Assessing the health impact of austerity and rising poverty in the UK

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1. Summary

Rising poverty, welfare reform and cuts to local government budgets in the UK have led to harmful effects on health and health inequalities for children and adults.

For many children in the UK, the social conditions in which they live have deteriorated in recent years. The numbers of children who are living in poverty has increased, increasing numbers of children are growing up in local authority care and levels of food poverty are rising. A wealth of evidence demonstrates the toxic impact of child poverty: in physical changes in developing brain structure and negative educational and long-term social, physical and psychological outcomes. The poor health associated with child poverty limits children's potential and development, leading to poor health and life chances in adulthood. For the first time in decades we are now seeing infant mortality rising in the poorest parts of the country.

One in three working age disabled people are living in poverty. Their risk of poverty is one and a half times greater than for people without a disability. Welfare benefits play a crucial role in preventing poverty by limiting the loss of income people experience when they cannot work due to disability. Welfare reforms in recent years have disproportionately had a negative impact on people with disabilities leading to a rise in disability and an increase in mental health problems.

At the same time as rising social and health needs in the UK, the resources available to health and social care services have been reduced, particularly in the most disadvantaged areas, limiting their capacity to respond to the observed adverse trends in health inequalities for children and adults alike. Furthermore, the UK government has abolished plans to attempt to eradicate child poverty and has introduced health damaging welfare reforms, such as the working capabilities assessment. Further changes to welfare services, such as the practice of benefit sanctioning, have had health damaging effects. With reference to studies that we have

led over the last decade we briefly summarise below how child poverty and austerity measures are damaging the health of children and vulnerable adults in the UK.

2. Government policy and child poverty

We have predominately used an income based measure of poverty in our research, using the <60% of the median income threshold widely used to define relative poverty within the UK and European Union.[1] In 2015 the government planned to abolish the national target for assessing child poverty, redefining the national measure of child poverty by replacing the income related poverty measures with those based on metrics such as the employment status of parents. We have argued that the replacement of the income based poverty measure with a range of untested measures that conflate the consequences of child poverty with the cause – a lack of material resources - is merely obfuscating the impact of child poverty.[2]

Furthermore, we have demonstrated the relevance of relative income poverty for child health in the UK independent of employment status,[3] highlighting the need to maintain an income based measure of child poverty. We presented this evidence to the All Party Parliamentary Group on the Impact of Welfare Reform on child health[4] in 2016, supporting the case for retaining the income related child poverty measure. Following this, the government partially reversed their proposal and continue to monitor income related relative child poverty, but it is no longer mandatory to report this to parliament.

3. Child poverty is rising in the UK

We have raised concerns about the health impact of rising levels of child poverty in the UK.[5,6] The latest evidence shows that after housing costs 30 per cent of children were living in poverty, defined as households living 60% below the median income in 2016-17 (a total of 4.1 million children). This is an increase from 27 per cent in 2010-11[7] and represents an increase of 100,000 from the previous year, and an increase of 500,000 from 2010-11.[7] The proportion of children living in poverty is projected to continue to rise over the next five years, with a predicted 37% of children (5.2 million children) living in poverty by 2021-22.[8] Furthermore, the Joseph Rowntree Foundation's (JRF) has shown that the proportion of children living below the Minimum Income Standard has increased from 39% to 44% (an increase of about 1 million) between 2008-09 and 2015-16.[9] The JRF Minimum Income Standard is defined by what the public thinks people need as a moral minimum acceptable living standard in the UK.[9]

4. Child poverty is linked to austerity measures

For 20 years prior to 2010, the country experienced a continuous decline in child poverty, attributable to an increase in employment, education, and the introduction of new policies such as the minimum wage, and tax credits. From 2010 there has been a reversal of these favourable trends, with child poverty rising, largely attributable to reductions in state support for families with children. There is currently a governmental policy focus on increasing family employment in order to reduce child poverty rates, however, the evidence suggests that without a supporting welfare structure child poverty rates will continue to rise.[9,10]

5. The consequences of child poverty for child health

We showed the mental health impact of a transition into relative poverty for child and maternal mental health using data from the nationally representative UK Millennium Cohort Study (MCS). We found that family transition into income poverty (60% below the median income) during early childhood was associated with an increase in the risk of child and maternal mental health problems. These effects were independent of changes in employment status. Our analysis showed that transitions to income poverty do appear to affect children's life chances in a relatively short time frame, and actions that directly reduce income poverty of children are likely to improve child and maternal mental health.[3]

Our recent analysis of contemporary national data (the MCS) assessed poverty trajectories for children in the UK, and their association with physical and mental health. We show that one in five UK children born in 2000 was in persistent poverty up to age 14 years; and that any exposure to poverty was associated with worse physical and mental health in early adolescence.[11] Further investigation into the impact of different poverty trajectories (early childhood poverty, late childhood poverty and always in poverty) on child physical and mental health, highlight that *any* exposure to poverty is associated with an increased risk of longstanding illness, socioemotional behaviour difficulties and obesity in adolescence compared with children who never experienced poverty. For example, we showed that, those from persistently poor households were at a higher risk of socioemotional behaviour difficulties (OR: 3.32); being obese (OR: 1.58); and having a longstanding illness (OR: 2.03) at age 14. A further analysis exploring the impact of cumulative exposure to poverty demonstrated a dose response relationship between increased exposure to poverty and socioemotional behaviour

difficulties. The more times a child in the UK is recorded as being in poverty, the higher the odds of mental and physical health problems at age 14 years.[11] These findings are particularly concerning in the context of poor adolescent mental health in the UK, which suffer from extreme shortages in NHS funding (0.7% of NHS funds are spent on young people's mental health),[12] and the growing evidence that the situation is deteriorating, with a recent BMJ editorial suggesting that adolescent mental health is in crisis.[13]

6. **Austerity is impacting children's health**

Infant mortality in the UK has increased for the first time in a decade in the UK. Figure 1 shows that the rate has been increasing for the poorest children since 2010, whilst continuing to decline for more advantaged groups (see figure 1).[14,15] Similar analysis has shown an increase in infant mortality in the poorest areas. We highlight that cuts to support for families with children and cuts to children's services are of great concern as these changes might now be leading to increased infant mortality among the most disadvantaged families. The recent State of Child Health report from the Royal College of Paediatrics and Child health further highlights growing inequalities in other aspects of child health, such as obesity.[16]

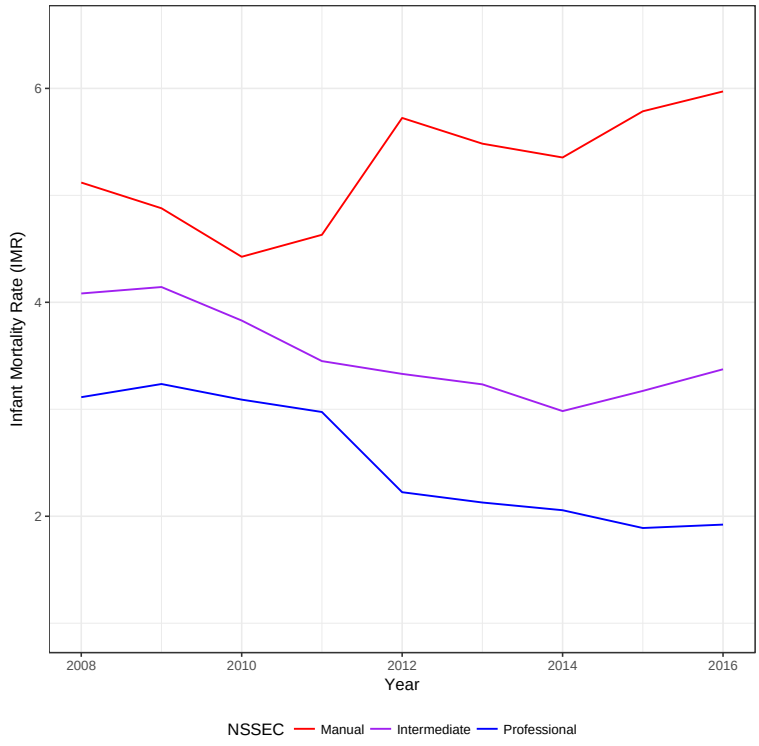

Figure 1. Infant mortality rates in England by The National Statistics Socio-economic Classification (NSSEC) classification grouped into manual, intermediate and professional. The

plot shows rising mortality for the most disadvantaged babies in the England and Wales.[14] Source: Taylor-Robinson and Barr, 2017 (ref 14). See also updated analysis "Child Health Unravelling in UK" in BMJ 2019.

7. Austerity measures are harming adult health in the UK

Adult mental health is poor in the UK, with figures on suicide rates in England peaking in 2013. Ample evidence suggests that austerity measures implemented since the recession have damaged mental health.[17] For example, using data from the Quarterly Labour Force Survey (QLFC) to investigate trends in self-reported mental health problems by socioeconomic group and employment status in England between 2004 and 2013 we have found that a large increase in mental health problems and a widening in inequalities has occurred in England during a time when austerity measures and welfare policies were being implemented. These include the greater weight of precarious employment (such as zero hours contracts, self-employment and part time work), and the welfare reform act in 2012 that has reduced the adequacy of and entitlement to benefits, increased conditionality and sanctions if conditions on work are not seen to be met, with more requirements to seek training and unpaid work placements.[18]

Assessing the adult health and employment impact of changes to the assessment process for disability benefits in the UK we have found that the policy of putting over a million people through the new Work Capability Assessment had led to an increase in mental health problems including an estimated 600 additional suicides. This evidence has been submitted as part of the inquiry from the UN committee on the rights of persons with disabilities. Our research also found that [19] this policy had not had a positive impact on employment – the policy's primary aim;[20] austerity and welfare policies, along with economic trends were leading to a sharp increase in adverse population mental health outcomes and a widening of mental health inequalities.[18] Figure 2 shows the relationship between the number of reassessments and several mental health indicators, including suicide rates, self-reported mental health and antidepressant prescription.

We have also seen a dramatic increase in homelessness in the UK. The reductions in spending on social welfare by local authorities and central government has been strongly associated with the rise in homelessness in England.[21] At a local level, cuts in local authority housing budgets were of particular importance for rises in homelessness in our analysis. On a national level,

cuts to governmental spending on pension support, disability allowances for pensioners and housing were significant factors in the rise in homelessness.[21]

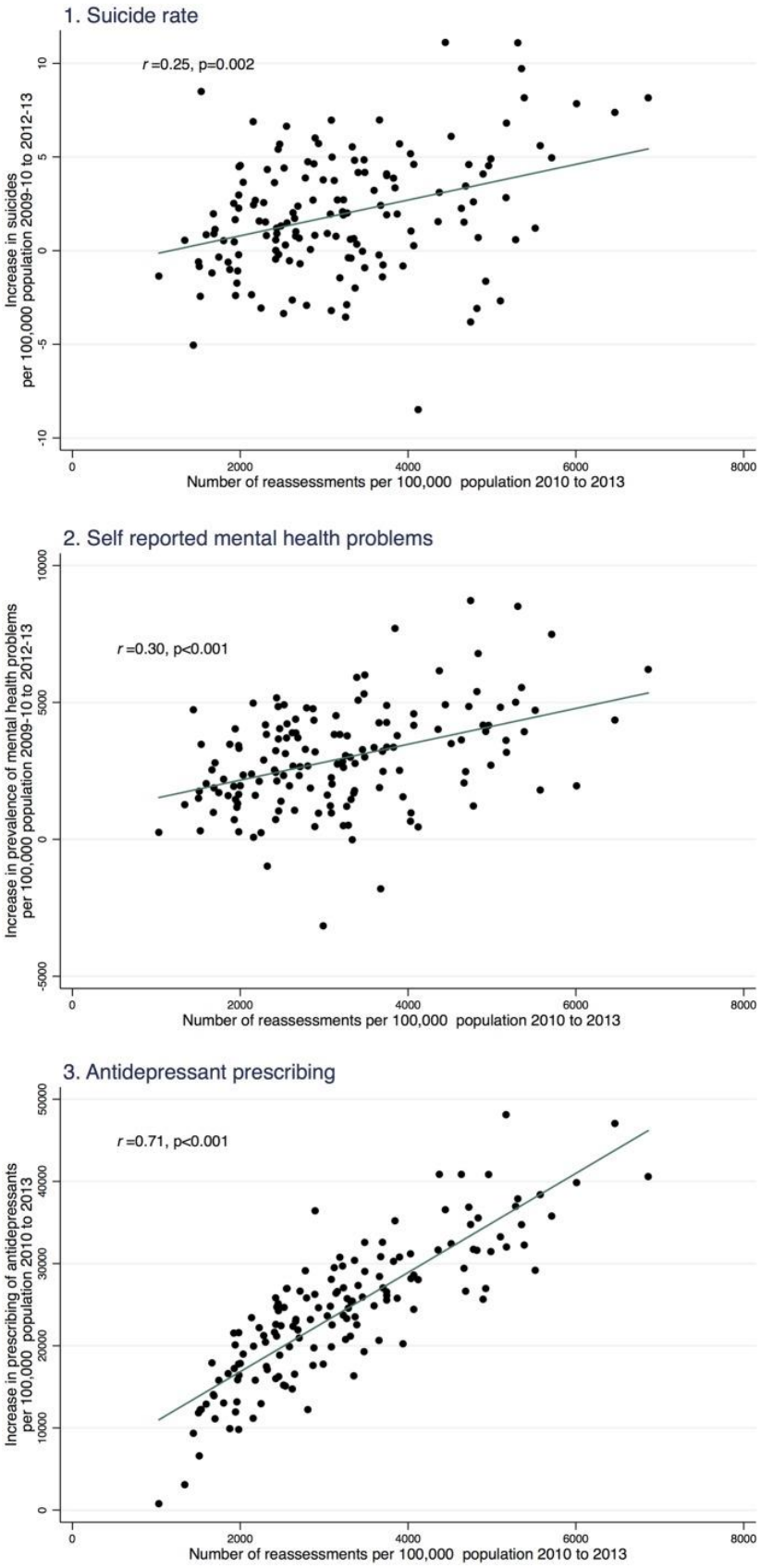

Figure 2. Number of reassessments per 100,000 population between 2010 and 2013 against mental health indictors:

(1) suicide rates per 100,000
(2) self-reported mental health problems per 100,000 and
(3) antidepressant prescribing per 100,000 population 2009/10 to 2012/13.

Each plot shows an increase in the number of disability reassessments is associated with a rise in mental health difficulties, using various indicators for mental health.[19]
Source: Barr et al 2015 (ref 19)

Furthermore we have raised concern about the unprecedented rise in food poverty in the UK over recent years.[22] For example in 2009-10 Trussell Trust food banks were operating in 29 local authorities across the UK, but by 2013-14 the number had jumped to 251. Our research directly link cuts in local authority spending to the opening and use of food banks. For example, the estimated likelihood of a food bank opening in an area that did not experience a spending cut in either of the past two years was 14.5%. This figure tripled to 52.0% for a local authority that experienced a mean budget cut of 3% in welfare spending in both years.[23]

Alongside the negative impact austerity measures have had on mental health and homelessness, cuts in social care and pension credits have impacted on mortality in older age groups.[24] We have found with that rising mortality rates among pensioners aged 85 years and over were linked to reductions in spending on income support for poor pensioners and social care. Between 2007 and 2013, each 1% decline in Pension Credit spending (support for low income pensioners) per beneficiary was associated with an increase in 0.68% in old-age mortality.[24]

8. The English health inequalities strategy was working

Between 1997 and 2010 the UK government implemented a comprehensive programme to reduce health inequalities in England. The strategy focused on four themes: supporting families; engaging communities in tackling deprivation; improving prevention, treatment, and care; and tackling the underlying social determinants of health. Several government departments committed to this strategy and a large budget was dedicated to the themes. We conducted an analysis to investigate if this strategy was successful, and found that it was associated with a decline in geographical inequalities in life expectancy, reversing a previously increasing trend.[25] Since 2010 inequalities in life expectancy have once again started to increase. Similarly we have found a positive impact of this strategy on inequalities in infant mortality.

9. What can be done?

We have been involved in studies showing that rising poverty, welfare reform and cuts to local government budgets in the UK have led to harmful effects on health and health inequalities for children and adults in the UK. By contrast we have seen that purposeful policies can make a difference. For example, it is clearly possible to reduce child poverty. Prior to 2010 we saw a dramatic decline in child poverty as a result of a clear government commitment and policy

focus. Furthermore as outlined above the English health inequalities strategy was associated with a reduction in geographical inequalities in life expectancy, although since the strategy ended, inequalities have started to increase again.[25]

Multiple reports highlight that addressing poverty will go a long way to reversing the adverse child health and social trends we are seeing in the UK.[4,10,26,27] In our findings we have described the steps that need to be taken to reverse the rising trend in child poverty which will in turn influence the negative health impacts we have documented in our research. These include the need for a renewed commitment by UK government to prioritise ending child poverty; reporting on income child poverty data; reviewing and implementing systems of taxation and benefits that provide a minimum living wage; protecting child benefits with a "triple lock", as has been done with pensions for the elderly.[1,11]

10. **Liverpool context**

We have observed that areas with high poverty rates have seen the highest cuts to services (figure 3). In our city, Liverpool, which has areas where more than 50% of children are living in poverty (e.g. Princes Park)[28] we are now seeing the health damaging cumulative impact of those cuts first hand.

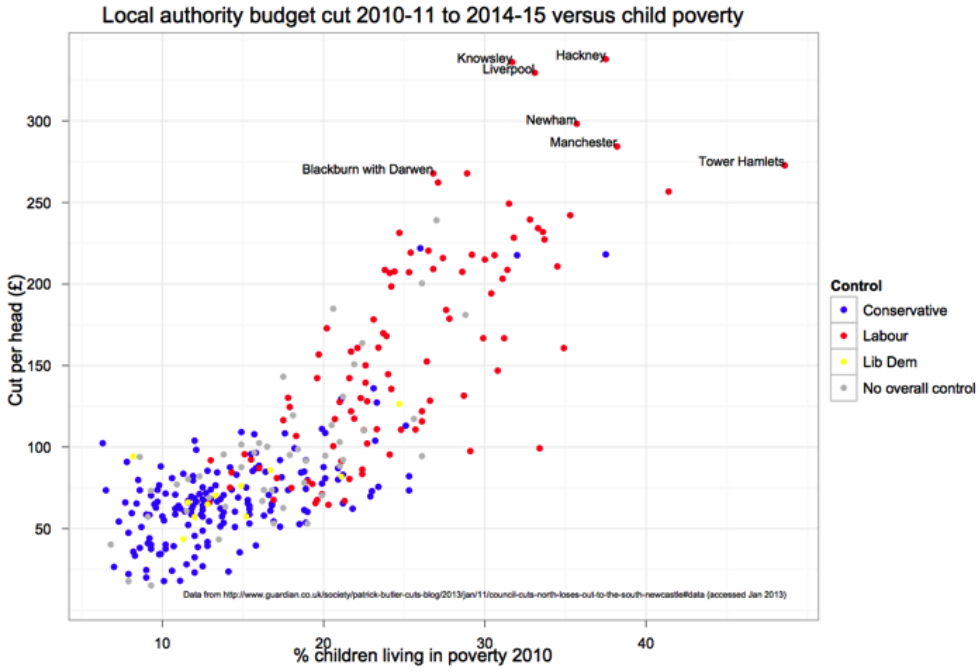

Figure 3. Local authority budget cuts from 2010/11 to 2014/15 by the percent of children living in poverty. Colours represent the political control of each local authority. This plot shows that local authorities with higher levels of child poverty have experienced higher level of cuts services. It also shows that there have been a greater level of cuts to the labour voting north, when compared to the conservative voting south, during a coalition government between conservatives and liberal democrats.[29,30] Source: Butler 2013; Taylor-Robinson and Barr, 2013 (Refs 29,30).

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Annexes (selection of academic articles and a presentation)

1. David Taylor-Robinson keynote **presentation on Due North report (ref 25) at Public Health England Conference 2017**:link to video

2. Wickham S, Anwar E, Barr B, Law C, Taylor-Robinson D. **Poverty and child health in the UK: Using evidence for action**. *Archives of Disease in Childhood* 2016; **101**.

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