

Addressing the early origins of health inequalities

The importance of protecting children from poverty and adversity

David Taylor-Robinson
HIPR (health inequalities policy research)
Department of Public Health, Policy and Systems
University of Liverpool



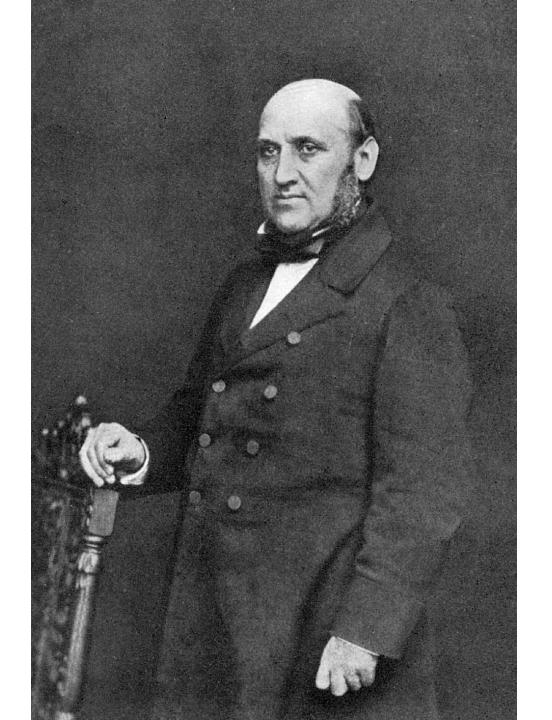
Average age at death, by class and area of residence, 1838-41

District	Gentry & professional		Labourers & artisans
RURAL			
Rutland	52	41	38
URBAN			
Bath	55	37	25
Bethnal Green	45	26	16
Manchester	38	20	17
Liverpool	35	22	15

Lancet 1843







65,000 children's lives lost each year unnecessarily in England

Farr 1864

Annual sacrifice of children's lives

"The children of the idolatrous tribe who passed them through the fire to Moloch scarcely incurred more danger than is incurred by children born in several districts in our large cities...

....a strict investigation of all the circumstances of the children's lives might lead to important discoveries, and may suggest remedies for evils of which it is difficult to exaggerate the magnitude"

William Farr, 1864

Inequalities...

...start early due to differences in exposure to poverty, adversity and factors that promote the best start in life

UK policy experiments

... poverty reduction and equitable public investment improves health outcomes and rising poverty and disinvestment has the opposite effect

What needs to be done?

Inequalities...

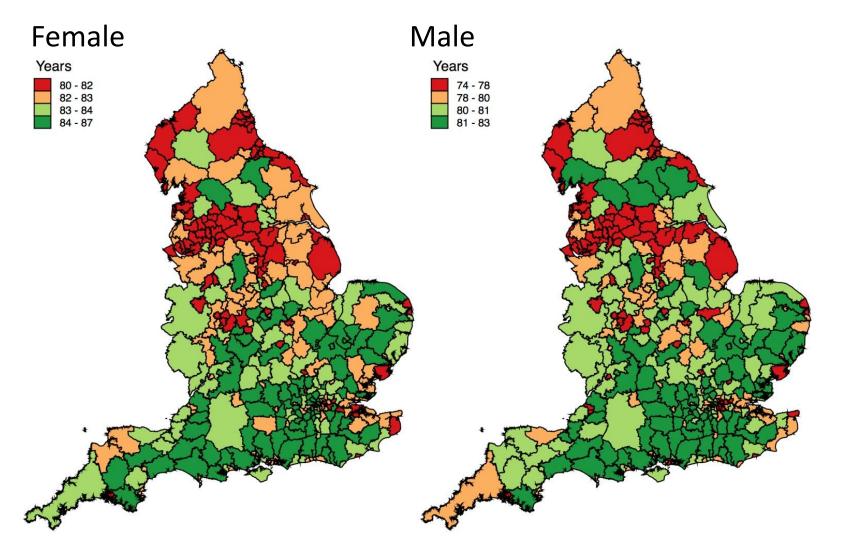
...start early due to differences in exposure to poverty, adversity and factors that promote the best start in life

UK policy experiments

... poverty reduction and equitable public investment improves health outcomes and rising poverty and disinvestment has the opposite effect

What needs to be done?

Life Expectancy: the North-South Health Divide

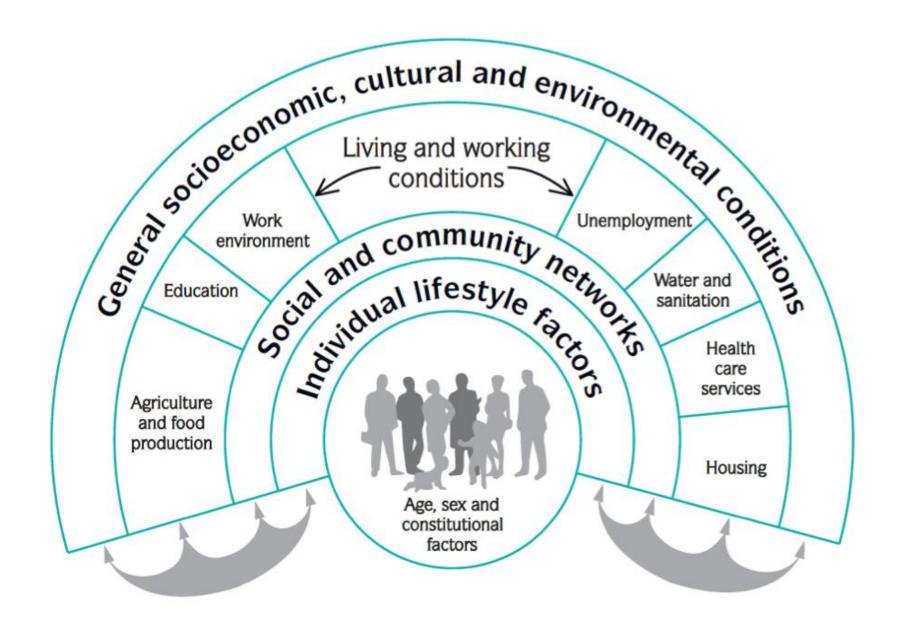


Source: Due North





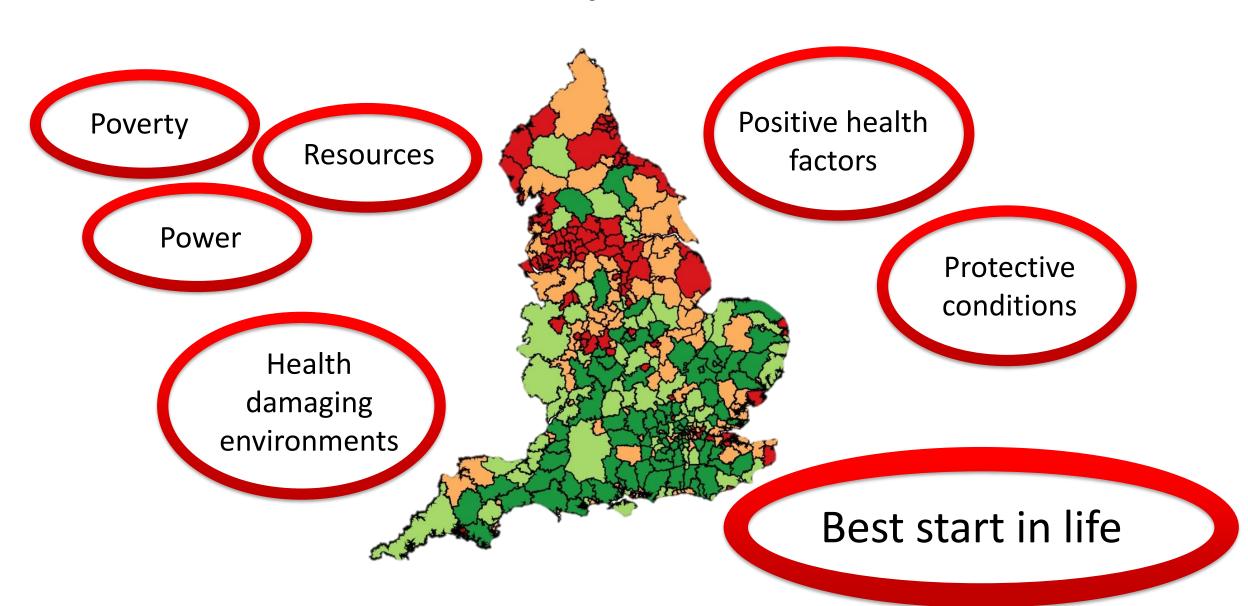
THE MAIN INFLUENCES ON HEALTH



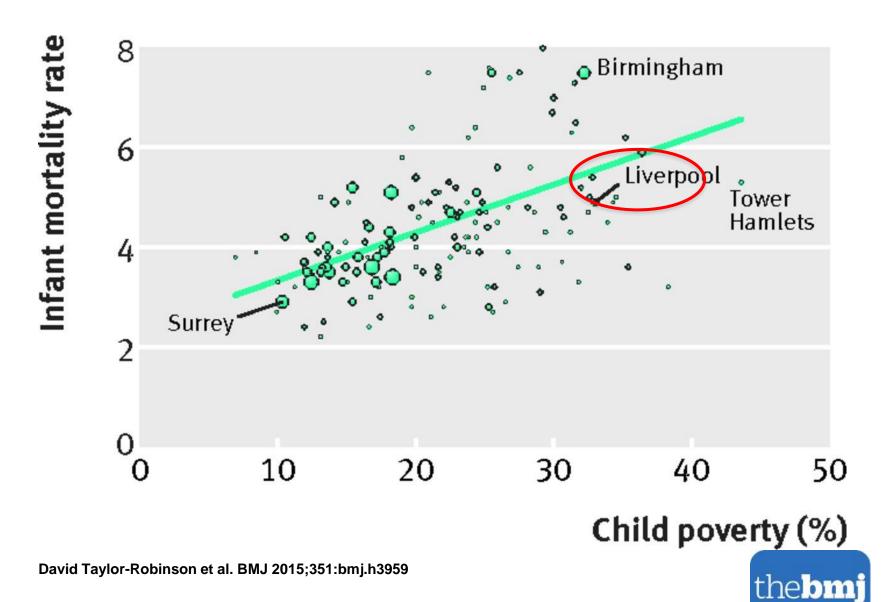
DUE NORTH

Report of the Inquiry on Health Equity for the North

Drivers of the inequalities in Health

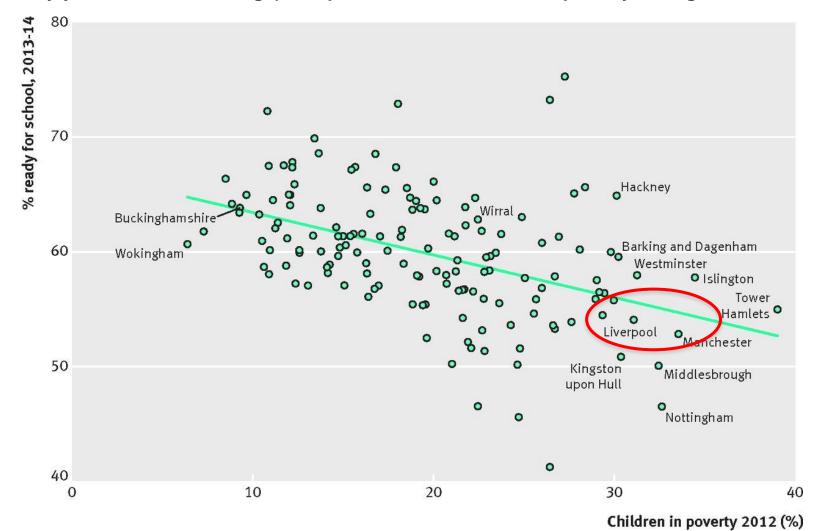


Infant mortality rate by relative child poverty (<60% median) for local authorities in England.



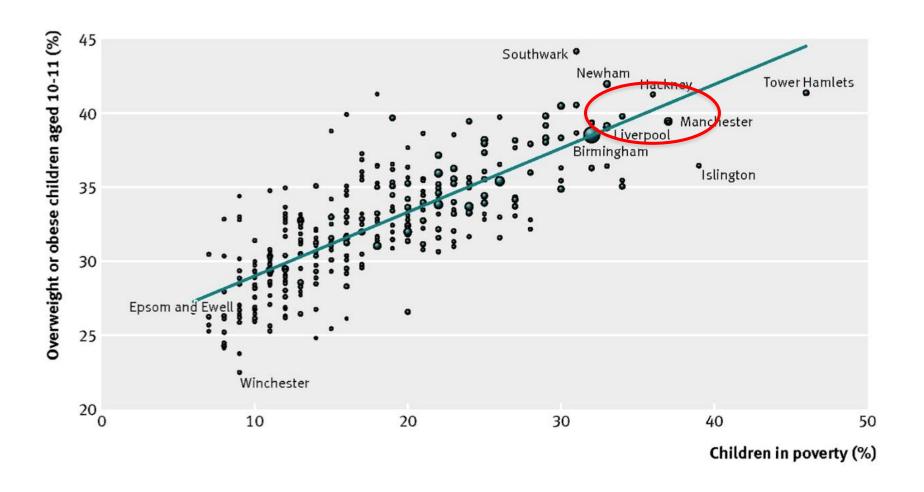
©2015 by British Medical Journal Publishing Group

Percentage of children assessed as ready for school at age 5 (good level of development at end of early years foundation stage) compared with levels of child poverty in English authorities



David Taylor-Robinson et al. BMJ 2015;351:bmj.h5330

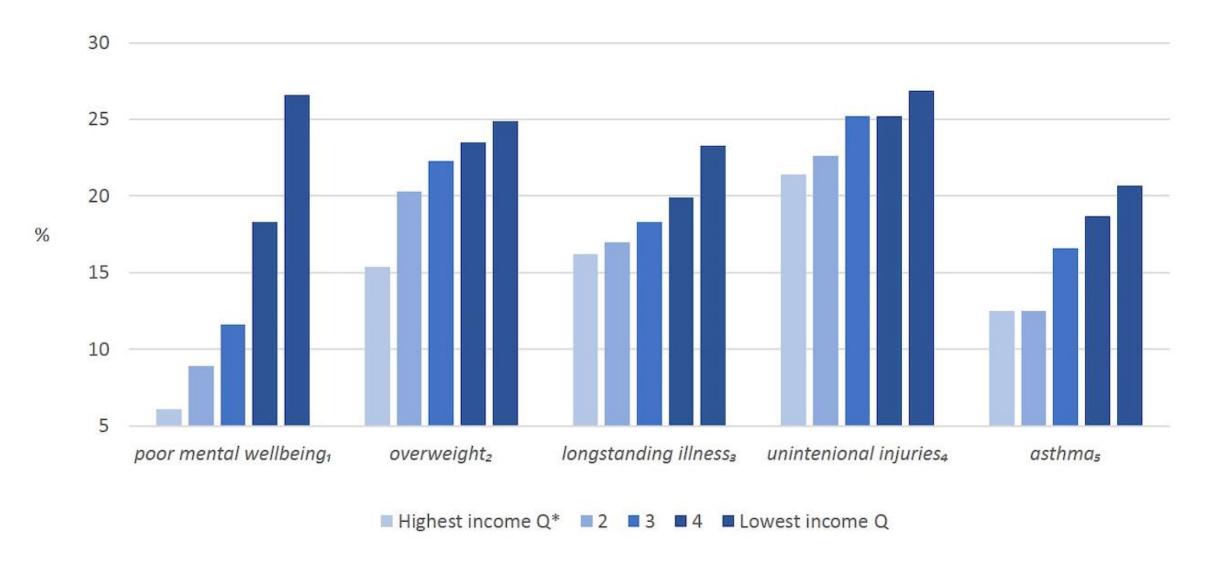
Percentage of overweight or obese children aged 10-11 years by percentage of children in poverty in English councils, 2012.



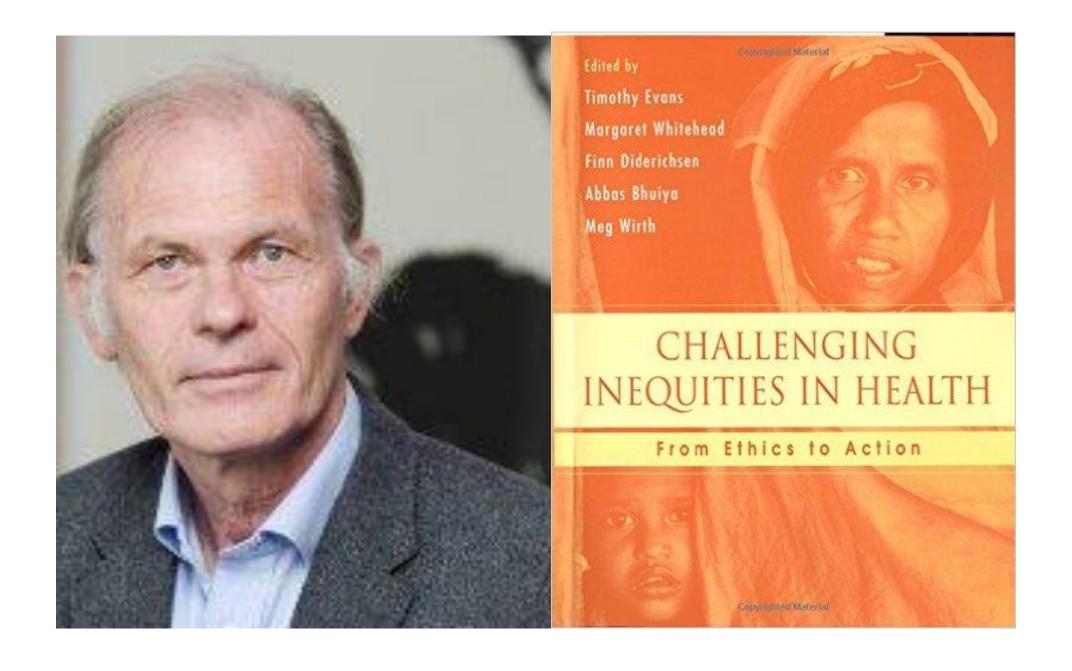
Taylor-Robinson D C et al. BMJ 2014;348:bmj.g2712



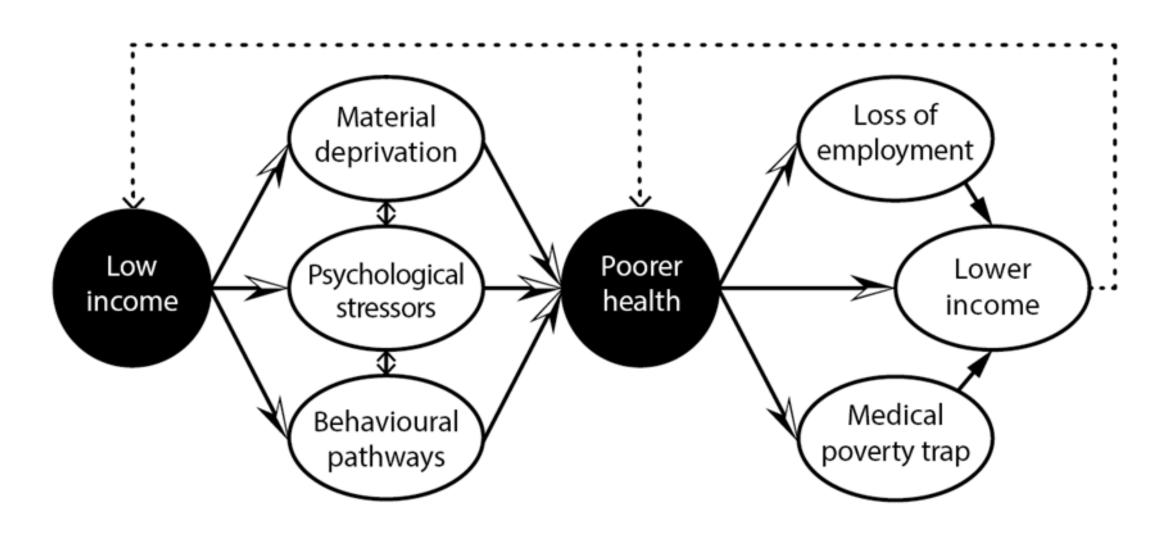
Income gradients in health outcomes at age 7 years in UK



Pearce A, Dundas R, Whitehead M, Taylor-Robinson D



Pathways from low income to poor health and vice versa: both in operation and intertwined





Pathways to inequalities in child health

Anna Pearce, ¹ Ruth Dundas, ¹ Margaret Whitehead, ² David Taylor-Robinson ²

► Additional material is published online only. To view, please visit the journal online (http://dx.doi.org/10.1136/archdischild-2018-314808).

¹MRC/CSO Social and Public Health Sciences Unit, University of Glasgow, Glasgow, UK ²Department of Public Health and Policy, Institute of Population Health Sciences, University of Liverpool, Liverpool, UK

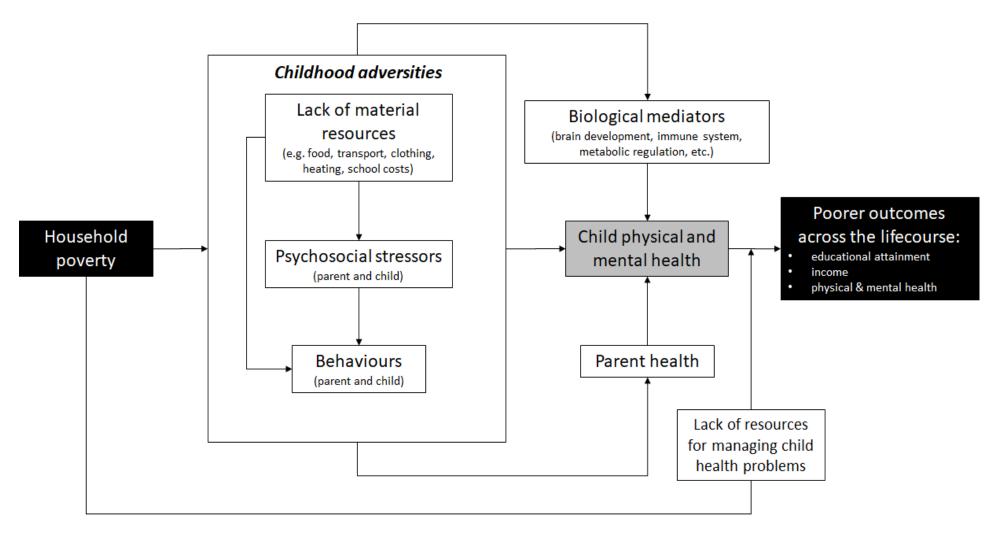
ABSTRACT

From birth, children living in disadvantaged socioeconomic circumstances (SECs) suffer from worse health than their more advantaged peers. The pathways through which SECs influence children's health are complex and inter-related, but in general are driven by differences in the distribution of power and resources that determine the economic, material and psychosocial conditions in which children grow up. A better understanding of why children from more disadvantaged backgrounds have worse health and how interventions work, for whom and in what contexts, will help to reduce

professionals with a better understanding of what might be done to alleviate these differences. We begin with a brief description of the social determinants of child health, before turning to the ways in which HIs develop, drawing on a range of key theories. We highlight the ways in which policies might support or exacerbate HIs and finish by discussing future challenges, including for health professionals.

The term *health inequity* is sometimes used to refer to HIs which are unfair and avoidable, thus differentiating them from health differences due

Pathways from household poverty during childhood to health and other impacts across the lifecourse





Life events or socioeconomic conditions?

Adverse social experiences cluster, interact and accumulate over time

Comment Adverse childhood experiences or adverse childhood socioeconomic conditions? If a child lives with an adult who has a mental health The main results show a 17% increase in the risk of disorder or an alcohol-related illness, how does that all cause admission, 14% for injuries, and 55% for http://dx.doi.org/10.1016/ affect the risk of emergency hospital admission for that childhood victimisation for children living with families child? In The Lancet Public Health, Shantini Paranjothy with parental mental disorders. There are similar and colleagues1 use the excellent record linkage system associations for living with a household member who established in Wales to address this question, showing had had an alcohol-related hospital admission. There that these exposures independently increase the risk of was no association between household alcohol misuse childhood admission due to all causes, external causes and all-cause admissions in children. The researchers and injury, and victimisation. A great strength of this go on to assess how the risk of admissions in children

Trajectories of childhood adversity and mortality in early adulthood: a population-based cohort study



Naja H Rod, Jessica Bengtsson, Esben Budtz-Jørgensen, Clara Clipet-Jensen, David Taylor-Robinson, Anne-Marie Nybo Andersen, Nadya Dich, Andreas Rieckmann

Follow up of 1 million children born between 1980 and 1998

Dimensions of childhood adversities

Material deprivation

- Family poverty
- Parental long-term unemployment

Loss or threat of loss

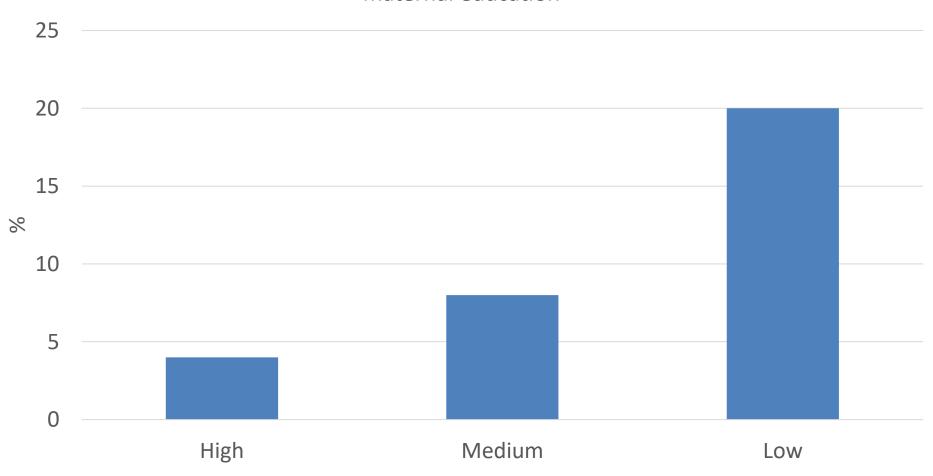
- Death of a parent
- Death of a sibling
- Parental somatic illness
- Sibling somatic illness

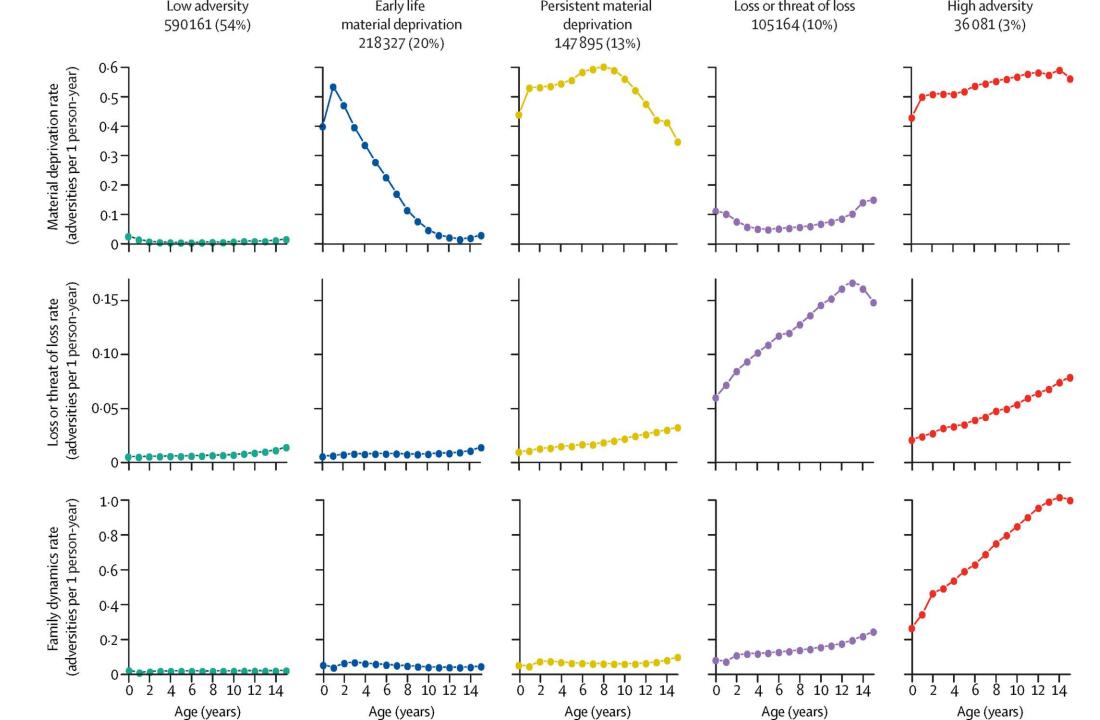
Family dynamics

- Foster care
- Parental psychiatric illness
- Sibling psychiatric illness
- Parental alcohol abuse
- Parental drug abuse
- Parental separation

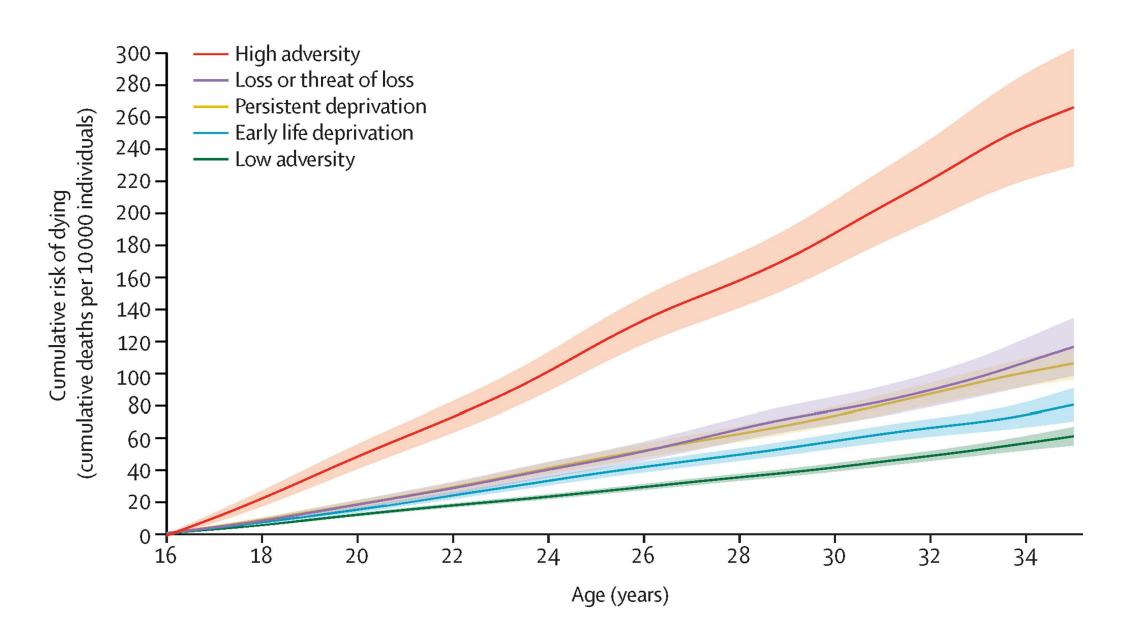
Adverse social experiences cluster with social disadvantage, interact and accumulate over time

Fig 1. Accumulation of childhood adversities (3 or more) according to maternal education

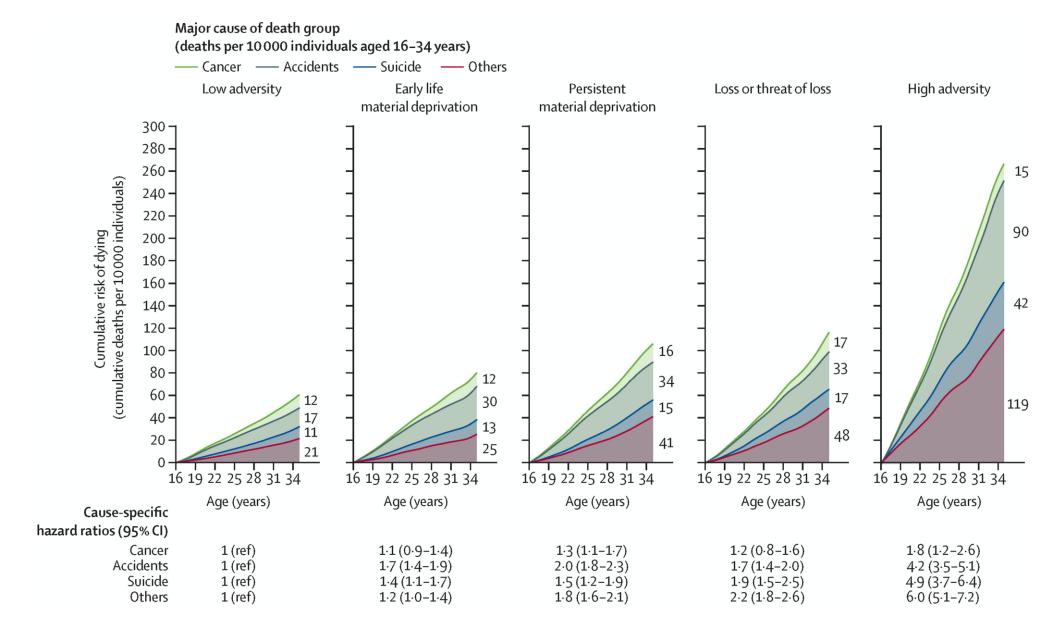




Risk of dying in early adulthood by early experience of adversity



Increased risk of suicide, accidents and cancer



Childhood is a sensitive period

Fleeting exposure to poverty impacts health

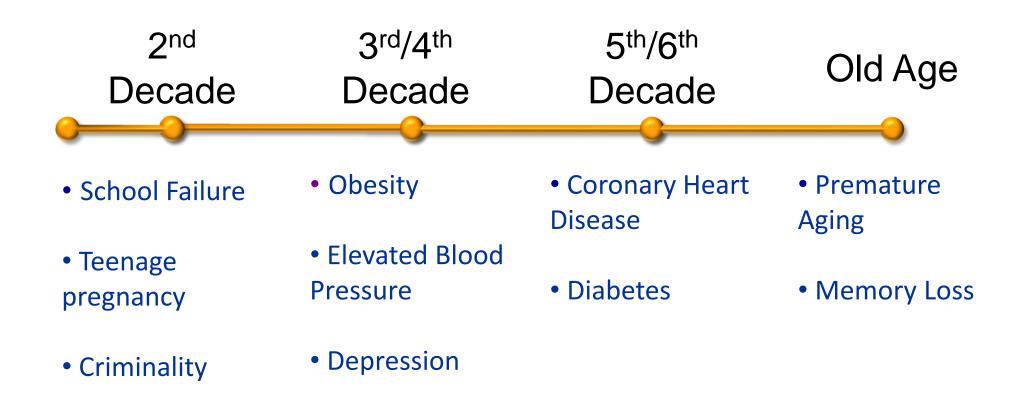
Underlying morbidity will translate into a substantial public health problem

Worrying for the UK - stronger effects in societies with less social security

Crucial importance of broader structural public health initiatives, as well as help to identify vulnerable children who would benefit from targeted support



Life Course Problems Related to Early Life



Inequalities...

...start early due to differences in exposure to poverty, adversity and factors that promote the best start in life

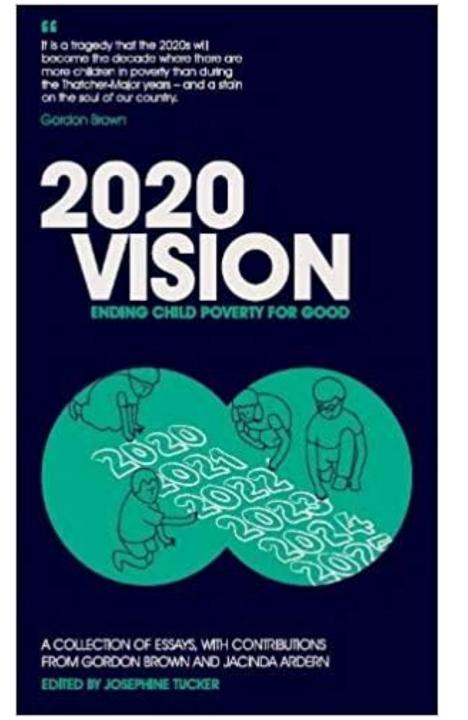
UK policy experiments

... poverty reduction and equitable public investment improves health outcomes and rising poverty and disinvestment has the opposite effect

What needs to be done?

In 1999, the UK government pledged to end child poverty by 2020.

This was one element of a broader inequality strategy which included the English Health Inequalities Strategy, regarded as the world's largest experiment in tackling health inequalities.



"By 2010 to reduce by at least 10% the gap in life expectancy between the fifth of local authorities with the worst health and deprivation indicators (the Spearhead areas) and the population as a whole". (DH, 2003).



- Targets
- Resource allocation
- Area based regeneration
- Tax and benefit changes
- Minimum wage
- Sure Start
- Targeted primary and secondary prevention services
- Technical support for improved chronic disease management

What did local health agencies in Liverpool invest in?

 Tackling inverse care law - proportionate universalism in prevention – in children's centres, NHS Smoking Cessation Clinics, BP control.....

 Wider social determinants of health – 'Liverpool Healthy Homes'

 Using purchasing power and status as major employer to boost employment chances

RESEARCH



Investigating the impact of the English health inequalities strategy: time trend analysis



Ben Barr senior clinical lecturer in applied public health research, James Higgerson research fellow, Margaret Whitehead WH Duncan professor of public health

Department of Public Health and Policy, Institute of Psychology, Health and Society, University of Liverpool, Liverpool L69 3GB, UK

BMJ 2014;348:g3231 doi: 10.1136/bmj.g3231

Page 1 of 10

RESEARCH

The impact of NHS resource allocation policy on health inequalities in England 2001-11: longitudinal ecological study

© 0 OPEN ACCESS

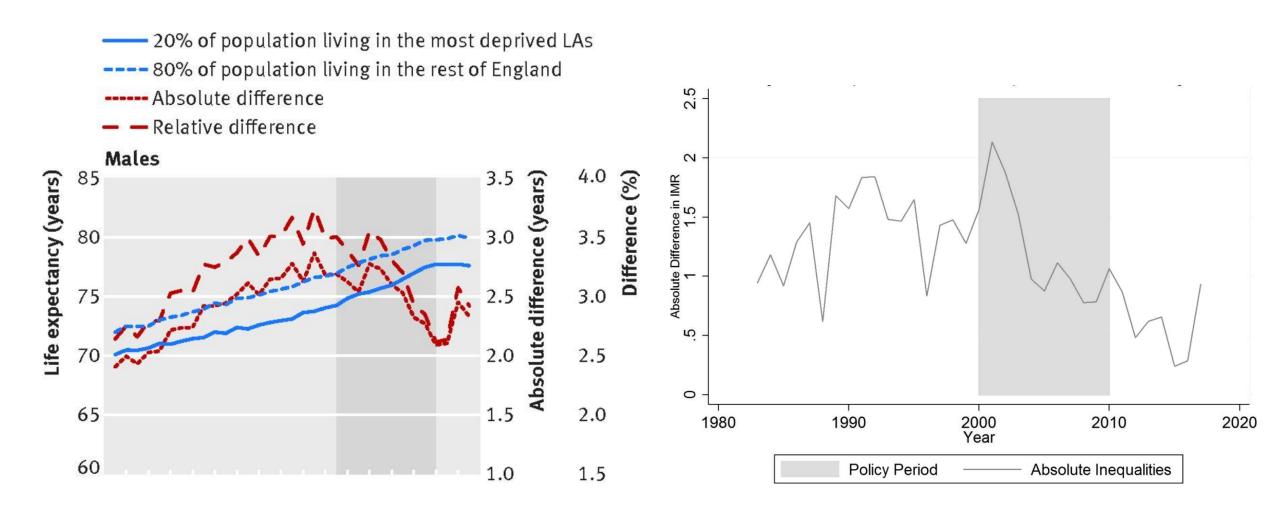
Research report

The impact of New Labour's English health inequalities strategy on geographical inequalities in infant mortality: a time-trend analysis

Tomos Robinson, ¹ Heather Brown, Paul D Norman, Lorna K Fraser, Ben Barr, Clare Bambra

"Trends in inequalities before, during, and after the strategy show that the strategy reduced these inequalities"

Decrease in inequalities life expectancy and infant mortality as a result of strategy



Gains of the past are being undone

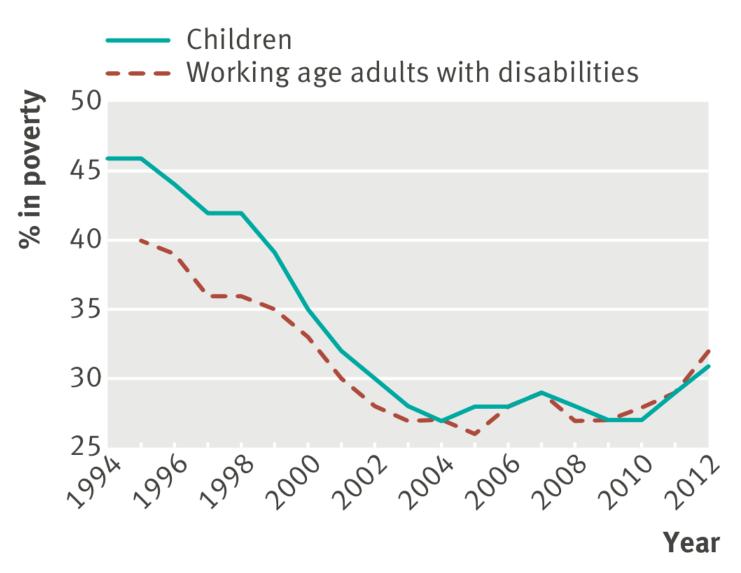
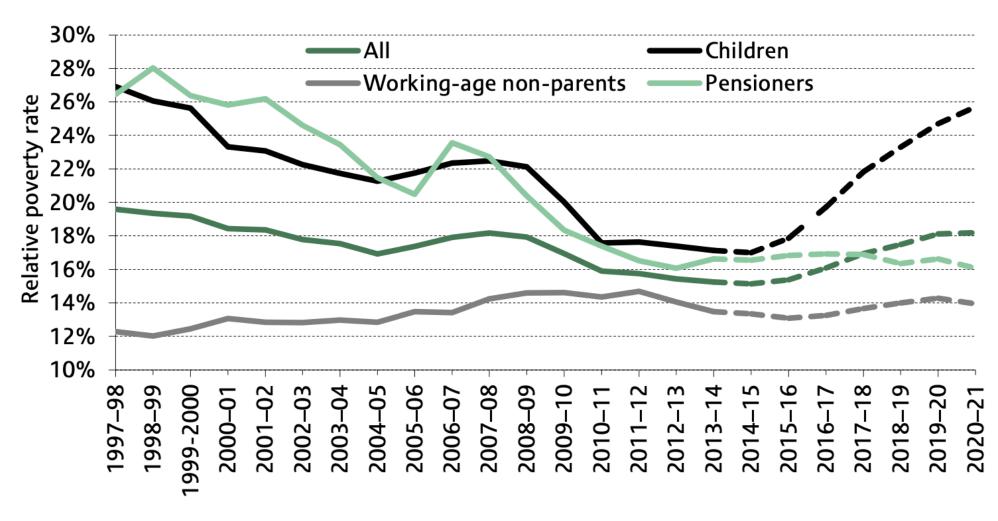


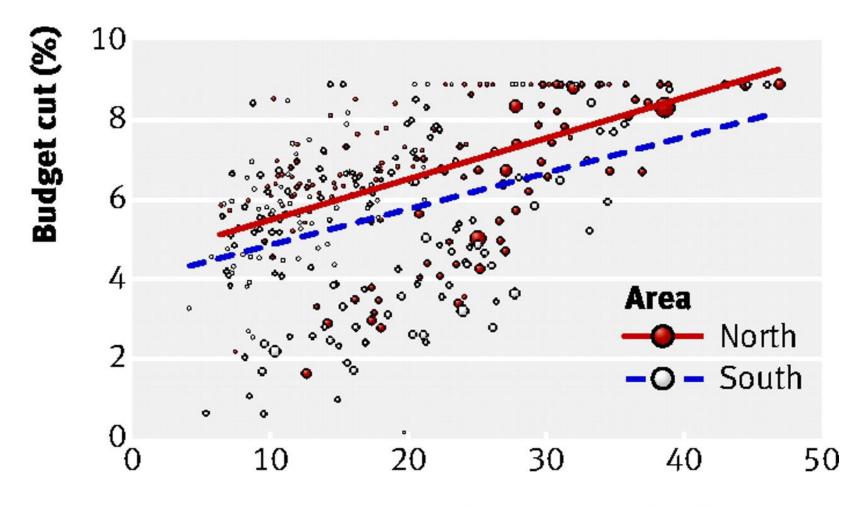
Figure 3.9. Relative poverty rates: 1997–98 to 2020–21



Note: Incomes measured before housing costs have been deducted. Poverty line is 60% of median household income in the current year. Pensioners are those aged 65 or over.

Source: Authors' calculations using Family Resources Survey, various years, and projections for 2014–15 onwards using TAXBEN and assumptions specified in the text.

Cut in local authority budget by average deprivation score in north and south of England.

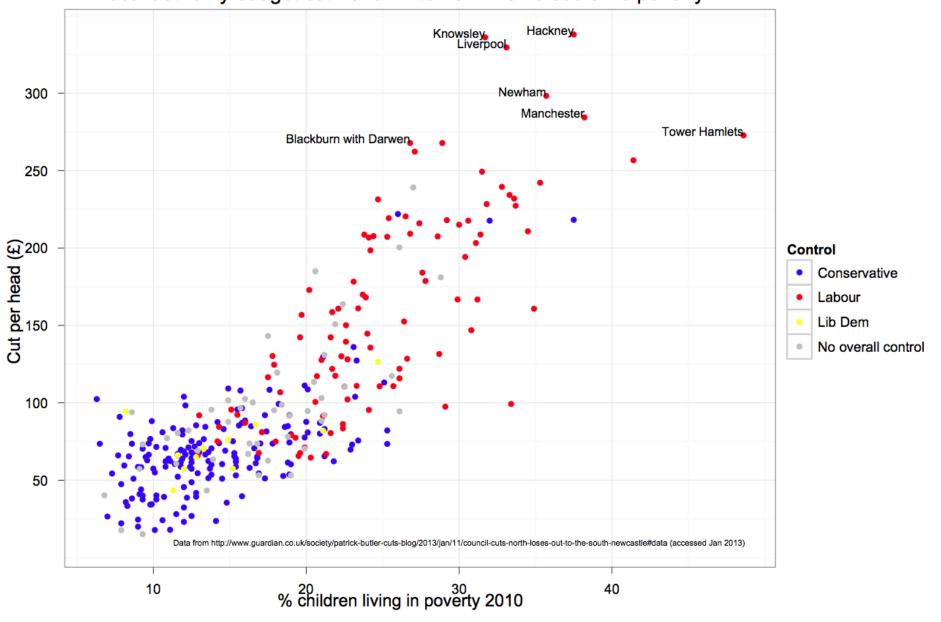


Average deprivation score

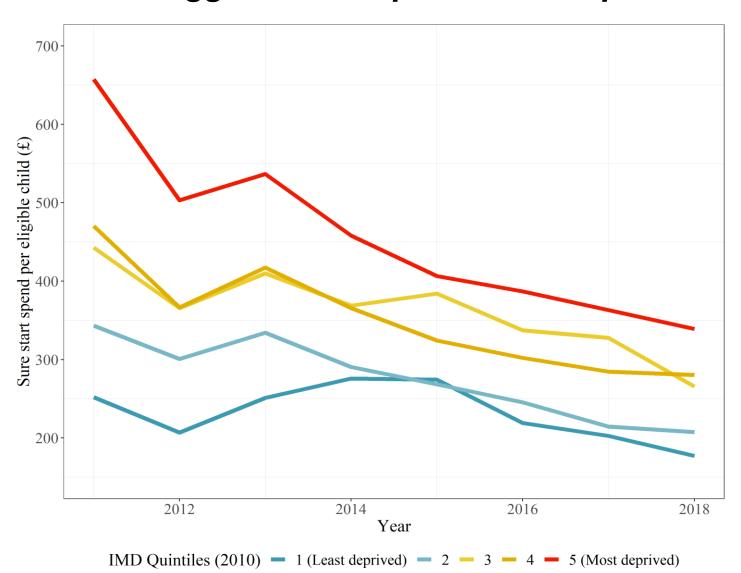
Taylor-Robinson D, Gosling R BMJ 2011;342:bmj.d1487



Local authority budget cut 2010-11 to 2014-15 versus child poverty



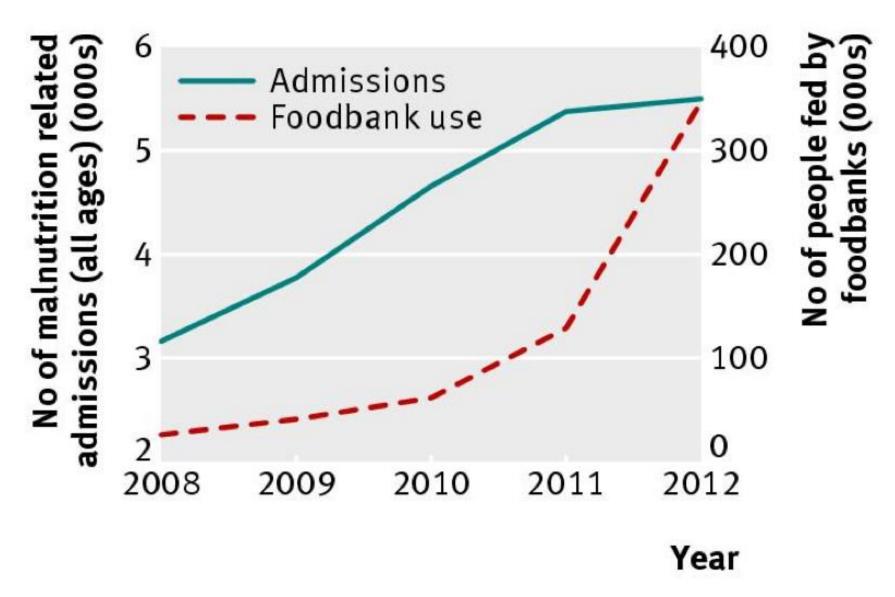
A decade of cuts to children's services Biggest cuts to prevention in poorest areas



Taylor-Robinson and Bennett 2020 https://cpag.org.uk/shop/cpag-titles/2020-visionending-child-poverty-good

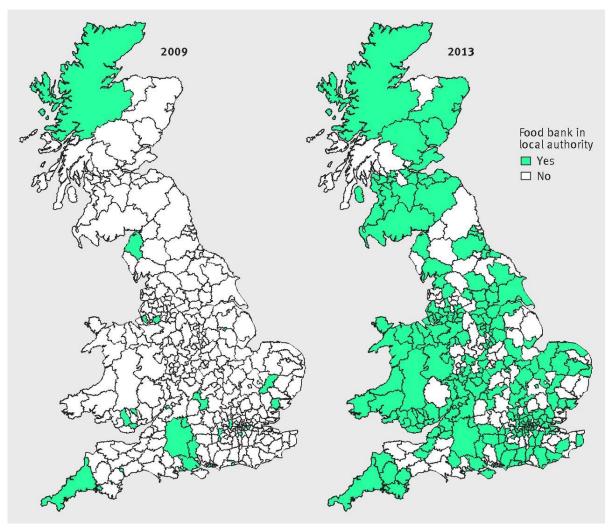


These policies represent a collective failure to protect the rights of children



Taylor-Robinson et al BMJ 2013;347:f7157

Trussell Trust food banks in local authorities in England, Scotland, and Wales in 2009 and 2013.









Volume 38, Issue 3 17 September 2016

Article Contents

Introduction

Methods

Results

Discussion

Supplementary data

Funding

References

Supplementary data

< Previous Next >

The impact of economic downturns and budget cuts on homelessness claim rates across 323 local authorities in England, 2004–12 3

Rachel Loopstra; Aaron Reeves; Ben Barr; David Taylor-Robinson; Martin McKee; David Stuckler

J Public Health (Oxf) (2016) 38 (3): 417-425. **DOI:** https://doi.org/10.1093/pubmed/fd-

v126

Published: 17 October 2016

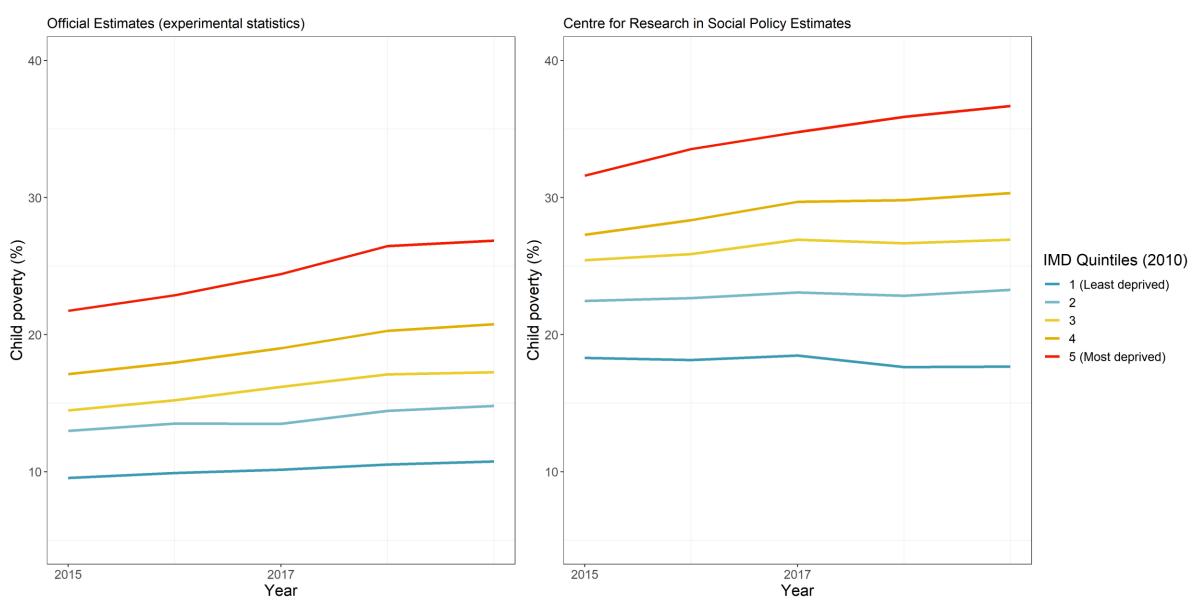
Background

It is unclear why rates of homelessness claims in England have risen since 2010. We used variations in rates across local authorities to test the impact of economic downturns and budget cuts.

Methods

Using cross-area fixed effects models of data from 323 UK local authorities between 2004 and 2012, we evaluated associations of changes in statutory homelessness rates with economic activity (Gross Value Added per capita), unemployment, and local and central government expenditure.

Trends in child poverty (<60% median) before and after housing costs

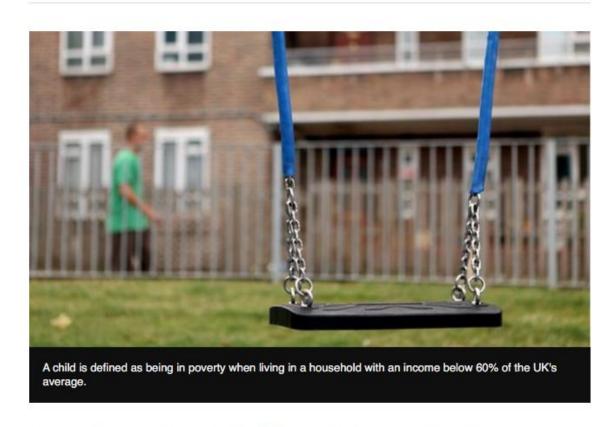


https://www.gov.uk/government/statistics/children-in-low-income-families-local-area-statistics-201415-to-201819#history (accessed 9 Dec 2020) http://www.endchildpoverty.org.uk/child-poverty-in-your-area-201415-201819/ (accessed 9 Dec 2020)



Child poverty definition to be changed

① 1 July 2015 UK Politics



Work and Pensions Secretary lain Duncan Smith has announced a new way of measuring child poverty.





the Impact of the Welfare Reform and Work Bill 2015-16



Kerris Cooper Kitty Stewart

Does Money Affect Children's Outcomes? An update

CASEpaper 203

ISSN 1460-5023







The effect of a transition into poverty on child and maternal mental health: a longitudinal analysis of the UK Millennium Cohort Study



Sophie Wickham, Margaret Whitehead, David Taylor-Robinson*, Ben Barr*

Summary

Background Whether or not relative measures of income poverty effectively reflect children's life chances has been the focus of policy debates in the UK. Although poverty is associated with poor child and maternal mental health, few studies have assessed the effect of moving into poverty on mental health. To inform policy, we explore the association between transitions into poverty and subsequent mental health among children and their mothers.

Methods In this longitudinal analysis, we used data from the UK Millennium Cohort Study, a large nationally representative cohort of children born in the UK between Sept 1, 2000, and Jan 11, 2002, who participated in five survey waves as they progressed from 9 months of age to 11 years of age. Our analysis included all children and mothers who were free from mental health problems and not in poverty when the children were aged 3 years. We only included singletons (ie, not twins or other multiple pregnancies) and children for whom the mother was the main respondent to the study. The main outcomes were child socioemotional behavioural problems (Strengths and Difficulties Questionnaire) at ages 5 years, 7 years, and 11 years and maternal psychological distress (Kessler 6 scale). Using discrete time-hazard models, we followed up families without mental health problems at baseline and estimated odds ratios for subsequent onset of maternal and child mental health problems associated with first transition into poverty, while adjusting for confounders, including employment transitions. We further assessed whether or not change in maternal mental health explained any effect on child mental health.

Findings Of the 6063 families in the UK Millennium Cohort study at 3 years who met our inclusion criteria, 844 (14%) had a new transition into poverty compared with 5219 (86%) who remained out of poverty. After adjustment for confounders, transition into poverty increased the odds of socioemotional behavioural problems in children (odds ratio 1.41 [95% CI 1.02-1.93]; p=0.04) and maternal psychological distress (1.44 [1.21-1.71]; p<0.0001). Controlling for maternal psychological distress reduced the effect of transition into poverty on socioemotional behavioural problems in children (1.30 [0.94-1.79]; p=0.11).

Interpretation In a contemporary UK cohort, first transition into income poverty during early childhood was associated with an increase in the risk of child and maternal mental health problems. These effects were independent of changes in employment status. Transitions to income poverty do appear to affect children's life chances and actions that directly reduce income poverty of children are likely to improve child and maternal mental health.



Lancet Public Health 2017

*Contributed equally

Department of Public Health and Policy, University of Liverpool, The Farr Institute @ the Health eResearch Centre, Liverpool, UK (5 Wickham PhD, Prof M Whitehead PhD, Prof D Taylor-Robinson PhD, Ben Barr PhD)

Correspondence to:
Dr Sophie Wickham, Department
of Public Health and Policy,
University of Liverpool, The Farr
Institute @ the Health eResearch
Centre, Liverpool L69 3GL, UK
slw@liverpool.ac.uk

Moving into poverty increases child and maternal mental health risk Child mental health risk mediated by maternal mental health

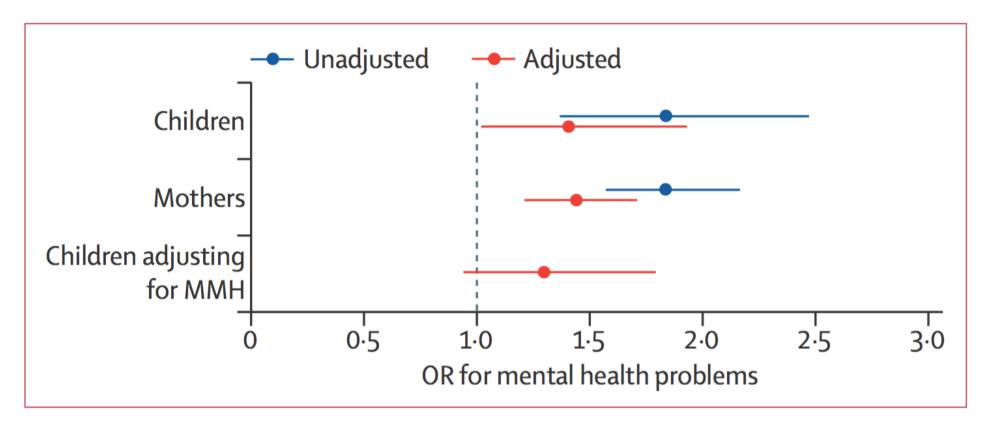


Figure 3: ORs for development of childhood socioemotional behavioural difficulties and maternal psychological distress by transition into poverty MMH=maternal mental health. OR=odds ratio.

Impact of Poverty and Family Adversity on Adolescent Health: A Multi-Trajectory Analysis Using the UK Millennium Cohort Study

26 Pages • Posted: 12 May 2021

Nicholas Kofi Adjei

University of Liverpool - Department of Public Health, Policy and Systems

Daniela K. Schlüter

University of Liverpool - Department of Public Health, Policy and Systems

Viviane S. Straatmann

Stockholm University - Department of Public Health Sciences

Gabriella Melis

University of Liverpool - Department of Public Health, Policy and Systems

Kate Fleming

University of Liverpool - Institute of Population Health

Ruth McGovern

University of Liverpool - Department of Public Health Sciences

Louise Howard

King's College London - Section of Women's Mental Health

Eileen Kaner

Newcastle University - Population Health Sciences Institute

Ingrid Wolfe

King's College London - Department of Women and Children's Health

David C. Taylor-Robinson

University of Liverpool - Department of Public Health, Policy and Systems

ORACLE Consortium Group

Collapse...

ORACLE OveRcoming Adverse ChiLdhood Experiences

Mental Health and Substance use in Children and Families Experiencing Adversity

Nicholas Adjei, David Taylor-Robinson, Kate Fleming and Daniela Schlueter

Department of Public Health and Policy University of Liverpool

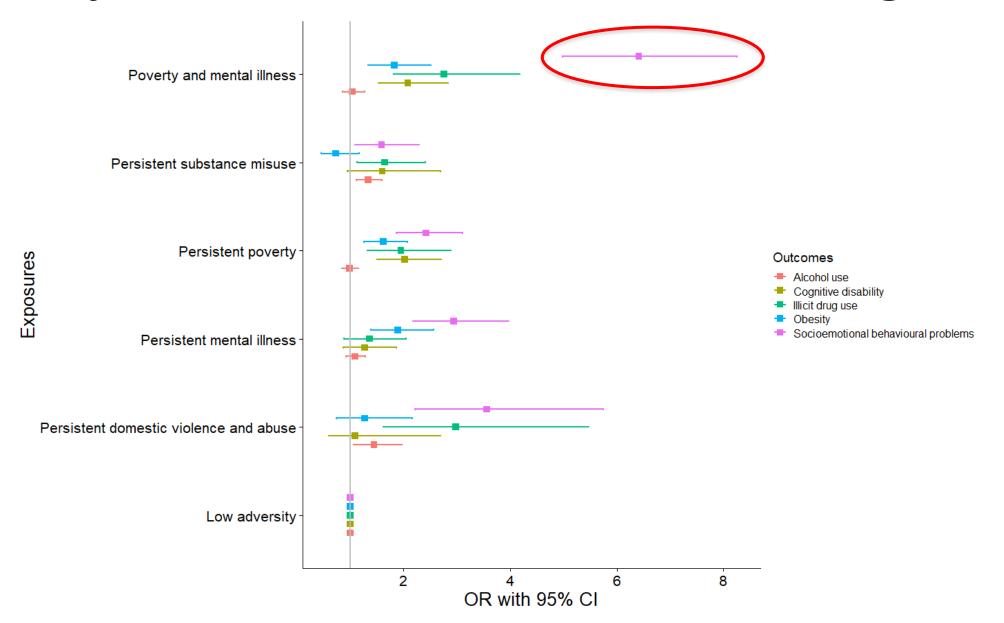
Low adversity and poverty – 43 %
Persistent alcohol use – 8%
Persistent DVA – 3.4%

Persistent poverty – 23%

Persistent mental illness – 12%

Mental illness & poverty – 11%

Trajectories and child outcomes at age 14



Persistent poverty and/or persistent parental mental ill health affects over four in ten children.

Persistent child poverty and parental mental illness affects one in ten UK children.

Interventions to address specific childhood adversities may not be meaningful if childhood socioeconomic conditions are not considered.

State of Child Health

State of Child Health Report 2017

CHILD HEALTH IN JEOPARDY DUE TO AN ALARMING GAP BETWEEN RICH AND POOR



UK has 'stark inequalities in child health', report says

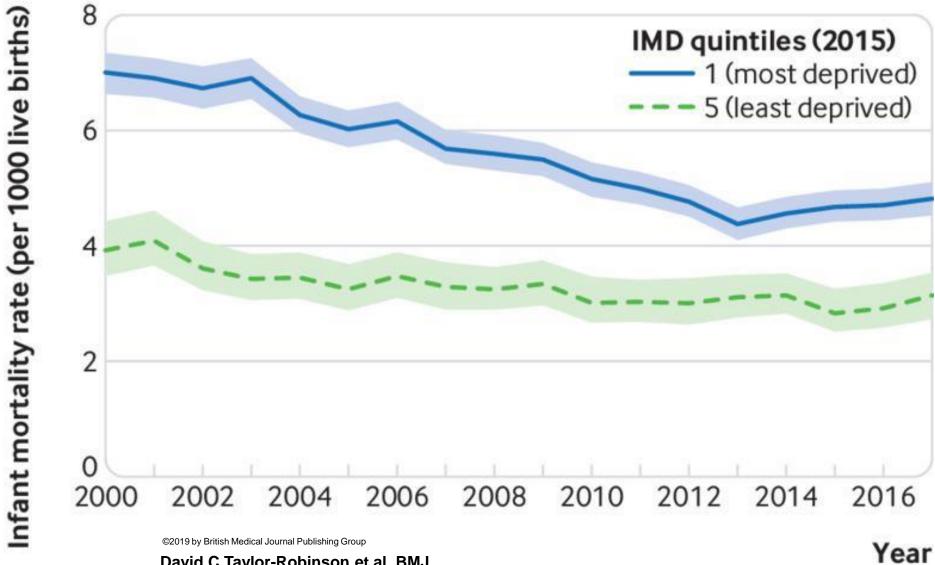
○ 26 January 2017 Health
 □





Child health in the UK is falling behind that of many other European countries, a major report says.

Child health unravelling in UK





David C Taylor-Robinson et al. BMJ 2019;364:bmj.l963

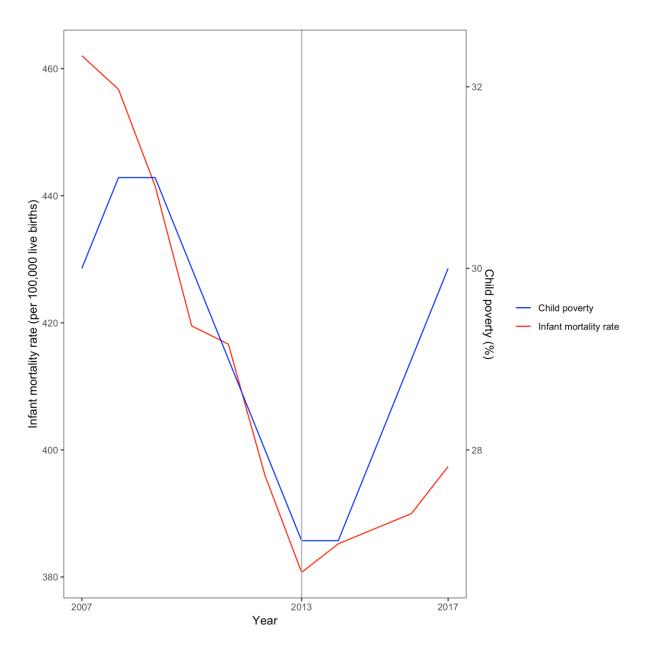
Open access Research

BMJ Open Assessing the impact of rising child poverty on the unprecedented rise in infant mortality in England, 2000–2017: time trend analysis

David Taylor-Robinson, ^{1,2} Eric T C Lai, Sophie Wickham, Tanith Rose, Paul Norman, Clare Bambra, Margaret Whitehead, Ben Barr



Rising infant mortality, rising child poverty 2007-2017

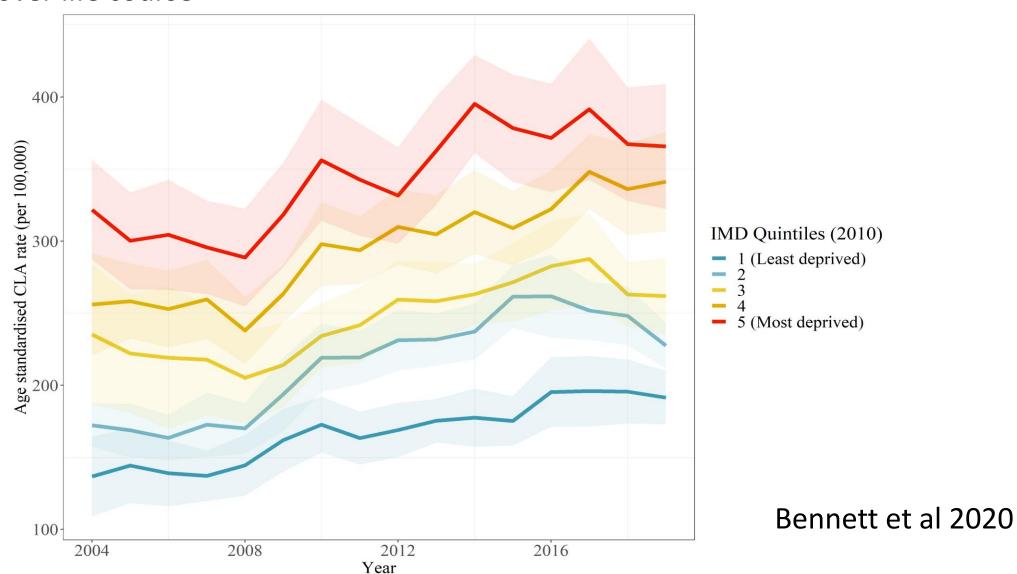


Each 1% increase in child poverty was significantly associated with an extra 5.8 infant deaths per 100 000 live births (95% CI 2.4 to 9.2).

About a third of the increases in infant mortality between 2014 and 2017 can be attributed to rising child poverty

Taylor-Robinson D et al 2019 BMJ Open

The dramatic rise in children looked after (CLA) has been greater in poorer areas of the country, and in areas more deeply affected by the recession – huge expense and cost over life course





ABOUT US OUR WORK MEDIA CENTRE UK POVERTY STATISTICS

Q

CITIES, TOWNS AND NEIGHBOURHOODS

HOUSING

INCOME AND BENEFITS

PEOPLE

SOCIETY

WORK

ome > Reports > The relationship between poverty child abuse and peglect; an evidence review



The relationship between poverty, child abuse and neglect: an evidence review

Paul Bywaters, Lisa Bunting, Gavin Davidson, Jennifer Hanratty, Will Mason, Claire McCartan, Nicole Steils

3rd Mar 2016 Related topics Government Child poverty Economic development and local growth

This report identifies and discusses evidence about the relationship between poverty and child abuse and neglect.

There is a lack of joined up thinking and action about poverty and child abuse and neglect in the UK

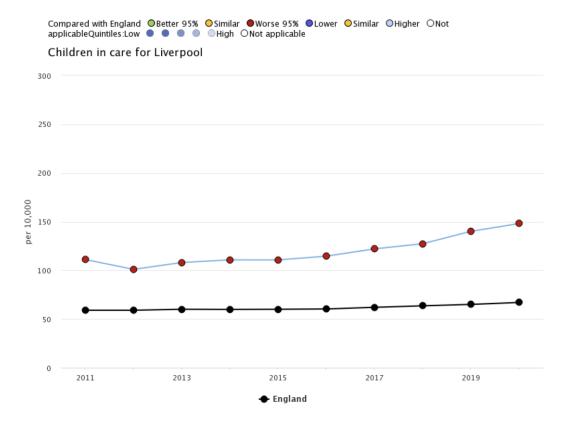
There should be widespread recognition of the strong association between families' socioeconomic circumstances and children's chances of being subject to abuse or neglect.

Spending on looked after children / Safeguarding

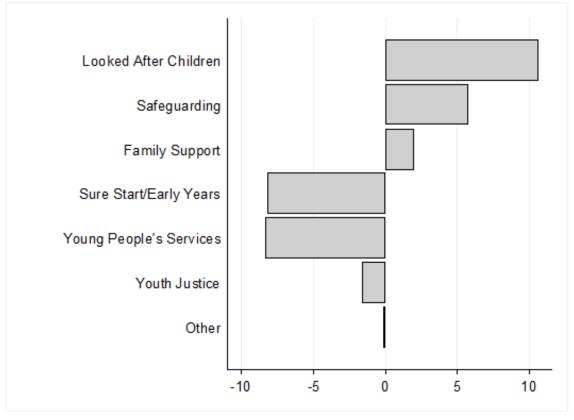


Spending on prevention



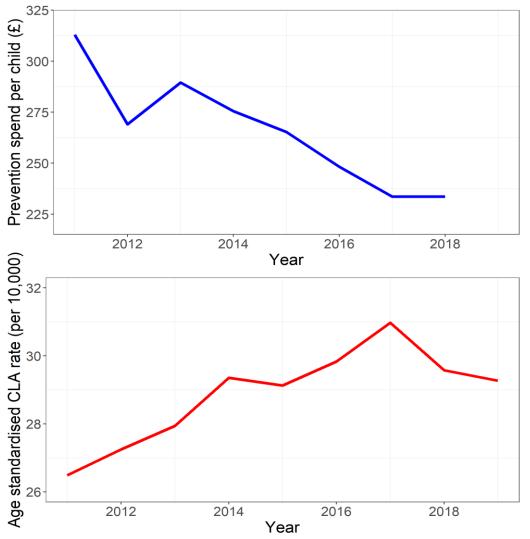


Percentage point change in spend on each category as a percentage of total Child Social Care spend, between 2010 and 2017 (averaged across all LAs)



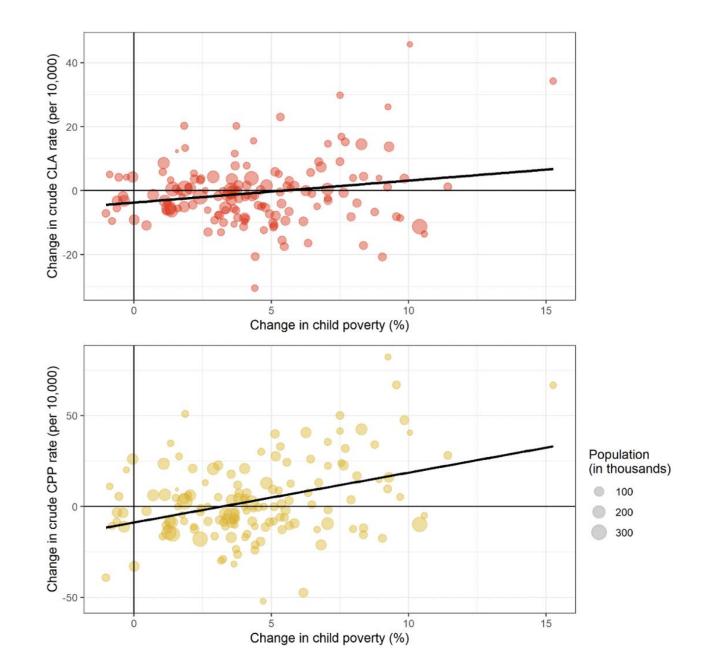
Source: PLDR https://pldr.org

Trends in prevention spend (2011-18) and CLA rates (2011-19) in England



Bennett D et al (in press)

Child poverty and changes in child welfare intervention rates, 2015-20, by local authority



"The rise in child poverty, largely the consequence of cuts to welfare benefits, may be fuelling child welfare involvement in England."



Epidemiology & Community Health

Home / Online First

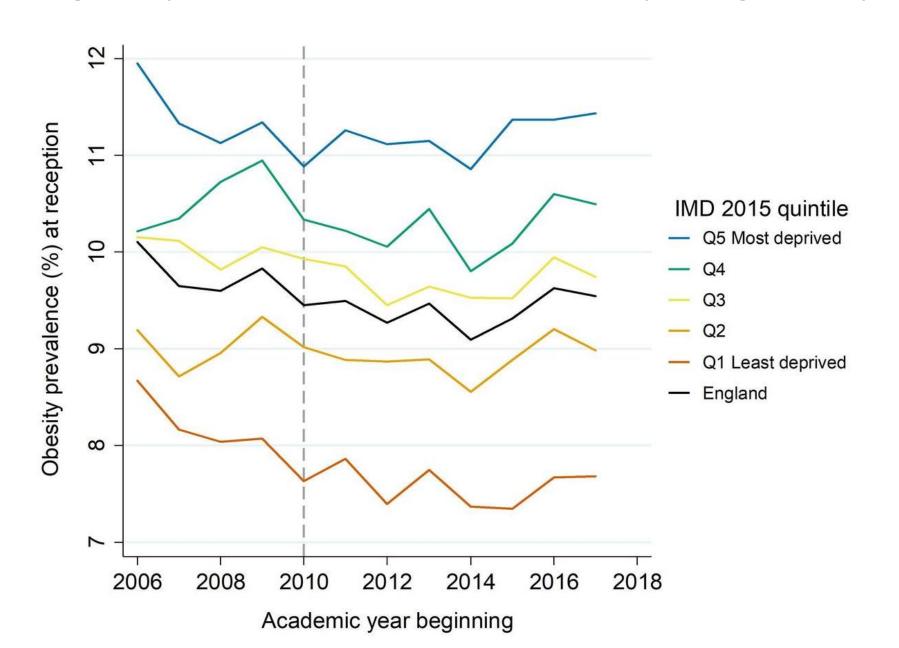
Original research



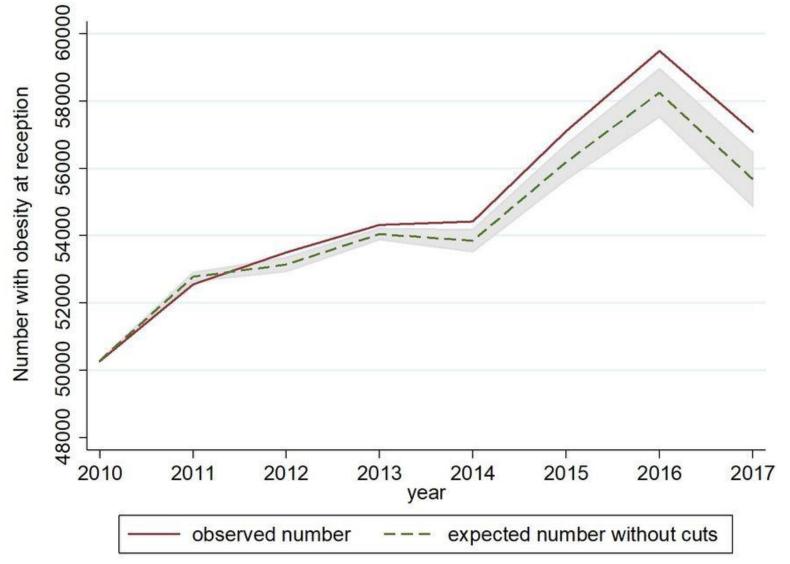
Impact of cuts to local government spending on Sure Start children's centres on childhood obesity in England: a longitudinal ecological study 8

(b) Kate E Mason ¹, Alexandros Alexiou ¹, (b) Davara Lee Bennett ¹, Carolyn Summerbell ², Ben Barr ¹, David Taylor-Robinson ¹ Correspondence to Dr Kate E Mason, Public Health, Policy and Systems, University of Liverpool, Liverpool L69 3GL, UK; kate.mason@liverpool.ac.uk

Rising inequalities in childhood obesity at age five years

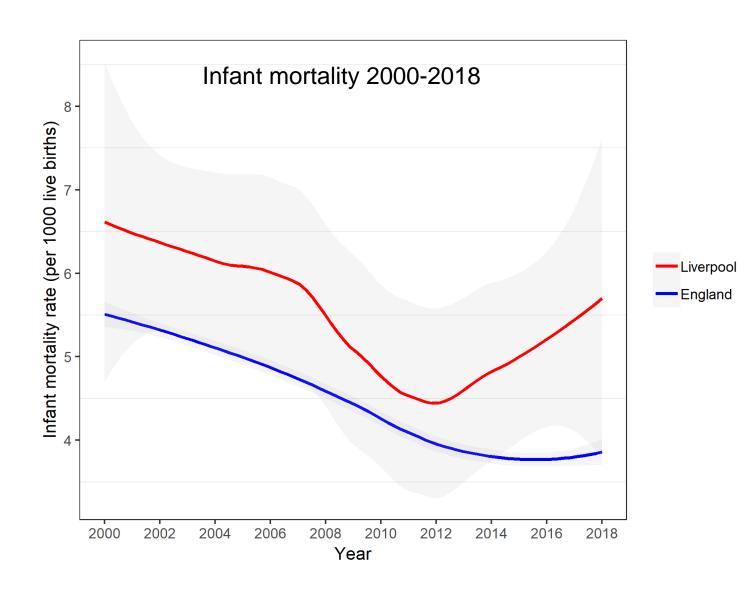


Observed number of children with obesity vs number expected in the absence of spending cuts.





Early Origins of lifelong inequalities in Liverpool



35% born in poverty

Age 5 years

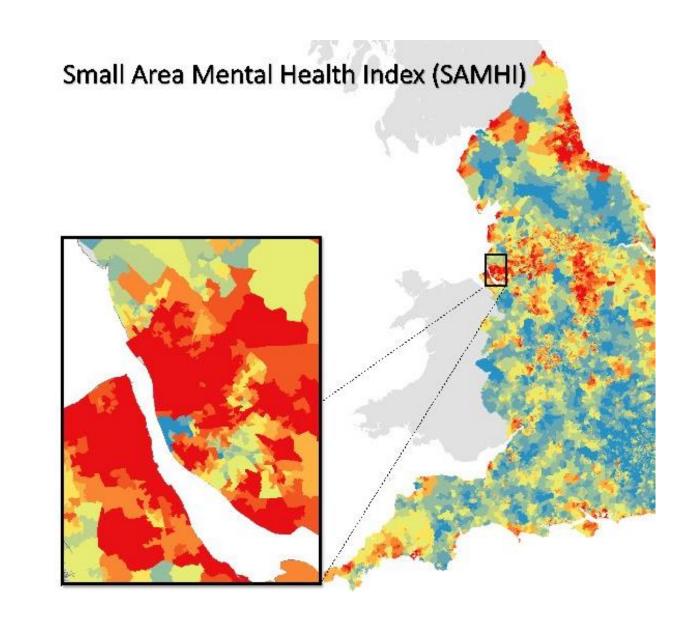
35% poor development

Age 10 years **40% obese or overweight**

Age 5-16 years >16% mental ill-health

In Liverpool compared to the rest of England there were:

- 1,300 excess deaths
- 13,300 more working age people with disabilities
- 20,000 more people with mental health difficulties
- 31,400 children living in poverty
 1,000 more than last year



The New York Times

In Britain, Even Children Are Feeling the Effects of Austerity

By Patrick Kingsley

Sept. 26, 2018



THE LANCET

EDITORIAL | VOLUME 393, ISSUE 10170, P377, FEBRUARY 02, 2019

Britain is broken: poor child health proves it

The Lancet

Published: February 02, 2019 DOI: https://doi.org/10.1016/S0140-6736(19)30162-X



Article Info

Figures

Two years on from the publication of its landmark report—State of Child Health—on the health of children in the UK, the Royal College of Paediatrics and Child Health (RCPCH) released an update on progress towards its recommendations on Jan 23. The report reveals a bleak picture of child health in each of the four UK nations.

"Poverty causing 'misery' in UK, and ministers are in denial"

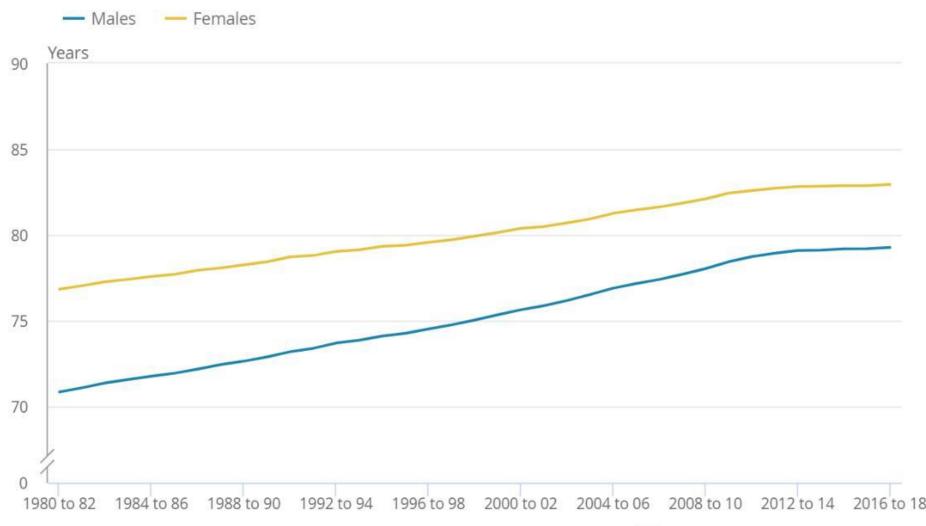


"For almost one in every two children to be poor in twenty-first century Britain is not just a disgrace, but a social calamity and an economic disaster, all rolled into one."

Statement on Visit to the United Kingdom, by Professor Philip Alston, United Nations Special Rapporteur on extreme poverty and human rights, Nov 2018

Life expectancy improvements have slowed down in the UK since 2011

Life expectancy at birth for males and females, UK, between 1980 to 1982 and 2016 to 2018

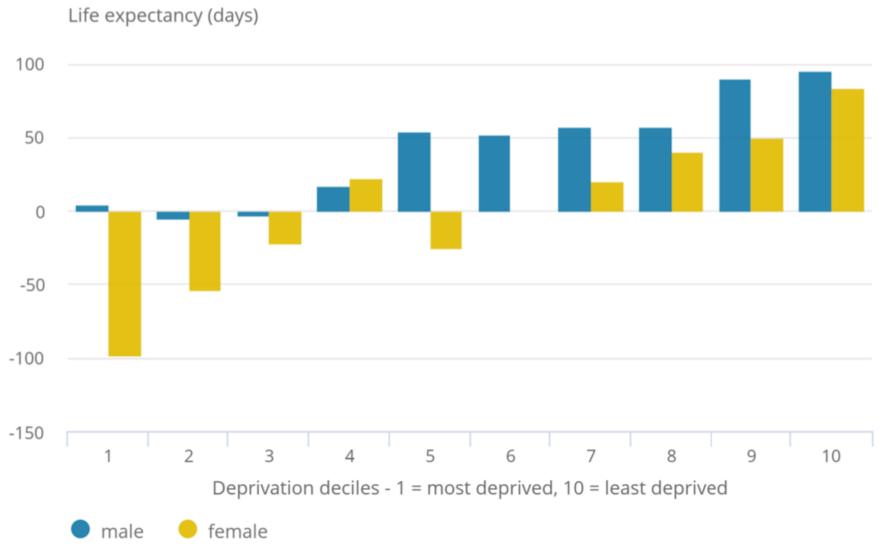


Source: National life tables, UK: 2016 to 2018

Office for National Statistics

Change in life expectancy in days between 2012 to 2014 and 2015 to 2017: by sex and decile, England

https://www.ons.gov.uk



Large fall in LE at birth among women in the most deprived areas – increasing inequalities

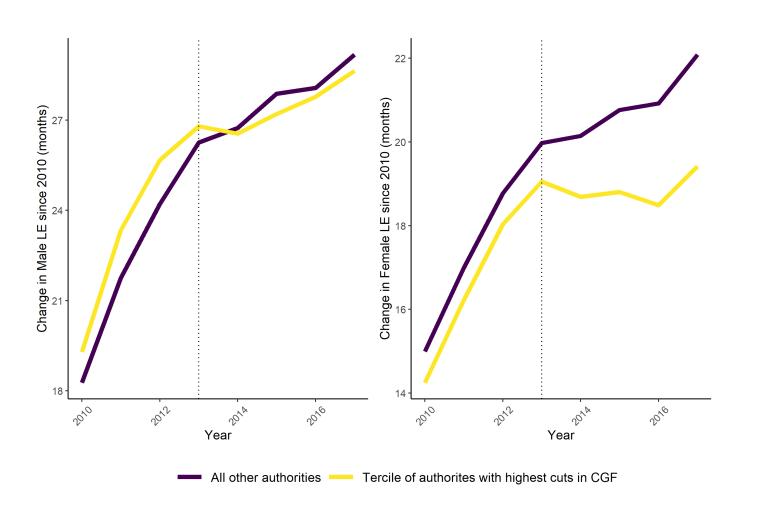
Local government funding and stalling life expectancy in England: a longitudinal ecological study



Alexandros Alexiou, Katie Fahy, Kate Mason, Davara Bennett, Heather Brown, Clare Bambra, David Taylor-Robinson, Benjamin Barr



More adverse trends in life expectancy since 2013 in places that have lost most from central government Funding (CGF).



THE LANCET

CORRESPONDENCE | VOLUME 394, ISSUE 10216, P2238-2239, DECEMBER 21, 2019

Stalling life expectancy and rising inequalities in England

David Taylor-Robinson

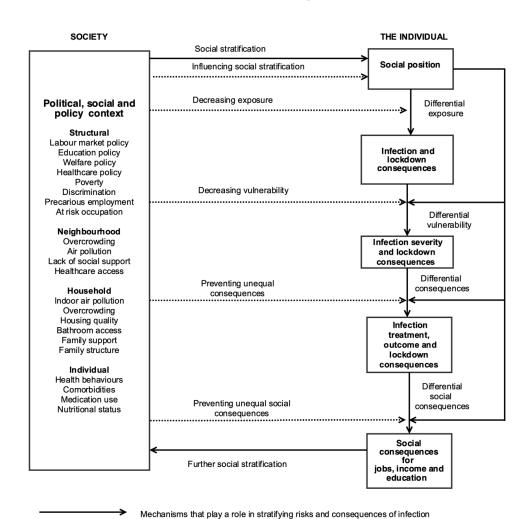
□ • Ben Barr • Margaret Whitehead

Published: December 21, 2019 • DOI: https://doi.org/10.1016/S0140-6736(19)32610-8

"Rises in child poverty, homelessness, food poverty, and a deterioration in mental health have been observed. These have occurred at the same time as a reversal of investment in public services, with the biggest cuts in the most deprived areas.

It is time to acknowledge the elephant in the room—the underlying causes of the disturbing health trends in England—and to design appropriate policies to reverse them."

Although the pandemic is caused by a virus, the inequalities it generates have social causes

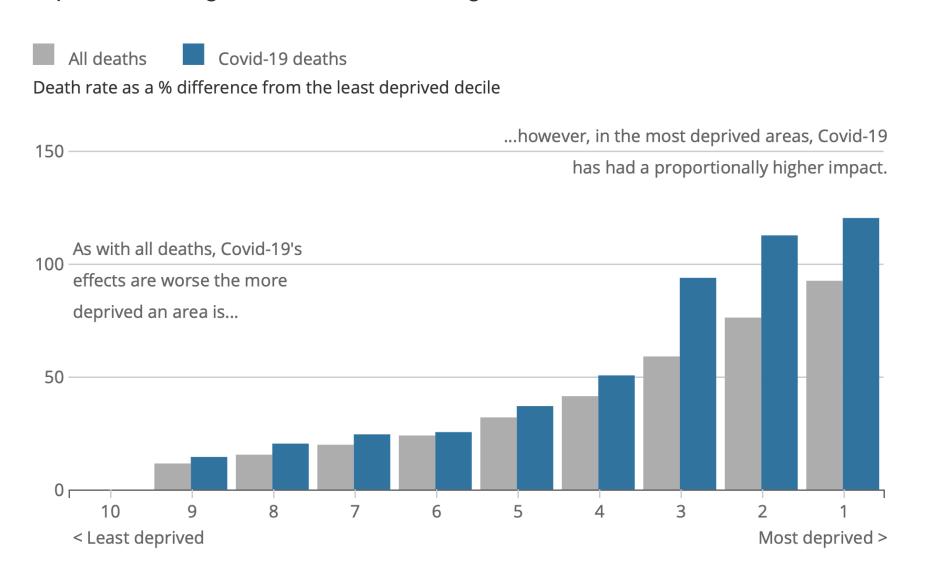




·19: We are not "all in it together"—less privileged in socie ecause the the UK's prime minister Boris Johnson and the es have had covid-19 doesn't mean the disease strikes all as.bmj.com

https://blogs.bmj.com/bmj/2020/05/22/covid-19-we-are-not-all-in-it-together-less-privileged-in-society-are-suffering-the-brunt-of-the-damage/

Age-standardised mortality rates, all deaths and deaths involving the coronavirus (COVID-19), Index of Multiple Deprivation, England, deaths occurring between 1 March and 30 June 2020



Source: Office for National Statistics – Deaths involving COVID-19



BMJ 2020;369:m2061 doi: 10.1136/bmj.m2061 (Published 27 May 2020)

Page 1 of 2



EDITORIALS

Children are being sidelined by covid-19

They must not be left behind in its aftermath

lan Sinha consultant¹, Davara Bennett researcher², David C Taylor-Robinson professor¹²

¹Alder Hey Children's Hospital, Liverpool, UK; ²Department of Public Health and Policy, Farr Institute@HeRC, Liverpool, UK

When the Titanic sank there was a linear relation between the social class of passengers and their risk of drowning. During the bubonic plague, the upper classes fled Italian cities for safer country residences, heeding the public health advice, "cito, longe, tarde" (flee early, flee far, return late); the less wealthy were left behind and died disproportionately as a result. A similar pattern was seen in New Orleans during Hurricane Katrina. History tells us that, during times of crisis, vulnerable groups lose out most. The covid-19 pandemic is no different. Emerging data show the pandemic tracking along social fault

circumstances, but for some children the lack of internet, electronic devices, and quiet space at home will further exacerbate inequalities in educational outcomes. Despite plans for the phased reopening of schools, an increasing dependence on supplementary online learning seems assured.

Child poverty

In the longer term, we must consider the effects of an economic recession on child health. Covid-19 has already caused the most aggressive decline in the global economy seen in modern times. ¹⁰

Review



Priorities for the child public health response to the COVID-19 pandemic recovery in England FREE

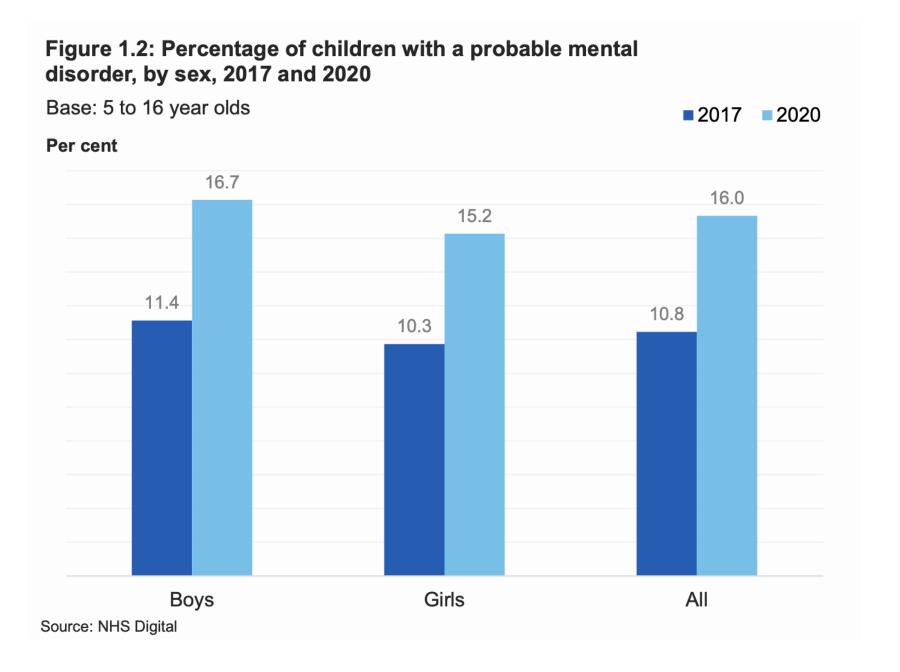
Catherine Hefferon¹, (atherine Taylor^{1, 2}, Davara Bennett³, Catherine Falconer⁴, Melisa Campbell⁵, Joanna G Williams^{6, 7}, Dave Schwartz⁸, Ruth Kipping⁷, David Taylor-Robinson²

Author affiliations X

Rising poverty and toxic stress in families

Disruption of protective services in health, education and social care

Local areas ill equipped to deal with rising demand pre-crisis



Inequalities...

...start early due to differences in exposure to poverty, adversity and factors that promote the best start in life

UK policy experiments

... poverty reduction and equitable public investment improves health outcomes and rising poverty and disinvestment has the opposite effect

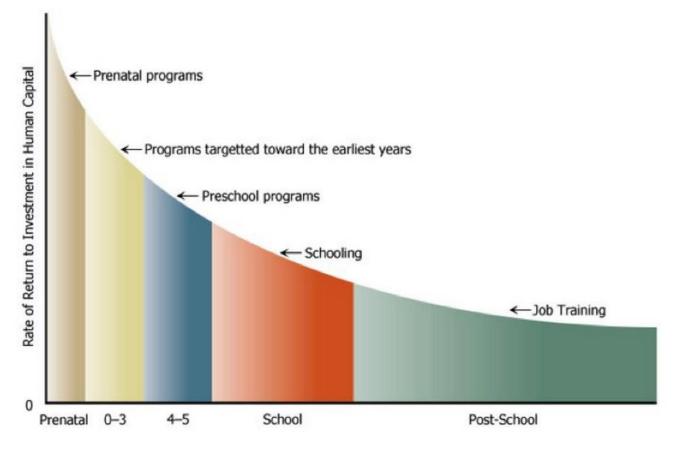
What needs to be done?



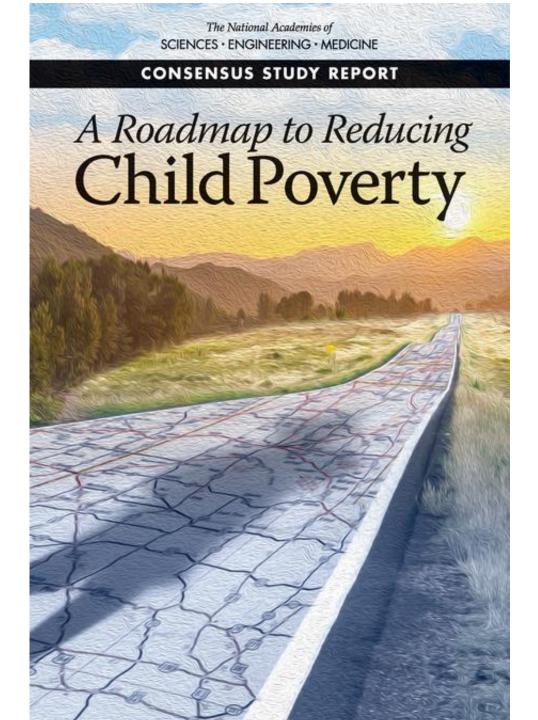


Early childhood development is a smart investment

The earlier the investment, the greater the return



Source: James Heckman, Nobel laureate in economics





SUSTAINABLE GALS DEVELOPMENT GALS

17 GOALS TO TRANSFORM OUR WORLD





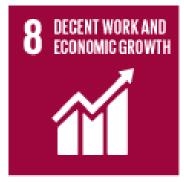


































COVID-19 and the Northern Powerhouse

Tackling inequalities for UK health and productivity

Chapter 5: COVID-GENERATION: CHILDREN AND THE FUTURE OF THE NORTHERN POWERHOUSE

- Childhood health is a key predictor of later health and economic productivity
- There are substantial, persistent regional inequalities in child health: children living in the North have worse health outcomes than children living in the rest of England
- Child poverty rates in the Northern Powerhouse are amongst the highest in the country with child poverty as high as 41% in parts of the North East
- The closing of Sure Start centres disproportionately hit the North, reversing improvements in school readiness they brought about
- The pandemic has negatively impacted on education, employment and mental health for children and young people. In future, the productivity gap between the Northern Powerhouse and the rest of the country is likely to worsen without further action
- The productivity gap between the Northern Powerhouse and the rest of the country is likely to worsen for subsequent generations without a COVID-19 recovery strategy that prioritises families with children

Short-term

Place additional resource into the Test and Trace system in the Northern Powerhouse and deliver through local primary care public health, NHS labs and local authority services to ensure full population coverage



Target clinically vulnerable and deprived communities in the Northern Powerhouse in the first phase of the roll out of the COVID-19 vaccine



8

3

Increase NHS and local authority resources and service provision for mental health in the Northern Powerhouse. Invest in research into mental health interventions in the North



Reduce child poverty - increase child benefit. increase the child element of Universal Credit by £20 per week. extend provision of free childcare, remove the benefit cap and the two-child limit; and extend provision of free school meals. Invest in children's services by increasing government grants to local authorities



Maintain and increase the additional £1,000 extra funding of Universal Credit



Medium term

6

Provide additional resource to local authorities and the NHS in the Northern Powerhouse by increasing the existing NHS inequalities weighting within the NHS funding formula in its reset and restore plans



Deliver a £1 Create northern 'Health for Life' billion fund centres offering ring-fenced to a life-long tackle health programme of inequalities at health and a regional level and advice and increase local support services from pre-natal to authority healthy ageing public health programmes. funding to Targeted to the address the most deprived higher levels areas in the of deprivation North, they will and public take a health need preventative in the North approach to health directly

> into the communities which need it

9

Deliver health promotion interventions together with industry and employers, targeted at employee mental and physical health



n the Northern Powerhouse

investment in health R&D in the North of England to create high value jobs and support local health and drive





12

"We already know what is required to improve child health and reduce inequalities in the context of a crisis and should stick to accepted principles developed with and in the best interests of children and young people and aligned to the UN Convention on Rights of the Child."

INEQUALITIES IN HEALTH

REPORT OF A RESEARCH WORKING GROUP

DHSS

1980

PRICE: £8



INEQUALITIES HEALTH

'All the major killer diseases now affect the poor more than the rich...'

BLACK REPORT

Edited by Peter Townsend and Nick Davidson



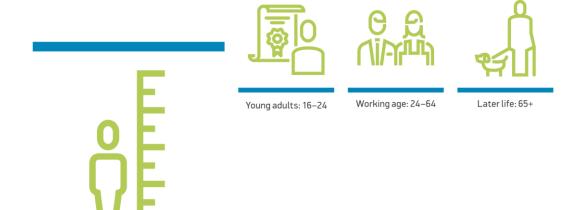
THE

HEALTH DIVIDE

by Margaret Whitehead

Now published together in a single volume





Early years: 0–16

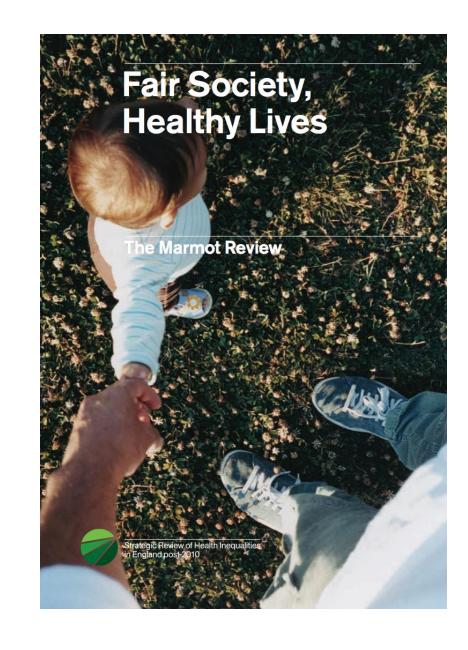
Reducing inequities in health across the life-course

Early years, childhood and adolescence

- Act early
- Act on time
- Act together
- Reduce poverty

https://www.euro.who.int/__data/assets/pdf_file/0008/457289/Reducing-inequities-in-health-across-the-life-course.pdf

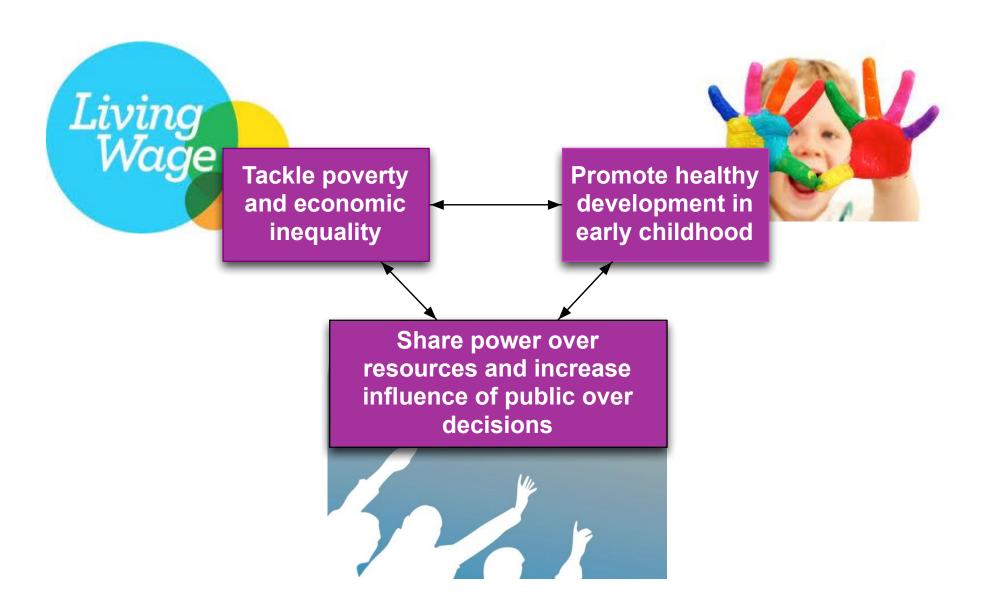
"For this reason, giving every child the best start in life is our highest priority recommendation"



DUE NORTH

Report of the Inquiry on Health Equity for the North

DUE NORTH: actions to tackle root causes





Agencies in the North

- Increase proportion of early years spend
- Ensure access to good quality universal early years education and childcare
- Maintain and protect universal integrated neighbourhood support for early child development, including Children's Centres
- Develop and sign up to a Charter to protect the rights of children to the best possible health
- Better data on children across the lifecourse







Our commitment to listening to children and young people

In Liverpool, we have high aspirations for all of our children and young people, and we have a responsibility to create a city where they will thrive. We want them to enjoy the best possible quality of life, have a say in matters that affect them and be able to reach their full potential. There is a lot of great, child-centred activity and participation happening in Liverpool and we want to build on this as part of the City Plan and through our participation in the Unicef Child Friendly City programme.



COVID-19 and the Northern Powerhouse

Tackling inequalities for UK health and productivity

Review



Priorities for the child public health response to the COVID-19 pandemic recovery in England FREE

Catherine Hefferon¹, (1) Catherine Taylor^{1, 2}, Davara Bennett³, Catherine Falconer⁴, Melisa Campbell⁵, Joanna G Williams^{6, 7}, Dave Schwartz⁸, Ruth Kipping⁷, David Taylor-Robinson²

Author affiliations +

"When surveyed about what makes them happy, children and young people continually emphasise the importance of being loved, safe and listened to, and while they do not deal with finances directly, they stress the importance of having well-funded services and family finances to meet basic needs."







Central government

- Reduce child poverty through the measures advocated by the Child Poverty Commission
- Increase expenditure allocated to early years, focused according to need
- Embed a rights based approach to children's health across government departments
- Health in all policies and cumulative impact assessment of any future welfare changes

Universal credit

Marcus Rashford to fight for permanent rise in universal credit

EXCLUSIVE: Footballer and food poverty campaigner to discuss keeping £20-a-week uplift with work and pensions secretary



Thu 24 Dec 2020 05.59 GMT











▲ Marcus Rashford has already forced the government in to two major U-turns on free school meals. Photograph: Matthew Peters/Manchester United/Getty Images

Addressing the factors shaping health development trajectories over the lifespan

