

Health Inequalities, children and young people and the pandemic

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It can feel that the pandemic, and the societal response to it, were uniquely difficult at each stage of the life course – Shakespeare’s seven ages played out in lockdown. Pregnancy and childbirth during lockdown and social isolation were particularly difficult – not a good time to be separated from family and friends. The early years were affected by all the pressures faced by parents and families. Education and social relationships were disrupted with the closure of schools. Final school exams were in chaos. Going from education into the workforce at a time of historic levels of disruption is likely to lead to a “scarring” effect for the rest of a young person’s career. Experience of higher education during lockdown was sorely diminished. Work became unrecognisable or dangerous or ceased to exist. For older people there was isolation from friends and families and the pain of not hugging grandchildren. Dying alone was its own special suffering for all concerned.

Looming over all of these effects has been the spectre of inequality. Early in the pandemic I, as did many others, had recourse to Camus’s *The Plague*, quoting Jacqueline Rose’s translation: “the pestilence is at once blight and revelation. It brings the hidden truth of a corrupt world to the surface.” (1) I thought the corruption language was a bit strong for contemporary Britain although, as details of government contracts emerged, it was apt. What Camus captured that is highly relevant to this pandemic was that the pandemic exposed the underlying inequalities in society and amplified them. This was nowhere more apparent than in its effects on children and adolescents.

To put the effects of the pandemic and lockdown in perspective, I have to go back to where we were pre-pandemic. In February 2020, my colleagues and I at the UCL Institute of Health Equity published *Health Equity in England: the Marmot Review 10 Years On*. (2) To give that context, I have to go yet further back to *Fair Society Healthy Lives*, the 2010 Marmot Review. (3) In that report we synthesised the evidence on health inequalities in England and, on that basis, made recommendations for action in six domains:

- Equity from the start: give every child the best start in life
- Education and life-long learning
- Employment and working conditions
- Minimum income for healthy living
- Healthy and sustainable places and communities in which to live and work
- Taking a social determinants approach to prevention.

The first two, early years and education, are explicitly about children and youth. But, in practice, employment conditions of parents, family income, places and communities, and lifestyle all have impact on children’s health, well-being and development. Our *10 Years On* review examined what had happened to health, health inequalities, and the six domains of social determinants of health.

The picture was not encouraging. An increase in life expectancy that had gone on for a century, in 2010 slowed dramatically. The slowdown in the UK was more marked than in any rich country except Iceland and the USA. Second, the social gradient in health – the greater the deprivation of an area the shorter the life expectancy – had become steeper; health inequalities had increased. Third, life expectancy actually went down for people in the most deprived 10% of areas outside London.

While this sorry picture of health in England does not reflect on children's health directly, it does tell us something important that is relevant to children and young people. So close is the link between social determinants of health and the health of populations that if population health has stopped improving it indicates that society has stopped improving. If inequalities in health are increasing, it is an indication that inequalities in society are increasing. These trends will affect children.

As one clear indicator, UNICEF publishes a report card on child wellbeing, for children aged 15. It combines three sets of indicators: mental well-being, physical health and skills. Among 38 OECD countries, the usual suspects are in the top five rankings: Netherlands, Denmark, Norway, Switzerland and Finland. The UK ranks 27 out of 38 countries; the US 36.(4) Arguably, the societal malaise that has had adverse impact on health has affected children and young people, too.

Starting with the early years, we see the impact of inequalities on children in two ways: lack of the positive and presence of the negative. The positive are the influences leading to good early development, influences we associate with good parenting or positive impact from carers; the negative is adverse childhood experiences. Both show a social gradient: the less deprived the local area the higher the proportion of children aged 5 with a good level of development; and the lower the frequency of Adverse Childhood Experiences (ACEs). In principle, conditions for childhood could be improved in two ways: by reducing deprivation; or providing services to break the link between deprivation and child outcomes. The trends over the decade from 2010 were not promising. Child poverty, defined as living in a household at less than 60% of median income, went up; and one thousand Sure Start Children's Centres closed.

These changes were part of a more general approach to government policy from 2010 on. The ambition of the government elected in 2010 was to roll back the state, also known as reducing public expenditure – in a word, austerity. They achieved it. Public sector expenditure as a per cent of GDP went from 42% in 2009/10 to 35% in 2018/19. Cuts in public expenditure were achieved in a regressive way. Total local authority spending per person declined – the greater the deprivation the steeper the decline. In the least deprived 20% of local authorities spending per person went down by 16%; in the most deprived quintile spending went down by 32%. In the 2010 Marmot Review we coined the term proportionate universalism. We advocated universalist policies with effort proportionate to need. Here, with local government spending, we have effort inversely proportionate to need. Such reduction in spending will have impacted on services to children and young people.

To make matters worse there were marked changes to the tax and benefit system, the effects of which varied with family income. These changes to tax and benefits between 2010-19 would see working age families with children, in the bottom decile of family income, lose 20% of their income; those in the second bottom decile lose 12%. This continued along the gradient, the higher the family income the less reduction caused by these fiscal changes, up till the 3rd decile from the top. There was a small reduction for the top two deciles. Whether conscious policy or not, the effect of these policies was to make the poor poorer.

Then came the pandemic. Inequalities in mortality from COVID-19 were stark, and followed the social gradient. Relevant to children and young people were the effects of the societal response, particularly lockdown. In our *Build Back Fairer* report(5), published in December 2020, we documented the increase in financial problems, particularly for those who were at the lower end of the income distribution before the pandemic hit. One clear result was an increase in food insecurity in families with children. It is also likely to put real pressures on parents that will in turn affect the early years' experience. One striking effect of lockdown has been the increase in the educational

divide. Children from poorer families have fallen significantly behind in educational standards. We also note the increased in unhappiness or depression in younger people, particularly young women.

We called our report *Build Back Fairer* as a deliberate echo of the Build Back Better mantra. But we documented an increase in health inequalities before the pandemic, over the decade from 2010. These inequalities were exacerbated by the pandemic. We are concerned that pre-pandemic the UK had the slowest increase in life expectancy of any rich country except Iceland and the USA. In the first phase of the pandemic we had the highest excess mortality of any country including the USA. We asked what might be the link between the poor health performance before the pandemic and during it. We speculated that the link might work at four levels: quality of governance and political culture; increasing social and economic inequalities; low investment in public services – we were ill-prepared; the UK was not very healthy coming into the pandemic.

Building Back Fairer has to address all four of these. More specifically, the six domains laid out above all need attention and investment. Coming out of the pandemic is an opportunity to do things differently starting with children and young people. Going back to the status quo before the pandemic is not acceptable, given the relatively poor state of health, and health inequalities, in the country. We put forward *Build Back Fairer* as a set of challenges and recommendations that could form the basis of a fairer country characterised by greater equity of health and wellbeing.

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