NSPCC Scotland response to the Scottish Government debate on Scotland – Universal Services

April 2013

NSPCC Scotland welcomes the opportunity to contribute to the Scottish Government debate on universal services. We commend the Government's continued commitment to universal services and, particularly welcome the focus on the needs of the most vulnerable in society.

However, we believe the circumstances that lead to vulnerability are dynamic and complex and service provision must reflect this. Policies that are too narrowly focused may result in significant numbers of children failing to receive the help they need because they don't meet ridged, predetermined thresholds. Also, it is not clear the extent to which the most marginalised children and families are able to access universal services or whether the services available meet their distinct needs.

We therefore call on the Government to ensure that universal services in Scotland provide the best care to all families through a supportive, highly skilled and well trained workforce, with a higher level of support for the most vulnerable families ('progressive universalism'). This will go some to addressing the disproportionate disadvantage experienced by children and families who have difficulty accessing their rights to support and services.

About NSPCC Scotland

The NSPCC aims to end cruelty to children. Our vision is of a society where all children are loved, valued and able to fulfil their potential. We are working with partners to introduce new child protection services to help some of the most vulnerable and at-risk children in Scotland. We are testing the very best intervention models from around the world, alongside our universal services such as ChildLine[1], and the NSPCC Helpline. Based on the learning from all our services we seek to achieve cultural, social and political change – influencing legislation, policy, practice, attitudes and behaviours so that all children in Scotland have the best protection from cruelty.

NSPCC Scotland response

Those societies which embed universalism into their welfare systems are the most successful on whichever performance index is chosen, including economic growth[2] prosperity[3] and competitiveness[4]. There is a clear and established causal link between equality and sustainable and sustained economic development, and universal benefits are the bedrock of all the European societies who lead the rankings which measure economic success in particular. In the Netherlands and Scandinavian countries, there is

[1] Until March 2012, ChildLine in Scotland will be delivered by Children 1st, on behalf of the NSPCC.
[2] Wilkinson and Pickett, 2010; Stiglitz, 2012,
[3] Legatum Institute, 2012
[4] WEF, 2011.

also public and political consensus on, and commitment to, the early years as a key factor in securing better outcomes.

The Netherlands and Scandinavian countries in particular have been held up as exemplars of excellence in child well-being because of their open commitment to the early years agenda. For example, the first objective of the Finnish Ministry of Social Affairs and Health is "problem prevention and the provision of support through sufficiently early action by primary services". Professor Melhuish pointed out that UK Government spending on early years services is around 1 per cent of gross domestic product but 2.4 per cent in the Scandinavian countries. He said:

"Scandinavian countries … have said that certain early years services—such as universal child care from birth onwards as well as high-quality pre-school provision and family support—will be provided for the population. They regard those things as essential to a civilised society, in the same way that we view sending all our children to school."

The success of Scandinavia and the Netherlands has also been attributed to their universalistic approach to early intervention, as opposed to the approach in the United Kingdom and the USA where interventions can be made on a more localised basis. For example, when asked to explain the differing success rates between Scandinavia/ the Netherlands and the United Kingdom/ USA, the Wave Trust said "We are talking about the difference between the benefits of a targeted approach and the benefits of a universal approach."

Given the success of the early years approach in the Netherlands and Scandinavia, NSPCC Scotland would urge the Scottish Government to adopt a similar approach and levels of investment in Scotland. The success of a universalistic approach to services is a perfect example of the kind of preventative spending that the Scottish Governments have declared a priority, therefore we urge the Government to clarify whether it has any future plans to roll out evidence-based, preventative programmes on a universal basis to deliver improved outcomes alongside long term savings.

Universal health care in the early years

NSPCC Scotland believes that universal healthcare has a pivotal role to play in assessing health and social needs and ensuring appropriate pathways of care are in place[5]. Therefore it is vital, in the contexts of diminishing resources, that universal midwifery and health visiting services remains well-resourced and equally accessible to all.

Investment in Health Visiting, the key universal service in this most critical time in a child's life, should build on and improve core functions, including health promotion, prevention, early identification of problems, early intervention, and helping families navigate services. These functions should be the cornerstone of a service offering 'proportionate universalism' – every family feels that support is available but those with most need receive more (Marmot et al. 2010).

[5] Scottish Government Reducing Antenatal Health Inequalities(2011) Scottish Government: Edinburgh

What do we already know in Scotland?

Starting Well, a project designed as a site for learning from innovative practice around early intervention for families with young children, was carried out in two pilot areas in Glasgow from 2002 – 2006. The project found that;

- The processes that lead to poor outcomes for children are dynamic and complex and service provision must reflect this.

- Our knowledge of child poverty bears this out. Around 1 in 5 children in the Growing Up in Scotland study live in persistent, or enduring, poverty. However, a larger group of children (42% of the GUS sample) have moved in and out of poverty as they have grown up, and these include children of families in work as well as in workless households[6]. The way we design family support must reflect this diversity and complexity. Policies that are too narrowly focused or targeted will fail large numbers of children in need.

- Policies that are too narrowly focused, and targeted interventions that are based upon a predictive, result in significant numbers of children 'slipping through the net' and failing to receive the help they need because they fail to fit into a certain demographic group, at a single age, stage or point in time.

- We currently allocate children a Health Plan Indicator soon after birth. However, there is good evidence that stratifying children according to need, even during the first year of life, may be too early and results in families missing out on the support they need. [7] [8] Furthermore, excessive targeting of services on the grounds of presumed vulnerability risks stigmatisations of families receiving those services and consequent lack of uptake.

- Experience from Starting Well shows that most families at risk will not be identified on an individual basis in the early weeks. Two thirds of families who were rated high risk were not identified in the first four months of a newborn's life. There is significant evidence now that 'vulnerability is not a static characteristic, but can become apparent at any time in a child's early years'[9]. The learning from this is that **most** families in deprived areas need **continued and ongoing input**

[6] M Barnes et al. (2010) Growing Up in Scotland: The Circumstances of Persistently Poor Children (Edinburgh: Scottish Government).
[7] C Wilson et al. (2011) Matching parent support needs to service provision in a universal 13 month child health surveillance visit. Childcare Health and Development. doi:10.1111/j.1365-2214.2011.01315.x
[8] C. M. Wright, Jeffrey, S. K., Ross, M. K., Wallis, L. & Wood, R. (2009) Targeting health visitor care: lessons from Starting Well. *Archives of Disease in Childhood*, **94**, 23–27. Available at: http://adc.bmj.com/cgi/content/abstract/94/1/23
[9] P.Wilson (2011) 'Why invest in the early years?' in W. Bird et al. Thinking Ahead. Why we need to improve children's mental health and wellbeing (London: Faculty of Public Health), 1-10, 8.

so that problems are picked up as they emerge.[10] There is no reason to believe that this does not also hold true in less deprived areas.

- We also need to invest in the skills of our universal workforce. Recent research conducted with health visitors in Glasgow found a significant level of 'previously unsuspected need' was identified amongst children initially assessed as at low risk.[11] Using structured tools enables needs to be mapped, and this allows us to understand needs in a new way. Where this has been done, the distribution of needs has been found to be much more socially diffuse than might be expected – reflecting the complexity of the determinants involved.

In summary, the net has to be spread far wider, have narrower gaps, and be spread for much longer. The reinstatement of a universal health review at 24-30 months is a significant advance, although it has yet to be delivered by most health boards. However, there is evidence in favour of more structured, but flexible, universal assessment of children at several stages in the pre-school years, where needs can be identified.

Demand on existing provision

The many benefits of universal health care are well recognised. In spite of this, NSPCC Scotland evidence indicates that, in universal services, staff who work with infants and parents are stretched to the limit. Between 2009 and 2010 health visitor numbers fell in 7 out of 14 Health Boards.[12] In NHS Lothian numbers declined by 25%, reflecting a shift towards public health nursing.[13] Concerns about excessive health visitor caseloads continue to be highlighted.[14] The 2008 review of the health visiting workforce in NHS Greater Glasgow reported capacity overwhelmed by the scale of need, measured in levels of child vulnerability.[15]

Capacity issues are not just about staffing levels, but also the service model and status of the profession, the nature of its role and relationship to others, and the level of skill and qualification, which have all seen major change – and major uncertainty - over the past decade.

A good indicator of these capacity issues is the actual coverage, or reach, of child health surveillance, which is a universal service. Recent research shows that the actual take-up of child health reviews is variable, declines with child age, and is lowest amongst the most deprived groups with the highest needs. Amongst the most deprived families take-up of the 39-42 month review was just 78%.[16]The remedy to the 'Inverse Care Law'

[10] C M Wright et al., (2008) Targeting Health Visitor Care: Lessons from Starting Well. *Arch Dis Child* 2009;94:23-27 doi:10.1136/adc.2007.136465

[11] P Wilson et al. (2010) Parent-child relationships: are health visitors' judgements reliable? *Community Practitioner*. 83 (5): 22-25.

[12] http://www.isdscotland.org/workforce/

[13] Care concerns as health visitor numbers fall by 25% in Lothians'. Scotsman, 3 March 2011.

[14] Scottish Parliament Finance Committee Scrutiny of Draft Budget 2012-13. Submission from Dr Philip Wilson, Dr Colin Brown, Dr Kerry Milligan and Dr Anne Mullin. Available at: http://www.scottish.parliament.uk/S4_FinanceCommittee/Dr_Phillip_Wilson.pdf

[15] NHS GGC (2008), Mind the Gaps: Improving Service for Vulnerable Children (Glasgow: NHS GGC).

[16] Scottish Parliament Finance Committee Scrutiny of Draft Budget 2012-13. Submission from Dr Philip Wilson, Dr Colin Brown, Dr Kerry Milligan and Dr Anne Mullin. Available at:

[17]operating here is resource intensive: it requires 'robust efforts…to assess their (the children's) needs and engage them and their families with appropriate and sensitive services.'[18]

Are 'universal' services 'universal' in practice?

Providing a universal service in itself is not sufficient. Research shows the inverse care law is at work even in services regarded as 'universal', such as child health reviews and ante-natal classes.[19] Indeed, lack of uptake by the most vulnerable families was one of the main factors in the decision to abandon the 24-month assessments formerly offered in Scotland. There is now a consensus that universal provision with elevated levels of support for the most vulnerable children is the most effective approach ('progressive universalism').[20]

Another example which highlights that universal services are not always universal in practice is the experiences of women in prison. There remain concerns that women in prison – one of the most vulnerable and disadvantaged groups in the population – do not receive the equivalent care if they are pregnant as they would receive (in theory) in the community. Indeed there is evidence that their basic nutritional needs are not being met, with direct impact on infant development. Arguably there are many women in this group who should be receiving not just the universal service, but specialist antenatal care.[21]

In order to make services truly accessible to all we need to involve service users, families and communities in designing *services* that are not 'hard to reach' and that meet the distinct needs of all recipients. Relationships are crucial to this. We know that enabling long term relationships to be established between health visitors, mothers and families' increases trust and confidence in services more generally.

Conclusion

A child's right to be brought up in circumstances that help them do as well as possible should be the defining principle which underpins the design and delivery of all relevant universal services in Scotland. A range of activity is required to successfully embed

http://www.scottish.parliament.uk/S4_FinanceCommittee/Dr_Phillip_Wilson.pdf

[17] Tudor Hart, J, (1971), The Inverse Care Law. The Lancet. 1(7696): 405-412.

[18] Wood, R, et al. (2012) Trends in the coverage of 'universal' child health reviews: observational study using routinely available data. British Medical Journal Open 2012; 2:e000759

[19] R Wood et al., Trends in the Coverage of 'Universal' Child Health Reviews: Observational Study Using Routinely Available Data, BMJ Open 2012;2:e000759. doi:10.1136/

[20] T Mkandawire (2005) Targeting and Universalism in Poverty Reduction. Social Policy & Programme Development Paper No. 23 (Geneva: Unit?ed Nations Research Institute for Social Development).

[21] Currie, B. Women in Prison: a forgotten population Internet Journal of Criminology © 2012 ISSN 2045-6743 (Online)

children's rights in universal services; to reduce inequality of access; and to support all children's healthy development through universal provision.

It is widely recognised that those societies which embed universalism into their welfare systems are the most successful on whichever performance index is chosen, including economic growth[22] prosperity[23] and competitiveness[24]. Yet there is real danger of an erosion of these services in the context of diminishing resources.

It is also vital to note that the processes that lead to poor outcomes for children are dynamic and complex and service provision must reflect this. Policies that are too narrowly focused may result in significant numbers of children 'slipping through the net' because they don't meet ridged, preconceived thresholds. Also, it is not clear the extent to which more marginalised children and families are able to access support, and whether the support that is available meets their distinct needs.

NSPCC Scotland believes that the Scottish Government must provide well-resourced and accessible universal services delivered by a highly skilled and well trained workforce, with a higher level of support for the most vulnerable families ('progressive universalism'). This will go some to addressing the disproportionate disadvantage experienced by children and families who have difficulty accessing their rights to support and services.

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[22] Wilkinson and Pickett, 2010; Stiglitz, 2012,
[23] Legatum Institute, 2012
[24] WEF, 2011.