

**AN AUDIT OF COMMISSIONED
THSN RESEARCH IN
NORTHERN IRELAND**

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INTRODUCTION

The Department of Health, Social Services and Public Safety for Northern Ireland (DHSSPS - NI) is committed to addressing inequalities in health and social need within the theme of Targeting Health and Social Need (THSN), an essential element of the Regional Strategy *Health and Wellbeing into the Millennium – a Regional Strategy for Health and Social Wellbeing in Northern Ireland 1997-2002* (DHSS, 1996). The documents *Well into 2000* and *Fit for the Future* also stress the need to tackle health inequalities. However, there is a sparse research literature on health inequalities in Northern Ireland. Haycock & Hensher (1995), Stringer (1992) and Moore et al., (1996) offer a review of the most recent research on health inequalities in the province.

In response to this policy many departments and agencies have commissioned work to explore specific elements that are needed to assess health and social need e.g. *Targeting Health and Social Need – Volume 1 -The Contribution of Nurses, Midwives and Health Visitors* (Lazenbatt, 1997), *Monitoring and Evaluation of Community Development in Northern Ireland* (Barr et al., 1996), and the Coopers and Lybrand (1998) *Baseline Study of Community Development Approaches to Health and Social Wellbeing*. As the Health and Personal Social services (HPSS) is working in partnership with other organisations it is essential, in order to enhance efficiency, and effectiveness that an overview is undertaken of all the relevant literature and policy documents concerning health and social need issues.

Currently, there is a sparse research literature available on interventions and initiatives successfully impacting on inequalities in health. However, both the UK and the Dutch have commissioned reviews of the inequalities in health literature. A Dutch review (Gepkens et al., 1995) gave an overview of examples on interventions which had been implemented and evaluated between 1989 and 1994 and which were aimed at reducing inequalities in health or improving the health of the lowest socio-economic groups. A UK study (Arblaster, et al., 1995) carried out by the Centre for Reviews and Dissemination at York University, aimed to identify interventions which the NHS alone or in collaboration with other agencies could use to improve the health of people from lower socio-economic groups, or to reduce differences in health status.

There is no doubt the need for systematic reviews. However, when considering inequalities in health there is a danger that effectiveness reviews are oversimplifying a very complex and sensitive area. Furthermore, it can be argued that most systematic reviews have at their origin a medical model of health which may be inappropriate for use within needs assessment and health promotion practice which defines health more holistically. It is therefore important to increase our knowledge of what else could be effective.

The authors have produced an audit of current knowledge and practice thereby building a profile of ongoing work in the area of THSN. From this profile a database format for systematically collecting information of health promoting THSN intervention studies can be developed thereby helping to avoid unnecessary duplication of research activity within the province. The audit will also help to identify priorities for future research, and highlight pertinent research-based knowledge for future dissemination and implementation.

Organisations working to address THSN require a systematic collection and overview of work which shows the extent of poverty, deprivation, access to services, gender, age, disability, religion, level of education, geographical location and their effects on health. Extant reports in this area will be collected and used to provide information about holistic health, social conditions and the use of services in local areas. Indeed, the examination of these presently available documents may indicate how the policy has been carried out by other organisations

and groups within the province. This exercise and the dissemination of its findings to service providers and practitioners should make them more aware of THSN and indicate how they can improve the quality of response to people within this area. The information will also highlight gaps in the current evidence base.

Aim of the Audit:

To conduct an audit and inspection of relevant recent, current, and planned research portfolios/ programmes/ projects/ interventions which target health and social need. The overall aim is to identify the current practice, evidence-base, and gaps regarding THSN in Northern Ireland. However, as both the Medical Research Council (MRC) and the Economic & Social Research Council (ESRC) have commissioned work within the area of inequalities in health, on-going and completed work as well as publications within the UK is also included.

Objectives of the Audit:

1. To collate current knowledge of approaches to THSN in Northern Ireland as identified through audit/research projects/interventions conducted in the province **since 1990**.
2. To conduct an overview of the findings and outcomes from **major projects** which have examined THSN throughout the UK and the Republic of Ireland.
3. To bring together the findings from objectives 1 & 2 in order to guide **future research and practice**.

METHOD

Reflecting the two distinct objectives of this research, different data collection methods were used for each of the objectives.

Objective 1: To collate current knowledge of approaches to THSN in Northern Ireland as identified through research projects conducted in Northern Ireland since 1990.

Objective 2: To conduct an overview of the findings and outcomes from major projects which have examined THSN throughout the UK and the Republic of Ireland.

The range of data collection approaches were used to fulfil these objective including primary and secondary data:

- 1. Survey of participants attending THSN related conferences in Northern Ireland;**
- 2. Search of all NI and UK Government Websites;**
- 3. Search of key research funding databases – e.g. MRC, ERSC, Rowntree, NRR etc;**
- 4. Search of relevant NI Statutory and Voluntary websites – e.g. Housing Executive, Equal Opportunities Unit, Health Promotion Agency, Initiative on Conflict Resolution and Ethnicity (INCORE), University of Ulster Website, The Queen’s University of Belfast website, Socio-Spatial Analysis Research Unit (SARU);**
- 5. Request for information from University of Ulster Grants Database on commissioned research on health, education, and/or social need;**
- 6. Request from DHSS register of commissioned research;**
- 7. Hand search of conference/meeting reports on THSN/TSN related issues.**

STRUCTURE OF THE REPORT

The report is presented in 3 sections. The first section presents an overview of current policy (Northern Ireland and elsewhere in the UK) relevant to Targeting Health and Social Need (THSN/TSN).

The second section presents a list of research related to THSN/TSN commissioned and completed in Northern Ireland since 1990. The list is organised by TSN focus eg Deprivation, Young people etc. **Key** research from elsewhere in the UK is presented. The main focus is large-scale regional research, where none exists, however, local research evidence is also included.

The third section presents a list of research projects and documents on the subject of evaluation – with a specific focus on evaluating interventions aimed at addressing social need. While every attempt has been made to include all commissioned THSN/TSN research, the authors of the report acknowledge that research commissioned by voluntary groups or health boards may not be included.

SECTION 1a: RELEVANT POLICIES – NORTHERN IRELAND

All Governments Departments in Northern Ireland take THSN into account in drawing up policies and the Regional Strategy *Health and Wellbeing into the Millennium - a Regional Strategy for Health and Social Wellbeing in Northern Ireland 1997-2002* (DHSS, 1996) identifies the main health and social care issues facing people in Northern Ireland in the 1990s. In addition, it sets objectives and targets for major improvements in health and social wellbeing for tackling these problems. There are four main themes, namely, health promotion and disease prevention; improvements in acute hospital services; community care; and targeting health and social need (THSN). The overall aim of THSN is to:

- **minimise inequalities in population health and social wellbeing;**
- **minimise inequalities in need for health and social care in Northern Ireland; and**
- **minimise inequalities in access to health and social care in Northern Ireland.**

HEALTH

DHSSPS (June 2000) *Draft Equality Scheme*

Section 75 of the Northern Ireland Act 1998 requires public authorities, in carrying out their functions, to promote equality of opportunity and good community relations. This includes the preparation of an Equality Scheme for submission to the Equality Commission. The purpose of this "Draft Equality Scheme" is to set out how the Department will fulfil this statutory obligation.

DHSS (1999) *New TSN: An Agenda for Targeting Health and Social Need in Northern Ireland*. Stationary Office: Belfast.

DHSS (1998) *Well into 2000 - A Positive Agenda for Health and Social Wellbeing*, Stationary Office: Belfast.

DHSS (1995) *Health and Wellbeing into the Next Millennium - Regional Strategy for Health and Social Wellbeing 1997-2002*. Stationary Office: Belfast.

Comments

Targeting Health and Social Need (THSN) has been one of the NI Government's priorities for the last 10 years.

In recognition of the inequalities in health and social wellbeing that exist in Northern Ireland, the Department of Health and Social Services, in its 1992-1997 Regional Strategy 13 entered a commitment to specifically target health and social need (THSN). This initiative has required work at inter-government department level.

This theme was further developed in the current Regional Strategy for 1997-2002, *Health and Wellbeing : Into The Next Millennium*, which aims to 'improve the physical and mental health and social wellbeing of the population' and reinforced in the complementary document '*Well Into 2000*', published in 1998.

NEW TSN UNIT

The Government's Targeting Social Need (TSN) programme is a non-legislative measure set up in 1991 to secure greater equality of opportunity and equity in Northern Ireland. The initiative was described as the third public expenditure next to those of law and order and strengthening the economy. TSN was introduced as a philosophy and method of working by which Government would improve social and economic conditions by targeting resources on Northern Ireland's most disadvantaged areas and people. The Government has recently re-launched the TSN initiative under the banner of New TSN. New TSN is about identifying people and areas in greatest need in our society and trying to ensure that Government programmes are more effective in helping them. (New TSN, 1998). It is also designed to help people in both communities who are disadvantaged.

New TSN Unit (1999) *Vision into Practice* – The first annual report of the TSN Unit

This document outlines the Government's strategy to identify and address social need.

<http://www.ccruni.gov.uk/newtsn/annrep99/index.html>

Since 1994 the implementation of TSN has been greatly assisted by the "Robson Indices", a substantial analysis commissioned by the Government from Manchester University, which objectively identifies the spatial distribution of disadvantage, using a range of data sources mostly derived from the 1991 Census. This material has allowed the classification of District Council areas and wards in terms of relative deprivation, with further pinpointing of disadvantage at electoral enumeration district level. This has facilitated the establishment of boundaries in area-based programmes, such as Making Belfast Work, and the distribution of resources in Northern Ireland-wide programmes, such as funding for District Partnerships under the EU Special Support Programme for Peace and Reconciliation. As the Robson Indices correlate with unemployment levels, they will continue to be used as a basic tool in the New TSN initiative. The next Census of population in 2001 will necessitate the review of the existing indicators and this will be informed by the latest academic thinking and will involve public consultation. In the interim, those implementing TSN will exploit any additional administrative sources which may be developed.

At present Departments use the Robson Indices to define the appropriate geographic areas for their programmes. SACHR has recommended that a consistent definition of TSN areas should be used. The new approach highlighting unemployment could result in a more standardised definition of areas for this aspect of TSN. However, some flexibility in the definition of areas will still be needed. The optimum size for a target area may vary depending on the nature of the programme, whether it is located in an urban or rural area, and the level of resources available.

It has always been accepted that TSN should involve the monitoring of the impact of policies and services. This can often mean the monitoring of the religion/community background of those making use of services. The aim of this is to ensure that utilisation of services reflects the known distribution of need between the communities. There will be an ongoing requirement for such monitoring. Current work on using postcodes as proxy indicators for religion has the potential to extend this type of monitoring into fields where it may previously have been difficult. A particular emphasis on unemployment also offers the possibility of generating more comprehensive monitoring data but within circumscribed areas.

PARTNERSHIP FOR EQUALITY

The Government's proposals for future legislation and policies on Employment Equality in Northern Ireland March 1998

Cm 38909 (1998) *Partnership for Equality* London Her Majesty's Government

PAFT - Policy Appraisal and Fair Treatment

Equal Opportunities into the Mainstream: Guidance on Policy Appraisal for Equal Treatment (Department for Education and Employment. August 1996).

Employment Equality: Building for the Future HMSO June 1997

Peace and Reconciliation

Dept of Finance and Personnel (1995) *Special Support Programme for Peace and Reconciliation in Northern Ireland and Border Counties of Ireland 1995-1999*

Research

DHSS (1999) *A Strategy for Research and Development in Northern Ireland into the Twenty-First Century*. Stationary Office: Belfast.

Rural Development

Dept of Agriculture NI (1994) *Rural Development Strategy 1994-1999*

Transport

Moving Forward - The Northern Ireland Transport Policy Statement, DOE (available from DOE Transport Unit).

NI HOUSING EXECUTIVE - Research Programme 1999-2001

The programme is divided into three sections:

- **Strategic Research**
- **Customer Research**
- **Technical Research**

However all three sections blend to form part of a comprehensive integrated housing research programme. Projects are also grouped by themes – housing and community regeneration; promoting social inclusion; customer satisfaction and the Tenant's Charter; sustainable development and energy efficiency – to emphasise the contribution of the research programme to these important organisational objectives. The 1999-2001 Research Programme was drawn up in consultation with the key Client Divisions – Corporate Services (of which Research is a part), Client Services and Development on the basis of the following agreed principles:

1. **There is a clear link between the proposed projects and the organisational objectives.**
2. **Partnership projects with other organisations such as universities and voluntary agencies are given a certain priority on the basis that where additional funding or staff resources are available from these other bodies scarce resources are made to go further.**
3. **Following consultation with Senior Officers from Client Services and Development Divisions the amount of time spent on liaison with clients in terms of specification, feedback and dissemination of findings, is to be increased.**

STRATEGIC RESEARCH

Key Themes: *Housing and Community Regeneration and Promoting Social Inclusion Religion and Housing*

- Housing Conditions of the Elderly & Mortality
- Housing Association Database
- Private Sector Tracking Exercise
- Homelessness and Disability
- Sheltered Schemes
- Private Rented Sector – Growth & Sales/Housing Benefit
- Private Rented Sector – DPhil at University of Ulster
- Financial Modelling & Targeting Social Needs
- Rural Regeneration
- Housing Benefit
- Valuation and Lands Agency – Role & Impact on Housing Benefit
- Rise in Housing Benefit Transactions
- Integrated Housing
- Urgent Need
- Voids/Shorter Tenancies – Problems & Solutions
- HMO Conditions
- House Sales - Long Term Demand
- Housing Options for 16-18 Care Leavers

CUSTOMER RESEARCH

Key Themes – Customer Satisfaction and Tenant's Charter

- Energy Efficiency Advice
- NI Life & Times Survey
- Homeless Satisfaction
- Continuous Tenant Omnibus Survey
- Estate Based Surveys
- Consumer Panels
- District Office Exit Polls
- Consumer Satisfaction with Scheme Consultation
- Repairs Monitor
- Concierge System, Rathcoole
- Housing Benefit Training
- Grants Office Exit Polls
- Grants Satisfaction
- Design Services Customer Satisfaction
- "Mystery Shopper" (Pilot)
- Citizens Jury (Pilot)
- Staff Attitude Survey

SECTION 1b – GOVERNMENT STRATEGY AND POLICY DOCUMENTS

Examples of

Government Publications England, Scotland and Wales

In England Sir Donald Acheson was invited to review the evidence on inequalities in health and chaired an Inquiry to identify priority areas for future policy development. The Inquiry had a scientific advisory group and consulted with a range of experts. It drew on Sir Douglas Black's Report (1980) on inequalities in health, the work of the World Health Organisation in its European Health for All Policy and the consultation paper "*Our Healthier Nation*". The Inquiry reported in November 1998 and three areas have been regarded as important to future developments, namely that:

- **all policies likely to have an impact on health should be evaluated in terms of their impact on health inequalities and should favour the less well off;**
- **high priority should be given to improving the health and reducing inequality for women of childbearing age, pregnant women and young children; and**
- **steps should be taken to reduce income inequalities and improving living standards of poor households.**

Although it concludes that many health inequalities can be tackled it states that the range of factors influencing them extends far beyond the Department of Health's remit. It states that policy solutions to ill health and inequalities should lie in areas such as tax and benefits, education, employment, housing and nutrition. Different researchers have focused on different aspects of the relationship between health and deprivation. Townsend et al., (1988) look at the link between deprivation and social class; Doyal (1995) examines gender and health; Ahmad (1993) and Smaje (1995) examine race and ethnicity as a factor; Graham (1989, 1993) and Millar (1996) identify women as a specific social group vulnerable to rising poverty. Amin & Oppenheim (1992) demonstrate a similar vulnerability with ethnic groups whereas Berthoud et al., (1993) show that people with disabilities experience discrimination and marginalisation in relation to health and social need. Haycock & Hensher (1995), Campbell (1993), Stringer (1992) and Moore et.al., (1996) offer an overview of the recent research on inequalities in Northern Ireland.

Commentary

Government policy throughout the UK places emphasis on health inequalities. Approaches to address health, education, and social need include New Deals for Employment, New Deals for Communities, Health Action Zones, Education Action Zones, Employment Action Zones, and Sure Start.

Below lists each of the Government (England) Department's policies with a relevance to health and social need. Also provided are web addresses for further information.

EDUCATION

Social Exclusion Unit (1999) *Truancy and School Exclusion*

HEALTH

Department of Health (1999) *Saving Lives – A Healthier Nation* Stationary Office: London.

(For the first time Tackling Health Inequalities is a key goal of the Government's White paper. This paper has been strongly influenced by the Acheson Report)

Department of Health (1998) *Our Healthier Nation - A Contract for Health* Stationary Office: London.

Department of Health (1997) *The New NHS - Modern Dependable* White Paper. (isbn 0-10-138072-0) Stationary Office: London.

The Scottish Office (1997) *Designed to Care, Renewing the National Health Service in Scotland* (CM3811) Stationary Office: Edinburgh

The Welsh Office (1998) *NHS Wales Putting Patients First* (CM3841) (isbn 0 10-138412-2) Stationary Office: Cardiff.

HOUSING

Department of the Environment, Transport and the Regions (June 2000) *Quality and Choice: A Decent Home for All The Housing Green Paper*

<http://www.housing.detr.gov.uk/information/consult/homes/green/index.htm>

LEARNING DISABILITY

Department of Health (1995) *The Health of the Nation: A Strategy for People with Learning Disability*, Department of Health: London.

MINORITY ETHNIC GROUPS

National Health Service in Scotland (1994) *Access to Health Care by the Ethnic Communities: a guide to good practice*, HMSO, Scotland.

Social Exclusion Unit (June 2000) *Minority Ethnic Issues in Social Exclusion and Neighbourhood Renewal - a guide to the work of the Social Exclusion Unit and the Policy Action Teams*

<http://www.cabinet-office.gov.uk/seu/2000/bmezp/contents.htm>

Summary

The report, "Minority Ethnic Issues in Social Exclusion and Neighbourhood Renewal", demonstrates that people from minority ethnic communities are disproportionately disadvantaged and that this disadvantage cuts across all aspects of social exclusion. They are:

- **more likely than others to live in deprived areas and in poor housing;**
- **more likely to be poor and unemployed;**
- **in some cases, likely to do less well at school in some cases and to be excluded in disproportionate numbers from school;**
- **more likely to report suffering from ill health;**
- **likely to be the victims of racial harassment and racist crime, both of which are widespread and under-reported.**

The report concludes that minority ethnic communities experience a double disadvantage: they are disproportionately concentrated in deprived areas and experience all the problems that affect others who live there. They also suffer from the consequences of racial discrimination, services that fail to reach them or meet their needs, and language and cultural barriers to accessing information and services.

It summarises the ideas for further action which have been generated to date by the SEU and PAT reports. These are aimed at improving educational attainment and skills; employment; health and housing among minority ethnic communities, and reducing racist crime. Five broad types of action are suggested:

- **tackling racial discrimination;**
- **making sure that mainstream public services better meet the needs of minority ethnic communities, for example by ethnically;**
- **monitoring their outcomes and involving minority ethnic users in their design and delivery;**
- **putting programmes in place specifically targeted at people from minority ethnic needs;**
- **tackling racist crime and harassment; and**
- **improving the information available about these communities.**

THE SOCIAL EXCLUSION UNIT (CABINET OFFICE)

The Social Exclusion Unit in England was set up by the Prime Minister in December 1997. Its remit is to help improve Government action to reduce social exclusion by producing 'joined up solutions to joined up problems'. Most of its work is based on specific projects, which the Prime Minister chooses following consultation with other Ministers and suggestions from interested groups. The Unit is staffed by mixture of civil servants and external secondees. They come from a number of Government departments and from organisations with experience of tackling social exclusion - the probation service, housing, police, local authorities, the voluntary sector and business.

During its first two years, the SEU has reported to the Prime Minister on five key areas, and published reports on each, analysing the problem and making recommendations for action:

- **Truancy and School Exclusion**
- **Rough Sleeping**
- **Neighbourhood Renewal**
- **Teenage Pregnancy**
- **Bridging the Gap: New Opportunities for 16-18 Year Olds Not in Education,**
- **Employment or Training**

Reports are available from the following website:

<http://www.cabinet-office.gov.uk/seu/index.htm>

URBAN RENEWAL - SEU

Social Exclusion Unit (1999) *National Strategy for Neighbourhood Renewal*

<http://www.cabinet-office.gov.uk/seu/2000/Compendium/contents.htm>

The National Strategy for Neighbourhood Renewal is a follow-up to the 1998 SEU report on deprived neighbourhoods, *Bringing Britain Together*, which set out the need for a national strategy to be an agreed response across Whitehall and beyond to the problems of deprived areas. The main building blocks of the National Strategy are the reports of the 18 Policy Action Teams, PATs, as well as lessons drawn from other new programmes such as the New Deal for Communities. The 18 PAT reports made around six hundred recommendations.

The 18 Policy Action Teams cover: Jobs, Skills, Businesses, Neighbourhood Management, Housing Management, Unpopular Housing, Anti-social behaviour, Community Self help, Arts and Sports, School plus, Young People, Shops, Financial Services, Information Technology, Learning Lessons, Joining it up locally, Better information.

WOMEN

Dept of Health (1997) National R&D Programme in Mother and Child Health (Briefing Notes)

The Women's Unit (1999) *Voices*

<http://www.cabinet-office.gov.uk/womens-unit/1999/wu/index.htm>

Summary: During the first half of 1999, it held the most comprehensive consultation exercise with women throughout the UK ever carried out by the Government. *Voices* is both a report of and a response to that consultation. The consultation included 11 regional roadshows, a 'Talk Back' postcard campaign, meetings with women's groups and a series of discussions.

YOUNG PEOPLE

The Women's Unit and The Home Office (2000) Listen-up – A dialogue with Young People
<http://www.homeoffice.gov.uk/cpd/fmpu/listen.htm>

Summary: Women's Unit/Home Office report on Youth following parallel work with young women and young men. The report explains how young people were consulted, summarises the issues raised and the Government response."

SEU (2000) PAT 12: Young People
<http://www.cabinet-office.gov.uk/seu/2000/pat12/default.htm>

Summary:

Much of the SEU's work has focused on individual dimensions of youth exclusions, such as truancy and exclusion from school, teenage pregnancy, youth homelessness and 16-18 year old unemployment. This work has highlighted two repeating themes:

- the complex disadvantage faced by certain groups of young people such as those who grow up in care, in poverty, in deprived neighbourhoods or who do badly at school; and
- the inadequate response young people have often had from a fragmented set of services that do not organise around their needs.

PAT 12's report tries to get at the root of these two issues. For a significant minority of young people, disproportionately concentrated in the poorest areas:

- **family life is characterised by disrupted relationships, poverty and worklessness;**
- **education provision does not meet their needs;**
- **their way of life lacks stimulation, enjoyment and challenge;**
- **they face serious health problems and are prone to problem behaviours;**
- **they find it difficult to find a decent place to live or money to live on; and they are far too likely both to be victims of crime and to offend against others.**

Young British Minority Ethnic people also face these problems disproportionately - not least because they live in poverty and disadvantaged neighbourhoods, as well as facing the additional effects of racism.

Key Findings

- **there is not enough emphasis on prevention;**
- **services are not delivered in ways which recognise the specific needs of disadvantaged young people;**
- **services need to be provided wherever they are needed, not haphazardly or on a restricted basis;**
- **allocation of resources - far from resources being targeted on those most in need, recent research reveals that while government spending on children generally increases with increasing deprivation, there are a number of instances where very deprived wards have less spent on them than more affluent ones;**
- **emerging evidence suggests that on average, the State spends 14 per cent less money on young people in the most deprived areas, than on the average young person; and**
- **exclusion and underachievement of so many young people clearly has significant public expenditure or economic costs.**

REPUBLIC OF IRELAND

Poverty

Dept of Social Welfare/Combat Poverty Agency (1995) *Working Together against Poverty*

Health

Department of Health and Children Shaping a Healthier Future - *A Strategy for Effective Healthcare in the 1990's*

SECTION 2 a–DHSS FUNDED RESEARCH

1994 – 1996

Health and Social Inequality in Northern Ireland (1996)

Researchers - Haycock & Hensher London Health Economics Consortium

Contribution of Nurses, Midwives and Health Visitors to Targeting Health & Social Need

Researcher – Lazenbatt, A. Queen’s University of Belfast

Inequalities in Health and the Assessment of Related Needs in Two NI communities

Researchers - Harrison et al University of Ulster and QUB

Community Differentials in Health – Secondary Analyses of CHS and NISAS

Researchers – Campbell (QUB) and Stevenson (Real Statistics)

Literature Review on the Social Needs of Physically and Sensorily Disabled Adults

Researcher – Baldwin S University of York

Women’s Health and Parenthood

Researchers – Reilly et al QUB

European Network of Health Promoting Schools

Researchers – Barclay Health Promotion Agency NI

Deprivation and the Needs of Elderly People in the EHSSB

Researchers – University of Sheffield

Meeting the Needs of Young People Leaving Care in NI

Researchers – Pinkerton J QUB

RelateTeen: Teenagers from Divorcing & Separating Families

Researchers –Fawcett QUB

Rural Day Care Action

Researchers – NI Pre-schools Play group Association

Trends in Inequality in NI and Comparison with UK

Researchers – Borooah UU

NI Health and Activity Survey

Researchers – MacAuley et al QUB

NI Social Attitudes Survey

Researchers – Central Survey Unit

International Adult Literacy Survey

Researchers – Central Survey Unit

1996 –

Evason E et al (1998) Mothers on Benefit Funded by DHSS & NISRA

Racial Attitudes in Northern Ireland

Researcher Connolly P NISRA

Jamison, J. et al (1997) A Formula for Allocating resources to health and Social Services Boards for Acute Hospital Services

Funded by HSS Executive

Jamison, J. et al (1997) Study to devise a Formula to Assist in Allocating Resources to GP Fundholders within NI.

Funded by HSS Executive

Jamison, J. et al (1997) Needs Indicators for Allocating Resources to Health and Social Services Boards for Elderly care, Family and Child Care, and Learning Disability Services (Scoping Study)

Funded by HSS Executive

O’Reilly, D & Reid, J. (1998) Accuracy of Translation Files

O’Reilly, D & Reid, J. (1998) Modelling Accessibility to Acute Services

SECTION 2b- TSN RELATED RESEARCH REPORTS – NORTHERN IRELAND - GROUPED BY TSN AREA

Research Centres

Health and Social Care Research Unit QUB(HSCRU): Previously had a research programme in inequalities in population health and social well-being and in access to services, both within Northern Ireland and between Northern Ireland and elsewhere in UK. The unit provided a research environment for the scientific study of the health and social care needs of the population of NI and the appropriateness, effectiveness and efficiency of the services provided to meet those needs.

Socio-Spatial Analysis Research Unit QUB (SARU): Undertake a number of research projects looking at social need, and access to employment and education

General Inequalities/Deprivation Research

* Campbell, R. (1993), "Research into Inequalities in Health in Northern Ireland: What Research?". *Critical Public Health*, 4, (2): 2-8.

*Law, S. et al., (1998) *The Establishment of Future Development of a Register of Current Activity into Population Need in Northern Ireland, Volume 1* – General Report: DHSS.

*Law, S. et al., (1998) *The Establishment of Future Development of a Register of Current Activity into Population Need in Northern Ireland, Volume 2* –Database Report: DHSS.

*Law, S. et al., (1998) *The Establishment of Future Development of a Register of Current Activity into Population Need in Northern Ireland, Volume 3: Summary of Database:* DHSS.

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NISRA

Education

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Funder: The Nuffield Foundation

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Shuttleworth, I., Murphy, A., (In Press) *Socio-Economic Polarisation, Households and Religious Inequality in Northern Ireland* FEC Research report, Fair Employment Commission, Belfast

Employment

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Equal Opportunities

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Funder: SACHR

Osborne B et al (2000) *An analysis of the political, organisational, and legal aspects of the equality agenda in NI*.
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Ethnic Minorities

Campbell, I. (1997) *Preparation for Parenthood with Chinese Mothers: an evaluation*.
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NISRA

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Geography

(+ Education)

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*Belfast Healthy Cities Project (1998) *Listening to Women* Belfast Healthy Cities Project Women's Health Issue Group (Part of the Healthy Cities Belfast)

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Lone Parenthood

Evason E et al (1998) Mothers on Benefit Funded by DHSS & NISRA

Northern Ireland Life and Times Survey

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ARK – Political and Social Archive

Older People

Chambers M (1997-2000) Action – *Assisting carers using Telematic intervention to meet older person's needs* Funder CEC – Telematics DHSSNI

G. Robinson Nilt – (2000) *Pensioner and Pensions*
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Rural Community Development

Homefirst Community Trust (nd) *Addressing Rural Needs – Making the Connections.*
Annual Report

* McShane L (1996) *Rural Community Development*

Teenage and Lone Parenthood

* Child Poverty Action Group (1993) *Not Waving but Drowning – A preliminary Report on the living circumstances of lone parents in Derry area.*

Davies C et al 1994-1996 Teenage mothers in Northern Ireland – Access to Education
Funder: Save the Children Fund

Urban Renewal

Belfast Healthy Cities Consultation Reports

- * Report of the East Belfast Community Consultation Morning
- * Report of the North Belfast Community Consultation Morning
- * Report of the South Belfast Community Consultation Morning
- * Report of the West Belfast Community Consultation Morning

- * Report of the Consultation Evening
- * Report of the Young People's Consultation Day
- * Listening to Women: Summary Report on the Consultation Process on a Women's Health Policy for Belfast
- * Report of the Consultation with Men
- * Report of the Consultation with Older People
- * Report of the Consultation with People with Disabilities
- * Report of the Consultation with Ethnic Minority Groups
- * Report of the Consultation Strategy: Voluntary Sector Organisational Responses
- * Report of the Consultation Process : Organisational/Individual Responses, Household Leaflets, Freephone and Visual Display

Making Belfast Work

*Making Belfast Work (1996) *Health Related Knowledge and Perceptions of the People of Belfast*. EHSSB: Belfast.

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Young People

Attitudes and Beliefs

NI Young People Life and Times

The Northern Ireland Life and Times Survey incorporates a Young People Life and Times survey each year. Topics covered include Political Attitudes - asked in 1998 and 1999, Community Relations - asked in 1998 and 1999, Gender and Family Roles - asked in 1998, Public Understanding of Science - asked in 1998, Rights of the Child - asked in 1998, Education - asked in 1999, Genetics Research - asked in 1999 - Transport - asked in 1999

Findings from this survey can be accessed through the Website.
<http://www.qub.ac.uk/nilt/ylt/index.html>

General Health Behaviour

HBSC

Health Promotion Agency NI (1999) *Health Behaviour of School Children in Northern Ireland* 1997/1998 Survey HPANI Belfast

Comments: Regional survey of 6589 young people covering smoking, alcohol use, drug use, sexual behaviour, bullying, and attitudes to school

Drug Use

Karen McElrath and Kieran McEvoy (1999) *Ecstasy Use in Northern Ireland*. The Queen's University of Belfast. Funded by NISRA

Homeless and Young People

Simon Community and NHSSB (1998) *Homeless Young People*

Housing Executive NI are currently researching the housing needs of 16-18 year old care leavers.

Smoking

EU Funded Research – Smoking among young people - 3 year study

Granted Holder Barbara Knox University of Ulster Centre for Diet and Nutrition

Status Zero Young People

NIERC & University of Ulster (1997) *“Status O”. A socio-economic study of young people on the margin*. A report prepared for the T&EA NI

(Updated report due July 2000)

SECTION 2c – TSN RELATED RESEARCH REPORTS

GB and ROI – Part 1 Inequalities/Poverty

The ESRC have funded an ongoing programme of work on Health Inequalities (See Appendix 1 for full details of projects).

General Inequalities and Poverty & Deprivation

Benzeval M, Judge K & Whitehead M (eds) *Tackling Inequalities in Health* The King's Fund, London

Duclos JY & Gregoire P (1999) *Absolute and Relative Deprivation and the Measurement of Poverty* Luxembourg Income Project Working Paper no 213 (attachment PDF file)

Fyfe, G. (1994) *Poor and Paying for It: the price of living on a low income*. HMSO - Scottish Consumer Council.

Hills, J. (1993) *The Future of Welfare: a guide to the debate*. Joseph Rowntree Foundation, York.

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Osberg L (2000) **Long Run Trends in Economic Inequality in Five Countries – A birth Cohort View** Luxembourg Income Project Working Paper no 222 (attachment PDF file)

Robbins, D. (1994) *Observatory on National Policies to Combat Social Exclusion*. Commission of the European Communities Directorate General V.

Roll, Jo. (1992) *Understanding Poverty: a guide to concepts and measures*. Family Policy Studies Centre. London

Sinfield, A (1993) *Poverty, Inequality and Justice*. Social Policy Series No 6, University of Edinburgh, Department of Social Policy and Social Work.

Strathclyde Poverty Alliance (1994) *Communities against Poverty - a Resource Pack*, Strathclyde Regional Council.

Thake, S. & Staubach, R. (1993) *Investing in People - rescuing communities from the margin*. Joseph Rowntree Foundation, York.

Joseph Rowntree Foundation – Findings (www.jrf.org.uk)

- Howarth et al (1999) *Monitoring Poverty and Social Exclusion 1999* Joseph Rowntree Foundation New Policy Institute (attachment monsocial.pdf)
- *Monitoring Poverty and Social Exclusion 1998* Joseph Rowntree Foundation New Policy Institute
- *Ethnic Groups and low income distribution (Feb 99 ref f249)*
- *Understanding and combating 'financial exclusion' (Mar 99 ref f369)*

Inequalities

Acheson, D. (1998) *Independent Inquiry into Inequalities in Health*, Stationary office, London.

Association for Public Health *Response to the Acheson Enquiry* October 1997

Benzeval, M; Judge, K & Whitehead, M. (1996) *Tackling Inequalities in Health- An Agenda for Action*, The Kings Fund, London.

Benzeval, M; Judge, K & Whitehead, M. (1997) Tackling Inequalities in Health- An Agenda for Action, *Sociology of Health and Illness*, Vol 19, 1, 127-128.

Benzeval, M & Judge, K (1998) Poverty and Health *Health Variations* pp12-13

Bunting, J (1997) *Morbidity and Health Related behaviour of adults in Decennial Supplement* Office for National Statistics, London Drever, F. & Whitehead M. (Eds)

Bury, M (1997) *Health and Illness in a Changing Society* Routledge 47-76

Carr-Hill, R & Sheldon, T (1991) Designing a Deprivation Payment for General Practitioners: the UPA (8) Wonderland *British Medical Journal* Vol 302: 16 Feb.

Carstairs, V & Morris, R (July 1990) Deprivation and Health in Scotland *Health Bulletin* 48/4 162-175

Crail, M (January 1998) Moving Targets *Health Service Journal* 12-13

Charlton, B (1994) Is Inequality bad for the national health? *The Lancet* 221-222: Vol 343 Jan 22.

Davey Smith, G; Hipley, M; Rose, G (1990) Magnitude and causes of socio-economic differentials in mortality: Further evidence from the Whitehall Study *Journal of Epidemiology and Community Health* 265-270.

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Drummond, M & Maynard, (1993) *A Purchasing and Providing Cost-Effective Healthcare* Churchill Livingstone, London

Eachus, J et al (1996) Deprivation and Cause Specific Morbidity: Evidence from the Somerset & Avon Survey of Health *British Medical Journal*, vol312.

Evan, R; Barer, M; Marmor, T (1994) *Why are some people healthy and others not? - The determinants of health populations* Walter de Gruyter

Moore, W (Jan 1998) Action Stations *Health Service Journal*

Moore, R & Harrison, S (1995) In poor health: Socio-economic and health chances - a review of the literature *Social Sciences in Health* pp 221-235

Munro, J & Rayner, G (October 1997) Dobson's Choice: Tackling the Inequalities *Public Health Forum*

Kenny, C (Vol 93 No 25 1997) Milk of Human Kindness is back in fashion *Nursing Times* pp 12-13

McLoone, P & Boddy, FA (Vol 309 1994) Deprivation and Mortality in Scotland, 1981 and 1991 *British Medical Journal* pp 1465-1474

Najman, JM (Vol 36 No 2 1993) Health and poverty: Past, present and prospects for the future *Social Science and Medicine* pp 157-166

The Policy Press (1995) *Beyond the Threshold - The Measurement and analysis of social exclusion*

Ross, PE (Jan 31 1994) Inequality *Forbes* 81

Small Area Health Research Unit (1997) *Small area analysis in Health and Health Service Research: Principles and Application* TCD Dept of Community Health and General Practice

Townsend, P et.al., (1988) *Inequalities in Health: The Black Report and the Health Divide*, Penguin Books, London, Health Education Council.

Townsend, P; Davidson, N & Whitehead, M (1992) *Inequalities in Health including The Black Report* (Townsend & Davidson) & *The Health Divide* (Whitehead) Penguin Books

Watt, G. (1996) All Together Now: why social deprivation matters to everyone. *British Medical Journal*, 312:1026-9.

White, M (Issue 1 1998) Health Inequalities - Today's biggest issue for public health *Health Variations* pp 4-5

Wilkinson, R G. (1994) *Unfair shares; the effects of widening income differences on the welfare of the young*, Barnardo's, London.

Wilkinson, R G. (1996) *Unhealthy Societies: the afflictions of inequality*, Routledge, London.

Williamson, P (Nov 29 1995 Vol 91 No 48) Their Own Worst Enemy *Nursing Times* p25

Worrall, A; Rea, JN; Ben-Shlomo, Y (1997) Counting the Cost of Social Disadvantage in Primary Care: Retrospective Analysis of Patient Data *British Medical Journal* Vol 314 No 4: 38-42

Reviews

1. Arblaster et al, (1995) *Review of the Effectiveness of Health Service Interventions to reduce Inequalities in Health* , CRD Report, no 3,NHS Centre for Reviews and Dissemination, York.
2. Gunning-Schepers L & Gepkens A (1996) Reviews of interventions to reduce social inequalities in health *Health Education Journal* 55:226-238

Discussion of the two reviews of interventions to reduce inequalities in health

The Government in both the Netherlands and the UK have commissioned reviews of the literature in search of evaluated possibilities to reduce health inequalities. This discussion will focus on some of the similarities and some of the differences between the two reviews and the consequences for further research.

Review Methodology

The two studies covered different time periods with clearly different aims.

1. The Dutch review, *Interventions to reduce socio-economic health differences* (Gepkens et al., 1995) was the final project of a five-year research programme commissioned by the government between 1989 and 1994. The project was asked to give an overview of examples of interventions which have been implemented and evaluated, aimed at either reducing inequalities or variations in health or improving the health of the lowest socio-economic groups. It included as many interventions done at local level as possible, even though they were often not formally published and are reported only in the so-called 'grey' literature.
2. The UK systematic review, *Review of the research on the effectiveness of health services interventions to reduce variations in health* (Arblaster et.al., 1995) carried out by the NHS Centre for Reviews and Dissemination of York University was commissioned by the Department of Health for its *Variations in Health Sub-group of the Health of the Nation* initiative. Its aim was to identify interventions which the NHS alone or in collaboration with other agencies could use to improve the health of people from lower socio-economic groups or ethnic minority groups or to reduce differences in health status. The methodological criteria for inclusion was more rigorous than the Dutch review. It included only interventions with an experimental design (those involving before and after studies with or without controls, randomized and non-randomized).

Both reviews involved searches of MEDLINE and other databases as well as consulting experts in the field. The Dutch Review scanned papers published during 1966-1993 and 98 interventions were identified using the following dimensions:

target population;
intended effects of the intervention;
the type of intervention method used;
the methods of evaluation; and
the actual effects.

The interventions identified were classified as to their effectiveness using the author's (health) outcome measures, operationalisation of socio-economic status and conclusions of the evaluation. An intervention was called effective when the outcome measure showed a positive result and when it was at least as effective for the lowest socio-economic groups as the highest. The interventions described and the evaluation designs varied considerably which made it difficult to compare effectiveness. Costs of interventions were almost never mentioned so no attempt was made to compare cost-effectiveness. Furthermore, the often very limited outcome evaluation and sometimes incomplete reporting of the intervention made possible only a qualitative judgement.

The UK review systematically reviewed the interventions from 1966 to 1994. Studies were included if they assessed health promotion interventions designed to reduce inequalities in health or improve the health of disadvantaged groups and could be carried out by a health service alone or in collaboration with other agencies. Only studies evaluating interventions using an experimental design were included. A total of 122 were identified and over 30 reviews were included.

Findings

The Dutch and the English Reviews identified around 98 and 122 interventions each, of which only 26 were common to both. However, many of the interventions identified by the Dutch did not meet the rigorous inclusion criteria of the York study (many of which came from the USA). **The characteristics of success were similar in both reviews.** Within the 'grey literature' many of the projects discussed were part of the Healthy Cities movement. The topics covered varied from nutrition to prevention of child abuse with emphasis on **participation of citizens**. Many of the interventions took **intermediate endpoints** e.g. increased knowledge or changing behaviour.

Both reviews reflect a very creative and active health promotion field in which innovative approaches are tried, described and sometimes formally evaluated. However, these positive conclusions are overshadowed by the fact that neither review offers a clear basis upon which to build a policy to reduce inequalities in health that is likely to be effective in the short term.

Many of the studies reported have not measured the effect of such an intervention in terms of a reduction of group health differences. Are these interventions more effective in higher socio-economic groups? These interventions may improve the health in the lowest groups but do not guarantee a reduction in health differences.

In conclusion, the most important contribution of these reviews is that they bring together a wide variety of creative ideas. Even though some of the interventions were not scientifically evaluated, their insights might allow future programmes to become so.

SECTION 2c – TSN RELATED RESEARCH REPORTS GB and ROI – Part 2 by TSN AREA

Cancer

Wilkinson G S & Wilson J (1983) An Evaluation of Demographic Differences in the Utilisation of Cancer Information Service. *Social Science and Medicine* 17, 169-175.

Children

Ball C, (1994) ed. *Start right: the importance of early learning*. London: Royal Society of Arts, 112

Barker, DJP. (1994) *Mothers babies and disease in later life*. London: BMJ Publishing Group.

Botting, B (1997) *Mortality in Childhood in Health Inequalities Decennial Supplement* Office for National Statistics, London Drever, F. & Whitehead M. (Eds)

Botting, B & Bunting, J (1997) *Children's Health and Lifestyle - A review in Health Inequalities - Decennial Supplement* Office for National Statistics, London Drever, F. & Whitehead M. (Eds)

Botting B. (1997) Mortality in childhood. In: Drever F, Whitehead M, eds. *Health inequalities: decennial supplement: DS Series, no.15*. London: The Stationery Office.

Dallison J, Lobstein T. (1995) *Poor expectations: poverty and under-nourishment in pregnancy*. London: NCH Action for Children and The Maternity Alliance.

Division of Mental Health (1993) . *Life skills*

Glendinning A, Schucksmith J, Hendry L. (1994) Social class and adolescent smoking behaviour. *Social Science and Medicine*;38:1449-60.

Goodwin, S (1991) Breaking the Links between Social Deprivation and Poor Child Health *Health Visitor*, Vol 64 No 11.

Green G, Macintyre S, West P (1991), Ecob R. Like parent like child? Associations between drinking and smoking behaviour of parents and their children. *British Journal of Addiction*;86:745-58.

Gregory J, Collins D, Davies P, Hughes J, Clark P. (1995) *National Diet and Nutrition Survey: Children aged 11/2 to 41/2 years: volume 1*. London: HMSO.

Hamilton K, Saunders L. (1997) *The health promoting school: a summary of the European Network of Health Promoting Schools evaluation project in England*. London: Health Education Authority/National Foundation for Educational Research.

Health Education Authority (1990). *Tomorrow's young adults*. London: Health Education Authority.

- Hope P, Sharland P. (1997) *Tomorrow's parents: developing parenthood education in schools*. London: Calouste Gulbenkian Foundation.
- Hurry J, Lloyd C. A (1997) *Follow up evaluation of Project Charlie: a life skills drug education programme for primary schools*. Paper 16. London: Home Office Drug Prevention Unit
- Leather S. (1996) *The making of modern malnutrition: an overview of food poverty in the UK*. London: Caroline Walker Trust. *Education in schools*. Geneva: World Health Organisation.
- *Mallet, J. (1997) *The Hidden Troubles*. Child Poverty Action Group: Northern Ireland
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- Middleton S, Ashworth K, Walker R. (1994) *Family fortunes*. London: Child Poverty Action Group.
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- NHS Centre for Reviews and Dissemination (1997). Preventing and reducing the adverse effects of unintended teenage pregnancies. *Effective Health Care*;3.
- Office for National Statistics. *Smoking in secondary school children*. London: HMSO/The Stationery Office, various years.
- Oldfield N, Yu A. (1993)*The cost of a child: living standards for the 1990s*. London: Children Poverty Action Group.
- Pelligrini D. (1994) Training in interpersonal cognitive problem-solving. In: Rutter M, Taylor E, Hersov L, eds. *Child and adolescent psychiatry: modern approaches*. Oxford: Blackwell.
- Social Exclusion Unit. (1998)*Truancy and school exclusion: report by the Social Exclusion Unit*. London: The Stationery Office.
- Sylva K. (1994) The impact of early learning on children's later development. In: Ball C, ed. *Start right: the importance of early learning*. London: Royal Society of Arts.
- Thomas G. (1997) *Exam performance in special schools*. Bristol: Centre for Studies on Inclusive Education.
- White D, Pitts M. (1997) *Health promotion with young people for the prevention of substance misuse*. London: Health Education Authority.
- Wild S, McKeigue P. (1997) Cross-sectional analysis of mortality by country of birth in England and Wales, 1970-92. *British Medical Journal*; 314:705-710.
- Zoritch B, Roberts I. (1998) *The health and welfare effects of day care for pre-school children: a systematic review of randomised controlled trials*. In: The Cochrane Database of Systematic Reviews, ed. The Cochrane Library, Issue 2, 1998. Oxford: Update Software (updated quarterly).

Collaboration/Partnerships

Health Education Board for Scotland (1998) **Partnerships for Health – a review**. Working Paper No. 3. HEBS: Scotland.

Fieldgrass, J (1992) **Partnerships in Health Promotion: collaboration between the statutory and voluntary sectors**, HEA/NVCO.

Speller, N. & Funnell, R. (1994) **Towards Evaluating Healthy Alliances**. HEA/Wessex: Institute of Public Medicine.

Commissioning

*EHSSB/QUB (1995) **Commissioning a Multi-Professional Approach to Achieving Health and Social Gain**. EHSSB: Belfast.

*EHSSB (1996) **Commissioning Quality Care - a review of initiatives being undertaken by Trusts within the EHSSB**. EHSSB: Belfast.

Community Development

Ball M (1988) **Evaluation in the Voluntary Sector – Forbes Trust London**

Barr, A (1994) **Assessing Community Needs**, *Scottish Journal of Adult and Continuing Education*, vol. 1, no 1.

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APPENDIX 1

ESRC Health Variations Research Programme

Phase 1 Projects

Social variation in women's health: work or way of life

Dr Mel Bartley University College London

Deprivation, psychological factors and health: response and recovery from illness

Dr Malcolm MacLeod - University of St Andrews

Income dynamics and health inequalities: analysis of cohort and panel data

Dr Michaela Benzeval:- LSE Health

Ethnic variations in health: assessing the role of class, gender and geography

Dr James Nazroo:- University College London

Social variations in health in early old age: an investigation of precursors in a 60-year follow-up study

Dr David Blane- Imperial College of Science, Technology and Medicine

Understanding health variations: the interaction between people, place and time

Professor Jennie Popay- University of Salford

Comparative methods for studying socio-economic position and health in different ethnic communities

Professor George Davey Smith- University of Bristol

Social settings at home and work: early and later life influences on health variations

Dr Chris Power - Institute of Child Health

Housing wealth and community health: explanations for the spatial polarisation of life chances in Britain

Dr Daniel Dorling - University of Bristol

The role of perceptions of family history in persisting inequalities in health and lifestyle

Professor Graham Watt - University of Glasgow

Dimensions of health variations over persons, time and place

Professor Heather - Joshi Institute of Education

The contribution of social welfare in addressing health inequalities

Professor Margaret Whitehead - Liverpool University

Housing tenure and car ownership: why do they predict health and longevity

Professor Sally Macintyre - University of Glasgow

ESRC Health Variations Research Programme

Phase 2 Projects

Inequalities in health service utilisation at the general practice level

Dr Sheena Asthana - University of Plymouth

The contribution of job insecurity to socio-economic inequalities

Professor Michael Marmot- University College London

The socio-economic and cultural context of children's lifestyles and the production of health variations

Dr Katherine Backett-Milburn - University of Edinburgh Medical School

Childhood origins of social variation in mental health

Dr Amanda Sacker - University College London

Influence of the workplace on social variations in health in early old age

Dr David Blane- Imperial College of Science, Technology and Medicine

Measuring preferences regarding equity and variations in health

Professor Peter Smith - University of York

Psychological stress, lifestyle and socio-economic inequalities in morbidity and mortality

Professor George Davey Smith - University of Bristol

Locality-level mortality and socio-economic change in Britain since 1920

Dr Humphrey Southall - Queen Mary and Westfield College

Understanding health variations and policy variations

Dr Daniel Dorling - University of Bristol

The role of perceptions of family history in persisting inequalities in health and lifestyle

Professor Graham Watt - University of Glasgow

Dimensions of health variations over persons, time and place

Professor Heather - Joshi Institute of Education

The contribution of social welfare in addressing health inequalities

Professor Margaret Whitehead - Liverpool University

Housing tenure and car ownership: why do they predict health and longevity

Professor Sally Macintyre - University of Glasgow

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