Health Inequalities - Early Years

Children in Scotland

General question 1: What is the character of health inequalities in the early years?

Progress is being made to improve the health of the Scottish population. However, serious problems remain, particularly for children and families affected by poverty and living in our most deprived communities, where health inequalities are deeply entrenched. Policies and resources in Scotland have helped to reduce levels of child poverty in recent years, but the impact of the recession and changes by the UK Government to the benefits and welfare systems are likely to reverse these improvements. Children in Scotland believes that levels of child poverty and deprivation will continue to impact adversely on tackling health inequalities in Scotland.

At the extreme, we have children are being born in Scotland to parents affected by the effects of drugs, alcohol and tobacco, resulting in cases among babies of Foetal Alcohol Syndrome and the toxic effects of parental drug intakes and heavy smoking. These factors, again likely to be concentrated in our most deprived communities, can cause serious and permanent physical and mental health problems for foetuses, babies and young children.

Other adverse effects on young children, such as low birth weight, can be caused by poor maternal health, diet and nutrition. Poor parental understanding of child nutrition and health eg feeding very young children on “junk food”, high sugar, carbonated drinks and lack of exercise can result in damage to children’s physical and dental health. The Committee may be interested to read Children in Scotland’s briefing on the importance of good pre-conception health (link: http://www.childreninscotland.org.uk/docs/EYFbriefingpreconceptionv3.pdf)

Parental engagement, stimulation and attachment also play important roles in the emotional and intellectual development of young children. Absence of such supports can lead to stress and anxiety and poor levels of growth, social, emotional and intellectual progress.

The home and surrounding environments in which children are raised are also important factors in children’s development and wellbeing. Factors ranging from cold, damp homes to the lack of outdoor play facilities can hold back the development and wellbeing of young children.

The longitudinal study “Growing Up In Scotland (GUS)” has explored health inequalities in the early years and it provides more evidence to support our comments in this submission. A link to the relevant report is below. http://www.scotland.gov.uk/Publications/2010/04/26095519/0. GUS reports also include data on what factors, if properly acted on, help to reduce health inequalities. What is particularly evident is that tackling health inequalities
requires inputs at many levels from a wide range of providers. This is not in the gift of the NHS or, indeed, other providers acting alone.

**General question 2: What work is being done in Scotland to address health inequalities in the early years.**

There are several of the National Outcomes in the National Performance Framework which, if successfully delivered by the Scottish Government and their partners including the third sector, will have positive impacts on outcomes for children in their early years.

There are 3 over-arching Scottish Government policy frameworks covering poverty, health inequalities and the early years all aimed at turning round social, health and financial inequalities in Scotland which are deeply embedded and inter-generational in many of our communities.

Below these 3 frameworks, there are several specific policies aimed at improving early years outcomes, including health, including the Early Years Collaborative, the Early Years Taskforce, the national parenting and play strategies, the extension of supported childcare and legal prescription of the multi-agency approach in Getting It Right for Every Child, including the “named person” under the Children and Young People (Scotland) Bill.

At service delivery level, we know that the Scottish Government is working with local partners to widen coverage of the Family Nurse Partnership which is aimed at supporting vulnerable, young mothers. We are also aware that there are various models of parenting support in operation across Scotland which are intended to improve outcomes in the early years.

Children in Scotland has no wish to see a single, homogenous model to support families imposed across Scotland, but we strongly recommend that service commissioners and providers ensure that the models or programmes they select are fully supported by outcome evidence that they help to reduce health and other inequalities. Given the pressures on budgets and the welcome focus on preventative spending, increased adoption of evidence-based programmes and practice must also be a key element of the equation if outcomes are to be improved.

Children in Scotland’s Parent Information Project provides a clearer idea of what information, advice and support that parents will act upon (see link: http://www.childreninscotland.org.uk/docs/19009-RE001FinalReport1112.pdf)

There are, of course, the essential day to day services carried out by midwives, health visitors, school nurses, GPs, specialist NHS children’s services, local authority social work and pre-school early education provision, the mixed economy of public, private and third sector early education and childcare services and schools across Scotland for whom supporting and improving outcomes for our young children is a priority.
Ideally, Children in Scotland wishes to see high quality, universal services available to all, backed by targeted and specialist supports for those children and families who require it. However, constraints on resources will certainly put a brake on these aspirations. If Scottish authorities are serious about levelling the playing field in the current financial environment, more consideration should be given to diverting financial and human resources to those families and communities where health and other inequalities have become embedded from generation to generation.

**General question 3: What role can the health service play in addressing health inequalities through interventions in the early years?**

The NHS in Scotland has a key role to play in improving outcomes for children in the early years (eg the role of midwives, health visitors, GPs and specialist services). However, the roles and responsibilities of the NHS cannot be considered in isolation from other providers of early years services.

On the basis that we accept the value of the child-centred and multi-agency principles of Getting It Right for Every Child, the NHS (across all relevant disciplines) must act as a core partner, along with local government and other providers in delivering care and support tailored to the needs of the individual child. A key issue, reported from a range of our members, is that success of partnership working would be boosted by use of more accessible and understandable language for professionals within and across agencies and for service recipients who also need to have clear and up to date information on the relevant people to contact.

Children in Scotland strongly advocates that NHS early years services and other early years providers must form part of a “whole family” approach, with linkages into services for adults, parents and carers. We have some concerns that the Public Bodies (Joint Working) Bill, which will integrate adult health and social care services could have an adverse effect on services for children and on links between services for adults and children, especially in areas where it is decided not to go for full integration of adult and children’s services. This also comes at a time when policies such as Self-Directed Support are being implemented for all age groups, thus increasing the risks of fragmentation of service provision.

Those who plan, commission and deliver front line services, not just in the NHS, need to have adequate time, regularity of contact and capacity to form effective relationships with service users for interventions to have sustainable impact. Direct engagement must also be with children and young people to ensure that their voices and opinions are heard and taken account of. Our impression is that, for example, current Health Visitor caseloads in many areas do not allow adequate levels of engagement to take place.

We also need a high level of skill in the early years workforce. International evidence is conclusive that this is a critical factor in reducing inequality. This has also been borne out by domestic studies including Children in Scotland’s Working for Inclusion Project (see link:
http://www.childreninscotland.org.uk/wfi/ and Professor Edward Melhuish’s recent research (see link: http://www.britac.ac.uk/policy/Health_Inequalities.cfm)

**Specific questions**

1. How effective are early years interventions in addressing health inequalities?
2. What are your views on current early years policy in Scotland in terms of addressing health inequalities?
3. What role can the health service play in addressing health inequalities through interventions in the early years?
4. What barriers and challenges do early years services face when working to reduce health inequalities?

Children in Scotland welcomes the increased focus on the early years across Scottish policy and service provision. We have argued for several years that there is a wealth of national and international evidence to show that investment in the early years improves outcomes for children, reduces problems later in a child’s life and can deliver significant savings to the public purse over time.

Our health services have an essential role in the delivery of high quality and integrated services for the early years. We stress again that tackling health inequalities cannot be seen as the sole preserve of the NHS and NHS services cannot be seen in isolation from the other early years services delivered by other providers, notably local government.

The third sector also plays a crucial role in providing a wide range of health-related services, particularly for some our most vulnerable and chaotic families (eg those dealing with drug and/or alcohol problems) for whom there may be a level of concern or mistrust about working with statutory services. The third sector must, therefore, be core members of relevant local partnerships.

We support successful implementation of Getting It Right for Every Child (GIRFEC) which should ensure that children and their families get the right support at the right time from the relevant agencies, including the NHS, social work and schools, working together to meet the needs and circumstances of the individual child and family. Implementation of the GIRFEC provisions in the Children and Young People Bill, including “named person” and information sharing should provide firmer foundations for service providers to feel confident about their own roles, how to engage with other providers and how best to share information relevant to improving outcomes for our youngest children.

Children in Scotland also welcomes the expansion of early education and childcare in the Children and Young People Bill, including the expansion of provision to looked after children and some vulnerable 2 year olds. While we have campaigned for the legislation to go further, we have also been clear
that expansion in child care needs to fulfill the role of promoting better and more equitable outcomes for all children, as well as its economic value eg. encouraging more parents into work.

Children in Scotland also fully supports the principles of prevention, early identification of problems, early intervention and multi-agency support which underpin current policy and practice. Our health services, notably GPs, midwives and health visitors are, for most children, the first point of contact for families and they are essential in supporting new parents and monitoring the development of babies. We have concerns, however, that current scheduling of health visits and the severe pressures on the service are undermining successful translation of these principles into effective implementation.

We are also worried that gaps and delays in service provision are resulting in some children in families “falling off the radar” and that some service providers are still uncertain about who to contact if they see behavioural or health problems emerging in a child. Again, this undermines the principles of prevention and early intervention.

We know, from work we have led, that there are issues around continuity of care and support. It is encouraging that integrated packages of child-centred support appear to becoming more prevalent. However, we would argue that the value of these intensive, and often expensive, interventions to children and their families can be greatly diminished without subsequent contacts with families by to avoid the risk of relapses into previous behaviours. Ongoing contacts and appropriate interventions would reduce the risk of “revolving doors” of repeated short-term and expensive care packages which mitigate against principles of prevention and early intervention, as well as adding costs to service providers.

Children in Scotland considers that it should be relatively straightforward for local service providers to map a “child’s journey” from pregnancy, post-natal support, early years education and care and primary school and to set out which service providers should be involved at each stage to provide support, either individually or collectively, depending on needs and circumstances, including those of the parents and carers. Particular attention needs to be paid to the practical and emotional needs of parents and carers of children with complex health needs and additional support needs.

Ongoing support for transition points in a child’s life is also essential to ensure that continuity of care and support is maintained.

Our work with Allied Health Professionals and Child Health Commissioners has highlighted issues around differing local practices and the impact this can have on children who move to another area with ongoing and often complex needs, or those who require treatment in another local authority or NHS Board area. The pressures on NHS staff, who may work with two or more local authorities add further complexity into the equation. Consideration should perhaps be given to nationally agreed standards, particularly in respect of providing services outwith patients’ home areas.
We have a concern around the plethora of legal provisions, policies, strategies, planning requirements, performance and quality measurement frameworks which are well intentioned, but which run the risk of creating bureaucracy, fragmentation and confusion while tying up scarce staff time which could be better directed to supporting children and families. We are also concerned that some of the “global” targets and measures set out by the Scottish Government are blunt instruments and have the potential to increase inequality, unless there are specific performance measures aimed at leveling the playing field.

Children in Scotland also advocates more direct engagement with children and families in the planning and delivery of services aimed at supporting them in line with the principles of the UN Convention of the Rights of the Child. Staff time, resources and capacity are, we know, in very short supply and we would prefer if the focus was on engagement, rather than bureaucracy.

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?

We have provided the Committee with some relevant links throughout this submission but we would also like to highlight that Children in Scotland is working with University College London (UCL) on the DRIVERS project on health inequalities in the early years, funded by the European Commission. The Committee might also be interested to look at Sir Michael Marmot’s studies (UCL) into health inequalities and work undertaken by the Scottish Collaboration for Public Health research and Policy (link: https://www.scphrp.ac.uk)

Chief Executive.
Children in Scotland