Health Inequalities – Early Years

Aberdeenshire Council

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


Scotland’s Chief Medical Officer Sir Harry Burns set out the evidence of the connection between early years and a range of physical and mental health outcomes in his 2006 Annual Report. He highlights the causal linkage between attachment and a child’s ability to flourish, and a physiological link with illness and disease in later life.

Whether or not we are effectively delivering on reducing health inequalities in early years is not so clear – there is no single programme that will make an impact, it requires a concerted effort from a range of partners and polices to have maximum impact and achieve the outcomes to improve health inequality in early years. The availability of the tools, evidence base could be improved. Is there a need for Community Planning Partners (CPPs) to really focus to ensure impact is made?

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

Good – there is a strong focus with the Early Years Collaborative, Children and Young Peoples Bill - e.g. increase of nursery provision, also the Parenting Strategy and wide range of national programmes e.g. Family Nurse Partnership, PoPP etc.

Is there a need to re-emphasis Equally Well outcomes? it would be helpful to be given clear direction for local policy that can make a difference - to inform elected members and influence CPPs

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

Health services can play a significant part as it is a key public sector organisation that engages with families’ pre birth to school age - ensuring that our midwifery and public health nursing teams understand health inequalities and how mitigate the effects.

Early intervention through adoption of the vulnerable families’ pathway, GIRFEC etc has the potential to identify children whose wellbeing is being affected and take early action with partners to support families. But critical is the need to ensure staff have the time to support families effectively - case ratios etc - this is being looked at in the current national review. Family Nurse Partnership is coming to Grampian in 2014 and is welcomed as the evidence
demonstrates significant improved outcomes, but with a very narrow focus. There is a need to enable health visitors to support families with equal vulnerabilities to similar levels.

There are a wide range of health service interventions that can address health inequalities. Examples include: Universal reviews (27 -30 month review) that identify children / families requiring additional support and provision e.g. early communication, attachment and play etc. UNICEF Baby Friendly Initiative, and wider support for breastfeeding in communities with low rates, play@home, evidence based parenting support programmes, maternal and infant nutrition support - basic cooking / weaning food preparation to support targeted families with greatest needs’. HMP in Peterhead has built in facility for families to improve reintegration of prisoners back with families, and into community.

4. What barriers and challenges do early year’s services face when working to reduce health inequalities?
From a health perspective, staff particularly public health nurses and midwives, need to have the capacity to support families to address their wider needs. ‘Maslow’s hierarchy of needs’ suggests that people are motivated to fulfill basic needs before moving on to other, more advanced needs, therefore families can’t change lifestyle if they haven’t got a decent house to live in etc. There is a lot of support available within the community with multi-agencies services, but its how health staff can link their families to those support services eg. Support on how to maximise income etc

Capacity is key - often only time to focus on ‘must dos’

A child’s transition period is important - needs to ensure smooth transitions - this requires services to be clear of what and how families can access other services e.g. access to nursery school

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?

- Greater Glasgow - Healthier Wealthier Children
http://www.nhsggc.org.uk/content/default.asp?page=home_hwc

- Chief Medical Officer Sir Harry Burns - wealth of evidence on the importance of early years

- Health Scotland report ‘Evidence Summary: Interventions to Support Parents, their Infants and Children in the Early Years (pregnancy to 5 years)’ (2012)

- Graham Allan - Early Intervention: the Next steps
http://grahamallenmp.co.uk/early_intervention
Asmussen & Weizel - Evaluating the evidence, what all practitioners need to know to deliver evidence based parenting support, Kings College
http://www.iop.kcl.ac.uk/iopweb/blob/downloads/locator/l_1119_What_all_practitioners_need_to_know_to_deliver_evidence_based_parenting_support.pdf

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