

EDITORIALS

Great leap backwards

The UK's austerity programme has disproportionately affected children and people with disabilities

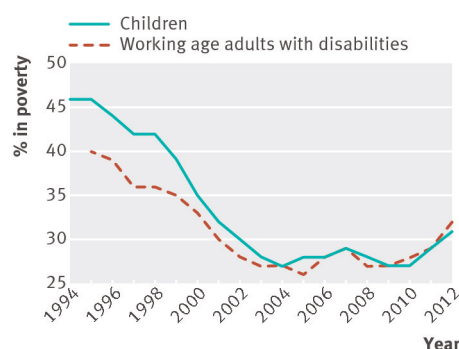
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A society can be judged by how it treats its most vulnerable citizens. The UN conventions on human rights give children and people with disabilities special protection^{1 2}; children are often not in a position to speak out for themselves and the rights of people with disabilities are often overlooked because they are marginalised and face discrimination. Supporting the life chances of vulnerable groups is important for reducing health inequalities. Disadvantage in childhood influences health and development in later life.³ When people with disabilities face further disadvantage and discrimination they are at greater risk of poverty and poor health, exacerbating inequalities.⁴

Many health outcomes for children and people with disabilities in the UK remain poor. More children and young people are dying in this country than in comparable countries in northern and western Europe.^{5 6} Within the UK there are striking inequalities in the life chances of children based on the social circumstances into which they are born—a baby girl in Manchester can expect to live 15 fewer years in good health than a baby girl in Richmond.⁷ There are more than 10 million people in the UK with a disability, with people living in the most deprived areas twice as likely to report a disability as people in the most affluent parts of the country.⁸ People with learning disabilities and mental health problems in the UK are also more likely to experience serious illnesses at a younger age and die sooner as a consequence.⁹

But policies can make a difference. The levels of poverty experienced by children and people with disabilities fell substantially in the decade before the global financial crisis (figure).¹⁰ Changes to the tax and benefits system and the targeted provision of preschool education through Sure Start children's centres contributed to the decline in child poverty.¹¹ Policies in social care, employment, social security, transport, and housing also supported disabled people's right to independent living,¹² with the employment of people with disabilities increasing from 38% in 1998 to 47% in 2009.¹³ Now we see clear signs that this progress is being undone.



Proportion of children and adults with disabilities living in poverty in the UK (below 60% of median income for 2010-11 held constant in real terms after housing costs¹⁰)

Backwards leap, forwards shadow

Child health and wellbeing has taken “a great leap backwards” in many countries in the Organisation for Economic Cooperation and Development (OECD) according to Unicef,¹⁴ with the UK one of the most affected. Poverty is now rising for families with children and adults with disabilities, and we face a decade of rising absolute child poverty, unprecedented since records began in the 1960s.¹⁵ This has important implications for health. It is likely to harm child health now, as well as casting a long shadow forward, damaging health in adulthood. Rising poverty among people with disabilities is likely to cause greater social exclusion and increase health inequalities.

Although the financial crash had serious consequences for public health,¹⁶ the programme of austerity implemented in the UK is equally concerning because people with disabilities and children are being disproportionately affected. Changes to welfare have disproportionately reduced the income of the most disadvantaged families with children.^{17 18} Severe cuts to funding for local government have hit the poorest places hardest.¹⁹ As a consequence funding for children's centres is falling, with large numbers facing closure²⁰ and funding of children's social care is being cut in the places that need it most.²¹ Given the wealth of evidence indicating that we need greater investment in the

early years of life to reduce health inequalities, doing the opposite is of great concern.

People with disabilities claiming benefits because they are unable to work have been subjected to more stringent medical assessments. Concerns have been raised about the effectiveness and fairness of these assessments,^{22 23} in addition to the potential for adverse mental health consequences.^{24 25} Similar changes are being applied to benefits that contribute towards the additional care and mobility related costs faced by people with disabilities,²⁶ and changes to housing benefit and council tax also disproportionately affect people with disabilities.²⁷ Overall people with disabilities are set to lose £28bn (€35bn; \$44bn) of support from 2010 to 2018,²⁸ exacerbated by pressures on local authority budgets.¹²

How have we let this situation arise? We suggest that these policies represent a collective failure to protect the rights of children and people with disabilities. The Joint Parliamentary Committee on Human Rights has expressed concern that the cumulative effect of welfare reform will constitute a contravention of the government's obligations to protect the rights of people with disabilities.²⁹ The children's commissioner has further warned that the government's welfare reforms pose real risks to the rights of children and that the imposition of a benefit cap would contravene the UN convention on the rights of the child.³⁰

As part of *Due North, The Inquiry on Health Equity for the North of England*, we highlight key actions needed to reduce health inequalities. These include embedding a rights based approach to children's health across government and a cumulative assessment of the effect of welfare reform and cuts to public services on children and people with disabilities. We recommend that Public Health England should lead this, assessing the impact of these policies on health inequalities and developing a charter to protect the rights of children to the best possible health.⁷ These arguments are not just about the evidence. Protecting the rights of the most vulnerable groups in society, including children and people with disabilities, is morally and legally the right thing to do.

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