



Impact of Child Poverty on Health Outcomes

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The Inverse care law exists when those most in need of healthcare are the least likely to receive it. In Ireland we base service provision on geographical or historical distributions and not on health needs. Children living in disadvantaged communities have higher physical and mental health needs than those living in the most affluent areas but much poorer access to services because of the Inverse Care Law.

The facts:

- In Ireland, at 9 years of age, 13% of children in poorest households have a chronic health condition compared to 9% in the wealthiest households
- 19% of boys and 18% of girls from professional households are overweight/obese compared to 29% of boys and 38% of girls from semi- and unskilled social-class households
- Cumulative poverty exposure has a dose response relationship with poor health outcomes especially mental health outcomes
- Families transitioning into poverty leads to a 50% higher risk of behavioural and emotional difficulties in children
- Deep End Ireland GPs report either complete lack of services in their communities, or very significant delays for assessment, usually at least 12 months (despite the 3 month statutory

requirement) and further delays for treatment (for example 2 years for child psychology)

- Social spending on children, particularly in the early years of life, improves population health across the lifespan. Early intervention works

Deep End Ireland Recommendations:

- Invest, particularly in the early years, according to need
- Address the Inverse Care Law when planning and funding health services for children - distribute resources according to need, not population numbers
- Enable GPs, particularly in disadvantaged communities to coordinate early intervention when children and their families show signs of distress
- Develop a model of care where referred children and families in distress are triaged by a multi disciplinary team and organized into appropriate referral pathways.