Health Inequalities - Early Years

NHS National Services Scotland

1. Extent of health inequalities in early years

There are very extensive socioeconomic inequalities in the health of young children (Spencer 2008).

Mothers from the most deprived areas of Scotland are much more likely than women from more affluent areas to have a stillborn child or a child that dies in the first year of life (Fig 1). A recent report from the UK wide Healthcare Quality Improvement Partnership Clinical Outcome Review Programme for child health has shown that socioeconomic inequalities in childhood mortality persist beyond infancy and throughout the early years (and indeed adolescence) (Hardelid et al 2013).

Figure 1

Source: Information Services Division 2012

Babies of mothers living in the most deprived areas are more likely to be born prematurely and with low birthweight, both of which have significant implications for health in the newborn period and beyond (Fig 2).
Children living in the most deprived areas of Scotland are more likely to experience parental health related behaviours that adversely affect child health, for example deprived children are more likely to be exposed to second hand smoke and receive no breastfeeding (Figs 3 and 4).
Children from the most deprived areas are also more likely to suffer a **disproportionate burden of ill health**, for example they are more likely to be an healthy weight and suffer from dental decay (Figs 5 and 6).

**Figure 5**

Source: Information Services Division 2013c
Children’s health and development are very closely linked and substantial socioeconomic inequalities in Scottish children’s development are also evident. Data from the Growing Up in Scotland study has shown that, by the age of school entry (just under 5 years), children whose parents have no qualifications are on average 18 months behind in terms of language development and 13 months behind in terms of problem solving ability compared to children with a degree educated parent (Bradshaw 2011). Other data from Growing Up in Scotland have demonstrated equally stark inequalities in children’s social and emotional development by school entry age (Fig 7).
2. Effective (health service) interventions in the early years to address health inequalities

Health inequalities in the early years are the result of a complex interaction of social disadvantage, poverty, poor environments, adverse health related behaviours, suboptimal parenting, and socially patterned access to and/or take up of services that protect and promote child health.

Comprehensively addressing early years health inequalities will require concerted action across many fronts such as promoting equitable educational attainment, family friendly employment opportunities, reductions in child poverty, improving the quality and accessibility of early education and childcare, improving healthy play and transport opportunities, ensuring access to resources that promote early child development such as libraries.

Within this complex matrix, the health service can make an important contribution to reducing health inequalities in the early years. A comprehensive review of interventions to address health inequalities in the early years was published by the Scottish Government in 2008 (Hallam 2008). In 2010 a review of interventions to promote childhood cognitive development was published by the Scottish Collaboration for Public Health Research and Policy (Geddes et al 2010) and a seminal report on actions required to address health inequalities (in all age groups, including children) was published by the Institute of Health Equity (Marmot 2010).

Health service interventions mentioned in these reports that have the potential to reduce inequalities in the early years include:
• Antenatal care
• Parental smoking cessation services
• Breastfeeding support
• Parenting support including in depth parenting programmes
• High intensity services for at risk mothers/children such as the Family Nurse Partnership

In addition, the importance of protecting and promoting early child development is repeatedly emphasised in these reports. Parenting support and surveillance of children’s development provided through the child health programme (child health reviews provided by Health Visitors) is important in this regard, as is other action such as increased provision of high quality early education and childcare.

Sexual health services that aim to prevent unwanted pregnancies, particularly amongst relatively young adolescents, are also likely to be helpful in reducing the numbers of children being born into highly disadvantaged circumstances who are likely to go on to suffer poor outcomes.

Whilst in general health inequalities in the early years remain stubbornly high in Scotland, there are some success stories. For example, although inequalities in children’s dental health remain substantial (Fig 6), significant improvements in child dental health have been seen over recent years and the level of inequality in child dental health has fallen (Macpherson et al 2012). This is likely to be at least in part due to the success of activities such as supervised tooth brushing in nurseries delivered through the national dental health promotion programme, Childsmile.

3. Current policy and health inequalities in the early years

There is no doubt that current Scottish Government policies indicate a commitment to protecting and promoting the health and development of young children and reducing the unequal and unfair start in life experienced by disadvantaged children.

Policies on health inequalities (Scottish Government 2008) and the early years (Scottish Government 2009) provide an overview of policy aspirations. The long term commitment of the Government to the Getting It Right for Every Child programme, and hence to ensuring children's services work effectively together to improve children’s outcomes, is welcome (http://www.scotland.gov.uk/Topics/People/Young-People/gettingitright). Specific commitments made in the recently passed Children and Young People’s Bill that will strengthen implementation of the GIRFEC approach are also likely to be helpful (http://www.scotland.gov.uk/Topics/People/Young-People/legislation). Specific policies on reducing child poverty (Scottish Government 2011a), supporting parenting (Scottish Government 2012a), and promoting play (Scottish Government 2013) are also welcome.

There is a wide range of current health policy and guidance that is relevant to tackling health inequalities in the early years, for example the framework on maternity services (Scottish Government 2011b), on maternal and infant
nutrition (Scottish Government 2011c), and on the child health programme (Scottish Government 2012b).

4. Implementation issues

Effectively tackling health inequalities in the early years is therefore less about a lack of knowledge of what causes inequalities or conversely protects children from them, or a lack of policy aspiration, and more about consistent, coordinated delivery at the required scale of structures and services that promote equity in early childhood.

The health service alone cannot successfully address health inequalities in the early years. Scotland still has relatively high levels of child poverty, and our system of early education and childcare is relatively low quality and simultaneously extraordinarily expensive for families to access compared to systems offered in other European countries (Naumann et al 2013).

Although, as noted above, care that is offered universally to all mothers and children through the health service has the potential to reduce inequalities, in practice, differential uptake of such services can inadvertently exacerbate inequalities. For example, there is evidence that late booking for antenatal care is more common among the most deprived mothers (Information Services Division 2013a), and children from the most deprived areas are most likely to miss their child health reviews (Wood et al 2012). Careful attention to the delivery of such services, and to engaging the most deprived families in such preventive care, is therefore very important.

Resource constraints make it difficult for health services to achieve the maximum possible impact on health inequalities in the early years. For example, recent work done by NHS National Services Scotland Public Health & Intelligence Unit on behalf of the Scottish Government has suggested that there is a significant shortfall in the number of Health Visitors currently in post in Scotland compared to recommended staffing levels (Cowley et al 2009).

A careful balance between the universal services described above and more focused, intensive services for particularly vulnerable children will be important in reducing inequalities. For example, looked after and accommodated children have very poor health outcomes themselves and girls who have been looked after are at substantial risk of becoming young mothers, with their children then being at risk of perpetuating an intergenerational cycle of disadvantage and poor health (Scott et al 2013). A sustained focus on improving the health of this particular group of children therefore has the potential to make a substantial dent on inequalities in children’s health in Scotland.

5. References


http://bmjopen.bmj.com/content/2/2/e000759

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