

NSPCC Scotland response to the Health and Sport Committee Inquiry into Health Inequalities and the Early Years.

03 March 2014

NSPCC Scotland welcomes the opportunity to respond to the inquiry into Health Inequalities in the Early Years. Our priority is the promotion of infant mental health and optimum child development. We see this as a key way to prevent child maltreatment, to ameliorate the lasting impact of abuse and to ensure every child has the loving and nurturing foundation to fulfil their potential. Unfortunately, too many children in Scotland are not provided with this foundation.

About NSPCC Scotland

NSPCC Scotland is working with others to introduce new child protection services to help some of the most vulnerable and at risk children in the country. We are testing the very best models of child protection from around the world, alongside our universal services such as ChildLine, the ChildLine Schools Service and the NSPCC Helpline. Based on the learning from all our services we seek to achieve cultural, social and political change in Scotland – influencing legislation, policy, practice, attitudes and behaviours so that all children in Scotland have the best protection from cruelty.

NSPCC Scotland Response

General Comments

Scotland has a well-developed policy and legislative framework for the early years and early intervention, which we fully endorse and welcome. However, implementation remains slow and the transformational change in investment towards prevention and early intervention is struggling to become a reality.

The growing awareness of the lifelong impact of adverse experiences in infancy and early childhood is of particular concern when we have so many children in Scotland growing up affected by poverty and deprivation; parental mental ill-health or substance misuse; or living with domestic abuse. Nowhere is this truer than Glasgow.

The required shift upstream from responding to ‘crisis’ is difficult when crisis abounds. However, we consider it an urgent public health priority to shift investment to the early years, from pre-birth onwards. That is where inequalities start and persist through life. To do this, we need skilled and well-resourced universal services supported by more specialist secondary services. We endorse the vision advocated by the Marmot Review on health inequalities in England, of *proportionate universalism*: “focusing solely on the most disadvantaged will not reduce health inequalities sufficiently ... actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage”.¹

¹ M Marmot (2010) Fair Society Healthy Lives strategic review of health inequalities in England post-2010 (London, University College London Institute for Health Equity)

The building blocks for universal responses to enable a preventative approach are at hand here in Scotland; there is a long and distinguished tradition of primary prevention. Universal midwifery and health visiting services play a critical role in health care and promotion as well as in identifying and responding to additional needs and risks that families may face.

Answers to Specific Questions

1) How effective are early interventions in addressing health inequalities?

Addressing health inequalities early can be of long term benefit to the whole family not just the child. A prominent cause of health inequality is poverty. Poverty is not just caused by economic or social deprivation but also by a lack of opportunity and social exclusion. Tackling child poverty has to include addressing child neglect and maltreatment. Around 1 in 5 children in the Growing Up in Scotland study live in persistent, or enduring, poverty. But a larger group of children (42% of the GUS sample) have moved in and out of poverty as they have grown up, and these include children of families in work as well as in workless households.² The way we design family support must reflect this diversity. The effect of poverty and health inequality in Scotland can be seen as being higher than elsewhere in the United Kingdom. The “Glasgow affect” shows that even though the deprivation profiles of Glasgow, Liverpool and Manchester are almost identical, premature deaths in Glasgow are more than 30% higher. This 'excess' mortality is seen across virtually the entire population: all ages (except the very young), both males and females, in deprived and non-deprived neighbourhoods.³

Health inequalities can begin before conception so intervening at this point as well as during the perinatal period is essential. One of the NSPCC's key priorities is support for children under the age of one, recognising the importance of pregnancy and the first year of life to a child's development. Our report, *Prevention in Mind*, highlights that 1 in 10 pregnant women in the United Kingdom experience some sort of mental illness during pregnancy. This can have an impact on the child's later outcomes. The South London Child Development Study showed that children of mothers who were anxious or depressed in the perinatal period had a lower IQ and were more likely to be diagnosed with depression themselves⁴. By intervening early it is possible to ensure that the emotional and developmental needs of the baby are met which helps them to avoid negative outcomes including poor health. However there are times where the sheer scale of the adversities a family are facing mean that an intervention cannot be made.

Intervening early does not just improve the outcomes for the child; it can make parents more prepared to cope with the challenges of parenthood, which can reduce the risk of parents maltreating the child.

² M Barnes et al. (2010) *Growing Up in Scotland: The Circumstances of Persistently Poor Children* (Edinburgh: Scottish Government).

³ D Walsh, N Bendel R Jones, P Hanlon, (2011) *Investigating a 'Glasgow Effect' why do different cities experience different health outcomes?* (Glasgow, Glasgow Centre for Population Health)

⁴ S Hogg (2013) *Prevention in mind: All Babies Count: spotlight on perinatal mental health* https://www.nspcc.org.uk/Inform/resourcesforprofessionals/underones/spotlight-mental-health-landing_wda96578.html PDF copy of a report accessed 24 February 2014

2) Views on current early year's policy in terms of addressing health inequalities

As stated above, early year's policy in Scotland is very well developed. We have a number of initiatives and frameworks – e.g. the Early Years Framework; the National Parenting Strategy; the Mental Health Strategy; work programmes on midwifery and public health nursing - which aim to ensure children, from the earliest years, have the love and nurture they need to fulfil their potential, and which recognise the significant negative and lasting impact which early adversity can have. However, delivery on this agenda is slow. The commitment of all policy makers to tackle health inequalities in the early years needs to be matched by a commitment to shift investment which will provide services with a greater capacity to enable them to reach those in need of support.

In particular, we have concerns about the current capacity of existing universal services to meet demand effectively. The 2008 review of the Health Visiting workforce in Glasgow reported that the capacity was overwhelmed by the scale of need.⁵ At the same time between 2009 and 2010 health visitor numbers fell in 7 out of the 14 Health Boards in Scotland.⁶ Policy makers face a challenge in having to make existing resources cover growing needs despite very little new money available to help. Effective choices need to be made about where to allocate resources. As the Deacon Review from 2011 says, “Much has been said about tough choices in light of public spending cuts, but maybe this is a time not simply to think about tough choices, but to consider what the right choices are – not just in what we do, but in how we do it.”⁷ By focusing on Early Years prevention when investing in public health, policy makers will be helping to improve the health of the whole population.

3) What role can the health service play in addressing health inequalities through intervention in the early years?

The health service plays a vital role in tackling health inequalities and realising commitments to prevention and early intervention. By working with families Health Visitors, Midwives and GPs are crucial in identifying families in need of support and provide signposts to where and how necessary support can be accessed. Evidence has shown that recovery for maltreated infants can be swift if safe, nurturing care is achieved early enough.⁸ Health Visitors can work with families to ensure that the support is tailored to meet their specific needs. Specialist Midwives can act as champions for mental health issues by providing support to women and helping to develop

⁵ NHS GGC (2008), *Mind the Gaps: Improving Service for Vulnerable Children* (Glasgow: NHS GGC).

⁶ <http://www.isdscotland.org/workforce/> a statistical website accessed 26 February 2014

⁷ S Deacon (2011) <http://www.scotland.gov.uk/Resource/Doc/343337/0114216.pdf> a PDF copy of Joining the dots A better start for Scotland's children an independent report. Accessed February 28th 2014

⁸ Olds, D, et al., (1998), Long-term effects of nurse home visitation on children's criminal and anti-social behaviour: 15-year follow-up of a randomised controlled trial. *JAMA*, 280: 1238-44; Dozier, M, et al. (2008), Effects of an attachment-based intervention on the cortisol production of infants and toddlers in foster care. *Developmental Psychopathology* 20:845-59; Lieberman, A. F, et al. (2005), Towards evidence-based treatment: child-parent psychotherapy with pre-schoolers exposed to marital violence. *Journal of the American Academy of Child & Adolescent Psychiatry*, 44:1241-8; Zeanah, C. H, et al. (2001), Evaluation of a preventative intervention for maltreated infants and toddlers in foster care. *Journal of the American Academy of Child & Adolescent Psychiatry*, 40: 21:4-21.

training for other maternity staff.⁹ They also provide support for mothers experiencing a range of difficulties including domestic abuse or drug and alcohol problems. Research we carried out recently found that families are often unable to engage with interventions because of the stress of their material living conditions. The Health Service has a vital role to play in insuring the parent-child relationships are maintained. Healthy parent-child attachments are an important protective factor for infants and the relationship between the parent and the child is a strong predictor of outcomes for children.

We also believe that the current workforce in universal services can make more impact if health visitors, midwives and others are given training in skills in observing, analysing and understanding relationships with reference to attachment and child development, and in intervening to help improve family functioning. We welcome the focus that the early years collaborative, the family nurse partnership and other initiatives are bringing to having evidence based services. There would be huge value in pushing ahead to a comprehensive review of the support, training, skills, tools and measures used by health visitors; for there to be more regular and focused contact with all children in the first three years, with the use of evidence based measures to screen as is already being introduced via the 30 month check.

The health service has an important role to play by helping parents prepare for the social and emotional impact that parenthood will have on them. We believe there is a strong case for the health service acting to improve antenatal education for parents; often at present it just focuses on the medical aspects of pregnancy and giving birth. For those most in need of support with the emotional part of pregnancy they cannot access the service, so work needs to be done to improve reaching those who need help the most.

A report, soon to be published by the NSPCC, highlights the particular invisibility and needs of babies affected by the criminal justice system. Where parents of very young children are involved in the criminal justice system, the support they receive as parents, and the support their young infants receive, can vary immensely. There appears to be a significant disconnect between the agendas of public health (and early years) and criminal justice. We would recommend that this is a significant area of health inequality which requires urgent attention.

4) What barriers and challenges do early year's services face when working to reduce Health inequalities?

One key issue is making sure children and families receive support at the right time. The Chief Medical Officer for Scotland, Dr Harry Burns, has highlighted the role that adverse childhood experiences play in later health, noting the impact of deaths by violence, suicide, drug misuse and alcohol.¹⁰ It has been shown through research into multiple adversities that services are unable to intervene early enough because of the pressure the family is under and the scale of their needs. Often a family in need of support require access to multiple agencies. So in order to reduce health inequalities the challenge here is to ensure that these agencies work together so that services are based around the family's needs and not the other way round.

⁹. S Hogg (2013) *Prevention in mind: All Babies Count: spotlight on perinatal mental health* https://www.nspcc.org.uk/Inform/resourcesforprofessionals/underones/spotlight-mental-health-landing_wda96578.html PDF copy of a report accessed 24 February 2014

¹⁰ H Burns (2004) *How health is created: an hypothesis*", *Building a healthier future*, Glasgow Centre for Population Health, 27 October 2004 accessed 18 February 2014 PDF copy of a published report

A barrier services face is making sure the level of investment is right to deliver the right type of prevention. There needs to be more investment at the primary and secondary stages of intervention. Although there has been a shift in investment from tertiary to primary intervention, it is not happening quickly enough. Key to attracting the right level of investment is the priority early intervention is given. It needs to be a high level priority within HEAT targets. If this happens it can help reduce and ultimately end the mass prevalence of child maltreatment.

As has been previously mentioned a major challenge to delivering effective early intervention is making sure that those who need it the most are able to access the support they require. The NSPCC run the *Baby Steps* Program. Its aim is to help prepare parents for the impact of parenthood and how to care for their baby. The participants are unlikely to be able to access antenatal care because of their circumstances. It enables parents to feel able to cope with having a baby. Feedback from the program shows, of those who gave feedback, 96% of people felt more confident as a parent. This is a complex issue because people may not be able to access the service for a number of reasons including personal circumstances such as being in prison or being able to afford transport to the service. Equally the service provider may not have the capacity to deliver the service close to where the person who needs it lives.

5) Are there any pieces of research or specific initiatives from Scotland, UK or internationally you wish to highlight to the committee?

The NSPCC provide a number of services from our base in Glasgow which focus on early years intervention.

- *Parents Under Pressure* work with parents who have drug or alcohol issues whose children who are under 2.5 years old. Its aim is to help parents with drug or alcohol problems develop positive relationships with their babies or toddlers.
- *Minding the Baby* is a program which involves a series of home visits from the 7 month of pregnancy and lasts for 2.5 years. The aim of the program is to support first time mothers who have had depression, experienced poverty or violence in their relationships.
- *Improving Parenting Improving Practice* work with parents who are struggling with parenting and whose children are between the ages of 2 & 12. Its Aim is to improve parenting behaviour where there are concerns of significant harm from neglect or emotional harm.
- Preventing *non accidental head injuries in babies* is a hospital based program for all new parents. It involves showing them a DVD of how to cope with the stress of having a new baby.
- *New Orleans Model* helps inform professionals and court decisions on whether maltreated children can be reunited with their birth family or should be placed for adoption with their foster family.
- In other areas of the UK, the NSPCC delivers the *Baby Steps* program. The program works with people who are about to become parents but are likely to miss out on antenatal provision. For example they are in prison.

Conclusion

If health inequalities are to be reduced then it is right, and indeed essential, that we focus on the early years; conception through to 3 is the most crucial period. It is here that the fundamental building blocks for good physical and mental health are laid.

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