

# BULLETIN FOUR

## The Director of Public Health's Annual Report 2018/19

### Introduction

*Peter Townsend's definition of poverty in 1979: "Individuals, families and groups in the population can be said to be in poverty when they lack resources to obtain the type of diet, participate in the activities and have the living conditions and amenities which are customary, or at least widely encouraged and approved, in the societies in which they belong."*<sup>1</sup>

Welcome to Bulletin Four. It's been a long and eventful journey for me. But we have arrived at the last bulletin of this series.

*And it's about poverty.*

Poverty is complex and difficult. It affects many – one-in-five people are in relative poverty - and over half of people living in poverty are in-work and many are in vulnerable groups.

Poverty is about lacking basic material resources. But it is more than that. It is also about exclusion, about being unable to participate and take part. To feel valued and have choices. An adequate income can help people to avoid stress and feel in control, it is a

way in to valued experiences and healthy behaviours and being able to access the opportunities needed for a healthy life. These opportunities include meaningful work, secure housing and greater self-esteem – all of which can affect our long-term physical and mental health.

To tackle poverty is not easy; it requires us all to work together, it requires cross-sectoral action and agencies working together. And it requires action in many areas. Education and skills, good work, a benefits system that responds to need, debt support, and tighter gambling laws all have their part to play.

This bulletin is only the start of the conversation to improve lives.

*Cate Edwynn, Director of Public Health*

### The issue

*"32.6% of children are in poverty"*<sup>2</sup>

*14.2 million people are living in poverty in the UK:*

*4.5 million are children*

*8.4 million are working age adults*

*1.4 million are pension age adults*

*7.7 million people live in persistent poverty*

*6.9 million people in poverty live in families with a disabled person*

<sup>1</sup> Townsend (1979) [Poverty in the United Kingdom: a survey of household resources and standards of living](#)



## Almost one-in-eight of the total UK population are in poverty

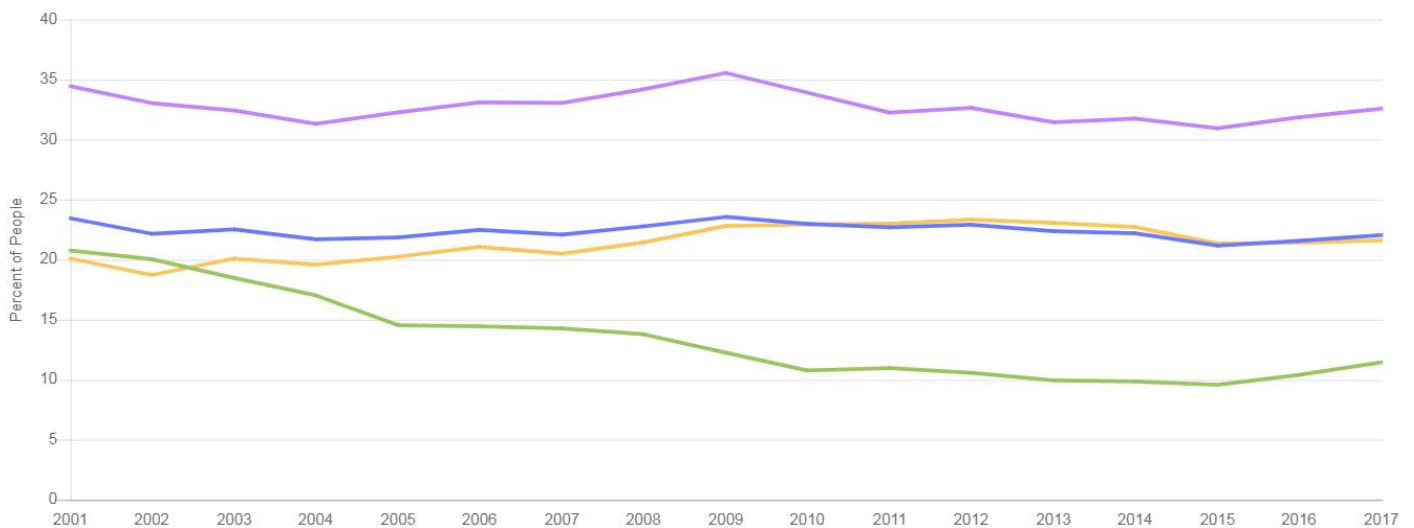
Child poverty has remained stubbornly between 30.9% and 35.5% since 2001. In 2017, 32.6% of children were living in poverty and, similarly, working aged adult poverty remained stagnant with 21.6% of adults in poverty. In these same 17 years the proportion of pensioners in poverty almost halved from 20.8% to 11.4%. It is positive that there has been a significant improvement in pensioner poverty. However, the persistent poverty is high for children, working age adults and families with a disabled person.<sup>2</sup>

The proportion of children in poverty (32.6%) is significantly higher than the whole population share (22.0%). The child poverty characteristics are varied however it is known that children living in these circumstances are more at risk of child poverty:

- Lone-parent families,
- Families with young children,
- Families with several children,
- Little paid work or workless households.

Figure 1 People in poverty in the United Kingdom, 2001-2017

✕ United Kingdom, People in poverty, Overall poverty rate, 2001-2017  
✕ United Kingdom, Children in poverty, Overall poverty rate, 2001-2017  
✕ United Kingdom, Pensioners in poverty, Overall poverty rate, 2001-2017  
✕ United Kingdom, Working aged adults in poverty, Overall poverty rate, 2001-2017



Source: Family Resources Survey and HBAI dataset (1998/1999-2016/17), Social Metrics Commission Analysis. [www.socialmetricscommission.org.uk](http://www.socialmetricscommission.org.uk)

<sup>2</sup> Social Metrics Commission (2018) [A new measure of poverty for the UK](#)

Figure 2 Circumstances of children and their families of the 4.5 million children living in poverty in the UK

<b>Child poverty</b>	32.6% of children are in poverty
<b>Family type</b>	52.8% of children in lone-parent families
	26.7% of children in couple families
<b>Age of youngest child</b>	37.9% of children in families with youngest child under 5
	28.1% of children in families with youngest child 5-11
	28.7% of children in families with youngest child 12+
<b>Number of children</b>	26.2% of children in families with one child
	28.5% of children in families with two children
	45.5% of children in families with three or more children
<b>Work status</b>	14.0% of children in full-time working families
	39.2% of children in full-time/part-time working families
	69.4% of children in part-time working families
	80.6% of children in little-work/workless families

## The causes

*“Poverty is not natural; it is man-made” – Nelson Mandela.*

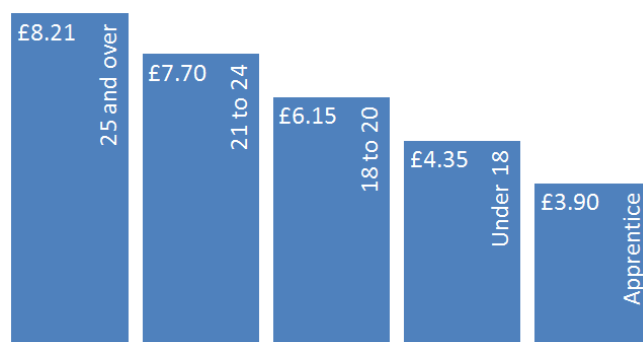
There is no single cause to poverty. Several factors together mean some people do not have enough resources.



## Low paid work

In 2017 1.9 million employee jobs (6.7% of all jobs) were paid at or below the National Minimum Wage rate. This is around 1-in-15 jobs. However, the East Midlands region has a higher proportion of low paid jobs, 9%, that were at or below the minimum wage – 1-in-11 jobs.<sup>3</sup>

Figure 3 National Minimum Wage Rates by age group (April 2019)<sup>4</sup>



Two-thirds of children in poverty have at least one parent in work. Low skilled workers stuck in low paid jobs experience inequality in wages and are part of the enduring poverty in the UK. Workers on low wages, needing to pay for childcare and employed on a part-time or zero hour insecure contracts will likely have reduced incomes.<sup>5</sup>

The median household income is £28,400.<sup>6</sup> The UK has experienced a loss in real wage growth of approximately 5% between 2008 and 2017.<sup>7</sup>

<sup>3</sup> House of Commons Library (2018) [National Minimum Wage Statistics](#)

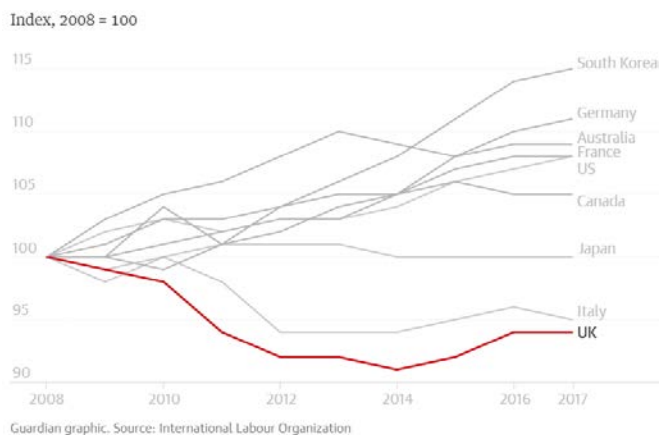
<sup>4</sup> Gov (2019) [National Minimum Wage and National Living Wage rates](#)

<sup>5</sup> Child Poverty Action Group (2019) [What causes poverty?](#)

<sup>6</sup> Office for National Statistics (2019) [Average household income, UK: Financial year ending 2018](#)

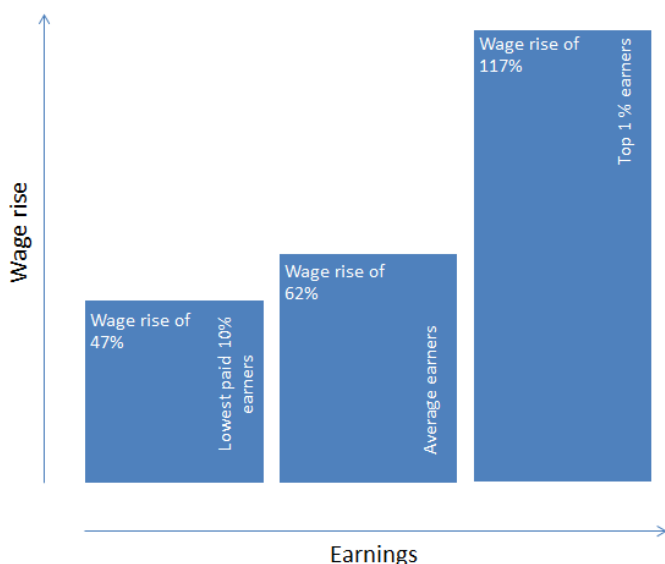
<sup>7</sup> Guardian (2018) [UK has weakest wage growth in advanced G20 nations, says ILO](#)

Figure 4 Wage growth in the UK is lowest out of the advanced G20 economies



The UK wage gap has increased in the last 25 years with widening inequalities between the highest and lowest earners. In 2011 the average employee earned 62% more than in 1986. The top 1% of earners experienced a rise of more than double, increasing by 117% in real terms. However, over the same time the lowest paid 10% of earners wages increased by only 47%.<sup>8</sup>

Figure 5 Widening wage gap between earners from 1986 to 2011



<sup>8</sup> Office for National Statistics (2012) [Real wages up 62% on average over the past 25 years](#)

“In-work poverty is higher than at any time in the last 20 years. The employment rate is at a record high, but this has not delivered lower poverty. The rate of poverty among workers has been rising for five years, having already risen significantly over the previous decade. Since 2004/05, the number of workers in poverty has increased at a faster rate than the total number of people in employment.”

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## Worklessness

Unemployment is the biggest cause of poverty in the UK. People who wish to move into work can face barriers to employment due to a range of factors including ill-health, childcare and family caring responsibilities.

1.3 million UK children live in workless households; 79% of these children live in long-term workless households. In the East Midlands region the figure is 1-in-10 children.<sup>10</sup>

<sup>9</sup> Joseph Rowntree Foundation (2018) [UK Poverty 2018](#)

<sup>10</sup> Office for National Statistics (2018) [Children living in long-term workless households in the UK: 2017](#)



childcare prices have risen 3% in the last year, with significant variation across the country.<sup>12</sup>

Figure 6 Factors contributing to the low pay / no-pay cycle



Around one-fifth of poverty is recurrent, where individuals circumstances shift and change, escaping poverty only temporary. Reasons for recurrent poverty include:

- Spells of temporary employment and worklessness,
- Working irregular hours,
- Adult relationships starting and finishing,
- Children being born into or leaving households,
- Intermittent health problems affecting employment and benefits.<sup>11</sup>

Many people may wish to move into work but face barriers to employment.

### High costs and inadequate benefits

Childcare costs have risen faster than wages in recent years. The Childcare Survey 2019 reported that

<sup>11</sup> Joseph Rowntree Foundation (2010) [Cycles of poverty, unemployment and low pay](#)

Figure 7 Price of 50 hours a week childcare for children under 3

		East Midlands	England
Nursery	Under 2's	£208.73	£245.95
	2 year olds	£209.15	£240.06
Childminder	Under 2's	£188.51	£222.99
	2 year olds	£189.43	£220.57

Full time childcare for a child under three is almost four times as much as the average household spends on food per week (£60.60) signifying a significant expense to parents.<sup>13</sup>

Working parents may need to continue to pay for childcare, such as after school clubs or childminders, when children transition to school. The weekly costs are similar to the average household spend on food per week.

Parents in England can access some childcare support based on their individual circumstances.<sup>12</sup> The support partly covers expenses and is mainly applicable for children aged three to four years old.

<sup>12</sup> Coram Family and Childcare (2019) [Childcare Survey 2019](#)

<sup>13</sup> ONS (2019) [Family spending in the UK: April 2017 to March 2018](#)

Figure 8 Childcare support in England

Childcare support	Age of child	Applicability
Funded childcare for 2 year olds	2 year olds	15 hours a week for 38 weeks a year for parents in receipt of benefits or children who are disabled.
Universal funded childcare for 3 and 4 year olds	3 to 4 year olds	15 hours a week for 38 weeks a year for all 3 and 4 year olds
Funded childcare for 3 and 4 year olds with working parents	3 to 4 year olds	3 and 4 year olds with working parents are entitled to an extra 15 hours a week funded childcare for 38 weeks of the year.
Tax Free Childcare	Aged under 12 or under 17 if child has a disability	Covers 20% of childcare costs up to a maximum of £2,000 per child per year or £4,000 for children with disabilities. Parents and their partner must earn equivalent of 16 hours a week at the national minimum wage.
Universal Credit	Any age with Ofsted registered providers	Pays up to 85% of childcare costs up to £175 per week for one child and £300 for two or more children.

Approximately 57% of English local authorities report having enough childcare for parents working full time. Less than one-in-four local authorities have enough childcare available for children needing after school care, parents working outside normal office hours, or disabled children.<sup>12</sup>

In addition to rapidly rising childcare costs, the high housing costs increase families' risk of poverty. Last year saw house prices increase by 6.5% in the year to August in the East Midlands. The average UK property

cost is now £233,000.<sup>14</sup> In addition, the UK house rental cost increased by 7% between January 2015 and March 2019. England experienced greater increases in rental prices than the rest of the UK. The strongest annual rental price growth by region was highest in the East Midlands (2.3%) over the 12 months to March 2019.<sup>15</sup>

Figure 9 Index of Private Housing Rental Prices indices for countries of the UK, January 2015 to March 2019 (ONS)



In-work benefits, such as Universal Credit, are limited for being able to overcome these labour market challenges and keep people out of poverty.

People responsible for a child, and with an individual income below £50,000, can claim child benefit.<sup>16</sup>

Figure 10 Child Benefit rates

Who allowance is for	Weekly rate
Eldest or only child	£20.70
Additional children	£13.70 per child

<sup>14</sup> BBC (2018) [Where are house prices rising the fastest?](#)

<sup>15</sup> ONS (2019) [Index of Private Housing Rental Prices, UK: March 2019](#)

<sup>16</sup> Gov (2019) [Claim Child Benefit](#)





Universal Credit has replaced several specific benefits: Child Tax Credit; Housing Benefit; Income Support; Jobseeker’s Allowance; Employment and Support Allowance; Working Tax Credit. Universal Credit payments are paid monthly and assist with living costs for working-age adults who may be on a low income or out of work.<sup>17</sup>

Figure 11 Standard Universal Credit allowance (excluding extra amounts for children, disabilities and housing)

Circumstances	Monthly standard allowance
Single and under 25	£251.77
Single and 25 or over	£317.82
In a couple and under 25	£395.20 (for both)
In a couple and either are 25 or over	£498.89 (for both)

## The impact

*“By age three, a child born into poverty is significantly behind in their cognitive development – a gap which widens by the time they are five”<sup>21</sup>*

### Poverty damages

Poverty damages childhoods, life chances and wider society. In 2013 it was estimated that child poverty costs the UK £29 billion each year.<sup>18</sup>

<sup>17</sup> Gov (2019) [Universal Credit](#)

<sup>18</sup> Child Poverty Action Group (2019) [The impact of poverty](#)

Figure 12 The impact of poverty



## Education

Children from more deprived backgrounds are at risk of lagging behind peers at all stages of education:

- Children at age three are nine months behind children from less deprived backgrounds.
- Children on free school meals are three terms behind children from less deprived backgrounds by the end of primary school.
- Children on free school meals achieve 1.7 grades lower at GCSE.

## Health

Poverty is associated with a higher risk of illness and premature death. Children from more deprived backgrounds are at greater risk of:

- Weighing on average 200 grams less at birth than those born in affluent areas.
- Dying at birth or in infancy than children from less deprived families.
- Experiencing chronic illness in childhood or have a disability.

- Living nine years less for males and eight years less for females than those born into the least deprived areas.
- Adverse Childhood Experiences (ACEs) are unequally distributed across the social gradient.
- In addition to poorer health outcomes such as obesity, not being breastfed, tooth decay, unintentional injury, poorer general health and mental wellbeing, and teenage pregnancy.<sup>19</sup>

## Communities

Poverty is associated with poorer quality housing, affecting physical and mental health and educational achievement. Children in low income families are more likely to experience fuel poverty. These children may also be excluded from typical childhood activities such as participating in school trips and inviting friends over to socialise in their homes.

These educational, health and community national poverty issues are explored as indicators relevant to Derby in the following table.

Figure 13 Derby's performance on indicators relevant to the impact of child poverty

Compared with benchmark: ● Better ● Similar ● Worse ○ Not compared

Recent trends: — Could not be calculated ➔ No significant change ↑ Increasing / Getting worse ↑ Increasing / Getting better ↓ Decreasing / Getting worse ↓ Decreasing / Getting better ↑ Increasing ↓ Decreasing

Export table as CSV file

Indicator	Period	Derby		Region England			England		Best
		Recent Trend	Count	Value	Value	Value	Worst	Range	
Percentage of children at or above expected level of development in all five areas of development at 2-2½ years (Persons, 2-2.5 yrs)	2017/18	—	2,481	89.2%	85.1%	83.3%	-	Insufficient number of values for a spine chart	-
School Readiness: the percentage of children achieving a good level of development at the end of reception (Persons, 5 yrs)	2017/18	↑	2,348	69.5%	69.8%	71.5%	63.9%		81.3%
School Readiness: the percentage of children with free school meal status achieving a good level of development at the end of reception (Persons, 5 yrs)	2017/18	↑	343	61.5%	53.8%	56.6%	43.0%		72.1%
Free school meals: % uptake among all pupils (Persons, Primary school age)	2018	—	4,232	16.5%	12.5%	13.7%	30.1%		4.6%
Educational attainment (5 or more GCSEs): % of all children (Persons, 15-16 yrs)	2015/16	—	1,207	44.8%	55.1%	57.8%	44.8%		74.6%
GCSE achieved 5A*-C including English & Maths with free school meal status (Persons, 15-16 yrs)	2014/15	—	113	23.6%	27.8%	33.3%	20.5%		60.0%
Low birth weight of all babies (Persons, 0 yrs)	2016	➔	289	8.7%	7.3%	7.3%	12.4%		4.7%
Neonatal mortality and stillbirths (Persons, <28 days)	2016	➔	36	10.9	7.5	7.1	12.3		2.9
Post-neonatal mortality (Persons, 28 days - 1 yr)	2015 - 17	—	20	2.03	1.13	1.12	2.40		0.00
Children in low income families (under 16s) (Persons, <16 yrs)	2016	↓	11,060	21.0%	16.6%	17.0%	31.8%		1.7%
Life expectancy at birth (Male, All ages)	2015 - 17	—	-	78.5	79.4	79.6	74.2		83.2
Life expectancy at birth (Female, All ages)	2015 - 17	—	-	82.7	82.9	83.1	79.5		86.5
Overcrowded households (Persons, )	2011	—	5,272	5.2%	3.3%	4.8%	25.4%		1.3%
Fuel poverty (Persons, All ages)	2016	↓	13,836	13.2%	11.7%	11.1%	17.0%		4.9%



Health indicators for infants show that 8.7% of births in Derby have a recorded low birth weight (below 2500g). Additionally, Derby is significantly higher than the England average for neonatal mortality and stillbirths (10.9 per 1,000 births) and post-neonatal mortality (2.03 per 1,000 births).

The early years indicators for Derby are fairly comparable to the national average. 9-in-10 children in Derby are evaluated as at the expected level of development at 2-2.5 years. The school readiness measurement shows that 7-in-10 children in Derby are achieving a good level of development at the end of reception and 6-in-10 children with free school meal status also achieve this. 1-in-6 primary school children in Derby participate in the free school meal programme.

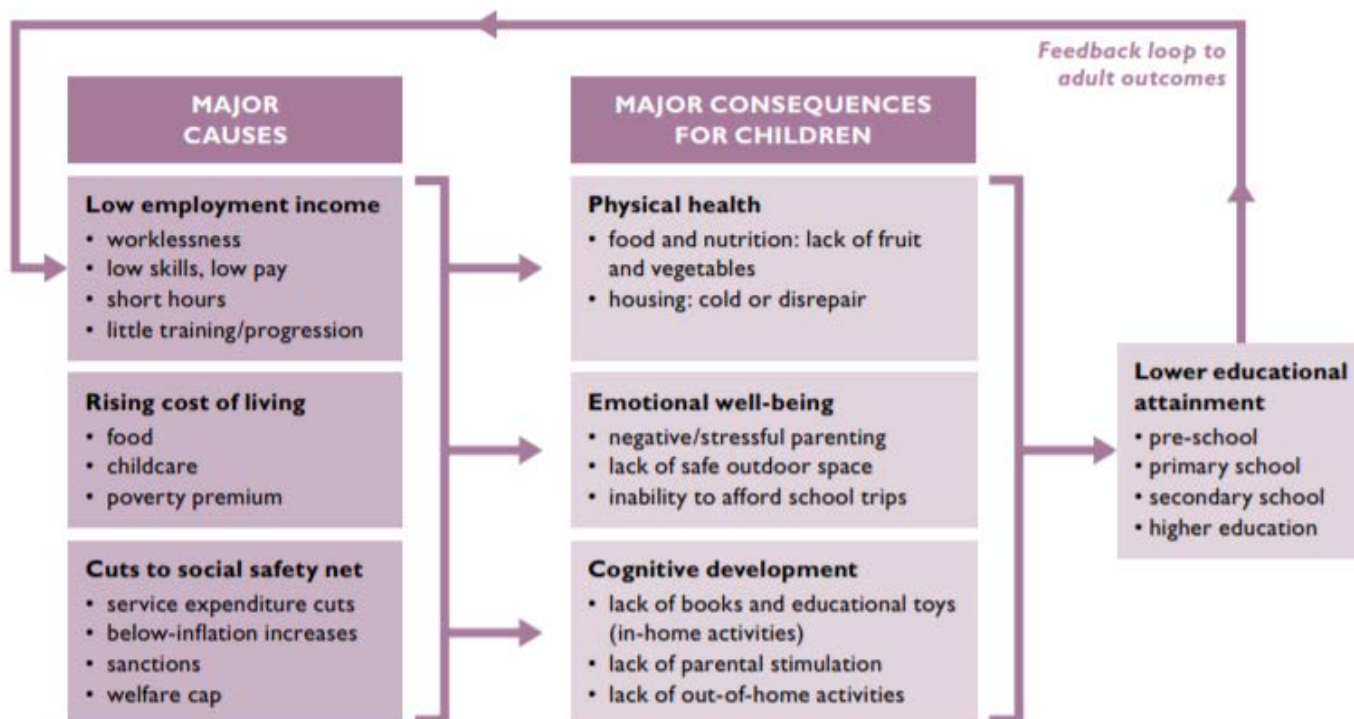
In the older childhood years the indicators for Derby are significantly below the national average. Only 44.8% of children achieve 5 or more GCSEs at the end of secondary school and just 23.6% of children in receipt of free school meals achieve 5 or more GCSEs.

## Tackling the issue

*“Poor – when you have too much month at the end of your money”*

In order to tackle the child poverty issues it is useful to use a framework of child poverty<sup>20</sup> to consider the key factors.

Figure 14 A framework of child poverty in the UK



<sup>20</sup> Save the Children (2014) [A Fair Start for Every Child: Why we must act now to tackle child poverty in the UK](#)

## National recommendations

The Coram Family and Childcare 2019 Childcare Survey makes the following recommendations to Government regarding improving UK childcare provision:

- “Make sure every parent is better off working after paying for childcare. This includes increasing the maximum amount of childcare costs paid for under Universal Credit and moving to upfront payments for childcare to make it possible for parents to move into work.
- Make sure there is enough childcare available for all families.
- Regularly review the funding rate for early year’s entitlements to make sure that they meet the costs of delivering high quality childcare.
- Help parents to improve their skills and employability by extending the 30 hours entitlement for three and four year olds to families where parents are in training.
- Improve access to early education for disadvantaged children by doubling the early years pupil premium.
- Monitor what effect new funding is having on childcare prices and whether it is helping parents into work and narrowing the achievement gap. Consider how current spend could be reallocated to better meet the needs of disadvantaged and low income children.”<sup>12</sup>

The Save the Children 2014 analysis sets out potential government strategy and options for policy-makers to take to tackle child poverty drivers<sup>20</sup>:

1. Make work pay and labour market interventions
  - a. Promote take-up of the living wage among employers,

- b. Increase the minimum wage higher than inflation increases,
- c. Adjust Universal Credit to have a strong impact on parental employment rates,
- d. Improve parents’ position in the labour market.

### 2. Family income

- a. Family benefits – invest in low-income families with young children,
- b. Political parties need to outline how the welfare cap will not hurt children living in poverty.

### 3. Easing the pressure on family budgets and addressing the poverty premium

- a. Families in poverty are at risk of a poverty premium (paying more for everyday goods and services),
- b. Increase in social housing supply, providing high-quality and stable affordable housing for families,
- c. Outline a strategy which deals with the causes of food poverty, not just the consequences,
- d. Energy costs – all customers should be able to access the most cost-effective tariffs and deals, and provide the warm home discount to all families with children living in poverty,
- e. Access to affordable cash/credit as alternatives to high-interest loans,
- f. Funding and provision of local welfare assistance schemes.

The Joseph Rowntree Foundation puts forward that we could solve poverty in childhood by:

- “Supporting people to be good parents, helping parents share care and stay in work, minimising the adverse impacts of separation



on children, and supporting children and parents' mental health;

- Giving access to high-quality, flexible and affordable childcare to parents on low incomes, allowing them to work and improving children's pre-school development;
- Ensuring all children from low-income backgrounds can succeed in school;
- Ensuring all young people leave school with the support, advice, skills and confidence to move successfully into education, training or the labour market and towards independence; and
- Raising and protecting family incomes so they can afford essentials, reduce stress and give children the opportunity to participate socially and educationally."<sup>21</sup>

## Local policy making

Tackling the causes of poverty will boost local economic growth. Local steps include identifying:

- Key influences that move people in and out of poverty,
- Evidence of local policies that impact on poverty levels,
- A city strategy that increases growth and reduces poverty,
- Continuing to further embed poverty reduction into local economic strategies.

It is acknowledged that the costs and benefits will vary locally based on:

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<sup>21</sup> Joseph Rowntree Foundation (2016) [We can solve poverty in the UK](#)



- Local economy – the type of jobs and industry,
- Salaries,
- Balance of in-work and out-of-work benefit recipients,
- Housing costs and the balance of renting / ownership in the local area.<sup>22</sup>

## Closing words from Cate

*“Anyone who has ever struggled with poverty knows how extremely expensive it is to be poor” – James Baldwin.*

Poverty, and its close association with health, is as old as public health itself. In fact, historians trace the origins of public health back to the socio-economic and health problems generated by rapid industrialisation during the Victorian era in Britain.

However the concept and definitions of poverty can be problematic to many as it is based on societal values and norms and forms part of a greater debate on issues of social and distributive justice, moral philosophy, and political responsibility.

While explanation of the full range of these topics is beyond the scope of this bulletin, it is none the less important to note their role in the modern discourse on poverty<sup>23</sup>. This is why Philip Hammond's assertion

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<sup>22</sup> Joseph Rowntree Foundation (2014) [The benefits of tackling worklessness and low pay](#)

<sup>23</sup> **Economic poverty** refers to a deficiency in the amount of financial resources a household has to meet its basic needs, which can be defined in either absolute or relative terms.

concerning 'dire' poverty (by which he doubtless meant absolute poverty<sup>23</sup>) can sit beside a more relative view of poverty which is more interested in how much 'worse off' are various groups in society compared to others.

What, however is true, and what this bulletin highlights is that poverty is associated with greater ill health and that much research has found significant disparities in mortality and morbidity outcomes between those groups of varying socio-economic status. Whether this is about poverty causing ill-health or ill-health putting people at greater risk of becoming poor doesn't matter in policy terms - although recent studies have shown the real impact of movement into relative poverty on childhood socio-emotional behavioural and have found adverse childhood outcomes and maternal psychological distress<sup>24</sup> - what matters is that social and economic determinants such as poverty are vital in the discussion and actions necessary to address health outcomes and inequalities.

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**Absolute poverty** refers to the set of resources a person must acquire to maintain a minimum standard of living for survival. It is therefore “a matter of acute deprivation, hunger, premature death and suffering.” From a human rights perspective, it is the responsibility of nations to ensure that its citizens have access to a level of goods that meet their basic right to health and wellbeing.

**Relative poverty** is concerned with how worse off an individual or household is with respect to others in the same society. It does not necessarily reflect vulnerability to mortality or acute suffering, but rather the level of inequality in a given context. In such a circumstance, the inability to access goods or services that are considered norm could render a person poor. It is usually defined as having 60% of the median income within a country.

<sup>24</sup> Wickham S, Whitehead M, Taylor-Robinson et al. Lancet Public Health. (2017). [The effect of a transition into poverty on child and maternal health: a longitudinal analysis of the UK Millennium Cohort Study.](#)

*So what does this bulletin show?*

A range of stark statistics which demonstrate how poverty damages childhoods, life chances and wider society, such as:

- High levels of child poverty (between 30.9% and 35.5% since 2007) significantly higher than the whole population share (22.0%).
- Problem of both in-work and out-of-work poverty with two-thirds of children in poverty having at least one parent in work and 1.3 million UK children living in workless households.
- High childcare costs and housing costs for families with both childcare costs rising faster and UK rental prices increasing significantly.
- Estimates that child poverty costs the UK £29 billion each year.

*So what can we do?*

The healthy life expectancy gap between the most and least deprived parts of the UK is 19 years. The reasons for this are complex and poverty and income deprivation is just one part of the picture – the index of multiple deprivation also includes other determinants of our health such as housing, employment and education.

Recent estimates<sup>25</sup> suggest that one-in-three people in the UK has, at some stage in their life, experienced relative poverty. The causes of poverty are complex and intertwined. They include unemployment, low-paid work, inadequate benefit entitlements, and lack of affordable housing. There are also various social risk factors including having a disability, caring for others, and being part of a lone-parent or large family.

Poverty can affect the health of people at all ages. In infancy, it is associated with a low birth weight, shorter life expectancy and a higher risk of death in

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<sup>25</sup> Office for National Statistics (2016) [Persistent Poverty in the UK and EU: 2014.](#)



the first year of life. Children living in poverty are more likely to suffer from chronic diseases and diet-related problems. Twice as many people are obese in the most deprived areas of the UK than in the least deprived areas. Poverty can affect children's cognitive development, and those living in poverty are over three times more likely to suffer from mental health problems. Poverty has long-term implications on children's 'life chances' and health in adulthood. Most individual long-term conditions are more than twice as common in adults from lower socio-economic groups, and mental health problems are much more prevalent.

A recent study by the Health Foundation<sup>26</sup> analysing data from 2014 to 2016 for 300,000 people in England shows the impact of poverty on NHS services. It found that:

- One-in-four adults had 2+ health conditions, equating to approximately 14.2 million people in England.
- Over half (55%) of NHS costs for hospital admissions and outpatient visits and over three quarters (75%) of the costs of primary care prescriptions were for people living with 2+ conditions.
- In the least-deprived fifth of areas, people can expect to have 2+ conditions by the time they are 71 years old, but in the most-deprived fifth, people reach the same level of illness a decade earlier, at 61 years of age.

In addition, new thinking has suggested benefits to public health that could be gained by the prevention of children from moving into poverty<sup>24</sup>. This is interesting as much existing policy and research has focused on how best to lift people out of poverty, once they have become impoverished.

The moral and economic case for action around poverty is huge. Figures suggest that £1 in every £5 of

all spending on public services is necessary because of the impact and cost that poverty has on people's lives.

Looking forward the Living Standards Outlook 2019 Report by the Resolution Foundation project that:

- "The outlook for typical incomes is worse for some groups, such as families with children, single adults, social renters and mortgagors.
- Child poverty is projected to rise by a further 6 percentage points by 2023-24, which (on existing data) would mark a record high, even surpassing the highs of the 1990s. The proportion of parents living in poverty is also forecast to hit a record high.
- The majority of children who either have a single parent; are in larger families; are in a household where no-one is in work; or live in private or social rented housing, will be in poverty by 2023-24. But poverty rates for other groups are also projected to rise. The child poverty rate for working households averaged 20 per cent between 1996-97 and 2013-14, but is projected to increase to 29 per cent by 2023-24, while the poverty rate for children living with two parents may have already hit a record high in 2017-18 or 2018-19.
- The UK is not projected to meet its Sustainable Development Goal target on inequality over the forecast period, with income growth for the poorest 40 per cent expected to remain lower than overall growth rather than exceeding it."<sup>27</sup>

This bulletin suggests we all need to be more ambitious for people and push for a UK where more people are actually living a good life and are contributing, not just surviving. Our analysis suggests this will require collective action from all of us, but in terms of costs - human and economic - it is vital.

<sup>26</sup> Briefing from the Health Foundation (2018). [Understanding the health care needs of people with multiple health conditions.](#)

<sup>27</sup> Resolution Foundation (2019) [The Living Standards Outlook](#)



## A call to action!

*“As long as poverty, injustice and gross inequality exist in our world, none of us can truly rest” – Nelson Mandela.*

This bulletin has outlined the scale of child poverty, the causes, the impact and approaches to tackling the issue. Time is of the essence to reduce child poverty because projections indicate that the situation is expected to worsen over the next few years if there is no change to the status quo.

Simply doing nothing is not an option. Making improvements in the area of child poverty requires us to....

### *Focus more attention on the social determinants of health*

Councils, NHS, HWBBs and STP need to work with key partners to push for action around the social determinants of health.

- Using the 2010 Marmot review as a basis for action across the six broad policy areas to tackle the social determinants of health and reduce inequalities throughout the city.
- Working with key partners such as LEPs<sup>28</sup> to improve work opportunities for key groups and boost opportunities such as skills training for NEETs.
- Improving educational opportunities for all.

<sup>28</sup> **Local Enterprise Partnerships** (LEPs) help determine local economic priorities and lead economic growth and job creation within the local area.

- Ensuring a ‘health in all policies’ approach is in place so all policies are focused on the impact they have on people’s health.
- Focus on prevention of ill-health in service delivery and commissioning decisions.
- Emphasis on community-based support.
- Higher primary care registration rates for those with low access to health care such as the homeless.
- Greater support for its own employees.
- Engagement with other sectors outside of the health system in relation to tackling poverty.
- Integration with other public services, and the voluntary and community sector.
- Person-focused solutions rather than the system or the illnesses, and finding ways to coordinate care between hospitals and GPs, and social care and the Third sector.

We can work together to lessen the impact of people living in poverty.

