

# Children in poverty: Time for action to address rising inequalities in the United Kingdom

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## Abstract

Children have been disproportionately affected by the response to COVID-19 despite having a negligible risk of morbidity and mortality. Moreover, the response to COVID-19 has magnified the inequalities generated by the decade-long austerity regime imposed by the coalition, and current government. The numbers of children living in poverty are rising: some 30% of children, amounting to over four million children, are living in relative poverty in the United Kingdom. Poverty will deepen due to rising levels of unemployment, and with 25% of private sector workers experiencing a reduction in hours, this will disproportionately affect families with young children. The stage is set for deepening and more entrenched inequalities, superimposed on the pre-existing inequalities of austerity. A comprehensive and radical set of policies is needed to address this and will require full government commitment at the highest level.

## KEYWORDS

children, deprivation, health inequalities, poverty, Social Determinants of Health

## INTRODUCTION

Child poverty is a stain on the collective conscience of the United Kingdom. In 2018, after deducting housing costs, 30% of children, that is over four million children, were living in relative poverty in England. The number of children living in relative poverty is projected to increase to 36.6% in 2021 in the United Kingdom, before accounting for the economic impact of the COVID-19 crisis (Marmot, 2020; OECD, 2019). Local authority's funding for children and young people's services declined by 29%, a reduction of £3 billion between 2010-11 and 2017-18; with the most deprived areas experiencing the greatest cuts. Regional variations in cuts to



children's services were stark, with the North East having the largest decrease of 34%. While the South East, had the smallest decrease of 22% (Marmot, 2020). Material deprivation, an alternative indicator of low living standards associated with poverty, shows that 18% of children live in such conditions (Pascale Bourquin & Keiller, 2020).

The economic impact of the COVID-19 pandemic is likely to worsen health inequalities (Pascale Bourquin & Keiller, 2020). The Institute for Public Policy Research has modeled a high-impact scenario, suggesting an unemployment rate of 9.8%: with 25% of private sector workers experiencing a reduction in hours, and an additional 300,000 children and 1.7 million adults falling below the pre-COVID poverty line in the last quarter of 2020 and early 2021 (Henry Parkes, 2020). The consequences include rising inequalities in health and mental health, homelessness and poor housing, family poverty due to unemployment and lack of adequate benefits, loss of educational attainment, and food insecurity.

The health and social inequity experienced in Pandemic Britain is incumbent upon the pre-existing inequalities perpetuated by a hostile political economy; underpinned by the austerity agenda of 2010 resulting in more than £30 billion in spending reductions have been made to welfare payments, housing subsidies, and social services (Mueller, 2019). "Political economy" in this discussion is defined as interrelationships between individuals, the government, and public policy. While the hostility is referring to the comparatively weak social security and deterioration of antipoverty policies of the UK Government. Discussions on the rising childhood poverty in the United Kingdom following the COVID-19 pandemic will be discussed in the context of the hostile political economy and the deleterious interaction of the two.

## INEQUALITIES IN HEALTH

COVID-19 has exacerbated existing inequalities. In November 2019, Philip Alston, UN Special Rapporteur on Extreme Poverty and Human Rights, painted a dismal picture of working families living in a state of perpetual deprivation, with exacerbated reliance on food banks, a convoluted benefits system, public services demolished for the ideological austerity agenda. He commented the government of the UK is in a "state of denial" about the perilous situation (Alston, 2019). Before the pandemic, the poorest households' expenditure on food and domestic energy was 46% compared to 10% for the wealthiest (Institute for Fiscal Studies, 2013). Small amounts of economic disruption have a negative effect on the poorest families. Pre-COVID-19, the proportion of children living in deprived conditions, classified as household incomes beneath 40% of the median, has increased to 13%; a record high (Resolution Foundation, 2020a). With overall relative poverty in children at 30% (Marmot, 2020), the economic downturn will have an excessive impact on childhood poverty.

Poverty is associated with obesity, chronic illness, death from accidental causes, pediatric mental ill-health (The Lancet, 2019). Childhood poverty is associated with lifelong adverse health outcomes: cancer, coronary heart disease, respiratory disease, and alcohol-related illness (The Lancet, 2019). We summarize some of the key data on health inequalities and the social determinants of health.

## MINIMAL HEALTH RISK

Children have a very low risk of death from COVID-19 (Hoang et al., 2020), with only 6 deaths registered from COVID-19 for children between 0 and 14 years of age, between 28 December 2019 to 6 November 2020, in England and Wales (Gov.co.uk, 2020). Most deaths involving

COVID-19 have been among people aged 65 years and over: 52,446 out of 58,645, as of November 20, 2020 in the UK (Gov.co.uk, 2020). However, hospital admission data from across the UK between 17 January and 3 July, report a rare pediatric syndrome of COVID-19: Multisystem Inflammatory Syndrome in Children, similar to atypical Kawasaki disease, Kawasaki disease shock syndrome, and toxic shock syndrome (Riphagen et al., 2020). There were eight children presenting to South Thames Retrieval Service in London, which has two million children under its jurisdiction, in a period of 10 days in mid-April 2020 (Riphagen et al., 2020).

Nevertheless, despite the minimal risks of COVID-19, the indirect burden of the COVID-19 response has been borne by children from deprived and vulnerable backgrounds. The pandemic has magnified existing inequalities and highlights the importance of social determinants of health

## HOUSING AND HOMELESSNESS

According to Shelter, in 2019, a child loses their home every 8 min in the United Kingdom; around 183 children per day (Reynolds, 2019). As of 2019, 210,000 children are homeless; the report defines homelessness as the 120,000 children in temporary accommodation and the 90,000 children “sofa-surfing.” This is outlined in Figure 1 (Commissioner Cs, 2019). And, a total of 585,000 children were at risk of becoming homeless in England in 2019, based on family financial risk (Commissioner Cs, 2019). Around 4 in 10 children in temporary accommodation remain there for at least 6 months, and a further 1 in 20 children for at least a year (Commissioner Cs, 2019). Homeless Link reports a doubling in calls to national youth homeless helplines during the pandemic; they report vulnerable youth groups such as those with mental health needs, those living in abuse households and LGBTQ+ individuals are greater risk (Homeless Link, 2020).

Homelessness in children is a barrier to optimal development and growth. UNICEF have stressed the importance of “the first 1000 days” ranging to 5 years of age (UNICEF, 2017). The Children’s Commissioner has highlighted how temporary accommodation provided to homeless families are often too far from the children’s original place of home; which is deeply



**FIGURE 1** Prevalence of homelessness among children, as of 2019 (Commissioner Cs, 2019)



disruptive and may lead to loneliness and isolation due to changing school and separation from friends, as well as parents being forced to pay for childcare (Children's Commissioner, 2019a). Homelessness can lead to severe emotional trauma leading to problematic behavior at school; additionally, homelessness can also cause major setbacks in educational performance; irrespective of capability or potential (Digby & Fu, 2017). In addition to impeding proper development, emotional distress, and educational barriers in younger children, substandard housing and cramped conditions result in higher risk of exposure and transmission of COVID-19 itself, in homeless children (Rosenthal et al., 2020).

## MENTAL HEALTH AND EMOTIONAL DISTRESS

Children from the poorest 20% of households, are four times more likely to have serious mental health difficulties by the age of 11, compared to those from the wealthiest 20% (Gutman et al., 2015; Marmot, 2020). Childhood mental health issues are exacerbated by the pandemic: 41% reported their mental health to be "much worse," and 40% reported their mental health to be "a bit worse," a total of 81% of respondents signaling various degrees of worsening mental health (Young Minds, 2020). A further 87% of children reported feeling lonely and socially isolated (Young Minds, 2020). Yet, 31% reported being unable to access the support they need (Young Minds, 2020). If therapies are digitalized, however, the technology gap of more deprived children may be a barrier to accessing digitalized therapy; mental illness is overexpressed in more deprived children, making this a pressing matter of great urgency (Childhood Trust, 2020). Overall, accessibility to mental health was difficult, with the already stretched services being temporarily suspended (BMA, 2020). A precarious balance in difficulty accessing mental health services could be established by two factors: an influx of existing patients who have been unable to access care due to the disruptions brought about by the pandemic, as well as new patients negatively affected by COVID-19 crisis, or otherwise (BMA, 2020).

Young carers in the United Kingdom, are exposed to specific stressors during the pandemic. These young carers are disproportionately poorer than other children (Vizard et al., 2019), and more likely to suffer from mental health problems (Becker & Becker, 2008; Dharampal & Ani, 2019). A heightened fear of young carers during the pandemic is a fear of "bringing the virus home" to shielding parents (BBC, 2020); as well as financial worries (Childhood Trust, 2020). Importantly, 89% of young carers experienced social isolation before the pandemic which is likely to be amplified following the COVID-19 pandemic (CarersUK, 2017).

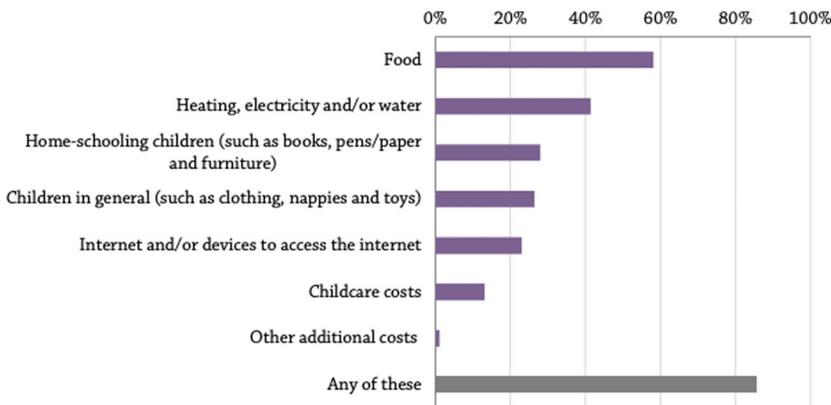
## EMPLOYMENT AND IN-WORK POVERTY

The austerity agenda cemented in-work poverty. Real terms pay before tax deductions in February 2020 represents £471 average weekly earnings, compared with £472 in February 2008 in standardized terms: representing a £1 decrease in 2020 (Office for National Statistics, 2020). This reduction in real-term pay is due to low levels of benefits with the rollout of universal credit and rising cost of living due to the rising inflation (Marmot, 2020; Stephen Clarke, 2018). Living costs are rising faster for the poorest tenth of households, 2.7% compared to 2.3%, for the richest tenth (Office for National Statistics, 2019). Those in the lower socioeconomic distribution are more likely to rely solely on wage as a source of income; whereas, their wealthier counterparts are more likely to have multiple revenue streams (Marmot, 2020).

Work, it seems, is no longer a route out of poverty; rather, another mode of poverty. Even for those in two-parent families, where only one of the parents is not working or working part-time, there are 1.6 million children living in poverty, defined as living in households with less than 60% of median household income remaining, after housing costs (Department for Work and Pensions, 2019a; Marmot, 2020).

The response to the COVID-19 crisis has hit the most deprived hardest. It is estimated that a majority, just over half, of workers in the lowest-income households had their employment status negatively affected by coronavirus; in some capacity, in May 2020. This contrasts with just three-in-ten of workers in the highest-income households: the economic crisis is foremost a crisis in the labor markets (Resolution Foundation, 2020a). The number of employees declined by 574,000 between March and May 2020, with hours worked declining by 17% leading up to May 2020. Overall income was estimated to be 4.5% lower in May 2020 than 2019–20 (Resolution Foundation, 2020a). It is disproportionately workers in lower-income households who face the greater risk of unemployment; 23% of workers in the lowest-income households work in leisure, hospitality, and retail. The most negatively impacted sectors of the economy. In comparison, only 9% of those in the highest-income households work in this sector (Resolution Foundation, 2020a).

The 86% of the most vulnerable families report additional costs of basic subsistence: food, electricity, utilities, and child expenditure (Maddison, 2020). This is outlined in Figure 2, including the specific domains in which additional costs are reported (Maddison, 2020). The lived experience of families claiming Child Tax Credit or Universal Credit has shown that 70% of families cut back on essentials, 60% borrow money and over 50% are behind on rent or other essential bills (Maddison, 2020). Those in the wealthier socioeconomic distribution are insulated: housing as a proportion of household income accounts for 11% of income for mortgagors, 5% for outright homeowners, compared to 32% for private renters (Resolution Foundation, 2020b). The outright homeowners comprise 70% of the top wealth decile (Resolution Foundation, 2020b). Poorer families have substantially higher levels of financial debt as a proportion of marketable assets, more property debt and less savings to resort to in the face of economic shock (Bangham & Leslie, 2020). A synthesis of these surveys by The Child Poverty Action Group (CPAG) led to the conclusion “there is one thing that these families



**FIGURE 2** Eighty-six percent of families on Universal Credit or Child Tax Credit reporting additional costs (Maddison, 2020)



shared: a lack of financial resources that created additional challenges on top of those already presented by coronavirus” (Child Poverty Action Group, 2020).

## EDUCATIONAL ATTAINMENT

Countrywide school closures between March and July affected most school age children; with only 1% of pupils attending school during the lockdown (Whittaker, 2020). The “educational gap” is increasing between more affluent students compared to those from more deprived backgrounds (Montacute, 2020). Overall, parents are finding supporting their secondary school children difficult; and supporting learning is challenging, as reported by 60% of sampled parents. Within the state school structure, 60% of the richest fifth of families have greater access to interactive resources, provided by the schools; this includes video and text communication, contrasted with just 47% for children in the poorest fifth families. Further to this, 80% of private school students get some online teaching (Alison et al., 2020). Children from the more affluent families are twice as likely to receive private tutoring (Alison et al., 2020). Another tangible factor in perpetuating the educational gap is the technology gap: 14% students from the most deprived families struggle to access schoolwork due to deficits in technology, such as lack of personal computers or tablet devices. Additionally, the lack of suitable, dedicated study space is an impedance to productive studying for the most deprived children (Alison et al., 2020; Montacute, 2020): specifically, 37.5% of low-income background students have inadequate desk space compared to 31.2% of those from non-low income backgrounds (Gilhooly, 2020). Lucy Kraftman, an author of the IFS report, stated “These differences will likely widen pre-existing gaps in test scores between children from different backgrounds” (Alison et al., 2020).

Education is vital for enhancing health in children and instilling wellbeing; Education benefits children in a multitude of ways: promotion of better mental well-being, provision of physical activity, and educating children on personal, social, and health education (Healey, 2004). Exacerbation of the pre-existing attainment gap has future health implications for the children of the COVID-generation. Adults living in poverty are more likely to be deprived of qualifications, impacting upon employability, and therefore, health (Joseph Rowntree Foundation, 2003). Adults with no educational qualifications are less likely to eat fresh produce, such as fruit and vegetables, and more likely to consume energy dense foods: a risk factor for coronary heart disease (Food Standards Agency, 2007). Supplementary to these negative health outcomes, low educational attainment in childhood is also associated with increased smoking and reduced physical activity in adulthood (Davies, 2012).

School is a protective factor for children experiencing abuse and neglect. It is estimated that 723,000 children are receiving statutory support or intervention for vulnerability, as of 2019 (Children’s Commissioner, 2019b). However, 2.3 million children are living with risk because of vulnerable family backgrounds (Children’s Commissioner, 2019b). The Children’s Commissioner reports, that 1.6 million children, out of 2.3 million, from a vulnerable family background are either receiving inadequate support or are totally “invisible” to services; as of 2019 (Children’s Commissioner, 2019c). In the absence of schools the risk to children is magnified at home, The Children’s Society reports (The Children’s Society, 2020). Staff shortages in social care teams during the pandemic may also exacerbate the safeguarding issues (The Children’s Society, 2020). Deprived children are, disproportionately, at higher risk of experiencing abuse and neglect, according to a JFR report (Bywaters et al., 2016). The health implications of childhood abuse are manifold; abuse is positively associated with adult



depression aggression, hostility, anger, fear, anxiety disorders, and personality disorders (Polusny & Follette, 1995).

School closures undermined the UN Convention on the Rights of the Child (UNCRC). The COVID response has detrimentally affected the right to education, right to a standard of living adequate for their development, right to the highest attainable standard of mental health (Nolan, 2020). It remains to be seen whether the risk assessment undertaken before implementing the measures to close schools, was correct (Nolan, 2020).

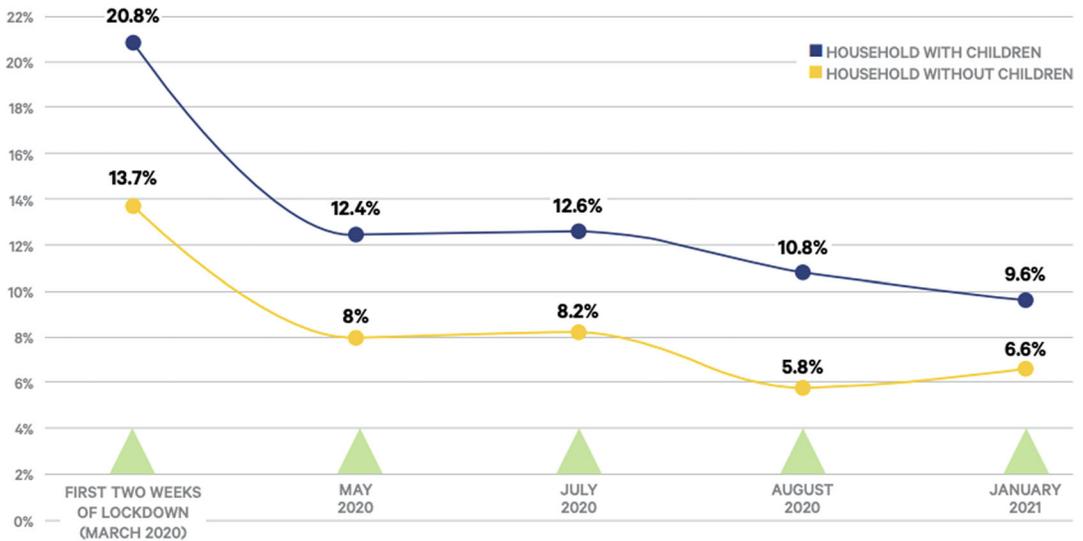
## FOOD EXCLUSIVITY AND INSECURITY

The ubiquitous use of food banks is attributed to the £30 billions of cuts in working-age social security (Mueller, 2019). 1.6 million food parcels were distributed by the Trussell's Trust between April 2018 and March 2019, a 26-fold increase on 2010 (Trussell Trust, 2019); the Trussell Trust represents two-thirds of all food banks, though one-third operate independently outside the network (Independent Food Aid Network, 2020). An estimated 13% of UK adults are "marginally food insecure" and 8% are "moderately food insecure" (Food Standards Agency, 2016). Food insecurity is a central factor in lower life-expectancy and weakened immunity (Marmot, 2020). Food insecurity compromises educational outcomes (Jyoti et al., 2005), results in increased childhood mortality, low birth weight, and increased dental caries (Department of Health, 1998). Existing food insecurity is increasing due to the unprecedented economic slowdown, superimposed on existing inequalities. Overall, 3% of adults report having gone a whole day without a meal; 14% report someone in their household has had to reduce or skip meals because they cannot afford sufficient sustenance (The Food Foundation, 2020). It is households with children whom are most affected by food insecurity due to the economic downturn of COVID-19, this is illustrated in Figure 3, comparing households with children to those without children (Loopstra et al., 2021).

The precarious welfare system disadvantages children of larger families, since child allowance in Universal Credit and Tax Credits are restricted to the first two children and subsequent third child, if and only if, the third child was born after April 1, 2017. This is a key driver of food insecurity for households with children.

Holiday hunger, defined as hunger during the 170 days spent out of school by children, is a significant issue in the United Kingdom. Overall, 39% of sampled teachers report pupils not eating enough over the school holidays and of that 39%, 36% of teachers report their pupils are noticeably thinner after school holidays (Kellogg's, 2016). This is corroborated by parental surveys: over 60% of households with incomes of less than £25,000 reported not being able to afford to buy food during school holidays. However, this figure rose to 73% for households with less than £15,000 income (Kellogg's, 2016). The long absence from school this year has proven arduous for low-income families, the preservation of food parcels and online food vouchers is welcome, after the government U-turn (Sinha et al., 2020). Though, there have been reports of implementation challenges leading to "distress and humiliation" to families (Sinha et al., 2020). However, the review advocated that a far more efficient and sustainable solution to the problem of food poverty is through the reduction of child poverty directly (Sinha et al., 2020).

The food "exclusivity," a facet of wider food insecurity, will likely take hold. Healthier food choices are unavailable to the poorer within society. And these food choices have



**FIGURE 3** Percentage of households with children experiencing food insecurity compared with households without children (Loopstra et al., 2021).

become more exclusive in recent years: the cost of 1000 calories' worth of healthy foods have risen from £5.65 to £7.49 between 2002 and 2012, respectively, compared with unhealthy foods costing just £2.50 (Jones et al., 2014). Aforementioned factors of the hostile political economy and rising educational disparities will limit ability to make healthier foods choices among the most deprived. This of paramount concern since those in the lowest income group, typically households with children, generally consume less protein, iron, fruit and vegetables, vitamin C, calcium, fish, and folate (National Diet and Nutrition Survey, 2014). Children in the most deprived area are more than twice as likely to be obese as those in the wealthiest (NHS, 2020). Lowering the price of fresh produce, therefore reducing food exclusivity, can promote healthier eating patterns (An, 2013), consequently, reducing obesity and malnutrition (An, 2013; Hayre, 2020). A recent review recommended a price promotion on fruit and vegetables, and a change in the supply chain for fresh produce to meet the demand during the COVID-19 era; to ease the burden on the most deprived children and adults in society (Power et al., 2020).

The government's new obesity strategy fails to address the inequalities underlying childhood obesity. The prevalence of obesity in Year 6 pupils in the most deprived areas is twice as high compared to those in the wealthiest: 26.9% versus 11.4%, respectively (NHS, 2020). This trend is linked to the aforementioned food exclusivity.

## UNEQUAL AMONG UNEQUAL'S

### The inequalities in Black, Asian, and Minority Ethnic (BAME) children

BAME children are four times less likely to have access to outdoor space compared to those from white backgrounds; and almost one and a half times less likely than those from all low-income backgrounds, generally (Gilhooly, 2020). Children from low-income families have



<i>Types of outdoor space</i>	<i>Non-Low Income</i>	<i>Low Income</i>	<i>BAME</i>
<i>Private Garden</i>	91.8%	81.9%	78.3%
<i>Shared Garden</i>	2.9%	7%	4.9%
<i>Balcony</i>	2.9%	3.9%	6.5%
<i>Rooftop garden or terrace</i>	0.5%	0.5%	0.7%
<i>Other outdoor space</i>	3.2%	5.7%	5.5%
<i>No outdoor space</i>	2.1%	5.9%	8.1%

**FIGURE 4** Comparison of the type and availability of outdoor spaces in non-low income versus low income versus BAME families (Gilhooly, 2020). BAME, Black, Asian and Minority Ethnic.

disadvantaged housing compared to non-low-income families (Gilhooly, 2020). Though, the inequalities in outdoor space availability are potentiated in other housing parameters too for BAME children. These findings are summarized in Figure 4 (Gilhooly, 2020).

## **Inequalities in children with disabilities**

At present, there are 1.1 million children living with disability in the UK (Department for Work and Pensions, 2019b); and nearly 87,000 children and young people living with life-limiting and life-threatening conditions (Fraser et al., 2020). Research indicates a social and economic gradient associated with disability; with increased financial burden with caring for a child with disabilities (Bradshaw, 2008; Emerson & Hatton, 2007). The increased financial burden necessitates an income that is up to 18% higher than families with nondisabled children (Bradshaw, 2008). Lone parenthood is more common in parents of disabled children due to higher levels of lower income, debt, and social deprivation (Hoxhallari et al., 2007). The prevalence and interwoven link between poverty and disability is strong; the aforesaid disadvantages throughout the report apply to disabled children because poverty presents as an independent risk factor for educational attainment gaps, health disparity, and food poverty. Though disability itself puts children at risk on various parameters that are amplified during the pandemic. A recent UNICEF report has suggested children with disabilities may be at risk by remote and distance learning style education, due to not having expert assistance or assistive devices; and possibly not having access to the learning programs (UNICEF, 2020). A



recent review has reported, the prohibition of nonurgent services during the pandemic affected children with disabilities disproportionately, and presages “we have failed disabled individuals and reversed some of the progress made in their empowerment” (Dan, 2020).

## CONCLUSION AND POLICY RECOMMENDATIONS

Homelessness in children, record levels of poverty perpetuated by a hostile political economy, enlarging gaps in educational attainment, the emerging food insecurity, and the racial and income divides in housing call for the more appropriate pluralistic “societies” to be used. The society navigated by the most deprived is fundamentally different to those from the more affluent backgrounds; adjacent but never equal. The austerity regime of the last decade has led to appalling levels of wealth inequalities, and subsequently, health inequalities. The current economic downturn and response to COVID must be taken in the context of the political, economic, and social environment it’s occurring within.

Tackling the existing, and minimizing the inevitable future, inequalities will require a full commitment from the prime minister and the government. The systematic erosion of out-of-work benefits must be addressed to deal with the mass unemployment.

1. As was the case in the early stages of the pandemic before it’s premature end on the 12th of November 2021, the urgent restoration of the £20 per week increase to the child element of Universal Credit and Child Tax Credit is strongly recommended to continue into 2023 at the very least (Maddison, 2020; Ghelani & Clegg, 2022). A total 4.2 million households on Universal Credit would each gain by £1000 per year, and the policy would cost £4.2 billion: benefitting over 8 million children (Ghelani & Clegg, 2022). The hostility of the current universal credit and tax credit system is evident in the Government’s own poverty statistics: showing that 80% of children in families receiving Tax Credits and 90% of children in families receiving Universal Credit were in the bottom two income quintiles (OBR, 2020). Whereas the £20 uplift to Universal Credit has been demonstrated to deliver maximum support to the maximum number of households and can be implemented rapidly (Ghelani & Clegg, 2022).
2. Abolish the current benefits cap and two child limit (Maddison, 2020).
3. A state wage subsidy program to hire and train all unemployed 16–25-year-olds (Hutton, 2020). The Pandemic is foremost a crisis in the labor markets (Cominetti et al., 2020) and the pandemic will disproportionately affect the employment of the young: 16–25 year olds (Cominetti et al., 2020). Unemployment can lead to the loss of human capital through skills depreciation; the National Retraining Scheme should underpin the work-search support package by the Government (Cominetti et al., 2020).
4. A universal basic services model should be implemented to ease the already soaring cost of living for many families: universal free broadband and telephone access is called upon (Prabhakar, 2020); with the additional advantage of closing the technology gap responsible for the disparity in ability to home educate children. These set of measures will ease poverty for the most deprived in society - often households with children, as previously discussed - therefore, easing the burden on children. Additionally, a comprehensive basic services model should also focus on social housing, including



utilities allowance, free transport to encourage a return to work and city centers, as well as, provision of food and free school meals to food insecure households (IGP Knowledge Network, 2020).

More direct and focussed measures are.

- (a) To ease the growing food poverty and to ease financial pressures on parents, free school meals should be expanded for all school-age children (Child Poverty Action Group, 2020).
- (b) Anationwide fruit and vegetable subsidy program should be implemented to ease the malnutrition, food exclusivity, food bank usage, and rising levels of obesity in the poorest children in society (An, 2013; Hayre, 2020).
- (c) For schools (i) the educational attainment gap requires government initiative in doubling the Pupil Premium rates for at least 1 year for pupils who are currently in Reception, Year 6 and Year 10. And those who will be in Year 1, Year 7, and Year 11 in September 2020 (Education Policy Institute, 2020). This will aid the provision of one-to-one and smaller class sizes, as well as, increased pastoral support for mental health issues (Education Policy Institute, 2020). (ii) a 1-year Teacher Volunteer Scheme to bring back retired and inactive teachers to work in schools, supporting disadvantaged pupils with pastoral care and academic catch-up (Education Policy Institute, 2020).

A comprehensive range of evidence-based measures has been laid out addressing the various childhood inequalities discussed in this report. With full government commitment in tackling inequalities, we may just begin to close the gap in our pluralistic society: for a unified, fairer society for all.

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Not applicable.

## CONFLICT OF INTEREST

The authors declare no conflict of interest.

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