Health Inequalities - Early Years

Young Scotland in Mind

Young Scotland in Mind – Background

Young Scotland in Mind (YSIM) is committed to improving the mental health and wellbeing of all children and young people in Scotland. YSIM is a network of over 200 voluntary sector organisations working nationally and locally, which fosters a culture of working and learning together, in order to promote the rights of children and young people to positive mental health and wellbeing in line with the UN Convention on the Rights of the Child.

The voluntary sector already makes a considerable contribution to the positive mental health and wellbeing of thousands of children and young people across Scotland through the provision of a wide range of services and supports. Through the work of highly skilled paid staff and volunteers we are able to reach children and young people in a variety of settings, often where statutory services are unable to and in ways that ensure a focus on the whole range of needs of the young person, e.g. working in partnership, complementing and adding value to the work of the statutory sector across health, social care, education, community development and rights.

This response has been collated from a range of feedback submitted by member organisations of Young Scotland in Mind.

1. What is the character of health inequalities in the early years?
   In Scotland, a child’s risk of a wide range of negative health, social, emotional and cognitive outcomes and circumstances have been shown to be greater for children from less advantaged backgrounds, measured in terms of their family’s income, social class and experience of multiple deprivation.

   One in ten 5 to 15 year olds experience a mental health problem. The lifetime costs of a single case of untreated childhood conduct disorder are approximately £150,000. Investment in the mental health of children and young people must go beyond Child and Adolescent Mental Health Services (CAMHS), incorporating mental health in early year’s education, early intervention programmes for parents, and early years health visitors trained in mental health.

   Addressing mental health and wellbeing problems during early years is also crucial to ensuring a healthier, fairer future for vulnerable children. Unchecked problems during the early years of childhood development can lead to a lifetime of problems and, in some tragic cases, premature death or suicide. Our members would like to see significantly more emphasis on mental health

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2 The Mental Health of Children and Young People in Great Britain, Office for National Statistics, 2004
and wellbeing, given the impact of early wellbeing development on all aspects of later life.

The demographic profile of children with learning disabilities is not very clear. Using the 2% estimate of overall children (2011 census) there are approximately 24,000 children and young people under the age of 19 years who are living with a learning disability. The longitudinal study Growing up in Scotland (GUS, 2013) GUS suggests that 1 in every 5 children (20%) has some kind of long term disability (which includes learning disability).

Children with a learning disability have diverse needs and are more likely to experience poorer health outcomes as compared to their peers in general. A range of inequalities in health have been evidenced in literature (e.g. Allerton et al., 2011) for children with a learning disability. Research shows that children with a learning disability:

- are more likely to be obese than their peers
- are less likely to participate in sports than their peers
- have greater possibility of unrecognised deficiency of growth hormone
- have higher prevalence of psychiatric disorders
- have higher rates of emotional and behavioural difficulties
- have higher levels of hyperactivity related to ADHD
- are more prone to sleeping disorders
- have comorbidity (e.g. a child with ADHD could also be diagnosed with epilepsy, emotional disorders and ASD)
- have issues around diagnostic overshadowing whereby medical problems can be overlooked because of a learning disability
- are less likely to access youth clubs, sports clubs, leisure centres

The health inequalities in early years have a significant bearing on the health and support of those who care for them and the resources that are available to their parents or carers, their family and the environments. Growing up in Scotland (GUS, 2013) provides an insight into the interplay of disability on the health and lives of those caring for them:

- Parents of disabled children who lived with a partner were more likely to report a less secure couple relationship than parents of non-disabled children
- A significant proportion of disabled children than non-disabled children lived in most deprived areas of Scotland
- At ages three and five, disabled children were more likely than non-disabled children to be living in households in the lowest income quintile. For example at age 5, 31% of disabled children lived in a household in the lowest income quintile compared with 22% of non-disabled children
- Children with a disability were less likely to be living in owner-occupied accommodation than children without a disability
The socio-economic circumstances that children live in are strongly linked to the risks that they will experience for example, social, emotional and cognitive difficulties during their early years of life.

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

Marmot, 2010 in his review “Fair Society Health Lives” recommended action on six policy objectives for reducing health inequalities, of which the first one is to give every child the best start in life. The Scottish Government’s Early Years Framework aims to provide the best start to all children. Further the Government’s National Parenting Strategy aims to strengthen the support on offer to parents so that Scotland can be the best place in the world for a child to grow up. The GIRFEC approach to service delivery advocates the child centred approach to service delivery with integration of health and social care in service planning and delivery. With particular reference to children with learning disabilities the question is whether the parents who have children with learning disabilities manage to get all the support they need to be able to give the best start their child can have.

Early diagnosis of learning disabilities is crucial to support parents and children who have a learning disability. A scoping exercise was conducted (ENABLE Scotland) to establish the experiences of parents and of service providers at the early stages of diagnosis. The key findings were:

- Early diagnosis of a learning disability is an important step forward in supporting parents to cope with the situation and that there is inconsistency in practice across different sectors
- Many children experienced long delays and multiple referrals before a diagnosis is made
- The experiences of a diagnostic process with a professional can have long lasting influence on the parent’s ability to cope. The information provided by different professionals involved in the early stages of a diagnosis was found to be fragmented (not coordinated) and the manner of the professionals making the diagnosis was poor
- The parents needed support in the form of peer support networks, single contact person and the need for parents to be viewed as equal partners
- Role of parents in supporting early diagnosis was not seen as equally important by the professionals
- Social care assessment criteria to identify needs and services were based on identification of “a significant need” and prioritisation of resources. Many children who had support needs but could not meet the criteria were left without support.
- No clear pathway to diagnosis was available to parents to navigate through.

The Scottish data suggests that there are more children and young people with learning disabilities that are being excluded from schools and missing
out the positive interventions that would meet their specific need to study within a mainstream environment.

Education Scotland (2012:5; *Getting it Right for every child: Where are we now? A report on the readiness of the education system to fully implement Getting it right for every child*) finds that:

- Staff in early years centres and schools lacked clarity and understanding of how *staged intervention processes* are linked to *Additional Support for Learning (Scotland) Act* and how they were complementary to the GIRFEC approach
- There was lack of coordinated approach amongst different agencies in developing support plans
- There was lack of consistency in quality of interagency working
- There was a lack of understanding of the role of Named Person and the Lead person

The above need to be addressed to implement GIRFEC approach consistently for children with specialist needs to address inequalities.

**Any additional comments?**

1. Families should be able to contribute to the solutions in order to build their assets and capacity. When considering positive outcomes for children (specifically for those with learning disabilities) it is important to have a family approach which is open, is mutually agreeable and also acknowledges that the child is the main focus. It needs to take due regard of the strengths and limitations of the child and the family and introduce appropriate sustainable and sensitive interventions.

2. MORI Poll (2010) suggested that parents of a child with a disability were more likely to use informal childcare (75% compared to 61%). Grandparents, in particular, were heavily relied on for childcare with 58% of parents surveyed using them for childcare at some point in a year, and 32% of parents using them as their main source of childcare. Support that looks at the family as a unit will help in addressing health inequalities appearing during the early years, that supports parental health and wellbeing, development of a child, and overall productivity in society.

3. The Family Nurse Partnership initiative should focus on learning disability as a pilot project to develop a deeper understanding of early intervention and specialist need and support around diagnosis of a learning disability. It could establish pre- and postnatal home visiting for children with learning disabilities and their families led by health professionals.


*Young Scotland in Mind*

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