



## **Child wellbeing and child poverty**

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**Where the UK stands in the European table**

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Enhancing children's lives and improving child wellbeing should be the central objective of children's policy. 'Wellbeing' describes the quality of childhoods as they are lived. Wellbeing draws in the many different factors which affect children's lives: including material conditions; housing and neighbourhoods; how children feel and do at school; their health; exposure to dangerous risks; and the quality of family and classmate relationships children develop. Although child poverty is a different concept to wellbeing, poverty influences each aspect of wellbeing and is a major impediment to delivering better wellbeing.

This briefing draws on the results of a new league table of child wellbeing in European countries. Produced by researchers from the University of York, the league table covers 29 European countries (EU 27 countries plus Norway and Iceland). It includes 43 separate indicators, summarised in seven domains of child wellbeing. The Netherlands comes top of the table of overall child wellbeing, followed by Norway and Sweden. The UK came 24<sup>th</sup>, well below countries of similar affluence. Only Romania, Bulgaria, Latvia, Lithuania and Malta do worse.

Because most of the data is drawn from 2006 it provides a snapshot and not a trend. This three year time difference also means that many government policy initiatives from the last few years are not fully reflected in the data (either because investment was not in place or because policies may take a while to become apparent in the data). The figures should therefore be read as a criticism of UK society, but not necessarily of recent social policy. In general terms, the recent emphasis on the material circumstances of children, on education and health inequalities and of early intervention has been right and must continue over the long term: it is the dose which has been inadequate, not the medicine. However, the findings are disappointing for the UK. They show how poorly we perform on child wellbeing, and how much better we could and should do. France has a similar GDP as the UK, yet ranks 9 places higher.

## **What does the table show?**

The Netherlands leads the rankings and is also in the upper third of the table in each of the domains. The top of the table is dominated by Scandinavian countries, with Sweden, Norway, Iceland, Finland and Denmark all in the best achieving 6 countries. The bottom of the table is dominated by Eastern European countries. The larger European countries tend come in the middle of the table with Germany at 8<sup>th</sup>, France 15<sup>th</sup> and Italy 19<sup>th</sup>. **The UK is ranked 24<sup>th</sup> of 29 European countries – well below the position which might be expected given our affluence.**

The wellbeing index presents an overall country position, plus performance on each of the seven domains which make this up. In four out of seven domains (health, subjective wellbeing, material resources and education) the UK scores in the bottom third of the table. In the remaining three domains (personal relationships, behaviour and risk, and housing and the environment) the UK is ranked in the middle of the table. The UK is not in the top third of countries in any domain.

**Table: the child wellbeing index**

Rank	Country	Health	Subjective wellbeing	Children's relationships	Material resources	Behaviour and Risk	Education	Housing and environment
1	Netherlands	2	1	1	7	4	4	9
2	Sweden	1	7	3	10	1	9	3
3	Norway	6	8	6	2	2	10	1
4	Iceland	4	9	4	1	3	14	8
5	Finland	12	6	9	4	7	7	4
6	Denmark	3	5	10	9	15	12	5
7	Slovenia	15	16	2	5	13	11	19
8	Germany	17	12	8	12	5	6	16
9	Ireland	14	10	14	20	12	5	2
10	Luxembourg	5	17	19	3	11	16	7
11	Austria	26	2	7	8	19	19	6
12	Cyprus	10			13			11
13	Spain	13	4	17	18	6	20	13
14	Belgium	18	13	18	15	21	1	12
15	France	20	14	28	11	10	13	10
16	Czech Republic	9	22	27	6	20	3	22
17	Slovakia	7	11	22	16	23	17	15
18	Estonia	11	20	12	14	25	2	25
19	Italy	19	18	20	17	8	23	20
20	Poland	8	26	16	26	17	8	23
21	Portugal	21	23	13	21	9	25	18
22	Hungary	23	25	11	23	16	15	21
23	Greece	29	3	23	19	22	21	14
24	United Kingdom	24	21	15	24	18	22	17
25	Romania	27	19	5		24	27	
26	Bulgaria	25	15	24		26	26	
27	Latvia	16	24	26	22	27	18	26
28	Lithuania	22	27	25	25	28	24	24
29	Malta	28	28	21		14		

Notes: Green indicates top third of the table; yellow the middle; and red the bottom. Blank cells are where insufficient data was available. Methods are summarised in the appendix.

In terms of the UK's performance on each of the domains:

- On health (including indicators on infant mortality and birth weight), the UK scores 24<sup>th</sup>;
- On subjective wellbeing (including indicators on how children feel about their lives and health), the UK scores 21<sup>st</sup>;
- On children's relationships (including indicators on how easy children say they find it to talk to their parents and get on with their classmates) the UK scores 15<sup>th</sup>;
- On material resources (including indicators on child poverty), the UK scores 24<sup>th</sup>;

- On behaviour and risk (including indicators on violence and risk behaviour), the UK scores 18<sup>th</sup>;
- On education (including indicators on achievement and youth inactivity), the UK scores 22<sup>nd</sup>;
- On housing and environment (including indicators on overcrowding and housing problems), the UK scores 17<sup>th</sup>.

## **What explains the UK's performance?**

The league table was constructed from 7 domains, made up from 19 components which are themselves constructed from 43 indicators. (The appendix explains the methods.) As such the UK's position is explained by its overall performance on these different indicators. While individual indicators might be thought to bias a table, the strength of the index the combination of many indicators picks out a general pattern. This section explains the UK's performance on each of the domains. The number of countries varies slightly (where insufficient data was provided countries were excluded).

### **Child health domain (24<sup>th</sup> of 29 countries)**

The child health domain is constructed from indicators of infant mortality, low birth weight, immunisation figures and children's health behaviour (such as exercise, eating fruit or brushing teeth). Although the UK does quite well on health behaviours, it scores badly on immunisation rates for key childhood diseases. Sweden's position at the top of the table is helped by good performance in the 'child health from birth' component (which includes both the infant mortality and birth weight indicators).

### **Subjective wellbeing domain (21<sup>st</sup> out of 28 countries)**

The Netherlands scores best on the subjective wellbeing domain. This domain includes questions about how children feel about their lives, whether they like school, feel pressured by school work, and how children rate their own health. The UK position is weakened by children being more likely to report poor or fair health than children in other countries. The Netherlands does particularly well with children reporting high wellbeing in school.

### **Children's relationships domain (15<sup>th</sup> out of 28 countries)**

The relationships domain explores the quality of family and of peer group relationships which is gauged by how easily children find it to talk with their parents or with their classmates. Again the Netherlands tops the table (followed by Slovenia and Sweden). France is the worst performer whilst the UK is roughly in the middle of the table. France's position stems from bad results on both classmate and parent-child relationships; both areas on which neighbouring Netherlands does well. Overall the UK is fractionally better than average, with classmate relations having improved (from questions asked in 2001 to 2005/06). The quality of family relationships (judged by the ease with which children can talk to their parents) are below average in the UK.

### **Material resources domain (24<sup>th</sup> out of 26 countries)**

Material wellbeing captures issues such as income poverty (similar to the basis of the UK's commitment to eradicate child poverty by 2020), material deprivation (including 'economic strain' – see below) and parental worklessness. The UK position is particularly influenced by the high number of children living in families where no parent works. Only Lithuania and Poland do worse than the UK. Iceland scored best on this domain, followed by Norway and Luxembourg.

### **Behaviour and risk domain (18<sup>th</sup> out of 28 countries)**

This domain covers violence, child deaths (mostly accident related) and risky behaviour (including early sexual intercourse, smoking, drinking and drug use). Sweden is the best performer here, Lithuania the worst. The UK is in the middle of the table. The Swedes do well on all aspects of the measure, but particularly so in having a lower level of violence or violent behaviour. Lithuanians do badly on all of the components. The UK scores relatively badly on risky behaviour, but actually has lower than average violence rates and child mortality.

### **Education domain (22<sup>nd</sup> out of 27 countries)**

The education domain covers attainment (maths, reading and science scores), participation (staying on rates and pre-primary enrolment) and those not in education and training. Belgium does best, Romania worst. The UK position is influenced by lower levels of educational participation (covering both pre-school and 15-19 education) and relatively high levels of youth inactivity (the so called 'NEETs' – those not in education, employment or training). On education attainment (derived from reading, maths and science scores) the UK scores slightly above average.

### **Housing and environment domain (17<sup>th</sup> out of 26 countries)**

The housing and environment domain covers overcrowding, aspects of the quality of neighbourhoods and housing problems. Norway scores best on this indicator, doing well on each indicator. Latvia has the worse rank, scoring below average in each area. The UK does comparatively well on overcrowding and housing problems (households with children reporting more than one problem such as a leaking roof, damp, or access to bath/shower or sole use flushing toilet) but badly on the quality of children's environments (indicated by households with children reporting crime, dirt or pollution as problems in their area).

## **What are the high performing countries doing? Messages for the UK**

The researchers explore a number of possible reasons for countries' different performances in the league table, comparing the rank position to a series of other indicators. They find:

- A relationship exists between **economic strain** (measured by access to necessities) and overall wellbeing: in general terms the greater the strain, the worse the child wellbeing.
- A relationship between child wellbeing and children reporting **high life satisfaction**: countries with high overall child wellbeing also tend to have more children reporting high life satisfaction.

- A relationship exists between **GDP per head** and child wellbeing: richer countries tend to have better child wellbeing. However, countries can buck this trend: the Netherlands has higher wellbeing than its GDP would suggest, whereas the UK does less well.
- A relationship exists between lower **inequality** and higher wellbeing. More equal societies, such as in Scandinavian countries, tend to do better on child wellbeing than less equal societies such as in Eastern Europe or the UK.
- The researchers compared wellbeing to the proportion of surveyed children living in **lone or step parent families** and found no association between this and child wellbeing. Poor child wellbeing is therefore not explained by a large number of lone parent or step families. Policy focused on favouring particular family forms is unlikely, therefore, to boost child wellbeing.
- A relationship exists between the **resources** spent on families (in public services and incomes) and child poverty: countries that devote more resources to families tend to have less child poverty. While higher spending doesn't guarantee good child wellbeing; countries which do well on child wellbeing invest more in their children.

## **What should the UK do to improve child wellbeing?**

In March 1999 the Government committed the UK to eradicating child poverty. Given that child poverty has an impact on every element of wellbeing, reducing poverty is essential to improve wellbeing. In the ten years since the commitment was made to eradicate child poverty, a series of targets and policy mechanisms have been developed to try to improve child outcomes. In some important areas there has been real success: child poverty has fallen, as has the number of children living in workless households. There have also been improvements in housing quality and in educational attainment (though inequality remains high).<sup>1</sup> Most importantly, politicians from across the political spectrum have signed up to the goal of a society free of child poverty. Even so, progress has been slow, and has in places stalled. As we argued above, it although medicine has been broadly right the dose has been inadequate, and must be continued over the long term.

In some areas CPAG believes that policy has actively worked against the interests of good child wellbeing. It is vitally important that parents are provided with the support necessary to move into paid work where this can be balanced with caring responsibilities. However CPAG is concerned with the degree to which onerous conditions with possible benefit sanctions, rather than improved support, are being used to try to increase the employment rate. So called 'work first' policy has led to a primary focus on getting parents into employment, rather than considering the quality and sustainability of the jobs available or of the quality of childcare which children then receive.

These results are a snapshot and so they do not indicate trends. While they say some worrying things about the quality of childhood experienced in the UK, the understanding of these problems has increased and the kinds of policies needed are in places underway – if not yet on the scale needed. **CPAG does not use these findings to argue against the broad direction of recent policy.** Emphasising

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<sup>1</sup> See G Palmer, T MacInnes and P Kenway, Monitoring poverty and social exclusion 2008, Joesph Rowntree Foundation, 2008

income growth for the poorest families whilst also focusing on the impact of public services and longer term child outcomes has been right. Rather **these findings are a justification of policy focused on tackling child poverty and a demand for much more radical action.**

The UK has entered a potentially deep recession. Many families are threatened with rapid income falls and inadequate living standards. All that can be done to reduce the effects of the recession on children should be done, but the UK also needs a vision for after the recession. Recent events have shown strong public support for a fairer Britain; the findings presented here show we must start by putting children first.

**There is nothing inevitable about the UK doing badly on child wellbeing, the challenge should be to reverse this situation and put children front and centre of policy making.**

This briefing is published ahead of the 2009 budget, one of the last occasions to influence the 2010 target to halve child poverty. **The crucial urgency now must be to meet that target which requires targeted investment in low-income families.**

Later in the spring the Government will be publishing draft legislation to put the 2020 target to eradicate child poverty into legislation. This is welcome and it is very important that this has cross party support for a bill that is made as exacting on social policy as possible. Beyond 2010 CPAG has laid out a ten step plan to tackle child poverty and help deliver the child wellbeing we should expect for all Britain's children:

1. **Protect jobs.** Parental job loss is a fast track to child poverty, generating immediate stress and long-term damage. The Government must protect existing jobs by investing in people, as well as institutions. Putting money into people's pockets enables them to spend cash, thereby boosting community businesses and protecting employment.
2. **Mend the safety net.** The current safety net leaves many families struggling well below the official poverty line, with some families actively excluded from provision. Benefits and tax credits need to be increased to ensure they meet an acceptable minimum income standard the public says is necessary just to get by. Much more effort is needed to increase take-up of benefits and tax credits.
3. **Move away from means tests.** Tax credits and means-tested benefits are complex and expensive to administer. They generate high levels of error, which prevents families from getting their full entitlement. By contrast, universal benefits, such as child benefit, are simple, effective and popular. When combined with progressive taxation, universal benefits do not squander money on those who do not need it; they ensure that everyone who is entitled gets what they need.
4. **Remove barriers to work.** Decently paid jobs can provide a route out of poverty, but not for those who are excluded from the labour market. Unsuitable and expensive childcare, low skills and discrimination by employers generate tremendous barriers to work – even before the recession. High quality, personally tailored support is needed to enable those unable to access work to acquire the skills they need to do so. The Government must get tough with employers who continue to discriminate against some groups.
5. **Stop in-work poverty.** More than half of poor children have a parent in paid work. Employment can only provide a route out of poverty when it is decently paid and barriers to working additional hours are tackled. In-work benefits make a

huge difference to those in poorly paid jobs, but it is not right that the taxpayer is left to subsidise poorly paid jobs.

6. **Put in place a child-first strategy for childcare.** Childcare lies at the heart of a child poverty agenda that has focused on paid employment as the route out of poverty. But a work-first rather than a child-first approach is at odds with the current every child matters agenda. The provision of childcare and extended school services in which children thrive and parents trust is essential to reduce child poverty in the short and the longer term. But expensive, inaccessible and inadequate provision excludes some of the poorest children and may damage others. Children's needs, not just parents' employment, must be placed at the forefront of childcare strategies.
7. **End the classroom divide.** Children growing up in poverty do worse on average at school. Barriers to schooling, such as selection, high costs and stigma, blight children's educational experiences and reduce future opportunities. Increasing per-pupil spending and reducing extra school costs are essential, but a great deal of learning also takes place outside school. Ending child poverty outside the school gates will help reduce educational inequalities in the classroom.
8. **Provide fair public services for those who need them most.** Low-income families rely on public services to provide the sort of educational, health and social support that better-off families take for granted. But the 'inverse care law' results in poorer families who need more support getting less out of public services. Tracking patterns of service usage, targeting funding and ensuring that services reflect and meet the needs of poorer communities will help extend valuable support to families and reduce the educational and health divide.
9. **End poverty premiums in taxes and services.** Poor families pay more for basic goods, utilities and services. Low-income families also pay a greater proportion of gross income in taxes. Premiums, pre-pay rates and high interest rates increase prices, while special deals are often available only to those who can pay upfront or through direct debits. Regulators need to get tough on unfair practices. Tax policy must get fair too. Loopholes, dodges and special treatment for the 'low-tax elite' must be replaced with fairer taxes for the poorest groups.
10. **Ensure a decent home for every family.** The quality of the home environment is important to children's health, socialisation and education. The UK needs more decent and affordable family houses to end overcrowding, reduce housing costs and provide safe, healthy environments for children and families. Now is the time to invest in a programme of 'social housing' that ensures that all children live in good homes.

This briefing is a summary of J Bradshaw and D Richardson, 'An index of child wellbeing in Europe', to be published in *Child Indicators Research* (April 2009).

This index builds on and updates previous work. Previous work includes an EU 25 country index (see J Bradshaw, P Hoelscher, and D Richardson, 'An index of child wellbeing in the European Union 25', *Journal of Social Indicators Research*, 80, 133-177, 2007) and work which underpinned a UNICEF report card on child wellbeing (published in 2007 as *An overview of child wellbeing in rich countries*, report card 7).

In CPAG's child wellbeing work, Child Poverty Action Group has also recently published M Tomlinson and R Walker, *Coping with complexity: child and adult poverty*, Child Poverty Action Group, 2009

<http://www.cpag.org.uk/publications/copingwithcomplexity/>

The ten steps presented above come from CPAG's manifesto – published to mark the 10<sup>th</sup> anniversary of the commitment to eradicate child poverty. A full copy of *Ending Child Poverty: a manifesto for success* can be downloaded at

<http://www.cpag.org.uk/manifesto/>

## Appendix: data and methods

This briefing draws on a longer paper, to be published in *Child Indicators Research*. The article fully explains methods and methods. This appendix summarises that detail.

The index covers 43 indicators, arranged in components which then form specific domains. Indicators are expressed as how each country does compared to the average score (using 'z-scores'<sup>2</sup>). These z-scores for individual indicators are added to create component (equal importance is given to each indicator with the component). The scores for each component are then added to create the domains<sup>3</sup> (and similarly to create the overall score and hence rank position).

Where a country does not provide sufficient data, it has been excluded from the analysis. Indicators were drawn from a variety of sources including the OECD, EU and World Health Organisation. Most of the data comes from 2006. This implies a three year time lag (common in international comparisons) and means that latest changes will not be shown up in the figures.

The choice of indicator was determined by a set of principles: that these measure policy outcomes, not inputs (so they measure results not policy effort); as direct measures of wellbeing; where possible place the child as the unit of analysis (not parent, family or household); prioritise conditions in childhood rather than later life (thus emphasizing 'wellbeing'); and feature indicators which reflect what children say they think and feel about their lives.

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<sup>2</sup> A statistical method to express distance from the mean in numbers of standard deviations. This method normalises each indicator, to allow them to be built into components, and components into domains.

<sup>3</sup> No explicit weights are used on the basis that since there is no accepted weighting system, disagreement is minimised by not applying these at all. The method, however, does implicitly weight by giving equal importance to components within the domains though these components contain different numbers of indicators. Moreover, based upon distributions, z-scores can impose implicit weights.

**Table: Data used for the table: indicators, components and domains**

	Indicator description	Date(s)
<b>Health domain</b>		
Child health from birth	Mortality rate, infant (per 1,000 live births)	2006
	Low birth weight newborns (lower than 2.5kg, [per cent])	circa 2006
Immunisation	Immunization, measles (per cent aged 12-23 months)	2006
	Child immunization rate, DPT3 (per cent aged 12-23 months)	2006
	Child immunization rate, Pol3 (per cent aged 12-23 months)	2006
Children's health behaviour	Children who brush their teeth more than once a day	2005/06
	Children who eat fruit daily	2005/06
	Children who eat breakfast every school day	2005/06
	Children's physical activity	2005/06
	Children who are overweight (BMI)	2005/06
<b>Subjective Wellbeing domain</b>		
Personal wellbeing	Children who report high life satisfaction	2005/06
Wellbeing at school	Children who feel pressured by schoolwork	2005/06
	Young people liking school a lot 11, 13 and 15 years	2005/06
Self defined health	Children who rate their health as fair or poor	2005/06
<b>Children's Relationships domain</b>		
Quality of family relations	Child who find it easy to talk to their mothers	2005/06
	Child who find it easy to talk to their fathers	2005/06
Peer relationships	Children who agree that their classmates are kind and helpful	2005/06
<b>Material situation domain</b>		
Deprivation	Households with children with an enforced lack of consumer durables (per cent)	2006
	Households with children reporting economic strain (per cent)	2006
	Pupils with less than 6 education possessions (per cent)	2006
	Pupils with less 10 books in the household (per cent)	2006
Poverty	Child poverty (60per cent of median equivalised income after transfers): 0-17 years	2006
	Relative child poverty gap (60per cent of median equivalised income): 0-17 years	2006
Worklessness	Children aged 0-17 living in jobless households: 0-17 years	2006
<b>Risk and Safety domain</b>		
Violence and violent behaviour	Children involved in physical fighting at least once in the past year	2005/06
	Children who have been bullied at school at least twice in the past 2 months	2005/06
Child deaths	All child deaths: All under 19 deaths per 100,000 children	circa 2005
Risk behaviour	Adolescent fertility rate (births per 1,000 women ages 15-19)	2006
	15-year-olds who have had sexual intercourse	2005/06
	15-year-olds who used a condom at last sexual intercourse	2005/06
	Children who smoke at least once a week	2005/06
	13 and 15 year olds who have been drunk at least twice	2005/06
	15-year-olds who have ever used cannabis in their lifetime	2005/06
<b>Education domains</b>		
Achievement	Reading literacy achievement	2006
	Mathematics literacy achievement	2006
	Science literacy achievement	2006

Participation/ enrolment	Full-time and part-time students in all institutions (per cent of 15-19-year-olds)	2005
	School enrolment, pre-primary (per cent gross)	2006
Youth Inactivity	Inactive youth (NEET) age 15-19 (per cent)	2005
Housing and environment domain		
Overcrowding	Rooms per person in households with children	2006
Environment	Households with children who report crime in the area is a problem	2006
	Households with children reporting pollution or dirt as problems in the area	2006
Housing problems	Households with children reporting more than one housing problems	2006

Note: the researchers compiled the index from analysis of existing survey data. The full source details of the different data used can be found in the original paper.

### **About CPAG**

CPAG promotes action for the prevention and relief of poverty among children and families with children. To achieve this, CPAG aims to raise awareness of the causes, extent, nature and impact of poverty, and strategies for its eradication and prevention; bring about positive policy changes for families with children in poverty; and enable those eligible for income maintenance to have access to their full entitlement. If you are not already supporting us, please consider making a donation, or ask for details of our membership schemes, training courses and publications.

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