Written evidence from the Health Inequalities Policy Research Team (CPM0030)

With input from:
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The Health Inequalities Policy Research Team focusses on improving health and reducing inequalities through the study of the determinants of health and wellbeing and the policies that impact them. The team is a designated World Health Organization Collaborating Centre for Policy Research on Determinants of Health Equity, and as such provides research, evidence synthesis, and guidance to international public health policy.

Summary

- Child poverty in the UK has been increasing in recent years. In areas where we work in Liverpool, around 40% of children live in relative poverty after housing costs.
- Child poverty causes worse health and social outcomes for children and adolescents, with consequences extending into adulthood.
- Poverty and worklessness are not equivalent – 71% of children in poverty live in a household where at least one adult is in paid employment. Evidence shows that the tragedy of child poverty cannot be addressed solely by improving employment.
- The evidence from research from our group and others is that maintaining and expanding adequate social protection is crucial for reducing child poverty, and that changes to the welfare system in recent years have adversely affected child poverty and had a detrimental effect on child and adult health.
- Our research reinforces the importance of maintaining an income-based measure of child poverty and using it to monitor trends and the effects of policies on children's lives.
- Poverty exposes children to greater risk of social and environmental adversities, which themselves cause worse outcomes. The accumulation of multiple risks caused by poverty rather than singular risk exposure is an especially pathogenic aspect of childhood poverty.
- It is important to measure poverty robustly and consistently over time, and to report it with sufficient granularity to enable comparisons of different geographical areas and population subgroups across the UK.

1. Introduction

Child poverty has risen in the UK since 2010, reversing a longer-term trend of falling poverty. All four official measures of child poverty show large increases in the number of children living in households below 60% of the median income before and after housing costs (in both relative and absolute terms), particularly in more recent years following reforms to the welfare system (Figure 1).

Child poverty contributes to large, persistent and widening inequalities in the UK. A child born in the most disadvantaged 10% of areas of the UK can expect to live around 10 years fewer than a child born in the most advantaged 10% of areas (Whitehead et al., 2014). A substantial body of scientific evidence links child poverty to poorer educational, physical and psychosocial outcomes during childhood and across later stages of life. Early-life exposure to poverty and other significant adversities impacts not only the developing brain, but also other organs and the immune system (Boyce et al., 2021). Collectively, these developmental disruptions leave a child more susceptible to physical or psychosocial stressors as they get older, undermining their mental and physical health through adolescence and into adulthood.

Child poverty intersects with other axes of social inequality, such as disability and ethnicity, and is strongly geographically patterned (Social Metrics Commission, 2020). For example, in Liverpool where we work, there are several areas where around 40% of children live in relative poverty after housing costs (Centre for Research in Social Policy, 2020). Robust measurement of child poverty over time, and disaggregation of data by ethnicity, disability status, and geographic area, is important for monitoring and understanding child poverty and its impacts on health and inequalities.

There is strong evidence for a causal effect of growing up in poverty, on adverse outcomes spanning education, employment, lifetime earnings, crime, and health (Cooper and Stewart, 2020). Drawing on our expertise and experience, our submission focusses on our group's research evidence linking child poverty to health outcomes.

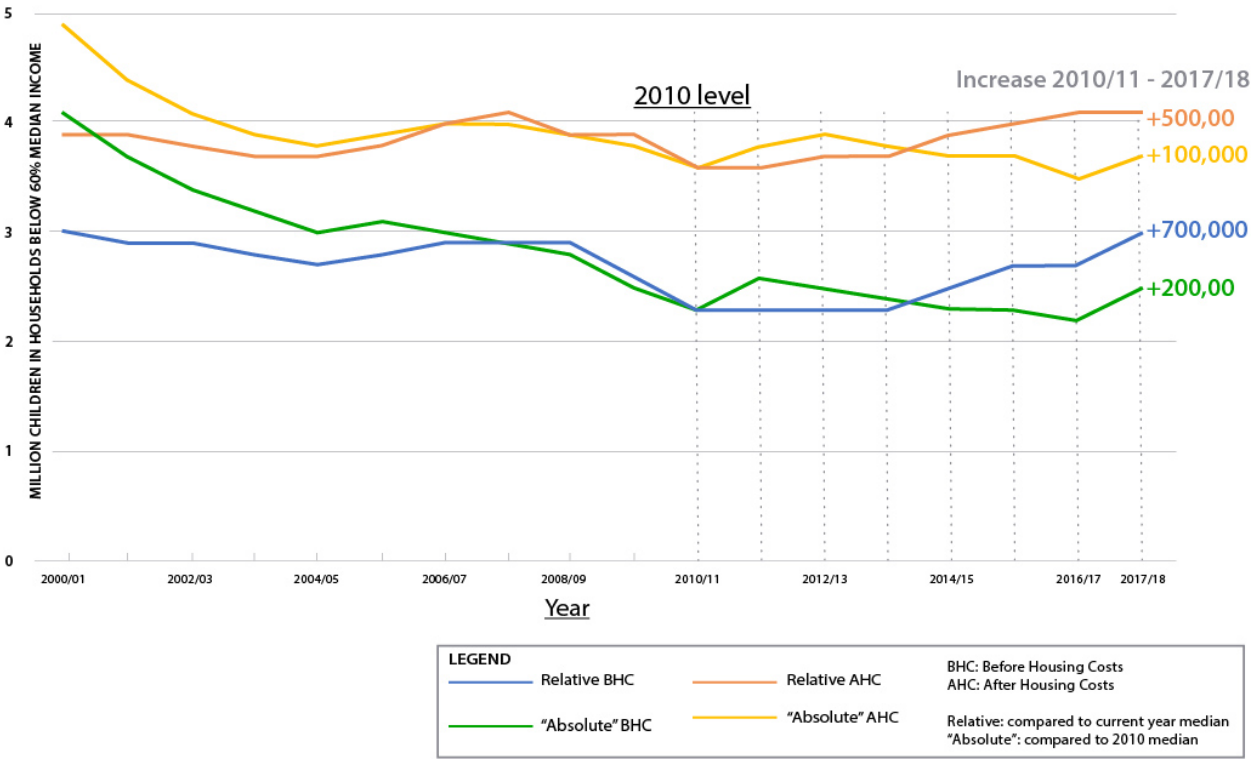

Figure 1. Child poverty in the UK 2001/2002 – 2017/18. Reproduced from Stone and Hirsch (2019).

2. How should child poverty be measured and defined?

The importance of using an income-based definition

Poverty is about families lacking resources to participate in society and thrive. This theoretical underpinning of child poverty is outlined in the review by our group - "Poverty and child health in the UK: using evidence for action"(Wickham et al., 2016). As Peter Townsend outlined in 1979:

"Individuals, families and groups in the population can be said to be in poverty when they lack resources to obtain the type of diet, participate in the activities and have the living conditions and amenities which are customary, or at least widely encouraged and approved, in the societies in which they belong." (Townsend, 1979, p. 31). Measurements of poverty therefore need to account for access to these resources. How poverty is defined and measured is important and influences the strategies used to address it, and their likelihood of success.

Conceiving of poverty as being relative (rather than absolute) to a particular context recognises that standards of living change over time. The widely used measure of relative poverty - household income below 60% of the current year's population median - captures this, and can be used to classify an individual child as living in poverty or not, or to measure the proportion of a population experiencing poverty. Ideally, this is also adjusted to account for housing costs, given the essential nature of housing and therefore the unavoidability of housing costs, which have been rising especially for children in lower-income families (Cribb, 2018).

The new poverty metrics developed by the Social Metrics Commission through a process achieving consensus across a range of experts from different perspectives (Social Metrics Commission, 2020), are similarly based on family income (plus other liquid assets) relative to the population median, and then adjusted for other factors such as inescapable costs of not only housing, but also childcare and disability.

In contrast, proxy measures of poverty that focus only on benefits receipt or worklessness fail to capture the true extent of child poverty; for example, 71% of children in relative poverty live in a household where at least one person is in paid work (Department for Work and Pensions, 2020). We have highlighted in our previous work how policy debate has focused on the use of child poverty measures for policy purposes and whether they meaningfully reflect children's life chances (Wickham et al., 2017). In 2016 the UK Government proposed replacing its statutory child poverty targets based on income with indicators of child disadvantage that are not specifically related to income (e.g. workless households), arguing that strategies to improve children's life chances should focus on increasing parental employment rather than welfare cash transfers which can reduce income poverty without changing employment status. We have tested this to see whether moving into poverty during a child's early life is relevant for children's and mother's mental health, independent of employment status (Wickham et al., 2017). Our findings (also described below) show that moving into poverty is independently important. This supports the need to keep income-based measurement of child poverty and use it to monitor trends and effects of policies that affect children's lives.

The policy response to child poverty

In the past, cross-governmental strategic action to address child poverty has been successful (Joyce and Sibieta, 2013). This was driven mostly by very large increases in spending on benefits and tax credits. We have shown that this led to improvements on child health, many of which have reversed with cuts to these benefits and with the focus taken off income-related child poverty since 2010 (Robinson et al., 2019; Taylor-Robinson et al., 2019). It is likely that the removal of the targets in law to reduce income-based child poverty and the changes to its

measurement have contributed to the reversal of the gains that had been made before 2010. It is important that government learns from the successes of the past in developing its strategy.

Whilst improving employment prospects is an important component of strategies to reduce child poverty, it is widely recognised that this needs to happen alongside actions to maintain and expand adequate social protection (Housing and Social Justice Directorate, 2017; Simmonds and Bivand, 2008). The differences in child poverty between the UK, which has higher levels than most countries in Europe and countries such as Sweden, with very low levels of child poverty, is not primarily explained by levels of employment or education. These differences are largely explained by differences in welfare benefit provision as well as levels of wages of those in work (Save the Children, 2014). Our research and a recent systematic review of the evidence has shown that changes to the welfare system that reduce the level of and access to benefits have a detrimental impact on health outcomes, whilst expanding access and adequacy has beneficial effects (Barr et al., 2016; Katikireddi et al., 2018; Simpson et al., 2021; Wickham et al., 2020). Policymakers, however, are often concerned that increasing access to benefits disincentivises employment. Our recent systematic review shows there is no robust evidence to support this concern – particularly for health-related benefits. We found that actions to expand access to these benefits did not reduce employment (McHale et al., 2020). Strategies aimed at reducing child poverty will need to reverse changes to welfare benefits that are increasing child poverty, and implement changes that are targeted at increasing the resources available to families with children (Hood and Waters, 2017). In addition to benefit reform, investment in early years services such as children's centres can be expected to mitigate some of the effects of poverty (Cattan et al., 2019; Taylor-Robinson et al., 2017).

The importance of robust, consistent measurement over time, across geographical space, and for different groups of children

As a research group that often uses government statistics on child poverty in our research, we are keenly aware of the need for robust, accurate and consistent measurement of child poverty for official statistics. Continuity of child poverty measurement over time is important for research that relies on official statistics on child poverty, including research on the health effects of poverty in childhood, inequalities, and the mechanisms by which poverty influences outcomes in children and across the life course. Accuracy and continuity of measurement is also important for research into the effects of government policy changes and other interventions designed either to address poverty or mitigate its effects, as well as detecting unintended consequences for child poverty of other policies.

Research relating to child poverty also benefits from the availability of child poverty metrics published with sufficient geographical granularity to allow meaningful comparisons between areas. At present, robust, official child poverty data below the level of region is lacking,

hindering more local level analysis of poverty trends, impacts, and the understanding of inequalities and the mechanisms driving them. Disaggregation of child poverty data by ethnicity, disability status, and for vulnerable groups such as looked after children, is also important for monitoring and understanding child poverty and its impacts on health and inequalities.

3. What is the impact of child poverty?

Consistent with the wider evidence base, our group's research provides clear evidence that child poverty is damaging for child health. We have repeatedly found a strong evidence of a causal relationship between childhood socioeconomic conditions (variously measured, and including relative poverty) and a range of outcomes in childhood and adolescence, including mental health problems, cognitive disability, overweight and obesity, and longstanding illness.

Using the most widely used and valid measure of child poverty in the UK (60% below the median income), we see that higher levels of relative child poverty in a local authority are correlated with increased rates of childhood obesity, children killed or seriously injured in road accidents, infant mortality, and children being admitted to hospital with a mental health condition (Wickham et al., 2016) (Figure 2).

In much of our group's research, we examine whether these relationships are causal in nature, and seek to understand the mechanisms driving these social inequalities (Pearce et al., 2019). The flow diagram in Figure 3 represents a simplified example of how household poverty influences child health and development, leading to negative impacts across the lifecourse. Some of the key findings of our research are below, and they make clear the toxic and wide-ranging effects of experiencing poverty as a child. In most of these studies we used the widely used definition of relative poverty: household equivalised income of less than 60% of national median household income.

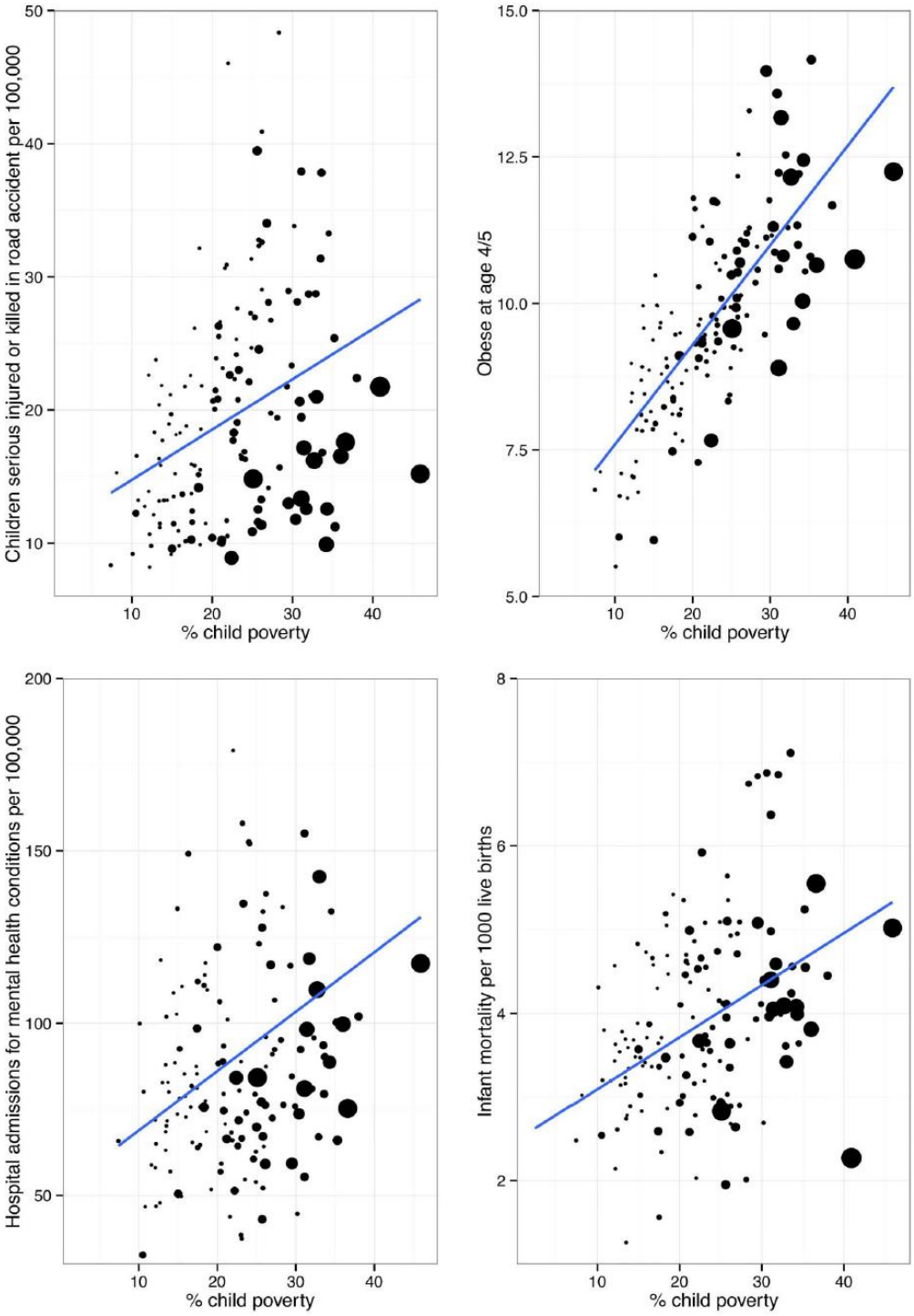

Figure 2. Child poverty and percentage of children seriously injured or killed in a road accident; obese at reception age; admitted to hospital with a mental health condition and infant mortality in Local Authorities in the UK. The size of the dot is proportional to population

of each local authority. Data are from Public Health England (2015). Reproduced from Wickham et al (2016)

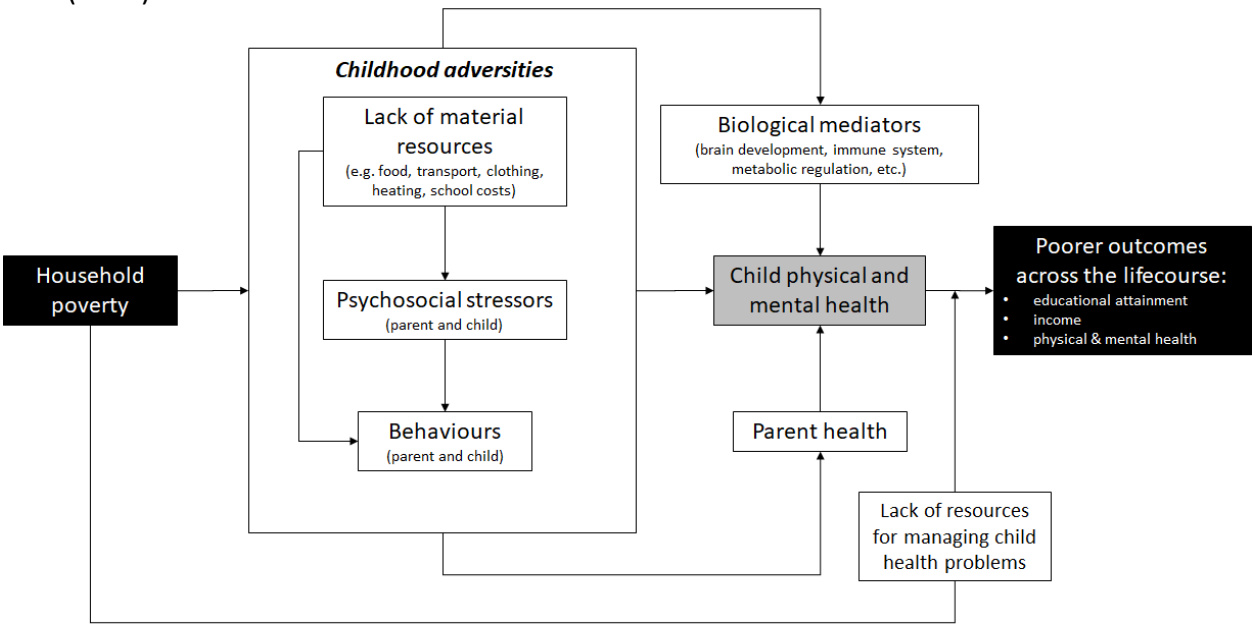

Figure 3. Pathways from household poverty during childhood to health and other impacts across the lifecourse.

Persistent poverty greatly increases risk of health problems in adolescence

In a recent study we looked at data from the UK Millennium Cohort Study, a nationally representative sample of thousands of children born in 2000 (Lai et al., 2019). By age 14, more than half those children had been in poverty at some point, and one-fifth of the children had lived in poverty their whole life. Holding all other things equal, persistent poverty tripled children's likelihood of having mental health problems in adolescence, and doubled their likelihood of obesity or chronic illness. In addition, children who experienced poverty for only part of their childhood also had worse health outcomes on average than children who never experienced poverty.

Poverty during childhood linked to early adulthood deaths from accidents and suicide

Researchers in our group were also recently involved in a study using nationwide Danish registry data covering more than a million children born in the 1980s and 1990s (Rod et al., 2020). This study showed that children who experienced poverty transiently were at increased risk of death in early adulthood – they experienced a mortality rate between 1.3 and 1.8 times higher than that of children who experienced very little adversity growing up. This increased

mortality risk was further amplified when the experience of poverty persisted throughout childhood. This higher mortality occurred mainly through accidents and suicide.

Transitioning into poverty is damaging to child and maternal mental health

In a separate analysis of the UK Millennium Cohort Study (Wickham et al., 2017), we examined whether or not moving into poverty during a child's early life is relevant for children's and mother's mental health, independent of employment status. We focussed on children who were not living in poverty at age 3, and looked at the impact of any changes over time in their household income. After accounting for other factors that might influence mental health, we found that the odds of poor mental health and wellbeing in children were significantly increased if they transitioned into poverty during their childhood. The same was true for the mental health of the mothers of children in the study. This was independent of parental employment status.

Rising child poverty has led to increases in infant mortality rates

Infant mortality is a sensitive indicator of the health of societies, and acts as an early warning system for future adverse trends. Infant mortality had been falling steadily across all of England this century, but in 2013 that trend started to change – infant mortality began rising in income-deprived parts of the country, but not in more affluent areas (Taylor-Robinson et al., 2019). We analysed these infant mortality trends in relation to child poverty, and found that an estimated 172 deaths (95% CI: 74 to 266) between 2014 and 2017 were attributable to increases in relative child poverty. This was almost a third of the overall rise in infant mortality over that period.

Childhood socioeconomic circumstances and adversities influence adolescent health

The large Danish study mentioned above (Rod et al., 2020) showed that children who experienced multiple adversities across social, health, and family-related dimensions (including poverty) went on to be much more likely to die in early adulthood than other children. In another study (Straatmann et al., 2020), we showed an increased risk of health problems in adolescence (poor mental health and wellbeing, cognitive disability, and overweight/obese) among children growing up in more disadvantaged socioeconomic conditions. We examined the extent to which this increased risk was explained by childhood adversities other than poverty (verbal and physical maltreatment, parental drug use, domestic violence, parental divorce, maternal mental illness and high frequency of parental alcohol use) experienced during the preschool period. We found that childhood adversities before age 5 explained some but not all (about one-sixth) of the increased risk experienced by more socioeconomically disadvantaged children. Our results were similar regardless of whether we measured childhood socioeconomic conditions using maternal education or family income. As shown in Figure 3, poverty during childhood exposes children to mediating adversities that damage lifelong health.

It is important to distinguish between income-based poverty and its material, psychosocial and behavioural effects on parents and children, in order to understand the consequences of poverty across the lifecourse, and how best to intervene to improve children's life chances.

Household income threshold for child mental health impacts

We recently investigated the relationship between household income throughout childhood and children's mental health and wellbeing at age 14 (Crossley, 2020). We found a non-linear relationship with a clear threshold at which the relationship between household income and children's mental health changed. In families with less than ~£560 net equivalised household income per week there was a negative effect on children's mental health, which increased with decreasing income. However, there was no association between income and children's mental health in families that had more than ~£560 per week.

Rates of looked after children have increased more in deprived areas, even after accounting for unemployment.

In a study focused on looked after children, we showed a widening of inequalities in the recent increases in rates of children looked after in England (Bennett et al., 2020). Although most children in poverty live in households where at least one person is employed (Department for Work and Pensions, 2020), unemployment is nonetheless associated with poorer outcomes for children, including the likelihood of being taken into care. Our study showed more children becoming looked after in areas where unemployment has increased in recent years. But even after accounting for unemployment, the gap between the most and least deprived areas in terms of rates of looked after children widened between 2007 and 2019 compared to what it had been prior to 2007.

4. Conclusions

- There is clear evidence that child poverty has a damaging impact on health and social outcomes for children and adolescents, that will go on to have negative health and social consequences in adulthood.
- Poverty and worklessness are not equivalent, and child poverty cannot be addressed solely by improving employment – maintaining and expanding adequate social protection is crucial for reducing child poverty.
- Changes to the welfare system in recent years have adversely affected child poverty and had a detrimental effect on child and adult health.

- Our collective work reinforces the importance of maintaining an income-based measure of child poverty and using it to monitor trends and the effects of policies on children's lives.
- It is important to measure poverty accurately and consistently over time, and with sufficient granularity to enable comparisons of different geographical areas and population subgroups across the UK.

Acknowledgement: This submission and its underlying research has been informed by consultation with children and young people in Liverpool as part of the city's involvement in the UNICEF Child Friendly City initiative.

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February 21