Health Inequalities Early Years

East Ayrshire Council

Remit of the inquiry: to investigate health inequalities in the early years in Scotland.

- What is the character of health inequalities in the early years?
- What work is being done in Scotland to address health inequalities in early years?
- What role can the health service play in addressing health inequalities through interventions in the early years?

Specific Questions

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

The building blocks are in place however there needs to be a consistent approach and continued investment in evidence based practice. In October 2012, the Scottish Government published its health inequalities indicators and this showed some evidence of improvement and narrowing of the gap with regards to low birth weight babies but it was still twice as common to have a baby with a low birth weight in poorer homes than in more affluent homes.

There is evidence to demonstrate the cost-effectiveness of interventions in the early years as opposed to treatment costs in later life. These interventions cut across health, early years education and community based assets approaches. However early years interventions are only one aspect. There is a need to improve underlying social, economic and environmental conditions in addition to improving the skills and capabilities of those most at risk, fostering relationships and collective action at a community level and promoting access to resources and services.

The recent Audit Scotland report, *Health Inequalities in Scotland* (2012) also describes the lack of evidence available to demonstrate effective use of resources targeted at health inequalities and the unequal distribution of some health care resources.

The Early Years Collaborative seeks to build on evidence of what works utilising the Improvement Science Model. This approach is being rolled out on a collaborative basis across Scotland.

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

The analysis of health inequalities noted in the *Growing up in Scotland* (GUS) report *Health Inequalities in the Early Years* (2010), highlights the extent to which more disadvantaged households experience a double burden in their
experience of health inequalities with children and adults within them being at greater risk of negative outcomes. 
The report concludes that whilst Scottish Government Policy focuses on early years, tackling health inequalities in children also requires action to address the health inequalities experienced by their parents and wider families.

The major focus on early years currently evident in Scottish Government policy making therefore needs to be alive to the fact that tackling health inequalities in children also requires action to address the health inequalities experienced by their parents and wider families. GUS (2012)

There needs to be a sustainable investment in evidence-based programmes and services which optimise child development in the early years and parenting programmes alongside the investment in flexible early learning and childcare. Despite the challenges posed by the economic recession, a focus must be maintained on tackling child poverty.

A strength based approach is essential in taking the work forward on the basis of co-production.

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

NHS should review and consolidate how it is best placed with its partners to take collective action to tackle health inequalities through service delivery, community development and collaborative working with community planning partners.

Health professionals have a direct and obvious influence on people’s health. They should be supported, and their roles should allow them, to realise their maximum potential to promote health across the wide range of services/departments…..maximise the public health capacity…”every contact counts!”

However, we need to be mindful not to place full burden of responsibility on the health workforce and individuals to change behaviour in the absence of wider social changes as recommended by the WHO Commission on Social Determinants of Health (WHO, 2008) and The Marmot Review (Marmot, 2010).

Public health programmes supporting good health in the early years should be maintained and enhanced. These include programmes such as childhood vaccination, child health screening, developmental assessments and postnatal visits.

Role of midwives/health visitors: The extensive evidence regarding the effectiveness of home visiting programmes indicates that such effectiveness depends on aspects of delivery, including the intensity and duration of the service and skills of the programme provider/deliverer. The beneficial effects of home visiting programmes were greater for those that lasted more than six
months and involved more than 12 visits. Those beginning ante-natally or at birth were more effective than those that started later on. Programmes delivered by professionals were more effective than those delivered by paraprofessionals and programmes were more effective when they focused on a broad range of outcomes for both the mother and child.

**Attachment:** There is strong evidence that skilled breastfeeding support, offered by trained peers or professionals to women who want to breastfeed can promote breastfeeding.

The promotion of bonding…skin to skin... when provided by mothers to healthy, full-term infants is associated with improved outcomes, including mother–infant interaction, attachment, infant behaviours and infant physical symptoms. Brazelton Neonatal Behavioural Scale (NBAS) is associated with a small-to-moderate positive impact on parent behaviour, knowledge, parental representations and increases in mother–infant and father–infant interaction.

**Family Nurse Partnership:** Family Nurse Partnership (FNP) is a preventive programme for vulnerable teenage first time mothers. It offers intensive and structured home visiting, delivered by specially trained nurses, from early pregnancy until the child is 2.

FNP has 3 aims:

- to improve pregnancy outcomes;
- to improve child health and development; and
- to improve parents’ economic self-sufficiency.

We know that teenage pregnancy has been associated with prenatal depression and anxiety. Teenage mothers are more likely to have suffered separation, divorce, step-parents and the early transition to motherhood can cause stress on adolescent relationships, compromise antenatal health and further affect educational attainment and longer-term opportunities, often resulting in long-term benefit dependency and poverty.

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

Poverty and disadvantage in the early years of childhood is powerfully predictive of disadvantage, poor health status and achievement in adulthood and later life. The findings in relation to children reinforce the evidence that there are strong associations between child outcomes and maternal health and behaviours such as smoking, long-term health problems or disability as well as confidence in parenting abilities. Although the developments in early learning and childcare are welcomed, there needs to be a clear focus on resourcing support for parents.

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?**
Partners in East Ayrshire are fully committed to driving forward change in outcomes for children and young people through the Early Years Change Fund and the Early Years Collaborative.

Our Framework for Parenting and Family Support sets out our approach to supporting families with children pre-birth to 8 years.

**Solihull Approach:**
In East Ayrshire, our multi-agency, universal approach to supporting families with young children is the Solihull Approach. The overall aim of the Solihull Approach is to build the capacity of individuals, families and communities to secure the best outcomes for children and young people and is founded on the principles of early intervention to ensure that every child gets the best start in life. The outcomes for the programme are:

- increased positive parenting skills across the East Ayrshire area, confident parents and positive attachment between parents and children;
- strengthened levels of community contact and support for families; and
- improved joint working between and across agencies.
- a shared language across agencies

Some practitioners trained in the Solihull Approach have also been trained in the Rickter Scale, an impact measurement tool widely used to measure qualitative ‘soft’ outcomes for individuals and groups in a range of settings. In this context, it is used with individual parents in order that they can set realistic and achievable goals, contribute to an action plan and help determine the appropriate level of support they require. Data from Rickter Scale interviews is increasingly used to evidence the effectiveness of the Solihull Approach.

**Nurture Approach:**
The East Ayrshire Nurture Framework provides both a preventative and proactive approach to supporting children and young people experiencing, or at risk of developing social, emotional and behavioural difficulties. The framework supports practitioners to embed attachment theory with and a relational approach in their practice.

The programme targets the most vulnerable children within our local authority by delivering evidence based theory and practice though the universal service of Education to meet the children’s needs at the appropriate developmental level. In East Ayrshire, this approach is also being used innovatively on a multi-agency basis to support children at high risk of negative life experiences in both specialist education and in the early years setting, with a particular focus on early intervention by supporting children and families at the birth to age 3 stage. In addition, the most vulnerable families in East Ayrshire experience this approach from social work services staff, particularly in our children’s houses and foster care settings. Through nurturing and supporting vulnerable children, we have the opportunity to help them to achieve in life and play their part in the community.
Roots of Empathy:
The programme teaches children to understand their own feelings and feelings of others by using a baby as the “tiny teacher”. This raises levels of empathy among classmates resulting in more respectful relationships. The programme is delivered in six primary 3 classes in East Ayrshire in partnership with Action for Children.

Incredible Years:
This parent training intervention is a series of proven research-based programmes focused on strengthening parenting competencies and fostering parents involvements in children’s school experiences in order to promote children’s social and emotional competencies and reduce conduct problems.

East Ayrshire MEND Programme
The MEND (Mind, Exercise, Nutrition, Do it!) Programme has been implemented in East Ayrshire since 2008 to ensure that we intervene early to address the growing problem of obesity. It is a community, family based programme for children aged 5 to 13 years, who are above their ideal healthy weight. The evidence based, outcome driven programme combines all the elements known to be vital in treating and preventing overweight and obesity in children, including family involvement, practical education in nutrition, encouragement of physical activity and support for behaviour change. The programme places emphasis on practical, fun learning and delivers sustained improvements in families’ diets, fitness levels and overall health. There are a number of wider social benefits for the participants, including a reported increase in self-confidence and feelings of self-worth; and improvements in behaviour and sleep patterns.

EA Positive Play - Early Years Initiative
The EA Positive Play Team is a support service to parents/carers and pre-school children throughout East Ayrshire. The Early Years element of the team has made a real and lasting difference to the lives of some of the most deprived families and groups, is a community based project which aims to provide sustainable, positive play opportunities for children 0-5 years and their parents/carers. It helps improve the skills and competencies of children and families, as well as improving their knowledge about the long term benefits of play, exercise, health, social interaction and bonding.

The impact of this has been illustrated through case study material. In addition, in 2009, EA Positive Play was positively evaluated by the Scottish Poverty Information Unit at Glasgow Caledonian University. One of the recommendations of the evaluation was that going forward more explicit consideration should be given to how fathers and male carers might be encouraged to promote active and physical play with their children. As a result, the team initially delivered a pilot Play in Prison programme at HMP Kilmarnock and has since been supporting prisoners and their families on a regular basis. This work seeks to improve the quality of visits between
prisoners and their children and promote family playtimes among prisoners and their families. The overall outcome will be improved bonding/relationships leading to better anchors in the community upon release and more/better reasons not to re-offend. To supplement this work, there is a further range of interventions with prisoners, including play related training, Storybook Dads, a homework club, seasonal indoor and outdoor family events, leadership training and the establishment of satellite sports clubs inside the prison connected to sports clubs in the community – creating a direct pathway on release.

The focus on supporting fathers led on to the development of community based DUG out clubs (Dads, Uncles, Grandads) which provides opportunities for male carers and children within their family to come together to improve bonding/relationships and participate in active play.