Health Inequalities – Early Years

Tam Baillie, Scotland’s Commissioner for Children and Young People

I welcome the Health and Sport Committee’s recent focus on health inequalities and I am pleased to have the opportunity to comment on the inquiry on health inequalities in the early years in Scotland. It is vital to ensure that children of all backgrounds are given the foundations for the best possible start in life. The matters under the consideration of the Committee link closely to article 24 of the United Nations Convention on the Rights of the Child (UNCRC), the right to the highest attainable standard of health, while encompassing a number of other rights, including article 6 (governments should ensure that children survive and develop healthily), article 27 (adequate standard of living), article 28 (right to education) and article 31 (right to leisure, play and culture), all of which contribute significantly to wellbeing outcomes of the child.

It has been well established that the nature of a child’s early life has a profound impact on their future development and consequently on their health outcomes and life chances at a later stage. Research has demonstrated that increased inequality relating to issues such as income, employment, education, housing, access to healthcare services and exposure to stress can have damaging effects on child development. When parents experience more adversity, family life suffers, while a number of problems affecting children can be directly related to inequality, including poor peer relationships and educational performance at school, childhood obesity, infant mortality and teenage pregnancy.¹

In Scotland, the recent shift in policy and practice from screening and health promotion to focus on early intervention and preventative spend is welcome, as are drives to approach health inequalities within the context of a multi-sectoral framework. Getting it right for every child in terms of reducing health inequalities clearly means engaging not just with the health sector, but with housing, leisure, employment and education as well as those working to improve access to health and social care and circumstances and behaviours, all of which are fundamental to realising the rights of children throughout their childhood.

Children’s rights and health inequalities

Throughout its inquiry, I urge the Committee to recognise the importance of framing early years interventions to tackle health inequalities within the context of children’s rights, as enshrined in the UNCRC. This means taking a holistic approach by placing a focus on rights at the very beginning of early years interventions in order to firmly establish the principle of best interests of the child and the voice of the child at the centre of all approaches.

The UN Committee on the Rights of the Child augments the UNCRC through the publication of ‘General Comments’ as interpretive guidance on matters of

¹ Wilkinson, R., Pickett, K., The Spirit Level, Penguin, 2009
specific importance. In terms of the early years, General Comment No. 7 of the UNCRC specifically refers to implementing rights in early childhood, stating that, “early childhood is a critical period for realising children’s rights. Respecting the distinctive interests, experiences and challenges facing every young child is the starting point for realising their rights during this crucial phase of their lives.” Indeed, firmly embedding this approach into the way in which practitioners operate as well as into the services that young people may receive is an “effective way to help prevent personal, social and educational difficulties during middle childhood and adolescence.”

Implementing child rights in a meaningful manner in early childhood, through policy and practice, will encourage recognition that young children are holders of all rights enshrined in the Convention, and that early childhood is a critical period for the realisation of these rights. Scotland should be ambitious in constructing a positive agenda for rights in early childhood. Measures should focus on the quality of healthcare and education, including the active participation of children in the development and use of these rights.

I believe a rights-centred approach will significantly impact on health inequalities by ensuring that children’s rights inform decisions through, for example, including children in activities promoting good nutrition and a healthy lifestyle; actively engaging children in healthcare and education and; promoting parent education programme that address the involvement of children in decision-making. The Scottish Government should consider the “implications of giving due weight to the views of the child and the understanding, promotion and respect for the child’s evolving capacities.”

I urge Committee members to bear in the mind the essential role that embedding a child rights approach in early years interventions can play in the fight to narrow the health inequality gap in Scotland.

Early years policy interventions addressing health inequalities
I am a member Early Years Taskforce and as such, am aware of the Early Years Change Fund, which is a Scotland-wide fund totalling £270m over a four year period. This fund is intended as a catalyst for change and is a modest sum when set against local areas spend on early years activity. That said, I expect the Committee will want to be updated by Scottish Government and CoSLA on where the fund has been allocated and any available details of its measureable impact. I am also part of the Early Years Collaborative, which is locally led activity through Community Planning Partnerships. This has generated a great deal of learning in Scotland around the ‘science of change,’ which is the identification and measurement of changes in activity in the early years to achieve key stretch aims for improvement. A primary objective is to become more focussed on those activities which have demonstrated better outcomes for children and to enhance the efficiency of service delivery in the achievement of these. This activity is at a relatively early stage of

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2 General Comment No. 7 (2005) of the UNCRC on implementing child rights in early childhood
4 Ibid
5 http://www.scotland.gov.uk/Topics/People/Young-People/early-years
development and it is too soon to report any significant changes, however I expect the Committee will be interested to have knowledge of this work led through Scottish Government, CoSLA and the Chief Medical Officer.

The Committee may also wish to be aware of examples existing areas of evidence-based practice across Scotland to tackle health inequalities through early years interventions, including the implementation of parenting interventions such as Triple P and the Incredible Years programme and the initiation of the Family Nurse Partnership.\(^6\)

While these programmes are being implemented with fidelity to previous strong research evidence of positive outcomes, I am cautious about the premature examination in terms of determining effectiveness in Scotland, due to the long-term nature of many early years interventions, and the very recent shift in priority in terms of changing practice. I urge the Committee to ensure that existing information gathering and data collection methods are robust enough to clearly evidence the effectiveness of these interventions across the entire lifespan of a child. Sound information gathering and the continuous and systematic review of evidence will mean that policy for future generations of children will be based on effective interventions that have been clearly evidenced.

**The overarching impact of poverty**

It is widely known that poverty is an overarching issue that impacts upon all aspects of health outcomes. Evidence demonstrates that exposure to the kinds of risks that can impact on health and development in the early years, are “not uniformly or randomly distributed across the population at this very early point in life. Significant inequalities exist with those in the most deprived areas, the lowest income households... found to have worse health outcomes, and higher exposures to risks for poor outcomes, than their more advantaged counterparts.”\(^7\)

The Growing Up in Scotland research urges those involved in early years interventions to address the need to tackle health inequalities in children, but also to undertake action in terms of the “double burden” of health inequalities experienced by their parents and wider families. The research also outlines the significant challenge of “countering very powerful economic and structural influences on early life.”\(^8\) In other words, health inequalities and the measures which can be taken to ameliorate them through policy interventions in the early years have to be done in a context where we are addressing the fundamental structural inequalities in Scotland.

**Barriers and challenges in reducing health inequalities**

*Policy and practice cohesion*

In recent years a plethora of initiatives, frameworks and strategies have emerged to tackle a wide range of issues. This has included strategies on

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\(^8\) Ibid
play, child poverty, obesity, housing, parenting, mental health, teenage pregnancy and many others. However, the challenge is to have clear action plans and implementation frameworks, and longer-term investment to ensure their effectiveness. Given the integrated health and social care landscape in which we are working and the complex and long-term nature of the issues, it will be a significant challenge to ensure consistency and cohesion across all areas.

Additionally, policy and practice must recognise the diverse and differing needs of all children. Finding a way to incorporate their voice into interventions and deliver care that puts them at the centre is vital to ensuring the continued success of such initiatives.

Lack of investment in preventative spend
Although there has been a clear shift in priority towards prevention, it is difficult to ascertain how far this has been reflected in terms of investment, because we do not routinely record expenditure on children. The preventative rhetoric must be matched by sufficient resources in order to develop these services and invest in interventions that will make the most impact. There is anecdotal evidence of both cutbacks in services to children and enhancements in terms of early years developments. To enable an assessment of the overall impact, sufficient data on spend needs to be available and I expect this will be of similar interest to the Committee.

Vulnerable children
A further significant challenge is finding a way to meet the unique needs and to focus on the rights and outcomes of particular vulnerable groups, such as children with disabilities, children living with alcohol and substance misusing parents, and looked after children. For instance, the number of looked after children under five is increasing while research\(^9\) has highlighted the significant gap between the long term health outcomes of looked after children compared to the general population, particularly with respect to mental health, which has proven difficult to improve upon.

Health Visitors
The essential role of health visitors in implementing effective early years interventions needs addressing. I have been unequivocal in my support for adequate resourcing of the health visiting profession as a key universal service in the early years.\(^{10}\) Although I strongly welcome the re-introduction of the 27-30 month check on developmental milestones, I share the Royal College of Nursing’s concerns relating to the size of health visitor caseloads and the capacity of the existing workforce to cope with increasingly complex cases. I urge the Scottish Government to ensure that urgent investment is made in the Health Visiting workforce and support the Royal College of Nursing’s calls for reliable data relating to trained, registered health visitors so that we are clear about the numbers of health visitors in Scotland.

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Finally, I am optimistic about the focus of activity in the early years of children’s lives and hopeful that this will result in improved outcomes. This can impact on health inequalities, but for maximum impact, it has to be done in the context of creating a more equal society in Scotland – and this is the most significant determinant of the fuller realisation of children’s rights in the early years.

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