

## Child Poverty Rapid Review JSNA 2016

### Introduction, context and policy

Childhood experiences lay the foundations for later life. While some children who grow up in low-income households will go on to achieve their full potential, many others will not.

Poverty blights the life chances of children from low income families, putting them at higher risk of a range of poor outcomes when compared to their more affluent peers'.<sup>1</sup>

Child poverty means growing up in a household with low income. Income poverty and material deprivation is therefore at the heart of tackling child poverty, however this is just the core of a series of complex issues and outcomes, which harm children's development. Research shows that children who grow up in poverty have a greater risk of having poor health, being exposed to crime and failing to reach their full potential. As a result their education may suffer, making it difficult to get the qualifications they need to move onto well-paid employment. This limits their ability to earn enough money to support their own families in later life, creating the on-going cycle of inter-generational poverty.

However, poverty is not solely related to income; poverty of ambition and aspiration is also a key factor determining a child's life chances. Tackling child poverty will help improve children's lives and enhance their life chances; enabling them to make the most of their talents, achieve their full potential in life and pass on the benefits to their own children.

The Marmot Review into health inequalities in England is the seminal work in the inequalities arena in the last decade. It was published in 2010 and proposed an evidence based strategy to address the social determinants of health, the conditions in which people are born, grow, live, work and age and which can lead to health inequalities. It drew further attention to the evidence that most people in England aren't living as long as the best off in society and spend longer in ill-health. Premature illness and death affects everyone below the top. This work highlights that giving every child the best start in life is crucial to reducing health inequalities.

Reducing health inequalities will require action on six policy objectives:

- Give every child the best start in life
- Enable all children young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill-health prevention

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<sup>1</sup> The Independent Review on Poverty and Life Chances led by Frank Field (December 2010)

Action taken to reduce health inequalities will benefit society in many ways. It will have economic benefits in reducing losses from illness associated with health inequalities. These currently account for productivity losses, reduced tax revenue, higher welfare payments and increased treatment costs. Child Poverty is expensive both in terms of direct costs to services during and after childhood and in costs to the economy when children grow up. The Joseph Rowntree Foundation found that public spending to deal with the consequences of child poverty costs approximately £13 billion per annum.

Despite the attention given to inequality and child poverty, the inequalities in life expectancy and healthy life expectancy persist. Analysis of these indicators since the Marmot Review show discouraging trends in the causes of health inequalities. More needs to be done across all government departments, and the approach needs to be joined up. A key focus should be early child development. Good early development is a predictor of better health outcomes in later life<sup>2</sup>.

Part 2 of the Child Poverty Act places a duty on local authorities and named partner authorities to cooperate with a view to reducing, and mitigating the effects of, child poverty in their local areas. This cooperation will involve producing a local child poverty needs assessment which will enable local partners collectively to understand better the distribution and characteristics of child poverty across their local areas and the extent and nature of the local challenge.

In 2012, Swindon Borough Council and NHS Swindon published the Swindon Child Poverty Needs Assessment, 2011<sup>3</sup>. This document refreshes the key findings and analyses from that assessment and brings our understanding of child poverty in Swindon up to date. The assessment will form part of a formal, visible and robust evidence base on which a Swindon Child Poverty Strategy can be developed.

Further related information is available in the Swindon Joint Strategic Needs Assessment (JSNA)<sup>4</sup> which draws together key themes from available evidence and describes the current and future health and wellbeing needs of the people of Swindon.

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<sup>2</sup> Growing up healthy. Or not. Child health inequalities in the UK, Angela Donkin and Michael Marmot, Open Democracy, 30 September 2014. <https://www.opendemocracy.net/ourkingdom/angela-donkin-michael-marmot/growing-up-healthy-or-not-child-health-inequalities-in-uk>

<sup>3</sup> <http://swindonjsna.co.uk/dna/child-poverty-needs-assessment>

<sup>4</sup> <http://swindonjsna.co.uk/>

## The picture of poverty in Swindon

### Population

The current population of Swindon is 217,160<sup>5</sup> of whom 53,866 are under 20 which is 24.8% of the total population. Swindon's overall population is forecast to increase by 22% to 265,400 by 2031 and the under 20 population by 14% to 61,254. Electoral wards in Swindon have very different age profiles, for example 30.8% of people in Priory Vale ward are under 20 but only 20.1% in Chiseldon and Lawn.

### Distribution of child poverty across Swindon

The Child Poverty Act 2010 uses as its definition of poverty, a measure known as Relative Low Income, which measures whether the poorest families are keeping pace with the growth of incomes in the economy as a whole. This indicator measures the number of children living in households below 60% of contemporary median equivalised household income. This is calculated through measuring the proportion of children in poverty as follows<sup>6</sup>:

$$\text{Proportion of children in low-income families} = \frac{\text{a) Children living in families in receipt of out-of-work benefits} + \text{b) Children living in families in receipt of tax credits with income below 60\% of median}}{\text{c) Total number of children in the area}}$$

It is this measure, which will be used as the definition of poverty in this needs assessment.

The overall level of poverty in Swindon at 14.9 % is below the national figure of 18.0% and both figures have decreased since the measure was introduced in 2006. However this headline statistic masks a more complex local picture. Five of Swindon's 20 wards have poverty levels which exceed the national average:

- Gorse Hill and Pinehurst;
- Liden, Eldene and Park South;
- Penhill and Upper Stratton;
- Rodbourne Cheney;
- Walcot and Park North.

Despite the high concentrations of poverty in these wards, it is important to note that 69% of the children living in poverty do not live in these areas.

At Local Super Output Area (LSOA) level the distribution of poverty is more widespread. In 31 of Swindon's 132 LSOAs the level of child poverty exceeds the national value. These LSOAs are found not only in the 5 wards above but also in Blunsdon and Highworth, Central, Lydiard and Freshbrook, Covingham and Dorcan, and Mannington and Western. Four LSOAs have more than 40% of their children living in poverty:

<sup>5</sup> 2015 mid-year resident population estimate for Swindon Local Authority area (ONS)

<sup>6</sup> Commentary accompanying the Children in Low-Income Families Measure, 2013: <https://www.gov.uk/government/statistics/personal-tax-credits-children-in-low-income-families-local-measure-2013-snapshot-as-at-31-august-2013>

- Walcot East north west (41.2%)
- Pinehurst west (41.3%)
- Penhill north (43.8%)
- Penhill central (46.2%)

The English Indices of Deprivation 2015 (ID 2015)<sup>7</sup> provide data on relative deprivation for small areas in Swindon and nationally. The Indices contain a number of themed deprivation domains including Income, the Income Deprivation Affecting Children Index (IDACI) and the Education, Skills and Training domain.

The 2015 Index of Multiple Deprivation (IMD) gives a very similar picture to the child poverty data. Swindon is less deprived than the average Upper Tier Local Authority (UTLA) and lies in the second least deprived quintile of these authorities. Overall, relative deprivation levels in Swindon have changed little since 2010.

However, there are pockets of deprivation in Swindon. Eight Swindon LSOAs are in the most deprived 10% nationally (compared to nine in 2010). The most deprived LSOA in Swindon is Penhill north in Penhill and Upper Stratton ward.

Swindon's relative deprivation is most severe in the Education, Skills and Training domain where it is 93rd most deprived out of 326 upper and lower tier local authorities, i.e. there were 92 more deprived local authorities and 233 less deprived. The driver appears to be children and young people's indicators. Penhill central LSOA in Penhill and Upper Stratton ward ranks 33rd most deprived in England in this domain (out of 32,844).

Penhill central LSOA is also the most deprived in Swindon on the IDACI, it ranks 454<sup>th</sup> in England (out of 32,844) and 53.2% of children in the area are considered income deprived.

### **Age related factors**

Both nationally and in Swindon, a child under five is more likely to be living in poverty than an older child. In Swindon approximately<sup>8</sup> 17.8% of under fives live in poverty. This contrasts with 16.9% of children aged 5-9, 13.7% of children aged 10-14 and 7.9% of children aged 15-19. A similar pattern is found in the majority of wards in Swindon.

Although under fives represent 28% of Swindon's child (under 20) population, they make up 35% of children living in poverty. In addition, 57% of the children living in poverty (4,190 children) in Swindon live in a family where there is a child under five. Thirty three percent of children living in poverty in Swindon are aged between 5 and 9, 22% between 10 and 14 and 10% between 15 and 19.

### **Family size**

Having a large family increases a family's likelihood of experiencing poverty. In Swindon, around 40% (3,160 children) of children in poverty are in families with three

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<sup>7</sup> <http://swindonjsna.co.uk/dna/ID>

<sup>8</sup> %s estimated using mid-point of ONS ward estimates and Child Benefit numbers.

or more children, although these size families make up less than 20% of the total families with children in Swindon. This is similar to the national situation.

### **Determinants of child poverty in Swindon**

The data for Swindon shows us that the two factors which make it significantly more likely that a child in Swindon is living in poverty are worklessness and living in a lone parent family.

Eighty percent of children living in poverty in Swindon, live in families who are in receipt of out of work benefits such as income support or job seekers allowance rather than in work benefits. This is a similar rate than for the rest of the South West, where the rate is 78% and the national figure of 81%.

Worklessness is very significant determinant of poverty for lone parents. Eighty four percent of lone parents in Swindon, who are in poverty, are in receipt of out of work benefits. Seventy one percent of children living in poverty in Swindon live in lone parent households. This is slightly higher than the national rate of 68.5%.

It is also of concern that it appears that 64% of children in lone parent families in Swindon are living in poverty. This contrasts with children living in two parent families, where the rate of poverty is 9%. This means that a child living in a lone parent family is almost seven times more likely to be living in poverty than a child who lives in a two-parent household. This is a higher ratio than nationally where it is approximately five times as likely that a child in a lone parent family will be living in poverty.

The proportion of families living in poverty who are lone parent families varies considerably across the borough from 50% in Ridgeway ward to 83% in St Andrews and Priory Vale wards.

### **Impact of ethnicity on poverty**

In 2011, the black and ethnic minority (BME) population comprised 11.2% of the population of Swindon up from 4.8% in 2001. It is likely that the BME has grown further since 2011. The implications of this growth will also be crucial to developing our further understanding of child poverty in Swindon.

National research shows that children in some ethnic minority groups have increased chances of being in poverty<sup>9</sup>. In Swindon, although the overall employment rates are higher for black and minority ethnic groups combined than for white families, the employment rates for the Black and Other Ethnic Group categories are lower.

There is a severe lack of robust quantitative data, for asylum seekers and gypsy and traveller children. However, both practice knowledge and other studies show that some gypsy and traveller families have few financial resources. Parents who are asylum seekers are prohibited from working and are only entitled to safety net support at a lower level than the usual income support/Jobseekers Allowance.

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<sup>9</sup> Ethnicity and Child Poverty, The Department for Work and Pensions 2009

### **Teenage parents**

National data (Child Poverty Action Group) shows that teenage mothers are 22 % more likely to be living in poverty than mothers aged 24 and over. Latest available data for Swindon (2014) shows that there were 20 teenage conceptions per 1,000 female population aged 15-17 years, which equates to 77 conceptions. This local figure is slightly lower than the rate of 22.8 observed for England.

### **Children in Need**

While there is little research linking Children in Need to poverty the Swindon Best Start JSNA<sup>10</sup> found that the highest proportion of children in need (under 5s) live in the most deprived wards of Swindon. Young people leaving care are likely to be at increased risk of living in poverty.

### **Homelessness**

Homeless families are also at high risk of living in poverty. On 31 March 2015, there were 196 households with dependent children who were in temporary accommodation in Swindon, this equated to a total of 240 dependent children.

### **Foodbanks**

Swindon Foodbank has been running since 2006 and has eight distribution centres with 11 sessions a week, Monday to Friday, to meet demand for food boxes.

In 2015, Swindon Foodbank distributed 58,955 tonnes of food to assist 2,981 Adults and 1,640 Children. In 2016 up to August, figures indicate that the same number of adults are being fed but there has been approximately a 10% rise in the number of children being fed. In 2015, an average of 93 people received a box each week and in 2016 up to August this has increased to 98. Donations of money are down in 2016 and so there is a real need for financial support for this project.

A snapshot analysis in summer 2016, found that in an 18 day period 87 vouchers were distributed and 187 people were fed, of which only 42 were people without children. The highest number of people needing help are located in the main areas of deprivation in Swindon. This includes the Swindon central area, Walcot and Parks and Rodbourne/Rodbourn Cheney/Gorse Hill and Pinehurst.

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<sup>10</sup>

[http://swindonjsna.co.uk/Files/Files/Children\\_and\\_Young\\_People\\_Best\\_Start\\_JSNA\\_BulletinHWB.pdf](http://swindonjsna.co.uk/Files/Files/Children_and_Young_People_Best_Start_JSNA_BulletinHWB.pdf)

## **Factors that directly influence families' resources and incomes today**

### **Parental employment and earnings**

The unemployment rate (16+) in Swindon has fallen from 8.1% in 2012 to 4.3% in 2015. At the same time the numbers claiming JobSeekers Allowance (JSA) and other out of work benefits have also fallen from a peak in 2009 to pre-recession levels.

There are differences in employment and economic activity rates between men and women<sup>11</sup>. Men are more likely to be employed than women (85% compared to 69% in 16-64 year olds), less likely to be economically inactive (11% compared to 27% in 16-64 year olds) and less likely to work part time (6,400 males and 19,200 females working part-time in 2015).

Unemployment rates for people in poor mental or physical health are higher than the general population. The gap in the employment rate between those with a long term health condition and the general population is 9.9% points in Swindon in 2014/15. The gap for people with learning disabilities is 71.9% points and for people in contact with secondary mental health services it is 66.0% points<sup>12</sup>.

According to the 2011 Census, Swindon also has a daily inflow of around 14,000 people for employment purposes. Average earnings by workplace are higher than the average earnings by residence in Swindon<sup>13</sup>, suggesting that commuters are in more highly paid posts than Swindon residents.

### **Financial support**

Additional financial support is available to families on a low income dependent on their eligibility. This includes free school meals or tax credit payments tailored to family need including payments to support low income and a contribution towards registered childcare costs. The current benefit system is in the process of being replaced by the Universal Credit.

Free school meals (FSM) are often used as a proxy indicator for poverty. The percentage eligible and claiming FSM is lower overall in Swindon than in England for primary and secondary age pupils. However, there are wards where take up is significantly higher than the national average, e.g. Walcot and Park North and Penhill and Upper Stratton. These wards correlate with the areas of high deprivation.

Take up of the childcare element of the working tax credit is unreliable as a proxy indicator for child poverty as low take up may indicate low usage of formal childcare rather than lack of take up of financial support.

### **Housing and fuel poverty**

Housing issues have adverse effects on children. Poor housing can lead to an increased likelihood of respiratory and other health problems, and children living in

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<sup>11</sup> Nomis Local Authority Labour Market profile (accessed 8/7/16):

<https://www.nomisweb.co.uk/reports/lmp/la/1946157355/report.aspx>

<sup>12</sup> Public Health Outcomes Framework (accessed 08/07/2016): <http://www.phoutcomes.info>

<sup>13</sup> Nomis Local Authority Labour Market profile (accessed 8/7/16):

<https://www.nomisweb.co.uk/reports/lmp/la/1946157355/report.aspx>

temporary accommodation are more likely to have their education disrupted through frequent changes of school.

Overcrowding puts pressures on parents, has an impact on health and limits opportunities for children to play, socialise and learn. Although, overcrowding is a specific, recurrent issue in some areas, Swindon is broadly consistent with the region and England in terms of the proportion of all households who are either under-occupying or are overcrowded<sup>14</sup>.

Affordability in comparison with the South West and England as a whole is less of an issue in Swindon. However, around 35% of first-time buyers are priced out of the market for flats and this rises to 50% for terraced housing and 60% for semi-detached properties<sup>15</sup>.

Nationally, lone parent families are the most likely to be living in fuel poverty followed by 'other multi-person households and then families with dependent children. Around 10% of household in Swindon were in fuel poverty in 2014 which is lower than the South West as a whole (12.2%) due to its relatively new housing stock but this has increased from 7.6% in 2012.<sup>16</sup>

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<sup>14</sup> Swindon Strategic Housing Market update, 2014: <http://swindonjsna.co.uk/dna/housing-market-and-housing-need>

<sup>15</sup> Swindon Strategic Housing Market update, 2014: <http://swindonjsna.co.uk/dna/housing-market-and-housing-need>

<sup>16</sup> Fuel Poverty, detailed statistics 2014: <https://www.gov.uk/government/collections/fuel-poverty-statistics>



## **Factors which directly influence families' abilities to enter and sustain well paid employment in the short and longer term**

### **Education and adult skills**

In the ID 2015 the most prominent domain of deprivation in Swindon is in Education, Skills and Training. Qualifications have a direct impact on labour market opportunity and pay and hence on child poverty. Additionally in Swindon, there is a strong relationship between low levels of attainment for children and poor qualification levels of adults.

In Swindon, 28.9% of people are qualified to NVQ4 (degree level) or above compared to 37.1% in Great Britain as a whole<sup>17</sup>. Qualification levels in deprived wards in Swindon are lower than in the rest of the Borough. 39% of residents of Penhill (2011 ward) stated that they had no qualifications. This contrasts with the Swindon rate of 20.5%. The picture for higher-level qualifications is equally contrasting, with less than 10% of those in Parks and Penhill (2011 wards) having degree level or above qualifications compared with 23% in Swindon overall<sup>18</sup>.

Women in Swindon are more likely to be qualified to NVQ levels 1 – 3, and men more likely to be qualified to level 4 or above, limiting women's employment opportunities<sup>19</sup>.

### **Childcare<sup>20</sup>**

There is less childcare available at times outside of nine to five on a week day; the majority of job vacancies are for jobs that usually require shift work or work at atypical times. There is a degree of mismatch between childcare availability and the labour market supporting parents' return to work.

Analysis of local childcare data by school planning area, in combination with local market knowledge and feedback from parents and providers, identifies comparative lack of availability of childcare for children with special educational needs and disabilities and lack of availability of childcare located in school planning areas in deprived areas.

Through consultation, parents have reported a lack of suitable childcare for disabled children, with placements being significantly harder to find in families with three or more children where at least one child is disabled.

### **Transport**

In 2011, 21.6% of households in Swindon did not have a car or van, which was above the South West figure of 18.6% but well below the national level of 25.8%. Car ownership was lowest in urban and deprived areas of Swindon<sup>21</sup>.

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<sup>17</sup> Nomis Local Authority Labour Market profile (accessed 8/7/16):

<https://www.nomisweb.co.uk/reports/lmp/la/1946157355/report.aspx>

<sup>18</sup> 2011 Census (DC5102EW - Highest level of qualification by sex by age)

<sup>19</sup> 2011 Census (DC5102EW - Highest level of qualification by sex by age)

<sup>20</sup> Swindon Childcare Sufficiency Assessment, 2013 update

<sup>21</sup> 2011 Census (KS404EW – Car or van availability)

Bus services in areas of highest poverty are good, providing good access to employment and educational opportunities and other services<sup>22</sup>.

There is a marked drop off in service in the evening and at the weekend, which can create difficulties in accessing employment at atypical hours or out of town centre leisure facilities<sup>23</sup>.

**Job availability<sup>24</sup>**

There are fewer well-paid jobs in Swindon than in England as a whole (as defined by occupation type), and more jobs that are generally lower paid.

Average wages are higher for people in Swindon than in England overall but only for men not for women. This suggests high wages inequality with some jobs paying very well indeed but many jobs, particularly those held by women, paying quite poorly.

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<sup>22</sup> Swindon Local Transport Plan (2010)

<sup>23</sup> Swindon Local Transport Plan (2010)

<sup>24</sup> Nomis Local Authority Labour Market profile (accessed 8/7/16):  
<https://www.nomisweb.co.uk/reports/lmp/la/1946157355/report.aspx>

## **Factors which indirectly influence families' abilities to enter and sustain well-paid employment and escape poverty now and in the future**

### **Children's educational outcomes<sup>25</sup>**

Swindon ranked 93<sup>rd</sup> most deprived out of 326 local authorities on the Education, Skills and Training domain on the ID 2015; i.e. there were 92 more deprived local authorities and 233 less deprived. This was lower than on the ID 2010 where Swindon ranked 110<sup>th</sup> and represents an increase in relative deprivation on this domain. Twenty one of Swindon's LSOAs were among the most deprived 10% in England in this domain on the ID 2015 compared to 16 on the ID 2010.

Key Stage 4 results across Swindon Secondary schools saw improvement from 2007/08 to 2012/13 before a dip in 2013/14. In 2014/15, the calculation of this national indicator was changed and cannot be compared to earlier time periods. In 2014/15, 54.1% of pupils in Swindon achieved 5 or more A\*-C GCSEs (including English and Maths). Swindon's figure was statistically significantly below the England value of 57.3% and South West value of 57.9% and also lower than local authorities experiencing similar levels of deprivation (59.8%). Children in more deprived areas are less likely to achieve good results at Key Stage 4. For those living in the areas of Swindon that were among the 20% most deprived in England, 35% achieved 5 or more A\*-C GCSEs (including English and Maths), for children who had received Free School Meals in the previous 6 years, the figure was 32%.

Primary level results are generally in line with or slightly higher than the national average. Key Stage 1 results for 2015 show the percentage of Swindon pupils reaching expected levels is the same as England in each subject (apart from science where it is higher) and has increased since 2014 (apart from Maths where it is the same as 2014). Key Stage 2 results for Swindon generally exceeded the England levels. Achievement in reading, writing and maths at Key Stage 2 was 17% points lower in those eligible for free school meals in Swindon compared to those who were not eligible.

In Swindon, in 2014/15, 67.6% of pupils reached a good level of development at the Early Years Foundation Stage (academic year a child turns 5). This is much improved since 2013 and in line with the national average. However, there is a 13% point gap between the Swindon figure for children eligible for free school meals and those not eligible.

Swindon rates of young people (aged 16 to 18) who are Not in Education Employment or Training (NEET) have fallen from 6% in 2011 to 4% in 2015. NEET levels in the most deprived Swindon wards are 50% to 100% higher than the Swindon average.

### **Educational outcomes for vulnerable groups**

Results for vulnerable groups remain a cause for concern.

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<sup>25</sup> All bar IMD data taken from the Department for Education LAIT (Local Authority Interactive Tool) (accessed 01/06/2016)

At Key Stage 2 the overall achievement of Black and Minority Ethnic (BME) pupils is higher than the achievement of white pupils for reading, writing and maths. By Key Stage 4 a lower percentage of black pupils but higher percentages from other ethnic group have achieved 5 or more A\*-C GCSEs compared to white pupils.

Twenty one percent of children in care achieved 5 or more GCSEs A\* - C (including English and Maths) in 2015. Fifty eight percent achieved 5 GCSEs A\* - G. Although considerably below average, this is a continued improvement from the 31% in 2007/08.

In 2014, 28% of looked after children in Swindon achieved 5+A\*-C GCSE which was roughly half the overall Swindon percentage. In 2015, only 14% of children in need (assessed by social care as in need of services) achieved this level.

Twenty nine percent of young carers achieved 5 or more GCSEs A\* - C (including English and Maths) in 2015. Seventy nine percent achieved 5 GCSEs A\* - G. This is substantially higher than the 45% of young carers who achieved this level in 2008, but still lower than the borough average of 95%.

In June 2016, 64% of teenage mothers in Swindon were not in employment, education or training (NEET). This is lower than the national average (70%).

Absence from school in all categories has fallen in Swindon since 2006 and is now similar to the national average. Persistent absence in Swindon has also fallen from 2011 and is currently lower than the national average. There is not a direct relationship between poverty and fixed term exclusions. However, pupils with 2 or more fixed term or permanent exclusions are more likely to live in areas of higher relative deprivation. Of Swindon primary pupils with 2 or more fixed term or permanent exclusions in the year to June 2016, 35% lived in areas among the 20% most deprived nationally. Seventeen percent lived in the 20% least deprived areas. For secondary pupils with 2 or more fixed term or permanent exclusions, 32% lived in the 20% most deprived areas compared to 12% in the 20% least deprived areas.

### **Social Mobility**

The Social Mobility Index<sup>26</sup> compares the chances that a child from a disadvantaged background will do well at school and get a good job across each of the 324 local authority district areas of England. It examines a range of measures of the educational outcomes achieved by young people from disadvantaged backgrounds and the local job and housing markets to shed light on which are the best and worst places in England in terms of the opportunities young people from poorer backgrounds have to succeed.

Overall, Swindon is ranked 141st out of 324 authorities (where 1 = the most socially mobile) and is categorised as “Good performance on adulthood measures but weaknesses in education for disadvantaged children”. The explanation offered for this is that those from disadvantaged backgrounds do relatively badly at school but a strong labour market or low housing costs may help them convert this into good outcomes as an adult or, alternatively, it could be symptomatic of significant

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<sup>26</sup> The Social Mobility Index, Social Mobility and Child Poverty Commission: <https://www.gov.uk/government/publications/social-mobility-index>

inequalities between rich and poor. Swindon's poor performance can be pinpointed to the Youth domain of the Index and it is ranked 324th and last on the proportion of young people eligible for Free School Meals (FSM) at age 15 who enter higher education by age 19.

### **Financial inclusion**

Many people, particularly those living on low incomes, cannot access mainstream financial products such as bank accounts and low cost loans. This financial exclusion imposes real costs on individuals and their families – often the most vulnerable people in our society. It also has costs for the communities in which they live.

Swindon Borough Council wants to support its residents to maximise their income and make the most of their money helping them to live free from the harmful effects of poverty and to prevent financial crisis and promote social justice<sup>27</sup>. The Council's approach to helping people to become "financially included" is based on providing information, advice and support to help people understand and manage their own finances.

This is an ongoing initiative which focuses on the following key objectives intended to limit the effects of poverty by supporting those who experience it:

- Maximise income and respond to welfare reforms
- Support residents to manage their debt
- Increase skills in money management and expenditure
- Help residents to train, gain and remain in employment
- Promote the expansion of affordable credit options and access to bank accounts
- Stop loan sharks and discourage "door to door" lending
- Reduce fuel poverty

Problems with literacy and numeracy skills been raised by parents in a previous Children's Services consultation. Parents have highlighted that their lack of skills pose a real barrier for them in getting access to both services and benefits.

### **Access to services and facilities**

Accessibility to key services is a central component in overcoming both poverty and social exclusion. Accessibility covers more than location of service. Other issues include:

- Cost
- Difficulty in accessing information
- Accessibility by public transport
- Barriers posed by complex systems, forms and protracted processes
- Barriers posed by lack of literacy skills
- Co-location of services and one point of contact.

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<sup>27</sup>

[http://www.swindon.gov.uk/info/20013/benefits\\_and\\_swindon\\_money\\_matters/684/making\\_the\\_most\\_of\\_your\\_money](http://www.swindon.gov.uk/info/20013/benefits_and_swindon_money_matters/684/making_the_most_of_your_money)

## **Child poverty and health**

### **Infant mortality**

The rate of death of infants before the age of one is a sensitive indicator of health inequalities. In Swindon between 2010 and 2014 there were 41 infant deaths and 41% of these were in the most deprived quarter of Swindon wards. If there was no relationship with deprivation, 25% would have been expected to be in these wards.

### **Low birth weight**

Low birth weight children are at higher risk of health complications throughout childhood and it is one of the most predictive indicators of poor adult outcomes. Causes of low birth weight include factors associated with poverty and deprivation, such as smoking. 12.7% of women in Swindon smoked at the time of delivery in 2014/15, which is significantly higher than the England rate of 11.4%. There are higher percentages of low birth weight babies in the most deprived wards in Swindon,

### **Breastfeeding**

Breastfeeding is a protective factor for infant and child health. The rates of breastfeeding in Swindon have risen between 2010/11 and 2014/15 and are higher than the England rates at initiation and at 6-8 weeks of age. However, the breastfeeding rate is lower in areas of deprivation, among younger mothers, obese mothers and mothers who smoke. In contrast rates are higher in BME groups and among recent migrants<sup>28</sup>.

### **Childhood immunisations**

Immunisations are a successful public health intervention and if high enough percentages are immunised can also offer protection to those who are not immunised through herd immunity. Coverage in Swindon for most childhood immunisations is higher than the regional and national values and for all those due before the age of 5, exceed the Public Health England goal of 90% coverage. However, coverage across Swindon is highly variable, e.g. Measles, Mumps and Rubella (MMR) coverage at 24 months ranged across GP Practices from 85.3% to 99.2% in 2014/15.

### **Smoking**

Smoking is the main cause of preventable disease and is much more prevalent in deprived areas. Smoking in pregnancy and exposure to second hand smoke has a significant adverse impact on the health of children.

Around 1.2 million children in the UK are living in poverty in households where adults smoke. If these adults quit and the costs of smoking were returned to household budgets, approximately 400,000 of these children would be lifted out of poverty<sup>29</sup>.

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<sup>28</sup> A Profile of Births in the Swindon UA Population, based on data from the GWH Maternity Service (2013 to 2014)

<sup>29</sup> ASH Estimates of poverty in the UK adjusted for expenditure on tobacco:  
<http://ash.org.uk/information-and-resources/health-inequalities/health-inequalities-resources/estimates-of-poverty-in-the-uk-adjusted-for-expenditure-on-tobacco/>

### **Obesity in childhood**

Obesity is associated with the development of chronic medical conditions as well as having adverse psychological and social consequences. Obesity rates among children are higher in areas of deprivation and this picture is reflected in Swindon.

### **Oral health**

Tooth decay, gum disease and oral cancer are all associated with socio-economic deprivation. People from more deprived groups suffer from more severe decay, more urgent dental problems and are more likely to have no teeth at all. In Swindon areas of high deprivation are well served by NHS Dentists<sup>30</sup>.

### **Childhood injuries**

Injury is the leading cause of death in children and for every child who dies many more live with varying degrees and durations of disability and trauma. The rate of hospital admission caused by unintentional or deliberate injuries in children aged 0-14 is lower in Swindon than nationally, however, for the 15-24 age group it is significantly higher. Attendance rates at A&E and emergency inpatient admissions for under 19s in Swindon are both highest in the most deprived sections of the population.

### **Mental health**

Mental illness in parents means a family is more likely to be in poverty. Living in poverty leads to mental health problems, such as depression in parents. Maternal depression during pregnancy or infancy has an adverse effect on health, behaviour and learning and development outcomes for children. Children growing up in poverty are more likely to suffer a range of behavioural and emotional problems. Disorders such as ADHD have particularly high social differences and bedwetting and self-harming behaviour also have strong social patterns. Hospital admissions in 10-24 year olds as a result of self-harm have risen by 60% in Swindon between 2012/13 and 2014/15 compared to only a small rise nationally over the same period. Swindon's rates are significantly higher than the England and South West rates.

### **Teenage pregnancy**

Under 18 conceptions, and particularly teenage maternities are strongly associated with deprivation. Swindon analysis has demonstrated this association although there are some wards which have high teenage pregnancy rates but are not deprived. Being a young mother (under 20 years) at the time of the first birth and having no qualifications are powerfully associated with poor behaviour and poor learning outcomes at age 5. The teenage pregnancy rate in Swindon was above the national average between 1998 and 2004 but as a result of sustained interventions it has reduced to 20 per 1,000 females aged 15-17 and is below the national average in 2014.

### **Domestic abuse**

The hidden harm of abuse within the home significantly impacts the health and wellbeing of children witnessing violent acts; on the mental health of victims; risk of suicide; and substance misuse issues, including smoking.

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<sup>30</sup> JSNA of Oral Health in Swindon, 2016 [www.swindonjsna.org.uk](http://www.swindonjsna.org.uk)



Reporting of domestic abuse in Swindon is increasing, enabling more effective harm reduction interventions. However, given its hidden nature the levels could be much higher than currently reported.

### **Child abuse and neglect**

There is a strong association between families' socio-economic circumstances and the chances that their children will experience child abuse and neglect. The greater the economic hardship the greater the likelihood and severity of child abuse and neglect<sup>31</sup>. There are a variety of plausible explanatory models for this relationship. The most widely described suggest either a direct effect through material hardship or lack of money to buy in support, or an indirect effect through parental stress and neighbourhood conditions. Disadvantaging socio-economic circumstances may operate as acute or chronic factors, including their impact on parents' own childhoods. The family stress model is central in most accounts.

Lessening family poverty across the population is likely to have a positive effect on reducing both the extent and severity of child abuse and neglect in childhood, on the socio-economic consequences of child abuse and neglect in adult life and on the wider economic costs.

### **Relationship breakdown**

The drop in income experienced by most lone-parent families after break up, and in some cases the upheaval of changing home or school, contributes to adverse consequences for children and young people.

Key issues raised by separating parents are housing, health (including mental health), and benefits and employment.

In some cases of relationship breakdown the situation is complex and includes issues such as domestic abuse, child protection concerns, homelessness, school concerns and other caring responsibilities.

### **Crime, drug and alcohol use**

Crime is an important feature of deprivation that has major effects on individuals and communities. The Crime domain of the IMD 2015 shows that 14 Swindon Lower Super Output Areas (LSOAs)<sup>32</sup> are the 10% most deprived LSOAs nationally. The majority of these are in deprived wards (four are in Central ward, four in Gorsehill and Pinehurst and three in Penhill and Upper Stratton).

Alcohol has a major impact on the health and well-being of young people. There are strong links between high levels of youth alcohol consumption and other risk factors such as offending, teenage pregnancy, truancy, exclusion and illegal drug use. Rates of hospital admissions due to alcohol specific conditions in under 18 year olds are higher in Swindon than nationally but have reduced by over 50% in the 6 year period to 2012/13-2014/15. In 2013/14, there were approximately as many

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<sup>31</sup> The relationship between poverty, child abuse and neglect: an evidence review, Joseph Rowntree Foundation, March 2016 [www.jrf.org.uk](http://www.jrf.org.uk)

<sup>32</sup> LSOAs contain around 1,500 people and are standard geographical units created and used by the Government and Office for National Statistics (ONS). There are 132 LSOAs in Swindon.



admissions from the most deprived third of wards in Swindon as the other two thirds combined.

Parental or carer drug or alcohol use can reduce the capacity for effective parenting. There are only small numbers of children in drug and alcohol treatment services, however, over a quarter of the adult alcohol treatment population has a child living with them at least some of the time. 249 out of 772 adults in drug treatment in 2014/15 were living with children.

## Recommendations for further action

- The child poverty data used in this needs assessment is calculated on 2013 benefits data and masks poverty experienced by those whose lack of awareness of the benefits system or immigration status means they are not accessing benefits and any changes in population or economic circumstances which have taken place since 2013. These will need further investigation.
- Nationally, children in families with one or more disabled adults have a 30% chance of being in poverty. Further research is needed to establish the situation in Swindon.
- National research shows that children in some ethnic minority groups have increased chances of being in poverty. In Swindon, the employment rates for the Black and Other Ethnic Group categories are lower than the Swindon average. There is also a severe lack of robust quantitative data, for asylum seekers and gypsy and traveller children. Further work needs to be done to establish the situation for these population groups in Swindon.
- Further work needs to be done to assess whether in work child poverty levels have risen once tax credit data later than the 2013 snapshot is released.
- Further work is needed to research additional sources of financial support for future child poverty assessments and to monitor the impact on families of the transition from the working tax credit to the universal credit system.
- On the ID 2015, Swindon's deprivation appears most severe on the Education, Skills and Training domain, especially the children and young people's indicators. Swindon is also picked out by the Social Mobility Index as weak for education for disadvantaged children and particularly low proportions of young people from deprived backgrounds going onto further or higher education:
  - Continue to investigate, understand and address the extent and causes of education, training and skills related deprivation in Swindon.
  - Understand why qualification levels in Swindon are relatively low and to obtain and analyse area specific data about take up of sixth form places and higher education.
- Further work is needed to establish the links in Swindon between poverty and
  - Low birth weight babies
  - Higher rates of childhood injuries
  - Hospital admission for drugs, alcohol and self-harm
  - Levels of domestic abuse
- Further work needs to investigate any links between relationship breakdown and poverty. This is of particular concern in Swindon as being a child in a lone parent family increases the likelihood of child poverty from 9% to 64%.