**Introduction**

Voluntary Health Scotland is the national intermediary for a network of voluntary health organisations and workers. Our members range from large national health charities to small, local service providers, and members’ interests span service planning and provision, prevention, early intervention, self-management, advocacy, and support for service users and carers. We welcome the opportunity to submit a response to the Health and Sport Committee’s call for written evidence on health inequalities and the early years. The evidence below reflects consultation and discussion with our membership and the wider voluntary health sector.

**Remit of the inquiry**

The remit of the inquiry is to understand the work being undertaken in Scotland to address health inequalities in the early years and the role that the health service can play in this. We believe the remit should be widened to consider the role of all sectors and partners and how interventions can be delivered collaboratively, rather than solely by the health service.

Evidence, including that of NHS Health Scotland, the Chief Medical Officer and Glasgow Centre for Population Health, strongly suggests that there is a significant link between rising social inequality and health inequalities and this should be explored through the wider social determinants of health. While the health service has traditionally been responsible for the prevention of ill-health, a more holistic view is needed to place interventions in the wider social context. Equally Well was quite clear that radical cross-cutting action was needed to address Scotland's health gap to benefit its citizens, communities and the country as a whole. The Christie Commission also called for greater collaboration between different services, and between services and local communities. A range of policy and legislation has been enacted to promote cross-cutting collaboration, including the Early Years Collaborative, National Parenting Strategy and the soon to be enacted Children and Young People Bill.

The third sector is a major provider of both adult and children’s services and works with some of Scotland’s most vulnerable children, young people, families and communities. Many already work with local authorities and, to an increasing extent, health boards, to jointly identify need, plan and provide services which put the child at the centre, are holistic and promote the child’s overall wellbeing. In doing so, our sector is integral to the delivery of interventions that prevent and reduce health inequalities in the early years.  We commend national initiatives such as the National Third Sector GIRFEC Project, and tools like the Engagement Matrix, which are helping to promote and embed cross-sectoral approaches to the challenge of transforming public services, and which harness and embed the third sector as an integral partner.

**Health inequalities in the early years**

Health inequalities are differences in health status and outcomes between different communities or groups of people. People who are living with social, economic, physical, or political disadvantages are more likely to experience ill-health and to die earlier. People suffering from ill-health in turn have an increased likelihood of staying or becoming disadvantaged because of the multiple ways adverse health affects their lives. Addressing the inter-generational factors that risk perpetuating Scotland's health inequalities from parent to child is essential. Health inequalities can be apparent from the earliest stage in life: Equally Well highlighted that mothers living in the most deprived fifth of areas give birth to more babies with low birth weights than mothers living in the most affluent areas. The effect of foetal alcohol syndrome on children’s brains and physical development is well-documented. Pre-birth as well as children's very early years is a crucial stage, and this is where inequalities may first arise and influence the rest of their lives. The health and wellbeing of parents is therefore crucial in this context, as is the quality and consistency of parenting. We know that children's earliest experiences shape how their brains develop and that very young children need secure and consistent relationships with other people, or else they will not thrive, learn and adapt to their surroundings.

Our members fully understand that for every child to have the best chance of a long and healthy life, access to appropriate support is necessary. Any issues affecting the child’s early development and wellbeing need to be addressed with timely, early intervention and support to reduce the likelihood of long-term health inequalities arising. In our members’ view, this requires:

* developing and implementing effective policy frameworks
* ensuring the workforce has the necessary skills and placement to deliver support and interventions
* ensuring that services are accessible and promoted to all children and their parents/carers, including those with whom statutory services find it harder to engage
* focusing on addressing organisational and structural inequalities as well as addressing individual circumstances
* using a strengths based approach, with the child and their family at the centre

Our members point out that that preventing and addressing health inequalities in the early years, including in future generations, can only be effective if organisational and structural inequalities between socio-economic groups are tackled at the same time. A focus on, and investment, in the early years must not be at the expense of other age groups, not least because these include existing and future parents.

**Voluntary sector activities**

Voluntary organisations work in wide-ranging ways across national and local contexts, increasingly in partnership with local authorities and health boards. Those delivering children’s services are well able to demonstrate their understanding and use of the GIRFEC approach, particularly in those areas where CPP partners have worked across sectors and services to develop understanding, knowledge and implementation. Across the voluntary sector, activities that prevent and reduce health inequalities arising in the early years include:

* befriending and peer support that promote wellbeing
* identifying needs and raising awareness
* targeted children’s services and support
* targeted support for parents and carers for example, through breastfeeding support, sexual health services, and smoking cessation services
* education, information and skills building, including training and awareness raising for health professionals
* advice, counselling and advocacy
* supporting families living in poverty to overcome barriers, including access to services, transport, benefits, and respite provision.

**Barriers and challenges**

As voluntary organisations, our members face a range of challenges when working to reduce health inequalities in the early years. The biggest challenge is rooted in growing economic inequality, with more families pushed into poverty and social isolation by austerity measures, incomes that do not keep pace with the cost of living, and welfare reforms. Voluntary sector services are increasingly supporting families to meet basic needs, including advice and support around poverty, food, insecure housing and money. The increasingly stressful environment that some families find themselves in only emphasises the limitations of programmes and policies focused on changing individual behaviours. Our members also express some frustration that, at a time when families’ needs are more complex and acute, partnership working and information sharing across sectors is still not as effective as it needs to be. We are hopeful that the statutory introduction of the Named Person for every child will help address this by giving voluntary organisations, as well as other agencies and parents, access to this central, coordinating role for children.

**Policy**

Equally Well, Achieving our Potential and the Early Years Framework are still key social frameworks relevant to health inequalities in the early years. However, we believe policy makers must continue to look widely and holistically across the full spectrum of policy agendas, including those relating to housing, regeneration, transport, the environment and employment. It is also vital that policy supports community health organisations, as these make a vital contribution towards broader efforts to tackle inequalities. Voluntary organisations like Pilton Community Health Project (Edinburgh), Healthy Valleys (Lanark) and LifeLink (Glasgow) support individuals to take control of their health and simultaneously build community capacity, empowering local people to have a voice in community planning and partnership agendas, and supporting a redistribution of power and resources.

Our members would like to see the following reflected in policy:

* working collaboratively and sharing resources and knowledge across sectors
* developing effective referral systems and shared information systems
* measures to mitigate the effects of welfare reform on children and families
* improved physical environments in deprived communities, and
* a stronger move towards strengths based approaches.

Policy implementation requires resources and investment, and many of our members fail to see a meaningful shift towards preventative investment on the part of public sector partners. We suggest the Inquiry considers recent work undertaken by the Big Lottery Fund (BLF) to inform and support its own approach to [prevention and early intervention](file://C:\Users\slowes.VHS\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\56D67Z10\The%20arguments%20for%20prevention%20are%20particularly%20associated%20with%20children%20and%20young%20people,%20especially%20under-fives.%20The%20social%20and%20emotional%20foundations%20established%20in%20children’s%20first%20three%20years%20are%20thought%20to%20be%20the%20most%20important%20contributors%20to%20positive%20outcomes%20throughout%20life.) as a grant-maker. The BLF approach looks at the impact of investing in primary prevention (before problems occur); secondary prevention (targeting at risk groups); tertiary prevention (intervening once a problem is identified), and acute preventative work (managing negative impacts).

In February 2014, we held a conference on the theme of cross-sectoral collaboration to tackle health inequalities, jointly with NHS Health Scotland and Community Health Exchange. Participants from voluntary and statutory health organisations concluded that:

* Unequal societies are broken societies.
* We need to focus on strengthening community solidarity.
* Dignity should be at the heart of any framework to address health inequalities.
* People and communities should be connected to policy and planning.
* There should be a focus on supporting and advocating for policies that will make structural changes and support those in poverty.
* We need to use a variety of different types of evidence to make desirable changes and influence policy.

**Specific interventions and initiatives**

Finally, we provide five exemplars to illustrate the wide-ranging nature of the voluntary sector’s contribution to tackling health inequalities in the early years. The exemplars share key elements: a holistic approach focused on engendering long-term change, and a partnership approach.

[Healthy Valleys](http://www.healthyvalleys.org.uk/index.php?id=76) works across South Lanarkshire to address health needs in a holistic fashion, seeing communities as the solution not the problem and viewing wider determinants including housing, environment, social networks and culture as the key to good health. In partnership with other organisations, including NHS Lanarkshire and South Lanarkshire Council, they endeavour to deliver services that respond to unmet demand and which are sustainable over the long term. Their ‘Mums Supporting Mums’ project “enables mums to make their ideas a reality”, with activities including buggy walks and baby yoga classes.

[Action on Smoking and Health Scotland](http://www.ashscotland.org.uk/what-we-do/tackle-inequalities.aspx)  has prioritised inequality-focused work for over a decade, because the use of tobacco is highest amongst the most disadvantaged communities and is recognised as a major contributor to health, poverty and social inequalities in Scotland. They work to raise awareness of the issues and inequalities these communities face; to establish and disseminate good practice in relation to tobacco and smoking cessation; to raise awareness, challenge preconceptions and stimulate positive change in policy and practice; to form partnerships that will increase capacity, maximise sustainability and keep tobacco and inequalities issues high on local and national agendas. They have campaigned extensively to prohibit [smoking in vehicles](http://www.ashscotland.org.uk/what-we-do/campaign/smoking-in-vehicles.aspx) where children are carried.

[Circle Scotland](http://www.circlescotland.org/) works with families in the most challenging circumstances, including those where custodial sentences, child protection measures and reliance kinship care are factors. Their early years and family support services promote children's healthy development and potential. Their Haven project (based in Craigroyston School in Pilton, Edinburgh), recognises the importance of brokering peer networks beyond the immediate family. Activities such as the 'Pregnancy Cafe, for parents to be', brings parents into the centre not just to learn about topics such as child nutrition, but also to meet one another.

[Edinburgh Voluntary Organisations Council (EVOC)](http://www.edinburgh.gov.uk/info/20169/strategic_partnerships/1611/edinburgh_children_s_partnership/4)  ensures the third sector is a key player in The Edinburgh Children’s Partnership. The Partnership’s [Change Fund Early Years Programme](http://www.edinburgh.gov.uk/info/20169/strategic_partnerships/1611/edinburgh_children_s_partnership/4) is designed to deliver strengthen support and early intervention to improve outcomes for vulnerable children. EVOC is administering a Development Fund which will invest Change Fund monies in Edinburgh’s third sector.

[Scottish Families Affected by Alcohol & Drugs](http://www.sfad.org.uk/about-us/why-were-here) provides support to family members and friends who have been affected by the substance misuse of a relative, and raises awareness of the issues affecting them. They run a network of family support groups across Scotland and a helpline. They were set up as a grassroots organisation 10 years ago, in response to families wanting to coordinate their efforts to raise awareness of the difficulties they face. They are one of four organisations commissioned by the Scottish Government to deliver the Road to Recovery drugs strategy.

**Further information**

We welcome the opportunity to engage with the Health and Sport Committee around its work on health inequalities. For more information, including further exemplars of the third sector’s involvement in tackling health inequalities, contact Susan Lowes, Policy and Engagement Officer at [susan.lowes@vhscotland.org.uk](mailto:susan.lowes@vhscotland.org.uk)

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