

30/03/2022



Dear Health, Social Care and Sport Committee

I am pleased to provide an email submission on behalf of Children in Scotland to your current call for submissions on your health inequalities inquiry. We have focused our response on recent evidence from our members, partners and direct work with children and young people.

About Children in Scotland

Giving all children in Scotland an equal chance to flourish is at the heart of everything we do.

By bringing together a network of people working with and for children, alongside children and young people themselves, we offer a broad, balanced and independent voice. We create solutions, provide support and develop positive change across all areas affecting children in Scotland.

We do this by listening, gathering evidence, and applying and sharing our learning, while always working to uphold children's rights. Our range of knowledge and expertise means we can provide trusted support on issues as diverse as the people we work with and the varied lives of children and families in Scotland.

Key issues

Scotland has some of the worst health and widest health inequalities in Europe. NHS Health Scotland (now Public Health Scotland) defines health inequalities as being 'unfair and avoidable differences in people's health'¹. They have identified that these arise from unequal access to income, power and wealth². As such, the solutions to tackling health inequalities sit outside the realms purely of health and social care. Indeed, this was recognised over 10 years ago in the Marmot Review, which outlined the significant link between poverty and health outcomes and made the case that improving health and wellbeing required concerted action to reduce poverty.³

It is important that the Health, Social Care and Sport Committee explicitly recognise the importance of social determinants of health in its inquiry. We would encourage members to explore evidence and solutions which aim to tackle unequal

¹ <http://www.healthscotland.scot/media/1086/health-inequalities-what-are-they-how-do-we-reduce-them-mar16.pdf>

² <http://www.healthscotland.scot/media/1086/health-inequalities-what-are-they-how-do-we-reduce-them-mar16.pdf>

³ <https://www.instituteoftheequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report-pdf.pdf>

distributions of income, power and wealth alongside those which focus on individual health interventions.

In tandem with action to address the social determinants of health is a requirement to improve access to early support. Children in Scotland and many of our member organisations support prevention and early intervention approaches. Investing in preventative approaches not only improves outcomes for children, young people and families, it also helps to reduce demand for public services and can lead to significant cost efficiencies. Our commitment to prevention and early intervention approaches is outlined in our Manifesto for 2021-2026⁴.

The Christie Report⁵ made the case for a significant shift towards investment in early intervention ten years ago and the recommendations of that report remain as relevant as ever. We were pleased to see reference to the Christie Report and a focus on prevention and early intervention approaches highlighted in the consultation document. However, over ten years on from its publication, we have still not seen enough progress in this area. There needs to be needing greater urgency in moving interventions upstream.

We would encourage the Committee to read the State of Child Health reports from the Royal College of Paediatrics and Child Health, which set out current evidence on child health outcomes and data trends across the UK. This shows an increase in levels of childhood obesity and youth suicide and emphasises the links between poor health outcomes and poverty.⁶

We know the impact of Covid-19 and its associated restrictions will continue to affect people, especially the most vulnerable in society. However, many of the problems identified during the pandemic originate before Covid, and the pandemic served to increase them further. Children and young people who are referred to Child and Adolescent Mental Health Services (CAMHS) for example, continue to experience lengthy waiting times to access support,⁷ whilst demand for support has been on the rise for several years.⁸

Finally, it is important to highlight that some health inequalities can be grounded in discrimination or lack of consideration of the specific needs of those with protected characteristics. LGBT Youth Scotland, for example, has described multiple instances of CAMHS sending referrals back to them, in a form of "diagnostic overshadowing", meaning that these young people are not getting the support with their mental health that they need.⁹

⁴ https://childreninscotland.org.uk/wp-content/uploads/2021/03/Manifesto_V2.1_March-21.pdf

⁵ <https://www.gov.scot/publications/commission-future-delivery-public-services/documents/>

⁶ <https://stateofchildhealth.rcpch.ac.uk/>.

⁷ <https://www.publichealthscotland.scot/publications/child-and-adolescent-mental-health-services-camhs-waiting-times/child-and-adolescent-mental-health-services-camhs-waiting-times-quarter-ending-30-june-2021>

⁸ Audit Scotland, *Children and young people's mental health* (2018), https://www.audit-scotland.gov.uk/uploads/docs/report/2018/nr_180913_mental_health.pdf.

⁹ <https://childreninscotland.org.uk/wp-content/uploads/2021/08/23-06-21-Voices-Forum-briefing.pdf>.

Our recent work on health inequalities

We agree with the Health, Social Care and Sport Committee on the importance of reducing and preventing further health inequalities for children and families in Scotland.

We would draw your attention to our [Manifesto 2021-26](#) and its calls created in collaboration with our numerous members who work directly with children and families.¹⁰ Together we are calling for the following policies aimed at tackling inequalities and improving the health and wellbeing of all children and young people in Scotland:

- Adopting the calls developed by the End Child Poverty coalition, including:
 - Building on the Scottish Child Payment
 - Bolstering current support provided to children in low-income households
 - Ensure crisis support is adequate and accessible
 - Guarantee that holistic whole family support – including practical, emotional and financial support – is available to all families needing help
 - Support migrant children and caregivers
 - Set out a child poverty-focused labour market policy.
- Publishing a series of rights-based wellbeing outcomes and indicators for children, young people and families to give future direction to policy action to improve the health and wellbeing of children, young people and families living in Scotland.
- Investing in mental health prevention and early intervention for children and young people to stop problems deteriorating to the extent they require specialist CAMHS services. This must include:
 - Targeted support for groups at risk of poorer mental health
 - Wider, year-round access to mental health-improving universal opportunities such as sport, youth work, play and the arts
 - Perinatal mental health/family support
 - Counselling, peer support and other talking therapies.

Children in Scotland welcomes the announcement last week that the Scottish Child Payment (SCP) would increase to £25 per child per week and we urge the Committee to consider the potential positive impact a further increase would have on families across Scotland. The recent IPPR Scotland report outlines the case for a further doubling of the SCP, alongside other potential measures which will be necessary if the Scottish Government's own child poverty targets are to be met¹¹.

We have seen through our own research the impact where people live can have on their health and wellbeing. Our [Health Inequalities project](#) worked with 15 peer researchers in two areas of high deprivation in Scotland to explore impact of where they lived on their health and wellbeing. The project highlighted that a lack of green space affected their opportunities to play and socialise, while a high density of fast

¹⁰ CiS Manifesto n 9.

¹¹ https://www.savethechildren.org.uk/content/dam/gb/reports/scotland-tackling-child-poverty-and-destitution_003.pdf

food restaurants impacted on the food they ate. They also found that feeling unsafe in an area due to presence of alcohol, drugs or because of violence prevented them from accessing community resources.¹²

We also draw the committee's attention to Children in Scotland, Carnegie Trust UK and Cattanach's [Being Bold report](#), which presents the framework for a children's wellbeing budget for Scotland.¹³ We welcome the Scottish Government's current work to develop a series of children and young people's outcomes to sit underneath the national outcomes in the National Performance Framework. We would encourage the committee to explore the potential to use these outcomes once finalised as a basis for framing the planning process for current and future budgets.

We would also like to highlight another recent report from IPPR Scotland on Building Financial Security in Scotland, which identifies the largest costs facing families and discusses the potential for a universal basic services approach to bring more people closer to a living income.¹⁴

Impact of Covid-19 pandemic

Covid-19 has had and continues to have a profound impact on the health and wellbeing on children and young people, such as increased social isolation, the severe disruption to education and reduced employment opportunities. The Mental Health Foundation has helpfully summarised much of the evidence relating to the mental health impact of the pandemic¹⁵.

Children in Scotland has conducted various projects exploring the impact of the pandemic and potential recovery.

In April 2021-July 2021 we worked with a group of children and young people on the [Scotland's Children's Strategic Recovery Framework](#). The young people shared their Covid experiences and their thoughts on tackling the issues that have arisen and worsened due to the pandemic, including learning and mental health. The report recommended that the Scottish Government should explore opportunities to support all children and young people to access and enjoy sports and hobbies in local community settings.¹⁶

We also worked with Young Scot on the [Education Recovery Youth Panel in 2020-2021](#) which offered a range of children and young people from across Scotland the opportunity to share the impact Covid had on their learning and mental health. It was clear there was a range of experiences, both positive and negative. This report

¹² Children in Scotland, *Health Inequalities: peer research into the role of communities* (January 2020), report found at <https://childrenscotland.org.uk/wp-content/uploads/2020/02/Health-Inequalities-Report-Chris-Ross.pdf>.

¹³ <https://childrenscotland.org.uk/wp-content/uploads/2021/03/BeingBold-Report.pdf>

¹⁴ <https://www.ippr.org/research/publications/universal-basic-services-scotland>

¹⁵

<https://www.mentalhealth.org.uk/sites/default/files/MHF%20Scotland%20Impacts%20of%20Lockdown.pdf>

¹⁶ <https://childrenscotland.org.uk/wp-content/uploads/2021/12/CIS130821.pdf>

has recently been published and highlighted the children and young people's priorities as we recover from the pandemic. They asked for the Scottish Government to better understand and respond to the longer-term impacts of Covid-19 on future career and development goals for young people.¹⁷

The Pandemic Impact Survey, undertaken by the Scottish Parliament's Cross-Party Group on Children and Young People, was published in February 2022. Survey participants were all organisations and services that work with children, young people and families, encompassing local authority, national and third sector providers. Fifty six percent of respondents to the survey indicated that they were seeing increasing levels of inequality in the families they worked with, due to increasing poverty rates and lack of available support.¹⁸

Consideration of how the pandemic has affected different groups of children and young people is absolutely crucial, as is a broader understanding of the different health and wellbeing needs across different populations of children and young people, including those with disabilities and long-term conditions, LGBTQI young people, young people from ethnic minority backgrounds and those who are care experienced.

The Scottish Throughcare and Aftercare Forum (Staf) has highlighted how “the severe inequalities faced by young people with care experience who are more likely to experience poverty, homelessness, ill health, poor educational attainment and unemployment” have been worsened by the Covid-19 pandemic,¹⁹ making this a key issue for the inquiry.

In Scotland we know Staf and Aberlour are proposing a basic income for young people leaving the care system. In Wales, the Programme for Government 2021-2026 made a commitment to pilot the use of a basic income scheme. The Welsh Government will develop and deliver a basic income pilot with a group aiming to address poverty and unemployment and improving health and financial wellbeing.²⁰ We would encourage the Committee to consider the benefits of a similar approach in Scotland.

Contact us

We would be happy to engage directly with the Committee or individual members on any of the issues and points highlighted.

Regards,

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¹⁷ <https://youngscot.net/education-recovery-youth-panel>

¹⁸ <https://www.youthlinkscotland.org/news/february-2022/cpg-survey-feb-2022/>

¹⁹ <https://www.staf.scot/news/response-to-programme-for-government-21-22>.

²⁰ <https://gov.wales/written-statement-basic-income-pilot-care-leavers-wales>

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