Health Inequalities – Early Years

NHS Tayside

NHS Tayside welcomes the opportunity to submit views and evidence on Health Inequalities and Early Years

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

In The Marmot Review “Fair Society, Healthy Lives”, Marmot stated clearly that health inequalities result from social inequalities and, to have an impact on health inequalities, action requires to be taken across all the social determinants of health. Marmot also outlined six areas of policy at the centre of reducing health inequalities, and identified as the highest priority “giving every child the best start in life”. Only by focusing on these early years, including the ante-natal period, can the association between early disadvantage and poor outcomes later in life be broken.

Marmot however talked of the need for “proportionate universalism” meaning that any action taken should be of a universal nature with the intensity proportionate to the level of disadvantage. A good example of this is the National Childsmile Programme. This programme is achieving improvements across all socio-economic categories however the greatest improvements are for children from the most deprived backgrounds. Data from the National Dental Inspection Programme shows that the percentage of P1 children with no obvious tooth decay has improved for all quintiles between 2008 and 2012, however the percentage improvement for the most deprived is 19.6% compared to an 11% improvement for the least deprived quintile. A similar pattern of improvements is shown for pupils in P7.

2. What are your views on current Early Years policy in Scotland in terms of addressing health inequalities?

Given the evidence from Marmot and others concerning the need to consider the social determinants of health in order to reduce health inequalities, the drive towards greater integrated working among Local Authority, Health, Police and third Sector is to be welcomed. This is also true of the move to greater working with and empowerment of communities.

The passing of the Children & Young People (2013) Bill will result in a move towards a culture of ensuring wellbeing rather than welfare and this too is welcomed as it will support identifying issues at an early stage, allowing support to be provided to children and families which will minimise detrimental impact and support improved outcomes.

The policy landscape around Early Years in Scotland is heavily supported with a plethora of documents and initiatives highlighting and reinforcing the benefits of focussing on the early years, and this ensures Early Years
features on multiple agendas and in multiple forums. Nonetheless, the disadvantage of having such a landscape littered with programmes, policies and initiatives is that it can lead to confusion. There is a need to consolidate in this area in a way that derives benefits from synergies rather than duplication and also identifies any existing gaps. Simplifying the landscape would also make it more accessible and understandable to staff and the public alike.


A consistent definition of what age range encompasses “Early Years” would also be helpful to ensure clarity of language throughout agencies and the public.

3. What role can the health service play in addressing health inequalities through interventions in the Early Years?

The health service can play a significant role in terms of interventions in the Early Years particularly since it provides the only universal service through maternity and health visiting services. Health inequalities however, will only reduce if a wide range of government agencies, local authorities, the commercial sector and third sector work together in a coherent and unified manner.

An example of the role of the NHS is around the nutrition/obesity agenda where the NHS provides strategic leadership, practical support (experience, information, tools, and evidence base) and encouragement to staff and volunteers from multi-agencies who are working with the broad nutrition/obesity agenda. A specific example in this area is the development of the Paediatric Overweight Service in Tayside. The service is health service led, but can only be provided due to the close working relationship and commitment from local authority partners and third sector colleagues. Over 52% of referrals to the service are from SIMD 1&2 and younger children at referral are more obese than older children. The SCOTTlite programme is used for children aged seven and under and the results are very encouraging. The youngest child so far referred to the programme is nine months old. The experience of the programme has been that parenting and parenting skills is often the main aspect that parents/carers require help with – behaviours around food and mealtimes are often a main concern for parents.
4. What barriers and challenges do Early Years services face when working to reduce health inequalities?

The acquisition of healthier lifestyles is strongly influenced by and associated with other environmental and societal issues which are beyond the control of the NHS. Some key barriers and challenges are therefore:-

- To reach the point where Scotland is the best place to grow up, we must as a nation, respect and love our children and young people in a way that is currently not always evidenced.

- Due to the population demographics and the risks around an ageing population, significant resources (people, time, and money) are being targeted at older people, and the Early Years agenda necessarily has to compete with this.

- One of the six policy pillars to reduce health inequalities outlined by Marmot was ensuring a healthy standard of living for all and this will be ever more challenging as the full impact of the Welfare Reforms hit our communities.

- The improved outcomes for children, families and society from investing in Early Years have a long “return on investment” period and there is not always support for investing in areas where the improved outcomes will only be realised by future generations.

- From a health perspective, there is still a very small proportion of available resource spent on prevention, early intervention and public health as opposed to care and treatment.

- The integration agenda is beginning to break down barriers within the workforce, however there is still room for improvement around professional boundaries which, when addressed, will allow for greater effectiveness and efficiency.

- From a nutrition perspective, nutrition interventions that focus on supporting access to affordable healthy foods and the development/sustainability of healthier choices are frequently short-term and not sustained due to a number of reasons e.g. time limited finance, time limited projects, no longer being a priority. The easy availability of unhealthy “junk food” and issues with food labelling and nutritional content often also mitigate against young people and families opting for healthy choices.
5. Are there any specific initiatives or research evidence from Scotland, UK or internationally that you wish to highlight to the Health and Sport Committee?

Family Nurse Partnership

FNP has been operational in NHS Tayside for over 2 years with a committed and cohesive team of Family Nurses who together have recruited over 400 young teenagers to the programme. The backgrounds of the Family Nurses span Health Visiting, Midwifery, Mental Health and Substance Misuse and the richness of their combined experience has had a significant impact on the care of the young teenagers and their babies on the programme.

The Family Nurses deliver the FNP Programme in addition to the core universal contacts that all families receive in Tayside. The nurses work with many clients where their circumstances have the potential to present risks to themselves or their children. Working in collaboration with a wide range of agencies has been essential in responding to client/family need and minimising potential risks to the client and/or her child.

FNP has been able to demonstrate a significant impact in terms of health inequalities, particular areas of note are detailed below.

- The programme/team are working with a high number of clients from the most deprived areas of Tayside.

- Almost 8.5% of clients joining the programme were homeless at the time of enrolment. The FNP team have worked with Housing Services and with clients across Tayside to address homelessness. Data collected in this respect has demonstrated a shift from a position of homelessness towards securing and maintaining tenancies for 100% of the clients who were homeless at the time of enrolment with no evidence of relapse over the course of the 12 months measured

- Exciting work has taken place over the last 2 years between FNP and a Secondary School in the Dundee area which has resulted in an increase in pregnant young women choosing to continue with their education.

The Role of Specialist Health Visitor in Dundee

A development to improve outcomes for vulnerable children and families through the application of a strengths based approach to practice and the ‘testing’ of a new “Specialist Health Visitor” role within Health Visiting was tested in Dundee during 2012/13. The test included elements designed to facilitate targeted, structured and intensive interventions with children and families identified by Health Visiting Teams as being at the ‘high’ end of vulnerability.

The ‘Specialist Health Visitor’ (SHV) role for vulnerable families which was the key aspect of the test, carried a caseload of up to 40 families identified by
the Health Visiting Team as requiring an intensive package of support and interventions to meet their needs.

The evaluation of this development demonstrated the following:

- Improved communication within teams
- Reductions in stress levels for staff within teams where this was tested.
- Client interviews reported increased confidence in parenting.
- The strengths based approach was welcomed by staff and clients and brought a ‘freshness’ to practice.

**Change is a Must – Perth & Kinross CPP**

**Mission Statement**

Change is a Must is an intensive project which aims to improve inter-agency decision making and timescales for children deemed to be in need and/or at risk due to parental substance misuse under the terms of the Children (Scotland) Act 1995.

**Aims**

- To ensure that the child or children in the family have the opportunity to develop, both physically and mentally, in a safe and nurturing environment.

- To ensure that adults in the family are assisted to stabilise their substance misuse problems to reduce the physical, mental and emotional effects on their child or children.

**Objectives**

- To reduce the harmful physical, emotional, psychological and environmental effects of parental substance misuse on children.

- To ensure decisions about children’s lives are made within appropriate timescales.

- To promote recovery of parents who misuse substances taking into account the children’s needs, age and stage of development.

- To ensure appropriate action is undertaken to address immediate, significant risk of harm to children.

- To promote learning about the most effective multidisciplinary ways of working with families affected by parental substance misuse.
Dundee Early Intervention Team

The Dundee Early Intervention Team (DEIT) is a partnership of the four leading children’s charities in Dundee – Aberlour, Children 1st, Action for Children and Barnardo’s. These four charities all work in partnership with Dundee City Council, NHS Tayside and Dundee Voluntary Action and have established an early intervention and preventative support service for families in Dundee funded for three years from the Big Lottery Improving Futures Fund.

The service became operational in May 2012 and the team supports families where the eldest (or only) child is between 5-12 years. The target families are those who have not had previous additional or intensive support and now find themselves requiring a service before problems escalate further. Support, advice and guidance is offered on all or any aspect of parenting, social, health or relationship difficulties using social pedagogy philosophy and approaches.

The service provides support to families on a planned basis incorporating early mornings, evenings and weekends where necessary. A 24/7 telephone helpline is also available. A robust outcomes monitoring framework is an integral part of the project.

Childsmile

Reference has already been made to this National Dental Inspection Programme.

Paediatric Obesity Service Tayside

Reference has already been made to this Tayside Programme focussed on Child Healthy Weight.

NHS Tayside
March 2014