to welfare and helps the reader understand how the accumulation of such small scale changes has transformed the logic of public assistance. My only reservations are twofold. First, Bertram could have related more clearly the workfare amendments in the early 1960s and 1970s to the backlash against the expansion of AFDC that was seen as primarily benefiting African American women. The force of this ideological backlash against poor minority women and (men) should not be underestimated. California governor Ronald Reagan was a fierce opponent of welfare right and community lawyers in California, and Congressional Republicans were keen to dismantle the procedural rights for the poor that had been gained in the 1960s. My second reservation is that Bertram could have explained in a bit more detail how the expansion of food stamps increasingly compensated for the decline in cash assistance after the dismantlement of AFDC in 1996. These slight reservations aside, this is an important work for students of American social policy in general and welfare reform in particular.

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Katherine E. Smith, Clare Bambra, and Sarah E. Hill (eds.) (2015), *Health Inequalities: Critical Perspectives*, Oxford: Oxford University Press, £34.99, pp. 352, pbk.
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The UK's research and policy efforts to understand and reduce health inequalities are well-known, both historically and globally, serving as an interesting case to critically reflect on multiple dimensions. The Editors of the book "Health Inequalities: Critical perspectives" have successfully integrated a range of views from different disciplines to reflect on health inequalities, mainly focusing on the UK – something not clear from the title and objectives. The explicit aim of the book is to "*...bring together established and new health inequalities research experts, local community activist, policymakers, and campaigners, national and local UK perspectives, and those working on health inequalities beyond the UK, in both high- and low-income setting*" [Preface p. xii]. Although referred perspectives are visible in varying depths throughout the book, it would have been of much interest to reach a more balanced perspective from the range of stakeholders mentioned above, and about the potential bi-directional learning between the UK and other countries working on health inequalities research.

By combining critical social and political science perspectives together with more standard public health approaches, and mainly applying them to the UK context, this book goes beyond standard traditional public health approaches, to try to better understand and address health inequalities. "Politics", in particular, is often avoided in public health; something that the book tries to amend, and emphasizes the need to consider an historical perspective.

The Editors conceived the content of the book in four main parts: Part 1 (chapters 1–5) reflects on the UK's legacy of health inequalities research, with chapters 1 and 2 providing a comprehensive and historical introduction to health inequalities research in the UK. Chapters 3 and 4 provide a limited attempt to make country comparisons; first presenting the "*Norwegian*

version of the [UK's] *'Marmot Review'*" [p.33] on how to reduce health inequalities, with a sub-section briefly contrasting the Nordic and English strategies, followed by reflections on how Canada has benefited from UK insights.

Chapter 5 is a welcome novel addition, being the only chapter explicitly discussing Low and Middle Income Countries (LMICs), and includes the potentially negative influences that High Income Countries (the UK included) have had on LMICs. It nicely discusses the WHO's Commission of the Social Determinants of Health in shaping the global health inequalities research and action agendas, and touches on the tendencies to base global (and LMICs) recommendations on evidence generated from High Income Country perspectives. However, it misses the opportunity to further understand neocolonial processes in research and development, as well as to explicitly discuss the well-established health and social inequalities research traditions that exist in many LMICs, especially in Latin America, that could be better utilised and learnt globally.

Part 2 (chapters 6–17) explores the challenges facing health inequalities research and policy, making several critical contributions – relevant both within and beyond the UK context regarding the causes, social mechanisms and related theories on health inequalities. For example, chapter 7 discusses how theories of intersectionality can broaden understanding of the social mechanisms of health inequalities, by "*examin[ing] underlying axes of power that shape experiences of privilege and disadvantage within society*" [p.103]. Chapter 8 explains how efforts are more often placed on the 'downstream' behavioral and clinical risk factors that can be addressed through traditional public health approaches, "*rather than asking how to reduce social inequality*" [p.109] and instead focusing on the "fundamental causes" (e.g. money, knowledge, power, prestige, and social connections), that is, the 'upstream' structural drivers that generate health inequalities.

The following chapters proceed to discuss a number of these fundamental causes in some detail, many of which are not often mentioned in other books, e.g. Neoliberalism (chapter 9), economic downturns (chapter 12) and corporations producing unhealthy commodities (chapter 13). As well as the rise of welfare reforms and the "*marked silence about the use and misuse of psychology in public policy*" [p.207] (chapter 15), and the growing privatization and marketization, and thus erosion, of the 'once-iconic' UK National Health Services (chapters 10–11). Chapter 14 describes how the processes of geographical, socio-spatial inequalities and environmental injustice, are socio-politically driven, and ties in the need for complexity/system thinking to better understand causality.

The Editors conclude part 2 with a chapter (17) on how the collective result of these structural drivers has led to "*socio-structural violence*" [p.238] being inflicted on the population (displayed through unemployment and stigmatization among others), and adversely impacting the poor; the general acceptance of which, has resulted in a overall shift in values, and the establishment of a new (reduced) type of morality.

Part 3 (chapters 18–20) discusses how best to ensure that health inequalities research is better utilised to support action to reduce health inequalities. Chapter 18 clearly explains some of the challenges that researchers often face in helping policy-makers to identify more effective policy options. Examples include going beyond the '*hierarchies of evidence*' [p.252], to apply "critical realism" in evaluating the causal impact of social policies on health, and the combining methods to establish "*...what might be going on, causing speaking, inside the 'black box' of social epidemiology's models of the determinants of health inequalities*" [p.234]. The rest of Part 3 explains the need to improve the links between research and policy, and the importance of public health advocacy and social appropriation of knowledge.

Part 4 (chapter 21), summarises the ideas presented in the book, and considers some of the difficulties in developing and employing 'evidence-based' decisions to tackle health inequalities,

as well as the emergent research and policy agendas. It is not until here that Editors explicitly state that "*...As academics, [they] are particular focused on the potential for researchers to help reduce health inequalities, but [they] also recognize that research is only one part of this effort*" [p.297], which accurately summaries the spirit of the book.

Collectively, the book covers challenging issues related to research, policy and action on health inequalities, and attempts to bring together different research and policy perspectives. It is necessary to highlight, that several fundamentally important topics are emphasized throughout the book, that are not often discussed in mainstream literature regarding health inequalities. However, some other important topics such as the elements of power, history and politics, and complexity are only touched upon within certain chapters, and could warranty independent chapters in their own right, and even a few topics are not included (e.g. unemployment issues are discussed, however there is no acknowledgement of precarious employment, and globalization and environmental changes are mentioned although the ecological crisis is not).

Despite some limitations, this book certainly contains essential concepts for anyone interested in this field, especially in the UK context, and is a welcome addition to the current collection of books published on health inequalities. Future books should consider building on this multidisciplinary integrated approach, to potentially expand on some of the issues mentioned here, and establish an even more balanced perspective from those working on health inequalities, both locally and globally.

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Janet Holland and Rosalind Edwards (eds.) (2014), *Understanding Families Over Time: Research and Policy*, Basingstoke: Palgrave Macmillan, £65.00, pp. 232, hbk.
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There has been a substantial growth of interest in qualitative longitudinal scholarship in recent years, thanks in large part to the success of Timescapes, an integrated programme of research carried out by a network of researchers from five universities in the United Kingdom, working within different disciplinary traditions across the social sciences. This edited volume aims to provide a comprehensive demonstration of the value of this integrated QL approach for understanding changing family relationships across biographical, generational and historical time. There is a particular focus on the impact of social policies on family lives over time, and the volume aspires to draw out lessons for social policy from QL research.

The editors' introductory chapter introduces the Timescapes project, which included nine studies, seven of which involved the collection of new empirical data, while two centred on archiving and secondary analysis. The seven original empirical studies all incorporated a prospective longitudinal design that involved re-interviewing participants over time. Two of