie Doyle-Price: The short answer is that we are not quite sure. Obviously, that is now commissioned by local authorities. We know that there are 8,275 health visitors in the NHS, but there is also commissioning from private providers. I would also say that between 2011 and 2015 there was a massive increase in investment, so there is



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some shakeout there. I am not complacent, because I really do view the health-visiting workforce as being absolutely crucial in getting intervention right between nought and five.

Q440 **Stephen Metcalfe:** Thank you. Finally, there is debate about how beneficial the Family Nurse Partnership is. How widely would you like to see it used across England?

Jackie Doyle-Price: Again, it comes down to local commissioning. Where you need more meaningful intervention—these are people who work with families that have issues with things like domestic violence and substance misuse—the need will be different, depending. So it is an important aspect of the programme. Again, it comes back to the need to have efficient targeting and early local decision making to determine that group.

Q441 **Bill Grant:** How will the remit of the new What Works Centre for Children’s Social Care relate to the existing Early Intervention Foundation? Will the new centre focus on early intervention, or will the Early Intervention Foundation have a clear run in this area? Will they be quite distinct, or will they interrelate in some way?

Nadhim Zahawi: We want the What Works Centre very much to work with the Early Intervention Foundation. As I mentioned earlier, the first research priorities for the What Works Centre will be to look at what works in reducing the number of children entering care and what works in supervision for social workers to support them in better decision making.

Chair: That is a focus on intervening early.

Nadhim Zahawi: Right, that is the initial focus. But my advice to them is not to try to hug the world and do everything at the same time. If we make it very focused and work with a small number of pioneer local authorities, we can get something like what my fellow Minister here talks about—something that is actionable rather than just more data that go nowhere.

The What Works Centre has a separate budget of £10 million to what we are doing with the Early Intervention Foundation. I do not know whether you want to talk about the work that we are doing with the foundation, Michelle.

Q442 **Bill Grant:** My inquiry is whether there is a read-across and recognition of the value of early intervention, which may in turn reduce the need for entry into the social services arena. Are the two organisations speaking to one another?

Nadhim Zahawi: Well, the Early Intervention Foundation started as a What Works Centre, which means that they have a very similar culture. Of course, the work that they did included assessing the strength of evidence on interventions and then trying to get those findings as widely shared as possible, especially in the sweet-spot of local government.



Michelle Dyson: May I add to that? The children and social care What Works Centre will focus from the point of referral into the social care system, whereas we see the Early Intervention Foundation working before that. It depends what you mean by early intervention.

Q443 **Bill Grant:** Yes, what is early?

Michelle Dyson: But we absolutely see them working together.

Q444 **Bill Grant:** Excellent. How successful do you think the approach of the Education Endowment Foundation has been in improving educational attainment for kids?

Nadhim Zahawi: I sort of answered that question earlier, I think.⁹

Q445 **Bill Grant:** Right—you are happy with it.

Nadhim Zahawi: The stat, off the top of my head, if I can get the right one—

Q446 **Bill Grant:** It works.

Nadhim Zahawi: It works. I think something like 70% of schools now use the evidence that is made available to them.

Michelle Dyson: You go into schools and teachers will tell you about the latest thing that they have seen that has come out of the Education Endowment Foundation, which is amazing. It has permeated right the way to the frontline.

Q447 **Chair:** My challenge to you is that you have talked about the impact that the Education Endowment Foundation has had, which is clear, and it has had a good resource with which to do it, but the Early Intervention Foundation has been much less well resourced. In its evidence to the Committee it said: "One of our asks of this Committee is to put us on a sustainable and more secure financial footing so we are not wasting time in frequent funding negotiations with Government Departments that take a lot of energy and capacity in such a small organisation." Given your commitment, which you have expressed this morning, to early intervention and your support for the work that it is doing, is there not scope for you to look at ensuring that the Early Intervention Foundation has a long-term future and is well enough funded to do the sort of work that the Education Endowment Foundation has been able to do? Will you look at that?

Nadhim Zahawi: I met the Education Endowment Foundation very early on, as well as the Early Intervention Foundation. We want it to succeed and very much be a player in this area of collecting the evidence.

Q448 **Chair:** A long-term player.

⁹ [See further information provided by witnesses.](#)



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Nadhim Zahawi: A long-term player. That is why we work so closely with it.

Michelle Dyson: Yes, and we get them working together. We have a project going on at the moment with the Education Endowment Foundation, the Early Intervention Foundation and the Education Policy Institute, chaired by David Laws, all working together. I totally take the point that the funding for the Education Endowment Foundation is huge by comparison with that for the EIF, but they are working together.

Q449 **Chair:** I suppose that its point is about having security so that it can get on with its work. Will you look at that?

Nadhim Zahawi: You make the point very clearly.

Q450 **Chair:** I think that you are tempted to say yes.

Nadhim Zahawi: I am tempted to make sure that the EIF continues to do the great work that it is doing, and I want it to continue to have that niche. The reason the Education Endowment Foundation has become so famous is—

Q451 **Chair:** It has had the resources to do the work.

Nadhim Zahawi: But the usage outcomes have been fantastic, and I want the EIF to deliver similar things.

Q452 **Stephen Metcalfe:** I am going to change track slightly, if I may. The Green Paper on children's and young people's mental health focuses on delivering through schools and colleges. Is there a danger that pre-school children will get missed in this? I do not know how easy they are to reach as part of that.

Jackie Doyle-Price: That is a fair point, and it is one that has been made to me very regularly. I would say up front that this is the first time that the Department for Education and Department of Health have come together like this to invest in a completely new workforce that straddles both health and education. Really, the Green Paper was very much focused on that, and on what we could deliver in schools.

To come back to my opening comments, I am acutely aware that that is not the end of the story. If you look at the statistics, there is a good chance that, if there is a contributor to poor mental health, it will come in the first five years, within traumatic environments and so on. That is why I am very keen to see what else we can do in that nought-to-five space. You are right that it is not a big feature of the Green Paper, but the important thing about the Green Paper is that, finally, we have broken down the silo between our two Departments.

Q453 **Stephen Metcalfe:** That is very good—and on that you should be congratulated. One of the proposals is that senior leads for mental health will receive special training. To help to demonstrate at least a step towards supporting pre-school children, should that training be made



available to pre-school practitioners?

Jackie Doyle-Price: In terms of the investment that we are making in mental health first aid training and rolling that out as wide as possible, yes, that is open to them. I would also say that the wider workforce that will be working to support schools will have access to that facility—it is really sitting between the two services. We expect some of those services to be delivered by local education authorities, some by other cluster schools and some by multi-academy trusts. There will be those relationships and access to that resource.

Q454 **Chair:** The Green Paper is largely silent on the issue of trauma, adverse experiences and their impact on a child's mental wellbeing, distress and so on, which can then lead to mental ill health. The head of the youth mental health service in Norfolk said in a recent meeting that 70% of the teenagers he is dealing with have experienced trauma in their lives. I totally understand that this is the start of a process, but my plea to you as you develop the work is that you take account of trauma and adverse experiences—the idea of trauma-informed care being an important principle. That is just something for you to look at and consider as part of your ongoing work.

Jackie Doyle-Price: I think that that is absolutely fair.

Mark Davies: We are funding a couple of pilots on trauma for young people.

Q455 **Chair:** Where are they?

Mark Davies: I am not sure.

Q456 **Chair:** Can you come back to us on that?

Mark Davies: Yes, we will give you some briefing on those pilots.¹⁰

Q457 **Vicky Ford:** I am really glad that you have mentioned Manchester a lot because, of course, when witnesses from Manchester came to speak to us, they told us how great Essex was. It is not that I am at all biased, but in Essex we have adopted a family hub approach.

What are the Government's current plans for Sure Start centres, and how do they relate to that family hub approach? When is the consultation on the future of Sure Start going to be launched, and what do you want to see coming out of it? That is the last question.

Nadhim Zahawi: We sort of touched on that right at the outset in terms of our overall strategy. The social mobility action plan looks at closing the word gap and the development gap. We are certainly looking at that very closely, and Michelle mentioned Newcastle and how it has reorganised its children's centres, delivering better outcomes in closing that gap. We saw that in Staffordshire.

¹⁰ [See further information provided by witnesses.](#)



Q458 **Vicky Ford:** What about Sure Start?

Nadhim Zahawi: I am going to get to that. If we are going to obsess about bricks and mortar, that is not where I am at.

Q459 **Chair:** No, but the Government announced a review in 2015 and it has not started yet.

Nadhim Zahawi: Absolutely, right. As part of that, I want to be able to look at how local authorities are using their children's centres and, therefore, what "good" looks like.

Q460 **Chair:** Does that mean that that will be part of a review, which you have announced but not actually launched?

Nadhim Zahawi: We announced that we will look at children's centres. I think that we should absolutely do that as part of our overall strategy of closing the word and development gaps. That is a very important part of it. Local authorities have reorganised in different ways; Luton is different from Staffordshire, which ended up closing 60-plus centres—bricks and mortar—keeping the ones open in the most disadvantaged areas and delivering better outcomes because of outreach programmes. The overall number of children's centres in disadvantaged areas nationally has stayed static; it has not decreased in any way.¹¹ What has come down is where they have reorganised it in the way that Newcastle and Staffordshire have, for example.

Q461 **Chair:** But can we just press you? As I say, in 2015, it was announced that the consultation on the future of Sure Start children's centres would happen.

Nadhim Zahawi: That will happen as part of the strategy.

Q462 **Chair:** You have not actually started it yet. Is there a date when you are going to start the consultation?

Nadhim Zahawi: What I am saying to you is that I think that that will happen as part of our overall strategy. We have an £800 million social mobility action plan. Children's centres are very much part of that, so the consultation should inform that, rather than it be stand alone. I am looking at that at the moment and giving you my direction of travel.

Q463 **Chair:** We are interested in the timing of your direction of travel.

Nadhim Zahawi: I know what you are interested in, Chair. I know exactly what you are saying to me. I am replying that I do not think it is right to look at it as a stand-alone. It needs to be part of our overall strategy.

Q464 **Chair:** Okay, but, if it is part, when will the train be leaving the station?

¹¹ [See further information provided by witnesses.](#)



Nadhim Zahawi: At the moment, I am looking at how we do this and what evidence there is about how local authorities are best using their resources. Sutton Trust delivered a piece of research recently. I want to look at the evidence and come back to you.¹²

Q465 **Vicky Ford:** May I try to summarise what I think you have said? Rather than just look at the bricks and mortar of the children's centres, you will look at the early interventions that are delivered and, especially, at the evidence for making sure that those early interventions are targeted? It is about how you get the intervention to the child.

Nadhim Zahawi: And children's centres very much form part of that.

Michelle Dyson: A really important part of this will be the peer-to-peer local government work that we announced yesterday. We will be looking at which local authorities are good at this and how they use their children's centres.

Q466 **Vicky Ford:** As I said, this is not a Department for Education or Department of Health report—this is about how we look at evidence-based policy making. The final question was how this fits into a consultation on children's centres. What we would like to understand is how the peer-to-peer evidence-based collection is then being put into the wider consultation to make sure that we have brought it all together. What is the timescale for that consultation to bring all those work strands together?

Michelle Dyson: We need to do the work on that, and we only kicked it off yesterday.

Q467 **Vicky Ford:** Fantastic. Well, I am glad that you are here today; otherwise it would be very difficult to ask you about it. It has kicked off, so what is the timetable?

Michelle Dyson: We will have to come back to you on that.¹³

Vicky Ford: That would be helpful.

Q468 **Chair:** We would be grateful if you did that. One problem is that, when you announced the consultation in 2015, three years ago, Ofsted suspended its inspections of children's centres. That is quite important, and the Government recognise that it is important. That means that, for three years, the inspections have not been taking place. We do not want that hiatus to go on indefinitely, do we?

Nadhim Zahawi: Ofsted still inspects any childcare provision in those children's centres—they continue to be inspected. I guess that I certainly felt—and lots of people who are far more expert than I am agreed—that inspecting children's centres that provide very different services was not

¹² [See further information provided by witnesses.](#)

¹³ [See further information provided by witnesses.](#)



fit for purpose. But any provision within that children's centre that is for children is still inspected.

Q469 **Chair:** I think that Ofsted has stopped its regular inspections, or suspended them.

Nadhim Zahawi: Of the overall children's centres—but not any work that is to do with a child. If a child is in a children's centre with their parent, of course there is no danger to that child unless, obviously, the parent is misbehaving.

Vicky Ford: I am happy with a written answer to that final question.¹⁴

Nadhim Zahawi: But overall you are right. It was felt that the inspections were not fit for purpose.

Chair: Thank you all very much.

Nadhim Zahawi: May I make one very quick point, because you asked about it and I want to be clear with the Committee and not mislead you in any way? With the national accreditation and assessment system we have opted for a phased roll-out, rather than saying that all 36,000 child social workers have to be assessed by 2020. For this year, five local authorities will take the assessment and accreditation this summer, and then another 10 local authorities next year.

Q470 **Chair:** It is very wise for you to have corrected that. So we are not going to get it done by 2020.

Nadhim Zahawi: No, we have opted for a phased rollout to make sure that we get it right.

Chair: I thank all four of you for your time and the evidence you have given.

¹⁴ [See further information provided by witnesses.](#)