

## Children's Commissioner's Briefing: Health Inequalities in Childhood

Last week's 'Marmot Report: 10 Years On' outlined the stark realities of health inequalities in Britain. It also demonstrated how these inequalities originate in childhood and persist through adult life.

This paper highlights some of the main inequalities in child health, and the key responses to address this. Including measures we would like to see within the NHS Long Term Plan and wider measures from the Government.

The Marmot review found that; "The **most deprived 10 percent of children are nearly twice as likely to die** (5.3 per 1,000) as the most advantaged 10 percent of children (3.1 per 1,000), and children in more deprived areas are more likely to face a serious illness during childhood and to have a long-term disability."<sup>1</sup>

The Children's Commissioner is calling for more focus on health inequalities in early childhood – those that manifest before a child starts school. There are three key points at which these inequalities should be identified and addressed.

### During pregnancy and at birth

Infant mortality is the clearest indicator of health inequalities at birth. As the Marmot study demonstrated, the biggest gap in mortality rates is between the most deprived 10% of areas and the rest of the population. However, while mortality is a major concern, there are a much broader set of risk factors we should be responding to. The Children's Commissioner estimates that in England<sup>2</sup>:

- 26,409 babies have parents who are dependent drinkers and 23,140 babies have parents who are drug dependent. 19,807 babies have a parent who is both a problem drinker and drug user
- 33,012 babies have a parent who had experienced domestic violence in the past year
- 122,238 babies have a parent with a mental health disorder

*(our definition of a baby covers all children under 1)*

This is many more children than the 20,000 babies identified by children's services to be at risk. Moreover, all of these risk factors are made more prevalent in areas affected by poverty and deprivation<sup>3</sup>.

### At age 2½yrs

The Government expects all children to undergo a health check at 2½yrs of age. This is a vital opportunity to identify emerging health needs and provide timely help, before it impedes on a child's long-term prospects. Issues that should be picked up at these point include delayed speech and language development and emerging developmental difficulties. But, according to the latest statistics:

- 16% of children who had the assessment were deemed to have not reached the expected level of development for this age.
- Worryingly, 1 in 5 children miss this check entirely and many more are only assessed by their parents, rather than a health professional.

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<sup>1</sup>[https://www.health.org.uk/sites/default/files/upload/publications/2020/Health%20Equity%20in%20England\\_The%20Marmot%20Review%2010%20Years%20On\\_full%20report.pdf](https://www.health.org.uk/sites/default/files/upload/publications/2020/Health%20Equity%20in%20England_The%20Marmot%20Review%2010%20Years%20On_full%20report.pdf) (p.37)

<sup>2</sup> <https://www.childrenscommissioner.gov.uk/wp-content/uploads/2018/10/Estimating-the-number-of-vulnerable-infants.pdf>

<sup>3</sup> <https://www.childrenscommissioner.gov.uk/wp-content/uploads/2019/07/cco-vulnerability-2019-tech-report-2.pdf>

There are also large variations between areas as to what steps are taken when issues are identified. In some areas there is no clear referral process following the 2½yr check. Altogether, this means a vital opportunity to identify children who need help is often missed, or underutilised. The Children’s Commissioner will be publishing further research on this shortly.

To see outcomes and take-up by local authority please visit: <https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/1/gid/1938133228/pat/6/par/E12000007/ati/202/are/E09000002>

### Reception Year at Primary

When children start primary school, the ‘Early Years Foundation Stage’ assessment looks at children’s physical and emotional development, their ability to communicate as well as more academic tests, such as reading. In short, it tests how children have developed prior to school and whether they start school *able* to learn. The Children’s Commissioner is particularly concerned about the 13.8% of children<sup>4</sup> who start school failing to meet more than half of the 17 development indicators. That is, children with multiple developmental issues which will seriously impede their ability to participate in education. This varies significantly between areas. In 2017, 23% of children in Stoke were beginning school with development issues across multiple domains of development.

The EYFS assessment also enables us to see clearly how a child’s environment is impacting on their physical and emotional development, in such a way as to be having a significant impact on their ability to learn in school:

- Nationally, 15% of children have a mental or emotional development issue upon starting school. It is 24% in Middlesbrough, and less than 7% in Richmond<sup>5</sup>.
- Nationally, 12.9% of children begin school with an identified physical development issue. But again, this varies considerable across England, as the table below demonstrates.

Percentage of children not at the expected level of physical development upon starting school			
Areas with highest numbers		Areas with lowest numbers	
Middlesbrough	22.8	Wokingham	8.9
Hull	20.6	Shropshire	8.7
Stoke-on-Trent	20.5	Kingston upon Thames	8.7
Dudley	19.3	City of London	8.5
Blackburn with Darwen	18.4	Herefordshire	8.4
Manchester	18.3	Sheffield	8.4
Rochdale	18	West Berkshire	8.3
Wigan	17.9	Lewisham	8.1
Tameside	17.9	Surrey	7.7
Sandwell	17.9	Gateshead	7.5
Oldham	17.5	Richmond	4.7

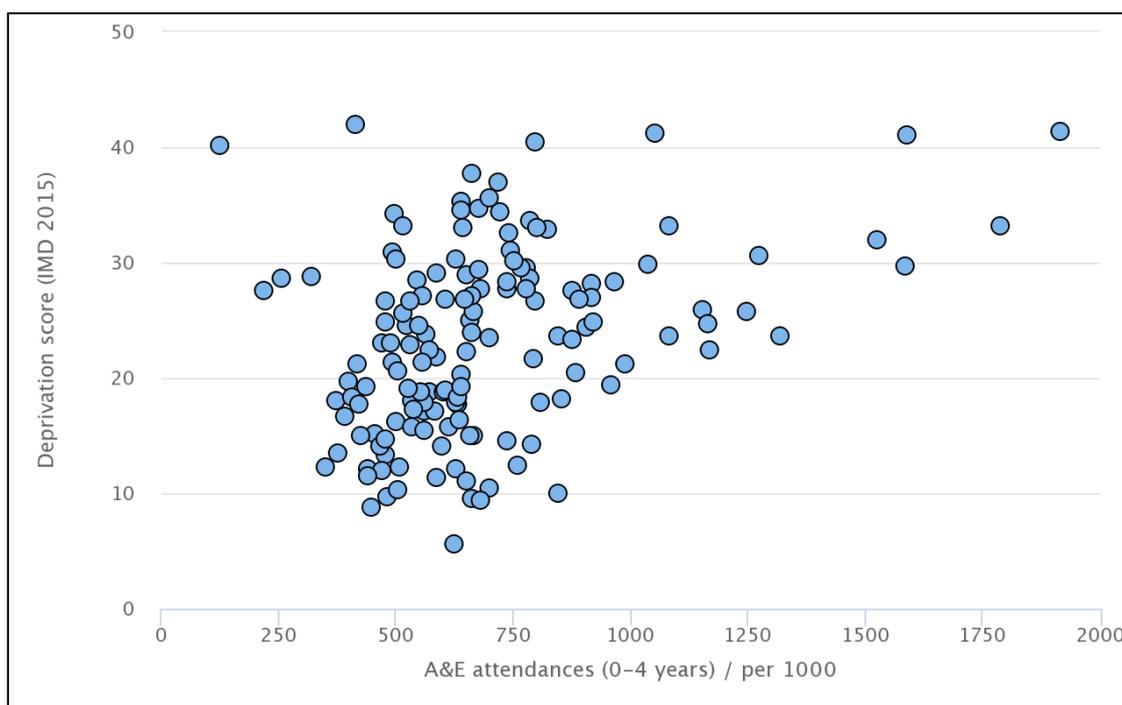
<sup>4</sup> Figures provided by the Department for Education to the Children’s Commissioner’s Office.

<sup>5</sup> See each local authority figure at <https://www.gov.uk/government/statistics/early-years-foundation-stage-profile-results-2018-to-2019>

## Children's ability to manage their health

### Long-term conditions

There are more than 1 million children in England who have limiting long-term illnesses, including asthmas, epilepsy and diabetes<sup>6</sup>. Children's ability to manage these conditions varies considerably depending on the child's home environment. This can mean children missing appointments, not keeping up with medication or eating unsuitable foods, the configuration of NHS services can help mitigate all these risks. Without this, these condition determines the impact these conditions will have on a child's life. The NHS collects very little data on children's long-term conditions, or their outcomes. But it does collect A&E attendances. There is a strong link between deprivation and A&E attendances. The graph below illustrates that A&E attendances amongst the under 4s vary from less than 250 to nearly 2000 per 1000 children, with more deprived local authorities seeing higher attendance rates.



Source: <https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/10/gid/1938133223/pat/6/par/E12000007/ati/202/are/E09000002/iid/20601/age/200/sex/4>

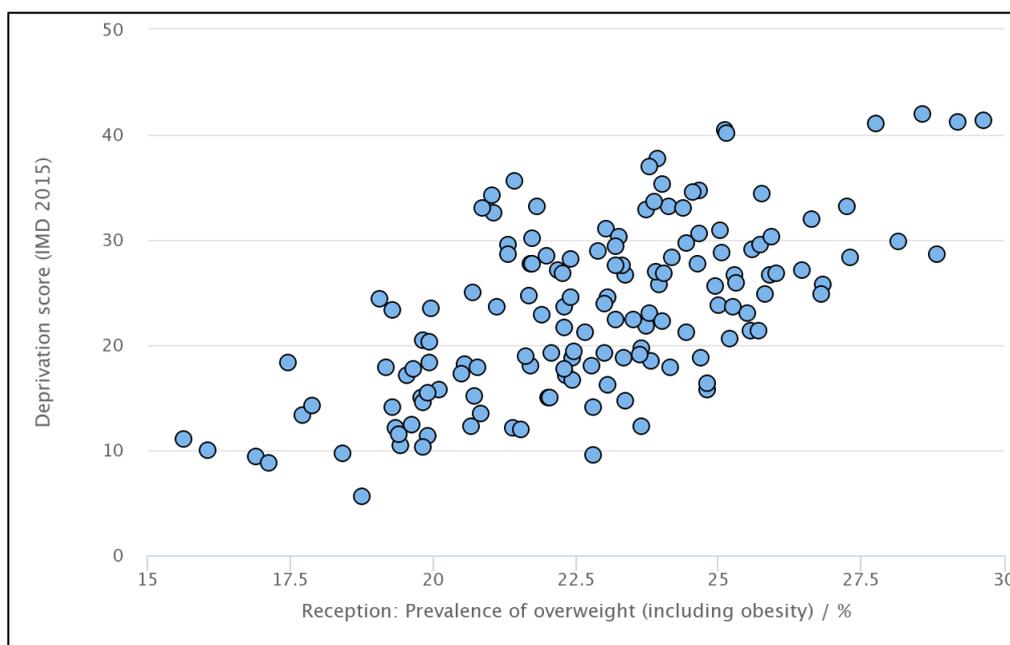
However, while the graph shows a general trend for more deprived areas to see a greater rate of A&E attendances, the graph shows that this is not sufficient to explain the range of local variation. The composition of local services is also key to preventing unnecessary trips to A&E. Higher A&E attendances are a clear indicator that children are not accessing appropriate community health care and how community healthcare facilities are arranged will have a big impact on the number of emergency admissions. But it is not just health services which are important: the Institute for Fiscal Studies found that children and families using Children's Centres were also much less likely to have an emergency A&E admission<sup>7</sup>.

### Health conditions originating from a child's environment

There are also children who have health conditions which stem from their environment yet have life-long implications. The most obvious of these is obesity. The graph below shows the relationship between obesity in reception year of school and deprivation. Obesity rates range from 30% in Knowsley to 15% in Surrey.

<sup>6</sup> <https://www.childrenscommissioner.gov.uk/vulnerability-in-numbers/groups/children-with-a-limiting-longstanding-illness/>

<sup>7</sup> <https://www.ifs.org.uk/publications/14139>



Source: <https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/10/gid/1938133223/pat/6/par/E12000007/ati/202/are/E09000002/iid/90809/age/28/sex/4>

However, local policies can make a difference to childhood obesity and, again, children’s centres are a key element of this response. Leeds is the only city in the UK which is managing to reduce childhood obesity<sup>8</sup>, and their wide-ranging family-support, built around children’s centres, has been identified as key to this success.

## How do we address health inequalities in childhood?

The Children’s Commissioner wants to see policies both to address the socio-economic determinants of health inequalities and to minimise the impact of these underlying issues on children’s long-term prospects. This includes specific measures within the NHS Long Term Plan, and wider policies across Government.

### Broader policies needed across Government

To address underlying issues in health inequalities, the Children’s Commissioner would like to see:

- Action to address child poverty, which has risen rapidly over the last decade, and is forecast to continue rising significantly for the next five years<sup>9</sup>. Child poverty is rising despite economic growth over the last decade and significant falls in poverty amongst other parts of the population, such as pensioners. In 2003, 32% of children and 29% of pensioners were in poverty (defined as absolute low income). In 2017/18, this was 26% of children and 14% of pensioners<sup>10</sup>. The Children’s Commissioner believes that it is time for children and families to benefit from this increased wealth across the rest of society and will be publishing research on how best to alleviate child poverty over the coming year.
- A comprehensive early year’s strategy – there are a lot of different agencies working with children and families in the early years, but too often this work is disjointed and fragmented, meaning the most vulnerable families fall through the gaps. The Children’s Commissioner is compiling an ‘Early Years Green Paper’ which will be published later this spring, outlining where we need better coordination and the key triggers which should be used to ensure that children get the help they

<sup>8</sup> <https://www.bmj.com/content/365/bmj.l2045>

<sup>9</sup> <https://www.resolutionfoundation.org/press-releases/child-poverty-risks-hitting-record-levels/>

<sup>10</sup> When including housing costs, see

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/789997/households-below-average-income-1994-1995-2017-2018.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/789997/households-below-average-income-1994-1995-2017-2018.pdf)

need to catch up. This will build upon last year's Leadsom Review and will show the vital role for Family Hubs/Children's Centres.

- Troubled Families – supporting families is key to addressing health inequalities. We would like to see the Troubled Families programme renewed and extended, with more families helped, a greater focus on outcomes for children, and a focus on getting families into the programme while children are younger. Children's early health and development outcomes should be added to the outcomes framework for the programme.

## What children need from the NHS

### What's in the NHS Long Term Plan:

- 1) Maternity and Perinatal Care - the Long Term Plan contains a welcome commitment to improve maternity care, with a particular focus on vulnerable mothers and a large expansion of perinatal mental health services for both mothers and fathers.
- 2) Mental health services – the Long Term Plan contains some ambitious commitments on children's mental health, albeit with the delivery of some key elements yet to be determined. Within this, the Children's Commissioner is urging the NHS to do more for under 10s with emotional and mental health issues. See: <https://www.childrenscommissioner.gov.uk/publication/the-state-of-childrens-mental-health-services/>

### What's not in the NHS Long Term Plan:

**The Long Term Plan establishes a Child and Maternity Transformation Board to consider issues affecting children. The Children's Commissioner would like to see this Board prioritise the following areas:**

- 1) Children pre-school: while there is a broad range of policies for maternity services, there is a complete absence of children's developmental health after 6-months of age. NHS England should make an explicit commitment to help children reach a normal standard of health and development, with a recognition that there are children who will need NHS services to do this.
- 2) Health inequalities: the Long Term Plan contains a general commitment to reduce inequalities, but there are no specific issues or actions relating to children. The identification and tackling of health inequalities should be a specific strand of work for the 'Child and Maternity Transformation Board'.
- 3) Long term conditions: a child's environment has a huge impact on their ability to manage conditions, from diabetes through to epilepsy. This is not recognised in the Long Term Plan and specific action is needed to address the impact of health inequalities on children with long term conditions. Services should be configured accordingly.
- 4) Non-acute services: there are a huge range of NHS services which are important for children outside of hospitals: physiotherapists, speech and language therapists and other professions can be hugely important for children. They are not recognised in the children's section of the NHS Long Term Plan and should be a priority for the 'Child and Maternity Transformation Board'.
- 5) Vulnerable Children: the NHS Long Term Plan makes no attempt to consider 'who are the children with issues and risks that will impede their healthy development?' We would like to see the NHS commit to identifying vulnerable children who (a) have specific health related-needs; (b) have other issues which are likely to impact on healthy development.