Health Inequalities – Early Years

NHS Greater Glasgow and Clyde

Introduction

NHSGG&C welcomes the opportunity to provide evidence to the Committee on the impact of early years on health inequalities as we have a strong focus on early and effective intervention with the objective of reducing inequalities in later life. These commitments are enshrined in our Equality Scheme, our Corporate Plan and are driven down into the development plans of our Community Health (and Care) Partnerships and Acute Division. The Director of Public Health’s reports have also regularly majored on the importance of focusing on the early years and the benefits that this has in reducing health inequalities in later years. In delivering on these themes the Board has supported a range of early intervention and prevention programmes as well as working with our community planning partners at a local level on wider agendas, such as community regeneration, reducing child poverty and tackling homelessness. Examples include our Healthier, Wealthier Children Programme, Triple P and the Family Nurse Partnership.

We have invested in our children’s services through a new IMT system which will provide all children with a single health record as well as expanding our early years’ workforce.

How effective are early years’ interventions in addressing health inequalities?

- There are many locally and internationally developed interventions which are backed up by evidence that they are effective.
- We would stress that the conception and early childhood stage, when the child is developing, are the only times when many interventions will work - examples of this are health promotion activities to encouraging women to stop drinking during pregnancy to avoid their child getting Foetal Alcohol Syndrome and interventions to promote attachment and bonding.
- Interventions should be made as early as possible in the appropriate time window and there is a case for focusing on interventions which are undertaken with young people before they become parents; examples include sexual health education for young people which delays sexual activity and employability support for young people to ensure that they have the sufficient incomes to support a child.
- However, wider societal and economic factors, such as multiple deprivation, social exclusion, disability are likely to prevent, or at least make it much more difficult, for many children to reach their potential, regardless of the types of interventions used. At the same time as delivering discrete interventions with children and families on issues, such as parenting, attachment and bonding and developing their resilience, we need to take action on issues such as tackling the wider
causes of health inequalities such as reducing child poverty and on reducing family stress.

- We would support the use of structural and environmental interventions which do not require an opt in, such as traffic calming measure to reduce road traffic accidents and free school meals.
- We support the use of evidence based/licensed interventions. However, we would welcome Scottish Government support to evaluate local approaches, which may not have had the resources to build up a strong evidence base. Those interventions, which are shown to be effective, could then be mainstreamed more widely.
- We have examples where families are not ready for interventions and sometimes pre-engagement work needs to be undertaken with them to ensure that they can sustain the programmes.
- Evidence has shown that intensive and sustained support is effective and further investment is required to ensure that this can take place.
- A public health approach to parenting which incorporates both a universal and targeted approach as there is evidence that good parenting can mitigate the effects of child poverty.

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

- Broadly in agreement to the principles and objectives of the early years framework, although the anticipated shift in resources that are required to make a difference has not been achieved.
- For the NHS most of the key targets and drivers are for acute and adult services and this shapes the way resources are used.
- Needs to be embedded in the wider community planning agenda as the responsibility of all agencies working in partnership.
- Investment in comprehensive and good quality early years education and child care is vital, although we need also to ensure that it becomes more accessible to the most vulnerable families.
- Offering early and education and child to enable parents to access and sustain employability and employment opportunities are vital.
- Welfare reform will have major impacts on families with children and may widen health inequalities in future years, although we recognise that the Scottish Government does not have jurisdiction over the welfare benefits’ system.
- Focus is on children’s services but a wide range of public, private and third sector services have a key role to play.
- Could a stronger focus be made on reduction in child poverty as a key principle?

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

- Identification of needs and strengths of young people, children pregnant women who may be vulnerable and require additional support.
• Providing interventions where necessary from support for young people who may be considering sexual activity, through to maternity, health visiting services and more specialist children’s services.
• Ensuring our services are planned and delivered in an inequalities sensitive way.
• Supporting staff in sensitive enquiry and appropriate response to gender based violence in key settings (e.g. primary care, maternity services and A&E), including recognising where children may be at risk
• Health promotion programmes both at a population and individual level (such as smoking cessation, healthy living campaigns).
• Providing access to high quality primary care, enabling GPs to identify and support vulnerable families and children, working in partnership with other services.
• Planning and delivering adult health and care services in a way which supports the early years’ agenda.
• Working with other agencies to ensure services are planned and delivered in a holistic way around the needs of children and their families
• Awareness raising
• Supporting and undertaking research and evaluation to inform and shape local and national policy and practice.
• Leadership role within local partnerships in the early years and in tackling health inequalities.
• Influencing the agenda with community planning partners and other agencies and highlighting where there are gaps and opportunities (examples include licensing issues, injury prevention, regeneration programmes, sexual health education and trading standards).
• Nurturing and supporting local and grass root organisations which work in the most deprived communities.
• Support for local child poverty action plans.

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

• The high levels of poverty and multiple deprivation within the NHSGG&C area with entrenched social inequalities.
• The complexity and multi-layered causes of health inequalities with the need for long term and holistic solutions.
• Health and socio-economic inequalities in many communities go back several generations.
• An ageing population which presents increasing demands on public sector resources.
• Significant improvements from interventions in the early years may not be seen for many years and, therefore, short term programmes or shifts in focus every few years are unlikely to make major inroads or demonstrate fundamental changes.
• Difficulties in recruiting some early years’ practitioners, such as health visitors.
• Difficult to “bend the spend” because resources need to be released from other services (i.e. difficulty turning off or diverting funds from services which deal with crisis and downstream problems).
• Resources are often insufficient or provided over too short a time span to make an impact.
• Need for substantially more resources for family support services.
• We would question whether the resource allocation system is able to reflect the length of time required to support more vulnerable families.
• Challenging policy agenda especially around welfare reform and changes to the benefits system.
• The current GP contract and incentives does not have enough focus on children and families.
• The need to engage adult services to support the early years’ agenda (i.e. addiction and mental health services).

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?

The reports “Fair Society, Healthy Lives” (The Marmot Review) and “Early Intervention: the Next Steps” by Graham Allen MP outline a wide range of approaches which need to be taken to reduce health inequalities.

Summary of evidence re lifelong effects of early childhood adversity and toxic stress, from the American Academy of Paediatrics:
http://pediatrics.aappublications.org/content/early/2011/12/21/peds.2011-2663.full.pdf+html

The RICHER social paediatrics model from Vancouver: “Fostering access and reducing inequities in children’s health”
And http://www.biomedcentral.com/1471-2431/12/158

Australian Early Development Index http://www.rch.org.au/aedi/policymakers/

Understanding Glasgow Children’s Indicators:

Health section:
http://www.understandingglasgow.com/indicators/children/health/overview

Children’s indicators homepage: http://www.understandingglasgow.com/

British Association for Child and Adolescent Public Health
http://www.bacaph.org.uk/

Deep End reports on vulnerable children and families:

REPORT 12 Working together for vulnerable children and families (September 2010) Summary (12) | Main report (12) (right click to open hyperlinks)