



Better
Health
Briefing

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**Preparing
minority ethnic
children for
starting
primary school:
Integrating
health and
education**

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Key messages

- 1 Minority ethnic children in England are growing in number but are significantly disadvantaged in terms of the socio-economic status of their family and their educational and health outcomes. All minority ethnic groups except Indians have higher rates of poverty than the majority population (Hansen *et al.*, 2010).
- 2 Poor health is a risk factor for weakened capacity in early learning. Equally, improving education can also reduce the prevalence of health inequalities. A positive emotional and physical context in school supports academic success and also leads to improved health outcomes.
- 3 Positive home environments and parenting can help children prepare for starting primary school. However, informal learning at home requires an awareness of educational tools and materials which, more often than not, will require financial investment. This can be an issue for children from minority ethnic backgrounds, particularly those who have migrant parents who lack English language skills.
- 4 Transition between home and primary school is highlighted as a period which may be particularly challenging for those from disadvantaged backgrounds. The effects of disadvantage are cumulative and it is suggested that initial academic patterns are the most powerful predictors of eventual academic outcomes.
- 5 There is a need to move beyond a home and school focus in addressing inequalities and to raise questions about the role of wider educational policies such as age of entry to primary school, the purposes of the entry class and assessment policy. These policies shape children's identities as learners at the start of primary school.
- 6 There is a need for more research that explores the impact of ethnicity, disadvantage and gender on childhood health and educational inequalities and the mechanisms through which these inequalities become established and are exacerbated.

Introduction

The Marmot Review (2010) recommends that investment should be made into interventions targeting the early years, as it is believed this is where the greatest impact can be achieved. The review specifically recommends support for transition between home and primary school as this is highlighted as a period which may be particularly challenging for those from disadvantaged backgrounds. Emanating from this perspective and focusing on children up to 5 years old from minority ethnic backgrounds, this paper draws on findings from a small study with foundation stage minority ethnic children, their parents and school teachers in a northern city in England, together with relevant literature to identify issues in transition of minority ethnic children to primary school. Such an approach is necessary to reduce ethnic inequalities in both education and health related outcomes (Dyson *et al.*, 2009).

The paper contributes to this topic by integrating children and parents' experiences and perspectives. It begins by describing the health and educational status of minority ethnic children in England followed by a literature review focused on examining the linkages between health and education on educational outcomes. The significance of the home environment and the challenges in starting primary school for those from a disadvantaged background is presented next. The paper then seeks to examine the policy context of starting primary school, before moving on to summarise findings from a research study with minority ethnic children, their teachers and parents. The final section draws on literature looking at tackling wider ethnic health and educational inequalities in childhood and makes recommendations for policy and practice.

1 The status of ethnic minority children in England

Minority ethnic children in England are growing in number but are significantly disadvantaged in terms of the socio-economic status of their family and their educational and health outcomes. In January 2014, in state-funded primary schools, 29.5 per cent of children were from minority ethnic backgrounds. This has increased from 28.5 per cent since January 2013 and represents 60 per cent of the total increase in pupil numbers in state funded primary schools. The percentage of pupils with a first language other than English is also increasing. In January 2014, it was 18.7 per cent, an increase of 0.6 per cent since January 2013 (Department for Education, 2014, p. 2). According to the Millennium Cohort Study (MCS), which tracks children born in the year 2000 through their early childhood, all minority ethnic groups except Indians have higher rates of poverty than the majority population (Hansen *et al.*, 2010). It shows that 73 per cent of Pakistani and Bangladeshi children (7 years old) were estimated to be living on less than 60 per cent of the average national household income (Hansen *et al.*, 2010). According to the UK government, child poverty is defined as '*children living in relative low income households (or "relative poverty"), meaning their household income was below 60% of the median before housing costs are taken into account*' (Kennedy, 2014, p. 3-4).

The economic conditions experienced by a child under the age of five years have a greater influence on their future academic achievement than those experienced at any other stage of their life (Donkin, 2014). The socio-economic disadvantage of the families of some minority ethnic children in England are reflected in the lower educational outcomes of these children at the start of primary school. According to Dearden and Sibieta (2010), there are large ethnic gaps in early childhood cognitive development, particularly between white and Pakistani/Bangladeshi children. Children from all minority ethnic groups perform significantly worse than white children in terms of a key cognitive outcome (BAS Naming Vocabulary Score) at ages three and five. Pakistani and Bangladeshi children have worse academic outcomes at both ages. Dearden and Sibieta's analysis (2010) shows that the home-learning environment plays a crucial role in both cognitive and non-cognitive development, particularly at or before age three. According to the MCS,

minority ethnic parents are much less likely than white parents to read to their children every day at age three (Dearden and Sibieta, 2010). They found black African children to have the worst measured home-learning environment in the sample (at ages three and five). Maternal education also has a major influence on home-learning environment. Their analysis shows a big difference in the level of maternal education between different ethnic groups. For example, 45 per cent of Pakistani mothers have no qualifications compared to 10 per cent of white mothers.

Further, minority ethnic children have poorer health than those from the majority population. There is a lack of research on the health of minority ethnic children and it may be assumed that the patterns of health and inequality are the same as young white disadvantaged children. The ethnic health inequalities in children's lives are evident from a young age. Low birth weight and infant mortality rates are higher among children from minority ethnic backgrounds (Kelly *et al.*, 2008). As they get older, minority ethnic children are more at risk of obesity, making them vulnerable to type 2 diabetes and cardiovascular disease in later life (Brophy *et al.*, 2009). At age three black children have a 30 per cent risk of being overweight, whereas Indian children have a 10 per cent risk (Griffiths *et al.*, 2010).

Ethnic inequalities in oral health and access to dental health services have been another major area of concern for children from minority ethnic groups in the UK (Marshman, 2013). The National Institute for Health and Care Excellence (NICE) recommends that oral health research, amongst other things, should effectively identify ethnic differences in a range of settings, including schools, and consider the long term impact of poor oral health (NICE, 2014). Although data on health inequalities for minority ethnic children are limited, the data for adults show that minority ethnic individuals are more likely to report ill-health and the onset of ill-health at a younger age than the majority British population (Sproston and Mindell, 2006). Health inequalities manifest themselves in both the short and longer term, and include obesity, heart disease and related disorders, diet and poor mental health. However, health inequalities across ethnic groups may not be solely due to their family's socio-economic position, as racial discrimination can also play a role in the persistence of health inequalities (Nazroo, 2003).

2 Integrating health and education for better educational outcomes

Poor health is a risk factor for weakened capacity in early learning (Crosnoe, 2006). For example, a large scale, multi-site, randomised study undertaken by Spernak *et al.* (2006) in the U.S., using data collected as part of the Head Start programme (which supports primary school readiness in children from low income families), concluded that '*poor child health status is an independent risk factor for lower academic achievement amongst former Head Start children as they begin formal schooling*' (p. 1258). The education a child receives and their educational success can also reduce the prevalence of health inequalities (but is not deterministic) and is evidenced in reports such as Closing the Gap (Commission on the Social Determinants of Health, 2008). Dyson *et al.* (2009) emphasise that success at school is not only about attainment. They use the term '*flourish*', applying it to a positive emotional and physical context which, in turn, can lead to improved health outcomes.

The Marmot Review (2010) identifies a '*whole child*' approach to education, which values emotional and physical health as well as cognitive and non-cognitive skills, and which sees schools as hubs to support families and the community, supported by teaching and non-teaching staff who work across the boundaries of school and home. It cautions against targeting early childhood interventions at only the most 'at risk' populations. There are examples of school health programmes, such as asthma management interventions, which are considered to be promising for tackling inequalities because they can reduce child absenteeism at school and, thus in turn, improve their overall educational success (Fiscella and Kitzman, 2009).

ParentCorps: an example of health and education integration

An example of a health and education integrated intervention is reported by Dawson-McClure *et al.* (2014). This randomised control trial, undertaken in the U.S. in an urban context, involved ten schools and a population drawn from primarily low-income black communities. The intervention was embedded into the schools and comprised a parental programme, a pre-kindergarten child programme and professional development programme for teachers, versus a control group which experienced usual practice. The intervention involved thirteen weekly, two hour sessions, with sessions for parents and children running concurrently. Those on the parental programme were provided with access to current evidence on parenting and encouraged to reflect on practice, for example, reflect on the cultural context of parenting.

The children's programme delivered activities which supported positive behaviour management and social and emotional skills. Both programmes were facilitated by mental health professionals and teachers. One year post-completion, the research found positive effects on '*parenting knowledge, positive behavior support and involvement in early learning*' (Dawson-McClure, *et al.*, 2014, p. 9). The greatest impact was on those at highest risk and the authors suggest that this is a pattern seen in other studies.

3 Transition to primary school

Significance of home environment

'According to the The Marmot Review, '*A child's physical, social, and cognitive development during the early years strongly influences their school-readiness*' (2010, p. 61). Positive home environments and parenting can help children prepare for starting primary school, in particular, through the development of a 'secure attachment' between the parent and the child (The Marmot Review, 2010, p. 97). Taggart (2010) reports a finding from the Effective Pre-school and Primary Education project (EPPE) which shows that the impact of the Home Learning Environment (HLE) upon resilience, in terms of attainment at 5 years old and 10 years old against expected attainment, is often greater in England for children from minority ethnic groups than for the white UK group. This finding stands despite the sometimes lower HLE score of children from minority ethnic groups. The HLE in this study comprises seven social/routine activities, for example, play with friends at home and regular bedtimes, and seven activities with potential for early learning, including being read to and drawing and/or painting. Fiscella and Kitzman (2009) cite findings from a study which showed that increasing the level of maternal schooling also positively impacts a child's school readiness. Informal learning from home, for example, reading and educational visits, aid the development of literacy.

Evidence suggests that the family has the greatest influence on the educational achievement of a child (The Marmot Review, 2010). Donkin *et al.* (2014, p. 87) find evidence to suggest poorer children are more likely to become '*language-delayed*', that is to use a smaller variety of words and have a higher variance in reading ability. Donkin *et al.* (2014) go on to cite a study by Hart and Risley (2003) which found that by age four, a child from a poorer family has heard thirty million (not unique) fewer words than those from a middle income family, though they do not state how those words were calculated. More generally, the Millenium Cohort Study findings are that '*persistent episodes of financial hardship*' (Schoon *et al.*, 2010, p. 247) have negative effects on child development, while Bradshaw and Holmes show that such patterns of hardship are particularly characteristic of families with mothers of Pakistani and Bangladeshi ethnicity (Bradshaw and Holmes, 2010). Dyson *et al.* (2009) also concur on the importance of the home

environment and discuss in detail the importance of neighbourhood and social and religious communities - the extended family as it were. Despite the challenge, interventions targeted at the early years are more impactful than remediation (Fiscella and Kitzman, 2009). The effects of disadvantage are cumulative, an assertion supported by evidence showing *'initial academic patterns [i.e. what happens at the start of primary school] are the most powerful predictors of eventual academic outcomes. Consequently, efforts to improve the educational trajectories of minority and immigrant youth will benefit from targeting the transition to elementary school'* (Crosnoe, 2006, p. 76). Crosnoe (2006) goes on to propose that this would include incorporating health as a factor in transition to school models.

Diversity in family structures and activities, cultural and religious values, and the position of migrant communities in socio-economic hierarchies all play an important role in shaping the home environment and parenting practices (Phoenix and Husain, 2007). The definition of positive child outcomes varies across cultures and influences the choices parents make regarding childhood activities at home. A study of parenting by families in South Asian communities revealed that decisions regarding children's time are underpinned by desires to raise children with specific religious and ethnic identities alongside a British identity (Salway *et al.*, 2009). Equipping children with desired religio-cultural values and resources requires additional inputs such as language, religion classes and visiting extended family, significantly reducing the time that children have for other activities. As Allgar *et al.* (2003) argue, more work is necessary and it is important to identify key issues with regard to understanding parenting practices, otherwise there is a potential risk of contributing to the ethnocentric assumptions upon which policies aimed at children are devised.

Challenges in starting primary school

There is significant variation in the age of starting primary school internationally. However, starting school signals an important change in identity for all children whether children make the transition from home or a pre-school setting. Common challenges include finding a place in the peer culture of school and making sense of new, often more formalised approaches to learning, with a decrease in children's control of their learning environment (Brooker, 2008). Given the importance of this transition for children's identities as learners and for long term health outcomes (Wold and Nicholas 2007), there is much at stake for children and for national education and health systems. Consequently, research during the last decade has seen a growing international focus on transition to primary school, national policies and practice developments (Margetts and Kienig, 2013). While researchers have examined many aspects of transition to school, Margetts and Kienig (2013, p. 154) argue that issues of *'exclusion, marginalisation and dissonance'* require further examination, particularly for children from minority ethnic groups. Brooker's (2002) study of young children starting school in a poor, inner-city neighbourhood provides an important account of transition for children from Bangladeshi and white British backgrounds in England at the end of the twentieth century. However, there is a need to build on this because of limited qualitative research into transition for children from other minority ethnic groups in England.

Strengthening Families, Strengthening Community programme (SFSC): an example of a culturally sensitive curriculum for working with parents

Strengthening Families, Strengthening Communities (SFSC) programme seeks to engage with parents from marginalised communities representing a variety of ethnic, cultural and socio-economic backgrounds. It is a 13 week long programme and uses a culturally sensitive curriculum to engage with parents/carers of three to eight years old children in England. The curriculum covers five areas: cultural/spiritual; rites of passage; positive discipline; enhancing relationships/violence prevention; and community involvement. Using a facilitative approach, it aims to enhance parent/child interactions, child competence, parent relationships and community involvement. An evaluation of the programme run in England between April

2009 and March 2010, based on responses to the Course Summary Report, facilitator(s), and the three forms completed by the individual parents/carers, shows a consistently positive impact on the lives of the parents (Karlsen, 2013). The programme has shown to increase parents' confidence in their own and children's abilities and positive functioning of the family. The evaluation suggested enhanced abilities and empowerment of parents with regard to use of positive approaches required for children's social and emotional development. It also demonstrated parents' ability to engage with the community and other support networks. The programme has been successful in engaging with fathers from diverse backgrounds and circumstances, which is a significant achievement (Karlsen, 2013).

4 The policy context

There are commonalities and differences in policies relating to starting primary school internationally. While some countries pay particular attention to this transition (Jensen *et al.*, 2013), England has no explicit policy focus. Nevertheless, three contested aspects of broader English policy influence transitions. Firstly, seen in an international context, children in England enter primary education early (Brooker *et al.*, 2010). Also, while pre-school experience is common (Siraj-Blatchford *et al.*, 2010), the transition continues to present discontinuities in experience, posing challenges for children from some minority ethnic groups (Brooker *et al.*, 2010) and the youngest children in their school cohort (Riggall and Sharp, 2008). Secondly, there are ambiguities in the purposes of the entry class (Moyles and Worthington, 2011). While the entry class is part of the Early Years Foundation Stage (EYFS) (Department for Education, 2012) and its play-based pedagogy mirrors international practice, there is a concomitant emphasis on adult-led activities as part of a 'school readiness' agenda (Flewitt, 2013). The increasing standards and accountability agendas of successive governments have prioritised early academic achievement, with potential narrowing of the curriculum (Cottle and Alexander, 2014). Meanwhile, there has been a concomitant decrease in the integrated focus on education, health, economic and social-care outcomes that was part of the Every Child Matters framework (DfES, 2004), made explicit in the 2008 version of the EYFS curriculum framework (DCSF, 2008), but subsequently withdrawn (DfE, 2012).

Thirdly, assessment policy impacts on transitions. For example, Bradbury (2013) highlights the unintended consequences of early statutory assessment within a performance culture, arguing that English practices contribute to the '*production of inequalities*' (p. 655) at school entry. Our study provides further evidence of the early labelling of children as 'good' or 'less than good' learners at a very early stage in their school careers in ways that disadvantages children from minority ethnic backgrounds. Traditionally, early years practitioners in England have used observational and formative approaches (Brooker *et al.*, 2010), avoiding early assessment against a narrow set of outcomes. However, our study provides evidence of the statutory requirements for assessment against pre-defined Early Learning Goals (ELGs) shaping assessment practice during the transition year. As yet, there is no evidence that the integrated health and educational assessments at age two, implemented from September 2015 (Morton, 2014), will be mirrored in the new base-line assessment schemes to be piloted at school entry from the same date.

Preparing minority ethnic children for primary school: children and their parents' perspectives

This qualitative study was conducted in an inner city primary school in northern England from 2012-2013, with twelve foundation stage children and their parents (except two). Out of twelve children, eleven were Muslims and all of them had at least one parent who was a first generation migrant. The study reports the perspectives of children from minority ethnic backgrounds on the experience of starting primary school. Three interlinked themes emerged:

Finding a place in the peer culture of school

Most children appeared resilient in managing their experiences of making, falling out and making up with friends. Though some minority ethnic children had opportunities to develop peer relationships through play after school times or attending birthday parties, several parents were deterred from facilitating play, due to factors relating to their socio-economic disadvantage (for example, inviting children for tea) or prioritisation of mosque attendance.

Being approved and recognised within the adult domain of school

Relatively few children from minority ethnic backgrounds experienced regular recognition as 'good learners' in the public arena of whole class teaching or large group times. It is important to understand how this apparent bias in access to public recognition might be an unintended consequence of complex factors such as the relevance of topics to children's interests or 'funds of knowledge' developed within families and communities. For example, during the summer half-term, children took part in sessions including 'looking after pets,' and 'growing seeds'. However, for cultural and/or economic reasons, most children from the minority ethnic groups represented in the class did not have pets, and had yards but not gardens.

Home experiences

There appeared to be huge inequalities in learning opportunities at home for children. Several parents did not speak English and had very limited knowledge of the British education system. Further, many parents had complex migration histories, financial and social problems which deterred them from engaging with school and seeking support from other parents. This was complicated further by several stories of being misunderstood by school due to cultural differences. Those children who came from middle class backgrounds with parents in secure jobs talked about toys, board and computer games, gardening as well as visits to libraries, swimming pools and fairs. However, many children had few learning opportunities at home and they described spending their spare time with extended family and at the mosque.

Conclusion

To support children from minority ethnic groups at the start of primary school, schools should prioritise dialogue and collaborative planning with parents, many of whom are not educated in the British education system. Understanding of the religious and cultural needs, migration issues and socio economic circumstances of parents is essential for a meaningful partnership between schools and parents. At the same time, there is a need for schools to identify any potential bias in the EYFS curriculum and pedagogy.

Conclusion

As argued above, ethnicity and deprivation have a major impact on health and educational outcomes in childhood and later life. Poor health can lead to poor cognitive outcomes which can cause a further negative impact on health. Health and education remain two crucial areas for preparing minority ethnic children for starting primary school. Interventions targeting the early years can achieve the greatest impact. However, all interventions should be subject to robust, long term evaluation (Dyson *et al.*, 2009). The linkages between health and education are evident; consequently policy and their resultant interventions need to be unified. Dyson *et al.*'s (2009) conceptualisation of primary, secondary and tertiary interventions is useful. They argue that an intervention can be aimed at a primary (the whole population), secondary (at risk populations) or tertiary (where maltreatment has occurred) level. Secondary level interventions are central to reducing inequalities for black and minority ethnic children, but the diversity of a community and every person within that community must not be lost sight of. Examples of secondary level interventions given by Dyson *et al.* (2009) are parent education, home support programmes for new and expectant mothers, parental support and family support centres.

However, to design interventions which can improve the health outcomes for children, it is logical to first collect data on their current health status. Further, data on the ethnicity of children is crucial if they need to be targeted; which means that those at highest transition risk need to be identified early on. Data needs to reflect family socio-economic status and other diversities within and between groups to design effective interventions.

Key messages for policy and practice for preparing minority ethnic children for starting primary school

- Collaborative planning with parents is key to understanding and supporting children as individuals.
- Better communication between schools and parents makes the transition to primary school easier and more successful.
- Understanding of the religious and cultural needs, migration issues and socio-economic circumstances of parents is essential for a meaningful partnership between schools and parents.
- Partnering with local community and religious institutions such as mosques may be beneficial in enhancing parent engagement and addressing children's educational needs.
- Potential ethnic bias in the EYFS curriculum and pedagogy needs to be identified and rectified.
- There is a concurrent need to move beyond a home and school focus in addressing inequalities, to raise questions about the role of wider educational policy in shaping children's identities as learners at the start of primary school.
- There is a need for a culturally sensitive tool, designed to consider the emotional, verbal and cognitive abilities and needs of a child in order to help develop children's strengths and identify areas for intervention.
- Training of teachers and other practitioners is required to equip them to adequately support both parents and children from different ethnic and cultural contexts.
- Children's centres, drawing on the expertise of health, education and social care professionals, can play an important role in promoting positive home learning environments. There is a need to ring-fence funding for children's centres in the current period to sustain this strategy.
- There is a need for collaborative working by health and education staff, to continue up to school entry to ensure children 'at risk' and their families access key services, for example, high quality pre-school provision.
- Further research is needed for identifying ways of supporting children and parents from minority ethnic groups for better health and educational outcomes.

Resources

The National Children's Bureau

www.ncb.org.uk

TACTYC

<http://tactyc.org.uk/research>

Association for the Professional Development of Early Years Educators

Runnymede Trust

www.runnymedetrust.org

South Asian Health Foundation

www.sahf.org.uk/our-work/child-health

Child health working group

Fatherhood institute

www.fatherhoodinstitute.org

Centre for Longitudinal Studies

www.cls.ioe.ac.uk

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