

## Royal Society for Public Health response to the Labour National Policy Forum (NPF) Policy Commission on A future where families come first.

Royal Society for Public Health (RSPH) is an independent health education and campaigning charity, committed to improving and protecting the public's health and wellbeing. We are the world's longest-established public health body with over 5000 members committed to supporting the public's health. Activities include providing qualifications and public health programmes, alongside campaigning on issues to support better health and wellbeing for the public.

Ensuring that every child can grow and develop within stable and healthy environments is critical in achieving positive, long-term public health outcomes for the nation. We welcome Labour's recent Five Mission statements, across which support for families, economic growth and public health are all interlinked. Labour have taken a strong approach to public health and supporting children before. The Sure Start programme had many public health benefits, including positive longer-term health outcomes and significant cost savings to the NHS through prevention.<sup>1</sup> The impacts of this public health approach persisted even after children were too old for the scheme.<sup>2</sup>

Being exposed to factors such as limited money for everyday resources, the stress of living in poverty, having limited options when making unhealthy choices, poorer education, as well as the accumulation of exposure over time - can adversely impact on child development and health outcomes.<sup>3</sup> Poor nutrition in the first 1,000 days can cause irreversible damage to a child's growing brain, affecting their ability to do well in school and earn a good living - making it harder for a child and their family to move out of poverty.<sup>4</sup>

Parents in poverty are less able to afford healthy foods and offer their children a healthy lifestyle. Healthy foods are nearly three times more expensive than less healthy foods per calorie, with families having few options but to eat food that is cheap but nutritionally poor, leading to obesity and malnutrition in children.<sup>5</sup> Children in low-income families also have less access to the medical care they need with families reporting missing paediatric appointments because of the financial costs of attending one due to travel, childcare costs and potential loss in earnings, reported to be an average of £50.<sup>6</sup> Recent research by RSPH shows the long-term impacts of the current cost-of-living crisis on public health, even on those families previously thought of as being able to manage financially.<sup>7</sup> Mental health, stress, financial concerns all commonly impact on new mothers,<sup>8</sup> and

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<sup>1</sup> The health impacts of sure start (2023) Institute for Fiscal Studies. Available at: <https://ifs.org.uk/publications/health-impacts-sure-start> (Accessed: March 13, 2023).

<sup>2</sup> The health impacts of sure start (2023) Institute for Fiscal Studies. Available at: <https://ifs.org.uk/publications/health-impacts-sure-start> (Accessed: March 16, 2023).

<sup>3</sup> Public Health Scotland. Child Poverty overview. <https://www.healthscotland.scot/population-groups/children/child-poverty/child-poverty-overview/impact-of-child-poverty>

<sup>4</sup> 1,000 days. <https://thousanddays.org/why-1000-days/>

<sup>5</sup> The Food Foundation (2021) The Broken Plate 2021: The State of the Nation's Food System, Available at [foodfoundation.org.uk/publication/broken-plate-2021](http://foodfoundation.org.uk/publication/broken-plate-2021)

<sup>6</sup> Chadwick B, Hayden P, Sinha I. The cost of the clinic visit - a short research project exploring the cost of clinic appointments, financial and otherwise, to families visiting Alder Hey Children's Hospital. *European Respiratory Journal* 2020; 56. DOI:10.1183/13993003.congress-2020.589

<sup>7</sup> Farrow E, Satherley P, Aguilar Perez F, Vohra J. Our health: the price we will pay for the cost-of-living crisis [Online] December 2022. Available at [www.rsph.org.uk/costoflivingcrisis/](http://www.rsph.org.uk/costoflivingcrisis/)

<sup>8</sup> *Supporting new parents in the Workplace* (2022) *Benenden Health*. Available at: <https://www.benenden.co.uk/be-healthy/work/supporting-new-parents-at-work/> (Accessed: March 16, 2023).

workplaces must be supported to ensure that there is a smooth transition for mothers to return to work whilst maintaining the capacity to provide care for their children. Low-income families experience increased economic strains and reduced financial mobility following childbirth.<sup>9</sup>

Family income also makes a significant difference to a child's health outcomes: Poorer children can have worse cognitive, behavioural and health outcomes because they endure longer durations of child poverty which has a more severe effect on children's outcomes compared to those children who have short-term experiences of poverty.<sup>10</sup> Child poverty impacts on school readiness. By age five, children from the poorest fifth of homes in the UK are already over a year behind their expected years of development.<sup>11</sup> By age 11, only three-quarters of the poorest children reach the government's Key Stage 2 levels compared with 97% of children from the wealthiest families.<sup>12</sup> Children growing up in disadvantaged circumstances have a higher risk of death in adulthood across almost all conditions that have been studied.<sup>13 14</sup>

Exposure to child poverty is a critical issue not just for child health, but also for society as a whole and as children age.<sup>15 16</sup> Poor health associated with poverty limits children's potential and development, leading to poor health and life chances in adulthood, which then has knock-on effects on future generations.<sup>17</sup> The country cannot afford not to address these concerns.

We face a situation now where prevention has fallen off the agenda in terms of Government initiatives, with 1 in 5 children being overweight or obese when they begin school, rising to 1 in 3 by the time they leave primary school. Initiatives to tackle the commercial determinants of health, such as marketing restrictions, must be revisited as a matter of urgency. It is also crucial that the public health workforce – who are experts in understanding the health needs of communities, inequalities and the solutions needed to tackle them – get appropriate funding and support to grow, deliver and ensure children have the best start to life.<sup>18</sup> In addition, communities and businesses have a role play

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<sup>9</sup> Marti-Castaner, M. *et al.* (2022) *Poverty after birth: How mothers experience and navigate U.S. safety net programs to address family needs*, *Journal of child and family studies*. U.S. National Library of Medicine. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9073812/> (Accessed: March 16, 2023).

<sup>10</sup> Wickham, S. *et al.* (2016) *Poverty and child health in the UK: Using evidence for action*, *Archives of Disease in Childhood*. BMJ Publishing Group Ltd. Available at: <https://adc.bmj.com/content/101/8/759> (Accessed: March 13, 2023).

<sup>11</sup> Waldfogel J, Washbrook E. Low income and early cognitive development in the UK. Sutton Trust, 2010:1–60. [http://www.suttontrust.com/wp-content/uploads/2010/02/Sutton\\_Trust\\_Cognitive\\_Report.pdf](http://www.suttontrust.com/wp-content/uploads/2010/02/Sutton_Trust_Cognitive_Report.pdf)

<sup>12</sup> Goodman A, Gregg P. Poorer children's educational attainment: how important are attitudes and behaviour? Joseph Rowntree Foundation, 2010. <https://www.jrf.org.uk/report/poorer-children%E2%80%99s-educational-attainment-how-important-are-attitudes-and-behaviour>

<sup>13</sup> Galobardes B, Lynch JW, Smith G. Childhood socioeconomic circumstances and cause-specific mortality in adulthood: systematic review and interpretation. *Epidemiol Rev* 2004;26:7–21. doi:10.1093/epirev/mxh008

<sup>14</sup> Galobardes B, Lynch JW, Smith GD. Is the association between childhood socioeconomic circumstances and cause-specific mortality established? Update of a systematic review. *J Epidemiol Community Health* 2008;62:387–90. doi:10.1136/jech.2007.065508

<sup>15</sup> Roberts H. What works in reducing inequalities in child health. Bristol: The Policy Press, 2012.

<sup>16</sup> Marmot MG, Allen J, Goldblatt P, *et al.* Fair society, healthy lives: the Marmot review. Strategic Review of Health Inequalities in England Post 2010. 2010. <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>

<sup>17</sup> Hirsch D, Spenser N. Unhealthy lives; intergenerational links between child poverty and poor health in the UK, summary briefing. End Child Poverty Now Policy Briefing. 2008.

[http://www.ecpc.org.uk/files/Intergenerational\\_Links\\_between\\_child\\_Poverty\\_and\\_poor\\_health.pdf](http://www.ecpc.org.uk/files/Intergenerational_Links_between_child_Poverty_and_poor_health.pdf)

<sup>18</sup> *Childhood obesity: Applying all our health* (Updated 7 April 2022) GOV.UK. Available at: <https://www.gov.uk/government/publications/childhood-obesity-applying-all-our-health/childhood-obesity-applying-all-our-health> (Accessed: March 16, 2023).

in public health and supporting wellbeing. This approach would ensure that public health is embedded across society, contributing to positive long-term benefits for us all.

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