



Responding to the
life circumstances
that affect health



Child Poverty and Health: Making the Links

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Aim and Contents

- The child poverty target & attitudes to poverty
- How child poverty affects health
- How health services can tackle child poverty

'A family is poor if it cannot afford to eat. It is not poor if it cannot afford endless smokes and it does not become poor by the mere fact that other people can afford them...By any absolute standard there is very little poverty in Britain today.' (Sir Keith Joseph, *Equality*, 1979 in Honderich, 2004).



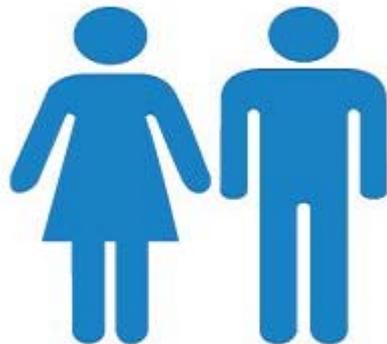
March 18th 1999 Prime Minister Tony Blair is to promise to eradicate child poverty within 20 years.



Better support for children is intended to improve welfare's image



Living in extreme poverty



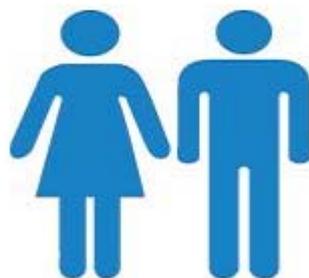
2.5m adults
without children



0.6m pensioners



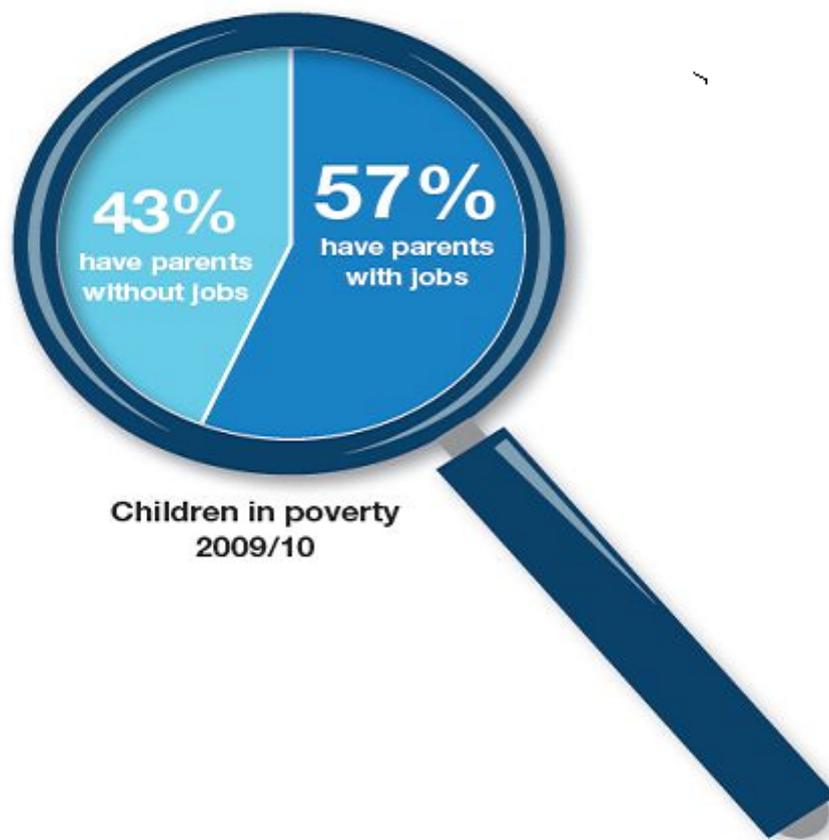
1.4m children



1.4m adults
with children



Over half of children in poverty live in working families



**Children in poverty
2009/10**



Glasgow & Clyde Today: The Inequality Gap



Children and young people health and wellbeing profiles 2010 (ScotPho)

Babies Exclusively Breastfed at 6-8 weeks

Glasgow North East 15.3%

Scotland 24.6%

East Dun 32.8%

No Obvious Dental Decay in Primary One

Glasgow North East 43.5%

Scotland 61.8%

East Dun 70.4%

Low Weight Live Births

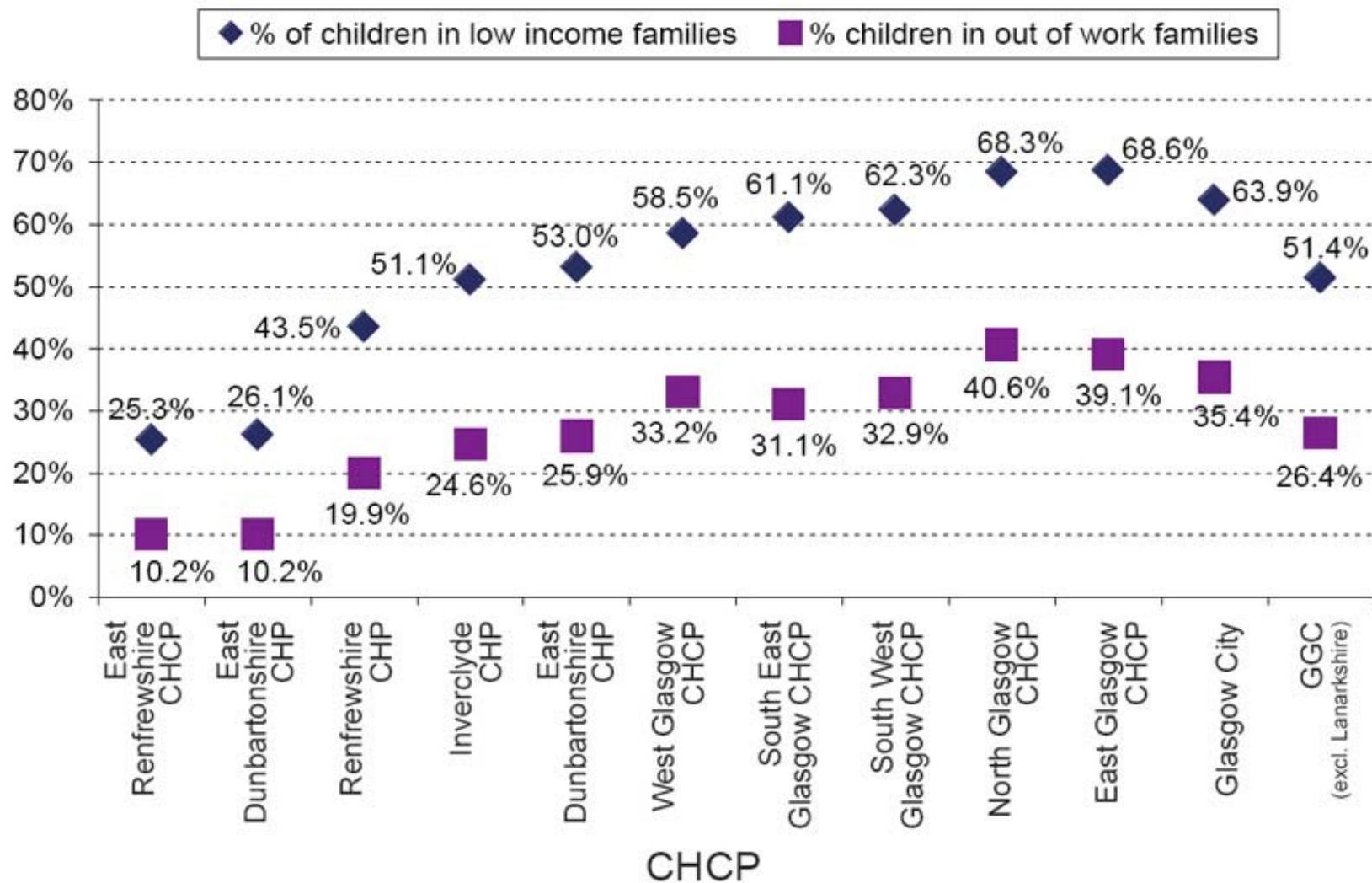
Glasgow North East 3.3%

Scotland 2.3%

East Dun 1.6%

Figure 1

Children in workless and low income households within Greater Glasgow and Clyde CH(C)Ps, 2006 Source: HM Revenue & Customs data; SNS



Partnership to Tackle Child Poverty

- ❑ Economic drivers led Glasgow Works to establish Child Poverty Sub Group
- ❑ Leading With Impact leadership cohort develop Glasgow Child Poverty toolkit
- ❑ Child Poverty Learning Set to determine NHS role- seminars
- ❑ Child Poverty Sub Group under Children's Services Executive Group co-chaired by Director of Public Health and Director of Glasgow Works
- ❑ Action Plan & Memorandum of Understanding under Community Planning



Women, Children and Poverty

Ruth Lister & Ailsa King (2010)

- Women act as the “***shock absorbers of poverty***”.
- Ruth highlighted the concept of ‘othering’ and how Mothers try to shield their children from the stigmatising effect of poverty.

- 5 C’s of occupational segregation, caring, catering, cash registers, clerical and cleaning
- “*Rallying round the cause of children without championing gender equalities is like stocking a sports team with players but failing to teach them how to play the game*”



The Impact of Poverty on Child Health and the role of the Health and Care Professional

Dr. Nick Spence (2009)

- Highest percentage of children living in poverty in UK, USA & Canada
- Lowest percentage in Norway, Sweden and Denmark
- Not related to GDP but policy decisions
- Health and Care professionals have a role as advocates, ensuring equity of service and the provision of high quality care to all children irrespective of the family social position or income
- Institutions should give a central role to the rights of the child



Inequalities Sensitive Practice



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Healthier Wealthier Children- Aims

- Test out partnership models of providing income maximisation advice at a local level
- Build action on child poverty into mainstream children and families services and financial inclusion services beyond the life of the project.
- Assess the impact of service model on service users

Responding to Life Circumstances that Affect Health

- Income is a determinant of health (Marmot, 2010; Wilkinson & Pickett, 2009; Spencer, 2008)
- Improved diet, opportunity, reduced stress related to higher income (Bartley et al, 2006; Growing Up in Scotland, 2010)
- Disproportionate impact of poverty on women in couples (McKay, 2009) and lone parents (mostly women) (Lister, 2006)
- Improved mental health achieved from financial inclusion services (Gillespie, 2010)
- Childbirth, relationship breakdown - major risk events for falling into child poverty (McQuaid et al, 2010)

Healthier Wealthier Children Case Study- What does ISP look like in practice?

- Midwife & Health Visitor awareness of social issues
- Asking the question at appropriate times
(do you have any money or debt worries?)
- Informing patient that referral to MAS can cover income maximisation, debt written off / affordable credit options, fuel poverty intervention, onward referral (e.g. to employability)
- Making the referral to MAS
- Integrating financial education into group work (e.g. antenatal / postnatal education)

ISP Outcomes

Health Visitor relationship a key influence on service uptake

1. More uptake if empathic, willing to talk about money/social stresses and encourage *service uptake*
1. Less uptake: focus on health/development issues than socioeconomic

PM's Diary

- 1.Reduce deficit
- 2.Cut Child Tax Credits
- 3.Reduce Public Sector Spend
- 4.Eradicate Child Poverty by 2020.....*



