Health Inequalities – Early Years

Royal College of Nursing

The Royal College of Nursing (RCN) Scotland evidence to the Health and Sport Committee focuses on two areas of the remit of the Inquiry into ‘Health Inequalities – 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?

There is a political consensus that early intervention and preventative spending are positive concepts that should be implemented across Scotland (Official Report, Scottish Parliament chamber, 10 February 2011; Finance Committee 1st Report 2011, Report on Preventative Spending). Indeed the 2020 vision for Scotland’s NHS, states: “We need to prioritise anticipatory care and preventative spend e.g. support for parenting and early years.”

Early intervention and preventative spending are both crucial to addressing health inequalities that emerge in the early years, or which emerge later in life but result from factors occurring in the early years. Health inequalities should not be regarded as a problem for health policy to tackle alone, but more a persistent and endemic problem that must be addressed in a cohesive manner by reducing poverty and all the problems that stem from and are associated with poverty and deprivation. These include housing, crime, substance misuse, educational attainment and access to employment.

Having said this, the role of the health visitor in addressing health inequalities is crucial. Health visiting is the universal service in the early years, and as such it needs to be properly resourced. This is one of the reasons that RCN Scotland worked with a wide range of partners including Parenting Across Scotland, Scotland’s Commissioner for Children and Young People, Children in Scotland and others on the Health Visitors for Scotland campaign in 2013. We set out the need for more health visitors in Scotland to allow provision of meaningful support for all families as set out within the Getting it Right for Every Child (GIRFEC) approach. Along with our campaign partners, we are concerned about the size of health visitor caseloads: health visitors must have caseload sizes of the right size and weighting to allow them to develop relationships with the families for whom they have responsibility. This is particularly important in areas of deprivation where families are facing multiple challenges and consequently require more intensive support or input. The Scottish Government’s Children Young People and Families Nursing Advisory group is currently developing guidance on caseload weighting and is going to recommend to the Scottish Government that caseloads are capped at 300, which the RCN supports. Currently, some health visitors report caseloads significantly higher than this.

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1 Achieving Sustainable Quality in Scotland’s Healthcare – a ‘20:20’ vision, the Scottish Government, September 2011
It is not currently known how many health visitors there are in Scotland. The Scottish Government has stated that ‘Health Visitor numbers have increased from 1139 in 2009 to 1316 in 2013’². However, the 2009 data for health visiting includes only qualified health visitors whereas data for subsequent years refers to the whole health visiting team, including health care support workers, staff nurses and team leaders. The Scottish Government is not comparing like with like. Whilst a team approach to early years’ intervention is important, we should not dilute the importance of trained, registered health visitors by risking the misconception that they are available in greater numbers than they are. Work is ongoing to ensure the community nursing workforce data is more reliable, but figures for the actual number of health visitors employed by the NHS in Scotland will not be available until early 2015 at the earliest.

A successful health visiting service needs a suitably qualified and trained team, with proper IT and administrative support. Once discharged from maternity services, usually 10 days after birth, health visitors are involved with every child from birth and, after the midwife, they are the first professionals to have ongoing relationships with new families. This enables them to identify those in the most need and to initiate early intervention, and means they are the gateway to wider early year’s services including social services, housing, welfare rights and the third sector. Utilising their skills and expertise, health visitors will carry out an assessment on whether there is need for a specific package of care. They then provide this care themselves or, where appropriate, delegate to another member of their team such as a community staff nurse, nursery nurse or an early years worker, perhaps with training to deliver parenting support, or help with infants’ sleep, feeding or behaviour problems. Alternatively, the health visitor will refer to another health or social care professional as appropriate. This early intervention from the health visiting team is particularly important for the most deprived families. This has been explored in detail by an international team of researchers led by Sarah Cowley from Kings College London³.

Health visiting teams across Scotland have taken new approaches to the provision of their universal service and such approaches are continually evolving. For instance, NHS Lanarkshire has worked with the national Early Years Collaborative to carry out a number of small tests of change⁴. One of these was developed in response to a lack of attendance by vulnerable families to weaning workshops in their local health centre. When this was reviewed, there were two very straightforward reasons that largely explained lack of attendance: no money for a bus fare that day and/or no access to childcare for other children. As a result the team’s staff nurse now carries out a home visit with vulnerable families to get across the weaning workshop’s

² Scottish Government response to the Stage 1 report on the Children and Young People (Scotland) Bill, 2013
³ Sarah Cowley, Lynn Kemp, Crispin Day and Jane Appleton Research and the organisation of complex provision: conceptualising health visiting services and early years programmes Journal of Research in Nursing 2012 17: 108
⁴ The Early Years Collaborative recommends the use of quality improvement methodology including small tests of change
health improvement messages about oral health, healthy weight, exercise and vitamin supplementation. Following the success of a small test site, NHS Lanarkshire now offers appointments for the 27 – 30 month review at a time and date to suit families. Text reminders or reminder phone calls are made a few days before the appointment to improve uptake of the 27-30 month review by vulnerable families.

For particular marginalised groups, specialist health visiting services have been developed and there are several examples across the country. In the new HMP Grampian which opened earlier this month, healthcare will be provided by the midwifery and health visiting teams and additional services are being put in place to allow mothers in the unit to gain the same level of service they would if they were in the community. This innovative approach will be subject to a full evaluation. Aware that the prison population faces particularly severe inequalities, NHS Grampian worked with the Scottish Prison Service and Aberdeenshire Council’s social work service to develop this service for the prison’s mother and baby unit. It is based on the GIRFEC principles of child-centredness and inclusiveness as its basis and clear guidance has been developed which should support the full mother-baby attachment process while allowing experience of the “outside world” to infants who are resident in the mother and baby unit. This will mean identifying suitable care givers outside the prison, either family members, or registered child minders/foster carers to allow infants to experience appropriate activities of daily living and to attend group activities such as parent and toddler groups, baby swimming groups etc.

In Tayside, following an initial test period, an area wide training programme for health visitors and other key staff caring for children experiencing neglect or at risk of neglect has been developed. Given that neglect can affect the physical, cognitive and emotional development of a child, Tayside prioritised an area wide training programme for health visitors and other key staff caring for children experiencing neglect or risk of neglect following findings from an initial test period of a combined medical/ nursing service. This combined service provides:

- A comprehensive healthcare/developmental, clinical and advisory service for children, young people and parents/carers where there were child protection/social paediatric concerns and where neglect was a key feature;
- Information, advice and guidance on healthcare/developmental needs to agencies (including health) directly involved with the child/young person/family to aid in future planning/intervention and identification of thresholds for early intervention.

Resources
Health visitors are of critical importance to delivering a reduction in health inequalities in children and in the long term, in adults. As these few examples show, health visitors are often at the forefront of driving forward service improvements for the children and families they work with. While the importance of early interventions is widely recognised at a national and local
level, resources to allow health visitors to realise their potential in reducing health inequalities are not being put in place. It is not known how many health visitors are currently employed in Scotland and while a cap of 300 for caseloads is reasonable, we have received regular representation from health visitor members about caseloads that are far in excess of this. Not only that, they are going to be put under even more strain to deliver the Named Person responsibilities that they will be assigned as a result of the Children and Young People (Scotland) Act 2014. While we support this move, we are concerned about the lack of commitment by the Scottish Government to ensure that there are enough health visitors to deliver it. Once it has been established how many health visitors are in post in Scotland, a comprehensive national plan on recruiting and training adequate health visitors needs to be taken forward. It cannot simply be left to health boards who are already struggling to balance their books to find the resources for this. Work needs to be done to ensure health visitors are part of a fully resourced wider health visiting team, and that IT systems are in place, alongside administrative support, to allow them to function efficiently.

Finally, the targeted development of specialist health visiting roles with skills to engage with particular marginalised groups who have needs beyond the core universal service is an approach that RCN Scotland would recommend.

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March 2014