

Children in Scotland

every child - every childhood

Response from Children in Scotland to the Scottish Government Child poverty consultation

Scottish Government questions are in italics, with Children in Scotland's response below.

We are keen to gain views from as wide a range of stakeholders as possible, on our existing approach to tackling child poverty, and how we can most effectively build on this in the Scottish strategy.

1. What are your views on the Scottish Government's current approach to tackling child poverty, outlined in this paper? In particular: does it capture the key areas where action is required to ensure the greatest impact on reducing child poverty, and are there any important steps to be taken by the Scottish Government that are not covered in this paper?

The discussion paper covers a broad range of issues but we feel overlooks the following areas outlined below, with references for more detailed information.

Age-related poverty

Child poverty describes poverty affecting children and families at a range of different stages in their lives. The birth of the first child is often the trigger for a family to experience poverty for the first time. Analysis by Children in Scotland of existing poverty data (Cohen, B. Chapter 12 "Early years: getting it right for Scotland's youngest children" in *Poverty in Scotland*, CPAG, March 2011 forthcoming) found that young children account for nearly half of all children in poverty. This results from a long-term failure to develop adequate policies and services for families with children under school age.

While the Scottish Government's discussion paper rightly focuses on the importance of the early years and early intervention, poverty data does not examine in detail the experience of child poverty according to

age, with a particular gap in data for children between birth and two. It is likely that children in this age group are more at risk of child poverty, but they are statistically the most invisible. It is important therefore that the child poverty strategy considers the impact of policy upon particular age groups and monitors the impact on these same groups.

Both the UK and Scottish Parliaments and Governments should commit to allocating more resources towards provision and services for this age group. While it is certainly the case that some responsibility here lies with Westminster (e.g. benefits and maternity/paternity/parental leave), the availability and cost of early years services is a matter for the Scottish Government and must be a priority for any credible strategy tackling child poverty.

Scotland desperately needs a new approach to supporting families based upon a fully integrated system for Early Childhood Education and Care services (ECEC) which offer affordable services to all families rather than simply targeted groups. Targeting is an approach which can entrench social exclusion. Integrated inclusive high quality services should be available for very young children as well as those aged over three, and should not be restricted to families in paid employment, be targeted or rationed. This requires a new mindset about charging and costs and it also requires recognition that a universalist approach is the most effective way of reaching the most disadvantaged families and addressing the high levels of child poverty amongst families with children under five.

Children in Scotland strongly recommends the Scottish Government consider the detailed research findings and final report of the Working for inclusion programme, funded by the European Commission with support from the Scottish Government. The task of this two-year research programme was to look at how investment in the early years workforce could reduce poverty and promote social inclusion. Full details are available here www.childreninscotland.org.uk/wfi and the final report is included with this consultation response.

Preconception health

The paper recognises the importance of maternal health during pregnancy and its long-term impact on the health and wellbeing of both the mother and baby. However, a child's life course starts *before* it is conceived, because it is determined by the pre-conception health of the mother, (and father).

The focus of maternity services has single-mindedly remained on what happens from the time when pregnancy is confirmed – usually at 8-12 weeks after conception – until it ends. Many pregnancies in Scotland continue to be unplanned, unintended and/or unwanted (as reflected in the Scottish statistics showing relatively high rates of pregnancy terminations and teenage pregnancies).

International evidence has long been clear that what happens to the foetus during those first days, weeks and months before pregnancy is either suspected or confirmed is crucial to the lifelong well-being, health and life chances of the person that foetus will become. By the time the home pregnancy test is taken and the first session with a midwife or other health professional occurs, many key aspects affecting that foetus' life course have already been set.

The point of preconception health and health care is to give every foetus the best possible chance of growing into a healthy baby even before her/his existence is known and her/his development can be helped by maternity services and antenatal care. Only actions taken before a pregnancy is confirmed can provide that enhanced chance.

Assigning priority to the field of preconception health and health care of women of childbearing age would be an innovative and welcome new area of investment to reduce the health inequalities experienced by babies born into child poverty. It is an area as yet little discussed or considered in Scotland, but there are potentially large gains to be made.

More detailed information is available in the paper, produced by Children in Scotland, November 2010, for the Finance Committee's Inquiry into Preventative Spending, attached with this consultation submission or accessible here:

<http://childreninscotland.org.uk/docs/Prevention-PreconceptionCiSSupplementaryEvidence11-10.pdf>

Kinship carers

Whilst the Government has made some welcome efforts to ensure a fairer deal for the thousands of kinship carers, including grandparents, looking after children and young people, they remain under supported and under resourced. Many of the children in kinship care are what might be termed "off the radar" because they are getting by, but only just. Many are unaware of their financial rights, despite investment in

advice services, and many get conflicting advice from the different professionals involved in their lives. Kinship carers deserve a simple, clear and generous benefit system that recognises the invaluable support they are providing, and which keeps them out of poverty.

Children living in poverty with kinship carers are in a unique situation and as such require special consideration in any strategy to address child poverty.

More detailed research is available from Citizen's Advice Scotland:

Relative value: the experiences of kinship carers using the Scottish CAB service

<http://www.cas.org.uk/Resources/CAS/Migrated%20Resources/Documents/Evidence%20reports/Relative%20Value%20FINAL%20October%202010.pdf>

Children with disabilities/additional support needs

The discussion paper acknowledges the greater risk of poverty facing those families with a parent or child with disabilities or additional support needs. These families have particular needs, but often struggle to access services such as childcare. Early Childhood Education and Care services and school age childcare services run by well qualified staff and with access to relevant specialist professional groups can help considerably in both identifying children requiring help and supporting them and their families, laying the basis for the inclusive approach to learning established by the Scottish ASL legislative framework. They require special consideration in any strategy to address child poverty, and should take account of the evidence amassed by the Enquire advice and information service for additional support for learning and other relevant agencies working in this field.

Fuel poverty

The paper refers to measure to help families experiencing fuel poverty. Given the extreme cold experienced in 2009/10 and 2010/11, this should be given particular attention, with specific measures in place to provide more help during such cold periods.

Children's day-to-day experience and understanding of poverty

Family finances shape children's daily experience of poverty. However, another large impact on how children experience poverty is on how excluded they feel from mainstream activities experienced by children not living in poverty. One way to reduce this exclusion is by investing in discounted and free activities for all children to enjoy. For example:

Many schools bring families together for fun after school events, which help develop a sense of school community and bring parents into contact with their children's learning. However, many of these events are geared towards school fundraising which can exclude poorer families who may already feel alienated from mainstream school life. Schools should be encouraged to develop stronger community links and premises could be used for other activities, but at the same time schools could be financially supported to host free family or community events – opening up school buildings to more general community use.

Other examples of where investment in free or discounted activities would impact directly upon children's lives include: school trips, after school clubs and activities such as sport or music, travelling by bus (particularly in rural areas), and swimming.

2. We would like to hear your views on what the priority areas for action in the Scottish strategy should be:

a) What measures will make the biggest difference to reducing levels of child poverty?

A child poverty strategy needs to be linked to overall government policy. It would be sensible to **avoid cutting low-paid public sector jobs, and to increase the minimum wage paid to public sector employees**, with the aim of encouraging the private sector to follow suit. Public sector job cuts and low pay have the greatest impact on women, and as well as reducing family income, increased stress can impact negatively on women's ability to parent. Research shows that higher levels of negatively affect parenting styles, which will continue cycles of socio-economic disadvantage. (For more information read *"The relationship between parenting and poverty, JRF, 2008)*

Numerous UK family studies find that **affordable accessible childcare** would make a huge difference to parents' ability to return to paid work of some kind. Poverty research continues to find that it is families who are actually in work that experience poverty. Reducing the cost of childcare by offering subsidised care for those in low pay would make a huge difference to the number of children in poverty.

The discussion paper has a limited understanding of childcare being linked to employment only. It suggests that those living in deprived areas may not have particular difficulties arranging childcare, which is perhaps because fewer people are in paid employment, and concepts

of childcare are currently related purely to the needs of parents in paid work. A child poverty strategy needs to take on board a more detailed understanding of Early Childhood Education and Care (ECEC) that is not focused purely on childcare to enable parental employment, but offers services that bring together traditionally divided concepts of childcare with the wider contribution which such services can make to children's general wellbeing, emotional and social development and lifelong learning. Services which are staffed by well educated and properly supported professionals and which form part of their community can play a major role which is not only preventative over the long term but can have a short and immediate term impact on communities. All services need to be responsive to the needs of children and parents and all services need to find ways of offering a wider level of support; some communities require an additional focus. More effective links between health and education services could enable more parents to have access to from the child's birth to peer-to-peer parenting support, 'stay-and-play' opportunities (eg parent/toddler groups), and other family support as well as individual interventions, including specialist services for drug-using parents and parents with mental health problems. Such services should be in addition to and not substitute for access to ECEC services. (For further information read Children in Scotland series of publications under the Working for inclusion programme funded by the European Commission and the Scottish Government. www.childreninscotland.org.uk/wfi - the final report is included with this consultation.)

A holistic picture of support for parents requires professional integration. While local authorities know that this is required not enough progress has been made in integrated planning, pooled budgets or shared governance over particular service areas.

b.)What measures will make the biggest difference to reducing the impact of socio-economic disadvantage on children?

As noted above families with young children account for nearly a half of all children living in poverty, higher than for any other major population group including pensioners. Developing an effective network of ECEC services in which parents are able to access high quality services whilst being given more support in meeting the costs would make a major impact on levels of child poverty. The Working for Inclusion research cited above shows a strong correlation between high levels of ECEC services and low levels of child poverty and high child wellbeing. A network of such services combined with more

support and guidance to families with young children and of child-bearing age could make a very big difference. Central to this is ending the conceptual divide between professionals caring for children from birth to three and those working with children from three onwards.

Increased support for preconception and maternity health and wellbeing and intensive support from midwives and health visitors in at least the first two years for all families would also have an impact. The family nurse partnership may have great success but has a very limited client group, and as a result will make little impact on the socio-economic disadvantage experienced by the majority of children in poverty.

A major investment in professional staffing is required – many of the youngest and most vulnerable of Scotland's children are being cared for by the least well qualified and supported staff. The quality of services is very much linked to its staff and no amount of regulation can substitute for ensuring that children's services are staffed by a well qualified and supported workforce which can more effectively meet the needs of the whole. We would draw attention to the Working it Out debate we have been leading for the Scottish government on this – and the potential role of the Scottish pedagogue model in this. www.childreninscotland.org.uk/wfi

Services which link more effectively with families and community could also have a major impact. It is important that support for parenting does not result in funding numerous parenting programmes, which support a limited number of families over the short term. Universal services which cultivate long-term trusting relationships between families and professionals will have far greater, far-reaching benefits.

3. What, in your view, are the main constraints to tackling child poverty in Scotland:

(a) at the (Scottish) national level?

Lack of understanding of the importance, and weakness in being able to deliver, an integrated approach to early years services in particular and children's services more generally. Lack of leadership or a joined up approach to the key issues outlined in the discussion paper and outlined in this response. There seem to be inherent contradictions, such as emphasising the importance of early

intervention and investing in a number of maternity-related policies, and then cutting the numbers of midwives.

Even with clear Government leadership, local accountability through Single Outcome Agreements and through local NHS health boards is weak.

(b) at local (Community Planning Partnership) level?

Complex planning requirements for children and young people that are split across local authority services and health services, are unhelpful. At the same time there is a poor understanding of what money is spent on investing in measures that will impact on child poverty. Budgets, particularly health budgets, are not open to scrutiny, and therefore the impact of public spending cannot be properly assessed.

4. This discussion paper sets out the principles of an "assets-based approach" (Section 3). What are your views on this approach? What would help to deliver and promote it?

An assets-based approach is particularly welcome because it emphasises the importance of fostering positive, trusting relationships between parents and professionals. An assets-based approach with positive, trusting relationships takes time, which means more staff need more time to work more closely and so more productively with families.

In introducing this into all aspects of professionals work with families there are two areas of risk worth avoiding.

One: Further introduction of this concept should come through initial professional training shared by all those working with families, and be an integral part of all continuing professional development. It should not become a subject for training in its own right, as this would attract costs, bureaucracy and an understanding of the concept as another tool to be implemented rather than it being a holistic approach, requiring patience and time.

Two: While it is vital to focus on individuals, it is important that this does not detract from structural/system failures that, with better resources, would have a bigger impact on people's lives.

5. What can the Scottish Government do to effectively support its partners to tackle child poverty? In particular:

This discussion paper notes the particular challenges of focusing public spending on early intervention and prevention in a constrained economic climate. What could the Scottish Government do to support local areas with these challenges?

More generally, what can the Scottish Government do to facilitate local strategic approaches to tackling child poverty, and to support effective local delivery?

Increase the family budget

- Increase knowledge of benefits within mainstream health providers making it easy for people to claim benefits – better resource midwives and health visitors to support this.
- Employer childcare vouchers – campaign to make sure these schemes are offered by employers to support those in work, but in poverty.
- Ensure kinship carers are receiving equal entitlements and support to raising children.
- Invest in affordable accessible childcare to enable more to work if they want to and can.
- Give particular consideration to families with children with additional support needs who, for example, struggle to find appropriate childcare, and when they do, it is often expensive.

Change children's lives directly

- Invest in a fully integrated ECEC system which offers affordable accessible ECEC services that are not linked to work – so that children from non-working families can attend.
- Increase funding for free/subsidised after school activities, eg free bus fare, or free swimming.
- Provide funding for children to attend after school clubs, again this is childcare that is not linked to employment but provides opportunities for free play and physical activity.
- Consider physical play spaces more imaginatively, ie, it is not just public parks (which often require parents to take children there). Much more use could be made of school grounds outside schools hours, by investing in play areas, planting trees, creating school allotments, and by providing after school support for activities that make use of these spaces.

Lead by example

- Measure and require measurement of actual positive change achieved by particular interventions or investment in particular services, including universal services.
- Instead of piecemeal financial support or guidance documents, radically rethink government priorities and make a large investment on a scale that shows serious intent to make a difference in young children's lives and child poverty, for example consider making some financial transfers using similar mechanisms to the pensioner free bus pass.
- Connect Government civil service health and education departments far more closely, focusing on the needs of families, from birth to early childhood, and not divide work into sections according to health or education. Consider the notion of creating a life stage for the 'foundation years' (as proposed by Frank Field in England).
- Streamline planning systems.
- Pool and make transparent budgets affecting children and families in health and local authorities.

6. What are your views on existing measures to monitor progress on tackling child poverty, set out in Section 5?

The Child Poverty Act is focused very much on finances, which are important, but do not encompass all aspects of child poverty and, progress monitoring should not be limited by them. Given the significance of ECEC in addressing child poverty there should be targets for ensuring availability of services, quality of staff and cost to parents.

There is a danger that broad and long-term targets are too vague and do not command a high enough, focused priority for both national government and local authorities – and reinforce the currently weak targets set by Single Outcome Agreements. What is required therefore is specific year-on-year government targets to reduce relative poverty, absolute poverty and deprivation.

Local authorities and health boards need more practical examples to inspire local leadership. The economic case is useful, but often flawed. Influential individuals need motivating and emotive stories as much as financial data.

7(a) We are interested in examples of effective local practice in tackling child poverty. If there are any examples you think it would be useful for us to be aware of, please provide a brief summary below.

Healthy Wealthier Children – Glasgow -

http://www.gcph.co.uk/work_programmes/health_related_services-tackling_inequalities/healthier_wealthier_children

7(b) Would you be prepared to be contacted for further information on any examples you have provided above? If so, please provide contact details below.

Yes

8. Do you have any other views in relation to the development of the Scottish strategy?

While the Child Poverty Act and the financial measures it requires is itself very important, it should not limit the response of the Scottish Government to addressing child poverty. This appears to be recognised in the discussion paper and it is hoped that it is followed through in any strategy.

There should be consultation with front line staff such as midwives, health visitors and social workers to gain an understanding of the day to day pressures facing such professionals.

There should be analysis of existing research into how poverty is experienced by children at different age groups.

There should be consultation with families experiencing poverty to ascertain what would make the biggest impact on their lives.

For more information contact:

Sarah Burton

Policy Development Manager

Children in Scotland

sburton@childreninscotland.org.uk

0131 222 2445

Children in Scotland is the national umbrella agency for organisations and professionals working with and for children, young people and their families. It exists to identify and promote the interests of children and their families and to ensure that policies and services and other provisions are of the highest possible quality and are able to meet the needs of a diverse society. Children in Scotland represents more than 400 members, including 90% of Scottish local authorities, all major voluntary, statutory and private children's agencies, professional organisations, as well as many other smaller community groups and children's services. It is linked with similar agencies in other parts of the UK and Europe.

The work of Children in Scotland encompasses extensive information, policy, research and practice development programmes. The agency works closely with MSPs, the Scottish Government, local authorities and practitioners. It also services groups such as the Cross Party Parliamentary Group on Children and Young People (with YouthLink Scotland). In addition, Children in Scotland hosts Enquire - the national advice service for additional support for learning, and Resolve: ASL, Scotland's largest independent education mediation service.