Health Inequalities - Early Years

West Lothian Council

Character of health inequalities in the early years

As for other populations, babies and very young children are affected by structural and societal issues of inequality which impact on health. These are well documented by Marmot, (2010)i; the World Health Organisation (Wilkinson & Marmot 2003)ii; UK (Wanless 2004)iii.

People with higher socioeconomic position in society have a greater array of life chances and more opportunities to lead a flourishing life. They also have better health. The two are linked: the more favoured people are, socially and economically, the better their health. This link between social conditions and health is not a footnote to the ‘real’ concerns with health – health care and unhealthy behaviours – it should become the main focus. (Geddes et al,2011)iv

The social determinants of health include socio-economic, environmental and cultural conditions; living and working conditions, including access to education; social and community networks including family supports; individual lifestyle factors; as well as age, sex and constitutional factors (Dahlgren & Whitehead 1991 in Wanless 2004). The UK is increasingly unequal in income and opportunity, and this impacts on health - 'more egalitarian societies have better health' – i.e. it is not affluence or poverty per se but inequality which impacts most on health (Wilkinson 2003)iv. Initiatives to reduce child poverty by the previous UK government were stopped and child poverty is again increasing.

Babies are most affected pre-birth by the circumstances, health and wellbeing of the mother, including her pre-conception health. Poverty; mental wellbeing in particular stress/ anxiety/depression; homelessness; inactivity; weight (under/over); abuse; nutrition; fresh air/smoking; community and family support; access to services etc all impact on the growing baby and continue to impact on health and wellbeing of family and child.

How effective are early years interventions?

Evidence overwhelmingly supports the effectiveness and cost-effectiveness of addressing health inequalities in families with very young children reducing later violence and crime, and contributing to the economy (Heckman, 2004)v. Incredible Years parenting programme reduces later conduct disorder (Webster-Stratton, 2005)vi; supportive home visiting increases positive outcomes for children (David et al, 2003)vii. There is good research evidence that early intensive targeting will miss families whose coping skills deteriorate due to adverse events (Taylor, Spencer & Baldwin, 2000)viii: services organised as universal, ‘progressive universalism’ (Hertzman, 2010)ix or ‘proportionate universalism’ (Geddes et al, 2011)xi work best. Each model assumes non-stigmatising access via universal services, with targeting of vulnerable populations and those identified as in need of additional support.
What role can health play?

Health provide the universal services: when the Children & Young People (Scotland) Bill is enacted, the ‘Named Persons’ for all Scottish children pre-birth will be midwifery, then transferring to health visitors at 10 days. Health Visiting is well-evidenced as an excellent model of early years support, home visiting based on building a trusting relationship (David et al, 2003). They have a key role in supporting families, intervening and identifying needs early (see below).

Work being done

In West Lothian there are several strands of work tackling community and individual factors, attempting to mitigate the severity of social inequality, e.g. providing local services, outreach and transport to services; prevent or resist the effects of inequality on health and wellbeing by targeting those most in need; and undo inequalities in power and resources of some UK structural policies such as welfare reform, poverty.

1. Education services are increasingly the first point of contact from the 3rd birthday with the high uptake of local authority nursery placements. Nurseries are partners in referring to targeted parenting courses for children showing challenging behaviours (Psychology of Parenting Project (PoPP) NHS Education Scotland).

2. Health Improvement Team support and provide information, courses and activities to reduce health inequalities e.g. promoting good maternal and infant nutrition including Healthy Start voucher /free vitamins uptake; breastfeeding; weaning; healthy eating (Get Cooking); literacy and numeracy (Counterweight; Cooking by Numbers); physical activity (walking, early years swimming, ‘tummy time’, Play@Home, West Lothian on the Move); Community Development and Health courses (see p4). Health literacy and community empowerment are promoted through ‘Health Issues in the Community’ course (see p4).

3. Specialist services for vulnerable families in West Lothian include
   - Early Years Centres (joint social work and education) in areas of deprivation, including nursery wraparound care: partners are working collaboratively on transitions and introduction to nursery.
   - Family Centres offering focussed social work support to parents and children including care, parent support, groupwork on wellbeing (Wellness Recovery Action Planning (WRAP)); play sessions; work with fathers; ‘Walk & Discover’ (see p4).
   - Sure Start universal/ targeted community groupwork including Young Mums2b, Baby Massage; outreach home visits to referred families including young parents; universal antenatal fathers group; parenting groups e.g. Positive Steps (see p4).
   - Parenting programmes (jointly across health, early years, education, Community Learning and Development, Children and Young People Team (social work in schools)): evidence based
parenting courses including PoPP Triple P and Incredible Years (see p4). Transport, creche and snack provided.

- Families Included intensive intervention; social work practice teams; fostering and adoption services all offer intensive child-focused interventions.
- Social Work Addictions Team aims to support people, including parents of very young children, to reduce chaotic and risky substance misuse; identify risks to children and contribute to assessments and care planning.
- Childminding to support return to education for young mothers

4. West Lothian’s Advice Shop maximise benefits, assist with appeals and specific enquiries. Benefit checks are offered to pregnant young women most at risk of poverty.

5. Community Learning and Development support mobile crèches which enable access to Adult Basic Education, including English as a Second Language, and early years group work.

**Views on current early years policy**

West Lothian welcomes the recognition of the importance of the early years and the continuing investment in services. The opportunity to make a difference to succeeding generations is long overdue and crucial for the wellbeing of Scotland. Getting it Right for Every Child, the new Bill and the Early Years Collaborative improvement model also support this agenda. Bookbugs, PlayTalkRead, Play@Home are excellent models for community work.

There is a disconnection, however, between some policies – e.g.

1. The introduction of Family Nurse Partnership (support for teen mothers, child aged 0-2) while, in West Lothian and other parts of Scotland, health visitors are overstretched.

2. The short-notice introduction of free childcare for vulnerable 2 year olds: evidence stresses that only high quality of care and well-planned quantity of hours (over a longer period of weeks) is beneficial to this age group (BBC 2014). There are assumptions being made about families on benefits; impact of childcare; provision of quality, which may not be borne out. More tailored response to need would be more effective.

3. The plans for 1 and 2 year olds, ultimately 1,140 hours per year, would require significant investment if we are to meet the emotional needs of infants and toddlers to attach to secure, warm and loving caretakers, without adding to the number of women in low-paid part-time employment.
What role can health service play?
Health services are unique in their universal, with non-stigmatising community access to support. Health visitors offer involvement from antenatal stages to age 5, the opportunity to support promotion of health and wellbeing, prevention of later problems with early intervention and early identification of families in particular need, and early support for difficulties when they are more amenable to change.

Moves towards consistent holistic midwifery care of mother and baby are welcomed.

GPs are well placed to offer promotion, prevention, early intervention, and signposting to support services: e.g. locally they refer to Positive Steps programme.

Specialist services working in partnership such as Speech and Language Therapists can make a bigger difference in the early years with early identification, intervention and promotion of good habits, e.g. restriction of use of soothers, appointments in local venues. Mental Health Link Workers offer local community links.

Potential areas for improvement include:
- Hospital maternity services could improve ward support for breastfeeding.
- The reintroduction of the 27-30 month developmental check is very welcome in identifying need at an early stage. Uptake is optional, and up to 30% may miss it, which is concerning.
- Local health visitor staffing levels, resulting in high caseloads, are stressful for staff. The introduction of the Named Person role will crystallise the need for sufficient staff to monitor the welfare of the under-5 population.

Barriers and challenges
As identified above, the barriers to health equality are wide-ranging and complex: from structural barriers to participation in society (e.g. poverty) to community myths and traditions which restrict individual choices (e.g. lack of breastfeeding support). Literacy, positive expectations, confidence, resilience, hope, transport, sufficient money are factors which can elude sections of the population, excluding them from health and wellbeing opportunities, and which services must take into account when planning and working in early years. The need to improve whole society and communities is key to improving life-chances of individuals.

Specific Initiatives
Positive Steps is a group intervention, once weekly for 12 weeks, to help women diagnosed with post-natal mental illness with a child under the age of 1 year. It offers strategies to improve low mood and/or reduce high levels of anxiety, based on Cognitive Behavioural Therapy (as recommended in NICE Guidelines as effective). The course has 4 sessions for women and babies together, to promote positive attachment behaviours e.g. baby massage;
messy play; heuristic play (treasure baskets); singing and rhyme. Results show improvements for around 70% of attenders.

Health Issues in the Community course aim is to help reduce inequalities by building people’s capacity for community involvement. The HIIC course addresses such issues as how housing, employment, poverty, barriers to services, income and stress affect people’s health and teaches the participants the skills to tackle these issues through community action. The course is ideal for people from deprived, isolated, or underrepresented communities.

Community Development and Health Course supports staff to use a community development approach to enable their clients/ service users/patients to take more control over their health issues. The course introduces theoretical knowledge and practical skills to allow workers to use this approach in their own job role. The course is accredited by Queen Margaret University.

Walk and Discover, run in Whitdale Early Years Centre, arose from a referred child who was constipated and obese: in collaboration with the Health Improvement Team a programme of local walks was set up and has been so successful in improving the health of several children and engaging their families with local green spaces, that it is being rolled out to the other Family Centre.

Incredible Years has been delivered by Sure Start for 4.5 years, as an evidence-based programme to promote positive, assertive parenting; improve parenting confidence and mood; reduce conduct disorder and improve attachment. Delivery is now multi-agency, increased and focussed on challenging 3 and 4 year olds under the Psychology of Parenting Project (PoPP). Local results are consistent with international research findings, making real improvements in parent-child relationships, attachment, parent confidence and child behaviours.

West Lothian Council
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1 Marmot, M.G. (2010)‘Fairer Society Healthy Lives’ (the Marmot Review) Institute of Health Equity
http://www.childrenofthecode.org/interviews/heckman.htm


Geddes et al (ibid)

BBC news (23-1-2014) Hanna Richardson quoting the Sutton Trust
http://www.bbc.co.uk/news/education-25813359