Two-child limit in the UK: where policy meets poverty

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It is time to cut the limit; not children's futures. The two-child limit, introduced in 2017 at the height of the austerity agenda as part of the singular Universal Credit (UC) welfare system, serves as a lesson in the fallacy of political short-termism—the antithesis of health creation. Fundamentally, this policy restricts financial support for families to only two children, meaning that for any third or subsequent child born after April 2017, no additional welfare assistance is provided; plunging many large, low-income families deeper into financial deprivation: the most vulnerable in society shouldering the greatest burden of austerity. While the policy may offer an immediate cost-saving exercise to the Government, of up to £3455 a year per child per family,[1] it disregards the profound long-term, deleterious impacts on child health, development and economic sustainability. Through the lens of life-course theory, it becomes evident that the adverse effects on children growing up in poverty today will permeate their entire lives. From an international perspective, this UK policy serves as a stark warning: welfare restrictions represent a penalty on the poorest children, destabilising the foundations of future society. This represents a loss dealt in two intertwined currencies: the loss of health capital and economic capital.

SHORT-TERMISM OF THE TWO-CHILD LIMIT

In its first year of implementation, the two-child limit directly impacted over 71 000 families,[1] plunging many into poverty. This figure represents not just a statistic but thousands of families where children's futures are compromised, as the evidence overwhelmingly connects child poverty with a battery of negative health outcomes, with life-long consequences. Research consistently demonstrates that poverty is linked, but not limited, to increased risks of obesity, respiratory diseases and mental health disorders among children.[2 3] Since the introduction of this policy, the UK has seen over 200 000 more children fall into poverty, a sharp reminder of the urgent need for reform.[1]

The life-course theory, widely acknowledged in public health, posits that early childhood conditions are critical in determining health outcomes throughout life. Policies such as the two-child limit, which deepen childhood poverty, therefore, create sweeping consequences for the nation. The short-sighted focus on cutting welfare spending not only imposes undue hardship on the most vulnerable families but also sets the stage for significantly higher healthcare and social costs in the future. Furthermore, this policy exacerbates the already immense pressure on public services, particularly health and social care. Families affected by the two-child limit are more likely to experience food insecurity, housing instability and adverse childhood experiences. These experiences have been shown to set children on a lifelong trajectory towards chronic illnesses, impaired learning and entrenched social disadvantage[2 3]: an inescapable intergenerational cycle of inequity breeding inequity. When compounded by the broader austerity measures that have cut public services and support networks, the long-term costs of these policy decisions far outweigh the immediate financial savings they offer.

LIFE-COURSE THEORY AND THE IMPERATIVE OF EARLY CHILDHOOD INVESTMENT

The life-course theory offers a crucial framework for understanding the cumulative disadvantages that arise from early-life poverty. The social determinants of health, such as housing, education and income, play a critical role in shaping a child's future health and well-being. Childhood adversity, particularly in the form of poverty, has long been linked to long-term conditions such as cardiovascular diseases, diabetes and mental health disorders. Early intervention is thus paramount if we are to prevent these outcomes.

Investing in early childhood education, healthcare and social services not only mitigates the immediate harm caused by policies like the two-child limit but also generates long-term economic returns. It is evidenced that every £1 spent on early childhood interventions yields an £8 return in the form of improved health, educational outcomes and future productivity.[4] By failing to invest adequately in these critical early years, the government is squandering an opportunity to both improve public health and reduce future healthcare expenditure. The moral imperative for health equity is propelled by economic sensibility.

The financial implications of failing to invest in early years programmes are stark. Children who grow up in poverty are less likely to achieve academically, more likely to experience unemployment and are at higher risk of developing long-term health conditions. These outcomes translate into increased reliance on welfare and healthcare systems, thereby imposing a substantial economic burden on society.

STARK REALITY OF CHILD POVERTY IN THE UK

The effects of the two-child limit are already being felt across the UK, with child homelessness emerging as one of the most pressing issues. A staggering 210 00 children were living in homeless families in temporary accommodation in 2019.[5] This alarming rise in homelessness is not merely an issue of shelter but one of health and human rights. Children in temporary accommodation are exposed to higher levels of respiratory illnesses, accidental injury, mental health challenges, and learning impairment due to the instability and often unsanitary conditions they endure.[5]

Moreover, the private rental sector has seen a dramatic increase in housing costs, further driving families into homelessness. Families renting in the private sector face weekly costs nearly double those in social housing,[5] leaving them at higher risk of eviction and financial instability. The interaction between the housing crisis and welfare cuts has created a precarious situation where low-income families are trapped in a cycle of deprivation, with limited avenues for escape.

UC AND ITS COMPOUNDING SHORTCOMINGS

While UC was introduced as a streamlined system to support low-income households, it has instead contributed to growing poverty and inequality. The five-week wait for the first UC payment, often coupled with punitive deductions

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for third-party debts, forces families into acute financial crises. Furthermore, this so-called streamlined system results in over £15 billion of unclaimed means-tested benefits each year.[6] Rhetoric, once thought consigned to a bygone era, has returned, with families making agonising choices between heating or eating. As a result, food bank usage has surged across the UK 26-fold between 2010 and 2019,[5] and many children go without the basic necessities required for a healthy start in life: disproportionately impacting larger families with more children; while 17% of households with one or two children were food insecure, this rose to 23% for households with three children, and 26% for families with four or more children.[7]

The introduction of the benefit cap has only compounded the challenges faced by the most vulnerable. The cap, which limits the total amount of benefits a family can receive, disproportionately affects larger families, those already struggling under the weight of the two-child limit. UC was created to cure hardship, but now cultivates crushing poverty: the paradox at the heart of the policy, an intended safety net that has, in practice, failed to catch the families most in need.

MANIFESTO FOR CHILD HEALTH AND ECONOMIC SUSTAINABILITY

The two-child limit and other austerity measures represent short-term fixes with devastating long-term consequences. To mitigate the damage caused and foster a healthier, more equitable society, policymakers must adopt a life-course approach that prioritises early intervention and sustained investment in child health and well-being. The loss of childhood is not merely a social tragedy; it is an economic one, with nations ultimately bearing the heavy cost of inequality. The following key recommendations form the foundation of a manifesto for welfare, not woe:

1. **Abolish the two-child limit**: immediate repeal of the two-child limit is essential to alleviate child poverty. This policy has disproportionately harmed the most vulnerable families, and its removal would lead to improved long-term health outcomes and reduced demand for social services.
2. **Reform the five-week wait for UC**: the five-week wait for the first UC payment must be shortened or eliminated. Immediate support is crucial to prevent families from falling into unmanageable debt, which has long-term consequences for children's health and development.
3. **Increase investment in early childhood education**: universal access to high-quality early childhood education is critical to reducing inequality and ensuring children have the best possible start in life. Investment in early years programmes has been proven to generate substantial economic returns, including better educational outcomes and higher future earnings.
4. **Expand housing support**: access to affordable and secure housing is a fundamental determinant of child health. Policies must focus on increasing the availability of social housing and providing greater financial assistance to families living in temporary accommodation.
5. **Strengthen the integration of health and social services**: a holistic approach to child health requires the integration of health and social services. Expanding access to paediatric healthcare, mental health support and developmental services will help to address the long-term health risks associated with childhood poverty.

CONCLUSION

The two-child limit and wider austerity measures stand as stark examples of the perilous path of political short-termism. Though they may trim immediate costs, the deeper, lasting consequences for child health, education and the nation's prosperity are monumental. Embracing a life-course approach, with focused investment in early childhood, offers the chance to heal these wounds and build a more equitable, thriving society. The urgency is palpable: continuing policies that sacrifice our most vulnerable is untenable, and the cost of further delay is a price, in both health and economic capital, too heavy to pay.

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Contributors JH conceived and designed the study, conducted the literature review, analysis and manuscript preparation, and is solely responsible for all content presented in the manuscript. JH is the guarantor of the study.

Funding The author has not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

Patient consent for publication Not applicable.

Ethics approval Not applicable.

Provenance and peer review Commissioned; externally peer reviewed.

To cite Hayre J. *BMJ Paediatrics Open* 2024;8:1–2.

Published Online First 29 October 2024
BMJ Paediatrics Open 2024;8:1–2.

doi:10.1136/bmjpo-2024-002747

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