Visit by the United Nations Special Rapporteur on extreme poverty and human rights to the United Kingdom of Great Britain and Northern Ireland from 5 to 16 November 2018
Response submitted by the Royal College of Paediatrics and Child Health

September 2018

In our submission we have focused on Section E: Child Poverty, and the following questions:
(25) What is the extent of child poverty in the United Kingdom, and how has it evolved over the last decade?
(26) What are the implications of child poverty for the rights enumerated in the Convention on the Rights of the Child?
(27) What are the main causes of child poverty in the United Kingdom, what have been the main government responses, and how effective have they been?

The response is a summary of the following three key resources, which we recommend the United Nations Special Rapporteur reads in full to support this work:

- Poverty and Child Health: Views from the frontline. May 2017. Royal College of Paediatrics and Child Health and Child Poverty Action Group.
- State of Child Health 2017, Chapter 5.1. Royal College of Paediatrics and Child Health.
- State of Children's Rights in England 2017 Briefing 3 Poverty and Homelessness. Children's Rights Alliance for England.

We are happy for this submission to published on the website of the Special Rapporteur

The extent of child poverty in the UK

1.1 Recent child poverty figures show the number of children living in relative poverty in the UK (after housing costs) increased to 4 million in 2015/16. This is an increase of 100,000 over the previous year, and means that nearly a third of children in the UK are living in poverty. Yet, national targets to reduce child poverty have been abolished.

1.2 The Institute for Fiscal Studies (IFS) predicts that this will increased to a record 5.2 million by 2021/22. Even in working households, absolute child poverty is set to increase by 3% from 2019 to 2021 due to the planned benefit reforms, showing that work is not always a route out of poverty.

Views from the frontline

2.1 The Royal College of Paediatrics and Child Health's (RCPCH) State of Child Health report, published in January 2017, found that the wide gap between rich and poor in the UK is damaging the health of the nation's infants, children and young people, with those from the most deprived backgrounds experiencing much worse health compared with the most affluent.

2.2 This evidence corroborates the concerns frequently expressed by RCPCH members over the past few years. Paediatricians have anecdotally reported increasing incidences of health issues such as obesity and respiratory illness among children living in deprived areas.

2.3 In 2013, it was estimated that child poverty costs the country £1.5billion/year through the increased need for acute healthcare (Hirsch, 2013). The RCPCH and Child Poverty Action Group (CPAG) wanted to explore this further and gain the views of the RCPCH's wider membership in order to form a picture of what is happening on the frontline for child health in communities across the UK.

2.4 The RCPCH and the Child Poverty Action Group (CPAG) conducted an online survey of paediatricians across the UK to capture their views on how poverty affects the physical and mental health of the children they see, and whether things are getting better or worse. The survey was sent to all members of the RCPCH and promoted through RCPCH social media channels. A total of 266 responses were received between July 2016 and January 2017, from paediatricians working in 90 NHS trusts, and from 25 different subspecialties as well as general paediatrics. Specialists in community child health and neonatal medicine were particularly highly represented.

2.5 Key findings included:

- Almost half the doctors surveyed said that things were getting worse, and only three doctors out of 252 believed that things were getting better.
- More than two-thirds of the doctors who responded said that poverty and low income contribute 'very much' to the ill health of children they work with.
- More than 3 in 5 respondents said that food insecurity contributes 'very much' to the ill health of children they work with and a further quarter that it contributes 'somewhat'.
- More than two-thirds of respondents said that homelessness or poor housing contribute either 'very much' or 'somewhat' to the ill health of children they work with.
- More than half of respondents said that financial stress and worry contribute 'very much' to the ill health of children they work with, and almost a third that it contributes 'somewhat'

2.6 Concern about poverty was high across the board among survey respondents. But there is some difference between regions. Strikingly, doctors in London were more likely than those in any other region to say that poverty, and all its associated dimensions (bad housing or homelessness, food insecurity, inability to stay warm at home and financial stress or worry) were contributing 'very much' to the ill-health of children. Apart from London, the region with the highest proportion of respondents stating that poverty or low income contributed 'very much' to children's ill health, was the North of England.

When children are sick, poverty makes things worse

2.7 It emerged very strongly from doctors' comments that not only does poverty have an effect on children's health, but when a child is sick or disabled then poverty makes it more difficult for them to get the care and support they need.

2.8 The cost of transport and fear of losing money (or even losing their job) by taking time off work can make it difficult for parents to bring their children to appointments, especially when they have ongoing conditions that require frequent attendance at hospital.

2.9 And outside the healthcare system, many children with health conditions are unable to benefit from other forms of support (such as speech and language therapy or other therapies, or services for parents to help them manage their child's health condition appropriately), because of the cost or lack of transport. Others live in unsuitable housing because there is no alternative.

Worry, stress, stigma and mental health

2.10 The wider evidence agrees that poverty can contribute to mental ill health in children through environmental effects (such as sleeping badly because of a cold home, or having to share a bed with siblings), a higher chance of facing adverse experiences (such as bullying or parents' ill-health), reduced opportunities to build resilience (e.g. less time spent with family if parents have to work long hours, less opportunity to take part in activities like sports or music, less access to safe outside space to play), and the direct effect of simply knowing that you have less than your peers.

Many doctors think things are getting worse

2.11 Doctors explained that they have seen a combination of increasing poverty and housing problems, and cuts to other services which have left families with less support, such as parenting guidance, children's centres, speech and language and other therapies, youth provision, opportunities for exercise and stress relief, and services for disabled children.

2.12 Equal access to health services is an important leveller. Better-off families may be able to access these services privately, or drive to reach them, but low-income families may simply be left behind. Health Visitors and School Nurses are pivotal to early identification and intervention, preventing accident, injury and more serious problems later in life.

2.13 Wider service cuts meant that health problems are less likely to be picked up and addressed early, and ultimately more children end up at the doors of clinics and hospitals. One doctor reported making increased foodbank referrals. Others talked about the worsening of children's health as a result of these trends, with some in particular pointing to a worsening of parents' and children's mental health.

Poverty, children's rights and government action

3.1 The UK ratified the UN Convention on the Rights of the Child (CRC) in 1991. Despite Article 27 (every child has a right to a standard of living adequate to their physical, mental and social development), wide-ranging cuts to social security have led to rising numbers of children living in poverty. And whilst strides have been taken to improve the impact of key factor affecting children's health, such as childhood obesity and poor dental health, poverty is still a key factor undermining Article 24 (a child's right to the best possible health services and access to services).

3.2 The State of Children's Rights in England 2017 Briefing on Poverty and Homelessness[1] talks about some of the progress made on page 4. Here, due to limited words, we have chosen to focus on where improvement is urgently needed.

3.3 The policy paper *Improving lives: Helping workless families*[2] sets out indicators and evidence to drive improved outcomes for disadvantaged families and children. However, it has been criticised for focusing on parental worklessness and conflict, rather than financial poverty.

3.4 Recently, there have been regressive steps. The Government's cross-departmental child poverty unit was abolished in December 2016, which removed the duty to report on the four key targets for eradicating child poverty by 2020.

3.5 Ongoing cuts and freezes to social security benefits, combined with increasing inflation, continue to disproportionately affect children from poorer families. The four-year freeze on support for children under universal credit has the largest impact and will reduce children's benefits by around 12% by 2020, affecting approximately 7.5 million children. The two-child limit for universal credit and tax credit is particularly regressive and will lead to an additional 200,000 children in poverty. Some low-income families will lose £2,780 per year for every child beyond their second, which will contribute to a 2% rise in absolute poverty for tax credits alone.

What should be done?

4.1 Social and fiscal policy can heavily influence children's chances of growing up in poverty. For children experiencing poverty, preventative and health care services can reduce the potential negative health consequences.

4.2 The Marmot review of health inequalities in the UK suggests there should be a key focus on providing universal services for children with a scale and intensity proportionate to the level of disadvantage (termed proportionate universalism).

4.3 Jointly with the Child Poverty Action Group, RCPCH call for urgent action to reduce child poverty and its impacts on health, including:

- The restoration of binding national targets to reduce child poverty, backed by a national child poverty strategy.
- The adoption of a 'child health in all policies' approach to decision making and policy development, with Her Majesty's Treasury disclosing information about the impact of the Chancellor's annual budget statement on child poverty and inequality.
- The reversal of public health cuts to ensure universal early years services, including health visiting and school nursing, are prioritised and supported financially, with additional targeted help for children and families experiencing poverty.
- The reversal of cuts to universal credit which will leave the majority of families claiming this benefit worse off.

[1] http://www.crae.org.uk/media/124456/B3_CRAE_SCR2017_POVERTY_D.pdf
[2] https://www.gov.uk/government/publications/improving-lives-helping-workless-families

4.4 In our State of Child Health report, we additionally recommend the following key actions:

- Governments must introduce comprehensive programmes to reduce child poverty.
- Increase awareness among health professionals of the impact of poverty on health and support all professionals working with children to become advocates for their patients experiencing poverty.
- Ensure universal early years' public health services are prioritised and supported, with targeted supports for children and families experiencing poverty.
- Provide good quality, safe and effective prevention and care throughout the public health and healthcare service with a particular focus on primary care in order to mediate the adverse health effects of poverty.
- Support research that examines the relationship between social and financial disadvantage and children's health.
- Support the continued recording of income-based measures of poverty so that trends and impacts of service provision can be meaningfully assessed, with a focus on achieving a target of less than 10% of children experiencing relative low-income poverty.

About the RCPCH

The College is a UK organisation which comprises over 15,000 members who live in the UK, Ireland and abroad and plays a major role in postgraduate medical education, as well as professional standards.

The College's responsibilities include:

- setting syllabuses for postgraduate training in paediatrics
- overseeing postgraduate training in paediatrics
- running postgraduate examinations in paediatrics
- organising courses and conferences on paediatrics
- issuing guidance on paediatrics
- conducting research on paediatrics
- developing policy messages and recommendations to promote better child health outcomes
- service delivery models to ensure better treatment and care for children and young people

For further information please contact:

Alison Firth, Policy Lead
Royal College of Paediatrics and Child Health, London, WC1X 8SH
Tel: 0207092 6093 | Email Alison.Firth@rcpch.ac.uk