

Letter from Glasgow

EARLY CHILD DEVELOPMENT

I was reading that the Indian government may, at last, be trying to implement laws against female foeticide. Such action is to be welcomed and would begin to address the burden that girls and women bear.¹ Of course, lifting this burden requires action at many different levels in many different ways beyond implementing the existing legislation; for example, changes in social attitudes which militate against females in Indian society, changes in attitudes towards doctors who abuse foetal sex testing and the provision of appropriate health and social services.

This depressing issue got me thinking more generally about the importance of pregnancy and the early years of life, and the long-lasting impact that it has on children. This is not just an issue for those children or their families but one for wider society because all of us are affected by the ramifications of that long term impact whether we recognize it or not. Public health has always had (and I hear you say that I would say this, wouldn't I!) an intense interest in what happens in the early years of life of children (and pregnancy) and the effects these have on children's outcomes in terms of physical, mental and social well-being.

Two reports published by WHO's Commission on the Social Determinants of Health^{2,3} highlight early child development (from prenatal development to 8 years of age). In the 'Total environment assessment model for early child development evidence report',² Siddiqi *et al.* note that early child development is the most important development stage during life, and that gender equity issues are determinants of early child development. They state that healthy early child development includes the domains of physical, social-emotional and language-cognitive development and these strongly influence 'well-being, obesity/stunting, mental health, heart disease, competence in literacy and numeracy, criminality and economic participation throughout life'.

At this point I have a confession to make—I am neither a paediatrician nor a child health researcher but I am going to talk about the early years of children's lives in practical terms of what is happening in Scotland. While the issues faced here may be different, I believe the principles are just as important for an emergent economy such as India. Therefore, I apologize if my observations on this are not as sophisticated as some may want but I hope the importance of the issue will overcome any of my shortcomings.

In Scotland there is a consensus, based on evidence, that early child development is important. Important enough to the extent that an 'early years framework' is high on the Scottish government's agenda and a government policy statement on this topic is imminent. A draft has been circulated⁴ (Scottish Government letter to NHSScotland Chief Executives), and the accompanying letter notes: '... the National Health Service (NHS) has a lead role at local and national level, including antenatal care, postnatal family support and provision of care in a child's earliest years, and also working with education and social work services to support young children and their families more generally.'

The draft document notes some 'early intervention principles':

- A reduction in health inequalities in a variety of policy areas so there are equal outcomes and opportunities for all children

- Identify those at risk of not achieving those outcomes and opportunities and target action
- Make sustained and effective interventions
- Shift the focus from service provision in securing outcomes to building the capacity of individuals, families and communities to secure outcomes.

All this has not come out of the blue. Earlier documents such as implementing Health For All Children in Scotland⁵ highlighted the importance of children's health surveillance in infancy and the preschool years. There has also been the evaluation of the National Health Demonstration Project called 'Starting Well'⁶ which looked at support for families with babies in deprived communities in Glasgow. The conclusions from the project were that although it did not meet all its aims, there were positive aspects—'notwithstanding the very real issues of design and implementation highlighted above, there is much to learn from the Starting Well experience. Although the commitment to improving the early years' experience of the poorest children is not in doubt, the evidence base to guide effective action is less secure than once was thought'.

As the above quote demonstrates, very often the evidence for action is imperfect and public health has always had the unenviable task of deciding when, and how, to act in the absence of that 'perfect' evidence. The policy in Scotland will be based on what works and the evidence that does exist but recognizing that this is not straightforward and, that the actions themselves may help expand the evidence base. Flowing from that will be very many different strands that will need to be developed by the NHS and other services. This will include universal services and those services that are targeted at those at greatest risk or need. Among the tasks the NHS could lead on are the interventions required for high risk groups before conception and early in pregnancy, understanding the most effective ways of supporting families at high risk of health problems, and of optimizing health protection and health promotion for preschool and schoolchildren.

Beyond that there is also the issue of how we know that all the interventions are making a difference; what health outcome indicators will we be able to look at to say that the actions in early years are a success? Currently within Scotland we have the usual array of routine morbidity and mortality data relating to births and infants available including:

- Information on births
- Stillbirths and neonatal deaths
- Late foetal deaths
- Birth weight and gestation-specific mortality rates
- Post-neonatal mortality
- Congenital anomalies

Yet if we are going to intervene in early child development across a whole range of areas, then we need to develop indicators to monitor and evaluate those. We need to be much more sophisticated about what information we collect and also how to integrate those with, for example, social services information to produce something that is robust, rational and reproducible in informing early child development. To take an example, if infant mental health is important, as the evidence increasingly suggests

it is, the information required could include information on the pregnancy (including pre-, ante- and postnatal information), information on the mental health of the mother and the child and siblings, information on the social and cultural milieu of the child and mother, and information on services provided by social, educational and other services such as housing.

As a consultant psychiatrist colleague of mine would say: 'This is all very difficult!' Difficult it is indeed, but vitally important. Improving the health of children in the early years is a powerful investment for the future both for individuals and for society.

REFERENCES

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- 3 Irwin LG, Siddiqi A, Hertzman C. *Early child development: A powerful equalizer—Final report*. Vancouver:WHO's Commission on the Social Determinants of Health; 2007.
- 4 Letter to NHSScotland Chief Executives. *Early intervention framework*. Edinburgh:Scottish Government Health Directorates; 7 March 2008.
- 5 Scottish Executive. *Health for all children—Guidance for implementation in Scotland*. Edinburgh:Scottish Executive; 2004.
- 6 Mackenzie M, Shute J, Berzins K, Judge K. *The independent evaluation of 'Starting Well' Final Report*. Edinburgh:Scottish Executive; 2005. Available at <http://www.scotland.gov.uk/Resource/Doc/37432/0009543.pdf> (accessed on 1 May 2008).

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