

Briefing: State of Child Health in the UK

May 2021

Summary

Last year, the Royal College of Paediatrics and Child Health (RCPCH) published [State of Child Health 2020](#). It showed a bleak picture; worsening health outcomes across indicators including obesity, mental health and child poverty, and widening inequalities in these health outcomes.

A year on, it's difficult to map progress owing to the pandemic; data across many of the nearly 30 indicators last year's report considered has not been collected due to the impact of COVID-19. What we do know is that children and young people have largely had a difficult year. Rates of reported mental health difficulties are [increasing](#), as is [demand on services](#), and rates of child poverty, a key driver of child health outcomes, are [rising too](#).

There is no time to be lost; Government must tackle the state of child health across the UK head-on, taking a cross-government approach and ensuring all Government departments work together towards the same aim of ensuring all children get the best start in life. If the Government wants to truly level up the country, they should use child health outcomes as their measure of progress. In doing so, children's life changes will improve, poverty will be reduced and so too will the economic prosperity of the country in the future.

State of Child Health 2020

Last March, just before COVID-19 took hold, RCPCH launched [State of Child Health 2020](#), which considered the trends in child health outcomes across nearly 30 indicators. The data showed a worrying trend in child health outcomes, and as such, we warned that the UK was [failing a generation of young people](#).

The data also revealed a widening gap in health outcomes between children from the most deprived and most wealthy backgrounds across numerous indicators including oral health, obesity and mental health. For example, children aged 4-5 living in the most deprived areas in England were **four times more likely** to be severely obese than 4-5 year olds from the least deprived areas.

The report made a number of evidence-based policy recommendations in addition to data analysis, which reflected three key priorities Government must adopt in order to improve child health outcomes across the UK:

- Reduce health inequalities
- Prioritise public health, prevention and early intervention
- Build and strengthen local, cross-sector services to reflect local need

What unites these priorities is the need to consider the impacts of all policies on child health outcomes, not just those policies that fall under the remit of the Department of Health and Social Care. There are few areas of policy that do not - whether intentionally or not - affect child health outcomes. Data consistently show that poverty and inequality impact a child's whole life, affecting their educational attainment, housing and social environment across the life course, in turn impacting their health outcomes and life chances.

State of Child Health also made a number of recommendations to paediatricians to improve their practice. But the reality is that much of child health outcomes are socially determined. Our members want, need and deserve for Government to step up and play their part.

What we know now

Due to the pandemic, much of the annual data that is collected routinely has been missed. As a result, we have been unable to map progress from last year's report across all indicators. As such, it will be some time before we understand the full impact of the pandemic on child health.

One area where data was available was on infant mortality. In England, the rate of infant mortality increased from 3.9 to 4 per 1000 live births, in Wales, it increased from 3.5 to 4 per 1000 live births, increased from 3.2 to 3.3 in Scotland and 4.2 to 5 in Northern Ireland. This is particularly notable because of the trend spanning the four nations of the UK, and because infant mortality is widely considered as a bellwether of child health. That it is increasing is a cause for real concern.

We only have new mental health prevalence data from England, with the number of 5-16 year olds reporting mental health disorders rising from 10.8% in 2017 to **16% in 2020**. Whilst there is not comparable data for Wales, Scotland and Northern Ireland, charities, service providers and young people themselves are clear this trend is reflected in the devolved nations too.

What we don't know

In addition to not yet having the most up to date data sets, the data we do have is largely from before the pandemic. This is because of the lag between collecting, analysing and publishing data.

Therefore, it's likely that most of the data we do have does not reflect the impact of the pandemic; because it was collected before it started. For example, the most recent data from the National Child Measurement Programme (NCMP) is from autumn 2019. It shows an **increase** in the proportion of 4-5 year olds recorded as overweight or obese in England from 22.6% to 23%. Again, there is no comparable data for the devolved nations. That the rate was increasing before the pandemic means it's reasonable to extrapolate that the rate has likely increased further in a year where children have been less active, and poverty has increased. This is due to the **inequalities** we see in obesity rates between those children living in the most and least deprived areas.

Impact of COVID-19

Whilst children and young people have overwhelmingly been spared the worst of the clinical impact of COVID-19, the response to the pandemic has had far-reaching negative effects on their health and wellbeing.

This is largely because schools play a significant role in the health and wellbeing of all children and young people, and a pivotal role in identifying vulnerable children, providing the setting from which children can access health surveillance, support and advice, as well as individual and group therapeutic programmes. Widespread school closure have reduced children and young people's access to these health benefits, and also allowed vulnerable children to slip under the radar.

It will also mean we have incomplete data in coming years over some child health indicators, as some data is collected through schools. One example is the National Child Measurement Programme (NCMP).

COVID-19 has both compounded and exposed the inequalities entrenched in health. The excess mortality rates due to the virus in the most socioeconomically deprived areas are proof of this. Deprived communities have borne the brunt of the wider negative impacts of the pandemic.

Child poverty

Children living in poverty are **more likely** to have the low birth weight, poor physical health like obesity and some chronic conditions and mental health problems. The health impacts of growing up in poverty are significant and follow children across their life course.

Before the pandemic, **over 4 million children** were living in poverty. Whilst we await the data, with growing unemployment, a recession, and the likely long-term health

impacts of COVID-19, it is reasonable to assume that rates of child poverty will increase in the coming months and years.

Child Poverty Action Group undertook **interviews with around 300 families** in August 2020, which showed 8 in 10 families report a significant deterioration in their living standards as a result of the pandemic. The Institute for Public Policy Research has **estimated** a further 200,000 children have been pushed in to poverty as a result of the pandemic so far. Additionally, the Joseph Rowntree Foundation has said that a **further 200,000 children** will be pushed in to poverty if the Government fails to make the £20 a week uplift to Universal Credit **permanent**.

Increasing rates of child poverty is perhaps the surest indicator that child health outcomes will continue to worsen and inequalities will be further entrenched. The longer we fail to act, the more we are storing up problems for our children's futures, but also for our future as a country.

This trajectory is not set in stone – with bold action, we can reverse this trend.

Levelling up

RCPCH believes there is a key measure that Government could focus on that would see their stated aim of levelling up of the country realised; improving child health outcomes. Data consistently show that poverty and inequality impact a child's whole life, affecting their education, housing and social environment, and in turn impacting their health outcomes and life chances.

What's needed

It's impossible for the Government to achieve levelling up of the country if they look at it only through one the lens of jobs and infrastructure. The different forms of inequality at play are interrelated; one such example being that the poorest Local Authority areas have seen the biggest proportional cuts to their public health grant allocation from national Government since 2015. This results in poorer health outcomes for the local population, which in turn links to higher unemployment rates, reduced opportunity, poorer quality housing, less local investment and prosperity. Focusing on eliminating only one of the components cannot break this cycle

If the Government focuses on improving child health outcomes in the coming years, children's life chances will improve, poverty will be reduced, and so too will the economic prosperity of the country in the future. This is even more paramount following the economic impacts of COVID-19. The levelling up agenda will only be fulfilled if it's approached as a long-term project that prioritises holistic, sustained change to the fabric of our country, using child health outcomes as a barometer for the state of the nation. Recovery from the current pandemic provides an opportunity to weave this approach into our policy making processes, and we will continue to make that case in the corridors of power.

Calls to Government

In order to ensure all children get the best start in life, enjoy the best possible health and child health outcomes are levelled up across the country, we are calling on Government to undertake the following actions. These calls were made in State of Child Health 2020, but as we recover from the pandemic, these calls must be implemented urgently. Our children and young people cannot afford to wait.

Reduce health inequalities

- **Implement an overarching child health strategy**, multi-departmental in approach; to help ensure existing health inequalities are not entrenched by COVID-19. This will also help to embed a child health in all policies approach to policy making.
- **Reintroduce national targets to reduce child poverty rates** and introduce specific health inequality targets for key areas of child health. Specific Government departments should be responsible and accountable to deliver targets set. The Department for Work and Pensions in particular should undertake a review into the impact of recent welfare changes on child poverty and inequality.

Prioritise public health, prevention and early intervention

- **Urgently increase public health funding to Local Authorities** commensurate to local population need. This must include restoring the **£1 billion of real-terms cuts** to the public health grant since 2015. Future investment in public health provision should increase at the same rate as NHS funding and be allocated based on population health needs.
- **Provide funding for a child health workforce**, that meets demand, and ensures children and young people receive the best possible care.

Build and strengthen local, cross-sector services that reflect local need

- **Provide ring-fenced funding of CAMHS services** that reflects local service demand.
- **Provide sustainable, long-term funding for Local Authorities** that ensures they are able to deliver a range of services that meets the health and wellbeing needs of their children and young people, including children's centres and youth services.
- **Provide health-based support for children throughout education**, including funding for increased numbers of school nurses and school counsellors.
- **Ensure that health visiting services are protected** supported and expanded with clear and secure funding.

About RCPCH

The [Royal College of Paediatrics and Child Health \(RCPCH\)](#) is the membership body for paediatricians, representing more than 19,500 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.

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