Health Inequalities and Early Years

Fife Health and Wellbeing Alliance

Fife has chosen to submit a partnership response to the Scottish Parliament Health and Sport Committee’s call for written evidence – health inequalities – early years.

Fife Health and Wellbeing Alliance is the community planning partnership with the strategic lead for improving the health of Fifers and reducing health inequalities and is accountable to Fife’s community planning partnership - the Fife Partnership. The Alliance is a partnership between Fife Council, NHS Fife and the voluntary sector.

Following consultation, the Fife Health and Wellbeing Alliance offers these views on health inequalities and early years.

Inequalities
These refer not only to socio-economic inequalities but also Equality and Diversity protected characteristics e.g. sex, race, disability.

Health inequalities affect the life course including long-term limiting illness, social outcomes and life expectancy. Early childhood is important as environment and learned behaviour may affect not only childhood and educational outcomes but lifelong opportunities.

Partnership working between key agencies and the third sector at strategic and operational level should help support smooth transitions between professionals and access to tiered models of support. Continuous improvement and engagement with service users including parents, carers and children should be integral.

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

   Intervention such as Family Nurse Partnership have a strong evidence base. Some intervention may be taken up by more affluent families, increasing rather than reducing inequalities. Services need to be responsive and actively work with those individuals or communities with greater health and social challenges.

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

   The parenting strategy is welcomed, and holistic approaches to supporting wellbeing in families should be supported either informally or formally. The third sector has a major role here e.g. Gingerbread.
The Early Years Collaborative is welcomed as an innovative drive to improve outcomes for children and families. This has improved partnership working. Some of the stretch aims are problematic in terms of measurement but this is increasing priority which is given to this area.

Improvements in Child Health Protection processes are also welcomed and this continues to be a high priority.

Changes to increase parental contribution to the workforce are welcomed however, in designing childcare for young children the interests of the child in terms of consistent, affordable and high quality care need to be considered. The role of extended family is important in this regard.

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

Preconception
Health behaviours such as smoking, alcohol use or substance misuse may affect future health of children. Foetal alcohol syndrome, as the commonest preventable cause of learning disability is a particular concern given women are drinking more and damage may occur before a pregnancy is recognised. Further efforts should be made to raise awareness of preconception health as many pregnancies are unplanned. Teenage pregnancies are patterned with socio-economic disadvantage and associated with adverse social outcomes, and later pregnancies (age 35 or 40+) may also have a higher risk of obstetric adverse outcomes. The role of positive sexual health, contraception and child-spacing is very important in underpinning family and child health.

Antenatal
Work on antenatal inequalities should be prioritised, and the funding of the Family Nurse Partnership (FNP) is particularly welcomed. Support should also be available to women over 20 and those not eligible for FNP e.g. addictions, homeless, learning disability or other complex social vulnerability.
In addition to FNP Fife has the Family Health Project and Vulnerable in Pregnancy teams providing more intensive support to vulnerable families. An indicator of the success of these teams has been a reduction in the percentage of babies requiring treatment for substance misuse withdrawal (2010 8.6% as at September 2013 6.3%).

Breastfeeding & Maternal Nutrition
There are persistent inequalities in breastfeeding behaviours. Targeted support is shown to address inequalities and within Fife the pro-active support offered by breastfeeding support workers has increased breastfeeding rates in SIMD 1&2 and reduced the early drop off at 10 days. We also run 11 breastfeeding groups in Fife in partnership.
However cultural change is needed to increase breastfeeding rates in more deprived communities, further which will require additional and continued investment to achieve.

Health Start Multivitamins – NHS Fife now provide universal distribution to all mothers and children under 5 years to reduce stigma and improve accessibility, after our initial targeted but low uptake model. Within all targeted communities uptake is over 40%. Tests to change (TOC) are being undertaken with nurseries, CDC’s and at the 12 month health visitor contact to improve uptake further. Weaning groups are delivered in areas of multiple deprivation where families benefit from learning new skills and confidence in preparing home cooked food for their babies and toddlers.

Infant mental health/attachment
Evidence suggests that problems with early attachment and bonding potentially has lifelong consequences in terms of increased risk of mental health problems, addictions, adverse social outcomes. Efforts should be placed to improve identification and support where this is an issue, and we are working in partnership to develop a parenting pathway and structured support. NHS Fife has worked collaboratively with partners from Fife Council and Voluntary Sector to develop Mellow Bumps and Mellow Babies and as part of the Psychology of parenting project Incredible Years and Triple P level 4 group is being rolled out Fife wide. The introduction of the universal 27 month assessment also provides an additional, proactive early opportunity to work with families, providing enhanced opportunities to assess for additional input from Health Visitor or signposting/referral to the likes of parenting programmes, support for parents from education and the HV’s. In many ways this addition to the platform of the universal health surveillance programme enables non stigmatising engagement with families at a key point in the early years to secure appropriate support and or engagement with a wide range of services.

Social and linguistic development
The play-talk-read campaign was welcomed and actions which encourage positive interaction such as Bookstart and Rhymetime should be supported for all children but with particular targeting.

Income Maximisation
It is recognised that health inequalities are the differences in health and wellbeing that are the result of inequality in individual, social and economic circumstances.

Income maximisation is therefore a key area for support of families throughout the early years, as circumstances may change, via universal health providers such as midwives and health visitors.
4. What barriers and challenges do early years services face when working to reduce health inequalities?

Staff such as health visitors and school nurses are often stretched and may carry excessive caseloads, or posts may be vacant. Their work may be sometimes be undervalued in comparison with more ‘technical’ health interventions.

In acute hospital settings priorities may be related to more measureable areas such as waiting times, with services dealing with inequalities in the early years not being seen to be a priority.

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?

Fife’s multi-agency Early Years Strategy Group is working to develop a parenting pathway to support improvement in health outcomes. This will include a Pathway of support for Teen Parents who are supported in Fife by a range of partners through the following initiatives:
- Family Nurse Partnership (NHS Fife)
- Young Mothers @ School (Fife Council)
- Teen Parent Projects (Fife Gingerbread & Barnardos)
- Family Health Project and Vulnerable in Pregnancy (NHS Fife)

A suggestion is to develop a care pathway for children under 5 who are looked after (building on the universal pathway) – utilising the Ages and Stages tools to assess at the time of becoming looked after and then for review, with access to baby massage, Playaway etc, in addition to the BAAF health assessment.

An area of promising practice is development of the 2 year old healthy weight pathway. Obesity remains a considerable risk to health for children in Fife and is known to be more prevalent in the lower socio economic groups. The introduction of the 27- month health check carried out by Health Visitors, has given the children’s weight management service in Fife the opportunity to work with Health Visitors to deliver a brief intervention for those identified as overweight or obese. Where this is the case, the parent is issued with a pack, which contains information on appropriate portion sizes and healthy eating.

NHS Fife Health Improvement Team, in partnership with the Adult Learning Disability Service, the Family Health Project and Barnardos has developed a pre-natal pathway for mothers with a learning disability. This pathway was developed following research into this area funded by the Scottish Government’s Health Inequalities Unit. The Health Inequalities Unit has continued to fund (until March 2015) the development of the pathway as well as work associated with it including the introduction and audit of a learning disability screening tool. The funding also supports a Support Worker, managed by
Barnardos, who works closely with The Family Health Project to support prospective mothers with a learning disability.

The Health Visitor also discusses areas for change and reinforces the key messages around portion sizes, suitable snacks and avoidance of sugary drinks. There is then follow up in 6 weeks to offer further support if necessary.

Where more intensive support is required, a care pathway has been developed to enable children to be referred to the childhood weight management service. Children who are referred also receive a leisure pass which entitles them to 12 sessions of physical activity at the local leisure centre, which is intended to overcome financial barriers to engagement with physical activity.

It is hoped that these interventions will help to reduce the levels of obesity in the early years, but this remains a challenging and emotive area, with some parents demonstrating ambivalence or hostility towards any attempt to raise the issue of obesity, and this has been the main barrier.

Fife has a multi agency pre school community team pathway – enabling Health Visitors /Paediatricians / GPs to refer to the range of professions through a single referral where a child has significant additional support needs, which are likely to be on-going, and require input from two or more service providers, excluding universal services. A joint domiciliary assessment is then undertaken by the Child Development Centre team leader and the Educational Home Visiting Service

**International Comparisons**

Progressive universalism describes the approach where from pregnancy onwards, universal support is provided but can be enhanced where social, health or educational issues are identified. Countries with high and more equal educational attainment, such as Cuba or some Scandinavian countries provide much more intensive home support and visits than the UK. These approaches should be examined.

Culturally, some countries e.g. Italy are reported to value young children more, in terms of giving attention, being welcoming in public areas and designing indoor and outdoor public areas with children in mind, and stable community and family support. This applies particularly to children with disability and the ratification of the UN Convention on the Rights of the Child is welcomed.

**Fife Health and Wellbeing Alliance**

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