



The Association of Directors of Public Health Consultation Response

Delivering the Child Poverty Strategy

Objectives and Scope

Members of the Education and Work and Pensions Select Committees are undertaking [an inquiry](#) into how the Government can ensure it delivers a successful [Child Poverty Strategy](#). It asks whether the Government is being ambitious enough and considers accountability, outcomes, and the longevity of the Strategy.

About ADPH

ADPH is the representative body for Directors of Public Health (DsPH), and is a collaborative organisation, working in partnership with others to strengthen the voice for public health, with a heritage which dates back over 160 years. ADPH works closely with a range of Government departments, including UKHSA and OHID as well as the four CMOs, NHS, devolved administrations, local authorities (LAs), and national organisations across all sectors to minimise the use of resources as well as maximise our voice.

ADPH aims to improve and protect the health of the population by:

- Representing the views of DsPH on public health policy.
- Advising on public health policy and legislation at a local, regional, national, and international level.
- Providing a support network for DsPH to share ideas and good practice.
- Identifying and providing professional development opportunities for DsPH.

ADPH response

Ambitions of the Child Poverty Strategy

It is unacceptable and avoidable that a third of children in the UK grow up in poverty.ⁱ ADPH has long called for action on this and welcomed the introduction of a UK-wide Child Poverty Strategy (the Strategy). Child poverty sets the trajectory for health, income, and quality of life – children living in poverty are more likely to have poorer health outcomes, reduced educational attainment, and lower adult earnings.^{ii,iii}

The Strategy is a step in the right direction, particularly in demonstrating the scale and importance of the issue, however we would like to see the following improvements:

- **The Strategy must be supported by legislative change in a Child Poverty Act that reintroduces binding targets.** These targets should be aligned to the Sustainable Development Goals committed to end extreme poverty by 2030, and halving child poverty in all its dimensions.^{iv} Legislation should align with existing frameworks in devolved nations and be developed with cross-party support to protect this work across political cycles.

- **Guarantee of cross-government working and accountability at the national level.** We recommend adapting the successful model used to address teenage pregnancy in the early 2000s. Actions could include:
 - Establishing a cross-government ministerial committee with an independent body created or commissioned to monitor progress.
 - Introducing clear governance and accountability structures to ensure the work of the Strategy extends beyond this parliament.
 - Requiring all Government departments to assess the child poverty impact of their policies (similar to the [approach taken in Wales](#)).
- **Clearer alignment with the wider health mission, particularly around treatment to prevention.** We would like a greater emphasis on improving health, including addressing the wider determinants of health, including maternal health. Key health schemes such as Healthy Start and the Healthy Child Programme should be robustly evaluated and strengthened, alongside improvements to housing, food, and natural environments.

Drivers and outcomes

While we agree with the drivers and outcomes in the Strategy, health and wellbeing should be explicitly recognised as both a driver and a negative outcome of child poverty. It is also important to see health and wellbeing in the widest sense – incorporating healthcare, education, nutrition, and household income. The following policies and initiatives we recommend are based on a Health in All Policies (HiAP) approach and strengthening local support. They fit within a wider recommendation that a whole-system, cross-government approach to the wellbeing of infants, children, and young people (ICYP) is critical to address child poverty.

Investment

Investment in public health must be increased across the four nations:

- In England, LAs' public health funding has been cut by around a quarter (in real terms on a per person basis) over the last decade. Despite a welcome increase in the last two years, the grant is still not comparable to 2015/16 levels.^v In that time, demand for services has soared, alongside levels of largely preventable ill health.
- Public health interventions provide excellent value for money, with the costs being three to four times lower than NHS interventions.^v Public health funding should be significantly increased to create lasting improvement to the nation's health and successfully shift from treatment to prevention.

Investment in early years services and programmes:

- A national review of key programmes such as Healthy Start and Healthy Child Programme should be undertaken to ensure there is uptake in the right populations, retention of the workforce, and it is adequately resourced. There should also be flexibility to explore different models of delivery so that services can adapt according to need.
- Government should streamline national funding streams (eg Family Hubs, Homelessness Prevention, Crisis and Resilience Funds) that target the same populations, to reduce fragmentation and support effective local delivery. Alongside this, there should be support for local coordination

so that areas can navigate different guidance, integrate funding pots, and provide coherent support to families.

- The decline of complementary services such as children’s centres, youth services, and early intervention teams has created systemic gaps, and reduces referral options for families. Government should mitigate the impact of wider funding cuts on children’s services, to ensure they can continue to serve local populations.

Healthy places

- As a key determinant of health, government should invest in the built environment, including safe, affordable, and healthy housing, and equitable access to community facilities, green and blue spaces, and public transport.
- Children should also grow up in a healthy food environment. To allow this, national policy areas should be reviewed such as national planning and licensing policy, food formulation to reduce ultra-processed food and HFSS, advertising rules, and food standards. As part of these national changes, LAs and public health teams should be given greater powers, for example through planning controls to ban junk food outlets and advertising near schools.

Education, childcare, and school-based support

- Good school attendance is essential for wellbeing, safeguarding, and educational attainment, and persistent absence is a key indicator of poverty and poor health later in life. Partnerships between schools, NHS, social services, and LAs should be strengthened to identify low school attendance early and provide targeted support.
- Access to free childcare for parents with long-term conditions or those re-entering work should be expanded and would enable children to benefit from early years support and parents to re-enter the workforce.
- National roll-out of successful initiatives, such as ‘[poverty proofing](#)’ the school day, and further expansion of free school meals to all children should be implemented.

Employment, social, and financial support

- Funding should be increased for local public health teams working with partners to support parents and carers into employment, accessing welfare support where eligible, and providing financial advice to increase financial resilience.

Health workforce

- Health professionals, including GPs, midwives, health visitors, and social workers, should be trained to identify prenatal and perinatal maternal problems early, offer support, and signpost. Training should also cover the wider determinants that impact CYP health, such as poverty and other adverse experiences, helping to break down stigma, and ensure appropriate referral pathways.
- The digital red book should be accessible to all services related to a child’s care, including schools, health visiting, NHS, social care, police, and family hubs. This would streamline coordination of information on children’s development and adversity, and support the high-quality, evidence-based services tailored to each child’s needs.

Reducing stigma

- Local and national initiatives should aim to reduce the stigma surrounding poverty, including campaigns that normalise seeking support to mitigate its impacts during early life.

Monitoring and evaluation

Working with devolved nations

Scotland, Wales, and Northern Ireland, have their own strategies on child poverty, which include evaluation frameworks:

- Scotland has [Child Poverty Delivery Plan](#) with a [policy evaluation framework](#).
- Wales has [Child Poverty Strategy](#) with a framework, and the first [2025 progress report already complete](#).
- Northern Ireland has [Anti-Poverty Strategy](#) that includes child poverty and an evaluation framework.

The UK Government should consider and accommodate these existing frameworks and coordinate activity with devolved nations.

Supporting at the local level

To effectively support monitoring and evaluation at the local level, improved data and national infrastructure are essential. We recommend:

- Developing a child poverty profile on Fingertips, bringing together existing indicators, to improve data access.
- Ensuring better links between health, education, income, and housing data.
- Utilising Lower layer Super Output Area (LSOA) data as this is preferable to ward data, especially in urban areas, as wards encompass many people.
- Separating data by protected characteristics, as outlined in terms of reference, but also by other factors such as geographic spread, family type, and socio-economic status to get a better picture of how the Strategy is working across society.
- Addressing barriers to matching key datasets, including those between Department for Work and Pensions (DWP) Stat-Xplore data tool and ONS data.
- Enabling effective cross-tabulation of data to understand inequalities. A useful resource to drive and target action could be using a DWP analysis, at a suitable footprint, which brings together client groups, protected characteristics, and wider dimensions of inequality.
- Public Health Scotland also has the '[Prioritise Child Poverty](#)' resources that might provide a starting point in building a set of indicators useful across the UK.

Securing longevity of Child Poverty Strategy

To secure the long-term impact of the Strategy, we recommend:

Prioritise health and wellbeing

- A whole system, cross-government approach to the wellbeing of ICYP. This must be underpinned by embedding a HiAP and wellbeing in decision-making across Government and aligning the Strategy with the wider health mission.

Binding targets and accountability

- Introducing a new Child Poverty Act, including the reintroduction of binding national targets to reduce child poverty.
- Establishing a cross-government ministerial committee, with an independent body created or commissioned to monitor progress and ensure accountability.

Sustained investment

- Increasing long-term investment in public health and early year services and programmes, recognising the crucial benefits to the UK.
- Investing in the built environment to ensure sufficient, affordable, and healthy housing, alongside equitable access to community facilities, green and blue spaces, and public transport.

Local leadership and delivery

- Ensuring the Strategy is not overly prescriptive and enables LAs to implement what works best for their populations.
- Strengthening LA powers, including planning controls, alongside improved data infrastructure to support effective local monitoring and evaluation.

ⁱ Children in low income families: local area statistics, financial year ending 2024 [Internet]. GOV.UK. 2025 [cited 2026 Feb 17]. Available from: <https://www.gov.uk/government/statistics/children-in-low-income-families-local-area-statistics-2014-to-2024/children-in-low-income-families-local-area-statistics-financial-year-ending-2024>

ⁱⁱ Child health inequalities driven by child poverty in the UK - position statement [Internet]. RCPCH. 2019 [cited 2026 Feb 17]. Available from: <https://www.rcpch.ac.uk/resources/child-health-inequalities-position-statement#how-poverty-affects-child-health-outcomes>

ⁱⁱⁱ Effects of poverty [Internet]. Cpag.org.uk. CPAG; 2026 [cited 2026 Feb 17]. Available from: <https://cpag.org.uk/child-poverty/effects-poverty#:~:text=Children%20from%20the%20lowest%2Dincome,they%20are%20able%20to%20earn.>

^{iv} Ending Child Poverty as part of The Global Goals [Internet]. Global Coalition to End Child Poverty. 2019 [cited 2026 Feb 17]. Available from: <https://www.endchildhoodpoverty.org/no-poverty>

^v The Health Foundation. Investing in the public health grant. Available: <https://www.health.org.uk/reports-and-analysis/analysis/investing-in-the-public-health-grant>