Learning across the UK: a review of public health systems and policy approaches to early child development since political devolution

Michelle Black, Amy Barnes, Susan Baxter, Claire Beynon, Mark Clowes, Mary Dallat, Alisha R. Davies, Andrew Furber, Elizabeth Goyder, Catherine Jeffery, Evangelos I. Kritsotakis, Mark Strong

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An introduction to the project

- Part of a wider UK partnership project
- Topic agreed by workshop as relevant to all 4 nations –particularly inequalities
- Giving children the best start in life is critical for their future health and wellbeing
- Political devolution provides a natural experiment to explore how public health systems contribute to children’s early developmental outcomes
Process: two steps

- A systematic literature review and input from a stakeholder group was used to develop a public health systems framework.

- This framework then informed analysis of public health policy approaches to early child development.
This framework is designed to help you understand public health as a complex system. It sets out elements that affect public health outcomes. These operate at all levels of the system.

Consider all sections of the diagram to answer the questions below. This will help you understand what enables or constrains the improvements in public health that you are trying to achieve.

What are you trying to achieve?

Where are you situated in the system?

Which elements of the system, across all levels, affect what you are trying to achieve?

How do these elements connect & interact?

How does this enable or constrain what you want to achieve?

Where can you influence the system to achieve change?
Public Health community desire to better understand how policy and the public health system contribute to children’s early developmental outcomes, so as to reflect on how to effect change.
Inclusion Criteria

• Studies or documents relating to policy and system approaches to address development in children up to 7 years in 4 nations/UK since devolution (1999)
• Including: policies, interventions, indicators and outcomes that contribute to supporting child development in the early years
• Outcomes were defined as any population level health and wellbeing outcomes
PRISMA Flow Chart

Identification

Records identified through database searching after duplicates removed
n = 800

Additional records identified through other sources
n = 101

Screening Full-

Records screened
n = 901

Records excluded
n = 766

Eligibility

Full-text literature assessed for eligibility
n = 135

Full-text literature excluded, with reasons
n = 17

Included

Included literature
n = 118

Public health systems and policy
## Results of the Review of Literature

<table>
<thead>
<tr>
<th>Country of focus</th>
<th>Type of evidence</th>
<th></th>
<th>Policy, legal or guidance documents</th>
<th>Other (e.g. briefing note)</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Peer-reviewed journal articles</td>
<td>Non-peer reviewed reports (evaluation, research, audit, statistical)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>England</td>
<td>22</td>
<td>9</td>
<td>7</td>
<td>1</td>
<td>39</td>
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<tr>
<td>Northern Ireland</td>
<td>3</td>
<td>8</td>
<td>4</td>
<td>2</td>
<td>17</td>
</tr>
<tr>
<td>Scotland</td>
<td>4</td>
<td>14</td>
<td>9</td>
<td>3</td>
<td>30</td>
</tr>
<tr>
<td>Wales</td>
<td>5</td>
<td>6</td>
<td>12</td>
<td>2</td>
<td>25</td>
</tr>
<tr>
<td>UK</td>
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<td>5</td>
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<tr>
<td>Totals</td>
<td>39</td>
<td>39</td>
<td>32</td>
<td>8</td>
<td>118</td>
</tr>
</tbody>
</table>
Early Years Policy in the UK - from the child’s perspective

National devolution enables countries to do some things differently. What does this mean for policy to support early child development?

1. **General Policy Approach**
   - Here they focus on helping those who need the most help and preparing me for school.

2. **Early Education**
   - When I am 3 I can get 15 hours of early education.
   - A health visitor should visit me 9 times from before birth to age 4.5.

3. **Health Visiting (universal offer)**
   - A health visitor should visit me 8 times from before birth to age 4.5.

4. **Developmental Assessment**
   - A health visitor should visit me 5 times from before birth to age 2.5.

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**No matter where we live, our development is affected by how poor or rich our families are. Our richer friends get a better start in life than our poorer friends. Is this fair?**

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**Public health systems and policy**

- I am assessed by a health visitor when I am 4-5 if my parents receive certain benefits.
- I am assessed by my teacher at the end of reception year at school when I am 4-5 to see how much I have learned. Have I reached the expected level of development? Am I school ready?
- I am assessed by a health visitor when I am 4-5 if my parents receive certain benefits.
- I am assessed by a health visitor when I am 3. I don’t have to do tests or get assessed when I start school. Am I at the appropriate stage of development?
“The devolved countries face challenges in tackling determinants, as there are limits to the extent of devolution in the areas of welfare provision, employment support and macroeconomics. This hinders their ability to redress poverty, one of the main influencing factors for children’s outcomes across the life course.”
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ABSTRACT

Background: Giving children the best start in life is critical for their future health and wellbeing. Political devolution in the UK provides a natural experiment to explore how public health systems contribute to children’s early developmental outcomes across four countries.

Method: A systematic literature review and input from a stakeholder group was used to develop a public health systems framework. This framework then informed analysis of public health policy approaches to early child development.

Results: A total of 118 studies met the inclusion criteria. All national policies championed a ‘prevention approach’ to early child development. Political factors shaped divergence, with variation in national conceptualizations of child development (‘preparing for life’ versus ‘preparing for school’) and pre-school provision (‘universal entitlement’ or ‘earned benefit’). Poverty and resources were identified as key system factors that influenced outcomes. Scotland and Wales have enacted distinctive legislation focusing on wider determinants. However, this is limited by the extent of devolved powers.

Conclusion: The systems framework clarifies policy complexity relating to early child development. The divergence of child development policies in the four countries and, particularly, the explicit recognition in Scottish and Welsh policy of wider determinants, creates scope for this topic to be a tracer area to compare UK public health systems longer term.

Keywords: child development, devolution, early years, policy, public health systems, systematic review
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