

Health Inequalities - Early Years

North Ayrshire Community Planning Partnership

1. Introduction

1.1 On 6 March 2014 the North Ayrshire Community Planning Partnership Board considered its response into the Health and Sport Committee's investigation into health inequalities in the early years in Scotland on :

- What is the character of health inequalities in the early years?
- What work is being done in Scotland to address health inequalities in early years?
- What role can the health service play in addressing health inequalities through interventions in the early years?

1.2 Its comments on the specific questions raised by the Committee are detailed below.

Specific questions

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

Life Expectancy

1.1 Health inequalities in North Ayrshire are clearly demonstrated by the difference in life expectancy of 24.7 years between men living in the most affluent area of Kilwinning (Whitehurst Park) and men living in the most deprived area of Irvine (Fullarton).

1.2 This difference in life expectancy can be attributed to a range of factors, primarily associated with levels of poverty and unemployment and with socio-economic status, as set out in the Government's "Equally Well" report. It highlights the stark differences in health outcomes between the richest and poorest members of our society. Health outcomes can also vary with people's age, disability, gender, religion or belief, sexual orientation and other individual factors.

1.3 These causes of health inequalities require an integrated joined up approach of which early years interventions play a vital part. Early years intervention, however, is only one of a range of measures which can assist in tackling this issue across Scotland.

- 1.4 North Ayrshire CPP has recognised this in its vision “A Better Life” which is about developing the positive aspects of life in North Ayrshire, whilst also working hard to remove poverty and disadvantage in all its forms. Its key priority is to tackle the challenge of high unemployment levels.

Employment

- 1.5 The importance of employment in providing a sense of purpose for individuals has been widely recognised and high unemployment is a central theme in the Chief Medical Officer, Sir Harry Burns’ analysis of the causes of the health inequalities being experienced in the west of Scotland as a result of de-industrialisation.
- 1.6 Increasing employment in good quality, rewarding jobs and increasing opportunities for voluntary work with a similar sense of purpose will be critical in reducing health inequalities. The importance of implementing a “living wage” policy has been highlighted by author Kate Pickett as having a direct impact on income inequality, which is a root cause of health inequalities.¹
- 1.7 Early years interventions on their own will not reduce health inequalities but they are an essential part of the CPP’s approach to tackling these inequalities, linked closely to its priority to increase employment.

Asset Based Approach

- 1.8 There is a need to improve underlying social, economic and environmental conditions and address the wider inequalities in society in order to reduce health inequalities. More work in developing an asset based approach will assist, developing the skills and capabilities of those most at risk. This could include fostering relationships and collective action at a community level and promoting greater access to resources and services by communities.
- 1.9 North Ayrshire is taking this forward through a Neighbourhood Approach and through increasing community capacity building and community engagement activity.
- 1.10 The Asset Based Community Development (ABCD) project, working with families in the Irvine and Ardrossan areas, is a good example of the positive benefits that this can bring.

¹ British Academy for the humanities and social sciences: “If you could do one thing..Nine local actions to reduce health inequalities” : 2014

North Ayrshire Single Outcome Agreement

- 1.11 The North Ayrshire Single Outcome Agreement contains an overarching theme of prevention and early intervention. In developing this theme the CPP has agreed an Early Intervention and Prevention Strategy for the early years (pre-birth to 8 years). This sets out its determination to improve the life chances of our children and young people and to shift resources into early intervention and prevention.

North Ayrshire Early Intervention and Prevention Strategy

- 1.12 The strategy describes the programme of new early years interventions being implemented in North Ayrshire since 2013 on:
- Parenting Programmes
 - Integrated support in Early Years Centres
 - Family Support Service
 - Multi Agency Domestic Abuse Response Team
 - Permanent Care for Children
 - Family Nurse Partnership
 - Asset Based Community Development (ABCD)
 - Vulnerable Children Support (0-5 years)
 - Capacity Building with Parents
 - Stop Now and Plan (SNAP) approach
- 1.13 There are also new early intervention and prevention initiatives which link closely to the programme and which have developed recently. The CPP had been successful in its bid for £250,000 for a family support public social partnership to complement this work over the next two years, in conjunction with voluntary sector partners.
- 1.14 The developments in early identification being piloted through the AYRshare information sharing system for children and the improvement work underway through the Early Years Collaborative all support the CPP's commitment in the SOA 2013/17 to early intervention and prevention
- 1.15 In 2013/14 £2,506,874 was allocated by North Ayrshire Council and NHS Ayrshire and Arran towards early intervention activity. There is evidence to demonstrate the cost-effectiveness of interventions in the early years as opposed to crisis intervention in later life, but early years interventions are only one of a range of interventions required.

Inequalities Strategy

1.16 North Ayrshire CPP is developing an Inequalities Strategy. A Programme Board has been formed and has identified the following areas of focus:

- The six most deprived neighbourhood areas of North Ayrshire
- Key vulnerable groups with a key focus on children and early years. In particular, children who are looked after, unemployed young people and those furthest away from the job market due to mental health or other issues.

1.17 The key priorities to reduce inequalities have been identified as:

- Employability options - for those furthest from the labour market
- Educational achievement
- Early intervention and prevention
- Tackling poverty
- Improving mainstream health services through extending wellbeing approaches
- Community empowerment and asset based approaches working within key neighbourhoods

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

Greater Cohesion

2.1 There is a concern that early years policy in Scotland remains fragmented. It could be more cohesive and joined up to avoid some of the silos which persist. This is evident in the requirement on public bodies to use different planning and budgeting cycles and different accountability arrangements.

2.2 There could be benefits in considering further the approaches adopted in other countries, such as Finland, which has been effective in addressing its health inequalities through the provision of robust and more inclusive universal services.

Impact of Poverty on Health

2.3 There needs to be a stronger focus on addressing the intertwined connection between poverty and ill health. For example, greater efforts

could be made in developing the links between the early years and employability initiatives to support young mothers into employment.

Acute and Community Services

- 2.4 There can also be a disconnection between acute services and community services in tackling health inequalities. There continues to be investment in the hospital services which provide the crisis intervention resulting from health inequalities. There needs to be more of a focus on shifting resources into the community to support preventative work and to address the root causes of these inequalities.
- 2.5 The recent Audit Scotland report into Health Inequalities in Scotland (2012) describes the lack of evidence available to demonstrate effective use of resources targeted at health inequalities and the unequal distribution of some health care resources.

Early Years Taskforce

- 2.6 At a strategic level, the Early Years Framework (2008) sets out clearly the case for transformational change to give all children the best start in life. The Early Years Taskforce's Shared Vision and Priorities (2012) seeks to accelerate this change and acknowledges that multi-agency working and information sharing can be improved. It recognises that this is crucial to good service delivery but that there can be "excessive bureaucracy and duplication in the system".

Early Years Collaborative

- 2.7 The Early Years Taskforce has established the Early Years Collaborative, a national improvement programme for CPPs, with the ambition of making Scotland the best place for children to grow up in. This initiative is bringing benefits for multi-agency working and a focus on using evidence from small tests of change to drive improvement across the early years.
- 2.8 During 2013 the Collaborative has provided a major opportunity for the CPP to focus on what it can do to improve outcomes for children in North Ayrshire. It has generated considerable activity and has brought about significant improvements in partnership working between services locally.

Joining the Dots

- 2.9 Professor Susan Deacon's report "Joining the Dots: A Better Start for Scotland's Children" recommended a renewed focus on improving children's early years. She also recognised the importance of intervening more quickly when a child is at severe risk of abuse and neglect during the early years of life.
- 2.10 North Ayrshire CPP's discussions on inequalities support Professor Deacon's views and have resulted in the establishment of the Inequalities Strategy Programme Board

Scottish Government Strategy

- 2.11 There are explicit commitments to early intervention and prevention in several Scottish Government strategies including:
- Child Poverty Strategy for Scotland
 - The Early Years Framework
 - Achieving Our Potential
 - Equally Well
 - National Parenting Strategy

Achieving the shift

- 2.12 The challenge is in translating these positive policy commitments into action that has a long lasting and sustained impact on our communities. Achieving the shift towards early intervention and prevention will be critical in meeting these challenges.

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

Working Together

- 3.1 While the health service has the lead role in addressing health inequalities, other CPP partners also play a significant part, in particular Council services. Improved partnership working and more integrated services all play a vital role.
- 3.2 Health inequalities are the outcome of wider inequalities. For this reason, there are clear links between our work on health inequalities and employability.

Target on reducing Health Inequalities Gap

- 3.3 The current focus within the NHS on achieving targets and waiting times can shift attention within the service to other priorities. This can limit the action being taken on tackling health inequalities. It may be appropriate to consider introducing a reduction in health inequalities gap as a new target.

The Role of Midwives and Health Visitors

- 3.4 The expansion and resourcing of universal services, particularly in maternity and health visiting services, are essential in improving how we identify and respond to concerns over a child's well-being at the earliest possible stage. Colleagues across services, particularly within the Police service, have recognised the necessity of investing more in these services in order to make a difference e.g. in reducing levels of criminal behaviour.
- 3.5 Increasing resources to these universal services could help to "raise the bar" so that services are more inclusive and every child receives the support and nurturing they should receive.
- 3.6 There is extensive evidence on the effectiveness of home visiting programmes which indicates that such effectiveness depends on aspects of delivery, including the intensity and duration of the service and skills of the provider.
- 3.7 Research has shown that the beneficial effects of home visiting programmes were greater for those that lasted more than six months and involved more than 12 visits. Those beginning before or at birth were more effective than those that started later on. Programmes delivered by professionals were more effective than those delivered by paraprofessionals and programmes were more effective when they focused on a broad range of outcomes for both the mother and child.
- 3.8 Additional posts of Assistant Nurse Practitioners have been established recently by NHS Ayrshire and Arran to focus on early intervention with 0-3 year olds in disadvantaged areas.

Family Nurse Partnership

- 3.9 The health service could increase the use of evidence based programmes such as the Family Nurse Partnership.

- 3.10 Teenage pregnancy has been associated with prenatal depression and anxiety, and teenage mothers are more likely to have experienced parental divorce and to have had step-parents. The early transition to motherhood can cause stress on adolescent relationships, compromise antenatal health and further affect educational attainment and longer-term opportunities, often resulting in long-term benefit dependency and poverty.
- 3.11 The Family Nurse Partnership is a preventative programme for vulnerable first time mothers. It involves a family nurse visiting mothers who are 19 and under every one or two weeks during pregnancy and throughout the first two years of their baby's life. The nurses work intensively with families to offer guidance on child development, parenting skills, eating and living healthily and support mothers choosing to take up education or employment opportunities.
- 3.12 The programme has an estimated cost of £3,000 per client per year. Cost savings estimated in the longer term are high and the programme is consistently rated as one of the most effective for vulnerable young families.
- 3.13 Scottish Government funding has been provided to NHS Ayrshire and Arran to deliver the programme in Ayrshire. There are currently 60 young women from North Ayrshire participating in the programme.

The Role of the General Practitioner

- 3.14 GPs provide a key role within NHS services in early intervention. Improving awareness of the range of services could be referred to within communities and the welfare rights and other support available may assist in this early intervention role.
- 3.15 Through the North Ayrshire Health and Social Care Partnership we are working with partners to redefine the way in which services work together, developing in-reach approaches to general practice and aligning services and care pathways. We intend to extend this approach to working around the early years and schools.
- 3.16 GPs also perform a vital role in early identification, particularly where they may have concerns about child neglect, for example. Unless this early concern is highlighted and addressed quickly it can lead to more intensive and expensive crisis intervention by Social and other services being required at a later stage. We would also want to recognise the resource pressure within general practice. A failure to intervene

effectively in early childhood can result in a nine-fold increase in direct public costs².

Attachment

- 3.17 There is strong evidence that skilled breastfeeding support, offered by trained peers or professionals to women who want to breastfeed can promote breastfeeding. When provided by mothers to healthy, full-term infants it is associated with improved outcomes, including mother–infant interaction, attachment, and infant behaviours.
- 3.18 The Brazelton Neonatal Behavioural Scale (NBAS) is associated with a small-to-moderate positive impact on parent behaviour, knowledge, parental representations and increases in mother–infant and father–infant interaction. The wider use of this scale as a tool could assist in improving early attachment. Baby massage sessions and pre and ante natal classes emphasise the significance of attachment in brain development and the vital importance of the parent – child relationship.

Nutrition

- 3.19 The benefits of breastfeeding on the nutrition of young children is well established. Regular advice and assistance is provided on weaning, portion size and early nutrition. There are Community Food Worker projects to encourage healthy eating and a range of services promoting a healthy diet. Fit Ayrshire Babies encourages play at a young age and emphasises the benefits of play and physical exercise for young children.

Healthy Start

- 3.20 Research shows that people who eat breakfast tend to perform better mentally and physically than those who don't, thereby enabling them to reach their full potential. The Healthy Start Clubs run in North Ayrshire's schools support a healthy start to the day with a nutritious breakfast in a nurturing and supportive environment. The benefits of this can be seen in improvements in attendance, attainment, behaviour and relationships.

Domestic Abuse: Routine Enquiry

- 3.21 The routine enquiry of gender based violence has been introduced in the last two years in midwifery and other health settings including

² Scottish Parliament Finance Committee Report on Preventative Spending (2011)

community nursing, sexual health services, addictions services, mental health services and A&E.

- 3.22 From the data collected, it is apparent that there are a considerable number of clients affected by abuse throughout Ayrshire. This underlines the importance of NHS staff routinely carrying out enquiry about abuse and links with the CPP for onward referral and support within communities.
- 3.23 Evidence also suggests that many people do not disclose abuse at the first time of asking, which supports the need for all services to ask at every contact. Evidence suggests that a person may be asked seven times before abuse is disclosed. The more often the process is “normalised” the more likely that people who are suffering will have the confidence to speak up.

Multi Agency Domestic Abuse Response Team

- 3.24 In North Ayrshire the Multi Agency Domestic Abuse Response Team (MADART) screens and initially assesses all domestic abuse incidents in the first instance. By having access to a variety of information systems under the one roof (Police, Housing, and Social Services), MADART is able to effectively assess, quickly, what follow-up action, if any, is required.
- 3.25 The Multi Agency Domestic Abuse Response Team includes Police personnel, Social Workers, a Housing Officer and an administrator. In addition, a named health professional is attached to the Team on a part-time basis.
- 3.26 The benefits are:
- Quicker response – The ability to share information at source as referrals are received, and calling on the expertise of staff in a multi-disciplinary environment, leads to a quicker evidence-based response.
 - Proportionate response – Only children assessed as most at risk are referred to SCRA. This addresses the previous practice of ‘blanket’ referral and avoids unnecessarily challenging victims about how they will protect their children.
 - Effective response – The suite of responses available to the team ensures that the right response can be made at the right time and that victims can be assisted to be safe.

- 3.27 Since its introduction in August 2012, the Multi Agency Domestic Abuse Response Team has reduced the time taken for a first visit to a victim from 10.7 to 3 days. The number of referrals to the Scottish Children's Reporters Authority fell by 31% in 2012/13 and the number of formal report requests relating to domestic violence also fell by 20%. Significantly, there was also an overall reduction in the number of domestic incidents in North Ayrshire in 2012/13, falling 5% after five years of a rising trend in domestic abuse incident reporting.

Addictions

- 3.28 The NHS and Council Addictions Services working with pregnant women with addictions play a significant role in light of the impact of the mother's substance misuse on the baby and her parenting capacity. A pregnancy pathway is being developed for vulnerable, pregnant women to improve their access to and use of services
- 3.29 There are also significant implications for Maternity Services in providing support to babies with Neo Natal Abstinence and Foetal Alcohol Spectrum Disorder. This is extremely resource intensive and so early intervention and prevention can play a critical role in this area in reducing costs, as well as reducing the longer term negative impacts on the child.
- 3.30 The introduction on minimum alcohol pricing and promotion of a recovery ethos throughout the Alcohol and Drugs Partnership will also assist.

Employer Role

- 3.31 The NHS has a significant role to play as an employer to lead by example, particularly as it is the largest employer in some areas. This applies to its employment practices, including pay, and terms and conditions of work. It can also use its communication systems to promote breastfeeding, smoking cessation and other healthy behaviours in its employees. The Council and other CPP partners also play a similar role.

Public Health

- 3.32 Health information and health intelligence is provided by Public Health to inform better decision-making. Evidence-based policy development supports departments with their strategies and plans.
- 3.33 Capacity-building to train and upskill health staff and members of the public can also be effective. In North Ayrshire Speech and Language Therapists, for example, have been using “Ican” speech and language packs with early years staff. They are providing training to build capacity in early years staff to use the packs to work with parents and young children.
- 3.34 The promotion of sexual health information and support with contraception for vulnerable young women can also have important benefits in terms of prevention. When considering the lifecourse approach, special attention should be given to those periods of life when public health action might have lasting effects such as the gestational period.
- 4. ***What barriers and challenges do early years services face when working to reduce health inequalities?***

Service Provision

- 4.1 There can be a challenge through early years services and adult services not always connecting as effectively as possible. The links between these services could be improved. The development of Health and Social Care Partnerships will assist.
- 4.2 There could be better joining up between services through the child’s journey through life, particularly in improving links into employment.
- 4.3 The protection of children’s rights should be improved through the recently approved Children and Young People’s Bill. A greater focus should be placed on ensuring that children’s views are listened and responded to.
- 4.4 There can be a professional de-sensitivity which occurs when staff working with vulnerable families have lower expectations than those working in more affluent areas. This can affect what they regard as being “good enough” for the child. This can be a challenge for services when considering the appropriate point for early intervention.

- 4.5 It is recognised that many families are “just coping” and identifying them can be a challenge so that support can be provided before they become more chaotic and vulnerable.

Welfare Reform

- 4.6 Welfare reform and the anticipated increase in child poverty is a challenge which is likely to shift families who were “just coping” into decline. Child poverty is biggest indicator of poor outcomes in health, education & employment.
- 4.7 There is a challenge with services providing early intervention when a child remains in a chaotic home. There can be a very nurturing, positive environment provided for a child within an early years centre, for example, but this can only mitigate to a degree against the negative impact of a chaotic family life when the child returns home.

Resources

- 4.8 Additional funding to resource early intervention and prevention in universal services remains an issue. The recent evaluation of the Early Years Change Fund shows that it has acted as a catalyst for change but more funding is required to support the kind of radical change achieved in Scandinavian countries.

Building Capacity

- 4.9 Building community capacity working with parents to support each other can be more challenging in some areas. Services need to get more involved in developing assets in communities and engaging with them to meet their needs instead of services trying to fix gaps. More Community Connectors, staff who improve more isolated families connections into their communities, would be useful to develop this work.
- 4.10 There can be challenges in involving people involved with Social Services in capacity building initiatives as they can often already be stigmatised and isolated within their communities.
- 4.11 There can be cultural issues within communities which affect behaviour, for example, in relation to breastfeeding. There are clearly socio-economic differences which affect rates of breastfeeding between the most affluent and poorest areas of North Ayrshire.

- 4.12 There can be particular issues for families with a parent in prison. There is a challenge in providing support so that contact is retained with their children, as well as in reducing the high proportion of these children from going on to be imprisoned themselves in later life.

Information Sharing

- 4.13 Information sharing between services and organisations about vulnerable children families remains a continuing challenge. AYRshare has been developed with partners as an IT system which seeks to overcome this and which has been rolled out across North Ayrshire over the last year.

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?*

- 5.1 The **Early Years Collaborative** is a successful national initiative being supported by North Ayrshire CPP. The CPP has recently submitted pioneer sites to lead on some of the key change areas now being taken forward through the Collaborative.
- 5.2 The **Family Nurse Partnership** is a well-evidenced programme being implemented in Ayrshire which will make a considerable difference to early years
- 5.3 In North Ayrshire there has been work in developing reports on its six Neighbourhood Areas. These “**Areas of Family Resilience**” reports provide useful key statistics on North Ayrshire’s communities.
- 5.4 Research evidence in the Department of Education and Wave Trust’s report on “**Conception to age 2 - the age of opportunity**” (2013) emphasises the vital importance of the early years.
- 5.5 The **Growing Up in Scotland** (GUS) study provides useful findings on the impact of health inequalities in the early years. Its report entitled ‘health inequalities in the early years’ (2010) concludes that whilst Scottish Government policy focuses on early years tackling health inequalities in children also requires action to address the health inequalities experienced by their parents and wider families.