



Response to consultation on Reviewing the Public Health Outcomes Framework Indicators, submitted by Richard Meier, Tavistock Centre for Couple Relationships, on behalf of the Relationships Alliance

Adding a NEW wider determinants indicator

Questions about possible NEW indicators or sub-indicators which might contribute to improvements in the wider determinants of health in policy areas which are not currently covered by the PHOF

26 Please define the new indicator (and sub-indicator(s) if appropriate) which you propose should be added in policy areas not covered by the PHOF

“Adults’ degree of happiness with their relationship”

26 (i) What is the policy objective this new indicator (and sub-indicator(s) if appropriate) would address? What is the rationale for its inclusion, including how it would contribute to reducing inequalities?

Relationship distress and relationship conflict are key drivers of a number of public health concerns, including adult and child mental ill health, as well as adult morbidity. The policy objective for the inclusion of this new indicator is therefore to improve public health outcomes through focusing on a key domain which is currently absent from the PHOF.

The research evidence supporting the links between relationship quality and health is substantial.

For example, a significant body of research documents the benefits of good quality, stable, supportive relationships across the life course for mental and physical health (e.g. Kiecolt-Glaser, J. and Newton, T., (2001) Marriage and health: his and hers. *Psychological Bulletin*, 27(4), 472-503); while the influence of social relationships is similar to other, well-understood, mortality risk factors, such as smoking and alcohol consumption, and is even greater than the influence of physical activity and obesity (Holt-Lunstad J, Smith TB, Layton JB (2010) Social Relationships and Mortality Risk: A Metaanalytic Review. *PLoS Medicine* 7(7)). Furthermore, the impact of relationship breakdown on adults can include ill health, depression, stress, financial difficulties, and unemployment (Walker, J., Barrett, H., Wilson, G. & Chang, Y-S. (2010) Relationships Matter: Understanding the Needs of Adults (Particularly Parents) Regarding Relationship Support. London: Department for Children, Schools and Families).

Other studies point to links between relationship distress and alcohol misuse (Whisman, M., Uebelacker, L., & Bruce, M., (2006) Longitudinal association between marital dissatisfaction and alcohol use disorders in a community sample. *Journal of Family Psychology*, 20(1), 164-167), depression (Whisman M. (2001) The association between depression and marital distress. In Beach, S. Marital and *Family Processes in Depression: A Scientific Foundation for Clinical Practice*. Washington DC: American Psychological Association, 3-24), and poor health: a major evidence review found an 'unequivocal association' between relationship breakdown and general adult ill health as well as more specific conditions such as coronary heart disease and raised blood pressure (Coleman, L. & Glenn, F. (2009). *When Couples Part: Understanding the consequences for adults and children*. London: OnePlusOne).

Poor quality relationships can also lead to an increase in risky health behaviours, such as smoking and substance abuse, as well as driving emotional distress such as depression and anxiety (Conger, R. D., & Elder Jr, G. H. (1994). *Families in troubled times: The Iowa youth and families project*. *Families in troubled times: Adapting to change in rural America*, 3-19).

Researchers estimate that 14% of adults who have very poor quality social relationships will experience depression later in life, compared to seven per cent of adults with high quality relationships (Teo, A. R., Choi, H., Valenstein, M. (2013). Social Relationships and Depression: Ten-Year Follow-Up from a Nationally Representative Study. *PLOS ONE*, 10.1371/journal.pone.0062396).

People in good quality marriages also have lower blood pressure compared to those in poorer

quality marriages (Holt-Lunstad J1, Birmingham W, Jones BQ (2008). Is there something unique about marriage? The relative impact of marital status, relationship quality, and network social support on ambulatory blood pressure and mental health. *Ann Behav Med.* 2008 Apr;35(2):239-44).

26 (ii) Please set out how the new indicator (and sub-indicator(s) if appropriate) meets the essential criteria (See 'PHOF Indicator Criteria' in the 'Related documents' section of this consultation)

As an item on the Understanding Society Survey, we believe that this indicator meets all the essential criteria listed on the Public Health Outcomes Framework indicator criteria; in particular, it is our understanding that Understanding Society Survey data is available at upper and lower local authority level. Regarding the desirable criteria, we believe that this indicator meets these as well, except that relating to timeliness, given that it is only asked every other year at present. We believe that the Government should ensure that this question is asked annually. Research indicates that relationship quality changes over time and is influenced by various stresses and strains (see, for example, Reynolds, J., Houlston, C., Coleman, L. (2014). *Understanding Relationship Quality. One Plus One*). Capturing this data every year would enable this to be tracked. It would also allow the relationship between physical and mental health indicators and relationship quality to be monitored closely, giving a clearer sense of how they interrelate.

26 (iii) Please give the sources of the new data for the proposed indicator (and sub-indicator(s) if appropriate), including web links. If this is a new data collection please set out how this will be funded.

This question forms part of the self-completion survey used in the Understanding Society Survey <https://www.understandingsociety.ac.uk/>

27 (iv) Is this data available at upper tier local authority level (ie county, unitary authority, London borough or metropolitan county district)?

Yes - it is our understanding that Understanding Society Survey data is available at upper and lower local authority level.

26 Please define the new indicator (and sub-indicator(s) if appropriate) which you propose should be added in policy areas not covered by the PHOF

“Frequency of quarrelling between parents”

26 (i) What is the policy objective this new indicator (and sub-indicator(s) if appropriate) would address? What is the rationale for its inclusion, including how it would contribute to reducing inequalities?

The policy objective of this new indicator is ultimately to reduce the negative health impacts on babies and children caused by exposure to inter-parental conflict.

Exposure to inter-parental conflict which is frequent, intense and poorly resolved is very harmful, research indicates, to children of all ages. Babies as young as six months, for example, exhibit higher physiological symptoms of distress such as elevated heart rate in response to overt, hostile exchanges between their parents when compared to exchanges between non-parental adults. Infants and children up to the age of five years show signs of distress by crying, acting out, freezing, as well as withdrawing from or attempting to intervene in the actual conflict itself. Children between the ages of 6 and 17 years show signs of emotional and behavioural distress when exposed to ongoing, acrimonious exchanges between parents (Reynolds, J. Houlston, C., Coleman, L., Harold, G. (2013). ‘Parental conflict: Outcomes and interventions for children and families’. Policy Press). Additional research indicates that exposure to this form of discord can manifest itself in a number of ways including increased anxiety, depression, aggression, hostility, anti-social behaviour and criminality as well as deficits in academic attainment (Harold, Aitken & Shelton, 2007). In addition, a poorer couple relationship is linked to permissive parenting and more negative parent-child relationships (Carlson & McLanahan, 2005).

Regarding the potential to this indicator to contribute to reducing inequalities, evidence shows that children from households with low income are affected more by distressed parental relationships than children who are financially better off (Reynolds, J., Houlston, C., Coleman, L. (2014).

Understanding Relationship Quality. One Plus One) and that lower socioeconomic status coupled with poorer relationship quality is linked to poorer health (“The combination of low socioeconomic status and inappropriate social relationships is related to a 2.25 to 5.75-fold increased odds ratio for ill health compared to persons reporting high socioeconomic status and appropriate social

relationships” - Vonneilich, N. (2011) Does socioeconomic status affect the association of social relationships and health? A moderator analysis. *International Journal for Equity in Health* 2011, 10:43 <http://www.equityhealthj.com/content/10/1/43>). Furthermore, the links between economic stress and family difficulties, including interparental conflict, for example, have been established by Conger and colleagues (Conger, R., Conger, K., Elder, G. H. Jr., Lorenz, F. O., Simons, R., & Whitbeck, L. (1992). A family process model of economic hardship and adjustment of early adolescent boys. *Child Development*, 63, 526-541.; Conger, R., Lorenz, F., Elder, G.H. Jr., Simons, R., & Ge, X. (1993). Husband and wife differences in response to undesirable life events. *Journal of Health and Social Behavior*, 34, 71-88) “as a particularly potent catalyst for a variety of family problems — problems that contribute to emotional and behavioral maladjustment in children, primarily via the effect of stress on parents and the interparental relationship. In a series of studies involving Iowa farm families who experienced severe income loss, Conger and colleagues developed the “Family Stress Model whereby low family income and negative financial events lead to economic pressure (stress) in the family, spawning parental distress and interparental conflict, both of which lead to parenting problems. Ultimately, these parenting problems and the spillover of interparental conflict and parental depression compromised children’s psychological functioning. Thus, Conger and colleagues have demonstrated a causal pathway by which poverty-related stress (e.g., economic pressure) disrupts family relationships and contributes to psychological problems for adults and eventually, their children” (<http://www.apa.org/pi/families/resources/newsletter/2012/07/stress-mechanism.aspx>).

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