Health Inequalities Early Years

The Care Inspectorate

Background
The Care Inspectorate regulates a wide range of services that provide early learning and childcare, including local authority and private nurseries, playgroups, childminders, childcare agencies, out of school care and children/family centres. At December 2012, there were 10,099 childcare services registered with us – highlighting the scope of our impact as a regulator in this important area (Childcare Statistics 2012, published Oct 2013).

Our inspectors look at how childcare services are meeting the health and wellbeing of the children in their care as part of the National Care Standards for Early Education and Childcare up to the age of 16. The standards set out that services should ensure that children and young people have: opportunities to learn about healthy lifestyles and relationships, hygiene, diet and personal safety (Standard 3.3); access to a well-balanced and healthy diet where food is provided (Standard 3.4); and regular access to fresh air and energetic physical play (Standard 3.5).

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (reg 4) sets out that a provider must “make proper provision for the health, welfare and safety of service users” and, if necessary, ensure “provision to service users of adequate services from any health care professional.”

As well as registering, inspecting and grading these services, we have a duty to investigate complaints and take enforcement action when there is a serious risk to children’s health and wellbeing. This can be a condition notice, improvement notice, or emergency cancellation.

We also have an important role to play in helping support improvement in services – giving advice, signposting good practice and highlighting services that we grade as “excellent” during our inspections. All of our inspection reports can be found here.

We have recently launched an online resource, called The Hub, which provides ‘one-stop-shop’ access to a range of resources to support improvement through using and sharing intelligence and research-led practice.

We welcome the opportunity to respond to this written evidence call and would be happy to provide any further available data that would help this important inquiry.
1. How effective are early years interventions in addressing health inequalities?

Our joint inspections of services for children and young people take account of the full range of work within a community planning partnership (CPP) area including services provided by health visitors, school nurses, teachers, doctors, social workers, police officers, and the voluntary sector.

Our inspections so far have found that there are some very good examples of good practice taking place in encouraging healthy lifestyles and wellbeing among children, alongside effective parenting programmes to give parents the confidence and skills to improve their own child’s health. We have identified examples of early years services that have placed a strong emphasis on improving healthy lifestyles through outdoor play, attention to hygiene and healthy eating.

We have also found that where children’s needs are identified early on this has led to appropriate provision of health services such as speech and language therapists, dentists, etc.

Where we have identified serious risk to children, we have used the powers under the Public Services Reform (Scotland) Act 2011 to take appropriate enforcement action. At 31 January 2014, we had issued 10 non-technical enforcement notices in 2013/14 in early years services (note: this number excludes ‘technical’ enforcements which are not related to the quality of the service).

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

Getting it right for every child (GIRFEC) and the SHANARRI wellbeing indicators set out a clear commitment to ensuring that all children in Scotland are safe, healthy, achieving, nurtured, active, respected, responsible and included. The Early Years Framework (2009) further sets out a clear commitment to giving children the best possible start in life, aiming to break negative cycles of inequalities through early intervention.

Complementing these major policy initiatives, all of our inspection activities are focused on ensuring the best possible outcomes for children. We are currently reviewing our childminding inspection methodology based on the SHANARRI indicators and outcomes for children in these services. The methodology is being piloted and will be rolled out from 1 April 2014.

The Children and Young People (Scotland) Bill recently passed in Parliament further has a number of implications that could help address health inequalities in early years. We welcome that the Bill will result in investment in early years provision, particularly to extend eligibility for vulnerable two year olds.
Our inspections of community childminding services have found that a significant number of vulnerable two year olds already receive care packages funded by local authorities, such as funded social work places within childminding settings or parent support groups. Local authorities should be encouraged to include these arrangements when considering the most appropriate provision for vulnerable children in their communities. We are represented on the Scottish Government working group which will develop guidance for local authorities.

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

As part of the National Care Standards for Early Education and Childcare up to the age of 16, early years staff are expected to establish effective working relationships with support agencies. This includes medical services, therapists, and social workers (Standard 6.3).

Ensuring that vulnerable children are identified within childcare services is integral in ensuring the right support agencies are involved in providing the right support for individual children (see comments below for question 4).

The Early Years Collaborative has an important role in carrying out regular assessments of how children are meeting key development milestones, delivering set 'stretch aims' that include assessing how children are meeting these milestones at their 27-30 month child health review, and then by the time they start primary school.

There is the potential for us through individual service inspections to consider a focus area or theme as to how services are ensuring they are meeting health care needs of children, and from this develop a national report on our findings.

As part of our inspections of all children’s services within a local authority area, we are able to monitor how CPPs including social services, health, education, police and third sector professionals are implementing these stretch aims.

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

As part of the GIRFEC approach, we recognise the importance of looking at the experience of all children’s care journeys. Concerning children with identified needs – such as children in care, with additional support needs, or on the child protection register – we will look at how services are working to ensure their individual needs are being met.

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (reg 5) states that every care service is required to have a personal plan for each child, which sets out how a child’s
health, welfare and safety needs are to be met. As part of our statutory duty, we look at these personal plans as part of our inspections.

To help support all children, services need to be able to identify and understand the different needs of the children in their care. In some instances, our inspections have found that not all services are always aware a child with identified needs is in their care, therefore there may not be an appropriate plan for that child. The Lead Professional role will help better inform these services about the children in their care, and therefore how to better support individual children and achieve better outcomes for them.

As part of our inspections, we can identify when staff are not meeting individual needs, and signpost them to best practice and/or specific training.

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?

Based on our annual returns, we collect information on meal provision, nutrition, infection prevention and control, and availability of outdoor play areas.

We further publish annual childcare statistics that provide information on how, where and who childcare is provided to. The statistics provide a valuable insight into the early years and day care sectors.

Based on inspection grading for childminding and daycare services, we can analyse variation across Scotland by using the Scottish Government’s Scottish Index of Multiple Deprivation (SIMD) 2012 and Urban Rural 6-fold Classification.

Our latest childcare statistics for 2012 highlighted there were half as many childminders per head of population in the most deprived areas compared to the least deprived areas, but daycare centres were more evenly spread. These statistics also provide breakdowns by age groups and sector provision (local authority, private, not-for-profit).

This information may help in supporting the Scottish Government and other key partners in identifying which early years services to target addressing health inequalities.

Quality of staffing

Significantly, our findings suggest that daycare services operating in more deprived areas are less likely to achieve high grades for quality of staffing compared to the equivalent services in less deprived areas. Continuity of care is of key importance in contributing to young children’s overall wellbeing, with high staff turnover an indicator that there is a potential risk of there being a negative impact on outcomes for children in the service.
As well as physical health, it is vital that early years services ensure that the emotional and mental health needs of the children in their care are being met.

Our regulatory activities are aimed at helping services to improve the quality and consistency of staffing to help support security and attachment for children. As part of our annual returns and inspections, we look at staff turnover and staffs’ level of training and experience to ensure they have an understanding of what’s involved in providing high quality of care and better outcomes for individual children.

We also check that daycare staff are registered with either the Scottish Social Services Council (SSSC) and General Teaching Council, and either hold or are working towards appropriate qualifications. Once they have completed relevant qualifications, staff must also be committed to continuous professional development.

Childminders are not registered with the SSSC, but as a registered service with the Care Inspectorate it is good practice to follow the SSSC Codes of Practice for Social Service Workers and Employers, which includes taking responsibility for maintaining and improving their knowledge and skills.

**Outdoor play**

We believe that access to outdoor play areas and encouraging physical activity are important factors in ensuring the physical health and mental wellbeing of children.

Concerning outdoor play area availability, there was no significant variation across Scotland. Our annual returns show that the majority of daycare services provide an outdoor play area – with just 14 across Scotland reporting they do not. These outdoor play areas vary greatly in quality and provision of outdoor play space does not always mean children have access to regular and energetic play this is highlighted as part of our inspection activity.

Our inspections are focused on children’s access and the quality of their play experience in outdoor spaces, including outdoor play in the wider community. There are also a growing number of outdoor nurseries now in Scotland, and as a regulator we have taken a flexible approach to support these innovative services.

**Infection prevention and control**

During the next inspection year (2014-15), part of our inspection activities will also include looking at how daycare services are promoting children’s health and wellbeing through improved infection prevention. This will look at staff practice and training, and services may face requirements on hand washing and safe nappy changing. We have recently been reviewing guidance on nappy changing facilities in early years nursery and large childminding services.
Nutrition

Our Annual Returns include a question about whether best practice guidelines are followed in planning eating, drinking and nutrition for children in the service. We also signpost best practice nutritional guidance for early years on our website. Nutritional guidance is currently being updated by an NHS Health Scotland working group, which we are members of. This new publication will replace ‘Adventures in Foodland’ (2004) and ‘Nutritional Guidance for Early Years: Food Choices for Children Aged 1-5 in Early Education and Childcare Settings’ (2006).

We would welcome direction from the Scottish Government on the nutritional standards expected from daycare services that are providing meals to children. On this basis, we can make requirements of services not meeting the nutritional needs of the children in their care. To accompany revised nutritional guidance for early years being published by NHS Health Scotland soon, we believe that there needs to be training in place for these services to support implementation of this guidance.