

Narrowing the inequalities gap Valuing Midwives

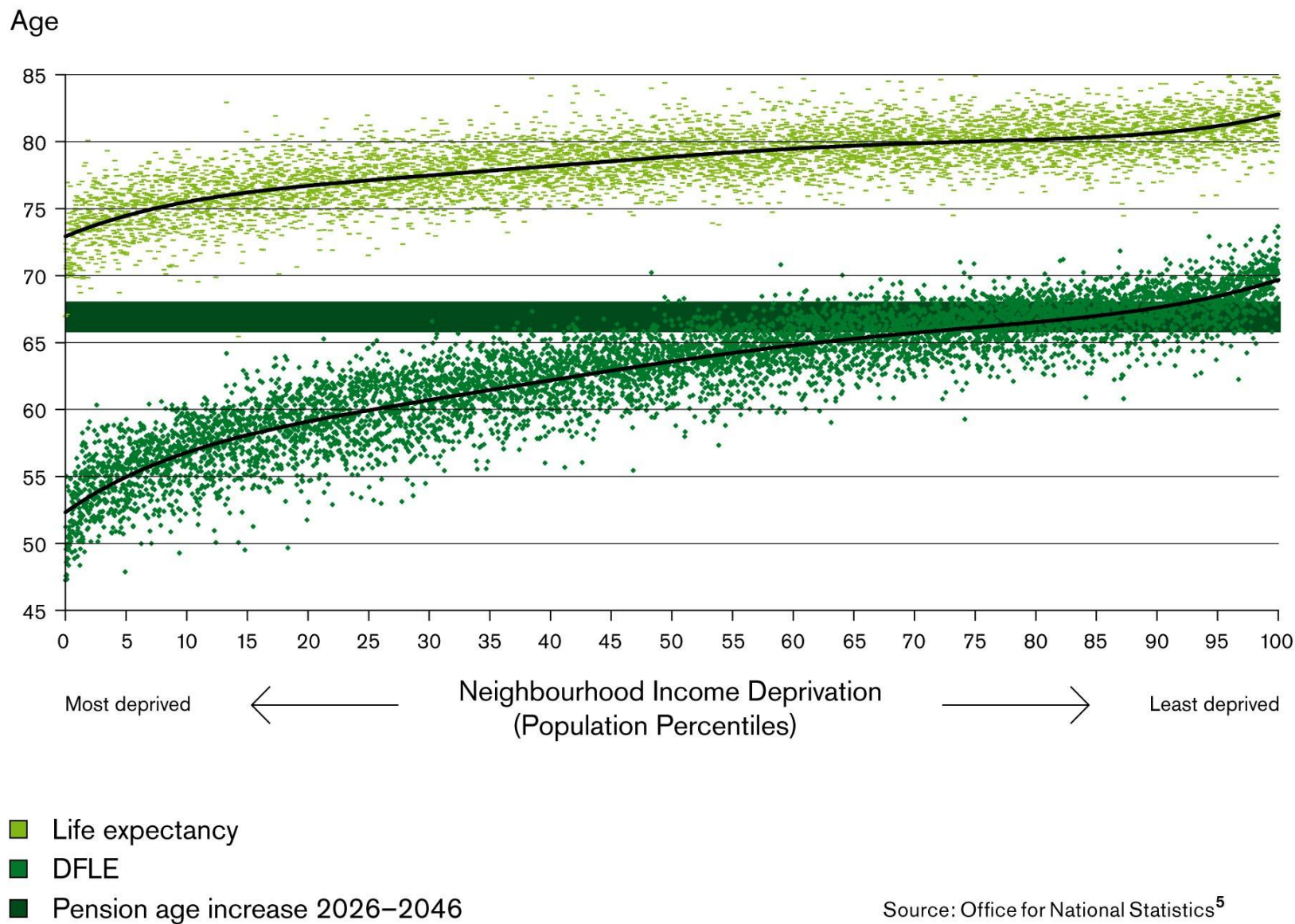
The Royal College of Midwives Annual Conference
16 November 2011

Sue Hogarth
University College London



Fair Society, Healthy Lives

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





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The Marmot Review

Strategic Review of Health Inequalities
in England post-2010

Fair Society: Healthy Lives: 6 Policy Objectives

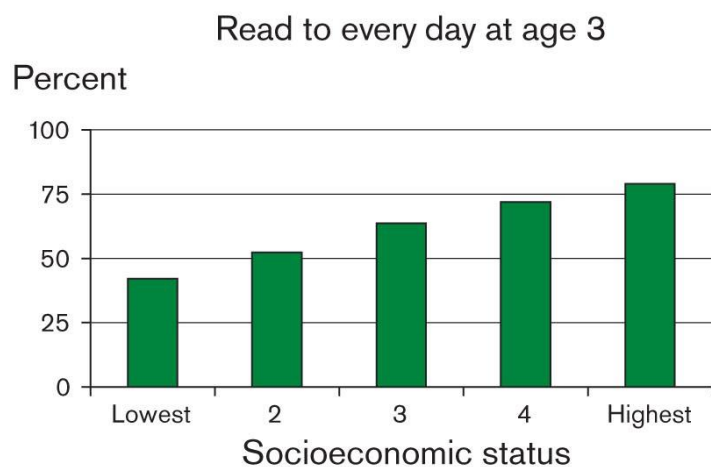
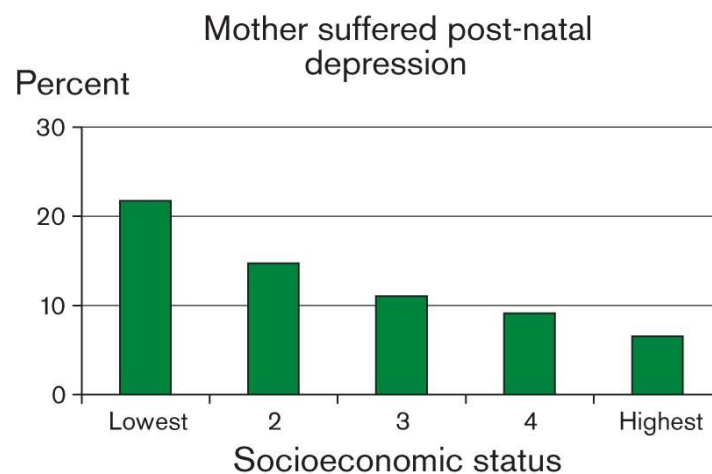
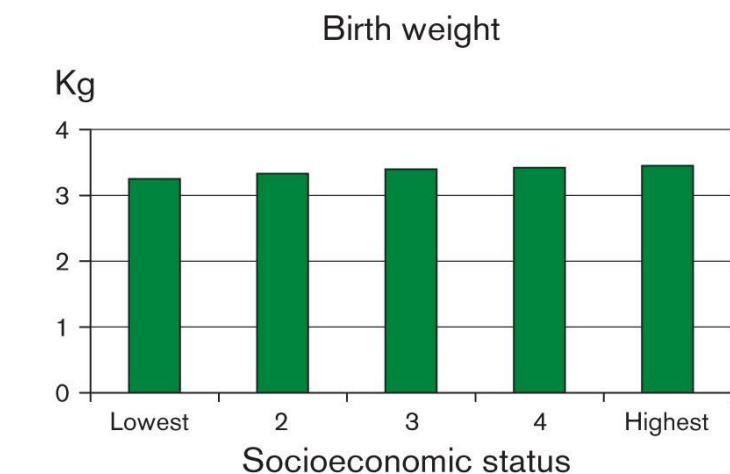
**A. Give every child the
best start in life**

**F. Strengthen the role
and impact of ill
health prevention**



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Figure 2.20 Links between socioeconomic status and factors affecting child development, 2003–4



Source: Department for Children, Schools and Families⁹³

Summary

- Investment in early years is vital and needs to be sustained
- Returns on investment in early childhood are higher than in adolescence
- Currently, spending is higher in later childhood years and needs to be rebalanced towards the early years
- Gaps between individuals and social groups emerge early in the life course.
- Early interventions during pregnancy and ongoing support in early years are critical to the long-term health of the child and other long-term outcomes.
- Emerging evidence shows that Sure Start Children's Centres have a positive impact on child outcomes.
- Families have the most influence on their children.
- Adequate levels of income and material and psychological support and advice for parents across the social gradient are critical.
- Intensive home visiting is effective in improving maternal and child health.
- Good parent–child relationships in the first year of life are associated with stronger cognitive skills in young children



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Recommendations

- Increase the proportion of overall expenditure allocated to the early years and ensure expenditure on early years development is focused progressively across the social gradient.
- Support families to achieve progressive improvements in early years development, including:
 - 1 Giving priority to pre and postnatal interventions, such as intensive home-visiting programmes, that reduce adverse outcomes of pregnancy and infancy
 - 2 Providing paid parental leave in the first year of life with a minimum income for healthy living
 - 3 Providing routine support to families through parenting programmes, children's centres and key workers, delivered to meet social need via outreach to families
 - 4 Developing programmes for the transition to school.



Healthy Lives, Healthy People:

Our strategy for public health in England



Fair Society, Healthy Lives

Social Determinants of Health – What Doctors Can Do

October 2011



Your work

- **Acknowledgement** of health inequalities and impacts
"real and continuing need to tackle health inequalities and social deprivation. These are important and significant factors contributing to babies' deaths"

Professor Cathy Warwick CBE

- **Practice**
 - Giving new parents confidence
 - partnership working with third sector
 - Teenage mothers
 - Relationships with fathers



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Next steps – taking evidence forward

Areas of Action: EDUCATION

- Greater focus on health inequalities/social determinants in under- and post-graduate course curricula
- Dual accreditation in public health.
- More training placements in disadvantaged areas and in a range of sectors e.g. charities, social services
- Ongoing Professional Development and education for professionals

Areas of Action: PRACTICE

- Health practitioners as employers and managers
- Advocacy
- Information, monitoring and measurement
- Work in community and patient empowerment
- Improve signposting
- Commissioning
- Partnership/cross-sector working



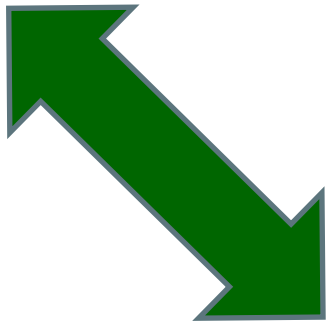
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Finally

Right place,
right time



Will and
motivation



Skills and
knowledge



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