

Due North: A Fairer Start for Children in the North of England

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University of Liverpool

Dublin
Nov 2018



“I visited a poor woman in distress...she had been confined only a few days, and herself and infant were lying on straw in a vault...with a clay floor impervious to water.

There was no light or ventilation and the air was dreadful. I had to walk on bricks across the floor to reach her bedside, as the floor itself was flooded with stagnant water.

There are hordes of poor creatures living in cellars which are almost as bad and offensive as charnel-houses”

W.H. Duncan, 1845

Average age at death, by class and area of residence, 1838-41

District	Gentry & professional	Farmers & tradesmen	Labourers & artisans
<hr/>			
RURAL			
Rutland	52	41	38
<hr/>			
URBAN			
Bath	55	37	25
Bethnal Green	45	26	16
Manchester	38	20	17
Liverpool	35	22	15

Lancet 1843



3. A. FEMALE BIRCHMAN ASYLUM

Ann Dill	aged 11 years	Died 26 May 1844
Alfred Burtch	aged 4 years	Died 9 April 1846
Ann Ellis	aged 10 years	Died 10 June 1846
Elizabeth Williams	aged 33 years	Died 2 May 1847
Sarah E. May	aged 10 years	Died 13 May 1847
Maria H. Dean	aged 25 years	Died 30 May 1847
Charlotte Bond	aged 11 years	Died 18 April 1848
Ann Simmons	aged 3 years	Died 31 May 1848
Elizabeth Gardner	aged 11 years	Died 22 June 1850
Lane E. Gardner	aged 10 years	Died 28 Aug 1850
Ellen Ward	aged 12 years	Died 12 Sept 1850
Sarah Bond	aged 17 years	Died 2 Nov 1851
Mary Murray	aged 10 years	Died 7 Jan 1852
Ann Johnson	aged 7 years	Died 21 March 1852
Sarah Dickinson	aged 23 years	Died 3 Oct 1852
Jane Schull	aged 11 years	Died 6 Feb 1854
Ann Jane Williams	aged 12 years	Died 24 May 1854
Elizabeth Bond	aged 9 years	Died 14 Nov 1855
Elizabeth Gillon	aged 12 years	Died 6 March 1856
Maria Ingham	aged 14 years	Died 1 April 1856
Grace Edwards	aged 16 years	Died 16 May 1856
Henry Douglas	aged 15 years	Died 15 Dec 1856
John Bond	aged 21 years	Died 21 June 1857
John Bond	aged 18 years	Died 8 Jan 1858
John Bond	aged 15 years	Died 5 Feb 1858
John Bond	aged 12 years	Died 23 Oct 1858

- INEQUALITIES ARE LARGE, PERSISTENT, they START EARLY
- RECENT TRENDS and CHALLENGES FOR CHILD HEALTH
- WHAT NEEDS TO BE DONE

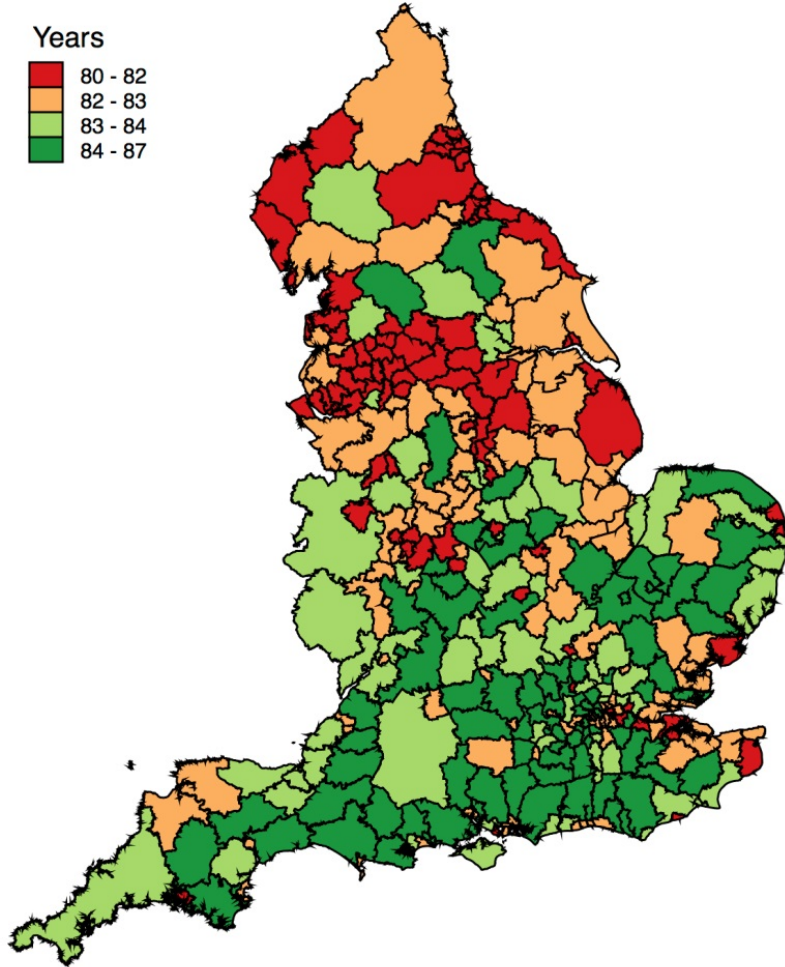
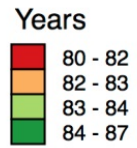
- **INEQUALITIES ARE LARGE, PERSISTENT,
they START EARLY**
- RECENT TRENDS and CHALLENGES FOR
CHILD HEALTH
- WHAT NEEDS TO BE DONE

DUE NORTH

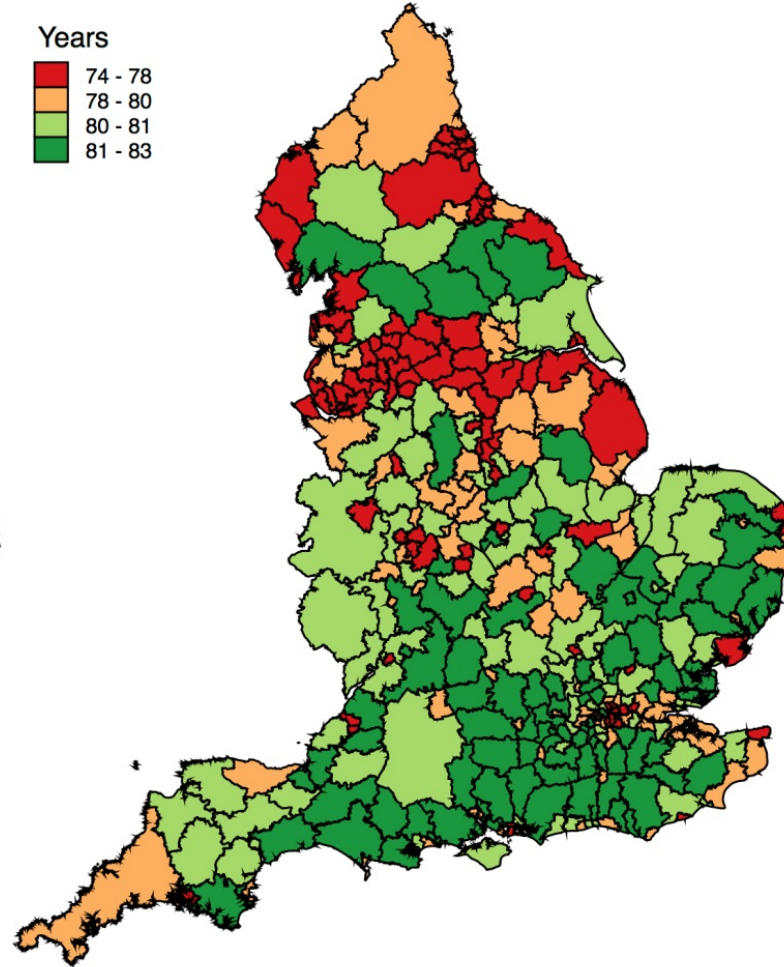
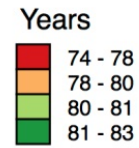
**Report of the Inquiry on
Health Equity for the North**

Life Expectancy: the North-South Health Divide

Female



Male

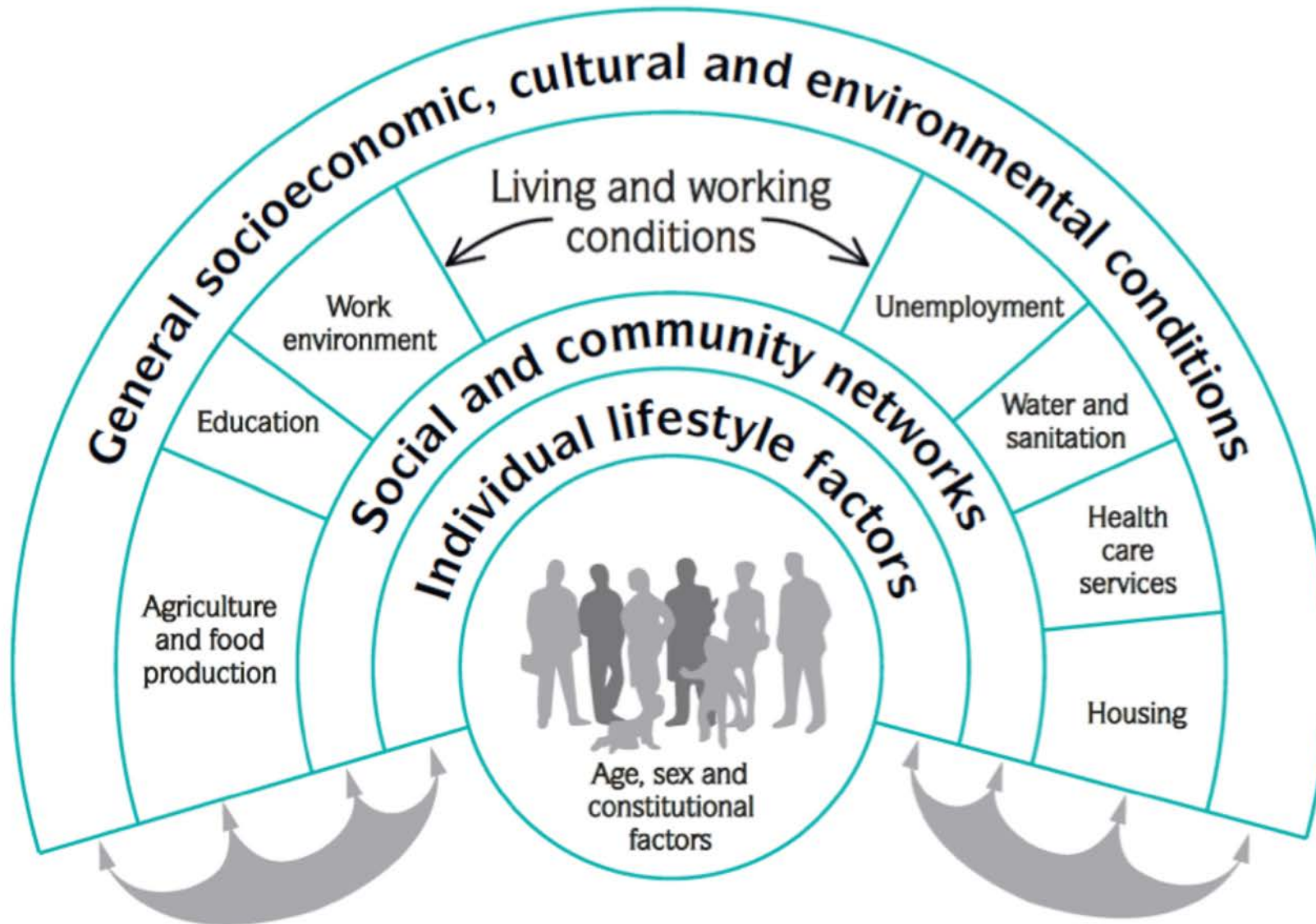


Source: Due North

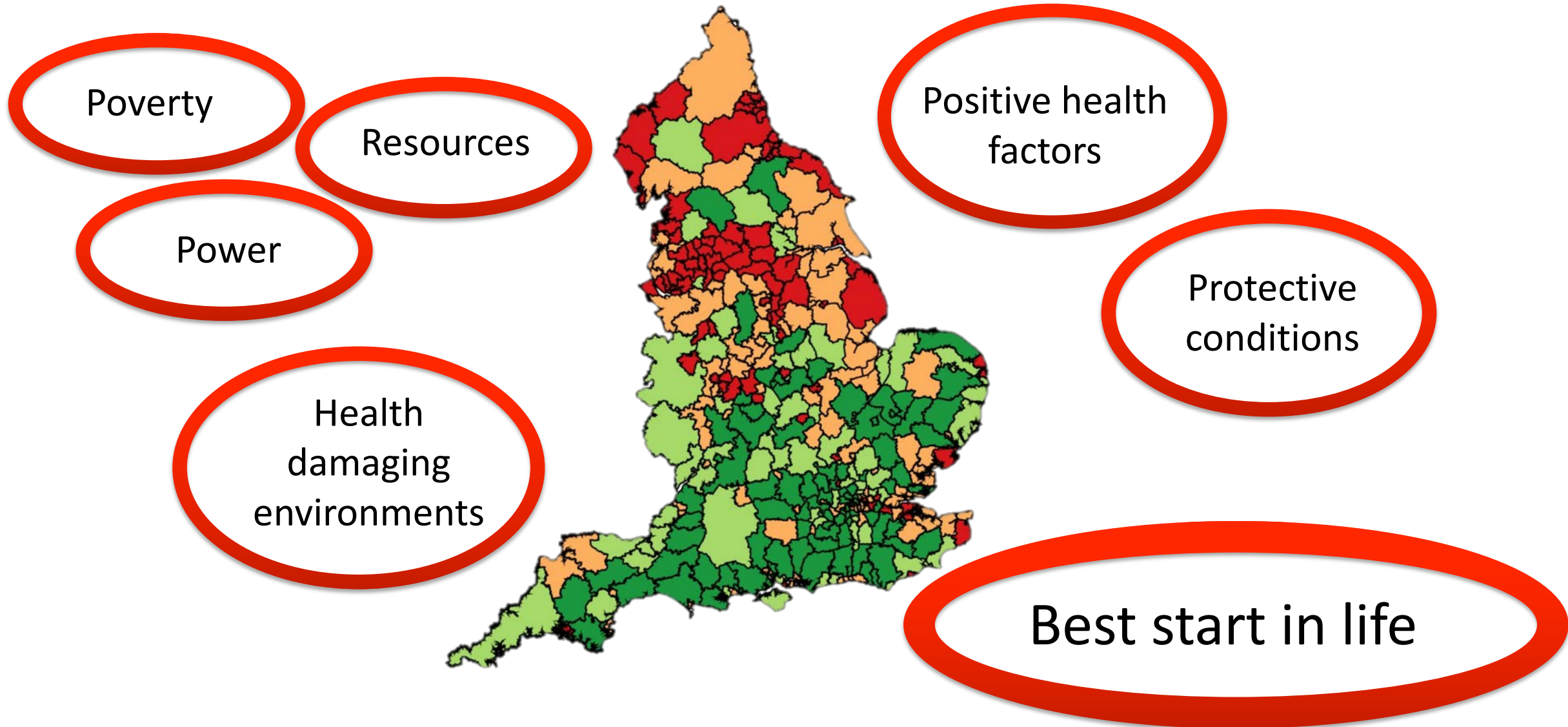




THE MAIN INFLUENCES ON HEALTH



Drivers of the inequalities in Health



INEQUALITIES IN HEALTH

REPORT OF A RESEARCH WORKING
GROUP

DHSS

1980

PRICE: £8



INEQUALITIES IN HEALTH

'All the major killer diseases now affect the poor more than
the rich...'

THE BLACK REPORT

Edited by Peter Townsend and Nick Davidson



THE HEALTH DIVIDE

by Margaret Whitehead

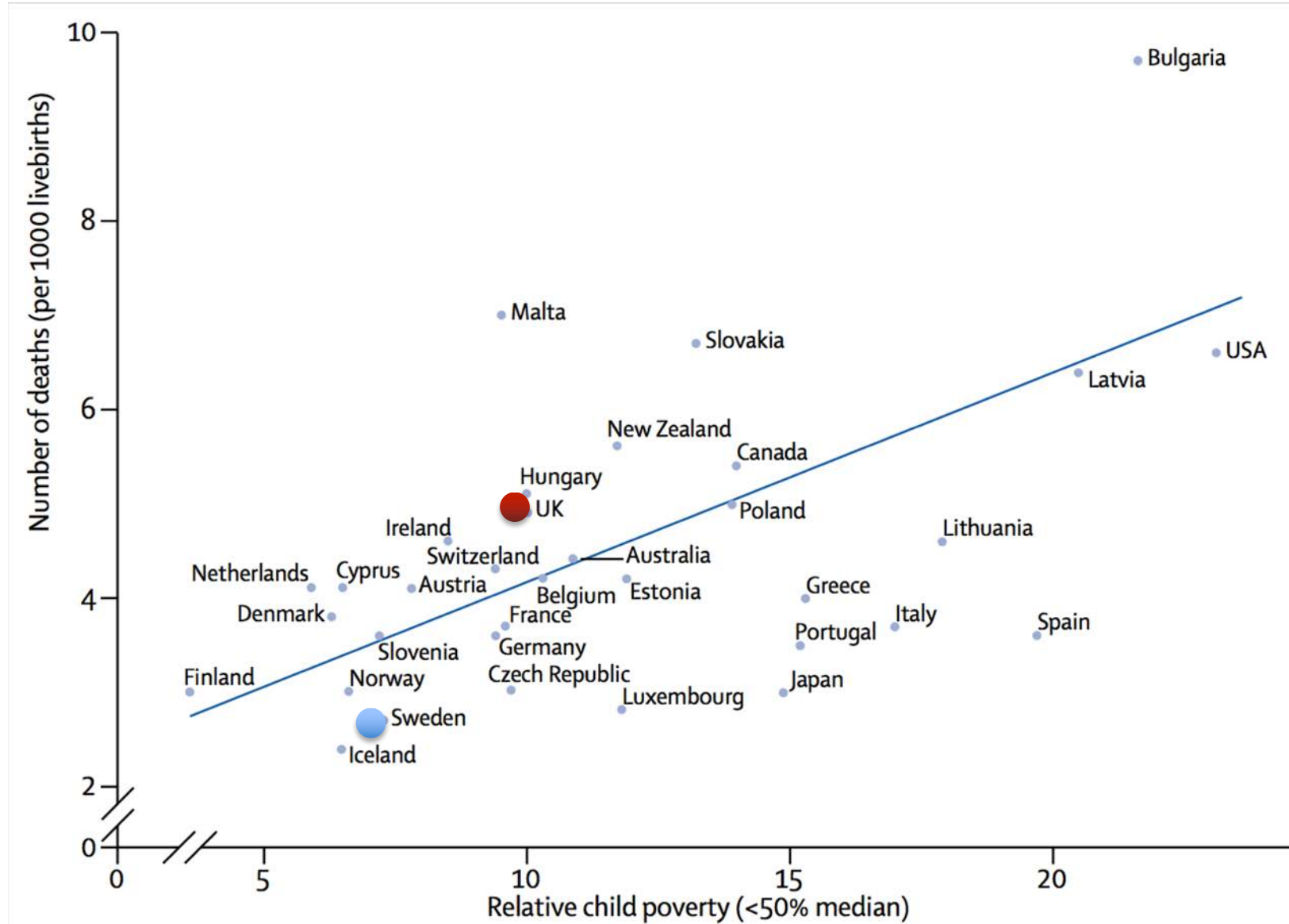
Now published together in a single volume

“For this reason,
*giving every child
the best start in life
is our **highest
priority
recommendation***”

(Policy Objective A)

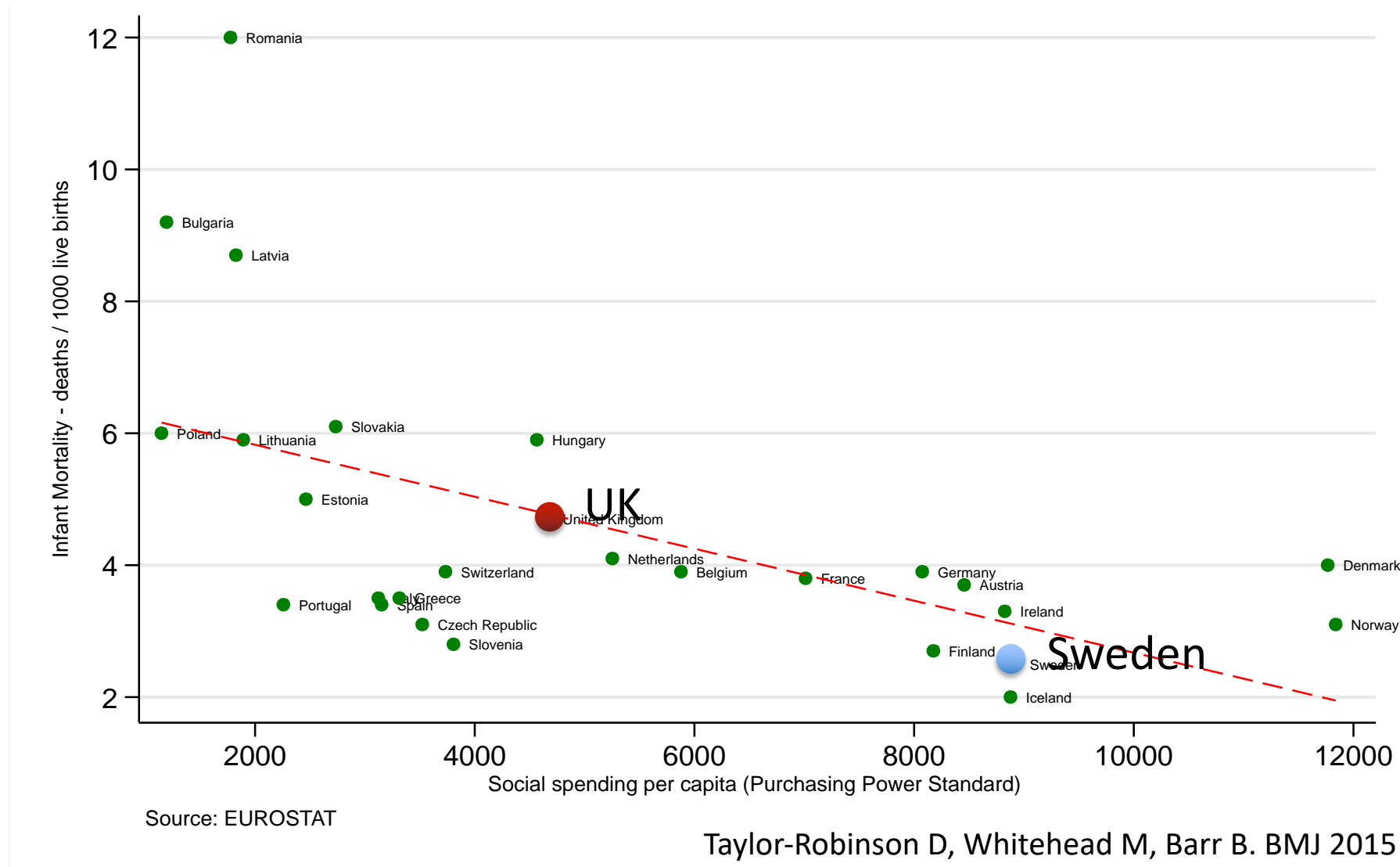


Child poverty and mortality in OECD – UK worst in Western Europe

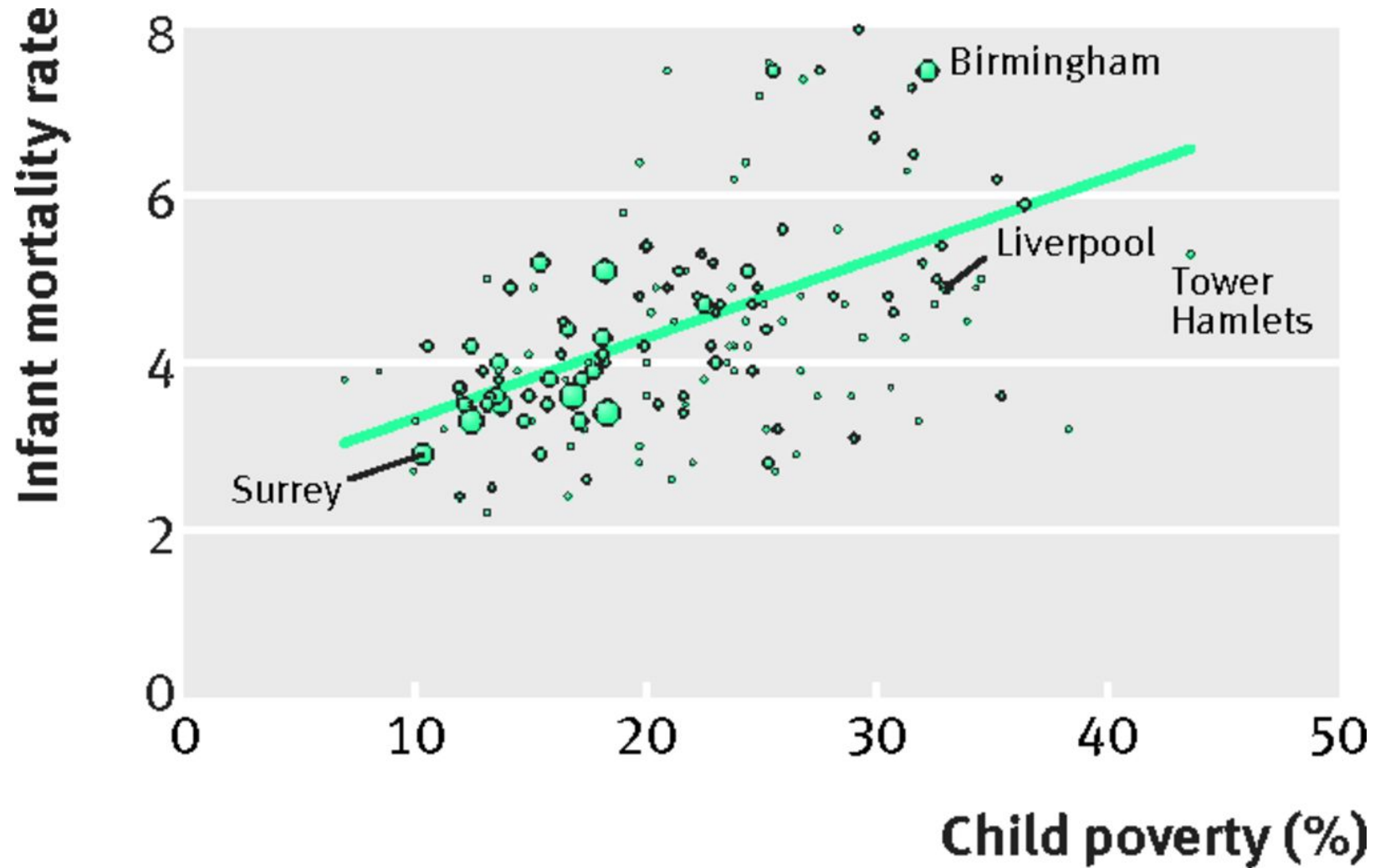


Taylor-Robinson D, Bradshaw J, Barr B, Whitehead M. 2014 Child mortality in the UK. *Lancet* 384, 9958, p1923

Social spending on children is associated with improved population health



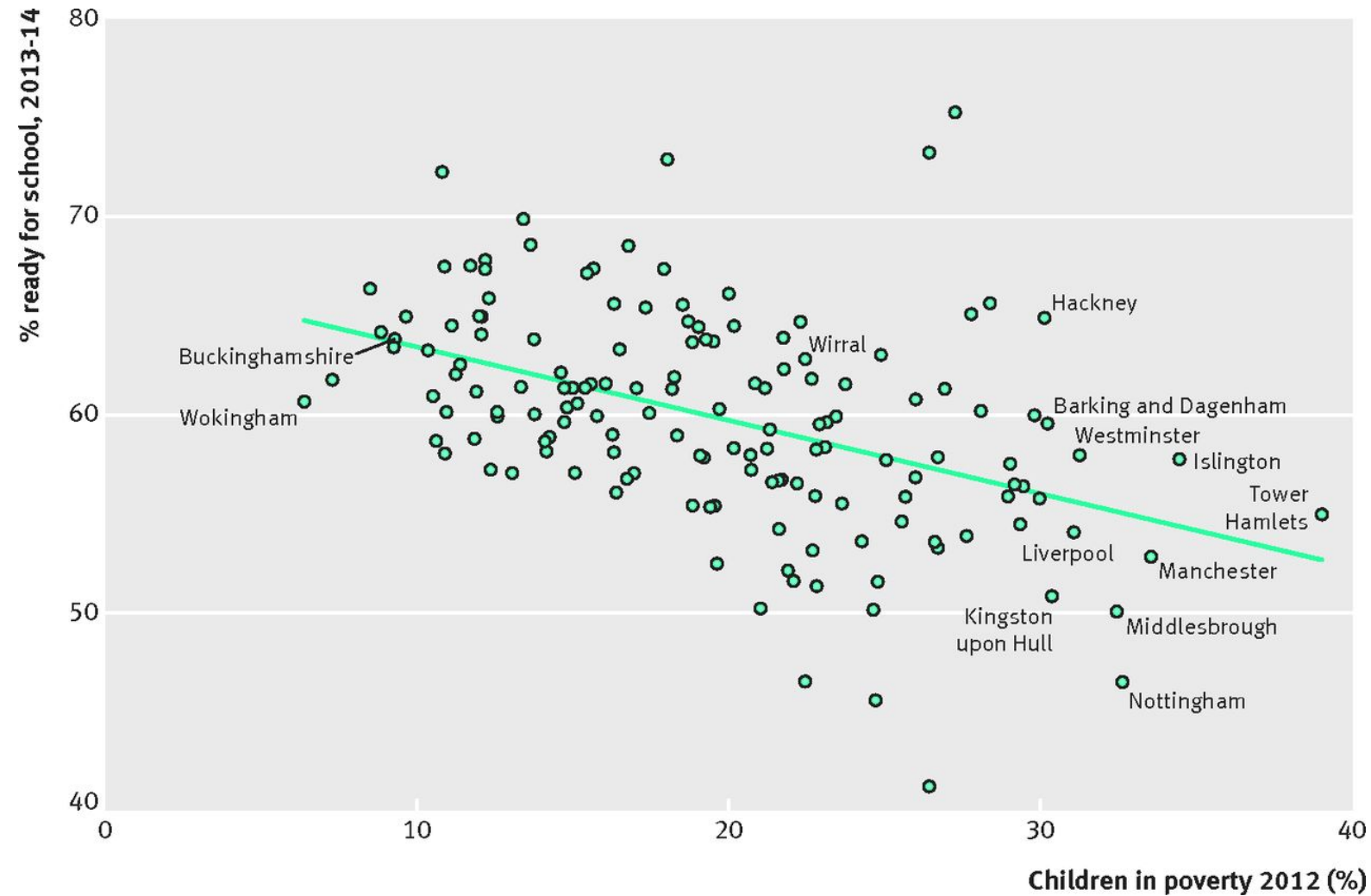
Infant mortality rate by relative child poverty (<60% median) for local authorities in England.



David Taylor-Robinson et al. BMJ 2015;351:bmj.h3959



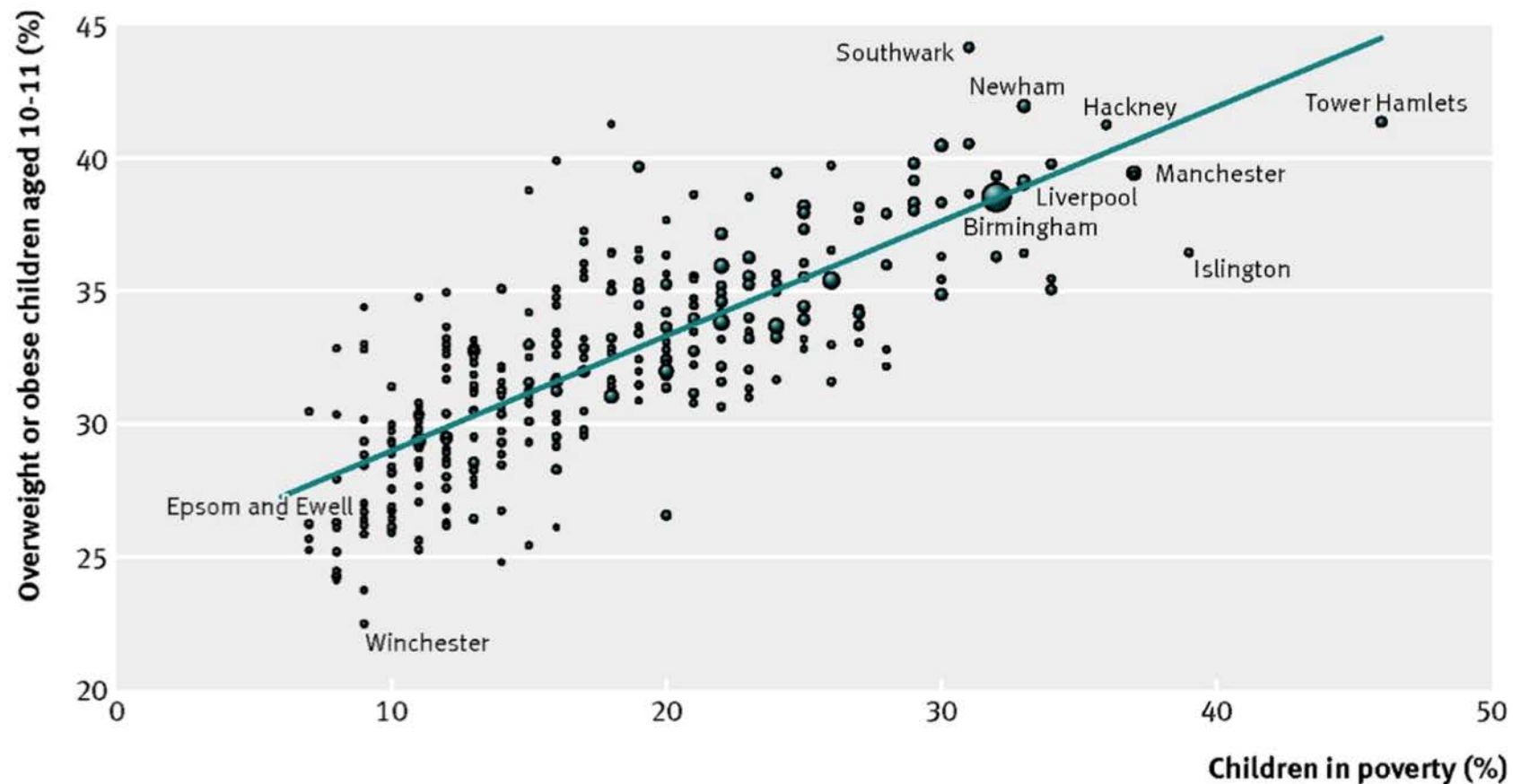
Percentage of children assessed as ready for school at age 5 (good level of development at end of early years foundation stage) compared with levels of child poverty in English authorities



David Taylor-Robinson et al. BMJ 2015;351:bmj.h5330



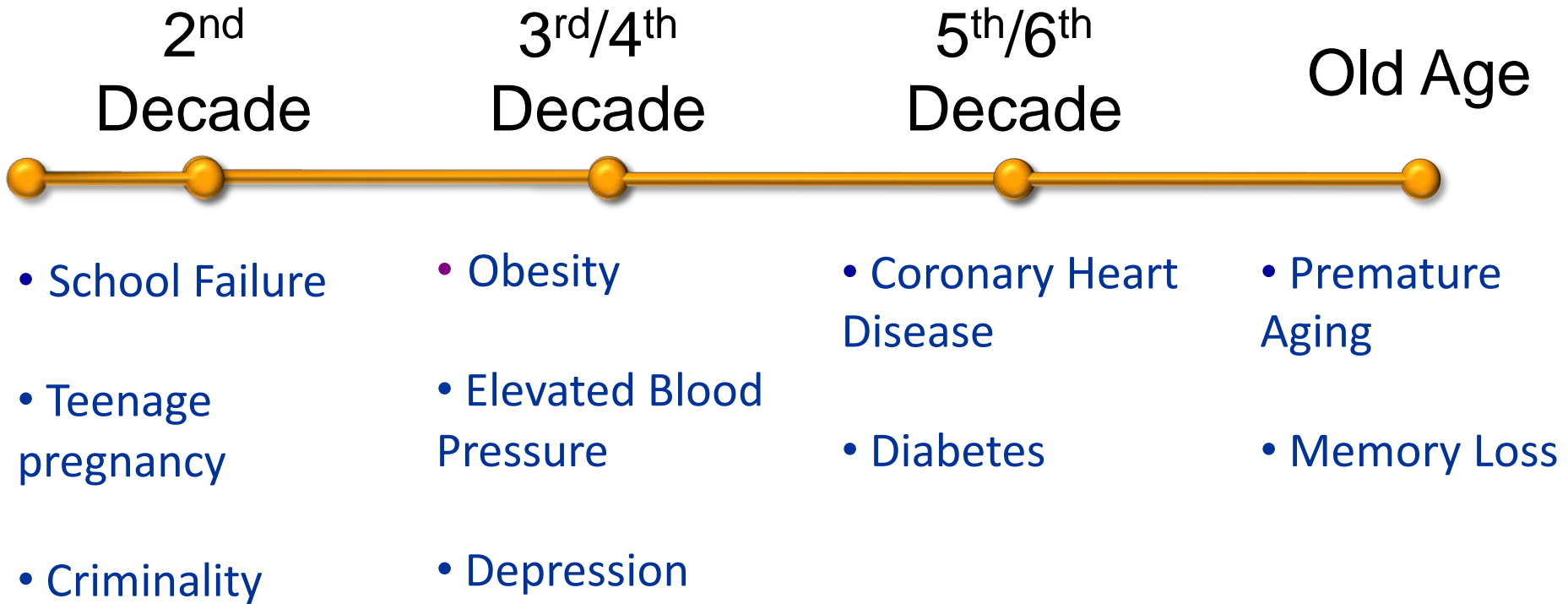
Percentage of overweight or obese children aged 10-11 years by percentage of children in poverty in English councils, 2012.



Taylor-Robinson D C et al. BMJ 2014;348:bmj.g2712

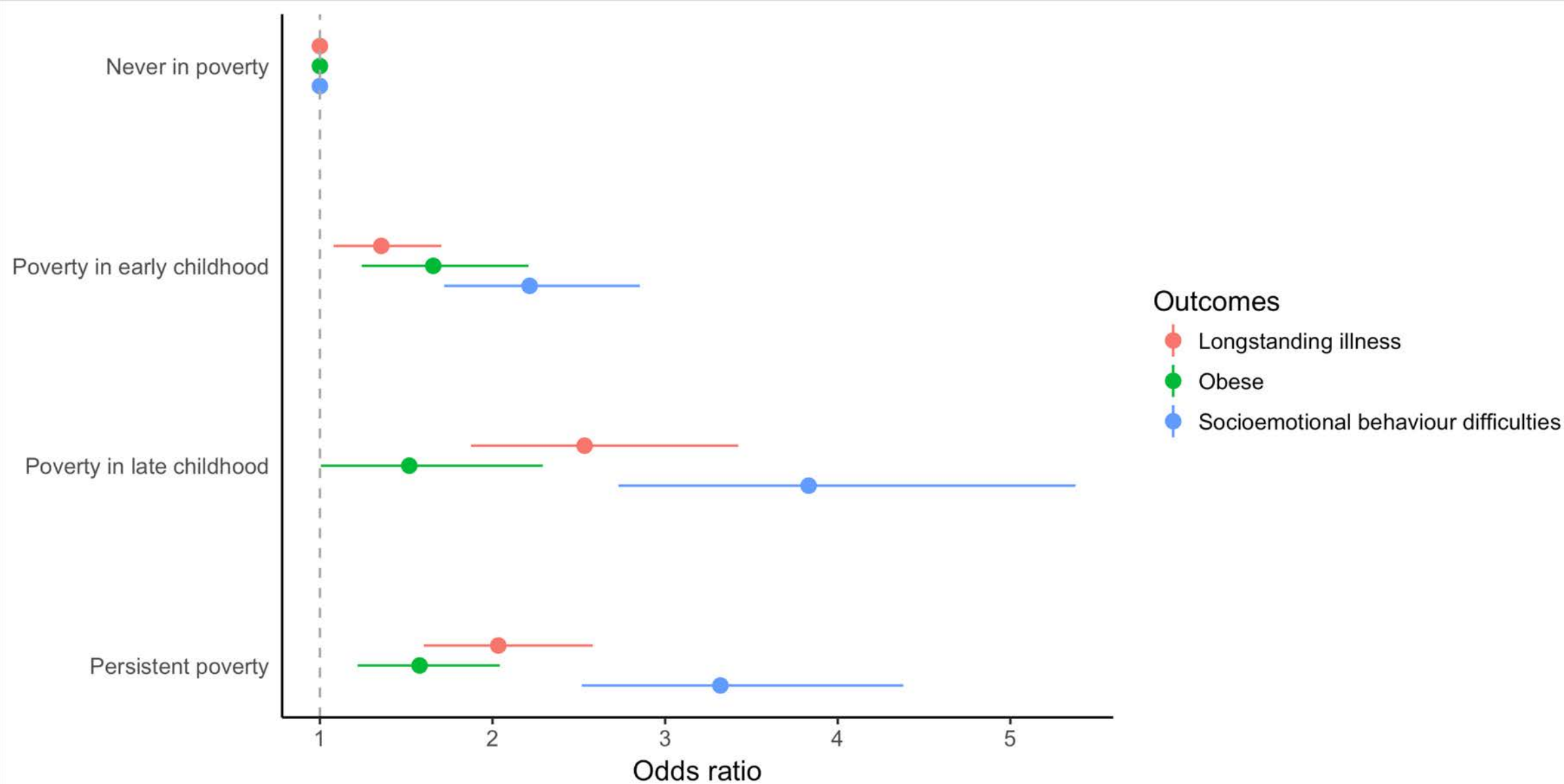


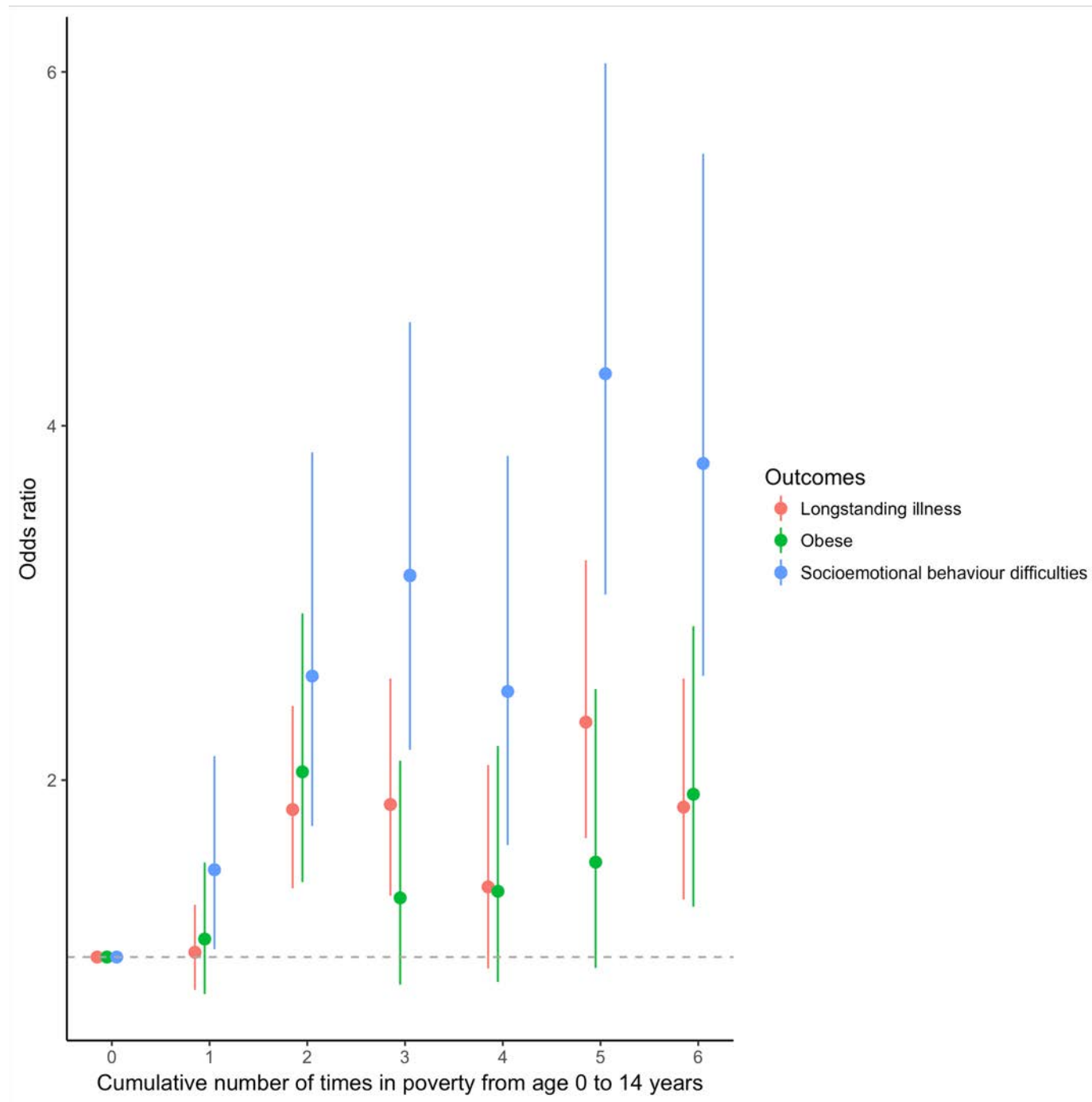
Life Course Problems Related to Early Life



EXAMPLE

Poverty trajectories up to age 14 in the UK and associated health outcomes: analysis of the UK Millennium Cohort Study





**Dose response
relationship with
cumulative poverty
exposure, especially for
mental health outcomes
in children in the UK**



UNITED NATIONS
HUMAN RIGHTS
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Call for written submissions (scroll down) – Visit by the United Nations Special Rapporteur on extreme poverty and human rights to the United Kingdom of Great Britain and Northern Ireland from 5 to 16 November 2018

Introduction

The United Nations Special Rapporteur on extreme poverty and human rights, Professor Philip Alston, will undertake an official visit to the United Kingdom of Great Britain and Northern Ireland from 6 to 16 November 2018 at the invitation of the UK Government. His visit will focus, in accordance with his mandate, on the interlinkages between poverty and the realization of human rights in the United Kingdom.

Who is the Special Rapporteur?

The effect of a transition into poverty on child and maternal mental health: a longitudinal analysis of the UK Millennium Cohort Study



Sophie Wickham, Margaret Whitehead, David Taylor-Robinson*, Ben Barr*



Summary

Background Whether or not relative measures of income poverty effectively reflect children's life chances has been the focus of policy debates in the UK. Although poverty is associated with poor child and maternal mental health, few studies have assessed the effect of moving into poverty on mental health. To inform policy, we explore the association between transitions into poverty and subsequent mental health among children and their mothers.

Methods In this longitudinal analysis, we used data from the UK Millennium Cohort Study, a large nationally representative cohort of children born in the UK between Sept 1, 2000, and Jan 11, 2002, who participated in five survey waves as they progressed from 9 months of age to 11 years of age. Our analysis included all children and mothers who were free from mental health problems and not in poverty when the children were aged 3 years. We only included singletons (ie, not twins or other multiple pregnancies) and children for whom the mother was the main respondent to the study. The main outcomes were child socioemotional behavioural problems (Strengths and Difficulties Questionnaire) at ages 5 years, 7 years, and 11 years and maternal psychological distress (Kessler 6 scale). Using discrete time-hazard models, we followed up families without mental health problems at baseline and estimated odds ratios for subsequent onset of maternal and child mental health problems associated with first transition into poverty, while adjusting for confounders, including employment transitions. We further assessed whether or not change in maternal mental health explained any effect on child mental health.

Findings Of the 6063 families in the UK Millennium Cohort study at 3 years who met our inclusion criteria, 844 (14%) had a new transition into poverty compared with 5219 (86%) who remained out of poverty. After adjustment for confounders, transition into poverty increased the odds of socioemotional behavioural problems in children (odds ratio 1.41 [95% CI 1.02–1.93]; $p=0.04$) and maternal psychological distress (1.44 [1.21–1.71]; $p<0.0001$). Controlling for maternal psychological distress reduced the effect of transition into poverty on socioemotional behavioural problems in children (1.30 [0.94–1.79]; $p=0.11$).

Interpretation In a contemporary UK cohort, first transition into income poverty during early childhood was associated with an increase in the risk of child and maternal mental health problems. These effects were independent of changes in employment status. Transitions to income poverty do appear to affect children's life chances and actions that directly reduce income poverty of children are likely to improve child and maternal mental health.

Lancet Public Health 2017

*Contributed equally

Department of Public Health and Policy, University of Liverpool, The Farr Institute @ the Health eResearch Centre, Liverpool, UK (S Wickham PhD, Prof M Whitehead PhD, Prof D Taylor-Robinson PhD, Ben Barr PhD)

Correspondence to: Dr Sophie Wickham, Department of Public Health and Policy, University of Liverpool, The Farr Institute @ the Health eResearch Centre, Liverpool L69 3GL, UK; slw@liverpool.ac.uk

Moving into poverty increases child and maternal mental health risk

Child mental health risk mediated by maternal mental health

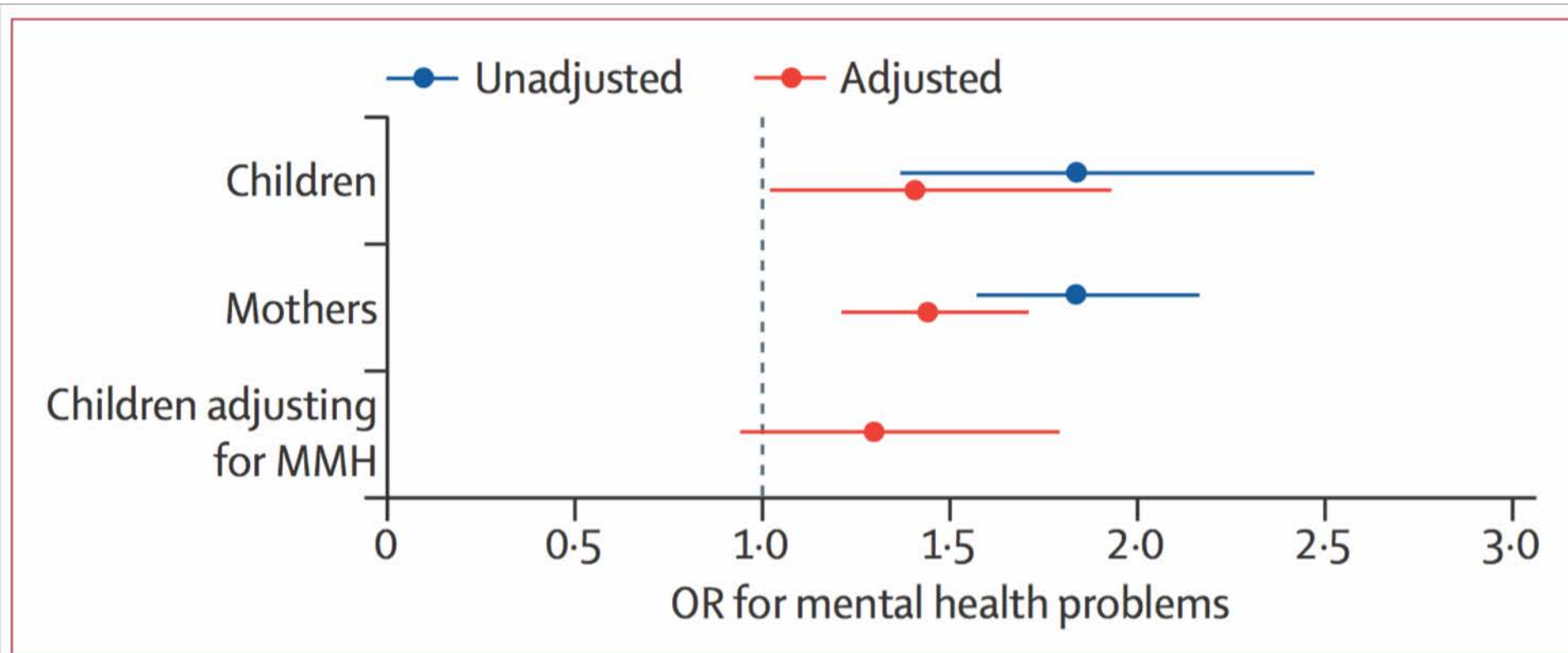
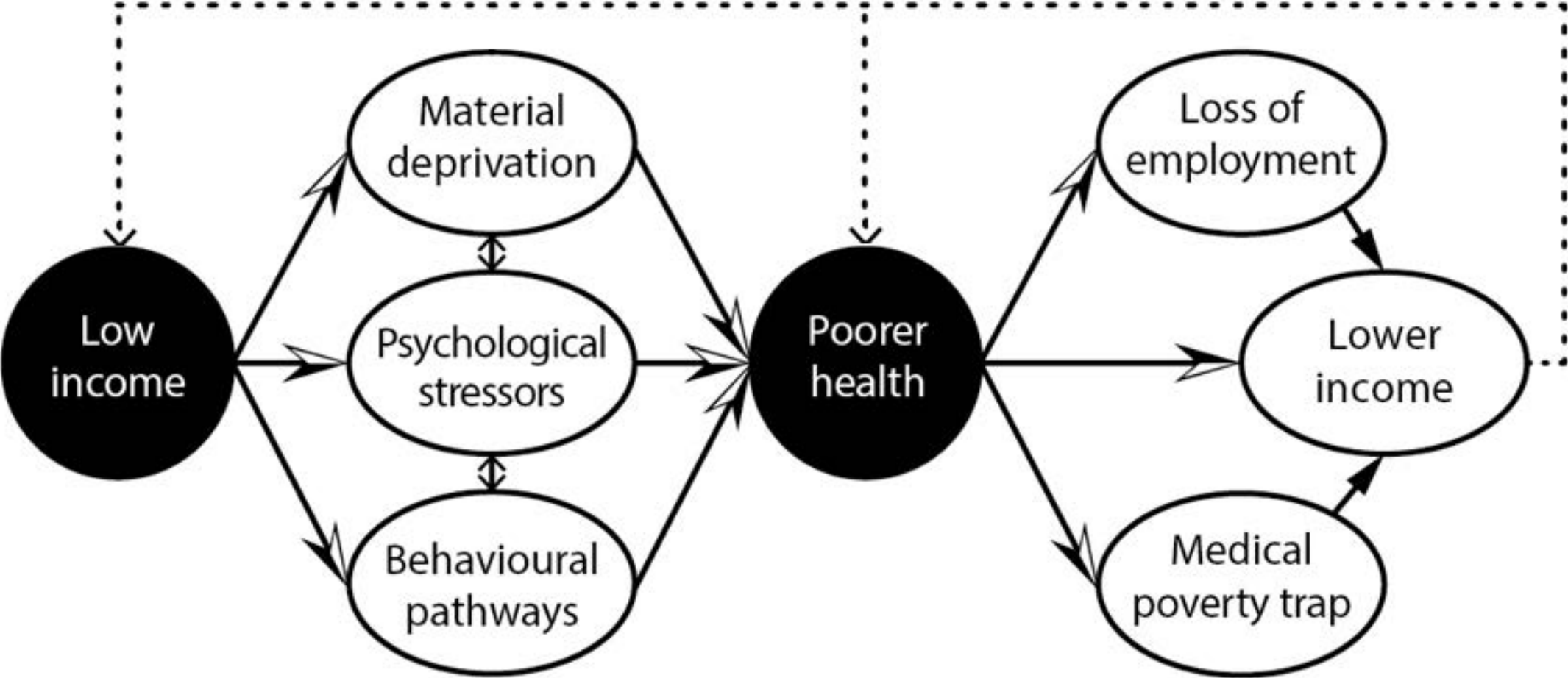


Figure 3: ORs for development of childhood socioemotional behavioural difficulties and maternal psychological distress by transition into poverty
MMH=maternal mental health. OR=odds ratio.

Pathways from low income to poor health and vice versa: both in operation and intertwined



Does childhood illness have differential impacts on education & employment?

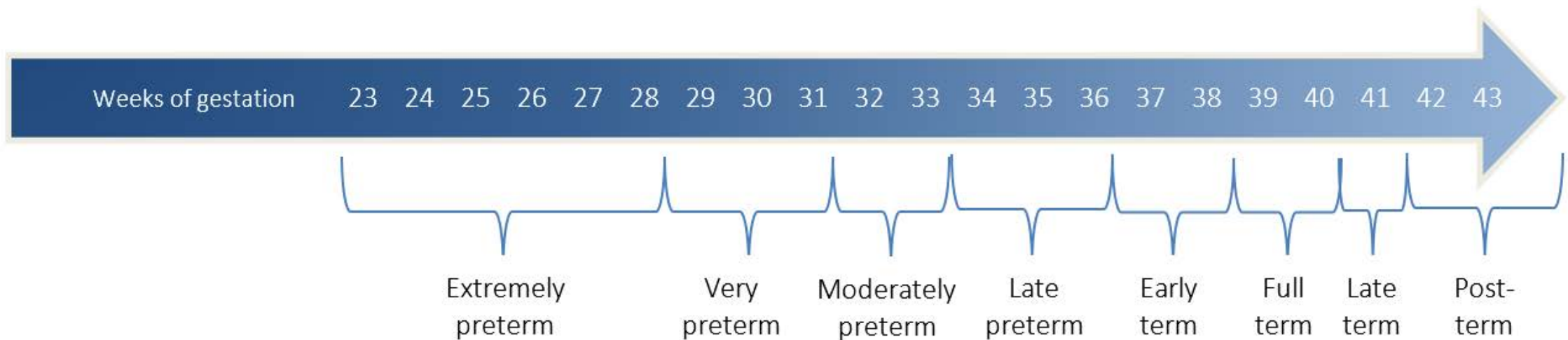


Preterm birth





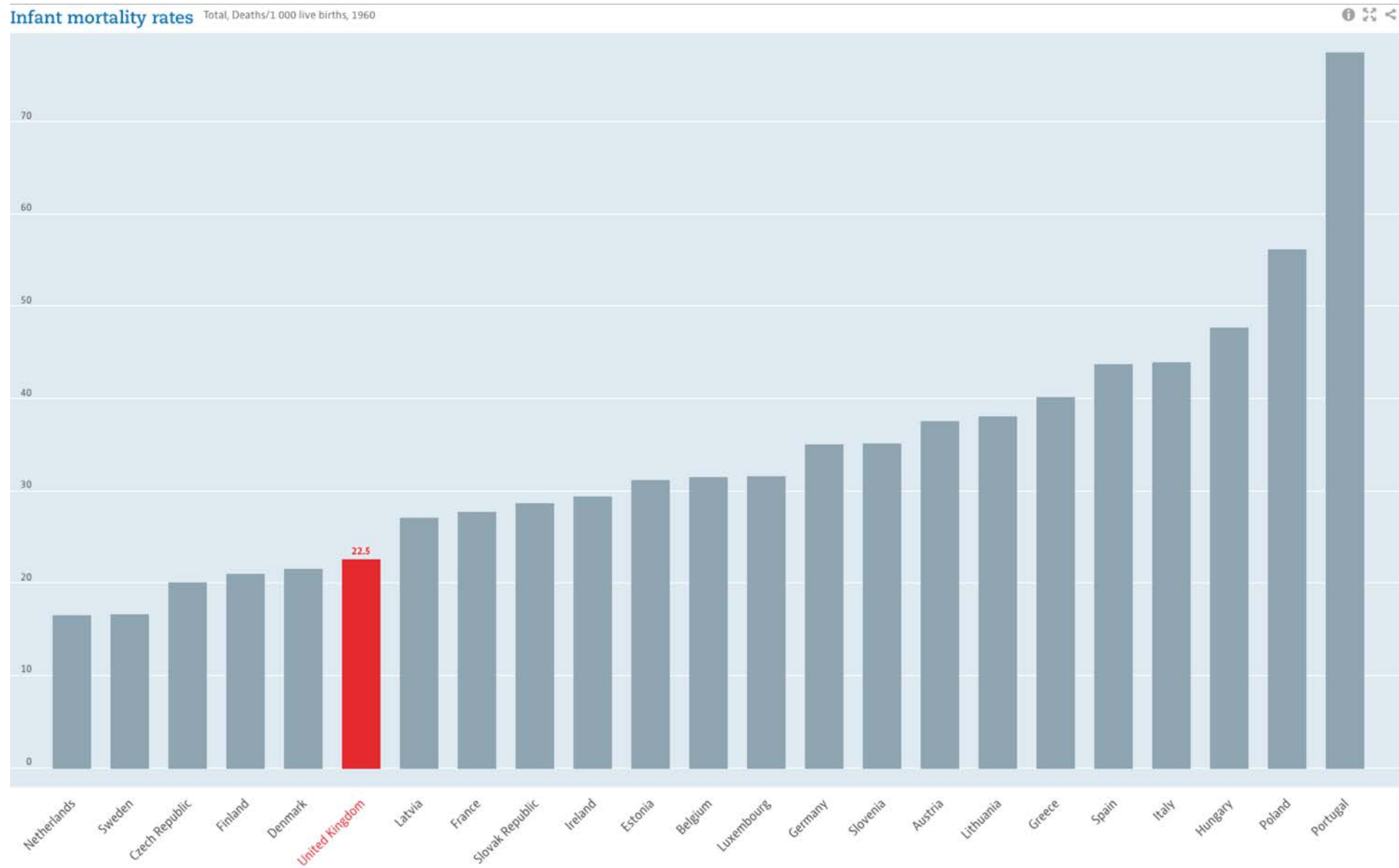
Gestational age and socioeconomic achievements in young adulthood: A population-based register linkage study of 228,030 births



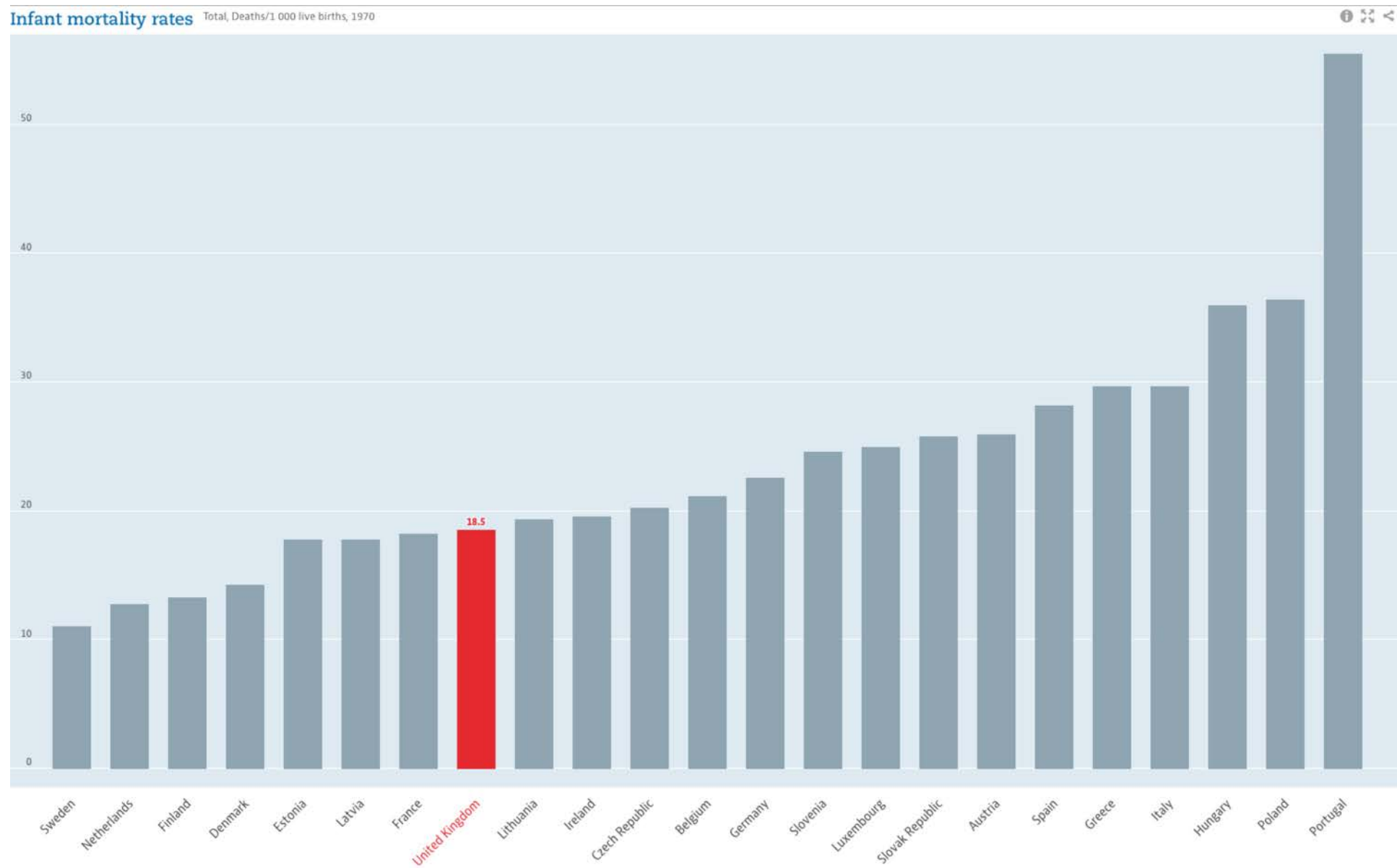
- Shorter gestational duration was associated with poorer socioeconomic outcomes in young adulthood
- Whilst children born in the late preterm and early term periods experiences only slightly increased risk of adverse socioeconomic outcomes, this may have a significant public health impact, since a large proportion of all children are born at 35 through 38 weeks

- INEQUALITIES ARE LARGE, PERSISTENT,
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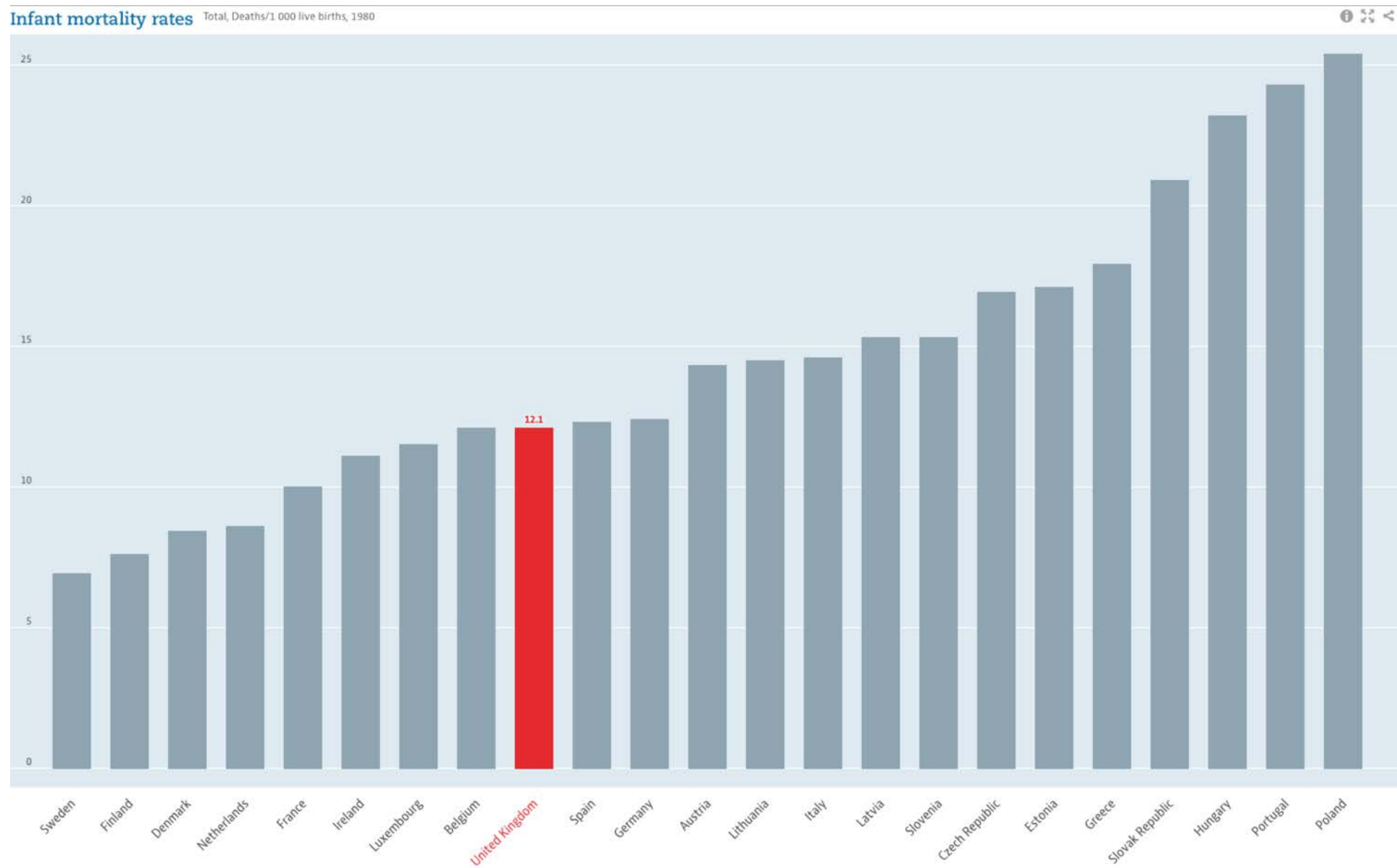
INFANT MORTALITY RANK 1960



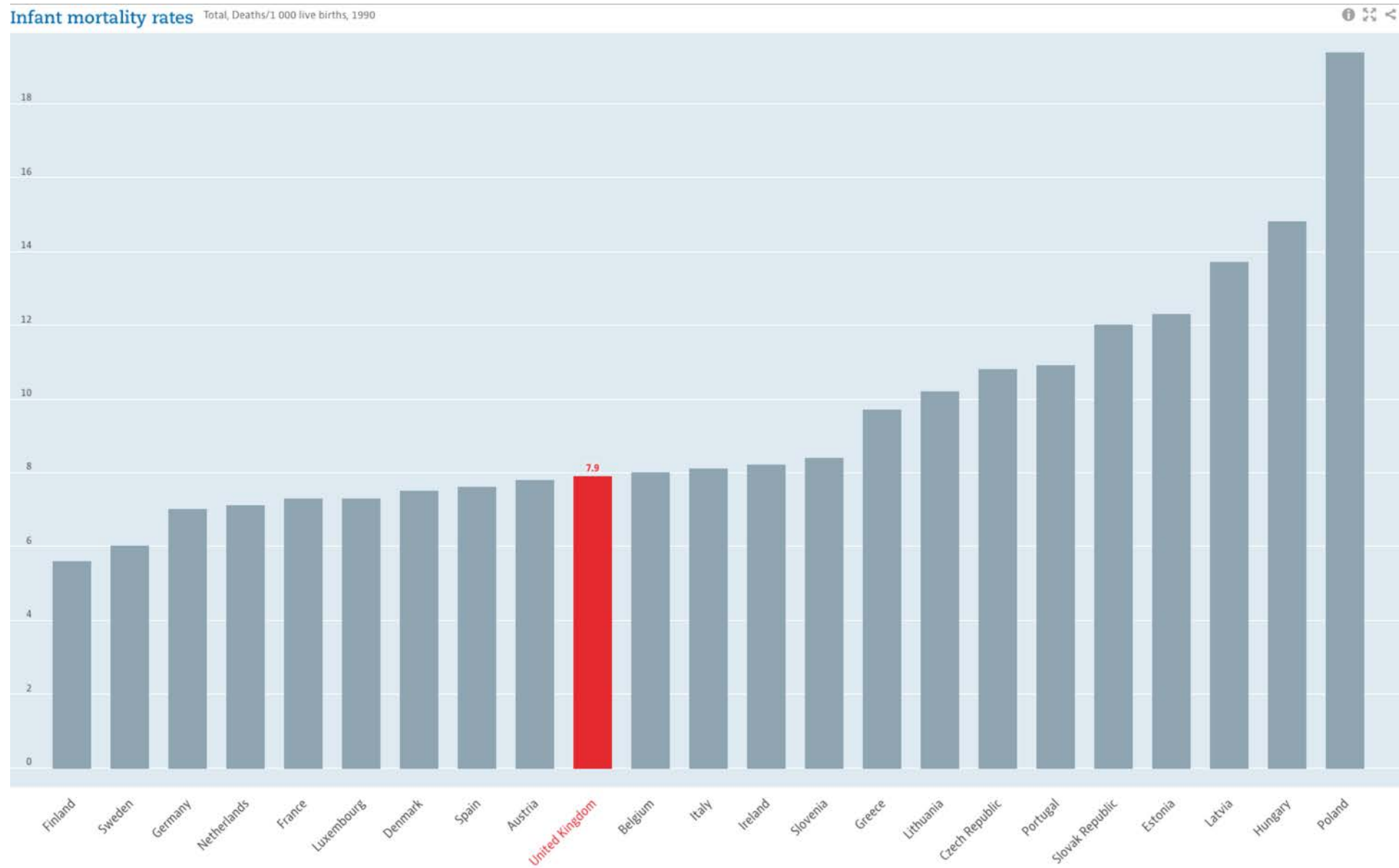
INFANT MORTALITY RANK 1970



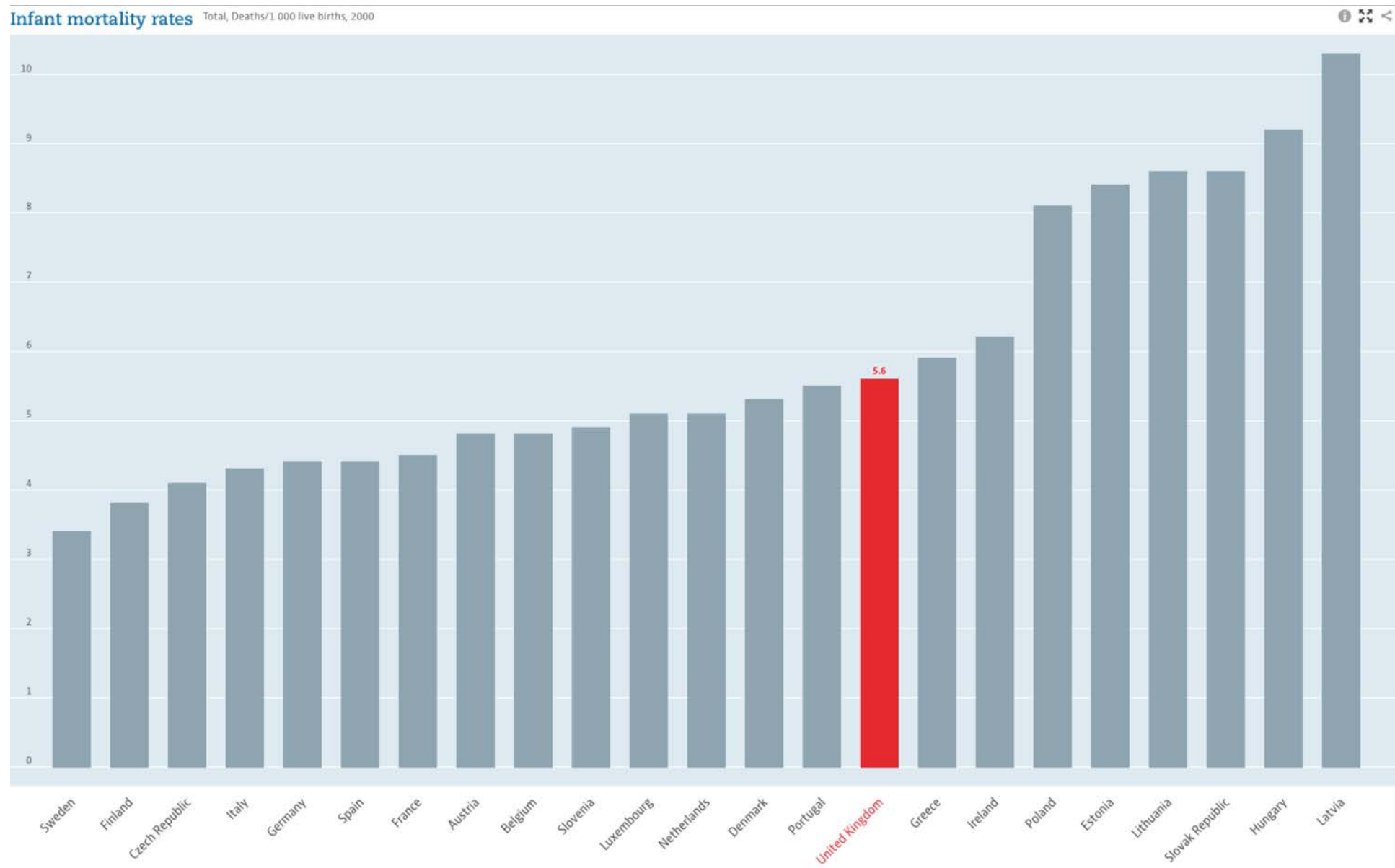
INFANT MORTALITY RANK 1980



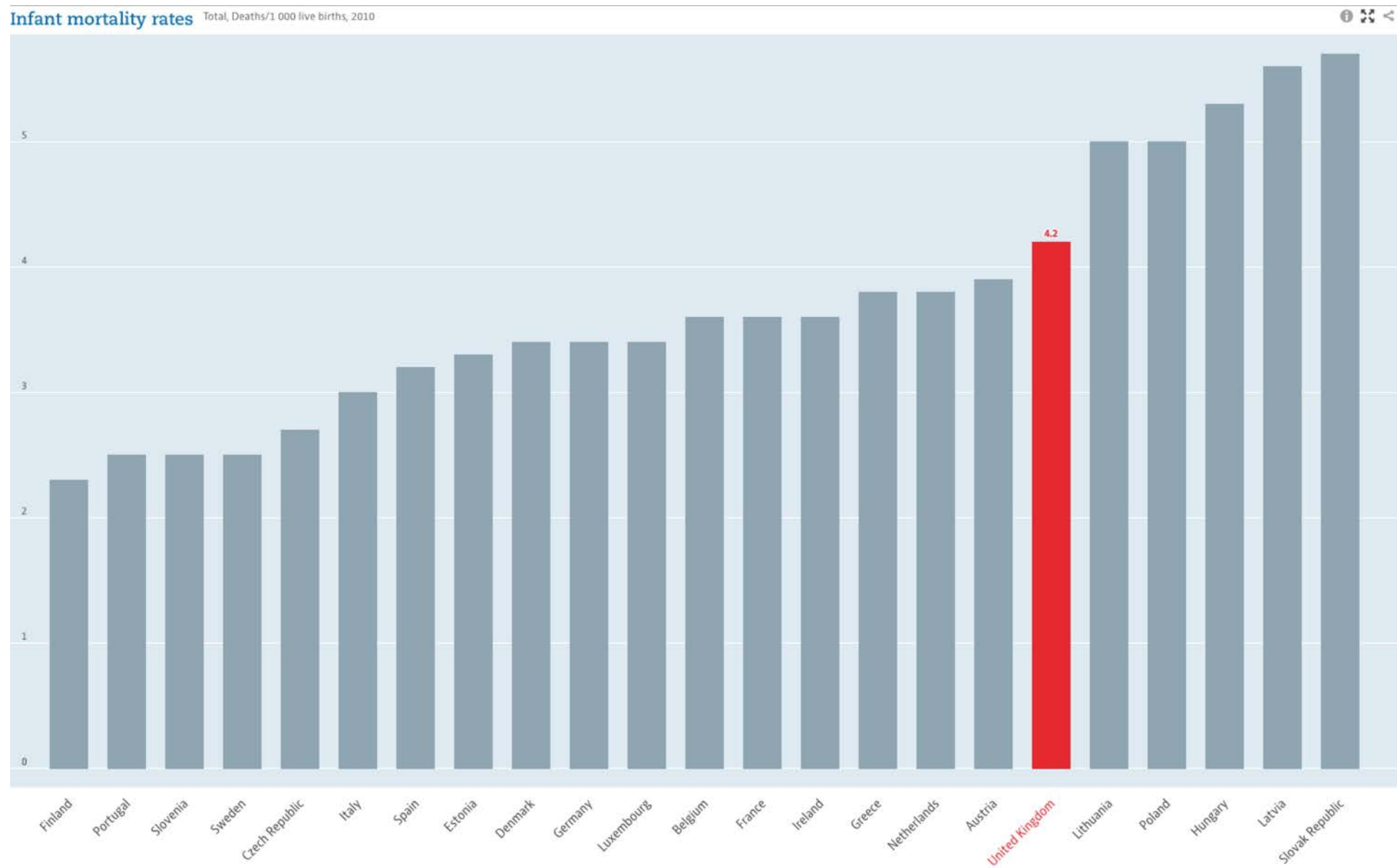
INFANT MORTALITY RANK 1990



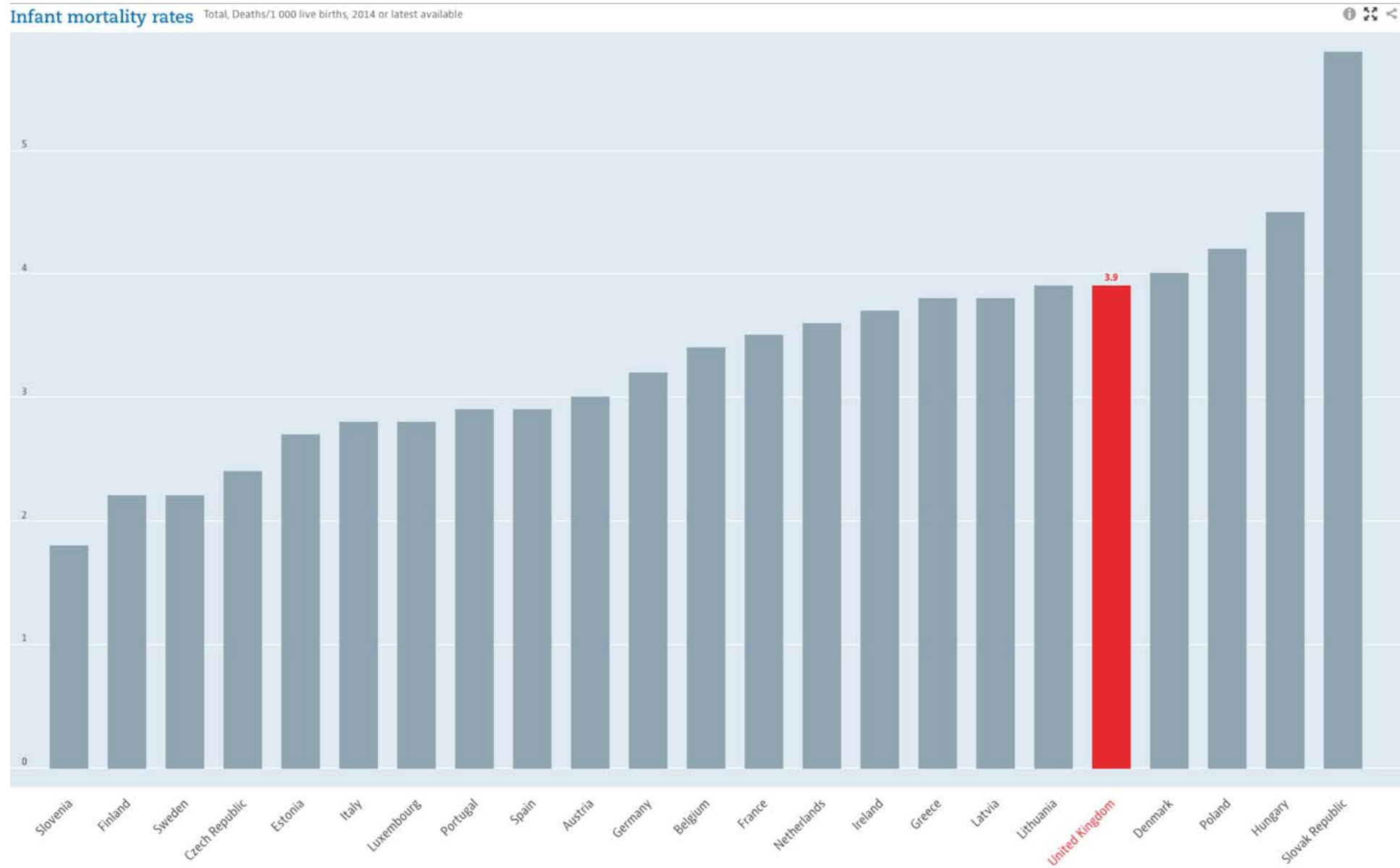
INFANT MORTALITY RANK 2000



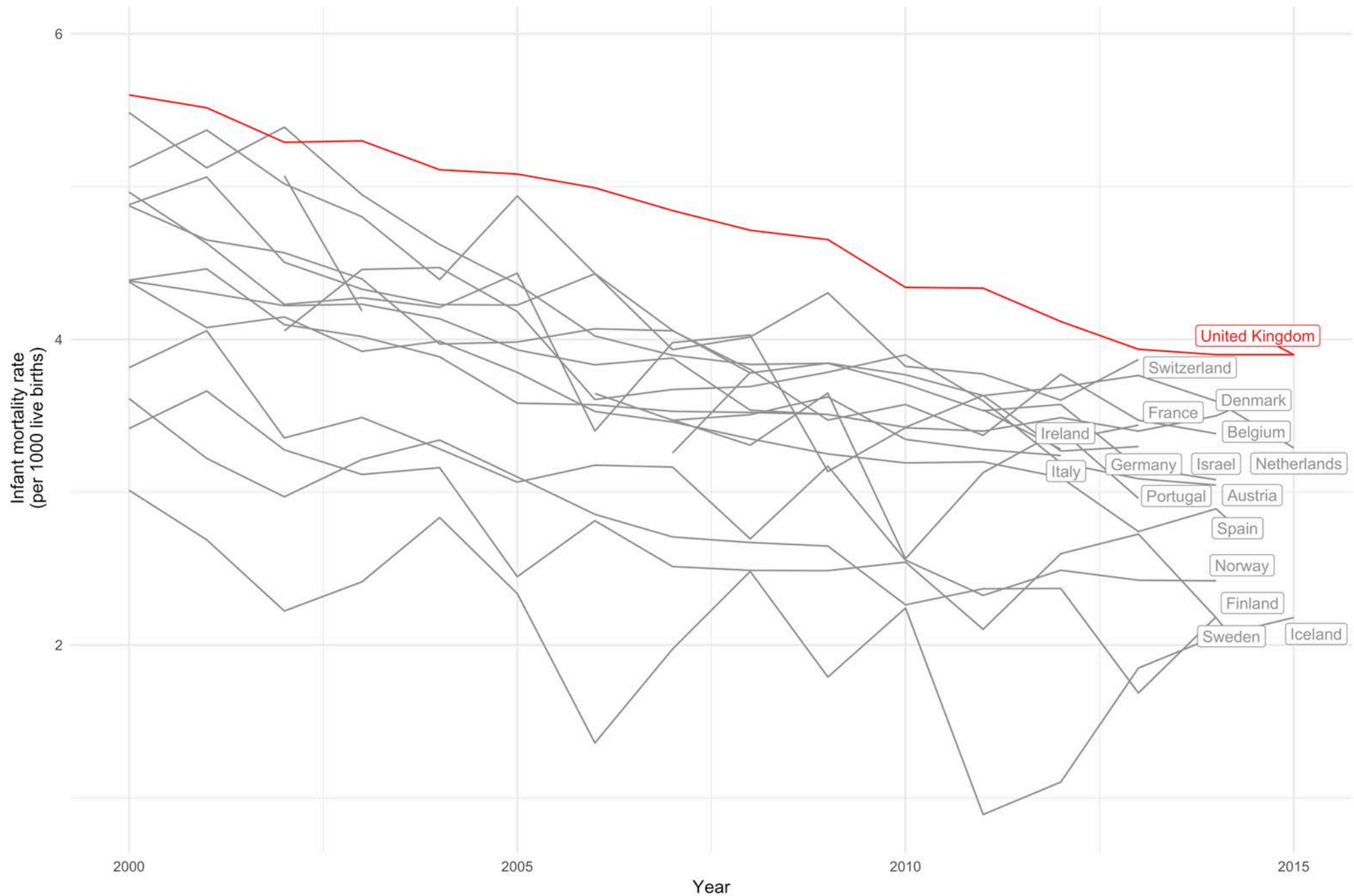
INFANT MORTALITY RANK 2010



INFANT MORTALITY RANK 2014



INFANT MORTALITY in Western European countries 2000-latest data



Statistical bulletin:

Childhood mortality in England and Wales: 2015

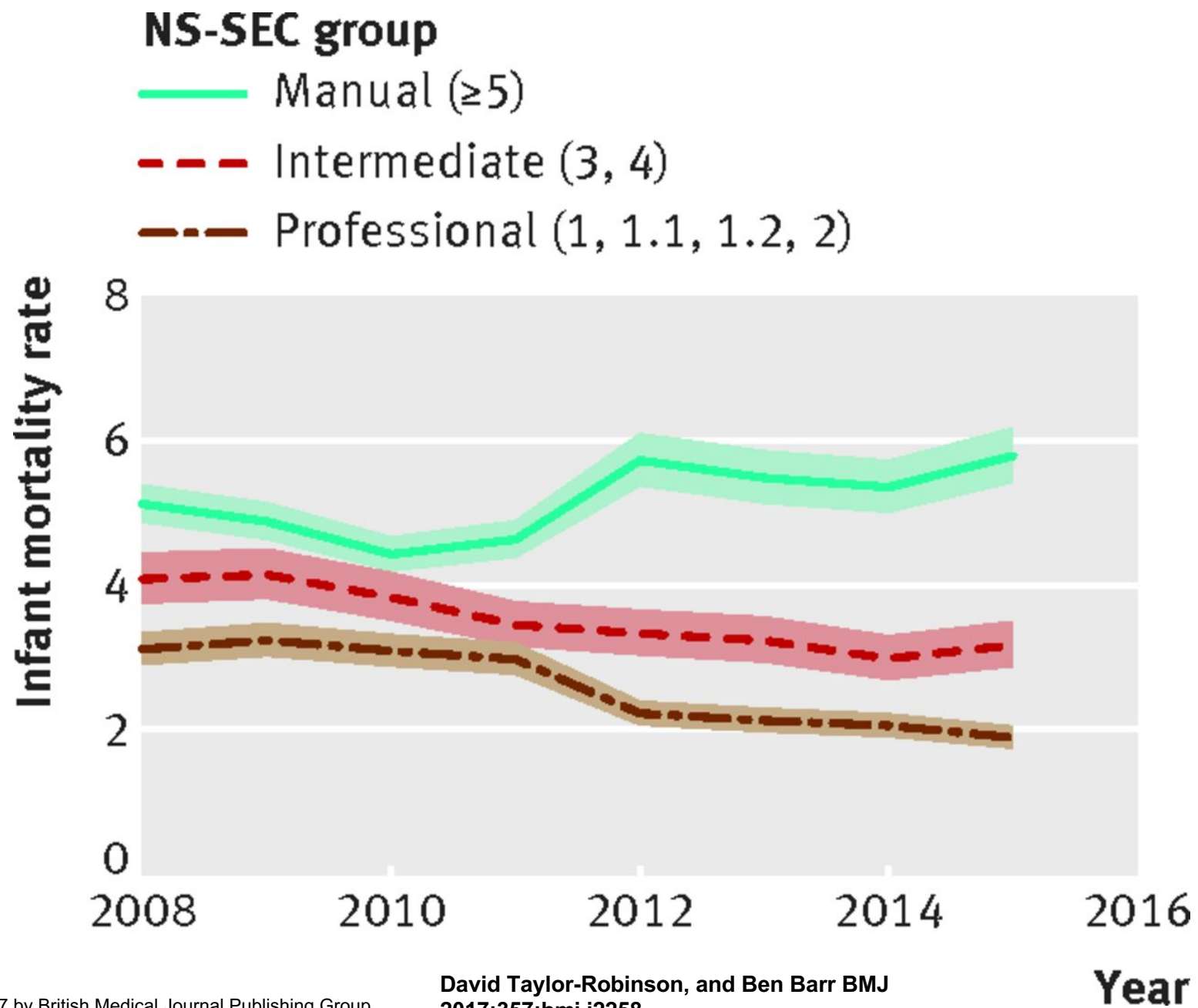
Stillbirths, infant and childhood deaths occurring annually in England and Wales, and associated risk factors.

Statistician's comment

"2015 saw the first increase in the infant mortality rate in England and Wales since 2006. The rate rose to 3.7 deaths per 1,000 births from the record low of 3.6 in 2014, but it remains low in historical terms. There are many risk factors contributing to infant mortality such as birthweight, mother's age at birth of child, and the parents' socio-economic status."

Vasita Patel, Vital Statistics Outputs Branch, Office for National Statistics

Infant mortality rate (95% confidence interval) by socioeconomic classification, 2008-15.



State of Child Health



State of Child Health Report 2017

CHILD HEALTH IN JEOPARDY DUE TO AN ALARMING GAP BETWEEN RICH
AND POOR

UK has 'stark inequalities in child health', report says

🕒 26 January 2017 | Health | 💬

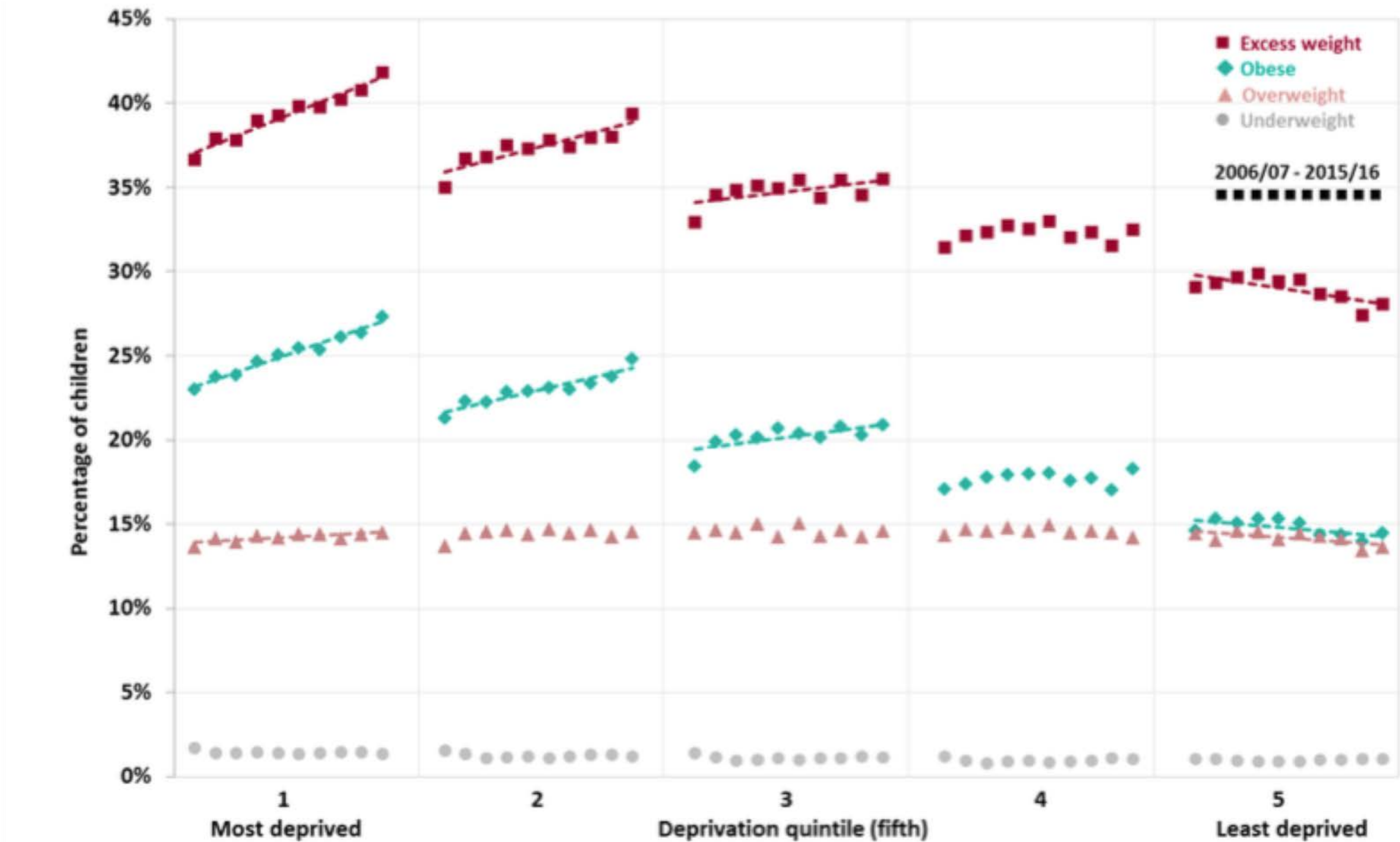
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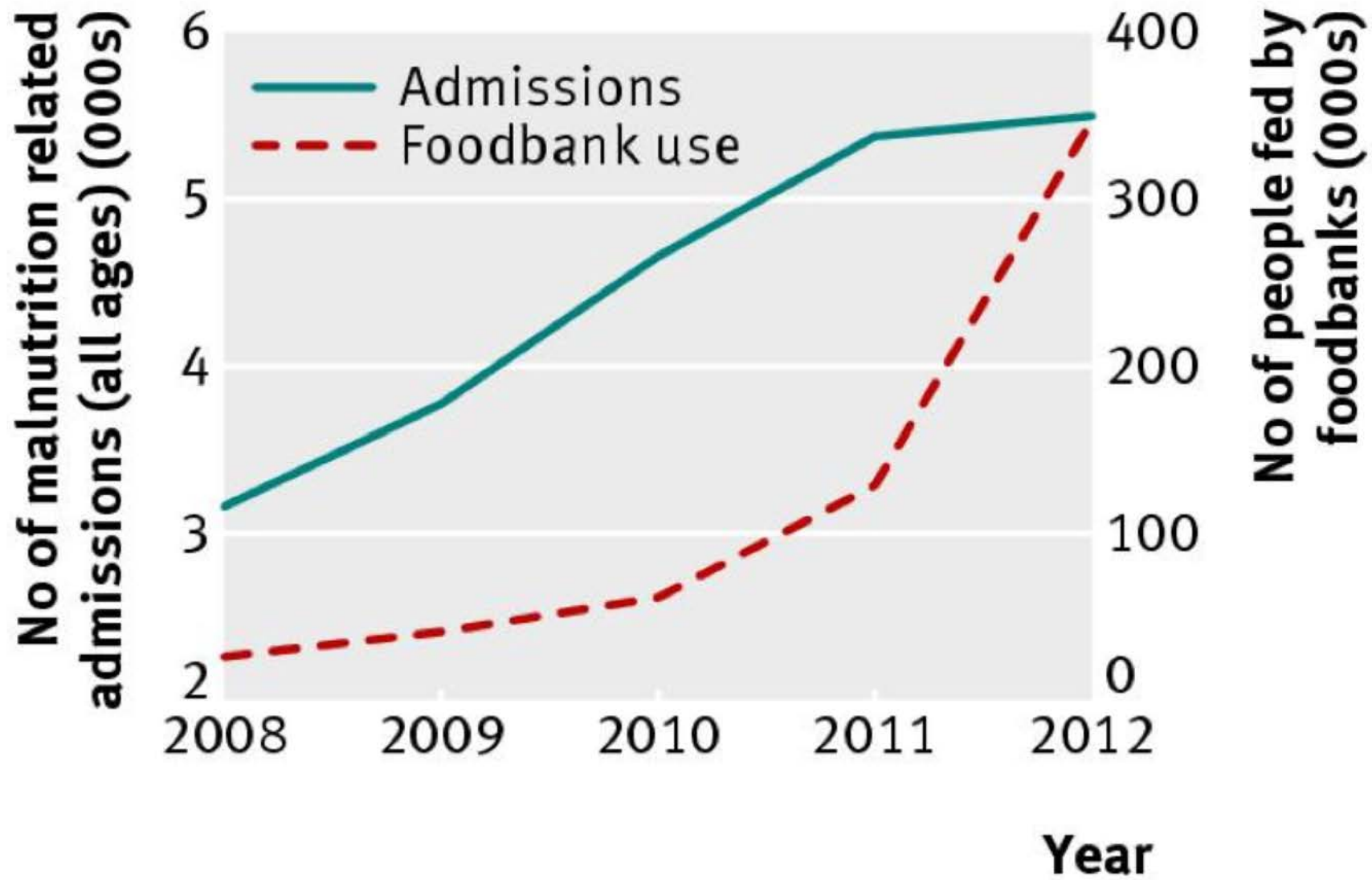


THINKSTOCK

Child health in the UK is falling behind that of many other European countries, a major report says.

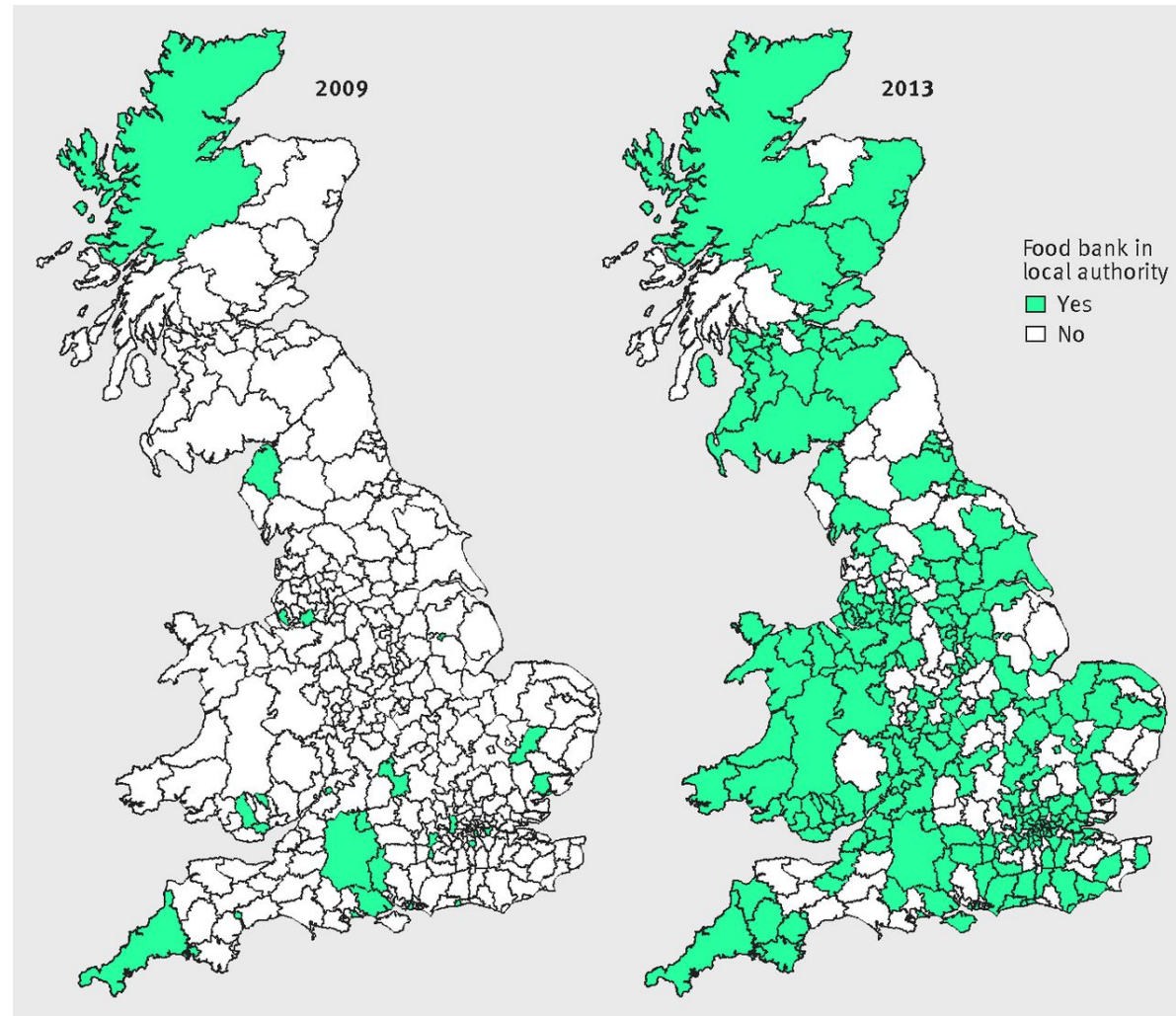
INCREASING INEQUALITY IN OBESITY: Prevalence of overweight and obesity among Year 6 pupils in England by deprivation quintile (first and fifth) 2006/2007 to 2015/2016





Taylor-Robinson et al BMJ 2013;347:f7157

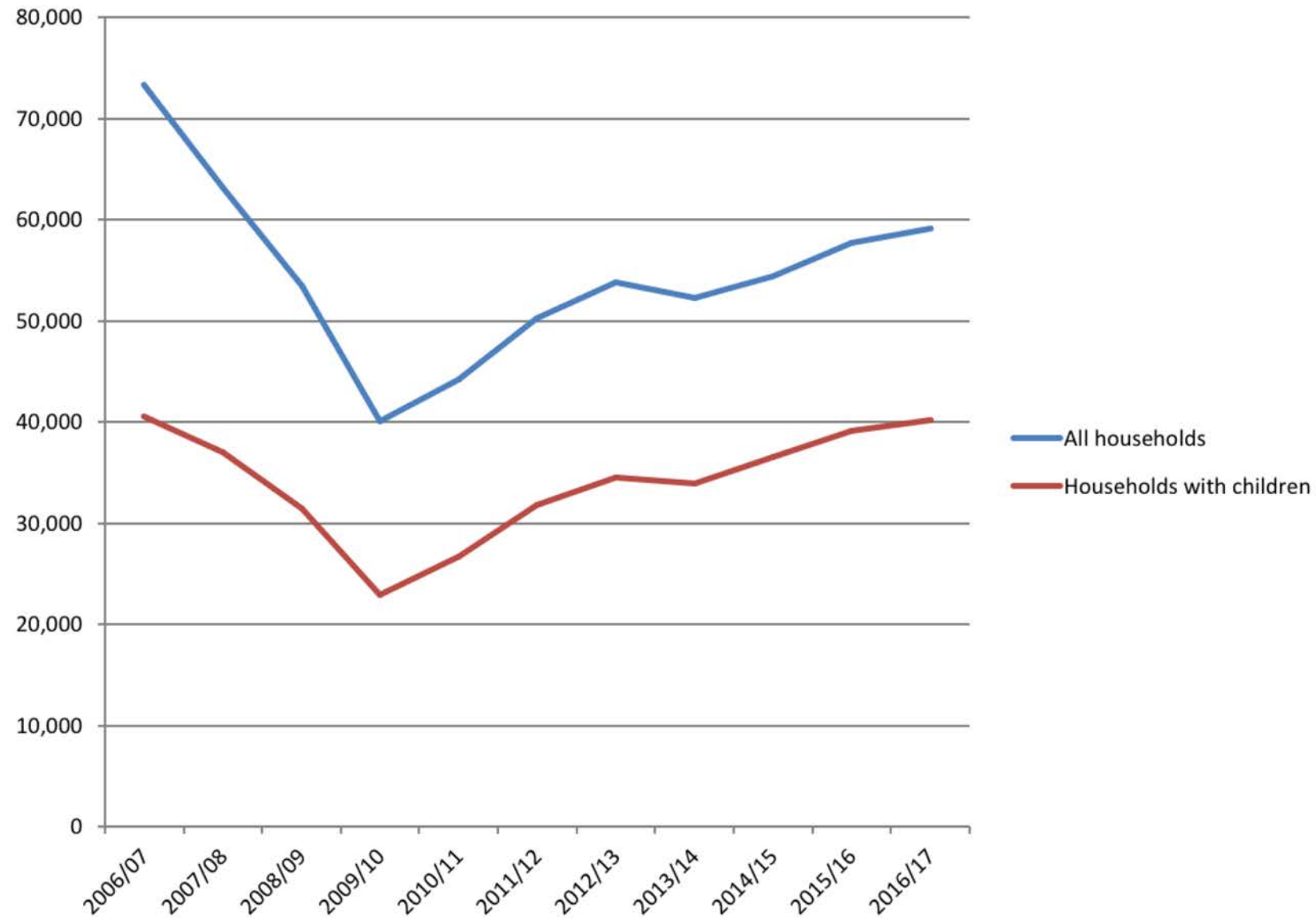
Trussell Trust food banks in local authorities in England, Scotland, and Wales in 2009 and 2013.



Rachel Loopstra et al. BMJ 2015;350:bmj.h1775



Rising homelessness in children





Volume 38, Issue 3
17 September 2016

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Supplementary data

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The impact of economic downturns and budget cuts on homelessness claim rates across 323 local authorities in England, 2004–12

Rachel Loopstra; Aaron Reeves; Ben Barr; David Taylor-Robinson; Martin McKee; David Stuckler

J Public Health (Oxf) (2016) 38 (3): 417–425. **DOI:** <https://doi.org/10.1093/pubmed/fd-v126>

Published: 17 October 2016

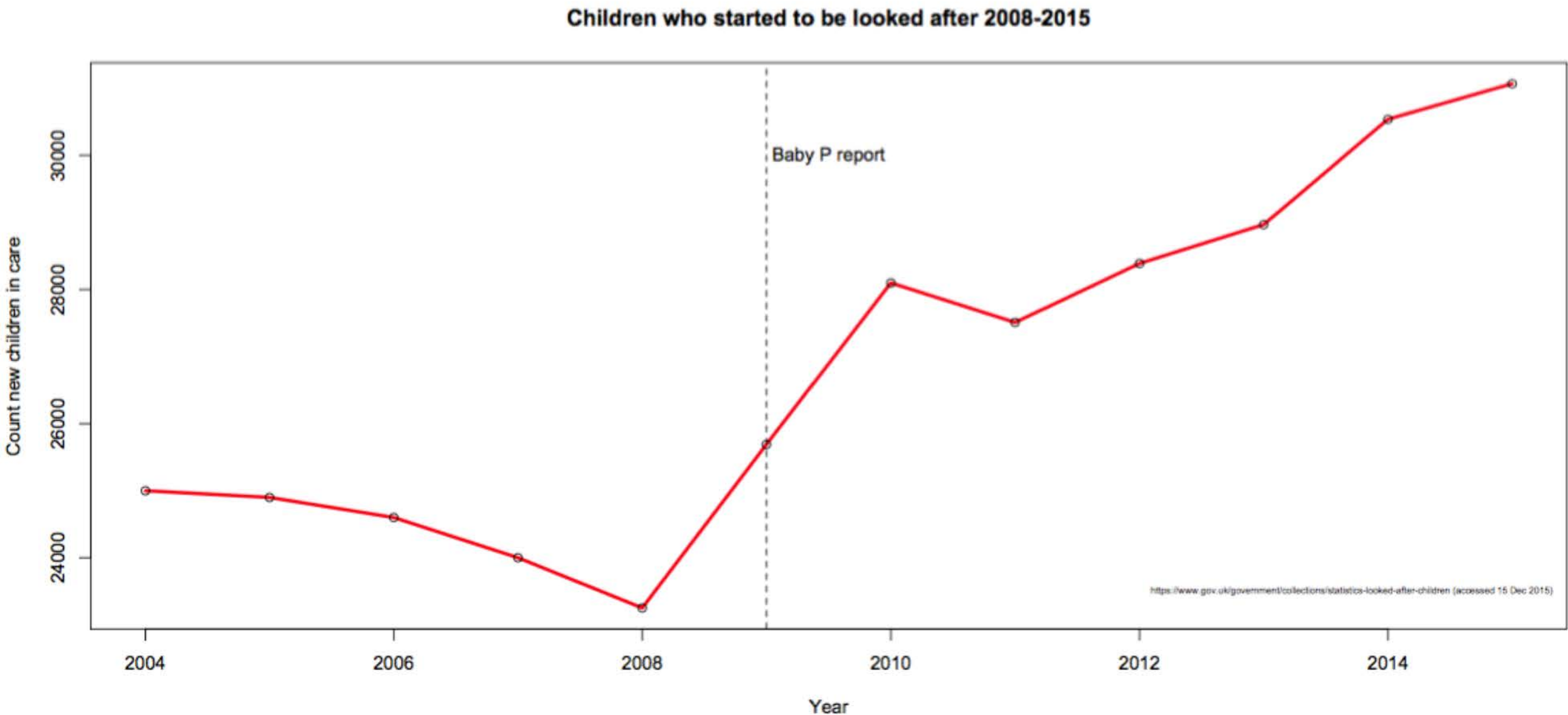
Background

It is unclear why rates of homelessness claims in England have risen since 2010. We used variations in rates across local authorities to test the impact of economic downturns and budget cuts.

Methods

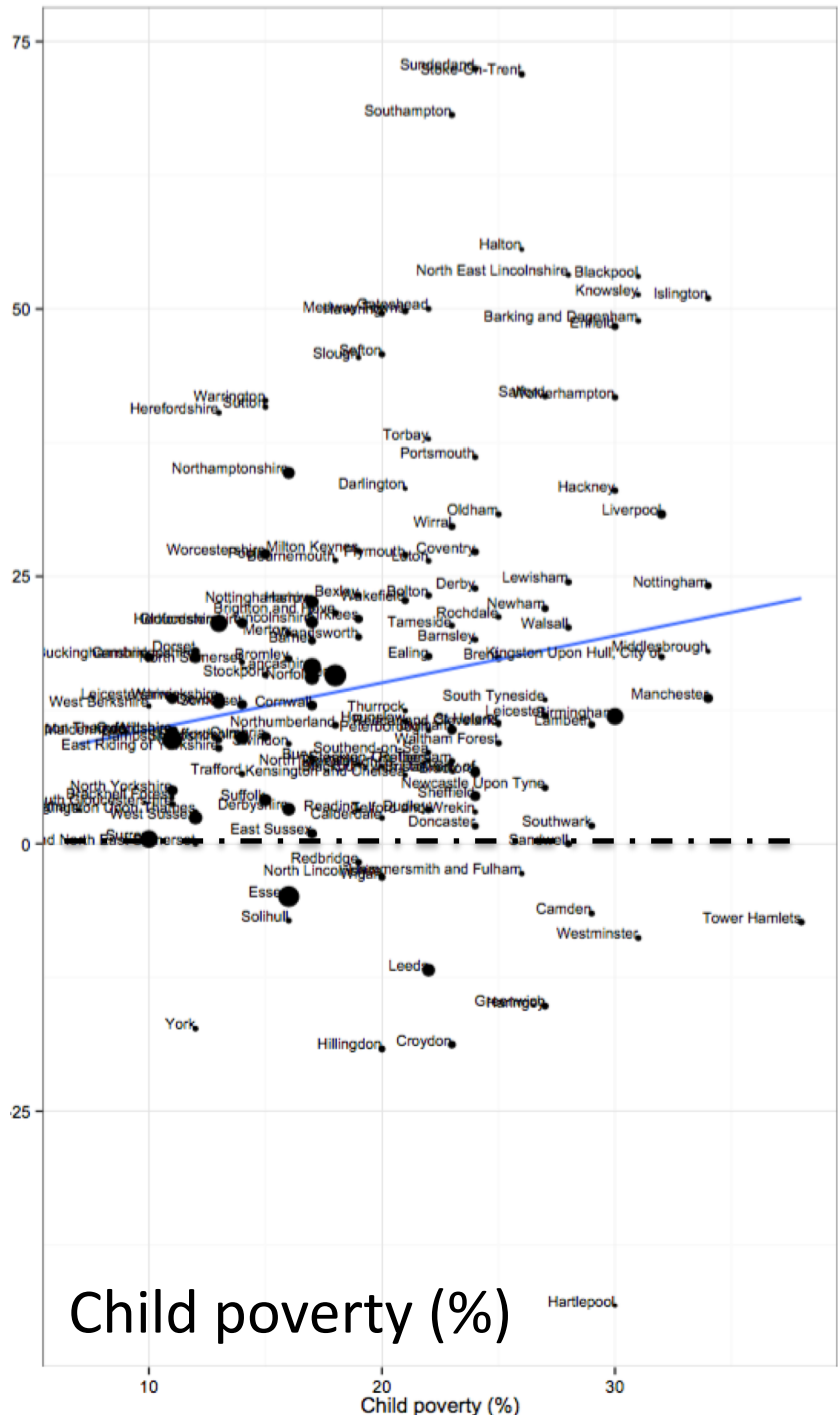
Using cross-area fixed effects models of data from 323 UK local authorities between 2004 and 2012, we evaluated associations of changes in statutory homelessness rates with economic activity (Gross Value Added per capita), unemployment, and local and central government expenditure.

Dramatic rise in children taken into LA care



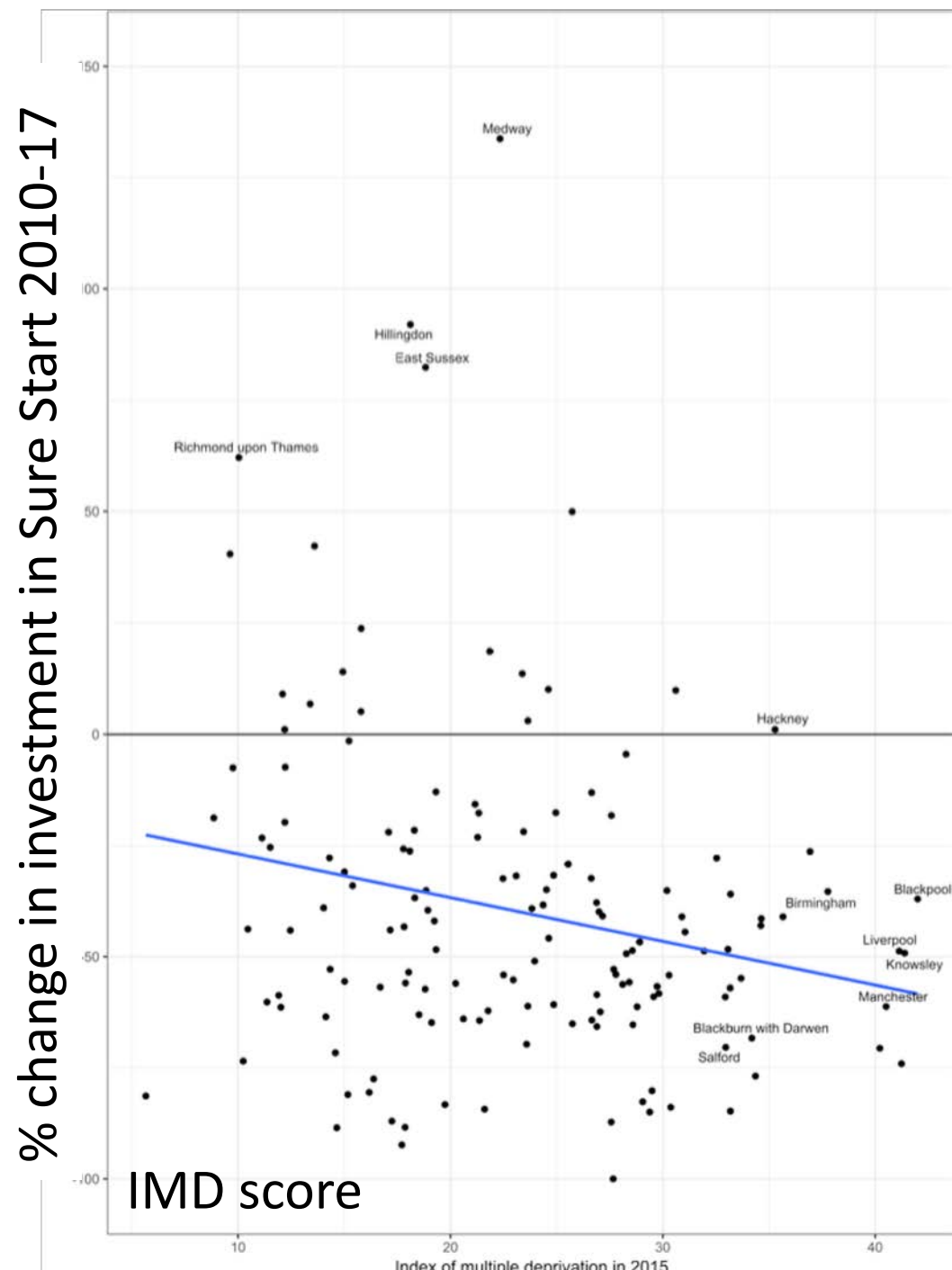
% change in children taken into LA care

Child poverty (%)



Change in number of children taken into LA care 2008-2015 by child poverty

Bigger increase in disadvantaged areas

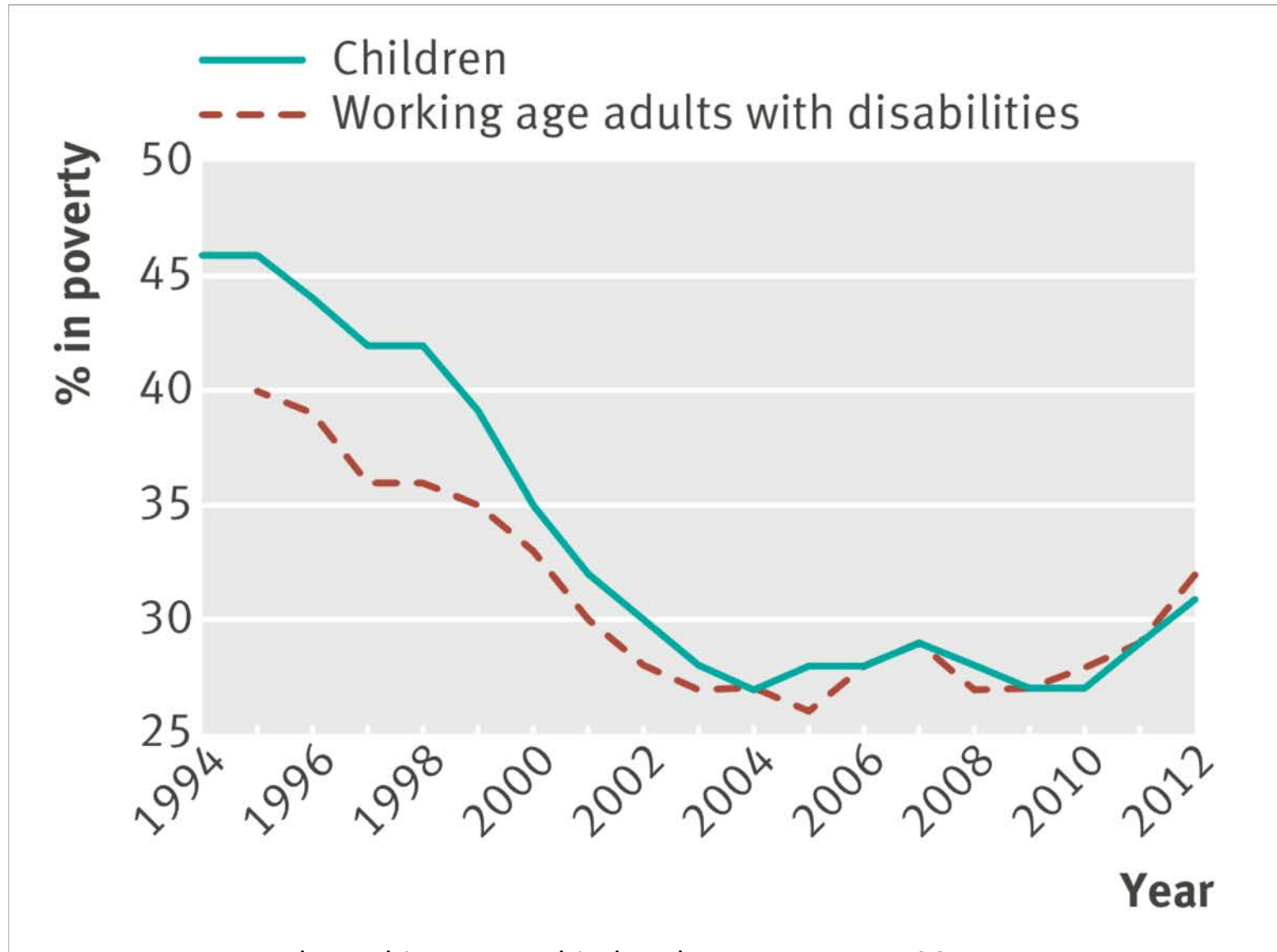


Change in investment in Sure Start 2010-2017 for local authorities by IMD

Bigger cuts in more disadvantaged areas



Gains of the past are being undone



Taylor-Robinson D, Whitehead M, Barr B. BMJ 2015

Child poverty in UK at highest level since 2010, official figures show

About 30% of Britain's children are now classified as poor, of whom two-thirds are from working families



 About 100,000 children fell into relative poverty in 2015-15, taking the overall figure to 4 million. Photograph: Christopher Furlong/Getty Images

The upward trend in child poverty in the UK has continued for the third year running, with the percentage of children classed as poor at its highest level since the start of the decade, latest official figures show.

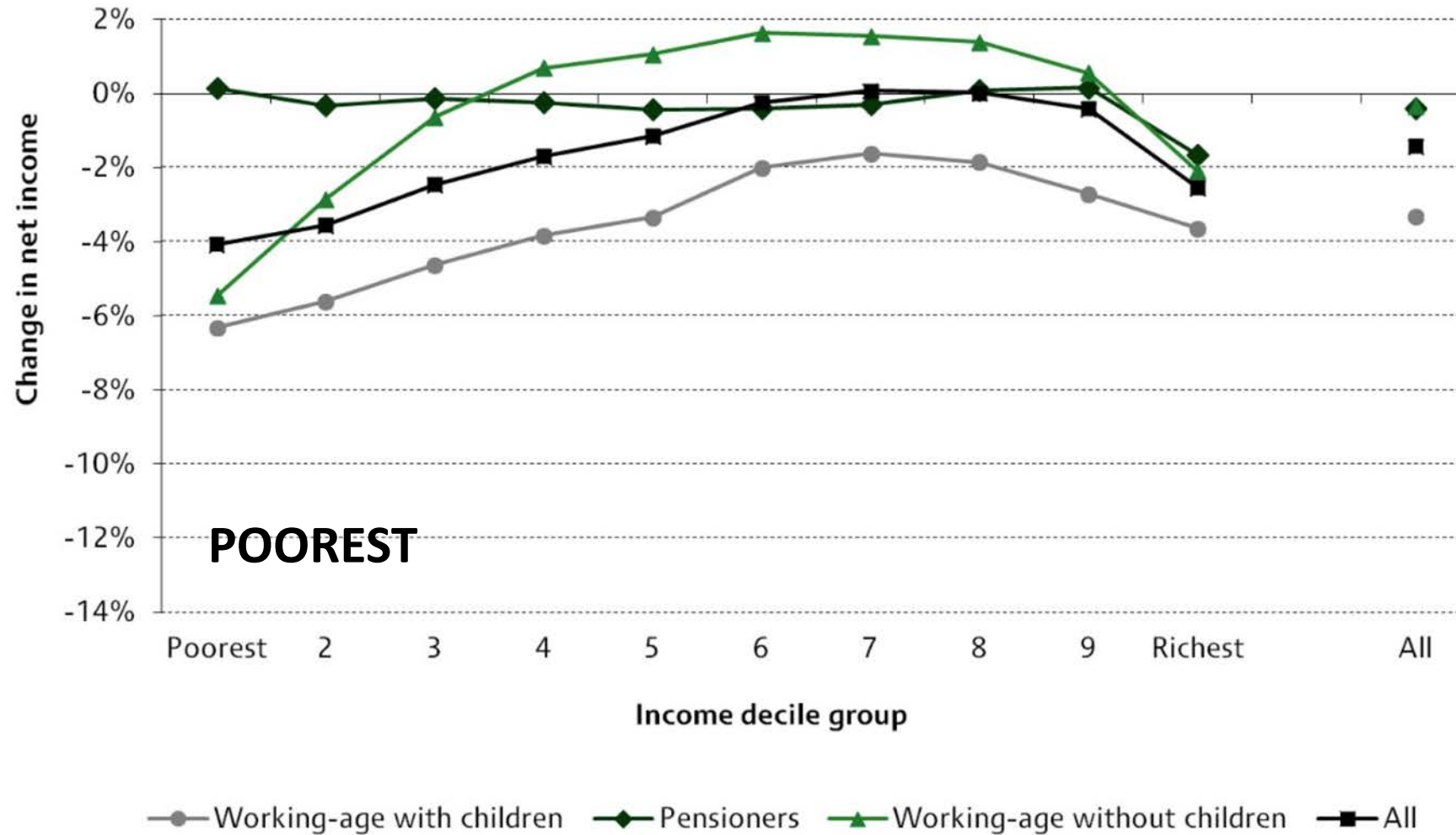


Families in an Age of Austerity:
January 2012

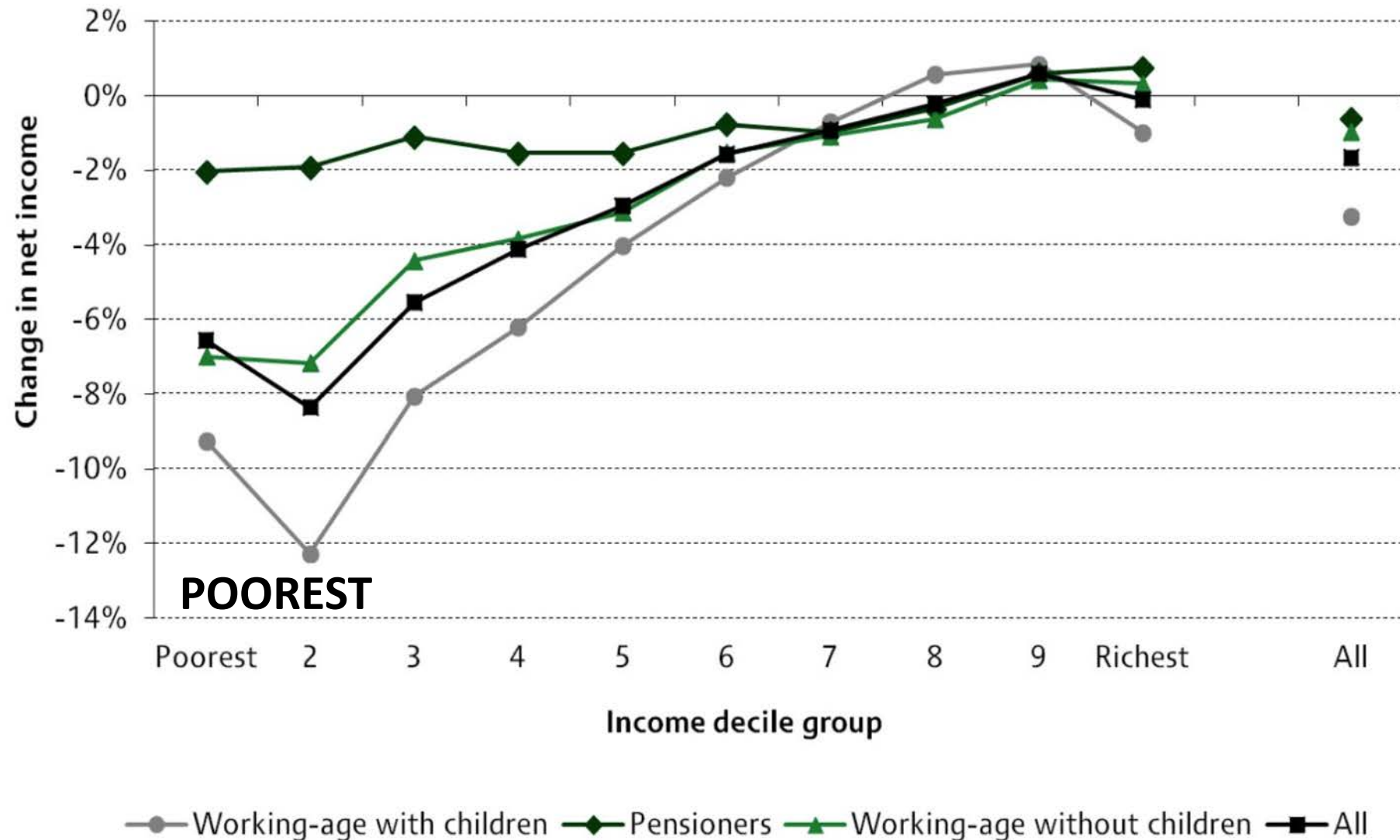
The Impact of Austerity Measures on Households with Children

Analysis by James Browne, Institute for Fiscal
Studies

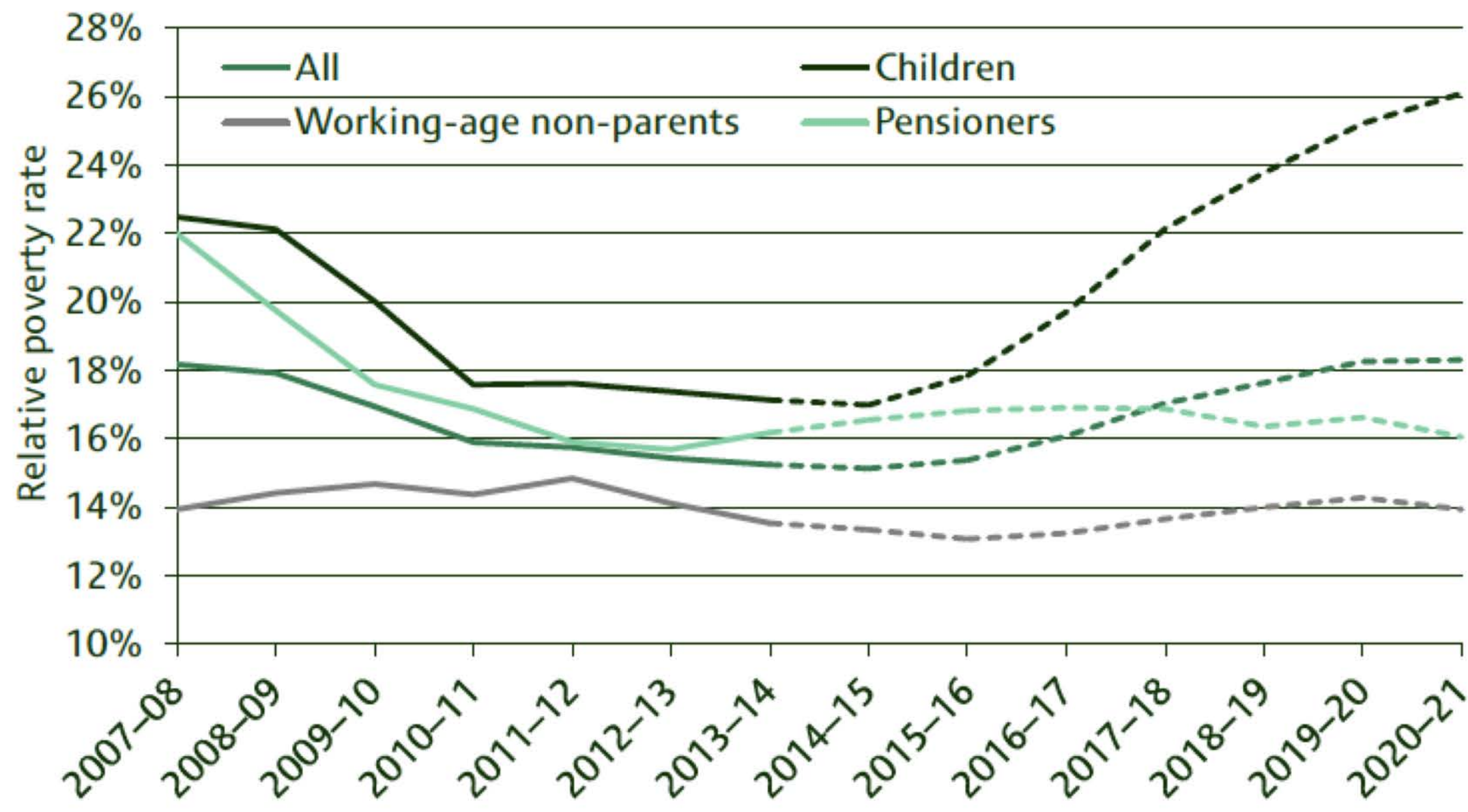
Impact of tax and benefit reforms introduced between May 2010 and April 2015 by income decile and household type



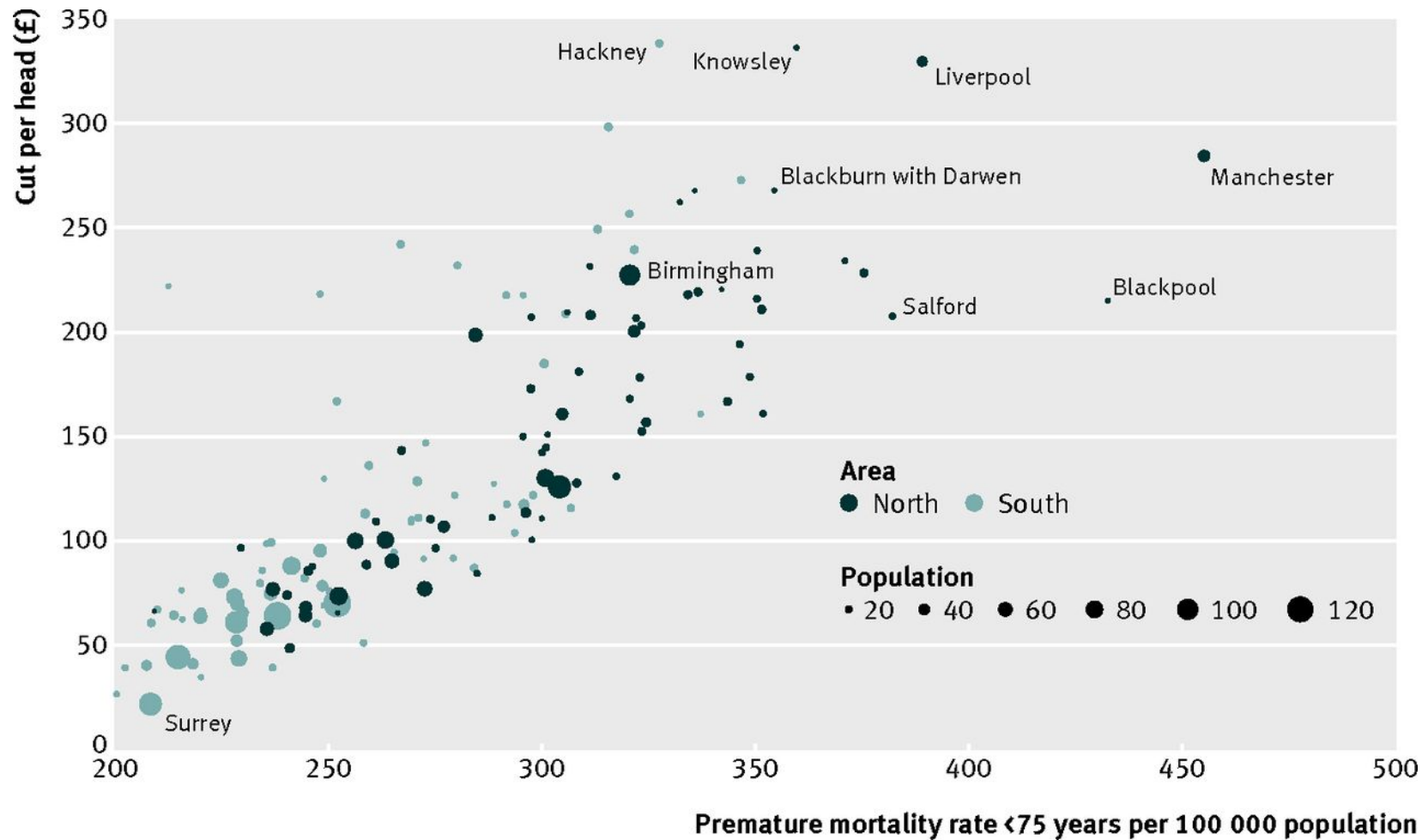
Long-run impact of tax and benefit reforms introduced between May 2015 and April 2019 by income decile and household type (including universal credit)



Relative poverty rates: 2007–08 to 2020–21



Bigger cuts to English local area budgets in sickest populations 2010-2015



Taylor-Robinson D et al. BMJ 2013;347:bmj.f4208



All Party Parliamentary Group on Health in All Policies

Inquiry:
**Child Poverty
and Health**



the Impact
of the Welfare Reform
and Work Bill 2015-16

Editorial

UK welfare reform: disastrous for the poorest children

The Lancet

Altmetric 258

DOI: [http://dx.doi.org/10.1016/S0140-6736\(16\)00387-1](http://dx.doi.org/10.1016/S0140-6736(16)00387-1)



[Article Info](#)

Summary

Full Text

Tables and Figures

The UK Government has an ambitious plan to reduce deficits in the UK's economy. However, this quest for recovery might be at the expense of the poorest and most vulnerable groups in society. Last week, the [UK All-Party Parliamentary Group \(APPG\) on Health in All Policies released the findings](#) from their inquiry into the effects of the proposed Welfare Reform and Work Bill 2015–16 on child poverty and child health. The Bill sets out several changes to the UK welfare system, including reducing the benefit cap, freezing some benefits for 4 years, and restricting the amount of support provided by child tax credits—changes that will hit the poorest people the hardest. The Bill will also repeal most of the UK Child Poverty Act 2010, which set out to eradicate child poverty by 2020; in fact, the Bill has removed all child poverty reduction targets.

The APPG's findings showed that increased levels of child poverty directly worsen children's social, emotional, and cognitive outcomes, and the risk of infant mortality. Asthma, obesity, smoking, teenage pregnancy, and mental health disorders such as self-harm are also more prevalent in children from less affluent families.

These policies represent
a collective failure to
protect the rights of
children

- INEQUALITIES ARE LARGE, PERSISTENT, they START EARLY
- RECENT TRENDS and CHALLENGES FOR CHILD HEALTH
- **WHAT NEEDS TO BE DONE**

DUE NORTH

**Report of the Inquiry on
Health Equity for the North**

DUE NORTH: actions to tackle root causes



**Tackle poverty
and economic
inequality**

**Promote healthy
development in
early childhood**



**Share power over
resources and increase
influence of public over
decisions**





Agencies in the North

- *Increase proportion of early years spend*
- Ensure access to good quality *universal early years education and childcare*
- Maintain and *protect universal integrated neighbourhood support* for early child development, including *Children's Centres*
- Develop and sign up to a Charter to *protect the rights of children to the best possible health*
- *Better data on children across the lifecourse*

Central government

- ***Reduce child poverty*** through the measures advocated by the Child Poverty Commission
- ***Increase expenditure allocated to early years***, focused according to need
- ***Embed a rights based approach*** to children's health across government departments
- ***Health in all policies*** and ***cumulative impact assessment*** of any future welfare changes



NHS

- ***Allocate resources to reduce health inequalities*** over the lifecourse
- ***Pool resources*** with other partners to ensure that universal support ***for early child development*** is developed and maintained
- ***Encourage holistic provision of services in primary care to reduce poverty*** among children with chronic illness



Public Health England

- ***Advocacy for child health in all policies***
- Help to establish a cross-departmental system of health impact assessment
- ***Support cumulative impact assessment*** of the impact of welfare reform and cuts to local and national public services
- ***Support local authorities to produce a Health Inequalities Risk Mitigation Strategy***

“We exist to protect and improve the nation's health and wellbeing, and reduce health inequalities.”



Public Health
England

DUE NORTH

Report of the Inquiry on
Health Equity for the North

