

NSPCC Scotland response to the Labour party debate on Scotland Health Service

May 2013

NSPCC Scotland believes that health visitors make a significant contribution to the health and wellbeing of children and families across Scotland. We believe health visitors have a pivotal role to play in assessing health and social needs, identifying early adversity and ensuring appropriate pathways of care are in place¹. Therefore it is vital, in the context of diminishing resources, that health visiting services remains well-resourced and equally accessible to all if the Scottish Government is to deliver on its ambitious early years agenda.

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 ChildLine², 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

The Children and Young People Bill provides a crucial opportunity to reaffirm Scotland's commitment to health visiting as a vital, preventative service in the early years. Very young children are particularly vulnerable to their rights being breached. They have no voice with which to speak out about maltreatment, are physically frail relative to other groups of children, and are completely reliant on their parent or carer to meet their needs.

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).

NSPCC Scotland supports proposals within the Children and Young Bill to strengthen universal services and particularly supports the intention behind the Named Person approach which, if properly resourced, could increase the likelihood of early intervention for vulnerable children and young people; thus improving their outcomes. However,

¹ Scottish Government Reducing Antenatal Health Inequalities(2011) Scottish Government: Edinburgh

² Until March 2012, ChildLine in Scotland will be delivered by Children 1st, on behalf of the NSPCC.

NSPCC Scotland agrees with concerns raised by Scotland's Commissioner for Children and Young People that there is currently insufficient numbers of specially trained health visitors to fulfill the ambitious aims in the Children and Young People Bill. This is in contrast to the recent commitment by the UK-Government to provide 4, 200 more health visitors in England. The many benefits of well-resourced, universal health care are well recognised within current policy. In spite of this, 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.³ In NHS Lothian numbers declined by 25%, reflecting a shift towards public health nursing.⁴ Concerns about excessive health visitor caseloads continue to be highlighted.⁵ 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.⁶

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%.⁷ The remedy to the 'Inverse Care Law'⁸ 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.'⁹

Despite these obvious resource constraints, NSPCC Scotland support the aspiration embodied in the role of the Named Person and considers that, a single, significant individual could deliver a positive, consistent and nurturing relationship throughout the child's journey. To ensure that the Named Person is appropriately empowered, has sufficient capacity and is well supported to develop a significant relationship with the child, the role must be developed beyond the bureaucratised duties presented in the legislative proposals to a more meaningful, latent model of therapeutic support which enriches the child's experience of childhood and adolescence.

³ <http://www.isdscotland.org/workforce/>

⁴ Care concerns as health visitor numbers fall by 25% in Lothians'. Scotsman, 3 March 2011.

⁵ 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

⁶ NHS GGC (2008), Mind the Gaps: Improving Service for Vulnerable Children (Glasgow: NHS GGC).

⁷ 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

⁸ Tudor Hart, J. (1971), The Inverse Care Law. The Lancet. 1(7696): 405-412.

⁹ 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

Conclusion

NSPCC Scotland believes that health visitors make a significant contribution to the health and wellbeing of children and families across Scotland. Whilst we welcome the emphasis on the importance of the early years and early intervention in policy, this must be supported by the necessary resource package to ensure that workforce capability and capacity is reflective of policy aspirations and population needs. We believe that enshrining children's rights to early years support from health visiting is crucial to ensure that universal preventative care is provided at a time of financial constraints.

For further information, please contact:

Joanne Smith

Public Affairs Officer

e-mail: joanne.smith@nspcc.org.uk tel: 02076506742