

Scrutiny of the Draft Budget 2012-13 and Spending Review 2011 Health and Sport Committee Call for Evidence

Children in Scotland submitted evidence in September to the Finance Committee's call for evidence on the spending review and draft budget. This can be found on both our website and on the Finance Committee pages of the Scottish Parliament website. Here we have extracted some key points from that evidence pertaining to health, the focus of this call for evidence.

The context in which the 2012/13 budget is being set should mean that early years investment is given even higher priority in the allocation of public resources. Firstly, it constitutes the single best and most effective way to reduce the incidence of social, educational and health problems requiring costly, and often ineffective, later interventions. Public sector budgets are projected to be restricted over the next few years at least. Services that achieve the best and most sustainable outcomes for the least investment thus present the most responsible approach to deployment of public funds.

The recent report of the Commission on the Future Delivery of Public Services (Christie Commission) highlighted the pivotal role of public services in preventing problems, addressing inequalities and reducing escalating demand. It also underlined the need for better service integration and coordination of strategy, management and operational delivery. These aspirations are also emphasised in the recent Communication on Early Childhood Education and Care (ECEC) from the European Commission, which has been formally adopted by all member states.

The Christie Commission's report, coupled with that of the Finance Committee's Preventative Spending Inquiry, underlines the need for public sector reform characterised by investment in both better integrated services, and those actions having the greatest likelihood of ensuring that significant health, education and social problems never arise in the first place. Primary attention should be devoted to primary prevention.

To have meaningful and sustainable impact, however, it is critical that the budgetary commitment goes well beyond avoiding service reductions. It is essential that substantial further investment is made. Countries that have provided high quality services for pregnant women and for children in their early years have achieved much greater economic, social and health equality among adults, and progress towards this is shown at every point in a child's journey to adulthood.

Spending on preconception health is an often overlooked but key factor affecting the wellbeing, behaviour, learning and life chances of children and young people. Healthy mothers are more likely to give birth to healthy babies, improving lives and reducing costs.

Children who are born healthy and have to deal with the fewest and least severe adverse childhood experiences have a far lower incidence of: educational failure; physical and mental health problems; alcoholism and drug addiction; leaving school without qualifications; anti-social and disruptive behaviour; and, dysfunctional lifestyle choices.

It is equally clear that there are lifelong benefits from positive early experience including lower incidence of mental illness, less involvement in crime and fewer people suffering physical health problems arising from poor diet, lack of exercise, smoking, and alcohol and drug use. All these outcomes, of course, mean that less public money needs to be spent to address the consequences of problems that were prevented.

Investment in early years should be a top priority for the 2012/13 budget. This investment should be the first step on the road towards the availability of full-time early childhood education and care for all families with young children (when desired or needed) within a defined time frame. Not only would this benefit the children and families receiving the service, but it would also ensure Scotland's compliance with the EU's Barcelona targets, of which Scotland falls far short, and, indeed, fulfil the Government's manifesto commitment of 'childcare for all'.

Coordinated approaches to early childhood education and care are therefore necessary, particularly in the birth to three period, when rapid brain development takes place – and yet, when access to child health, learning and development services is most patchy and inconsistent across (and even within) local authority areas. Fragmentation of funding, management and service delivery wastes scarce resources and undermines a holistic approach to children's healthy development. The EC Communication on Early Childhood Education and Care underlines the importance of developing the 'social dimension' of education – such development would be entirely congruent with Scotland's Curriculum for Excellence and the Early Years Framework.

There is also little in the way of useful nationally aggregated data on the health and well-being of pre-school children. Of forty-five national indicators, only one relates exclusively to this age group ('Increase the proportion of pre-school centres receiving positive inspection reports') and is an input rather than an outcome measure. Compared to both the number and nature of indicators relating to older children and adults, there is a dearth of information on young children.

The Scottish Government recently produced a set of data and indicators to underpin the Early Years Framework, some of which are collected nationally by

the NHS Information Services Division. Of the thirty-three datasets proposed, only three both refer specifically to pre-school children and are currently collected nationally. Of the three, only one (low birth weight) is a child well-being measure. The other two (breast feeding and immunisation) are valuable input measures. Having said that, other performance measures in an overall data strategy – milestones, such as progress in expanding services, and qualitative information, such as parental satisfaction with provision – clearly are needed. Monitoring the effectiveness of any new legislation in respect of early years will be impossible without considering how this information gap is to be addressed.

What is more important than the pattern of spending, however, is whether problems are actually being prevented, rather than temporarily ameliorated (or merely covered up). To show whether or not we were moving in the right direction, a number of robust outcome measures would be advisable, to answer the crucial 'so what?' question in relation to the efficacy of whatever is labeled as 'preventative spending'. The Scottish Government's signal that 'preventative spending' is desirable may trigger a rebranding of current work as 'preventative', even if it has little connection to ensuring that problems do not arise in the first place. We suggest that the following clarifying information is needed:

1. A clear definition of what constitutes a preventative allocation, based on research evidence and demonstrated good practice from anywhere it has been successfully employed -- and including a reasonable explanation of whatever negative outcome is being prevented by such expenditure.
2. An analysis of the current patterns of 'preventative' expenditure at all levels of government in Scotland.
3. A list of preventative spending that distinguishes among the different types/levels of 'prevention', i.e. at least 'primary', 'secondary' and 'tertiary' prevention.
4. A calculation as to the proportion of total expenditure that is allocated to preventative public spending.
5. Ambitious and unambiguous targets for different types of preventative spending.
6. The balance between preventative and non-preventative services and how it should change over time.
7. Assessment of long-term impacts of preventative actions. While, in general terms, the characteristics of services that appear to reduce or prevent problems are known, they have not always been evaluated and compared to ensure that the best and most appropriate approaches are taken. It is also essential that the sustainability of positive change is measured. Many interventions deliver short-term improvement, but this impact often reduces

over time, particularly where support is not ongoing. Targets also need to be set that are sufficiently ambitious in both providing healthy development and improved wellbeing for children and in reducing the incidence of costly and potentially avoidable problems.

8. Both whole population measures and the experience of specific groups are needed to assess the impact of preventative actions. Data on children's healthy development (physical and cognitive) is needed. The re-introduction of periodic universal health surveillance is helpful, but could be expanded and should also collect and aggregate child development data on a nationwide basis. Most importantly, however, existence of risk (or evidence of incipient problems) should generate an effective service response. This is in line both with the Early Years Framework and with the principles of Getting It Right For Every Child

The other structural challenge for the Scottish Parliament and Scottish Government in making a focus on preventative spending real is how to do so when Parliament approves the Scottish budget in very large blocks that do not distinguish between preventative and crisis/curative spending. Until budgets are created and presented in ways that highlight this distinction – a step forward that is feasible – it will be very difficult to enforce a preference for preventative spending.

One interim step would be for the Scottish Parliament and Scottish Government to create and administer a large 'Change Fund' that can only be spent on preventative provision in the pre-birth to pre-primary school years. We are suggesting a pool of funds at the national level for which local authorities, regional NHS Boards and third sector organisations compete, but are not compelled/obliged to engage with at all.

This Change Fund must be large enough to serve two purposes – first, to refocus thinking and planning among potential recipients toward early years preventative spending and, second, to supply sufficient resources for a long enough time to make the aspired-to 'transformational change' a reality for successful bidders. Appropriate activity would involve whole-authority approaches to building on existing mainstream services. For example, authorities could extend pre-school provision incrementally to younger children, in order to support their healthy development and to meet parental requirements for care. This could possibly be done in partnership among public agencies and community services.

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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 the majority 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.