The Annual Report of the **Director of Public Health**

2025

NHS Highland
na Gàidhealtachd

PUBLIC HEALTH

A strong start: health and well-being in the early years

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Ro-ràdh

Tha mi a' faireachdainn urramach seo a thaisbeanadh mar a' chiad aithisg bhliadhnail agam mar Stiùiriche Slàinte Poblach NHS na Gàidhealtachd, a tha ag amas air an uinneag chothroman as cudromaiche ann am beatha dhaoine: na Tràth-bhliadhnaichean.

Bho chruthan-tìre garbha Earra-Ghàidheal is Bhòid gu meadhan bailteil Inbhir Nis a tha a' sìor fhàs, tha cruth-tìre, daoine agus cultar beairteach is eadar-mheasgte aig a' Ghàidhealtachd. Chan e dìreach toiseach tòiseachaidh fallain a tha a h-uile pàiste a rugadh san roinn againn airidh air; tha iad airidh air bunait a leigeas leotha soirbheachadh fad am beatha.

Bidh eòlasan leanabachd gar cur air an t-slighe nas fhaide na ar tràth-bhliadhnaichean. Bidh na h-eòlasan sin a' cumadh leasachadh eanchainn chloinne, seasmhachd tòcail agus slàinte corporra fad-ùine. Bidh buaidh aca cuideachd air grunn nithean nar beatha thar raointean leithid coileanadh sgoile; seasmhachd cosnaidh is eaconamach; suidheachaidhean-beatha; agus ar ceanglaichean tòcail is sòisealta.

Tha fios againn, mura tèid smachd a chumail orra, gum bi neo-ionannachdan slàinte a' fàs thar cùrsa-beatha agus gur e na tràth-bhliadhnaichean an t-àm nam beatha far a bheil gnìomhan gus neo-ionannachdan a chomharrachadh as èifeachdaiche a thaobh slàinte agus as èifeachdaiche a thaobh cosgais.

Chan urrainn don aithisg seo làn raon nan cùisean a tha mu choinneamh ar clann agus ar teaghlaichean a chòmhdach no geàrr-chunntas coileanta a thoirt seachad air a h-uile rud as urrainn dhuinn a dhèanamh no a tha sinn a' dèanamh mu thràth. An àite sin, tha i an dùil a bhith na brosnachaidh airson deasbaid, a' soilleireachadh cuid de na dùbhlain agus na cothroman airson ginealach chloinne an latha an-diugh.

Mar phàirt de bhith a' cur na h-aithisg seo ri chèile, bha mi airson cluinntinn gu dìreach bho chloinn agus phàrantan gus tuigsinn, bhon t-sealladh aca, dè mar a tha e a bhith a' fàs suas sa Ghàidhealtachd. Roinn còrr air 170 leanabh agus pàrant/neach-cùraim an smuaintean agus na dh'ionnsaich iad; tha sin air beairteas a thoirt don aithris agus na beachdan a chì sibh tron aithisg. Tha e soilleir nach e a-mhàin gu bheil ar clann a' fàs eòlach air neo-ionannachdan, gu bheil iad gan cur an cèill.

Tha a' Ghàidhealtachd na àite brèagha gus fàs suas. Ach, feumaidh sinn a bhith onarach mu na dùbhlain a tha mu choinneamh cuid de ar teaghlaichean. An-dràsta, tha bochdainn a' toirt buaidh air 1 às gach 5 clann ann an sgìre na Gàidhealtachd agus tha 1 às gach 3 a' fuireach ann an sgìrean iomallach no dùthchail far am faod ruigsinneachd air seirbheisean riatanach a bhith na bhacadh mòr. Tha seo a' leantainn gu eadar-dhealachaidhean ann an cothroman agus toraidhean.

Ged a tha an aithisg a’ soilleireachadh cuid dhiubh sin, tha i cuideachd a’ beantainn ri dìreach beagan eisimpleirean den obair a tha mar-thà a’ dol air adhart gus na dùbhlain sin a’ comharrachadh. ’S urrainn dhuinn diofar a dhèanamh, còmhla.

Chan e dìreach riatanas moralta a th’ ann a bhith a’ tasgadh anns na bliadhnaichean tràtha; ’s e an tasgadh eaconamach is sòisealta as èifeachdaiche as urrainn dhuinn a dhèanamh. Le bhith a’ dìon an spionnadh de chomas anns a h-uile pàiste ann an sgìre na Gàidhealtachd an-diugh, tha sinn a’ dèanamh cinnteach à slàinte is soirbheachas na sgìre againn airson ginealaichean ri teachd. Tha mi a’ creidsinn gur e ar dleastanas co-roinnte a th’ ann sin a dhèanamh a h-uile neach ann an sgìre na Gàidhealtachd.

Jennifer Davies

Stiùriche na Slàinte Phoblach, Bòrd Slàinte na Gàidhealtachd.

Introduction

I feel privileged to present this as my first annual report as the Director of Public Health for NHS Highland, which focuses on the most critical window of opportunity in a human life: the Early Years.

From the rugged landscapes of Argyll and Bute to the growing urban centre of Inverness, Highland has a rich and diverse landscape, people and culture. Every child born in our region deserves more than just a healthy start; they deserve a foundation that allows them to thrive for a lifetime.

Childhood experiences set us on the path beyond our early years. Those experiences shape children's brain development, emotional resilience and long-term physical health. They also impact numerous factors in our lifetime across areas such as school performance; employment and economic stability; living conditions; and our emotional and social connectedness.

We know that, if left unchecked, health inequities accumulate across the life-course and that the early years period is the time of life where actions to target inequalities are the most effective and cost-effective.

This report cannot cover the full range of issues facing our children and families nor provide a comprehensive compendium of all that we can or indeed are already doing. Instead, it is intended to act as a catalyst for discussion, highlighting some of the challenges and opportunities for today's generation of children.

As part of pulling together this report, I wanted to hear directly from children and parents to understand, from their perspective, what is it is like growing up in Highland. Over 170 children and parents/carers shared their thoughts and experiences which has provided a richness to the narrative and insights that you will see through the report. What is clear is that our children not only experience inequalities, they express them.

Highland is a beautiful place to grow up. However, we must be honest about the challenges that some of our families face. Currently, 1 in 5 children in Highland are affected by poverty and 1 in 3 live in remote or rural areas where accessing essential services can be a significant hurdle. This leads to disparities in opportunities and outcomes.

Whilst the report highlights some of these, it also touches on just some examples of the work that is already underway to counter these challenges and signals what more we can do to make a difference, collectively.

Investing in the early years is not just a moral imperative; it is the most effective economic and social investment we can make. By protecting the spark of potential in every Highland child today, we are securing the health and prosperity of our region for generations to come. I believe that it is our joint responsibility to make that the reality for everyone in Highland.

Jennifer Davies

Director of Public Health and Health Policy, NHS Highland

Stiùriche na Slàinte Phoblach, Bòrd Slàinte na Gàidhealtachd

Overview of the population of NHS Highland aged 0-4 years

12,834
children were aged under 5 in 2024.

4% of the total population.

1,147
were from a black or minority ethnic background.

9% of the total population.

5%
projected decrease in births to 2047.

48% female.

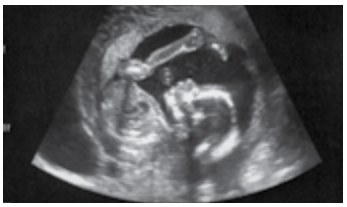
52% male.

2,297
live births in 2024.

34%
live in remote and rural areas.

Pregnancy

8.9%
smoking during pregnancy.



3.3%
babies small for their gestational age.

56.4%
maternal overweight or obesity.

Early years outcomes

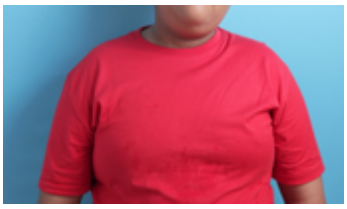
12.8%
children with at least one development concern at 27-30 months.

93.7%
6-in-1 immunisation uptake at 24 months.

89.3%
MMR immunisation uptake at 24 months.

21.9%
children living in poverty.

26.7%
tooth decay in 5 year olds.



25.8%
overweight or obesity at 5 years.

Improving the population health of children

Table 1: Indicators of children's health in the early years.

Indicator	Highland	Argyll & Bute	NHS Highland	Scotland
Pregnancy				
% expectant mothers smoking 2024/25	9.1%	8.3%	8.9%	8.2%
% expectant mothers overweight 2024/25	54.3%	62.5%	56.4%	57.7%
% babies small for their gestational age 2024/25	3.0%	4.3%	3.3%	5.1%
Early Years outcomes				
% with at least one developmental concern at 27-30 months 2023/24	12.8%	12.7%	12.8%	16.7%
% immunisation uptake at 24 months: 6-in-1 2024	93.2%	95.9%	93.7%	95.9%
% immunisation uptake at 24 months: MMR 2024	88.5%	92.5%	89.3%	92.8%
% overweight at 5 years 2024/25	25.2%	27.5%	25.8%	24.4%
% with tooth decay at 5 years 2024	26.8%	26.6%	26.7%	26.1%
% children living in relative poverty (after housing costs) 2023/24	22.1%	21.2%	21.9%	22.0%

Source: Public Health Scotland, Scottish Public Health Observatory profiles tool.

Executive summary

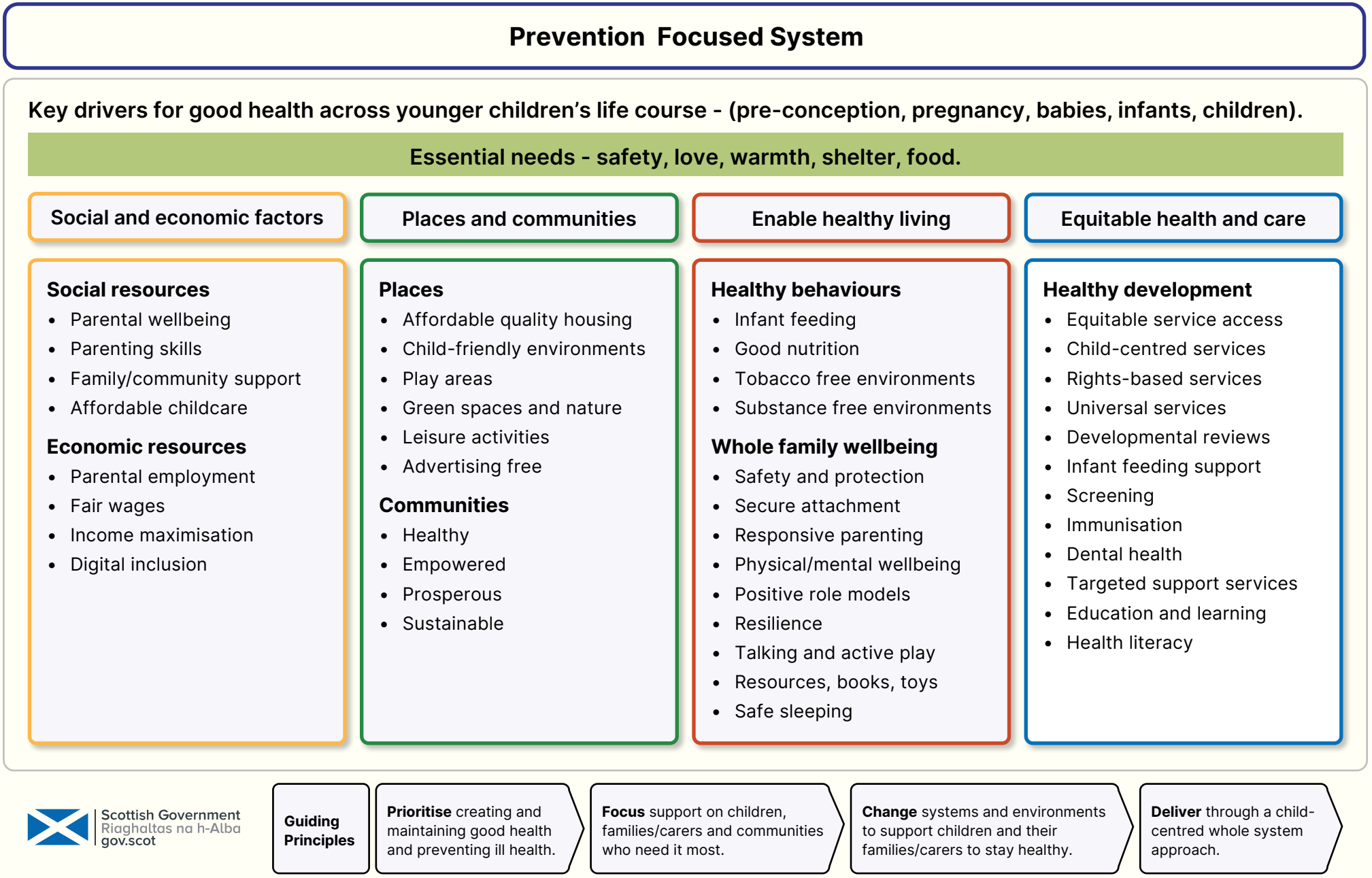
Purpose of the report

The foundations of almost every aspect of development are laid down in early childhood, and these years are crucial in determining health and social outcomes in later life. This year's report focuses on the importance of every child having the best start in life. This means establishing a system that is focused on preventing health and wellbeing issues before they start. It is not only the right thing to do for our population and future generations, it is also more effective and cost-efficient than treating illness later in life.

The report sets out the key components required for a prevention-focused system that improves outcomes for children in the early years. It reflects the four pillars of population health set out in the **Population Health Framework (2025 – 2035)**.

What children and their families/carers need to ensure the best start in life is illustrated in the following diagram in Figure 1.

Figure 1 - Improving the population health of children in NHS Highland.



By thinking about how we support and develop places and communities through the lens of the early years of life, we will be able to create environments that enable everyone to thrive. This means strengthening the positive factors that shape children's development and empowering families to make healthier choices. It also means that we need to proactively reduce the impact of economic and social harms. Getting these factors right will establish a strong foundation for the future of our population.

The report is informed by the voices of young children and their parents/carers. It also draws on current evidence and practice and makes recommendations on ways to improve outcomes.

Overview

1. Prevention in the early years

- The earliest years, from before birth to age three, are a critical window that shapes lifelong health, learning, and social outcomes.
- A prevention-focused system requires shifting effort and investment upstream: strengthening universal early years services, targeted support, collaborative cross-sector action, and embedding child rights into planning and delivery.
- Poverty reduction, parental support, high-quality early learning and childcare, and whole-system approaches (anchored in the Marmot principles and Scotland's Population Health Framework) are essential to narrowing health inequalities.

2. Social and economic drivers of child health

- Child poverty remains the defining driver of early health inequalities. Over one in five children in the health board area live in households experiencing poverty, with disproportionate impact on priority family types.
- Poverty's effects operate through material hardship, parental stress, poorer nutrition, and restricted opportunities for development.
- Strengthening family resilience, (for example by reducing adverse childhood experiences - ACEs, improving childcare affordability and availability, or supporting whole-family wellbeing through place-based programmes) is central to improving outcomes.
- NHS Highland, as an Anchor Institution, can influence local employment, procurement, and community wealth building.

3. Places, environment and community

- Children understand health through their everyday environments: homes, parks, beaches, early years settings, libraries, and community spaces.
- Play-based consultation highlighted that routine, familiarity, time outdoors, sensory engagement, and relationships drive young children's sense of wellbeing.
- Rurality, transport, distance, weather and access challenges create unequal starting points for children in Highland and Argyll & Bute.
- Creating child-friendly places which are safe, inclusive, well-designed, and shaped by children's voices is a powerful upstream intervention that supports health across the life course.

4. Enabling healthy living

- Healthy living begins before birth. Breastfeeding, maternal health, adequate antenatal support, and strong universal health visiting services create the foundations for child health and resilience.
- Developmental reviews, Family Nurse Partnership support, and early learning experiences (including outdoor play and community-based activities) significantly influence learning, attachment and wellbeing.
- Data shows variation in developmental review uptake, teenage pregnancy, breastfeeding, obesity, and pre-term birth rates across regions—often reflecting deprivation levels.
- Children's voices emphasise joy, safety, connection, outdoor activity, and play as fundamental to good health.

5. Equitable health and care

- A fair health system for children requires addressing bias, ensuring equity of funding, realising children's rights and designing services with and for children.
- Equity of access remains a challenge in remote and rural settings, necessitating digital innovation, flexible models of care, and strengthened transport and infrastructure.
- Screening, immunisation, dental health, and early preventive programmes remain essential pillars of child health protection, but inequalities persist in uptake and outcomes.
- Achieving good vaccination coverage, ensuring timely screening, improving dental engagement, and creating child-friendly clinical environments are crucial steps.

Across the document, several important principles emerge:

1. Child rights and participation

Children should experience services and environments shaped around their rights, voices, and lived experiences. This should involve creating safe spaces where children can share opinions, ensuring that we use age-appropriate language and techniques to engage with different groups and that feedback mechanisms and training are built into service design across all areas. This will enhance the quality and relevance of our services for children and families and will ensure that children are genuinely involved in shaping the services that impact their lives.

2. Prevention first

The biggest improvements to health and care will come from prioritising services outside of hospital[1]. Early intervention reduces need for acute care, improves lifelong wellbeing and lowers system pressures. To accomplish this, we need to move away from thinking of children as a clinical specialty and move towards considering children as a population group with its own issues around health and wellbeing. Simple interventions such as toothbrushing, breastfeeding and promoting active lifestyles can greatly impact current and future health.

3. Tackling inequalities

Structural inequalities including poverty, rurality, housing, access, and cost of living are central determinants of health. Our children's wellbeing varies substantially according to deprivation and other related factors. To fulfil our duty to our children, we need to target resources at families which need more help.

4. Whole-system collaboration

Health, education, local authorities, third sector and communities must work in partnership to influence the health and wellbeing of our communities in the early years. These organisations play a significant role not only in service delivery, but also have a substantial impact on local social, economic and environmental factors which in turn can help communities to thrive.

5. The power of place

Physical, social and community environments are as important as clinical care in shaping early health trajectories. Supporting communities through local decision making, volunteering, collaboration and enabling access to resources can significantly enhance important drivers of wellbeing, such as social connectedness, trust and participation. Developing community-centred approaches maximises the impact of protective factors and minimises the risks of social isolation and deprivation.

Summary: a call to action

The report demonstrates that the early years of life are critically important to our lifelong wellbeing. If we get it right, the environments and interventions we establish can give our children a strong foundation to thrive; but if we get it wrong, the repercussions on health can have lifelong implications on individual health and on our healthcare system. To give every child the best start in life, as a system we must:

Invest early in the prevention of poor health and wellbeing. We will build the right economic, social and environmental circumstances for our children and families to thrive, and provide effective services to prevent poor health. This can be realised through a gradual shift in overall proportion of spend from acute to preventative interventions, which may require changes to the way we think about setting our budgets. This approach will yield measurable improvements in child population health in the early years.

Take a system leadership role in reducing child poverty and strengthening family resilience, ensuring we are maximising the impact of local plans to increase access to healthy food, childcare services and other resources. By 2030, we have committed to ensuring that less than 5% of our children are in relative poverty. Delivering against our current child poverty action plans is a measurable outcome we should strive for as system leaders.

Ensure equitable access to high-quality health and care services across geography and demographic groups. This will require us to understand in detail where there are differences in experience and outcome across groups and to actively target investment to close gaps. To measure this, we should see a reduction in unwarranted variation in health outcomes for our youngest children year on year.

Support children's rights and embed their voices in decision-making. We should be actively promoting the involvement of children in policy development and in local decisions. These could be about: the creation of child-friendly, inclusive and safe physical and community environments which encourage play; access to services; access to healthy food; early learning and more. Evidence of involving children's voices in decision making progress should be recorded and reported.

Embed a strategic focus on families and early years as a system priority. Impacts and opportunities on children and families should be considered in all policies in the context of the national Getting it Right for Every Child policy. This will require strong and consistent leadership across all partners. The SHANARRI set of indicators (Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, Included) could be developed locally and used to track our progress.

The 2025 Director of Public Health Annual Report offers a clear, evidence-based foundation for collective action. By focusing on the early years, the system can support better health now and across the life course, helping to build healthier, fairer and more resilient communities for the future.

How we involved children and families in the production of this report

It is essential that the voices of children and parents are heard in all aspects of public policy, whether that be on the contributions our organisations make to the local economy, the services we provide or our impact on the environment. Their views can help us to understand experiences, identify needs and recognise the risks and protective factors which the wider system can address on their behalf. However, traditional engagement techniques are not well-suited to the very young, and this often leads to a lack of evidence to support co-productive decision making.

This year, as part of the evidence-gathering for the Director of Public Health Annual Report, we commissioned the Care and Learning Alliance (CALA) to undertake specialist engagement with our very young people and their families. The research design involved child-led, play-based interactions, prioritising listening to children, responding to their thoughts and supporting their communication skills. Activities were structured to allow children to share their views on communities, health and wellbeing. At the same time, parents of young children were asked their views on similar topics, and were allowed to share their thoughts on the drivers and barriers of good health.

171 children engaged in open-ended play, allowing practitioners to capture thoughts and preferences across four of the pillars of the population health framework: social and economic factors; place and community; healthy living and equitable health and care. Parent views expanded on these themes.

Throughout the report, we have used this research to inform the narrative and to link to the wider evidence base in developing our insights and recommendations. Quotes and visual material from this research are used in the present document to provide greater insight, and the full research report is provided as an appendix .

In Argyll and Bute, Let's Grow Kids UK undertook a parallel piece of engagement in Dunoon, exploring the experiences of families with very young children in a rural and island context. Their findings add important local texture to the picture emerging from across the Highland area, and are drawn on throughout this report.

We were also fortunate to capture on film the perspectives of three people with direct experience of the early years in the Highlands: a parent reflecting on her experience of breastfeeding support; a volunteer from a local toddler group speaking to the role of informal community spaces; an NHS Highland employee and mother offering a workforce perspective on child-friendly design in the new Lochaber hospital - a reminder that families are not passive recipients of services, but active voices in shaping them.

Chapter one
Prevention-focused systems in Scotland – the early years

Introduction

> "A good society is one in which all children have the opportunity for good development and healthy lives and where social cohesion is strong. Such a society can only be achieved with sustained, focused attention on the development and wellbeing of infants, children and young people."
>
> Sir Michael Marmot

The early years of life, from development within the womb through to early childhood, shape the entirety of the rest of our lives. Babies and infants are highly dependent on the adults around them to grow and thrive, and their experiences of factors outside of their control can have a lasting impact on health. These wider determinants of health, such as the social connections available to us, financial security, the quality of our environment, parental health behaviours have been demonstrated to have a direct influence in our earliest years upon the likelihood of acquiring long-term diseases such as cardiovascular complaints, diabetes and mental health problems in later life.

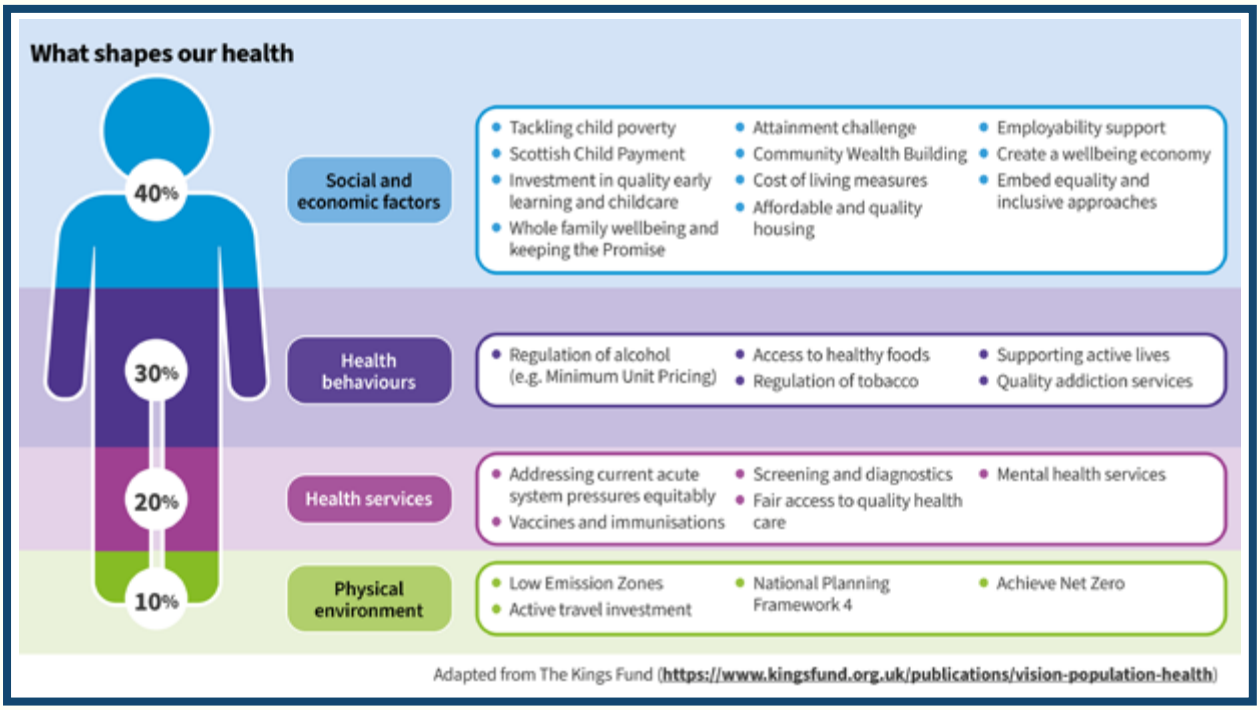
Improving population health and reducing inequalities in the early years depends on a system that focuses on preventing ill health from occurring. This means taking action early to promote health-enabling environments. The early years of life are a key time for development. If we get things right during this time, we can influence lifelong health and wellbeing, reduce inequalities, and avoid higher costs and more complex interventions later on.

What shapes our health?

> "Strawberries make me strong!"
>
> Child 3-5, Highland

Our health is influenced by many factors such as the quality of housing and education; clean air and safe spaces to play; experience of poverty or discrimination; the availability of good quality food and the social connections we make. These social and environmental conditions have a major impact on health[1,2].

Figure 1.1: What shapes our health.



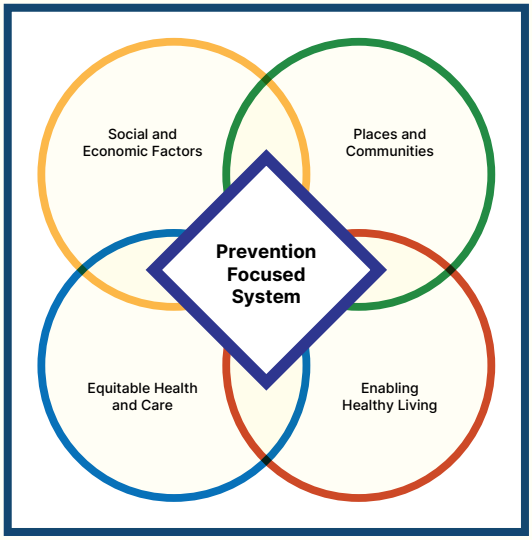
Source: The building blocks of health and wellbeing - Public Health Scotland.

The Scottish Government's **Population Health Framework (2025–2035)** sets out a long-term, collective approach to improving health and reducing inequalities. Prevention is central to this approach.

It includes five connected drivers for better health and wellbeing, as shown in the following diagram.

These drivers matter at every age but are especially important to children. The framework states that focusing on the early years is vital for Scotland's future health and highlights the need to improve outcomes from pregnancy to age three[3].

Figure 1.2: Drivers for better health and wellbeing.

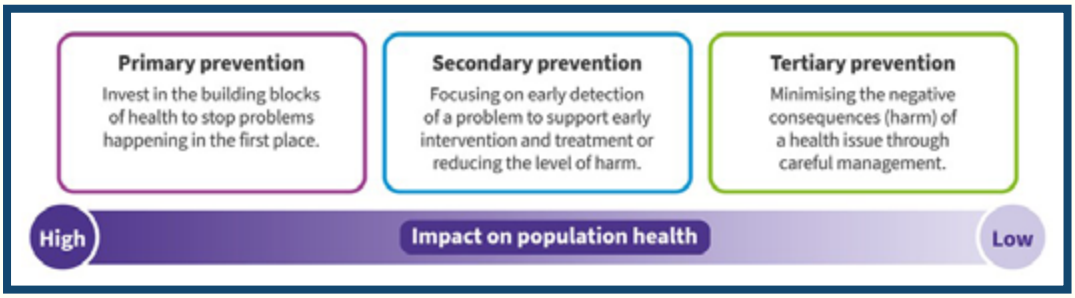


What is prevention?

Prevention is about keeping people healthy and avoiding the risk of poor health and early death. Three types of prevention are important to maintaining good health[4]:

- **Primary prevention:** For example, breastfeeding, which not only nourishes the baby but also helps to make them less likely to get a range of diseases and builds emotional connection or childhood vaccinations which protect children from illnesses that can be prevented, like measles, throughout their lives.
- **Secondary prevention:** Action that tries to detect a problem early to help early intervention and reduce levels of harm. This could include tests like the newborn blood spot test or hearing screening. These checks help spot problems early, so children can get the right care sooner and help them have a better quality of life.
- **Tertiary prevention:** Action that reduces harm from an existing problem. This may include people getting help and treatment earlier for conditions like Type 1 diabetes or cystic fibrosis, helping them stay as well as possible.

Figure 1.3: The three levels of prevention.



Source: Public Health Scotland, Public health approach to prevention.

System drivers and whole-system approach

A prevention-focused system is not a single service or programme. It is a way of working that puts prevention at the centre of all policies and services[3]. Key features include:

- **Collective Accountability:** All partners; including the NHS, local government, voluntary sector, business, academic organisations, and communities, share responsibility for population health.
- **Cross-Sector Collaboration:** Prevention requires working across traditional boundaries to tackle the wider social factors that influence health.
- **Evidence and Learning:** Decisions should be based on strong evidence, data and shared learning.
- **Investment in Prevention:** More resources need to be directed "upstream", to prevent problems before they develop, rather than only dealing them after they appear. Work undertaken by Heckmann suggests that prioritising social investment in the first 1000 days of life could return a financial value of up to £10 for every £1 invested, through reduced social care and medical treatment costs, reducing unemployment, improving individual and community outcomes and reducing harm[5].

The NHS in Scotland is developing its role as an **anchor organisation** - using its influence as a major employer, commissioner, services provider and community partner to support the building blocks of health and prevent ill health.

Prevention in practice: early years interventions

A strong early years prevention system involves several layers[6,7]:

- **Universal Services:** High-quality funded early learning and childcare (ELC) for all 3- and 4-year-olds and eligible 2-year-olds. Preventative support for child health such as the Childsmile programme and importance of vaccinations are covered in chapter 5.
- **Targeted Support:** Actions to reduce developmental concerns identified at the 27–30 month review and to reduce inequalities in early child development. Some examples of targeted support are discussed in chapters 2 and 4.
- **Parental Support:** Providing evidence-based programmes that support parents and recognise the crucial role families play in children's lives. Health visiting and the benefits of the family nurse partnerships are discussed in chapter 4.
- **Integrated Services:** The 'Getting it Right for Every Child' (GIRFEC) approach promotes holistic, child-centred, and trauma-informed practice across health, education, and social care.
- **Community Empowerment:** Working with families and communities so they can shape local services and solutions. Chapter 3 focuses on the key role of communities in supporting the health and development of children and families.

Addressing inequalities

Health inequalities are the systematic, unfair, and preventable differences in health between groups of people. They happen because of the conditions in which people are born, grow up, live and work. These conditions are often outside an individual's control. They shape people's opportunities to have longer, healthier lives[2,8,9].

Marmot set out six key principles for reducing health inequalities in the 2010 report, Fair Society, Healthy Lives, which are further reinforced through subsequent reports. His main policy aims are:

Give every child the best start in life.

Enable all children young people and adults to maximise their capabilities and have control over their lives.

Create fair employment and good work for all.

Ensure healthy standard of living for all.

Create and develop healthy and sustainable places and communities.

Strengthen the role and impact of ill health prevention.

In the 2020 report, Health Equity in England: The Marmot Review 10 Years[10], he adds two cross cutting principles for effective governance and implementation of policies and actions needed to reduce health inequalities. These principles are:

Governance for health equity

- Health equity is an indicator of societal wellbeing.
- The whole of government is responsible for prioritising health equity in all policies.
- Development of strategies and interventions must involve a wide range of stakeholders.
- Accountability must be transparent with effective mechanisms.
- Communities must be involved in decisions about programmes and policies for achieving health equity.

Implementing action on health inequalities and their social determinants

- Develop a national strategy for action on the social determinants of health with the aim of reducing inequalities in health.
- Ensure proportionate universal allocation of resources and implementation of policies.
- Early intervention to prevent health inequalities.
- Develop the social determinants of health workforce.
- Engage the public.
- Develop whole systems monitoring and strengthen accountability for health inequalities.

Improving the lives of today's children, and the adults they will become, requires bold action. This means putting wellbeing and sustainability ahead of a narrow focus on economic growth and building a fairer society[11].

Health inequalities begin early and can last a lifetime[12,13]. For example, children in the most deprived areas are more likely to have:

- lower birth weight
- poorer dental health
- higher rates of obesity
- increased risk of mental health problems
- reduced uptake of childhood vaccinations.

A prevention-focused system must prioritise:

- reducing child poverty
- using developmental reviews and data to identify and deal with concerns early
- working with families from all backgrounds so services are accessible, culturally sensitive and effective.

Inequalities in children's health in NHS Highland

Table 1.1: Differences in health outcomes between the most and least deprived areas in NHS Highland.

Indicator	Year	Most deprived	Least deprived
Low birthweight babies	2024-2025	9.0%	1.7%
Tooth decay in 5-year-olds	2023-2024	42.7%	15.4%
Risk of overweight or obesity at 5 years	2024-2025	33.9%	25.1%
6-in-1 immunisation uptake at 24 months	2022-2024	91.0%	97.5%
MMR immunisation uptake at 24 months	2022-2024	84.8%	94.9%

Source: Public Health Scotland Open Data, Scottish Public Health Observatory profiles tool.

Summary

Most factors that shape our health are social and economic. Around 80% of what affects health happens outside the healthcare system. Focusing on prevention helps us address root causes rather than treating consequences and acting early in life makes the biggest difference.

Place based working is central to prevention because local communities shape people's exposure to health risks and their access to things that protect health. Involving local people in decisions helps prevent ill health and reduce inequalities.

Encouraging healthy behaviours early leads to better lifelong health. Fair and timely access to health and care services is also part of prevention, as delays can lead to worse outcomes and higher costs.

A prevention-focused system in the early years aims to:

- create conditions where all children can thrive
- reduce inequalities
- support long term health.

This requires a whole-system approach, clear shared responsibility and a strong focus on the social factors that influence health. We must act earlier and shift resources towards bold preventative action, coordinated across agencies if we are going to be successful in making a difference for our future generations.

Chapter two
Social and economic factors

Social and economic circumstances have a big impact on our health. Children need enough resources and support to grow up healthy, not only within their families but also within their wider communities. Infant brains develop quickly, and the quality of development depends crucially on the environment and social connections experienced by children as they come to learn about the world.

A nurturing environment in which material, social and emotional needs are met can help a baby to thrive. However, any form of stress which the child is exposed to can impede neural pathways from being laid down, harming development and impacting on lifelong health.

> "I want to go to a café, I've never been before."
>
> Child 3-5, Highland

> "That's the hub (café) I don't know what you do there."
>
> Child 3-8, Highland

> "It is very expensive to buy fresh fruit, vegetables and fresh meat. I know these foods are better for my kids, but cheaper foods are more affordable when living on Universal Credit."
>
> Parent, Highland

Whole family wellbeing

Building stronger family resilience is central to improving outcomes for babies, children and families. Building resilience means supporting the ability of families to withstand and rebound from crisis and stress and provide safe, stable and nurturing environments essential for healthy child development. Building stronger family resilience complements wider socio-economic factors and action to reduce child poverty.

In Highland, the Whole Family Wellbeing Programme is a change and innovation programme which aims to tackle inequalities and improve the wellbeing of all family members, reducing the likelihood of families reaching a point of crisis or breakdown.

Its goal is to ensure families can access the right support, in the right place, for as long as needed. The programme supports the rights of children and families in line with the United Nations Convention on the Rights of the Child (UNCRC), Getting it right for every child (GIRFEC) and The Promise.

A range of community-led projects focus on supporting the priority family groups most likely to experience disadvantage. The approach provides a consistent framework for tackling inequalities and improving the wellbeing of families across Highland.

Further information about the Whole Family Wellbeing Programme can be found on the Highland Community Planning Partnership website.

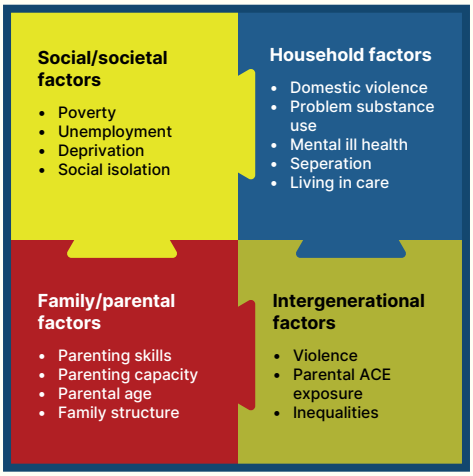
Adversity in childhood

Ensuring the best start in life for babies and young children will have a profound effect on shaping long-term health. Positive early experiences are closely associated with a range of beneficial outcomes, including better performance at school, better social and emotional development, improved work outcomes, and better mental and physical health.

Conversely, negative experiences – known as adverse childhood experiences (ACEs) - can have lifelong effects[1]. These may include trauma, abuse, or chronic stress. Adverse experiences often cluster in children and young people's lives and are associated with poor educational, social, physical and mental health outcomes across the life course.

Children often experience several adversities at once, and usually the cumulative effects of a combination of factors rather than a single-issue lead to a child's experience of adversity and stress. The evidence around childhood adversity has repeatedly shown the interaction between poverty, inequality and traumatic events in childhood[2].

Figure 2.1: Interaction of risk factors for adverse childhood experiences.



Source: Based on UCL Institute of Health Equity.

A public health approach aims to prevent adversity and maximise the conditions for children to flourish. This means creating the conditions that ensure children grow up with safe, stable, and supportive relationships that build resilience.

A public health report on adverse childhood experiences, resilience and trauma in Highland was undertaken in 2018[3]. Understanding and responding to childhood adversity and trauma remains a public health priority. A multi-agency trauma informed practice group is now in place and is developing approaches to trauma informed practice, including promoting and delivering training to workers across partners and supporting a network of trauma champions who have completed the Scottish Trauma Leaders Training. There has also been a trauma summit that was held in 2024 where the Chief Officers of Highland Council and NHS Highland committed to support embedding trauma informed practice in services.

Trauma informed practice

NHS Highland in collaboration with Health and Social Care Partnerships (HSCPs) and Third Sector partners are implementing a trauma-informed approach to adverse childhood experiences that supports practitioners to recognise trauma, prevent re-traumatisation, and foster recovery through safe, compassionate, and nurturing relationships.

Key initiatives include utilising the National Trauma Training Programme to build a trauma informed workforce with learning resources such as Sowing seeds: trauma informed practice for anyone working with children and young people.

Trauma is everyone's business, is a key message with efforts aimed not just at treating, but at preventing adverse childhood experiences by supporting families and communities to reduce incidences and strengthen relationships that help children recover[4].

A trauma-informed approach that looks beyond difficulties and focuses on **"what do you need?"** is the Maternity Comfort Pack initiative funded by Police Scotland, facilitated by Public Health and delivered by the Maternity Units at Raigmore, Belford, Caithness General and Broadford Hospital.

It addresses the links between trauma, substance use, poverty and complications in pregnancy, such as pre-term birth, which can result in emergency or unscheduled attendance at hospital without belongings or means of getting basic supplies.

> "The packs aim to reduce stigma and respect everyone's right to dignity."
>
> Cat Clark, NHS Highland, Specialist Midwife.

By providing comfort at a time when women are likely to feel vulnerable or isolated, the packs help reduce stigma and respect everyone's right to dignity. Each bag includes; a dressing gown, pyjamas, slippers, socks, pants, water bottle, and wash bag of toiletries for Mum. Further funding has been secured from Highland Alcohol and Drugs Partnership to sustain this practical and well received initiative.

Figure 2.2: Maternity comfort pack.

Childcare

Raising a child involves more than parents and guardians alone; it takes a community. Non-parental care can be either informal, such as friends or relatives, or formal, such as nurseries, schools or childminders. Each of these potential caregivers has the capacity to foster or hamper the resilience of children and their families.

For children over three, it is well established that formal childcare supports social and language development. In Scotland, funded early learning and childcare (up to 1,140 hours) is available for children aged three to four years.

However, childcare can still be expensive[5]:

- 71% of families use childcare so parents can work
- 6% spend 10–20% of their income on childcare
- 16% find childcare difficult or very difficult to afford.

There are also challenges in the childcare workforce, including low pay and shortages of staff. Staff should be supported to obtain relevant qualifications to increase the size and appeal of the workforce. A strong and resilient childcare sector is vital for supporting children's health and families' wellbeing in NHS Highland[6].

Child poverty

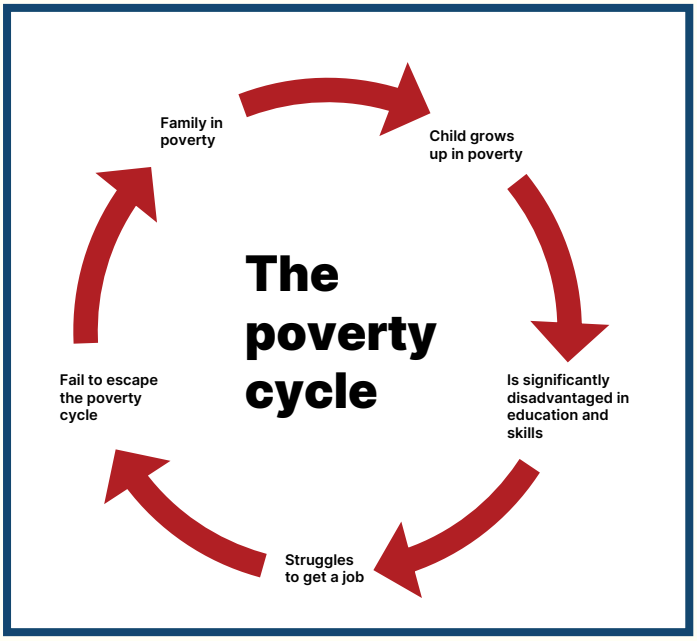
Poverty is one of the main causes of poor health and social inequality. Children who grow up in poverty are more likely to have health problems, do less well at school, and remain in poverty as adults[7]. Reducing child poverty can improve children's quality of life and enhance their life-long outcomes. Importantly, alleviating poverty will allow each member of our community to flourish and to play their part in society and our economy. Tackling child poverty is central to achieving the ambitions of the Population Health Framework and improving children's outcomes.

How poverty affects health

The connection between poverty and health is cyclical. Poverty can lead to poor health, and poor health can lead people into poverty and make it harder for families to escape the poverty cycle. Although the biological reasons are complex, the main factors include environmental stress, poor diet, and reduced access to services that could help[7].

The early years of life are especially important. Supporting children and families early can prevent problems throughout life. Action to reduce the experience and consequences of poverty in childhood must be a mainstay of a preventive approach to health.

Figure 2.3: The Poverty Cycle.



What child poverty means

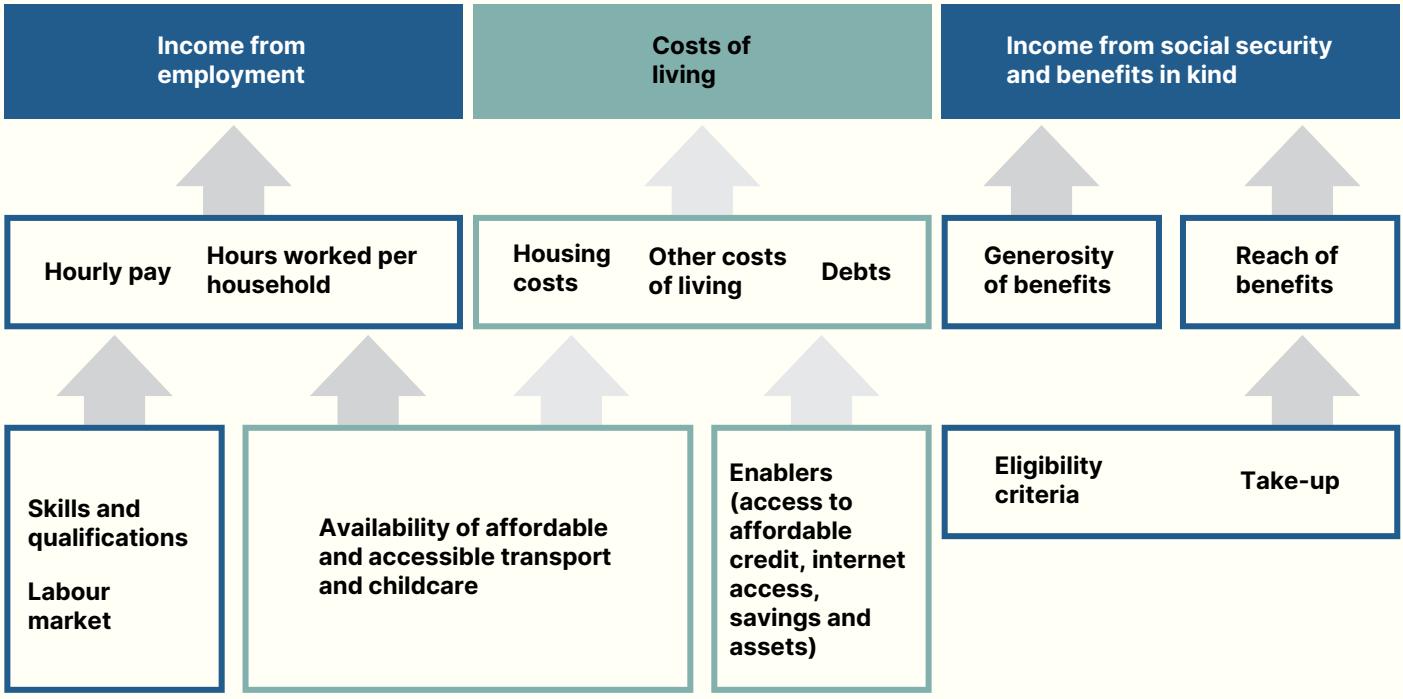
In Scotland, a child is considered to be living in relative poverty if they live in a household whose income is below 60% of the UK median after housing costs. This better reflects real disposable income, especially in rural areas like NHS Highland where housing and transport costs are higher[8]. Other indicators include material deprivation and persistent poverty.

What drives child poverty?

The Scottish Government's Best Start, Bright Futures strategy highlights three main drivers[9]:

1. Employment income – whether adults can earn enough through work.
2. Living costs – such as food, housing and transport.
3. Social security income – the support families receive from benefits.

Figure 2.4: Drivers of child poverty.



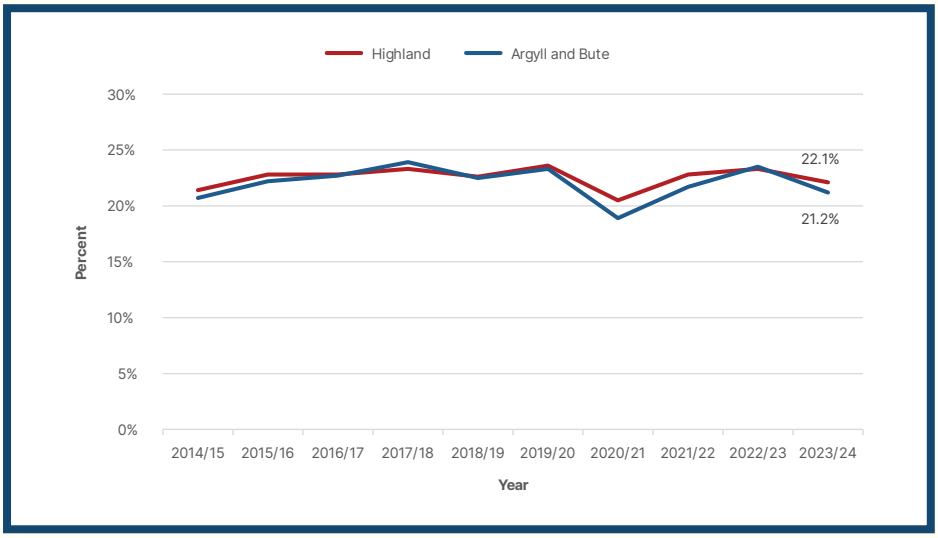
Source: Scottish Government. Every Child Every Chance, 2018.

Trends in child poverty

Child poverty fell during the 1990s and 2000s but has not improved since about 2010.

In NHS Highland, more than 1 in 5 children (22%) live in poverty compared to 23% nationally. This means that in 2023/24 there were more than 12,000 children in NHS Highland growing up in a household experiencing poverty[10].

Figure 2.5: Trend in child poverty (%) in Highland and Argyll and Bute



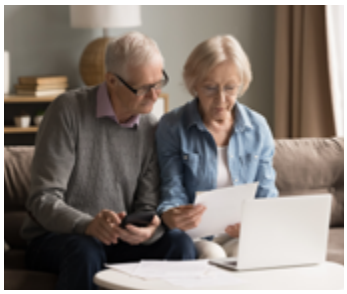
Source: End poverty coalition. Relative poverty after housing costs.

National data shows children are more affected than adults and older age groups.

Figure 2.6: Poverty rate for children, working-age adults and pensioners in 2021-24

Children
23%

Working-age adults
20%



Pensioners
15%

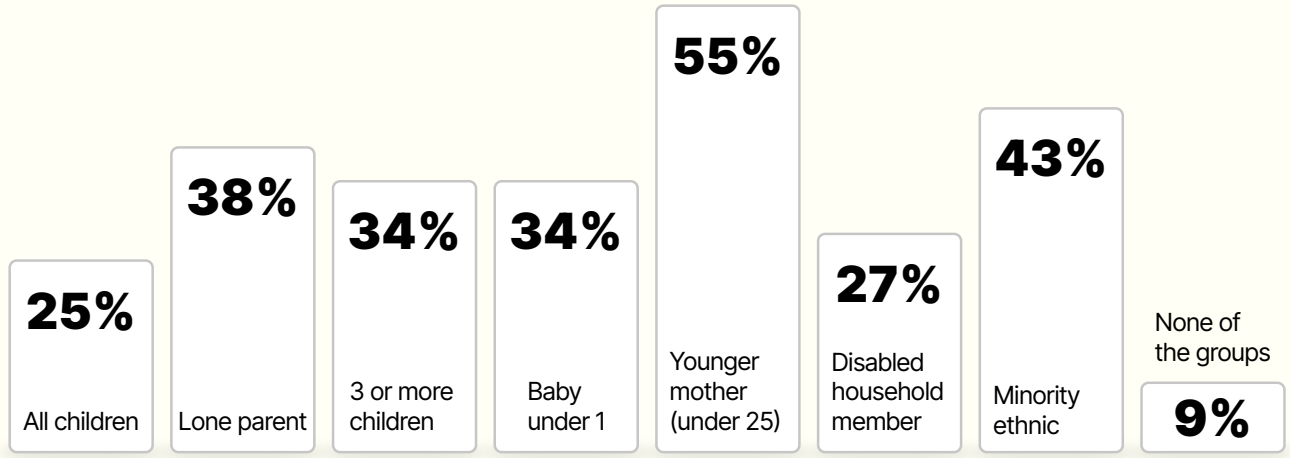
Source: Scottish Government. Poverty and Income Inequality in Scotland 2021-24.

The latest data on child poverty in Scotland suggests that poverty has fallen in urban areas and risen in rural areas. Living in rural areas brings extra challenges. Higher everyday costs and limited access to affordable childcare and transport make it harder for families to cope. Although overall poverty rates in rural areas are still lower than in cities, the rise from 15% to 21% nationally points to challenges in rural communities such as high living costs and poor access to services. Rural families may be disproportionately affected by economic stressors, even where overall poverty levels appear unchanged. Local factors such as fuel poverty, digital connectivity and transport poverty affect how children and families feel these pressures.

Families most at risk

The Scottish Government identifies six types of families who are more likely to experience poverty. About 90% of children in poverty belong to one or more of the risk groups shown in Figure 2.7. Many families fall into several of these groups at once, increasing the disadvantage they experience.

Figure 2.7: Proportion of children in priority groups who are in relative poverty after housing costs in Scotland



Source: Scottish Government

Child poverty has long-lasting effects on health and future life chances. Poverty is cyclical and can continue from generation to generation. System leaders across NHS Highland must play an active role in supporting action to reduce child poverty locally, such as promoting fair and secure work across the region.

"Beep! I'm paying with my card."
"You pay first, then you eat."
"This costs lots of coins."

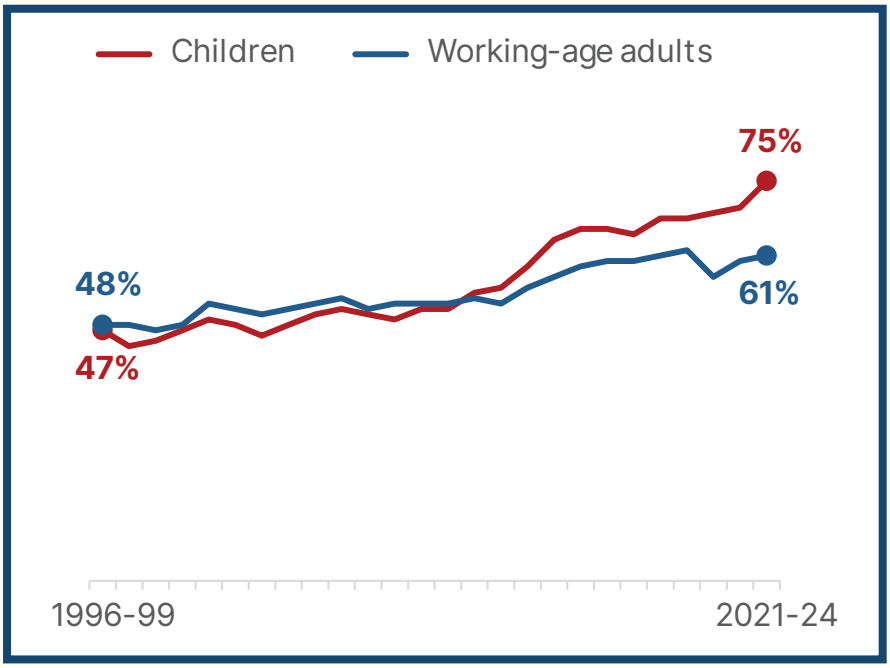
Children aged 3-5, Highland.

Source: Comments from children during a play session in which they were given pretend money, small cash registers and restaurant images.

Fair employment

Between 2021–24, 61% of adults and 75% of children in poverty lived in households where someone was working. This has increased since 2000, showing that having a job does not always protect families from poverty[8].

Figure 2.8: Children and adults in relative poverty after housing costs living in working households, Scotland.



Source: Scottish Government. Poverty and Income Inequality in Scotland 2021-24.

Most children and adults in relative poverty after housing costs live in working households.

NHS Highland and its partners are key employers in the region. As an Anchor institution[11] we, and our partners, can help by:

- Providing fair wages and secure jobs
- Influencing local employment practices
- Using procurement to support fair work

This can help tackle in-work poverty across the region.

Material circumstances are just one facet of improving the social and economic prospects for children, the ability of families to adapt is crucial.

Commercial determinants of health

The commercial determinants of health are those factors which demonstrate a conflict of interest between the financial aims of private sector companies and the adverse effects of their products on health. Examples of this in terms of tobacco, alcohol, fossil fuels and highly processed foods are well known, but little thought is often given to commercial determinants in early years[12].

There are some areas in which health promotion and legislation have made a difference. For example, infant milk formula companies historically promoted their processed product over the natural and more beneficial alternative of breastfeeding. Since then, there has been significant regulation to ensure that baby milk is sufficiently nutritious and there is also growing societal awareness of the benefits of breastfeeding[13,14].

However, other areas remain a concern for the health of mothers and young children, ranging from tobacco and nicotine use, ease of access to ultraprocessed foods over more healthy options and digital screen time. These practices not only have a direct effect on mental and physical health, but can also impact the quality of environment and cause economic displacement of communities. It is important to capture the views of children and families on these issues too[15].

Systems, service providers and families should be informed and remain vigilant about the tactics used by the industries involved in providing to families, goods and services which may harm children's health. Development of local campaigns and information, alongside national and global regulatory action can help to mitigate the risks of harm. The Association of Directors of Public Health have produced a toolkit to support organisations in tackling the tactics used by health-harming industries.

Family resilience

Material circumstances are just one facet of improving social and economic prospects for children. Families need the ability to cope with life's challenges. Not all families experience the same pressures, and poverty can make it harder to deal with difficult events. NHS Highland and partners can act to support the resilience of families by helping them manage internal and external stress and prevent crises. An example of this is the Money Counts training offered to health and social care staff. This supports staff to have a brief conversation around money worries and signpost to help. It helps understanding of the impact of financial pressures and staff knowledge of support services for money matters.

Summary

Growing up in poverty puts children at risk of poorer health, education and future opportunities. But NHS Highland and its partners can make a difference by:

- ensuring families have enough resources to meet their needs
- supporting families when challenges arise
- strengthening family and community resilience.

Recommendations

- Argyll and Bute and Highland partners should continue to deliver the partnership actions set out in local child poverty action plans by November 2026.
- All Anchor institutions should ensure they have a clear strategic plan for their organisation and work collectively to identify actions that can have a long term impact for our population.
- Argyll and Bute and Highland community planning partners should take a leadership role in reducing child poverty and strengthening family support, including whole family approaches and childcare.
- Argyll and Bute and Highland community planning partners should ensure that the impact of local partnership plans to increase access to healthy food, childcare services and other resources is maximised.

Chapter three
Places and communities

Why places and communities matter for children's health

Children's health is shaped not only by health and care services, but by the everyday places around them from birth. Homes, streets, parks, early years settings and community spaces affect how children move, play, make friends and feel safe and cared for. These places help build the foundations for lifelong health.

Figure 3.1: A child's view of the places and people that matter to them.

But the places where children grow up do more than shape children's experience directly. They also shape the experience of the parents and carers who look after them. A parent who feels safe, connected and supported in their community is better placed to support their child's wellbeing. A family living in a warm, stable home in a neighbourhood with accessible green space, good transport links and social networks is not simply luckier, they are living in conditions that make good parenting easier and child development more likely to flourish. When communities are depleted - by depopulation, service withdrawal or economic decline, the daily conditions of family life become harder, often invisibly so.

This matters particularly in Highland and Argyll and Bute, where both areas have seen a sustained fall in their younger populations. Between 2001 and 2021, the 0 to 15 age group in Highland fell by 6.7%, while the 75 and over group grew by 60.6%[1]. The loss of young families from rural and island communities has direct consequences for the children who remain today: smaller peer groups, fewer local services, and communities with a narrowing base of working-age parents and carers[1].

There is strong evidence that the early years are critical for long-term wellbeing. The Marmot Review[2] says that giving every child the best start in life is the most important action we can take to reduce health inequalities. The SHANARRI* wellbeing indicators[3] highlight that children need to feel safe, nurtured, active, included and respected, and these are strongly influenced by the places where children live and spend time. Public Health Scotland[4] also stresses the importance of improving the wider social and physical environments in which children grow up.

Creating child-friendly places is a shared responsibility across local government, health, housing, the third sector and communities themselves - and a practical expression of children's rights under the United Nations Convention on the Rights of the Child (UNCRC)[5].

A short film titled 'Places and Communities' has been produced for this year's report, bringing together the voices of children, families, communities and staff to show how the places we live, learn and connect in shape early childhood health and wellbeing.

It highlights how everyday environments, from homes and community spaces to public buildings, can support children to feel safe, included and able to thrive.

* Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, Included

What children told us

To understand what places and communities mean to the youngest children in our region, play-based research was carried out with children aged two to eight across Highland and Argyll and Bute. Rather than adult-led questionnaires, children were given space to explore themed play environments and speak freely about their everyday lives. The voices below are drawn from a play-based consultation at Patchwork Nursery in Dunoon with children aged three to five[6], and from a wider consultation led by the Care and Learning Alliance (CALA) with 171 children aged two to eight across Highland[7]. Together, they offer a direct and consistent picture of what good places and communities feel like to young children and where the gaps are.

Belonging, nature and outdoor play

Outdoor spaces were among the most important places children described. Parks, beaches, trees and play areas featured repeatedly as places where children felt happy, active and free.

> "I like the trees."
> "I love the beach."
>
> Children aged 3–5, Dunoon

> "I've got a park near my house... my favourite thing is the swing."
>
> Child aged 2–8, Highland

Children's emotional connection to local places was striking. In Dunoon, children examining photographs of their community immediately recognised local landmarks - their nursery, nearby parks, the coastline. This sense of recognition and belonging is itself a health asset, closely linked to confidence, emotional security and social connection.

Everyday community life

Children located health and wellbeing not in formal services but in everyday community life - walking to familiar places, visiting family and neighbours, going to the library, sharing meals.

> "I walk to the shops with my mum."
> "We go to the library for stories."
> "I visit the old people."
>
> Children aged 3–5, Dunoon

These everyday activities build social connections, reinforce belonging and embed healthy habits. When they are disrupted by poverty, transport barriers, or geographic isolation, it is children who bear the cost first.

Where access falls short

Alongside these positive experiences, children also described, with striking clarity, the barriers they face.

> "I've never been swimming, because it's too far and the bus doesn't go there."
> "I can't go swimming because you have to have a car and money."
>
> Children aged 2–8, Highland

> "More parks that are actually fun, close to our houses – the big ones are too far away."
>
> Child aged 5–8, Highland

These are not minor inconveniences. Restricted access to play, outdoor space and community life in the early years has direct consequences for physical development, mental health and social skills. What these children described is inequality, experienced at the earliest stage of life.

Place-based inequality and the rural context

Place matters for all children, but it does not affect all children equally. Around 22% of children in Highland and 22.1% in Argyll and Bute live in relative poverty after housing costs are taken into account - in both areas, roughly one in five children[8,9]. CALA's parent consultation gives the access picture concrete shape: 24% of parents cited transport as a barrier to community participation, and 19% specifically identified rural isolation[7].

What this means in practice, seen through the eyes of children, is a significant gap in the quantity and quality of provision available locally. Children in rural and island communities often have fewer parks, fewer organised activities and fewer community spaces within accessible distance. Play areas that exist may be limited in scope or in poor repair. Toddler groups and early years activities are often concentrated in larger settlements, leaving families in more dispersed communities without accessible options. The gap is not just about what is available in principle - it is about what is genuinely reachable, affordable and welcoming for families where they actually live.

> "I would love to take my kids to dance classes and swimming, but they're all at the Leisure Centre and I live the other side of town – there's no bus or nothing."
>
> Parent, Highland[7]

When geography and poverty combine to restrict these experiences in the first five years, the effects compound across the life course[2].

The case for preventive investment

The evidence from children and families across Highland and Argyll and Bute is not simply a description of their lives, it is a case for where and how to invest to prevent ill health before it develops.

Access to safe outdoor play and physical activity in the early years is associated with healthy weight, motor development and physical confidence. Children who have consistent access to green space and active play are less likely to develop obesity-related conditions later in life[2]. Children's strong attachment to familiar places, routines and community spaces is also foundational to mental health; secure connections to place and community in early childhood are associated with better emotional regulation and stronger resilience[10].

Early years settings are already doing significant work as health-promoting environments. Children encounter physical activity, social learning, and health literacy through their nurseries in ways they may not consistently access at home. High-quality, accessible early years provision is not simply a childcare service, it is a public health intervention, and one of the most important community assets young children in rural and island communities have.

The case for preventive investment is not primarily about managing future demand on services, it is about the life that a child gets to live. A child who grows up in a well-connected community with safe spaces to play, clean air, a warm home, and strong relationships has a fundamentally different experience of childhood than one who does not. The cost of failing to invest falls first and most heavily on that child, and it falls for a lifetime. The fact that preventive investment also reduces the long-term burden of costly interventions across health, social care and education is significant, but it is a consequence of doing the right thing, not the reason for doing it[2].

Shaping Child-Friendly Places: A Shared Responsibility

Creating the conditions in which children can thrive is not the job of any single agency. The built environment, transport networks, housing stock, planning decisions, employment opportunities and community spaces are shaped by local authorities, housing associations, the third sector, community groups and businesses, and increasingly by communities themselves. The NHS is one part of this system, not its centre.

That said, health bodies have an important contribution to make that is not always being fully realised. Creating supportive infant feeding environments through the UNICEF Baby Friendly Initiative[11], and designing public buildings and spaces to reduce stress and support families are established examples of NHS place-shaping in action. But there is a strong case for the NHS to be a more active, systematic voice in the wider planning and development processes that shape the health of communities.

In Highland and Argyll and Bute, planning applications for new developments, housing schemes and infrastructure are routinely considered by community councils, transport authorities, and environmental bodies, but health impact is often assessed only at a high level, if at all. The NHS could play a more prominent role as a recognised consultee in local planning processes, bringing health evidence to decisions about housing density, green space, active travel routes, and community facilities before they are built, rather than responding to health consequences after the fact. This would require investment in capacity, but the return would be communities designed from the outset to support children's health[10].

Partnership working across sectors is essential. The NHS, local authorities, housing associations, early years providers and community organisations must work together with a shared goal: places where children can be active, connected, safe, healthy and well.

Housing, environment and planning

A secure, warm home is one of the most important foundations for a child's health. Article 27 of the UNCRC gives every child the right to an adequate standard of living. Children in poor-quality, overcrowded or unstable housing face significantly higher risks of respiratory illness, injury, poor mental health and disrupted education[8].

Both Highland and Argyll and Bute are in the grip of an acute housing crisis. Highland needs an estimated 24,000 new homes over the next decade - double the normal build rate[8]. Argyll and Bute became the first council in Scotland to declare a housing emergency in June 2023, and when communities were asked about their priorities in the Local Outcomes Improvement Plan (LOIP), transport infrastructure, housing, and community wellbeing were the top three responses from nearly 2,000 participants[9].

Average private rents in Highland reached £716 per month in 2025, rising faster than the Scottish average, while second homes and short-term holiday lets further reduce the stock available to local families[8]. Housing costs are a primary driver of child poverty in both areas: they are deducted before child poverty is even measured, meaning every pound spent on rent is a pound less for food, heating and participation.

Much of the rural housing stock across both areas is older, poorly insulated, and off the gas grid. The Scottish Housing Condition Survey found that 33% of households in Highland are estimated to be fuel poor, significantly above the Scottish average of 24%, and 22% are in extreme fuel poverty compared to 12% nationally[12]. Between 67 and 76% of Highland properties have an EPC rating of D or lower, and the main drivers of fuel poverty in rural and island areas are an absence of mains gas, low household incomes and the poor energy efficiency of existing homes[12].

The health consequences for young children are well documented in UK research: children in damp, cold or poorly ventilated homes are almost three times more likely to have breathing problems, exposure to damp and mould increases the risk of asthma by 30 to 50% in children with early-life exposure linked to lifelong respiratory vulnerability, and 19% of acute respiratory hospital admissions in children under two would be prevented if housing were damp and mould-free[13]. In Highland, 130 children were in temporary accommodation at the end of March 2025, and children's own accounts describe exactly these conditions: damp, mould, broken heating and no space to play[8].

The physical environment outside the home also shapes children's health. Children breathe more air relative to their body weight than adults and are at a developmental stage where toxic exposures can have lasting effects on lung function and brain development[14]. Domestic burning of wood and solid fuel, common in off-gas-grid communities, is the largest single source of fine particulate matter (PM2.5) in Scotland, and asthma is the most common long-term condition in children in both areas: over 600 children aged five to nine in Highland alone are currently receiving treatment[8,15].

Highland and Argyll and Bute's landscapes are also a genuine asset: access to green and blue space is strongly associated with better mental health and physical development in young children. The TARP project in Argyll and Bute is already testing renewable energy approaches with social tenants, recognising that energy efficiency is a poverty, housing and environmental health intervention all at once[9].

Decisions about planning, active travel routes, housing supply and environmental quality all affect whether communities help children to be safe, active and connected. Community Wealth Building[16] also shapes the conditions in which children grow up. Secure jobs, local investment and stable communities reduce the poverty that undermines children's health. Applying a child lens across planning, housing, energy and Community Wealth Building is not an optional extra - it is how we make these systems work for the youngest and most vulnerable people in our communities.

Recommendations for Argyll and Bute and Highland partners

Apply a 'Children in All Policies' approach and make children's participation routine

- Ensure children's needs and rights are considered in all planning, design and investment decisions across NHS Highland, local authorities and partner organisations.
- Develop clear and consistent ways for children to share their views on the places they live and grow up in, and use this to shape decisions - recognising that children have valuable insight into what their communities need.
- Make participation a routine part of how decisions are made, not an add-on.

Invest in child-friendly community spaces

- Develop accessible, inclusive spaces that support play, movement and social connection in communities across Highland and Argyll and Bute.
- Give particular attention to rural and island communities, where such spaces may be limited or harder to reach.

Address transport and access as children's health and wellbeing issues

- Recognise that distance and lack of public transport are structural barriers to children's health and wellbeing in rural and island areas.
- Apply a rural and island lens to transport planning, service design and access decisions.

Strengthen partnership across sectors for child-friendly place-shaping

- Move beyond NHS-centric thinking: creating healthy places for children requires the active involvement of local authorities, housing associations, early years providers, the third sector and communities.
- Work together to ensure the built and natural environment supports children's health, development and wellbeing.
- Explore the case for NHS Highland becoming a more formally recognised consultee in local planning and development processes, so that children's health is built into decisions from the outset rather than considered after the fact.

Apply a child lens to Community Wealth Building

- Recognise that secure employment, local investment and community stability directly support children's wellbeing.
- Ensure children's interests are reflected in economic development and community wealth building decisions.

Treat housing as a child health priority

- Embed children's voices in housing needs assessments and planning processes.
- Support the supply of affordable, energy-efficient family homes and take action to address damp, cold and overcrowding, which directly harm children's health and life chances.

Protect children's health through better air quality and energy efficiency

- Apply a child health lens to air quality and energy efficiency decisions, including fuel poverty programmes and planning for new development.
- Recognise that environmental quality in the home and community has direct consequences for children's respiratory health and development.

Together, these actions support the aim of creating places and communities that give every child the best start in life, promote wellbeing and reduce inequalities from the earliest years.

Chapter four
Enable healthy living

This chapter describes the importance of empowering parents to live as healthily as possible as good health in pregnancy can give a baby a strong start. The chapter also sets out key universal services as well as examples of more targeted support services available to families. There is a particular focus on Health Visitors as Specialist Community Public Health Nurses (SCPHNs) and the central role they play in contributing to children's early health and wellbeing.

Maternal Health

Maternal health and wellbeing are vital to improving outcomes and reducing the risk of infant mortality and morbidity. This begins before conception and continues throughout pregnancy. Maternal nutrition, mental health, and lifestyle behaviours influence foetal development, brain development, and long-term health. Improving maternal health is a key lever for tackling health inequalities as maternal outcomes are not equal across all groups.

Evidence shows some groups of women and babies face higher risk of poorer health outcomes during pregnancy, birth and the postnatal period. It is essential to reduce racialised health inequalities in maternity care, as outcomes can be poorer for women and babies from Black and Asian communities[1]. Women from poorer communities, those with long-term conditions, younger mothers and those from mixed heritage and gypsy traveller backgrounds can also experience less positive maternity outcomes[2]. The Maternity Care Standards (2026) set out what all women and babies should expect from maternity services to ensure consistent, safe, compassionate, high quality and person-centred care that reduces inequalities.

It is important to recognise that health behaviours are shaped and often restricted, by the environments and systems people live in. Despite these limitations, preconception and pregnancy present a valuable opportunity to improve the health of mothers and babies, as women routinely engage with services during this time. It offers a teachable moment to strengthen primary prevention by using existing services to promote health and provide preventative care.

Pre-conception

Good health begins before a baby is born. Healthier mothers that are well supported are more likely to have healthier pregnancies and give birth to healthier babies[3]. Where possible, it is recommended to start planning at least three months prior to becoming pregnant in order to maximise maternal health. This includes; being active, being a healthy weight, eating a varied and balanced diet, taking folic acid, managing health conditions and medicines, looking after mental health, making sure MMR vaccination is up to date and avoiding health harming behaviours such as smoking, alcohol and drug use. Pre-conception support in NHS Highland is delivered across several key services including maternity, primary care and perinatal mental health teams.

Antenatal and Maternity Care

NHS Highland and partners provide a structured universal maternity pathway from early pregnancy through labour, birth, and aftercare. This is delivered primarily by community midwives, supported by obstetricians, maternity support staff, health visitors and neonatal teams, where required. Universal support is enhanced in Highland by a multi-agency pathway to narrow the gap in outcomes and guide trauma-informed responses to vulnerability in pregnancy.

Additionally, there are good practice guidelines on how best to support pregnant women using substances such as tobacco, alcohol and drugs. Support is underpinned by principles of health behaviour change that recognise changing behaviour is not easy and takes time, commitment, confidence and often individual support.

A Highland collaborative, led by the Community Child Health Service, is using Quality Improvement methods to strengthen early intervention support for pregnant women identified as needing additional help from 22 weeks of pregnancy. The project is supported by the Children and Young People's Improvement Collaborative and brings together a range of partner organisations.

Infant Feeding

Breastfeeding is a public health priority because it delivers substantial health benefits for both babies and mothers. Evidence shows that breastfeeding protects infants against infections and improves long-term health, while also reducing mothers' risk of breast and ovarian cancers. Breastfed infants have fewer GP visits and hospital admissions, particularly for common childhood illnesses, reducing both health inequalities and healthcare costs[4].

All children and families should have access to the support and services from a range of organisations and groups that they need to live well. There will be some people who need a little more support, however, and for those, a more specialised and targeted offer can help to narrow the gap in outcomes. This support for children in their early year's ranges from pre-conception all the way through to school age.

Table 4.1 shows that at 6–8 weeks, 39% of babies were exclusively breastfed, which is above the average for Scotland, and 13% were mixed fed with breast milk and formula[5].

NHS Highland and partners provide a wide range of infant feeding support services and resources. This includes peer support from breastfeeding support workers, local mutual aid groups and specialist support for those experiencing more complex challenges. NHS Highland and partners have consistently attained Unicef Baby Friendly Initiative Gold accreditation. Gold status is a significant accomplishment that reflects commitment to embedding practice that benefits infant health, parental wellbeing, and long-term public health outcomes for both parent and infant.

Behaviour Change

Behaviour change in pregnancy must be approached sensitively, with compassionate, trauma-informed and person-centred communication. The national maternity standards highlight the need for respectful, informed discussions, while evidence shows that non-judgemental, rights-based public health interventions can successfully support healthier behaviours and improve outcomes.

Smoke Free

Smoking in pregnancy increases the risk of babies being born early, underweight or unwell[6]. Family and service support can help women stop smoking and vaping. In other parts of the UK, smoking rates at booking have fallen to 7.4%. England aims for a rate below 6%[7].

Table 4.1 shows that in Highland and Argyll and Bute the number of women who smoke at the time of booking their pregnancy is just above the national average. NHS Highland provides tailored smoking cessation support for pregnant women, featuring a specialist midwife, free Nicotine Replacement Therapy (NRT), and local pharmacy support.

Alcohol Free

Alcohol during pregnancy is not safe. Some babies exposed to alcohol develop Foetal Alcohol Syndrome (FAS) or other Foetal Alcohol Spectrum Disorders (FASD), which affect health and development[8]. Symptoms of FAS may include any mix of issues with how the body develops; thinking, learning and behaviour alongside functioning and coping in daily life. Examples of this would be slow growth in childhood, a delay in learning to sit, walk or talk, and eyesight or hearing problems. Other concerns such as difficulty learning, getting on with other people and being focused can be a challenge. The safest message is no alcohol means no risk to the baby[9]. In Highland, Specialist Midwives provide training on Alcohol Brief Interventions. This supports structured and evidence-based conversations about changing behaviour, alongside signposting to further information and services.

Healthy Weight

Being overweight or obese during pregnancy increases the risk of high blood pressure, diabetes and needing an induction or emergency caesarean[10]. Supporting women to reach a healthy weight before pregnancy can improve outcomes for mothers and babies. Table 4.1 shows that more than half of women are overweight or obese when they are pregnant and in Argyll and Bute, almost two thirds of women are affected by being overweight or obese.

Deprivation has a strong effect on pregnancy outcomes[11]. Women in more deprived areas are more likely to be overweight or obese, smoke, book later for care, have low birth weight babies and give birth early.

Table 4.1: Enable healthy living indicators for children's health.

Indicator	Highland	Argyll & Bute	NHS Highland	Scotland
Women who smoke at booking	9.1%	8.3%	8.9%	8.2%
Exclusive breastfeeding at 6–8 weeks	38.3%	41.3%	39.1%	34.3%
Preterm birth (<37 weeks)	8.0%	6.0%	7.5%	6.8%
Small for gestational age	3.0%	4.3%	3.3%	5.1%
Overweight or obese maternities	54.3%	62.5%	56.4%	57.7%

Source: Public Health Scotland, Scottish Public Health Observatory profiles tool

Health Visiting

Healthy children grow up in families who receive the right support. Health visiting is a universal service that helps families stay well. It focuses on building trusting relationships, recognising family strengths and helping with any concerns[12]. It is crucial to identify any potential developmental needs and provide the right support at the right time. International research shows that the first four years of life are a critical period for cognitive development, during which the foundations of lifelong intelligence, learning, and wellbeing are established.

Developmental needs that emerge during this period can lead to measurable differences in IQ by age four that become increasingly resistant to later intervention[13,14]. The Early Child Development Transformational Change Programme aims to reduce the proportion of children in Scotland with developmental concerns at 27-30 months including reducing a significant inequalities gap. This involves improving coverage of child health reviews and proactive support for children's early speech and language through development of Highland Words Up and implementation of the national Early Years: speech, language and communication action plan.

Across NHS Highland the early year's system comprises the Universal Health Visiting Pathway: pre-birth to pre-school. Families are offered home visits and formal child development reviews delivered at 13–15 months, 27–30 months, and 4–5 years, enabling early identification of developmental needs and timely support. Speech, language and communication (SLC) is the most frequently recorded developmental need at 27 – 30 months. Throughout the reviews there is a strong emphasis on support for parenting, attachment, growth, behaviour and development with referral to more specialist services when needed. The Health Visiting Action Plan 2025 - 2035 sets out the national strategy to strengthen and modernise the health visiting service so it can fully deliver the Universal Health Visiting Pathway and improve outcomes for all pre-school children, particularly those impacted by inequalities.

Table 4.2 shows that in NHS Highland, the first visit coverage is very high and above the Scottish average, but coverage at other review points could be improved.

It also shows the percentage of reviews completed for children eligible between April 2024 and March 2025 in comparison to Scotland. Programme coverage reduces at older age review points. Although 4 - 5 year olds in Highland receive a Developmental Overview which was developed as part of the Early Years Collaborative. This review does not appear in the national data. However, all children transitioning to Primary 1 should have an up to date Developmental Overview to pass on to the primary school to assist with transition planning.

Across Highland, children in the most deprived communities often have higher review uptake, although there is variation between neighbourhoods. At the 27-30 month review, 82% of children in the most deprived areas are seen compared with 71% in the least deprived areas, in line with intentions to provide most support to those most in need. Health Visitors use tools such as the Strengths and Difficulties Questionnaire, which screens for emotional wellbeing, behaviour and social skills in children aged two and over. In Argyll and Bute, completion rates of the 6–8 week and 13–15 month reviews are high. Implementation of the Health Visitor Action Plan across NHS Highland aims to increase review coverage.

Table 4.2: Percentage coverage of universal child development review for children eligible for review in 2024-2025.

Time of review	Highland	Argyll & Bute	NHS Highland	Scotland
First Visit	98.5%	95.0%	97.6%	96.0%
6-8 Weeks	89.0%	92.6%	89.9%	92.5%
13-15 Months	82.6%	80.1%	82.0%	90.1%
27-30 Months	80.5%	85.0%	81.6%	90.0%
4-5 Years	49.0%	79.0%	56.7%	75.4%

Source: Public Health Scotland, NSS Discovery, provisional at February 2026

Family Nurse Partnership

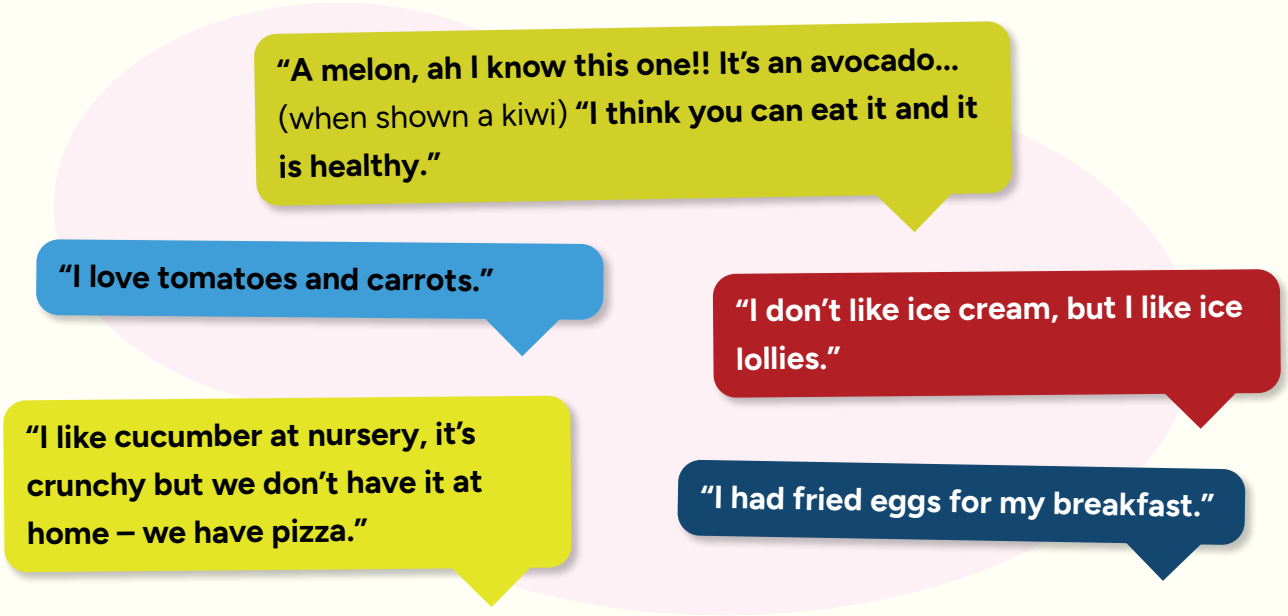
Teenage pregnancy is an area of focus because it is strongly linked to cycles of poverty, social exclusion, and poorer long-term educational and health outcomes for both parent and child. Across Scotland, the teenage pregnancy rate increased slightly in 2023 from 25.5 to 25.8 per 1,000 women aged 15–19. Rates are much higher in the most deprived areas (44.2 compared with 12.1 per 1,000) in the least deprived areas. NHS Highland's rate was 23.8 per 1,000, lower than Scotland overall[15]. It is important to provide targeted support to address cycles of poverty and inequality.

The Family Nurse Partnership (FNP) is a voluntary programme for parents aged under 20 who have experienced adversity. It offers intensive support from pregnancy until a child's second birthday[16]. Research shows that most FNP children do not have developmental concerns at 4 or 14 months, and only 11.5% have a concern at 20 months. 95% receive all recommended immunisations by age 2, in line with national figures[17]. The FNP follows the principle of proportionate universalism: providing extra support to those with the greatest need while maintaining universal services for all.

In Highland, the FNP is in its 14th year. 83% of those eligible have enrolled with 396 babies born, and 271 younger parents having graduated. In Argyll and Bute, the programme is developing and approaching its second year. 83% of eligible young parents have enrolled, with only three declining the offer. Since 2024, twelve babies have been born into the programme and one parent has graduated. A review with the Scottish Government in November 2025 included very positive feedback from parents. The programme has expanded to include Mid Argyll, Kintyre and Islay. Eligibility has expanded to include care experienced parents up to age 25 due to the programme's success.

Healthy Eating

The following comments show young children who are developing an awareness of food and health and illustrate varied home routines that young children do not control.



Children aged 2-8, Highland

Children from 1-4 years old need to eat well to establish; good eating patterns, ensure they grow and develop appropriately, to protect their teeth and to ensure they arrive in school in good health and able to enjoy a variety of minimally processed foods[18]. However, the food choices we make – 'what we eat' – are based on more than nutritional adequacy. Choices about food, meals, snacks and drinks form part of our culture, social times, pleasure and society, and are a key part of young children's life, learning, experience and education[19]. Research has been carried out into children living in Scotland aged 2 to 15 years and what they eat[20]. It showed that children and young people living in the most deprived areas generally had less healthy diets than those living in the least deprived areas, with lower intakes of fibre, fruit and vegetables. It also showed that many children meet Scottish Dietary goals for total fat, trans fat and carbs. Fibre and oily fish intake was below recommended levels and children were found to consume too much saturated fat and free sugars. For Highland and Argyll and Bute, this research highlights that food insecurity and rurality are likely to create specific pressures on diets for younger children.

An infant food insecurity pathway has been developed in partnership across NHS Highland. This is to respond to situations where an infant may face food insecurity. The pathway aims to ensure families are aware of the support available to them locally, in emergency situations.

Importance of Play

Children learn and grow best when they have opportunities to play, explore and interact with others. These early experiences build skills that support learning at school and later in life[21]. Home also plays a major role. The "home learning environment" includes talking, playing, reading and everyday routines. Research shows these everyday activities can influence learning more than parental education, income or social background. Play is also essential for children's health. Active, outdoor and child led play helps children develop confidence, problem solving skills and resilience[22].

Comments from parents asked about outdoor play include:

"We go out on our bikes or go for walks at weekends and then the kids have swimming lessons once a week in Inverness and my oldest son goes to football and shinty training."

"I'm very lucky and live next to a forest so we try and get out for walks as much as we can, weather permitting."

"We make use of local toddler groups and have membership at Inverness Leisure. This helps us get out and about more in the colder weather."

"As a family we love living in the country but accept that we need two cars and are lucky enough that we have. Also I have my own business so I can work around driving the kids to clubs."

Early Learning and Childcare

Children may spend time with grandparents or in nursery and childcare settings. All children aged 3 and 4 in Scotland are entitled to 1,140 hours of funded early learning and childcare (ELC) each year, delivered across a range of providers including public, private, Third Sector, nurseries and childminders. Targeted support is also available for eligible 2 year olds who may benefit most. This includes children from households receiving qualifying benefits, children in kinship care or with care experience, and children with a parent who has care experience.

High quality early learning and childcare can help children develop, especially their thinking and problem-solving skills. The impact can be particularly strong for children from more deprived areas[23]. In Scotland, reading to 3-year-olds is linked to better vocabulary and reading skills at age 5. Even when children attend early learning settings, household income still has a major effect on their learning outcomes[24]. Nurseries and early learning centre's in Argyll and Bute and Highland support child development through play-based activities.

These include sensory sessions, outdoor play and group activities that promote communication, social skills, physical development and emotional wellbeing. They also run buggy walks, giving families a chance to be active and connect with each other in a relaxed, supportive setting.

In Highland, research by the Care and Learning Alliance found that physical activity was important to many young children. One child said: “I love running not walking and holding hands.” Another said: “These are shells – I seen them at the beach when I was on holiday.” These comments suggest that some children regularly spend time in outdoor environments that support wellbeing.

Environment

The places children live — called the built environment, also affect their health and development. Busy roads, traffic and poor air quality can limit opportunities to play and explore. In contrast, access to green spaces and play areas supports healthy development. While a third of children under 5 live in remote and rural areas, there are some locations which have similar levels of deprivation as some of Scotland’s most deprived urban areas. Research from across Scotland, shows that children in less deprived areas spend more time in natural spaces and private gardens than children from more deprived areas[25]. Air quality is also important. Data shows that Highland has low air pollution[26], which supports healthy brain development even before birth[27].

Housing

Housing conditions matter too. Damp and mould are linked with breathing problems, such as asthma. From 2026, the Scottish Government will introduce stricter rules for landlords, known as Awaab's Law. This aims to improve the quality of all rented homes. The law is named after a two-year-old child who died from long-term exposure to mould in his home. His death led to major changes in housing standards.

Right to Health

Every child has the right to be as healthy as possible. This includes access to nutritious food, safe housing, clean air and a good standard of living. Achieving this requires different organisations to work together. Children's views must be listened to and used to shape decisions. To support this work, organisations need strong and reliable data on children's health, inequalities and the wider factors that influence their lives. These indicators should be connected so that local areas can build a clear picture of child health and fairness.

Recommendations

Provide health visiting support for every family

- Work in partnership to deliver the Health Visitor Action Plan (2025 – 2030).
- Increase coverage at each developmental review stage.

Support women's health before and during pregnancy

- Support all pregnant women, particularly women in deprived areas to stop smoking and avoid alcohol and drug use.
- Support women of reproductive age to reach and maintain a healthy weight to reduce the risk of complications and improve pregnancy outcomes.

Make it easier for children to access healthy food

- Explore how children can be better supported to choose and eat healthy foods.
- Make sure all children have equal chances to access nutritious meals.

Increase play based learning opportunities

- Provide free accessible play opportunities throughout the year.
- Promote outdoor play and encourage activities that connect children with community based learning opportunities.

Listen to young children and include their views in planning

- Complete Children's Rights and Wellbeing Impact Assessments to inform policy, planning and service development.
- Recognise that young children understand what helps and hinders their health, wellbeing and community life.
- Develop a shared, rights-based children's outcomes framework aligned with the UNCRC, GIRFEC and Population Health Framework that can be used to monitor progress.

Chapter five

Equitable health and care

Introduction

Health is shaped by many different factors. To improve health, we need to think about more than illness and treatment. Access to good health and social care can save lives, but services have traditionally focused more on treating illness than preventing it.

A more balanced approach is needed. Prevention and early support are just as important as treatment. Scotland's Population Health Framework aims to shift the system so that more attention is given to early action. This will help create a fairer and more effective health and social care system.

Shifting emphasis to prevention will take time and resource. The Royal College of Paediatrics and Child Health (RCPCH) highlight the gap between what children need and what the current system can provide is widening. Evidence suggests that children's health and wellbeing is deteriorating in a range of areas, with demand for services growing faster than the capacity available. In addition, widening inequalities and greater complexity in the issues experienced by families has resulted in services being under sustained pressure. It is therefore essential to collaborate with partners, including children and their families to establish a system focused on prevention to improve outcomes now and in the future, building the essential foundations for long-term population health and reduced inequalities.

A fairer health system for all children

Health systems, like people, can have biases that lead to unfair treatment. This can affect children just as much as adults. For example, some appointment letters say that children must not be brought to appointments, and most clinical research before 1980 included almost no children[1].

Realisation of children's rights

All children have a right to safe and effective healthcare. Children and families should not simply receive care passively. Their views and rights must be central to how services are planned and delivered.

In 2024, the United Nations Convention on the Rights of the Child (UNCRC) became part of Scottish law. The UNCRC (Incorporation) (Scotland) Act 2024 requires public bodies to act in line with children's rights. It also allows these bodies to be challenged in court if they do not meet their legal duties.

Although the new requirements are still being tested, all organisations must consider how well they meet the needs of children and young people. Advocacy and access to services should work for babies, young children and everyone under 18. Public bodies must design services with children and young people to make sure they are accessible, appropriate and genuinely useful.

Figure 5.1: Illustration of children's rights used by Highland Planet Youth programme.

Source: NHS Highland, Planet Youth.

Equity of funding for children's health services

A fair health system must fund children's services fairly. The Royal College of Paediatrics and Child Health notes that children and young people make up a quarter of the population and frequently use health services. However, funding for children's health services has not kept pace with need[2].

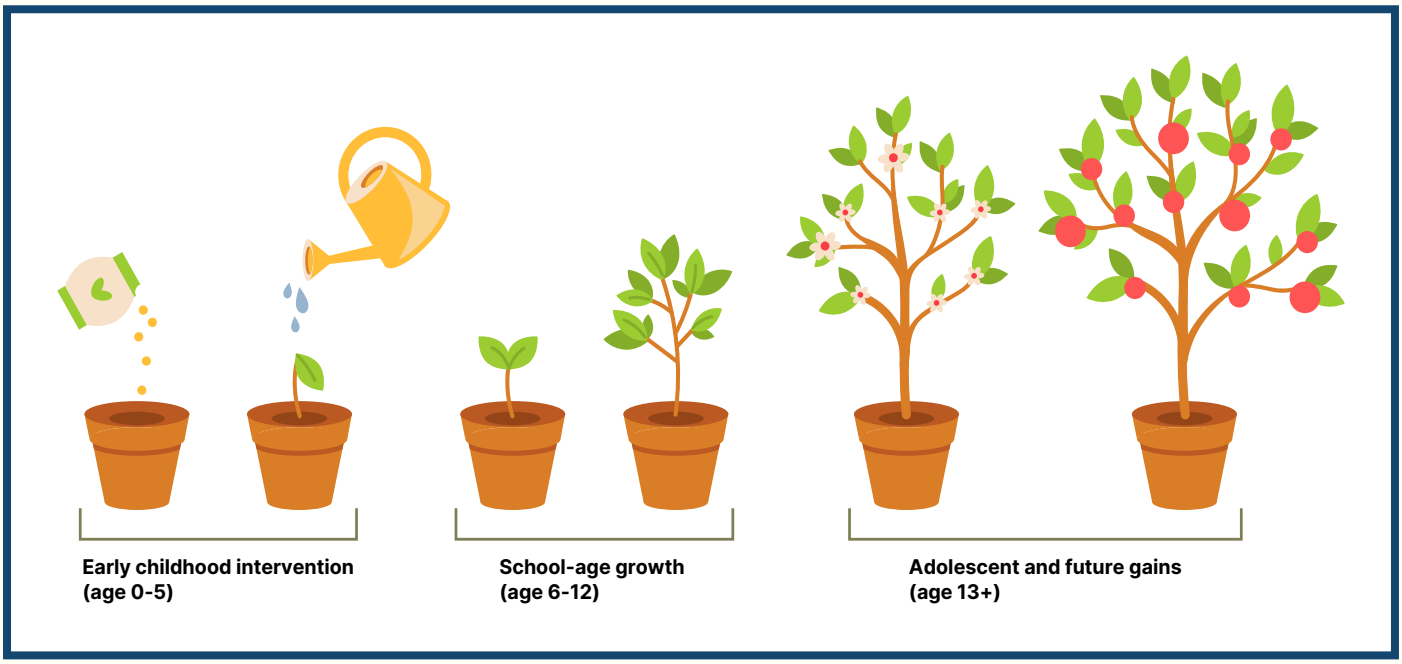
In Scotland's integrated system, it is difficult to measure exactly how much is spent on children's services. However, previous figures show:

- Only 0.45% of NHS Scotland spending went to child and adolescent mental health, compared to 0.7% in England.
- Less than 6% of the mental health budget is spent on children and young people's mental health services[3].

Spending has increased over the last decade, but the pandemic had a disproportionate effect on children from the most deprived communities widening existing inequalities in education, mental health, and poverty. School closures exacerbated the attainment gap, while families in these areas faced higher rates of food insecurity, income loss, and limited digital access, making them the most impacted[4].

Investment in children's health should be fair in comparison to spending on adults. Early intervention brings long-term benefits across the life course.

Figure 5.2: Health gain.

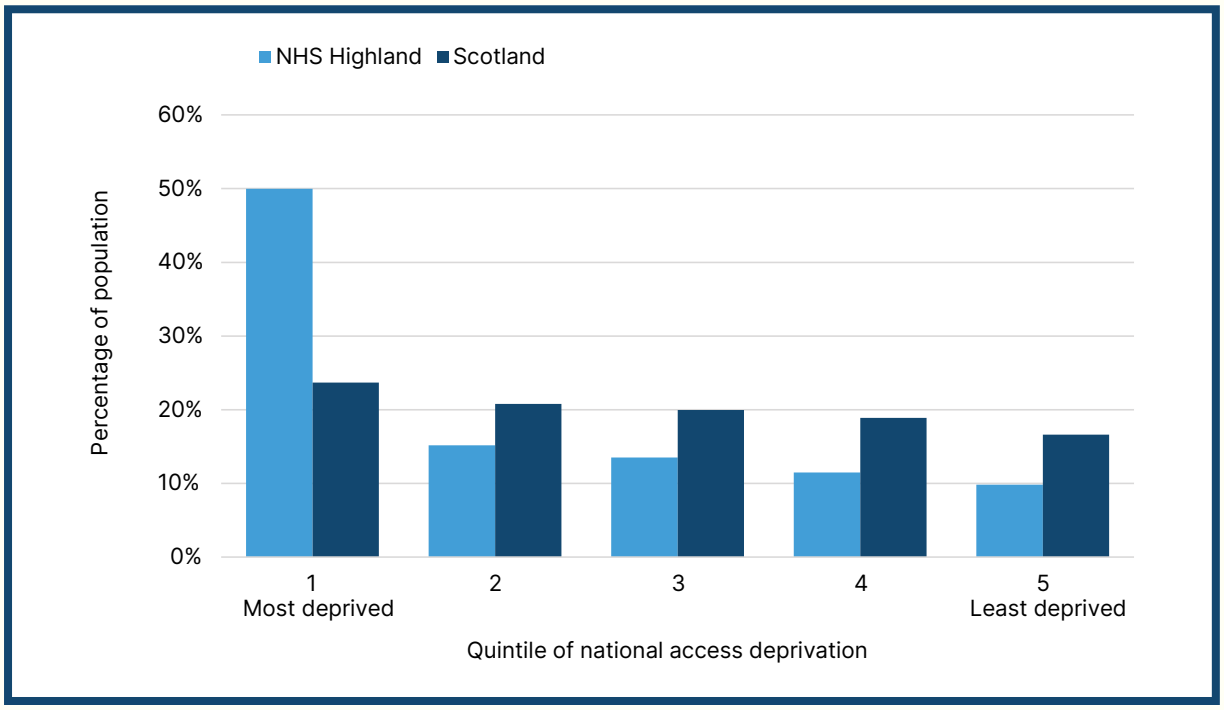


Equitable access and digital health

Children need timely access to the right services. However, specialist children's services are often centralised, and pressures in the system can make access difficult. Families may need to travel long distances, which can be costly and time-consuming.

The Scottish Index of Multiple Deprivation access domain shows that around half of children (50%) in NHS Highland live in the 20% most access deprived areas of Scotland, experiencing longer travel times to local services and poorer digital access and connectivity. The NHS Highland area has many places among the very most access deprived in Scotland.

Figure 5.3: Children's population and access deprivation in NHS Highland and Scotland



Source: Scottish Index of Multiple Deprivation 2020v2

Rurality also affects access. Transport, infrastructure and the availability of services can vary widely. Families in rural areas should have the same level of support as those in urban areas.

Digital health offer new ways to provide care closer to home and reduce barriers for families. However, digital technologies can compound inequalities and create digital exclusion. Families and children face additional barriers if they can't afford digital devices, live in areas with poor broadband connectivity and mobile data coverage, or need additional support with digital skills and health literacy[5].

Improving digital inclusion means that everyone is equally able to engage with health and care services[6]. NHS Highland and partners need to design services that recognise differences in people's digital skills and access. Approaches include:

- supporting initiatives that donate devices, provide data, and create community assets to help build confidence and skills
- Structuring services around people's needs and preferences and offering services with different levels of digitalisation
- working with communities to develop more inclusive services.

Reduced preventable illness

The Scottish Government aims to make Scotland the best place in the world for children to grow up in[7]. This is supported by:

- The Getting It Right For Every Child (GIRFEC) framework
- The Named Person role
- The embedding of children's rights through the UNCRC (Incorporation) (Scotland) Act 2024.

The focus is on early help and prevention. Health Visitors are community public health nurses that play a key role in supporting children and families through routine home visits, health assessments, parental support, public health education and early intervention. Where children and families require additional support, they can be referred on to more specialist services, e.g. speech and language therapy, physiotherapy, or paediatric services.

Pregnancy and newborn screening

Preventing illness begins before birth. Screening aims to identify people who may be at higher risk of certain conditions so that early treatment or support can be put in place.

During pregnancy, screening tests offered at antenatal appointments can identify conditions early. This helps ensure that babies who may need additional support get it from birth.

After birth, newborn checks include:

- full physical examinations shortly after birth and at 6–8 weeks
- tests for early signs of issues such as heart conditions, eye problems and joint concerns
- a hearing test to detect early hearing loss, which supports communication and social development.

Figure 5.4: A baby receiving a baby check as part of the newborn screening programme

Source: NHS Scotland Photo Library

Immunisation

Vaccination is one of the most effective public health interventions, second only to clean water[8]. Much of its success is seen in children.

The UK maternal and childhood immunisation programme is recognised as world leading and continues to develop[9]. Diseases that were once common have almost disappeared. However, vaccine hesitancy is an increasing challenge, and the re-emergence of measles in the UK shows the importance of maintaining high coverage. The disease has circulated continuously for more than a year, resulting in the UK losing its measles elimination status in January 2026.

Maternal vaccination

Protection against illness begins during pregnancy. Expectant mothers in Scotland are offered vaccinations for influenza, whooping cough (pertussis) and respiratory syncytial virus (RSV).

Whooping cough

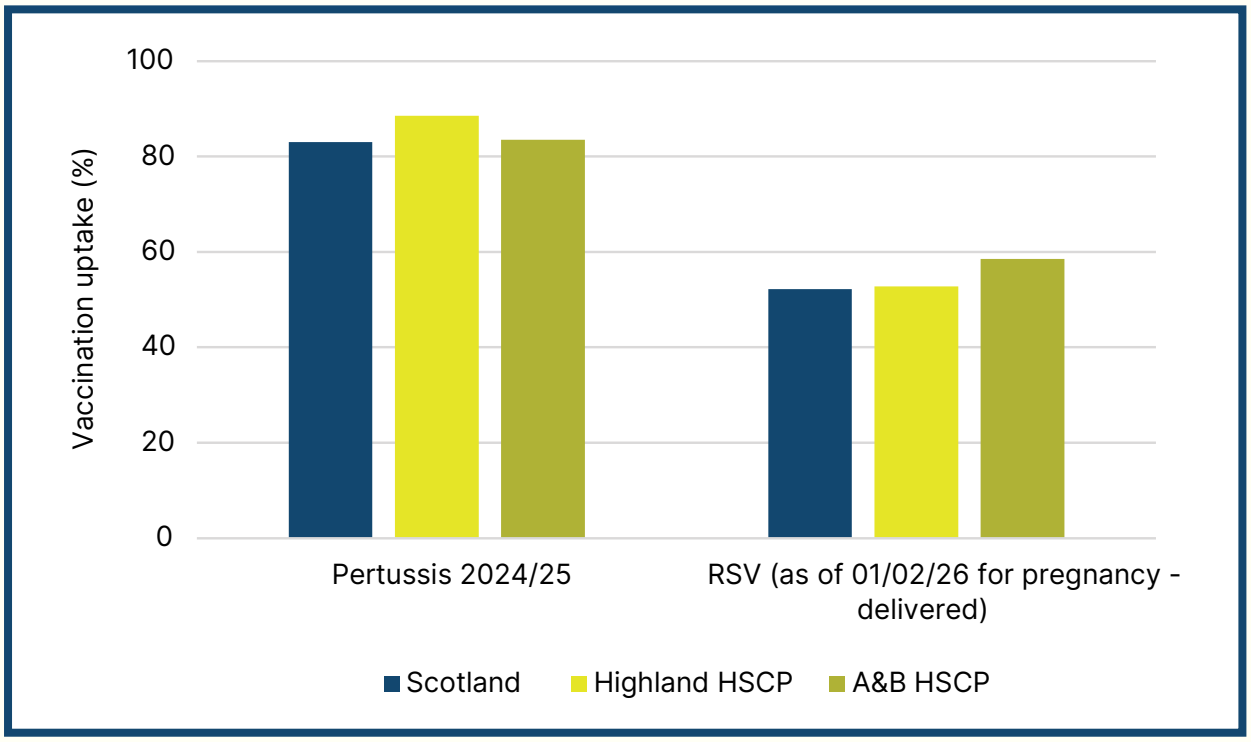
The vaccine was introduced in 2012 and is 90% effective at protecting infants before their first routine vaccines. It is offered between 16 and 26 weeks of pregnancy.

In 2024/25, 88.5% of eligible mothers in Highland and 83.5% in Argyll and Bute received it.

RSV vaccination

Introduced in August 2024 for women from 28 weeks of pregnancy. Early evidence from Scotland's maternal RSV vaccine programme showed the vaccine reduced the risk of RSV related hospitalisation in infants under three months of age by around 80%, which translated into 219 fewer infant hospital admissions with severe RSV infections[10].

Figure 5.5: Maternal vaccination programme coverage.



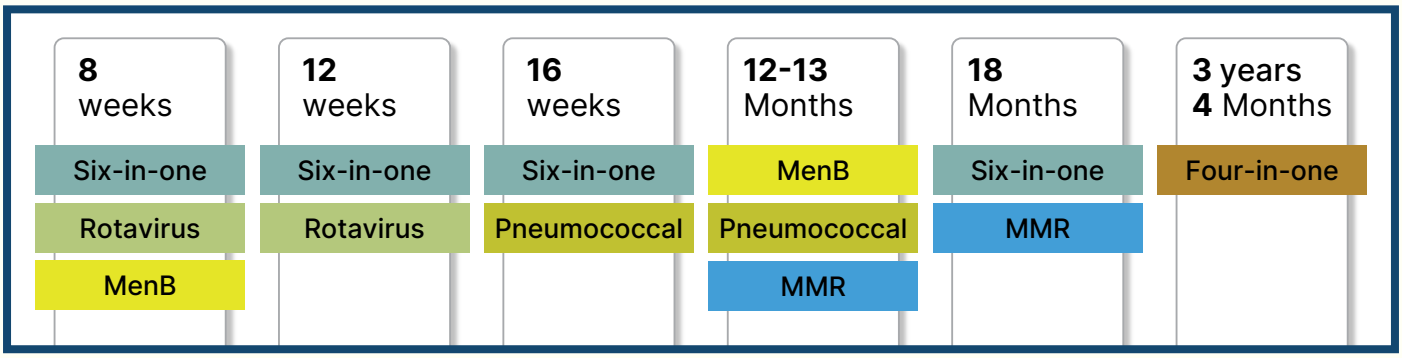
Pre-school vaccinations

Pre school vaccines are central to the childhood immunisation programme and help protect against serious childhood diseases. Not all children can be vaccinated, so 100% coverage is not possible. Scotland's national immunisation programme recommends that at least 95% of children are immunised, the level of coverage generally needed to achieve herd immunity.

Vaccine-preventable infections include:

- diphtheria
- tetanus
- pertussis (whooping cough)
- polio
- haemophilus influenzae type b (Hib)
- hepatitis B
- meningococcal disease (specific serogroups)
- pneumococcal disease (specific serotypes)
- rotavirus
- measles
- mumps
- rubella
- chickenpox.

Figure 5.6: Childhood vaccination schedule.



For NHS Highland, primary immunisation rates for children by 5 years of age in 2024 show:

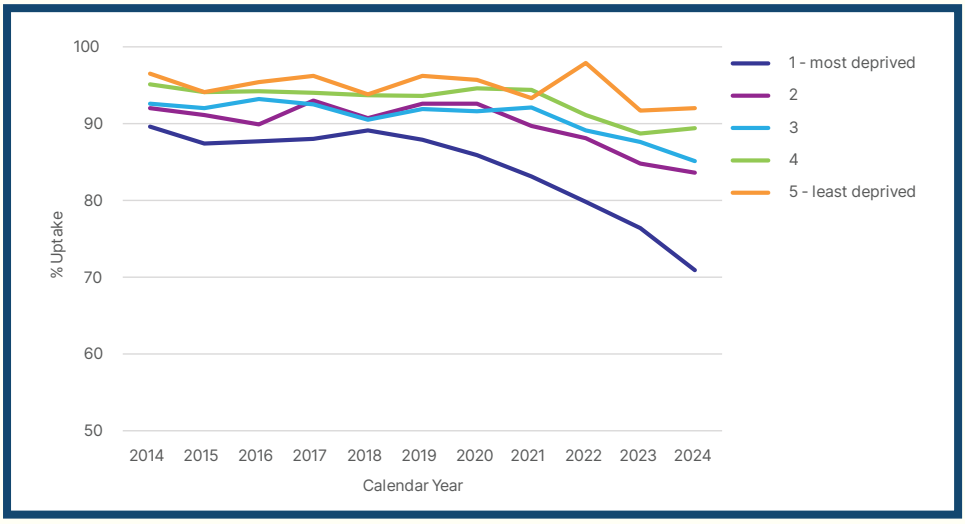
- some communities reach 95% coverage
- NHS Highland as a whole is below Scottish averages
- Argyll and Bute generally performs better than Highland
- uptake varies sharply by deprivation level
- a clear social gradient has widened since 2020.

Table 5.1: Primary immunisation uptake rates by 5 years of age up to December 2024.

Vaccination	Highland	Argyll and Bute	NHS Highland	NHS Scotland
6-in-1	96.0	95.7	96.0	96.6
4-in-1	83.7	89.2	85.1	89.3
Hib/MenC	92.5	93.9	92.9	94.3
MMR1	93.1	94.4	93.5	95.1
MMR2	83.3	88.6	84.6	88.7

Source: Public Health Scotland, Vaccination surveillance dashboard

Figure 5.7: Four-in-one primary immunisation uptake by 5 years of age and deprivation quintile, NHS Highland.



Source: Public Health Scotland, Vaccination surveillance dashboard.

This is seen in the context of a trend of declining childhood immunisation rates over the past decade across Scotland; a trend that has also been observed globally. There are a range of factors involved but the risk posed by vaccine misinformation and hesitancy has been increasing with the WHO including vaccine hesitancy as one of its top ten threats to global health in 2019. More specifically to Highland, there have been considerable challenges in vaccine delivery in remote and rural areas.

It is essential to reduce the variation in vaccine coverage between communities. When coverage is too low and herd immunity is not reached, communities remain at risk of local outbreaks of diseases that vaccines can prevent.

Delivery of the childhood vaccination programme continues to be challenging across our area because of the geography. A collaborative hybrid model is planned which will involve delivery principally by general practices in collaboration with immunisation teams. This approach should make delivery more efficient and effective and will allow focused outreach work, vital for addressing inequalities and protecting our communities.

NHS Highland aims to increase vaccination uptake across all communities for the benefit of all and the protection of the most vulnerable.

Mental health

Pregnancy, and the adaptation to parenthood, can be exciting times in a woman's life, but can also present a unique set of challenges to mental health. Around one in five women will experience an identifiable mental health problem during the perinatal period (conception to age one). The perinatal period can be a time of particular vulnerability to mental health problems.

Timely intervention is of utmost importance, given the risks represented by untreated perinatal mental health problems. These risks concern the safety of both mother and infant, the potential impact on the mother-infant relationship, and the possibility of measurably poorer social and behavioural outcomes for the infant throughout their lives.

Initially, the trial of mental health treatments in Primary Care is recommended e.g. brief psychological therapy (in person or online), computerised therapy (e.g. Silvercloud Space for Perinatal Wellbeing) or medication. Through referral, more specialist support can be provided by the Perinatal and Infant mental Health Team (PNIMHT). The PNIMHT in Highland currently functions as both a Community Perinatal Mental Health (CPMH) and Maternity and Neonatal Psychological Interventions (MNPI) team. In Argyll and Bute there is also a focus on Infant Mental Health provided to children and their families.

When a referral is accepted an attempt is made to match the most appropriate representative of the Team to each patient to undertake an assessment and then a joint decision taken about what further intervention (or signposting) may be required.

The PNIMHT in Highland have staff trained in a range of interventions including:

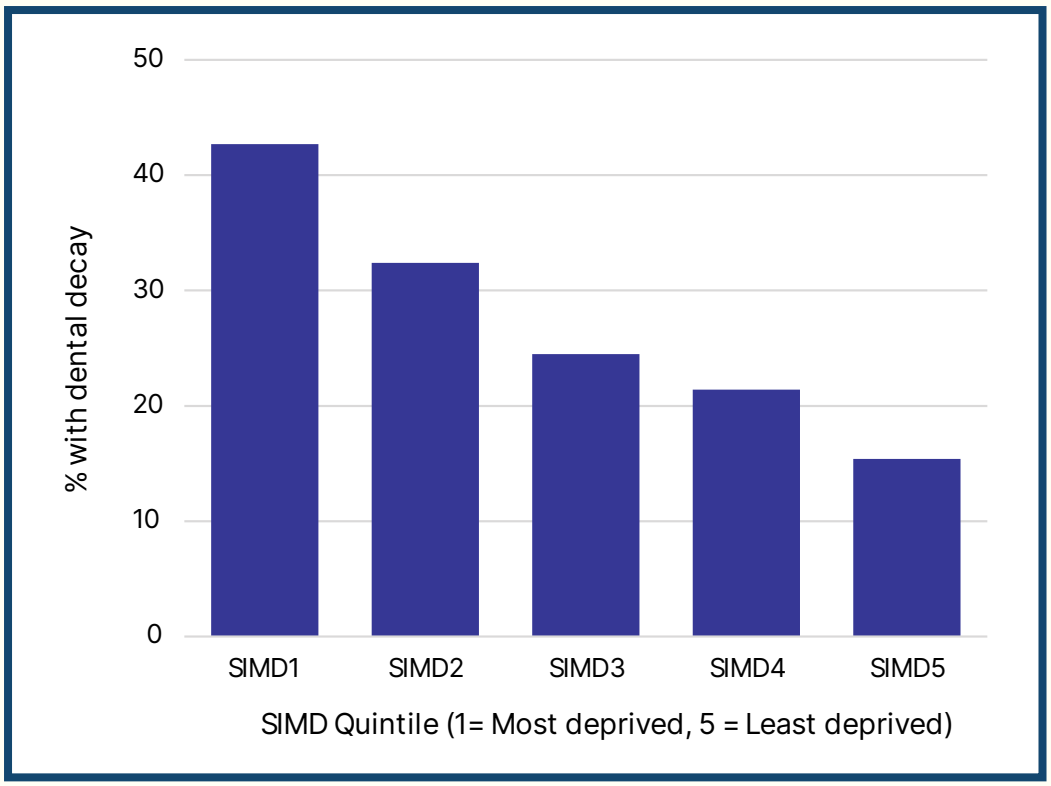
- Cognitive Behaviour Therapy (CBT)
- Eye Movement Desensitisation and Reprocessing (EMDR)
- Interpersonal Psychotherapy (IPT)
- Video Interaction Guidance (VIG)
- Circle of Security Parenting (CoSP).

They are also able to offer support and consultation to other staff caring for perinatal women, their infants, and their wider families.

Dental health

Healthy teeth are important for eating, speaking and social confidence. In 2024, 73% of Primary 1 children in NHS Highland had no signs of tooth decay, similar to the national rate. However, there are clear differences between communities. In the least deprived areas, 85% of children had no tooth decay, compared with only 57% in the most deprived areas.

Figure 5.8: Child dental health in Primary 1 by deprivation quintile, NHS Highland, 2023/24.



Source: Scottish Public Health Observatory profiles tool.

Brushing teeth regularly helps prevent tooth and gum disease, and starting this routine early helps children develop good habits. Parents play an important role, and support begins early through the health visiting programme, which provides advice and equipment.

Findings from the Early Years Health & Place Consultation in Dunoon[11] support this. During play-based research with children aged three to five, toothbrushing came up often in both conversation and play. Children spoke confidently about brushing their teeth and used toothbrushes and dental models in imaginative role play.

Comments included:

> "I brush my teeth every day."
>
> "My teeth were sore so I went to the dentist."
>
> Children aged 3–5, Dunoon

The statements show that dental care was understood as a normal part of everyday life.

This suggests that when parents, early years settings and health visiting services support oral health from an early age, toothbrushing becomes a routine habit rather than something children see as unusual or medical. Establishing this early routine may also help children build confidence in other health behaviours, creating opportunities for wider conversations about caring for their bodies and wellbeing.

Alongside dental services there are community dental public health programmes such as Childsmile. Childsmile is a national programme that aims to reduce oral health inequalities and improve the oral health of children in Scotland. It is funded by the Scottish Government and has three main components:

Toothbrushing

Distributing multiple packs to children and supporting daily supervised toothbrushing in nurseries and schools.

Community & Practice

Addressing oral health inequalities through embedding support workers in communities to offer oral health and support.

Fluoride varnish

Delivering preventive care interventions for children aged two years and upwards who are at increased risk of dental decay.

Source: Reproduced with permission from NHS Scotland Childsmile.

The supervised toothbrushing programme aims to help children develop an important life skill at an early age. It is offered to two-year-old children receiving free places at nursery, every three and four-year-old child attending nursery, and targeted P1 and P2 classes of schools situated in areas with the highest level of need.

Fluoride varnish is a protective gel applied to children's teeth that is highly effective at reducing tooth decay. All children should be offered fluoride varnish application at least twice-yearly from the age of two years. Fluoride varnishing is also delivered in nurseries and primary schools in deprived areas by Childsmile dental teams. Local Childsmile teams identify nurseries and schools to participate in the programme based on the proportion of children attending the establishment who live in areas of relative disadvantage. The programme provides an additional opportunity to identify children who require further assessment and dental advice, with their parents receiving a letter to inform them of their child's dental need.

There have been improvements in participation by nurseries and primary schools since the pandemic. In 2024, 95% of nurseries in NHS Highland and 53% of primary schools were engaged with the Childsmile toothbrushing programme. Fewer establishments support fluoride varnishing due to the targeted nature in areas of deprivation.

Table 5.2: Childsmile nursery and primary school engagement in NHS Highland, 2024.

Dental care	Nurseries	Primary schools
Toothbrushing	95%	53%
Fluoride varnish	53%	24%

As well as these preventive measures, it is important that children have regular dental check ups. This helps make sure their teeth are developing normally and that any problems are found and treated early.

In March 2025, only 38.6% of children aged 0–2 were registered with an NHS dentist. This increased to 73.7% for children aged 3–5. Among children registered with an NHS dentist, those under 5 were the most likely to have been seen in the last two years.

NHS Highland should work to create healthier food environments where families can easily choose options that help prevent tooth decay and gum disease. Supporting the Childsmile programme and ensuring good access to early dental treatment remain key priorities.

Summary

Children and young people deserve safe, effective health and care services that respect their rights and voices. Services must be designed around their needs and those of their families.

Preventing illness is one of the most important and effective ways to improve children's health. Spending on children's health should be fair and reflect the long-term benefits of early intervention.

Recommendations

- Partnerships across Highland and Argyll and Bute should continue to act in accordance with the UNCRC.
  - We should promote the rights of children to participate in services through representation of their voices in patient groups, collection of feedback and advocacy.
- Spending on health should be proportionate and fair between children and adults.
  - The proportion of money spent on preventative and enabling services should increase over time.
- Uptake of maternal and newborn screening should be maximised.
- NHS Highland should continue to deliver the maternal and childhood immunisation programmes and reduce inequalities in uptake.
- NHS Highland should champion the Childsmile programme in early learning and school settings.

Conclusion ⋮

The report demonstrates that the early years of life are critically important to our lifelong wellbeing. If we get it right, the environments and interventions we establish can give our children a strong foundation to thrive; but if we get it wrong, the repercussions on health can have lifelong implications on individual health and on our healthcare system. To give every child the best start in life, as a system we must:

- **Invest early in the prevention of poor health and wellbeing**.
  We will build the right economic, social and environmental circumstances for our children and families to thrive, and provide effective services to prevent poor health. This will be realised through a gradual shift in overall proportion of spend from acute to preventative interventions, which may require changes to the way we think about setting our budgets. This approach will yield measurable improvements in child population health in the early years.
- **Take a system leadership role in reducing child poverty and strengthening family resilience**, ensuring we are maximising the impact of local plans to increase access to healthy food, childcare services and other resources. By 2030, we have committed to ensuring that less than 5% of our children are in relative poverty. Delivering against our current child poverty action plans is a measurable outcome we should strive for.
- **Ensure equitable access to high-quality health and care services across geography and demographic groups**. This will require us to understand in detail where there are differences in experience and outcome across groups and to actively target investment to close gaps. To measure this, we should see a reduction in unwarranted variation in health outcomes for our youngest children year on year.
- **Support children's rights and embed their voices in decision-making**. We should be actively promoting the involvement of children in policy development and in local decisions. These could be about: the creation of child-friendly, inclusive and safe physical and community environments which encourage play; access to services; access to healthy food; early learning and more. Evidence of involving children's voices in decision making progress should be recorded and reported.
- **Embed a strategic focus on families and early years as a system priority**. Impacts and opportunities on children and families should be considered in all policies in the context of the national Getting it Right for Every Child policy. This will require strong and consistent leadership across all partners. The SHANARRI set of indicators (Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, Included) could be developed locally and used to track our progress.

The 2025 Director of Public Health Annual Report offers a clear, evidence-based foundation for collective action. By focusing on the early years, the system can support better health now and across the life course, helping to build healthier, fairer and more resilient communities for the future.

Appendix

The following links provide access to full versions of the engagement reports:

- Care and Learning Alliance.
- Lets Grow Kids UK (on behalf of Argyll & Bute).

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Images

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Notes

Notes

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