Child poverty on the front line of the NHS

July 2025

Summary

This briefing describes how rising levels of child poverty are impacting professionals working on the front line of children's health, based on a survey of 371 paediatricians.

- 99 per cent of paediatricians responding to the survey reported that poverty is contributing to ill-health among the children they treat. Many respondents raised concerns about how poverty is impacting children's nutrition as families lack the money to provide a healthy diet, while some described situations where poverty is causing children to develop life threatening conditions.
- 96 per cent of respondents said that poor housing conditions are affecting the health of the children they treat. They told us how damp housing is causing serious respiratory health conditions in children and that these symptoms are difficult to remedy unless their housing situation improves.
- While the NHS is free at the point of need, patients may need to pay for transport or parking, and miss work to attend appointments. Ninety-five per cent of respondents said that poverty is preventing children from attending medical appointments. They told us how this meant that children's conditions are at risk of worsening and leading to the need for emergency care.
- Paediatricians told us that poverty is impacting their day-to-day practice. Despite their best efforts to manage the health impacts that poverty has on children, it feels like an uphill battle.
- Royal College of Paediatrics and Child Health and Child Poverty Action Group are calling for the government to take bold action in the delivery of its forthcoming child poverty strategy. At a minimum the strategy must:
    1. Introduce binding targets to reduce and eliminate child poverty over the short, medium and long term.
    2. Invest in social security, starting with abolishing the two-child limit, to begin reversing the rising levels of child poverty.
    3. Unfreeze local housing allowance and end the benefit cap to help families secure housing that meets basic decency standards.
    4. Help families cover the costs of attending hospital and accessing healthcare by introducing an enhanced Young Patients Family Fund.

Introduction

At 4.5 million, a record number of children in the UK are living in poverty and this is projected to rise even further. While the link between child poverty and ill-health is widely recognised, Royal College of Paediatrics and Child Health (RCPCH) and Child Poverty Action Group (CPAG) have been exploring what that means for health care professionals treating children. We conducted an online survey of paediatricians across the UK to capture their views on how poverty affects the health of the children they see, and whether things are getting better or worse.

This briefing provides alarming statistics and stories on what rising levels of child poverty mean for paediatricians working on the front line of children's health.

Methodology

The survey was sent to all members of the RCPCH and promoted through RCPCH member channels. We received 371 responses between April and June 2025. The survey was made up of multiple-choice questions followed by an optional text box where participants could describe if and how poverty affects their work. We also interviewed four paediatricians to provide a more in-depth picture of how child poverty affects their practice. The quotes in this report are drawn from both the free text answers to the survey and the interviews.

Key stats:

- 99 per cent of respondents reported that poverty is contributing to ill-health among the children they treat.
- 96 per cent said that poor housing conditions (such as overcrowding or damp) are affecting the health of the children they treat.
- 78 per cent said that the number of children they are seeing with poverty-related ill-health has increased in the last two years (the remaining 22 per cent said that the number has not changed, no one responded that it has fallen).
- 79 per cent have observed that the impact poverty is having on the health of children is becoming more severe.
- 95 per cent reported that poverty is preventing children from attending medical appointments (for example because of parents not being able to take time off work or the costs of transport/parking).
- Among those working with hospital inpatients, almost three quarters (73 per cent) reported that they had struggled to discharge a child from hospital for poverty-related reasons in the past six months.

Impact on children's health

Ninety-nine per cent of survey respondents reported that poverty is contributing to ill-health among the children they treat. We invited them to tell us how poverty affects the health of the children they are treating. Some respondents provided shocking examples of how living on a low income is leading to dire outcomes for children.

> *We had a young diabetic patient who kept getting admitted with life threatening diabetic ketoacidosis. This was because she was not taking her insulin at night. We could not work out why she was not taking it – she had no obvious mental health problems and had supportive parents etc. Eventually she told us that the family had no money to heat the house and, when it was very cold, she didn't have the energy to get up and get the insulin, she would rather stay in a warm bed.*

We have had children on chemotherapy die because they have caught fungal infections from damp housing.

Three themes were repeatedly mentioned by respondents: struggling to pay for healthy food, living in poor housing conditions and cost barriers to attending health appointments.

Nutrition

Many paediatricians reported that a shortage of money at home is impacting children's diets as parents are unable to afford healthy food. This contributes to malnutrition, obesity and poor dental health in their patients.

> *I specialise in childhood nutrition – families are clearly struggling to afford and prepare healthy food. They are desperate to do the best for their children but simply cannot afford to.*
>
> *Families can't afford to follow advice and lack the home resources to make healthy food (poorly equipped living conditions, poor kitchens, overcrowding etc).*

One paediatrician told us that some parents who have to provide their children with formula milk do not use the full amount in order to make it last longer.

> *We hear of parents who make the [milk] powder stretch for the week. And instead of the usual five scoops, they put in three or four because the tin needs to last.*

Food costs for children with dietary needs are particularly difficult for parents living on a low income to afford. There is little that paediatricians can do to help.

> *Oat, coconut, all of those milks, are far more expensive than normal cow's milk. Families often say it is very expensive to get the special yoghurt, the special milk, the special cheese, the special butter, it all adds up. But, you know, parents are proud. They want to do the best for their children. We can only say don't worry about brands.*

Poor quality housing

Ninety-six per cent of respondents said that poor housing conditions are affecting the health of the children they treat. They told us how damp housing in particular is affecting children's respiratory health.

> *Frequently we will see children attending acute hospital services with respiratory distress and wheeze, and whilst we treat this acutely, they are going back to homes with areas of damp that will be exacerbating their respiratory problems.*
>
> *We have had several children living in homes with severe mould problems which undoubtably has contributed to their frequent respiratory illnesses. Their families are helpless to move as they don't have the resources.*
>
> *We see many patients admitted with breathing difficulty/wheeze/asthma triggered by living with damp in rental housing who can't afford to move and get no response from landlords to fix the problem.*

Respondents reported that housing issues are getting worse. Some had tried to help the most severely ill children they see by writing letters attesting to the impact that poor housing was having on their patients' health.

I have written more letters to housing providers to ask them to address damp and mould urgently for children with chronic respiratory conditions [in the last two years] than in the previous 18 years of my consultant career.

I do a lot of advocacy work around damp/mould and respiratory health. Those that live in private rented accommodation usually decline support in addressing issues as they worry they will not have their lease renewed if they 'make a fuss' and moves are expensive and they may end up in a worse situation.

Until children's housing situation improves, respondents told us that all they can do is attempt to mitigate the symptoms induced by living in poor quality housing.

[When children live in poor quality housing] you just end up using more and more drugs. For example, in asthma, you can give them more and more anti-inflammatories and get more stronger drugs. But they have side effects and they're harmful. You still may not be able to control the symptoms completely, so they have secondary consequences of poor sleep and then poor engagement with exercise and ultimately a reduced experience at school with coughing and wheezing and missing time [at] school.

Many young people struggle with ongoing asthma symptoms due to their environment, despite having optimal adherence and gold standard treatment.

I am fed up of sending children back to homes that are making them sick.

Getting to appointments

Ninety-five per cent of respondents said that poverty is preventing children from attending medical appointments.

Many of our respondents observed that families living on a low income struggled with the cost of accessing health care. While the NHS is free at the point of need, patients may have to pay for transport or parking, and miss work to attend appointments. Research shows that the average cost of attending a clinic appointment is £35 and that families have reported missing paediatric appointments because of the financial cost: travel, parking, childcare costs and potential loss in earnings.[1] This was echoed by survey respondents who observed that, for families living on a low income, cost is a major barrier to getting their children to appointments or visiting them in hospital.

I have many patients who have to use hospital transport or charitable funds in order to attend the ward for essential treatment like blood products and chemotherapy.

I care for several young people whose families find it difficult to attend clinic due to the cost eg, multiple bus fares and missing a free meal at school.

One parent said she was concerned about accompanying her dying baby to another hospital because she couldn't afford more parking there after a long neonatal stay.

[1] B Chadwick, P Hayden, I Sinha, '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*, 56, 2020, DOI:10.1183/13993003.congress-2020.589

I work on a neonatal unit, we have had parents unable to visit their children due to costs. While we try our best to provide accommodation to help promote bonding and breastfeeding, some families cannot take us up on this as they are looking after other children and one parent has to continue working.

In some cases, these costs are unaffordable and children are unable to attend outpatient appointments.

I have had families reschedule appointments because their benefits have not reached their account that week and they could not afford the bus fares for all their children to come on the bus during school holidays (they would have needed to bring all the children as they do not have childcare otherwise).

Some of our children need tertiary care in Cardiff and they have to travel there. We have families who actually say I can't travel to Cardiff. Taking the train costs money or even if they drive, it's parking, it's petrol.

I have seen the extreme anxiety in the faces of parents in poorer areas being told they need to travel to tertiary centre for their child's treatment.

Impact on the NHS

Research has already shown that child poverty costs the NHS £3.5 billion a year as more money is needed to tackle ill-health among children living in poverty.[2] Our survey respondents outlined how child poverty adds to the pressure on the NHS, such as increased admissions to emergency departments.

Impact on healthcare provision

When children are unable to attend appointments, time is spent following up with families. When children live in poor quality housing, doctors spend time managing their deteriorating health conditions. One respondent talked about having to compromise on treatment plans to accommodate families living on a low income.

At all times I worry about whether patients can afford the treatments we recommend, or even manage to attend hospital appointments.

Sometimes we have to amend care plans to accommodate this [the family's low income] meaning children may not be getting the best treatments but any treatment is better than none if the family can't get to the hospital.

Emergency care

Some paediatricians felt that the cost barriers families face attending appointments are leading to children ending up in emergency care as their untreated conditions become more severe. This means that preventable health issues that could be treated earlier get worse and lead to the need for emergency care, which also increases pressure on emergency departments.

Working in a Trust that covers a wide geographical area, one of the biggest impacts on health relates to lack of money for travel. We see more children acutely referred as parents have waited before bringing their sick child to hospital because parents are not able to afford transport to get to an assessment before the child deteriorates.

[2] D Hirsch, *The cost of child poverty in 2023*, CPAG, 2023

I work in the emergency department. Children come because they can't afford to get to outpatient appointments and their condition worsens.

Respondents reported that concerns about quality of housing can result in a delay of discharge from the emergency department, despite the child not requiring inpatient hospital care.

I have seen increasing numbers of homeless families stuck in our emergency department due to a lack of safe housing.

Continuity of care

When a child has spent time in inpatient care, before they are discharged a plan is made to help manage their health at home. **Among respondents working with hospital inpatients, almost three quarters reported that they had struggled to discharge a child from hospital for poverty-related reasons in the past six months.**

One child I treated had pulmonary TB. The child and mother had been made homeless after the death of the father 2 years previously. They were unable to afford to pay their rent and were evicted from private housing. The council housed them for 1.5 years in hostel accommodation which was overcrowded, damp and dirty and where they most likely contracted pulmonary TB. This child had to wait in hospital until more permanent housing was found for him to be safely discharged home.

Some children can't be discharged from hospital due to lack of funds to pay for a taxi home or the worry about how they'll get back to hospital if needed.

We are unable to discharge children due to poor housing which blocks beds for weeks

Impact on the workforce

Some respondents shared how poverty is pervasive in their work and that combatting the health impacts of poverty feels like fighting a losing battle. They expressed frustration that their capacity to improve children's health is being undermined in the context of rising levels of child poverty.

Poverty impacts on every part of my practice as a doctor.

You try your best, but it's like you're swimming against the tide and you're never really going to beat it.

As health, we cannot stem this. We cannot stem the kind of tidal wave that we have of ill-health in children. Paediatrics over the last 20 years has gotten far more complex due to a lot of factors and poverty plays a huge part in that. We've seen more asthma. We've seen more dental decay. We've seen more obesity. All of this is somehow related to poverty and that needs to change.

Conclusion

The experiences of paediatricians show the severe consequences that poverty is having on children's health. Living on a low income makes it harder for parents to provide nutritious food, secure quality housing and access healthcare, which causes children's health to deteriorate. The impact of poverty is so profound that paediatricians are increasingly spending time managing the health impacts of living on a low income for the children in their care. And despite their best efforts, they struggle to mitigate them.

The announcement in the Spending Review that free school meals will be extended to all children in families on universal credit in England is a welcome first step, and ensures that all children in poverty can access a free hot meal at school. But the experiences of paediatricians show that action cannot

stop here, further investment is needed in the forthcoming child poverty strategy. Along with improving living standards, turning the tide on rising child poverty would reap rewards in children's health outcomes, reducing costs and pressure on the NHS in the long term and delivering the government's ambition to create the healthiest generation of children ever.

Recommendations

RCPCH and CPAG are calling for the government to take bold action in the delivery of its forthcoming child poverty strategy. At a minimum the strategy must:

1. Introduce binding targets to reduce and eliminate child poverty over the short, medium and long term.
2. Invest in social security, starting with abolishing the two-child limit. This policy is pushing 109 children into poverty each day. Scrapping the two-child limit would lift 350,000 children out of poverty and help hundreds of thousands more.
3. Unfreeze local housing allowance and end the benefit cap to help families secure housing that meets basic decency standards. While the recent ten-year investment in affordable housing has the potential to be transformative in the long term, it does not help the 1.7 million children growing up in poverty in private rented housing now.
4. Fund a Young Patients Family Fund for inpatients and outpatients to help families cover the costs of attending hospital and accessing healthcare. In Scotland, the existing fund should be extended to include outpatients.

About RCPCH

The Royal College of Paediatrics and Child Health (RCPCH) is responsible for training and examining paediatricians, setting professional standards and informing research and policy. RCPCH has over 24,000 members in the UK and internationally. We work to transform child health through knowledge, research and expertise, to improve the health and wellbeing of infants, children and young people across the world.

About CPAG

Child Poverty Action Group works on behalf of the more than one in four children in the UK growing up in poverty. It doesn't have to be like this. We use our understanding of what causes poverty and the impact it has on children's lives to campaign for policies that will prevent and solve poverty – for good. We provide training, advice and information to make sure hard-up families get the financial support they need. We also carry out high profile legal work to establish and protect families' rights. Child Poverty Action Group is a registered charity in England and Wales (294841) and Scotland (SC039339).
cpag.org.uk