



POLICY BRIEF:

CHILD POVERTY AND HEALTH

Introduction

It is well established that children from disadvantaged groups are more likely to have poorer health and die earlier than the rest of the population. The reasons for this are complex and multifarious but two strongly associated factors are poverty and inequality.

Key health statistics

- Infant deaths are 50 per cent more common among those from manual backgrounds than among those from non-manual backgrounds.
- Babies from manual backgrounds are more likely to have a low birth-weight than those from non-manual backgrounds – low birth-weight babies are at greater risk of mortality and morbidity during childhood.
- Studies have found a close association between mental disorder in children and economic disadvantage.
- Children from the lowest income groups are more likely to be obese than those from top income groups.
- Children from manual backgrounds are significantly more likely to die in accidents than other children.
- Research has found a very close association between teenage pregnancy and social and economic disadvantage.

Progress

Although we have seen significant improvements in child poverty and improvements in housing since 1997, the health gap between the rich and the poor has not narrowed significantly and in some areas has actually increased:

- The relative gap in infant mortality between routine and manual workers and the rest of the population has increased.
- Although there had been a sizeable reduction in the rate of road accident casualties for children since 1998, the gap between children from manual and non-manual backgrounds has not narrowed significantly.
- There had been no improvement in fruit and vegetable consumption for the most disadvantaged groups and no significant narrowing of the gap between advantaged and disadvantaged groups since 2001.

- Teenage conception rates have fallen faster in the most deprived areas than in other areas.
- Nearly two-thirds of pupils in school sport partnerships spend at least two hours a week on high-quality PE and school sport but schools with a high proportion of Free School Meals pupils still have lower participation rates.

Local Action

The Government is committed to reducing health inequalities. It aims to narrow the health gap in childhood, and throughout life, between socio-economic groups, and between the most deprived areas and the rest of the country. The document *Tackling Health Inequalities: A Programme for Action* sets out what action the Government would like to see. This includes clear roles and responsibilities at local level shaped by the following principles:

- Local leadership from local authorities and Primary Care Trusts, working with others through Local Strategic Partnerships and collaborating as necessary through networks or other local arrangements.
- Joint commissioning of services to reduce duplication and increase the quality and efficiency of local services.
- Joint local planning to co-ordinate the many different local plans and maximise health gain while closing the health gap.
- Wherever possible, taking action on the basis of what works, e.g. by drawing on advice, good practice and evidence provided by the Health Development Agency and the Improvement and Development Agency and using health information on websites health.action and renewal.net.
- Involving the community to ensure participation in planning and delivery of action on health inequalities.
- Regular measuring, monitoring and reporting on progress and marking of local success.

Key websites and reports

Commission for Health Improvement (CHI)
<http://www.chi.nhs.uk/>

Comprehensive Spending Review 2007
http://www.hm-treasury.gov.uk/spending_review/spend_csr07/spend_csr07

Cross Cutting Review of Health Inequalities
<http://www.doh.gov.uk/healthinequalities/ccsrsummaryreport.htm>

Healthaction
<http://healthaction.nhs.uk>

Health Development Agency
<http://www.hda-online.org.uk/>

Health Equity Audit
<http://www.phel.gov.uk/knowledge/equityauditfinal21.1.3.pdf>

Independent Inquiry into Inequalities in Health, Sir Donald Acheson, 1998

<http://www.doh.gov.uk/ih/ih/htm>

Local Public Service Agreements

<http://www.doh.gov.uk/lpsa/guidance-tackling-health-inequalities.htm>

NHS Plan

<http://www.doh.gov.uk/nhsplan/index.htm>

NHS Priorities and Planning Framework

<http://www.doh.gov.uk/planning2003-2006/>

National Service Frameworks

<http://www.doh.gov.uk/nsf/>

Opportunity for all Indicators

<http://www.dwp.gov.uk/ofa/indicators>

Securing our Future Health: Taking a Long Term View – The Wanless Review

http://www.hm-treasury.gov.uk/Consultations_and_Legislation/wanless/consult

SEU Report on Teenage Pregnancy

<http://www.socialexclusionunit.gov.uk/published.htm>

Tackling Health Inequalities: Consultation on a Plan for Delivery, August 2001

<http://www.doh.gov.uk/healthinequalities/tacklinghealthinequalities.htm>

Tackling Health Inequalities: A Programme for Action, July 2003

<http://www.doh.gov.uk/healthinequalities/programmeforaction>

Tackling Health Inequalities: Status Report on the Programme for Action, August 2005

<http://www.dh.gov.uk/healthinequalities/>

Tackling Health Inequalities: Status Report on the Programme for Action – 2006

Update of Headline Indicators, December 2006

<http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/HealthInequalities/HealthInequalitiesGeneralInformation/fs/en>

<http://www.dh.gov.uk/healthinequalities/>

Teenage Pregnancy Strategy

<http://www.teenagepregnancyunit.gov.uk/>