Health Inequalities - Early Years

Scottish Directors of Public Health

This response is structured into general comments and goes on to answer the five questions posed in turn. The Scottish Directors of Public Health welcomes the opportunity to support the Committee in its further enquiries.

What is the character of health inequalities in the early years?

Health inequalities are systematic, manufactured and unjust differences in the prevalence of good health, quality and length of life that occur across social classes or population groups. They reflect the gradient in health associated with the gradient in income, socioeconomic position, educational attainment, social support, material deprivation (including poor quality housing) and availability of services. Various factors combine to produce the current socioeconomic gradient in stillbirth, low birthweight, school readiness, admission to hospital and poor physical, social and emotional health. The drivers of health inequality reflect the cumulative impact of policy decisions over previous decades. These include neo-liberal economic policies, a reduction in social protection, for example, availability of universal services, increased conditionality of entitlement to benefits and support, limited ability to access to good work, stigmatisation of people with low incomes and lower levels of social cohesion and support than in comparator countries. The rise in the use of food banks by those with young children is an indicator of the impact of the recession and welfare reform, and the need for continued action at national and local level. At present, the NHS provides effective but partial mitigation. Societal approaches that promote greater equality of income, education, participation, transport and housing are fundamental to affordable, sustainable improvement.

There are also specific factors associated with the physical and social environment during the antenatal period and early years that increase the risk of intergenerational inequalities. These include low income, lack of positive support and experience of abuse, poor access to balanced nutrition, exposure to smoking, problematic drug and alcohol use and poor mental and/or physical health.

To address the needs of individuals and communities of children and families, structural changes to the economy, welfare and work policies should be combined with practical support to enable adults and children to achieve their potential. In Glasgow, young people have helped poverty proof the school day. This work recognises that children experiencing inequalities are less likely to access sport and other cultural activities, resulting in an excluded population. It builds on existing work demonstrating that the NHS and wider Scottish society, benefits from the talents of the current generation of teenagers and adults who received this support, particularly those with health problems, who have done a lot to help tackle stigma and risk of isolation. To reduce the risk of exclusion, therefore, we support universal provision of free access to music, physical activities and other forms of coaching that build
skills, facilitate participation from an early age and involve parents. We would advocate national policies around access to recreation and cultural activities that made these freely available.

**What work is being done in Scotland to address health inequalities in early years?**

The creation of the Children’s Commissioner, the Youth Parliament, improving access to expert early years education and support, a commitment to addressing the obvious sources of harm to children, including welfare reform, and to learn from and adapt the international evidence helps create a more enabling and nurturing environment.

The Children and Young People (Scotland) Bill, enables the named person to take a key role in advocacy and a power to act in support of child health or development. This might be in response to gender-based violence, substandard housing or the consequences of addictions or parental behaviour. This is a lower threshold than has traditionally been in place for child protection in Scotland. It is closer to the models of practice seen in the Nordic Countries and in Canada. Several areas, including for example, Edinburgh and Glasgow, have also established multiagency partnerships to ensure that reducing the risk of child poverty and inequality are core to the work of the community planning partnerships. These developments are welcomed but sustaining literacy, employment, housing and anti-poverty programmes will be essential if the current situation is to improve. This will require significant organisational development and the ability to redirect resources across community planning partners.

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

Interventions that address the fundamental causes of inequalities are effective and cost effective. Interventions that improve the physical and social environment without reducing family income, help individuals and communities develop or rediscover their abilities, voice and increase participation levels can improve outcomes. Actions to improve health in the early years should be universal but with a scale and intensity that is proportionate to the level of disadvantage. To optimise the effectiveness of universal and targeted interventions, rapid impact assessment should be undertaken as standard before the intervention is introduced. Barriers to access and utilisation must also be addressed systematically, evaluation and equity audit undertaken to a high standard. In addition, programmes such as Family Nurse Partnership and Triple P can improve outcomes for individual children and families.

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

The prevalence of child poverty is double that of the Nordic countries. It is clear, however, that child poverty in Scotland would be significantly more common without the mitigating effects of recent and current policy. The
implementation of Getting It Right for Every Child, the Early Years Collaborative, and the combined HMIE inspections provide opportunities for shared accountability and opportunities of improve the life chances of children and families but a more explicit focus on tackling inequalities is required. The move to enshrine children’s rights is welcome as are many of the provisions in the Children and Young People (Scotland) Bill. Further work will be required to consider how to extend the ban on corporal punishment to parents, to ensure that children are guaranteed freedom from the threat of violence. Specifically, we remain concerned that much of child and family law in Scotland continues to treat children as parental property and that the threshold for the courts to act in the best interests of the child and family remains unacceptably high.

Additional areas for caution include the focus on delivery of interventions to individual children through the NHS or social services rather than addressing the underlying causes of low birthweight, or lack of readiness for school. In many areas, local authority social work services only have capacity to support those for whom statutory intervention is unavoidable, making early intervention uncommon. The additional support for early education is welcome, but must ensure that children experiencing inequalities receive more, high quality early education than their more affluent counterparts. All children in nurseries should be cared for by trained early years workers and receive regular access to, and support from, a trained teacher.

In 2007, UNICEF used routine data to demonstrate that child wellbeing in the UK lagged behind that of most developed nations. While worklessness is a cause of poverty and inequality, particularly where there are gaps in the social protection for young children and their parents, this research showed the relationship between long working hours of parents and a low level of wellbeing in their children. Extending parental leave, advancing children’s rights in their parents’ work environments would reduce inequalities for the significant number of children whose families are trapped by in-work poverty. Parents, like others, should be able to find good work, paid above the minimum income for healthy living, and in compliance with the working time directive.

Investment in children and their families to reduce inequalities in education, income and social support to the levels enjoyed in the Nordic Countries would produce a more equitable, secure and convivial society and improve outcomes.

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

Health services have an important role in mitigating inequalities through the provision of comprehensive, universal services supplemented by targeted and tailored interventions that are publicly funded, delivered and free at the point of need. Health services are the only provider of care to all children under five and their families. This means that the NHS (particularly GP/primary care, maternity and health visiting), has an important role in assessing, planning and delivering directly or referring families for interventions in the antenatal period and early years. Maternity care provides opportunities to enable
women to take part in smoking cessation, alcohol brief intervention, improve their nutrition, learn about breast-feeding, welfare rights, domestic violence etc. Together these can have a significant impact on the socioeconomic gradient in the risk of stillbirth and low birthweight. Strategic leadership, effective and integrated partnerships, service planning structures, processes and an enduring focus on outcomes is required. Highland, for example, is enhancing its focus on measuring early years outcomes to highlight where additional attention is required to address the impact of deprivation and vulnerability.

Support from the Start in East Lothian, Starting Well in Glasgow, Healthier Wealthier Children in Glasgow, primary care and locality based services in Edinburgh, Best Start in Lanarkshire and similar services in other Boards have demonstrated the impact that health staff can have in early years inequalities. Robust assessment and the enhanced knowledge and skills to support early intervention are essential. Such skills and behaviours are found within high fidelity programmes such as Family Nurse Partnership, Mellow Parenting and Triple P. Programmes based on these approaches, which require health and social care staff to apply interventions that mitigate the impact of socioeconomic and health inequalities, should be a core part of early years services.

There are real opportunities to amplify the impact of existing efforts through the Early Years Collaborative and the 27-30 month review both of which offer opportunities to identify the support that would benefit children and families and transform services.

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

The shortage of midwives, health visitors and school nurses means that staff carry heavy caseloads. It can be difficult, therefore, to allocate the time required to engaging with families on child development and enrichment activities when parents' immediate focus is on survival, food, safety and shelter. Families with such high levels of need require intensive, often urgent interventions that early intervention would have prevented or ameliorated. While support is available, and being strengthened through the Early Years' Collaborative, many families do not receive the benefits they require, and there are a significant number of reports of families with young children being sanctioned. This represents an ongoing and real threat to child health and would urge the Scottish Government to work with the UK Government to ensure that parents with dependant children are not sanctioned and to enhance existing mitigation efforts.

Whilst health and social care integration and multi-agency working using the GIRFEC model promises opportunities to improve care for children and families, there is also a risk that fragmentation of healthcare activity across a larger number of integrated partnerships dilutes efforts and results in a widening of health inequalities for children. To prevent this, a clear set of national outcomes should be developed from the GIRFEC wellbeing indicators and aligned with those used by our Nordic and Canadian peers. These
indicators should drive integrated activity across Scotland, ensuring that health and wellbeing inequalities for children narrow rather than widen. We would be happy to provide support to the Scottish Government in order to develop such indicators.

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?

Many high fidelity programmes developed internationally are already in use in Scotland. These include Family Nurse Partnership, parenting programmes, and strength-based approaches to child development. There is an international consensus on the importance of tackling Fetal Alcohol Spectrum Disorder including a recommendation to implement the multifaceted programme of education, prevention and control required to reduce the proportion of children born with this disorder. We would wish to see this enacted across Scotland.

In conclusion, much is happening within the Scottish NHS to attempt to ameliorate the impact of health inequalities. Decades of underinvestment, however, means that a substantial shift in resources is required to achieve our common goals. Preventing health inequalities requires action at national and local level to address the legacy of a neoliberal approach to economic policy, failure to provide a minimum income for healthy living, and reductions in welfare for families with children. The NHS has an important role to mitigate the material, social and behavioural consequences of inequality but policy initiatives that reduce inequalities in income and education will tackle child poverty and health inequality simultaneously.

Scottish Directors of Public Health
March 2014

Prepared by Dr John O’Dowd, Lead Consultant for Children and Young People for Scottish Directors of Public Health, supported by submissions from Highland, Lanarkshire and Lothian.