15 Children's health from the frontline – poverty is the main driver of inequalities in health in the UK

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There are large and persistent health inequalities in the UK and, at the moment, they are getting worse. We know that these inequalities have their origins in childhood, and that child poverty is a major driver of poor child health. The reality is stark. A child born in the most disadvantaged tenth of areas of the UK can expect to live around 10 years fewer than a child born in the most advantaged tenth of areas.[1] The gap increases to almost 20 years when we consider years lived in good health, so-called healthy life expectancy.[2] This reality is shameful because it is by no means inevitable. Health inequalities are widely considered preventable.

At first

In 1999, Tony Blair pledged to end child poverty by 2020. This was one element of New Labour's broader inequality strategy which included the English Health Inequalities Strategy, regarded as the world's largest experiment in tackling health inequalities. Recognising the importance of the childhood period in generating health inequalities, these strategies included a key focus on improving the living conditions of families with children.

The inequality strategy spanned a raft of interlinked policies and interventions to address the root causes of poor health – poverty and poor standards of living. There were increased levels of spending, according to local need, on a range of social programmes to support families, on preventative public health programmes, and on improving healthcare access.[3] Some actions were targeted to poor areas, for example regeneration efforts and the initial roll out of Sure Start children's centres providing early years childcare and education. Others were universal. Child poverty was addressed through action on the tax and benefit system, and the introduction of the national minimum wage. There were also interventions to improve education, housing, and employment which helped to support, in particular, struggling families with children.[4]

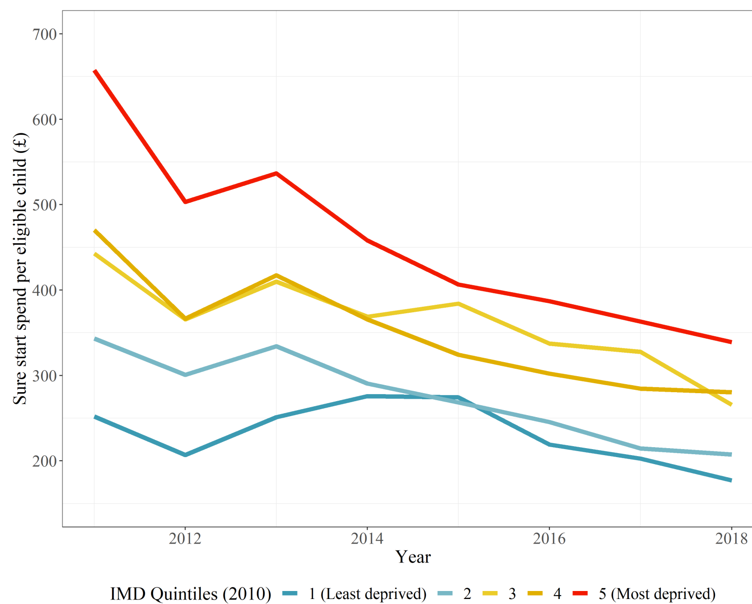
Two decades on, new research is beginning to shed light on the impressive impacts of the co-ordinated effort to address health inequalities in England. (4,5) Although the health inequalities strategy failed to hit its stated targets, the outcomes of complex interventions often emerge in time. It is now clear that inequalities in life expectancy and child mortality between rich and poor areas narrowed. Inequalities in mortality amenable to health care decreased during the strategy period. There were also reductions in inequalities for key determinants of child health: unemployment, child poverty, housing quality, educational attainment.(4) These initial impacts subsequently translated into benefits for health.

But then

Hard-won gains can quickly be lost.(6) The recession and the UK government's austerity programme brought this progress on health inequalities to an abrupt end.(7) Action on poverty stalled, and at the same time severe cuts to funding for local government services essential for child health hit the poorest places hardest.(8) As a consequence, funding for preventative children's services plummeted (figure 15.1), with over a thousand children's centres closing since 2010. Local government funding has an important effect on health and, given the wealth of evidence indicating that greater investment in the early years of life reduces health inequalities (9), the current disinvestment is of great concern.

Figure 15.1: Sure Start funding per child by quintile of local area deprivation.

Biggest cuts to early years prevention in poorest areas. Data from Place-based Longitudinal Data Resource (PLDR) (10)



In 2016, the child poverty targets were scrapped. The Welfare Reform and Work Bill removed the government's duty to end child poverty by 2020. Replacement targets were based on measures such as unemployment, family breakdown and parental behaviours, conflating the causes and consequences of poverty. There were many dissenting voices (11) and, as a result, one minor success was the retention of the income-based child poverty targets, revived in an amendment to the original bill after a showdown in the House of Lords.(12)

Child poverty is now rising dramatically. In 2014, there were 3.7 million children in England living in relative poverty after housing costs.(13) By 2017, this number had risen to 4.1 million, amounting to over 30 per cent of all English children. Independent predictions suggest a further six percentage point rise over the next five years, which will push child poverty to its highest level on record. By 2023–24, the proportion of children living in relative poverty is on course to hit 37 per cent, affecting an additional 1.1 million children.(14)

Numerous studies have shown that child poverty is toxic for child health.(15) We recently looked at data from the UK Millennium Cohort Study, a nationally representative sample of

thousands of children born in 2000.(16) Over half the children were in poverty at some point up to the age of 14 years, and one fifth of the children had always lived in poverty. All other things held equal, persistent poverty tripled children's likelihood of having mental health problems in adolescence, and doubled the likelihood of being obese or having a chronic illness.

So, predictably, we have witnessed a great leap backwards for child health in the UK. (6,17) After a period of improvement, inequalities in life expectancy at birth and child mortality are widening once more. Inequalities in the modern epidemics of childhood – mental health problems and obesity – are rising.(18–20) Infant mortality is on the rise, and it is rising most in poor areas.(21) This represents a marked reversal of fortunes since the English Health Inequalities Strategy (2000–2010), which was associated with decreases in inequalities in infant mortality and life expectancy in England.(4,5) Improvements in life expectancy at birth have stalled, and life expectancy is now going backwards, especially for women living in disadvantaged areas. (9) These demographic changes are highly unusual, and deeply concerning: infant mortality and life expectancy at birth are sensitive indicators of the overall health of societies, and act as an early warning system for future adverse trends. The rate of children entering local authority care is also rising, and the vast inequalities between rich and poor areas are increasing relative to previous trends.(22) There is evidence suggesting that child poverty is a key determinant of the risk of children experiencing neglect or abuse and subsequently entering care.(23) These children are among the most vulnerable in our society, and we, as a society, are responsible for their health and wellbeing. Offering early support to struggling families can prevent issues from escalating, and help keep children safe, but these preventative services have been cut most in the areas of greatest need.

What now?

To tackle the growing crisis, we need action on three fronts. Firstly, the government must back a social security system that ensures an adequate quality of life for all families with children. This must begin with the provision of sufficient income support.(5) It is clearly within our power to protect vulnerable members of society against poverty, as with the 'triple lock' that stabilised incomes for the elderly. Secondly, in order to mitigate the consequences of poverty, we need a fresh commitment to universal services and a focus on proportionate

universalism (services for everyone, but with a scale and intensity that is proportionate to the level of need) with a shift in investment towards the early years wherever possible. At the moment, as figure 15.1 illustrates, we are seeing the opposite. Thirdly, we need to measure and understand the problem of poverty, and assess the impact of action. For example, our recent analysis of the rollout of universal credit shows large negative effects on mental health for adults – but the impact on children is not yet clear.(24) Assessing the health inequalities impacts of policies is key to designing better policy in the future.

As a child public health doctor working in a disadvantaged city, on the front line, the impacts of poverty on children's health and life chances are obvious. My paediatric colleagues deal with the consequences of poverty in emergency departments and hospital wards on a daily basis – from unnecessary child deaths to poorly controlled chronic conditions such as asthma and diabetes. My colleagues in the city council deal with the social fall out – from children turning up to school hungry unable to learn, to the unsustainable pressure on services due to the rising numbers of children in need. The data show that far from the UK entering a new 'golden age' (25), we now seem to be aspiring to levels of poverty, inequality and poor child health seen in the USA, which has the worst record of any rich country. As the United Nations has recently highlighted, rising poverty in the UK is the outcome of a set of policy decisions.(26) Political choice has jeopardised the health and life chances of a generation of children in the UK; political choice is now needed to reverse the situation. It is time for the government to safeguard children by building and sustaining a social security system that protects children from poverty.

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