Book Review: What Works in Reducing Inequalities in Child Health?

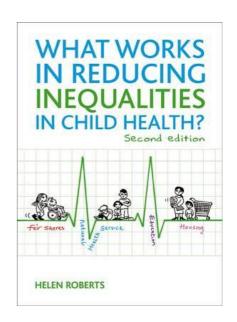
by Blog Admin

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The UK has a deservedly strong reputation for work on understanding social inequalities in health. But there is some way to go in ensuring that research and other types of knowledge are used to reduce inequalities in child health in particular. This updated edition of an important report looks at macro public policy interventions, community interventions, and individual level interventions in a variety of settings, and for a range of age ranges. **Anne Lazenbatt** values the new case studies, updated research, and reference to cost effectiveness – particularly relevant for doing the right thing in a climate of austerity.

What Works in Reducing Inequalities in Child Health? 2nd edition. Helen Roberts. The Policy Press. March 2012.

This is a welcome and much needed second edition volume that collects the author's considerable research experience into an evidence base concerning what works in reducing inequalities in children's health. Written in a clear and engaging manner, the book stresses the compelling evidence that links health and wealth and illustrates that it is now widely accepted both that the determinants of health inequalities lie outside the health sector and that the greatest scope for improving children's health requires the growth of new policies beyond this. It shows us that to make a meaningful difference to inequalities in health, we need to tackle not just health problems but the determinants of those problems. Indeed it discusses how successfully intervening to give children a better start in life is critical because what happens in the early years impacts



significantly on development and may have benefits throughout life and even into the next generation.

This revised and updated edition of an important Barnardo's report looks at macro public policy interventions, community interventions, and individual level interventions in a variety of settings, including infancy, early years, childhood and adolescence, and addresses the impact of poor housing and lack of education. It considers vulnerable groups and those children with particular needs such as looked after children, those with disabilities, those with mental health problems and teenage pregnancy. It considers what works in practice, using vivid and important case studies throughout.

The book presents a stark picture of the links between disadvantage and poor health outcomes that were central to the establishment of the UK National Health Service. However, half a century later, despite reduced infant mortality rates and increased life expectancy, inequalities remain and in some cases have increased. Families with young children remain especially vulnerable, with an increased risk of poverty and poorer health outcomes. The book highlights the central concern that the most significant challenge in responding to children and young people affected by health inequalities lies in recognising that it is a cumulative public health problem that can increase into adulthood. The book will be seen as a timely resource not only for all those currently working with children living with poverty and inequality but also as a fund of valuable material for those researching the area.

The book outlines research evidence that shows how children raised in disadvantaged environments are on average less likely to succeed in school, in their future economic and social lives, and are much less likely

to grow into healthy adults. Programmes that improve learning abilities, behaviour and parental relationships early in childhood can help to break the cycle of poverty and inequality and therefore reduce health inequalities. One of the case studies highlights how day care for pre-school children can increase children's IQ and has beneficial effects on behavioural development and school achievement leading in the long termer term to increased employment, higher socioeconomic status, and decreased pregnancy rates. The case study gives support for the long-term benefits on children of a quality pre-school programme from a long-term study in High/Scope perry Pre-School in an impoverished community in Michigan. Although the evidence from this study may be strengthened by its use of a randomised control trial, trials can have other significant methodological difficulties when undertaken in a community setting such as this. However, the results clearly show that by the age of 19 years compared to the control group those who had attended pre-school were less likely to have needed special educational support, more likely to have completed their schooling and more likely to have found a job. This case study also showed that girls were less likely to get pregnant, thus illustrating that pre-school day care can reduce the welfare and health costs of teenage pregnancy.

Children with disability are highlighted in the book and are shown to experience health inequalities in a number of areas, specifically in relation to health conditions that may increase the risk of serious ill health in later life (e.g. obesity) and/or reduce quality of life, and act as barriers to social inclusion (e.g. emotional and behavioural difficulties). One of the common factors that can cause health inequalities include having less access to effective health and social care (e.g. services and programmes that result in health benefits). To highlight this a further case study provides an overview of the 'Hull Aiming High Cycling Scheme'. The cycling scheme has created opportunities and equality of access for children with disabilities, particularly those with a wide range of disabilities such as learning, physical, sensory and those with complex health needs. All the special schools in Hull are members of the scheme and use cycling as part of their curriculum. This project also shows how children can work within a project by being included a members of the Steering group.

However, one area of weakness is that the book illustrates why efforts to reduce inequalities should focus on implementing interventions for which there is good evidence of effectiveness. However, health can be damaged through well intentioned but poorly informed action and therefore simply 'doing something' does not necessarily lead to improvements. In these cases, the rationale for action and the underlying 'theory' of how change will occur should be clearly outlined and good monitoring and evaluation systems should be built in. And in every case, the views of children and their families should be taken into account.

The book provides extensive theoretical and research evidence of 'what works for children' however, identifying 'what works' is fraught with difficulties. Despite calls for action based on evidence of effectiveness, in many instances we simply do not know what works, or what is likely to work best in a given situation. As the book states, inaction is not an option and the responsible course of action is to make best use of what evidence there is available, to address what we do know as a priority.

Although an excellent resource in itself, this book is, perhaps more importantly, a source of ideas and a call for action to enrich future work in this area. Helen Roberts has written an accessible and much needed book for use by a varied audience. It will be invaluable to researchers, policy makers, and all those who care about improving our understanding of the impact of inequalities on children and who work towards creating prevention and intervention services for children. It is also highly recommended reading for undergraduates and graduate students interested in studying evidence-based material around inequalities in health and its effects on children.

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