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Abstract

My one suggested intervention for the new health and wellbeing boards is to focus resources on improving life chances in early childhood through the universal provision of early education centres that integrate education, child care, parenting support and health services. There are great differences in the health and development of individuals, linked to their social origins. Despite decades of social and educational reform, there has been little progress in equalising opportunities. The impact of social origins on child outcomes and wellbeing have persisted, and even increased. In this proposal I argue that:

- Learning capabilities are primarily formed during the first years of childhood and this is the most effective time to improve the lives of disadvantaged children;
- The imperative to act is not only educational and social, but economic too;
- Providing any child care or pre-school education is not enough. The quality of preschool is critical for longer-term beneficial effects - ideal systems combine quality, affordability and accessibility;
- The home learning environment can have an even greater impact on child development, but it is harder to influence. The best outcomes are when the home learning environment and early childhood education and care are all supportive of the child's development;
- England has transformed its early childhood services. Sure Start centres have been a key component in bringing together local health, education and social welfare services for families with young children - initially in disadvantaged areas, and then universally as children's centres; and
- Early evaluation showed that, when focused only on deprived areas, the centres helped poor children, but not the very poorest. However, a later study showed real improvements, including in health, parenting and behaviour. Inter-agency collaboration, quality and large scale provision were important factors for lasting success. School readiness assessments also revealed improvements at whole population level, with the poorest children benefitting most. In conclusion, much evidence supports the case for the provision of universal and high quality early childhood education and care. This is because of its impact upon the wellbeing of the population as a whole, and its even greater benefits for children from disadvantaged backgrounds.

Keywords

impact, wellbeing, early, childhood, education, care, improved

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THE IMPACT OF EARLY CHILDHOOD EDUCATION AND CARE ON IMPROVED WELLBEING

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SUMMARY

My one suggested intervention for the new health and wellbeing boards is to **focus resources on improving life chances in early childhood** through the universal provision of early education centres that integrate education, child care, parenting support and health services.

There are great differences in the health and development of individuals, linked to their social origins. Despite decades of social and educational reform, there has been little progress in equalising opportunities. The impact of social origins on child outcomes and wellbeing have persisted, and even increased. In this proposal I argue that:

- Learning capabilities are primarily formed during the first years of childhood and this is the most effective time to improve the lives of disadvantaged children;
- The imperative to act is not only educational and social, but economic too;
- Providing *any* child care or pre-school education is not enough. The *quality* of pre-school is critical for longer-term beneficial effects – ideal systems combine quality, affordability and accessibility;
- The home learning environment can have an even greater impact on child development, but it is harder to influence. The best outcomes are when the home learning environment and early childhood education and care are all supportive of the child's development;
- England has transformed its early childhood services. Sure Start centres have been a key component in bringing together local health, education and social welfare services for families with young children – initially in disadvantaged areas, and then universally as children's centres; and
- Early evaluation showed that, when focused only on deprived areas, the centres helped poor children, but not the very poorest. However, a later study showed real improvements, including in health, parenting and behaviour. Inter-agency collaboration, quality and large scale provision were important factors for lasting success. School readiness assessments also revealed improvements at whole population level, with the poorest children benefitting most.

In conclusion, much evidence supports the case for the provision of universal and high quality early childhood education and care. This is because of its impact upon the wellbeing of the population as a whole, and its even greater benefits for children from disadvantaged backgrounds.

Introduction: the importance of early childhood to equality and prosperity

My proposal is based around focusing resources on improving life chances in early childhood. Doing so effectively will reduce inequality, increase wellbeing and enhance economic productivity.

The skills needed for good life chances are increasing and becoming more complex. However, there are great differences in the health and development of individuals, linked to their social origins. Poor children are less likely to be successful in school. They are more likely to have poorer health. And they are more likely to engage in crime and other problem behaviour later in life.¹ The stress of living in poverty can shape a child's neuro-biology, leading directly to poorer outcomes in adulthood.² In addressing these issues, policies relevant to social exclusion, educational reform and public health need to be integrated.

Despite decades of social, educational and public health reform, there has been little progress in equalising opportunities. The impact of social origins on child outcomes and wellbeing is persisting, and even increasing. The consequence of these inequalities is an enormous waste of talent. The potential contribution to society of individuals who grow up in disadvantage is far greater than that which is often realised. There is also an extra load on society's resources as people from disadvantaged backgrounds frequently show greater need for state resources throughout their lives.

There is both a moral imperative – how to reduce inequality and make peoples' lives more fulfilled, and a social and economic imperative – as societies with more disadvantage and poorer skills are less able to adapt to a world demanding higher levels of productivity to maintain living standards. These problems are exacerbated over time as increasingly technologically advanced societies need more adaptable and technically skilled populations. In reality, the aims of equality and future productivity merge. Policies that recognise that learning capabilities are primarily formed during the first years of childhood, and which act to improve life chances, serve both of those goals.

Childhood development and inequalities

Children do more or less well in physical, psychological and social development depending partly on their biological endowments and partly on developmental contexts. Children from poorer backgrounds are likely to grow up in less nurturant environments, with more limited opportunities, leading to poorer outcomes and reduced life chances. Findings from neuroscience, developmental psychology, education, and economics indicate that the earliest years of life are the most effective time to improve the lives of disadvantaged children.^{2,3}

As inequality rises, parents' capacity to invest in their children becomes more unequal. The effect is especially pronounced at the top and bottom of the social structure.⁴ The rich can buy a secure future for even the least gifted offspring; the poor become ever more remote from opportunities. Moreover, inequalities in wellbeing cannot be reduced simply to a question of what happens to the poorest. Socio-economic variation is a gradient rather than a 'cliff' over which very poor people have fallen;⁵ the highest quintile do the best, the next quintile a bit less well, and so on. This is complicated, as other social characteristics – family status, ethnicity, gender, migrant status and disability – also vary and interrelate with socio-economic status in a complex manner (see, for example, James Y. Nazroo's proposal on ethnic inequalities in health in this publication).

However, we should not regard children as entirely passive products of their environment. They shape their own contexts to a large extent, as they themselves are shaped. Any given

family, childcare or school context will not only have different impacts upon different children, but will be changed by the children according to their characteristics. Thus children's wellbeing is partly determined by their environment, and partly by how different children interact with their environment. The problem is not just about the very poorest, and the contexts are by no means deterministic. Many children from poor backgrounds beat the odds and grow into productive, healthy adults. This may be due to their own personal agency, or, indeed, protective factors within the family and/or community, but evidence is accruing on the benefits of early childhood education and care (ECEC).

Early childhood education and care – international experience

Countries vary enormously in their provision of early childhood education and care (ECEC). Almost every developed country has set up some form of early childhood education for children below the age of compulsory schooling. The differences lie in the organisational forms, the level of state subsidy, the responsible authorities and the age at which children access provision. In many countries, public authorities offer subsidised places for ECEC from a very early age – often from the end of statutory maternity leave. Yet, even in the most developed countries, the ECEC provided is often of poor or modest quality and not tailored to optimise children's development and wellbeing. The ECEC provided must be of adequate quality if it is to produce benefits for children.

An ideal system would involve high quality, affordable and accessible ECEC that is sufficiently flexible for either parent to return to work. The Nordic countries tend to have the best systems that combine all these features. Some wealthy countries – including the UK – have greatly improved their systems in the last decade, but still have much poor quality ECEC and some way to catch up. Poorer countries vary in their provision of, and attitude to, non-family care for very young children. Nonetheless, evidence suggests that after two years of age, spending some time each week in stimulating and high quality group care benefits all children, and helps children from poorer backgrounds to gain more. It is also a major poverty reduction strategy, enabling parental employment and so increasing family income. Ideal provision includes multiple uses for childcare centres, such as advice and support on parenting, health and diet. In the UK, wider community use should also occur in children's centres, but often does not.

The assumption behind much post-war policy in the developed world has been that equalising educational opportunity would itself eliminate the effect of poverty on educational and occupational success, with no need to alter income distribution. Research on inter-generational mobility indicates that this has been overly optimistic. In the US, the UK and France, the association between parental income and their children's income (as adults) is exceptionally strong.

This is especially the case in comparison to the Nordic countries, where research shows that social inheritance effects* are substantially weaker than in other developed countries. Esping-Andersen⁶ suggests that the key to the success of Nordic countries in breaking the link between parental attainment and children's outcomes may be the provision of

* i.e. the idea that children or parents with fewer/less developed social and economic resources run the risk of remaining in similar positions to their parents.

universal and high-quality ECEC. Esping-Andersen notes that the period when inequality in children’s cognitive attainment decreased roughly corresponds to the period when universal ECEC came into place. Experience in Finland suggests that polarization of child outcomes can be minimized even when the average performance is very high.

Several studies document how the benefits of ECEC for long-term educational, occupational and social outcomes for disadvantaged children persist into adulthood.^{7,8} Such programmes are cost-effective in that the savings outweigh any costs.⁹ The benefits in adulthood can include those relating to incomes, status, health and crime. They can extend to subsequent generations too, for instance, through their impact as parents on their children’s education. General population studies find benefits for school readiness^{10,11} are greater if pre-school started between 2 and 3 years of age.¹² A meta-analysis of 125 early childhood education studies in the USA¹³ found that early childhood education was associated with substantial effects for both cognitive and socio-emotional outcomes. Pre-school programmes appear to have more impact if they have an emphasis on educational experiences directly delivered to the child.

The effects associated with ECEC provision are long-term. Studies have associated attending a pre-school with increased qualifications, employment, and earnings up to age 33.¹⁴ In France, pre-school (*école maternelle*) is a universal, free education programme with access from age 3. During the 1960s and 1970s, large-scale expansion led to the proportion of 3-year-olds enrolled increasing from 35% to 90%, and of 4-year-olds from 60% to 100%. State-collected data reveals sizeable and persistent effects, with pre-school helping children to succeed in school and obtain higher wages in the labour market. Pre-school also reduced socio-economic inequalities, as children from less advantaged backgrounds benefitted more than the more advantaged.¹⁵ Likewise, in Switzerland, pre-school expansion was associated with improved inter-generational educational mobility. Children from disadvantaged backgrounds benefited most.¹⁶ In Norway, differential implementation of pre-schools by municipalities revealed that pre-school was associated with strong benefits for later educational and labour market outcomes.¹⁷

Similar evidence exists outside the developed world. Pre-school has been shown to boost primary school achievement in Bangladesh,¹⁸ with similar results being reported for ten other countries.¹⁹ Examination of pre-school expansion in Uruguay and Argentina has also revealed clear benefits in terms of improved educational attainment.^{20,21}

The benefits associated with high quality ECEC are wide-ranging, covering cognitive, educational and social development. This is because different aspects of a child’s development are inter-related. Development in one area helps development in another. However, it is difficult to state precisely the relative size of effects in different areas because of the difficulty in precisely measuring different aspects of development.

The importance of quality and the home learning environment

The evidence shows that just providing any child care or pre-school education is not enough. Studies from the USA,²² England,^{23, 24} Northern Ireland²⁵ and Denmark²⁶ indicate that the quality of pre-school is critical for longer-term beneficial effects. The Organisation for Economic Cooperation and Development (OECD) examined educational attainment

data for 65 countries. It found that literacy at age 15 was strongly associated with pre-school participation in countries where a large proportion of the population use it, where it is used for more months, and where there were measures to maintain its quality. The OECD concluded that widening access to pre-school can improve performance and reduce socio-economic disparities, so long as extending coverage did not compromise quality.²⁷

The importance of the quality of early childhood education and care is an example of the critical role of implementation in service provision. Implementation is key to the success of any service, whether in the private, voluntary or public sector. For example, it is of little help having a hospital that cannot provide effective medical treatment. Similarly, a children's centre that does not provide children with experiences that foster their development is useless. Hence, the key to the provision of high quality early childhood education and care is the structuring of the environment to optimise the experiences of children and foster their development.

In addition to ECEC, the home learning environment is important in helping children develop. Where children are provided with a range of learning opportunities in the home, their cognitive, language and social development are all improved.²⁸ In fact, the home learning environment can have up to twice the size the effect of ECEC. However, in a democratic society, it is difficult to legislate for parenting, but relatively straightforward to legislate for the provision of ECEC.

One factor that differentiates more effective ECEC is staff providing parents with help concerning home experiences that can promote children's learning.²⁸ The peer group learning that occurs between parents who meet at their children's ECEC centre can also help parents in developing their knowledge and parenting skills. To some extent, good quality ECEC can compensate for inadequacies in the child's home learning environment. However, a child will show the best outcomes when the home learning environment *and* ECEC are supportive of the child's development. Both of these influences can have consequences for children. In the area of improving the home environment, a recent review²⁸ has recommended that:

- there is more training of staff (e.g. health visitors, social workers, children's centre staff) to work with families on supporting their children's learning;
- there should be early identification and targeting of children at risk, and multi-agency teamwork to address parental support; and
- home visiting can improve child outcomes, especially for younger children or where parents do not seek support from centre-based provision. But it needs to be well-focused and of appropriate intensity and quality.

The English experience and Sure Start centres

England has undergone a considerable revolution in its early childhood services in the last 15 years. Early education and childcare provision have been brought together under a common regulatory framework, and services have been integrated across agencies, particularly through the Sure Start programme. Historically, early education was delivered through the education system, with a schedule of half day sessions, Monday to Friday, during school terms. Childcare was delivered either through social care or private and third

sector providers, and was delivered more extensively, full- or part-time, and during the whole year. Research from The Effective Provision of Pre-School and Primary Education (EPPE) project found that the quality of ECEC provision had a long-term impact on children's cognitive and social development.²⁹ The response to these findings involved several policy changes, enshrined in legislation (Childcare Act 2006).

Integrated working was initiated through the Sure Start initiative. At central and local government levels there was an historical problem with 'silo working', i.e. particular departments were only interested in the service for which they were responsible, not the family or child as a whole. For families with young children, access to health, education and social welfare were all important. But these services typically operated separately to one another, creating a fragmented experience for the family, and wasting the time of professionals. Often there was duplication of requests for information and of assessments, with some families receiving no service because they were not in touch with the right agency.

Sure Start was the first programme designed to address this issue. Aimed initially at areas of the country with high levels of child poverty, the programme was designed to bring together health, education and social welfare services, at neighbourhood level, for all families with young children. Sure Start put a strong emphasis on involving local parents in the programme to make it relevant to local needs and circumstances. Indeed, the variety of different ways of delivering Sure Start at the local level proved to be a significant challenge in the evaluation of the programme. There was also an emphasis on improving parenting skills, along with providing support for parents to reduce pressures on family life. Sure Start proved to be enormously popular with parents.

In 2004, the government published a strategy announcing the development of a national network of Sure Start Children's Centres. The thinking was that, previously, by concentrating only in poor *areas*, many poor children living in small pockets of deprivation elsewhere would miss out on the service. It was also recognised that most families with young children need support of some kind, and that offering that support more widely would be of benefit.

Evaluation of the very early stages of Sure Start³⁰ indicated mixed success. Sure Start was beginning to have positive impacts on a majority of the children, particularly children of non-teen mothers. Children had greater social competence, fewer behaviour problems, and parents exhibited fewer negative parenting techniques. However, children of teen parents were doing less well than their counterparts in non-Sure Start areas. These children had less social competence, more behaviour problems, and poor verbal ability. Sure Start seemed to be working for poor children, but not the very poorest of children.

As a result of both the early Sure Start evaluation evidence and the EPPE results showing that integrated children's centres were a particularly effective form of early years provision, the Children's Minister decided that all Sure Start programmes were to become children's centres. These would have a more clearly specified set of services and clearer integration of health, child care and education, and parent support services.

This change became operative in 2006 and was to profoundly influence the future of Sure Start. The subsequent second impact study showed real improvements.³¹ The 3-year-old children of teen and non-teen mothers, and all sections of the population served, showed improvements. These included:

- child positive social behaviour;
- greater child independence and self-regulation;
- improvements in the home learning environment;
- better parent-child relationships, and less harsh parenting; and
- increased service use.

Later evaluation findings showed that, when children were 5 years old, there were improvements primarily for parenting and for child health, with lower rates of overweight children and better general health. For parents, there was less home chaos, better home learning environments, mothers reporting greater life satisfaction, and a reduction in worklessness, compared to similar families without Sure Start.³² Similar results for parenting were also found when the children were seven years old.³³

The disappointing aspect of the Sure Start evaluation results was that improvements in child outcomes overall were not maintained. This appeared to be due, at least partly, to not all Sure Start programmes providing sufficiently high-quality ECEC. Where children did receive higher quality ECEC, there was higher language development.³⁴ Thus, Sure Start needed to improve the implementation of services in order to produce the desired results. In particular, the variation of results across the many Sure Start programmes indicated that, for good child outcomes, there needs to be: inter-agency collaboration, especially between health and education; the provision of high quality services that are replicable on a large scale; and provision that can impact upon the majority of the population. This latter point is particularly relevant to interventions going to scale and serving substantial populations. Currently, there is great scope for improvement in inter-agency collaboration.

In addition, in England there have been small but ongoing improvements in the results of 'school readiness' assessments of all five-year-olds. Most importantly, there has been a small but significant narrowing of the gap in results between the poorest children and their better off peers. By 2010, 47% of children in the most deprived areas were working securely in the main areas of learning, compared to 39% in 2008 – an increase of eight percentage points. For children in other areas, there was a six percentage point increase from 55% to 61%.³⁵ While these changes were small, they indicated that a series of policies, including universal provision for 3 and 4 year olds, and the multi-agency approach of Sure Start, were beginning to show results at a whole population level, and that the poorest children were benefitting most.

Current issues with Sure Start Children's Centres in the UK

Sure Start improved with the advent of the Children's Centre model of service delivery. However, in 2008 – the year the economic crisis hit – the government of the time decided to capitalise on the popularity of Children's Centres by setting a target of 3500 Children's Centres by 2010. The consequence was that local and central government became involved in a numbers race, where the criterion that received attention was whether local authorities had met their target for numbers of Children's Centres. Inevitably, many of these new so-called Children's Centres were a long way from the full-service model that was originally found to be successful. Further cuts have followed since the 2010 change of government, with new policy priorities. Of the remaining Children's Centres, the majority do not contain children, i.e. they have no child care or early education facilities. At the

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recent parliamentary education committee on Children's Centres, the current minister (Elizabeth Truss) said "only 4% of early education and childcare is actually provided by children's centres", and the Chair (Graham Stuart) said "more than 2,000 of the 3,000 odd centres do not even have childcare".³⁶ Local authorities rely on other providers to supply these services.

What appears to be lost in treating Children's Centres as a political football is that the fundamental driver of child development is children's daily experiences. So, in order to improve child outcomes, the child's daily experience needs to be improved. One way to do this is through high quality early childhood education and care. Most Children's Centres are not in a position to provide this service, as they have largely abandoned this responsibility to others. This is in conflict with the available evidence described in this chapter – that high quality early childhood education and care can benefit all children, and the most disadvantaged benefit the most. Also, the evidence from the National Evaluation of Sure Start was that, where children in Sure Start areas were using high quality early childhood education and care, their language development improved.³⁴ In the years 0–5, language development is undergoing rapid development and is greatly affected by the child's language-related experiences. Language development, in turn, affects cognitive and social development. Hence, a child with poorer language development is also likely to lag in cognitive and social development, with negative consequences for the child's "school readiness", as well as more global aspects of development. As the child's daily experiences are the driver of child development, optimising children's daily experiences to facilitate development should be the guiding principle of children's services, including Children's Centres. At the moment, this principle is being ignored in the political bureaucracy that dominates this area.

Conclusion

An increase in available evidence has fuelled interest in the benefits of universal provision of pre-school education. It is seen as a means of advancing the school readiness and later attainment of children, and supporting their subsequent social, economic and occupational success (e.g. 37). Indeed, some argue that pre-school experience is critical for children's future competence, coping skills, health, success in the labour market, and consequently the social and economic health of the nation (e.g. 38, 39, 40).

In a technologically sophisticated world, a population's educational attainment is likely to be increasingly important for a nation's economic development. The Chair of the US Federal Reserve argues that: "*Research increasingly has shown the benefits of early childhood education and efforts to promote the lifelong acquisition of skills for both individuals and the economy as a whole. The payoffs of early childhood programmes can be especially high.*"⁴⁰

Other countries, such as China,⁴¹ appear to have taken this perspective on board. Development of pre-school provision is viewed as a prerequisite for the improvement of the educational, and subsequent occupational, profile of the population, with consequences for national wealth and wellbeing.

Pre-school education is not only an intervention for disadvantaged groups and a means of advancing educational and social development for all, but part of the infrastructure

for economic development. **My one suggested intervention is thus to focus resources on improving life chances in early childhood** through the universal provision of early education centres that integrate education, child care, parenting support and health services. Doing so effectively will reduce inequality, increase wellbeing and enhance economic productivity.

Note on the author

Edward Melhuish is a Professor at Birkbeck, University of London, the University of Oxford and University College Oslo. He is an internationally recognised expert in the study of child development and social policy. His studies, often longitudinal, consider the consequences of family, community and pre-school experiences for child development, and also policy implications, and have influenced several UK acts of parliament. He has over 250 publications. He has contributed to social policy for young children and been a scientific advisor in Norway, Germany, Netherlands, Finland, Portugal, Australia, Korea and Chile, as well as to the European Commission, OECD and WHO.

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