

Sandra White MSP
The Scottish Parliament
Edinburgh
EH99 1SP
23 March 2017

Dear Ms White

Child Poverty (Scotland) Bill - Call for written evidence

The Royal College of Paediatrics and Child Health (RCPCH) welcomes the opportunity to respond to the Social Security Committee's call for evidence on the Child Poverty (Scotland) Bill. The RCPCH works to transform child health through knowledge, innovation and expertise. We have over 1000 members in Scotland and over 17,500 worldwide. The RCPCH is responsible for training and examining paediatricians and the maintaining professional standards.

The present call for evidence is timely since in January this year the RCPCH launched its State of Child Health Report¹ (SoCH). The SoCH clearly demonstrated that children from deprived backgrounds have much worse health and wellbeing compared to children and young people living in more affluent communities. The report recommends that the Scottish Government should reduce inequality by publishing and implementing the Child and Adolescent Health and Wellbeing Strategy and that the Scottish Government should adopt a 'child health in all policies' approach to decision making, policy development and service design. These practical steps to reduce inequalities will complement the Child Poverty (Scotland) Bill. We know that the first 1000 days from conception to their second birthday is heavily influential in shaping a person's life course and the Scottish Government needs to optimise the early environment and reduce child poverty as a priority.

Although unable to comment on all the areas requested by the Committee the RCPCH submits the response to the call for evidence:

What difference will this Bill will make to the lives of those children who are facing such hardship in Scotland right now

The impact of the legislation is that authorities will have to make changes in order to meet the four targets set. Any change is likely to be modest at best in the first instance, but any reduction in the prevalence of child poverty will benefit children and young people.

Appropriateness and scope of the four targets

RCPCH is fully supportive of the four targets set in the Bill.

The RCPCH State of Child Health Report 2017 states that growing up in poverty means children are more likely to have poor cognitive, social-behavioural and health outcomes². Reductions in levels of child poverty will positively impact on child health and wellbeing, relieving pressures on health care systems.

The target of less than 10 per cent of children living in relative poverty is in line with the recommendations for Scotland in the State of Child Health Report 2017. The target on persistent poverty is an important addition given that Office for National Statistics figures show 2.8% of people in employment in the UK are employed on zero hours contracts³.

The Bill sets targets for 2030, ten years later than the previous UK-wide targets. However as the proposed targets use After Housing Costs measures the later deadline is acceptable.

¹ RCPCH. State of Child Health Report. Jan 2017. Available [here](#)

² Cooper K, Stewart K. Does money effect children's outcomes: a systematic review. 2013. Available [here](#)

³ ONS. People in employment on a zero-hours contract: Mar 2017. Available [here](#)
Charity in England and Wales: 1057744 Registered charity in Scotland SCO38299

Interim targets

We welcome the commitment in the Bill which will ensure that combating child poverty remains a priority for the Scottish Government. The targets contained in the Bill will create an ongoing focus on the issue. Interim targets should help to build momentum towards the 2030 targets and to sustain progress. Meeting interim targets would demonstrate that interventions are working. The Scottish Government should set out information about implications if interim targets are not met and the levers and incentives which could be deployed to ensure they are met.

Proposed arrangements for reporting progress and how best to hold the Scottish Government to account

RCPCH would like to see the measures outlined in the Scottish Government's delivery plans reflect the principles of getting it right for every child (GIRFEC) and progress reports should mirror this. In addition, the Scottish Government should ensure it consults directly with children and young people (not just people or organisations that represent them) as it prepares each delivery plan.

The responsibility placed on local councils and health boards to make local progress reports

We welcome this responsibility. The innovation, learning and best practice that is identified in the local progress reports should be used and disseminated through regular communications and conferences/events to avoid duplication.

The existing Child Poverty Measurement Framework and its 37 indicators

RCPCH firmly believes that the indicators relating to child health should remain within the Child Poverty Measurement Framework. The link between low income and poor health outcomes is well established. The Scottish Schools Adolescent Lifestyle and Substance Use Survey demonstrates a clear association between the socioeconomic (SES) status of young smokers and their age of initiation, with lower SES smokers starting at a younger age⁴. Removing measures on smoking, mental health and diet from the Child Poverty Measurement Framework would be counterintuitive in the face of such evidence.

What status the proposed national poverty and inequality commission should have and what powers the commission should have in relation to the Bill

The commission should be able to call to meeting both the Cabinet Secretary for Health and Sport and the Cabinet Secretary for Finance and the Constitution. The commission should report directly to the First Minister.

Yours sincerely

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