Health Inequalities – Early Years

NHS Ayrshire and Arran

Introduction
The Scottish Parliament Health and Sport Committee have agreed to begin a new phase of its themed work on health inequalities by holding a short inquiry on early years. The Committee has also agreed to publish a call for written evidence.

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?

NHS Ayrshire and Arran Early Years Nursing response to the questions raised by the Committee is detailed below.

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

Current Scottish policy supports the need for prevention, early identification and intervention within early years. Giving every child and family the best possible start in life is crucial to reducing health inequalities across the life course. The many related causal factors of health inequalities requires an integrated joined up approach of which early years interventions play a vital part and thus the contribution of programmes of universal nursing services such as Midwifery, Health Visiting are of key importance in this area.

It is well evidenced that the physical, intellectual and emotional health of the population are laid in what happens in early childhood, therefore through a universal child/family nursing programme which focuses on early holistic and child centred assessment, identification and delivery of evidence based interventions where need and concern found is not only highly effective for improving child wellbeing and outcomes but also cost effective.

An intensive and structured universal nursing provision for all children is an effective way of reducing health inequalities particularly as we know that children in the lowest socioeconomic quintiles are two - three times more likely than children in the most affluent quintiles to score low in all areas of the child development domains, however even in the most affluent quintiles, 17% of children have been found to be developmentally vulnerable, this evidence strongly indicating...
requirement for investment in Health Visiting services as those in need cannot be identified by traditional screening models of ideas such as socioeconomic status alone.

**What are your views on current early year’s policy in Scotland in term of addressing health inequalities?**

There are several welcomed policies relating to early years and reducing gaps in health outcomes. These policies value and understand the contribution that nurses bring particularly to partnership approaches, The Early Years Framework, Getting it Right for Every Child, Achieving our Potential and Equally Well provided frameworks for NHS Ayrshire and Arran local community nursing review. Government Policy in terms of Housing, Welfare, Poverty need to align further with Early Years as reality causative factors on health, wellbeing and therefore inequality.

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

Investment in extending and resourcing of universal services, particularly in maternity and health visiting services are essential to improving how we identify and respond to concerns over a child’s well-being at the earliest possible stage. Increasing resources to these universal services could help to “raise the bar” so that services are more inclusive and every child receives the support and nurturing they should receive.

The NHS should increase the use of evidence based programmes such as the Family Nurse Partnership as Teenage pregnancy has been associated with prenatal depression and anxiety, and teenage mothers are more likely to have experienced parental divorce and to have had step-parents. 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.

The Family Nurse Partnership is a preventative programme for vulnerable first time mothers. It involves a family nurse visiting mothers who are 19 and under every one or two weeks during pregnancy and throughout the first two years of their baby's life. The nurses work intensively with families to offer guidance on child development, parenting skills, eating and living healthily and support mothers choosing to take up education or employment opportunities. The programme has an estimated cost of £3,000 per client per year. Cost savings estimated in the longer term are high and the programme is consistently rated as one of the most effective for vulnerable young families.
Scottish Government funding has been provided to NHS Ayrshire and Arran to deliver the programme in Ayrshire. There are currently 154 young women from Ayrshire participating in the programme. There is extensive evidence on the effectiveness of home visiting programmes which indicates that such effectiveness depends on aspects of delivery, including the intensity and duration of the service and skills of the programme provider.

Research has shown that 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 before 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.

Additional posts of Assistant Nurse Practitioners who work closely with Health Visitors have been established recently by NHS Ayrshire and Arran to focus on early intervention with 0-3 year olds in disadvantaged areas and use Solihull approach which is evidence based and also tools to assess child and family outcomes. Increasing this skill mix would be of great asset to the nursing profession to deliver further parenting support and advice.

Benefits have been seen by the introduction of a service for vulnerable pregnant women (Midwifery Vulnerability service) this service works with women during pregnancy with particular focus on where alcohol and drug addictions may factor as risk to the unborn child. These have significant implications for babies and resources on Maternity Services as care is extremely resource intensive therefore early intervention and prevention can play a critical role in this area in reducing costs, as well as reducing the longer term negative impacts on the child.

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

There can be challenges experienced with information sharing between adult services and early years nursing services particularly where wellbeing may be affected, the Children and Young People Bill and progression of Health and Social Care Partnerships may assist along with better integration of services at locality levels and a common focus of support centred and across the child’s lifespan.

Further funding and training capacity of Health Visitors to resource early intervention and prevention remains an issue. The Family Nurse Partnership is a well-evidenced programme being implemented in Ayrshire which will make a considerable difference to early years, however for inclusiveness of eligible clients requires further investment.
The Early Years Collaborative is a successful national initiative being supported across Ayrshire CPPs, with Work streams 1 and 2 being lead by nursing and midwifery and both have recently submitted pioneer sites to lead on some of the key change areas now being taken forward through the Collaborative. This model of improvement is highly beneficial and yet challenging to implement across early years services.

NHS Ayrshire and Arran
March 2014