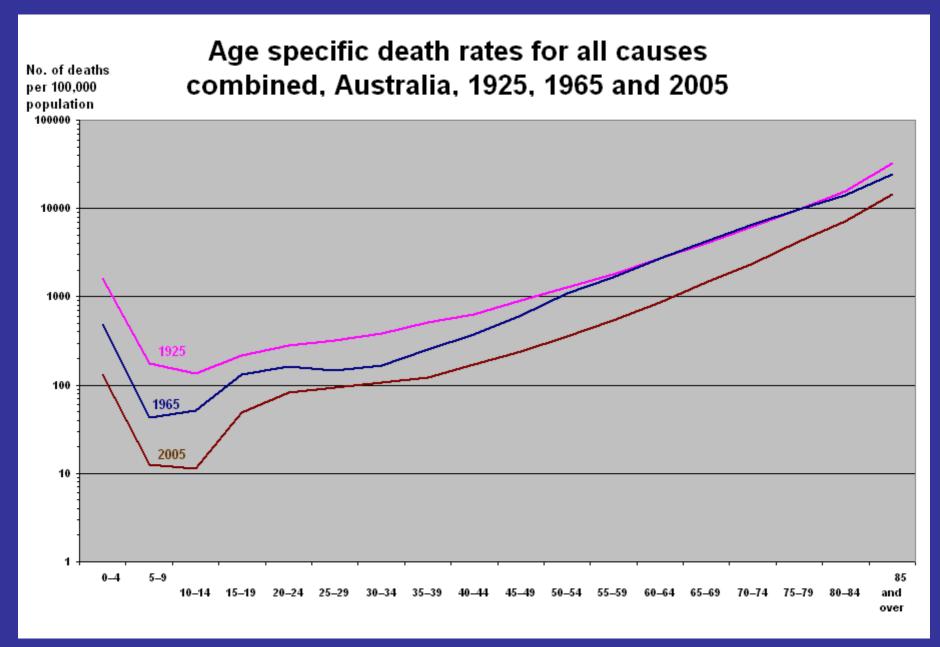
Surveillance and Monitoring Social and Family Factors Child Well-Being

Presenter: E Tursan d'Espaignet Research Associate, Telethon Institute for Child Health Research Perth, Western Australia

(also Service Director Surveillance and Monitoring Hunter New England Health, NSW)

Purpose of talk

- Surveillance and monitoring of social and family indicators of child development and well-being using a CATI survey undertaken in Western Australia between 2001 and 2003.
- Of the many uses, the one that is of primary interest to me is the potential for advocating with different sectors
- Future development: need to understand better how to action at local level



The changing epidemiology of Child Health

Increased invisibility of child health as an issue in the 1950s-1980s

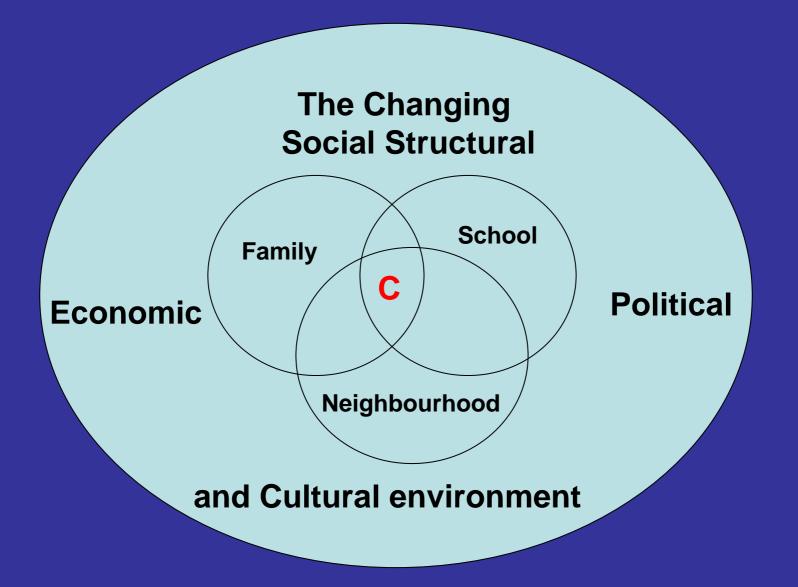
 Growing unease in the late 1980s – early 1990s

Increasing concern with developmental issues since then

Developmental Issues

- Physical health outcomes (LBW, SIDS, failure to thrive).
- Developmental and learning outcomes (cognitive development, speech and language)
- Mental health outcomes (Attention, aggression, emotional)
- Risk behaviours (alcohol, smoking, eating disorders, unsafe sex)
- Academic outcomes (poor academic achievement, alienation)
- Social outcomes (family breakdown, child abuse, detached care)

Ecological Framework of Influence



Social and Family Functioning surveillance indicators

Income

Time

Human capital

Psychological capital

Social capital

Source: Zubrick, Williams, Silburn and Vimpani, 1998

Methods

- Well-Being survey CATI questionnaire: relationship between emotional health status and social and family indicators
- Collaboration between WA Dept of Health (agency who commissioned the data as part of its Surveillance system) and Telethon Institute for Child Health Research who has helped with analysis of the data.
- Total sample of 3,503 children for period 2001-2003.
- This particular set of data does not cover the area of social capital although the Department has since collected these data.

Definition of Emotional Health Problem

 Overall, does your child have trouble with emotions, concentration, behaviour or getting on with people? Would you say:

No

Only a little
Quite a lot
Very much
Unsure/ Cannot remember
Refused

Prevalence of emotional health problems by age of child (weighted)

| Age of child (yrs) | No. with Problems | % | No. without problems | % | Odds ratio (95% CI) | p value |
|--------------------|----------------------|------|----------------------------|------|------------------------|------------|
| 12 – 15 | 258 | 30.0 | 600 | 70.0 | 1.51 (1.22 – 1.86) | < 0.001 |
| 5 – 11 | 616 | 35.6 | 1116 | 64.4 | 1.94 (1.62 – 2.32) | < 0.001 |
| 1 – 4 | 210 | 22.2 | 738 | 77.8 | 1.00 | _ |

Prevalence of emotional health problems by sex of child (weighted)

| | No. with Problems | % | No. without problems | % | OR (95% CI) | p value |
|-------|----------------------|------|----------------------------|------|-----------------------|------------|
| Boys | 633 | 34.7 | 1191 | 65.3 | 1.53 (1.31 – 1.80) | < 0.001 |
| Girls | 451 | 26.3 | 1263 | 73.7 | 1.00 | |

Income

Annual household income:
\$: <20k, 20-39k, 40-59k, 60-79k, 80+

Spending more than we get
 Just enough to get through to next pay day
 Some money left over but spend it
 Save a bit every now and then
 Save a bit regularly
 Save a lot

Household annual income & emotional health problems

| Annual income (\$) | No. with problems | % | No. without problems | % | OR (95% CI) | p value |
|-------------------------|-------------------|------|----------------------|------|---------------------------|------------|
| \$80,000 + | 199 | 26.8 | 544 | 73.2 | 0.54 (0.42 – 0.71) | < 0.001 |
| 60 – 79,999 | 194 | 28.0 | 499 | 72.0 | 0.58 (0.44 – 0.76) | < 0.001 |
| 40 – 59,999 | 259 | 27.6 | 679 | 72.4 | 0.57 (0.44 – 0.73) | < 0.001 |
| 20 – 39,999 | 286 | 35.8 | 515 | 64.3 | 0.83 (0.64 – 1.07) | 0.145 |
| 0 – 19,999 Reference | 146 | 40.2 | 218 | 59.8 | 1.00 | _ |

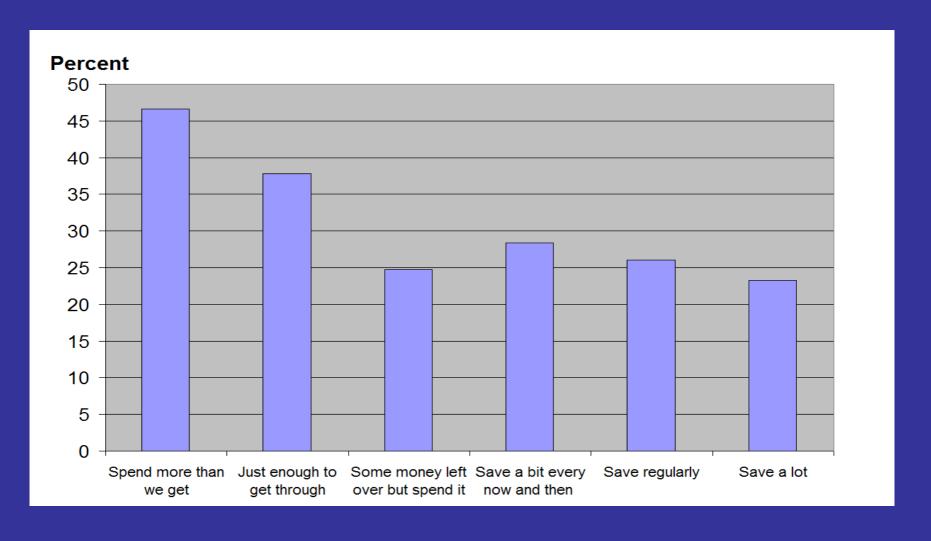
Emotional health problems in children by annual household income



Income flow (spending patterns) & emotional health problems

| | No. with problem | % | No. without problems | % | OR (95% CI) | p value |
|-------------------------------|------------------|------|----------------------------|------|---------------------------|------------|
| Spend more than we get | 93 | 46.6 | 106 | 53.4 | 1.00 | |
| Just enough get through | 324 | 37.8 | 533 | 62.2 | 0.70 (0.51 – 0.95) | 0.024 |
| Save a bit now & then | 429 | 28.4 | 1081 | 71.6 | 0.48 (0.35 – 0.64) | < 0.001 |
| Save regularly | 80 | 26.0 | 229 | 74.0 | 0.40 (0.27 – 0.59) | < 0.001 |
| Save a lot | 70 | 23.3 | 230 | 76.7 | 0.35 (0.24 – 0.51) | < 0.001 |

Income flow and emotional health problems



Time

- No. of hours family worked per week
- Family working arrangement: Full-time / part-time / Employed / Unemployed / One parent or two-parent families
- No. of hours of TV watched/computer games played per week by child

84

507

488

872

179

1.98 (1.34 – 2.92)

1.51 (1.19 – 1.92)

1.28 (1.03 – 1.59)

1.50 (1.09 – 2.05)

1.00

0.001

0.001

0.025

0.012

| emotional health status of children | | | | | | | |
|-------------------------------------|--------------------|------|--------------------------------|----------|--------------------|-------------|--|
| No. of family work hours | No. with problem s | % | No. without problem s | % | OR (95% CI) | p- value | |
| Nil | 149 | 41.4 | 211 | 58.6 | 2.25 (1.71 – 2.97) | < 0.001 | |
| 1-20 hours | 57 | 33.8 | 113 | 66.2 | 1.62 (1.13 – 2.34) | 0.009 | |

20-34 hours

35-44 hours

45-59 hours

60-89 hours

90+ hours

52

159

232

351

84

38.3

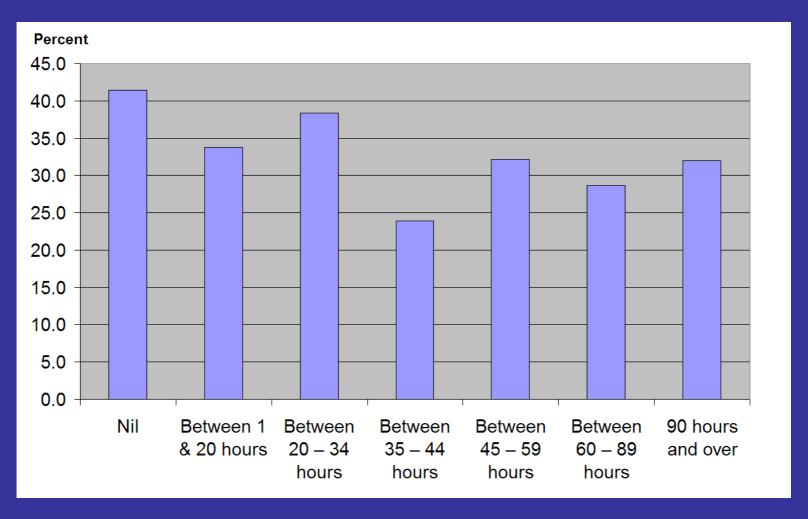
23.9

32.2

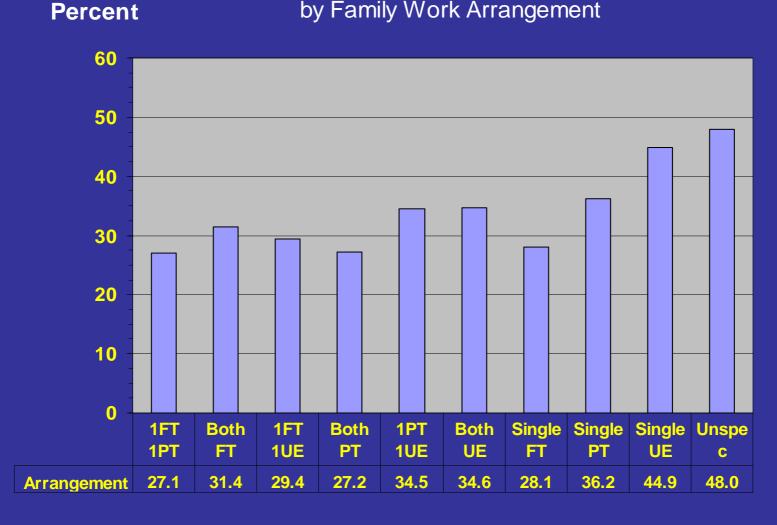
28.7

32.0

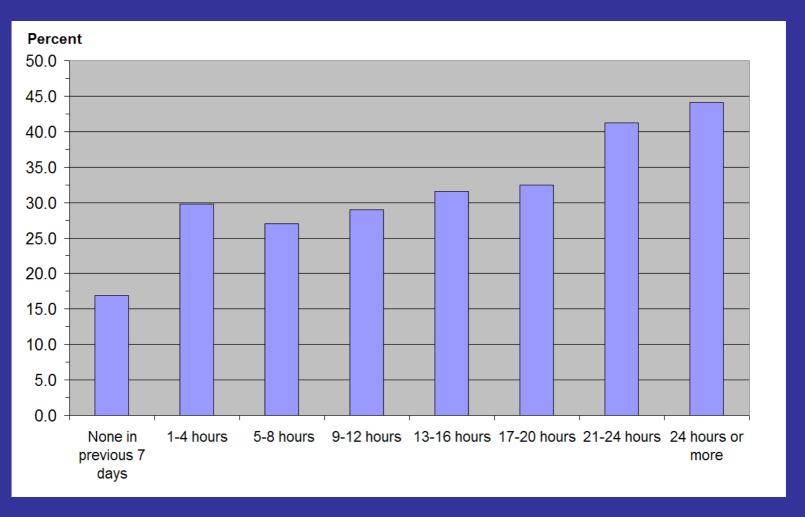
No. of family work hours and emotional health problems in children



Proportion of Children with Emotional Health Problems by Family Work Arrangement



No. of hours of TV child watches and emotional health problems in children



Human Capital

Physical health of respondent

Education level of respondent (not shown)

Self-reported physical health of

%

42.1

53.8

68.8

75.4

0.002

< 0.001

< 0.001

0.001

0.002

4.22

2.64

2.27

1.40

1.35

1.00

(1.72 - 10.33)

(1.72 - 4.04)

(1.73 - 2.98)

(1.14 - 1.71)

(1.12 - 1.63)

| re | esponde | nt 8 | emotion of child | | nealth stat | us |
|--------|----------|------|----------------------------|---|----------------|-------------|
| Health | No. with | % | No. without problems | % | OR (95% CI) | p- value |

52

170

621

856

747

%

57.9

46.2

42.6

31.2

30.6

24.6

problems

12

44

126

282

377

243

status

Poor

Fair

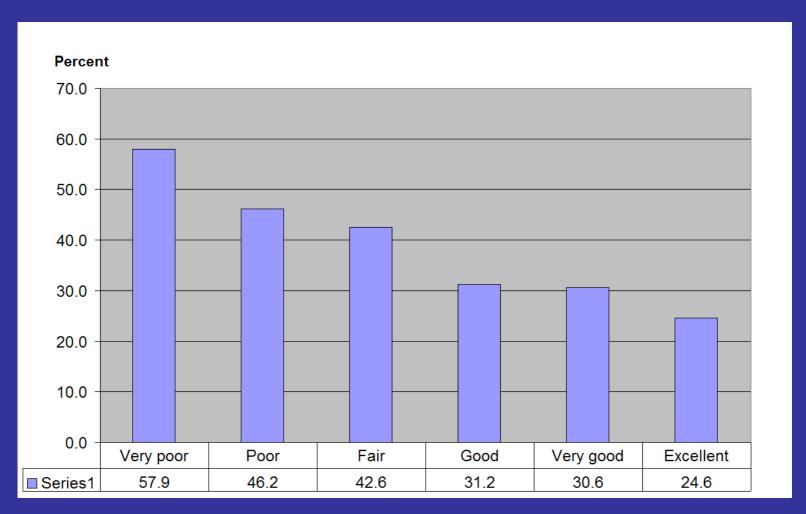
Good

Very good

Excellent

Very poor

Physical health of carer and emotional health problems in children



Psychological capital

 History of treatment for a mental health illness in respondent to survey (not shown)

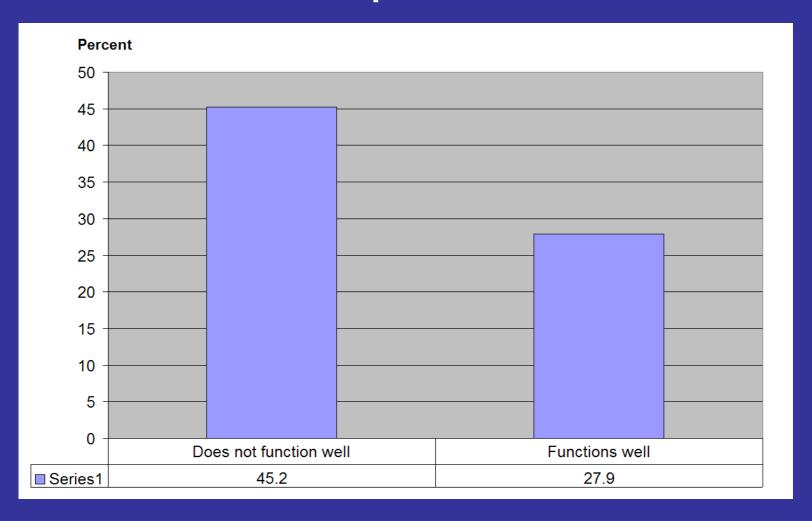
Family functioning skills and practice

Lack of control over one's life (mastery)

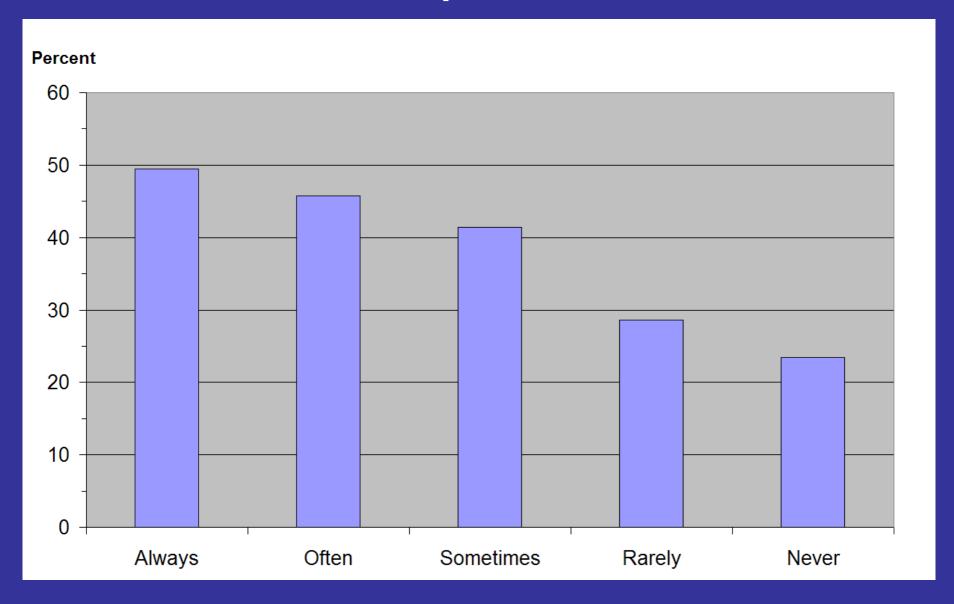
Family functioning & emotional health problems

| Family status | No. with proble ms | % | No. without problem s | % | OR (95% CI) | p value |
|------------------------|-----------------------------|------|--------------------------------|-------------|--------------------------|------------|
| Does not function well | 248 | 45.2 | 301 | 54.8 | 2.14 (1.78 – 2.58) | < 0.001 |
| Functions | 825 | 27.9 | 2136 | 72.1 | 1.00 | |

Level of family functioning and emotional health problems in children



Feeling of lack of control in carer and emotional health problems in children



Action for possible advocacy

| Indicator | Examples of who to target |
|------------------------------|--|
| Income level | Treasury and taxation transfers |
| Hours family works | Industrial relations |
| Family functioning | Family Services |
| Hours of TV / Computer games | Family and Children Services; Education |
| Physical health of carer | Health Services |
| Employment status | Treasury |
| Income Flow | Family Services |

Conclusion

- Child health is a major issue with far reaching consequences for children in adolescence and adult life and even intergenerational
- Important to monitor social and family factors
- Need for advocacy with non-health sector
- Need to develop action at local level

Thank you



Acknowledgements

WA Health Department

Ms Caron Molster Ms Alison Daly Telethon Institute for Child Health Research

Ms Janine Smith Prof S Zubrick