Working Paper 3

Child Poverty and Public Health

"Poverty and social inequalities in childhood have profound effects on the health of children, and their impact on health continues to reverberate throughout the life course into late adulthood"

Professor Nick Spencer (p2, 2008a)

Introduction

On the 1st April 2013, local authorities assumed responsibility for public health in England and Wales. As Richard Humphries has pointed out, councils are no strangers to health and public health has actually spent more of its history under council control than it has under the management of an NHS (p4, 2013). Each local authority has had to establish a Health & Wellbeing board and a local HealthWatch to engage patients and their families in the delivery of services. Local authorities also have 'local duties' under the Child Poverty Act (2010) and the impact of child poverty on health is well evidenced and understood. There is much that local authorities can do to improve children's health and mitigate the damage that poverty can do. Policies relating to education, employment, housing and welfare support can – and should - all have a positive impact on children's health. However, when the Local Government Association published a number of public health briefings for councillors, officers and health and wellbeing boards in the lead up to April 2013, poverty was noticeable by its absence. (LGA 2013)

The North East context

In a report exploring the 'prevalence, characteristics and distribution' of child poverty in the North East, Professor Jonathan Bradshaw noted that *"Most local authorities in the NE have worse child health than you would expect given their child poverty"* (p2, 2009) and *"on health, it is striking how many areas in the NE are doing much worse than would be expected given their material well-being rankings"* (p29). Local authorities in the North East occupied the bottom three places (out of 354 authorities in England at the time) for the health domain in an index of child wellbeing and the highest ranking authority for health was placed 244 out of 354 authorities. In short, the region's children are, on average, a lot less healthy than children in other regions, even allowing for the levels of poverty and deprivation in the North East.

A number of local authorities in the North East identified health related priorities in their Child Poverty Strategies, which they have to prepare as part of their local duties under the Child Poverty Act (Crossley 2012). Some of these priorities identified improving health related 'choices' and

'lifestyles' amongst people living in poverty but it has been argued that tackling health inequalities 'needs to move beyond bad behaviours' (Katikreddi *et al* 2013) and policies need to take into account the financial restraints that often make healthy lifestyles difficult to achieve. Recently published research has also highlighted how decision making ability can be affected by the constant effort of coping with the effects of low income and poverty (Mani *et al* 2013). The Marmot Review identified that *"having insufficient money to lead a healthy lifestyle is a highly significant cause of health inequalities"* (Marmot, p28 2010) and, as one young person involved in a photography project on poverty remarked, *"It's more expensive to buy strawberries than it is to buy a whole pizza"* (Children NE 2012).

Child Poverty and Public Health

In a paper for the End Child Poverty campaign Donald Hirsch and Professor Nick Spencer have written that: *"Poverty is the greatest preventable threat to health, and tackling it is fundamental to addressing health Inequalities and boosting life chances"* (p8, 2008) and the evidence has profound implications for public policy. The paper suggests that effective action to tackle child poverty would make an important long-term contribution to many health-related policy objectives, including reducing obesity, reducing heart disease, increasing breast feeding and improving mental health.

Not only does child poverty affect health during childhood, but it also affects adult health as well. In a separate paper drawing on over 70 different studies, Spencer argues that:

> *it is now clear that poverty and low socio-economic status in early life adversely affect health in ways that transmit across time and contribute to poor adult health. In other words, poor social circumstances in childhood are associated with poor health both in childhood itself and in adult life* (p2, 2008b)

The links between poverty and health are wide ranging. For example, poor quality housing can impact on children's health, as can maternal deprivation and poor health. In a report examining Children's Well-being in 2012, the Office for National Statistics noted that

> *reported life satisfaction was lower for those children who lived in households where adults experience material deprivation and the association was more marked if the children themselves were deprived of things other children enjoy* (Joloza p12, 2012)

In the conclusion to a short report called 'Health Consequences of Poverty for Children, Spencer provides a detailed account of how poverty affects those on low incomes:

> *Infants of poor women are at a disadvantage before they are born and are more likely to be stillborn or born too early or too small. They are more likely to die within the first week of life and in infancy. If they survive the first year of life they are at increased risk of dying throughout childhood and adolescence. Poor children are more likely to suffer disability and chronic illness and more likely to be admitted to hospital during childhood. They are also more susceptible to acute illnesses. Poor children are more likely to experience mental health problems and to suffer the consequence of parenting failure associated with chronic stress, debt and depression induced by economic disadvantage."*(p15, 2008a)

Role of local services

The positioning of public health within local authorities offers an opportunity to co-ordinate work across a number of social policy areas to improve the health of the population. Issues such as employment, housing, education, environment and income all affect health (Collins 2013) and it has been argued that 'many of the most promising interventions for reducing health inequalities operate outside of the health sector' (Katikreddi *et al* 2013).

With the new responsibilities for public health, local authorities have a new opportunity to shape how some services are delivered and how they can impact on child poverty. For example, Health visitors and midwives in Glasgow have helped to tackle child poverty through the *Healthier Wealthier Children* (HWC) project. Between October 2010 and January 2012, the project achieved an overall financial gain of £2,256,722 for pregnant women and families accessing HWC advice services through staff such as health visitors and midwives referring pregnant women and mothers with young children to welfare advice services. Around 1 in 2 people referred were eligible for extra financial support and the average gain was £3,404. The evaluation of the report states that

> *Follow-up interviews with clients accessing advice revealed that a number reported reduced stress, improved mood and increased sense of self-worth and security. Some also saw an improvement in relationships with families and friends. Other gains from accessing advice included help with childcare and housing, support with charitable applications, advocacy, switching to cheaper utility options and an increased uptake of Healthy Start vouchers.* (Naven *et al,* p3 2012)

It is estimated that between 16 and 23% of income related benefits nationally remain unclaimed. In 2009-10 this equated to between £7.52billion and £12.31billion. In 2010-11, it was estimated that between £50 and £140 million of tax credits alone remained unclaimed by families with children in the North East. Evidence suggests that when low-income families see an increase in their income, much of the increase is spent on protecting children from the effects of poverty (Warburton-Brown 2011)

Other opportunities for improving the health of children and young people lie outside of formal health structures. Some local authorities have developed area wide free school meal policies for all primary school children and Blackpool is now offering free breakfasts to 12,000 primary school pupils. These policies help to reduce the stigma attached to free school meals which is still in evidence and which impacts on children's participation in and experience of school.

The role of frontline workers across a range of services can also impact on health and wellbeing. The way people are talked about (and talked to) has an impact on them and their sense of self and people living in poverty are often acutely aware of how they are portrayed by the media, by politicians and by 'professionals'. However, research by Professor Mel Bartley of UCL showed

> *that those welfare professionals who listened, who were not judgemental, gave their clients time, who were prepared to advocate for their clients and seek solutions which were appropriate to their needs, were highly valued and made a positive difference to their lives* (Bartley 2006)

A number of recent research reports have highlighted the impact of 'austerity' and public sector cuts on some of the most vulnerable individuals and families in our society. Research by the Poverty & Social Exclusion Team suggests that '*the absolute and proportional scale of cuts in local government expenditure in England is greatest in the most deprived localities'* and that poorer families are therefore likely to suffer more than families with higher incomes (Besemer & Bramley, p40 2012).

Local services are, however, essential in efforts to mitigate the effects of poverty. Bramley & Besemer, in exploring access to local services in the UK, note that:

> *Free or heavily subsidized local services provide a form of 'social wage' or income in kind to households who may have little or no earnings from the labour market. Public services, particularly where universalistic in character, also provide an opportunity to participate in a wide range of activities alongside and on a common basis with the generality of the population, regardless of economic circumstances. This social participation … contributes directly to the fundamental concept of poverty developed by Townsend (1962, 1979), namely the ability to participate in the normal life of the community.* (p2, 2012)

Support for public services generally remains very high and this is especially the case for health related services. However, poorer people shouldn't be viewed as being disproportionately reliant and a possible 'burden' on healthcare services. Professor Danny Dorling, has noted a 'positive care law' in relation to care, and he argues that a 'revaluing of care' is needed as there is a correlation between *'the locations of the population with health needs and those providing many hours of unpaid care a week'* (2011, p144). This approach fits well with 'asset based' approaches to tackling poverty (see, for example, Haddad 2011)

Tackling poverty and deprivation should be central to local authority efforts to improve public health. The examples above highlight how local policy development and the daily interactions between workers delivering public services and members of the public can help to do this. Local authorities and their partners should ensure that services for poor people do not become poor services.

The **North East Child Poverty Commission** is a multi-agency stakeholder group that believes that every child should have an equal chance in life. It is made up of representatives from the public, voluntary and private sectors in the North East and works to promote public and political support for policies that will help to end child poverty.

The **Institute for Local Governance** (ILG) is a pioneering research and knowledge exchange venture designed to maximise the benefits of collaboration between all five universities in North East England and the wider public realm. It is a unique research partnership between North East local authorities, universities, police forces, fire and rescue services and other public sector partners. The ILG is hosted by Durham University Business School.

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