Putting the Baby IN the Bath Water: Give priority to prevention and first 1001 days

Citation for published version:

Link:
Link to publication record in Edinburgh Research Explorer

Document Version:
Early version, also known as pre-print

Publisher Rights Statement:

General rights
Copyright for the publications made accessible via the Edinburgh Research Explorer is retained by the author(s) and / or other copyright owners and it is a condition of accessing these publications that users recognise and abide by the legal requirements associated with these rights.

Take down policy
The University of Edinburgh has made every reasonable effort to ensure that Edinburgh Research Explorer content complies with UK legislation. If you believe that the public display of this file breaches copyright please contact openaccess@ed.ac.uk providing details, and we will remove access to the work immediately and investigate your claim.
Collective supplemental evidence to the Scottish Parliament about the Children and Young People Bill

Putting the Baby in the Bath Water: Give priority to prevention and first 1,001 days

1. This document offers the shared views and recommendations of a wide variety of organisations and individuals (listed at the end). All the signatories appreciate the Scottish Parliament and Scottish Government’s desire to enact legislation that will move our nation closer to becoming ‘the best place to grow up’. We all share that goal and understand that the Children and Young People Bill is the one major legislative proposal since the Scottish Parliament was created that directly focuses on children’s rights, children’s services and the wellbeing of children and young people. It represents a crucial and welcome window of opportunity. We propose five additional ways to make the most of this opportunity.

2. It is a complex Bill of many parts. Our view is that when seen as a ‘jigsaw puzzle’, one fundamental piece is missing. The Bill does not provide a robust statutory foundation for positive action during the first 1,001 days of life (from pre-birth to age 2).

3. There is a disconnect between the case made for the Bill in its accompanying Policy Memorandum and actual provisions proposed within the Bill. We think this Bill, as introduced, should be amended to connect the dots between its Policy Memorandum and the Bill itself. Its excellent analysis of the wisdom of investing in the earliest years through preventative spending is not reflected in what this legislation actually proposes to do.

4. We do not believe that primary legislation is the only, or always the best, way of advancing policy, practice and positive results. However, this Bill is premised upon the belief that a statutory foundation is required for Getting It Right For Every Child (GIRFEC), children’s rights, early learning and childcare, as well as the care system for looked after children and young people. If this premise is correct, then it should apply equally to creating a strong statutory basis for positive, practical, prevention-oriented policies and practices that enhance the earliest months and years of childhood. Not to do so will predictably lead (over time) to the earliest years receiving lower priority and less support than other areas enjoying ‘must do’ status within public agendas and budgets.

5. Crafting the specific language is a task for MSPs, parliamentary staff and the Bill team. We strongly recommend five areas for improvement within this Bill:

- Government involvement in the initial training and continuing education of those working with the mothers/fathers/carers during the first 1,001 days of every child’s life should give priority to developing effective, positive, relationship-based support. The Government should also ensure that sufficient numbers of very skilled, knowledgeable, relationship-focused supporters for mothers/fathers/carers are available and sustained for at least these first 1,001 days. More and better support is necessary.

- Public bodies should be required to promote, and accord priority to, effective policies and actions that result in positive/secure attachment between very young children and their mothers/fathers/carers. Universal services and supports, supplemented and extended as needed, should be designed and delivered in ways that result in the healthy emotional, social,
intellectual and physical development of all children from pre-birth to age 2 throughout Scotland.

- This Bill should require robust assessments/measure of the extent to which – and reasons why – positive/secure attachment and other key dimensions of healthy emotional, social, intellectual and physical development are (or are not) being achieved with all children (pre-birth to age 2) in Scotland. These assessments should create the evidence base that generates effective interventions benefitting young children and their families swiftly and fully.

- The Scottish Parliament should integrate prevention explicitly into the aims of children’s services planning already listed in the Bill. This should lead to meaningful planning for, and regular reporting of progress toward, a better balance between prevention and reaction by public bodies. Priority should be accorded to ‘primary prevention’, which keeps harm to young children in Scotland from happening in the first place.

- MSPs should act upon this unique chance to reinvent and reinvigorate the health visiting profession as an indispensable part of Scotland’s early years workforce.

6. None of these significant steps toward Scotland really becoming ‘the best place to grow up’ have been included in the Children and Young People Bill, as introduced. These are major omissions that could, and should, be corrected before this legislation is enacted.

7. These five recommended substantive improvements to the Bill are not just good ideas. There is an ever-expanding national and international body of evidence proving the case that what happens (or fails to happen) during the first 1,001 days of life has a powerful and enduring influence not only on the rest of every child’s life – but also on the wellbeing of our families, schools, communities, economy and society.

8. Put simply, there now is compelling evidence that: a) beyond genetics, parent/child relationships, in general, and the quality of attachment, in particular, shape brain development; b) such brain and central nervous development in very early childhood shapes lifelong attitudes and behaviours; and, c) these attitudes and behaviours shape everything from school success to criminality -- and from employability to mental health problems or substance abuse.

9. Many of the signatories to this supplemental evidence have already provided such data and research findings to the Education Committee. Upon request, we can provide additional information – as well as specific suggestions about how and where to build our recommendations into this Bill. Prevention, preparation and support for the earliest years of life are matters that should no longer be subject to the changing preferences of, and pressures upon, successive national and local governments. Only as part of Scots law can these cornerstones of a healthy, fair and successful Scotland take their rightful place on the ‘must do’ list for public policy and governmental action.

10. In summary, we, collectively and individually, encourage the Scottish Parliament to literally ‘put the baby in the bath water’ by adding these missing elements to this Bill. Doing so will make preventative spending and pragmatic, positive action during the first 1,001 days of life a reality, rather than remaining a good intention outwith its boundaries.
Individual Signatories (in alphabetical order)

Professor Mitch Blair
Consultant Paediatrician and Specialist in Child Public Health
Advisor to England DH on Healthy Child Programme

Dr Forrester Cockburn,
Emeritus Professor of Child Health, University of Glasgow.
Past President of the British and European Societies of Perinatal Medicine

Dr Linda de Caestecker
Director of Public Health
NHS Greater Glasgow and Clyde

Professor Stewart Forsyth,
Honorary Professor, University of Dundee,
Formerly Medical Director and Consultant Paediatrician, NHS Tayside

Professor John Frank
Director, Scottish Collaboration for Public Health Research and Policy
University of Edinburgh

Rev Sally Foster Fulton,
Convenor, Church and Society Council
Church of Scotland

Dr Patricia D. Jackson,
Neuro-developmental Paediatrician,
Honorary Senior Fellow
University of Edinburgh

Kathleen Marshall
Child Law Consultant
Former Commissioner for Children and Young People in Scotland

Dr Helen Minnis
Senior Lecturer in Child and Adolescent Psychiatry
Institute of Health and Wellbeing
University of Glasgow

Sue Palmer
Literacy Specialist
Author of *Toxic Childhood*

Professor Mary Renfrew
Director, Mother and Infant Research Unit
University of Dundee

Alan Sinclair CBE
Economist and Associate
Centre for Confidence and Well-Being
Dr David H Stone
Professor of Paediatric Epidemiology
University of Glasgow

Professor Julie Taylor
Co-Director, NSPCC Child Protection Research Centre
University of Edinburgh

Donald Urquhart
Community Safety and Child Protection Consultant

Professor Philip Wilson
Professor of Primary Care and Rural Health
University of Aberdeen

Dr Suzanne Zeedyk
Developmental Psychologist
The Science of Human Connection

***************

WAVE Trust coordinated this collective statement on behalf of the signatories. Please contact Dr Jonathan Sher with any questions, comments or suggestions at jsher@wavetrust.org or on 0744 333 1953.

September 2013