



UCL Institute of Health Equity



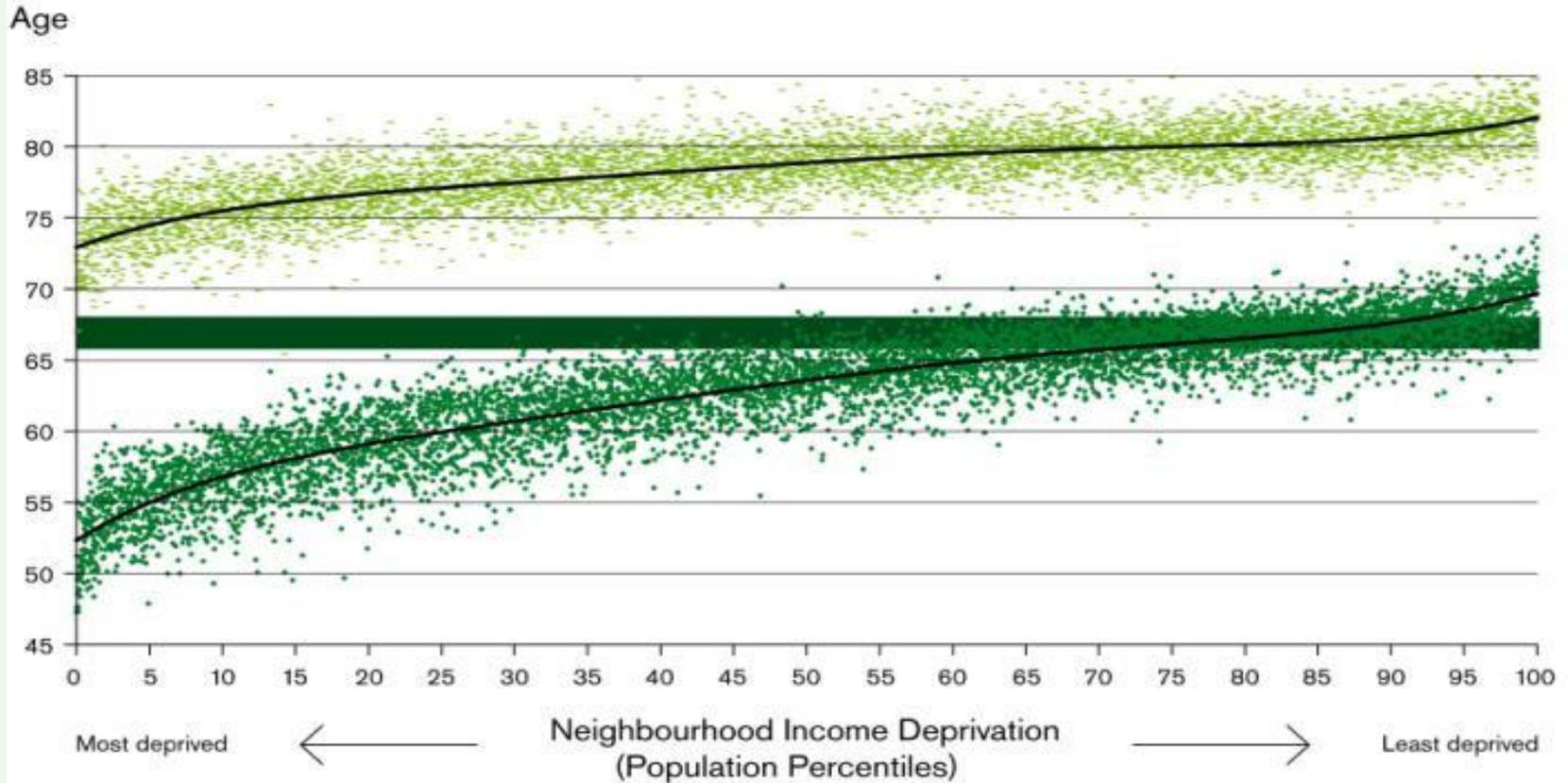
# **How acting on the Social Determinants of Health can improve children's outcomes**

Dr Angela Donkin

# Background: The Social determinants of health



**Figure 1** Life expectancy and disability-free life expectancy (DFLE) at birth, persons by neighbourhood income level, England, 1999–2003



- Life expectancy
- DFLE
- Pension age increase 2026–2046

# Policy Objectives: The Social Determinants of Health

- A. Give every child the best start in life
- B. Enable all children, young people and adults to maximise their capabilities and have control over their lives.
- C. Create fair employment and good work for all
- D. Ensure a healthy standard of living for all
- E. Create and develop healthy and sustainable places and communities
- F. Strengthen the role and impact of ill-health prevention

## Acting on the SDH is embedded in Public Health Policy

- Requirement on NHS to reduce inequalities in health outcomes
- Public health action supported by the Public Health Outcomes Framework (PHOF) which measures the SDH.
- Public Health officials are trying to positively influence the SDH.
- Briefings are available for PH officials to provide information on effective interventions/what works

**Giving every child the best start in life**

## Give every child the best start in life - Bristol

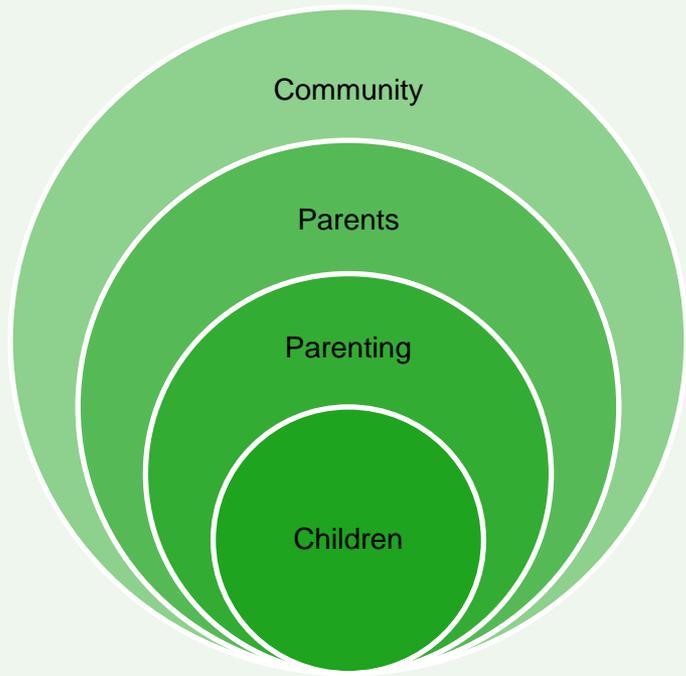
- For 2012/13:
  - 49.5% of all children in Bristol had a good level of development at age 5.(national average is 51.7%, regional value 55.6%, England best 69%)
  - 33.7% with free school meal eligibility (National figure 39.2, regional value 36.8, England best 60%)

# Give every child the best start in life – why important

- Inequalities are evident by the time children reach school - low SES linked to worse development scores.
- Poor development linked to a range of poor health outcomes, and also other negative social outcomes.
- Accentuation principle – inequalities are cumulative, need to tackle them as early as possible
- Given it's important we have furthered our work since the Marmot review to identify the determinants of a good start in life - An 'Equal Start' sets out those outcomes that are important in the early years, and 'Measuring what matters' sets out how to monitor them.

# The Equal Start outcomes framework

An ecological conceptual model

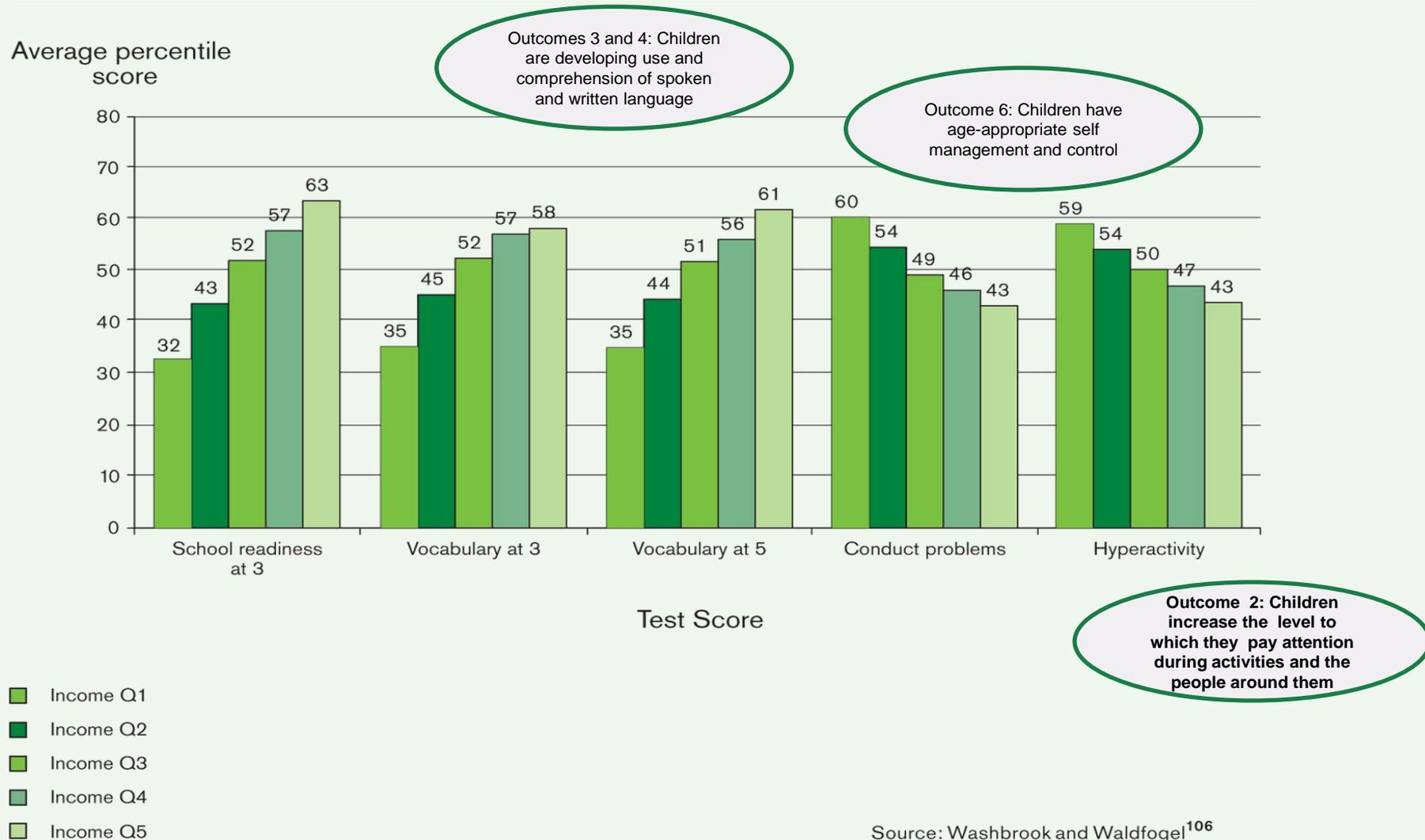


Focus on what matters most, where there is most inequality and what Children's Centres can change

- Children's health and development
- Parenting
- Parent's lives and the social determinants of health

# Children's health and development

**Figure 2.22** Indicators of school readiness by parental income group, 2008



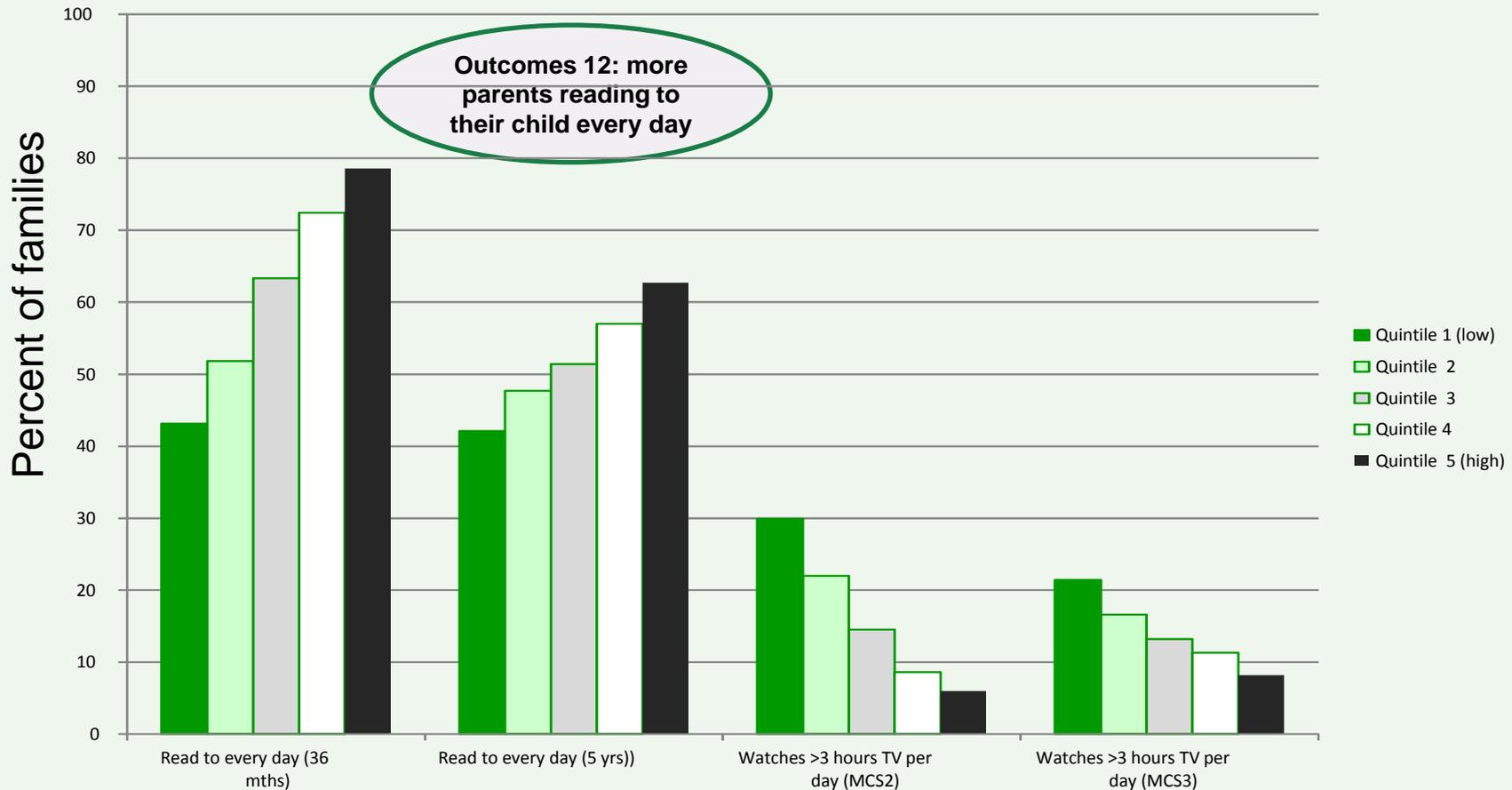


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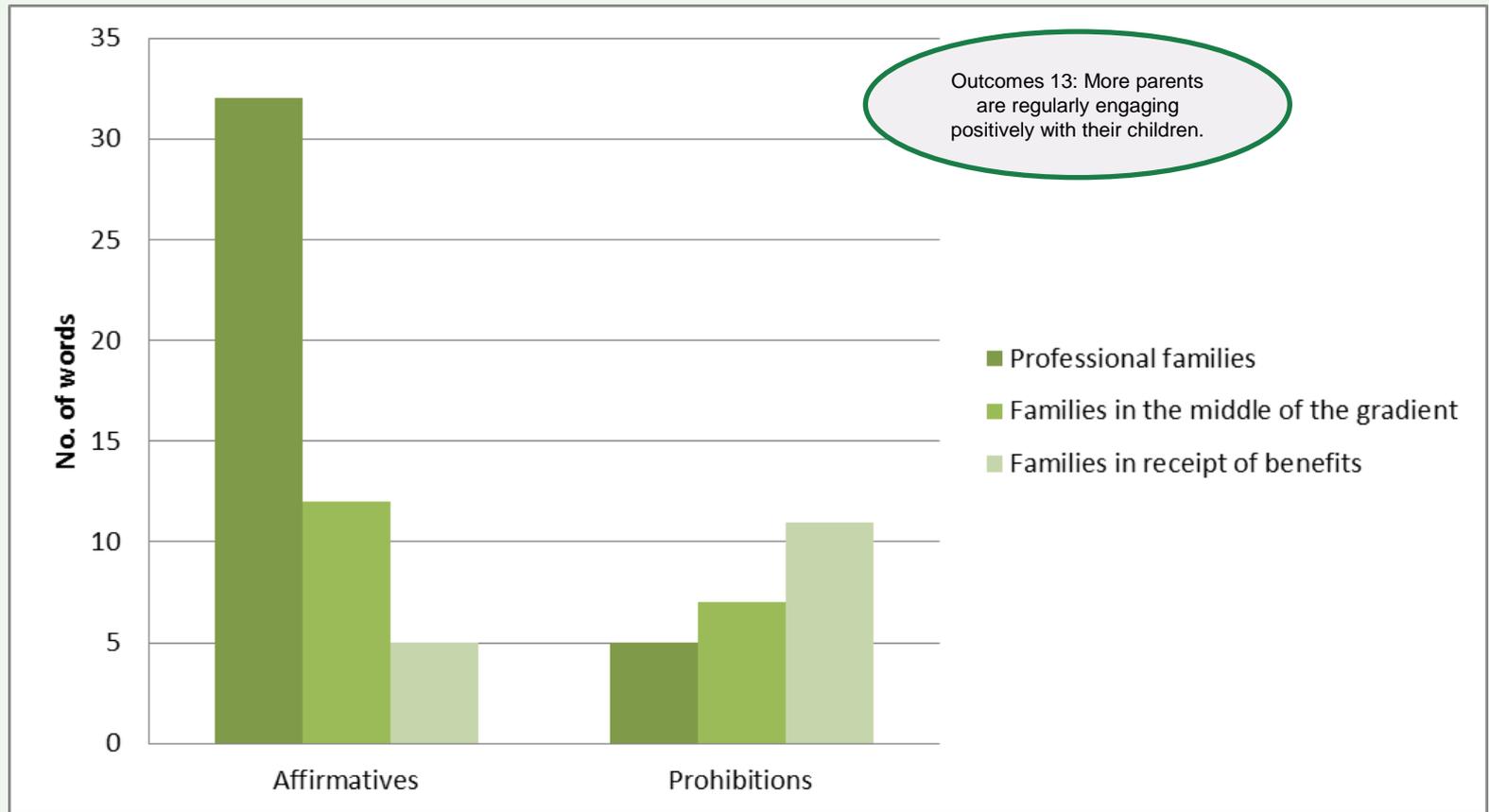
**Parenting**

## % of families reading to their children every day and level of TV viewing by socio-economic status



Dearden L, Sibieta L and Sylva K (2011) The socio-economic gradient in early child outcomes: evidence from the Millennium Cohort Study. Longitudinal and Life Course Studies 2(1): 19-40.

## Average affirmations and prohibitions per hour by socio-economic status in the US.



Source Hart B and Risely T R (2003) *The early catastrophe: the 30 million word gap by age 3.*

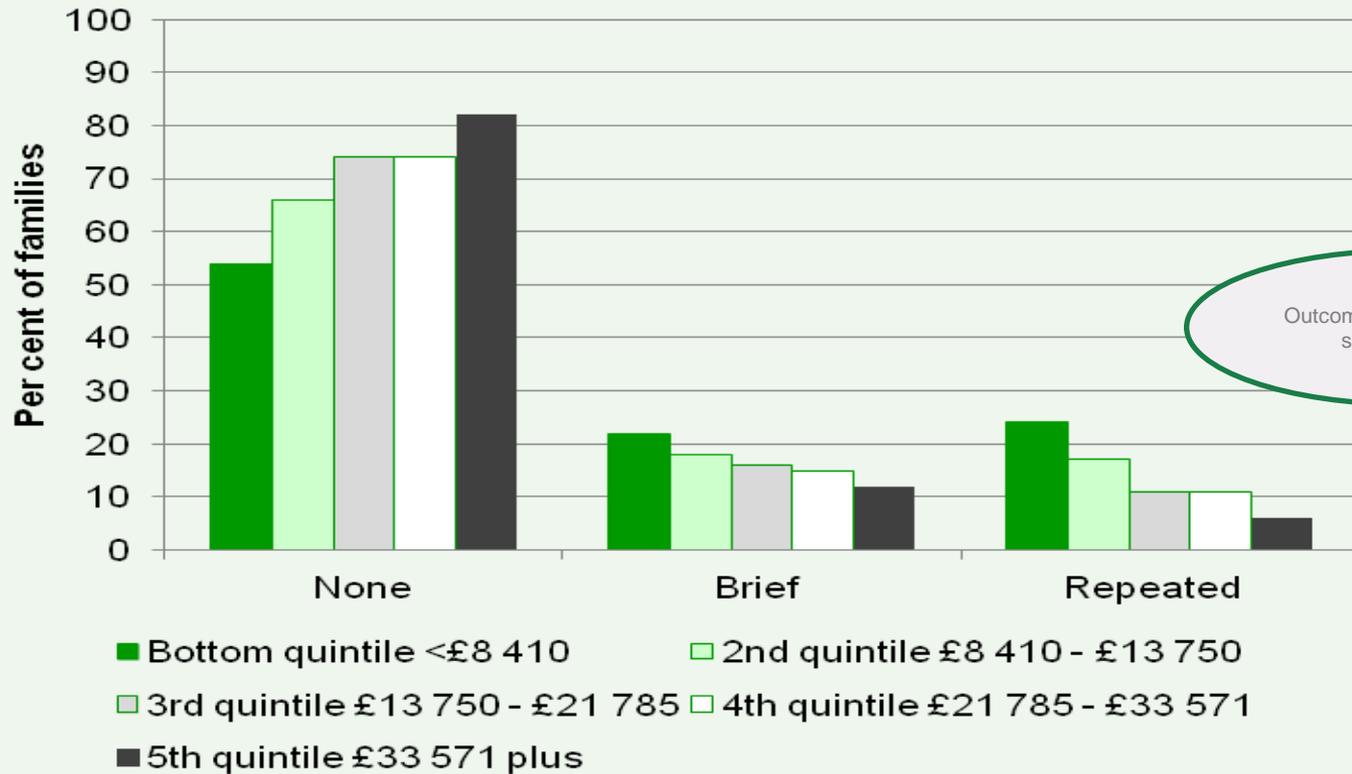
# Parenting context and the social determinants of health

## Improving work prospects, skills and income – why money matters

- **Material needs** – good food, decent housing, heating, warm coats, cost effectiveness of work, social participation/social mobility
- **Stress** – negative impact on health (maladaptive coping behaviours – smoking, drinking, drugs) and parenting behaviours.
- **Intergenerational transmission**
- **Inequality itself** – low self esteem, poor mental wellbeing



### Mothers' experience of poor mental health across the gradient



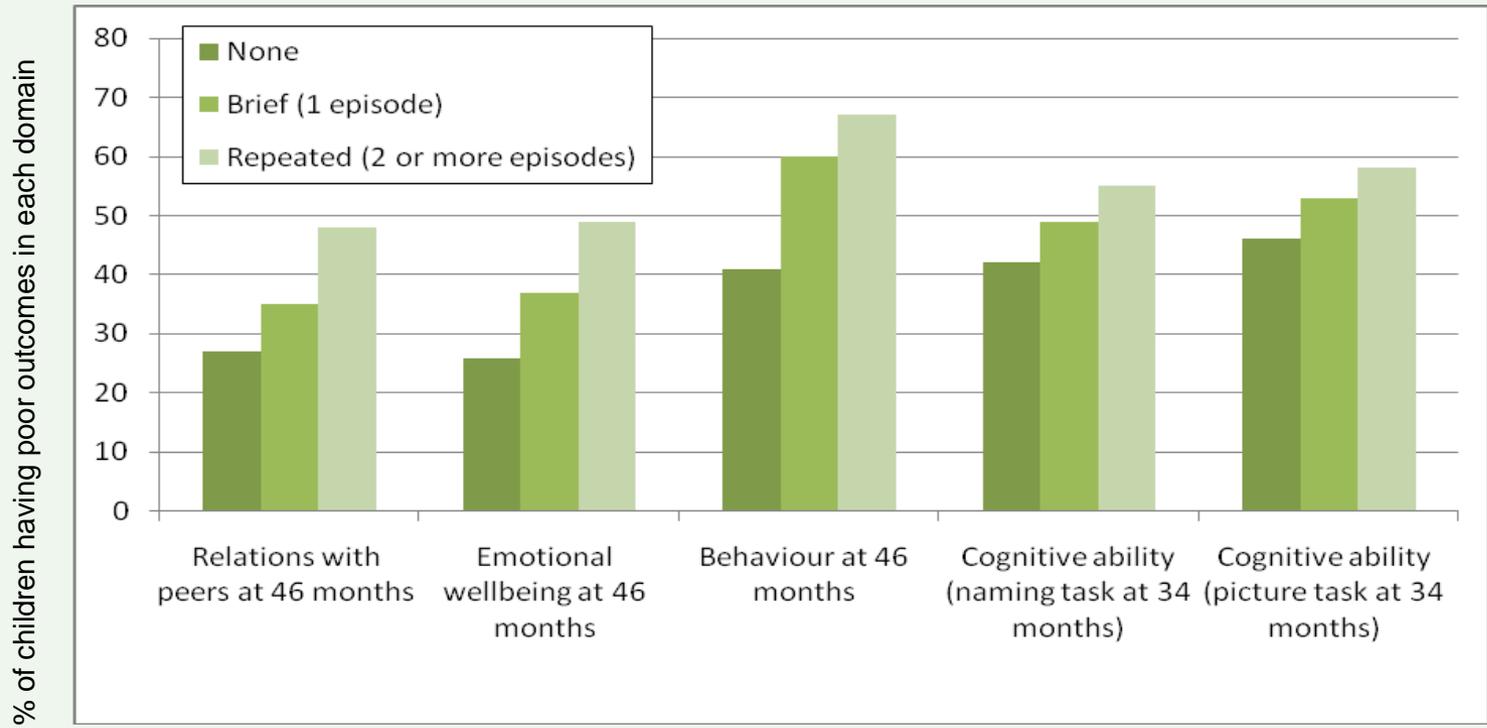
Outcome 21: be financially self supporting



Outcome  
17

# Increase in the number of parents with good mental health

Poor child outcomes in relation to maternal mental health status (%)



Marryat L and Martin C (2010) *Growing up in Scotland: Maternal mental health and its impact on child behaviour and development*

## Bristol

- 7.8% unemployment (Regional 5.8%, England 7.4%)
- 16.5% in region 19-24 year olds NEET (16.4% England Average)
- 23.4% in region not reaching a minimum income standard

# Effective interventions

# Effective interventions to improve SDH

- Improve parental circumstances. (Particularly lack of income and stress). Living wage, ALMPs, literacy and numeracy skills, support to work, reduction in ante and post natal depression.
- Tackle poorer health behaviours in pregnancy, such as poor nutrition, smoking, drinking and substance abuse which can result in low birth weight which is linked to poorer subsequent health outcomes for the child.
- Improve breastfeeding rates
- Help parents to engage positively with children to help form 'secure attachment'.
- Help parents to have a good home learning environment.

## Some examples of good interventions

- **FNP** - The FNP has three aims: to improve pregnancy outcomes, child health and development and parents' economic self-sufficiency. It is successful. HOWEVER highly targeted for young under 19s at risk. Will miss much of the problem.
- **Incredible years** 3-4 – to improve children's behaviour. Calmer, less depressed parents. Improvement in children's behaviour.
- **HIPPY** – focus on positive interactions through activities such as games and reading in the home. Enriched home learning environment. Children have higher achievement scores and cognitive development scores, also improvement in parents' attitudes towards and involvement with education and parent-child relationships.

<http://www.instituteoftheequity.org/projects/good-quality-parenting-programmes-and-the-home-to-school-transition>

**Thank you**

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**<http://www.instituteoftheequity.org/>**