LIVERPOOL CITY REGION

Child Poverty and Public Health

Dympna Edwards, NHS Halton and St Helens
Rob Tabb, Knowsley MBC
Agenda

• Why is it important?
• How are we tackling it?
• Role of Health
• Questions
Educational Achievement

The graph illustrates the average position in distribution over months for different socioeconomic status (SES) levels:

- **High SES**
- **Medium SES**
- **Low SES**

The x-axis represents the months, ranging from 22 to 118, while the y-axis shows the average position in distribution, ranging from 30 to 70.
“by the time they are 4 years old, children growing up in poor families have typically heard a total of 32 million fewer spoken words than those whose parents are professionals. That language gap translates directly into stunted academic trajectories.”
Effect sizes, measured in standard deviations of separation between low and middle SES group performance, on the composite measures of the seven different neurocognitive systems assessed in this study.
Attachment

The quality of attachment between a child and a parent is also highly important, as it has been shown that attachment patterns correlate strongly with school performance and can help to predict the quality of relationships later in life. This attachment is formed within the first year of a child’s life. This suggests that it is not about the quality of the interactions or stimulations that is important, but the continuity and sensitivity in care giving relationships: it is more important who parents are rather than what they do. The risk of an insecure attachment is linked to insecure, chaotic or unstable environments.
<table>
<thead>
<tr>
<th></th>
<th>Above or at 60% median</th>
<th>Below 60% median</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal weight</td>
<td>77.6</td>
<td>76.8</td>
</tr>
<tr>
<td>Overweight excluding obesity</td>
<td>18.2</td>
<td>17.4</td>
</tr>
<tr>
<td>Obesity</td>
<td>4.2</td>
<td>5.8</td>
</tr>
<tr>
<td>N</td>
<td>8,033</td>
<td>3,652</td>
</tr>
</tbody>
</table>
In Merseyside, children from the 10% most deprived neighbourhoods are 2.45 times more likely to be killed or seriously injured in a collision than those from outside the deprived areas.
Chaotic families

Household chaos has been found to predict behaviour problems and lower IQ scores over and above parenting approaches.
“We have found overwhelming evidence that children’s life chances are most heavily predicated on their development in the first five years of life. It is family background parental education, good parenting and the opportunities for learning and development in those crucial years that together matter more to children than money”
Cost of child poverty

An in-depth study by the Joseph Rowntree Foundation cautiously estimates that child poverty costs the public sector between £12 billion and £22 billion a year. These estimates relate to government spending that deals with the immediate fallout of child poverty, including expenditure by social services, school education, police and the criminal justice system.
IFS projections

Projected proportion of children in poverty

- Relative
- Absolute
## 2009 position

<table>
<thead>
<tr>
<th></th>
<th>Children &lt; 16</th>
<th>All children</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>%</td>
</tr>
<tr>
<td><strong>Halton</strong></td>
<td>6,950</td>
<td>28.0%</td>
</tr>
<tr>
<td><strong>Knowsley</strong></td>
<td>10,170</td>
<td>33.1%</td>
</tr>
<tr>
<td><strong>Liverpool</strong></td>
<td>27,800</td>
<td>35.1%</td>
</tr>
<tr>
<td><strong>Sefton</strong></td>
<td>9,950</td>
<td>21.0%</td>
</tr>
<tr>
<td><strong>St Helens</strong></td>
<td>8,560</td>
<td>26.3%</td>
</tr>
<tr>
<td><strong>Wirral</strong></td>
<td>15,335</td>
<td>25.9%</td>
</tr>
<tr>
<td><strong>City Region</strong></td>
<td>78,765</td>
<td>28.8%</td>
</tr>
<tr>
<td><strong>North West</strong></td>
<td>310,680</td>
<td>23.7%</td>
</tr>
<tr>
<td><strong>England</strong></td>
<td>2,131,350</td>
<td>21.9%</td>
</tr>
</tbody>
</table>
Questions for discussion

• Do you see health as a driver or a consequence of child poverty?

• What one thing that you have control over would you do to reduce child poverty and improve life chances?
Liverpool City Region approach

• Linked to employment and skills work
• Developed framework
• City Region assessment
• City Region Commission
• City Region Strategy
City Region Commission

- Non executive, act as conscience of City Region
- Independent Chair – Frank Field
- Range of different partners
- Role to influence, promote and challenge
- Supported by officer Advisory Group
Health involvement

- Dympna Edwards, DPH, Halton & St Helens
- Frances Street, Chair, NHS Wirral
- Dr Abhi Mantgani, GP Commissioning Lead, Birkenhead
- Cllr Graham Wright, Board Member, NHS Knowsley
- Sheena Ramsey, Chief Executive, NHS Knowsley
Aim 1: Ensure the best possible start in life for children and young people to improve their life chances

**Actions**

1) Support effective parenting, families and drive improvements in foundation years services

2) Enhance children’s social and emotional development and reduce gaps in educational achievement

3) Promote prevention and early intervention approaches to reduce health inequalities

4) Influence an improvement in the quality of place and support strong communities
Aim 2: Maximise Family Income

**Actions**

1) Improve access to suitable financial services and support families to make good financial decisions

2) Optimise employment opportunities by removing barriers to good quality and sustainable employment

3) Support parents to progress in the work place
Principles

• Behavioural changes
• Early intervention
• Communication and lobbying
• Role of volunteers
• Involvement of users
• Share and promote best practice
Health involvement

“Our strategy to promote prevention and early intervention approaches to reduce health inequalities will involve supporting ChaMPs on a number of public health priorities”
Smoking

NHS led

• Develop joint initiatives to reduce smoking in pregnancy, this will include exploring a city-regional maternal stop smoking service to accommodate pregnant women’s utilisation of hospital services
Smoking

All partners:
• Develop and support a joint campaign on reducing risks to children of secondhand smoke in homes and cars

Local Authority led:
• Support implementation of a voluntary smokefree code within play areas of parks
Obesity

Local Authority led:

• Work with parents, Children Centres and schools to promote physical activity for children

• Consider regulating and limiting the number of takeaway food outlets near schools through supplementary planning guidance
Obesity

All partners:

• Local Children’s Trusts and public organisations to implement the UNICEF Baby Friendly Initiative at a local level around schools
Universal services

Support ChaMPS to deliver its Vaccination and Immunisation Plan that will include:

• Ensuring robust and clear leadership is in place for vaccination and immunisation across the City Region, particularly from Public Health and Primary Care Commissioning.

• Lobbying government to change the financial incentives structure so that general practices are rewarded for increasing immunisation rates to 95% (the current national Directly Enhanced Service (DES) incentive ceases once 90% is achieved).

• Ensuring that the national standards for immunisation training are met.
Universal services

Local Authority led:
• Ensure access to and take up of the healthy child programme through supporting closer working between health visitors, Children’s Centres, School Nursing Teams and Schools
Alcohol

NHS led:

- Reduce alcohol misuse amongst young people through supporting effective parenting. One way we will do this is through an innovative train the trainer programme for front line staff in the Fire service and police to provide parents with brief advice on alcohol
Alcohol

Local Authority led

• Ensure children and adults health agendas are integrated through the Health and Wellbeing boards.

• Recommend introduce via a bylaw a minimum price for alcohol of 50 pence per unit to reduce alcohol related harm
Questions for discussion

• What have you done locally?
• How does this approach compare with other areas?
• How have you demonstrated a difference to child poverty during times of economic change?