



MRC/CSO Social and Public Health Sciences Unit Consultation Response

<p>Title of consultation</p> <p>Children in Poverty: Measurement and Targets</p>
<p>Name of the consulting body</p> <p>Work and Pensions Committee</p>
<p>Link to consultation</p> <p>https://committees.parliament.uk/work/953/children-in-poverty-measurement-and-targets/?utm_source=The+Brokerage&utm_campaign=5a4e04550f-EMAIL_CAMPAIGN_2020_06_02_10_21_COPY_02&utm_medium=email&utm_term=0_2540ad5a8e-5a4e04550f-407568230</p>
<p>Why did the MRC/CSO Social and Public Health Sciences Unit contribute to this consultation?</p> <p>This inquiry sought input on the impact of child poverty and how it can best be measured and defined. This fits with SPHSU's remit to understand the determinants of population health and health inequalities including child health and health inequalities. The Unit has expertise on linking administrative data to health data in the UK, along with expertise in designing and using natural experiment studies to evaluate welfare policies.</p> <p>The consultation was prepared by members of the Maternal and Child Health Network (MatCHNet). This network aims to evaluate policy impacts on child and maternal health by harnessing administrative data across the 4 UK nations. MatCHNet is focused on interventions to tackle the social determinants of health that can improve pregnancy and early childhood outcomes. This includes investigating the linkages between child poverty and health outcomes. MatCHNet is uniquely positioned to contribute to the conversation around child poverty including the proposal to develop a cross-government child poverty strategy.</p>
<p>Our consultation response</p> <p>Executive summary</p> <ol style="list-style-type: none"> 1. Giving every child the best start in life is a key policy goal for a healthier society. Child poverty is bad for children's health; it is associated with negative educational outcomes and adverse long-term social and psychological outcomes. This constrains children's development and reduces adulthood life chances. 2. Administrative data that is routinely collected by welfare, health, education, and social care services should be deployed more effectively to evaluate the impact of a wide range of policies upon child poverty outcomes. Linked data from the tax and benefits system to data about children in households should be used to assess the impact of varying welfare provision across the 4 UK nations (such as Universal Credit, the Sure Start Maternity Grant, and the Scottish Child Payment). Additionally, de-identified data linked to health and education outcomes would provide insight into what policies can help tackle child poverty and improve children's health. 3. A closer relationship across all Government Departments will establish such cross-sectoral linkage to realise the benefits of administrative data for society and children in poverty. A key initial data-sharing relationship to establish would be one between the Department for Work

and Pensions and the Ministry for Housing Communities and Local Government. An additional, initial relationship would be between the Department for Work and Pensions and the Department for Health and Social Care.

4. In summary, our response specifically covers the following:

- i. We provide evidence about the impact of child poverty upon health outcomes.
- ii. We discuss how child poverty can be measured using existing data.
- iii. We recommend the linkage of tax and benefits data to children in households.
- iv. We demonstrate how data linkage across Government Departments could answer important questions about child poverty.

Recommendations

1. The Department for Work and Pensions (and the Ministry for Housing Communities and Local Government who produce IMD figures) should produce their outputs currently used for IMD for households (e.g., on benefits/<60% of median income) by household (identified by a unique property reference number UPRN – encrypted for research) instead of LSOA. UPRN is increasingly being used in Wales and Scotland, and is starting in England (with ONS and in NHS England).
2. DWP should provide a more detailed range of level of income and benefits, to allow evaluation of policy changes over time.
3. DWP and MHCLG should work together to produce categorical metrics of household income/benefits (and other components of IMD) at different geographical output levels (e.g., UPRN, postcode, Output Area and LSOA) to distribute to government data providers and local authorities. Dissemination of these as encrypted or identified level will depend on the purpose and authorisation.
4. DWP to deposit household level data in Trusted Research Environments to allow for robust policy evaluation.
5. DWP to make data available to researchers and policy evaluators without prohibitive costs.

When was the response submitted?

25th February 2021

Find out more about our research in this area

Further information about the MRC/CSO Social and Public Health Sciences Unit is available at <http://www.sphsu.mrc.ac.uk/>.

More information about MatCHNet can be found at: www.gla.ac.uk/matchnet.

Who to contact about this response

Emma Stewart
Maternal and Child Health Network Co-Ordinator
Emma.Stewart@glasgow.ac.uk