

# Universal, quality early childhood programmes that are responsive to need promote better and more equal outcomes in childhood and later life

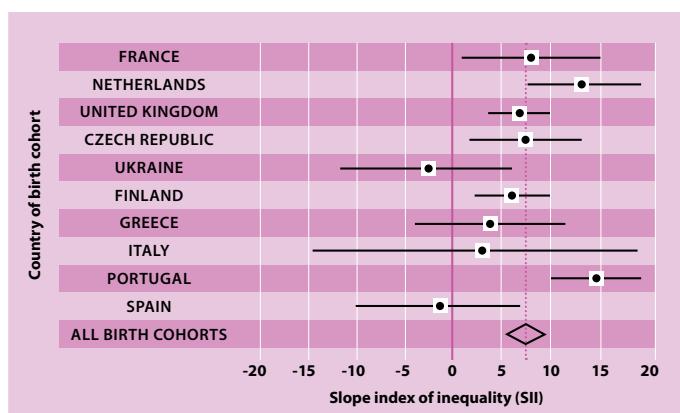
## The issue

**The environment a child experiences, from the prenatal period through early childhood, has a profound influence on later life chances and outcomes<sup>1</sup>.** A loving, responsive, nurturing and stimulating environment supports positive development in the early years, while problems at this stage can have serious negative effects on the development of cognitive, communication and language, and social and emotional skills<sup>2</sup>. Acquisition of these skills contributes to many outcomes later in life including health, well-being, literacy and numeracy, participation in social and economic life and reduced criminality<sup>3-5</sup>. Parents and families have a key role in providing a supportive environment, but this can be challenging for those facing adversity – for example, as a result of living in poverty, having little control over their daily lives, or possessing limited skills, knowledge or capacities.

Evidence on the effects of social inequalities during early childhood on health and development has mainly come from studies in a small number of countries within and outside Europe. Little is known about the extent to which social inequalities in childhood affect health and development across Europe, how the mechanisms operate in different contexts, or the impacts achieved by programmes and policies that aim to address these social inequalities.

Research undertaken in DRIVERS aimed to fill some of these gaps in knowledge. A systematic review of published studies indicated that neighbourhood deprivation, lower parental income/wealth, parental educational attainment, parental occupational social class, higher parental job strain, parental unemployment, lack of housing tenure and household material deprivation are associated with a wide range of adverse child health and developmental outcomes<sup>6</sup>. Longitudinal analyses using birth cohort data from 12 countries across Europe suggested that children born to

mothers with a low level of education subsequently experienced adverse health outcomes, although the extent of this varied by outcome and country. Several social factors appeared to influence the pathway to ill health, including household income, neighbourhood deprivation and maternal psychological distress<sup>7</sup>.



**Figure: Gradient in the risk of overweight at age 4-8 by maternal education, based on birth cohorts in ten European countries<sup>7</sup>.**

**Note:** The slope index of inequality is a measure of the social gradient in a health outcome, in this case how much being overweight varies with a mother's level of education. It takes account of this outcome across the whole range of educational levels and summarises it in a single number. This number represents the range from those with the most educated mothers to the least, based on statistical analysis of the relationship between overweight children and maternal education.

## Solutions

**Modifying the different qualities of early years experience, which create social inequalities in human development, can be achieved in different ways<sup>8</sup>.** Problems encountered in early life are not immutable, but they are difficult and expensive to shift with increasing age.

Giving every child a good start in life is the best solution. It requires provision of a comprehensive range of policies:

parenting and family support, high-quality early childhood education and care, good healthcare in the pre- and postnatal period, along with fair employment policies and adequate social protection for families<sup>9</sup>. The policies and services required need to be tailored to social and economic need<sup>7-10</sup> and recognise the knowledge, skills and capacities of parents<sup>9,11</sup>. They need to be delivered in a co-ordinated manner, ➤

through an explicit, multi-dimensional and integrated strategy<sup>12</sup>.

What evidence is there from EU member states of the kinds of interventions that improve health and development during the period of early childhood? This question was explored in a systematic review as part of DRIVERS<sup>8</sup>. Positive outcomes were seen from interventions that augmented parental capacities (such as maternal or paternal self-esteem, non-abusive parenting styles including nurturing and management, and parental involvement in school); those that improved housing conditions; and those that provided day care and speech and psychological therapies for children. Offering additional intensive support to parents, providing home visits, and developing children's and parents' skills and knowledge also seemed to increase positive outcomes. Parenting programmes that promote healthy environments and healthy behaviours appear to be particularly effective in improving child health and well-being<sup>11</sup>. The earlier these programmes are offered, the better the outcomes are. Ideally, interventions include prenatal visits and support starting straight after birth<sup>6,9</sup>.

To ensure active parental involvement in relevant early years programmes, parents should receive support and information to understand how to contribute to their children's optimal development. They should also be empowered to improve their own skills, so as to strengthen their ability to assist in their children's learning and development<sup>2,12</sup>.

Most interventions currently focus on the most vulnerable families, but lack sufficient scale across the population to level up the social gradient. When they are universal, they are usually not delivered with the intensity required to improve the health and development of children with higher levels of need. Greater emphasis should therefore be put on introducing, monitoring and evaluating interventions that are: 1) universal, and 2) responsive to need.

If sustained improvements in health and reduced health inequalities are to be achieved, high-level leadership is required to promote cross-sectoral co-operation between the social and medical sectors and make the levelling-up of early childhood development a priority across policy sectors.

## Opportunities to take action

- Implement interventions that take on board the findings of the DRIVERS project at the local level.
- Focus on equity issues and DRIVERS' findings as part of the Peer Reviews funded by the EU's Employment and Social Innovation Programme.
- Use the European Regional Development Fund and European Social Fund (ESF) to implement early child health and development interventions in areas of social deprivation. Twenty per cent of the overall ESF envelope has to be allocated by member states to social inclusion, which could include funding for child poverty and early childhood education and care interventions.
- Put into practice the EC Recommendation on Investing in

Children at the national level<sup>13</sup>, for example through National Reform Programmes.

- Include 'children at risk of poverty or social exclusion' in the scoreboard of social and employment indicators, which is taken into consideration as part of the European Semester.
- Support EU-level initiatives on the rights of the child, such as the EU Agenda on the Rights of the Child.
- Fund harmonised birth cohort studies across Europe to better understand variations in the lifelong effects of early childhood conditions on health and development as part of Horizon 2020. These should focus on equity and countries where the need for action is acute but the evidence base weak.

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**14** See DRIVERS website at: <http://health-gradient.eu/>.