Health Inequalities - Early Years

COSLA

There is strong evidence that intervention during a child’s early years can help reduce health inequalities. While underlying causes such as poverty and health related behaviours such as smoking, alcohol and poor diet impact on health inequalities, it is the physical, emotional and mental development of a child’s early years that is pivotal in creating the psychological and physiological resilience to prevent disease impacting later in life.

Presently, there are a range of mechanisms and planning arrangements in place locally which have the potential to provide an effective and structured response to addressing specific aspects of health inequalities. At the same time, many local authority areas retain issues of inter-generational and community-wide cycles of poverty. We recognise therefore responses to date have not fully tackled the issues for the families with the most complex problems. While progress has undoubtedly been made in some localities, that progress has neither been consistent nor game-changing in relation to health inequalities. We further recognise that Community Planning Partnerships (CPPs) have not taken full ownership of the health inequalities agenda across Scotland and as a result there has not been effective enough partnership working to ‘own the whole problem’ and provide appropriate interventions. We hope that the Community Empowerment Bill will help overcome some of the structural barriers that have inhibited effective partnership working.

All of this has been made more difficult by broader economic conditions. Not only have we witnessed constrained public spending (and therefore presided over a reduced capacity to support public sector intervention) but the economic circumstances of the population have deteriorated, particularly for those who were already in lower socio-economic groups. The early years population will not have been immune from these trends.

Policy Context
The Early Years Framework, Achieving Our Potential, Equally Well, GIRFEC and more recently the Early Years Collaborative were all developed in partnership between COSLA and the Scottish Government. These social policy frameworks recognise that a child’s start in life, cycles of poverty and poor health are interlinked. Within this context, early intervention and moving from crisis management to prevention will be key to breaking cycles of poor outcomes in people’s lives.

The Early Years Collaborative is already making an impact, with the vast majority of CPPs taking forward actions as a direct response to the Collaborative. Feedback has also been positive in terms of the ways in which the Collaborative supports the early years agenda and its benefits through the PDSA (Plan, Do, Study, Act) approach and the focus brought by the three stretch aims that are being included in Single Outcome Agreements and/or integrated Children’s Services Plans.
The Early Years Collaborative is also helping services translate the Christie Commission’s recommendations for a shift to preventative services into tangible responses at the frontline of services. In addition, the Collaborative is raising expectations about ensuring that where there is good practice at a local level there is an impetus to ensure it is implemented for every family through improved engagement.

The Role of the NHS
The NHS has an important role to change and adapt services that address health inequalities through interventions in the early years. In some local areas, there has been the development of ‘inequality sensitive practice’ which helps practitioners consider their role and help change their practice. As such, there may be a need to consider this as part of the workforce development component of the Early Years Collaborative.

Local health services also play a critical role in health inequalities through the provision of access to speech and language services - interventions that are particularly required in deprived communities. There is also a major role for GPs and Health Visitors along with training around inequalities for the Community Nurse workforce. The ‘deep-end’ GP practices have been a very interesting and worthwhile development.

At a strategic level, the role of NHS Health Scotland is of primary importance. We have a strong working relationship with Health Scotland and have been pleased to see this organisation’s increasing focus on inequalities – and in consequence, working more often with the broader public sector, including CPPs. We think that this is an important development because in reality, most of the drivers of inequality in our society sit outside of the NHS remit.

Challenges
The barriers and challenges that early years services face when working to reduce health inequalities are significant. This is due to the complexity and duration of the response required to address intergenerational cycles of poverty and to support the most vulnerable families. More specifically the barriers and challenges include:-

- Access to services and challenging referral processes – we have still to overcome the inverse care law (i.e. ensuring that healthcare is more available to those living in deprived communities).
- The sharing and use of information and data at a multi-agency level between local authorities and the NHS.
- General resource pressures within children’s services, often caused by the high costs of providing other services e.g. secure care accommodation.
- The large caseloads of health visitors in some local areas that mean they have less resources to effectively address health inequalities issues for children that are most in need.
- Targeting resources in a way that prevents the needs of vulnerable families escalating.
• Developing a workforce that is adaptive to different family circumstances.
• Delivering a more targeted approach to the provision of support.

Evidence–based Interventions
There have been a host of positive developments over the last few years – and examples of interventions that are paying dividends - for instance, the Family Nurse Partnerships have been highly innovative and developed a strong track record in working with families.

Some examples of specific initiatives and research evidence from Scotland, UK and internationally include:

• Family Nurse Partnerships.
• Sure Start in English local authorities.
• Social pedagogy as used in Scandinavian countries such as Denmark.
• The Harlem Children Zone in the USA.
• The work undertaken by Dr Paul Shiels that highlighted the genetic impact of stress on health outcomes that were often driven by inequality. This has acted as a big driver behind the local approach to the Early Years Collaborative.
• NESTA’s Transforming Early Years project that has highlighted the importance of community linkages as a significant component of addressing health inequality. It has also emphasised the value of communities and families being provided with assistance to navigate service responses and to achieve their own outcomes.

COSLA
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