Health Inequalities – Early Years

Shetland Islands Council

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

In Shetland our inequalities may differ from many other areas in Scotland. For example, major factors include:

- Isolation – for individual families and individual children
- Remoteness – wide geographical spread of sparsely populated communities
- Access to services – lack of availability linked with high cost of transport
- Small numbers – cannot sustain, or sometimes even initiate, services
- Climate – public perception of risks associated with weather conditions and a fairly recent culture of not being outside in varied weather.

Early identification of vulnerable children and families is key to effective intervention. In Shetland this presents different issues as identification is not population based. We have to identify individual families. Targeting and then reaching those individual families may not be supported by national strategies. For example, our experience with Childsmile highlighted that our areas of deprivation, using the Scottish Index of Multiple Deprivations quintiles did not match our lowest figures for engagement. Consequently, this did not support identification of our most vulnerable families. Indeed, achieving the national target required focussing resources on our most affluent families. Is there potential for changing targets to better reflect the diversity of Scotland’s geography?

Early indications from a small amount of data from our Early Years Collaborative do support the view that interventions are effective. However, a longer term view of outcomes would provide greater certainty. We do not have sufficient evidence at this point in time.

Question 2 - What are your views on current early years policy in Scotland in terms of addressing health inequalities?

Locally, the Early Years Collaborative, is recognised as being a very positive step towards addressing health inequalities. We are aware of the need to expand our reach by empowering all staff and volunteers working with early years to have the confidence and skills to engage in the improvement of all services and to identify need at the earliest opportunity.

There is concern that other policies are not effectively identifying and measuring early years involvement, e.g. Active Schools, for whom there are currently no targets for early years during curriculum time. Given the weight of evidence supporting intervention as early as possible, we find this disappointing, particularly in relation to the development of neuro pathways. Again the evidence would state that once set they are extremely difficult to change. This results in a requirement for higher resource input to try and effect that change. We would like to see targets set for early years in all relevant national strategies, reports, policies and guidelines.
Question 3 - What role can the health service play in addressing health inequalities through interventions in the early years?

Health services play a key role in addressing health inequalities. More resources in universal services would support earlier identification of vulnerable families and children. It would also provide resources to train staff in public services and linked partners in the voluntary and private sectors. At the moment pressure on existing resources, along with the fragility of our small teams, is a barrier.

Maternity services play a crucial role in health and wellbeing promotion in families.

We see a need for health services to work collaboratively with other agencies to more widely promote health and wellbeing for early years.

There is also a need to focus resources on supporting and meeting needs when they are identified. Again, small, fluctuating numbers present a challenge.

Question 4 - What barriers and challenges do early years services face when working to reduce health inequalities?

Late identification of issues and needs can result in a subsequent impact on resources to address that missed early opportunity.

Transport is a huge barrier for remote and isolated children and their families in Shetland. This remoteness and isolation can impact on health in a variety of ways; diet, activity, mental and emotional wellbeing. Although we have a high level of provision of leisure facilities, the cost of accessing these facilities is high. If we then add in the transport costs this is frequently prohibitive to vulnerable or deprived families.

Fragile teams in rural localities present a constant risk to providing early intervention and sustaining support. Teams are often comprised of very small, or single handed practitioners. There are no available resources for succession planning and often services have to fail or stop before a resource can be provided. Temporary resources, are usually not available. If they do exist, they are prohibitively expensive, or take too long to source and deploy if they have to come from the mainland.

Weather is perceived as a barrier in Shetland by many parents. We would welcome:
- more national promotion of outdoor opportunities regardless of weather,
- education and support for dressing children appropriately,
- education to dispel myths of risks associated with poor weather.

Embedding and sustaining good diet is challenging in our remote areas and islands. Fresh fruit and vegetables are often costly and sometimes unavailable, particularly during long spells of bad weather. Special consideration could be given to the flexibility of funds so they can be used to support these areas in different ways, e.g. shifting budgets to support sustainable solutions such as community poly tunnels.
There is an ongoing tension between trying to shift resources to early intervention, while still having to maintain services to support the results of not having intervened early enough.

**Question 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?**

Dundee – swimming voucher scheme for areas of deprivation.

Norway – model of childcare payment. All school pupils outside for 1 hour each day.

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**March 2014**