Health Inequalities – Early Years
NHS Dumfries and Galloway

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

Disadvantage starts before birth and continues throughout life. The outcomes of cumulative disadvantage is that people from more deprived circumstances have poorer overall health and shorter lives. The evidence tells us that the early years provide the best opportunity for early intervention to break the cycle of disadvantage.

There are still a significant number of children whose early life experience is poor and there is a need for greater action to reduce inequalities. The life circumstances for families are to be considered, the level of household income, resource for food, fuel, quality of housing and child care.

Resources should be targeted towards those in greatest need, however, there is also a need to tackle the full spectrum of need as it is only then that we will succeed in closing the gap between the most and least disadvantaged.

Early intervention is most effective when there is sustained action across the public, voluntary and private sector.

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

Whilst there is commitment across agencies to address inequalities in the early years, resource remains limited. To improve outcomes for all our children and young people requires the commitment to be both sustained and also expanded to strengthen the universal services so that those most in need can be identified and also given appropriate support for as long as it is required. For example, the roll out of the Family Nurse Partnership provides increased support but for only a small target group. The support required needs to access many more vulnerable families. It is only then that real change will be evident, both at individual and societal level. Action needs to be proportionate to need. There is now a need to distill the knowledge, from evidence and policy, into action which is universal and consistently applied thus making a meaningful impact on society.

There is a need to support people working together at the point of delivery.
3. **What role can the health service play in addressing health inequalities through interventions in the early years?**

The health and wellbeing of a mother is fundamental to child development in the early years and actions should begin with preconception health. Secure bonding and attachment between baby and primary care-giver has a long term impact on the health and wellbeing of the child and their development.

Health services, as the universal service from 0-5 years, therefore, have a fundamental part to play in addressing health inequalities, but this requires sufficient capacity so that appropriate support is available for as long as it is needed. Universal Health Services are under considerable strain, much of which is due to heavy case loads associated with child protection and other complex child and family needs.

It is also fundamental that there is support to ensure availability of a workforce which is skilled and competent in working in such a way that empowers families and builds a 'sense of shared responsibility'.

Health services have a key role to play, but they cannot work alone. What is required is investment in working with families and communities. There is still a need to shift thinking and practice so that the strengths, knowledge and experiences of communities, families and children are valued, respected and built on. Services need to work more collaboratively in a way that empowers people so that they are in control of their lives and wellbeing.

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

Not only is there a need for people to work collaboratively across services, there is a need to address the wider determinants of health and wellbeing; employment opportunity, education, housing, parental leave. Gender inequalities continue to impact, particularly on women, eg. 32% pay gap, part time employment, caring responsibilities, welfare reform. There is also a need to address the environment and culture that children experience, for example, violence, alcohol misuse. There is a need to develop a culture which welcomes children, respects and includes them as an integral part of society. Action to improve outcomes in the early years requires a social policy context. Some of the challenges services face when working to reduce health inequalities are short term funding streams for work programmes. There is a need for continued, long term commitment to investment in prevention and early intervention. It should also be acknowledged that some health inequalities are harder to identify and address in rural communities.
Building parenting capacity should be at the centre of action to improve the outcomes for all children in the early years. Reading, play and physical activity, songs, activities, going to the library, going on trips, are all related to high cognitive and social development, requiring professionals and communities to work together in their efforts to maximise improved outcomes. The challenge is to foster and promote the benefits of good parenting; the role of mothers, fathers, partners, grandparents, other carers. Action should not focus solely on the implementation of parenting programmes which aim to address a problem once it has occurred.

Action to improve the outcomes for children is long term and multi-faceted often making measurement difficult, however, as noted by Professor Susan Deacon in her report ‘Joining the Dots’ (March 2011), an agreed measure for child wellbeing and an agreed standard for assessing a child’s readiness for school would be helpful.

5. Are there any specific initiatives or research evidence from Scotland, UK or internationally that you wish to highlight to the Health and Sport Committee?

Boosting parenting capabilities is fundamental to children’s development. Universal access to child development programmes located in every neighbourhood, a focus on maternal mental health, breastfeeding and social networking. Factors which can make parenting difficult include: deprivation, mental health, drug and alcohol misuse, isolation, young parental age, and long working hours.

Building parenting capabilities therefore requires action at many levels across different functions. This should include social welfare and labour-market policies. Consideration should be given to extended parental leave, increased opportunities for parents to work. Education policy to improve literacy levels across the population to support improvements in the early years where limited speech and language skills hinder capacity for learning.

Use of attachment based therapy and its approaches in addressing early experiences of trauma and neglect need to be further explored and understood.

Obesity is a major public health issue impacting on the long term health of families and our communities. Despite efforts to increase breastfeeding they remain low. Further research to understand why this is the case is required. Policy should continue to develop and promote cross-department children’s health policies.

Whilst there is agreement that the early years are fundamental for early intervention and affecting children’s development, there is a case for continued support throughout life. There are changes which take place
in adolescence which mean that the teenage years also require focus for early intervention.

The teenage years are a time where further development takes place with new opportunities presenting themselves which are often termed ‘risk taking behaviours’. There is a need to mitigate the negative impact of such behaviour and strengthen protective factors at this critical transition point in the lives of young people. What is required is appropriate support and intervention throughout the teenage years to increase positive youth behaviour outcomes and reduce youth risk behaviour so that young people make a positive transition into adulthood with skills for future potential responsibilities as parents.

Local and national strategies and interventions to address teenage pregnancy will also contribute to health inequalities in the early years, and vice versa.

NHS Dumfries and Galloway
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