Health Inequalities - Early Years

Renfrewshire Community Planning Partnership

Q1. How effective are early years interventions in addressing health inequalities?

There is a need to agree how “health inequalities” are defined to ensure that services operating in the early years are addressing the big issues. It would be useful for example to ensure that the definition of “health inequalities” includes social development as well as physical and emotional development. Children’s health development cannot be dealt with in isolation from their social and cognitive development.

Where the planning and design of services and intervention is universal, it is often the case that inequalities are not fully considered. Consideration needs to be given to whether targeted services would more efficiently tackle inequality. It is noted that, the effectiveness of any intervention to reduce health inequalities is often difficult to quantify due to the nature of the work and the length of time that inequalities can take to manifest themselves. In Renfrewshire, however, there are some good examples of work undertaken which have produced positive short-term outcomes which will hopefully lead to positive long-term outcomes.

The Healthier Wealthier Children (HWC) project was established in 2010 to contribute to reducing child poverty. HWC targets Welfare Rights and Debt Advice to pregnant women and families with children under five years experiencing, or at risk of, child poverty. The project is funded by Renfrewshire Community Health Partnership with the aim of sustaining better links and referral pathways between health and financial inclusion services. The cost to the CHP is £30k per year. Gains for clients using the service in 2012/2013 have been £712,710. The impact has been outstanding for the low level of investment.

Evidence from a previous Health Inequalities programme (Good4U) run in Renfrewshire, by the NHS, has shown that targeting interventions to the areas of greatest health inequalities (10% and 15% SIMD) can make an impact. This has been shown in both breastfeeding rates and smoking cessation in adult population.

We are currently piloting a small test of change in relation to smoking in pregnant in a deprived area of Renfrewshire. This will adapt the current universal model to meet the particular needs of this target group.

It is clear from the examples above that interventions often need to take a multi-agency approach in their development and often in their delivery, and in Renfrewshire our Early Years strategy, ‘Families First’, is focusing on outcomes for families in this way. This is likely to accelerate the pace of change.
Key to addressing inequalities is providing the right support to parents at the right time. Within Renfrewshire parenting support can be accessed via the Triple P approach or under the Incredible Years programme. It is important that services proactively offer support to parents rather than waiting for a problem to occur or difficulty to manifest.

Q2. What are your views on current early years policy in Scotland in terms of addressing health inequalities?

The policy context is strong but the challenge will be to deliver outcomes by working across the children’s service partnership. There are significant factors such as child poverty which contribute to inequalities and are challenging to address.

The present agenda in the early years needs to be given time to deliver. The focus on the whole child is critical to improving outcomes. There are significant changes which could deliver positive impact on outcomes for children. The need to identify those vulnerable to delay in any area of social, emotional or physical development at the earliest opportunity is critical to improving outcomes for children.

Whilst there is much to welcome in the early years agenda it is important that the state does not take over the care of vulnerable children in isolation from their parents. While there is a commitment to provide early childhood care and learning for vulnerable two year olds it is important that there are not unintended consequences of such an approach. It will be important to engage their parents in parenting support to ensure the change and improvements required. It will be essential to target the support at building attachment and other skills with the parents to ensure that they can meet all of their children’s needs.

Q3. What role can the health service play in addressing health inequalities through interventions in the early years?

Health services should plan, design and implement interventions from the point of the hardest to reach. There is a need to be serious about targeting appropriately and working visibly and co-productively in the most deprived communities. The Early Years Strategy Hub approach is promising and there is good learning from Good4U in terms of engagement and working in a different way around mental health, breastfeeding and tobacco prevention (primary and secondary).

There are a number of new developments and existing programmes where the health service is contributing to tackling health inequalities:

- Family Nurse Partnership
- Healthy Children’s programme - 30 month checks
- Positive Parenting Programme
- Promote referral pathway by NHS staff to support services (financial inclusion and employability)
Breastfeeding support workers have been employed in the NHS to support breastfeeding to support and maintain initiation rates from hospital to home.

The Child Smile tooth brushing programme has been maintained in the nursery sector.

The need to ensure that all child health development programmes fully engage parents is critical as they are in the main the greatest influence on their child’s health. Health services, and others providing support in the early years, need to consider how, when and where the services are available and also that the language used to recruit and support parents is inclusive.

Q4. What barriers and challenges do early years services face when working to reduce health inequalities?

The barriers that services face are not new and not unique to children’s services, however they can be significant in their impact on causing or maintaining inequalities. The ability (or inability) to share information has been shown in the past to affect communication between services, as have cultural differences both between organisations themselves and between organisations and the families they are working with.

In addition, it can be difficult to engage with some vulnerable families and since these are often the very families at most risk of experiencing inequality, this can pose a real challenge. Work is required to understand why some families find difficulty in engaging with services. Services working in the early years need to be prepared to change the manner, place and time of delivery of services. There is a need to shift the conversation from “uncooperative” or “difficult to reach families” to “difficult to reach services”. This means the service will review how they create the barriers and find ways to remove the barriers.

The Children and Young People Bill (to be enacted) has given rise to an increase in early learning and childcare for all three and four year olds, two year olds who are looked after and in kinship care and those two year olds from workless households. The proposal for each child under the age of five will have a named person which is likely to be the health visitor. This enables earlier intervention in order to identify and address needs but presents challenges around care plan ownership, communication across services and securing appropriate nursery placements for two year olds in a short timescale.

Q5. 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?
Save the Children produced a report “Thrive at Five – Comparative Child Development at School-Entry Age” in 2012 which highlights some research on the challenges but also highlights some possible solutions.

Graham Allen, the MP for Nottingham North produced two reports in 2011 on the issue of early intervention. These reports highlight the importance of early intervention but also highlighted that programmes such as Family Nurse Partnership, Incredible Years and Triple P can be effective in improving outcomes for children.

Through collaboration and joint working with other services including the third sector, a number of positive initiatives are being implemented in Renfrewshire to address health inequalities such as Renfrewshire Council’s Early Years Strategy which includes Family First Clubs during school holidays, providing activities and a free meal and supporting families through a core team to access information and services and to support families in attending health appointments. This supports early identification and early intervention of families in need. The challenge will be to sustain the resourcing for this type of approach.

Nutritional Guidance in the Early Years – all Pre-5 and partnership nurseries follow this guidance to ensure the children receive healthy meals and snacks. This has been a positive move in addressing health inequalities through improved knowledge for parents around diet and through healthy lifestyles.

Finally, the Play Strategy for Scotland encourages play spaces for children in the early years within schools/ nurseries, buildings and in communities. This is a positive move to addressing health inequalities in relation to physical activity.

Renfrewshire Community Planning Partnership
March 2014