

## Online Stakeholder Discussion - Wednesday 23<sup>rd</sup> June 2021

### Attendees

- Lesley-Ann Black (Northern Ireland Assembly)
- Ros Bragg (Maternity Action)
- Laura Cowley (Public Health Wales)
- Ruth Dundas, Anna Pearce & Emma Stewart (MatCHNet, University of Glasgow)
- Helen Duncan (Public Health England)
- Deirdre Webb (Public Health Agency NI)
- Mark Willis (Child Poverty Action Group)

### Online poll results (as of June 2021)

- 51 respondents: 39% academics, 35% from NHS. Other groups include Government Departments, the voluntary sector and service provision.
- Top 3 policy priorities identified: Early Years Education and Childcare (EYEC), Universal Credit (UC) and Health Visiting Programmes.
- Top policy priorities by sector. 1. *Academic research*: EYEC, UC and Health Visiting Programmes/Healthy Child Programme. 2. *NHS*: EYEC, Healthy Visiting, Healthy Child Programme/Family Nurse Partnership.
- Missing policies identified: some outside current remit of MatCHNet (e.g., national policies); group specific policies (e.g. asylum seekers, children in care) offer potential to examine differential effects.

## DISCUSSION

### Policy prioritisation

- It was generally felt that the results from the online poll reflected discussions that were had at the previous stakeholder meeting.
- There was discussion of health visiting and the Healthy Child Programme, which might be difficult to disentangle. For example, in England the Healthy Child Programme is delivered by health visitors.
- There are likely to be variations in health visiting provision across the 4 UK nations as well as policy implementation differences within countries due to local commissioning, targeting, blind spots and resource allocation.
- As health visiting varies across the 4 UK countries, the group agreed it would be useful to evaluate health visiting programmes to determine the best 'dosage' for improving child health outcomes, identifying vulnerable populations, and establishing the relative merits of universal vs targeted programmes.
- There is a need for data sharing and collaboration across Government Departments (e.g., Health and Education) to evaluate the range of outcomes relevant to child health, wellbeing, and development.
- The group agreed on the importance of Universal Credit, evaluating the impact of mitigating measures and understanding the effect of specific child policies, e.g., in Scotland.
- Child health research priorities in Wales include poverty (incl. in-work poverty) as well as speech and language difficulties.

### Manifesto challenges

- The group recognised that each challenge includes a broad range of issues to consider.
- Challenge 1 (policy) will include documenting policy at the local level and understanding local rollout.
- Challenge 2 (data) will cover data linkage issues and require buy-in from data controllers.
- Challenge 3 (methods) should involve determining which variables are outcomes or confounders (e.g., health behaviours).
- Challenge 3 (methods) includes the need to generate evidence to justify investment in particular policies.

### Stakeholder group

- It was universally agreed that non-health sector factors (e.g., early years childcare and learning) were important for health. Current members' knowledge did not extend to the details of these policies, but members would be happy to help identify and liaise with relevant colleagues.
- MatCHNet proposed holding short 30-minute webinars to showcase existing policy evaluations using administrative data. These would demonstrate the potential for future research projects.