

Health, Inequality and Child Poverty in London

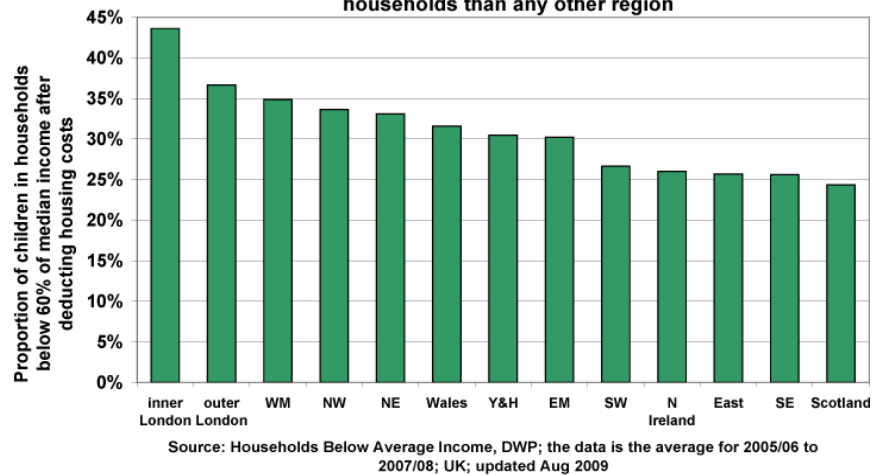
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In a country as wealthy as the UK, no child should live in poverty. Despite this the UK has one of the highest child poverty rates among OECD countries and the one of the lowest rates of child well being in the EU¹. This shameful waste of childhood and squandering of human talent violates children’s rights, and has massive implications for the health of London’s children.

CHILD POVERTY IN LONDON

London is a rich city; it is the world’s sixth wealthiest city and the UK’s main economic driver - providing 20% of UK’s GDP². But this prosperity is not shared equally by all Londoners, and especially not their children. Forty-one percent of London’s children (or 650,000) live in poverty, well above the national average of 31 percent. In inner London, the problem is exacerbated³ (see figure one).

Inner London has a much higher proportion of children in low-income households than any other region



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The type of poverty children experience in London is also different; it is more acute and more persistent than the rest of the UK. London has the highest proportion of children living in severe poverty (around 20% of children are in severe poverty, as opposed to 13% across the UK). Disproportionately, around one fifth of all children living in severe poverty in the UK live in London⁴. Child poverty is also more persistent in London. While nationally, child poverty rates have been decreasing somewhat since 1999; over 600,000 children living in the UK having been lifted out of poverty – child poverty in London has remained stubbornly at the same level⁵.

Families living in poverty have only £10 per person per day to buy everything they need. In contrast, the **average** household income in London is £44 per person per day⁶. For the many children struggling to survive on £10 per day, their health and wellbeing are dramatically impaired.

LONDON'S CHILD POVERTY AND HEALTH INEQUALITIES.

Child poverty must be eliminated. Children cannot be healthy if they are living in poverty.

(Terence Stephenson, President Royal College of Paediatrics and Child Health)

A recent report by the Audit Commission⁷ highlights the startling links between poverty and poor health outcomes. They found that children growing up in deprived areas are; 8% more likely to be obese, 9% more likely to be of a low birth weight, 19% more likely to have bad dental health and 12% more likely to have an accident than the rest of England⁸. London houses four of the ten most deprived Boroughs in the country (Hackney, Tower Hamlets, Newham and Islington)⁹.

Beyond areas, families incomes also matter; children born into poor families are twice as likely to die at birth or in infancy as children in richer families. Child poverty also means a greater risk of becoming disabled, with children in the poorest fifth of families, for example, being twice as likely to have cerebral palsy as those in the richest fifth¹⁰.

The Chief Executive of the Audit Commission stated that 'large inequalities persist... and even before they are born, for many (children), places and parents' income determines the quality of their life and lifespan'¹¹. This is entirely unjust; in a city as rich as London poverty should not threaten children's health.

POLICY MATTERS

Much is being made at the moment of the need for fiscal prudence. But tolerating high levels of child poverty makes little sense either morally or economically. In the race to cut public spending, policies designed to reduce the deficit need to adopt a 'best interest' approach to supporting poor children. Public spending cuts that damage the health and wellbeing of children simply cannot be allowed, and do not make sense. Family poverty costs the England NHS an estimated £860 million per year (around 20% of total expenditure)¹². Overall, the estimated cost of child poverty is £25 billion per year¹³. The latest estimate of the necessary expenses to meet the 2010 pledge to halve child poverty is only £4.2 billion a year¹⁴. It does not make economic sense to implement policies or cut budgets if it will increase child poverty in London.

The provision of welfare benefits advice in primary care settings leads to improvements in health¹⁵. Maximising take up of benefit entitlement makes a huge difference to the health and wellbeing of children; however £16 billion of benefits and tax

credits go unclaimed every year. By viewing provision of advice as a priority in their work practitioners can greatly improve child health in London.

For families affected by disability, the quality of medical evidence in support of an application for the Disability Living Allowance also needs to be addressed. Currently, the medical support provided for claims is generally poor, and this results in a high number of successful appeals against claimants. This is an area that health practitioners can play a significant role in improving children's health; by encouraging families to apply for the DLA, and providing high quality evidence of entitlement.

Free school meals can also play an important role in mitigating the health effects of child poverty. Children from low income families eat less vegetables and wholemeal breads, and eat more fat spreads, oil, pizza, processed meats and table sugar than non low income earners¹⁶. Increasing the eligibility for Free School Meals would have dramatic health consequences for poor children in London. Currently, only some students from low income households are entitled to Free School Meals. But all children deserve a healthy lunch. Provision should be extended.

While such targeted interventions can make an immense difference, income lies at the heart of poverty. Family incomes in London need to be lifted above the poverty line to ensure that all families have enough money to feed, clothe and keep their children warm.

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