Royal College of Paediatrics and Child Health

Leading the way in Children's Health

RCPCH Submission to the APPG on Health in All Policies inquiry
Child poverty, health and the Welfare Reform and Work Act 2016

March 2019

About RCPCH

The Royal College of Paediatrics and Child Health (RCPCH) is the membership body for paediatricians, representing more than 19,000 child health professionals in the UK and abroad. We are responsible for the training, examinations and professional standards of paediatricians across the country, and we use our research and experience to develop recommendations to promote better child health outcomes.

Our mission is to transform child health through knowledge, innovation and expertise and to ensure that children are at the heart of the health service.

Summary

The health and wellbeing of all children and young people is paramount to the Royal College of Paediatrics and Child Health. Every child deserves to receive the best treatment and care, to enjoy positive health outcomes, and to live long, happy and healthy lives; however, across the UK, health inequalities and wider social challenges negatively impact the lives and outcomes of too many children.

It is critical that every effort is taken across the health service, across politics, and across wider society to identify, tackle and reduce health inequalities. Giving every child the best start in life is central to doing this. Deprivation and poverty are the most important predictors of children with or at risk of worse health outcomes. The RCPCH therefore urges further concerted action to improve child health across the UK and to target support to the most vulnerable and most at risk of poor outcomes.

Children in the UK experience particularly poor outcomes compared to similar wealthy nations.[1] Our infant mortality rate is markedly higher. Our levels of breastfeeding are markedly lower. Our prevalence of obesity is greater. And child poverty is forecast to increase, jeopardising the health outcomes of the poorest children even further.

Summary of RCPCH's below recommendations:

- **Supporting and expanding health visiting**, including ensuring enhanced health visiting programmes are targeted at deprived or at-risk families.
- **Investing in public health funding**, reversing damaging cuts to universal early years' services, children's services and local authorities.
- **Developing a Children and Young People's Health Strategy** to tackle the diverse elements of child health as a whole and deliver ambitious, joined-up action on health inequalities.
- **Adopt a 'child health in all policies' approach** across Government, including through calling on HM Treasury to publish an impact assessment of the annual budget statement on child poverty and health inequalities.
- **Restoring binding national targets to reduce child poverty** and energising cross-government and cross-sector commitments to tackling social inequalities and improving health inequalities.
- **Reversing cuts to universal credit that will leave the majority of families claiming this benefit worse off.**

We would welcome any opportunities to share further evidence and case studies from children, young people and paediatricians in oral evidence or in any way the APPG would find most helpful.

Background to this response

The All-Party Parliamentary Group on Health in All Policies's original report on the impact of the Welfare Reform and Work Act 2016 (WRWA) marked a key intervention into the vitally important conversation about the relationship between child poverty, inequality and health outcomes in the UK. Set against the context of the WRWA's proposed changes to the welfare system and to the Government's obligations regarding the reporting on child poverty levels, the APPG identified cross-sector concerns about potential risks for the health and wellbeing of the most vulnerable children, young people and families.

[1] Nuffield Trust and RCPCH, International comparisons of health and wellbeing in early childhood, March 2018; RCPCH, Child health in 2030 in England: comparisons with other wealthy countries, October 2018

As the WRWA (then a Bill) was progressing through Parliament, the RCPCH raised significant concerns – especially about the intention to repeal targets to reduce child poverty, to move away from a child-centred approach by removing key references in legislation to children in place of references to 'life chances', and by the limited assessment of its impact on the poorest children and families.

In the last three years, tackling child poverty and health inequalities has continued to be integral to the RCPCH's mission. We continue to believe tackling social inequalities and health inequalities are intrinsically connected. Since the APPG's original inquiry, the RCPCH has produced the following reports and research, which may be of interest:[2]

- *State of Child Health*
- *Poverty and child health: views from the frontline*
- *State of Child Health: One year on*
- *Child health in 2030 in England: comparisons with other wealthy countries*
- *State of Child Health: Two years on*

Each of these reports shines a spotlight on the severe and widening inequalities between the health and wellbeing of the richest and poorest children across the UK.

Background to child health inequalities

It is a sad truth of the world that we live in that many children and young people are growing up in families that are experiencing poverty and deprivation. There were 4.1 million children living in relative poverty in the UK in 2016-17.

The impacts of this are stark. Children living in poverty are more likely to die before the age of one, become overweight, have tooth decay or die in an accident. They are more likely to have poor cognitive and social-behavioural outcomes and are at greater risk of developing long-term conditions, particularly respiratory conditions.

Child poverty has a long lasting impact on health, from higher risks of death from coronary heart disease, respiratory disease, injuries, and cancer in adulthood and from the development and persistence of long-term conditions such as type 2 diabetes, cardiovascular disease and mental health conditions.

Meanwhile, parents in poverty are more likely to smoke, experience mental health difficulties, be a young parent, be a lone parent, experience domestic violence and other negative outcomes – all of which also increase risk factors that impact children's health too.

In 2017 the RCPCH published our ground-breaking *State of Child Health* report, an unprecedented comprehensive analysis of diverse health outcomes for children and young people in the UK.[3] Since then, a lot has happened in both health and politics; yet children and young people continue to face stark challenges, inequalities and threats to their health and wellbeing.

The RCPCH recently published *State of Child Health – Two years on*.[4] This revisited the research into key child health issues and measures we undertook in 2017 for each nation in the UK and analysed what progress and improvements have been made. Our *Two years on* report highlighted grave concern that no progress had been made towards reducing child poverty and inequality in the UK.

Witnessing the impact of inequalities – the view from the frontline

The impacts of poverty on children's health are being felt on the frontline of the health service, and things appear to be getting worse. The RCPCH and our members routinely see the effects of poverty and deprivation in the children and young people we care for and have a unique understanding of the contribution that social inequality makes to the gap between the health outcomes of the rich and poor.

[2] RCPCH, State of Child Health, January 2017; RCPCH and CPAG, Poverty and child health: views from the frontline, May 2017; RCPCH, State of Child Health: One year on, January 2018; RCPCH, Child health in 2030 in England, October 2018; RCPCH, State of Child Health: Two years on, January 2019
[3] RCPCH, State of Child Health, January 2017
[4] RCPCH, State of Child Health: Two years on, January 2019

A joint RCPCH and the Child Poverty Action Group (CPAG) report collated this experience,[5] following a survey of 250 paediatricians. More than two-thirds of paediatricians surveyed said poverty and low income contribute 'very much' to the ill health of children they work with. More than two thirds identified housing problems or homelessness as a concern and more than 60% said food insecurity contributed to the ill health amongst children they treat. 40% had difficulty discharging a child in the last 6 months because of concerns about housing or food insecurity.

Tragically, many doctors felt things were getting worse. Doctors explained that they have seen a combination of increasing poverty and housing problems, and cuts to other services which have left families with less support, such as parenting guidance, children's centres, speech and language and other therapies, youth provision, opportunities for exercise and stress relief, and services for disabled children. Wider service cuts meant that health problems are less likely to be picked up and addressed early, and ultimately more children end up at the doors of clinics and hospitals.

The welfare system and avenues for support for the poorest families

Social and fiscal policy can heavily influence children's chances of growing up in poverty. Recently, there have been regressive steps.

Following the passage of the WRWA in 2016, the Government's cross-departmental child poverty unit was abolished in December 2016, along with the duty to report on the four key targets for eradicating child poverty by 2020.

Meanwhile, ongoing cuts and freezes to social security benefits, combined with increasing inflation, continue to disproportionately affect children from poorer families.

- The four-year freeze on support for children under universal credit has the largest impact and will reduce children's benefits by around 12% by 2020, affecting approximately 7.5 million children.
- The two-child limit for universal credit and tax credit is particularly regressive and will lead to an additional 200,000 children in poverty. Some low-income families will lose £2,780 per year for every child beyond their second, which will contribute to a 2% rise in absolute poverty for tax credits alone.

In terms of wider support – lack of funding and investment to local authorities and health services have led to cuts within children's services and children's centres across the UK. Health visitors and school nurses have been subject to reduced funding allocation at a time when voluntary services are increasingly stretched. Funding has shifted from early intervention to late interventions, in direct contradiction to the evidence on effectiveness and cost-effectiveness.

Funding cuts have caused a decrease in community capacity to provide care and support for children who may be at risk of adverse health outcomes. There should be greater political recognition of the impact of funding cuts within vital areas, which implicate upon the negative outcomes for children.

Early-help services should be supported and funded with adequate provision. Funding should provide investment for a well-trained multi-disciplinary workforce to appropriately respond to children and families at risk of or who are experiencing harm. Furthermore, the availability of therapeutic support should be increased for children and young people who have suffered adversity in all forms.

Unpicking health inequalities

Children in the UK experience particularly poor outcomes in the earliest stages of their lives compared to similar wealthy nations, as numerous studies have shown. These outcomes are particularly pronounced for babies, children and young people in the most disadvantaged communities and families in the country. Addressing child poverty is therefore integral to improving child health outcomes. Below are certain issues that are particularly concerning.

[5] RCPCH and CPAG, Poverty and child health: views from the frontline, May 2017.

- ## Child mortality

It is particularly concerning that, after a century of decline, the number of deaths in childhood in the UK has risen for two consecutive years with the highest mortality rate evident in the poorest communities. This is unprecedented and unacceptable. The RCPCH's *Child health in 2030* report found that, if this trend continues, the UK's infant mortality rate will be 140% higher than comparable wealthy countries in 2030.

Whilst the causes behind child deaths are complex, mortality is heavily influenced by the UK's comparatively high rates of smoking during pregnancy, low rates of breastfeeding, high proportion of teenage pregnancy and high numbers of deaths due to respiratory conditions. **On all of these measures the UK performs poorly compared to similar wealthy countries and, for all of these measures, their prevalence is much higher in the UK's most deprived communities.**

Infants are more than twice as likely to die in England if they are born into a poor family rather than a wealthy one – and the gap is widening.

- ## Obesity

Childhood obesity is one of the starkest challenges facing children and young people across the country. Levels of severe obesity for children aged 10 to 11 is now at its highest point since records began.[6] Today, almost 1 in 5 children are overweight or obese by the time they start primary school, rising to 1 in 3 when they start secondary school.

Poverty and obesity often go hand-in-hand, with 40% of children in England's most deprived areas overweight or obese, compared to 27% in the most affluent areas. Obesity Health Alliance statistics reveal that three in five (60%) of the most deprived boys aged 5-11 are predicted to be overweight or obese by 2020, compared to about one in six (16%) of boys in the most affluent group.[7]

- ## Breastfeeding

Breastfeeding is important to ensuring children have a healthy start in life. It is a natural process that is highly beneficial for infant and mother, and benefits the child across their lifespan. Breastfeeding helps protect against infections and provides a protective action against risks of infant mortality (especially for infants born preterm).

The UK has relatively high rates of initiation of breastfeeding compared with other countries (81% have ever breastfed). However, breastfeeding rates in the UK decrease markedly over the first weeks following birth. In England, 2015/16 figures show that while over 73% of mothers start breastfeeding, rates fell to 43% by 6-8 weeks. An analysis of global breastfeeding prevalence found that in the UK only 34% of babies are receiving some breast milk at 6 months.[8]

The prevalence of breastfeeding is particularly low among very young mothers and disadvantaged socio-economic groups, potentially widening existing health inequalities and contributing further to the cycle of deprivation. Data suggests that only 46% of mothers in the most deprived areas were ever breastfeeding, compared with 65% in least deprived areas.

- ## Oral health

Tooth decay is almost entirely preventable. It remains the most common single reason that children age five to nine require admission to hospital.

Tooth decay remains a significant public health issue, particularly for deprived populations where children are less likely to have good oral hygiene practices and more likely to have high sugar diets; these risks are often coupled with poorer access to dental care. Five-year-olds living in the most deprived areas were at least three times more likely to experience severe tooth decay than their peers living in the most affluent areas.

[6] Public Health England, Analysis of the National Child Measurement Programme, July 2018
[7] http://obesityhealthalliance.org.uk/2016/10/11/3-5-englands-deprived-boys-will-overweight-obese-2020/
[8] RCPCH, State of Child Health, January 2017

Key statistics[9]

- The infant mortality rate in England and Wales rose to **3.9 deaths per 1,000 live births** between 2015 and 2016 (the most recent data available).
  - This was the **second consecutive year the rate had increased**, breaking a trend of a century of decline.
  - **For the poorest families in England, the infant mortality rate is 5.9 deaths per 1,000 live births**; more than double the 2.6 deaths per 1,000 live births for the richest.
- RCPCH's *Child health in 2030* report found that **nearly one-third of England's most deprived boys will be obese in 2030,** if government plans are not implemented urgently.
- The rate of smoking during pregnancy in the UK is 11% but can be as high as **35% in the most deprived areas and communities**.
- The UK has one of the lowest rates of breastfeeding in Europe – and it is even lower for the most deprived mothers: figures suggest **only 46% of mothers in the most deprived areas breastfeed, compared with 65% in least deprived areas**.
- Around 32% of 5-year-olds living in the most deprived local authorities have tooth decay, compared to around only 18% in the least deprived local authorities.

Our key recommendations

Many of these negative outcomes for children and young people – and many of the societal, economic, political, personal and medical factors that underly these outcomes – are preventable. Given the heightened risk of poor outcomes and prevalence of risk factors for children and families in the most deprived areas, it is all the more vital that early intervention and prevention programmes are supported.

The Government's forthcoming Green Paper on Prevention represents an invaluable opportunity to holistically identify and act on issues that would have greatest impact in promoting child health amongst the most vulnerable and at risk families.

Individual risk factors and outcomes often share policy solutions. For example, improved breastfeeding rates can lead to fewer infant deaths as well as a lower risk of childhood obesity; promoting healthier nutrition throughout childhood can tackle the prevalence of obesity as well as tooth decay; or, reducing smoking during and after pregnancy can bring benefits to mother and child throughout the life cycle, from lower risk of mortality during infancy to reduced risk of developing asthma and obesity later on.

The RCPCH would therefore encourage the Government to prioritise measures that can have greatest impact across different health challenges and inequalities – but we would also urge the Government to put in place cross-government mechanisms through which action on children's diverse health needs can be more strategically coordinated.

Our key recommendations to deliver this impact and coordination include:

- **Supporting and expanding health visiting**
  Health visitors act as a frontline defence against multiple child health problems – from providing advice to parents on nutrition and feeding, to early identification of risk factors for mortality, to increasing breastfeeding rates. However, health visitor numbers are falling dramatically.

  Enhanced health visiting programmes should targeted at deprived or at-risk families, expanding programmes across the country that have been proven to help outcomes in certain parts of the country and that have been well proven internationally.

- **Embedding and investing in public health**
  Universal public health services and interventions that apply across an entire population are often one of the most effective ways of tackling entrenched social and health problems and of reaching those at greatest risk. However, lack of funding and investment to local authorities and health services have led to cuts within vital services.

[9] Statistics drawn from: RCPCH, Child health in 2030 in England: comparisons with other wealthy countries, October 2018, RCPCH, State of Child Health, January 2017; and, ONS, Child mortality in England and Wales: 2016, March 2018.

It is imperative that a moratorium is placed on further public health funding cuts until a clear impact assessment of the effects of the most recent cuts is undertaken. There must be a reversal of these cuts to ensure that universal early years' public health services can be prioritised and given financial support to provide children and families experiencing poverty and at greatest risk of poor outcomes with the services they need.

- **Developing a Children and Young People's Health Strategy**
  Whilst there has been welcome progress in certain aspects of child health, the scale of the challenges that persist demonstrates the need to better join up our national and local approaches. By doing so, we could maximise the benefits of the many separate programmes currently being developed – from the NHS Long Term Plan, to the Government's Childhood Obesity Plan, to the upcoming Green Paper on Prevention, and beyond. The RCPCH believes that only a cross-government Children and Young People's Health Strategy – which tackles the diverse elements of child health as a whole – can deliver the joined-up, ambitious cross-sector action needed to properly improve child health and tackle health inequalities.
- **Adopting 'Child health in all policies'**
  We urge the adoption of a 'child health in all policies' approach to Government decision making and policy development.
  In particular, we would call on Her Majesty's Treasury to disclose information about the impact of the Chancellor's annual budget statement on child poverty and health inequalities.
- **Restoring binding national targets to reduce child poverty**
  A national commitment and concerted action are required to tackle entrenched social inequalities and reduce health inequalities. A legally binding target to reduce child poverty provides an essential accountability mechanism in measuring our national success in improving the lives and wellbeing of children and young people across the country.
- **Reversing cuts to universal credit that will leave the majority of families claiming this benefit worse off**
  As reported by CPAG, cuts to universal credit – which originally promised to lift 350,000 children out of poverty – will now mean a million more children in poverty than under its original design, and 900,000 more in severe poverty.[10] This is both alarming and unacceptable.

For more information, contact Alexander Lee-Hall, Public Affairs and Campaigns Lead: (alexander.lee-hall@rcpch.ac.uk).

[10] CPAG, The impact of a decade of cuts on family incomes and child poverty, November 2017