

# Inequalities in child development and health: progress since the Marmot review

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# Drivers of inequitable health outcomes

40-50% of variation in health outcomes is caused by unequal distribution of social and environmental Factors, to improve health and reduce inequalities we must:

- A. Give every child the best start in life
- B. Enable all children, young people and adults to maximise their capabilities and have control over their lives.
- C. Create fair employment and good work for all
- D. Ensure a healthy standard of living for all
- E. Create and develop healthy and sustainable places and communities
- F. Strengthen the role and impact of ill-health prevention

Fair Society, Healthy Lives: The Marmot Review 2010

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# Give every child the best start in life

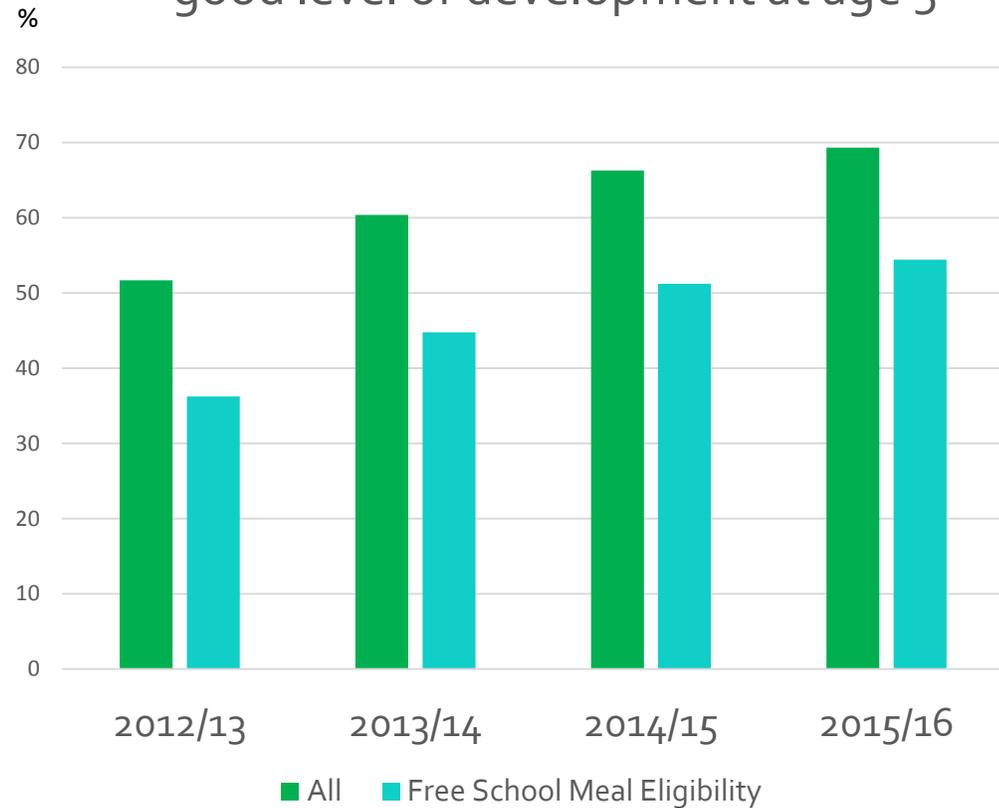
- Reduce Inequalities in the early development of physical and emotional health, and cognitive, linguistic and social skills
- Ensure high quality maternity services, parenting programmes, childcare and early years education meet need across the social gradient
- Build the resilience and well-being of young children across the social gradient

# Policy recommendations

- Increase expenditure on early years, and focused progressively across social gradient
- Support families:
  - Pre/post natal interventions to reduce adverse outcomes
  - Paid parental leave in first year of life with a minimum income for healthy living
  - Routine support through parenting programmes, children's centres, outreach
- Provide good quality early years education and childcare proportionally across social gradient
  - Include outreach to increase take up of children from disadvantages areas
  - Based on evaluated models to meet quality standard

Reduce Inequalities in the early development of physical and emotional health, and cognitive, linguistic and social skills

## Percentage of children reaching a good level of development at age 5



## GAP in percentage points between all and those on free school meals

2012/13	15.5
2013/14	15.6
2014/15	15.1
2015/16	14.9

# Improvements driven by....?

- Increasing emphasis and knowledge regarding importance of early years
- Hard work in the sector
- Increasing emphasis on use of evidence to inform practice
- Increased entitlement to free nursery education
- Early years pupil premium

But little change in percentage point gap  
between all and those on free school meals

- 2012/13 15.5
- 2013/14 15.6
- 2014/15 15.1
- 2015/16 14.9

# Regional variation - further progress possible

Nearly 7 in 10 children on free school meals in Haringey, Lewisham, Bexley, Greenwich reach a good level of development by age 5

Just four in ten children on free school meals in Stockton on Tees, Blackburn and Darwen, and Leicestershire reach a good level of development by age 5

# What can we learn from regional variation?

1. It is possible to increase outcomes for children on low incomes.
2. London effect – needs investigating for young children, also see situation for older children... ethnic minorities doing better, higher funding levels, economies of scale on pupil premium...
3. Useful to find out what successful areas are doing and spread best practice

What more should be done?

# Original policy recommendations

Increase expenditure on early years, and focused progressively across social gradient

Support families:

- Pre/post natal interventions to reduce adverse outcomes

- Paid parental leave in first year of life with a minimum income for healthy living**

- Routine support through parenting programmes, children's centres, outreach

Provide good quality early years education and childcare proportionally across social gradient

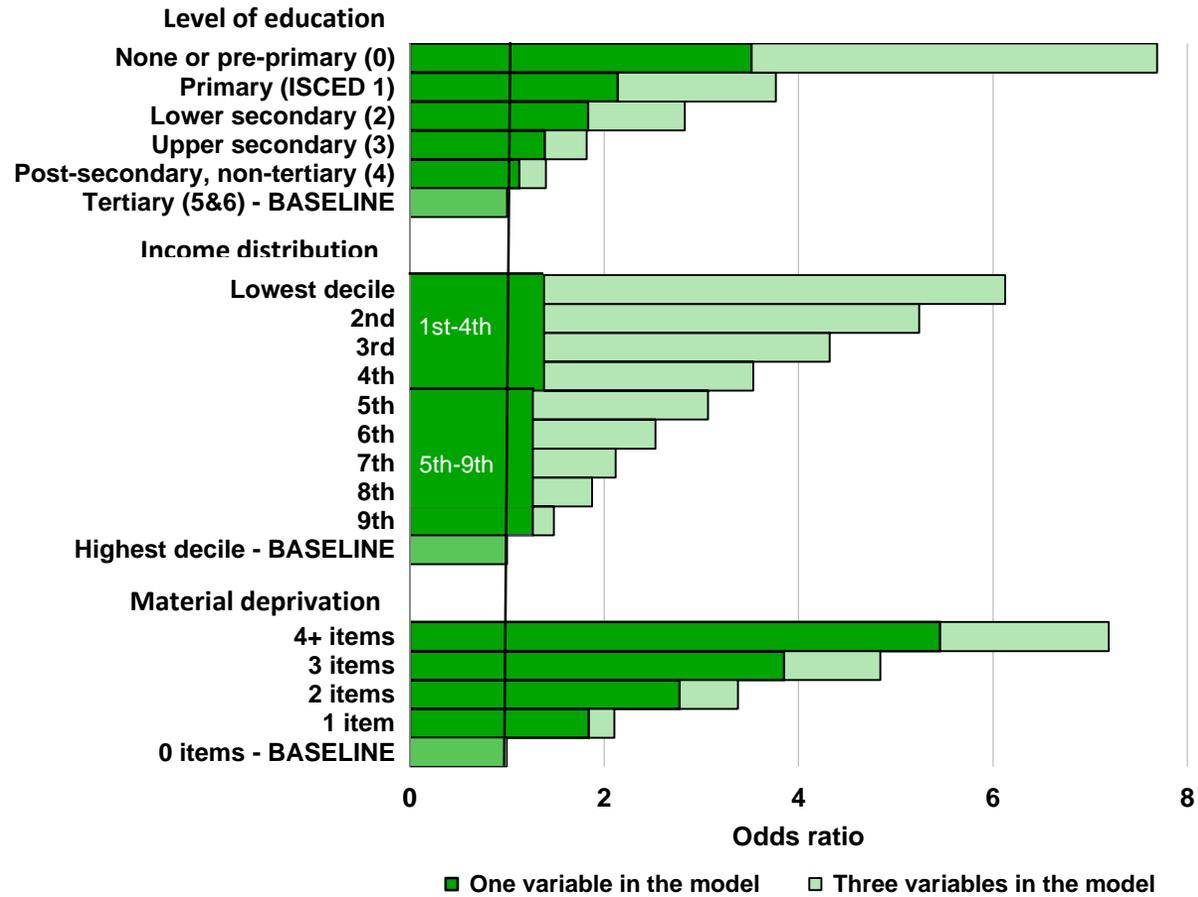
- Include outreach to increase take up of children from disadvantaged areas

- Based on evaluated models to meet quality standard

# An equal start/measuring what matters

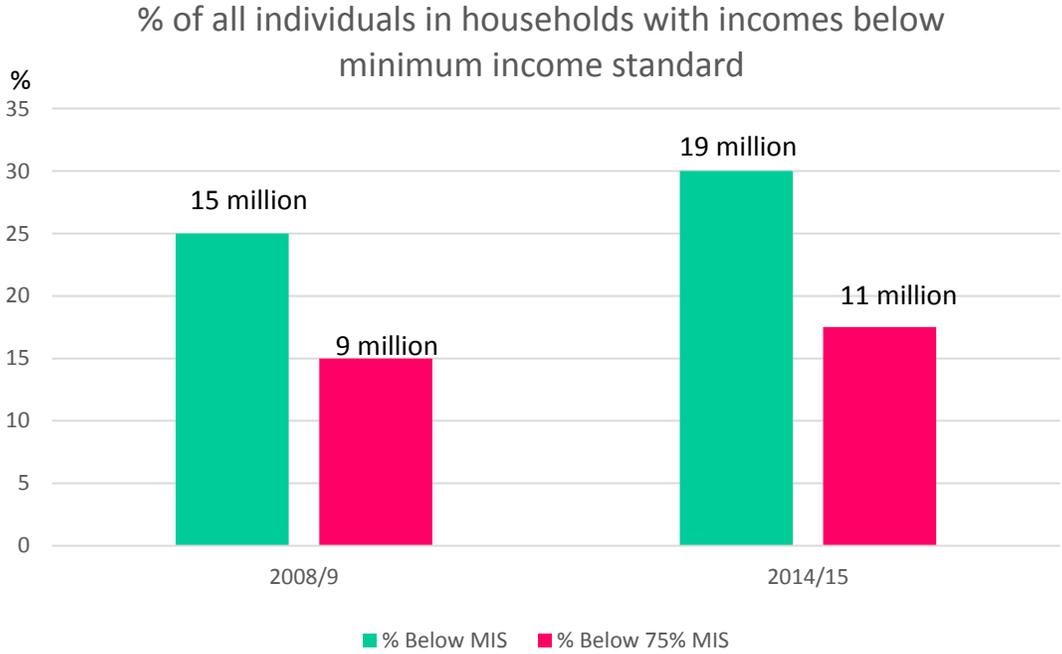
- Outcomes to improve to reduce inequality and best measures.
- Clear that low incomes can add to maternal stress/depression .. More difficult to be positive parent.
- Also low incomes impact on ability to provide nutritious diet, housing quality, fuel poverty, overcrowding, funding available for enrichment activities.
- Low incomes linked with increased likelihood of adverse childhood experiences, neglect, domestic violence.

# Estimated odds of reporting poor or very poor general health by socioeconomic characteristics, 25 EU Member States\*, 2010



Source: Health inequalities in the EU

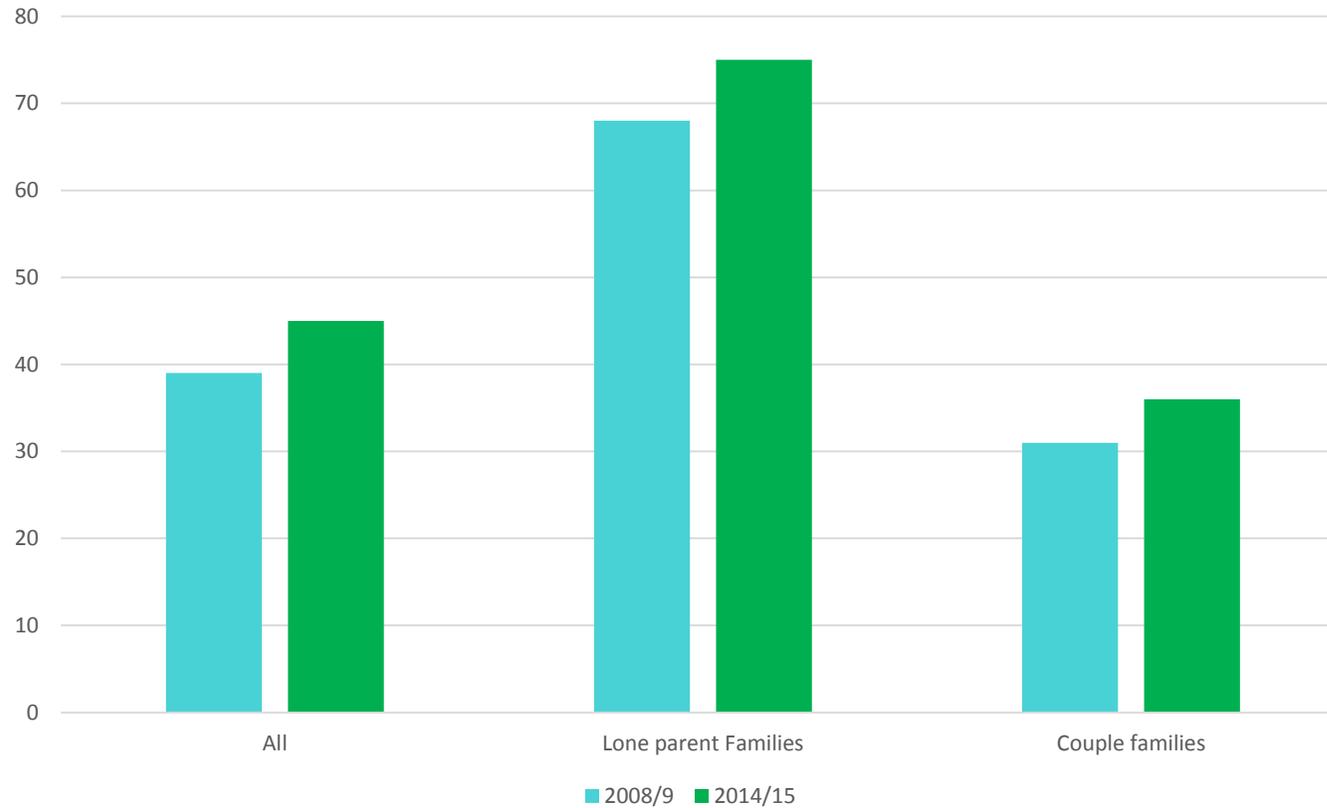
# Percentage of households with income below a minimum income for healthy living



Joseph Rowntree Foundation

# Family incomes

% of children living in households with income below MIS



# Funding squeezes on local authorities

- Local authority budgets cut by up to 40%
- Increasing numbers of children centres closing.
- Reported issues of overload on health visitors who may find it difficult to provide wider support required under Universal/Universal plus system
- Government need to be made aware of issues relating to *reductions* in quality and availability of childcare/support.

# Summary

- Significant improvements for all children and children eligible for free school meals.
- Little national change in inequality gap, but some areas doing really well.
- Clear potential to learn from areas doing better to improve outcomes
- Poverty needs more attention – how can we better redistribute resources to parents and reduce stress of being parent/lone parent on a low income.

# Related work ongoing/available through IHE

- PHE evidence series –
  - Good parenting programmes and home to school transition
  - Increasing resilience of school aged children
  - Implementing living wage
- DH review
  - The impact of adverse experiences in childhood and inequalities in prevalence and effects
- Evaluation of parenting/home visiting services
- LIFEPAATH – biologically... how does social position influence our health.

Thank you

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