Children living in poverty (under 16s)

HM Revenue and Customs publish the “Children in low income families local measure” as an annual snapshot. The measure has been used as a proxy for children living in poverty in the Public Health Outcomes Framework (indicator 1.01ii). The measure identifies children who live in families who are in receipt of specified means tested benefits and whose income is below the 60% median income.

Child poverty is an important issue for public health. The Marmot Review (2010) suggests there is evidence that childhood poverty leads to premature mortality and poor health outcomes for adults. Reducing the numbers of children who experience poverty should improve these adult health outcomes and increase healthy life expectancy. The consequences of childhood poverty include parents cutting back on food so their children don’t go hungry. Affected children are without a warm coat or new shoes and can’t go on holiday or have a quiet space to do their homework and are even without access to the resources to learn at home e.g. internet access. Over a third of children in the poorest households live in a home in bad repair and are three times more likely to suffer mental health problems. Also, there is a direct relationship between household income and school readiness and vocabulary at 5 with only a third of the poorest children in England going on to achieve 5 good GCSEs.

The rate of child poverty for children aged under 16 in Cheshire West and Chester in 2013 was 14.9%, which equates to approximately 8,740 children. The rate for all dependent children (including 16-19-year-olds who live with parents, are unmarried, in full time non-advanced education or unwaged government training) was 14.3%, around 9,920 children. These rates are lower than the England average of 18.6% for under 16’s and 18.0% for all dependent children.

Year on year trends have shown Cheshire West and Chester child poverty rates have reduced from 15.8% in 2006 to 14.9% in 2013, national and regional rates have also declined.

Locally there is variation in levels of the under 16 child poverty. Both local clinical commissioning groups (CCGs) have lower rates than England but Vale Royal CCG has a higher rate of child poverty (16%) compared to West Cheshire CCG (14%). Locality rates range from 19% in Ellesmere Port to 8% in Rural locality.

Though Cheshire West and Chester experiences relatively low child poverty compared to England, at a very local level some small areas (lower super output areas) record rates in excess of 40%.
In total there were five small areas which recorded rates in excess of 40%, one of these neighbourhoods is located in St. Paul’s ward in Ellesmere Port locality. The remaining four neighbourhoods are located in the Northwich and Winsford locality within the wards of Winsford Swanlow and Dene, Winsford Wharton, and Winsford Over and Verdin (which contains two of the neighbourhoods).

The table shows the top ten small areas experiencing high levels of Child Poverty (under 16’s) across Cheshire West and Chester and identifies which ward they are located in. The accompanying map shows patterns of child poverty across the borough.

### Evidence of what works

- Extended services based in school have a positive impact on pupil attainment and on family stability.
- The acquisition of cognitive and non-cognitive skills in children is strongly associated with educational achievement and a range of other outcomes including better employment, income and physical and mental health.
- Play forms a vital part of a happy childhood and is important for children’s ongoing and future wellbeing, developing children’s life, social and cognitive skills.
- Adult learning impacts positively on health behaviours and outcomes which leads to increases in social capital, confidence and self-efficacy. Opportunities for work based learning including apprenticeships increase options for adult learning.
- Since the mother’s education is a good predictor of a child’s educational abilities at ages three and five, increasing the mother’s education should see a corresponding increase in their young children’s cognitive abilities.

### Recommended actions

The Marmot review recommends that:

- Intervention should begin in the early years and continue throughout childhood, extending the role of schools in supporting families and communities and taking a “whole child” approach to education. This aims to improve educational outcomes and reduce the social gradient.
- Social and emotional development, physical and mental health and wellbeing can be addressed using a school based workforce which works across home-school boundaries as part of the extended services in and around schools.
- Access to lifelong learning such as work-based learning (including apprenticeships) should be increased, as should accessibility to support and advice for young people (16-25) relating to life-skills, training and employment opportunities.