Health Inequalities – Early Years

Aberlour Child Care Trust

Introduction:

As Scotland’s largest, solely Scottish Children’s charity, we warmly welcome the attention afforded to this issue by the Health and Sport committee. We would be happy to assist the committee further in its inquiry through visits to any of our services described below or though further written or oral evidence.

How effective are early year’s interventions in addressing health inequalities?

There are important examples of best practice across Scotland of where effective interventions have helped to address health inequalities in the early years, whether that is through public sector initiatives, such as family nurse partnerships or in the voluntary sector through parenting support services and services focussed on issues directly impacting on the health of children, such as parental substance use (for example - Aberlour Family Support, described below). Access to these services is unequal in some cases due to restrictions of geography or local authority spending considerations.

Case Study 1: The Aberlour Family Support Service is a unique service model in Glasgow which provides full time residential, care and support for women and their children from across Scotland. We work in a holistic manner to stabilise chaotic lifestyles and build internal family cohesion.

We regularly see health inequalities in the service in the form of, for example, babies being exposed to alcohol and drugs in the womb, pregnant women booking late for antenatal care, domestic abuse being perpetrated during the pregnancy, poor diet and nutrition during pregnancy, homelessness during pregnancy, smoking throughout pregnancy, premature births, baby’s being diagnosed with Neonatal Abstinence Syndrome post birth, alongside all the attachment/parenting/child protection issues we work with.

We provide a unique service to support pregnant women to detox/stabilise and to prepare for parenting in a 24/7 supported residential setting – we work closely with addiction and health services to enable quick and easy access to this risk/ harm reduction service.

Post birth, we work closely with midwives and health visitors to provide breast-feeding support, emotional and practical support throughout the day and night, support to manage NAS (i.e. support to use tummy tub to manage NAS symptoms, support with managing withdrawals medication for baby etc.). We work with parents to support their own health, nutrition and wellbeing needs pre and post birth, and in their children’s early years. We have baby oral health services coming in, our own and NHS supported healthy eating programs.
and cooking groups, which promote national health guidelines in relation to weaning, salt/sugar/fat contents in foods for children and parents (we had the fun with fish group attended by parents and toddlers, in which everyone was sampling oily fish and learning about its nutritional values, for example; also the cooking on a budget, 2 course meals for a family for under £5 – all of which are designed to give parents the skills and knowledge to improve their family’s diet and nutrition, and ultimately health and wellbeing.

We also have a strong participation element in the service, in which parents and children are involved in designing and planning their own groups and activities linked to SHANARRI, all of which promote taking responsibility for their own/children’s health and wellbeing, and regularly involve outdoor play, bumps and buggy walks in parks, fitness classes in and out-with service which promote maternal mental and physical health (women have used the gym and exercise classes in the service to build their confidence to attend classes such as Zumba in the local community with staff – women have previously felt excluded/stigmatised in relation to accessing such classes).

We have also had some involvement with the Early Years Collaborative and have developed our pregnancy/adult outcomes framework, which includes reducing risk and harm to the unborn child, and reducing the impact of parental problem drug and alcohol use for children by working intensively with parent(s) and child together.

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

There has been a significant shift in the way in which we have sought to address early year’s health inequalities through policy in recent times. This progress can be charted through analysis of the 2007 concordat, which only covered health inequalities in relation to early years in the broadest terms:

Our children have the best start in life and are ready to succeed.
We live longer, healthier lives.

We have tackled the significant inequalities in Scottish society.

We have improved the life chances for children, young people and families at risk.

This lack of focus was underscored by the fact that of the 45 indicators that underpinned the national outcomes in the concordat, only one: 60% of school children in primary 1 will have no signs of dental disease by 2010, directly referenced a target for addressing health inequalities.
Nearly 7 years later we have a range of national strategies and policy initiatives, such as the Early Years Framework and the Early Years Collaborative, each of which have concentrated work significantly in this area, but we still have some distance to travel. Aberlour has been a key contributor to all of these approaches and look forward to continuing to do so.

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

From our experience in Glasgow, interface with primary care in the health service in the form of GP services initially proved very useful, but has subsequently encountered a number of barriers: The Aberlour Family Support Service was originally supported by the local Health Centre for families referred to the service. This was inclusive of detox services and GMS (General Medical Services), through the National Enhanced Service Contract (NESC).

The G.P. practice is a private contractor and wanted additional payment for the Detox /addiction health related appointments, there would be no fee for 'General Medical Services' which they continue to provide.

As a result the G.P. practice was looking to restrict appointments unless an increase in payment for their service was provided for addiction related health issues out with detox. This has long been a grey area of primary and secondary health issues relating to addictions and in effect this could possibly be perceived as health inequality relating to an individual’s care. Worth noting we portion no blame to the G.P. practice for this as it’s more a National issue/problem.

The service along with our commissioners reverted to providing an in house surgery for detox and the Health Centre provides all other GMS for families residing in the service currently.

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

As with all interventions by statutory services there is a disparity in terms of subjective judgement on the part of professionals who determine whether a certain intervention is required. Thresholds which might trigger an intervention offered by a social worker or a primary care professional may vary from authority to authority or even within the same council or health board area. There is also a significant bias towards acute service provision. In the context of the prevention agenda, the committee may wish to consider examples of early intervention services which prevent health inequalities in the first place.

Furthermore, whilst considerable work has been directed at addressing early years health inequalities through recent national policy initiatives, there remains something of a disconnect between national policy focus and local outcome prioritisation. Aberlour analyses local authority Single Outcome Agreements for specific outcomes defined in relation to the lives of the children in each Local Authority. SOAs remain largely silent in terms of outcomes for addressing health inequalities in the early years. If SOAs are to
be regarded as the preeminent strategy document which then determines local authority spending, as the recent review of community planning stipulates then the nascent ‘National Oversight Group’ for community planning must do more to ensure provision for health inequalities is included in SOAs when it scrutinises them.

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?

Case study 2: We have, with the use of the Parenting Assessment Manual Software (PAMS), been able to assess the knowledge and practical ability of parents with a learning disability with regard to nutrition, shopping, feeding and cooking. From this staff have been able to provide teaching and practical support to parents and their children with demonstrable positive outcomes. In addition to this, practical support such as the purchasing of pots and vegetables with short cookery programmes has seen positive outcomes for maternal and child nutritional intake. The Parenting Assessment manual also allows for interventions to be provided to parents and families who require support to identify and respond to physical illnesses such as asthma and general childhood illnesses. PAMS is used in 2 specific Aberlour projects which support families with a learning disability but is also available through other Aberlour projects where assessment and interventions to families can be enhanced through the use of PAMS. One of Aberlour Family Support Services in South Ayrshire has been funded by the Big Lottery to provide a new service within the South Ayrshire area for parents who have a learning disability. The service follows the “Getting It Right for Every Child “(GIRFEC) approach by providing support that puts the child or young person and their family at the centre.

The aim of the service is to assess the needs of parents with children pre-birth to 12 years old using the Parent Assessment Manual Software (PAMS) to identify the family’s strengths and weakness. The assessments will be carried out over a number of weeks within the family home or within the community. The PAMS assessment covers: childcare and development, behaviour, parents’ health, relationships and support, and the impact of the community on parenting. The parents are assessed on their parenting skills and the frequency of parenting practice. Parents can be assessed singly or jointly.

Focusing on early intervention, once the assessment is complete a teaching programme will be put in place to support the priority areas, tailored to the family’s needs. The areas of support that may be offered are: help with budgeting, cookery skills, health and hygiene. We will provide individual and group support and offer Bookbug and Mellow Futures programmes as well as working in partnership with existing community groups assisting the families to access support.
Aberlour Family service has been chosen to deliver a pilot programme of Mellow Futures. The group is based on the Mellow parenting principles and is targeted towards parents with learning difficulties or disabilities. It aims to help reduce maternal stress during pregnancy and help mum learn how to communicate and relate to her baby both before and after birth.

The group is for mothers between 20 and 30 weeks gestation and runs up until the baby is approximately six months old. The programme will run for an initial six weeks followed by a break around the birthing period. It will finish with a final set of group sessions which will run for fourteen weeks. During the break between the two sessions specially trained Mellow Mentor volunteers will meet up with the mums on a regular basis to provide support and help the mum continue to implement the skills she has learned during the first group. The groups will be small and held in a non-threatening environment where mothers are made to feel welcome and respected.

We have also received additional funding from Community Food and Health Fund. We will deliver 5 cooking groups through this year offer cooking, healthy lifestyles, budgeting, and food hygiene support to the parents we work with.

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