

Introduction

The Royal College of Paediatrics and Child Health has prepared this briefing to acknowledge the importance of Lords' amendments to the Levelling Up and Regeneration Bill that would ensure the levelling-up missions include reducing child poverty.

RCPCH believes there is a key measure that the UK Government should focus on to realise their stated aim of levelling up; improving child health outcomes. The College recognises that child poverty is a key driver health inequalities.

What is the problem?

- Health inequalities are the avoidable, unfair, and systemic differences in health outcomes between different groups of children and young people.
- Across the UK, child health inequalities are widening. Our [State of Child Health 2020](#) report revealed a widening gap between health outcomes across nearly 30 indicators with children living in more deprived areas having worse health outcomes than their peers living in less deprived areas.
- The influence of poverty on children's health and wellbeing is undeniable. Children living in poverty are more likely to have poorer health outcomes including low birth weight, poor physical health, and mental health problems. The health impacts of growing up in poverty are significant and follow children across their life.
- The cost-of-living crisis will only exacerbate this by pushing more families into poverty. It is essential that health inequalities driven by poverty are addressed to improve child health outcomes, as well as reduce costs to the NHS in the long term.

What needs to happen?

- Paediatricians [welcomed the commitment earlier this year](#) that a White Paper on Health Disparities would be published, as part of a broader manifesto pledge to level up different areas and social groups in the UK.
- We [recently noted with concern and disappointment](#) that the UK Government had scrapped plans to publish its long-awaited White Paper and as such see no prospect of action on the key driver of health disparities; child poverty.
- 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.
- 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.
- Acknowledging a lack of action in government to reduce poverty, **the College wants to see reducing child poverty included as a levelling up mission.**
- As such we support the following amendment tabled by Baroness Lister, the Lord Bishop of Durham, Baroness D'Souza and Baroness Stroud:

Clause 1, page 1, line 14, at end insert—

“(2A) The levelling-up missions must include a mission to reduce the numbers and proportion of children in absolute poverty, relative poverty and deep poverty in each local authority and across the United Kingdom.”

Member's explanatory statement This would ensure that the levelling-up missions included a mission to reduce child poverty.

Evidence of how poverty drives health inequalities in the UK^[1]

Mortality in childhood

- The UK has high rates of infant and child mortality when compared with other developed countries.
- The index of multiple deprivation (IMD) is an overall measure of deprivation based on factors such as income, employment, health, education, crime, the living environment and access to housing within an area. Infants in the 10% most deprived areas are twice as likely to die in infancy as those in the 10% least deprived. For each increase in decile of deprivation, the relative risk of mortality increases by 10%.
- There is a clear association between the risk of death and the level of deprivation for children who died in England between April 2019 and March 2020. Over a fifth of the 3,200 child deaths in the period examined might have been avoided if children living in the most deprived areas had the same mortality risk as those living in the least deprived. Between 2011 and 2020, the child death rate was 70% higher in the most deprived areas of Wales compared with the least deprived areas.

Acute and long-term illness

- Children living in poverty are significantly more likely to suffer from acute and long-term illness. They are significantly more likely to require hospital admission and were 72% more likely than other children to be diagnosed with a long-term illness.
- Rates of obesity and severe obesity in children living in the most income deprived areas entering Reception and Year 6 are rising, while the rates are decreasing in the least income deprived areas in England.
- Children living in poverty are more likely to be at risk of tooth decay, in prevalence and severity. In England, children from the most income deprived areas having more than twice the level of decay compared with those from the least income deprived.
- Children living in the poorest 20% of households in the UK are four times more likely to develop a mental disorder as those from the wealthiest 20%.

Indoor and outdoor air quality

- Air pollution exposure is highest in the most income deprived areas, and children are disproportionately exposed to the highest levels of pollution.
- Children in more income deprived families are three times more likely to be exposed to second-hand smoke.
- Children in income deprived areas are more likely to live in housing with poor ventilation and other features of substandard housing. Families in poverty may ventilate their house less because of problems such as fuel poverty.

RCPCH President, Dr Camilla Kingdon, has said:

^[1] <https://www.rcpch.ac.uk/key-topics/child-health-inequalities>

“How can it be that poverty is one of the most pressing issues for frontline paediatricians in the 4 nations of the UK in 2022? Why is it that we are needing to shout from the rooftops about widening child health inequalities and poverty in one of the richest countries in the world?”

For members of the child health workforce, inequalities are visible and ever present in our clinical interactions. It’s in the impact of poor-quality housing, the heavily polluted streets children walk along to school, and the physical health impact from a lack of nutritious food as well as rising mental health concerns.

Yet child health inequalities are not an inevitability. They are the result of unfair and systematic differences in the social determinants of health between different groups of babies, children, and young people – and poverty is a driving factor.

As child health professionals we can no longer ignore what we see. We stand united against child health inequalities and poverty and call on UK Governments to act.”

About us

The Royal College of Paediatrics and Child Health (RCPCH) is the membership body for paediatricians, and we have over 21,000 members across the UK and internationally. We are responsible for education, training and setting professional standards and informing research and policy. We work to transform child health through knowledge, research and expertise, to improve the health and wellbeing of infants, children and young people across the world.