# Report on National Workshop into Childhood Health Inequalities July 2025

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# REPORT ON NATIONAL WORKSHOP INTO CHILDHOOD HEALTH INEQUALITIES

## July 2025

**On 27 February 2025 the Royal Society of Edinburgh and the Mental Health Foundation co-hosted a national workshop on childhood health inequalities. Over 40 third sector, public-sector and academic experts working in related fields across Scotland attended the full-day workshop which aimed to:**

- Synthesise existing knowledge on issues and challenges relating to health inequalities in childhood.
- Gain insights into current activities and investment focused on the prevention and eradication of health inequalities in childhood.

# EXECUTIVE SUMMARY

## The workshop was organised around the following three sessions:

### Needs of Children and Families and Research Gaps

Gaps were identified between policy and research on childhood health inequalities; within the existing academic research on such inequalities; and in practical delivery of national initiatives at the local level designed to reduce childhood health inequalities. These gaps broadly related to the inter-linked themes of co-ordination and connection; co-design and diversity; and data availability and use. Specific research gaps were identified regarding macro-level structural issues and topic-specific issues, and recommendations were made for improving research, policy and practice.

### Policy Development and Implementation

The disconnect often experienced between disjointed policy development and uneven implementation was highlighted. Participants discussed a range of policies that could have an impact on tackling health inequalities, from cross-cutting strategic policy frameworks and principles (e.g. GIRFEC and SHANNARI) to specific sectoral initiatives (e.g. The Yard; Bookbug).

### Learning from Practice

A range of interlinked issues that impede community-based initiatives to tackle childhood inequalities were identified. They include: a perceived lack of strategic planning and co-ordination, linked to resource constraints; a need to shift to more preventative interventions; a better balance between top-down and bottom-up approaches; more financial and other support for the third sector to deliver initiatives; and less bureaucracy in funding mechanisms.

# Conclusions and Recommendations

Findings from the national workshop on childhood health inequalities highlight the urgent need for a more cohesive and inclusive approach to addressing the systemic and multifaceted challenges affecting children's health in Scotland.

**To move forward, the workshop called for enhanced collaboration across sectors, inclusive and accessible data practices, and a stronger emphasis on early intervention and upstream solutions. Participants also advocated for policies that are not only informed by robust research but also co-designed with the communities they aim to serve.**

# Session One:

# NEEDS OF CHILDREN AND FAMILIES AND RESEARCH GAPS

## Overview

The morning session was opened by Dr Anna Pearce, Senior Research Fellow in Socioeconomic Inequalities in Health from the University of Glasgow.

> **Health inequalities are unfair and unjust and pass from one generation to the next – perpetuating unfair differences... [and] carry wider economic and societal cost.**

Dr Pearce set the scene with her presentation on health inequalities in the early years, providing insights from routine data and specific studies and highlighting future directions for research. She outlined that health inequalities are unfair and unjust and pass from one generation to the next – perpetuating unfair differences in health and life chances and that health inequalities carry wider economic and societal costs.

Wider points included:

In Scotland, children in the 20% most deprived areas are[1]:

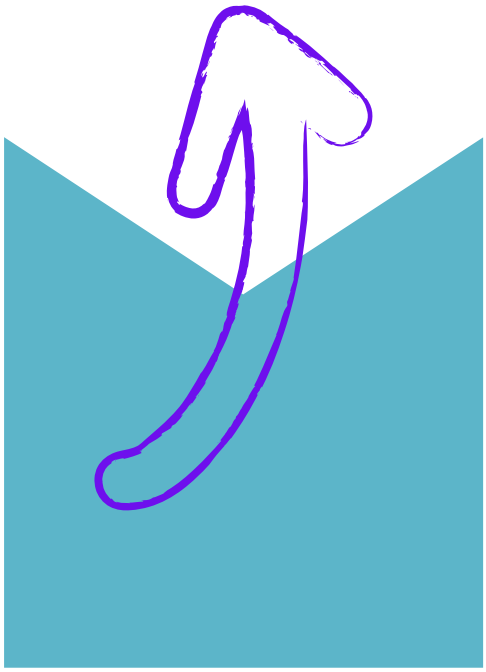
- **10x more likely** to be exposed to tobacco smoke during pregnancy.
- **3x more likely** to have developmental concerns as toddlers.
- **2x more likely** to be obese at school entry.
- **2x more likely** to be born with low birthweight.
- **3x more likely** to die in their first year of life.

1. These figures are based on area-level deprivation (SIMD), which may underestimate inequalities at the family level

She highlighted a need to look at the wider social determinants and commercial determinants of health. For example, healthy food being significantly more expensive, and food insecurity being disproportionately high among low-income and single-parent families. Also, that despite interventions traditionally focussing more on individual behaviour change, this focus may not reduce inequalities and can even widen them. Dr Pearce concluded with the recommendation that there should be a focus on upstream interventions that improve living conditions, redistribute income, and regulate commercial influences, and that policies should be designed to consider who benefits, who participates, and how equitably outcomes are distributed.

The presentation by Dr Pearce was followed by group discussions on the following questions:

1. **What do we know about the needs of children and families (in early childhood)?**
2. **What evidence is available to inform our understanding?**
3. **Where are the evidence gaps?**



# Key findings

**Group discussions during session one identified important gaps in the relationship between policy and research on childhood health inequalities; within the existing academic research on such inequalities; and in relation to practical delivery of national initiatives at the local level designed to reduce childhood health inequalities. These gaps broadly related to the inter-linked themes of co-ordination and connection; co-design and diversity; and data availability and use. Each theme is discussed in more detail below.**

## Co-ordination and Connection

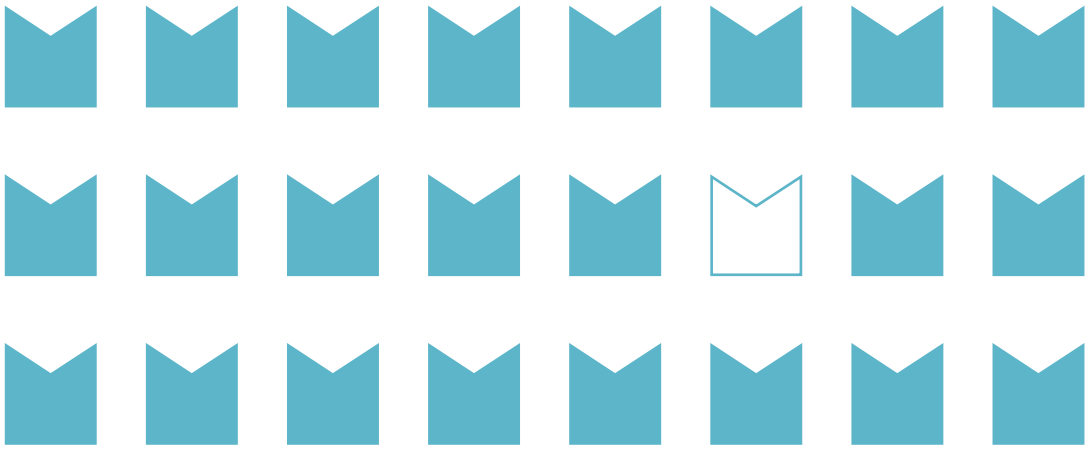
There is a long-standing emphasis on 'evidence-led' public policy both within Scotland and more generally. However, group discussions indicated a 'research-policy' disconnect whereby policymakers are often unaware of all available research, leading to a "broken link" and limited capacity of research to influence policy on childhood health inequalities. A second identified disconnect related to a perceived tendency to redefine and reframe the complex and multi-faceted policy problem of childhood health inequalities, rather than on actionable 'real-life' solutions that meet the needs of children and families. A third disconnect related to misalignment between national policies and local, practitioner-level understanding, causing challenges in implementation.

## Co-Design and Diversity

There is an increasing emphasis on the 'lived experience' of individuals and groups within society who are the intended beneficiaries of health and related policies. However, group discussions indicated a need for more community participation and lived experience perspectives to enable effective co-design and co-production of research, thereby helping to inform effective policy. There was also a view that existing research and policies do not adequately account for the diverse structures and cultural backgrounds of families, affecting service uptake and impact. Similarly, participants considered there to be insufficient inclusion of children's perspectives in research and policy design. Turning specifically to gaps in academic research, it was felt that studies should adopt an intersectionality lens to better understand the diverse needs of children and families.

## Data Availability and Use

A consistently articulated gap identified by workshop participants, which cuts across the 'research-policy-practice' nexus of childhood health inequalities, related to data availability and use. Within the academic research context there is a need for improved measurement tools as existing ones, such as the Scottish Index of Multiple Deprivation (SIMD), are considered insufficiently reliable or targeted to generate granular data that accounts for individual and family-level variations. Participants indicated a need to place greater emphasis on qualitative data, especially lived experiences, rather than relying predominantly on quantitative metrics. It was further noted that multiple professionals often work with the same families. However, there is no unified system for capturing data across services, further impeding the scope for generating research insights, practice improvements and policy impact. There is a related issue in that research data often does not align with real-world practice needs; frontline workers struggle to balance data collection with providing personalised care. Participants also highlighted the need for better collaboration between organisations (e.g., Public Health Scotland and Scottish Government) to improve data linkage and research relevance to practice. More generally, there is a lack of longitudinal studies to assess the effectiveness of health and social care interventions on childhood health inequalities. That may partly be linked to the cost of research, resulting in smaller, more affordable studies which provide fragmented insights. The issue of data paywalls was also identified as a barrier to access, particularly for early-career academics.



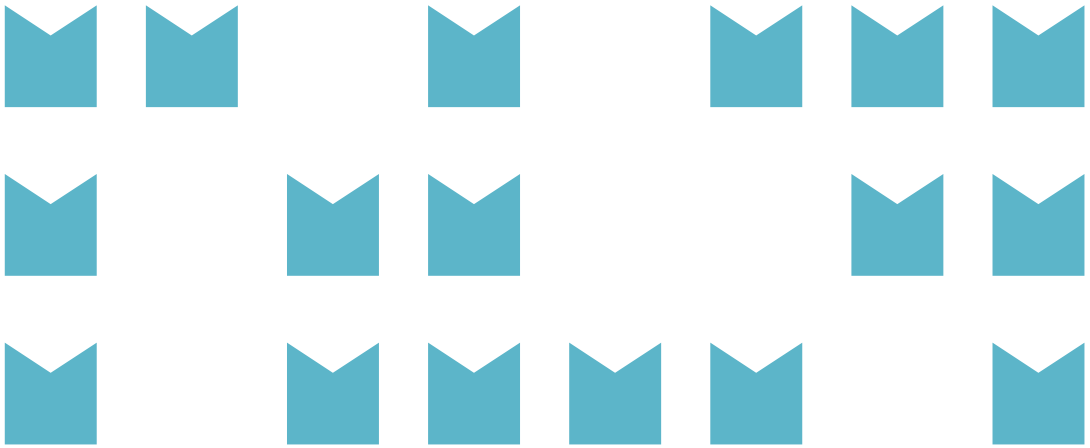
## Specific Research Gaps

Group discussions during session one also identified a range of research gaps in relation to childhood health inequalities. These included the need for further research on the following macro-level structural issues:

- Changes in societal norms, such as children needing nappies when starting school and the decline in traditional family support structures.
- Impacts of in-work poverty (e.g., zero-hour contracts) on children's health outcomes.
- Impacts of upstream interventions, which are harder to evaluate, compared to easier-to-study downstream interventions.
- Effectiveness of universal vs. targeted policies (e.g., free school meals).

Research gaps were also identified in relation to the following topic-specific issues during the group discussions:

- The causes of childhood mental health conditions.
- Breastfeeding inequalities, with current data being limited.
- The role of stigma in accessing services, especially for mental health and nutrition.
- The effects of online digital violence and bullying on children's well-being.
- The effectiveness of training programmes and employability schemes, particularly in the context of reduced funding for colleges.
- The role of social media in influencing vaccination decisions, in relation to misinformation and ways to address that.



# Session Two:
# POLICY DEVELOPMENT AND IMPLEMENTATION

## Overview

Session two started with inputs from Julie Humphreys, Director of Tackling Child Poverty and Social Justice, Scottish Government and Ruth Glassborow, Director of Population Health and Wellbeing, Public Health Scotland. They summarised the approach being taken to tackle child poverty in Scotland including some of the transformation programmes and forthcoming population health framework:

- **Tackling Child Poverty Delivery Plan –** Best Start, Best Futures: Emphasises collaborative, partnership-based working to ensure services meeting individuals' needs. The approach is locally-driven, place-based, and person- and family-centred.
- **The Promise Scotland:** Aims to implement the findings of Scotland's Independent Care Review (2020), with the goal that by 2030 all care-experienced children and young people will grow up loved, safe, and respected.
- **Early Childhood Development Transformation Programme:** Focuses on redesigning early years services to ensure every child has the best start in life. It prioritises integrated, family-centred support, prevention, early intervention, and equitable access across communities.
- **Population Health Framework** (published in June 2025): Sets out a long-term, cross-sectoral strategy focused on primary prevention and collaboration across public services, communities, and sectors.

Questions for delegates following the inputs were:

1. **What key policy initiatives are you aware of that are tackling childhood health inequalities?**
2. **What do we know about the impact/ success of these policy initiatives?**
3. **Where are the gaps in our knowledge?**

# Key findings

**The group discussions on policy explored aspects of policy development and policy implementation and the disconnect that can be experienced between these elements of the policy process. Groups also discussed a wide range of policies that could have an impact on tackling health inequalities. They ranged from cross-cutting strategic policy frameworks and principles to specific sectoral initiatives.**

## Policy Development

Participants identified a need for better understanding of health inequalities and child poverty complexities at the Ministerial level. It was also noted that policy experts often lack comprehensive understanding across different sectors, hindering effective policy development. These factors arguably impede scope for formulating long-term preventative strategies based on evidence, particularly in relation to early childhood.

Disjointed policy developments were considered to have negative spatial impacts if they overlooked the specific needs of rural communities, thereby creating disparities with urban regions. There was also an identified lack of co-production in policy development with marginalised groups, including children, being underrepresented in that regard. Participants also noted the importance of retaining a sense of humanity in policy development, which was often felt to be missing.

## Policy Implementation

Implementation gaps are a long-standing feature in most areas of public policy for a variety of reasons. Policy in relation to addressing childhood health inequalities is no different in that regard, as participants noted. Partly, that is due to the short-term nature of the political cycle, often at the expense of long-term strategies. That political cycle largely explains the failure to decisively shift to sustainable preventative solutions, rather than short-term fixes to tackle health inequalities, despite the findings of influential reports including the Marmot Review[2] and the Christie Commission[3].

2. Fair Society Healthy Lives full report and Health Equity in England: The Marmot Review 10 Years On | The Health Foundation

3. Christie Commission on the future delivery of public services - gov.scot

Other important factors identified by participants as hindering effective implementation included information overload which was felt to make it difficult to synthesise and apply data in policy implementation, the sheer number of policy frameworks and strategies to be integrated into local delivery and inconsistency in programme delivery at a local level. Such inconsistency is arguably linked to what participants described as a lack of awareness of effective local initiatives. More generally, a disconnect between ambitious policies and the resources/training available for delivery was identified as a further significant contributory factor to gaps in implementation.

## Cross-Cutting Policy Frameworks and Principles

### UN Convention on Rights of the Child (UNCRC)

This was noted as a promising and ambitious international framework which empowers children and young people to claim their rights and ensure that such rights are respected by public authorities. Participants felt there is a need to facilitate this type of work and support it so that children are more aware of their rights.

### GIRFEC and SHANNARI

Getting It Right For Every Child (GIRFEC) together with its eight linked wellbeing indicators, safe, healthy, achieving, nurtured, active, respected, responsible, and included (SHANNARI), were recognised as being widely used to frame recommendations and discussions with parents and caregivers regarding their children's wellbeing. While it felt embedded in practice and helped people to speak the same language, it was felt to be rudimentary in some of its definitions (e.g. standardised assessment). Participants also commented on a lack of data regarding GIRFEC's implementation.

### Universal Health Visiting Pathway (UHVP)

UHVP was felt to be largely successful due to its universal nature, which was felt to help remove stigma. Due to its delivery being through the NHS, and the continuity of care this provides, it was felt to help create trust between families and professionals. However, challenges still exist, including differences in implementation across Scotland and in the number of caseloads Health Visitors have in different areas.

One suggestion for improvement was for more interventions to be built into the pathway to increase their chances of success, with a particular reference to how the pathway incentive can further support care-experienced parents.

### The Promise

Funding from The Promise was highlighted as supporting organisations to help maximise youth participation, with activities such as funding renovation of children's bedrooms, days out with the family, etc. However, participants highlighted restrictions in place which were perceived to prevent organisations from providing direct payments to families, leading to concerns that, despite significant investment, this initiative may not tackle upstream causes of health inequality.

### Tackling Child Poverty Delivery Plan

The Tackling Child Poverty Delivery Plan 2022-26 was highlighted as currently undergoing consultation for a new Delivery Plan for 2026-31. Participants felt there is a need to focus on underrepresented groups (e.g., fathers, asylum seekers, and minority ethnic backgrounds) within the revised plan.

Wider policies discussed by participants included equal maternity and paternity pay which were viewed to have been successful, although ongoing gaps with access were felt to exist.

## Specific Sectoral Initiatives

A wide range of policies was identified, with views on their successful aspects. Knowledge gaps were also identified, largely regarding the impact policies have in improving life chances at a population level, or specifically in relation to reducing the inequalities gap. Appendix A provides an overview of policy interventions highlighted by participants, with views on successes/gaps in knowledge.

## Policy Areas for Development

Overall participants felt there was a lack of research into the long-term impact of many policy interventions, making it difficult to understand any change/influence they have on reducing health inequalities.

Participants emphasised the vital role of the early years sector in tackling health inequalities and noted a need for higher skilled and paid staff within the sector. It was also felt that tax structures to address growing wealth inequality are underutilised, with the view that if policies focused on generating more revenue from sources of wealth, there would be less guilt or stigma associated with claiming support.

There was consensus on the need for long-term strategies from government based on evidence. For example, the research on preventative measures to tackle health inequalities is increasingly clear that investing in such measures in early childhood is the most effective way of addressing health inequalities, and that the cost/benefit outcomes show this. It was underlined that we need to move away from reactive policy measures and start implementing long-term strategies that seek to address poverty over the life course.

# Session Three:
# LEARNING FROM PRACTICE

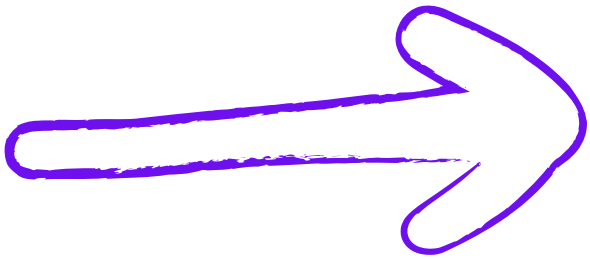
## Overview

This session started with presentations from Dr Mairi Stark, Office with the Royal College of Paediatrics and Child Health (RCPCH) and Dawn Ward, Director, Children and Families, Aberlour Children's Charity.

Dr Stark highlighted the systemic, avoidable, and unfair differences in health outcomes among children in Scotland, driven by social, economic, and environmental factors. Children living in poverty are disproportionately affected, experiencing low birth weight, chronic physical conditions (e.g., obesity), and mental health challenges.

Further insights included:

- **Poverty shapes health:** Families often make the best choices available to them within constrained systems.
- **Cumulative disadvantage:** Adverse childhood experiences are more common and more damaging in poverty.
- **Inverse Care Law:** Children in deprived areas face poorer access to and quality of healthcare.
- **Biological impact:** Socioeconomic deprivation has measurable effects on children's biology and development.



Child poverty and health inequalities are a policy priority for the RCPCH and they have specific recommendations for Government for substantial action and investment to reduce health inequalities.

Dr Stark finished by outlining the Royal College of Paediatrics policy recommendations which were to:

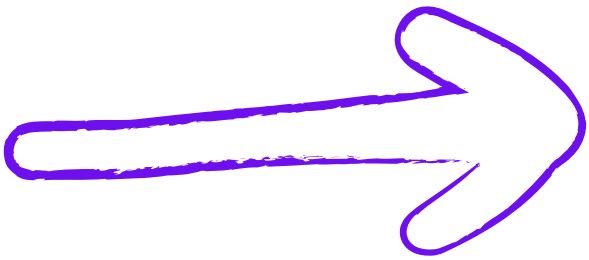
- Expand the young patient's family fund to cover all hospital visits
- Increase the Scottish child payment to at least £30–£40 per week
- Roll out free school meals to all primary pupils
- Action the full Best Start, Bright Futures child poverty plan
- Provide access to long-term, community-based health and wellbeing services

Dawn Ward, Director of Children and Families at Aberlour Children's Charity, presented on the charity's holistic and trauma-informed approach to supporting vulnerable families across Scotland, particularly those affected by poverty, substance use, and systemic disadvantage. She outlined some of the areas of focus and services delivered by Aberlour highlighting:

- **50 services across Scotland:** including national fostering, guardianship, and disability support.
- **Mother and Child Recovery Houses:** Residential and community-based support for mothers with substance use issues, aiming to keep families together and reduce drug-related deaths.
- **Intensive Perinatal Support:** From pregnancy to baby's first birthday, focusing on maternal recovery, parenting capacity, and infant wellbeing.

Dawn provided insights into the impact and outcomes of their Mother and Child Recover house including strong improvements in parenting, mental health, physical wellbeing, and relationships with professionals and an economic evaluation which showed a £10 return in future value for every £1 invested.

Dawn advocated for services that take a whole-family, strengths-based support using therapeutic, parenting, and recovery programmes, enhanced partnerships with GPs and community services and emphasised the importance of early intervention, trauma-informed care, and systemic change.



Following the two inputs, the questions for discussion were:

1. **What community/family focused initiatives are you aware of that are tackling childhood health inequalities?**
2. **What do we know about the impact/ success of these initiatives?**
3. **Where are the gaps in community capacity to support action to tackle childhood inequalities?**
4. **Gaps in evidence to measure impact?**

# Key findings

**Group discussions during session three identified a range of interlinked issues that impede community-based initiatives to tackle childhood inequalities. One emerging theme related to a perceived lack of strategic planning and co-ordination, linked to resource constraints within both the public and third sectors.**

Participants identified a need to move away from time-limited initiatives and towards more flexible early interventions focused on prevention. In that context, the absence of a universal priority list for initiatives tackling childhood inequalities was highlighted by participants. It was felt that policy interventions should focus on valuable investments such as supermarket cards for healthier food choices, more youth centres, and accessible activities.

A need for community hubs as comprehensive resources instead of numerous small, uncoordinated charities was also identified by some participants.

There were also calls for a balancing of top-down and bottom-up approaches for societal change to reduce childhood inequalities, together with increased sharing of research findings and community feedback to better inform practice.

The ongoing existence (and barrier) of the Inverse Care Law was recognised with a need to bring services to people and change how they can access them still not the norm within service design.

Participants highlighted that many communities feel unsafe due to a lack of police presence, negative media, and physical threats (e.g., aggressive dogs and motorbikes). It was felt this undermines community capacity to support initiatives that aim to tackle childhood health inequalities.

Closely related to the above, participants discussed issues associated with the transfer of service delivery responsibilities from the public sector to the third sector, often to fill gaps caused by financial cuts. It was felt that the Government's recognition of the third sector's value in delivering initiatives is not matched by adequate support, most obviously in terms of multi-year funding. That lack of longer-term funding was said to impede the impact and scalability of community-based health initiatives. In turn, that causes uncertainty in the sector, especially regarding the financial sustainability of grassroots projects.

Related challenges were identified regarding the bureaucracy of existing funding mechanisms and the appropriateness of evaluation methods in terms of value for money. Meeting the requirements of different funders, over different timescales in terms of impact measurement was recognised as costly and a challenge. Participants also called for a stronger third-sector voice in community planning to better address community needs.

# CONCLUDING REMARKS

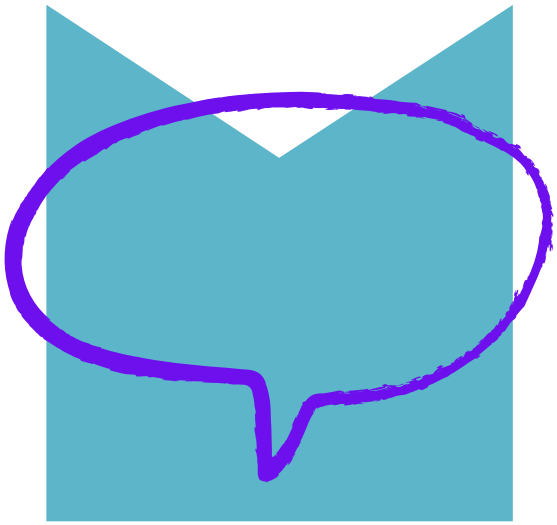
**The national workshop on childhood health inequalities highlights the urgent need for a more cohesive and inclusive approach to addressing the systemic and multifaceted challenges affecting children's health in Scotland.**

Key themes that emerged – such as the disconnect between research, policy, and practice; the underrepresentation of diverse and lived experiences; and the limitations in data availability and usage – highlight the importance of collaborative, community-informed, and evidence-based strategies. The workshop emphasised that while numerous policies and initiatives exist, their effectiveness is often hindered by fragmented implementation, short-term political cycles, and insufficient long-term investment in preventative measures.

**Addressing childhood health inequalities requires sustained commitment, strategic planning, and a shift from reactive to proactive policy-making – anchored in equity, empathy, and long-term societal benefit.**

To move forward, the workshop called for enhanced collaboration across sectors, inclusive and accessible data practices, and a stronger emphasis on early intervention and upstream solutions. Participants advocated for policies that are not only informed by robust research but also co-designed with the communities they aim to serve.

Addressing childhood health inequalities requires sustained commitment, strategic planning, and a shift from reactive to proactive policy-making – anchored in equity, empathy, and long-term societal benefit.



# RECOMMENDATIONS

**The following recommendations were drawn from the rich discussion stimulated as part of this national workshop. They focus on ways to enhance cohesion between research, policy, and practice so childhood health inequalities are tackled and addressed effectively and efficiently.**

*The recommendations are aimed at Scottish Government and other public sector bodies that commission, and are informed, by research and evidence. The recommendations are also applicable to large research funding bodies and academic institutions.*

## 01

### Enhanced collaboration and funding between researchers, policy makers and practitioners.

More opportunities are required to enhance collaboration and networking opportunities between research bodies, policymakers, service providers, and frontline workers to ensure approaches to tackle childhood health inequalities are evidence-based and practically applicable. More joint funding calls, that specifically require this type of collaboration, could also support this enhancement.

## 02

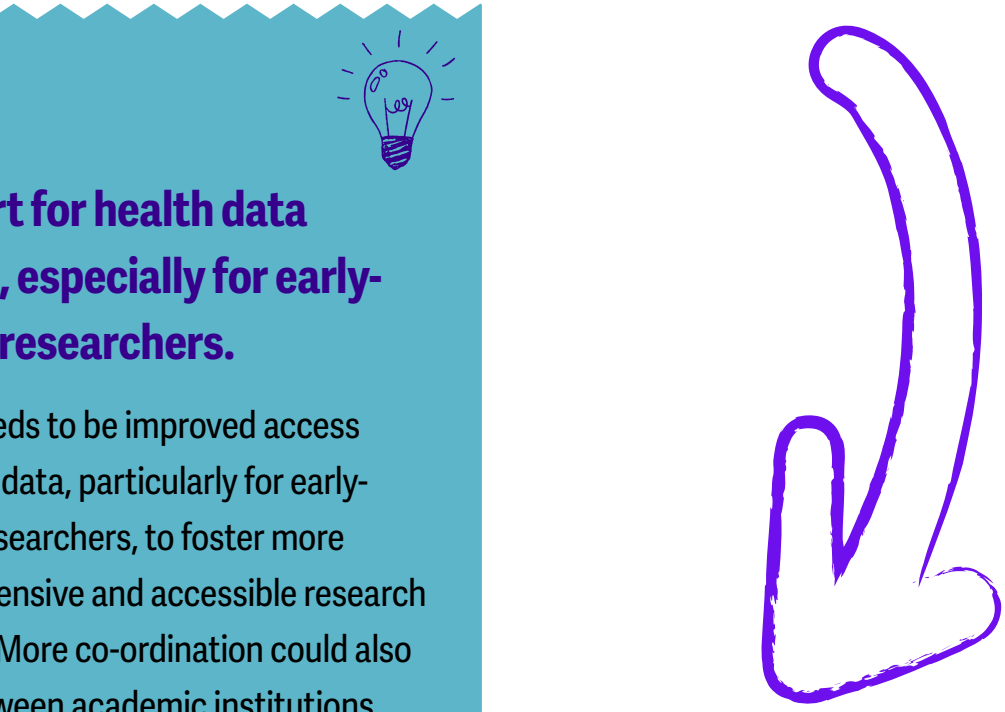
### Improved routine data collection and evaluation that better reflects diverse experiences of children experiencing health inequalities.

Routine data collection and evaluation approaches should better reflect the experiences of children and families that are most disadvantaged so we know what works and with whom. It should reflect the diverse experiences of children and families, including qualitative data and children's perspectives.

# 03

## Support for health data access, especially for early-career researchers.

There needs to be improved access to health data, particularly for early-career researchers, to foster more comprehensive and accessible research findings. More co-ordination could also exist between academic institutions, Government and public bodies so the data gaps that exist in policy and practice are increasingly met by academic institutions and funded PhDs.



# 04

## Address gaps in specific issues and groups.

There are significant gaps in knowledge around what works to tackle childhood health inequalities. The Scottish Government, research institutions and large research funding bodies should prioritise research on key strategic issues outlined within this paper by those working within the field. This includes areas such as mental health, digital bullying, and in-work poverty to inform targeted interventions.

**WITH THANKS TO ALL PARTICIPANTS ON THE DAY AND THOSE THAT PROVIDED INPUTS THAT STIMULATED THE RICH DISCUSSIONS WITHIN THE WORKSHOP.**

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