**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.”

For many years there has been a debate about the relative value and impact of universal versus targeted programs in addressing health and development issues at a community level. In reality, when it comes to the early years in Canada generally and B.C. specifically, there is not enough of either kind of service for young children aged 0-6. A system that incorporates the principle of proportionate universality for children in their early years would create and maintain a platform of universal services organized in a way that would eliminate the barriers to access that affect populations in the highest need.

**WHAT IS A SOCIAL GRADIENT?**

There is a strong relationship between a person’s social position (often described in terms of Socio-Economic Status - SES) and their health: the lower a person’s social status, income, and/or education the poorer health outcomes on average. We see the same relationship in every country in the world. This association is called a “social gradient in health”.

**SOCIAL GRADIENTS AND CHILD VULNERABILITY**

Ten years of data in B.C. indicates that there is a child development social gradient in the province. The social gradient exists because of the close association between a family’s economic and social position, and the characteristics of the environments in which their children spend their early years. Although there are exceptions, generally speaking, the lower a family’s economic and social position the higher the potential for child vulnerability.

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**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).
The early years are considered to be the most important developmental phase of the lifespan. During the early years there is extremely rapid development of the brain and other key biological systems. The quality of development in these early years has lifelong effects.

A child’s development is highly influenced by the quality of the environments in which he or she spends his or her time. We know from recent research that children’s brains are actually “sculpted” by their early experiences. We also know that 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-emotional and academic development in the middle years; with adolescent health and well-being; and with adult health problems: obesity, mental health (depression), heart disease, high blood pressure, and non-insulin dependent diabetes.

What does the social gradient mean for vulnerable children?
Though the social gradient in child development seems to suggest that we should focus our efforts on children in low SES families, and those who have been identified as “at-risk”, this is not the case. There are vulnerable children at every SES level of our society. It is true that, if you look at the lowest SES ranges, a much higher proportion of children in these groups are vulnerable. But, the largest number of vulnerable children is in the middle class SES ranges. This is because the greatest number of children can be found in these groups as shown in Figure 3.

So, 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 that some experience.

Socio-Economic Status (SES)
SES is a measure of an individual’s or family’s economic and social position relative to others, based on a range of measures including income, education, and occupation. HELP has developed an SES index based on ten social and economic indicators.

FIG 2: THE SOCIAL GRADIENT IN NEIGHBOURHOOD RATES OF VULNERABILITY

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

FIG 3: THE SOCIAL GRADIENT FOR VULNERABLE CHILDREN

- Child vulnerability exists in every socio-economic strata of our society;
- The majority of vulnerable children are in the middle SES range; and
- Children in the lowest SES range are proportionately more likely to be vulnerable
WHY DO WE NEED TO SHIFT THE CHILD DEVELOPMENT SOCIAL GRADIENT?

There are several important reasons to consider moving toward more equality and shifting the social gradient when it comes to children:

• Healthy and happy children have intrinsic value in society;

• The quality of child development sets the stage for life-long 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;

• 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. International comparative research shows that more equal societies are healthier, happier, and more productive.9

HOW CAN WE SHIFT THE CHILD DEVELOPMENT SOCIAL GRADIENT?

At the Human Early Learning Partnership, we have built on the concept of proportionate universality, introduced by Sir Michael Marmot,10 and applied this to child development in B.C. to suggest a strategy for moving toward greater equity in the early years and flattening of the child development gradient – improving 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. 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 (see sidebar). Using a universal approach without addressing barriers to access, one that provides the same service to all, can actually steepen the gradient, and 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. But targeting 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 in itself does not eliminate barriers to access – barriers such as the stigma associated with some programs continue to affect families. Targeting alone then, does not flatten the social gradient overall and improve child outcomes across the whole population.

Key to reducing vulnerability in the early years is a universal platform of supports and services available to all children. This platform needs to

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

• Families feel embarrassed about using the service
be accompanied by additional targeted services for highly vulnerable children and children in low SES ranges or geographical areas. Key also is the elimination, as far as possible, of barriers to access.

**PROPORTIONATELY UNIVERSAL SOLUTIONS - AN EXAMPLE**

In 2010, researchers at HELP published a report for the B.C. Business Council titled “15 by 15: A Comprehensive Policy Framework for Early Human Capital Investment.” The recommendations presented in this report provide a broad framework for implementing a system of family support that incorporates the principles of proportionate universality. The Report proposes 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 the 15 by 15 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 eighteen months of life, a universal Parent Benefit is proposed that is payable to all new Moms and Dads regardless of their attachment to the labour market. 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.

The above 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 B.C. children.

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