

# Proportionate Universality: Moving Away from “Either/Or”



Joanne Schroeder, Deputy Director  
Human Early Learning Partnership

“ Action on health inequalities requires action across all the social determinants of health. Key to success is “proportionate universalism” — actions must be proportionate to the degree of disadvantage, and hence applied in some degree to all people, rather than applied solely to the most disadvantaged.”

*Michael Marmot  
Fair Society, Healthy Lives 2010*

First jurisdiction in the world to collect  
population level data on children's  
development





# The Early Development Instrument



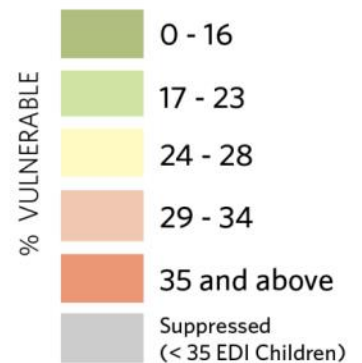
# British Columbia

All School Districts

## Wave 4 EDI

### Vulnerable on One or More Scales

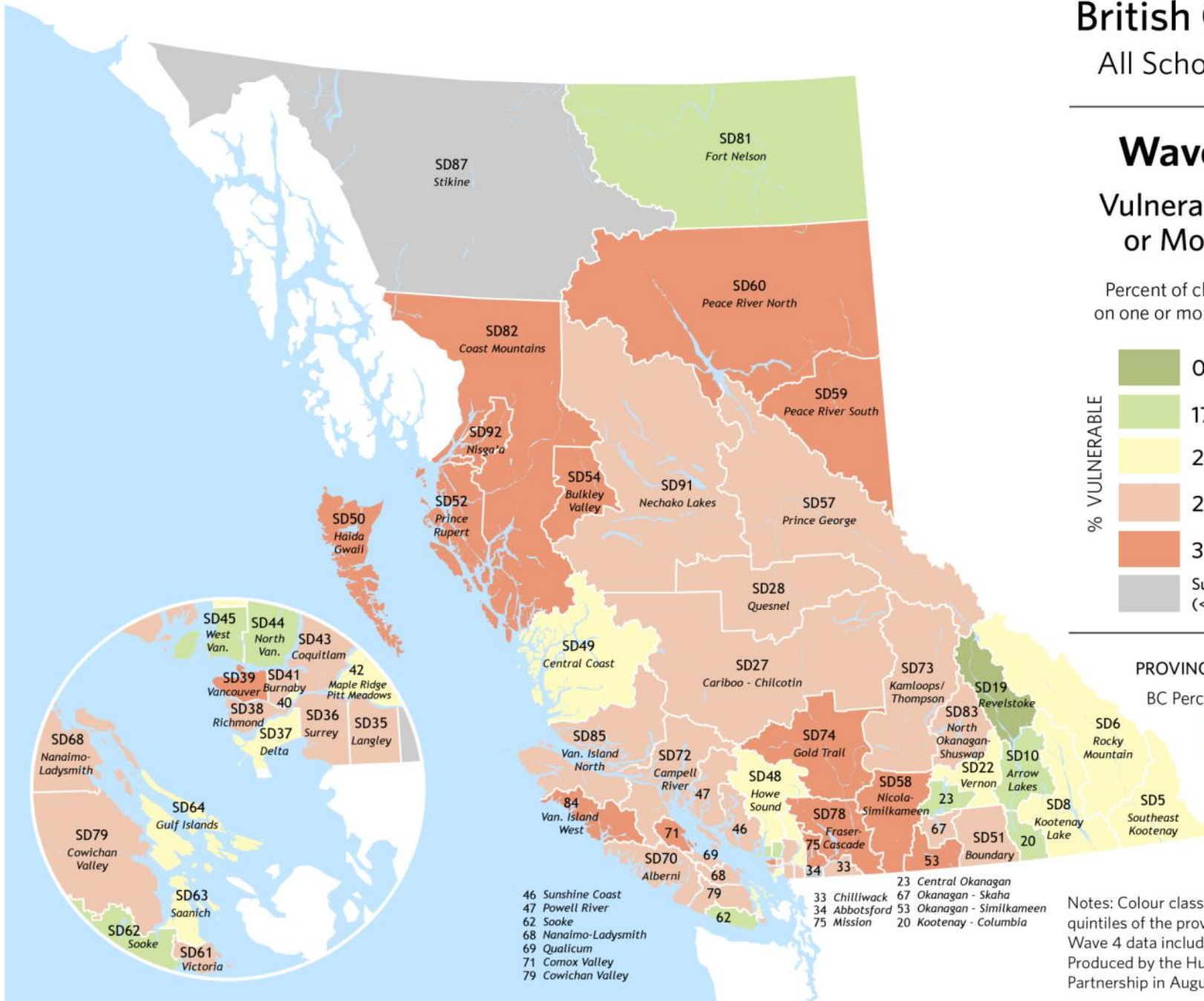
Percent of children vulnerable on one or more scales of the EDI



#### PROVINCIAL SUMMARY

BC Percent Vulnerable:

31



Notes: Colour classification is based on quintiles of the provincial data for Wave 1. Wave 4 data includes 2009/10 & 2010/11. Produced by the Human Early Learning Partnership in August 2011

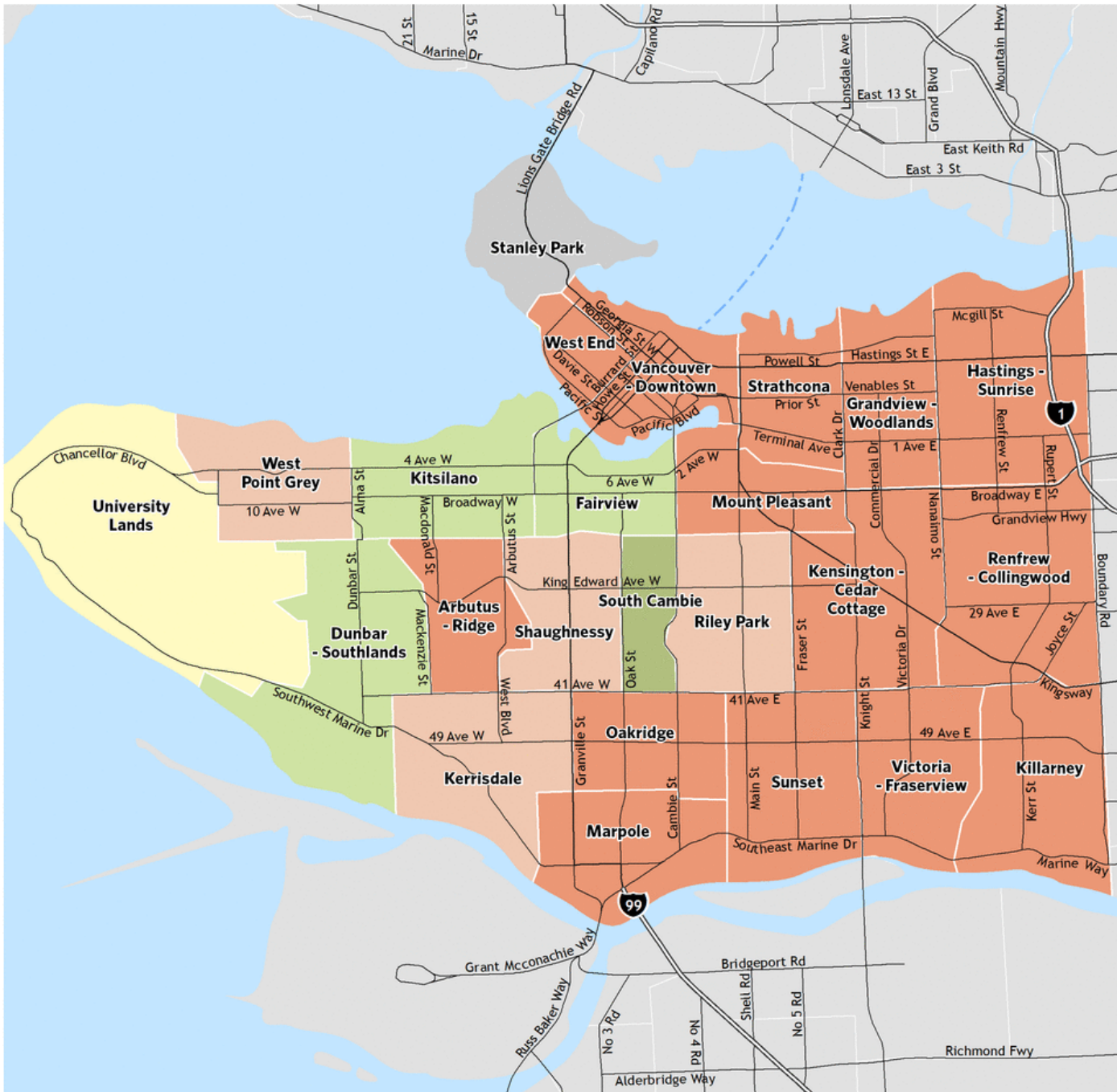
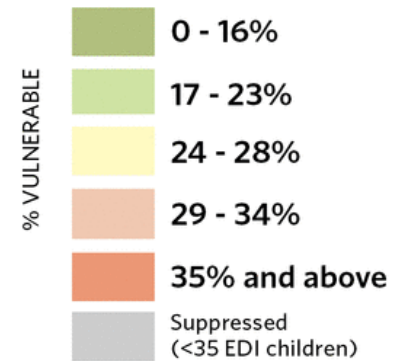
# Vancouver

School District 39

## Wave 4 EDI

### Vulnerable on One or More Scales

Percent of children vulnerable on one or more scales of the EDI



#### SCHOOL DISTRICT SUMMARY

SD #	SD Count	Percent Vulnerable		
		SD Avg.	NH Min.	NH Max.
SD 39	3270	40	15	59

Notes: Colour classification is based on quintiles of the provincial data for Wave 1. Wave 4 data includes 2009/10 & 2010/11. Produced by the Human Early Learning Partnership in August 2011.

A close-up photograph of a young child's face, focusing on the eyes which are closed. The child has light-colored hair and is wearing a pink garment. The background is a soft, out-of-focus light blue.

**Nearly 30%**

**of B.C. kindergarten children  
are vulnerable**

**Most are not poor!**



On average, disadvantaged children have poorer outcomes,  
However, most vulnerable children are in the middle class



Socioeconomic  
Disadvantage

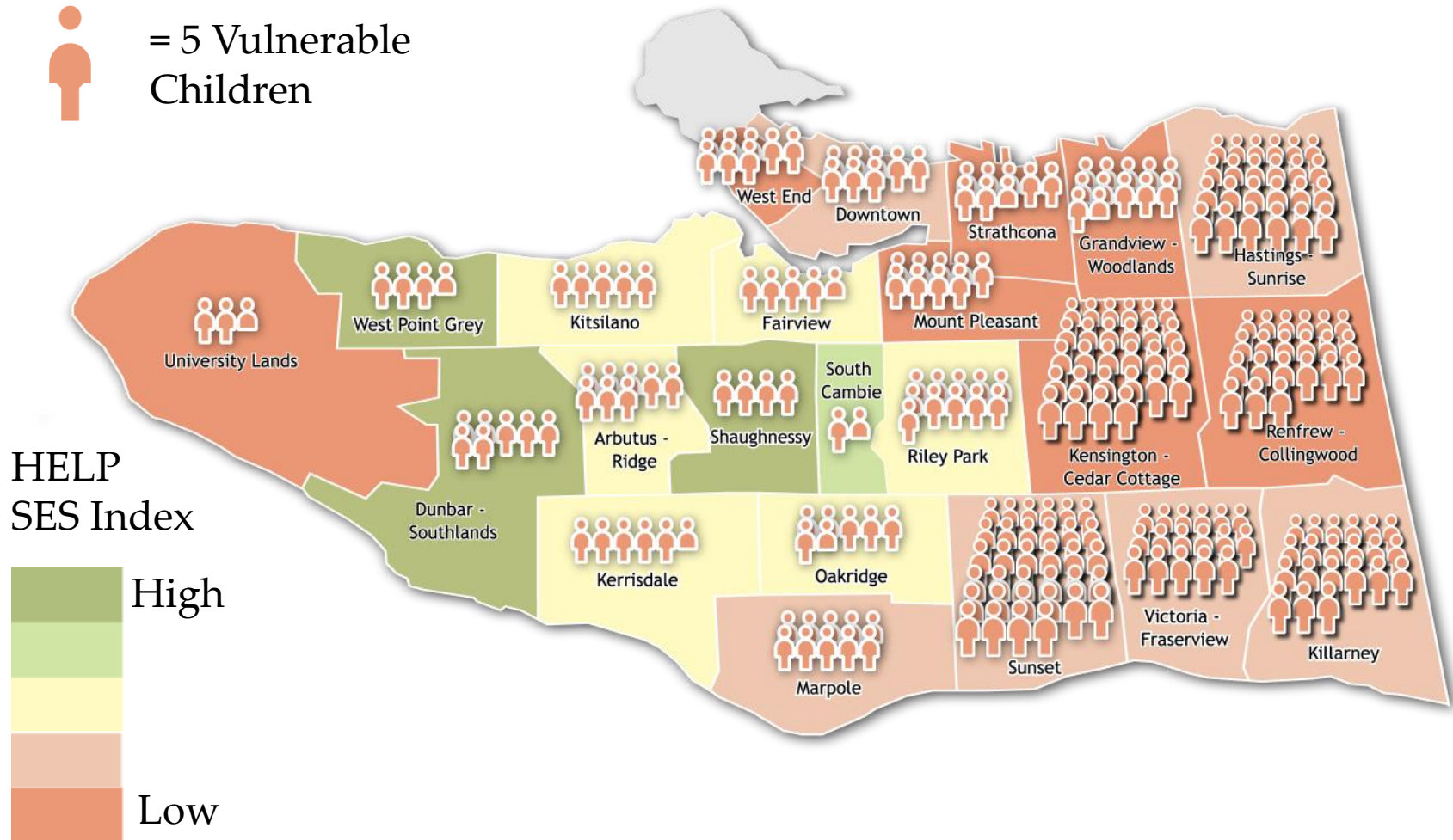
Socioeconomic  
Advantage



# Vulnerable children are distributed across neighbourhoods and the SES spectrum



= 5 Vulnerable Children



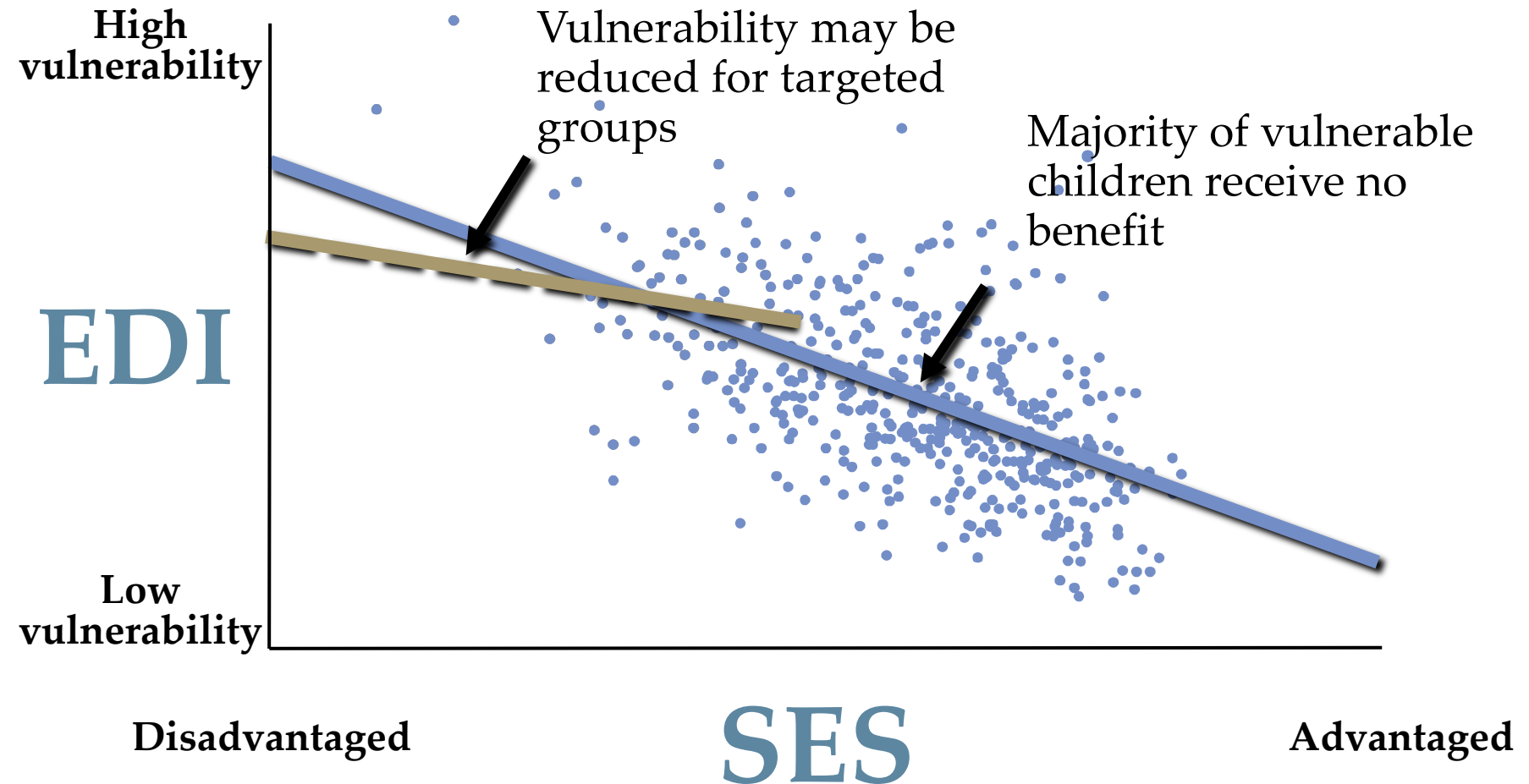
HELP

SES Index

High

Low

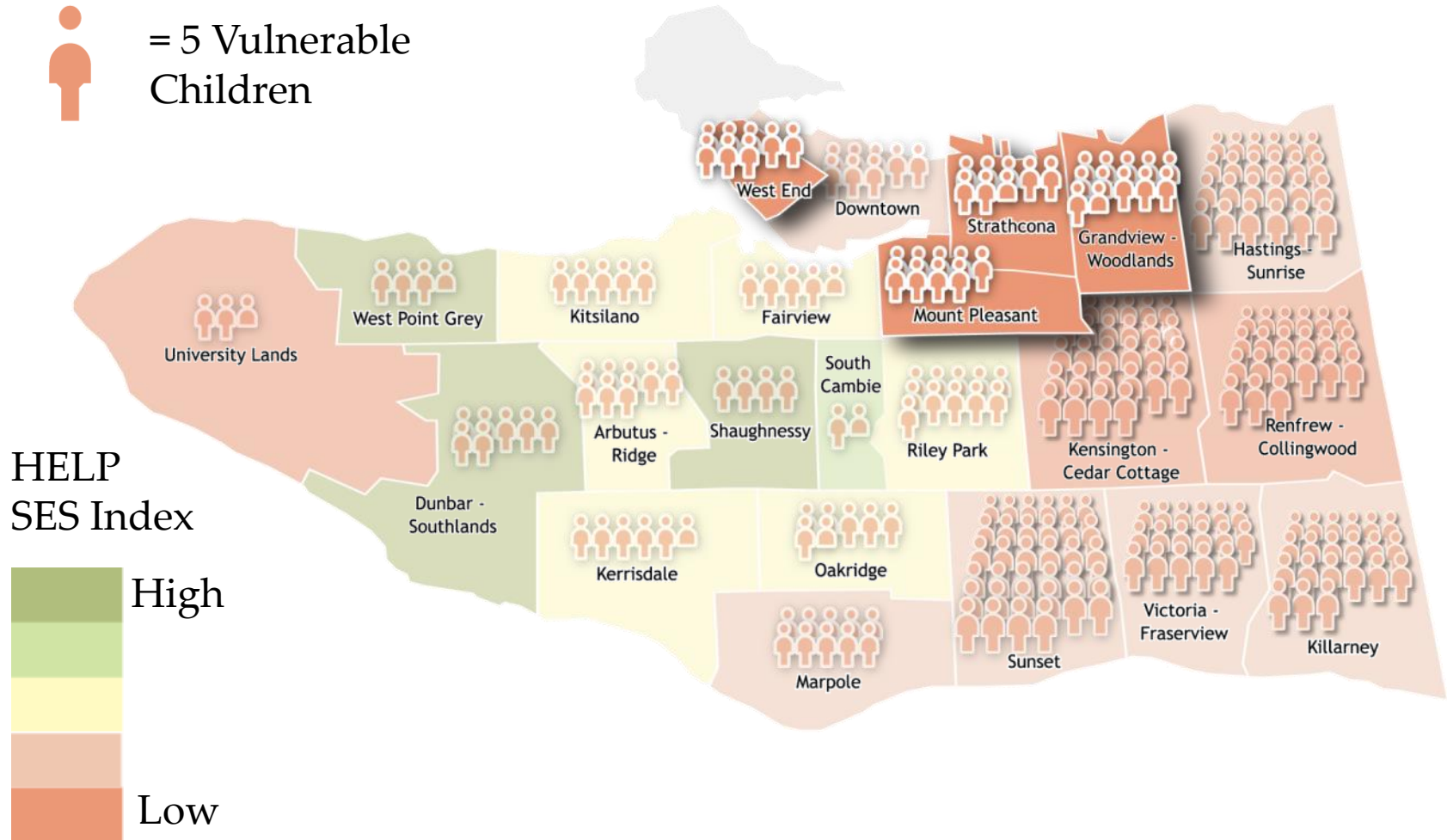
# Targeted programs?



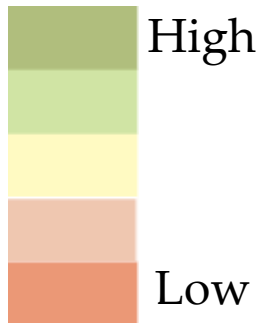
# Targeting programs towards low SES leave many vulnerable children without access



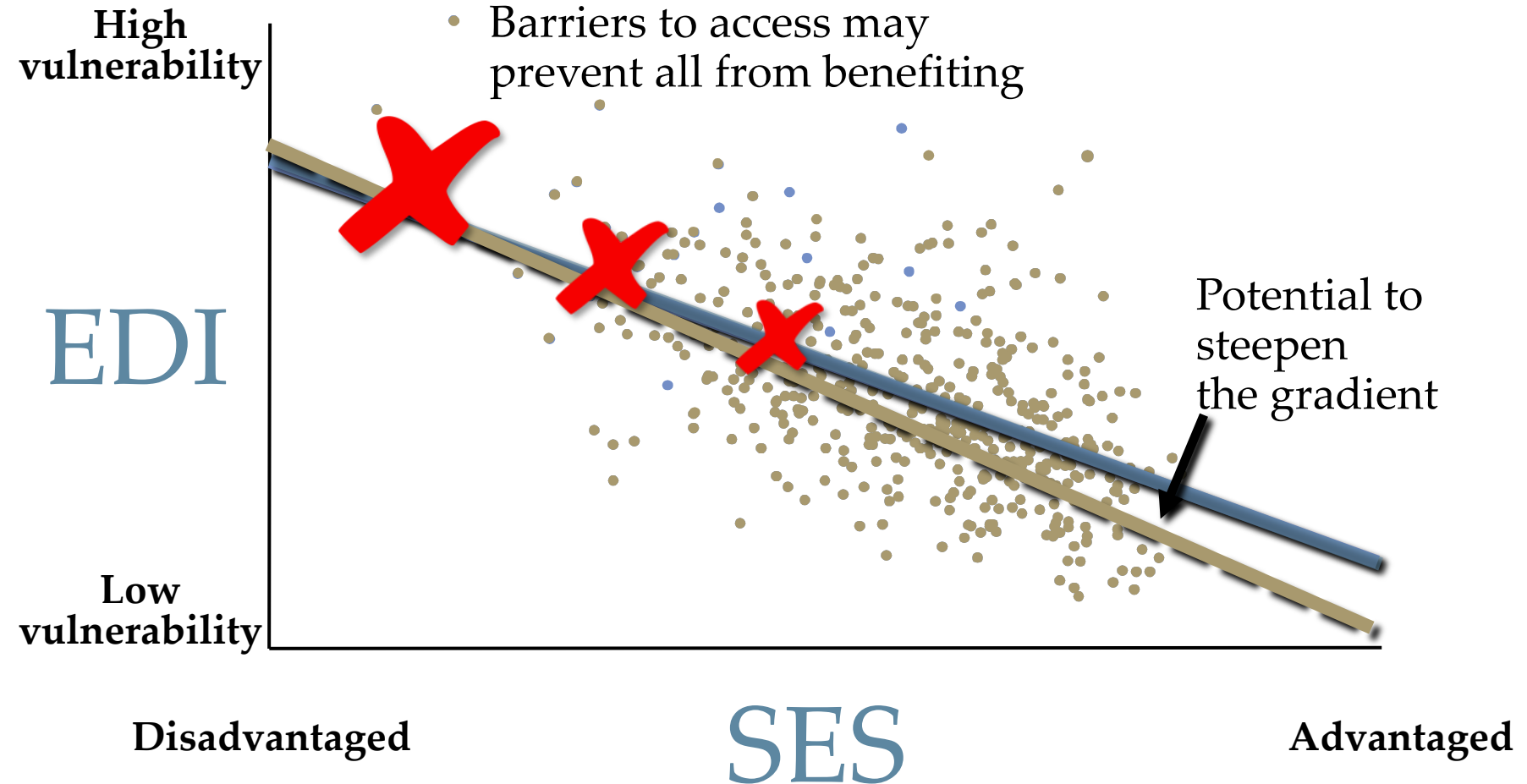
= 5 Vulnerable  
Children



HELP  
SES Index



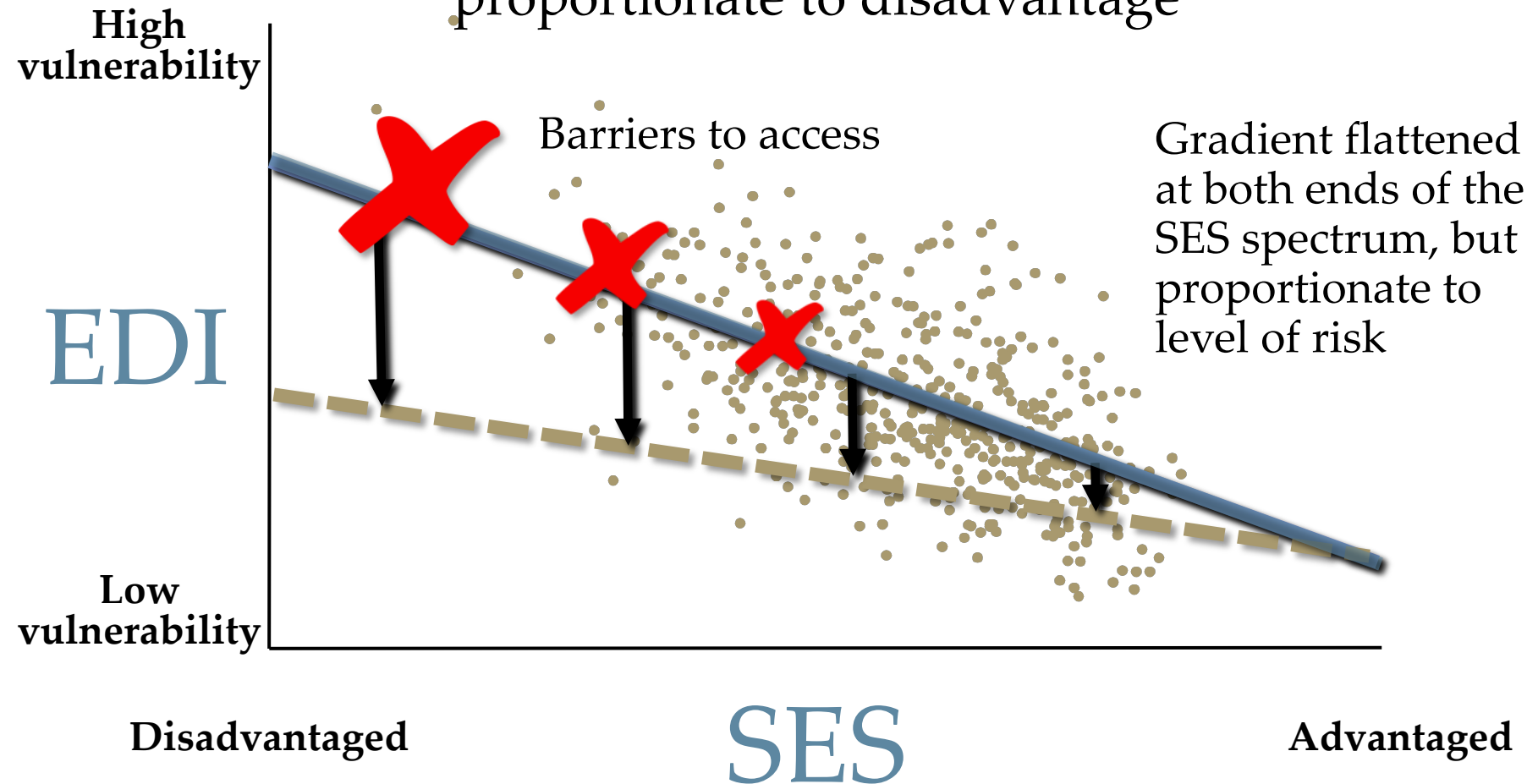
# Universal programs?





# Proportionate Universality

Programs, services and policy that are universal but with a **scale, intensity and character** that are proportionate to disadvantage



# Identifying & Addressing Barriers



# ACCESS TO UNIVERSAL PROGRAMS



LOW SES



HIGH SES

# Common Barriers

## Infrastructure Barriers

- Program or service is not available
- Cost
- Transportation
- Time offered
- Language spoken
- Fragmentation
- Lack of Information

## Relational or Value Based Barriers

- Conflicting Expectations
- Social Distance
- Parental Consciousness

*Clyde Hertzman, 2005*



# Applicability to Your Work

- The principles of proportionate universality are foundational to “public” health. The population is your client.
- Targeted and universal approaches are not mutually exclusive, but can complement one another (e.g. NFP, Perinatal Services)
- Universal does not mean uniform.
- The key is identifying and addressing barriers to provide appropriate intensity and character.

HUMAN  
EARLY LEARNING  
PARTNERSHIP

# Thank You

[www.earlylearning.ubc.ca](http://www.earlylearning.ubc.ca)

[joanne.schroeder@ubc.ca](mailto:joanne.schroeder@ubc.ca)

