The Health Foundation

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INSTITUTE of HEALTH EQUITY

2

FAMILY

VOLUNTARY SECTOR ACTION ON THE SOCIAL DETERMINANTS OF HEALTH

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NAVIGATING THIS DOCUMENT

Throughout this document boxes are used to highlight specific information.

Key messages:

In the Executive Summary and at the beginning of each section on the social determinants of health these boxes are used to highlight key points from the research.

Strength of evidence:

At the beginning of Sections 2–9 these boxes are used to highlight the most recent research that examines the strength of evidence relating to links between the specific social determinants and health outcomes.

Example interventions:

A variety of case studies demonstrating action on the social determinants of health are presented in these boxes at the end of each section.

Key terms are identified and explained in these boxes throughout the document

Each section is followed by a number of evaluations and evidence reviews of interventions that address specific determinants of health.

2. FAMILY

Family – key messages:

Family life is important for health. The wellbeing of mothers can positively impact on the health of foetuses and infants, on children's physical and mental health and on a range of other outcomes, such as education. Families can provide support throughout life, particularly during adverse experiences.

Social and economic inequalities impact on the level of resources available to support family life and increase the risk of poor health and developmental outcomes for children, and educational and employment outcomes.

For example, higher infant mortality rates are associated with lower socioeconomic status and there is also an increased risk of adverse childhood experiences (ACEs) for children who experience disadvantage and deprivation. Experience of ACEs can have long-term negative impacts on health and a range of other desirable outcomes: ACEs are associated with ischemic heart disease, cancer, chronic lung disease, skeletal fractures, liver disease, stroke, cancer, hypertension, diabetes, asthma, arthritis, angina pectoris and osteoporosis, .

Adult family life can also be a determinant of health and factors such as caring responsibilities, family debt and marital conflict can have a detrimental effect on health, often mediated through poorer health behaviours and mental health.

Marital strain can cause chronic social stress with negative long-term consequences for health. Conversely, good quality relationships have been shown to lower levels of depression, stress and blood pressure.

Strength of evidence: strong

Socioeconomic status and child health outcomes

A systematic review published in 2010, and giving specific attention to the strength and consistency of evidence relating to the effects of socioeconomic measures on child health outcomes, found that socioeconomic disadvantage was consistently associated with an increased risk of adverse birth outcomes, such as still or pre-term birth.[1]

Adverse childhood experiences (ACEs)

Robust associations have been found between physical and emotional abuse, neglect and sexual abuse for the following health outcomes:

- Depressive disorders
- Anxiety disorders
- Suicide attempts
- Drug use
- STIs/risky sexual behaviour

Robust associations have been found between physical abuse and:

- Eating disorders and childhood conduct disorders

Robust associations have been found between sexual abuse and:

- Eating disorders
- Self harm
- Personality disorders [2]

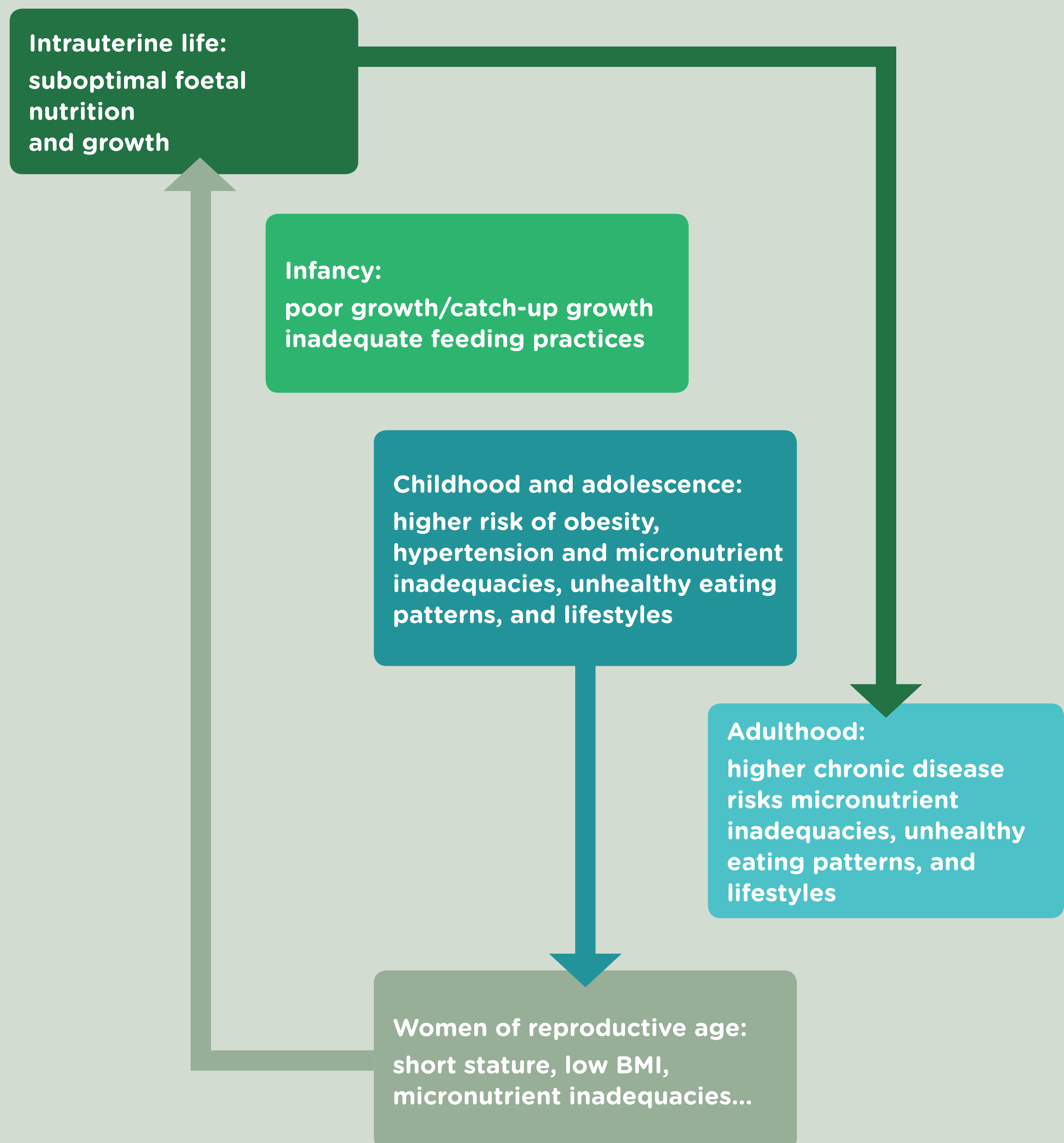
Family life is important for health. The wellbeing of mothers can positively influence the health and development of foetuses and infants. Family life can be protective for health in later life too. In times of hardship or during adverse life experiences, such as the loss of employment or bereavement, family life can provide much needed support. However, the social and physical environments into which we are born, grow and live can profoundly affect the quality of family life. The resources needed to promote maternal health and build and maintain healthy family relationships are not evenly distributed across communities.

2.1 Maternal and infant health

Social inequalities affecting the wellbeing and socioeconomic status of mothers can significantly affect health and a range of other outcomes for mothers, babies and children, during the early years and across the life course. Inequalities in housing conditions, income and wealth, education levels, levels of family and community support, environments, and quality of work and employment opportunities, are associated with a range of poorer developmental outcomes for children.

For example, low availability of nutrients during pregnancy can permanently change the structure and metabolism of the foetus, and this can increase the risk of a range of poor health outcomes including coronary heart disease, stroke, diabetes and hypertension in later life.[3,4] The World Health Organisation's depiction of the lifecycle of diet-related chronic conditions is shown in Figure 1 below.

Figure 1. Lifecycle of diet-related chronic conditions[5]



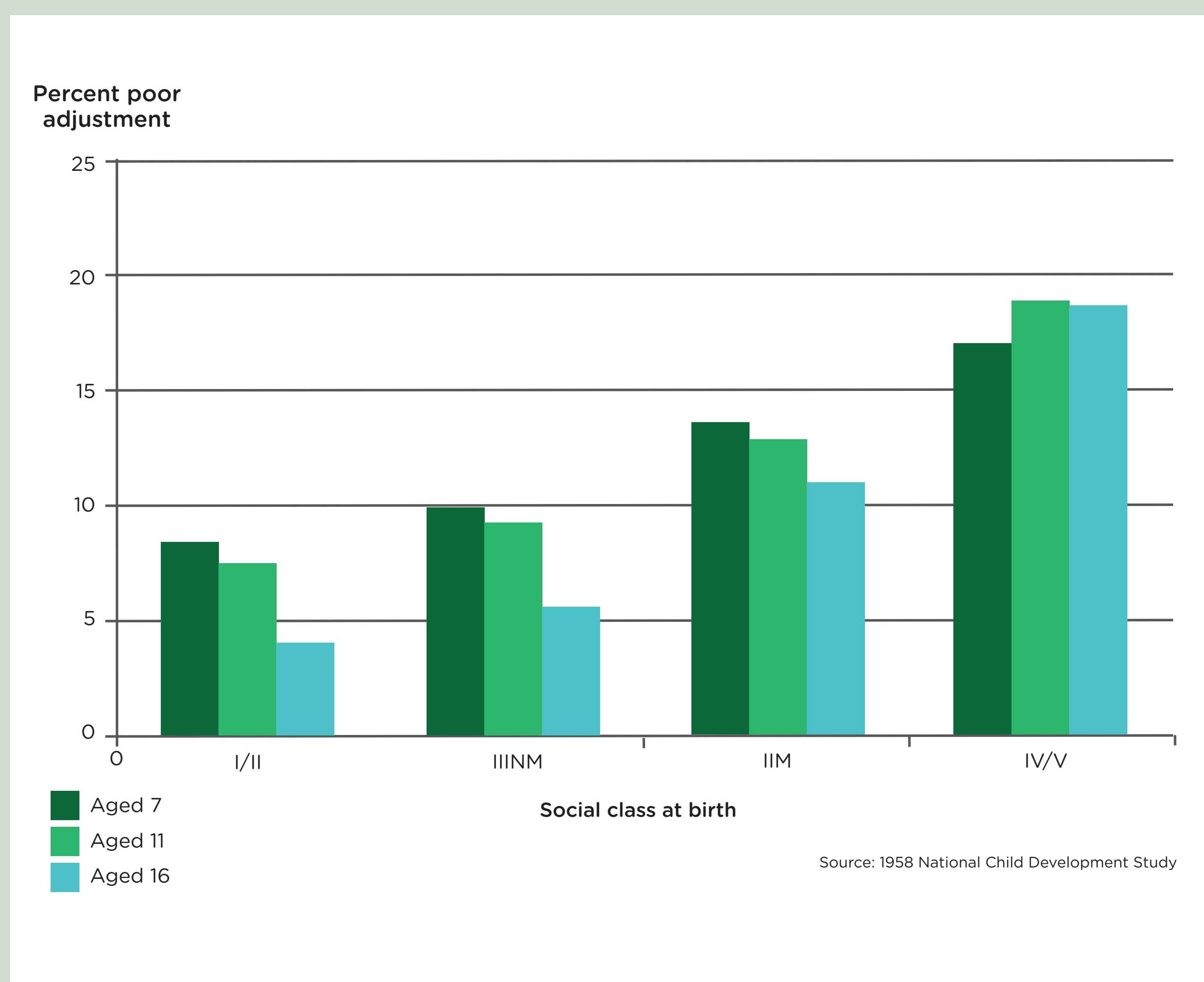
Disadvantaged mothers also have a greater risk of having low-birth-weight babies, and poor maternal health, including levels of stress, which has a significant influence on the development of the foetus and the baby's future life chances.[5,6]

2.2 The first year of life

During the first year of life children go through important neuro-developmental stages for ongoing cognitive capacities[7] and capabilities such as self-regulation and emotional and social development.[8] These factors influence later educational success, income and health outcomes.[9]

Inequalities in these cognitive and non-cognitive developments are related to inequalities in socioeconomic factors. Studies have shown lower social and emotional development in children aged 7, 11 and 16 who are further down the socioeconomic scale, as shown in Figure 2 below.

Figure 2. Rates of poor social/emotional adjustment at ages 7, 11 and 16, by father's social class at birth, 1958 National Child Development Study



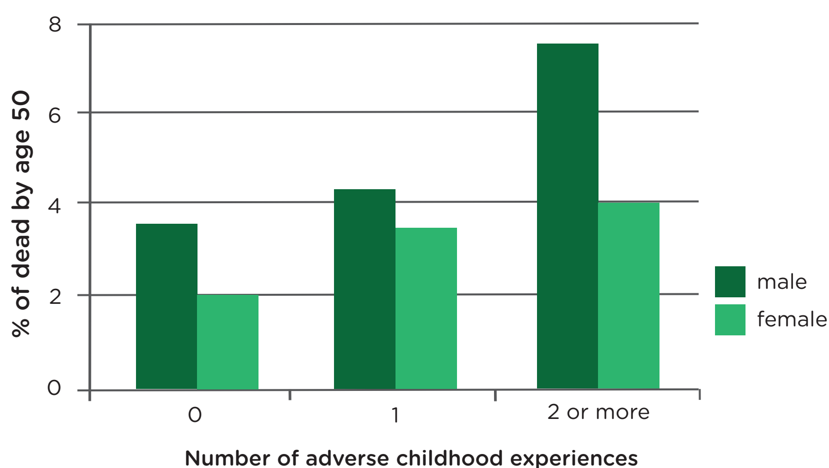
2.3 Adverse childhood experiences (ACEs)

Adverse childhood experiences (ACEs) can include maltreatment (physical, sexual or emotional abuse, or neglect) and household adversity (domestic violence, criminality, mental ill health, substance misuse, parental separation or death, and living in care).[2, 11-13] The relationships between maltreatment, household adversity and ACEs are complex and not all children who experience household adversity experience ACEs.[2, 14]

However, disadvantage and deprivation do increase the risk of ACEs and the clustering of multiple ACEs. Children experiencing economic and material deprivation are more likely to experience four or more ACEs during childhood and this can be particularly damaging to lifetime health outcomes.[15, 16]

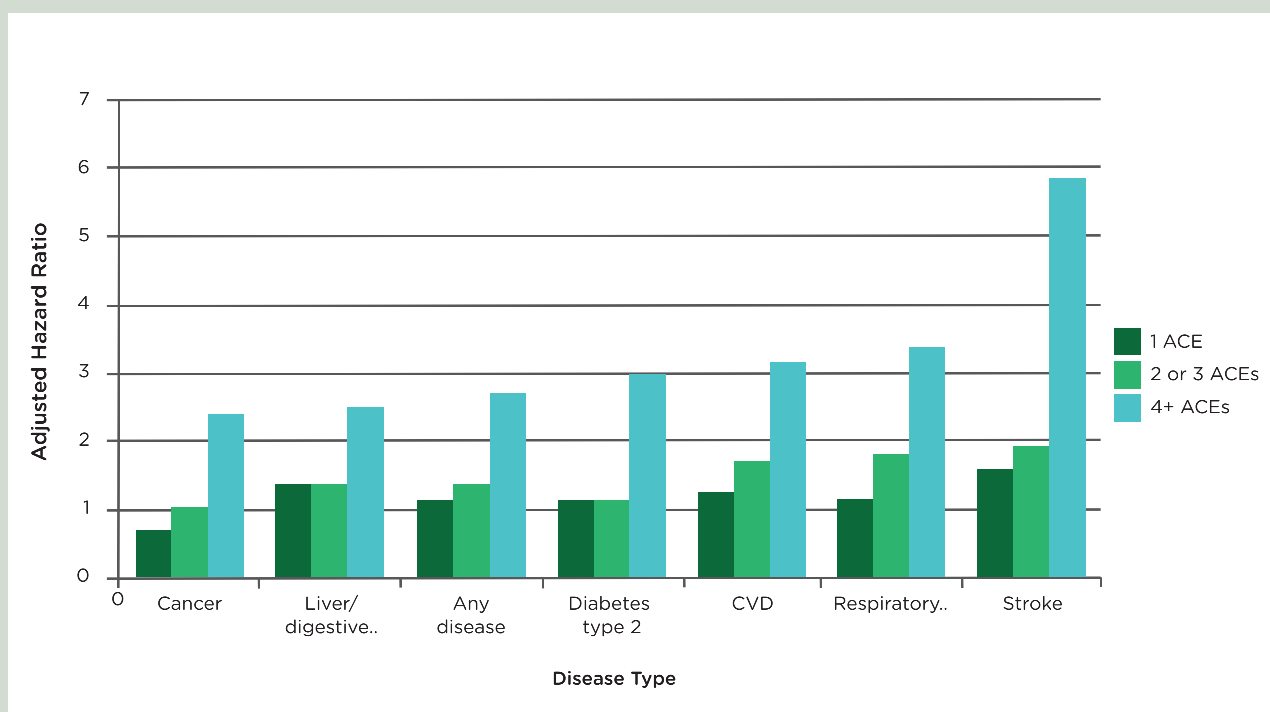
British research published in 2013 found that 'in men the risk of death was 57 per cent higher among those who had experienced two or more ACEs compared to those with none. Women with one ACE had a 66 per cent increased risk of death and those with two or more ACEs had an 80 per cent risk versus those with no ACE.'[13]

Figure 3. All-cause mortality rate by age 50 according to prevalence of adverse childhood experiences, British men and women, 2008. Source data from: [18]



Multiple American studies have found a relationship between the number of ACEs and the presence of diseases in adulthood, including ischemic heart disease, chronic lung disease, skeletal fractures and liver disease[17] stroke,[18] cancer,[19] hypertension, diabetes, asthma,[20] arthritis, angina pectoris and osteoporosis,[18] including a three-fold increased risk of lung cancer for those with six or more ACEs.[21]

Figure 4. Changes in risk of disease development with increased history of ACEs, English survey data, 2013. Source: [18]



A lack of good quality social relationships and social interaction can also increase the risk of maltreatment and there is also some evidence that younger parents are at an increased risk of maltreating their children, although this risk may be mediated through other factors such as unemployment and low income.[19-24]

2.4 Adult family life

Adult family life can act as a source of either stress or support. For example, adult children can continue to access advice and financial and emotional support from parents. However, young and adult children can, for example, have caring responsibilities for ill or disabled parents that exceed their financial, emotional and physical resources.[25-27] Carers are more likely than non-carers to report high levels of psychological distress, including anxiety and depression, in addition to loss of confidence and self-esteem.[28] Additionally, issues such as marital and family conflict can have an impact on health that is mediated through depression, and poorer health behaviours such as excessive alcohol intake, increasing the risk of poor health outcomes.[29] Financial concerns have been cited as one of the biggest pressures experienced by families.[30]

2.5 Marriage

Marriage is a significant relationship experienced by just over half of all adults [31] and can have beneficial effects on health.[32] For example, happily married individuals have been shown to have greater satisfaction with life and lower levels of stress and depression, and lower levels of ambulatory blood pressure. Conversely, those who were unhappily married, and experiencing marital strain, have been shown to be experiencing repeated, and at times chronic, social stress which may have long-term negative consequences for health. Poor-quality relationships have been shown to have a strong association with poor health outcomes, including responses to infectious disease and wound healing.[33-34] There are clear social determinants that influence the quality of marital relationships. For example, in a survey of 6,000 couples, the relationship charity Relate found that concerns about money and financial security were identified as a 'top strain' for 61 per cent of couples with children, and 47 per cent of couples without children.[34]

2.6 Family – interventions

Incredible Years [36]

The Incredible Years is a parenting group programme for children aged 3–4 years who are already exhibiting challenging behaviour. It is designed to help parents improve their child's behaviour. The majority of programmes are delivered via local authorities and children's centres in collaboration with parents. The Incredible Years programme originated in the USA. Evidence indicates that children's outcomes will significantly improve as a result of the programme. A large number of evaluations have been carried out in various countries, including randomised control trials. Findings consistently demonstrate positive outcomes in terms of reducing disruptive and aggressive behaviour, and improvements in pro-social behaviour and in interaction with parents, teachers and peers. Parents develop parenting skills, learn new techniques in how to communicate effectively with their children, improve relationships, establish rules and routines and manage anger and conflict. Further evidence of the impact of the Incredible Years programmes is available at www.incredibleyears.com/for-researchers/evaluation/

Triple P [37]

The Positive Parenting Program (Triple P) is an evidence-based, flexible, parenting programme accessed in over 25 countries, supported by over 30 years of ongoing research, designed to take a population-based health approach to parenting. The programme has been shown to work across cultures, socioeconomic groups and different family structures and provides a multi-level system that delivers different levels of support and intervention intensity depending on need. The programme provides parents with simple and practical strategies to help build strong, healthy relationships, manage children's behaviour with confidence and prevent problems from developing. All interventions are supported via a suite of resources that have been translated into 19 languages. Triple P has built in evaluation tools to monitor results.[1]

The NSPCC implemented two programmes designed to work with families where there was evidence of severe neglect, children were between the ages of 2 and 12 and the child or children had not yet met the threshold for child protection interventions. One programme implemented the Triple P programme through its Pathways Triple P service; the other utilised an historical NSPCC programme for comparison. Evaluation demonstrated that while almost three quarters (74 per cent) of children experienced severe problems at the start of their engagement on the Pathways Triple P programme, by the end of engagement this figure had dropped to 45 per cent. Significant improvements were noted in children's emotional symptoms, behaviour problems, hyperactivity and pro-social behaviour. Similar levels of impact were noted in the service that utilised the historical NSPCC programme, although there was a different 'patterning' of outcomes. Triple P saw impact in conduct problems, hyperactivity and pro-social strengths, while the historical programme saw impact for emotional symptoms and peer problems.

2.7 Family interventions – further reading and resources

A range of evidence reviews and evaluations are available that demonstrate the value of early intervention in children's lives and best practices in delivering services and achieving positive outcomes.

The impact of adverse experiences in the home on the health of children and young people, and inequalities in prevalence and effects (2015), written by the Institute of Health Equity, demonstrates the links between adverse experiences in the home experienced before the age of 18 and poorer health outcomes across the life course. It provides an analysis of the strength of evidence relating to causal links, associations and relationships between adverse experiences and poor health outcomes, the impact of interventions and local and national practice, both current and historically implemented.

What works to enhance inter-parental relationships and improve outcomes for children (2016), written by the Early Intervention Foundation and the University of Sussex, provides evidence of the role and impact of parental relationships on the development and outcomes for children and of the effectiveness of interventions, and presents successful case study examples.

Early years literature review (2014), conducted by the Centre for Research in Early Childhood, examined the evidence base for the impact of early years initiatives in the UK and internationally. The paper summarises and evaluates research relating to good practice in social care, health and education, provides a review of key interventions and their evaluations, identifies different strategies to measure effectiveness and value for money, and provides recommendations for further action.

Grasping the nettle: early intervention for children, families and communities (2010) provides evidence that spending should be prioritised on early years interventions including speech, language and communication needs, parenting programmes, targeted family support, and young people at risk of going into care. It also points to the need for better evaluation and development of an evidence base for effective interventions.

Early interventions. The next steps (2011), a report by Graham Allen MP, looks at how intervention in children's earliest years can prevent or reduce costly and damaging social problems. It sets out the role of the voluntary sector in the provision of early intervention and highlights the difficulties experienced through ad hoc funding, lack of a diverse funding base, and poor evaluations of interventions.

The best start in life: what do we know about the impact of early interventions on children's life chances? (2013), a review published by WISERD at Cardiff University, examines some of the most prevalent early years interventions currently used in 'Westernised' countries and focuses mostly on longitudinal research to assess the efficacy of programmes. It provides evidence for a range of interventions, including paid paternal leave, parental support during pregnancy, home visits and targeted support for disadvantaged parents.

Inter-parental relationship support services available in the UK. Rapid review of the evidence (2016), produced by the Early Years Foundation, has a particular focus on families in or at risk of 'poverty', and details the nature and extent of relationship support in the UK, the profile of service users and barriers to service implementation.

There are a number of publications that are aimed at local statutory services but contain useful information about the need for early intervention programmes, their effectiveness and cost effectiveness, and illustrative case studies and example programmes. These include: ***Early years interventions to address health inequalities in London – the economic case (2011)*** and ***Early intervention: informing local practice (2012).***

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