Focusing on the early years to improve health for all: evidence and policy

Professor Sir Michael Marmot

http://www.instituteofhealthequity.org/
The Commission on Social Determinants of Health (CSDH) – Closing the gap in a generation


Review of Social Determinants of Health and the Health Divide in the WHO European Region
Life expectancy and disability-free life expectancy at birth by neighbourhood income deprivation, 1999-2003

Source: Office for National Statistics
The calculation for healthy life expectancy has changed to be based on a survey rather than the census.

On average, women can expect to live until 64.1 years, and men to 63.4 in good health.

Inequalities in healthy life expectancy are greater than for life expectancy.

For men, there is a 17.5 year gap between the area with the highest and lowest health expectancy, and for women a 15.5 year gap.

There is particularly high level of variation in healthy life expectancy within deprivation level, those performing less well should learn from those performing well.
Marmot Review: 6 Policy Objectives

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 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
Accumulation of positive and negative effects on health and wellbeing

Perpetuation of inequities
Early child development

• Physical, cognitive/linguistic, social/emotional development are interdependent;
• Highly sensitive to social environment;
• Social gradient emerges before school
• Lays foundations for future life trajectory
  – Early child development (ECD) has a determining influence on subsequent life chances and health
Social determinants of children’s outcomes
Individual Brain and Biological Development, Genetics, Age, Sex
Family, Cultural, Economic, & Social Environment
Family Health Status and Dwelling Environment
Residential Community Health Status and Cultural, Economic, Service & Social Environments
Regional Health Status and Ecological, Economic, Policy, Political & Social Environments
National Health Status, Ecological, Economic, Policy, Political & Social Environments
Global Ecological, Economic, Policy, Political & Social Environments

Relational Community (Tribe, Religion, etc.)
Health Status,
Cultural Environment and Socioeconomic Status & Resources
Family Health Status and Dwelling Environment

Civil Society
ECD Services
and Programs

Source: ECD KN CSDH
Child Well-being is Better in More Equal Rich Countries

Improving children’s outcome: family and community level: early child care and education

- Parenting and family support
  - Perinatal services
  - Care before and during pregnancy
  - Help for new mothers
- Pre-school education and care
- Primary, secondary and tertiary education and training
Links between socioeconomic status and factors affecting child development, 2003-4

Source: Department for Children, Schools and Families
Socio-emotional difficulties at age 3 and 5: Millennium Cohort Study

**Age 3**

- Fully adjusted

**Age 5**

- Fully adjusted

 Fully adjusted = for parenting activities and psychosocial markers

Kelly et al, 2010
Inequalities in cognitive development by multiple factors, UK

Cognitive test scores at age 7

- Low birth weight
- Not being breastfed
- Maternal depression
- Having a lone parent
- Median family income <60%
- Parental unemployment
- Maternal qualifications
- Damp housing
- Social housing
- Area deprivation (IMD)

(ICLS, 2012)
Improving circumstances - Systems
In 2011 - 59% of children had a good level of development.

The measurement system changed

Now 51.7% of all children, and 36.2% of those eligible for free school meals achieved a good level of development at end of reception in 2012/13.

DfE have announced this measure will no longer be mandatory.
Areas for outcomes:

- **Development**
  - Cognitive
  - Communication & language
  - Social & emotional
  - Physical

- **Parenting**
  - Safe and healthy environment
  - Active learning
  - Positive parenting

- **Parent’s lives**
  - Mental wellbeing
  - Knowledge & skills
  - Financially self-supporting

21 Proposed outcomes see page 8
Increase in the number of parents with good mental health

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


Mothers’ experience of poor mental health across the gradient

- None
- Brief
- Repeated

- Bottom quintile <£8 410
- 2nd quintile £8 410 - £13 750
- 3rd quintile £13 750 - £21 785
- 4th quintile £21 785 - £33 571
- 5th quintile £33 571 plus

Country ranking: equality in child wellbeing - material, education, and health

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<thead>
<tr>
<th>Score</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Denmark, Finland, Netherlands, Switzerland</td>
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<tr>
<td>7</td>
<td>Iceland, Ireland, Norway, Sweden</td>
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<td>6</td>
<td>Austria, France, Germany, Poland, Portugal,</td>
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<td></td>
<td>Canada</td>
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<tr>
<td>5</td>
<td>Belgium, Czech Republic, Hungary, Luxembourg,</td>
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<td>Slovakia, Spain, United Kingdom</td>
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<td>3</td>
<td>Greece, Italy, United States</td>
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Source: UNICEF Report Card 9, ranking 24 OECD countries by their performance in each of three dimensions of inequality in child well-being
Child poverty rates before and after transfers, ranked by after-transfer rate, EU–SILC 2009

- Norway
- Slovenia
- Sweden
- Austria
- United Kingdom
- Poland
- Latvia

Poverty rate

- Before social transfers
- After social transfers
Welfare generosity and non employment by education in 26 European countries

van der Wel, Dahl & Thielen 2011, data from EU SILC (2005)
Overcoming barriers to taking a social determinants approach

- Gaining and maintaining political will – evidence, monitoring, accountability
- Governance, delivery and leadership
- Intersectoral working at life course stages
- Longer term commitment
Monitoring

- Can aid prioritisation
- Need data on distribution of outcomes, and integration of social determinant approach.
Level of development at end of reception

In 2011 - 59% of children had a good level of development.

The measurement system changed.

Now 51.7% of all children, and 36.2% of those eligible for free school meals achieved a good level of development at end of reception in 2012/13.

DfE have announced this measure will no longer be mandatory.
The attainment gap between the percentage achieving 5 or more GCSEs at grade A* to C or equivalent including English and Mathematics has narrowed by 2.1% between 2008/09 and 2012/13 with 38.1% of pupils known to be eligible for FSM achieving this indicator compared with 60.8% of all pupils.
% GCSE achieved (5A*-C inc. Eng & Maths 2012/13)

% of Pupils

England all

Linear (England all)
NEETS – not in education, employment or training.

- We had previously reported on a younger age group, but change in policy requires that all young people remain in education or training until 18.
- 16.4% of young people aged 19-24 were NEET in 2013, this marks a fall from 8.4% in 2010, but still higher than pre recession levels.
In 2013 7.4% of those aged over 16 were unemployed. Over 14% were unemployed in Birmingham and Hartlepool, compared to just 3.2% unemployed in Rutland and 3.6% in Wokingham. Positively, all regions have seen a drop in unemployment rates from their peak in 2011. However, no region has seen their unemployment level reduce to their pre-crisis level.

ONS NOMIS model-based estimates of unemployment, [www.nomisweb.co.uk](http://www.nomisweb.co.uk), accessed 9 September 2014
In 2009, 116,500 25-65 year olds were on JSA for 12 months or more. In 2013, this had increased by 2.4 times to almost 282,000.

For the under 25 age group, in 2009, almost 7500 on JSA for 12 months or more. In 2013, nearly 57,000. An increase of 7.6 times.
In 2011/12, 23% of households studied (which covers 2/3rds of household types in England) did not receive enough income to reach an acceptable Minimum Income Standard (MIS).

In London, where costs are higher, one in four households (29.3%) did not receive enough income.

There has been a deterioration in living standards, with the proportion of people living in households below MIS increasing by a fifth between 2008/9 and 2011/12 from 3.8 million to 4.7 million households.

Data derived from analysis by Matt Padley and Donald Hirsch, Households Below a Minimum Income Standard 2008/9 to 2011/12, JRF
Create fair employment and good work for all.
6.7 million of the 13 million people in poverty are in working households, UK 2011/12

Source: Households Below Average Income, DWP; the data is for the UK

(JRF 2013 using DWP data)
Risk of being below Minimum Income Standard

- Below MIS individuals in households with children:
  - 2008/09: 30.6%
  - 2013/13: 39.4%

- Below MIS individuals in working age households without children:
  - 2008/09: 15.6%
  - 2013/13: 22.8%

- Below MIS individuals in pensioner households:
  - 2008/09: 7.3%
  - 2013/13: 7.5%
Lone parents have a greater risk of being below MIS, but the risk has increased for all families with children.

Figure 6: Lone parents have a greater risk of being below MIS, but the risk has increased for all families with children.
## What works

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<td>1a. Good quality parenting programmes</td>
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<td>1b. Improving the home to school transition.</td>
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<td><strong>Education</strong></td>
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<td>3. Reducing the number of young people not in employment, education or training (NEET)</td>
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<td>4. Adult learning services</td>
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<td>5a. Workplace interventions to improve health and wellbeing</td>
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<td>5b. Working with local employers to promote good quality work</td>
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<td>7. Fuel poverty and cold home-related health problems</td>
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<td>8. Improving access to green spaces</td>
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<td><strong>Implementation and impact: Health Equity Briefings</strong></td>
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<td>9. Understanding the economics of investments in the social determinants of health</td>
<td>10. Tackling health inequalities through action on the social determinants of health: lessons from experience</td>
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Do something
Do more
Do better