



The Association of Directors of Public Health

Education Committee inquiry into the impact of early years on life chances

The Association of Directors of Public Health (ADPH) is the representative body for Directors of Public Health (DsPH) in the UK. It seeks to improve and protect the health of the population through collating and presenting the views of DsPH; advising on public health policy and legislation at a local, regional, national and international level; facilitating a support network for DsPH; and providing opportunities for DsPH to develop professional practice. The Association has a rich heritage, its origins dating back 160 years. It is a collaborative organisation working in partnership with others to maximise the voice for public health.

Introduction

ADPH is pleased to have the opportunity to submit evidence to this inquiry and stress the key relationship between good health, good education and good life chances for children and young people. Education and health are closely linked; pupils with better health and wellbeing are less likely to miss school, are better able to learn while there and are likely to achieve better results academically.¹ Education is also a key determinant of health and wellbeing.

ADPH advocates for a whole system approach to ensuring better outcomes for children with joint working between the local authorities, education, the NHS, housing, social services, planning, voluntary, police and youth justice sectors. We would welcome the opportunity to give oral evidence to the Committee on the relationships between the early years and good health and educational outcomes, and the need to take a whole system approach to improving life chances for children.

1. Child poverty, health, and educational outcomes

1.1 Currently, one in five children across the UK are living in poverty and this is predicted to increase. Children living in poverty in the UK are more like to experience a range of poor health and educational outcomes – for example, they are more likely to die in the first year of life, become overweight, and perform poorly at school.²

1.2 The reductions in the public health grant, the wider systematic reductions in funding to local authorities and the reform of the benefits system may serve to exacerbate both child poverty and the health and educational impacts of it. Cuts to local authority budgets will result in cuts to interventions which help to improve the wider social determinants of health and improve outcomes for children. Investment in public health must be increased for local authorities to continue to fund and deliver vital early intervention, prevention and universal services that can help to mitigate the impacts of poverty on children's outcomes.

1.3 ADPH would welcome the restoration of binding national targets to reducing child poverty.

2. Support for parents before and after birth

- 2.1 Ensuring good life chances for every child must start before birth. Poor perinatal mental health, being overweight, and engaging in harmful behaviours such as smoking and alcohol consumption during pregnancy can affect bonding and have significant consequences for child development and health.³⁴
- 2.2 Findings from the Early Intervention Foundation indicate that parental education levels and maternal mental health are important factors for explaining the higher prevalence of behavioural and emotional problems among disadvantaged children. Alongside long-term policy interventions to break intergenerational cycles of low academic achievement and increase social mobility, interventions to improve maternal psychological wellbeing may be beneficial for improving long-term educational outcomes in children.⁵ In many areas of the UK there is currently a lack of access to Specialist Perinatal Mental Health Community Teams.⁶
- 2.3 Health professionals including GPs, midwives, health visitors and social workers should be trained to identify prenatal and perinatal maternal problems early, offer support and signpost to specialists. Health visitors are the most common source of guidance for parents, and play a wider role in prevention and early intervention to mediate the adverse health effects of poverty and prevent more serious problems later in life.
- 2.4 Maternity services, primary care, health visiting and paediatric services also play an important role, in supporting mothers in making informed choices around breastfeeding and offer practical support to help them initiate and maintain breastfeeding. Breastfeeding is highly beneficial for both infant and mother, and helps contribute to reducing health inequalities.⁷ One study found that breastfeeding is associated with increases in intelligence that extend into adulthood and may increase educational attainment.⁸

3. Adverse Childhood Experiences

- 3.1 Experiencing Adverse Childhood Experiences (ACEs) can significantly impact on the life chances of individuals. Experiences such as experiencing physical or sexual abuse, or growing up in a house with domestic violence or parental separation can have a negative impact on a child's mental health, educational attainment, employment and involvement in the criminal justice system.⁹¹⁰¹¹
- 3.2 Evidence suggests that there is a 'dose response' relationship between ACEs and poor physical health, mental health and social outcomes. Adverse childhood experiences are associated with lower levels of education and employment, and increased levels of poverty in adulthood.¹²
- 3.3 To tackle the issue of ACEs, a strategic shift towards prevention and early intervention is needed and this should begin with supporting good maternal health, promoting positive outcomes for both mother and child and a focus on the early years.

3.4 A whole family approach should be adopted, with a focus on positive parenting, to prevent and reduce the impact of ACEs. A Make Every Contact Count (MECC) approach should also be used to safeguard children. A balance is needed between providing universal services to all children (such as through health visiting teams) while also focusing additional resources on vulnerable children and marginalised groups. It is important that we take a whole systems approach to the ACE agenda with engagement from services across the life course, including the education system.

4. The role of education in promoting health

4.1 There is a reciprocal relationship between improved health and wellbeing and educational achievement. As the Chief Medical Officer Sally Davies has put it: 'promoting physical and mental health in schools creates a virtuous circle reinforcing children's attainment and achievement that in turn improves their wellbeing'.¹³ This approach needs to start earlier than school and take place in early years settings.

4.2 Regular physical activity within the educational setting can be beneficial both for child health and for educational achievement. An early pilot study looking at the benefits of the 'Daily Mile' intervention found that it was associated with improvements in fitness and body composition in children.¹⁴ One study has shown that the amount of moderate to vigorous physical activity that pupils engaged with at age 11 had an impact on academic performance across English, maths and science.¹⁵

4.3 As well as benefits to health associated with good nutrition for children, there are co-benefits to educational achievement in providing healthy food. About 45% of children in primary and secondary school eat a school lunch every day. Nutrition can affect the ability to learn by impacting on physical development (more exposure to illness), cognition and ability to concentrate, behaviour, and through school life and school inclusion.¹⁶ A whole school approach to healthy school meals has shown improvements in academic attainment at key stages 1 and 2, and this is particularly true for pupils with lower prior attainment.¹⁷ One study which examined the impact of the 'Feed Me Better' campaign on educational outcomes, absenteeism and free school meal take-up rates found positive effects on Key Stage 2 test scores and a drop in authorised absences (likely to be linked to sickness) of 14%.¹⁸

4.4. Those who work in early years settings should be educated about the importance of child oral health. Tooth decay remains the most common single reason that children aged five to nine require hospital admission and it is a significant public health issue, particularly for deprived populations.¹⁹ Families should be equipped with the knowledge to encourage and oversee good hygiene practice amongst children, as well as reduce and replace high sugar products in the household. Poor oral health is associated with increased absenteeism from school and negatively impacts school readiness and academic performance.²⁰

4.5. Events such as unintended pregnancies and STIs can be detrimental to the life chances of young people, as can the lack of an understanding of what makes a healthy relationship. ADPH welcomed the announcement of compulsory Sex and Relationships Education in all schools in England. This will allow vital links to be made between public health and education, will support young people to understand relationships and sexual health, understand consent and issues around abusive relationships, and will allow them to develop the confidence to negotiate safe sexual relationships.²¹

Targeted interventions should be strengthened to improve the sexual health literacy in areas where under 18 conceptions rates are higher than the national average.²²

4.6. Finally, greater investment is still needed in promoting good mental health and wellbeing in schools, as half of all mental illnesses begin by the age of 15.²³ As well as being immensely valuable in and of itself, higher levels of wellbeing lead to better academic results. A study published by the Department for Education found that pupils with better emotional wellbeing at age seven had higher key stage two scores (the equivalent of a whole term's progress) than pupils with poorer emotional wellbeing.²⁴ A whole school approach should be adopted to promote positive social and emotional wellbeing, involving teachers, mental health professionals, school nurses, parents and students.

4.7. Personal, Social, Health and Economic education (PSHE) should be compulsory in all primary and secondary schools across the UK and the curriculum should promote social and emotional wellbeing through building resilience and should directly tackle issues around mental health, social media, bullying and drug and alcohol use. School nurses play a crucial role and should be trained to ensure that they can recognise and support those with mental health issues and can recognise when a problem is serious and needs referral.²⁵

Association of Directors of Public Health

May 2018

¹ Public Health England, The link between pupil health and wellbeing and attainment (2014)

² Wickham S, Anwar E, Barr B, et al, Poverty and child health in the UK: using evidence for action, *Archives of Disease in Childhood* 2016;101:759-766.

³ Marryat L, Martin C. Growing Up in Scotland: Maternal mental health and its impact on child behaviour and development. Edinburgh: Scottish Government; 2010.

⁴ Royal College of Physicians. Passive smoking and children: a report by the tobacco advisory group (2010)

⁵ Early Intervention Foundation, 'Disadvantage, behaviour and cognitive outcomes: longitudinal analysis from age 5 – 16 (2017)

⁶ Maternal Mental Health Alliance, UK Specialist Perinatal Mental Health Community Teams (2017 data) [<http://maternalmentalhealthalliance.org/campaign/maps/>] accessed 14 May 2018

⁷ Victora C., Bahl R., Barros A., et al. (2016). Breastfeeding in the 21st century epidemiology, mechanisms, and lifelong effect. *The Lancet*, 387(10017), 475-490.

⁸ Victora et al, 'Association between breastfeeding and intelligence, educational attainment and income at 30 years of age: a prospective birth cohort study from Brazil', *Lancet Global Health*, Volume 3, No 4, e199-e205, April 2015

⁹ Pirkola S, Isometsä E, Aro H, Kestilä L, Hämmäläinen J, Veijola J, et al. 2005. Childhood adversities as risk factors for adult mental disorders: Results from the health 2000 study. *Social Psychiatry and Psychiatric Epidemiology* 40, 769–77.

¹⁰ Hillis SD, Anda RF, Dube SR, Felitti VJ, Marchbanks PA, Marks JS. 2004. 'The association between adverse childhood experiences and adolescent pregnancy, long-term psychosocial outcomes, and fetal death.' *Pediatrics* 113(2), 320–327

¹¹ Kelly-Irving, M., Lepage, B., Dedieu, D., Bartley, M., Blane, D., Grosclaude, P., et al. (2013) 'Adverse childhood experiences and premature all-cause mortality', *European Journal of Epidemiology*, 28(9), 721–734.

¹² Metzler M, Merrick T M, Klevens J, Ports K A, Ford D C, 'Adverse childhood experiences and life opportunities: shifting the narrative', *Children and Youth Services Review* (2017), No 72, pp. 141-149

¹³ Brooks F (2013). Chapter 7: Life stage: School Years, in Chief Medical Officer's annual report 2012: Our Children Deserve Better: Prevention Pays, ed. Professor Dame Sally C Davies. London: Department of Health

¹⁴ Chesham R et al, 'The Daily Mile makes primary school children more active, less sedentary and improves their fitness and body composition: a quasi experimental pilot study', *BMC Medicine* (2018), Vol, 16, No 64

¹⁵ Booth J, Leary S, Joinson C, Ness A, Tomporowski P, Boyle J & Reilly J (2014) 'Associations between objectively measured physical activity and academic attainment in adolescents from a UK cohort' *British Journal of Sports Medicine*, 48, 265-270.

¹⁶ Sorhaundo A, Feinstein L, [Wider Benefits of Learning Research Report No. 18: What is the relationship between child nutrition and school outcomes](#) (2006)

¹⁷ Kitchen S, Tanner E, Brown V, Payne C, Crawford C, Dearden L, Greaves E and Purdon S (2013) Evaluation of the Free School Meals Pilot Impact Report, Prepared by National Centre for Social Research for DfE. London: Department for Education

¹⁸ Belot M, James J, 'Healthy school meals and educational outcomes', *Journal of Health Economics* (2011) May;30(3):489-504. doi: 10.1016/j.jhealeco.2011.02.003. Epub 2011 Mar 1.

¹⁹ Department of Health, [Annual Report of the Chief Medical Officer, Our Children Deserve Better: Prevention Pays](#) (2013)

²⁰ Public Health England, [Health matters: child dental health](#) (2013)

²¹ Department of Health, [A Framework For Sexual Health Improvement In England](#) (2013)

²² Department of Health, [Annual Report of the Chief Medical Officer, Our Children Deserve Better: Prevention Pays](#) (2013)

²³ Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. (2005). Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication, *Archives of General Psychiatry*, 62 (6) pp. 593-602. doi:10.1001/archpsyc.62.6.593.

²⁴ Gutman L and Vorhaus J (2012). The Impact of Pupil Behaviour and Wellbeing on Educational Outcomes. London: Department for Education

²⁵ Children & Young People Now, 'School nurse need better mental health training', [<http://www.cypnow.co.uk/cyp/news/1153192/school-nurses-%E2%80%98need-better-mental-health-training%E2%80%99>] (accessed 14 May 2017)