

Post Legislative Scrutiny of the Child Poverty Act 2017 – Social Justice and Social Security Committee

Response submitted by the Royal College of Paediatrics and Child Health: September 2024

About us

The [Royal College of Paediatrics and Child Health \(RCPCH\)](#) is responsible for training and examining paediatricians. The College has over 19,500 members in the UK and internationally and sets standards for professional and postgraduate education. 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.

“Every child has the right to a standard of living that is good enough to meet their physical and social needs and support their development. Governments must help families who cannot afford to provide this.”

UNCRC, Article 27

Taking into account that our areas of expertise are those of child health and representing the needs of the paediatricians who constitute our membership, our response will focus on the impact of poverty and the Child Poverty (Scotland) Act has on the health and wellbeing of children and young people.

Health inequalities are the avoidable, unfair and systematic differences in health outcomes between different groups of babies, children and young people. The drivers of health inequalities are the social, economic and environmental factors in which individuals live that have an impact on their health outcomes. This includes ethnicity, income, housing, climate change and being looked after by local authorities.

Scottish Government [Data shows](#) that 24% of children were living in relative poverty after housing costs in 2020-2023. These levels of poverty are extremely concerning. The health impacts of growing up in poverty are significant and follow children across their life course. Children living in poverty are more likely to have poorer health outcomes including higher risk of mortality, poor physical health, and mental health problems. Moreover, there is a clear association between the risk of infant death and the level of deprivation. In Scotland, by 2016-18 [infant mortality rates](#) in the most deprived areas were 2.6 times the rate in the least deprived areas.

We welcome existing commitments by the Scottish Government to reduce child poverty and health inequalities, such as the introduction of the Scottish Child Payment, the Young Patients Family Fund and free school meals. These commitments are making a real difference to children and young people across Scotland. There are, however, many children and young people who remain living in poverty and there is a real risk that existing policies will not deliver the child poverty targets included in the Child Poverty (Scotland) Act. Substantial action and investment are needed to ensure the targets are met.

RCPCH Scotland members have highlighted the importance of a whole systems approach, that prioritises poverty on all aspects of local and national government. There are lots of motivated professionals and volunteers investing in child health. However, we further need sustainable investment, appropriately staffed hospital-based and community paediatric services, as well as support in schools and in the community in order to tackle the issue of health inequalities.

RCPCH Recommendations

Expand the Young Patients Family Fund (YFFF) to include both in and outpatients to help a greater number of families met the costs of attending hospital.

Visiting the hospital can come at great expense for families. The average cost of attending a clinic appointment is £35. Taking into consideration that children living in poverty are significantly more likely to suffer from acute and long-term illness, means that the pressure on lower income families is higher.

We welcome the introduction of the Young Patients Family Fund, which helps families of young inpatients by covering travel, food, and accommodation. However, by extending the Fund to include outpatients, a greater number of families would be able to make use of the Fund and not risk missing vital appointments due to worry about the financial costs of visiting hospital. This is especially important when considering that, when caring for children, certain treatments must be given within specific age ranges or developmental stages.

Increase the Scottish Child Payment as a minimum to £30, increasing to £40 per week within the lifetime of this parliament to help families in need.

The positive impacts of the Scottish Child Payment on families in Scotland are undeniable, but it is essential that the payment be increased further. Only by increasing the payment to at least £40 per week by the end of this Parliament can we aim to meet the child poverty targets.

Expand free school meals to all primary school children as soon as possible.

Parents in poverty are less able to afford healthy foods and offer their children a healthy lifestyle. Healthy foods are nearly three times more expensive than less healthy foods per calorie, which means families may be more likely to eat food that is cheap but nutritionally poor, leading to obesity and malnutrition in children. [Paediatricians observe that](#) poor nutrition as a result of the inability to afford enough healthy food is associated with both poor growth of deprived babies and children on the one hand, and rising child obesity on the other.

It is clear, therefore that free school meals are a lifeline for many families as they ensure children have at least one hot, nutritious meal per school day. We urge the Scottish Government to roll this out as soon as possible for all primary school children.

Improve access to and provide long-term, stable funding for cross-sector community-based services, resources and advice for children, young people, and families to support their health and wellbeing.

Access to care closer to home must be prioritised. Infants, children, young people and families should have equitable access to cross-sector services, resources, advice and support within the local community to support their health and wellbeing.

Demand for services often outstrips capacity and paediatricians are concerned that this will get worse if action isn't taken to address the pressures facing the workforce. A focus on creating accessible community-based services offers a great opportunity to improve the health and wellbeing of children and young people.

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