Child health at risk from welfare cuts
Poverty has an enduring influence on children’s development, health outcomes, and survival

David Taylor-Robinson senior clinical lecturer in public health¹, Sophie Wickham research fellow in public health data analysis¹, Ben Barr senior clinical lecturer in applied public health²

¹Department of Public Health and Policy, Farr Institute@HeRC, Liverpool L69 3GL, UK; ²Department of Public Health and Policy, University of Liverpool, Liverpool

In his keynote speech at the Conservative Party conference the prime minister suggested that “an all out assault on poverty” was key to tackling the United Kingdom’s big social problems.¹ Central to the government’s plans are the welfare changes heralded in the summer budget, which outlined the chancellor’s intention to take the UK from a “low wage, high tax, high welfare economy” to a “higher wage, lower tax, lower welfare country.”² The overall picture is complicated since, although substantial cuts to tax credits and benefits are set to reduce the income of some households substantially, a “national living wage” is to be introduced that will benefit people in low paid work. But who are the winners and losers from this, and what are the public health implications?

Two recent reports from the Joseph Rowntree Foundation and the Resolution Foundation show that it is poor children who are going to be hit hardest.³ ⁴ The Rowntree analysis shows how the combined effect of benefit changes and the national living wage will influence household incomes compared with a “minimum income standard”—the amount required for a basic standard of living.

Lone parents and families with children who depend on welfare support see their income substantially reduced, whereas pensioners and workers without children are the clear beneficiaries. The analysis shows that a lone parent working full time with one child was just short of the minimum income standard in 2010 but will have around 70% of the minimum income for a decent living by 2020. Families with children receiving out of work benefits had around two thirds of the minimum income in 2010, and this will fall to around a half in 2020. By contrast, a couple without children both working full time on the new living wage will be over 20% better off in 2020, and pensioners are also predicted to see improvements in income.³ The Resolution Foundation analysis corroborates the damaging effect on children, suggesting that an extra 200 000 will be in poverty by 2016 as a result of the changes, potentially rising to 600 000 once all the policy measures have taken effect.¹

What are the implications of these policies for child health? We know that health outcomes for children and young people in the UK are already poor. The UK has the highest mortality for children under 5 years in western Europe, double that of Sweden,³ and the UK’s mortality in childhood (aged 0-14) also lags behind that of comparable countries in the European Union.⁴ A key reason for this is our high rate of child poverty.⁷ There are also unacceptable inequalities in health outcomes for children in the UK that are clearly linked to early exposure to poverty and social disadvantage. For instance, by the time they are 5 years old children from the poorest fifth of homes in the UK are already on average over a year behind their expected years of development.⁶ Regional inequalities in early child development are equally stark (figure). About 60% of children were assessed as reaching a “good level of development at age 5” as they enter school in English local authorities in 2013-14, with well under 50% in authorities with the most poverty (such as Nottingham) to well over 70% among authorities with less poverty (such as South Gloucestershire).

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 (data from Public Health England)

In his new book, The Health Gap, Michael Marmot asks how in a rich country such as England more than 40% of children are not reaching an acceptable level of development as they enter school.⁹ The book summarises a huge body of evidence showing that such disadvantage early in life tracks forward to influence health and social outcomes in adulthood. If fewer children were exposed to poverty, we would have a much higher
percentage of children reaching a good level of development, leading to better health and development for all. Numerous epidemiological studies over the past 40 years tell us that children who start behind tend to stay behind. There is now compelling evidence that early exposure to poverty directly affects the developing brain. Recent longitudinal studies using neuroimaging to track the brain development of children suggest that the corrosive influence of poverty on children’s learning and development is mediated by effects on structural brain development. Two recent studies from the US show how child poverty influences the development of specific areas of the brain that are critical for the development of language, executive functions, and memory. The authors suggest that to avoid the long term costs of impaired academic functioning, children living in poverty should be supported with additional resources aimed at improving early childhood environments. Similar data from the UK shows that exposure to adversity in the early years of life is associated with higher levels of childhood mental health problems, such as depression and anxiety, and altered brain structure in adolescence.

The public policy implications of these findings are clear: support families with young children. Closing the huge gap in early child development in the UK will require a large reduction in child poverty. It is important to support parents in work through paid parental leave, flexible work schedules, living wages, and affordable high quality child care, but we also need to provide adequate welfare benefits. We can invest now or pay more later for society’s failure to promote healthy development in the earliest years of life. Against a backdrop of rising levels of child poverty and abolition of the UK child poverty targets, cuts to public health funding, and a summer budget that further disadvantages the poorest of poor children, it is clear that this scientific evidence base has not influenced public policy makers to the extent it should.

Competing interests: We have read and understood BMJ policy on declaration of interests and declare DTR, SW, and BB are supported by the Wellcome Trust. BB is supported by a National Institute of Health Research fellowship.

Provenance and peer review: Commissioned; not externally peer reviewed.


Cite this as: BMJ 2015;351:h5330
© BMJ Publishing Group Ltd 2015