Health Inequalities - Early Years

Parenting across Scotland

General
Parenting across Scotland (PAS) is a partnership of charities working together to provide a focus on issues and concerns affecting parents and families in Scotland. We work together to help realise our vision of a Scotland where all parents and families are valued and supported to give children the best possible start in life. Our partnership is made up of charities that support thousands of parents and families in Scotland. PAS's partners are Aberlour Childcare Trust, Capability Scotland, CHILDREN 1st, Children in Scotland, Families Outside, One Parent Families Scotland, Relationships Scotland, The Spark and Scottish Adoption. PAS's partners deliver a wide range of early years services. These include, for example, CHILDREN1st and Aberlour’s Family Support Services, and The Spark’s Building Positive Community Relations Programmes. PAS welcomes the opportunity to submit evidence to the Health and Sport Committee’s Health Inequalities Early Years Inquiry.

Character of health inequalities in the early years
Health inequalities can be defined as the unequal (and unjust) gaps that exist between people's health outcomes across socio-economic groups. They are neither inevitable nor unchangeable. Increasingly, researchers are concluding that health inequalities do not exist in isolation, and are linked to and derive from the wider inequalities agenda of socio-economic and welfare policies. Thus, the inequalities in people’s health outcomes can not be tackled by health measures on their own and need to be part of a wider package of social reform. (We welcome the Committee’s recognition of this and inclusion of other Committees to incorporate other relevant information.) While individual action (such as breastfeeding or parenting classes) may improve a person’s health outcomes, the wider determinants of health inequalities are beyond the control of individuals and need to be tackled by action at a structural level. Structural inequalities in the realm of public policy, such as housing, income distribution, and welfare policy, play a major role in the formation of health inequalities, and action to tackle inequalities needs to be taken at a societal as well as an individual level.

The Scottish Government's Growing up in Scotland report highlights that the following factors can be used to define health inequalities in the early years: “Firstly, inequalities can relate to negative outcomes such as low birth weight or other indicators of a failure to thrive. Secondly, it can mean inequalities in exposure to risk factors that increase the likelihood of, or perpetuate, poor health outcomes. These include poor diet, lack of physical exercise, parental drug or alcohol misuse, being in care, living in a poor physical environment and family poverty”; Scottish Government, Growing Up In Scotland: Health Inequalities in the Early Years (2010).

Parenting has an important role to play in eradicating poverty, and increasing emphasis has been put on the use of parenting classes and other parenting support to achieve better outcomes in the early years. While a focus on
parenting is welcome, in order to support parents holistically and to enable their participation in parenting support, it is necessary to first address the structural inequalities in their life circumstances. A parent who is worried about where the money to pay fuel bills will come from or has to go to a food bank to feed her/his children is in no position to take on the messages from parenting classes. Basic needs must be met before any attempts to improve capabilities; improving capabilities without relieving pressures by addressing fundamental inequalities will always be a futile exercise.

Naomi Eisenstadt, the first director of Surestart, summed this up:

"To tell the truth, I would rather put the food on the table. In the absence of any talk about paying the bills, this focus is disrespectful because it assumes that these are the problems poor people have, and does not recognise that the main problem poor people have is not having enough money. ...It is true that conflict between parents is bad for children, so providing more couple relationship support is a good thing. It is true that the largest determinant of educational outcomes is the home learning environment, so improving the home learning environment is a good thing. The extent that the parent talks to the child, all that is massively important ... but none of it makes you less poor. It doesn't pay the gas bill." (Guardian 2011)

The Joseph Rowntree Foundation’s work on parenting and poverty concluded that parents living in poverty are not ‘worse parents’ per se but are affected by overwhelming challenges which affect their ability to parent, and create a level of stress which makes parenting well more difficult. (Judy Corlyon et al http://www.jrf.org.uk/sites/files/jrf/parenting-poverty.pdf)

PAS believes that another major factor which leads to poor health outcomes is the inequalities in parents’ and children’s access to services. Specific groups of children, including children living in low income households, looked after children, children with a disability, and children affected by parental imprisonment, often experience particular difficulties in accessing services. PAS believes that the Scottish Government, local authorities, health boards and other agencies must do more to improve the access of these, and other groups of difficult to reach children to early years services. PAS believes that the statutory guidance being developed to accompany the Children and Young People legislation, and in particular the provisions relating to children’s services planning and to the child’s plan, can make an important contribution in this area.

1. How effective are early years interventions in addressing health inequalities?
We agree that the early years is a crucially important time to improve outcomes for families. Health inequalities which are present from the early years (pre-birth to eight (Scottish Government definition) are evident from the outset and have a cumulative and multiplier effect throughout the individual’s life. Evidence increasingly shows that what happens pre-birth and in the early years is crucial in determining later life outcomes. However, a note of caution should be sounded. To have an effect on narrowing health inequalities which are emergent in the early years, as well as interventions between pre-birth to
three, interventions at other stages of the life course are necessary. For example, it is necessary to take action to address the wider structural inequalities (such as through income, housing and education) of which health inequalities are part; health inequalities cannot be tackled in isolation and must be part of a wider package of social policy measures to even out underlying inequalities. Additionally, interventions throughout the life course (not only in the early years) may have an impact in the early years. For example, support for adults to support their children through help with parenting has a role to play. Relationship education for teenagers is needed to both reduce the incidence of teenage pregnancy and to address the attitudinal issues which are a precursor of violence against women.

Early years services provided by PAS’s partners are improving outcomes for vulnerable children and their families, and helping to tackle health inequalities, across Scotland. The voluntary sector is often able to engage with families that statutory services find it hard to reach, and in so doing, both provide the support needed and also enable a route back into universal and targeted support.

Aberlour’s Family Support Services in South Ayrshire, for example, provide support to parents with a learning disability. These services use the Parent Assessment Manual Software (PAMS) to assess the needs of parents with children pre-birth to 12 years old. The use of PAMS enables staff to assess the parents’ knowledge and practical ability in areas such as nutrition, shopping, feeding, cooking, and parenting skills and practice. The types of support put in place can include help with budgeting, cookery skills, health and hygiene. In addition, 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 who require support to identify and respond to physical illnesses such as asthma and general childhood illnesses. The programme provides individual and group support, and also offers the Bookbug and Mellow Futures programmes. Aberlour delivers a pilot programme of Mellow Futures, based on the Mellow Parenting principles and targeted towards parents with learning difficulties or disabilities. It aims to help reduce maternal stress during pregnancy, and helps mums learn how to communicate and relate to their baby both before and after birth.

CHILDREN 1st’s Supporting Families services across Scotland are providing a continuum of direct support to parents and carers in reducing health inequalities in the early years. Many parents and carers are disadvantaged for various reasons: poverty, their own poor experiences of being parented, substance misuse, mental health issues, all impact negatively on a parent or carer’s ability to not only be aware of health needs of a young child but to know how to respond appropriately and consistently. At the lower end of the continuum of support, CHILDREN 1st’s Supporting Families Services take an assertive approach in reaching families to provide information and skill building, coaching and mentoring to enable families to do more themselves to meet their own and their children’s health needs. CHILDREN 1st staff are often an acceptable face to struggling families and use of individual work and group
work with families ensures a bespoke package of support. While for some families information is sufficient, for many a consistent and trusting relationship with a Family Support Worker is needed to enable struggling and sometimes mistrustful parents to build up confidence to approach universal services to have their own and their children's health needs met consistently. There are often many barriers to this, chaotic lifestyles, mistrust in adults or authority figures and anxieties and fears about using formal services.

Strength based models such as Video Interactive Guidance and Family Group Conference models are employed to empower families and build confidence to help parents and carers to do more to meet the needs of their children. The CHILDREN1st Edinburgh Service works with vulnerable 2’s and runs Incredible Years Parenting groups working with parents to build knowledge and skills and confidence in meeting basic needs of young children. Early intervention services in East Lothian and Midlothian have been successful in working with young families and families struggling with alcohol and substance misuse issues to respond more consistently, to work with other agencies for the adult carers to address their own health needs to be able to support their children's health needs.

The Spark's Building Positive Community Relations Programmes provide support for parents who find services difficult to reach, many of whom have experienced impoverished parenting and, as a result, have lost contact with family and friends and lack support systems. These parents all have financial difficulties, and the most common issue raised is the lack of affordable childcare, which prevents them going to work or interacting with other adults. Working in a group setting helps the parents to address issues around relationships, communication, building support and understanding themselves and others. The programmes have enabled many parents to build new networks of support, improving their wellbeing individually, as well as that of their families. The Spark’s Relationship Helpline also provides support to groups of parents who often face difficulties in accessing services.

PAS also welcomes the priority which the Scottish Government has given to tackling health inequalities in the early years through the National Parenting Strategy, GIRFEC, the Early Years Framework and the Early Years Collaborative. We believe that progressing early years interventions through such frameworks can make a significant contribution to addressing health inequalities. While welcoming these initiatives, PAS believes, however, that tackling early years health inequalities cannot be achieved in isolation. Such action must also, if it is to be successful, be supported by significant interventions in other key policy and legislative areas impacting on children’s lives. These include policies and legislation designed to, for example, provide affordable housing, tackle poverty, narrow the educational attainment gap, and promote mental health and wellbeing.

The effectiveness of early years interventions in addressing health inequalities will also depend upon the extent to which the Scottish Government, health boards, local authorities, the voluntary sector and other key agencies adopt an integrated, multi-agency approach to tackle these issues. The Scottish
Government and the Scottish Parliament have recently taken welcome steps in this direction, with the passing of the Public Bodies (Joint Working) legislation. It remains to be seen, however, if the integrated partnership arrangements being introduced through this legislation will encourage an integrated, multi-agency approach which includes voluntary organisations as key partners. It remains unclear if the integrated partnership arrangements which will be established by the health boards and local authorities will include a strong focus on early years interventions, and on tackling health inequalities. PAS believes that including this emphasis could significantly increase the capacity of early years services to reduce such inequalities.

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

There is an increasing emphasis on the early years and its potential to change the life trajectory of disadvantaged children. However, it remains the case that much early years policy remains focussed on services for children and families and fails to address the systemic inequalities which underlie the surface symptoms. We believe that needs to be done to join up social policies across the policy landscape to affect real and sustained change for families.

We are supportive of a proportionate universalism approach as advocated by Marmot (Marmot Review) where there is an underlying blanket of support for all families which is able to identify those who require more targetted and intensive support. To this end, we welcome the re-introduction of the 27 - 30 month check which will measure the extent to which children are meeting their developmental milestones. This is consistent with the evidence that home visiting in the early years is effective, and in early identification of emergent issues. It will also help towards ensuring that children are ready to take up the childcare offer at three. In particular, a survey carried out by the Royal College of Speech and Language Therapists found that after the introduction of HALL4 referrals to speech therapy had fallen from an average age of 17 months to an age of 36 months, the age at which many children enter nursery. While we are highly supportive of the 27 - 36 month check and recognise its potential for early intervention, we remain concerned that health visitor resource is not sufficient to deliver this measure to its full potential and would ask the Committee to give this its full consideration.

It is also important to note that parenting programmes being rolled out throughout Scotland have different levels of evidence and effectiveness, that many are licensed, promoted and owned by commercial organisations, and that many of the evaluations of these programmes have not been conducted independently or in Scotland. There is a need for rigorous evaluation to ensure their effectiveness at a Scottish population level and to ensure value for money.

PAS and its partners support the Scottish Government’s introduction of early years policies which prioritise interventions to address health inequalities. We have, for example, contributed to the development of the current early years policy frameworks in Scotland, including the National Parenting Strategy and the Early Years Framework. PAS and its partners have also been active
participants in the Scottish Government’s Early Years Collaborative, and welcome the action being taken through the Collaborative to address early years health inequalities, including the attempts to promote stronger partnership working to address these inequalities. In addition, PAS and its partners welcome the aims of the Early Years Collaborative. PAS believes, however, that, in order to maximise the effectiveness of early years interventions in addressing health inequalities, consideration must be given to ensuring that the Early Years Collaborative includes within its remit, for example, action to tackle child poverty, reduce the number of children affected by parental alcohol and substance misuse and to improve outcomes for children experiencing the impact of poor, often abusive, parental relationships involving conflict and crises.

PAS also considers that newly passed legislation such as the Children and Young People (Scotland) Act and the Public Bodies (Joint Working) (Scotland) Act can play a major role in tackling health inequalities in the early years. We believe that strengthening the interface between this legislation and key policy frameworks such as the Early Years Collaborative through the development of the statutory guidance which will accompany this legislation can make an important contribution in these areas. In addition, PAS recommends that the statutory guidance being developed should include a strong focus on the need to promote early years interventions which reduce health inequalities.

PAS believes that action is required in other areas to enhance the effectiveness of current early years policy in Scotland to reduce health inequalities. Strengthening health visiting services could make a significant contribution to improving outcomes for children, and to reducing health inequalities. PAS believes that such action would be widely welcomed by parents, given the key findings of the 2008 What Scottish Parents Tell Us survey of parents, carried out by Ipsos MORI on behalf of PAS. This survey found that health visitors are well regarded by parents, and that parents view health visitors as an important part of their support networks. Other key findings of the survey confirmed that 9 out of 10 parents agreed they “found the health visitor’s advice reassuring”, and that 89% of parents supported the view that health visiting services should be available to all parents; PAS, What Scottish Parents Tell Us: Ipsos MORI Poll 2008. Against this background, we would urge the committee to consider the additional resource needed to strengthen the health visiting profession and allow it to deliver to its full potential.

PAS is aware that inequalities in addressing children’s speech, language and communication development needs can have significant, adverse effects on a child’s life. (To illustrate, a significant and disproportionate number of prisoners have been identified as having communication difficulties.) We, therefore, support the Royal College of Speech and Language Therapists’ (RCSLT) view that developing public policy to optimise children’s speech, language and communication development will help to improve outcomes for children, and reduce health inequalities. During the passage of the Children and Young People (Scotland) Act the Scottish Government gave a commitment to the RCSLT and its partners including PAS that these issues
would be addressed in the statutory guidance accompanying the legislation. PAS welcomes this commitment, and believes that ensuring this guidance contains a strong focus on addressing children’s speech, language and communication developmental needs, will contribute to tackling health inequalities.

Another area in which the effectiveness of early years interventions could be strengthened to significantly reduce health inequalities is childcare. In this context, PAS believes that further consideration should be given to ways in which opportunities presented by the Scottish Government’s decision to extend childcare could also help to improve support for parents on an early intervention basis where there are concerns around parenting skills and practice, and where such support would be beneficial. In particular, careful consideration needs to be given as to how to best achieve improved outcomes for vulnerable twos. While increased hours of quality childcare are welcome, this alone will not improve outcomes. The childcare offer for vulnerable twos needs to be tailored to meet the bespoke needs of families through such options as community child minding and other means to support parents. These issues must be addressed in the statutory guidance or the accompanying national guidance being developed to sit alongside the Children and Young People Act.

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

The health service has a major role to play in addressing health inequalities in the early years. In particular, Health Scotland, as the health board holding responsibility for addressing inequalities has a key role to play, and we welcome its move to combine its health promotion approach with a more prevention based model. We would once again draw attention to the mismatch between a (HEAT) target driven approach at health board level and an outcomes approach at central and local government level. Targets can often skew results and result in widening inequalities; for example, a move towards increasing breastfeeding to a target of 40% would be more easily achieved by focussing efforts on more affluent areas to the detriment of those in poorer areas thus widening existing inequalities. To increase the impact of joint working, health boards and local authorities need to share similar models for improving outcomes.

PAS believes that the health service can play an important role in tackling health inequalities through early years interventions. We also consider that, as a result of the closer integration of health and social care being introduced by the Public Bodies (Joint Working) legislation, local authorities and other agencies will also undertake major roles in this area. PAS believes that this legislation could potentially play an important part in implementing the more integrated approach, which will be necessary to ensure that early years interventions are successful in tackling health inequalities. We consider that such an approach, which is a central pillar of the Early Years Collaborative, could be achieved by ensuring that the national outcomes for health and wellbeing, which will be introduced under Section 5 of the Public Bodies (Joint Working) Act, include a strong emphasis on early years interventions to tackle
health inequalities. It is also PAS’s understanding that the Scottish Government’s policy intention is for these national outcomes “to be reflected in the Single Outcome Agreements, which the national outcomes expressed within the National Performance Framework”; Public Bodies (Joint Working) Bill, Explanatory Notes. We believe this would help to ensure that the legislation makes a major contribution to promoting early years interventions, which help to significantly reduce health inequalities across Scotland.

While the health service obviously has a major role to play in reducing health inequalities, given that health inequalities emanate from a complex interaction of social factors, interventions to tackle health inequalities should not be confined to interventions from health. Other public and private bodies need to recognise and take up their responsibilities in this area.

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

Early years services face a number of barriers and challenges when working to reduce health inequalities. In particular, as already indicated before interventions at individual or family level can be effective, families need to be in a situation to be able to take up the offer. Families who are forced to use food banks to survive and who face the daily stresses of poverty are not in a position to make other changes to their lives; underlying inequalities must be addressed first at a societal level.

Gender based violence remains a massive issue in both creating health inequalities and perpetuating existing inequalities. Lack of identification is a major issue; it is known that actual incidence is far higher than reported incidence; it is therefore crucial that routine enquiry becomes a part of early years work. It is well known that onset and frequency of violence is more prevalent during pregnancy and in the early years. Child development is adversely affected by both parental conflict and by impaired maternal health. Action to tackle gender based violence and the attitudes which cause it must become an integral part of early years work.

The important role that the voluntary sector often plays in providing services, including early years services, which help to reduce health inequalities, especially with regard to vulnerable and disadvantaged families, was recognised by the Scottish Government in its Equally Well report (2008). Other key services provided by the voluntary sector in this area include services focusing on parenting support, and relationship support. A major barrier for these services, however, is often the pressure placed on the voluntary sector by insecure and/or short-term funding streams and sources, and by other financial constraints. The termination, or reduction, of funding can threaten the sustainability of services run by voluntary organisations, and can have an adverse impact on the planning, design and delivery of the vital services they provide within many local communities. This, in turn, can make it more difficult for voluntary sector run early years services to maximise the impact of their contribution to reducing health inequalities.

Furthermore, voluntary organisations delivering early years services often find
it difficult to secure representation in Community Planning Partnerships. These partnerships have a key role to play in the delivery of Single Outcome Agreements, and in decision making around the design and delivery of local services. PAS believes that the Scottish Government and the Community Planning Partnerships should redress this imbalance by taking action to ensure that the voluntary sector are strongly represented within these partnerships. We also take the view that the Scottish Government should ensure that its forthcoming Community Empowerment Bill strengthens the role of voluntary organisations within the Community Planning processes and structures, and includes provisions to promote early years interventions which tackle health inequalities.

Another significant barrier is the ability of families to access early years services in rural and remote areas. The lack of services in these areas, exacerbated by the reduced availability of public transport, often increases the risks of health inequalities. The challenge for local authorities, health boards, the voluntary sector and other key agencies is how to maximise access to, and the availability of, services in these areas. One option would be to consider how technology could best be used to increase and improve access to and the availability of services, as it currently does through models such as telehealth and telecare. The significance of this challenge, however, is highlighted by the fact that there is still a significant digital divide.

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?

PAS welcomes the Scottish Government’s support for the Family Nurse Partnership Programme (FNP), which “is a preventive programme for vulnerable young first time mothers”; Scottish Government website. PAS believes that the FNP can make an important contribution to tackling health inequalities in the early years. We are aware, however, that restricting the criteria of parents’ eligibility for accessing FNP to first time parents, limits access to this well evidenced programme. It has also been suggested that there is a need to strengthen the assessment process to ensure that those families most in need receive support through the FNP; P. Wilson, Why invest in the pre-school years?, PAS website. In view of these factors PAS believes that the Scottish Government should give further consideration to the gaps in service provision around the FNP. We believe this will help to complement the FNP, and to maximise the effectiveness of the Scottish Government’s efforts to tackle early years health inequalities.

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Research evidence
1. About Families, Together and Apart
http://aboutfamilies.org.uk/topics/topic-2-together-and-apart/
2. About Families, Parenting on a Low Income,
http://aboutfamilies.org.uk/topics/topic-3-parenting-on-a-low-income/
12. MacIntyre,S, Inequalities in Health and What We Can Do About Them? Glasgow: MRC Social and Public Health Sciences Unit
15. ‘Growing Up in Scotland: Parenting and children's health' by Alison Parkes and Daniel Wight, MRC Social and Public Health Sciences Unit: www.scotland.gov.uk/Publications/2011/05/25092122/0