

# Poverty may pay

*The basic formula for funding health visiting services has been agreed and child poverty has been suggested as a marker for allocating funds. This may help boost hard-pressed services, says Dame Sarah, but caution is needed around definition and measurement.*

**W**hat does ‘poverty’ mean to you? Perhaps you can draw on personal experience or memories.

I recall Friday evenings as a small child, hoping hungrily that my father would arrive home with his wages before the fish-and-chip van made its weekly rounds. If he was late, our evening meal would be meagre indeed, sometimes eaten in the dark if we had no pennies for the electric meter. That happened more often after the electric company installed a meter that accepted only shillings (5p in today’s money)—who would ever have a whole shilling left over on payday?

But at least we didn’t go completely without food, like the almost 1 million people who used food banks in the last year. And at least (thanks to a 5-year wait and the post-war council house-building boom) we had a roof over our heads, complete with indoor plumbing and drainage.

Whether you have personal experience of poverty or not, you will almost certainly know some poor

families on your caseloads. Their housing may be crowded, insecure or unsuitable for small children. You may know that transport costs to hospitals or clinics stretch their budgets and otherwise small worries may loom large—like concerns about fussy eating being aggravated by worries about the cost of wasted, uneaten food. Whatever the specifics, they need more time and support than better-resourced families and, often, reassurance in the face of the stigma associated with poverty.

These thoughts were prompted by figures showing that 2.3 million children (17%) are living in poverty, a number that has not changed in the last year (Shale et al, 2015). The current official definition of child poverty (living in a household with an income <60% of the current median) may become more important for health visiting services, since it featured in a consultation document about their funding (Department of Health, 2015). The ‘minimum floor’ funding for one health visitor to 300 children under 5 has been approved, but the document proposed additional weighting (x3) for each child living in poverty.

At first glance this seems, potentially, like a welcome boost to funding, but caution is needed with definitions, which are set to change. The Government plans to replace the current definition with measures that it says focus on the ‘causes’ of poverty instead—workless households and educational attainment at age 16. The Conservative Party (2015: 28) manifesto listed ‘entrenched worklessness, family breakdown, problem debt, and drug and alcohol dependency’ as root causes, although some question whether these are causes or results of poverty. More than

half of people living in poverty are in low-paid work, for example. Such difficulties would increase a family’s need for health visiting support, but inextricably linking them with poverty adds to the stress and stigma already experienced by families struggling to make ends meet.

The Joseph Rowntree Foundation (JRF), instead, highlights low pay and productivity, housing and costs of living as the key causes of poverty, saying ‘you cannot divorce a conversation about poverty from the question of low income’ (Unwin, 2015). Such wide differences in approach show that definitions of poverty are highly contested, so they seem a tenuous basis for staff funding formulae. There is increasing evidence about how the stress of early poverty affects infants’ brains and their later development, so however it is defined, poverty is an important issue for health visitors. Changing measures may increase the number of health visitors—or not—but we should be wary of definitions that stigmatise and judge the most vulnerable families we aim to engage and help. Instead of blame, those of us who understand how hard life can seem when there are no pennies left at the end of week, can support children and parents to develop the resilience needed to survive such circumstances. **JHV**

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**Professor Dame Sarah Cowley**  
Emeritus professor,  
King’s College London  
[sarah.cowley@kcl.ac.uk](mailto:sarah.cowley@kcl.ac.uk)