

Education and Early Years: Task Group 1

Summary and Proposals

The full report of the task group can be found at

http://www.ucl.ac.uk/gheg/marmotreview/consultation/Early_years_and_education_report

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We have focused on evidence that has a direct bearing on the relationship between public policy, childhood, and health inequalities. In the time available, a comprehensive review of the evidence would have been impossible. We have, therefore, relied heavily on our own expertise and prior understanding of the research evidence in this area, and that of various colleagues whom we have consulted. This has been in addition to reviewing as much additional secondary and primary material as has been feasible within a short timescale.

Children live, grow up and learn through their interactions with a wide range of interconnected environments – including the family, residential communities, relational communities, and the environment of child development services (such as the childcare centres or the schools that children attend). Each of these environments is situated in a broad socioeconomic context that is shaped by factors at the local, national, and global level.

Whether children do well depends to a very significant extent on the ‘nurturant’ quality of these environments.

How well children do during childhood has implications for health outcomes in later life. However, the pathways linking childhood environments, childhood outcomes, and health outcomes are complex.

Notwithstanding the important future orientation of the points above, ensuring that children have a good childhood in the here and now is also important. Children in England do not have access to equally nurturant environments, while childhood outcomes and subsequent health outcomes are unequal. Policy which is concerned with reducing health inequalities, therefore, has to be concerned with these wider inequalities, and has to tackle inequalities in the broad socioeconomic context underlying childhood environments.

'Children's policy' has to embrace not only measures directly targeted at children, but any measures which support and enhance families, communities and neighbourhoods. Single-strand policies, short-term programmes, and one-off interventions may have their place as part of a wide-ranging strategy of this kind. However, on their own they do not offer an adequate basis for an approach to reducing health inequalities.

Strong public services have a particular role to play in equalizing access and outcomes. However, that role has to be carried out in partnership with the families and communities who interact most closely with children and in a context where families and communities have the best possible chance of creating favourable environments for their children.

In the light of these considerations, there is much to applaud in the current policy situation in England. In particular, there is a recognition that social inequality matters, that action to improve children's lives needs to be multi-dimensional, and that high-quality public services play a key role in children's lives. Many of the policy tools needed to improve children's lives are, therefore, already to hand.

Proposals

The need beyond 2010 is less to develop new policy interventions and frameworks than it is to ensure that those already in place are working as effectively as possible. In any case, the challenge will be to protect what has already been achieved and to see that it is deeply embedded so that it is proof against financial turbulence.

On the other hand, efforts to address inequality have had mixed results, while attempts to marshal strategic, coordinated action are thwarted by fragmented and counterproductive accountability systems, a multiplicity of short term service targets, and over-centralisation.

We therefore recommend that, post-2010, policy makers should:

- *Renew efforts to tackle social inequality.* These efforts should build on current commitments to end child poverty, maintain or increase the minimum wage, keep the adequacy of benefits under review, and narrow the gap between the best and worst off. They should extend these efforts

through a more rigorous pursuit of progressive fiscal and welfare policies, together with efforts to combat social exclusion. This strategy should include transport and housing interventions which have been shown to have the potential to reduce the steep gradient in morbidity and mortality in the young. (See Sections 3.2.2, 5.2)

- *Develop and pursue a coherent, evidence-informed and values-driven policy narrative about childhood.* This narrative should build on the work that has already been done in the Every Child Matters and children's rights agendas to offer a clear account of how one aspect of child development informs others, why some children do better than others, how public services work together and work with families and communities, and, above all, why equality matters. (See Section 5.3)
- *Develop coherent policy strategy.* This should build on policy efforts to bring relevant policy together within a single overarching framework, redirect effort from central micro-management to strategy, and redirect resource from short-term disconnected initiatives towards core provision. (See Sections 3, 5.2)
- *Devolve more policy development to the local level.* Devolution should build on existing commitments to 'new localism', but reduce the numbers of centrally-generated targets and initiatives. (See Sections 2.2, 5.5)
- *Learn from the local.* This involves shifting the emphasis from centre-periphery to periphery-periphery and periphery-centre policy making, supporting and studying promising local initiatives, and creating structures and processes (like the new Centre for Excellence and Outcomes) for learning from local initiatives. (See Section 5.5)
- *Change the emphasis of control and accountability.* There is a need to build on current moves to develop joint inspection procedures and area assessments, but to reconstruct targets as indicators, develop area assessment as a means of holding local providers and policy makers jointly to account for what happens to children, focusing on the coherence of local strategies as well as immediate outcomes, and extending the time scale for accountability to consider long-term outcomes. (Section 5.5)
- *Change the professional orientation of the children's workforce.* In developing an integrated workforce, policy should be formulated on training, recruiting, retaining and appropriately remunerating those who work with children. This will involve enabling the exercise of professional judgment at a local level, and resisting the temptation amongst those in senior political positions to vilify the workforce. (See Sections 4.3, 4.5, 5.2)

- *Develop the evidence base.* Established sources of evidence should be built on through a more coordinated and strategic approach to evaluation, research and monitoring. This would involve raising the standard of evaluation studies, developing focused research programmes, and building local and national research capacity. (See Section 3)
- *Addressing weaknesses within the threshold system for accessing services:* The current organisational system in the UK is built around a series of thresholds which can act as either *gateways* or *barriers* to services, including family support services. The assessment process itself is potentially wasteful of resources which might be redirected towards more accessible provision at the 'lower slopes of need'. These 'threshold-problems' will be aggravated in the context of a risk averse environment, such as the current approaches to family support /child protection in the wake of Baby P.
- *Need a better understanding of "what works" in particular contexts:* When a child crosses the 'in need' threshold and is assessed as needing a 'Tier 3 or 4' service, an approach to understanding 'what works' has to take account of a situation in which multiple services are provided by a range of professionals and agencies over extended periods of time. Manualised programmes will be only *one* part (and often of short duration) of these services. It may be that the quality of the professional relationship with the health visitor, the GP, the school nurse, the team at the family centre, is the aspect of the service that is making a difference, rather than any particular method or technique. Workforce capacity and quality is therefore a vital part of ensuring positive child level outcomes.
- *Address crisis in key workforce areas including midwives, health visitors and social workers:* There is a very serious crisis of capacity in respect of the key workforce members who can make a difference to reducing inequality in child outcomes, i.e. midwives, health visitors and social workers. Government must act urgently, in a range of ways, to address capacity, whilst maintaining a high quality workforce.
- *Services must put more effort into outreach to ensure all families that need, benefit:* Mode of delivery can include both centre based and outreach strategies, but for many targeted populations, who are ambivalent about using services, flexible and imaginative outreach is absolutely crucial to family engagement. Major efforts need to be deployed to maximise service access and enable all children to benefit from universal services.

- *Working towards effective professional collaboration on safe guardian, including ensuring GP collaboration on safeguarding by including it as a Key Performance Indicator:* To deliver optimum outcomes for children, the family support workforce must be a complex one. It will ideally, comprise a range of workers, including health visitors, social workers, early years workers, and trained/supported volunteers. Organisational and managerial mechanisms have a part to play in supporting their input. For example, the development of a common working language across disciplines is a pre-requisite for building collaborative partnerships based on a holistic view of need, and a commitment to meet it. And indeed including in the current list of 150 key performance indicators (KPIs) for GP services, even one KPI on *safeguarding*, could go some way to facilitating GP collaboration in child protection services.
- *Culture of evaluation needs to acknowledge need for a range of methodologies for complex in interventions and service modifications:* In order to develop our understanding of the input of the maximum range of appropriate services for supporting the health and well-being of children and their families, we must acknowledge the need for a range of methodologies. As results from evaluations in other countries such as Sweden indicate, research methodologies have to be developed both for understanding what it is that works, and also identify what modifications are needed. This is particularly true when evaluated programmes are transferred from clinical to community settings, and from one country to another. It also applies when complex multi-agency services are delivered in community settings where health education and social care professionals work together in teams and networks are formed around children and families with multi-faceted needs.
- *Greater use of interim outcomes by practitioners and commissioners:* The welcome increase in emphasis on *child level outcomes* has not paid sufficient attention to the ways in which practitioners and commissioners can make sense of *interim outcomes*. Addressing this task as a matter of urgency is essential, both in terms of methodological rigour and, equally importantly, as a component of continuing professional development and the maintenance of workforce morale.
- *Efforts be made to strengthen the impact of NICE recommendations on sectors beyond the NHS and that work on the cost effectiveness of public health interventions beyond clinical medicine be strengthened*

