

The Next Generation

EXECUTIVE SUMMARY

This is the Executive Summary of the Centre for Social Justice Early Years Commission Report, *Breakthrough Britain: The Next Generation*. For further information or to download the full report please visit www.centreforsocialjustice.org.uk

Introduction

A compelling body of research indicates that children's experiences in the earliest years of their lives strongly influence their futures across a wide range of measures. Policy is currently focused on dealing with the *consequences* of early adversity (neglect, abuse and dysfunction) which are strongly implicated in the dramatic increases in young people's alcohol and drug use and mental health problems and in youthful knife and gun crime. The most effective intervention strategy therefore requires helping parents to get it right at the antenatal, postnatal and infant stages, long before such help is typically available. Such timely support for parents could help them do an outstanding job in raising the next generation.



This report summarises a consultation process undertaken by the Early Years Commission, instituted by the Centre for Social Justice which aimed to:

- Build on the findings of two initial and far-reaching reports – *Breakdown Britain*¹ and *Breakthrough Britain*²
- Focus on the needs of children under three, their families and other carers
- Provide realistic recommendations to support and enhance the well-being of infants, very young children and their families

The Commission comprised a panel of experts in the early years covering psychology, neuroscience, professional practice and family policy. A wide range of views from those involved in social work, primary and

1 Social Justice Policy Group (2006) *Breakdown Britain: Interim report on the state of the nation* London: Centre for Social Justice
2 Social Justice Policy Group (2007) *Breakthrough Britain: Ending the costs of social breakdown* London: Centre for Social Justice

secondary health care, daycare, education and mental health were elicited at evidence-gathering hearings. Well over 50 individuals and organisations made submissions and visits were made by the Commission to projects and facilities in all three mainland nations of the UK. We also conducted two rounds of polling and extensively accessed the academic literature.

Why the early years matter

RELATIONSHIPS UNDERPIN BEHAVIOUR

We have been trying to address the issue of troubled children and young people for decades, with little positive change. The problem persists and appears to be growing, as illustrated by rising levels and severity of youth crime. Current government initiatives appear to be focused far more on intervention than prevention. 70 per cent of the Youth Justice Board's budget is spent on only 4 per cent of young offenders yet

'In the context of everyday medical practice, we came to recognize that the earliest years of infancy and childhood are not lost but, like a child's footprints in wet cement, are often life-long.'⁴

92 per cent re-offend within a year of being released from costly institutions. Yet the RAND report³ found that well-designed programmes for disadvantaged children age four and younger could produce economic benefits ranging as high as \$17 (in terms of money saved on later remedial services) for each \$1 spent on the programmes.

A key conclusion of our report is that these issues have been so difficult to resolve because, until now, we have never properly understood or acknowledged their

root causes. We have stuck rigidly to attempts to change *behaviour* but this is an outcome or product of an individual's state of emotional and social health and well-being. So for genuine change to take place, it has to occur in these areas. Successful parenting interventions, for example, are those which concentrate on improving parent-child relationships, out of which context expectations for good behaviour can be set.

This perspective is based on the last decade's consistent and significant body of psychological and brain science research, which identifies the key component in our capacity to function as emotionally and physically able human beings as the quality of our relationships and specifically those in our earliest years. These highly reputable studies emphasise the importance of relationships on the *physical* as well as the emotional health of an individual. (Adverse childhood experiences cost the National Health Service billions of pounds in tackling severe obesity, alcohol and drug abuse, heart disease, diabetes, hepatitis and the effects of domestic violence.)

BRAIN FORMATION IS CRUCIALLY DEPENDENT ON PARENT-CHILD RELATIONSHIPS

Freud was entirely right when he said we come into the world 'not quite finished' and in the early years, the brain is still forming. Due to this period of rapid brain development, adult-infant interaction can affect the

3 Karoly L et al (1998) *Investing in our children: what we know and what we don't know about the costs and benefits of early childhood interventions* Santa Monica: The RAND Corporation

4 Felitti V, Anda R F (2008) 'The relationship of adverse childhood experiences to adult health, well-being, social function and healthcare' in Lanius R, Vermetten E (eds) *The Hidden Epidemic: The Impact of Early Life Trauma on Health and Disease* Cambridge: Cambridge University Press

architecture and long-term chemical balance in a child's brain, for better or worse. Key stress response systems, and foundational systems for emotional regulation, kindness, empathy and concern are very immature at birth. How they will unfold is dramatically affected by the infant's relational experiences.

Without sufficient calming, soothing and emotion regulating interactions from parents and other significant adults, the stress response systems in the infant brain, which are extremely sensitive to adverse postnatal experience, can become hypersensitive. An infant can grow up unable to handle stress well and adopt a generally long-term defensive reaction to people and events. He or she can be persistently on the look out for threat, prone to anxiety, depression and anger, both in childhood and later life.

In contrast when infants are consistently met with attuned and responsive kindness, calm and compassion, the brain's pro-social systems, key for capacity for empathy and concern, develop. Hence the brain is often referred to as a 'social organ.' Infancy is both a critical window of vulnerability and also a critical window of opportunity. In short, children's brains adapt to the environment they live in.



Infants' core relational needs are for secure attachment and attuned emotional responsiveness (both to pain and joy); physical affection and physical contact; interactive and independent play, exploration and shared adventure; support and nurture for the growth of positive self-esteem through encouragement and praise and appropriate limits or boundaries. We probed the extent to which these needs are being met.

What is currently happening in the early years in the UK?

- Infants aged under one are more at risk of being killed by another person than any other age group of children under 18 in England and Wales⁵
- Up to one in ten women experience domestic violence each year – in 90 per cent of the incidents children are in the same or next room⁶
- 20 per cent of parents suffer from postnatal depression,⁷ affecting their ability to meet their infant's relational needs
- The NSPCC estimates that one to two children die at the hands of their parents every week⁸ (in comparison to Sweden where statistics indicate one to two children *per year* die at the hands of their parents)
- 30,000 children are on waiting lists for mental health services⁹
- Almost half of all calls to the Parentline helpline cite isolation and loneliness as key concerns¹⁰
- One in two cohabiting parents split up before the child's fifth birthday (compared to one in twelve who were married before they started a family) and one in four children suffer the stress of family breakdown¹¹

5 Povey D et al (2008) *Homicides, firearms offences and intimate violence 2006/2007: supplementary volume 2 to Crime in England and Wales 2006/2007* London: Home Office

6 Every Child Matters (2003) Green Paper CM5860 London: TSO

7 Survey conducted by the Royal College of Midwives, 2007

8 http://www.nspcc.org.uk/documents/supportingchildrenonline.pdf_wdf46259.pdf accessed 26/7/08

9 BMA Board of Science (2006) *Child and Adolescent Mental Health: A guide for healthcare professionals* Oxford: BMJ Books

10 <http://parentlineplusforprofessionals.org.uk/index.php?id=168>, accessed 23/7/08

11 Social Justice Policy Group (2006) *Breakdown Britain: Interim report on the state of the nation* London: Centre for Social Justice

The Commission learned that parents struggle to give their infants the relational experiences they need for long-term emotional health for a variety of reasons. They may not understand their need to interact and so make no effort to; they may adopt unduly harsh discipline regimes or leave them for prolonged, indefinite periods without comfort. Stress in late pregnancy and postnatal depression can be disadvantageous to the



infant. ‘Stress chemicals’ from the mother pass across the placenta to the baby who may be born highly stressed and ‘fractious,’ difficult to soothe, feed and settle. A downward spiral ensues as the mother reacts to the unresponsiveness or perceived difficulty of her child. Premature babies are particularly vulnerable to the deleterious effects of lack of contact and relationship.

Parental conflict, domestic violence and general family dysfunction create an environment for children where soothing, calming, helping a child to find words for feelings, listening and interactive play are lacking. Parents

with mental health problems can struggle to manage the demands of a family and meet the emotional needs of their infants. Drug and alcohol abuse can create families characterised by chaos, uncertainty, and lack of routine again making the meeting of very young children’s relational needs haphazard at best. Very young parents, many of whom may have experienced significant parenting deficits themselves, and whose emotional world is centred more upon their own needs, may struggle to nurture their children thus ensuring the intergenerational transmission of disadvantage. Financial insecurity and the threat or reality of homelessness will also deprioritise the meeting of children’s psychological needs.

Current Government policy for the early years does not support relationships

The past decade has brought with it a sea-change in children’s policy and services, following the publication and elaboration of the five Every Child Matters (ECM) outcomes (to be healthy; stay safe; enjoy and achieve; make a positive contribution and achieve economic well-being) around which most children’s policy is now structured. A key thread is a call for greater integration throughout service provision. Recent early years policy has focused on the wider provision of affordable, quality childcare; on standards for this childcare and on the development of a public health strategy for children ages 0-5. The Early Years Commission found that, despite current policy’s far-reaching positive implications, a ‘golden thread’ is missing: a recognition in the underpinning framework of the importance of relationships in every young child’s development.

ECONOMIC GOALS CROWD OUT THE IMPORTANCE OF NURTURE

Policy prioritises economic and academic ambitions above the essential relational needs of infants and children, so services on the ground have no imperative to provide the optimal conditions that support emotional health and prevent later dysfunction. A clear example of this lies in the widely acknowledged loss of one of the most important original goals of Sure Start, which was to help ensure that children of all backgrounds received the nurture and care from their parents which they needed to thrive. The emphasis has shifted towards helping disadvantaged parents become work-ready and enter the labour market. This has been achieved largely by making childcare provision a cornerstone offering of Children’s Centres, into which Sure Start has evolved, to the extent that the ‘nurturing’ goals seem to have been wholly subordinated to the educational and economic imperatives described above.

There is a clear rationale for aiming to eradicate child poverty and improve academic performance for children (poverty reduces educational achievement and increases the risk of later physical and psychological dysfunction and education is of course associated with economic achievement, as well as with positive health and social outcomes) and focusing on these, highly ‘visible’ goals, permits relatively easy measurement of progress. However, the deeper, less perceptible factor of relationship dysfunction accounts for a much larger percentage of later life difficulties than either economic or educational disadvantage. A Canadian National Longitudinal Study following zero to six year olds concluded that if you eradicated all child poverty, there would only be a 10 per cent reduction in the number of children who were experiencing behavioural, social, educational and health difficulties.¹²

Relationships in the early years remain on the sideline in current policy with no recognition of the fundamental role that attachment and familial relationships play in bringing about children’s well-being and reducing the likelihood of many physical and psychological problems, such as antisocial behaviour, substance misuse, mood disorders, and chronic diseases such as obesity, asthma and chronic obstructive pulmonary disease. None of the five ECM outcomes refer to a child’s relationships; in the 25 aims underpinning these outcomes, relationships are only relevant insofar as what they must not involve (maltreatment, neglect, violence and sexual exploitation).

POLICY TREATS FAMILY BREAKDOWN AS INEVITABLE

Policy also communicates a tacit resignation to the reality of familial breakdown. For example the Children’s Plan (2007) states that ‘A significant minority of children will experience family breakdown...The support the parents and the wider family, including grandparents, can provide for the child during the family break-up is critical to that child’s well-being and success.’ Without mentioning intervention before break-up, the clear subtext is that family breakdown is an unavoidable fact of life that is at best managed sensitively with the needs of the child acknowledged. Reducing conflict post-separation, because of the damage it inflicts on children, is undoubtedly important but so too is reducing conflict while parents are still together.

Breakthrough Britain and this report both emphasise the need to support the adult, couple relationship, not least because of the importance for children of committed, relationally competent parents. Relationship education programmes have been shown to reduce family breakdown and improve family outcomes,¹³ so there is a strong case for improving access and provision as well as normalising such programmes from their current position at the margins. (Polling for *Breakthrough Britain* showed that 60% agreed or strongly agreed that prevention of family breakdown is

A tiny percentage of government money is spent on preventing family breakdown compared with its cost to society. Instead funding is focused on dealing with the effect of broken lives.

Family breakdown can adversely affect previously well-established children: 89 per cent of securely attached one-year-olds show insecure attachment at 18 if they were from divorced families.¹⁴

12 McCain M, Mustard F (1999) *Reversing the real brain drain: Early years report* Toronto: Canadian Institute for Advanced Research

13 Carroll J, Doherty W (2003) ‘Evaluating the effectiveness of pre-marital prevention programs: A meta-analytic review of research’ *Family Relations* 52 105-118

14 Lewis M, Feiring C, Rosenthal S (2000) *Attachment over time* *Child Development* 71 707-720

possible and should get significant government funding.) By leaving relationships off the broad political agenda, the Government is communicating the view that emotionally attuned, loving family relationships are neither here nor there.

THE PRINCIPLE OF INTEGRATION HAS NOT BEEN FOLLOWED THROUGH

Moreover, despite the Government's good intentions for integration of services, professional groups have described difficulties working more closely with one another, often because of different 'languages', models of working, and priorities for children. A more organic, 'bottom-up' approach to integration (for example through inter-agency and inter-professional child development training which we recommend) may help to overcome these understandable barriers. Additionally, prioritising integration has not extended to the process of policy development itself. Professionals working with children were unclear about which new policies applied to them, how to integrate their varying guidance and felt overwhelmed by the sheer number of initiatives and the speed with which they are being introduced. Many professionals are unaware of the existence of policies directly relevant to their work.

A GENUINELY PREVENTATIVE APPROACH IS LACKING

Although the five ECM outcomes are described as preventative (in the sense that if these outcomes can be achieved, difficulties will be avoided), efforts are not, for the most part, focused on improving relationships,



arguably the most effective focus for prevention. When they are considered, prevention is not focused on *early* relationships. Prevention in its purest sense means being early years focused.

In terms of trends on the ground, the health visiting service appears to be increasingly targeted at those families perceived to be 'vulnerable', and usually socio-economically disadvantaged. The flipside is a dwindling universal health visiting service. Yet, supply is in no way mirroring demand as our polling (see below) and other reports (e.g. from the Family and Parenting Institute¹⁵) reveal. Regular home visits

from health visitors in a child's early years for all families are what people consistently express a preference for. These visits provide a non-stigmatising means of providing support, identifying where more help is needed. Health visitors could also help with parent-child and broader family relationships.

POLICY DELIVERS LITTLE GENUINE CHOICE IN THE AREA OF CHILDCARE

Recent childcare policy, acknowledging that parents often struggle to meet families' competing financial and nurturing needs, aims to alleviate this with greater amounts of affordable statutory childcare. This might meet the needs of parents who want to work more hours, and help children of parents who need to work to escape poverty, but without parallel policies that increase choice for those parents who want to spend more time with their children or use other forms of care, choice is only increased for some, and many people feel even more pressurised to return to work. The broader message communicated by this lopsided policy is that a child's time with their parents is irrelevant to their well-being and healthy development. The government's support for an increase in quality, affordable childcare is narrowly focused on the formal and subsidized state sector.

15 Gimson S (2007) *Health Visitors: an Endangered Species* London: Family and Parenting Institute

Additionally, without clear routes to parenting and relationship help for families, childcare is in danger of being used as a ‘solution’ to parenting struggles. Using childcare as a ‘bandage’ may serve to hide difficulties that could otherwise be remedied before they become an entrenched part of family life. The absence of a clear framework focusing on the relational and emotional well-being of the child affects the quality of care provided. Staff are not trained in an understanding of the nature and importance of attachment, nurturing relationships and emotionally attuned responsiveness, neither are they helped in developing the skills to promote them. Instead, we heard that in many areas poor training has led to high levels of demoralisation.



CHILDREN’S MENTAL HEALTH PROBLEMS MUST BE FULL-BLOWN FOR THEM TO GET HELP

Child and Adolescent Mental Health Services’ (CAMHS) requirement for children to show an elevated degree of mental health or behavioural problems to receive a service is completely incongruous with principles of prevention. As children in the early years rarely present with the greatest difficulties, they are mostly absent from caseloads. Early, often relational, indicators of difficulties are left to emerge into full blown problems at a later stage of development. Similarly, social workers described the priority given to safeguarding rather than preventing the need for safeguarding in the first place.

IN SUMMARY

Economic and academic concerns trump relational ones, despite the latter’s crucial role in child, and later adult’s, well-being. Children’s policy misses the importance of relationships and political thinking in general misses the relevance of high levels of relational stress and relational poverty in the early years as key underlying factors for a whole host of social problems we face today. As long as policy continues to marginalise relationships in the early years and marginalise the early years in other policy areas there will be no lasting improvement to the interrelated physical, emotional and social problems faced by both children and adults in our society.

Polling

YouGov polled 2827 expectant parents or parents (27-29 May 2008) and 2337 adults, not just parents (11-15 July 2008). We found that:

EARLY YEARS MATTER, ACCORDING TO PUBLIC OPINION

- 77 per cent of parents agreed that a lack of parental support when children are under the age of three contributes to their children getting involved in anti-social behaviour later on as teenagers
- 73 per cent of parents (and 68 per cent of adults) said that more government support for parents during their children’s early years would be very effective or somewhat effective in reducing emotional and behavioural problems when those children reach adulthood
- Of those expressing an opinion, 74 per cent of parents (and 62 per cent of adults) agreed that the present government’s policies concentrate too much on punishing anti-social behaviour rather than tackling the causes of behavioural problems

- 92 per cent of adults and parents agree or strongly agree that the early relationships we have with our parents while we are still babies and toddlers can strongly influence future aspects of our lives
- 97 per cent of adults said they thought the relationship between a mother and baby was very important or fairly important in the child's later development but almost as many, 96 per cent of adults, said they thought the relationship between a child's *mother and father* when they are under 3 was very important or fairly important

ON THE SUBJECT OF HEALTH VISITORS

- When parents were asked what they would support being made more widely available to help parents who experience relationship pressures after the birth of a child, the largest category of people, 53 per cent, said more help from health visitors
- When asked how helpful they thought free counselling sessions with professionals (e.g. family therapists or psychologists) would be for vulnerable parents (those likely to struggle in their role) bringing up zero to three year old children, 71 per cent of parents thought these would be helpful or very helpful but 80 per cent thought more frequent visits from health visitors would be helpful or very helpful
- 72 per cent of adults were fairly confident or very confident that health visitors are competent and well-trained. In contrast only 28 per cent had that perception of Sure Start staff, 37 per cent of social workers and 53 per cent of childcare professionals
- And if they were concerned about being able to cope with being a parent, 35 per cent of adults would prefer to go to a health visitor for help, compared with 26 per cent preferring a GP, 3 per cent Sure Start staff and 3 per cent a social worker

ON THE SUBJECT OF CHILDCARE

- 88 per cent of parents and 82 per cent of adults thought that more should be done to help parents who wish to stay at home and bring up their children in the early years (this was consistent across socioeconomic groups ABC1 and C2DE). 97 per cent agree that the Government should do more in this area
- 81 per cent of parents cited finance as the main factor in pressurising them or their partner to return to work
- 67 per cent of parents and nearly 70 per cent of adults agreed that parents are encouraged to put their children



into daycare and return to work too early

- 75 per cent of parents believe that a child under three should spend a lot or all of their time with their mother and 63 per cent of respondents believe that a child under three should spend a lot or all of their time with their father
- Almost a third of all respondents stated that they did not feel that they have been or are able to spend enough 'quality time' with their children when they were or are very young
- When asked what would have been most useful as a parent of a child under the age of three, the highest response, 50 per cent, was for more child benefit. Only 39 per cent said more affordable childcare.
- When asked what they found a particular cause of stress during pregnancy, the highest percentage of people, 38 per cent, cited financial worries, significantly more than those citing fear of childbirth or fear of being able to cope with the baby
- One third of adults felt that non-familial daycare (e.g. day nurseries or childminders) was not very well or not at all able to meet all the needs of zero-to three-year-old children while they were there

Central concerns of the Early Years Commission

In the light of all aspects of our consultation process, including the above polling, our overriding concern has been to identify how best to ensure that parents, other carers and society in general, understand fully the needs of infants, the crucial importance of enriching relational experiences and how to act on this knowledge. Research and the evidence from the hearings repeatedly indicated that if an infant's relational experiences are consistently positive and their attachment needs adequately met, this dramatically protects against behavioural problems and distress in later life.

This Commission was concerned with addressing relational and emotional poverty as well as economic poverty. Longitudinal studies following infants from birth to adulthood have found that economic poverty is only one of many factors that can adversely affect emotional, cognitive and social development long term. At the heart of the many and varied influences on the infant is the family. This is where the main thrust of our recommendations are directed, so that families will be enabled to thrive, and potential breakdown or dysfunction will be prevented or, at the very least, its consequences will be alleviated. On the basis of the themes emerging from this analysis, recommendations are made which:

Evidence received by the Commission: 'The original aims of Sure Start were not just educational, they were also about promoting social and emotional development. These more "nurturing" ideas which were in the initial plan for Sure Start, have gone by the wayside.'

- are concerned with the promotion of emotionally healthy relationships;
- are family-centred, not just 'child-centred';
- treat all family relationships as important (and do not leave out the role of fathers);
- enable people and build on assets of individuals and communities (instead of making people dependent on professionals);
- are universal and specific according to whichever is most appropriate;
- emphasise that an early years focus must not disadvantage the later years;
- are preventative

Policy Proposals

In summary we recommend the following:

1. **Family Services Hubs** to be established in every community: facilities to enhance current, community-based service provision and enable a greater degree of coordination of professionals and voluntary sector providers. Such hubs would emphasise support for parents in their children's first three years. They would build on existing infrastructure wherever possible and recapture one of the most important original goals of Sure Start, which was to help ensure that children of all backgrounds received the nurture and care from their parents which they need to thrive.
2. **Fostering of families instead of fostering children**, thus keeping children with their biological families if possible (by providing supported housing where this is a key reason for breaking up the family). Encourage older parents from the local community to act as extended family in whatever capacity is necessary (with training and back up from social services).

3. **Enhanced role for health visitors in intensive home visiting (to be available nationwide) as well as revitalization of their role in providing a universal service** which is non-stigmatising and preventative and better able to assess where nurturing deficits are occurring.
4. **Enhanced support and training for professionals to include common inter-agency training, further integration and development of children and infant mental health services, co-location of services** (partly facilitated by Family Services Hubs) **and specialised programmes of training for all professionals** whose work impacts upon children (which grounds them in the neuroscience involved in the very early years). This would, for example, make daycare facilities more child-focused, emotionally responsive and motivated to provide greater continuity of care.
5. **Relationship and parenting education with all individuals, couples and families entitled to draw down money from a personal 'budget'** to access pre-marriage, antenatal, and parenting (of 0-5s, 5- 11s and teens) services. Additional streams also available for lone parents, prisoners, military and foster/adoptive parents.
6. **Early Years Internet Portal** to provide a one-stop-shop for information on funding, training, services, programmes etc.
7. **Genuine choice for families in paid work and childcare**, with a change in the rules to allow the use of



childcare tax credit to pay un-registered close relatives (albeit at a lower rate) to reflect parents' preferences, and **location, where possible, of childcare outside Children's Centres**. This would free them up to concentrate on delivering family support services and would create a more level playing field for private, voluntary and independent sector nurseries.

8. Front-loading child benefit making it flexible so that a larger proportion of the child's total entitlement would be available during the first three years when parents most want to spend time caring for their children and when

attachment and intensive nurture are most important. This would be linked where necessary to ameliorative services such as intensive parenting support, to greatly improve the life chances of children most likely to experience deficits in parental care.

9. **Greater integration of information and service provision across all healthcare sectors**, especially in mental and physical health and requirement to make improvements in the level of integration of services a key performance indicator in health services reviews.
10. **Simple, broad-based media campaign, centred around the concept of a 'Neuron Footprint'** to put awareness of the brain's development during the early years at the heart of the nation's thinking on all aspects of family, social and other influences on our young children.
11. **All recommendations complement or reiterate those made in the family breakdown section of *Breakthrough Britain***. This body of policy aimed to build family stability and minimise family breakdown by encouraging healthy relationships; by drawing on community-level support and reducing dependence on the state and, of course, by focusing on the first three years of children's lives. **Transferable tax allowances** acknowledged the reality that if one spouse is not working outside the home that family requires more, not less, support from the tax system. Similarly the benefits system should not penalise low income couples who want to live together which requires **tackling the 'couple penalty'**. Finally, we called for a commitment to **increasing 'supported housing' projects** which help the most vulnerable families stay together and work together towards self-sufficiency.

Conclusion

To reiterate, although the way individuals ‘behave’ is important, unduly focusing on this neglects the vital role relationships play in influencing behaviour as well as in shaping the brain itself during the early years. At the point when children are most vulnerable, there is also the greatest opportunity to lay a good foundation for the future. What parents do really matters; the time they spend with their children can transform their lives for the better - they are intimately and intricately involved in shaping them, through their relationships. However we do not want to set up a false dichotomy between behaviour and relationships, but rather to shift the emphasis to the latter to enable the adoption of a truly preventative approach.

The findings and recommendations summarised here represent the culmination of an extensive ten month consultation process, drawing in some of the finest practitioners and researchers working in the early years field. This report builds on the recommendations made in *Breakthrough Britain*, which were themselves subject to much scrutiny by Commission members to establish that we were building on a sure foundation. We have at all



times aimed to recommend policies which are realistic, achievable, affordable and understanding of the diversity of views and family experiences. We have also sought to work with the grain of other policy development currently being undertaken at the Centre for Social Justice on the subjects of children in care, youth and gang crime and family law. Building a coherent and interlocking body of policy was the genius of *Breakthrough Britain* and remains the goal of ongoing work. The Commission was and remains keenly aware of the genuine and wide-ranging difficulties we will need to overcome to guarantee a better future for society’s most vulnerable members – babies and young children – but we are convinced that the shifts in thinking we propose provide essential starting points.

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About the Centre for Social Justice

The Centre for Social Justice aims to put social justice at the heart of British politics.

Our policy development is rooted in the wisdom of those working to tackle Britain's deepest social problems and the experience of those whose lives are affected. Our working groups are non-partisan, comprising prominent academics, practitioners and policy makers who have expertise in the relevant fields. We consult nationally and internationally, especially with charities and social enterprises who are the champions of the welfare society.

We are not a typical Westminster 'think-tank'. In addition to policy development, we foster an alliance of poverty fighting organisations that reverse social breakdown and transform communities.

We believe that the surest way the Government can reverse social breakdown and poverty is to enable individuals, communities and voluntary groups to help themselves.

The CSJ was founded by Iain Duncan Smith in 2004, as the fulfilment of a pledge he made to Janice Dobbie, a mother whose son had recently died from a drug overdose after he was released from prison.

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