



## **‘FROM WOMB TO TOMB’ – the case for investing in interventions to reduce the impact of CHILD POVERTY**

One in three or four children in the United Kingdom live in poverty, thereby being deprived of the essential resources for human health and development; a social injustice and violation of their human rights.

**Interventions to combat the impact of poverty require inter-agency work needing advocacy, leadership and a multi-disciplinary child public health force.**

**At this time of economic recession, the needs of children living in poverty should be first in the priority list for resources**

### **What is child poverty?**

Poverty is an economic descriptor, but is also an emotive term, requiring alleviation or elimination.

The income of a household is judged to be low relative to the average regular household income received in a population; material disadvantage describes material resources limited to an extent that results in disadvantaged access to (essential) goods and services. Poverty encompasses both of these.

For the UK as a developed nation measures of relative poverty tend to be more meaningful. The European Union (EU) poverty measure is below 60% of the national median income before housing costs are taken into account. In the United Kingdom (UK) relative poverty is defined as household income below 60% of national median income but differentiation is made between before and after housing costs.

### **Why does child poverty matter?**

Income inequality and child poverty have been found to be linked and most prevalent in countries with poorer results for child health and safety (infant mortality and low birth weight), risk behaviours and lifestyles (teenage pregnancy, obesity, bullying) and educational achievement (maths scores and participation in further education).

See Box 1.

## Box 1

Children born into poverty are more likely to:

- die in the first year of life;
- be born small, be born early, or both;
- be bottle fed;
- die from an accident in childhood;
- smoke and have a parent who smokes;
- have poor nutrition;
- become a lone parent;
- have or father children younger;
- suffer from mental health problems (x3)\*
- die in an accident (x5)\*
- die younger.

\* more likely than children from affluent families

Over the past twenty years the evidence has accumulated showing that the health of adults is influenced significantly by what they experienced during development both in the mother's womb, and in their early years. Lifecourse theories have been developed to explain these observations, providing an explanation for the persistence and worsening of inequalities by describing the ways in which health (both good and bad) is transmitted from generation to generation.

Children born to and living in poverty are especially vulnerable to the effects of material deprivation and impaired quality of social relationships on their physical, psychological, emotional and spiritual development. What matters is equality of opportunity for optimum development which in turn determines health and wellbeing throughout the life course. (See Table 1).

Poverty in childhood has persistent ill effects on nervous and stress hormone systems leading to lifelong problems in learning, behaviour, physical and mental health, thus compromising the fostering of resilience and capability.

The **Child Poverty Bill 2009** sets out new duties for local authorities including close collaboration with local partners to address child poverty at a local level through joint local child poverty strategies and joint needs assessment. These strategies will be referenced in local Sustainable Communities Strategies. The Bill also establishes the Child Poverty Commission which will advise UK governments on preparing their respective child poverty strategies

### The extent of child poverty

Figure 1 shows the distribution of children in low income families across the United Kingdom as a percentage of children aged ?? years. This highlights the fact that this is a major inner-city issue but not exclusively.

The comparisons between UK countries and the overall figure for the Nordic countries are shown in Table 1. The UK levels are 3 times that of Nordic countries, after housing costs.

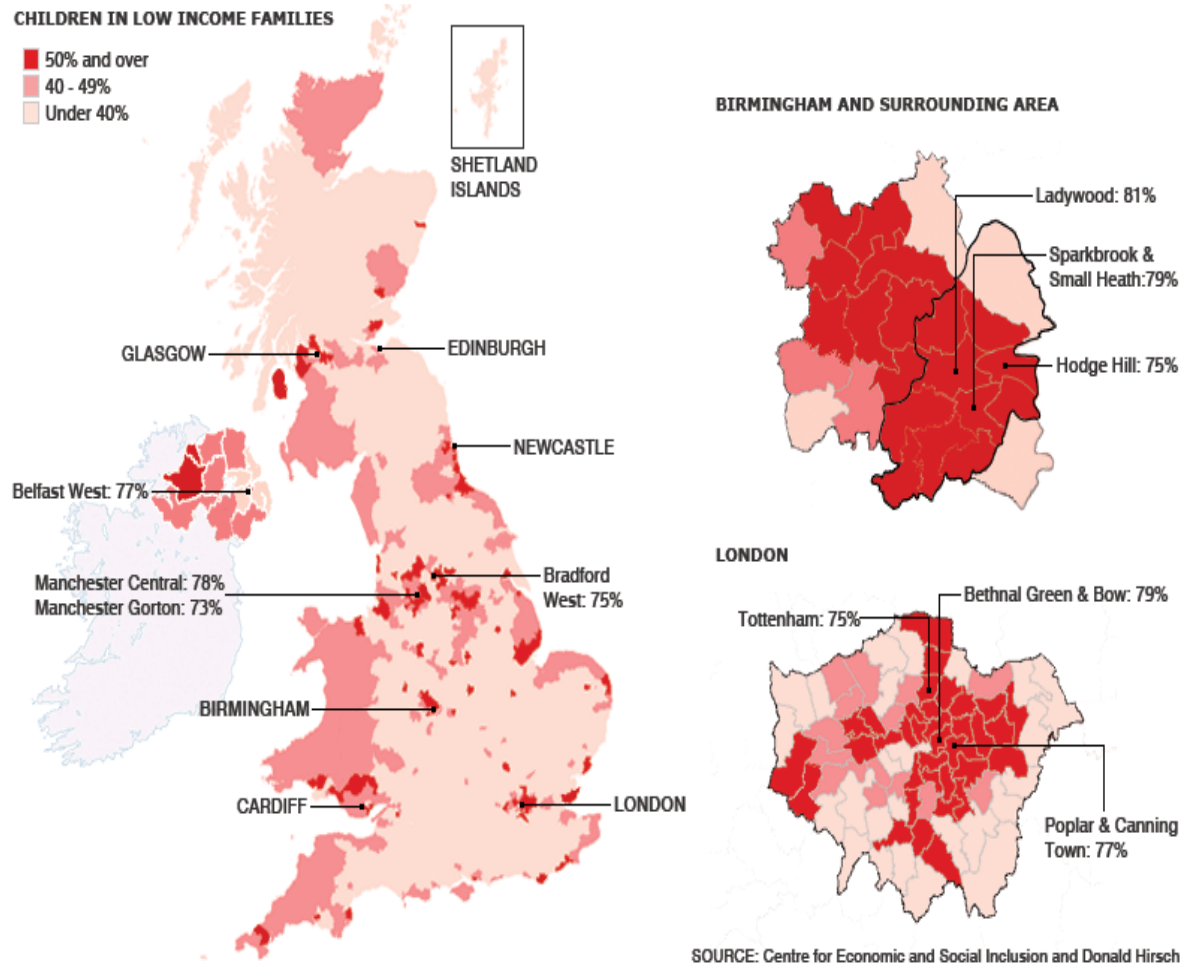
**Table 1** Effects on those living in poverty

Poverty can mean:	Impact in adolescence	Impact in adult health
poor nutrition and lack of physical activity	obesity (both child and adulthood)	cardiovascular disease
Poor lifestyle choices	smoking and binge drinking Gang culture	alcohol dependency cancer
poor housing	high attendance rates at A&E departments with injuries, respiratory and infectious illnesses	stress mental health problems chronic illness
early education failure	reduced earning potential unemployment crime domestic violence illegal drug use teenage pregnancy	Mental health problems and social exclusion perpetuation of intergenerational cycle of social and health inequalities

**Table 2** Proportion of children living in poverty by country

<b>Children living in poverty</b>	
Nordic countries	1 in 10
United Kingdom after housing costs	1 in 3
United Kingdom before housing costs	1 in 5
Wales	1 in 3
Scotland	1 in 5
Northern Ireland	1 in 3

Figure 1 Percentage children in low income families by area



## Determinants of wellbeing

Inequalities of power and wealth and wellbeing are at the root of poverty and social exclusion. The most important factors lie in the wider domains of the environment, housing, education, transport and employment. This understanding offers opportunities for governments to improve health and reduce inequalities by investing in sectors other than health and social care.

In times of economic prosperity disadvantaged families gain least, whilst the impact of a recession affect those with high dependence on state support or little reserves. The vulnerable groups are identified in Box 2.

### Box 2 Particularly vulnerable groups

- Children in lone, disabled or ethnic minority parent households
- Young people leaving care
- Children with disabilities
- Children from large families
- Children from Gypsy, Roma and other Traveller families
- Those seeking asylum, refugees and migrant workers
- Children with parents in employment but without sufficiently high pay or benefits to lift them out of poverty

## Risk and protective factors

Early childhood offers huge opportunities to reduce health inequities within a generation. Inaction will have detrimental effects that last more than a lifetime. A new approach is needed that embraces a more comprehensive understanding of the effects of poverty of resources, opportunity, and experiences on early child development encompassing social, emotional, language and cognitive development.

The factors which enable families and individuals to mitigate the disadvantage, to cope or survive the negative influences, also need to be understood if we are to identify interventions which will have a positive effect. These factors are sometimes called “resilience”. To understand this the collection of quantitative information will have to be complemented by methods which involve the children, young people and their families and carers in exploring their circumstances, their attitudes and the competencies which contribute to resilience.

## Interventions

Society needs to build on strengths to create capability and resilience in dealing with adversity, thereby lessening the ill effects of poverty on individuals and breaking the cycle of poverty. This approach requires changes to the way in which society values and organises itself.

From high levels of child poverty in the UK in the early 1990s, redistributive measures to lift children out of poverty and high levels of maternal employment led to a fall in child poverty until 2003 but these were not continued. What is needed now are measures to address structural barriers as well as upstream cross sectoral interventions to foster healthy living through the creation of appropriate economic, social, cultural and physical environments. These measures need to be supported by down-stream targeted interventions to ensure effectiveness of redistributive policies. See Box 3.

### Box 3 To help eradicate child poverty

- Parents need to be able to find employment that is sufficiently well paid and flexible
- Childcare provision needs to improve to allow parents to return to work and where employment is not sufficient to generate an adequate income, benefits, grants and allowances need to be available
- Universal comprehensive social protection policies are needed to support incomes sufficient for healthy living for all
- Value has to be added locally to national fiscal strategies aimed at eradicating child poverty.
- Support services need to be accessible and acceptable and responsive

## Economic arguments

In the UK, public spending in the range of £25 billion annually is necessary to pay for the fallout from child poverty in social services, school education measures, police and criminal justice systems as well as reduced income, employment opportunities, tax revenues and increased benefits payments for adults who grew up in poverty.

While £40 per child are spent annually on universal health services in the UK, the cost of maintaining a child in the criminal justice system is £300,000 per annum. However investment and intervention in the early years yields huge returns and brings with it a cost benefit ratio of 1:7.

### Monitoring and Evaluation

The task of generating evidence of effectiveness in complex interventions is challenging because of the tension between the need for unequivocal evidence on 'what works' and more contextually - sensitive and possibly ambiguous evidence on 'what works in what ways, for whom and in what situations'.

A strategic approach to generation of evidence on childhood outcomes, their relationship with adult outcomes and the interplay of both with policy frameworks and interventions needs to be developed, perhaps through a system of population based measures of childhood development, health and wellbeing. See Box 4.

#### Box 4 Potential Evaluation Tools

- Early Development Index (EDI) system created to measure five areas of child development
- The European CHILD suite of indicators
- Outcomes monitoring framework and self assessment audit tool for the National Children's Framework in Wales
- regular sufficiently powered household surveys, which collect data on resource availability and consumption, deprivation, subjective feelings of poverty and indicators of social exclusion in environmental and service access terms.

### Conclusion

Social Justice is a matter of life and death. The benefits of interventions early in and throughout the life course of all children and with a specific focus on the elimination of child poverty will result in long term public health gains. Evaluation and monitoring mechanisms therefore also need to extend beyond changing political directions and short term funding cycles. Box 5 sets out some local actions.

#### Box 5 local actions

- Embark on advocacy programme as partnership to exhort government to increase family incomes and take children out of poverty, and to build local capacity through collaboration.
- Provide low-income parents with training to equip them with the skills needed to secure employment.
- Provide progressive universal programme as core offer in line with *Healthy Lives, Brighter Futures* for children and their families or carers, and ensure equitable access.
- Encourage and support better parenting

- Ensure all children grow up in decent housing
- Ensure all children grow up in safe cohesive communities living in an environment which promotes wellbeing.
- Establish local child public health offices in children's centres in areas of greatest material deprivation with a remit to map the assets of the community and to promote resilience.
- Agree measures of child poverty and improve interagency coherence in monitoring the effects of interventions on childhood outcomes and service performance.

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## Sources (see original paper)

- Spencer N. Poverty and Child Health. 2<sup>nd</sup> ed. Abindon: Radcliffe Medical Press Ltd; 2000.
- Bartley M, editor. Capability and resilience: Beating the odds. London: UCL Department of Epidemiology and Public Health on behalf of the ESRC Priority Network on Capability and Resilience (2003- 2007); 2006.
- Pickett KE, Wilkinson RG. Child wellbeing and income inequality in rich societies: ecological cross sectional study. *BMJ* 2007 doi:10.1136/bmj/39377.580162.55
- Innocenti Report Card. Child poverty in perspective: an overview of child well- being in rich countries. Florence: Unicef Innocenti Research Centre; 2007.
- Sinclair S, McKendrick JH. Child Poverty in Scotland: taking the next steps. London: Joseph Rowntree Foundation; 2009 May. 20 p. Ref: 2365.
- Winckler V. What is needed to end child poverty in Wales? London: Joseph Rowntree Foundation; 2009 June. 8 p. Ref: 2357.
- Growing unequal? Income distribution and poverty in OECD countries. Paris: OECD multilingual summaries, 2008
- Bambra C, Gibson M, Petticrew M, Snowden A, Whitehead M, Wright K. Tackling the wider social determinants of health and health inequalities: evidence from systematic review. PHCR Short Report 5, 2008. Oxford: Public Health Research Consortium
- Chen WH, Corak M. Child poverty and changes in child poverty in rich countries since 1990. Innocenti Working Paper 2005-02. Florence: Unicef Innocenti Research Centre; 2005.
- Hirsch D. What is needed to end child poverty in 2020? London: Joseph Rowntree Foundation; 2008 Nov. 12 p. Ref: 2275
- Strategic Review of Health Inequalities in England post- 2010. A policy dialogue on the social determinants of health. The role of early years, education and social mobility. London: University College London; 2009.
- The Social Protection Committee. Child poverty and well being in the EU. Luxembourg: Office for Official publications of the European Commission, 2008
- Save the Children. Families in Crisis. Briefing. London: [www.savethechildren.org.uk](http://www.savethechildren.org.uk); 2009.
- Child Poverty Toolkit. Policy Brief. Child Poverty and Work (Internet). Accessed 28/07/2009: <http://www.childpovertytoolkit.org.uk>
- Child Poverty Toolkit. Policy Brief. At greatest risk of child poverty (Internet). Accessed 28/07/2009: <http://www.childpovertytoolkit.org.uk>
- National Scientific Council on the Developing Child. The Science of Early Childhood Development. Closing the gap between what we know and what we do. Harvard: Centre on the Developing Child; 2009. <http://www.developingchild.net>
- Child Poverty Toolkit. Policy Brief. Child Poverty and Education (Internet). Accessed 28/07/2009: <http://www.childpovertytoolkit.org.uk>
- Heckman JJ. The economics of investing in early childhood. Melbourne: University of New South Wales, 2006 [www.earlychildhoodaustralia.org.au](http://www.earlychildhoodaustralia.org.au) accessed 05/11/2008
- Hirsch D. Estimating the costs of child poverty. London: Joseph Rowntree Foundation; October 2008.
- Modelling the future. A consultation paper on the future of children's health services London: royal College of Paediatrics and Child Health; September 2007
- Heckman JJ, Masterov DV. The productivity argument for investing in young children. Working Paper No 5, Invest in Kids Working Group. Washington DC: Committee on Economic Development; 2004.
- Hirsch D, Spencer NJ. Unhealthy Lives. Intergenerational links between child poverty and poor health in the UK. London: End Child Poverty; 2008
- Freemantle N, Wood J, Griffin C, Gill P, Calvert MJ, Shankar A *et al.* *BMJ* 2009;339:b2892

Spencer NJ. Health consequences of poverty for children. London: End Child Poverty; 2008

Lamb B. Child Poverty and Disabled Children *in* Keep the Promise: End Child Poverty. A collection of essays from leading authors with the end child poverty coalition. London: End Child Poverty; 2009

Office for National Statistics. Inequalities in Life Expectancy at 65 in the UK. London: UK National Statistics; 2007.

Child Poverty Toolkit. Policy Brief. Child Poverty and Health (Internet). Accessed 28/07/2009:  
<http://www.childpovertytoolkit.org.uk>

Hertzman C, Power C. A lifecourse approach to health and human development *in* Heyman J *et al* (eds). Healthier Societies: from analysis to action. Oxford: Oxford University Press; 2006

Commission on the Social Determinants of Health. Closing the gap in a generation: health equity through action on the social determinants of health. Final Report. Geneva: World Health Organisation; 2008.

House of Commons. 2009 Child Poverty Bill (Internet). London: Parliament; 29 June 2009. Available at <http://services.parliament.uk/bills/2008-09/childpoverty.html>

Derek Wanless. Securing Good Health for the Whole Population. Final Report. London: HMSO; 2004.

Blair M. Optimising health in the early years. Child Public Health Interest Group, Community Practitioners and Health Visitors Association, British Association of Community Child Health. London: Early Childhood Forum, National Children's Bureau; 2008.

Child Poverty Toolkit. Policy Brief. Child Poverty and Housing (Internet). Accessed 28/07/2009:  
<http://www.childpovertytoolkit.org.uk>

House of Commons Health Committee. Health Inequalities. Third Report of Session 2008-09. London: The Stationary Office; 2009.