Health Inequalities – Early Years

NHS Health Scotland

NHS Health Scotland is a special Health Board, working with and through public, private and third sector organisations to reduce health inequalities and improve health. We use evidence and data to inform decision-makers and the public about how we can improve Scotland’s health outcomes.

Health inequalities are unfair differences in the health of the population that occur across social classes or population groups. Inequalities are not inevitable and are closely related to the predominant social and economic climate and public policy, including socio-economic and welfare policies.

Health inequalities in the early years are apparent from the very start of life and have an impact across the life course. For example, low birth weight and developmental difficulties are a precursor for inequality, and differences in exposure to the factors that have an adverse impact on health outcomes.

Our Response

Our response is aligned to the consultation questions as laid out by the Scottish Parliament Health and Sport Committee. We refer the Committee to previous responses submitted by NHS Health Scotland: Response to the Scottish Government’s Expert Working Group on Welfare (EWGW) call for evidence ¹ and NHS Health Scotland contribution to the ministerial taskforce on health inequalities: What would be sufficient to reduce health inequalities in Scotland? ²

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

The early years period is a vitally important time to intervene to improve outcomes for children and their families. “There is strong evidence that intervention during a child’s early years improve the health and cognitive development of the child” ³

Professor Sally Macintyre articulated a set of guiding principles for effective policies and interventions to address health inequalities in society for the 2008 Ministerial Task Force (Appendix 1). ⁴ This includes prioritising early years interventions, and families with children.

However factors that contribute to unequal outcomes in the early years include socio-economic factors out-with the control of the individual parent or family such as poverty, gender inequality and poor housing quality as well as individual circumstances such as maternal education, smoking, the impact of
long-term maternal physical and mental health difficulties and poor diet. These factors interact and have a complex and dynamic relationship. The impact of exposure to these factors is enduring and the opportunity to mitigate against them declines as children age. Social inequality may not result in obvious variation in physical health outcomes in the early years; however increasing divergence in social, emotional and cognitive development is apparent and strongly linked to socio-economic circumstances, acting as a precursor to later health inequality.

Tackling Early Years (EY) inequality therefore cannot happen in isolation and is not solely the domain of interventions in the early years. Action needs to take place at the fundamental and environmental levels concurrently with interventions to support children and families.

“Early intervention, with family support and education is cost effective and essential to optimise the life chances for those experiencing socioeconomic disadvantage.” Effective interventions to support children and families involve both supporting optimal child development, enhancing protective factors, and compensating for or eradicating the risks they experience (Table 1). Their impact may be measured in relation to outcomes for individual children and their families by assessing these areas of early child development that are known to be predictors of adult health, education and social outcomes, or at the level of the population as whole e.g. Early Development Instrument (EDI).

<table>
<thead>
<tr>
<th>Interventions likely to be effective in addressing health inequalities</th>
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<tbody>
<tr>
<td>• Improvements in housing quality</td>
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<tr>
<td>• Access to safe areas for children to play</td>
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<tr>
<td>• Intensive pre- and post-natal home visiting involving highly skilled staff, encompassing continuity of care and carer</td>
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<tr>
<td>• High quality, early years education and care - full-day programmes provide most gain for children who are at greatest risk of poor outcomes and half-day programmes for children at lesser risk</td>
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<tr>
<td>• Access to affordable childcare</td>
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<tr>
<td>• Access to high quality employment that is flexible</td>
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<tr>
<td>• Intensive parental support to promote</td>
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<tr>
<td>o enhanced maternal/infant attachment</td>
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<tr>
<td>o provision of an enriched home environment</td>
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<tr>
<td>• Interventions to promote physical, social, emotional, language and cognitive development that is proportionate to need</td>
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We advocate a proportionate universal approach for the delivery of effective interventions for children and families. (Appendix 2). The Marmot inequality review states that “focussing solely on the most disadvantaged will not reduce inequalities sufficiently. To reduce the steepness in the social gradient in
health, actions must be universal but with a scale and intensity that is proportionate to the level of disadvantage." The keys to their success are highly skilled staff, continuity of care and carer, high quality of provision and fidelity to specific programmes employed.

It is important to note that programmes that appear similar may have differing levels of effectiveness. It is also important to acknowledge that many programmes are licensed and managed by commercial organisations. There is limited evidence of the effectiveness of many of these approaches in Scotland and many evaluations have not been conducted independently.

2. What are your views on current early years’ policy in Scotland in terms of addressing health inequalities?
Addressing health inequality in the early years requires a coherent national strategy to address the fundamental causes of unequal outcomes across the public and voluntary sector, into which early years policy would fit. This should include the long-term shift in government spending required to reduce inequalities in the early years, allocating resources progressively across the social gradient and use of tools such as HIIA to ensure that rights, equality and inequalities are considered in all policies.

Findings from the NHS Health Scotland Health Inequalities Policy Review conducted for the Scottish Ministerial Task Force on Health Inequalities show that there is a strong policy framework and intent to address all of the factors which cause inequality in health and that existing policy recognises the crucial importance of the earliest years of life and the importance of early identification and intervention during this period. By contrast, the design and delivery of services for expectant and new parents and their children with the purpose of improving outcomes focus on action at the level of the individual and need also to address the determinants of health such as fundamental and environmental causes of health inequalities.

Challenges exist in relation to systematic implementation and governance of policy. The Early Years Collaborative provides an opportunity to support the systematic up-scaling of interventions known to have an impact on child development. It should take account of the barriers to successful implementation, ensuring services are truly universal - accessible to those who find them hardest to reach - and address the social factors that cause health inequality as well as the service responses to the effects on health.

- International perspective
We would like to highlight the impact of family friendly work policy and the NHS Health Scotland response to the Scottish Government’s Expert Working
Group on Welfare (EWGW) call for evidence. Comparisons with Nordic nations and their approach to affordable, universally available child-care, shared entitlement to maternity leave, parental leave and extra-statutory leave are particularly relevant. This has an impact on parent-child relationships, participation of women in the workforce and facilitates inclusion and improving social position for children from low income families.

3. What role can the health service play in addressing health inequalities through interventions in the early years?
The NHS has a triple role in addressing health inequalities through interventions in the early years:

- Provision of free services such as prescriptions, smoking cessation and folic acid supplements.
- Redesign and delivery of services promoting family interventions to support optimal child development through a co-producing, proportionate universal approach. This includes identifying high-risk individuals and providing intensive tailored support for those with greatest need.
- Influencing the actions of partners responsible for factors that contribute to health inequality.

Access to and uptake of service
Services should be configured to ensure equitable access and provision, taking account of the differential needs of population groups with more complex life circumstances. This requires services to address barriers including language and culture to ensure they are both physically and cognitively accessible.

Universal services
Universal services are the primary point of contact for families in the early years. Strong universal services are effective in improving outcomes for children at greatest risk by identifying and providing them with enhanced interventions through their non-stigmatising, flexible and accessible approach. They provide a consistent, effective response mechanism that would in their absence be fractured and at risk of missing particularly vulnerable children and contributing to health inequality. Universal services should incorporate both interventions to promote better health and to address family and social circumstances e.g. through income maximisation and routine enquiry for risk conditions.

Consistent implementation of evidence-based approaches and interventions:
Services should focus on delivery of interventions and approaches supported by evidence of effectiveness and, work in areas most likely to have an impact
on improving outcomes and in reducing inequalities. Consistent implementation and the use of interventions which have shown to be effective are important, and local structures need to be able to support this.\textsuperscript{33}

**Role of adult services**
Services provided for adults that are associated with factors leading to additional risk of poor child health outcomes such as drug and alcohol services, adult mental health services, and those for people who experience domestic violence have the capacity to improve early years practice through early identification of children who require additional support and their contribution to GIRFEC implementation through information sharing and the role of the named person.

**Working in partnership**
The Children and Young Peoples Bill provides an opportunity for joint children’s services planning and joint children’s plans to improve the delivery and support for individual families and improve information sharing across agencies. Health services working within community planning partnerships have the opportunity to advocate for the planning and delivery of services in proportion to need and to address the social factors that lead to unequal outcomes, implementing legislation and adopting best evidence informed practice. This may happen through:

- promoting understanding of the causes of health inequalities,
- promoting the evidence of what works to address health inequalities and the approaches available to address these locally, for example employability, unintentional injury, housing provision and housing standards, welfare rights services, access to safe outdoor space, provision of free school meals, free fruit and free milk.\textsuperscript{34, 35, 36}
- influencing community planning decisions on for example licensing of fast-food outlets, off-sales and betting shops and local public transport decisions.

4. What barriers and challenges do early years services face when working to reduce health inequalities?
Without concurrent approaches to address both socio-economic and family circumstances, the effectiveness of family interventions in the early years is likely to be limited.

**Infrastructure**
Within local areas, community planning structures need to absorb responsibility for reducing health inequalities in EYs, of which EY services are only a part. This will be determined by CEOs and Directors of Planning and
other senior managers’ understanding of the causes of inequality and the mechanisms by which this can be addressed.

Poor understanding of the causes of health inequalities can result in unintended consequences of decision-making that have a negative or greater impact on children or on health inequalities, for example achieving 80% instead of near-100% coverage of important population programmes, or changes to the use of local parks or the impact of local licensing laws.

**Challenges around measurement of impact**

There is a lack of indicators and assessment tools to assess baseline and measure change in appropriate core child development areas at a national level. Current improvement methods at local level risk creation of inconsistent conclusions at strategic or nationals levels. The opportunity to aggregate the information collected as part of the GIRFEC assessment should be used for local planning purposes to ensure that universal services are delivered in proportion to need.

**Challenges around implementation**

Evaluation of the *Sure Start* interventions in England indicates that scaled-up, consistent and assured implementation is linked to better outcomes for families. The evaluation identified a number of factors that act as barriers or facilitators. These relate to professional/ family engagement; professional roles and practices; quality and accessibility of facilities; parents and staff perceptions of the quality of and benefits from the service; organisational and management issues and funding.37

5. 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?

- **Early Development Instrument (EDI)**
  
The “Early Development Instrument: A Population-based Measure for Communities” (EDI) is a validated measure of developmental outcome of the Early Years and can be used to monitor changes in populations of children over time and to evaluate the impact of policy and interventions.38

- **Family Nurse Partnership (FNP)**
  
Adapted from a US model, the FNP programme in Scotland is a targeted service that operates alongside NHS antenatal and child health services. It provides intensive tailored support to young first-time mothers at high risk by highly trained public health nurses/health visitors (‘family nurse’).39
• **Childsmile**
Childsmile is a national programme designed to improve the oral health of all children aged 3-11 years old in Scotland, delivered through a combination of a universal programme and tailored support for the most vulnerable families.\(^{40}\) There is evidence of overall improvement in dental caries in 3 year olds across the socio-economic spectrum from 2006–10, with improvements greatest in children in the most deprived areas.\(^{41}\)

• **Healthier, Wealthier Children (HWC)**
HWC is an income maximisation and welfare advice service in NHS Greater Glasgow and Clyde, supporting expectant women and parents of young children at risk of or experiencing poverty. Evaluation demonstrated 54% of referrals accessed some type of service; there was evidence of reach to vulnerable families and a total financial gain of \(£3\) million for families referred.\(^{42}\)

• **Other key sources of information:**
NHS Health Scotland provide a range of support including support for policy development and review, provision of evidence briefings and data. (Appendix 3)

NHS Health Scotland
March 2014
Appendix 1
Guiding principles for effective policies and interventions to address health inequalities

**Principles for effective policies to reduce inequalities in health**

- Maintain and extend equity in health and welfare systems
- Address ‘upstream’ and ‘downstream’ causes
- Level up, not down
- Reduce inequalities in life circumstances (especially education, employment and income)
- Prioritise early years interventions, and families with children
- Address both healthcare and non-healthcare solutions
- Target, and discriminate in favour of, both deprived places and deprived people
- Remove barriers in access to health and non-health care goods and services
- Prioritise structural and regulatory policies
- Recognise need for more intensive support among more socially disadvantaged groups
- Monitor the outcome of policies and interventions, both in terms of overall cost-effectiveness and differential cost-effectiveness
- Ensure programmes are suitable for the local context
- Encourage partnership working across agencies, and involvement of local communities and target groups
Appendix 2

Proportionate universal approach to delivery of universal early childhood interventions to promote socio-emotional and cognitive development

<table>
<thead>
<tr>
<th>Delivery</th>
<th>Population</th>
<th>PREGNANCY</th>
<th>0-12 months</th>
<th>12-36 months</th>
<th>36+ months</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>High risk of developmental and/or attachment disorder</strong></td>
<td>Children</td>
<td>Enrichment of home environment e.g. Playgroups Nurturing of holistic child development Children’s centres with use of multiagency integrated services</td>
<td>Full- or half-day childcare at high quality child development centre (higher risk - higher number of hours up to a max. 30 hours/week) Enrichment of home environment</td>
<td>Full-day* high quality preschool Enrichment of home environment Child training e.g. Incredible Years Specialist input as required</td>
<td></td>
</tr>
<tr>
<td>Parent-Child</td>
<td>Intensive midwifery support Nurse-Family Partnership Parents As Teachers</td>
<td>Attachment-based intervention to improve parent sensitivity Intensive midwifery and home visiting support Nurse-Family Partnership Parents As Teachers</td>
<td>Intensive home visiting support Nurse-Family Partnership Parents As Teachers</td>
<td>Positive Parenting e.g. Triple P Specialist input as required</td>
<td></td>
</tr>
<tr>
<td>Parents</td>
<td>Maternal education and literacy Parenting preparation Support for addictions</td>
<td>Training to understand stages of child development and how to nurture Parenting/child management support e.g. Incredible Years More intensive support in accessing services, problem solving, adult education for high school completion, job/employment support, accessing benefits, addiction management etc</td>
<td></td>
<td></td>
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<tr>
<td><strong>Medium risk</strong></td>
<td>Children</td>
<td>Enrichment of home environment e.g. Playgroups Nurturing of holistic child development Children’s centres</td>
<td>Half-day preschool</td>
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<td></td>
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<tr>
<td>Parent-Child</td>
<td>Promotion of sensitive parenting with provision of support as needed</td>
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<tr>
<td>Parents</td>
<td>Support for behaviour change Antenatal care according to medical risk</td>
<td>Support for breastfeeding initiation and maintenance</td>
<td>Support in accessing services Problem solving techniques Adult education for high school completion, job/employment support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children</td>
<td>Children’s centres e.g. drop-in centres, toy and book libraries Resources e.g. Bookstart# Enrichment of home environment</td>
<td></td>
<td>Half-day preschool</td>
<td></td>
<td></td>
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<tr>
<td>Parent-Child</td>
<td>Access to information on positive, sensitive parenting</td>
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<tr>
<td>Parents</td>
<td>Standard antenatal care Promotion of healthy diet, physical activity, breastfeeding and smoking cessation Ready Steady Baby#</td>
<td>Information on healthy child development Information on available child, parent and family services Core child health promotion programme with routine child development reviews</td>
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Appendix 3 – NHS Health Scotland support to address inequalities in the early years

Tools:
- Health Inequalities Impact Assessment tool and resources
- Supporting Community Partnerships in maximising income for pregnant women and families with children under five (2013):
- Outcome framework for National Parenting Strategy (forthcoming)

Evidence reviews:
- Evidence reviews to support development of the National Parenting Strategy and inform the work of the Early Years Taskforce.
- Evidence reviews produced on effective interventions to support the role of the Health Visitor in implementation of HALL 4

A full list of early years evidence reviews, research and briefings can be found at:
Briefing paper - NHS Health Scotland Early Years & Childcare Publications for Parents & Professionals,

Scottish Public Health Observatory (ScotPHO)
- Child and Young Peoples Mental Health indicators
- The children and young people web-pages signpost to data and information presented elsewhere on the ScotPHO website about children and young people.
  http://www.scotpho.org.uk/population-groups/children-and-young-people/key-points
- Children and Young People Community Health Partnership profiles
  http://www.scotpho.org.uk/web/site/home/Publications/scotphoreports/pub_measuringinequalities.asp

1 McCartney G. What would be sufficient to reduce health inequalities in Scotland? MTF (12) Paper 3a, NHS Health Scotland 2012

3 BMA board of science. Growing up in the UK – Ensuring a healthy future for our children, BMA; 2013

4 Macintyre S. Inequalities in health in Scotland: what are they and what can we do about them? Glasgow: MRC Social & Public Health Sciences Unit; 2007.

5 Millennium Cohort study

6 BMA board of science. Growing up in the UK – Ensuring a healthy future for our children, BMA; 2013


8 Scott, E. and Woodman, K. Evidence summary: Interventions to support parents, their infants and children in the early years (pregnancy to 5 years). NHS Health Scotland; 2012

9 Macdonald W, Beck S and Scott E. Briefing on child poverty. NHS Health Scotland 2013

10 Guidance about Effective Interventions to Support Parents, Their Infants and Children in the Early Years. (2013)


13 Guidance about Effective Interventions to Support Parents, Their Infants and Children in the Early Years

14 Health Inequalities Policy Review for the Scottish Ministerial Task Force on Health Inequalities. NHS Health Scotland (forthcoming)

15 Health Inequalities Policy Review for the Scottish Ministerial Task Force on Health Inequalities, NHS Health Scotland (forthcoming)

16 Scott, E. and Woodman, K. Evidence summary: Interventions to support parents, their infants and children in the early years (pregnancy to 5 years). NHS Health Scotland; 2012


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21 Scott E. and Woodman K. Evidence Summary: Pregnancy and complex social factors, NHS Health Scotland; 2012

22 Guidance about Effective Interventions to Support Parents, Their Infants and Children in the Early Years.
Scottish Government; 2013
23 Macdonald W., Beck S. and Scott E. Briefing on child poverty. NHS Health Scotland 2013
24 NICE public health guidance 50 (2014) Domestic violence and abuse: how health services, social care and the organisations they work with can respond effectively
http://guidance.nice.org.uk/PH50/Guidance/pdf/English
25 Scott E. and Woodman K. Evidence Summary: Pregnancy and complex social factors, NHS Health Scotland; 2012
26 Scott E. and Woodman K. Evidence summary: Interventions to support parents, their infants and children in the early years (pregnancy to 5 years). NHS Health Scotland; 2012
27 Scott E. and Woodman K. Evidence Summary: Public health interventions to support smoking cessation and prevention of uptake, NHS Health Scotland; 2012
28 Scott E. and Woodman K. Evidence Summary: Public health interventions to promote maternal and child nutrition, Scott E. and Woodman K, NHS Health Scotland; 2012
29 Scott E. and Woodman K. Evidence summary: Public health interventions to support mental health improvement during and after pregnancy, NHS Health Scotland; 2012
30 Scott E. and Woodman K. Evidence summary: Looked after children, NHS Health Scotland; 2012
31 Woodman K. Peer Support for Breastfeeding: Guidance for Scotland, NHS Health Scotland; 2013
33 Scott E. and Woodman K. Evidence Summary: Public health interventions to prevent unintentional injuries among the under 15s, NHS Health Scotland; 2012
34 Good Places Better Health for Scotland’s Children, Scottish Government; 2012
35 Health Inequalities Policy Review for the Scottish Ministerial Task Force on Health Inequalities, NHS Health Scotland (forthcoming)
36 Guidance about Effective Interventions to Support Parents, Their Infants and Children in the Early Years. Scottish Government; 2013
38 Scott E. and Woodman K. Evidence Summary: Public health interventions to prevent unintentional injuries among the under 15s, NHS Health Scotland; 2012
39 Health Inequalities Policy Review for the Scottish Ministerial Task Force on Health Inequalities, NHS Health Scotland (forthcoming)