Child Poverty Debate

Westminster Hall, House of Commons
Tuesday, 20 December 2016

About the BMA
The British Medical Association (BMA) is an apolitical professional association and independent trade union, representing doctors and medical students from all branches of medicine across the UK and supporting them to deliver the highest standards of patient care. We have a membership in the region of 170,000, which has been growing year on year.

Introduction
The BMA is deeply concerned about the lifelong impact that growing up in poverty can have on a child’s development and future wellbeing, particularly the dramatic differences which exist across the UK, demonstrated by the fact that a boy born in Kensington and Chelsea has a life expectancy of over 84 years, while the life expectancy of a boy born in Islington, less than five miles away, is around 75 years.

To further explore this crucial area we have recently launched a Child Health Hub focussing on child health outcomes in the UK, and showcasing new BMA led research papers on the impact of austerity on health. Our research has shown that children and young people are particularly vulnerable to experiencing ill health through poverty, including suffering an increased risk of mortality in the first year of life, being more likely to be born early and small, and facing more physical and mental health problems later in life.

BMA Findings
We are concerned about the impact of austerity and associated welfare reform has on health and wellbeing, and believe government need to do more to protect the most vulnerable and disadvantaged in society who suffer a disproportionate burden. In the BMA report’s, Cutting away at our children’s futures, we explore the impact that poverty can have on children and young people’s health, and how disadvantage in childhood can result in lifelong health inequalities. Specifically, we are concerned that the government’s welfare reform policies such as the combined effect of lowering the benefits cap, four year benefits freeze, and changes to universal credit will significantly reduce the income of thousands of already struggling families, increasing levels of child poverty and exacerbating the many risks to children’s health. Of particular concern our report noted that:

There are 2.6 million children in the UK who live in absolute poverty, and children are at higher risk of living in both relative and absolute low income than the overall UK population. In addition child poverty is predicted to increase between 2016 and 2020.

- Economic hardship from the financial crisis in the UK, has been disproportionately detrimental to children, young people and low income families, particularly those already at a disadvantage such as migrant children and lone parent families.
- A couple with two children would need to work 58 hours a week at the minimum wage to lift themselves out of poverty.
- Employment does not provide guaranteed protection for families against poverty, as 58% of materially deprived children now live in a family where at least one parent is working.
- Those living in temporary housing often have heightened insecurity and uncertainty, and there is clear evidence that children and young people’s mental health and emotional wellbeing is adversely influenced by factors such as poverty, poor housing, parental mental health, and unsafe neighbourhoods.

**BMA Recommendations**

We believe it is important to focus on eliminating inequalities in health outcome and address underlying social determinants of health through assessment of the impact of cuts and welfare reforms, and where necessary undertaking reductions of these strategies, should they prove to be damaging to children and young people’s wellbeing.

We particularly condemn the UK government’s decision to repeal the statutory target to end child poverty by 2020 and call for this to be re-established to create concrete targets for eradicating child poverty.

The BMA supports implementation of the legal prohibition of prolonged placement of children in temporary accommodation by public authorities in England, Wales and Scotland, and calls on the government to take necessary measures to reduce homelessness and to progressively guarantee all children stable access to adequate housing that provides physical safety and protection against threats to health and structural hazards. In addition to these key asks the BMA calls for:

- **Ring-fence funding for programmes and benefits designed to assist children, young people and families:** Funding for health and welfare for children, including for health (primary, secondary and community), education and social care, should be consolidated in one fund, to enable the joined-up planning and delivery of care, and prevent detrimental effects that can last for generations and may cost governments more in the long term

- **End child health inequalities:** Support measures to tackle poverty, reduce inequalities and prevent adversity before birth and continuing throughout the life-course

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6 Child Poverty Action Group Stop in-work poverty www.cpag.org.uk/content/stopwork-poverty
8 BMA, Children and young people’s mental health, Dr Jessie Earle P.2
• **Fund early intervention programmes:** Finance, develop, evaluate and implement preventative interventions to reduce the lifelong impact of early life adversity

• **Address the gap in UK child health data:** Conduct continuing research into the state of child health across the UK to ensure that government, and health and social care providers have suitable information to monitor the health of our children on an ongoing basis

• **Use evidence to inform policies and services:** Ensure that all policies are evidence-based and informed by robust data, to improve the 'match' between children's healthcare needs and the services provided to meet those needs

• **Take responsibility for children:** Establish accountability at Ministerial level for children's health and wellbeing that includes a framework for monitoring, reviewing and remedying processes in alignment with UK commitments to the Convention on the Rights of the Child

• **Recognise the family unit:** Provide children's services that are family-centered and focused on the importance of parenting, where the child and family are embraced as a unit

• **Support healthcare professionals:** Provide culturally and age-sensitive training programmes for healthcare teams to address the unique needs of vulnerable groups of children and young people including child refugees and asylum seekers, children with disabilities, and children with mental health conditions

• **Involve children in decision making:** Meaningfully involve children, young people and families in design and delivery of services to make them more accessible and effective

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