Poverty

BACCH
Workshop
Sept. 2018

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BACAPH

Its topical!

Almost 4 million children in the UK live in households that would struggle to afford to buy enough fruit, vegetables, fish and other healthy foods to meet the official nutrition guidelines, a groundbreaking food poverty study reveals.

Food Foundation
5th Sept 2018

Prevention surely requires a complex, multilevel, environmental, socioeconomic, and life-course approach

and complex!
Outline

• Poverty – the complexities
• Figures and trends
• Case scenario – discussion
• Clinic strategies
• Advocacy
• BACCH/BACAPH—next steps

Poverty is complex!

• conceptually and academically.
• biological mediation of stress
• lifelong effects
• political interventions!
Conceptually complex

Definition

“Individuals, families and groups in the population can be said to be in poverty when they lack resources to obtain the type of diet, participate in the activities and have the living conditions and amenities which are customary, or at least widely encouraged and approved, in the societies in which they belong”.

Townsend 1979
Academically complex

Measurement

– Income
– After taxes (spending)
– After housing
– Geography - transport
– Number of dependants
– Disabilities/health costs
Measures of poverty in the UK

1. Households 60% Below Average Incomes (HBAI)
   HBAI measures “equivalised disposable income that falls below 60% of the national median.”
   *Equivalised means taking into account size of household.*

2. Persistent poverty.
   This is defined as a household which is below the poverty threshold line for 2 out of the past 3 years.

3. Absolute Low income.
   This sets a threshold as a proportion of the UK average income in a particular year and changes only in line with inflation. Thus rising wages could be expected to reduce absolute low income – even if inequality increases.

Source: Households Below Average Income, Department for Work and Pensions
Trends

Poverty after housing costs
% population

- Relative poverty (%)
- Absolute poverty (%)

Source: DWP
Forecasts

Figure 3.9. Relative poverty rates: 1997–98 to 2020–21

Persistent poverty rates for dependent children

- 2005/08: 14.8%
- 2006/09: 12.9%
- 2007/10: 9.8%
- 2008/11: 8.4%
- 2009/12: 10.3%
- 2010/13: 10.1%
- 2011/14: 11.0%
Biological mediation
Functional MRI scans

Lifelong impacts
Who is most affected?

- disabled children/
- children of disabled parents;
- children in care;
- children leaving care;
- children with a parent in prison;
- children who are carers;
- asylum seeker/refugee children;
- traveller/gypsy children

Education

**Poorer children** (free school meals)

- lag at all stages of education.
- by the age of three, nine months behind
- by 11, three terms behind
- by 14, this gap grows to over five terms.
- by 16, 1.7 grades lower at GCSE.
**Health**

Poverty is also associated with

- a higher risk of both illness and premature death.
- birth weight 200g less at birth than those born in the richest areas.
- more likely to die than children born into richer families.
- more likely to suffer a LTC during childhood
- life expectancy: professionals live, on average, 8 years longer than unskilled workers.

**Communities**

Children living in poverty are:

- almost twice as likely to live in poor housing.
- live with the consequences of fuel poverty.
- miss out on school trips
- can’t afford a one-week holiday away from home.
- there are more play areas in deprived areas but their quality is generally poorer.
- vandalism and crime all act as deterrents to using what otherwise might be good facilities.
Complex political interventions!

Tackling poverty – some of the options
CASE STUDY – PART 1

Tracy, a young woman with two children, comes to the Child Development Team. She is worried that her 3 year old son, Jonny with cerebral palsy, is constipated. He goes several days before passing very hard, dry stools which is becoming increasingly painful and uncomfortable.

WHAT CUES IN CLICIC MIGHT ALERT YOU TO POVERTY ISSUES?
POVERTY CUES - caution

Children of disabled parents; LD, mental health
Children in care/leaving care;
Children with a parent in prison;
Children who are carers;
Asylum seeker/refugee children;
Traveller/gypsy children
Cleanliness/ physical presentation

Low income, part time work
3+ children
Lone parents
Previous social care involvement
Current postcode/ Housing history
On benefits
Previous missed appointments

CASE STUDY – PART 2

Tracy, arrives more than 20 minutes late to the appointment with two other young children in tow, one aged 5 years and the other 6 months. She apologises, but tells you that ever since the bus services to her housing estate have been cut, she has to wait longer for a bus to come.

You ask them to sit down, and notice that while Jonny appears reasonably well, his lips look a little dry. The 6 month old is covered in scaly rash from scalp downwards and smells as though they need a nappy change; the 5 year old has dirty finger nails and ill-fitting clothes. Tracy herself seems very thin and pale.
HOW WOULD YOU RAISE THE ISSUE OF POVERTY WITH THIS MOTHER?

What might prevent you from doing so?

What supplementary questions might you ask to find out more?

THE SOCIODEMOGRAPHIC DIVIDE

### 10 Highest Paid Occupations

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Median full-time gross weekly pay (£)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical practitioners</td>
<td>1,167.1</td>
</tr>
<tr>
<td>Marketing and sales directors</td>
<td>1,298.7</td>
</tr>
<tr>
<td>Legal professionals (not included elsewhere)</td>
<td>1,217.3</td>
</tr>
<tr>
<td>Information technology and telecommunications directors</td>
<td>1,226.7</td>
</tr>
<tr>
<td>Financial managers and directors</td>
<td>1,143.0</td>
</tr>
<tr>
<td>Chief executives and senior officials</td>
<td>1,533.3</td>
</tr>
<tr>
<td>Brokers</td>
<td>1,149.9</td>
</tr>
<tr>
<td>Aircraft pilots and flight engineers</td>
<td>1,746.6</td>
</tr>
<tr>
<td>Air traffic controllers</td>
<td>1,549.4</td>
</tr>
<tr>
<td>Advertising and public relations directors</td>
<td>1,289.5</td>
</tr>
</tbody>
</table>

### 10 Lowest Paid Occupations

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Median full-time gross weekly pay (£)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cleaners and domestics</td>
<td>285.5</td>
</tr>
<tr>
<td>Nursery nurses and assistants</td>
<td>285.2</td>
</tr>
<tr>
<td>Other elementary services occupations (not included elsewhere)</td>
<td>279.9</td>
</tr>
<tr>
<td>Retail cashiers and checkout operators</td>
<td>278.7</td>
</tr>
<tr>
<td>Leisure and theme park attendants</td>
<td>272.7</td>
</tr>
<tr>
<td>Kitchen and catering assistants</td>
<td>268.4</td>
</tr>
<tr>
<td>Hairdressers and barbers</td>
<td>267.8</td>
</tr>
<tr>
<td>Launderers, dry cleaners and pressers</td>
<td>259.3</td>
</tr>
<tr>
<td>Waiters and waitresses</td>
<td>257.6</td>
</tr>
<tr>
<td>Bar staff</td>
<td>253.6</td>
</tr>
</tbody>
</table>
RAISING THE ISSUE

Potential starter questions:
Do you ever have trouble making ends meet... debt
Are you entitled to free school meals?
Did you get away on holiday this year?
(Child) what do you like doing when not at school?
What foods do you like.....daily diet
Have you got your own bedroom – what's it like.....housing

“HAVE YOU EVER...?”

Have you ever been cold in bed at night?
Have you ever had your parents scream and fight?
Have you ever been so hungry your tummy hurts?
Been ashamed of your clothes cause of the grime and dirt?
Have you ever been punched, bitten and hit?
Considered your life to be in a pit?
Have you ever had to sit in a darkened room?
Your only light coming from the moon?

Poems about Child Poverty, Blaenau Gwent Youth Forum
CASE STUDY – PART 3

After taking your history and examining Jonny, you determine that there are no red flags. You notice his diet isn’t great – he eats a lot of pizza, pasta and bread and doesn’t have many vegetables.

You advise to eat foods with a high fibre content including fruit, vegetables, high-fibre bread, baked beans, and wholegrain breakfast cereals and increase his fluid intake to help with the constipation. You also prescribe Movicol.

Tracey says she’ll try, but can she afford it?

WEEKLY FINANCIAL SUPPORT

INCOME
Housing benefit (NW1) £270.79
Income support £73.10
Child tax credit £64.02
Child benefit £34.40
Council tax support £9.62

--------------------------------------------
TOTAL £451.93

OUTGOINGS
Rent -£113.00
Council tax - £59.00
Transport - £72.70
Bills - £72.50
Consumables - £??..??

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REMAINING £??..??
A WEEKLY TRIP TO SAINSBURY’S… FOR ALL THE CHILDREN

Nappies x4: £5.40
Sudocrem: £2.50
Baby Wash: £2.75
Shampoo: £1.50
Formula: £10.00
Wipes: £0.50
Toothpaste: £1.50

Total: £24.1

A WEEKLY TRIP TO SUPERMARKET…
HOW MUCH DOES SHE SPEND PER WEEK FOR JONNY?

Jam
Butter
White Bread
Ham Slices
Pizza
Beans
Cheese slice
Digestives
Milk
Sausage
Chips
Juice
Crisps
Potatoes
Pasta Sauce
Pasta
Nuggets
Potato Smiles
Yoghurt
## WEEKLY FINANCIAL SUPPORT

### INCOME
- Housing benefit (NW1) £270.79
- Income support £73.10
- Child tax credit £64.02

### OUTGOINGS
- Rent £113.00
- Council tax £59.00
- Transport £72.70
- Bills £72.50
- Consumables £51.35

## DIETARY CHANGES
### HIGH FIBRE FOODS
- Fruit
- Vegetables
- High-fibre bread
- Baked beans
- Wholegrain breakfast cereals

Not unprocessed bran
Not fibre supplements e.g. prune concentrate
HOW MIGHT POVERTY AFFECT THIS FAMILY’S EXPERIENCE OF THE WORLD (NOT JUST HEALTH EFFECTS)?

<table>
<thead>
<tr>
<th>Income Decile</th>
<th>Disposable Income Needed (in % of Disposable Income)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poorest</td>
<td>74%</td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
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<td>8</td>
<td></td>
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<tr>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Richest</td>
<td></td>
</tr>
<tr>
<td>All</td>
<td></td>
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</tbody>
</table>

Guardian Graphic | Source: The Food Foundation
## EXPERIENCE OF THE WORLD

<table>
<thead>
<tr>
<th>Problems</th>
<th>Risks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behind at school</td>
<td>Bullying</td>
</tr>
<tr>
<td>Language delay</td>
<td>Loneliness/ isolation</td>
</tr>
<tr>
<td>Recurrent illness/injury</td>
<td>Exposure to safeguarding risks (exploitation, risky behaviours e.g. drugs, gang violence, crime/vandalism etc.)</td>
</tr>
<tr>
<td>Cold housing/damp</td>
<td>Low self-esteem/ mental health impact</td>
</tr>
<tr>
<td>No holidays/school trips</td>
<td>Inability to travel to medical appointments</td>
</tr>
<tr>
<td>Secondhand clothes</td>
<td></td>
</tr>
<tr>
<td>Stress</td>
<td></td>
</tr>
<tr>
<td>Inability to afford healthy diet</td>
<td></td>
</tr>
</tbody>
</table>

## WHAT CAN YOU SAY DURING THE CONSULTATION THAT MIGHT HELP FAMILIES TO FIND A WAY TO:

- Increase their income?
- Mitigate the effects of poverty?
CLINIC ADVICE…..

increase their income? (not comprehensive)
Child benefit
Child tax credit
Working tax credit
Income support
Housing benefit
Disability living allowance
School meals, uniforms

mitigate the effects of poverty?
Budgeting/planning
Home cooking, foodbanks
Credit union
Citizens advice
Subsidized child care
Further education-better employment
Home improvement grants
Coop child care
Food coop
Social prescribing: maternity food vouchers; tickets to gyms and exercise classes; local groups offering recreational activities for children

HOW INVOLVED IN LOCAL POVERTY PREVENTION EFFORTS ARE YOU?

What more could you reasonably do?
WHAT MORE COULD YOU REASONABLY DO?

Learn about national resources
Learn about local resources
Talk to local public health experts
Local authority communities plans
Talk to fellow colleagues
? develop local info sheet
PAEDIATRICIANS AND THE SOCIAL DETERMINANTS

Of 43 respondents to a survey on paediatricians’ experience of the social determinants in the previous 3 months:
- 100% stated the SDH were relevant to their practice
- 74.4% agreed that it was their responsibility to address the SDH
- 20.9% felt confident in doing so

CONCLUSION:
Paediatricians are highly aware of the relevance of SDH to practice but feel disempowered to tackle them. Clear deficiencies in current training, education and practice were highlighted, as well as the perceived lack of integrated working with social care

Singh, G. & McKenna, C. (2016) Paediatric doctors and the social determinants of health in practice

WHAT DOES ‘SOCIAL PAEDIATRICS’ LOOK LIKE?

1. At the level of the individual and interpersonal
   • Understanding Social History
   • Refocusing research and quality improvement
   • Social Prescribing

2. At the level of local service provision

3. At the level of national policy and advocacy

Singh G., Owens J. and Cribb A. (2018) "Practising ‘social paediatrics’: What do the social determinants of child health mean for professionalism and practice?”. Paediatrics and Child Health, 28(3): 107-113
Developing a framework for practice to tackle the social determinants of health

How can BACAPH help you?

What is child poverty?
Child poverty is broadly defined according to household income, access to socially acceptable housing and other measures of social deprivation like unemployment, crime and access to education. However, child poverty represents insufficient resources to fully participate in society.

In the UK, many children and young people are growing up in families that have the financial and emotional resources to give them the safe and healthy childhood that they deserve.

Why does it matter?
Child poverty is associated with poorer health, educational and long-term social outcomes. It is the most important determinant of child health in high-income countries. Across children, groups of children who are likely to experience child poverty are less likely to be born alive, will be less healthy at every stage of their lives.

Many children and young people face a disadvantage in terms of their opportunities for development and, over time, they are not able to fully participate in society.

Many children and young people lack the resources needed to make the most of their potential. These resources, such as quality healthcare, education and any support they may need, are necessary for children to develop to their full potential and to provide the best possible opportunities for their future.

Where are we now?
The number of children and young people living in poverty in the UK is now at its highest level since the 1980s. In 2019, over 3 million children in the UK lived in poverty, with 1 in 3 children living in poverty in Northern Ireland.

There is regional variation across the UK, with the highest proportion of children in poverty in Northern Ireland and the lowest proportion in the South East of England.

The picture for those living in poverty is complex. The number of children living in poverty varies significantly across different areas of the country, and this can affect the overall rate of child poverty in the United Kingdom.

For more information, please visit: www.bacaph.org.uk

To contact us, please email: info@bacaph.org.uk

Follow us on Twitter: @BACAPH

For a copy of our report, please visit: http://www.bacaph.org.uk/reports
YOUR THOUGHTS PLEASE

If training on skills specific to ‘social paediatrics’ were on offer, would you take part?
Where can we go to find out about about policies related to child poverty?
Would practice guides around social factors in paediatrics be useful?
How useful would it be to be part of a network of like-minded clinicians concerned about this issue?
Would you be more likely to speak out on issues in our local area if you felt it would have no effect on our job?

EVERYONE HAS 5 MINUTES

• Join BACAPH today!
• Sign up to other child health advocacy group email alerts:
  • RCPCH, Child Poverty Action Group
• Become an RCPCH Parliamentary Panelist
• Call an MP and leave a quick message
• Wear your message with a badge or pin
• Share your voice for kids through social media
• Write a letter to the editor of the local paper
• Vote!
WHAT CAN WE DO ABOUT POVERTY?

Practice suggestions for both in and out the clinic