Health Inequalities - Early Years

Angus Community Planning Partnership

Angus Community Planning Partnership welcomes the opportunity to submit views and evidence to the Health and Sports Committee on Health Inequalities in the Early Years. We trust that our response proves helpful to the committee’s considerations.

1 How effective are early years interventions in addressing health inequalities?

There is strong evidence that intervention during a child’s early years can help reduce health inequalities. While underlying causes such as poverty and health related behaviours such as smoking, alcohol and poor diet impact on health inequalities, it is the physical, emotional and mental development of a child’s early years that is pivotal in creating the psychological and physiological resilience to prevent disease impacting later in life.

Presently, there are a range of partner mechanisms and planning arrangements in place locally which provide an effective and structured response to addressing specific aspects of health inequalities across Angus.

Partnership working is strong in Angus and services work diligently to ‘jointly own’ the health inequalities agenda and in doing so provide appropriate interventions. Progress has been made in all localities, however, we continue to retain issues of inter-generational and community-wide cycles of poverty and indeed face growing challenges particularly relating to families with the most complex problems. Key drivers such as Getting It Right and the Early Years Collaborative has and will continue to support this however inequalities will continue to pose an ongoing challenge for all agencies.

All of this has been made more difficult by broader economic conditions. Not only have we witnessed and continue to face constrained public spending (and therefore presided over a reduced capacity to support public sector intervention) but the economic circumstances of the population have deteriorated, particularly for those who were already in lower socio-economic groups. The early years population are not immune from these trends.

Some interventions in Angus show considerable effectiveness, for example the pre-school immunisation programme, while others show little impact, for example consistently low breast feeding rates in areas of deprivation.
Health visiting is the key universal service for promoting health and wellbeing in early years. Ongoing national and local actions to develop this workforce are welcomed.

2 What are your views on current early year's policy in Scotland in terms of addressing health inequalities?

The policy context for early years is clear with the key drivers including The Early Years Framework, Getting it Right, Early Years Collaborative, Achieving Our Potential and Equally Well all recognising the need for early intervention and prevention. These social frameworks recognise that a child's start in life, cycles of poverty and poor health are all connected.

It is the view however that there is a disconnect nationally which results in often a silo way of working across Scottish Government divisions which is not conducive to work and progress at a local level.

The Early Years Collaborative has engaged large numbers of staff across Scotland. Whilst it is still early days, the potential impact and benefits of the work of the Collaborative is recognised. The recent focus on 'key changes' is helpful in terms of clarity around what needs to be done to improve early years experiences. The greater focus on early years via the collaborative approach is welcomed as is the increased emphasis on cross professional and cross boundary working.

The evidence for early years investment is significant and well recognised world wide, however, there is a need to consider how to realign resources more effectively across agencies.

3 What role can the health service play in addressing health inequalities through interventions in the early years?

It is important to highlight that this is not just about health services, all agencies and practitioners have a role to play and this is fundamental to the Early Years Collaborative. Health cannot achieve change alone and partnership working is essential to maximise resource and also to ensure that those issues that impact on health and early years experiences such as poor housing and poverty are addressed from the outset.

Priority requires to be given to the profile of the early years workforce including the consideration of the appropriate deployment of early years workers to intervene where required to support capacity and the delivery of service.

All partners have a key role to play. Health inequalities are a cross cutting issue and needs to be considered by all agencies including sports and leisure, environment, community safety etc.
4 What barriers and challenges do early years services face when working to reduce health inequalities?

The barriers and challenges those early years services face in working to reduce health inequalities is significant. This in part is due to the complexity and duration of the response required to address intergenerational cycles of poverty and to support the most vulnerable families.

It is important to recognise that the impact resulting from early intervention is longer term and we need to give it time to see positive outcomes.

The barriers and challenges include:

- The changing demographics poses a challenge particularly relating to the increasing older people population versus the early years.

- Hard to reach families and those who do not wish to engage continues to pose a challenge as these are often the ones who need the additional support.

- Often there is hidden deprivation in rural areas, for example domestic abuse. This can prove challenging to identify. Also in a rural location such as Angus, equity of access can pose challenges for example transport and travel time for families living in the Angus Glens.

- The Health and Social Care Integration agenda

- Welfare Reform

5 Are there any specific initiatives or research evidence from Scotland, UK or internationally that you would wish to highlight to the Health and Sport Committee?

There are a wide range of specific initiatives and research evidence relating to the early years.

Specifically the ones which we believe are worthy of highlighting include:

- Family Nurse Partnership – this has been highly innovative and resulted in positive outcomes for young mums and babies, however it should be noted that this is a very prescriptive programme, has strict criteria and is very resource intense

- Roots of Empathy

- Solihull approach funded via NES (NHS Education Scotland)
• Triple P & Incredible Years - national roll out under way via the Psychology of Parenting Programme

• The future planning being undertaken in Brechin to develop a multi partner Health and Wellbeing Community Hub with a focus on East Brechin, an area of inequalities and one which the Community Planning Partnership have committed to working with the community to design user friendly and effective services and pathways to support their need.

• Proposed redesign of substance misuse services to take a ‘whole family’ approach, ensuring the needs of children affected by parental substance misuse are addressed.

• Angus Nurture Groups - which are now operational in 8 of our primary schools. The nurture environments have been developed based on the six guiding principles of: -

  • Children’s learning is understood developmentally
  • The nurture space offers a safe base
  • Nurture is important for the development of self esteem
  • Language is a vital means of communication
  • All behaviour is communication
  • Transition is important in children’s lives.

  Early outcomes for children and families are extremely positive.

Angus Children’s and Learning Partnership
March 2014