

# Developing the Anti-Poverty Agenda in the Eastern Area: A Shared Focus

## Table Discussions I: BRIEF 1 Lifestart Foundation Ltd

### Key facts about EARLY YEARS CHILDREN in Northern Ireland

- 25% of children in Northern Ireland – 100,000 in total - are living in poverty measured on the basis of family income. 50% of these are living in families with two parents and 50% in lone parent families (Kenway et al 2006).
- 50% of children living in poverty are living in families where at least one adult is in paid work indicating the prevalence of 'in-work' poverty. Of the 50,000 children in poverty living with one parent, very few are in families where some paid work is done.
- 9 out of 10 young lone mothers are living on benefits, the majority on less than £100 a week (Investing for Health 2002)
- Approximately one in five (25%) or 25,000 children under 5 years in NI live in relatively poor households.
- Just under 50% of all children in NI lack, because their parents cannot afford it, at least one item deemed essential for children; 27% lack two or more items and 20% lack three or more (Monteith, M & McLaughlin E.)
- Poor families pay a 'poverty premium', paying more for essential goods and services. The NI poverty premium is higher than that in GB because of higher basic food and fuel costs.
- One in 10 severely poor children in NI live in an area viewed by their parents as a bad place to live, compared to one in 16 non-severely poor children and one in 100 non-poor children.

### EARLY YEARS - Child populations at risk of poverty

- Children of the working poor, those whose parents are in low paid and insecure work
- Children of lone parents
- Travelling children
- The children of ethnic minority groups
- Disabled or sick children or the sibling of sick children looked after by a non-working or low paid parent
- Children of disabled people or people with poor physical or mental health
- Children whose parents suffer from an addiction
- Children living in disadvantaged neighbourhoods

## Brief 1: Poverty and Health Inequalities

- **Children born to poor parents are more likely to have a low birth rate and to die in infancy** than children of more affluent families
- 6% of babies in NI are born with low birth weight – (ranging from 4%-7.5% across the region) indicating reduced parental nutritional intake and/or a low level of parental well-being. **Low birth weight increases the risk of future poor health outcomes and well-being** among these children.
- There is a **marked difference in NI in the infant mortality rates** – the **rate in the most deprived 1/5<sup>th</sup> of areas** (7 per 1,000 live births) is **1/3<sup>rd</sup> higher** than the rate elsewhere (5 per 1,000).
- Research shows that the **foundations for development and learning are constructed in the earliest months and years of life** when human brain development is most rapid and when synaptic patterns which organise and structure learning and behaviour are set (Davies 1999). It is also in very early life that children acquire the competence and coping skills that affect their life trajectories (Barlow & Parsons 2003).
- **Material disadvantage and economic hardship have been shown to negatively impact on children's early physical, intellectual, psychological and social development and well-being.** Poor children are more likely to suffer developmental delay and adverse developmental outcomes in terms of early brain development, the acquisition of fine and gross motor skills, language acquisition, emotional and psychological stability, social skills and the capacity for future learning (Blout 1989; Webster-Stratton 2001; Place et al 2002; Newman 2002; National Conjoint Committee 2002; Schweinhar 2004; Appleyard et al 2005; Bamford et al 2006; Heckman 2006).
- There is a **strong correlation between emotional problems in early childhood and poor mental health & social functioning in later life** (Meltzer & Gatwald et al 2000; Kim-Cohen et al 2003; Bamford 2006). 10% of children in NI experience a clinically defined mental health problem & 25% of adults show signs of possible mental health problems (20% higher than in England or Scotland)
- **Other health problems** associated with child poverty include **higher accidents rates, behavioural problems, higher rates of decayed teeth and teeth extractions and obesity.**
- Adverse developmental outcomes in early life impact on future health, on school readiness and educational performance and on adult economic opportunities and employment thereby reproducing a cycle of poor health and reduced opportunities and life chances.
- The impact of poverty on children's health and well-being is largely indirect, mediated through the negative effects on family functioning and on the lived environment.
- A considerable body of empirical evidence demonstrates that **good parenting and high quality early education and care can militate against adverse child development outcomes associated with poverty** and improve children's health and life chances.