

Chapter 1: Introduction

We cannot overstate the importance of children and young people's health. A healthy start in life is at the heart of a happy childhood and the ability of every young person to achieve their potential and grow up well prepared for the challenges of adolescence and adulthood.

Healthy lives, brighter futures, 2009¹

The BMA has a longstanding interest in child health inequalities in society and their impact on health. We have developed a number of policies and published many reports on child health, including: nutrition, obesity, body image, mental health, sexual health, smoking, alcohol and drug use (see **Appendix 2** for a full list of BMA policy and a summary of BMA work on children's health).

The care of children at all stages of their development is a key focus. The BMA published its first major report on child health in 1979, *Our children's health*, from which followed a number of reports and web resources, including in 1999 *Growing up in Britain: ensuring a healthy future for our children*, which examined child development from conception to age five, in particular in relation to the impact of social and economic inequality on child health. It considered a number of key areas including childhood nutrition, abuse and non-accidental injury, disability, mental health, behavioural problems, and the origins of adult disease.

At the BMA's 2010 Annual Representative Meeting (ARM), members agreed that the Board of Science should prepare an updated version of the 1999 report and make recommendations that will help ensure a healthier and happier future for our children.

Child health is a critical issue of concern to everyone, including the family, the community, the nation and the international community. Enhancing children's lives and improving child wellbeing should be a central objective of public health policy. This means continuous improvement of services for all children and their carers, as well as doing more for the most vulnerable, to reduce inequalities in health. The Marmot review emphasises the importance of investment in children to reduce health inequalities at all ages.² Although the past decade has seen some improvements in children, young people and families' health services, the care provided by UK child health services is inferior in many regards to that in comparable European countries.

A 2007 study for the United Nations Children's Fund (UNICEF), ranked the UK bottom out of 21 industrialised countries for wellbeing enjoyed by children, based on a range of

measures.³ An updated version of this study was published in April 2013 (see **Box 1.1**).⁴ While few direct comparisons are possible (because the later study included more countries, and used different measures), the UK was found to have shown a modest improvement, moving from 21st (joint last) to 16th position. It is worth noting that these data cover the period up to 2009/10, so do not reflect any policies implemented post the 2010 election, and will not account for the impact of the Coalition government's austerity policies. This is discussed in further detail in **Chapter 2**.

Other international benchmarks point to outcomes for our children that are already far from satisfactory, being way below those achieved in other high-income countries. These include the concluding observations of the United Nations (UN) Committee on the Rights of the Child, 2008,⁵ the Organisation for Economic Co-operation and Development (OECD) Report, 2009,⁶ the Good Childhood Inquiry, 2009,⁷ and the UNICEF Innocenti Report Card 9, 2010.⁸

The 2012 *Report of the Children and Young People's Health Outcomes Forum*, highlighted the failures in child health in the UK.⁹ It noted that too many health outcomes for children and young people are poor and that, despite important improvements, more children and young people are dying in this country than in other countries in northern and western Europe. This makes a compelling case for change.

Box 1.1: The child wellbeing index

The chart below presents the findings of this Report Card in summary form. Countries are listed in order of their average rank for the five dimensions of child wellbeing that have been assessed. A light grey background indicates a place in the top third of the table; mid-grey denotes the middle third and dark grey the bottom third.

		Overall wellbeing	Dimension 1	Dimension 2	Dimension 3	Dimension 4	Dimension 5
		Average rank (all 5 dimensions)	Material wellbeing (rank)	Health and safety (rank)	Education (rank)	Behaviours and risks (rank)	Housing and environment (rank)
1	Netherlands	2.4	1	5	1	1	4
2	Norway	4.6	3	7	6	4	3
3	Iceland	5.0	4	1	10	3	7
4	Finland	5.4	2	3	4	12	6
5	Sweden	6.2	5	2	11	5	8
6	Germany	9.0	11	12	3	6	13
7	Luxembourg	9.2	6	4	22	9	5
8	Switzerland	9.6	9	11	16	11	1
9	Belgium	11.2	13	13	2	14	14
10	Ireland	11.6	17	15	17	7	2
11	Denmark	11.8	12	23	7	2	15
12	Slovenia	12	8	6	5	21	20
13	France	12.8	10	10	15	13	16
14	Czech Republic	15.2	16	8	12	22	18
15	Portugal	15.6	21	14	18	8	17
16	UK	15.8	14	16	24	15	10
17	Canada	16.6	15	27	12	16	11
18	Austria	17	7	26	23	17	12
19	Spain	17.6	24	9	26	20	9
20	Hungary	18.4	18	20	8	24	22
21	Poland	18.8	22	18	9	19	26
22	Italy	19.2	23	17	25	10	21
23	Estonia	20.8	19	22	13	26	24
24	Slovakia	20.8	25	21	21	18	19
25	Greece	23.4	20	19	28	25	25
26	United States	24.8	26	25	27	23	23
27	Lithuania	25.2	27	24	19	29	27
28	Latvia	26.4	28	28	20	28	28
29	Romania	28.6	29	29	29	27	29

Source: United Nations Children's Fund (2013) *Child well-being in rich countries: a comparative overview. Innocenti report Card 11*. Florence: United Nations Children's Fund Innocenti Research Centre.

1.1 Child health policy since 1999

The health of children across the UK has improved somewhat in recent years, although it is important to note it has not become distributed more fairly. The fact that child health is only rarely dictated by individual policies emphasises the complex causal pathways and changes in health outcomes determining inequalities in health. During the course of the last 10 years, a number of child health policies, implemented on an inadequate scale for insufficient time periods, have focused on overall health improvement instead of addressing the issue of child health inequalities.¹⁰ Real and sustained improvements in child health can result if political will is brought to bear on the issues. The future of the UK depends on it.

The importance of investing in, and concentrating services on, the early years of life cannot be overstated. As highlighted by Marmot, the determinants of health and wellbeing, whether good or bad, start before birth and accumulate over a lifetime, with a particular importance attached to the early years.² Giving every child the best start in life is crucial in improving the health and wellbeing of the population as a whole and tackling health inequalities.

The past decade has seen some improvements in health services for children, young people and families. New services and public health campaigns have been put in place to support families in tackling some of the current and future health threats facing the modern world: pandemics, obesity, smoking, mental health, drugs and alcohol. New technologies and innovations have led to improvements to treatments, as well as to new ways of providing information and advice. The care provided by UK child health services remains inferior in many regards to that in comparable European countries.¹¹ Much more effort and investment are essential in the crucial early period of life, if services are to influence how children grow up and prosper. While there is much more to be achieved, the Government has begun to put down foundations for the future. Professor Sir Ian Kennedy's 2010 review, *Getting it right for children and young people* acknowledged the concerted effort, at least at the level of policy, to raise the profile of services for children and young people, and to give them a higher priority.¹² The following paragraphs detail some of the key cornerstones of child health policy in the UK.

England

Introduced in 1999, Sure Start Children's Centres, a service for 0 to five year olds, have been established to help provide health and education services in the early years of a child's life alongside schools, community health services and general practitioner (GP) practices. There are 3,600 children's centres in England, enabling over 2.7 million children under five and their families to access a range of integrated services. The House of Commons Children, Schools and Families Select Committee 2010 report recognised that the Sure Start programme 'is one of the most innovative and ambitious Government initiatives of the past two decades'.¹³ The Committee endorsed Sure Start's approach to

ensuring that children's centres serve all communities, recognising that 'this was the right policy to pursue' and that 'only universal coverage can ensure that all the most disadvantaged children, wherever they live, can benefit from the programme'.¹³

In 2004, the Department of Health (DH) and the Department for Education and Skills (DfES)^a published a key National Service Framework (NSF): *The National Service Framework for Children, Young People and Maternity Services*.¹⁴ This 10-year programme was intended to stimulate long-term and sustained improvement in child health. It set out the standards that services for children and young people were to meet and aimed to ensure fair, high-quality and integrated health and social care from pregnancy, right through to adulthood.

In 2003, the Government published its Green Paper, *Every child matters* (ECM).¹⁵ It proposed a range of measures to reform and improve child care. In 2004, following consultation the Government published *Every child matters: change for children*.¹⁶ It set child health and wellbeing in the context of the Government's commitment to their welfare. The *Children's Act 2004* was also passed, providing the legislative spine for developing more effective and accessible services focused around the needs of children, young people and families.¹⁷

In 2007, the DCSF published the *Children's plan*, which set out the Government's strategy for improving the wellbeing, health and opportunities available to children and young people in England.¹⁸ It included a commitment from Government to publish a child health strategy jointly between the DH and the DCSF. In 2009, *Healthy lives, brighter futures: a strategy for children and young people's health* was launched.¹ This joint strategy presented the Government's vision for children and young people's health and wellbeing. It set out how Government would build on progress through: world-class outcomes; high-quality services; excellent experience in using those services; and minimising health inequalities.

Public service agreements (PSAs) were introduced by the Government in 1998 to transform the health and social care system so that it produced faster, fairer services that deliver better health and tackle health inequalities.¹⁹ The *PSA 12*, published in 2007, called for the improvement of the health and wellbeing of children and young people. Another two PSAs addressed the same aim, by itemising the need to keep children safe (*PSA 13*, published in 2009) and to focus on young people's health (*PSA 14*, published in 2007).

a The DfES was the government department responsible for education and children's services in England between 2001 and 2007. In 2007, its responsibilities were split between the Department for Children, Schools and Families (DCSF) and the Department for Innovation, Universities and Skills. The Department for Education (DfE) was formed in 2010, with responsibility for children's education in England.

In 2008, the DH launched the *Healthy Child Programme* (HCP), a public health initiative for children, young people and families, which focused on early intervention and prevention.²⁰ It offered a programme of screening tests, immunisations, developmental reviews, information and guidance on parenting and healthy choices. Due to its universal reach, the HCP aimed to identify families requiring additional support or that are at risk of poor health outcomes. The programme was made up of three documents; *Healthy Child Programme: pregnancy and the first five years*;²¹ *Healthy Child Programme: the two year review*²² and *Healthy Child Programme: from 5 to 19 years old*.²³

Lord Laming's 2009 report, *The protection of children in England: a progress report*, confirmed that robust legislative, structural and policy foundations were in place and that ECM 'clearly has the support of professionals, across all of the services, who work with children and young people' and provided 'a sound framework for professionals to protect children and promote their welfare'.²⁴ He reported that 'a great deal of progress has been made' and highlighted the positive difference that people on the front line are making to children. Lord Laming, was clear, however, that more needs to be done, calling for a 'step change in the arrangements to protect children from harm'. He challenged national Government to 'inject greater energy and drive into the implementation of change and support local improvement' and leaders of local services to 'translate policy, legislation and guidance into day-to-day practice on the frontline of every service'. The Government responded, detailing their plans to deliver the step change that Lord Laming's report called for.²⁵

In March 2010, the DfE published its revised guidance on *Working together to safeguard children*. This document set out how organisations and individuals should work together to safeguard and promote the welfare of children and young people in accordance with the *Children Act 1989*²⁶ and the *Children Act 2004*.¹⁸ The DfE is currently consulting on *Working together to safeguard children*,²⁷ in the context of the National Health Service (NHS) reform agenda as set out in the *Munro review of child protection*.²⁸

In June 2010, the Secretary of State for Education asked Professor Eileen Munro to conduct an independent review of child protection in England. The review, published in February 2011, explained that while previous reforms have been well meaning and well informed, they have not delivered positive long-lasting improvements at the front line. Changes during the past 40 years have been made in reaction to high-profile cases and have focused on parts of the system in isolation, rather than looking at the system as a whole.²⁸

Professor Sir Ian Kennedy's 2010 review, *Getting it right for children and young people*, concentrated on understanding the role of culture in the NHS in delivering child services.²⁹ Kennedy recognised the efforts by Government departments to improve the health and wellbeing of children and young people but highlighted the fact that these developments have not always been matched by results. The review exposed many

cultural barriers standing in the way of improving services for children and young people. These were created, and operate, at a number of levels, from Whitehall, through regional and local organisations, to contacts between individual professionals, and with children, young people and those looking after them. Kennedy proposed a new approach, which contemplates the integration of services, working collaboratively within the NHS and across other agencies.

Kennedy's 2010 review corroborates the view that, despite a wealth of Government publications and targets, far too many children and young people's services remain highly unsatisfactory. The DH's 2010 document *Achieving equity and excellence for children*, draws together information from the white paper and the associated consultation documents, to create a vision of how the proposed new arrangements for the NHS could improve services for children and young people.³⁰

In July 2012, the Children and Young People's Health Outcomes Forum published its report following a request from the Secretary of State for Health to look at how best the health outcomes of children in the UK could be improved.⁹ The report noted that while there have been some improvements in measured outcomes for children and young people in recent years, the UK lags behind comparable countries in northern and western Europe. Some of the most important health outcomes for children and young people in the UK are worse than in many of these countries. The report set out recommendations for the new health system, which would start to address the key obstacles to improving children and young people's health outcomes.

Scotland

In 1999, the white paper *Towards a healthier Scotland* identified child health as a key driver in improving the health of the people of Scotland.³¹ *For Scotland's children*, published in 2001, found that agencies did not work together to help children.³² Children and their families had to negotiate their own way around and between agencies. Agency resources were not aligned according to need or around a child. It recommended greater joining up between agencies at all levels. The audit and review of child protection was published in 2002. The report, *It's everyone's job to make sure I'm alright*, noted that children did not get the help they needed when they needed it.³³

In April 2004, the Scottish Government published their consultation on the review of the Children's Hearings system – *Getting it right for every child*.³⁴ The Scottish Government developed a programme of reform across a number of agencies and Scottish Government departments in order to deliver the necessary improvements that had been signalled. *The getting it right for every child* programme is an integrated programme of action and legislation to reform children's services. In June 2005, the Scottish Government published *Getting it right for every child – proposals for action*. This called for views on a wide number of reforms to improve child services.³⁵

In 2005, the Scottish Government published *Health for all children*, which offered guidance to support implementation of the recommendations of the Royal College of Paediatrics and Child Health's fourth review of routine child health checks, screening and surveillance activity.³⁶ The guidance aimed to promote effective and integrated provision of universal and tailored services for children and families, and described the activity needed for implementation at national and local levels.

In 2008, the *Early Years Framework* was launched, signifying a commitment to the earliest years of life being crucial to a child's development.³⁷ The framework signalled commitment across the public sector to break this cycle of inequality through prevention and early intervention and to give every child in Scotland the best start in life. This is supported by the wider policy document *Equally well*, also published in 2008, which highlighted the need to provide the best possible environment for children's earliest years and to end cycles of poverty and poor health passed down from parent to child.³⁸ *Early Years Framework: Progress so far*, was published in 2011.³⁹

In 2010, the Scottish Government launched the *Maternal and early years* website, to provide accessible information to early years professionals across all sectors.⁴⁰ The site aims to improve joint understanding of the role professionals can play in improving outcomes for Scotland's children and families, and support the delivery of consistent messages to parents across all services.

The 2011 report, *Growing up in Scotland* detailed the aspects of day-to-day parenting that are important to child health and whether variations in parenting account for social inequalities in child health outcomes.⁴¹ In June 2012, the Scottish Government updated its *Getting it right for every child guide*.⁴² In July 2012, the Scottish Government announced that plans to introduce legislation to ensure investment in early years are not an optional extra. It also planned to explore legislative options to ensure that *Getting it right for every child* is embedded throughout the public sector.

Wales

In 2000, the Welsh Assembly Government published *Children and young people: a framework for partnership*, to ensure a new approach to the planning and delivery of services for children and young people.⁴³ It proposed a way in which all local partners could work together in an integrated framework designed to meet the needs of children and young people. *Everybody's business*, published in 2001, was a 10-year strategy for improving child and adolescent mental health services (CAMHS) in Wales.⁴⁴

In 2002, the National Assembly for Wales developed *Seven core aims for children and young people* which summarised the United Nations Convention on the Rights of the Child (UNCRC) as a basis for planning, decisions on priorities, and objectives, both nationally and on a local level.⁴⁵

In 2004, the Welsh Assembly Government published *Children and young people: rights to action*, which set out plans to support all children and young people to achieve their potential and committed to assisting children and young people who are disadvantaged, for example through disability, poverty, family and community circumstances, illness, neglect or abuse.⁴⁶ The *All Wales youth offending strategy* was published jointly in 2004 and was the result of the Welsh Government, the Youth Justice Board and local agencies working together to develop a strategy that provided a national framework for preventing offending and re-offending among children and young people in Wales.⁴⁷

In response to the *Children's Act 2004*, the Welsh Government issued guidance in July 2006 called *Stronger partnerships for better outcomes*.⁴⁸ This guidance showed how local authorities in Wales could produce a 'children and young people's plan'. These plans have been the key mechanisms for delivering sustainable improvement in local service delivery for children and young people.

The NSF, launched in 2005, set out the quality of services that children, young people and their families have a right to expect in Wales.⁴⁹ This framework incorporates national standards based on the UNCRC. The *Integrated children's system* was in force by the end of 2006 and was designed to provide information to practitioners working with children and families.⁵⁰

The child poverty strategy and implementation plan, published in 2006, contained proposals, targets and milestones to halve child poverty in Wales by 2010 and eradicate it by 2020.⁵¹ In 2007, the Welsh Assembly Government published *Towards a stable life and a brighter future*.⁵² This provided guidance and regulations on measures to strengthen arrangements for the placement, health, education and wellbeing of looked-after children and young people. *Getting it right*, published in 2009, provided a five-year rolling action plan for Wales setting out key priorities and actions to be undertaken by the Welsh Assembly Government in response to the concluding observations of the UNCRC 2008.⁵³

In 2011, the Welsh Assembly Government published their Childcare Policy Statement, *Nurturing children, supporting families*, outlining a vision to promote high-quality, affordable and accessible child care across Wales.⁵⁴ In 2012, the *Children's rights scheme* was published, setting out the arrangements for having due regard to the UNCRC.⁵⁵

Northern Ireland

In 1988, the Royal College of Paediatrics and Child Health established a joint working party to review existing child services in the UK. The first edition of *Health for all children* was published by this multidisciplinary working party in 1989.⁵⁶ The emphasis at the time was on development of partnerships between parents, children and health professionals. The 2003 edition of *Health for all children* promoted the gradual shift from a highly medical model of screening, to one with a greater emphasis on health promotion, primary prevention and active intervention for children at risk.⁵⁷ The Child Health Promotion Programme within Northern Ireland, introduced in 2006, is based on *Health for all children: guidance and principles of practice for professional staff*.⁵⁸ *Healthy child, healthy future*, published in 2010, is intended to strengthen the existing programme and is recognised as being central to securing improvements in child health.⁵⁹

In 2006, the Office of the First Minister and Deputy First Minister, published *Children and young people: our pledge*.⁶⁰ This provided a 10-year strategy on the commitments to prevention and early intervention. In 2008, the early years was identified as one of the six priority areas of the *Ten year strategy for children and young people (2006-2016)*.⁶¹ This led to the publication, in June 2010, of the draft *Early years 0-6 strategy for consultation*.⁶² The strategy emphasised that education begins at birth, and that the most critical period in human development is that of the early years. In 2010, the Department of Health, Social Services and Public Safety (DHSSP) published *Health futures 2010-2015*.⁶³ This focused on health visitors and school nurses within integrated children's services.

In July 2012, the DHSSP published *A maternity strategy for Northern Ireland 2012-2018*.⁶⁴ This strategy aims to provide women and their partners, health and social staff, commissioners and policy makers with a clear pathway for maternity care in Northern Ireland from preconceptual care through to postnatal care. This strategy highlights the importance of giving every person the best start in life through promoting and protecting the health and wellbeing of baby, mother, father and family members.

1.2 An overview of the report

This report focuses on the child, from conception to age five, and on the impact of social and economic inequality on child health. Some areas cover childhood more broadly and within the framework of cycles of development. For the purpose of this report, health is defined not simply as the absence of ill health and disease, but more broadly as developing a sense of wellbeing – physically, emotionally, intellectually, psychologically and spiritually.

Chapter 2 gives a brief overview of the key issues in child health today and **Chapter 3** draws on the evidence of inequalities that are present in child health within the UK,

including discussing Marmot's work on health inequalities. Marmot noted that although there was around a three-point improvement in the percentage of five year olds achieving a good level of educational development between 2010 and 2011 – from nearly 56 per cent to 59 per cent – this left almost 250,000 children failing to meet the standard set by schools.⁶⁵ Assessment of development is measured by tests which include being able to dress and concentrate, and the ability to speak and recognise words. The remaining low level of results for testing is evidence that the UK is failing its young children on a grand scale. There are significant inequalities in child development, with many not achieving basic levels of social and emotional development.

The report cannot deal with all child health issues in depth, but a number of key issues have been identified to illustrate inequity in child health, highlight the efficacy of certain interventions and point to the need for a total rather than service-orientated approach in addressing inequity and poor health and wellbeing during the early years of life.

The report considers issues relating to nutrition (**Chapter 4**), maltreatment (**Chapter 5**), disability (**Chapter 6**) and emotional and behavioural problems (**Chapter 7**).

Chapter 8 considers the origins of adult disease and how this can be programmed in utero and early childhood. **Chapter 9** draws conclusions and **Chapter 10** presents a broad range of recommendations for actions that need to be taken if the UK is to provide an environment in which children are nurtured and their health in the early years of life recognised as key to the future health and wellbeing of the population.

We hope that this BMA report will be a valuable resource for doctors and other healthcare professionals working with children, including health visitors, members of the primary healthcare team and paediatricians. Policy makers and workers involved in health, education, social and voluntary sectors may also find this report a useful reference point for their work.

Why are we publishing this report?

The BMA has three main aims in producing this report:

- to acknowledge and celebrate the significant improvements that have been achieved and the considerable amount of work that has gone into child health policy;
- to highlight the fact that, despite these achievements, international benchmarks continually rank the UK low in the league in terms of child health and wellbeing;
- to encourage health professionals, policy makers and the public to consider what more can and should be done and to provide an authoritative resource for effective advocacy.

