

# Poverty and child health

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Views from the frontline

May 2017



**RCPCH**

Royal College of  
**Paediatrics and Child Health**

*Leading the way in Children's Health*

# **Poverty and children's health: views from the frontline**

**May 2017**

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# Background

According to the latest official data, 4 million children - or 3 in 10 - in the UK live in poverty after housing costs (or 2.7 million or one in five before housing costs).<sup>1</sup> Projections indicate that this number may rise to as much as 5 million by the end of the decade,<sup>2</sup> yet national targets to reduce child poverty have been abolished.

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.

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.

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.

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<sup>1</sup> Households Below Average Income <https://www.gov.uk/government/statistics/households-below-average-income-199495-to-201516>

<sup>2</sup> IFS analysis <https://www.ifs.org.uk/publications/8957>

# Methodology

The RCPCH and 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.

# Findings

## Poverty is a serious issue for children’s health

An overwhelming majority of the respondents believe that poverty is a significant contributor to children’s ill health.

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 a quarter said that it contributes ‘somewhat’, fewer than one in twenty said that it contributed ‘a little’, and only one respondent felt that it did not contribute at all.

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***Do you believe that low income/poverty contributes to some extent to ill-health among the children you treat?***



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Poverty influences health in a number of ways. As well as asking about the overall effects of poverty, our survey asked paediatricians how much children’s health is affected by four factors which can result from poverty: food insecurity, financial stress and worry, homelessness or poor housing, and an inability to keep warm at home. Free space was also given to explain their answers and to raise any other issues.

## Food insecurity and the cost of basic essentials

*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'.*

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**Do you believe that food insecurity contributes to some extent to ill-health among the children you treat?**



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Several paediatricians observed 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. Some had also seen parents depriving themselves of food to provide for their children, which in turn made their children anxious and frightened. Some others mentioned parents being unable to afford other essentials like clothes, toothbrushes and toothpaste.

### Inadequate food

'[I see patients with] poor nutritional state from poverty or low income, with growth below [what is] expected'

'Parents dilute down milk as they can't afford formula milk'

'[We] see parents in A&E who are limiting their eating to care for their children. Children are worried, scared and upset.'

'Many of our [patients] are from low income families who rely on food banks'

## **Overweight, obesity and the cost of healthy food**

**'An increasing number of children are overweight or obese in our community and on further questioning this is often related to inability to afford "healthy foods".'**

In general, more nutrient-rich foods cost more per calorie than less nutrient-rich foods. As Angela Donkin and Michael Marmot of the UCL Institute of Health Equity put it: 'if individuals are to get all the nutrients they need, with, for example, enough fruits and vegetables, and not too many calories, they will generally need to spend more on their diets' (2016).

One doctor explained that parents who want to improve their children's diets face additional worry if they are managing on a very low income, stating that: 'Parents are reluctant to try children with new foods as they cannot afford to waste food and have children not eat it'.

Others pointed out that it can be difficult for children to exercise if they don't have a garden or access to safe outdoor space near their home, and if their parents can't afford sports clubs and hobbies that would encourage it.

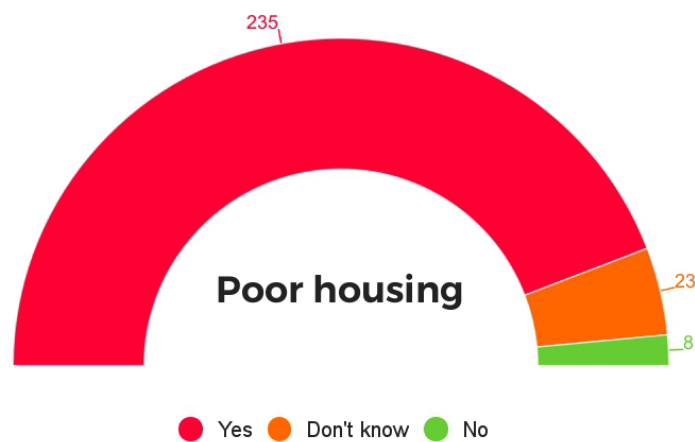


## Poor housing and homelessness

**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.**

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**Do you believe that homelessness and poor housing contributes to some extent to ill-health among the children you treat?**

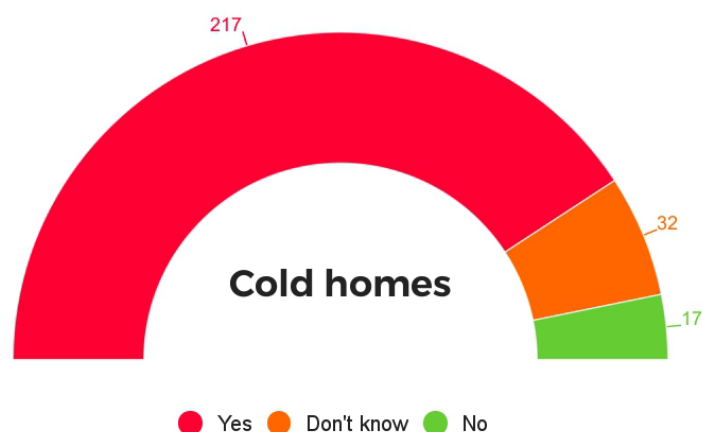


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Just under a third of respondents said that inability to keep warm at home contributed 'very much' to the ill-health of children they work with, and a third that it contributes 'somewhat'.

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**Do you believe that inability to keep warm at home contributes to some extent to ill-health among the children you treat?**



Doctors offered many examples of how housing problems affect children's health, with more than half mentioning housing problems in their comments.

### **Bad housing**

Cold, damp, overcrowded housing exacerbate respiratory illness and other conditions.

**'[I see] children being unwell with back-to-back respiratory illnesses, living in overcrowded shared accommodation'**

**'It is not unusual to hear about extended families of 5 -7 people, maybe more, living in 1 bedroom apartments, or single mothers with 2 or 3 children living in bedsits with a shared kitchen and bathroom. According to parent reports a lot of the housing seems to be damp as well. This exacerbates both acute and chronic lung infections and conditions such as asthma.'**

**'The burden on social housing and social services for emergency and planned housing leads to placements in houses that are unsafe, have mould, [are] damp, overcrowded. This has a direct effect on deterioration of child health, physical and emotional wellbeing'**

**'Overcrowded, damp or unsuitable housing amongst our patients is the rule rather than an exception'**

**'Damp, mould and overcrowding cause flaring of respiratory conditions like asthma and bronchiolitis'**

Lack of space and houses in poor condition, can also be dangerous for children's health and physical safety in other ways.

**'[I have seen] young babies who do not have a separate cot because there is no space'**

**'A top floor flat with a single mother, who was unwell, with poor safety of windows and an active toddler'**

**'[I] recently saw a child who was living in a mouse infested house - the mum and baby plus four other kids were living upstairs as the mice had totally destroyed their living room. Mum was worried that their poor living conditions had made her baby ill.'**

**'2 year old with recurrent seizures (50 in 4 months) living in a house with no heating'**

Poor housing can also have particularly alarming consequences for children with disabilities or ongoing health conditions, and can make it very difficult for their parents to look after them appropriately. This could mean homes which are not warm enough, a lack of space for equipment such as wheelchairs, sick children having to share rooms or beds, parents having to carry children up multiple flights of stairs where there is no lift, and so on.

**'For sickle cell patients, cold homes can precipitate painful crises and admission to hospital'**

**'Newly diagnosed diabetic [child] who was living in a bedsit and homeless at the time of diagnosis'**

**'Overcrowding makes looking after difficult children with learning difficulties or autism next to impossible'**

**'I see many disabled children who are living in inadequate housing which causes significant stress to families, back problems through having to lift children, etc.'**

### **Homelessness**

Homelessness is associated with all sorts of negative effects on health, including huge levels of stress, poor living conditions, frequent moves, disruption to engagement with services, and being forced to live in hostels or bedsits with little privacy and inadequate cooking, bathroom and other facilities.

**'Child with chest illness living in a damp caravan'**

**'[I have looked after] a homeless sickle cell disease child getting admitted in crisis frequently'**

**'The most extreme example is a mother who disclosed... that she and her four children were to be made homeless two days hence... Her eldest daughter, 10 years, has a diagnosis of autism and epilepsy. Her mother reported that her daughter's behaviour had deteriorated significantly due to the stress around the housing situation'**

**'Single mother evicted from rented property given accommodation in a Travelodge in another town. The child had multiple allergies. Could not afford decent meals.'**

Several paediatricians said that when parents are struggling to keep a roof over their heads or stuck in unfit temporary accommodation, it is extremely difficult for them to meet the needs of their sick or disabled children as well.

**'Homelessness or the threat of homelessness impacts enormously on a child and family. Securing a decent place to stay becomes the overriding priority for the family that places all other considerations on the backburner. It is telling in a consultation how no progress can be made in managing a child's health concerns until I make a commitment to assist the family in their search for new accommodation'**

## Worry, stress, stigma and mental health

**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’.**

**Do you believe that financial stress and worry contribute to some extent to ill-health among the children you treat?**



Many respondents agreed that the stress and worry caused by poverty affect the mental health and emotional wellbeing of the children and young people they work with.

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 (Davie, 2016).

**'I think that the biggest impact of poverty on the children and parents I encounter is insecurity, inferiority and stress. Through biological and psychological factors these undoubtedly lead to poor health.'**

**'I have a sense that financial stress and poverty is contributing to mental health disorders in children'**

**'By causing worry, stress and anxiety in families, children have a little part of their childhood taken away, a part of their day they will spend worrying instead of playing or learning'**

**'In my personal opinion, the combination of the recession and continuing austerity measures have put increasing pressure on families and their children. We have noticed increasing self-harm episodes in young people leading to more hospital admissions'**

In addition, the pressure of financial difficulties can cause parents' mental health to suffer, which can affect children's development and the ability of parents to care for children with demanding health conditions and disabilities.

**'Constant concern about finances and housing conditions affects families of children with long term conditions; they face difficulty in dealing with treatment as they are preoccupied with other issues'.**

**'Financial worries are a huge concern for many of our families and have an impact on parents' mental health and their ability to cope with challenging circumstances'**

**'I see parents too stressed to cope, in appalling housing, leading to no energy to focus on the needs of their disabled children'**

## When children are sick, poverty makes things worse

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.

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.

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.

*Almost a third of doctors mentioned cases such as these in their responses.*

The cost of getting to hospital, or even phoning to make appointments, can mean children missing appointments:

**'[I have seen] missed appointments because parents had no phone credit to ring back to change the appointment'**

**'Children are not accessing services and support due to finances - such as parents can't take them on the bus to appointments, etc.'**

**'Children with chronic illness often have frequent attendances at hospital/clinic and transport can be a big issue'**

**'Lack of car ownership is a real problem for attending appointments and accessing other services to support their child'.**

**'[I see] parents who are unable to afford to bring their children to appointments at hospital'**

Parents may also be unable to visit their sick children in hospital:

**'[I see] parents not staying with children in hospital, or not spending adequate time with babies on the Special Care Baby Unit, due to financial worries about missing work or transport costs to hospital'**

**'Parents can't afford petrol to visit their babies in the NICU (neonatal intensive care unit)'**

Parents often cannot afford extra services and equipment that would help their children:

**'Some families would like to be able to provide more aids for their children's diabetes care**

**(e.g. sensors which are not publicly funded) and feel they do not have sufficient resources for this)'**

**'Families on lower incomes are not able to provide the opportunities which may directly impact health - for example continuous glucose monitoring devices; healthy food; sports and other activities'**

**'Parents can't go to support groups or parenting groups due to childcare or affording the bus fare, etc. This means these children and their families can't access services which would be beneficial to their development and social needs'**

Families dealing with a burden of constant financial worry and insecurity may also find it particularly difficult to meet the needs of children with serious long-term health conditions, often making outcomes for these children worse than those in better-off families. One doctor explained that 'families really struggle with poverty and being able to support a child with a chronic health condition'.

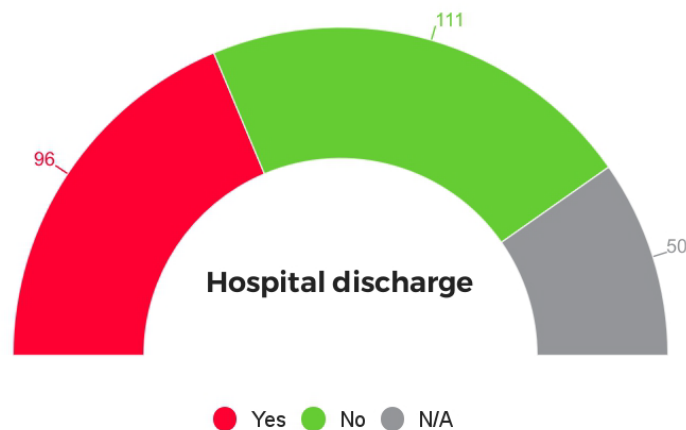
## Delayed discharges from hospital

The problems discussed above can mean doctors are unable to discharge children from hospital even though they are well enough, in particular if housing is inadequate. This is a far from infrequent occurrence and delays range from a night or two to several months.

*Almost half (more than 4 in 10) of hospital doctors who answered the question had difficulty discharging a patient in the last 6 months, because of concerns about housing or food insecurity. For neonatologists dealing with very young babies - some of the most vulnerable children - the figure rises to almost two-thirds. (Doctors who do not work in a hospital were excluded from this question.)*

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***In the last six months, have you had difficulty discharging a child from hospital because of these issues?***



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**‘[I was] unable to discharge a chronically unwell child requiring constant use of electrical equipment as the house only has one socket’**

**‘Difficulties discharging a child with diarrhoea and vomiting as sharing a room with multiple siblings, many families in the house and only one toilet’**

**‘Children who are going home with complex needs - home oxygen or wheelchair etc - that the housing is unsuitable for. For example a block of flats with no lift.’**

**‘A child with complicated cardiac issues, [where an] overcrowded house [meant it was] not safe for the child to be discharged’**

**‘I have seen a number of babies being unable to be discharged from the Special Care Babies Unit due to parents being homeless’**

**‘Family was unable to go home with a premature neonate due to damp in the house’**



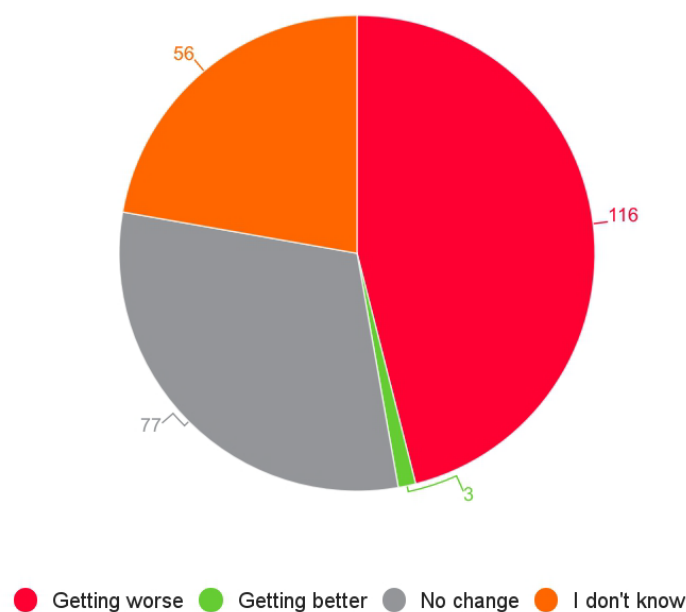
## Many doctors think things are getting worse

Finally the survey asked doctors whether they thought that things had got better, worse, or stayed the same, in recent years.

*Almost half the doctors surveyed said that things were getting worse, and only three doctors out of 252 believed that things were getting better.*

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### ***Have you noticed a change in the prevalence or severity of these impacts in recent years?***



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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.

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.

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.

'I feel that there is an unrecognised issue with children living in poverty in the UK and this seems to be on the rise. These children have poorer diets and due to poor nutrition are more prone to ill health'.

'Families generally are poorer and services have been cut'

'More families are struggling to get appointments because of the lack of money for transport.'

'We are referring more diabetic children to food banks'

'I think we are seeing more mental illness and emotional problems in children'

'[There has been a] rise in parental depression rates'

'Austerity limits families' incomes and particularly the level of service they can access, e.g. access to Portage [home visiting for children with additional needs] service is almost impossible now, so parents miss out on vital early support and training on how to manage their child's difficulties.'

'Issues that could and should have been managed by routine universal services (such as parenting support) have not been due to service cuts, and therefore we see families when they have reached crisis point.'

'A huge amount of service previously provided (e.g. schools transport, portage, mental health care) have fallen by the wayside'

## How does the picture vary across the country?

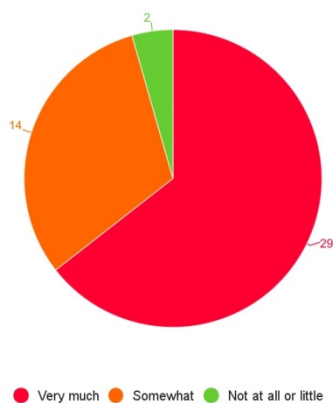
Concern about poverty is high across the board among survey respondents. But there is some difference between regions. Strikingly, doctors in London were more likely than those in any other region to say that poverty, and all its associated dimensions (bad housing or homelessness, food insecurity, inability 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.

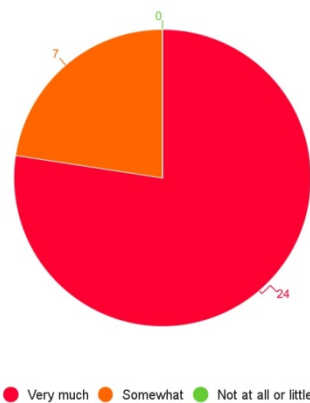
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### ***To what extent do you believe that low income/poverty contributes to ill health among the children you work with?***

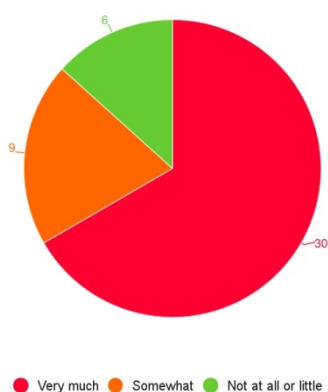
Midlands/ East



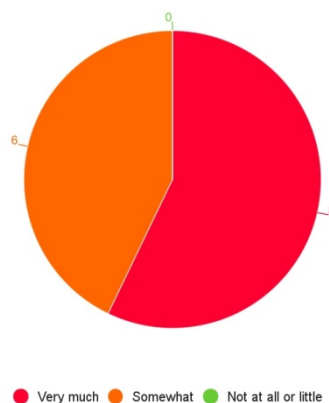
North of England



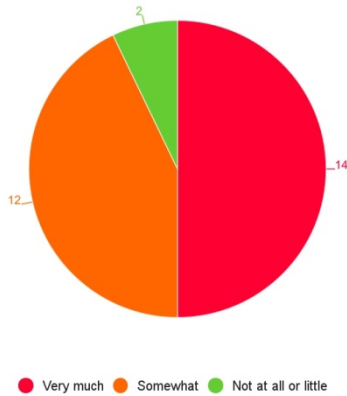
South of England



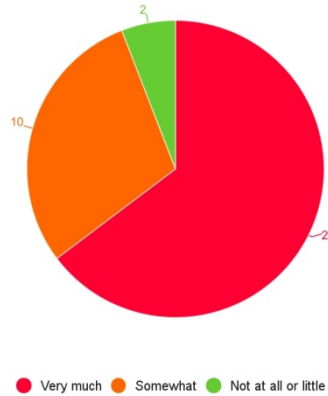
Scotland



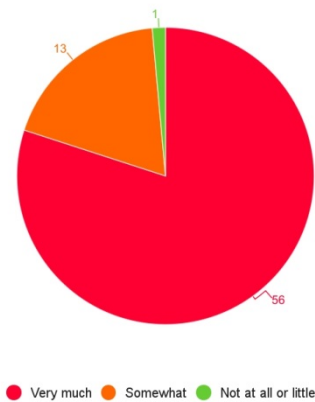
Northern Ireland



Wales



London



The highest levels of concern about *poor housing and homelessness* were in London and Scotland, where half of doctors responding to the survey believed that these affect children’s health ‘very much’. In contrast, in the North of England only a quarter of the respondents said this.

In London 8 out of 10 of the respondents said that *food insecurity* affects children’s health ‘very much’. Wales had the second-highest level of concern with almost two-thirds saying this. In the North of England the figure was lower, at around a third.

In London half the respondents said that *inability to keep warm at home* affects children’s health ‘very much’. Figures were lower in the North of England and Northern Ireland, where around one in five believed this.

Concern about the effects of financial stress and worry on children’s mental health was high in many regions, with more than a quarter of respondents in all regions stating that it affects children’s health ‘very much’. Almost two-thirds of respondents in London said that this affects children’s health ‘very much’, and more than half agreed with this in the Midlands and East of England, the North of England and Wales.

## What should be done?

It is clear that the impacts of poverty on children's health are being felt on the frontline, and that things appear to be getting worse.

CPAG and 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.

## **Last words**

We leave the last words to some of the doctors who expressed deep alarm about the effects of child poverty on health and the urgency of action.

**'[Poverty] is a worsening issue that has a knock-on effect in all areas of the child's life'.**

**'It's having a massive effect but we are not given any tools to help tackle it. It feels very hopeless and also as though we are fighting a losing battle'.**

**'[Poverty] feels hidden, ignored and unfair.**

**'I feel that we are setting up a generation to fail because we are taking away support that would have previously been in place for families'**

**'We cannot expect to have a healthy future for the UK if we leave children behind. Poverty makes children sick.'**



Royal College of Paediatrics and Child Health  
5-11 Theobalds Road, London, WC1X 8SH

The Royal College of Paediatrics and Child Health (RCPCH) is a registered charity in England and Wales (1057744) and in Scotland (SC038299).