Child health unravelling in the UK

Addressing child poverty is paramount

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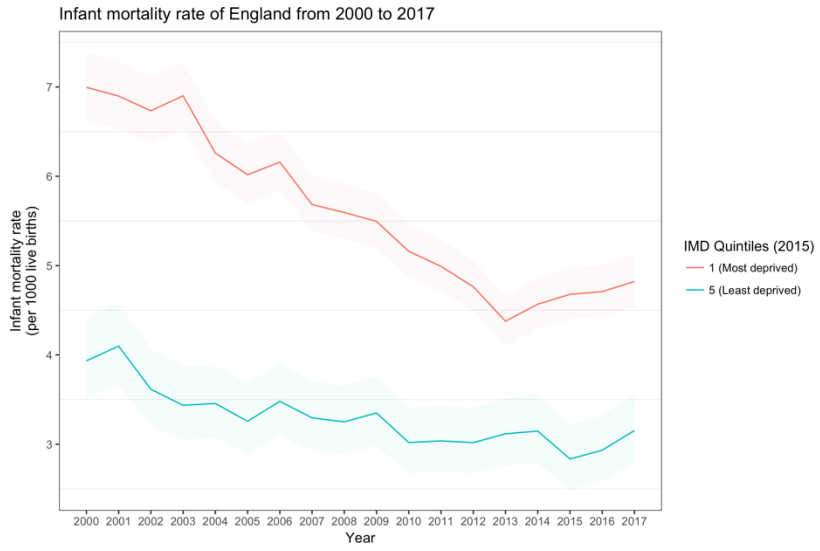
Last week yet another report highlighted the poor state of child health in the UK. [1] The analysis, focussing on adolescent health, shows we compare poorly with other countries in terms of childhood long-term conditions, obesity, asthma deaths and young people not in education, employment or training.

Other recent reports show we lag behind in terms of health for babies and younger children.[2][3] Mental health for children in the UK has been described as being "in crisis".[4] The Nuffield Trust report further shows that 11% of young people aged 15–19 in the UK are living in severe material deprivation. This is the fourth highest relative to the European comparator countries, with a worsening trend over time. Material deprivation is judged on whether families can afford a decent meal every second day, go on holiday, and whether they can cope with sudden unexpected financial expenses.[1]

Not only do we compare poorly to other countries, the situation appears to be getting worse for many child health outcomes, with widening inequalities within the country. One of the most important indicators of population health, infant mortality, is rising in England. We highlighted this extremely concerning trend in two letters to the BMJ, [5,6] showing that this rise had occurred particularly amongst more disadvantaged children. The latest data show a marked reversal of the longterm favourable trend in infant mortality, particularly in the most income deprived local authority areas in England (figure 1).

Figure 1: Infant mortality trend in the most and least deprived quintiles of local authority districts in England, 2000-2017, with 95% binomial confidence intervals.



Over the same period, child poverty has been rising. Since 2010, there have been sustained reductions in the welfare benefits available to families with children, disproportionately affecting the most disadvantaged communities. [7][8] Current estimates suggest that 4.1 million children in the UK are living in poverty – about 30% of children after housing costs are taken into account - the majority in working households. Estimates from the Resolution Foundation suggest a further 6 percentage point rise over the next 5 years, pushing child

poverty to its highest level on record. By 2023-24, the proportion of children living in relative poverty is on course to hit 37%, affecting an extra 1.1 million children.[9]

Child poverty is the one of the most potent "upstream" drivers of lifelong ill-health and health inequalities. Child poverty causes poor child health.[10] It causes children's deaths, deaths from asthma and infections and prematurity. It causes child mental health problems that blight children's life chances.[11] It is a common, modifiable exposure, that has a large scale influence on child development across the population, impacting on school readiness and generating the early inequalities that track through to influence chances in later life.[12,13]

Many solutions have been suggested to address poor health in the UK, but in the absence of addressing child poverty all are likely to fail. In public-health we often invoke the famous metaphor of individuals drowning in a river and highlight the relative futility of addressing "downstream" lifestyle factors in the absence of moving upstream and sorting out the causes pushing people into the river in the first place. In the UK we are actually seeing some improvements in downstream risk factors amongst adolescents such as alcohol, smoking and drug use. Yet their health is continuing to deteriorate for some important outcomes, potentially because we are not addressing the social causes of their poor health. [1]

The NHS long term plan laudably goes some way to elevating children and young people in policy discussions, and there is also a welcome focus on addressing health inequalities. [1] But the lack of joined up thinking across government sectors and agencies does not help. How does the NHS expect to address inequalities in child health, when at the same time local government services essential for child health are being cut most in the most disadvantaged areas [14][15], and the continued roll out of Universal Credit is widely predicted to further entrench child poverty?[16]

As political chaos and uncertainty swirl, the most vulnerable in society lose out. Various advocates (but not enough) have raised concerns about the ongoing deterioration in the social determinants of health – as the fabric and systems that provide a foundation for health and development are eroded. And now we are seeing a great unravelling of the health of children and adults alike.[17] These data are deeply troubling, but the way forward is clear.

To improve child health and reduce inequalities, agencies need to implement the recommendations in a plethora of inequalities reports internationally, from the Black report, the Marmot report, and our Due North Report.[12] First and foremost, the government needs to put child health at the centre of policy, and address child poverty. We have the fiscal tools to do this, as evidenced by the way that pensioners' incomes have been protected over the tumultuous period since the Great Recession.

And in the rush to personalise responses to structural causes for poor health [18,19] let's not forget that money is the ultimate personalised medicine. Mums tend to exchange it for goods and services such as better housing, clothes, food and school trips that improve life for their children.[10]

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