

Good afternoon everyone.

I am delighted to be speaking to you today at this prestigious event, focussed on one of my priority concerns – how we provide for our children in the earliest years of their lives. Before I do so, I want to give you a bit about my role and where today fits into my overall approach.

I describe my role as improving the lives of children in Scotland – and the way that I intend to do that is through the better implementation of the United Nations Convention on the Rights of the Child – known as the UNCRC. The UNCRC is the cornerstone of everything I do as I satisfy my statutory duty to promote and safeguard the rights of children and young people. The UNCRC was ratified in 1989, was quickly adopted by most countries in the world (only Somalia and the USA have failed to sign up) and the UK signed up in 1991. As a signatory to the UNCRC, the UK government is subject to periodic review through the UN Monitoring Committee, which publishes its' findings through Concluding Observations – the last UK report was published in 2008. A key role for me as Scotland's Commissioner for Children and Young People, is to be part of the scrutiny of the UK government on a daily basis on the implementation of the UNCRC and the adherence to the UN Monitoring Committee Concluding Observations.

Children are defined by UNCRC as those under the age of 18 years, and there is no differentiation of children's rights in terms of age or

stage of development – if you are a child you have the same rights throughout your childhood, regardless of your age. So, although the UNCRC makes no specific reference to early years, infancy or anything regarding the importance of early years development, it does contain a number of articles directly relevant to the early years of a child's life – such as, the articles relating to general principles: Article 2, a child's right to non-discrimination; Article 3, a child's right for their best interests to be the primary consideration; Article 6, a child's right to life and maximum survival and development; and Article 12, a child's right to have an opinion – yes, even in the earliest years as we all know that they are active engagers with their environment and development. There are others, in particular, there are Articles 5 and 18, outlining parental responsibilities and a child's right to have guidance from their parents, in line with their evolving capacities.

It was acknowledged that the UNCRC could be strengthened through additional comments with respect to particular aspects of concerns around the implementation of children's rights and this has led to the development of a number of General Comments – one of which was published in 2005 which had particular reference to 'Implementing child rights in early childhood'. What is interesting is that the UNCRC has had to evolve in line with our increasing knowledge and awareness of the impact of early years experiences – just as most of us have had to assimilate and accommodate the recent mushrooming of evidence demonstrating the powerful link between an infant's early years experiences and their future life chances.

For instance, here is an extract from the General Comment on Early Years, in 2005:

“The Convention requires that children, including the very youngest children, be respected as persons in their own right. Young children should be recognized as active members of families, communities and societies, with their own concerns, interests and points of view. For the exercise of their rights, young children have particular requirements for physical nurturance, emotional care and sensitive guidance, as well as for time and space for social play, exploration and learning.”

And I am sure there is much that you can recognise in there as an expression of the work in which you are engaged. They then went on to say:

“The Committee recommends that States parties support early childhood development programmes, including home and community-based preschool programmes, in which the empowerment and education of parents (and other caregivers) are main features.”

And it is to this recommendation that I want to address you today – how do we live up to this recommendation? – how do we make it a reality for our children in Scotland?

Let’s start with where we are at – and we know that children different parts of Scotland can lead very different lives, so we have to be careful of sweeping generalizations. That said, my starting point is a general observation based on a positive outlook for our children. For me, the

fact is that most of our children and young people develop into well adjusted adults, and in my opinion, are having many of their rights under the UNCRC satisfied. In a sense, many people in Scotland are already contributing to helping children fulfill their rights without themselves realising it. For instance, here are some examples that can be directly referenced in the UNCRC: parents who provide a stable, nurturing and loving home life for their children (I just mentioned the very articles); teachers who provide high standards of education for our children; health workers who ensure children and young people experience good health; youth workers who enrich young people's lives outside of school settings. And for all of these children receiving a good start in life was a crucial part of their continuing enjoyment of the rights.

The point is that, the UNCRC reinforces what is already done in many instances and I want to develop a better understanding of this. It is affirming of most of our engagement with children and young people, yet parents, professionals and young people rarely frame our approach to children and young people with reference to the UNCRC.

However, it is the children and young people who are not doing well that give urgent cause for concern. We know that these children form the basis of the range of worrying statistics relating to the state of child well-being in Scotland. We know that a significant minority struggle with life challenges and we need to improve our response to their needs and better honour their rights as expressed in the Convention. For instance, our best estimates suggest we have 40,000-60,000 children affected by parental drug misuse and 65,000 children affected by parental alcohol misuse.

We have an estimated 100,000 children living in households where there is domestic abuse – and an estimated 200,000 children living in poor households - that is one in five of our children. We know that many of these children will be living with more than one of these negative factors, but we do not know how many. We know that these factors have an impact on our children's health, development, cognitive and social well being, but we aren't sure how to mitigate the effects. We know these are our most vulnerable children, but we struggle to get effective engagement with their parents. In my opinion, these are our greatest challenges in improving the lives of children and young people in Scotland – in improving the realisation of children's rights in Scotland.

And it is with the last and largest of these figures that I want to say a bit more - to give a sense of the kind of challenge to which we need to rise, in terms of our early years approaches. This is the staggering figure that one in five of our children are living in poverty – in one of the richest countries in the world. This is not just about improving the position of poorer people in society, but it is about a genuine reduction in the differences between the 'haves' and the 'have-nots'. Despite significant recent progress in reducing child poverty, the difference between the richest and the poorest has actually increased. There is a strong body of evidence that children living in the poorest circumstances have the highest chances of experiencing poor education, health and life chances. There is now emerging evidence that demonstrates that in developed countries it is the level of income inequality that determines poor outcomes for our citizens in terms of whole populations in relative international comparisons. I am thinking

here of the work of Richard Wilkinson and Katie Pickett, *The Spirit Level*, where they plotted the level of inequality in society against a number of outcomes in terms of life expectancy, mental health, obesity, educational performance and levels of violence. Their findings demonstrate the impact of inequality across all sectors of society, for instance they illustrated that in Sweden the death rates for the poorest were actually lower than for the richest in England and Wales, at the time they studied. However, this is at a whole population level, and we know that within populations there are some complex things going on. Being poor doesn't automatically mean you will experience poor outcomes, rather that your chances of experiencing them will increase. Being poor doesn't explain the severity of the impact on health within Scotland and there are, as yet, some unknown additional factors at play.

There are some interesting emerging findings from our own, *Growing Up in Scotland* studies which shed some light on these 'within population' differences. They recently published findings in relation to the impact of persistent poverty on young children. This is a longitudinal study, started in 2005, which follows two cohorts of children – one of children aged 0-1 years (birth cohort) and another aged 2-3 years (child cohort). They have conducted annual sweeps of data collection. The study has been able to identify children who were living in persistently poor households, children who were temporarily poor and children who avoided living in poverty and compared the three situations against a range of measures. What they found was that lack of work and lone parenthood were the biggest factors in whether a family would experience persistent poverty. They went on to detail the outcomes for the children living in persistent poverty as compared to

the other groups What they reported was that children in persistently poor families had worse outcomes than children in temporary poor households. This was in terms that they were more likely to have accidents or injuries, and suffer from social, emotional and behavioural difficulties, the longer they had been living in poor circumstances.

This is significant, not just because of the nature of the differences, but because of the very young age of the children involved. The researchers emphasised the complex nature of the impact of poverty, and concluded that it could not be simply related to the level of income or the period of exposure to poor circumstances. There were links between persistent poverty and maternal health, low education and family composition (in terms of lone parenthood) and the researchers suggested that the findings indicated the need for policies that were specific to children who experience persistent poverty and specific support for families and mothers with risk characteristics.

They noted that at the present time, in Scotland, we have neither policies or practices that specifically target children living in persistent poverty (we don't even know who they are), nor do we have specific support for families and mothers with risk factors - this needs to be addressed alongside our approaches to early years development.

And that leads me to consider our approach to the early years – our approach that has high ambitions – in my view, not matched by the resources we allocate to it. For instance, when we look at resources and finance in comparison to our international neighbours, we are found wanting. I know crude figures don't tell the whole story, but it is

highly relevant, even if there is always some dispute about the accuracy of the figures. So, here goes. I have used the OECD report, Starting Strong II, published in 2006. And here is what you find. You find that for the age group 0-6 years in the UK (the nearest proxy for Scotland) we spend 0.5% of our GDP on early years and childcare services, compared with 1% recommended by the European Commission's Childcare Network and in Scandinavian countries where it's over 2%. So we have a very considerable way to go to for our investment in early years to match our ambitions.

And, the reason for setting out the contexts of 'priority' and 'finance and resources' is that it is this is the background we have for the implementation of the Early Years Framework. As you know, this sets out the Scottish Government's ambitions for what they describe as a transformational change in the delivery of early years services that will take 10 years to realise – or maybe longer, if we do not get a move on properly resourcing the ambition.

But what exactly is the ambition? What would a fully resourced and implemented Early Years Framework look like?

Today, I want to look at this through the prism of what we already provided for our youngest children – our babies. In the UK, including Scotland, the responsibility for providing for expectant mothers and very young families has been responded to primarily through the provision of universal health services in terms of GPs, midwives in the pre-natal stage and health visitors in the post-natal stage. The implementation of Hall 4 has changed the balance between universal services and targeting support for families assessed to be in need of support. One of its principal aims was a reduction in the number of

universal routine contacts and developmental checks by health visitors which released some capacity to provide additional or intensive support for those children and families most in need. There is a question as to whether the time limits for universal contacts can reasonably identify those families who require additional support. There is now an acceptance that a 6 week limit on universal health visiting does not pick up on all of our most vulnerable families, nor does it pick up on families where circumstances change. We currently operate on a model where families receive support on the basis of either additional needs for the children or a deficit in the parenting which has been identified at an early stage. The former is characterised where the need additional support to nurture their child's development, for instance because of a disability and the former is often as a result of child protection concerns. In some extreme instances, this is assessed as necessitating the removal of the child, because they were deemed to be at sufficient risk in their home or familial setting.

In my opinion, we need to radically change our approach to support for parents. We need to popularise support for parents – to de-stigmatise support for parents – in essence, to normalise support for parents. And all of our current approach has taken place in a context where the provision of family or parenting support services has been much more disparate in development than the universal services and based on a variety of interventions – most often characterised by projects at a local level.

One of the key challenges in providing parenting support programmes is interpreting the evidence against specific desired outcomes – which programme do you use or implement? No one programme is likely to

provide a perfect match against population needs, however, there is a growing body of evidence from which we can draw. Much of this has usefully been captured by two recent publications in Scotland – one by Angela Hallam, produced as part of the production of the Early Years Framework and another by Rosemary Geddes and colleagues through the Scottish Collaboration for Public Health Research and Policy – and I have drawn on these in preparing for today.

The most recent national programme of intervention for our youngest children in the UK, is the Sure Start programme which was introduced in 1999. It was a key policy for the new government to address inequality and improve support to families with young children, aged 0-3 years, particularly those living in deprived communities. The stated aims of Sure Start were to improve children's social and emotional development; children's health; children's ability to learn; and strengthen families and communities. The programme was delivered at a neighbourhood level in England and Wales and has proven difficult to evaluate at a national level. There have been tentative conclusions in relation to the impact of the programme, for instance, less negative parenting behaviours for parents exposed to the programmes and an apparent link between the behaviour of the children and the behaviour of the parents. However, the researchers are cautious about the interpretation of the results and point out that the positive impacts are modest and the implications should not be exaggerated.

In Scotland, Sure Start was also implemented at a local level, with no national evaluation, although there is a mapping exercise which details activity undertaken as a result of the initiative. At the time, Scottish Executive had its own social inclusion agenda of which Sure Start

formed a part. The development of Children's Centres was not a priority (as it was in England and Wales) and the programme was driven at a local level, through a variety of partnership arrangements. The mapping exercise is not able to provide data on any of the child outcome measures, but rather reports on the numbers using services, the delivery of services and the perceptions of those using services. The researchers concluded that Sure Start had stimulated increased activity in the early years provision in Scotland, developing differently in different areas and that this flexible approach should be seen as a strength. They cautioned on the need to maintain a non-stigmatising approach in terms of increased targeting of families.

We have additional experience in Scotland from the Starting Well demonstration pilot in Glasgow which has provided the basis for the development of parenting support programmes in the city. Starting Well provided confirming evidence that identifying high risk children requires much more than the light touch approach of Hall4. For instance, in a retrospective study they found that up to half of families assessed as vulnerable at 12 months were not being identified at the early stage of the child's life. The conclusion was that for the identification of all of the most vulnerable families, more sustained contact is required and should include professional contact other than Health Visitors. Starting Well also provided the opportunity to pilot the implementation of Triple P (positive parenting programmes) in community where there were high concentration of vulnerable families.

So, how should we strike the balance between whole population approach aimed at reaching all families and also get to the most vulnerable families who we know can also be the most challenging in

terms of identification and sustaining contact. We have limited resources and we necessarily need to limit universal approaches to have sufficient resources for the most vulnerable who we know will need more intensive support.

In my opinion, we need to focus our energies and resources through increased availability of parenting programmes on a national scale. We need to grapple with the issue of universal and targeted provision and answer the question of what do we want our ideal early years provision to look like. One of the weaknesses in the Early Years Framework was a lack of detail as to what it would look like on the ground. On the up side, there are numerous developments across Scotland which provide interesting prospects for consideration of a national approach to parents. We have an increasing evidence base of the efficacy of some programmes and I want to offer my own view on the elements of what a national parenting programme might look like.

I want to start with a general plea to review Hall4 restrictions on universal health visiting. We know we are missing many of our most vulnerable children and we need to consider the role of the Health Visitor in maintaining some extended contact with families in the earliest period of a child's life. I am encouraged that the most recent proposals to introduce a health screening check at 24-30 months as I believe this provides the opportunity to identify children where there are developmental concerns. I am aware that the specific screening is currently under the consideration of health boards – and for me, crucially, it provides the opportunity to re-engage with families where we need to provide parenting assistance.

I now want to suggest some programmes which I believe offer the prospect of further consideration in developing a national approach.

We have a pilot for the Family Nurse Partnership in Scotland operating in Edinburgh. This is the only pilot in Scotland, which has been running since 2009. The model has been developed by David Olds in three different sites in the United States and subject to extensive evaluation. The aim of the programme is to improve the child's health and development through intervention in the pre and post natal period. The main impact of the programmes evaluated were children less likely to receive health care for injuries in the first two years of life, exhibited less behavioural problems at age 6, and less offending behaviour and incidents of child abuse at the 15 year follow up period. The adoption of the approach is delivered under licence and requires training to ensure fidelity with the model. The essential components operating in the Edinburgh are to offer ongoing support to all first time mothers aged under 20 years from the earliest pre-natal stage through to birth and up to the first two years of the child' life. In England, there are 50 pilot sites under evaluation, with plans for up to 70 sites to be established in the near future - although it is reported that they may be at risk of funding cuts. There is a question around the transference of the model from the United States to the UK where the impact may not be as pronounced because of the existence of universal health visiting services. However, in my opinion, I think we need to be a bit braver in Scotland regarding the adoption of the model, (which is being evaluated in sites in England) because of the evidence that it will save money in the longer term.

There is an exciting development taking place in Glasgow where they have built on the earlier experiences of Starting Well, learned the lessons with regard to implementation and are now in the process of offering every parent of a child starting P1 in Glasgow the opportunity

of parenting support through the Triple P parenting programme. This programme is based on the work of Matt Sanders and has been developed in Australia. Again it has been the subject of extensive evaluation – with the proviso that many of the evaluations involved the designer of the programme. The impact on children of parents subject to the programme was a reduction of the incidence and intensity of behavioural problems – with stronger impact shown for the higher levels of the programme. The programme is a universal parenting programme offering up to 5 levels of intervention from media promotion of parenting through to intensive family support – with the higher end of the programme aimed at children with conduct disorders. I am aware that Glasgow is hoping to pilot an evaluation of a Triple P programme specifically targeted on parents with babies as an extension of the general implementation. One of the interesting aspects of the programme for me is the element of media promotion. This is about shifting public opinion about the nature of parenting support – creating a culture where it is ok to expect to receive support in the parenting role – not because you are a poor parent, but because it is the right thing to do. It is the right thing because our children have a right to a good early years experience. For me this is important in many other aspects of how we approach the rearing of our children, how we value the process of nurturing them throughout the most precious years of their lives.

Glasgow is taking a population approach to supporting parents and the question for me is, is should Scotland adopt a population approach, if we can satisfy ourselves of the evidence base. Again, I am thinking of being brave in our approach.

The final model I want to highlight is the Incredible Years programme.

This has been developed through the work of Caroline Webster-Stratton. This was widely used in the ground-breaking Head Start programme in the United States in 1980s. Incredible Years is targeted at 2-12 years and there is a currently a baby programme in the development stage. The programme has a number of different interventions focusing on the parent-child interaction delivered both at home and at school, dependent on the programme. This is a programme aimed at young children where there are early signs of behavioural problems and it has been evaluated in communities where there is a high incidence of poverty. Sure Start in Wales provided an evaluation of 11 sites using the programme in a similar way, with similar families. They found the impact on families with pre-school children who had behavioural problems showed improvements in the parents and children's behavior at the six month and 18 month follow up stages. Wales is continuing to develop the Incredible Years programme as part of the policy to reduce the impact of poverty. My main observation on the implementation of this programme in many areas of Wales is that I think that some of that brave thinking and action that I have been referring to has taken place in Wales. This is not the only programme focused on behavioural difficulties so some judgment would need to be brought to the Scottish context, but the point remains that I think we have some decisions to make.

So, where does this leave us in Scotland. On the one hand I am inspired by the priority given to developing out Early Years Framework. I am proud to have played a tiny, bit part in the process and I have spoken on numerous occasions in support of the framework. I now believe we need to think big in terms of the national approach we should take towards support for parents. I believe we should adopt a

national approach to the implementation of parenting programmes, especially in these times of economic recession. It is more important than ever that we continue to invest in our children, in the parents and carers charged with their development. This because the evidence is telling us what has a positive impact on our children and this is because the economics of the case are overwhelming – it will save us money, it will safeguard our children futures.

It will assist us to realize the rights of our youngest children and by doing so, I believe we will improve the realization of many of the rights throughout the rest of their childhood and into adulthood – it is as life changing and as important as we could imagine.

