Health Inequalities - Early Years

NHS Western Isles

NHS Western Isles has responded to the following questions based on Early Years covering children from 0 to 8 years old.

Specific questions:

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

Locally we have found early years interventions to be very successful. Some positive outcomes are:

- The Early Years Collaborative is making huge strides in addressing the needs of all children within our locality.

- NHS Western Isles tries not to particularly target the hard to reach families but tries to involve them in universal services which are available to all children. Small population, lack of anonymity.

- All training, organised and hosted by one organisation, is offered to other organisations whether they are statutory or voluntary.

- The majority of policies and procedures are developed with multi agency input.

- ‘Cause for concern’ meetings occur weekly and are multi-agency. These meetings include shared discussion between all agencies involved in the care and of vulnerable families and children and agrees any action to be taken.

- NHS Western Isles is always keen to receive feedback from families. The AHP’s are developing a Parent feedback questionnaire.

- Early interventions are included in midwifery services. Early booking of pregnant women is encouraged and provided for discussions at the early booking includes areas such as ABIs, smoking, vitamins, breastfeeding and vulnerable mothers/families will be offered additional support.

- Taigh Blath (energy advice service under the auspices of a local housing association) engages with families on low income and assists them in making their homes more energy efficient to reduce their energy bills.

- Third Sector Hebrides can provide transport for children from low income families, in order that they can access services which they may not be able to access otherwise.
2. What are your views on current early years policy in Scotland in terms of addressing health inequalities?

- Better method for sharing best practice across Scotland would be helpful.
- Many of the policies in Scotland do not address the needs of children with physical disabilities.
- Once a policy has been written and approved, the resources needed to implement are not always allocated/available or are not adequate to achieve best outcomes.

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

- The health service’s local knowledge of families is vital.
- The sharing of expertise e.g. ABI’s and the ability to offer wide range of training and support to other agencies and families.
- Implementation of GIRFEC and rolling out the ‘named person’ for each child.
- Co-ordinating role in early years. Early identification of need and appropriate referral for support.
- The provision of universal services which allows anonymity and can be used as a vehicle for other services.
- The provision of the whole range of health promotion activity delivered to schools.
- The implementation of specific government targets around screening and immunisation services, child healthy weight initiative and the ethos of the Maternal & Infant Nutrition Strategy.
- High level of commitment from staff around the welfare reform agenda. Staff are committed to breaking the cycle of health inequalities in vulnerable families.
- NHS Western Isles personnel are fully involved in the Early Years Collaborative and this has helped to consolidate those vital links between agencies and organisations.
- In a small area, such as this, staff work closely together, enabling us to identify gaps/shortfalls in service provision and act quickly.
• Developing an MCN for Children & Young People. This MCN is embryonic and challenging to take forward due to the wide remit but it is already leading to more cohesive services within NHS Western Isles.

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

• There are high expectations in families with children with disabilities who move up to the Islands, believing that the services will be better. Our thresholds are lower and children may receive a better service here, but travel is involved if specialist services are required.

• Families who move here and who have particular difficulties and needs are a challenge for all care professionals. They tend to live in isolated areas and do not have the family support nor the services available to them which they may have been expecting.

• Ensuring that all staff engaging with vulnerable families/children receive appropriate training which is regularly refreshed.

• With regard to poverty there are no easily identifiable areas of deprivation within the Western Isles, vulnerable families are widely dispersed and there are significant issues of hidden poverty.

• Transport is a challenge as it needs to be linked up to services and the small numbers can make it very expensive. As bus services are not adequate, a car becomes a necessity for families adding to their financial burden.

• There are challenges in respite care for children with disabilities exacerbated by the geography of this area.

• We need to continually promote and advise on the sources of information/services available.

• Lack of access to sports/leisure facilities seven days a week in all locations and there are inequalities within their island location.

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?

• Extensive research evidence around breastfeeding, smoking, alcohol, obesity, mental health, domestic violence, poverty and deprivation.

• Evidence suggests that free access to sports and leisure facilities will encourage participation and will enable more access for less well-off families. Universal free access gives anonymity.
• Rural research indicates that high quality child care in early years results in good health outcomes later in life.

• Research suggests that supporting young people and children to engage in physical activity early in life leads to a lifetime interest and continued engagement.

This response was compiled by Emelin Collier, Child Health Commissioner in discussion with, Alison MacVie, Lead Nurse Child Protection, Sara Aboud, Health Promotion Manager, Catherine MacDonald, Maternity Ward Manager, Wendy Mackimmie, Action for Children and Orla McDonagh, Paediatric Occupational Therapist.

NHS Western Isles
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