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FUTURE

Big Wins for Early Childhood

An Investment Guide for Ministers of Finance and Planning

An Act for Early Years Report
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act FOR
Early Years

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Big Wins background

The Big Wins in this guide are drawn from research led by Professor Florencia Lopez Boo, Director of NYU Global TIES for Children, in collaboration with Professor Jere R. Behrman of the University of Pennsylvania, Claudia Vazquez of the Inter-American Development Bank, and economist Gabriel Laffitte. The analysis builds on and expands the cost-of-inaction methodology developed across the landmark Lancet series on early childhood development and nurturing care, updating estimates using the latest available data and extending the scope to cover a wider range of countries and interventions. Chaired by Dr. Elizabeth King, this work has been supported by the Big Wins Expert Advisory Group, with feedback and guidance provided by the World Bank, UNICEF, the Centre for Global Development, the Brookings Institution, the Foreign Commonwealth and Development Office, the Global Education Evidence Advisory Panel, Dr. Harold Alderman, Dr. Joan Lombardi, and Professor Hiro Yoshikawa of NYU Steinhardt. Supplementary research analysing the short-term benefits of investments in universal support for families was led by Dr. Dominic Richardson of the Learning for Well-being Institute.



Introduction

Governments are navigating an era of compounding global crises, each placing new demands on already constrained budgets. Families are feeling the pressure. The rising cost of living is making it harder for parents to provide the nurturing care their children need in the years that matter most. When families cannot access affordable childcare, quality healthcare, or basic income support, the consequences fall first and hardest on the youngest children, in ways that are difficult and costly to reverse. That cost does not disappear. It accumulates quietly across a childhood and is carried by economies for decades.

Early years investment is not simply the right thing to do. It is one of the most direct routes available to governments for achieving the goals already at the top of their agendas, from foundational learning and human capital development to workforce participation, child and maternal nutrition, gender equity, and poverty reduction. When governments invest in the earliest years, they move faster on all of these. Countries that give every child a strong foundation will be the ones better placed to thrive in the future.

In this environment, the Act For Early Years campaign offers a clear message. Investing in young children is not a cost to be deferred. It is one of the most reliable returns available to any government. This guide sets out the evidence behind that claim, in terms that Finance Ministers and senior decision makers at national, local, and municipal levels can act on directly.

What we are calling for

Act For Early Years is a global campaign calling for urgent action to ensure every child has access to high-quality and nurturing proven early years interventions through three goals:

1. Universal access to **quality primary health care** in support of health, wellbeing, nutrition and development across pregnancy, birth, and early childhood.
2. Universal access to **quality, inclusive preschool education and affordable and quality childcare.**
3. Universal **support for families** including child benefits and parent and caregiver support.

Every intervention has been evaluated at scale. The results are real-world, the costs are known, and the returns are measurable. The question is no longer whether early childhood investment works. It is what to invest in, what it costs, and what it will return.

In 2027, the first-ever International Financing Summit for Early Childhood will bring together governments, development partners, business leaders, and civil society to forge the bold financing commitments that the world's youngest children need.

It is a watershed moment for the early years, and the first of its kind. The Summit will ask governments to make specific, measurable commitments to invest in young children, and every commitment made there can be grounded in the interventions on these pages. This guide is designed to make that decision easier.





Part 1: Big Wins and Best Bets for early childhood

The Big Wins and Best Bets in this guide share two things. They work, and they are affordable. Each has been tested at scale in low and middle-income country settings, and each delivers measurable returns that reach well beyond the child. They are organised around the three Act For Early Years campaign goals, which together reflect the enabling environments for nurturing care,¹ giving Finance Ministers a direct line from the evidence to the commitments the 2027 Summit will ask them to make. No government needs to start everywhere at once, but the evidence is clear that these goals are mutually reinforcing. Healthier children learn better. Children who learn in nurturing environments at home arrive at preschool ready to thrive. Families with income security and adequate parental leave make better use of every service available to them. The strongest outcomes belong to countries that invest across all three.



¹ The Nurturing Care Framework identifies four enabling environments that together support children's healthy development: enabling policies, supportive services, empowered communities, and caregivers' capabilities. The three Act For Early Years campaign goals map directly onto these environments.

Big Wins investment guide

The Big Wins investment guide shows the strongest early childhood interventions across the three Act For Early Years campaign goals. Each Big Win has been evaluated at scale in low and middle-income country settings and selected on the basis of evidence of impact and value for money. For each intervention, the guide sets out the estimated cost per child and the financial return on every dollar invested. Full technical details and methodology are available in the technical annex.

	Big Win	Cost per child	Return on every \$1 invested
Primary Healthcare	Immunisations The full recommended schedule of vaccines for young children	\$88 <i>Per child per year</i>	—
	Nutritional Support Essential nutrients for children from birth to 36 months	\$70 <i>Per child per year</i>	\$25
Early Learning and Preschool	Preschool Quality early education and care for children aged three to school age	\$77 <i>Per child per year²</i>	\$12
	Childcare Centre-based care and learning for children aged zero to three, supporting child development and parents returning to work	\$332 <i>Per child per year</i>	\$4
Support for Families	Parent and Caregiver Coaching Supporting parents and caregivers at home to give their children the best start through improved nurturing and play	\$300 <i>Per child per year</i>	\$5
	Cash Transfers Direct payments to families to strengthen household income and improve access to services	\$15 <i>Per child per year</i>	\$19
	In-person and Virtual Support for Parents and Caregivers Flexible combinations of in-person and virtual support for parents and caregivers	\$246 <i>Per child per year</i>	\$12



² Cost figures reflect delivery in low-income country settings, where preschool can be provided at \$76.83 per child per year. In middle-income settings, such as those evidenced in South America, costs rise to \$2,950 per child per year, reflecting higher staffing, infrastructure, and quality standards. When the cost is calculated for preschool expansion (e.g. the construction of an additional classroom for preschool in an existing school, rather than the full cost of preschool) costs are 300 USD per child year.

Best Bets investment guide

Best Bets are interventions where early research shows real promise but the evidence base is still developing, whether from smaller study samples, pilot-only data, or impacts that are not yet measurable at scale. Some interventions also present an inherent challenge in that the way they work in the real world makes them difficult to test through the methods that generate the strongest causal evidence. That does not make the need for them any less clear. The evidence is catching up.

Note: No Best Bets are currently identified for the early learning and preschool goal. Both preschool and childcare have sufficient at-scale evidence to qualify as proven Big Wins.

	Best Bet
Primary Healthcare	<p>Growth Monitoring Regular tracking of a child’s weight, height, and development to identify health concerns early</p> <p>Antenatal Care Essential health checks, information, and support for pregnant women to ensure a safe pregnancy and healthy birth</p>
	<p>Parental Leave Paid, job-protected time off for parents following the birth or adoption of a child</p> <p>Parenting Groups Group sessions supporting parents and caregivers to strengthen nurturing practices and child development at home</p>
Support for Families	

Campaign Goal 1: Universal access to quality primary health care in support of health, nutrition wellbeing and development across pregnancy, birth, and early childhood

Big Win: Early health and nutritional support

A child’s brain develops faster in the first thousand days than at any other point in their life. What happens during that window shapes everything that follows. Early health and nutrition programmes protect that window, reducing the risk of stillbirth, low birthweight, and acute malnutrition whilst building the cognitive foundations that determine whether a child will learn, thrive, and contribute.

Across Sub-Saharan Africa, in countries ranging from Niger, Rwanda, Uganda and Mozambique, failing to provide adequate nutritional support to children under two has been found to cost the equivalent of nearly 3% of GDP in foregone adult productivity, as children who do not receive what they need in those earliest years enter the workforce less able to learn, earn, and contribute fully to their economies (Behrman and Vazquez, 2025). The case for investing in child health extends beyond nutrition. A full schedule of recommended vaccines, alongside interventions such as kangaroo mother care, delayed cord clamping, and diarrhoea

prevention and treatment, together form the foundation of effective early health provision and represent some of the strongest available evidence on reducing child mortality and improving long-term outcomes (Vaivada et al., 2022).

Campaign Goal 2: Universal access to quality, inclusive preschool education and affordable and quality childcare

Big Win: Quality childcare and preschool

The years from three to five are when quality early education has some of its strongest and most lasting effects. High-quality childcare and preschool build the foundational learning skills that children need to succeed in school and beyond, improving school readiness, reducing inequality at the point of entry into primary school, and delivering sustained gains in educational attainment that follow children into adulthood.

Mexico's universal preschool mandate increased years of preschool attendance significantly improved cognitive and non-cognitive skills, and had longer-term positive impacts on high school completion and college enrolment (Behrman et al., 2025). These cognitive gains matter because they build the foundational learning skills that determine whether a child is ready to thrive in school and beyond. Evidence from Nicaragua reinforces this picture, showing that centre-based childcare can deliver meaningful gains in children's socio-emotional development and support maternal workforce participation, even at low cost, with higher quality provision amplifying outcomes for children (Hojman and Lopez Boo, 2022).

Campaign Goal 3: Universal support for families including child benefits, and parent and caregiver support

Big Win: Parenting and caregiver coaching programmes

A child's earliest interactions with their parents and caregivers are the architecture of the developing brain. Talk, play, and responsive caregiving in the first years build language, reasoning, and emotional resilience that no later intervention can fully replicate.

Evidence from home visit programmes across Latin America and the Caribbean shows strong rapport between home visitors and families, with caregivers and children actively participating in play-based learning activities that support child development (Leer and Lopez-Boo, 2018). In Bangladesh, a home-visiting programme integrated into the government's existing national nutrition service delivered meaningful gains across cognitive, language, and socio-emotional development, while also improving children's nutritional outcomes, demonstrating that well-designed early stimulation programmes can build human capital across multiple dimensions simultaneously (Bos et al., 2024).

Big Win: Family friendly policies

Half of the world's poor are children (Fenz and Hamel, 2019), and the multiple risk factors linked to poverty can substantially compromise children's health and developmental outcomes (Black et al., 2017). Cash transfer programmes are a widely used social safety net strategy aimed at reducing the hardships of poverty for families with children younger than 18. They give recipients the freedom to allocate money as they see fit, operating on the premise that poverty is primarily an income problem that limits families' ability to meet basic needs such as nutritious food or medical treatment.

These programmes exist in two main forms. Conditional cash transfers require beneficiaries to meet specific obligations, typically related to healthcare attendance for young children or school enrolment for older children (de Janvry and Sadoulet, 2006). Unconditional cash transfers provide financial support without any such requirements. Across both models, the evidence shows small but significant effects on child growth, health, and development outcomes (Fernald et al., 2025).

The children missing from the evidence

One area the research sought to assess but could not yet include is developmental screening, covering early identification of hearing loss, developmental delays, and other conditions that shape a child's trajectory from the earliest years. The evidence base does not currently allow for comparable measurement at scale in low- and middle-income countries. But the absence of data is itself the story. Most countries do not routinely monitor children's development as part of standard healthcare. The tools that exist are not well designed to capture the experiences of children with disabilities. Children who are not identified early do not get the support they need during the window when it matters most. The Act For Early Years campaign is committed to closing that gap, because universal truly means universal only when every child is visible in the data that drives investment decisions.





Part 2: The long-term costs of doing nothing

Every year a government delays investing in the early years, it pays a price.

That price is real and it is measurable. Across low-income countries, failing to invest in young children can cost an average of more than 3.5% of GDP in forgone economic potential. In some countries, that figure exceeds 15%. These are not projections of a distant crisis. They are the ongoing cost of a choice that governments make, or fail to make, every single year.

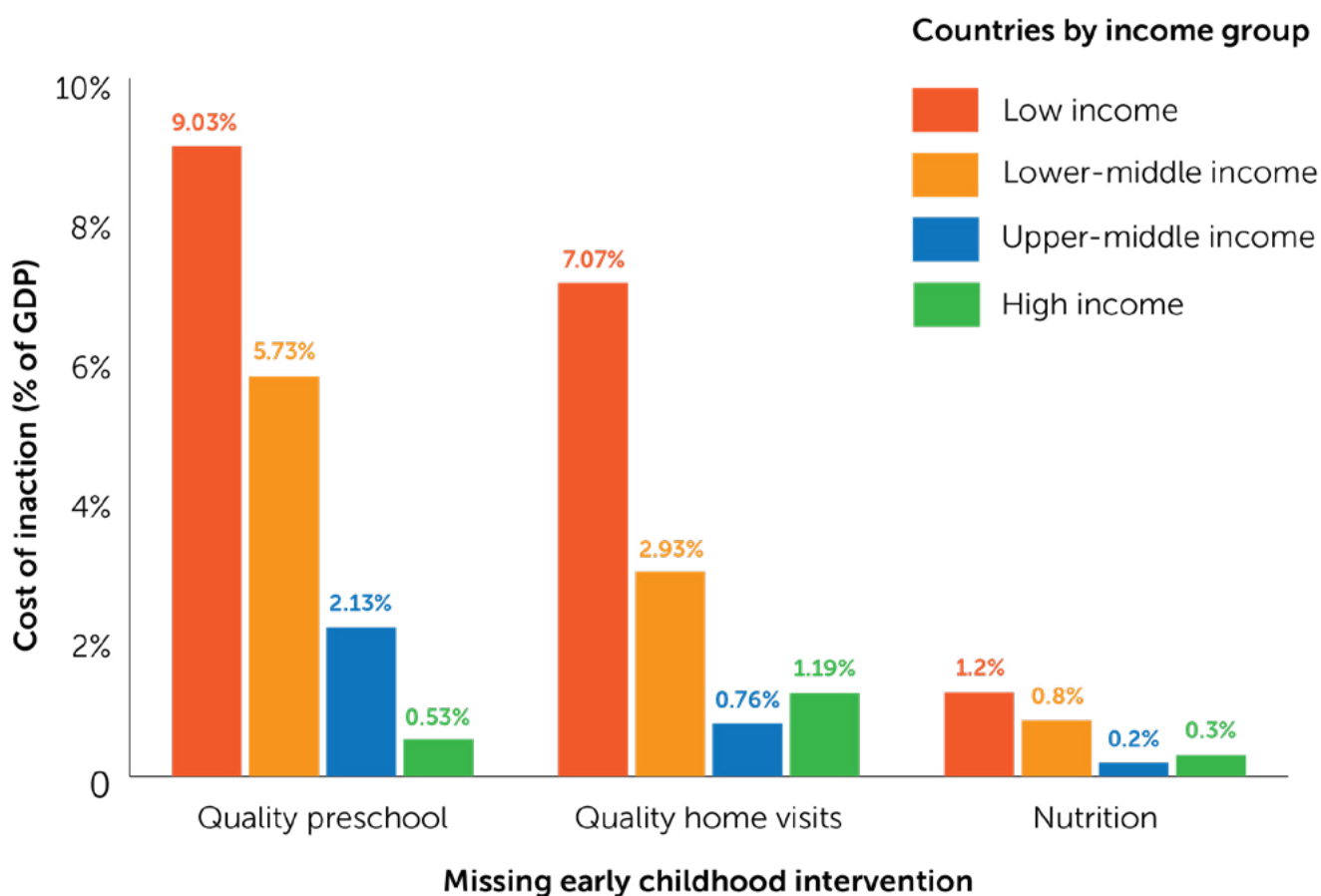
The pattern is clear and consistent. The poorer the country, the higher the cost of inaction. In high-income countries, the estimated economic loss from underinvesting in the early years averages less than 1% of GDP. In low-income countries, it can be up to ten times this. The countries with the least room to absorb economic loss are the ones bearing the greatest burden. When quality is factored into the modelling, the cost of inaction rises further still. High-quality provision costs more to deliver, but it generates larger gains in adult productivity, which means the price of failing to invest becomes higher, not lower.



What inaction costs, by country income group

These estimates capture the economic cost of failing to provide quality early education, measured as foregone adult productivity and expressed as a percentage of GDP. Figures are modelled from early childhood through to labour market entry across 101 countries for preschool, 109 for nutrition, and 50 for parenting home visits. All countries are grouped by income level.

When Big Wins go unrealised, the costs are bigger still



Each intervention is modelled independently. Figures should not be summed across bars.

Behind every percentage point is a child who did not receive the nutrition they needed in their first thousand days. A family without access to affordable childcare. A child who arrived at school unable to learn. These are not abstract losses. They accumulate quietly, they compound across a childhood, and they are extremely difficult to reverse.

But none of this is inevitable. The interventions in this briefing show what is possible when governments do invest. Children are healthier and better nourished. Families with greater economic security. Economies that grow because more of their people can fully participate. The cost of acting is bounded and known. The cost of waiting is not.



Part 3: Proven short-term wins

Early years investments that pay back within a political term

The Big Wins in this guide make a powerful long-term case for investing in young children. But leaders facing short political cycles need to show action and delivery within the years they are in office. The returns on early years investment do not all sit decades away. For the right interventions, they begin arriving in year one.

Research carried out by the Learning for Well-being Institute on behalf of the Act For Early Years campaign shows that the step to universal provision is where those returns are unlocked. Drawing on cross-national panel analysis of 36 OECD and European countries, comparing outcomes in countries with and without universal provision, the research finds that universal systems deliver faster, larger, and more sustained results than partial or targeted approaches across every outcome measured (Richardson et al., 2026).

Universal systems deliver more

The evidence is unambiguous on one point. Universal provision outperforms targeted approaches on every outcome measured. Universal schemes give all families financial security, ensure no one is excluded because of complex eligibility rules, and deliver fairer outcomes across income groups. They also reach the children most likely to be missed by targeted systems, those whose families do not know how to navigate bureaucratic processes, whose circumstances do not fit neat eligibility categories, or who live in communities where services simply do not reach.

Where universal benefits are combined with complementary measures such as paid parental leave and accessible childcare, the impacts are amplified further. In Uruguay, a coordinated universal package has been projected to cut absolute

child poverty by more than 70% (Richardson et al., 2025). On parental leave, each additional month of paid maternity leave is associated with a 13% reduction in infant mortality across low and middle-income countries (Nandi et al., 2016).

Three political-cycle investment wins

The table below sets out the projected short-term returns from moving to universal provision across three policy levers that sit within the Universal Support for Families campaign goal and the anticipated impact in one, two or three years. The data is drawn from cross-national panel analysis of 36 OECD and European countries (Richardson et al., 2026). Each column represents an independent modelling scenario, and the figures should not be read as cumulative.

1. Universal child benefits	2. Universal maternity leave	3. Universal childcare
<p>1.09m children lifted out of poverty</p> <p>Year 1 Year 2 Year 3</p>	<p>490k children lifted out of poverty</p> <p><i>builds across term*</i></p> <p>Year 1 Year 2 Year 3</p>	<p>1.5m children lifted out of poverty</p> <p>Year 1 Year 2 Year 3</p>
<p>4.16m additional women in employment</p> <p>Year 1 Year 2 Year 3</p>	<p>2.17m additional women in employment</p> <p>Year 1 Year 2 Year 3</p>	<p>2.3m additional women in employment</p> <p><i>year 3 peak**</i></p> <p>Year 1 Year 2 Year 3</p>
<p>951k more children in pre-primary education</p> <p>Year 1 Year 2 Year 3</p>	<p>1.48m more children in pre-primary education</p> <p>Year 1 Year 2 Year 3</p>	<p>1.27m more children in pre-primary education</p> <p>Year 1 Year 2 Year 3</p>

*Projected impacts In countries currently lacking universal provision, modelled against spending levels in universal systems. Each policy lever is modelled independently - figures should not be summed across columns. * Figure represents cumulative impact across years 1-3 rather than a single-year estimate. **Figure represents the year 3 peak rather than a cumulative total. Source: Richardson et al., 2026.*





A commitment every young child deserves

The 2027 International Financing Summit for Early Childhood is a watershed moment for early childhood, born from a growing recognition that the early years crisis is not just a failure to support children and families at the moment they need it most. It is an economic one, with consequences that compound across generations and cost governments far more to address later than to prevent now.

The Summit is the moment to turn this evidence into commitment. Governments arriving will be asked to make specific, costed pledges across the three Act For Early Years goals: expanding universal access to quality primary healthcare, scaling quality inclusive preschool, and strengthening family support through child benefits, parental leave, and affordable childcare.

The evidence in this guide shows what those commitments can deliver. A commitment on healthcare reaches children in the first thousand days, when the brain is developing fastest and the cost of inaction is highest. A commitment on preschool reaches every child at the point when quality education has its strongest and most lasting effects. A commitment on family support gives parents the income security and time they need to provide the nurturing care that no government programme can substitute.

These are not competing priorities. They are mutually reinforcing investments. The fiscal case for each is strong. The case for all three together is stronger still. Government Ministers who arrive at the Summit with specific, costed commitments across all three goals will not be making a leap of faith. They will be making one of the most well-evidenced spending decisions available to any government.

The commitments governments make at the Summit are not one-off pledges. They will be the opening move in a three-year plan, designed to drive measurable progress toward the Sustainable Development Goals by 2030. Each commitment will be specific, costed, and trackable, with accountability mechanisms that keep governments on course between now and that deadline. The Summit is the starting point, not the finish line.

The Act For Early Years campaign is calling for at least \$1 billion in new funding commitments from governments, international donors, businesses, and philanthropic donors to kickstart that transformation. Every commitment made at the Summit, however large or small, becomes part of a shared accountability journey toward 2030 and a generation of children who get the start in life they deserve.



Technical annex

This annex presents the full underlying data used to generate the Big Wins matrix, including complete standard deviation ranges, cost ranges, and benefit-cost ratios for each intervention. Midpoint figures used in the matrix are derived by calculating the arithmetic mean of the reported range. Where a single figure is reported in the source literature, that figure is used directly. All figures are drawn from the Big Wins for Early Childhood Development research led by Professor Florencia Lopez Boo, NYU Global TIES for Children, in collaboration with the Act For Early Years Big Wins Expert Research Group.

Figures presented in the main matrix represent midpoints of reported ranges unless otherwise indicated. Given the width of some ranges, particularly for supplementation and supplementation BCR, midpoints should be interpreted with caution. Full ranges are provided here for reference. Where impact is expressed as a risk ratio rather than a standard deviation, this is noted explicitly and the intervention is represented with a distinct symbol in the matrix rather than the dot system.

How the Big Wins were identified

The Big Wins are drawn from a systematic review of 200 studies, building on research conducted in 2023 and 2024 for the Inter-American Development Bank's Early Childhood Sector Framework Document and the Lancet series on the next 1000 days (Nores et al., 2025), and updated with studies published up to December 2025. To qualify, an intervention had to be evaluated at scale, with impact evidence derived from experimental or quasi-experimental methods and cost data reported alongside. Impact is expressed in standard deviations to allow comparison across interventions, using short-run estimates on child development indicators measured at ages zero to five. For preschool, where effects on learning are typically measured in primary school-aged children, and for primary healthcare, where outcomes are reported as risk ratios or disability-adjusted life years averted, the appropriate metric for each intervention type is indicated clearly in the table. Benefit-cost ratios, where reported, express total monetised benefits relative to costs for a given number of children reached.

Campaign Goal	Intervention	SD Range	SD Midpoint	Cost Range (USD per child/year)	Cost Midpoint (USD)	BCR Range	Return per \$1
Primary Healthcare	Immunisations Administration of recommended full schedule of vaccines <i>Impact expressed as risk ratio; SD not available³</i>	RR: 0.48 to 0.94 <i>No SD available</i>	<i>N/A</i> <i>Risk ratio metric</i>	\$46 to \$130	\$88	<i>Not reported</i>	<i>N/A</i>
	Nutritional Support Provision of extra nutrients for children from birth to 36 months	0.09 to 0.41 SD	0.25 SD <i>SD midpoint only</i>	\$37 to \$103	\$70	\$1.5 to \$48	\$18 <i>Median midpoint as Hoddinot et al 2013</i>
Early Learning and Preschool	Preschool Quality early education and care for children aged three to school age	0.16 to 0.34 SD <i>Impacts on test scores in grades 3 and 4, not a child development indicator at ages 0 to 5</i>	0.25 SD	\$76.83 to \$2950 <i>Single figure; per child per year</i>	<i>N/A</i>	\$4.75 to \$19.4	\$12.2
	Childcare Centre-based care and learning for children aged zero to three, supporting child development and parental employment	0.19 to 0.38 SD <i>At-scale estimates only. Mixed or negative effects reported in some high-income country studies</i>	0.29 SD	\$147 to \$2350 <i>At-scale; per child per year</i>	\$331.50	\$1.7 to \$6.2	\$3.95 <i>Midpoint BCR</i>
Universal Support for Families	Parent and Caregiver Coaching Supporting parents and caregivers at home to improve nurturing practices and play	0.10 to 0.26 SD <i>At scale. Pilot estimates: 0.32 to 1.1 SD)</i>	0.18 SD <i>At-scale midpoint only</i>	\$100 to \$500 <i>At scale; per child per year. Pilot: \$135 to \$751.60</i>	\$300 <i>At-scale midpoint</i>	\$5 to \$5.4	\$5.2 <i>Midpoint BCR</i>
	Cash Transfers Direct payments to families to strengthen household income and improve access to services	0.10 to 0.18 SD <i>At-scale programmes only</i>	0.14 SD	\$10 to \$20	\$15 <i>Transfer midpoint; delivery costs not included</i>	\$18.6	<i>N/A</i>
	In-person and Virtual Support for Parents and Caregivers Flexible combinations of in-person and virtual support for parents and caregivers	0 to 0.34 SD <i>Range reflects variation across programme models</i>	0.25 SD	\$245.79 <i>Single figure; per child per year</i>	\$245.79 <i>Single figure</i>	\$12.3 <i>Single figure</i>	\$12.30 <i>Single BCR figure</i>

³ Bhutta et al (2013a); Vaivada et al (2022); Banerjee et al. (2010) uses as outcome proportion of children aged 1-3 who were partially or fully immunized (not a child development indicator). RR is relative risk.

Best Bets

Best Bets are interventions with promising but more limited evidence, either due to smaller evidence bases, pilot-only data, or impact measures that cannot be directly compared to the SD scale used in the main matrix. No Best Bets are currently identified for the early learning and preschool goal, reflecting the strength of at-scale evidence for both preschool and childcare.

Campaign Goal	Intervention	SD / Impact Range	Midpoint	Cost Range (USD)	Notes
Primary Healthcare	Growth Monitoring Regular tracking of weight, height, and development to identify health concerns early	No SD data available	N/A	Not reported	Insufficient impact data to include in dot system
	Antenatal Care Essential health checks and support for pregnant women for a safe pregnancy and healthy birth	RR: 0.35 to 0.97 No SD available	RR midpoint: 0.66 34% lower risk at midpoint	\$0.96 to \$2.32 Per person, total population basis	Impact measured as risk ratio; not directly comparable to SD scale
Universal Support for Families	Parental Leave Paid, job-protected time off for parents following birth or adoption of a child	0.24 SD Single estimate	0.24 SD	\$1.278 Per child per year	Single study estimate; classified as Best Bet pending further at-scale evidence
	Parenting Groups Group sessions supporting parents and caregivers to strengthen nurturing practices at home	0 to 1.3 SD Pilot estimates only	0.65 SD Pilot midpoint only; no at-scale data	\$38 Per child per year; pilot only	Pilot evidence only; wide SD range reflects variation across programme models

Big Wins methodological notes

Standard deviation (SD)

Standard deviation is a measure of effect size used to express the standardised difference in outcomes between children who received an intervention and those who did not. It allows comparison across interventions that measure different outcomes. All SD figures reported here are at-scale estimates unless explicitly noted as pilot. Pilot estimates are excluded from the main matrix dot system but retained in the Best Bets annex for reference.

Risk ratio (RR)

Risk ratio expresses the probability of an outcome occurring in an intervention group relative to a control group. A risk ratio below 1.0 indicates a protective effect. Risk ratios cannot be directly converted to standard deviations without baseline prevalence data, and are therefore represented with a distinct symbol in the matrix rather than the dot system.

Benefit-cost ratio (BCR)

The benefit-cost ratio expresses the total monetised benefits of an intervention relative to its costs. A BCR of 15 indicates that \$15 in benefits is generated for every \$1 invested. BCRs presented in the matrix are derived from the midpoint of reported ranges. Where a single BCR figure is reported, that figure is used directly. BCRs are not available for all interventions; where not reported, the return on investment column is left blank. The wide BCR range for supplementation (1.5 to 48) reflects significant variation in programme type, delivery context, and outcome measurement across the underlying studies, and the midpoint of \$24.75 should be interpreted with particular caution.

How the cost of doing nothing data was calculated

The cost of inaction is defined as the difference between the present value of the potential economic benefits of an early childhood intervention and the costs of delivering it, applied to the number of children not yet covered. Benefits are drawn from rigorous causal evaluations and focus primarily on long-term labour market returns, meaning estimates are conservative as benefits that are difficult to monetise, such as reductions in crime and improvements in maternal mental health, are excluded. Costs are modelled to reflect the quality of provision required, and for preschool and home visiting programmes the analysis incorporates recent causal evidence on the impact of quality on outcomes. Given their forward-looking nature, estimates are sensitive to assumptions about income growth trajectories and causal attribution, and sensitivity analyses have been conducted accordingly.





The Act For Early Years campaign is led by a High-Level Advisory Group of early childhood experts, networks and organisations around the world. The campaign's secretariat is managed by Theirworld, a UK-registered charity.

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