

# Unequal lives, unjust deaths

## Children and the early years: tackling health inequalities

13 May 2014



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## Unequal Lives, Unjust Deaths Programme

Scotland's health is improving. However, the gap in health outcomes between the most and least advantaged groups in society is widening. People who are part of a lower occupational class or have a lower level of income, with a lower level of education, have greater health problems, are sicker for longer and die at a younger age than more advantaged groups.

These inequalities are apparent from the earliest stage in life, and their impact can build throughout a person's life. However, the good news is that they are not inevitable; they can be prevented, reduced and reversed.

These inequalities are caused by a complex combination of factors, which cannot be solved by health agencies alone. A number of factors, such as housing, education and employment all impact on people's life chances and help shape individual opportunities and responses. All agencies across all sectors need to work together to eliminate a social injustice that is unacceptable in 21<sup>st</sup> century Scotland.

### **One goal. Many Sectors. Unlimited potential**

In May 2014, Voluntary Health Scotland launched a programme of events to examine these inequalities, and their impact on people's health, across the life course:

- Children and the early years
- Transitions from youth to adulthood
- Vulnerable adults
- Older citizens

Each event will support voluntary health organisations gain a better understanding of health inequalities, to share learning and experience about the interventions that make a difference, and to encourage and support collaboration and partnership between public and voluntary sectors.

## Children and the early years - 13 May 2014

Voluntary Health Scotland and Children in Scotland jointly delivered the first seminar in this series of events, examining early years and children's services. For children, inequalities in early life chances and experiences are already shaping their future prospects of a long and healthy life.

The seminar received presentations from the following speakers, these are now available on the Voluntary Health Scotland website:

**Gerry McLaughlin, Chief Executive, NHS Health Scotland** – The evidence base for tackling health inequalities.

**Tackling health inequalities is the right thing to do! We need to use the evidence and values and principles to inform the right thing to do!**

**Alex Young, Tackling Poverty Team, Scottish Government** – The Child Poverty Strategy for Scotland

**The Scottish Government focus is on pockets, prospects and places to give children the best possible start.**

**Sally Ann Kelly, Senior Manager, 3<sup>rd</sup> Sector GIRFEC Project and Early Years Task Force** – Learning from the Early Years Collaborative

**There is a need to set a tone about how we do things collaboratively as a sector.**

**Ewan Aitken, BBC Children in Need** – A funder's perspective

**We need to get to a stage where exceptional becomes the norm.**



## Themes

Following the presentations, the session split into smaller discussion groups to look at good practice in supporting collaborative work on health inequalities, barriers to this, and what key lessons to share.

### What do we need to tackle health inequalities?

We asked delegates how the voluntary sector can work with health and local authorities to impact on inequalities in the early years. Here are the headlines:

- *'Do it with us, not to us'* – there needs to be a link between people and politics
- Preventative role of the third sector – the power of empowering people, building relationships and raising confidence
- Parity and developing meaningful partnership between public sector and third sector
- It's all about relationships
- Clarity around the role of community planning partnerships and how the wider third sector is represented through them
- Effective engagement without tokenism
- Good routes of communication
- Effective dialogue between partners – needs-led requirements rather than resource led requirements
- Collaborating on outcomes, single outcome agreements and government priorities
- Ongoing support
- Long term sustainability, creating links and connecting elements
- Funding for smaller groups of organisations at a grassroots level

# Group Discussions

## Vision

What does successful partnership look like to tackle health inequalities?

**“We need an improvement model for health inequalities”**

### **Pockets, prospects, place**

- We need a model of local working to create well and able communities. We need to be able to embed ownership for projects and initiatives so they can be sustained within the community once the funding ends.
- We need to be able to embed long term changes, despite limited funding.
- We need to capitalise on capacity within communities. Communities have skills but often not the confidence to lead, therefore we need to build capacity.

**“Capitalise on capacity in communities”**

### **Population as an equal partner**

- We need to involve and engage people at every stage and create effective partnership working.
- We need an effective link and route in to community planning partnerships.
- Structural change also has a huge impact, we need to have a focus on wider policy and ensure that it meets people’s needs.
- We need a person centred and holistic approach to be part of every process, including procurement, reporting, outputs/outcomes, and every element of life - play, family, health, services and jobs.

**“We need to see how different policies fit together”**

### **Creating solutions together**

- We need to be able to move away from a blame culture and towards win-win solutions for all.
- The public sector could learn from a range of voluntary sector working together. For example, information sharing and methodologies.
- We need agreed principles for partnerships, embedded at the start of the partnership process.

- We need effective leadership and effective representation of the voluntary sector.
- We need to be able to share resources and learning to make sure we provide the best outcomes for people.
- We need routes of communication open, honest and empowering, and encouraging communication.
- We need a shared language, not only in partnerships, but also in policy.
- We need effective methods for evaluation and reporting back to all stakeholders.

**“People need to see the benefits of working in collaboration on top of providing existing services”**



## What are our successes so far?

Delegates provided examples of successful partnerships, work to tackle health inequalities and projects that particularly embrace the future vision.

### Partnerships

- Prevention in service planning is on the face of the Children and Young People's Act.
- There are a huge variety of organisations working collaboratively across the voluntary sector on the issues.
- The Early Years Collaborative and NHS Lothian are piloting a project to enable people to come together to put good ideas into action.
- Early Years Change Fund undertaking small tests of change with Public Social Partnerships (PSP).
- PSPs engaging with cross-sector collaboration on service design and service user consultation.
- The Scottish Consortium for Learning Disability and Enable are working collaboratively on parental issues when parents have learning disabilities.
- Glasgow Third Sector Forum engaging with Community Planning Partnerships on grant funding.
- Third sector representation within Community Planning Partnerships.
- Collaborative approaches to designing programmes, outputs and outcomes for Single Outcome Agreements and Scottish Government priorities.
- Lothian Community Health Forum has been working with and supported by City of Edinburgh Council and NHS Lothian in standardising evidence of impact.

### Voluntary sector initiatives that work to reduce health inequalities

- Mums Supporting Mums – user drive, peer support bringing together mums, with babies and young children to meet the needs of mums living in rural areas, capitalising on creativity in communities.
- Timebanking – a means of exchange used to organise people and organisations around a purpose - valuing resources within people and communities.
- Broomhouse Health Strategy Group - supporting women and families to have better health
- Action for Children Scotland - have a track record of empowering and training parents as volunteers – helping to build relationships and confidence.
- Circle Scotland – working with pregnant substance abuse users, and engaging fathers, to help them have a healthy baby.

**“Funding and resources should be concentrated on what we know works and providing continuity of care”**

# Support

## What further support do we need to create our vision?

- Funding – more funding for these types of projects, longer funding periods, more sustainable funding and encouraging Scottish Government to disseminate money to smaller organisations.
- Scottish Government interventions that ensure equal respect between with NHS, local authorities and the voluntary sector. Transparency of contacts, process and planning.
- High level advocates for the voluntary health sector and the benefits it brings.
- Learning and education for statutory sector about what voluntary sector can bring, and to bring about mutual appreciation of sectors including better understanding, and a willingness to listen and learn.
- Improving communication and meaningful engagement with sector and communities along a social capital model.
- Rights based approach/planning.

**“Some families will always need ongoing sustained support, for example, those with learning disabilities, young carers, alcohol and drugs dependent carers...”**





## Contact

### Voluntary Health Scotland

If you would like further information on the programme of events or the work of Voluntary Health Scotland to prevent, reduce and undo health inequalities, contact Susan Lowes, Policy and Engagement Officer [susan.lowes@vhscotland.org.uk](mailto:susan.lowes@vhscotland.org.uk)

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### Children in Scotland

Children in Scotland (CiS) vision and purpose is to make Scotland a world leader in the wellbeing of every child, and improving the quality of every childhood.

As the national umbrella body for the children's sector, Children in Scotland the leading and authoritative voice for the children's sector in Scotland. We have over 400 organisational members, and represents thousands of people working within the children's sector. With this broad reach, CiS facilitates and delivers opportunities for engagement, partnership, learning and communication with and between policy makers, practitioners, children and families.

For more information on Children in Scotland, visit <http://www.childreninscotland.org.uk/> or email [info@childreninscotland.org.uk](mailto:info@childreninscotland.org.uk)

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