
Whether you agree that statutory child poverty targets should be re-introduced for Scotland?

1. Yes, NHS Health Scotland supports the re-introduction of such statutory targets given the prevalence of child poverty in Scotland and its impact on the current and future outcomes for children. A legislative approach to child poverty provides the level of significance that is required to tackle this issue.

The appropriateness and scope of the 4 proposed targets

2. We strongly support the income based measures of poverty being proposed as child poverty targets. Income matters for child health and has well evidenced direct and indirect links with children’s outcomes, especially their social and emotional development. It also has important links with cognitive development and educational attainment, with long-term consequences for health inequalities as children move into adulthood.¹

3. By including the suite of measures proposed, the Bill addresses many of the limitations that relying on a single measure of income might provoke. It is consistent with the academic consensus on child poverty, which would strongly support retaining the 2010 Child Poverty Act indicators in legislation and is nearly unanimous in retaining income as a measure of child poverty measurement: “poverty is understood primarily to be a relative lack of material resources, with income widely believed to be the best proxy measure”.² The suite of income indicators proposed is well-developed and (in terms of having a robust monitoring framework) compares favourably to other affluent Western countries. By including a relatively generous relative 60% of median contemporary income threshold, Scotland avoids the inadequacies of the US measures of child poverty, discussed elsewhere.³

4. In addition, we support the setting of targets on an ‘after housing costs’ basis, for the reasons summarised by the Poverty Site⁴:
   - “housing costs are effectively a ‘given’ and must be met; it is the money left over after that is therefore the measure of its standard of living…”
   - “the ‘before deducting housing costs’ measure treats a rise in Housing Benefit consequent upon a rise in rent as an increase in income (rather than no change) and the policy implications of this are very perverse”

Whether interim targets are needed

5. Yes, we would support a consideration of interim targets as a mechanism to monitor progress and they could be linked to national and local reporting requirements. This


⁴ The Poverty Site,  
http://poverty.org.uk/03/index.shtml
would help to ensure that progress towards meeting the targets is in the right direction and if not, allow for adjustments to actions/policies to be made.

**The proposed arrangements for reporting progress towards meeting the targets and how best to hold the Scottish Government to account**

6. Yes, we support the proposed arrangements.

**The responsibility placed on local councils and health boards to make local progress reports**

7. We support this responsibility as it recognises the shared, collective effort required, at national and local level, to eradicate child poverty and that accountability for that needs to be in place. While there may be reluctance to add further to reporting requirements and there will be different local arrangements in place, such reporting could usefully form part of any local performance reporting against Community Planning Partnerships priorities expressed in local outcomes plans. What would be key is embedding the focus on child poverty as a core element of these and that local area partnerships are held to account for delivery. Adapting broader developments would be helpful too such as the revision of the National Performance Framework, Local Outcome Improvement Plans (LOIPs), NHS Local Delivery Plan, to weave child poverty through these mechanisms. The benefit of this approach would be it would more likely become core business - reporting would be integrated and routine – not separate and ideally inspected and reported on as part of the general scrutiny and review processes. A specific consideration of how Health and Social Care Partnerships can be included would be welcome.

8. If implemented, this responsibility would require practical guidance and analytical support. Given the geography of child poverty and the variation in effort and resources invested to date across Scotland, some areas have more to do than others to achieve the targets and there would be merit in recognising this issue. A local needs assessment by the CPP would inform this aspect.

9. The Child Poverty Measurement Framework could include a mix of national and local indicators (see below) and national, regional and local partners could commit to ensuring local monitoring is sustainable. This includes not just a more coherent population survey providing data at a local as well as national level, but also maximising use of rich administrative data. Some on-site analyst support is currently provided to local partners through ISD Scotland’s Local Intelligence Support Teams (LIST) and it would be useful to explore the strengths and weaknesses of this model. The review of public health intelligence (report available on request) could also provide opportunities to consider how local government and health boards could be supported to produce local progress reports.

**The existing Child Poverty Measurement Framework and its 37 indicators**

10. We are currently working with Scottish Government officials to offer advice and expertise, relevant to child health and health inequalities, which could inform the refinement and development of the framework. However, the following points are regarded as salient to a revised Framework:

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5. [http://isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Local-Intelligence-Support-Team/]
• Wherever possible, the unit of analysis used for any indicators should be children.
• The pockets, prospects and places framing is a good, intuitive way of structuring the framework.
• We have developed a Theory of Causation model that sets out the type of activity that would undo, prevent and mitigate health inequalities. This could be applied to the Framework (and accompanying Delivery Plan) to highlight who is best placed to take which action and at what level and what is the balance of effort required.
• The Framework could benefit from having short, medium and long term outcomes linking to the indicators and actions.
• The 4 proposed statutory income measures should be added to the pockets domain. Income is a crucial factor and has an independent effect on outcomes and life chances for children. Children in working families that are poor have worse outcomes than those in working families that are not poor. In-work poverty matters for children.
• Give greater emphasis to those measures that will have a direct link to the income targets e.g. parental employment; access to early learning and childcare; uptake of social security entitlements; access to welfare rights advice and information; levels of poverty at birth; poverty-premium type measures; food poverty; fuel poverty; debt levels; in-work poverty; levels of employment on zero hours contracts; families in private-rented sector.
• Fluctuating in and out of poverty is also a detrimental experience, affecting a large minority. The framework could also reflect this as a complementary measure to persistent poverty. Different options to capture this might include:
  o Broadening the scope of indicators to focus on children in the bottom two income households/most deprived two SIMD quintiles (rather than just the poorest/most deprived fifth).
  o Monitor the number/proportion of children in Scotland just above the poverty line and just below it (and if possible, their outcomes e.g. children who have lived consistently in households within 10% of the poverty line).
  o Use the longitudinal data source used to create the persistent poverty measure to monitor the scale and trends in ‘near’ poverty and insecurity.
• We support the use of a wider suite of indicators than income alone.
  o There is a large body of literature arguing against only using income as a measure of child poverty. This is partly because although family income is very closely related to child poverty it does not necessarily tell the whole story, but also because children are agents in their own right but without access to income.
  o If family income alone is used then the experience of poverty for children is not always fully conveyed because intra-household transfers are not always taken into account.
  o There is good evidence that income poverty, area deprivation, parental health (especially maternal mental health) and growing up in a workless household combine and interact to increase the risk of poor outcomes in childhood and adolescence, including wellbeing, learning and development and child

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7 Based on NHS Health Scotland preliminary analysis of the Scottish Health Survey 2012-2015, 15% of children in working poor households had a borderline/abnormal Strengths and Difficulties score, compared to 8% among children in working households that were not poor.
health. These are bad for children today and are likely to have long-term, adverse consequences as they reach adulthood and have children themselves.

- It could include a mixture of national and local indicators – or at least, concepts which could be measured locally as well as nationally. Greater use could also be made of administrative data as well as population surveys. The Children and Young People Profiles, published by the Scottish Public Health Observatory, includes a number of possible, relevant indicators already available at local authority level. Examples include: the Children in low-income families local measure, low birthweight and Developmental concerns at 27-30 month review. The latest profiles are due to be published on the ScotPHO website in the Spring of 2017.

- Joseph Rowntree Foundation advocate ‘participation’ as a fourth dimension of understanding how poverty affects children. Poverty relates almost directly to social exclusion in children and this also has negative consequences for children’s social development. It might be useful to consider whether these measures could be included in the Framework: the Poverty and Social Exclusion survey and SALSUS provide examples of possible measures. Looked after and accommodated children may suffer from social exclusion even if not materially deprived.

- Indicators should also reflect the lived experience of children so it would also be helpful for the voices of children to be present in ‘sense checking’ any refresh to the indicators (and also more broadly, in defining and evaluation national and local delivery plans). Poverty has a specific meaning for children which can be different from adults’ experience and we would advocate that children have some input into the refreshed indicators and that they feel they reflect their lived experience.

- It would be useful to clarify whether the indicator is income or SIMD based (e.g. ‘poorest equals lowest fifth of households by income quintile’ and most deprived SIMD quintile’).

- In terms of place-based indicators, Good Places Better Health highlighted a number of stark inequalities in outcomes for children linked to place, some of which could be considered in addition/instead of the existing indicators e.g. warm, dry homes;

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unintentional injuries in the under 5s\textsuperscript{22}, and the quality/safety of available parks and playgrounds rather just their accessibility.

**Although not in this Bill, the Scottish Government has committed to establishing a national poverty and inequality commission. What should this commission’s status and powers be in relation to this Bill?**

11. The Commission should have a key role in listening to the voices of children with experience of living in poverty. Approaches taken in the fairness commissions\textsuperscript{23, 24, 25} in Scotland provide good examples of how areas have taken steps to co-produce their plans by including people living in poverty to identify the issues for them and to shape the recommendations and action plans.

12. It would be independent of the institutions with a statutory role in contributing to reducing child poverty.

13. It could commission research and evaluation studies related to the Bill.

**Any other issues you think are relevant to this Bill.**

14. The public sector, including NHS Health Scotland, has a shared leadership role (and accountability) in improving outcomes for parents and children living in poverty. As described above, the public sector system in Scotland will need to play its full part in using the levers within its control to help undo, prevent or mitigate the effects of child poverty. Organisations with a public health function like NHS Health Scotland have a key role in designing and evaluating initiatives and supporting the knowledge into practice process across the public sector. Public sector resources are already being used to mitigate and prevent child poverty but these could be strengthened.

15. It is important to consider how different population groups are affected by child poverty and that appropriate action tailored to their needs is considered. We have highlighted lone parents and their children for particular mention in recent briefing papers\textsuperscript{26} given their current particular vulnerability to changes in income and consequent outcomes for health and wellbeing.

16. Consideration might be given to how an evaluation can be incorporated into the proposals.

**We would be happy to provide oral evidence. Contact Nick Hay, NHS Health Scotland, 0131 314 5434 nicholas.hay@nhs.net**

\textsuperscript{22} https://www.isdscotland.org/Health-Topics/Emergency-Care/Publications/2016-03-08/2016-03-08-UI-Report.pdf


\textsuperscript{24} A Fair Way to Go- A Report of the Dundee Fairness Commission (Dundee Partnership 2016) http://www.dundeepartnership.co.uk/sites/default/files/fairnessreport-screen_0.pdf


\textsuperscript{26} http://www.scotpho.org.uk/publications/reports-and-papers/1984-lone-parents-in-scotland