

# Are young children healthier than they were two decades ago?

## Summary

*The changing face of early childhood* series explores how the lives of children under five have changed over the last two decades. Two key themes underpin the series. The first is the changing nature of family and family circumstances and the implications for the economic security, development and wider well-being of young children. The second is the inequality and asymmetries in experience and life

chances, including disparities between advantaged and disadvantaged families with young children.

This summary presents the key learning from a review of the evidence on trends in

young children's health over the last 20 years. The review focuses on seven fundamental indicators: infant mortality, immunisations, breastfeeding, obesity and overweight, oral health, mental health and emotional well-being, and respiratory health. While the review identifies improvements across these indicators, progress has recently stalled—and in some cases the situation has deteriorated. Indeed, inequalities are growing across many of our indicators. Rather than cause for dismay, this review finds evidence of policies that work, with the potential to reduce inequalities and improve the life chances of many young children.

**Note to the reader:** Inline references that are underlined are those funded by the Nuffield Foundation.



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## What this review tells us

### **The importance of young children's health is difficult to overstate.**

Future health and well-being have their origins in young children's health. In recent years, there has been increasing recognition of the importance of early childhood in providing a strong foundation for later life and as a crucial opportunity for reducing inequalities. This recognition comprises an understanding that health inequalities are a consequence of social inequalities (Marmot et al. 2010). Negative impacts on the health of young children are difficult to reverse. Much poor health in young children is preventable.

### **Young children are healthier than they were 20 years ago—but progress has stalled in recent years.**

**The indicators of young children's health assessed in this review provide evidence that more children are receiving a better start in life.** Infant mortality rates have fallen.<sup>1</sup> Vaccination uptake rates have increased. Breastfeeding has increased. Tooth decay has declined. However, progress is not visible in all areas.

**Rates of obesity and overweight in young children have been consistently too high and have soared during the pandemic.** Over one quarter of four to five-year-olds in England, Wales and Northern Ireland are obese or overweight.

During the pandemic, the proportion of children in England aged four and five classified as obese has risen from 9.9% in 2019/20 to 14.4% in 2020/21 (NHS Digital 2021).

**Declines in the infant mortality rate have slowed significantly, with only a small reduction from 4.3 to 4.0 deaths per 1,000 live births between 2010 and 2019** (Office for National Statistics (ONS) 2021). Of particular concern, the infant mortality rate increased three years in a row in England and Wales between 2015 and 2017 (ONS 2020a). The UK's infant mortality rate is 30% higher than the median rate across the EU15+ (Royal College of Paediatrics and Child Health (RCPCH) 2018) and the UK has one of the lowest exclusive breastfeeding rates among high income countries (WHO 2019). There have also been gradual declines in vaccine uptake rates in recent years.

**Improvements in young children's health have not been felt equally—and in some instances, inequalities are growing.** Across our indicators, we found associations between poor health and geographical area, ethnicity and level of deprivation. For example, in 2018, the infant mortality rate in England for those living in the most deprived areas was almost twice the rate of those living in the least deprived areas (ONS 2020a).

Since 2001/02, rates of overweight and obesity have increased among children living in the most deprived areas of Scotland, while rates have

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1 Infant mortality refers to the death of a child under one year old. The infant mortality rate is defined as deaths under one year per 1,000 live births. Neonatal deaths refer to the death of an infant under 28 days.

decreased for children in the least deprived areas (Information Services Division Scotland 2019a). Similarly, the unprecedented increases in infant mortality in England between 2015 and 2017 disproportionately affected the poorest areas, with mortality rates in the richest unaffected (Taylor-Robinson et al. 2019).

**The health of young children is being affected by the COVID-19 pandemic, with negative effects felt disproportionately by disadvantaged children.** While we still do not know all of the impacts of COVID-19 on young children's health, three interrelated factors are having effects.

- 1 The pandemic and associated lockdowns have had negative effects on young children's health, including insufficient physical activity and worsening mental health.
- 2 Reduced health services for young children, prompted by the National Health Service (NHS) undergoing unprecedented demands—in particular, reduced health visiting services.
- 3 The economic disruption, which creates conditions for poor health to proliferate among young children, including worsening parental mental health and increasing child poverty.

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## What needs to change?

**The UK is now at a critical moment in securing the future of young children's health.**

**We know that improvements in young children's health are possible.** Sustained country-level policies can improve young children's health (Struijs and Hargreaves 2019). In Scotland, we see the effect of a national infant feeding strategy that brings together political will, advocacy and sustained funding to promote and support breastfeeding. Inequalities in young children's health are not inevitable. The significant narrowing of the low birthweight gap between more and less

disadvantaged mothers between 2005 and 2011 was a substantial national achievement (Stewart and Reader 2021).

If young children are to be healthier 20 years from now, there are key questions for policy makers, commissioners, practitioners and researchers to consider and address.

### 1 Are young children receiving adequate universal services?

Effective universal services promote prevention and early intervention, and can improve outcomes for all while having the greatest impact on those most in need of help.<sup>2</sup> At a time

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2 For example, Sure Start services reduced the likelihood of hospitalisation among children of primary school age, with children living in disadvantaged areas benefitting the most (Cattan et al. 2019).

of historically high public sector debt, and with COVID-19 putting the health and broader needs of adults in the spotlight, policy makers and commissioners have difficult decisions to make about the prioritisation of young children's needs relative to others, how to ensure services are proportionate to need, and whether services are adequately resourced to meet those needs.

## 2 What does an effective integrated system for young children and their families look like?

Considered from a family's perspective, effective health services for young children cannot be provided in isolation from a broader, well-integrated system that meets both the health and non-health needs of young children and their families. Families should not need to navigate complex systems or fall through gaps where services are unable to meet their needs. Professionals working in integrated systems have reported improved outcomes for children and their families, including general physical health (Messenger and Molloy 2014), and there is evidence that integrated care leads to cost savings and improvements to young children's quality of life (Wolfe et al. 2020).

Despite this emerging evidence, the process of integration is complex, with no simple off-the-shelf models to implement, requiring a sustained government commitment, quality leadership, and funding and resources to be used as a lever to incentivise reform (Pascal, Bertram, and Peckham 2019). Critically, integration for young children may look different to that for adults, with young children a distinct population who use a distinct health and care system with its own needs and challenges. Further evidence of what works, and lessons learnt in integrated services and in overcoming professional and institutional boundaries is essential.

## 3 How can we tackle the stark health inequalities of early childhood?

If young children are to be healthier in 20 years' time, health inequalities will need to be addressed. Across our indicators, there are associations between poor health and geographical area, ethnicity and level of deprivation. Addressing health inequalities cannot be achieved by improving health service provision alone. As the NHS' long-term plan acknowledges, 'Household income, education, housing, stable and loving family life and a healthy environment all significantly influence young people's health... By itself, better healthcare can never fully compensate for the health impact of wider social and economic influences' (National Health Service (NHS) 2019, p.45). While health services for young children can be improved, 'reducing child poverty would be a more far-reaching and effective strategy' (Marmot et al. 2020, p.41).

Addressing social inequalities will help address health inequalities between ethnic groups as these inequalities are, in part, a consequence of conditions such as some ethnic minority groups disproportionately living in deprived areas, with these conditions 'themselves the result of longstanding inequalities and structural racism' (Marmot 2021). Beyond tackling social inequalities and discrimination, there remains more for the NHS and other service providers to do to remove linguistic, cultural and digital barriers to accessing public health information and services (Lawrence 2020) and ensuring high-quality services for all.

## 4 What are the key data and evidence gaps?

There is still much we do not know about young children's health. There are significant gaps and limitations in the available data, preventing analysis across the full 20 years covered by this review and regional comparison. Young children's

mental health and emotional well-being, and young children’s respiratory health, are two areas with a particular dearth of comparable, time series data. Further work is needed to conceptualise mental health and emotional well-being in young children and to move beyond diagnosable disorders. Our understanding of young children’s health inequalities is limited by a lack of intersectional analysis. Limited research is available that explores how the associations between poor health and area, ethnicity, and level of deprivation intersect, compound and accumulate. Research to understand the lived experiences of young children and their families is essential.

In addition to strengthening our understanding of young children’s health, more research is needed to evaluate the impact of interventions to strengthen health and their value for money.

While we know that some interventions to support young children’s health work, there is a ‘much wider set of activities that have not yet been evaluated, and so little is known about their impact’ (Early Intervention Foundation n.d.).

**Improving young children’s health remains one of the most effective means of creating a strong and fair society.** Investment in children’s early years provides significant value for money (Marmot et al. 2020). The future health and well-being of adults—and our society as a whole—has its origins in young children’s health. Improving young children’s health is, however, about much more than simply improving health services, requiring sustained and integrated efforts to meet both the health and non-health needs of young children and their families.

The review’s authors are Richard Batcheler, Dr Dougal Hargreaves, Jordan Rehill and Dr Rakhee Shah. The series editor is Carey Oppenheim. The full review, including references, is available to download from:  
[www.nuffieldfoundation.org/publications/are-young-children-healthier-than-two-decades-ago](http://www.nuffieldfoundation.org/publications/are-young-children-healthier-than-two-decades-ago)

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