

Optimising potential life chances & reducing health inequalities

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**Setting out the context;
impact on children (i.e., where you are born,
where you grow up, family support & structure,
community)**

- **Societal factors**
- **Community factors**
- **Relationship factors/Family**
- **Individual factors**
- **Deprivation and inequalities**

- **Approximately 2% of families in UK are socially excluded**

Evidence base-links to deprivation & child poverty

- A child born into the most disadvantaged 5 per cent of families is 100 times more likely to have multiple problems at age 15 than a child from the 50 per cent best-off families
- Social Exclusion often results in a combination of linked problems and health inequalities
- Health impact includes increased infant & maternal mortality, domestic violence, teenage pregnancy, poor physical, emotional & mental health and low educational attainment.
- Social exclusion has been identified as a "key determinant of teenage pregnancy."

Deprivation & Childhood injury

- The risk of childhood injury is associated with the income level in the residential area and the parents' educational level.
- Children of parents who never worked or who are long-term unemployed are 13 times more likely to die from unintentional injury,
- 37 times more likely to die as a result from exposure to smoke, fire or flames than children with parents in higher managerial or professional occupations.

Durkin MS, Davidson LL, Kuhn L, O'Connor P, Barlow B. Low-income neighbourhoods and the risk of severe paediatric injury: a small-area analysis in northern Manhattan. *Am J Public Health* 1994;84:587–92. Petridou E, Kouri N, Trichopoulos D, Revinthi K, Skalkidis Y, Tong D. School injuries in Athens: socioeconomic and family risk factors. *J Epidemiol Community Health* 1994;48:490–91.

Key Facts-Children and Mental Health problems

- **Mental illness begins very early in life. Half of all lifetime cases begin by age 14; three quarters have begun by age 24.**
- **Anxiety disorders often begin in late childhood, mood disorders in late adolescence, and substance abuse in the early 20's.**
- **Unlike heart disease or most cancers, young people with mental disorders suffer disability when they are in the prime of life, when they would normally be the most productive**

Higher risk factors-Maternal & Infant Mortality

- **Over one third of stillbirths and neonatal deaths were born to mothers in most deprived quintile.**
- **Women living in families where both partners are unemployed, are up to 20 times more likely to die than women from more advantaged groups.**
- **Single mothers are three times more likely to die than those in stable relationships**
- **Maternal mental health is one of the strongest predictors on child outcomes**

Social Exclusion & Health Inequalities

- Tackling social exclusion and reducing health inequalities is a priority for Government
- Defined; 'what can happen when people suffer from a combination of linked problems such as unemployment, poor skills, low incomes, poor housing, high crime environment, bad health and family breakdown.'
- Exclusion may come about because of dim future prospects and not just current situation.

Economic Costs

- It costs about £110,000 a year to keep a child in residential care.
- Families with complex problems cost between £50,000 and £350,000 each.
- Every teenage pregnancy costs an average of £57,900 in the first five years.
- A mental health bed costs £1,365 a week.

Economic Costs- Domestic Violence

- The cost of domestic violence to services and loss to economy is over £5.7 b per year.
- The cost to the NHS for physical injuries is around £ 1.2 b per year.
- Mental health care is estimated at £176 m. Total tangible and intangible costs are over £23 billion per year.

[\[1\]](#) The Cost of Domestic Violence, Prof. Sylvia Walby, University of Leeds, 2004. Published by WEU.

Impact on Children

- **Children can suffer from lack of boundaries and discipline, and live chaotic lives.**
- **Can seriously affect their physical, psychological and emotional health and well-being**
- **Some children withdraw into themselves, become anxious and find it difficult to concentrate on their school work.**

'Think Family'

- All too often parent's pass their own problems onto their children, creating a never-ending cycle, generation after generation which becomes difficult to break.
- May create a spiral of disadvantage for life
- A huge number of families can be affected by at least one serious issue, but 140,000 families currently experience five or more complex disadvantages

What can we do to address?

- **Ensure that wherever vulnerable families come into contact with health services they find an open door to appropriate help,**
- **By empowering parents we empower children**
- **Engage with parents at an early stage (pregnancy & early years) build skills in parenting & employment**
- **Embed early intervention and prevention within the existing system of support**
- **Extend tailored family services to reach a wider range of vulnerable families**

Whole family approach

- **Whole family assessment process**
- **Child & adult CAF**
- **Identify & treat underlying health problems at an early stage**



Links with Violence & Abuse

- Estimates up to 750,000 children in the UK witness abusive incidents in the home.
- Children in violent homes are 3 to 9 times more likely to be abused.
- Sexual and emotional abuse are also more likely to happen in these families.

Family Intervention Projects (FIPs)

- FIPs are projects which provide support to challenging families at different levels
- They gain the agreement of the family to a range of behavioural changes and engagement in interventions.
- Accredited parenting programmes are delivered and services (such as health) are brought in and coordinated around the family, based on the Dundee model.
- There are currently 53 FIPs in the UK, with expansion to 67 in 08/09

Innovative Partnership Working

- FIP team, key worker
- Nominated health professional (NHP), to signpost and make appropriate referral to health services
- Multi-agency panel
- Key worker 'grips' the family & builds on strengths, non-stigmatising

FIPs-Sheffield-Hallam study

- A sixth of families were homeless with 9 out of 10 on verge of homelessness
- 62% of the families had 3 or more children
- 68% of families were headed by lone parents
- 79% of families had at least one child assessed as 'vulnerable'
- 38% of children at risk of being taken into care

FIPs-health impact in families

- **80% of parents had poor health/mental health problems**
- **47% of families affected by domestic violence, high number of children at risk**
- **High proportion of children with ADHD, emotional & other problems**
- **Over 50% of the children are obese and overweight, with very poor nutrition**

Co-ordinated wrap around care-outcomes-Sheffield Hallam study

Following intensive interventions:

- In 85% of families anti-social behaviour ceased
- Over 80% of families tenancies had stabilised
- Over 85% of children back in schools
- Domestic violence reduced, in one study by 2/3

The first step involves a comprehensive needs assessment

- Crucial health referrals
- Incorporates appropriate action in plan of care
- Well linked to established health services
 - identifies clients requiring substance misuse referrals, e.g.
 - recognises need for specialist interventions

Case study example

- **10 yr old male**
 - Large chaotic family
 - Mother- learning disability, MH issues
 - Child- learning disability, ADHD
 - Previous referral to CAHMS unsuccessful
 - Excluded from school since age 8
 - Mother suspicious of health services
 - High anti-social behaviour

Health contacts made-positive outcomes

- FIP team gained engagement with parents & trust
- Referral made to Community Paediatrician
- Fast-tracked assessment (less than 2 weeks)
- ADHD medication & supervision given
- Paediatrician sat on multi-agency panel

Case study results

- **Father engaged-now takes child to health visits**
- **Anti-social behaviour decreased significantly**
- **Child back in school**
- **ADHD parenting programme undertaken by parents & school**
- **Health has improved, including nutrition**
- **Positive partnership working!**

Role of the NHP-where health works well

- Participation on steering group and multi-agency panel;
- Effective communication between agencies & whole family assessment, including age appropriate children's services;
- Links into teenage pregnancy, DAT, school nurses, GPs, psychologists, paediatricians, CAHMS and health visitors which help to create networks, nutrition and obesity prevention.
- Knowledge of commissioning and levers

Helpful references

- 'Think Family: Improving the life chances of families at risk', www.cabinet-office.x.gsi.gov.uk
- Crime reduction minisite-domestic violence, www.crimereduction.co.uk
- New CPAA Website, www.cpaa.co.uk
- 'Windows of Opportunity-Family Intervention Projects' guide for PCTs, <http://kc.csip.org.uk>

Outcomes to achieve

- Creation of safety & well-being in relationships, families & communities
- Improved health outcomes
- Reduce inequalities

