

Written Evidence to the Scottish Parliament Finance Committee's *Inquiry into Preventative Spending*

Children in Scotland welcomes this opportunity to supply a brief summary of evidence. We strongly support giving priority to public spending that prevents children from ending up in need of extensive and expensive public services/benefits to deal with problems that were both predictable and preventable. We appreciate the extent to which the Scottish Government has encouraged prevention work and applaud the Finance Committee's favourable attitude toward preventative spending, even in the face of shrinking public budgets.

Based upon the available evidence within and beyond Scotland, our key messages to the Finance Committee are, as follows:

- 1. Effective prevention is important in numerous fields and for all ages; however, in terms of the Committee's remit, priority should be given to preventative spending from pre-conception through the early years.**
- 2. What Scotland's public sector should be trying to prevent are the prohibitively expensive problems that predictably result in human misery, wasted potential and social injustice; all of which are strongly associated with poverty and economic inequality. And, it remains true in Scotland that the highest levels, and greatest prevalence of poverty, can be found in families with young children.¹ International evidence makes the case for preventing these problems through public investment in: *universal*, fully integrated, early years services; *universal* parental preparation and support; and, good quality, accessible childcare with capped costs to parents.**
- 3. The long-term personal, societal and economic benefits of substantial, strategic investments from preconception through the early years are well-known and well-documented. However, the equally significant short-term and medium-term economic returns and social advantages of preventative spending on early years have too often been overlooked. We welcome the Scottish Government's reported new efforts toward economic modelling that will reveal these benefits.**
- 4. Not all public sector spending undertaken in the name of 'prevention' is created equal -- or equally worthy of continued funding. There is a great deal of rhetorical support for the idea of 'evidence-based' decision making, but far less tangible**

support for the rigorous gathering, analysis and reporting of such evidence about the actual *outcomes* of most public spending.

5. While many examples of effective prevention require the involvement of parents/families and the voluntary sector, it rarely is accomplished without a strong and supportive public sector infrastructure. This is most apparent in large-scale prevention efforts, e.g. immunisations.

6. The human, social and economic costs of failing to invest in effective prevention are no longer affordable in Scotland; indeed, the best available UK and international evidence confirms the maxim that “An ounce of prevention is worth a pound of cure”. Although still in progress, the Growing Up in Scotland study already is revealing the short and medium term problems (and therefore, public costs) of not having sufficient early years preventative actions in place across our nation.ⁱⁱ

Given the space limitations for written evidence, we will confine this document to one area of preventative spending. We will focus on the earliest possible preventative investments in the long-term health and well-being of our children – and thereby, in the long-term prospects of our nation. Children in Scotland would welcome an invitation to provide further evidence or testimony to the Finance Committee on any of the topics mentioned.

Pre-conception and antenatal prevention

It already is widely understood that the health of the mother at the time of conception is a powerful predictor of the outcome of the pregnancy. While some prospective mothers improve their health behaviours once they know they are pregnant, it remains the case that a woman who is unhealthy at the outset (e.g. alcoholic, obese, drug-dependant, poorly-nourished, a heavy smoker and/or suffering from a significant illness or medical condition) is dramatically less likely to deliver a very healthy baby nine months later.

Accordingly, improving the pre-conception health of women would be a good example of effective preventative spending (especially as there is no downside for women whose health improves, even if they never become pregnant).ⁱⁱⁱ As with much prevention work, this involves both *doing* something new and *no longer doing* something else.

On the one hand, *starting* to take a sufficient amount of folic acid soon enough *before* becoming pregnant reduces the chances of a baby born with Spina Bifida or other neural tube defects by up to 70%.^{iv} On the other hand, *stopping* all alcohol consumption from conception until delivery is 100% effective in preventing foetal alcohol harm. The brain damage caused by Foetal Alcohol Spectrum Disorder harm that lasts a lifetime and carries a heavy price tag for children, families, public services and the economy.^v

The public investment in maternity services has prevented many of the health problems and poor birth outcomes experienced in earlier generations. It is a long-term success story. And yet, antenatal care is not the same as *pre-conception* care. For example, starting to take folic acid only after a pregnancy has been confirmed (i.e. at 4-6 weeks, when maternity services normally begin) is already too late, as the birth defects prevented by folic acid have already occurred. Preventative spending to improve the pre-conception health of women of childbearing age (particularly those most likely to become pregnant) is a large – albeit largely untapped -- opportunity for Scotland.

Prevention investments during early childhood

Effective preventative spending on child well-being during the first years of life can greatly reduce the chances of serious health, developmental, learning and behavioural problems occurring later. The value of such prevention is now well known and substantiated by volumes of international research.

For instance, the large and highly-regarded Adverse Childhood Experiences (ACE) research studies – yielding more than 50 scientific papers/articles thus far – reveal a direct and powerful link between the failure to prevent harm to children and their later health and well-being problems as adults.^{vi} The stress of an unhappy/unhealthy childhood changes the body and brain of children in ways that have negative consequences throughout their lives. The implication clearly is that effective prevention would have improved the health, productivity, overall well-being and longevity of these individuals.

The recent report of the Early Life Working Group of the Scottish Collaboration for Public Health Research and Policy (SCPHRP) led by Dr John Frank and Rosemary Geddes is a thorough and rigorous review of numerous major UK and international early childhood interventions.^{vii} Among its findings is the fact that the four early childhood programs having the best evidence base revealed the high economic value of such preventative spending. It notes: *Every dollar invested, however, resulted in returns of between \$3.72 and \$6.89. Returns were from reductions in government spending as a result of reduced use of special education services, reduced involvement in juvenile delinquency, reduced welfare and dependency costs, reduced criminal justice costs and increases in tax contributions.*

In 2009, the OECD published a comprehensive and extensively researched – but little noticed in the UK – international comparison report, *Doing Better for Children*.^{viii} In the context of the Finance Committee's inquiry, one of its key recommendations is to: *Concentrate spending early in the child's life cycle. If well-designed, universal interventions concentrated early in the life cycle can enhance both social efficiency and social equity. Concentrating investment early . . . is effective in breaking the dependence of children's outcomes on those of their parents (i.e. inter-generational inequality).*

Another remarkably well-researched, evidence-based 2009 study from Harvard University's Center for the Developing Child concludes with advice that is fully applicable to Scotland: *Every system that touches the lives of children – as well as mothers before and during pregnancy – offers an opportunity to strengthen the foundations and capacities that make lifelong healthy development possible. Investments in the early reduction of significant adversity are particularly likely to generate strong returns.*^{ix}

The basic ideas emerging from this evidence may not seem like startling revelations to members of the Finance Committee. Scotland can and should be proud of what it has done, and continues to do, in terms of preventative spending in early childhood. There is a strong track record in terms of neo-natal care, childhood immunisations, improvements in dental health and developing a dedicated and talented workforce helping families meet the needs of babies and young children. Their long-term value is clear.

Less well known and understood are the short and medium term economic and social returns on well-planned and strategically sound investments in early education and childcare. And yet, the evidence of such benefits is not new. For instance, a 1991 report of the UK's Institute of Public Policy Research (ippr) first analysed this issue by exploring the

costs and benefits of three models for childcare services.^x It concluded that there would not only be significant net returns to families, but also a net return to the Treasury – ranging from 5% to 51%, depending upon the model employed. The social return ranged from 24% to 84%, with the most ambitious models yielding the highest returns. Fifteen years later, a new ippr analysis pointed out the value of greater ‘supply side’ government investment in childcare with capped costs to parents, as has been tried, tested and proven successful in Scandinavia.^{xi}

New research from the EC funded programme, *Working for Inclusion*, led by Children in Scotland, underlines this point.^{xii} “Fully integrated early years systems” are defined not only as one government department being responsible for service planning and delivery, but also for creating a common framework for early years’ funding, accessibility, workforce and regulation. This 2010 research finds that fully integrated systems are significantly more effective in reaching and helping families with poor educational backgrounds – as well as delivering particularly high gains for children under three. Thus, it is a prime example of cost effective, preventative spending in the early childhood arena.

The crucial problem within Scotland since devolution is that widespread recognition of the importance of the earliest years among elected officials, civil servants and other key policymakers – and the wonderful aspirations expressed in such key policies as the Early Years Framework, Getting it right for every child and the Curriculum for Excellence -- *have not been translated into the level of investment, strategic focus or robust implementation that will transform these oft-expressed good intentions into equally good realities.*

All parents (especially those who need it most, but remain least likely to receive it) deserve better preparation and support for the absolutely central role they play in children’s lives. And, the children’s workforce across Scotland needs to be better prepared, respected and assisted to handle the joined-up working and new roles required to become the best possible influence upon the babies, young children and parents with whom they interact.

Children in Scotland – along with our strong, diverse membership -- remains a wellspring of good ideas, experience and knowledge about preventative spending priorities.^{xiii} We can also offer new directions of travel that will result in increased child well-being *and* decreased public spending on problems that should have never arisen in the first place.

For further information, please contact Sara Collier of Children in Scotland’s policy staff at scollier@childreninscotland.org.uk or on 0131 222 2412.

ⁱ See, for instance: Cohen, B., “Child poverty: getting it right for Scotland’s youngest citizens”, in Kelly, P., Dickie, J. & Monney, G., editors, *Poverty in Scotland 2011: Towards a more equal Scotland?* Forthcoming publication from Child Poverty Action Group (CPAG)

ⁱⁱ To find out more about the GUS study and implications, see:

<http://www.growingupinscotland.org.uk/>

ⁱⁱⁱ For 2006 Centers for Disease Control, *Recommendations to improve preconception health and health* (which includes research literature review), see:

http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5506a1.htm?s_cid=rr5506a1_e

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- ^{iv} For a sample of the relevant folic acid research literature, see:
<http://www.spinabifidaassociation.org/site/c.liKWL7PLLRf/b.2644759/k.32D3/Prevention.htm>
- ^v BMA Board of Science, *Fetal alcohol spectrum disorders – a guide for healthcare professionals*, British Medical Association 2007
- ^{vi} For access to the ACE results/studies, see: <http://www.cdc.gov/nccdphp/ace/>
- ^{vii} Geddes, R., Haw, S. and Frank, J., *Interventions in Promoting Early Child Development for Health: An environmental scan with special reference to Scotland*, SCPHRP 2010
- ^{viii} Chappel, S. & Richardson, D., *Doing Better for Children*, Social Policy Division, OECD 2009
- ^{ix} National Scientific Council on the Developing Child and the National Forum on Early Childhood Policy and Programs, *The Foundations of Lifelong Health Are Built in Early Childhood*, Center for the Developing Child, Harvard University 2009
- ^x Cohen, B. & Fraser, N., *Childcare in a Modern Welfare System*, ippr 1991
- ^{xi} Stanley, K., Bellamy, K. & Cooke, G., *Equal Access?: Appropriate and affordable childcare for every child*, ippr 2006
- ^{xii} For *Working for Inclusion* publications and overview, see:
<http://www.childreninscotland.org.uk/wfi/wfi5.htm>
- ^{xiii} See, for example, evidence from Children in Scotland's *Working it out* initiative:
<http://www.childreninscotland.org.uk/workforce/index.htm>

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