Health Inequalities and Early Years

Scottish Borders Early Years Leadership Group

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

Research from a wide range of disciplines including neuroscience, developmental psychology, education, and economics indicates that the earliest years of life are the most effective time to improve the lives of disadvantaged children.

Some families and some communities are more likely to be exposed to the kinds of risks that have an effect on health and development in the early years of life and that also have longer term implications for later life. Those in the most deprived communities and in lowest income households tend to have poor health outcomes, including mental health outcomes, and have greater exposure to risk for poor outcomes than those who are more advantaged (Growing Up in Scotland, 2013: Health Scotland 2013; Macdonald et al, 2013).

Effective interventions have multiple components, not a single focus: high quality early childhood education and care: supportive home learning environment; focus on whole family to improve outcomes for both child and adults within households; developing social capital by strengthening social support and taking an assets / strengths-based approach; addressing material and economic pressures income maximisation and employability.

Inequalities are complex in an area such as Scottish Borders, where the population overall has relatively good health measured on a range of indices compared to Scottish averages. In early years as in other life stages, there are however considerable within-area variations. Small communities with high rates of deprivation have significantly poorer outcomes: breastfeeding rates, smoking rates in pregnancy, educational attainment and so on (Scottish Borders Joint Director of Public Health Annual Report, 2013). Although teenage pregnancy rates in Borders are among the lowest on mainland Scotland, there is a higher proportion of first time mothers under 19 in the more deprived communities. However many families on very low income and families who have other vulnerabilities are spread across the whole Borders area. Consequently inequalities focused interventions in an area like Borders need to extend beyond solely targeting particular geographic communities or targeting teenage parents.

Scottish Borders Council Integrated Children’s Services have a number of services which directly or indirectly address health inequalities: the Pre-School Home Visiting Service, which works with very young children with additional support needs and their families to support development of skills in preparation for learning and school.; the Early Years Assessment Team, which works with vulnerable women pre-birth and includes SureStart midwives; and the Family Support Centres, which operate a range of group work for families with children of various ages. SBC and NHS Borders have a
dedicated Looked After Children’s nurse. Multi-agency structures support children with additional health needs in the early years and beyond.

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

Current policy is steering local community planning partners to accord greater prioritisation to early years and to action to address health inequalities within that as part of the drive towards prevention and early intervention. This is significant and very welcome to align the objectives on housing, employability, transport etc with the objectives for early years.

It would be important to continue to support the most vulnerable families from the earliest stage of pregnancy as there is evidence that there are significant opportunities to improve outcomes through interventions at this stage. The Scottish’s Government recent commitment to implement particular programmes for which there is a strong evidence base is positive in principle. However greater account needs to be taken of the population and local context into which some of these programmes are to be introduced. The Family Nurse Partnership would serve only 5% of births in Borders and the majority of our vulnerable families in Scottish Borders are not teenage mothers. The Early Years Assessment Team is a multiagency service, including family support, social work, infant health and midwifery staff, to provide assessment and intensive support to the families of 10 - 12% of births across Borders from pre-birth. The principal reasons for referral mental health and substance misuse.

There is scope for policy on early years to reinforce the gender dimension on a number of levels: services have responsibilities to engage with fathers and support their parenting role; fathers / partners have a part to play in influencing maternal health behaviours; exposure to violence and abuse in childhood continues to be one of the major risk factors for poor mental health outcomes.

The Early Years Collaborative is very clear signal that early years is a policy priority and that the Scottish Government is committed to supporting change. However it has been a challenge to ensure the service improvement methodology driven by the Collaborative is integrated into and supports wider strategic objectives at local level. The recent introduction of the key change areas identified in the Chief Medical Officers report and presented at Learning Session 4 of the Collaborative will be helpful in this regard. These key changes resonate with local priorities in Scottish Borders: early access to antenatal services; attachment and development; continuity of care and support across service transitions; support for parents and promotion of early learning; income maximisation (Chief Medical Officer, 2013).

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

The health service has a key role as the provider of universal service that maintain some level of contact will all families from the earliest years of life.
This is critical as a means to establish positive relationships with families, maintain continuity of contact, monitor development and identify problems early and intervene appropriately. It also enables the health service to develop good understanding of the nature and distribution of health assets, needs within local communities, to provide health intelligence to local planning including Community Planning. The health service brings expertise in key areas of child development and health improvement to local multiagency planning and service provision.

Good antenatal care is essential in supporting preparation of parenthood eg in relation to breastfeeding. Increasingly it also provides a starting point to support health behaviour change for expectant mothers in relation to smoking, nutrition and alcohol and drugs. There have been significant developments recently in the approaches taken to address smoking in pregnancy and local changes in the methods of engagement with women and in the pathways for referral for cessation support are showing promise.

Health visiting service continues to be the core service that maintains contact with families of pre-school children and the named person role reinforces this. The 27 million child health review is beginning to provide essential data on developmental milestones that allow the better targeting of additional support and specialist inputs.

There is evidence that although many families and communities can and do display considerable resilience in adversity, resilience does not appear to override the long lasting impacts of deprivation / poverty (GUS). The health service has a role along with partners in mitigating the impacts of wider economic and social influences on health. The current work on the role of the NHS in mitigating the impact of welfare reform demonstrates this (SCOTPHN, 2013).

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

Targeting
In seeking to tackle inequalities, targeting of resources – both core services and programmes – needs to be flexible and informed by local intelligence of how risk factors and vulnerabilities are distributed.

Small and dispersed population present particular challenges in rural areas which would not be classified as remote. The impact of social isolation and lack of access to basic opportunities such as mother and toddler groups for some families should not be underestimated. Innovative solutions require close working with the third sector, community capacity building and investment in technologies to use social media and potentially the benefits that are being achieved through telehealth care for older people.

Poverty
The extension of free child care and early learning and the expansion of the child care workforce are positive developments for early years health and will
benefit some of the more vulnerable families on low incomes as can the introduction from 2015 of free school meals for P1 – P3 children.

Food poverty and fuel poverty are major concerns for health and we would hope to see initiatives on these in the forthcoming child poverty strategy. Scottish Borders has a low income economy and high rates of fuel poverty.

Rurality
Transport is a huge challenge for a rural area such as Scottish Borders not only to enable families to access formal services but also informal supports that are highly significant for the health and wellbeing of parents and children. Yet those living in small settlements and villages and even some small towns, if reliant on public transport, such access can be impossible.

Workforce
Health visiting services have a pivotal role in supporting families as integral part of local multiagency service. Currently NHS Borders is undertaking a review of Health visiting services to assess the impact on current workforce capacity and skill mix of the introduction of the 27-30 month assessment, named person role and increased Child Protection and Looked after Children health assessment. We await the recommendations of the national Health Visiting Review which is due to report in April 2014 to inform our local review.

Vulnerabilities
Vulnerability is characterised in many different ways in early years, including alcohol and drug problems and mental health problems as well as through exposure to trauma violence and abuse. Experience locally is that there are robust pathways in place to support parents who require some level of specialist service to address, for example, mental health or alcohol issues. However there remains a set of parents who are isolated, experiencing poor mental health wellbeing and struggling to cope. An effective response here is more likely to be through strengthening informal networks of support and enabling access to community based activities, which is challenging in a low wage, rural area with very limited public transport.

Family focus
In improving health outcomes and reduce health inequalities for children, it is important to retain a focus on the family not only on the child. Parental mental health, substance misuse and domestic violence are key determinants of child health outcomes. Child healthy weight is directly associated with maternal weight and nutrition.

The roll out of the GIRFEC practice model to reinforce the responsibilities of all services in promoting child wellbeing is significant in supporting adult health services to recognise their role here.

Allyson McCollam
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REFERENCES


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