



Life chances indicators

Submission by CPAG

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Life Chances Indicators – CPAG Submission to Child Poverty Unit

Background

The government intends to replace the current statutory child poverty measures with new measures of 'life chances'. Four statutory measures have been put forward: children in workless households, children in long-term workless households, and educational attainment at Key Stage 4 (GCSE) for all children and for disadvantaged children.

The government's stated intentions in making these reforms are to focus on the 'root causes of poverty', rather than its symptoms, and to ensure that policy is targeted where it will have the greatest impact. The new statutory indicators are based on an evidence review published by the Department for Work and Pensions in 2014, which sought to identify 'factors that make it harder for some families to get out of poverty' [it identified 'long term worklessness and low earnings'] and 'that make some poor children more likely to become poor adults' [it identified 'educational attainment'].

The government also intends to develop a larger suite of non-statutory indicators of life chances as part of a new Life Chances Strategy. The government has indicated that these will include measures relating to family stability, drug/alcohol dependency and problem debt, among others.

CPAG welcomes this opportunity to contribute to the development of the suite of life chances indicators.

Life chances

In his January 2016 speech on enhancing life chances, the Prime Minister identified four areas which he sees as central:

- Improving family life and the early years;
- Education;
- Levelling the playing field so that positive social connections and experiences are available to all;
- Tackling alcoholism, drug addiction and poor mental health among families in poverty.

Indicators of life chances might be taken to imply only those associated with adult outcomes. We argue that childhood is also a stage of life, with its own value. This is recognised in the UN Convention of the Rights of the Child. So we should not only be concerned with indicators that make adulthood better, or more successful, but also with ones that make childhood better and more fulfilling.

Although life chances are an individual outcome, it is important to note that structural factors as well as individual-level factors are important in shaping them, and should be considered among the suite of indicators. The government's evidence review on child poverty, mentioned above, explicitly chose not to examine these structural effects. The authors do, however, acknowledge their importance as follows (p.14):

'This evidence review only considers individual and family characteristics and events associated with current and future poverty. It does not take account of the macroeconomic context, in terms of the number and quality of available jobs or the returns to qualifications. This review also does not examine the impact of the institutional framework (e.g. the current educational system) or culture of society. Nor does it consider the interaction between the benefits system and incentives to work, although this will obviously have a role in ensuring work pays. These factors are important as they may limit the

extent to which individuals are able to improve their situations through their own agency and changes in these factors could affect the future stability of the associations reported.'

Previous work on child well-being and life chances

It will be important to take account of previous work on child-related indicators. Among recent activity on the subject are:

The **Office of National Statistics** undertook a review of child and adolescent indicators of well-being in 2013 and in 2014 published a portfolio of indicators covering children,¹ including indicators of:

- Personal well-being
- Relationships
- Health
- What we do
- Where we live
- Personal finance
- Education and skills

The Children's Society has undertaken a series of **Good Childhood Reports** since 2010.²

Until 2007 the Department for Work and Pensions published **Opportunities for All**,³ a set of indicators for children, working age, older people and communities which were used to monitor the poverty strategy. The set of 17 for children covered material, health, education, housing and care domains and included:

- Children in workless households;
- Low income (relative, absolute, persistent);
- Teenage pregnancy (teenage conceptions and teenage parents in education, employment or training);
- The proportion of children in disadvantaged areas with a 'good' level of development;
- Key Stage 2 (11-year-olds) attainment;
- Attainment: (16-year-olds' achievement, schools below floor target);
- 19-year-olds with at least a Level 2 qualification;
- School attendance;
- Improvement in the outcomes for looked after children (education gap, not in education, employment or training, stability in the lives of looked after children);
- 16–18-year-olds in learning;
- Infant mortality;
- Serious unintentional injury;
- Obesity for children aged 2-10;
- Smoking prevalence for pregnant women and children aged 11-15;
- Housing that falls below the set standard of decency;
- Families in temporary accommodation.

The **University of York** have produced a series of books containing a critical review of indicators of the well-being of children in the UK since 2001 with sets of indicators on:⁴

¹ <http://www.ons.gov.uk/ons/rel/wellbeing/measuring-national-well-being/children-s-well-being--2014/rpt---children-s-well-being-2014.htm>

² The most recent Pople, L., Rees, G., Main, G. and Bradshaw, J. (2015) The Good Childhood Report 2015, The Children's Society and the University of York <http://www.childrensociety.org.uk/sites/default/files/TheGoodChildhoodReport2015.pdf>

³ <http://www.bristol.ac.uk/poverty/downloads/keyofficialdocuments/Opportunity%20for%20All%202007.pdf>

⁴ The most recent Bradshaw, J. (ed) (2016) The well-being of children in the UK, Bristol: Policy Press.

- Demography of childhood;
- Child poverty and deprivation;
- Physical health;
- Subjective well-being and mental health;
- Education;
- Housing and the environment for children;
- Children's time and space;
- Children and young people in and leaving care;
- Child maltreatment;
- Childcare and early years;
- Children, crime and correction.

There are also two **international sources** of child well-being indicators

- UNICEF *State of the World's Children* and *Innocenti Report Cards* especially RC7 and RC11;⁵
- OECD *Doing Better for Children/How's Life for Children* (<http://www.oecd.org/els/family/doingbetterforchildren.htm>).⁶

CPAG suggestions

1. Material indicators

Given the very strong evidence that income has a strong causal effect on schooling outcomes, cognitive, social and behavioural development – independent of other factors – we believe that income and material deprivation must be included in the suite of measures. Low income is not merely a symptom of poverty, but a direct cause of reduced life chances.

Evidence for poverty as a driver of poor life chances

A systematic review with a very high evidentiary standard has identified a distinct and significant effect of income on child cognitive and social developmental outcomes, beyond any effects of parental education or attitudes which might correlate with income.⁷ This research suggests that the main mechanism is the stress and anxiety experienced by parents living in poverty which make it hard to parent calmly and responsively, as well as reduced spending on children. The authors cite a number of studies which have observed improvements in maternal mental health as a result of increases in family income – for example due to increased tax credit generosity in the US which provided a natural experiment - both according to self-reports and measurements of biological stress markers in the blood.

There is evidence that poverty, and in particular debt, increases the risk of depression and sleep deprivation in new mothers.⁸ We know in turn that maternal depression is a significant risk factor for poor child social and emotional development.⁹ Research in Finland has shown that reductions in family income affect child mental health via a combination of economic pressure, parental mental

⁵ <http://www.unicef-irc.org/publications/series/16>

⁶ <http://www.oecd.org/statistics/how-s-life-23089679.htm>

⁷ Cooper, K. and Stewart, K. (2013) *Does money affect children's outcomes? A systematic review*. Joseph Rowntree Foundation.

<https://www.jrf.org.uk/sites/default/files/jrf/migrated/files/money-children-outcomes-full.pdf> Also see Griggs, J. with Walker, R. (2008) *The costs of child poverty for individuals and society: A literature review*, York: Joseph Rowntree Foundation (www.jrf.org.uk/report/costs-child-poverty-individuals-and-societyliterature-review).

⁸ Melhuish (2012) *The impact of poverty on child development and adult outcomes: the importance of early years education*. In Judge, L. Ending child poverty by 2020. Child Poverty Action Group. http://www.cpag.org.uk/sites/default/files/CPAG-Ending-child-poverty-by-2020-progress-made-lessons-learned-0612_0.pdf

⁹ Marmot, M. (2012) *The health effect of poverty*. In Judge, L. (2015) *Ending child poverty by 2020*. Child Poverty Action Group. http://www.cpag.org.uk/sites/default/files/CPAG-Ending-child-poverty-by-2020-progress-made-lessons-learned-0612_0.pdf

health, marital interactions and parenting quality.¹⁰ If the government wishes to strengthen families it would be wise to pay attention to income as an important – though of course not the sole - cause of differences in the nature of family interactions.

A summary of evidence by the End Child Poverty campaign notes that:¹¹

- In the most deprived areas birthweights average 200g less than in the richest areas. Stillbirths and mortality in the first week are twice as likely in low socio-economic status (SES) groups as in high SES groups.
- Children in disadvantaged families are ten times as likely to die suddenly in infancy, 2.5 times as likely to suffer chronic illness (e.g. asthma) as toddlers, and more likely to suffer acute infectious illnesses like pneumonia.
- Children in poverty have higher rates of self-harm, and young men who experienced child poverty are twice as likely to commit suicide. If mental health inequality were erased (i.e. if everyone had the mental health of those in the highest socio-economic groups), mental disorders in children would be reduced by 40%.
- Adults who experienced poverty as children are 50% more likely to have illnesses which limit their daily life (e.g. arthritis), high blood pressure, respiratory illness, certain disabilities and mental ill-health.¹²

Healthy life expectancy in the most deprived areas of the UK is more than 19 fewer years shorter than in the least deprived areas.¹³

The health impacts of poverty relate to a range of factors including poor housing and living conditions, less money to spend on food, clothing and heating, and in part to poorer parental mental health.

Parental behaviours such as food selection, smoking and breastfeeding of course play a part but the Marmot Review of health inequalities found that behavioural factors are not sufficient to explain the social gradient in health.¹⁴ There is also evidence that income acts as a lever on these behaviours – plausibly, via changes in the level of stress experienced by parents. When the income of poor families with children increased sharply thanks to social security reforms from 1998, they increased their spending on items that improve children's health – e.g. children's footwear and clothes, fruit and vegetables – and reduced spending on alcohol and tobacco.¹⁵ Essentially their spending patterns started to look more like those of more affluent families. In the USA, birthweights rose when tax credits were increased, due partly to reduced maternal smoking during pregnancy.¹⁶

¹⁰ T Solantaus, J Leinonen and R L Punamaki, 'Children's Mental Health in Times of Economic Recession: replication and extension of the family economic stress model in Finland', *Developmental Psychology*, 40, 2004, pp412–29 <http://www.ncbi.nlm.nih.gov/pubmed/15122967>

¹¹ Spencer, N. (no date) *Health Consequences of Poverty for Children*. End Child Poverty.

<http://www.endchildpoverty.org.uk/news/publications/child-poverty-and-health---supplementary-chapter-2/26/123>

¹² See also Melhuish (2012) *The impact of poverty on child development and adult outcomes: the importance of early years education*. In Judge, L. Ending child poverty by 2020. Child Poverty Action Group. http://www.cpag.org.uk/sites/default/files/CPAG-Ending-child-poverty-by-2020-progress-made-lessons-learned-0612_0.pdf

¹³ ONS (2015) *Inequality in Healthy Life Expectancy at Birth by National Deciles of Area Deprivation: England, 2011 to 2013*.

<http://www.ons.gov.uk/ons/rel/disability-and-health-measurement/inequality-in-healthy-life-expectancy-at-birth-by-national-deciles-of-area-deprivation--england/2011-13/index.html>

¹⁴ <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>

¹⁵ Gregg, P. et al. (2005) Expenditure patterns post-welfare reform in the UK: Are low-income families starting to catch up?

http://eprints.lse.ac.uk/6259/1/Expenditure_Patterns_Post-Welfare_Reform_in_the_UK_Are_low-income_families_starting_to_catch_up.pdf

¹⁶ Strully, K., Rehkopf, D. and Xuan, Z. (2010) 'Effects of prenatal poverty on infant health: state earned income tax credits and birth weight', *American Sociological Review*, 75, pp. 534–62 <http://www.irp.wisc.edu/newsevents/workshops/2011/participants/papers/15-Strully.pdf>

Choice of indicators

All the sets of child indicators described above give a prominent place to material indicators and the English Indices of Deprivation also gives the greatest weight to income deprivation.

Analysis of responses to the Government consultation on child poverty measurement, obtained through a Freedom of Information request, found that 99% of respondents believe that income and deprivation should be included¹⁷.

No single poverty indicator is perfect, which is why many indices include a combination of prevalence, persistence and depth measures, relative and absolute (anchored) measures and indicators that combine low income and deprivation.

These measures offer different insights and it is by looking at them in combination that we can develop a rounded understanding of poverty trends. The Households Below Average Income series (HBAI) is an excellent set of indicators, developed as the result of a long-standing discussion between government statisticians and the academic community.

We suggest that it is most useful to consider income measures *after housing costs* (included in the HBAI dataset) as this most closely reflects the real disposable income which households can draw on to meet other needs, and hence real living standards.

We would suggest including the current four statutory child poverty measures, should these become non-statutory, as key indicators for life chances. To these might usefully be added a measure of poverty depth.

Table 1. Suggested poverty measures

Measure	Purpose	Relation to life chances
Relative poverty (children in households with <60% median income)	To track how many children are being left behind the mainstream of society over the medium-to- long term.	Life chances can be understood not only in absolute terms but also in relation to the general standard of living.
Absolute poverty (children in households with <60% median 2011 income)	To track changes in the fortunes of low income families from year to year, and thus how their standard of living is likely to be changing.	Family income has a direct effect on children's life chances.
Low income and material deprivation (children in households with <70% median income and material deprivation)	To track how many children are missing out on the basics of an acceptable standard of living.	The ability to afford healthy food, warm clothes, toys, books, activities and school trips all contribute to life chances.
Persistent poverty (children in households with <60% median income for three out of four years)	To track how many children experience protracted low income and whose families struggle to escape poverty.	The longer the spell in poverty, the greater the effect on children's life chances.
Poverty depth (various ways to measure, but the average distance of low-income households from the poverty line is a standard)	To track how far behind the average poor families' incomes are falling.	Deeper poverty has a more severe effect on children's life chances.

¹⁷ <http://blogs.lse.ac.uk/politicsandpolicy/plans-to-axe-child-poverty-measures-have-no-support-among-experts/>

2. Employment

Children living in workless households have the highest risk of poverty, but the majority of children who are poor (over 60 percent) live in households with someone in employment.

If the government wishes to measure and tackle the root causes of poverty, it will need to capture various factors about the nature of work which render it insecure and which mean that work is not necessarily a route out of poverty. We suggest these ought to include:

- *Pay.* We suggest monitoring employment at pay below the Voluntary Living Wage.
- *Security.* 75 per cent of JSA claimants come off the benefit within six months, and almost 90 per cent within twelve months,¹⁸ but less than half enter permanent contracts leading to cycling in and out of work.¹⁹ Variable hours contracts also create difficulties as shifts and income are unpredictable.
- *Progression.* A relatively small number of people in low-paid jobs are able to move permanently into higher pay (recent evidence suggests a figure of 25% over ten years).²⁰ Monitoring progression will be a critical aspect of a social mobility agenda.
- *Second earner employment.* Second earners matter a great deal when it comes to family poverty. When one or both parents work part-time the child poverty rate (after housing costs) is 56%; when one parent works full-time and the other does not work it is 33%; when one parent works full-time and the other part-time it drops to 9%.²¹ Too many mothers, however, are stuck in low-skilled, low-paid school-hours jobs. There is a strong association between part-time work and failure to progress out of low pay, and three-quarters of people in part-time jobs are women.²²
- *Single parent employment patterns.* Although single parent employment has risen substantially in the last twenty years, single parent families remain twice as likely to be in poverty as couple families, partly because single mothers may be restricted to part-time work with limited prospects.

These indicators could be captured through a combination of household surveys and labour market and benefit off-flow data. It would be most useful to be able to link them to other characteristics at individual or household level.

Such employment indicators are indicators of adults' current life chances but also the future life chances of their children. ('Low earnings' was identified as one of the main factors making it difficult to escape poverty, in the government's evidence review.)

3. Education and related measures

The government has indicated that the rationale for focusing on attainment at age 16 is that this represents the culmination of earlier educational outcomes.

¹⁸ Work and Pensions Committee (2014) *The role of jobcentre plus in the reformed welfare system*.

<http://www.publications.parliament.uk/pa/cm201314/cmselect/cmworpen/479/47908.htm>

¹⁹ DWP (2012) *Destinations of Jobseeker's Allowance, Income Support and Employment and Support Allowance Leavers 2011*.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214578/rrep791.pdf

²⁰ D'Arcy, C. and Hurrell, A. (2014) *Escape Plan. Understanding who progresses from low pay and who gets stuck*. Resolution Foundation.

<http://www.resolutionfoundation.org/wp-content/uploads/2014/11/Escape-Plan.pdf>

²¹ Department of Work and Pensions (2015) Households Below Average Income (HBAI) data 2013/14 Table 4.5db. Available at

<https://www.gov.uk/government/statistics/households-below-average-income-19941995-to-20132014>

²² See 20

However indicators at earlier ages are also important, to understand when and why the fortunes of different groups diverge or converge, for example:

- Access to and uptake of (quality) early years provision
- School readiness
- Key stage 2 attainment
- Participation rates after 16
- Attendance

Several of the indicator sets described above, e.g. Opportunities for All, include examples of such metrics.

There is also growing evidence that bullying has a profound and long term impact on children's mental health, with adolescent victims of bullying twice as likely as non-victims to experience depression as adults²³, and victims and bullies both at increased risk of suicide.²⁴ We therefore recommend monitoring experiences of bullying.

4. Health

Child health is a key determinant of well-being and future life chances. The 2010 Marmot Review²⁵ of health inequalities in England identified a social gradient in health – the lower a person's social position, the worse his or her health – and noted that these health inequalities result from social inequalities. The review's highest priority recommendation was to give all children the best start in life, by: reducing inequalities in the early development of physical and emotional health as well as cognitive, linguistic, and social skills; ensuring high quality services from pregnancy through the early years; and building the resilience and wellbeing of children across the income gradient.

Physical health indicators

Here we recommend key health indicators for monitoring which are known to be closely associated with poverty and disadvantage as well as reducing child wellbeing and future life prospects. (This is not intended to be an exhaustive list.)

- *Premature deaths* among children, especially infants (see above)
- *Child accidental deaths and serious injuries* (see above)
- *Birthweight* (see above)
- *Breastfeeding*. Breastfeeding significantly reduces the risk of many health problems, and increasing evidence suggests that it supports better cognitive and behavioural outcomes.²⁶ Breastfeeding rates are linked to the income and educational background of parents.
- *Child health conditions*. Some chronic health conditions among children are linked to social disadvantage and poverty, including asthma and diabetes, as are acute infectious illnesses such as pneumonia.²⁷
- *Teenage conceptions and births*. Teenage mothers face increased risk of postnatal depression and are less likely to complete their education. Their babies are more likely to be born premature or at low weight, and more likely to die in the first year.²⁸

²³ <http://www.ox.ac.uk/news/2015-05-29-nearly-third-early-adulthood-depression-linked-bullying-teenage-years>

²⁴ <http://www.ncbi.nlm.nih.gov/pubmed/18714552>

²⁵ <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>

²⁶ <https://www.shef.ac.uk/scharr/sections/ph/research/breastmilk/benefitsofbreastfeeding>

²⁷ <http://www.endchildpoverty.org.uk/news/publications/child-poverty-and-health---supplementary-chapter-2/26/12>

²⁸ [http://www.youngpeopleshealth.org.uk/userfiles/GP_nov12_option1\(1\).pdf](http://www.youngpeopleshealth.org.uk/userfiles/GP_nov12_option1(1).pdf)

- *Obesity.* Experience of child poverty is associated with a higher risk of adult obesity. There are several mechanisms which may underlie this association, including education and health literacy; food insecurity; and the confidence and perceived agency to improve one's health.²⁹
- *Disability.* Adults who experienced poverty as children are 50 per cent more likely to have health conditions which limit their daily life and certain disabilities. In turn having a disabled member of a household brings a greatly increased risk of poverty, due to additional costs and difficulty increasing earnings.
- *Access to health information and services.* Parents in deprived areas may have less access to health information and services, or face greater barriers to using it (e.g. literacy, education).

Mental health and subjective wellbeing

Child mental health is strongly associated with both wellbeing and future life chances including educational attainment, earnings and stability of relationships. Indicators of child mental health ought to include incidence of various types of disorder as well as hospitalisation rates, self-harm, suicides, attempted suicide and suicidal ideation.

Child subjective well-being is also worth monitoring, especially satisfaction with their choices, appearance and experiences of bullying. Satisfaction with friendships and family relationships (e.g. communication with parents) are also valuable indicators. Various indices exist which integrate several aspects of social and emotional well-being in children.

Maternal and paternal mental ill-health, not only diagnosable conditions but also to the extent possible experiences of prolonged stress and anxiety, ought to be included not only as a measure of adult wellbeing because of the evidence of its association with parenting difficulty and long term impacts on children's life chances (see above). The World Health Organization has noted that "the poor and disadvantaged suffer disproportionately from common mental disorders [depression and anxiety] and their adverse consequences".³⁰

5. Food insecurity

Growing food bank use in recent years has led to increasing discussion about how to monitor hunger, food poverty and related issues in the UK.

The Prime Minister observed in his recent speech on life chances that "Individuals and families who are in poverty crave security... But those who are struggling often have no security and no real chance of security." We suggest that measures which capture this insecurity may be useful and that food insecurity reflects the sharpest end of this experience.

There is substantial evidence that food insecurity damages children's life chances. For example:

- Research in Canada shows that children who went hungry at least once in their lives were 2.5 times as likely to have poor health 10 to 15 years later, even after accounting for other factors including income. This increased to four times for those who went hungry twice or more in childhood.³¹
- US research shows that food insecurity reduces school readiness, self-control, interpersonal skills, memory and cognitive development of kindergarten aged children,³² and is also linked to poorer classroom behaviour, lower school attendance and decreased likelihood of high school completion among older children.^{33,34,35,36}

²⁹ <http://bmcpublichealth.biomedcentral.com/articles/10.1186/1471-2458-12-18>

³⁰ http://apps.who.int/iris/bitstream/10665/112828/1/9789241506809_eng.pdf?ua=1

³¹ <http://www.ucalgary.ca/lmcintyre/files/lmcintyre/hunger%20consequences.pdf>

³² http://www.childrenshealthwatch.org/wp-content/uploads/toohungrytolearn_report.pdf

³³ <http://content.healthaffairs.org/content/34/11/1949.abstract>

- Food insecurity during pregnancy is linked to low birthweights and increased risk of complications.³⁷

As with low income, it appears that food insecurity exerts its effects on children primarily through negative effects on parental mental health. Food insecurity is associated with higher levels of depression, anxiety, stress, irritability and social isolation, all of which are harmful to family interactions.^{38,39} Higher levels of maternal depression – a significant risk factor for children’s development – are seen among food-insecure mothers even after adjusting for socio-demographic factors, physical health, alcohol and drug use, smoking and domestic abuse.⁴⁰

Protracted food insecurity can severely damage children’s physical health, though a single instance of transient food insecurity seems to have less or no effect on children’s health.⁴¹ Parents and adolescents are more likely to suffer nutrient deficiencies, however, possibly because parents reduce their own food consumption before their children’s, and protect younger children in particular.⁴²

The World Health Organization defines food security as when ‘all people at all times have access to sufficient, safe, nutritious food to maintain a healthy and active life’. The US Government defines food insecurity as ‘limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways’ – i.e. not from food banks, scavenging or theft.

Food security is clearly linked to income, but the predictability of income and costs (as well as savings or access to help from outside the household) may be as important as overall income levels. International experience shows that it is possible for households in income poverty to be food-secure, while conversely households not in income poverty may face food insecurity.

Suitable Indicators

Both Canada and the USA monitor household-level food security. Canadian national surveys ask whether households have experienced any of the following, in the last twelve months, ‘because there wasn’t enough money to buy food’:

- Worry about not having enough food;
- Reliance on low-cost foods;
- Not able to afford balanced meals;
- Adults/children skip meals;
- Adults/children cut size of meals;
- Adults/children not having enough to eat;
- Adult lost weight; or
- Adults/children not eating for whole day.

Households are categorised as food secure (none of the above), marginally food insecure (worry about having enough food or limit their food selection); moderately food insecure (compromise food quality or quantity); or severely food insecure (reduce food intake, miss meals or go whole days without food).

³⁴ http://www.childrenshealthwatch.org/wp-content/uploads/FeedingHumanCapital_report.pdf

³⁵ <https://socwork.wisc.edu/food-hardships-and-child-behavior-problems-among-low-income-0>

³⁶ <http://www.ncbi.nlm.nih.gov/pubmed/20873019>

³⁷ <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3018748/>

³⁸ <http://link.springer.com/article/10.1007/s00127-012-0597-3#page-1>

³⁹ http://hsb.sagepub.com/content/45/2/171.abstract?jkey=7f232d795d86908c26083c784eadc63022b3ae11&keytype2=tf_ipsecsha

⁴⁰ <http://pediatrics.aappublications.org/content/118/3/e859>

⁴¹ <http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2012.300971>

⁴² <http://www.ncbi.nlm.nih.gov/pubmed/18287374>

The US Household Food Security Survey asks similar questions but also includes the experience of running out of food and not being able to afford more.

Note that monitoring food insecurity cannot be equated with monitoring food bank use, as many food-insecure families do not make use of food banks.⁴³

⁴³ For example https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/283071/household-food-security-uk-140219.pdf

6. Housing, fuel poverty and living environment

Poor housing affects children's wellbeing and life chances significantly. Dimensions of poor housing worth monitoring include: child homelessness/families in temporary accommodation; duration of homelessness; overcrowding; children living in non-decent homes; housing affordability; and possibly self-reported measures such as satisfaction with housing, having adequate space to do homework.

Research by Shelter finds that children in poor housing are at greater risk of:⁴⁴

- Severe ill-health, disability and mental health problems
- Respiratory problems such as asthma, infections such as meningitis and tuberculosis, and slow growth, which is linked to later coronary heart disease (due to unfit, cold or overcrowded homes)
- Absences from school (due to frequent moves resulting from homelessness, or illness resulting from poor condition of housing)
- Accidents and fires (unfit/badly maintained, overcrowded homes)
- Delayed cognitive development (in overcrowded homes) and communication skills (among homeless children)
- Behavioural problems which affect school attainment and relationships (among homeless children)

Michael Gove, when Education Secretary, observed that poorer children may be unable to fulfil their academic potential because they lack a room of their own to study in.⁴⁵

Overall bad housing is linked to lower educational attainment and a greater likelihood of future unemployment, low-paid employment and poverty.⁴⁶

We also suggest including fuel poverty. The Hills Fuel Poverty Review found that living at low temperatures because of fuel poverty is 'likely to be a significant contributor' to the 27,000 excess winter deaths which occur each year in England and Wales, but also to a 'much larger number of incidents of ill-health' and a 'wider range of problems of social isolation and poor outcomes for young people'.⁴⁷

Other important aspects of children's living environments are fear of crime/feelings of safety, and access to green space and safe places to play.

7. Children in care

The life chances of children in care are still poor and need special efforts to monitor. Stability and length of spells are key indicators and the *Opportunity for All* set included other important indicators.

Outcomes for children living with kinship carers also merit attention as they have probably already experienced damaging life events such as parental drug or alcohol misuse or imprisonment, or bereavement of their parents.

8. Further thoughts

As well as counting the numbers of children or families in particular circumstances it is important to track measures of the equality of life chances based on factors including: income, disability, ethnicity, family structure, geography, looked-after children, refugee children and immigration status. The

⁴⁴ https://england.shelter.org.uk/_data/assets/pdf_file/0016/39202/Chance_of_a_Lifetime.pdf

⁴⁵ <http://www.theguardian.com/politics/2013/sep/05/michael-gove-comments-bedroom-tax>

⁴⁶ https://england.shelter.org.uk/_data/assets/pdf_file/0016/39202/Chance_of_a_Lifetime.pdf

⁴⁷ <http://sticerd.lse.ac.uk/dps/case/cr/CASereport72.pdf>

government has indicated that it wishes to include measures of drug and alcohol addiction in order to better understand their relationship with poverty and life chances, so data collection ought to allow this relationship to be robustly explored. The government’s child poverty evidence review noted a paucity of recent UK evidence on this question, and a lack of data on long term child outcomes. There is also a case for efforts to produce child life chances at smaller spatial aggregates⁴⁸.

Finally, if the government wishes to level the playing field when it comes to experiences and social connections (as the prime minister has stated), then measures of social integration ought to be included. For example, rates of co-schooling, housing proximity, interaction at work or through co-use of services, and marriage between individuals from different socio-economic backgrounds could be tracked.

Table 2. Summary of all recommended indicators

Category	Indicators
Material indicators	Relative poverty prevalence
	Absolute poverty prevalence
	Low income and material deprivation
	Persistent poverty
	Poverty depth
Employment	Pay below voluntary living wage
	Security of employment
	Progression rates
	Second earner employment patterns
	Single parent employment patterns
Education	Access to / uptake of quality early years provision
	School readiness
	Key stage 2 attainment
	Participation rates after 16
	Attendance
Physical health	Experience of bullying
	Premature deaths (children, infants)
	Child accidental deaths and serious injuries
	Birthweights
	Breastfeeding rates
	Key child health conditions
	Teenage conceptions and births
	Obesity
Disability	
Mental health and wellbeing	Access to / uptake of health information and services
	Key mental health conditions
	Hospitalisations
	Self-harm
	Suicides, attempted suicides and suicidal ideation
	Mental ill-health of parents
	Prolonged stress/anxiety of parents
	Satisfaction with choice
Satisfaction with appearance	
Satisfaction with friendships and family relationships	

⁴⁸ <http://webarchive.nationalarchives.gov.uk/20120919132719/www.communities.gov.uk/documents/communities/pdf/1126232.pdf>

Food insecurity	Anxiety about ability to afford enough/good quality food
	Compromised quality of food due to cost
	Reduced food intake (adults/children)
	Missing meals (adults/children)
	Losing weight / experience of hunger (adults/children)
Housing and living environment	Children in homelessness/temporary accommodation
	Duration of homelessness
	Children in overcrowded homes
	Children in non-decent homes
	Housing affordability for low income families
	Privacy / space to do homework
	Children in fuel-poor households
	Access to green space
	Access to safe places to play
	Feeling of safety/fear of crime in local environment
	Children in care
Length of stay	
Children in kinship care	
Equality of outcomes in relation to the following	Family income
	Disability
	Ethnicity
	Family structure
	Geography (could be at small spatial scale)
	Looked-after children (local authority care, kinship care)
	Refugee children
Immigration status	
Social integration (of different socio-economic groups)	Co-schooling
	Housing proximity
	Interaction at work, through service use or socially
	Marriage