Health Inequalities – Early Years

Families Outside

Families Outside is a national independent charity that works on behalf of children and families affected by imprisonment in Scotland. We do this through provision of a national freephone helpline for families and for the professionals who work with them, as well as through development of policy and practice, delivery of training, and face-to-face support.

Families Outside is grateful for the opportunity to comment on the Health and Sports Committee’s Call for Evidence on Health Inequalities - Early Years. We do not feel we are in a position to comment on the Call for Evidence as a whole but will highlight the issues most relevant to our work and expertise. We are happy to elaborate on any of these should the Committee require additional information or specific references.

The role of the health service in addressing health inequalities through interventions in the early years

The health service has identified a range of ways of addressing health inequalities, and prevention of health problems is, and should be, at the heart of these. At Families Outside, we believe that health interventions in the early years present tremendous opportunities that have yet to be realised. In particular, these opportunities exist within adult-focused services. For example, parents and future parents struggling with substance misuse or mental health issues flag up risks for children in their early years from pre-conception through their early years and later in life. Issues such as fetal alcohol syndrome can be prevented where interventions are applied broadly and where they are targeted at the audiences most at risk.

In our own work, families affected by imprisonment are at particularly high risk of physical and mental health needs but are unlikely to seek help to address those needs. The health service is in a strong position to be creative in how it accesses and supports these families. For example, Early Years Collaboratives could usefully work with prisons within their local authorities to support visitors who would benefit from public health interventions. This could include initiatives such as using prisons, and prison visitors’ centres in particular, as locations to distribute ante-natal vitamins. Prisons are also an ideal location to identify young mothers and mothers-to-be who would benefit from support through Family Nurse Partnerships. Prisoners and their partners can also benefit from parenting support during custody, both in terms of joint

programmes for ante-natal support and preparation for parenthood as well as parenting support and family learning.

**Barriers and challenges**

Families affected by imprisonment tend not to access support due to the stigma of having a partner or family member in prison, resulting in their social isolation, withdrawal from the community, and often a mistrust of universal services. Structurally, the biggest difficulty these families have in accessing health interventions lies in the geographical divisions between health boards. Prisoners are often far from home. This means that people who visit prisoners in an area covered by a health board different from their own may struggle to access the support they need.

As an example, in 2013 Families Outside invited input from public health services in its prison visitors’ centre at HMP Addiewell. HMP Addiewell is based in West Lothian and is therefore covered by NHS Lothian. However, most prisoners there, and therefore most of the visiting families, come from Lanarkshire and are covered by NHS Lanarkshire. Health workers from one health board seemed reticent to offer support or referrals to families who lived in the other, eventually withdrawing their services entirely in the belief that it “wasn’t worth [their] while” to have a presence in the visitors’ centre. We feel this was a lost opportunity to reach vulnerable families in the greatest need of immediate and preventative health care, much of which (substance misuse, smoking cessation, ante-natal vitamins, alcohol brief interventions) would have a direct benefit to children in their early years and beyond.

**Specific initiatives**

Despite the inevitable challenges in provision of health care, numerous examples of good practice exist. As noted above, prison visitors’ centres provide an excellent opportunity to offer support to families who often do not access such care otherwise. The prison visitors’ centre at HMP Manchester has a health visitor based there who engages with families, getting to know them and offering support, advice, and referral. The Jigsaw Visitors’ Centre at HMP Leeds runs a number of courses, sometimes in conjunction with the prison and the NSPCC, to support positive relationships, parenting, reductions in violence, pre-birth and early years (http://www.jigsawvisitorscentre.org.uk/courses-we-deliver/). The Crossreach visitors’ centre at HMP Perth and Salvation Army prison visitors’ centre at HMP Edinburgh offer some public health interventions (e.g. oral health, healthy eating), and such opportunities could be developed further.

A number of prisons in Scotland offer parenting programmes, often delivered by external professional agencies. The Triple P parenting programme is available in HMP Barlinnie for prisoners and their partners as part of a city-wide rollout of the programme in Glasgow. The Scottish Pre-School Play Association, meanwhile, works with parents at HMP Dumfries (and soon HMP Grampian) as part of a family learning programme. The purpose of this work is to engage with families to encourage responsibility and reinforce the
message that positive role modelling, bonding and play can change their own lives as well as the lives of their children for the better.³

Another example of positive practice is the work Dads Rock is doing for fathers with young children. This project targets dads in underprivileged communities to encourage interaction between dads and their kids. Dads Rock has been discussing plans to provide sessions for dads with young children within HMP Edinburgh. While not strictly a health intervention, it encourages healthy interaction between fathers and their children, thereby increasing the bonding and attachment crucial to a child’s secure development.

One final service worth highlighting in this context is the excellent work of the Aberlour Family Support Service in Glasgow. This residential service supports women with children in their recovery from addiction to drugs or alcohol. Unlike other intensive residential treatment centres, women do not have to make the choice between their children and their recovery, and the prospects of sustainable recovery are enhanced as a result.⁴ Similar supports should be available elsewhere to support families most at risk of poor outcomes for adults and children alike.

We appreciate the opportunity to comment on health inequalities and are happy to provide additional information should the Committee request it.

Families Outside
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