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Can public health influence the required political shift from ‘best start in life’ aspirational policy rhetoric to delivering a fairer start for all?

By Dr Amy Barnes and Michelle Black

A recent BBC News article ‘[Children ‘failed in first 1,000 days’ says MPs](#)’ highlights that ‘nearly a third of children are not school ready’ in England. It is about the ‘[First 1000 days of life](#)’ report – recently published by The Health and Social Care Committee – which calls for a cross-party government strategy for an early years ‘revolution’, including a revamped Healthy Child Programme in England to give children and families more support, earlier.

Interestingly, the Committee’s report draws attention to variation in policy to support early child development across the four countries of the UK; for example, mentioning the Family Nurse Partnership and Flying Start in Wales, which provides childcare for eligible 2-3 year olds, enhanced health visiting and targeted support for families with 0-4 year olds who live in disadvantaged areas; and highlighting that there are less health visitor contacts here in England than the other three countries of the UK.

The Committee call for the health visiting programme in England to be extended and for the government to develop a programme that children and families who need more targeted support can access; recognising, however, that these types of policy initiatives are only a ‘sticking plaster’ for the persistent inequality, poverty and deteriorating social conditions that undermine healthy child development across the UK.

These issues resonate with the findings from an ADPH and Health Foundation supported study that we recently completed, which looked at how policy and public health systems have contributed to children’s early developmental outcomes across the UK since political devolution (the open access paper has just been published on the [Journal of Public Health website](#)).

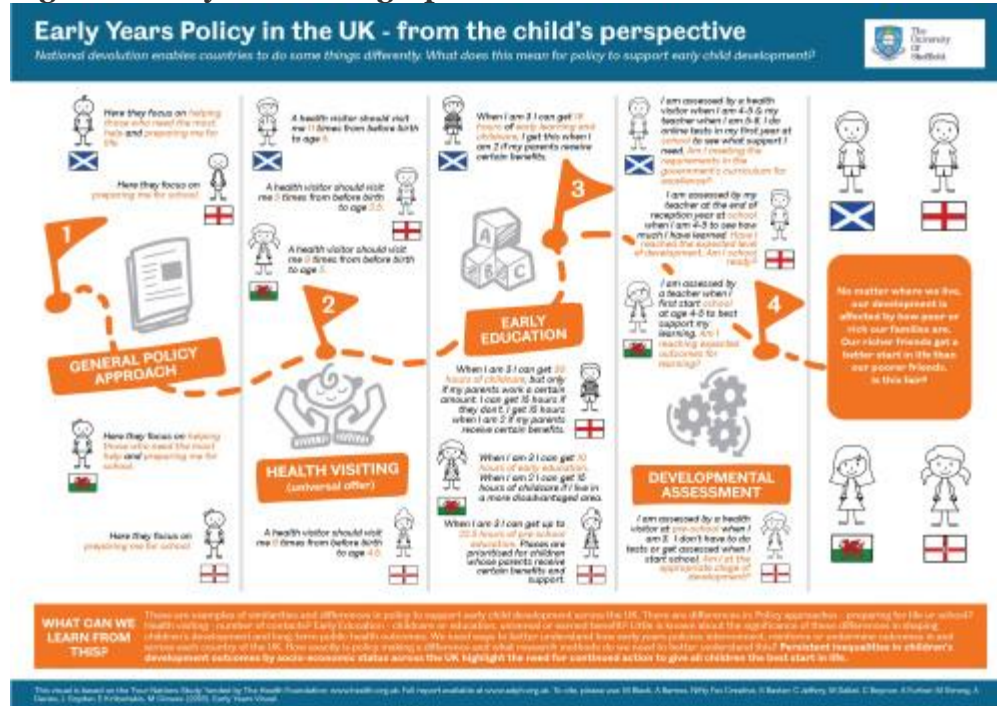
The study found that early child development is on the policy agenda in each UK country, but that public health systems are subject to many influences that shape outcomes. Since political devolution, all national policies have championed a ‘prevention approach’ to early child development, emphasising (at least in policy rhetoric) cross-sectoral work, integrated forms of family support and entitlements to early education and care.

Yet political factors have given rise to examples of policy difference:

- Variation in the way that child development is framed within national policy (e.g. ‘preparing for life’ in Scotland versus ‘preparing for school’ in England) and in the way that pre-school provision is presented (e.g. as a ‘universal entitlement’ or an ‘earned benefit’);
- Variation in the number of health visitor contacts offered (11 in Scotland compared to 5 in England) – also highlighted by the Health and Social Care Committee); and
- Distinctive legislation by the Scottish and Welsh governments focusing on wider determinants – though action on this has been limited by the extent of devolved powers.

These similarities and differences, from the child’s perspective, are visualized in Figure 1 below and in an [associated infographic](#).

Figure 1: Early Years Infographic



Crucially, our study found that, across *all* countries of the UK, political factors and resourcing issues were key influencing factors; with, for example, systemic pressures relating to short-term funding, funding cuts to children’s centres, issues of financial sustainability in relation to early education or childcare, and pressures on health visitors as key members of the early years public health workforce.

Politics and resourcing are likely to be key factors shaping any discussions arising from the Health and Social Care Committee’s ‘1000 days’ report. The report itself appears to have been well received by the public health community (so far) but the issue of investment has already been raised by the ADPH in their response:

“After years of deep cuts to public health, the Government must properly fund current provision before any extension of the Healthy Child Programme is considered.”

We argue that an adequate government response will inevitably require political choices to be made. Not only about how much resource a ‘revamped’ Healthy Child Programme might need and where that resource will be distributed within the public health system (ie. to local authorities, in training health visitors, and so on). But also, more fundamental political choices about how to deal with persistent inequality and child poverty within the UK, about what ‘prevention’ is and about social justice and equity. This means political leaders making choices about welfare reform, how to intervene in the labour market, whether to further devolve political powers, and reform tax and transfer policies in ways that will lift families with children out of poverty.

There are challenges and opportunities here for the public health community. Perhaps a fundamental question is how we contribute to the political framing of ‘prevention’ so that it is about

action to address wider determinants of early child development. As the [Health Foundation and Frameworks Institute](#) point out, this needs to involve reframing public conversations and communicating more effectively about inequalities and health; and is something that needs to happen at all levels of the public health system.

Influencing political action on early child development will also mean we need to find better and timely ways to communicate evidence at national levels, and to do so in ways that resonate with central policy makers' knowledge, understanding and constraints (see [Paul Cairney's](#) blog). It means finding ways to garner public support and to act as a louder and more cohesive public health voice to influence the political system at national, and also local levels, to ensure that children are enabled to thrive and no longer 'failed in the first 1000 days'. We have work to do...