2015
POLICY BRIEF

HUMAN EARLY LEARNING PARTNERSHIP

a place of mind
UBC

PROPORTIONATE UNIVERSALITY

Proportionate Universality - A Definition

"....programs, services, and policies that are universal, but with a scale and intensity that is proportionate to the level of disadvantage" (Marmot, 2010)[1]

What is child vulnerability?

HELP's research focuses on population health. Vulnerability is defined by HELP as the portion of the child population that, without additional support and care, may experience future challenges in school and society. Vulnerable children often have poorer developmental health in one or more of the five developmental domains, each one fundamental for the child to thrive (physical health and well-being, language and cognitive development, social competence, emotional maturity, and communication skills). HELP uses the Early Development Instrument (EDI) to measure the vulnerability of populations of BC children.

For many years there has been a debate about the relative value and impact of universal versus targeted programs and services in addressing children's health and development issues. In reality, when it comes to the early years in Canada generally and BC specifically, many types of programs and services for young children aged 0-6 are in short supply. A system incorporating the principle of proportionate universality for children in their early years would create and maintain a platform of universal supports organized in a way that would eliminate the barriers to access that affect populations with the highest need.

WHAT IS A SOCIAL GRADIENT?

There is a strong relationship between people's social position (often described in terms of socio-economic status - SES) and their health-related outcomes: the lower people's social status, income and/or education, the poorer their health-related outcomes are on average.[2] We see the same relationship in every country in the world.[3] This association is called a "social gradient in health." Figure 1, for example, shows the relationship between parents' education and literacy, for seven countries. In an ideal world, there would be no relationship between SES and healthy outcomes; in other words, the gradient lines in Figure 1 would be flat.

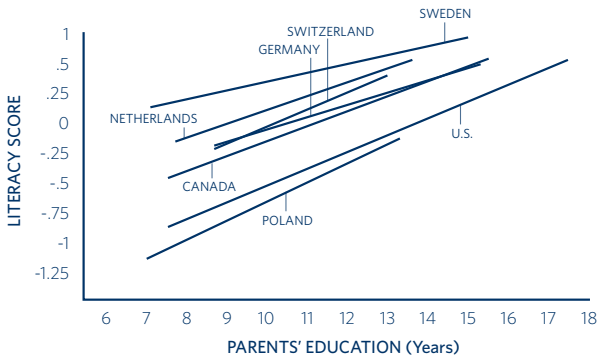
SOCIAL GRADIENTS AND CHILDREN'S DEVELOPMENTAL HEALTH

Looking specifically at BC, fifteen years of data indicate there is a social gradient in children's developmental health in the province. As Figure 2 shows, the proportion of children in a neighbourhood who are vulnerable is higher in socio-economically disadvantaged neighbourhoods than in advantaged ones. The social gradient exists because of the close association between a family's economic and social position, and the associated challenges they may face in accessing the resources and services necessary to build the components of a healthy environment where children spend their early years.

FIG 1: THE SOCIAL GRADIENT

As the diagram shows, in some countries the gradient is steeper than in others. The steepness of the gradient is influenced by policies and programs that attempt to reduce social inequity.

Note: Adapted from Developmental Health and the Wealth of Nations (Daniel P. Keating and Clyde Hertzman, 1999). Data from 1994 International Adult Literacy Study (OECD & Statistics Canada, 1995).



Socio-Economic Status (SES)

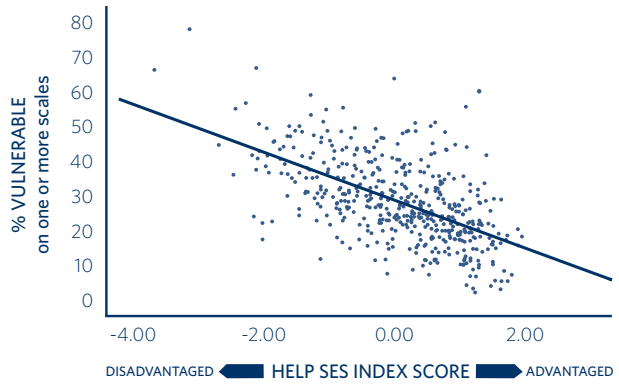
SES is a measure of an individual's or family's economic and social position relative to others. It is based on a range of measures including income, education and occupation. HELP has developed an SES index based on eleven social and economic indicators taken from Census and Income Tax data.

FIG 2: THE SOCIAL GRADIENT IN NEIGHBOURHOOD RATES OF VULNERABILITY

Looking at the data, we can clearly see the child development social gradient.

Note:
EDI Data from British Columbia Wave 3 data collection (2007/08 - 2008/09), Human Early Learning Partnership. SES data from 2006 Canadian Census and 2004 Taxfiler.

Each dot represents one BC neighbourhood



The early years are considered the most important developmental phase of the human lifespan.[4] During the early years there is extremely rapid development of the brain and other key biological systems.[5] The quality of development in these early years has lifelong effects.[6]

A child's development is highly influenced by the quality of the environments in which they spend their time. We know from recent research that children's brains are actually "sculpted" by their early experiences.[7, 8] We also know this early sculpting process affects every other stage of a child's development: as they start school, move into adolescence and become an adult. Early child development is highly correlated with social and emotional and academic development in the middle childhood years; with adolescent health and well-being; and with chronic health issues in adulthood: obesity, mental health (depression), heart disease, high blood pressure and Type II diabetes.[9]

WHAT DOES THE SOCIAL GRADIENT MEAN FOR VULNERABLE CHILDREN?

While the social gradient in child development seems to suggest we should focus our efforts on places where children disproportionately grow up in low SES families, this is not the case. There are vulnerable children at every SES level of our society. A much **higher proportion** of children in the lower SES ranges are vulnerable, yet since the greatest number of children is found in the middle class SES ranges, the **largest number** of vulnerable children is here. See Figure 3 for more information.

Therefore, as we search for ways of reducing inequality and flattening the social gradient in child development, we need to develop strategies that reach ALL children. In practice, this requires tailoring our strategies to reach children in all walks of life and addressing the barriers to access they may experience.

FIG 3: THE SOCIAL GRADIENT FOR VULNERABLE CHILDREN

- Child vulnerability exists in every socio-economic strata of our society;
- Children in the lowest SES range are proportionately more likely to be vulnerable; but
- The majority of vulnerable children are in the middle SES range.

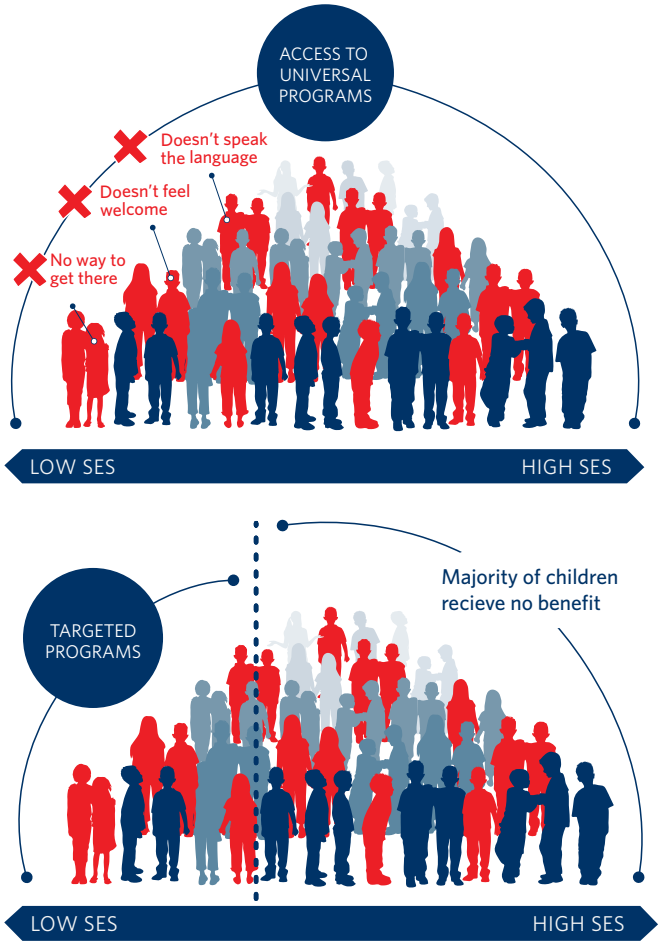
WHY DO WE NEED TO FLATTEN THE CHILD DEVELOPMENTAL HEALTH SOCIAL GRADIENT?

There are several important reasons to move toward more equity in child health outcomes by flattening the social gradient in children's development health:

- Healthy and happy children have intrinsic value in and to society;
- The quality of child development sets the stage for lifelong health and well-being;
- Canada will increasingly depend on the quality of its human resources in the new world economy. As a nation, we need to be concerned about the capability of the future citizens and future workers that we are raising; and
- We have a moral responsibility to ensure that children have optimal experiences in their early years - Canada is one of 193 countries that have signed the Convention on the Rights of the Child.[10]

International comparative research shows that more equitable societies are healthier, happier and more productive.[11]

FIG 4: TARGETED VS. UNIVERSAL PROGRAMS



HOW CAN WE SHIFT THE SOCIAL GRADIENT?

At the Human Early Learning Partnership, we have built on the concept of proportionate universality, an idea first introduced by Sir Michael Marmot.[12] Proportionate universality means that solutions are made universally available, but with an intensity that is directly proportionate to the level of social disadvantage. When we apply this to child development in BC, it suggests a strategy for moving toward greater equity in the early years and flattening of the child development gradient, leading to improved outcomes for all children.

Traditionally, improvements in child development have been suggested within a conceptual framework that sets universal solutions – those that are available to all children and families irrespective of their SES level – against targeted solutions – those that are focused on the lowest SES range (special at-risk populations) and in specific low-income geographic areas. Figure 4 illustrates both approaches. An assessment of each suggests that neither, on its own, will be sufficient in flattening substantially the social gradient. Experience with existing Canadian policy platforms such as health and education, which are universal and incorporate some element of targeting to reach vulnerable populations, is instructive.

A universal approach has the potential to improve things for children in all SES ranges. But in practice, children in higher SES ranges tend to benefit more than those in lower SES ranges. This is because lower SES families are more likely to face obstacles to accessing services – these might be physical, cultural or social. Using a universal approach without addressing barriers to access can actually steepen rather than flatten the gradient and thereby create greater differences in child outcomes between SES ranges.

Targeting programs toward children who are most vulnerable has the potential to reach children in the greatest need. This approach also has substantial challenges. First, targeted solutions can reach the most vulnerable children in low SES ranges in a more intensive way, and so possibly improve outcomes for these children. However, as the largest number of vulnerable children are in the middle class, the majority of vulnerable children are missed. Second, targeting programs does not necessarily eliminate barriers to access, such as families who face social stigma associated with using particular programs. Targeting by itself does not flatten the social gradient overall. Nor does it improve child outcomes across the whole population.

The key to reducing vulnerability in the early years is a universal platform of supports and services available to all children. This platform needs to be accompanied by accessible targeted services for highly vulnerable children and children in low SES ranges. Additionally, the elimination, as far as possible, of barriers to access is important to this approach.

Barriers to Access

A barrier is something tangible that prevents a parent or child from accessing services that they want or need. Barriers might be systemic and related to broad policies that affect families. They might be built into the design and delivery of programs. Or they might have to do with obstacles or challenges unique to individual families or groups of families. Some examples of barriers include:

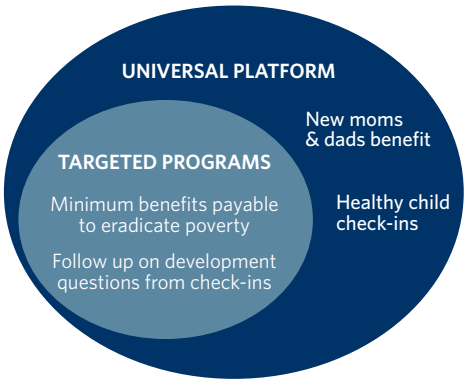
- Costs, such as parent fees, make the service unaffordable;
- Transportation is not available to help families get to the service easily;
- Services are not offered in the family's language; and
- Programs are not culturally sensitive or appropriate.

PROPORTIONATELY UNIVERSAL SOLUTIONS – AN EXAMPLE

In 2010, researchers at HELP published a report for the BC Business Council titled "15 by 15: A Comprehensive Policy Framework for Early Human Capital Investment".[13] The recommendations outlined in the report provide a broad framework for implementing a system of family support that incorporates the principles of proportionate universality. The report proposed a combined and expanded system of parental leave, child care and other early child development services along with flex-time in the workplace. The proposed services require universal platforms along with targeted approaches.

Further refinements to these recommendations reinforce the concept of proportionate universality. For example, in order to ensure that all parents of young children have enough time to care personally for their newborns through at least the first 18 months of life, a universal Parent Benefit is proposed, payable to all new parents regardless of their employment status. In fact, the minimum benefit payable under this proposal is enough to eradicate child and family poverty for this age group. In addition, healthy child check-in services would be available and accessible to all.

FIG 5: AN EXAMPLE OF A PROPORTIONATELY UNIVERSAL FAMILY POLICY FRAMEWORK



This framework outlines some of the components of a proportionately universal system that would allow us to make significant strides towards reducing inequity, improving child outcomes and lessening the child development social gradient for all BC children.

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