

Supporting babies, children and families experiencing poverty



This Good Practice Point aligns to the Nursing and Midwifery Council 2022 Standards of Proficiency for SCPHN Health Visitors – in particular: Sphere of Influence C: Critically analyse and apply evidence-based knowledge of the determinants of health, intergenerational cycles of deprivation and health inequalities that affect the mental, physical, cognitive, behavioural, social, and spiritual health and wellbeing of children, parents, carers and families (C.HV1). See the [NMC website](#) for more details.

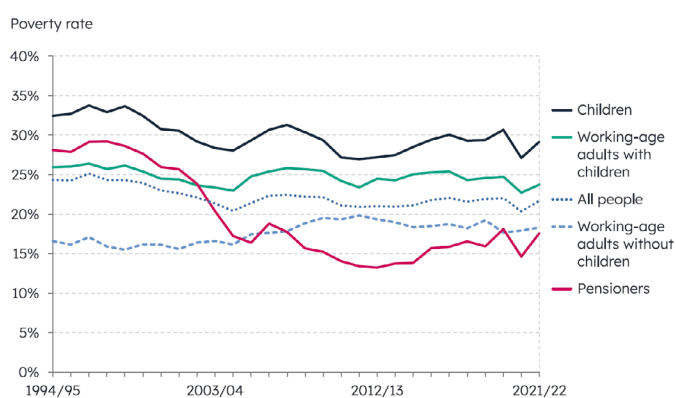
What is poverty: Prevalence and impact on child and family health and wellbeing

Action for Children describes child poverty as the *“lack of money that leaves families struggling to afford the essentials, enjoy a decent standard of living, share the simple family experiences that all children should get to enjoy”*¹.

4.3 million children (around **3 in 10 children**) across the UK now live in poverty, up from 3.6 million in 2010-11².

In 2023, UNICEF ranked the UK against 42 high income and upper middle-income peer countries on the outcomes of policy responses to child poverty. It placed the UK at the “bottom of the rankings” based on two indicators: rates of child income poverty between 2019 and 2021 and the proportional change in child income poverty over a seven-year period (2012–2014 and 2019–2021)³. Children have consistently had the highest rates of poverty compared to any other age group since 1994 (see Figure 1)².

Figure 1 - Poverty rates across the life course



Source: Households Below Average Income, 2021/22, Department for Work and Pensions (DWP)

Child poverty rates vary across the UK, with the highest rates in the West Midlands, inner London, and North West England, and lower rates in Scotland, Northern Ireland, and Eastern England⁴.

How poverty is affecting babies, children and families across the UK

- 69% of poor children are from working families.
- 46% of children in families with 3 or more children are living in poverty.
- Child poverty is increasing, with 600,000 more children living in poverty compared to 2010/11.
- 36% of all children in poverty are from families with a youngest child aged under five.
- 47% of children in Asian and British Asian families are living in poverty, compared to 51% of children in Black/African/Caribbean and Black British families, and 24% of white children.
- 44% of children in lone parent families are living in poverty.
- 34% of children living in families where someone has a disability are living in poverty.

(Source: [Department for Work & Pensions, 2024- Households below average income series: quality and methodology information report FYE 2023](#))

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For additional resources see www.ihv.org.uk

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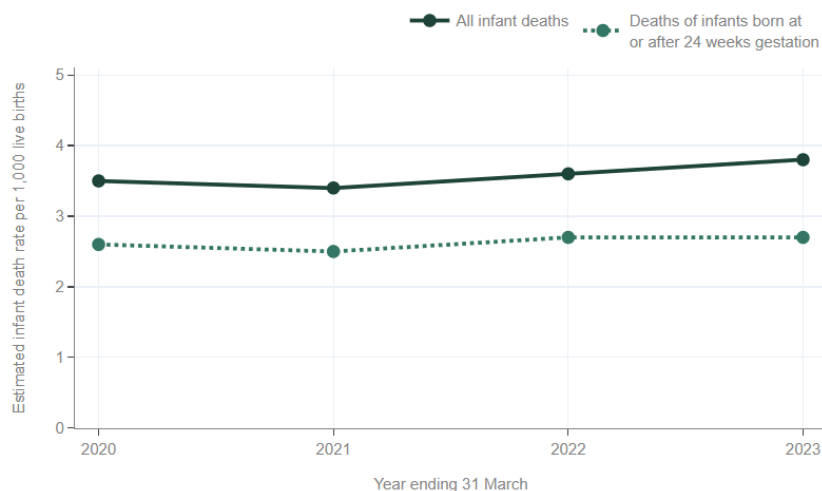
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Mortality rates

Babies who are born to parents living in poverty are more likely to be low birthweight and less likely to survive the first year of life⁴. Data from the National Child Mortality Database (NCMD) show that infants and children living in deprived areas are **more than twice as likely to die** than those in less deprived areas⁵. Figure 2 shows the infant mortality rate 2020-2023 was 3.8 per 1,000 live births, an increase from 3.6 in the previous year.

The NCMD [report](#) of the deaths of children and young people due to traumatic incidents showed the death rate for children living in the most deprived neighbourhoods was twice that for those living in the least deprived neighbourhoods – this includes drowning in the bath, violence and maltreatment.

Figure 2 - Infant mortality rate 2020-2023



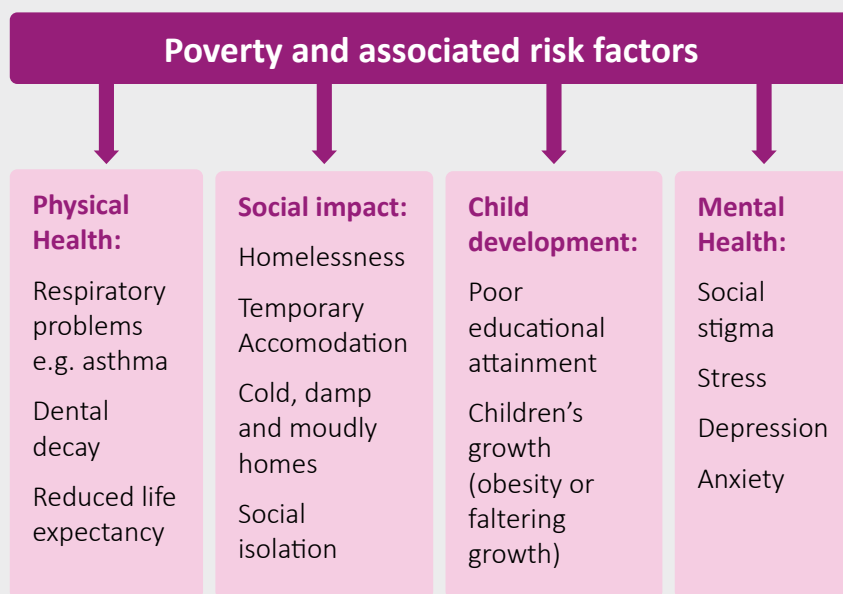
Data source: NCMD, ONS Live births
Please note the proportion of infants born at or after 24 weeks gestation for year ending 31 March 2023 was assumed to be the same as previous years, and this estimate was used to calculate the infant death rate in the latest year.
www.ncmd.info/cdr23/

Tackling child poverty and its impacts

Tackling child poverty is important as it impacts directly on child health, development and safety. Growing up in poverty can impact on children’s futures with longer-term impacts on adult health, wellbeing and economic prospects⁶. Poverty is a key driver of health inequalities which are the avoidable, unfair and systematic differences in health outcomes between different groups of babies, children and young people. [The Royal College of Paediatrics and Child Health’s position statement](#) highlights children who are living in poverty are more likely to have poorer health outcomes, including higher risk of mortality, poor physical health, and mental health problems. Figure 3 outlines some of the key effects of poverty.

Figure 3 - Key effects of poverty

(adapted from [Child Poverty Action Group](#))



Children experiencing poverty are more likely to have poor mental health and are at higher risk of psychological distress. Research⁷ has shown that parents experience shame and stigma around the visible “symptoms” of poverty, most notably: being on benefits, using food banks, getting into debt and having to ask for practical or financial help from loved ones. Stigma and shame strips parents of their dignity and damages their social connections, leading to social isolation – all of which further exacerbate mental health problems.

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Health visitors (HV) have a crucial role in tackling child poverty and its impacts and can support babies, children and their families in many ways:

1. Supporting families experiencing homelessness or living in temporary accommodation and its impacts

In 2024, Shelter reported that there were 151,630 babies, children, and teenagers living in damaging temporary accommodation or homeless in England alone⁸. Living in temporary or unsuitable housing can be unsettling for children and have negative impacts on their physical and mental health. Parents may experience stress, anxiety, or depression due to their housing situation. HVs play a crucial role in supporting families who are experiencing homelessness and can connect families to the right support services - [practical resources](#) are available from [Shelter](#) to help with common housing problems.

2. Improving access to benefits

Many families are experiencing increasing complexities such as debt, financial, or employment concerns. The rising cost of living is also affecting many parents and carers across the UK. Health visiting teams can support families to access their [benefit](#) entitlements to increase their household income – see [innovative health visiting case study example from Derbyshire](#).

Migrant families are especially at risk of poverty due to their immigration status, which prevents them from accessing welfare benefits under the "no recourse to public funds" (NRPF) rule. HVs play a crucial role in ensuring migrant families receive the necessary support. The [NRPF Network](#) provide information on rights and entitlements, and good practice to prevent homelessness and alleviate child poverty.

3. Supporting families who are living in cold, damp, mouldy or unsuitable housing

Damp and mould can cause serious respiratory illness and in the most severe cases, death⁹, as evidenced in the tragic case of Awaab Ishak. Awaab Ishak's case triggered major changes to the law on damp and mould through the introduction of the Social Housing (Regulation) Act 2023, known as Awaab's Law.

Landlords also have a legal duty to maintain safe living conditions. Awareness of these regulations will support HVs to advocate effectively for families. Living in temporary or emergency accommodation also increases the risks of unsafe sleeping arrangements for families with infants under 2 years of age¹⁰. The

government's [Homelessness code of guidance for local authorities](#) includes a specific requirement for a cot in temporary accommodation.

HVs have a vital role in identifying unsafe environmental conditions and informing housing and social care departments of the needs of babies, children and their families. The recent government guidance: [Understanding and addressing the health risks of damp and mould in the home](#) includes key points relevant to health visiting:

- Damp and mould can cause significant physical and mental health issues, particularly respiratory problems like asthma. Babies, young children, and those with pre-existing conditions, are at higher risk.
- Prompt action should be taken when damp and mould are identified. Waiting for medical evidence is not recommended, addressing these issues swiftly is essential to prevent health deterioration.
- Advising families on reducing mould risk by managing condensation, improving ventilation, and maintaining consistent heating. Key tips include using extraction fans, drying clothes in ventilated spaces, and keeping a stable indoor temperature.

4. Addressing food poverty

A household can be defined as experiencing food poverty or "household food insecurity" if they cannot (or are uncertain about whether they can) acquire "an adequate quality or sufficient quantity of food in socially acceptable ways"¹¹. Health visitors can support families who are experiencing food poverty through:

- **Promoting the uptake** of [Healthy Start](#) and [Best Start Foods Schemes](#) and food banks. Parents in poverty struggle to afford healthy foods, which are nearly three times more expensive than unhealthy options and can cause poor nutrition and obesity in children.
- **Using evidence-based interventions** such as the [Henry](#) programme to work with families in the context in which they live, to provide personalised support.
- **Speaking up** about food poverty issues and influencing national policies to address food insecurity for all children.

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Good practice points for health visitors

(adapted from [RCPCH Health Inequalities toolkit](#))

- **Open conversations with families:** Develop skills for discussing poverty and promoting health in partnership with families. The [Family Partnership Model](#) can help with this and the adapted **One Minute Script**¹²: "Many people are currently struggling financially, and this can have a direct impact on health. Because of this, we ask all families some questions on how they are managing. We can also offer resources that can support them through tough times. In the last 12 months:
 - a. "Have you been worried that you wouldn't be able to pay your bills?"
 - b. "Have you been worried that your food would run out before you had money to buy more?"
 - c. "Have you had any problems with your housing?"
- **Adhere to NMC Code - Practice Effectively:** Assess needs and provide timely, evidence-based care.
Preserve Safety: Act immediately on any concerns affecting patient or public safety.
- **Improve your understanding of child poverty** and how it drives health inequalities.
- **Be professionally curious:** look beyond presenting symptoms. For example, a baby with recurrent breathing difficulties – are they living in a damp and mouldy home?
- **Know available resources** such as: [Citizens Advice](#), [Food banks](#), [Healthy Start](#) and [Best Start food](#) schemes and [Home Start UK](#) which can help families.

- **Engage communities** to understand their needs: Use [coproduction methods](#) to reach families that are "frequently overlooked" and improve ways of working.
- **Local quality improvement projects:** Build service improvements with families – learn from best practice, like the [Highlands Financial Inclusion Project](#) and the [innovative Derbyshire health visiting approach](#).
- **Advocate for families**, [write to your local MP](#) and use resources like Crisis charity's [top tips](#) for writing to your MP.
- **Influence** local children's services, health boards or commissioners: drive change with the evidence and your frontline practitioner intelligence.
- **Raise the profile** of the vital role of health visitors in reducing health inequalities and share best practice.

Additional resources to support practice

Supporting families

- [Working Families](#): The UK's national charity for working parents and carers
- [Gov.UK: Benefits and financial support if you're on a low income](#)
- [Healthy Start](#) and [Best Start Foods](#)
- [First Steps Nutrition](#) - Healthy Start and Best Start Foods, A practical guide

UK Policy

- [Child poverty taskforce](#)
- [Scotland: Poverty and social justice policy](#)
- [Child Poverty Strategy for Wales 2024](#)
- [The Broken Plate Report](#)
- [Trussell Trust: Hunger in the UK](#)

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