

Improving Lives: Helping Workless Families Analysis and Research Pack



Department
for Work &
Pensions

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Key

- **2015/16:** financial year or school year, unless otherwise specified.
- **2016:** calendar year.
- **2015-2016:** two-year period.

Improving Lives: Helping Workless Families Team:

Please contact our team mailbox at:

helpingworklessfamilies@dpw.qsi.gov.uk

DWP Press Office: 0203 267 5125

Comments? Feedback is welcome.

Published April 2017

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Introduction to the Analysis and Research Pack

This Analysis and Research pack is to support *Improving Lives: Helping Workless Families*, available here:

<https://www.gov.uk/government/publications/improving-lives-helping-workless-families>

This government paper is underpinned by a strong evidence base that has been created with the cooperation of leading academics, analysts and policy-makers across government as well as local authorities and front-line workers. It takes the best existing evidence and adds new insights by combining survey and administrative data. This has allowed us to reach a more detailed and sophisticated understanding about the root causes of disadvantage and their impact on the outcomes of children in families where no parent is working.

This pack is divided into two main parts as set out below.

Part one: children in workless families

Despite record levels of employment, some families face numerous barriers to work and experience long-term worklessness. Around half of children in workless families are living with parents who have at least three potential barriers to work, such as ill health, low qualifications or lone parenthood.

Our new analysis shows just how stark the difference is between outcomes for children in working and workless families. Children growing up in workless families are almost twice as likely as children in working families to fail to reach the expected levels at all stages of their education.

Part one of the Analysis and Research pack sets out the evidence behind some of the issues associated with persistent worklessness, how these disadvantages are often connected with other factors, and how they impact on children's outcomes.

Part two: national indicators

We are publishing nine national indicators, with supporting measures, to track progress in tackling the disadvantages that affect families and children's outcomes, as borne out in our evidence and analysis. These are in two main groups.

The first group of indicators track the prevalence of parental disadvantages. The analysis and measures presented here meet the Government's manifesto commitment to introduce measures of entrenched (long-term) worklessness, family breakdown, problem debt, and drug and alcohol dependency. The second group of indicators track children and young people's educational and employment outcomes.

We present each indicator in a separate section, beginning with an overview of the evidence base and the rationale for the chosen measures. We then present the latest data and trends, along with methodology and contextual analysis to enhance understanding of each indicator area. We have also included a summary of the available evidence, drawing together key findings from a range of studies and surveys, with accompanying references.

The following pages present an overview of these indicators.

An overview of parental disadvantage indicators (1 of 2)

Indicator	Measures	Latest trends	Page
Indicator 1: Parental worklessness	Proportion of children in workless households (UK)	11 per cent of children were living in workless households in quarter four of 2016. This measure has seen a continued decrease since it increased in 2009 around the time of the recession.	43
	Proportion of children in long-term workless households (UK)	10 per cent of children were in long-term workless households in 2015. This measure has seen a continued decrease since 2010.	44
Indicator 2: Parental conflict	Proportion of children in couple-parent families living with parents who report relationship distress (UK)	In 2013-2014, 11 per cent of children in couple-parent families had at least one parent reporting relationship distress. This is the same as in 2011-2012.	52
	Proportion of children in separated families who see their non-residents parents regularly (UK)	In 2013-2014, 53 per cent of children in separated families saw their non-resident parents regularly: that is, at least fortnightly.	54
Indicator 3: Poor parental mental health	Proportion of children living with at least one parent reporting symptoms of anxiety and/or depression (UK)	In 2014-2015, 25 per cent of children lived with at least one parent reporting symptoms of anxiety and/or depression. This decreased between 2013-2014 and 2014-2015.	72

An overview of parental disadvantage indicators (2 of 2)

Indicator	Measures	Latest trends	Page
Indicator 4: Parental drug and alcohol dependency	Number of parents who are opiate users (England)	The latest figures available indicate that in 2011/12 there were around 82,300 parents using opiates.	81
	Number of alcohol dependent parents (England)	In 2014/15 around 120,400 parents were estimated to be dependent on alcohol. This has been stable over recent years.	81
	Of alcohol dependent parents entering treatment in the last 3 years, the proportion completing successfully (England)	Of parents with alcohol dependency entering treatment between 2013-16, half (51 per cent) completed treatment successfully.	82
	Of parent opiate users entering treatment in the last 3 years, the proportion completing successfully (England)	The rate is lower for opiate using parents, at 16 per cent.	82
Indicator 5: Problem debt	Proportion of children living in households in persistent problem debt (GB)	Six per cent of all children (around 660,000 children) were living in households in persistent problem debt between 2011/12 and 2013/14. This has stayed broadly constant.	97
Indicator 6: Homelessness	Number of households with dependent children in temporary accommodation per 1,000 households with dependent children (England)	Around nine in every 1,000 households in England with dependent children (around 60,000 households) were living in temporary accommodation by the end of the third quarter in 2016. There has been a steady increase since 2011.	107

An overview of children and young people's outcome indicators

Indicator	Measures	Latest trends	Page
Indicator 7: Early years	The proportion of all children achieving a good level of development at the end of the school year when children turn five (England)	In 2016, 69 per cent of all children and 54 per cent of children eligible for free school meals achieved a good level of development, achieving at least the expected level of learning in communication and language, physical development, personal, social and emotional development, literacy and maths. The attainment of both groups has increased in recent years.	116
	The proportion of children eligible for Free School Meals achieving a good level of development at the end of the school year when children turn five (England)		
Indicator 8: Educational attainment	Educational attainment at key stage 2 of all pupils (England)	At KS2, 53 per cent of all pupils achieved the expected standard.	129
	Educational attainment at key stage 2 of disadvantaged pupils (England)	At KS2, 39 per cent of disadvantaged pupils achieved the expected standard.	129
	Educational attainment at key stage 4 of all pupils (England)	At KS4, 63 per cent of all pupils achieved good GCSEs.	131
	Educational attainment at key stage 4 of disadvantaged pupils (England)	At KS4, 43 per cent of disadvantaged pupils achieved good GCSEs.	131
Indicator 9: Youth employment	The proportion of young people aged 16-24 that are not in education, employment or training (UK)	In the fourth quarter of 2016, 12 per cent (826,000) of young people aged 16 to 24 were not in education, employment or training (NEET). This is 36,000 lower than a year earlier, and down 421,000 since its latest highest point (17 per cent) in the third quarter of 2011.	142
	The proportion of young people aged 18 to 24 who have not been in employment or full-time education for two years or more (UK)	In 2015, six per cent (371,000) of young people aged 18 to 24 had not been in employment or full-time education for two years or more. This is down 73,000 from a year earlier, and down 122,000 from its 2012 peak.	143

Part one: children in workless families

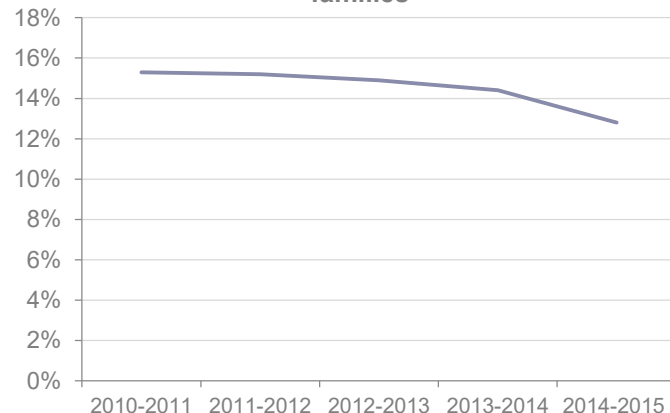
Improving Lives: Helping Workless Families focuses on improving outcomes for workless families and their children.

Parental worklessness is associated with multiple disadvantages that hold families back and impact on children's future outcomes. *Improving Lives* focuses on how we can support families, who are workless and live with numerous potential barriers to entering employment, so as to improve prospects for them and their children.

- Page 9 shows that there were 1.8 million children in families in 2014-2015 where no parent was in paid employment; this has fallen in recent years;
- Pages 10 to 15 show that children in workless families are more likely to experience multiple disadvantages, and have poorer outcomes as a result;
- Pages 16 to 27 show that workless families face potential barriers to work such as poor physical and mental health, low qualifications and others;
- Pages 28 and 29 show how these multiple characteristics are associated with persistent worklessness;
- Page 30 shows that workless families are significantly more likely to live in deprived neighbourhoods;
- Page 31 concludes that it is therefore appropriate to focus on addressing the multiple disadvantages of workless families.

There were 1.8 million children in workless families in 2014-2015 (13 per cent of all children)

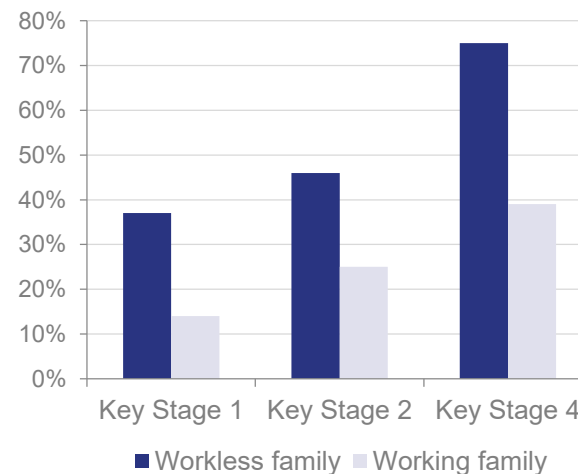
Proportion of dependent children living in workless families



Source: Understanding Society survey, 2010-2015 (UK)

Children in workless families have poorer outcomes

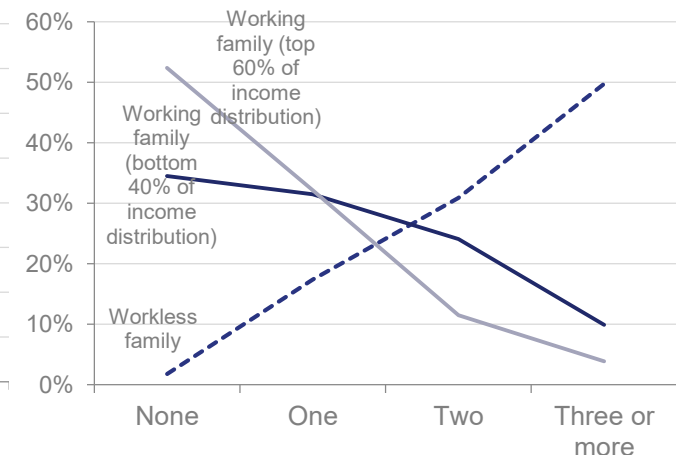
Proportion of children not reaching the expected level at KS1, KS2 and KS4



Source: Understanding Society survey, 2010-2011 (UK)

These families have multiple potential barriers

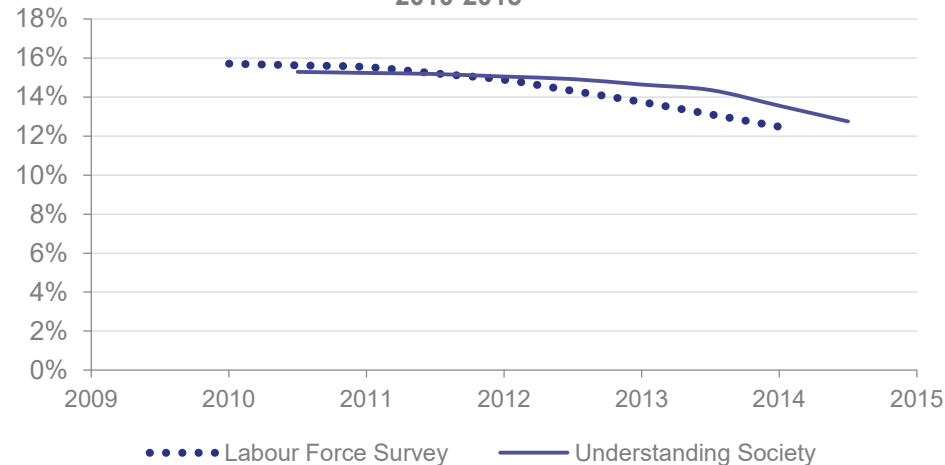
Proportion of children in working/workless families with 0,1,2,3+ potential barriers



Source: Understanding Society survey, 2014-2015 (UK)

Around one in eight children lived in workless families in the UK in 2014-2015

Proportion of dependent children living in workless families in the UK:
2010-2015



Data: Understanding Society survey, 2010-2015 and Labour Force Survey, 2010-2014 (UK)

Key notes and definitions:

In this paper we have mainly focused on families, because we are interested not only in the economic impact of being workless, but on the associated disadvantages that impact on families' ability to work and their outcomes.

- A family is defined as a married, civil partnered or cohabiting couple with children, or a lone parent with at least one child.
- A workless family is defined as a family where no resident adult is in employment.
- A lone parent is where there is only one parent/guardian in a family.
- Dependent children (the focus of this paper) are defined as children aged between birth to 16 years of age or 17 and/or 18 year olds who are in school/education and living at home.

Children in workless families: Understanding Society survey

We analysed information collected on over 10,000 children and their families, who participated in the Understanding Society survey from 2010 to 2015. The analysis revealed a decrease in the proportion of children living in workless families from 2010-2011 to 2014-2015. By 2014-2015, 13 per cent of children were living in families where no parent was in work. This equates to around 1.8 million dependent children in the UK population.

How does it compare to national statistics?

We used the Understanding Society survey for the majority of the analysis in this paper. It not only provides a rich range of information on families, but follows families over time. This enables a longitudinal perspective of disadvantage and worklessness. One of the challenges of working with longitudinal data, however, is that families can choose not to participate in the survey over different periods of time (resulting in sample attrition). Sample attrition can potentially bias results based on the families who remain, therefore trends and levels should be interpreted with caution. To help us determine if our results align with national-level statistics, we compared our results with statistics from the Labour Force Survey, the official source for labour market statistics.

It's important to note that the Labour Force Survey typically focuses on households, rather than families. A family is different to a household in that households can contain one family, more than one family or no families in the case of a group of unrelated people. The figures from the Labour Force Survey in the chart above are based on a one-off publication (available [here](#)) and offer a useful comparison to our Understanding Society analysis.

Despite slightly different definitions, the proportion of dependent children living in workless families shows very similar levels and trends. From April to June 2014, the ONS estimates that 1.7 million dependent children lived in workless families. Using our slightly higher proportion of 12.8 per cent, Understanding Society provides an estimate of 1.8 million children. We have used the latest data, based on 2014-2015; however, the proportion is likely to have decreased further since 2015.

Workless families are more likely to experience the complex disadvantages focused on in *Improving Lives: Helping Working Families*

Parental conflict

Children exposed to frequent, intense and poorly resolved conflict between parents are at elevated risk of negative outcomes in the short and long term.

In couple-parent families, relationship distress is around three times as prevalent if both parents are workless, as when both parents are working.

For more information see pages 50 to 69.

Poor parental mental health

Children of parents with poor mental health can experience greater levels of emotional, psychological and behavioural problems than children and young people in the rest of the population.

Children in workless families are almost twice as likely to live with at least one parent with poor mental health.

For more information see pages 70 to 78.

Parental drug and alcohol dependency

Parental drug and alcohol dependency is both a cause and a consequence of wider factors, including poor physical and mental health, difficulties securing and sustaining employment, and housing problems.

Parental drug and alcohol dependency can have serious consequences for children.

The vast majority of parents reporting treatment for drug/alcohol use/dependency had been out of work for at least a month.

For more information see pages 79 to 94.

Problem debt

Problem debt can perpetuate poverty, adversely impact on living standards, mental health, family stability, financial inclusion and wellbeing.

Problem debt is around twice as prevalent in workless households.

For more information see pages 95 to 104.

Homelessness

Multiple home moves and being homeless can impact on key child outcomes, including school attainment.

Around 60 per cent of housing benefit claimants in temporary accommodation are workless or on out-of-work benefits.

For more information see pages 105 to 113.

Children in workless families are more likely to experience a wider set of multiple disadvantages that can impact on their longer-term outcomes

Key finding:

Children from workless families are much more likely, even when compared to their counterparts in lower-income* working families, to live:

- with at least one parent reporting a longstanding limiting illness and/or disability;
- with at least one parent reporting poor mental health;
- with all parents having low and/or no qualifications;
- in a household reporting signs of problem debt.

These factors are all known to potentially impact on children's longer-term outcomes.

* *Equivalised total household net income.*

Proportion of children experiencing selected parental disadvantages, by work status of parents

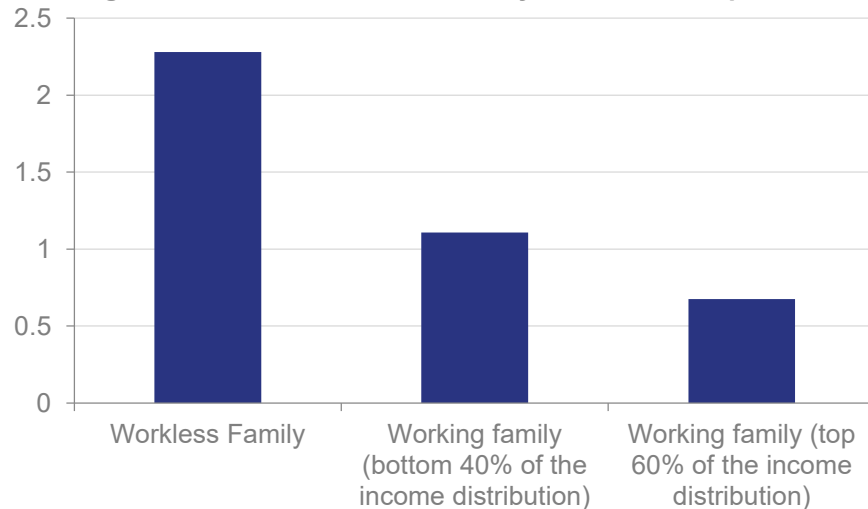
Selected parental disadvantages	Workless	Working	
		Bottom 40% of income distribution	Top 60% of income distribution
At least one parent reports having a longstanding limiting illness and/or disability	36%	20%	16%
At least one parent reports having poor mental health	41%	31%	26%
The household reports signs of problem debt	27%	22%	11%
All parents having low or no qualifications	26%	7%	2%

Source: Understanding Society survey, 2014-2015 (UK)
Income refers to equivalised total household net income

Educational level of a child's parents is one of the most important factors influencing children's educational attainment, even when controlling for a wide range of other background factors and environmental influences (including the home learning environment). See Gregg et al (2010) and de Sylva et al (2012).

Parental ill health can mean that children play the role of carer for their sick or disabled parents, which can often result in poorer outcomes (Dearden and Becker, 2004).

Average number of parental disadvantages known to impact on longer-term outcomes of children, by work status of parents



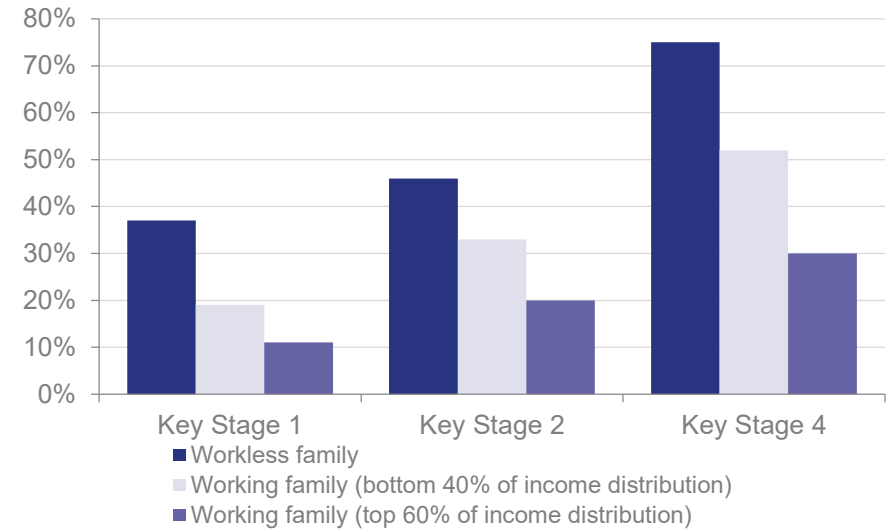
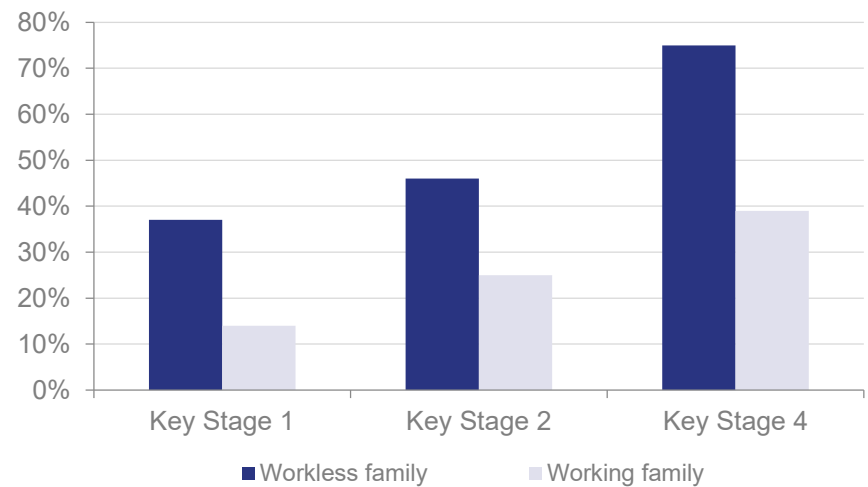
Source: Understanding Society survey, 2014-2015 (UK)
Income refers to equivalised total household net income

Children in workless families tend to have poorer educational outcomes

Key finding:

Children living in workless families tend to have poorer educational outcomes, even when compared to children in lower-income working families.

Proportion of children not reaching the expected level at key stages 1, 2 and 4, by work status of parents



Source: Understanding Society survey 2010-2011, joined to the National Pupil Database (England only)

Methodology:

We joined data from wave 2 (2010-2011) of the Understanding Society survey to the National Pupil Database, and compared the educational outcomes for children in working and workless families.

Our analysis shows that children in families where no parent is in work were almost twice as likely to fail to reach expected levels at key stages 1, 2 and 4. However, there are differences even between children in workless families and children in lower-income working families. For instance, three quarters (75%) of children who live in workless families failed to reach the expected level at GCSE (key stage 4), compared with around a half (52%) of children from lower-income working families. See page 33 for a definition of the expected levels we used for key stages 1, 2 and 4.

Further analysis suggests these poor outcomes are strongly associated with the multiple disadvantages faced by workless families (1 of 2)

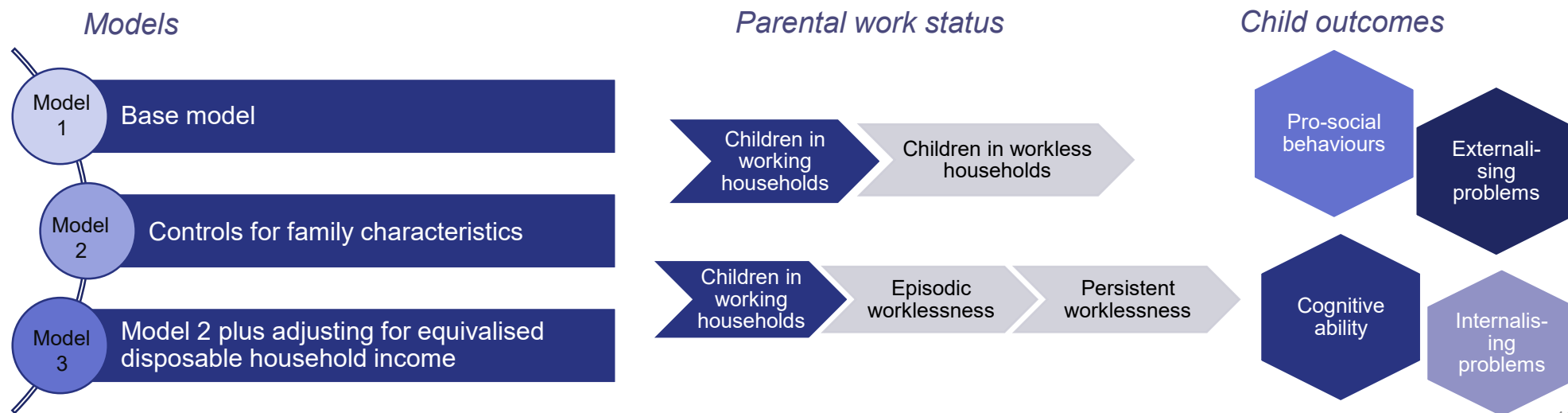
We tested the association between living in a workless household and a selection of child outcomes using the Millennium Cohort Study, a birth cohort study following 19,000 children born in the UK between 2000 and 2001. To do so, we built three regression models to explore the difference in outcomes between children in households with different patterns of worklessness, after adjusting for factors that may help explain the association between worklessness and child outcomes (see page 33 for a brief explanation of regression analysis). The estimates from these models do not necessarily represent causal effects.

We use four child outcome measures available in the Millennium Cohort Study: cognitive ability, pro-social behaviours, internalising problems and externalising problems. All child outcomes were standardised to enable comparison. See page 34 for definitions. We built three linear regression models with the following specifications:

- **Model 1 (base model)** shows the mean difference in child outcomes by household work status in wave 5, after adjusting for child's gender (measured in wave 1).
- **Model 2** shows the mean difference in child outcomes by household work status after adjusting for child and family characteristics that may impact on work patterns and child development.
- **Model 3** is the same as model 2 plus also adjusting for equivalised disposable household income (in wave 5).

The next two pages shows the average differences in outcomes between:

- children living in workless and working households when the children are aged 11 years; and,
- children living in households experiencing episodic and persistent worklessness, and children in always-in-work households.



Further analysis suggests these poor outcomes are strongly associated with the multiple disadvantages faced by workless families (2 of 2)

Key findings

Children in workless households have poorer outcomes. This gap is largely, though not completely, explained by the disadvantages associated with worklessness.

Results of regression analysis

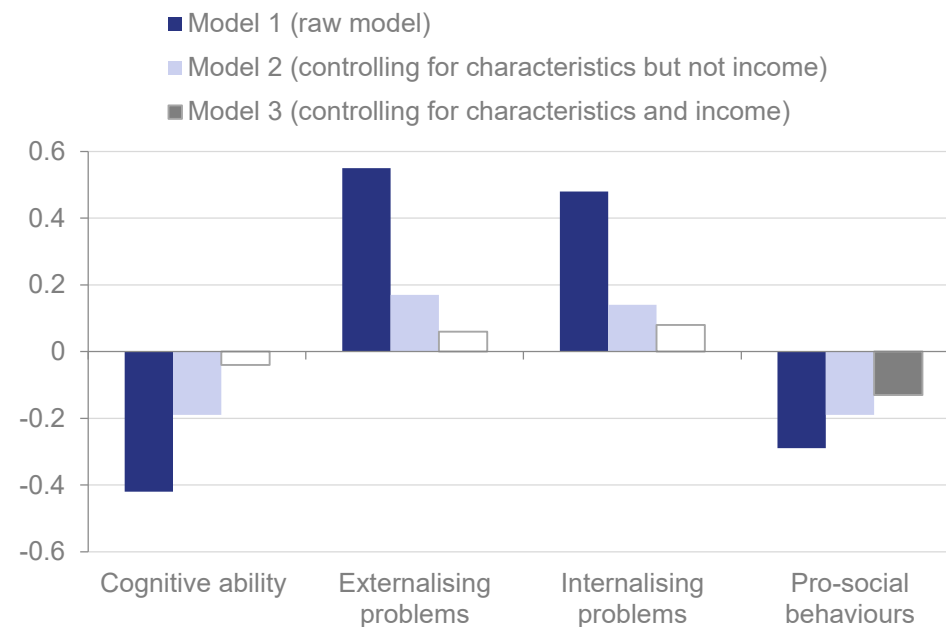
The chart shows mean differences in cognitive and socio-emotional outcomes between children living in workless households and those in working households, when the children are aged 11. It shows that children living in workless households tended to have poorer outcomes, on average, than children in working households (see Model 1).

When we controlled for family and child characteristics, the gap between children in working and workless households vastly reduced, although remained distinct (see the difference between Model 1 and Model 2).

When we accounted for income differences (Model 3), we found that the association between worklessness and child outcomes was no longer significant for cognitive ability, externalising problems and internalising problems. For pro-social behaviours the differences were significant at $p < 0.1$ level (i.e. we can be 90% confident there is a difference).

Non-significant results are shown in the chart as bars coloured white.

Mean difference in cognitive and socio-emotional outcomes between children living in workless households and those in working households (at age 11 years)



Notes:

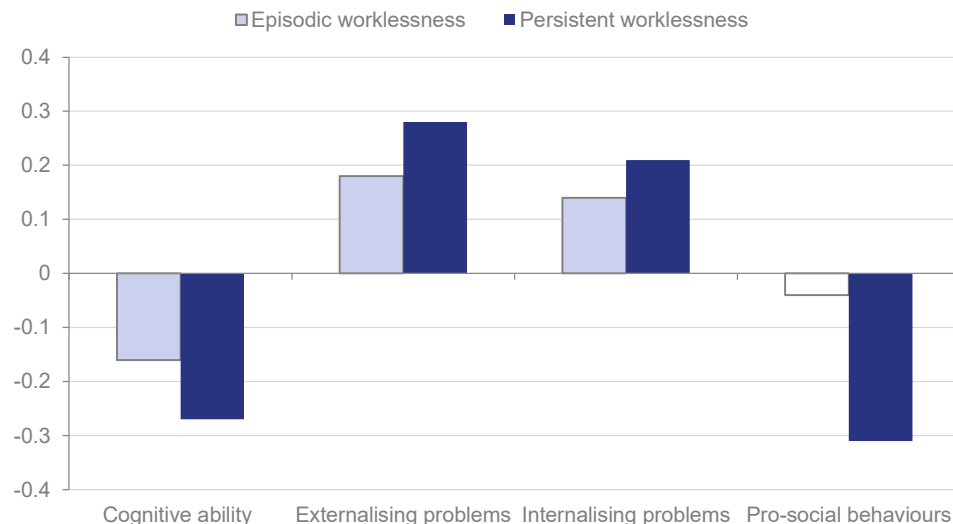
Results are presented in standard deviations. See page 34 for a definition of these outcomes, and an explanation of standard deviations.

Significance levels: all significant at $p < 0.01$ apart from bars coloured white (which were not statistically significant). Pro-social behaviours, model 3, is significant at $p < 0.1$ level.

A full description of this analysis is in the supporting methodology document, available here: <https://www.gov.uk/government/publications/improving-lives-helping-workless-families-evidence-base>

There are particularly poor outcomes for children in persistently workless households

Mean difference in cognitive and socio-emotional outcomes between children experiencing episodic and persistent worklessness and those in always-in-work households (Model 2)



Notes: Results are presented in standard deviations. See page 34 for a definition of these outcomes and an explanation of standard deviations.

Significance levels: all significant at $p < 0.01$ apart from bars coloured white (which were not statistically significant).

Key finding

Duration of worklessness matters; children living in households experiencing persistent worklessness had poorer outcomes than those who lived in households experiencing episodic worklessness (even when accounting for selected characteristics, see page 13 for details).

Results of regression analysis

The chart on the left shows the difference in outcomes for children aged 11 living in households experiencing episodic or persistent worklessness, compared to children who live in households that were always in work.

Persistent worklessness is defined as being workless for 3, 4 or 5 consecutive waves of the survey and episodic worklessness is defined as being workless for 1 or 2 consecutive waves.

The results are based on Model 2: a regression model that controls for a range of selected family and children characteristics but not income. For details refer to page 13.

The results show that:

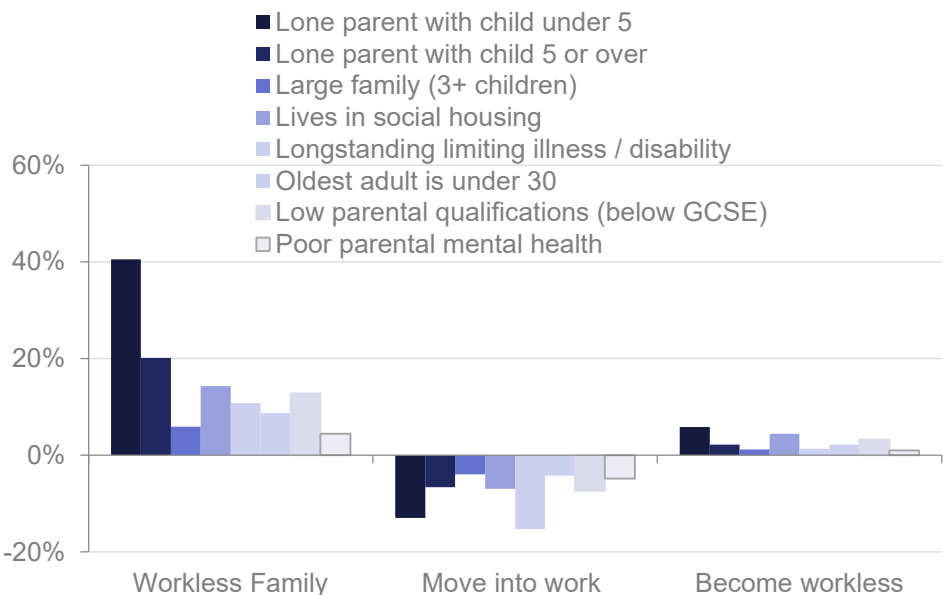
- Children living in households that experienced persistent worklessness had the poorest overall outcomes. For example, children in those households performed 0.31 standard deviations poorer on pro-social behaviours than children in always-in-work households.
- Episodic worklessness seemed to have less of a negative impact on children's pro-social behaviours, with those children performing only 0.04 standard deviations worse in pro-social behaviours than children in always-in-work households (although this latter finding was not significant).

There are multiple family and parental characteristics associated with worklessness

We used Understanding Society survey data to better understand the characteristics of workless families.

We analysed characteristics that were reasonably prevalent amongst families with children, available in the data (which is why we have not been able to include drug and alcohol dependency), and commonly considered by the literature to impact on a family's likelihood of employment, either directly (for example, ill health) or indirectly/by proxy (lone parenthood because of, for instance, caring responsibilities). These included: at least one parent has a longstanding limiting illness and/or disability; at least one parent reports symptoms of anxiety and/or depression; lone parenthood with/without young children; all parents have low/no qualifications; having a large family; living in social housing; at least one parent is from a minority ethnic group; and oldest parent is under 30 years old. We then conducted a regression analysis which found that most of these characteristics had an independent association with becoming workless, being workless and leaving worklessness (as shown in the chart below). The following pages present the results from this analysis, alongside an explanation, from the research literature, about why these characteristics are associated with worklessness.

Comparison of increased likelihood to live in a family that was workless or moved into or out of work, by selected characteristics of parents and family



Source: Understanding Society survey, 2010-2015, pooled data (UK). See following pages for statistical significance of results. Ethnicity is not displayed in this chart because we included it includes several categories. See page 24 for details.

Methodology

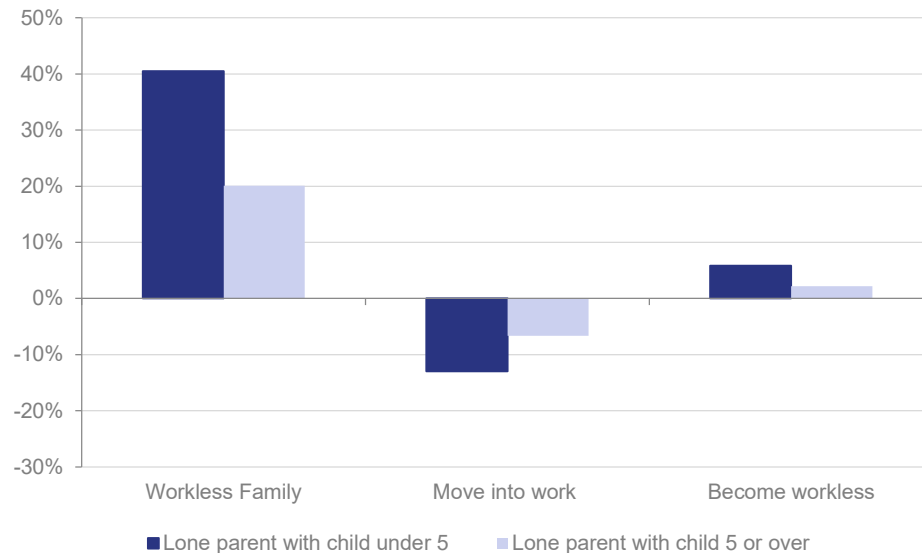
The next few pages show the results of a logistic regression analysis, to help us further understand the relationship between worklessness, or moving into or out of worklessness, and a range of selected parent and family characteristics. See page 33 for a brief explanation of regression analysis.

- For the *Workless Family regression* the dependent variable was whether the child was living in a family that was workless between 2009-2015. Characteristics were measured at the same time.
- For the *Move into Work regression*, the dependent variable was whether the child was living in a family that had made a move from neither parent working into at least one parent working. The characteristics were based on the wave prior to the move into work.
- For the *Become Workless regression*, the dependent variable was whether the child was living in a family that had made a move from in work to worklessness. The characteristics were based on the wave before the family became workless.

We also ran this regression at family level and found that results were very similar. A full description of both analyses is available in our supporting methodology document, available [online](#).

Lone parenthood is associated with worklessness, especially if there is a child aged under five

The increased likelihood of living in a family that was workless or moved into or out of work if a child lives in a lone-parent family compared to children living in a couple-parent family



Source: Understanding Society survey, 2010-2015, pooled data (UK)
Results are significant at $p < 0.05$ level

Why is lone parenthood associated with worklessness?

Graham and McQuaid (2014) note that lone parents experience a number of barriers to successfully balancing work and caring responsibilities. Key barriers include employability (skills, qualifications and confidence), poor health (of lone parents themselves and their children), a lack of job opportunities providing flexible and shorter hours, a lack of affordable childcare and a high reliance on public transport (see also Rafferty and Wiggan, 2011). Tinsley (2014) also suggests a lack of recent work experience as a significant barrier to employment for some lone parents.

Becoming a parent, or a lone parent, can limit opportunities to maintain friendships and meet new people, leading to fewer connections that could help with finding work (Tinsley, 2013). Mothers also report that being out of the workforce whilst caring for young children has negative consequences when looking for work (Bashir et al, 2011).

Results from the regression analysis

Our initial analysis found that the rate of worklessness for lone parents was clearly related to the age of the youngest child, with employment increasing as the youngest child grows older. Therefore, in this regression, we compared lone parents with a child aged under five, and lone parents with a child aged over five, to all couples.

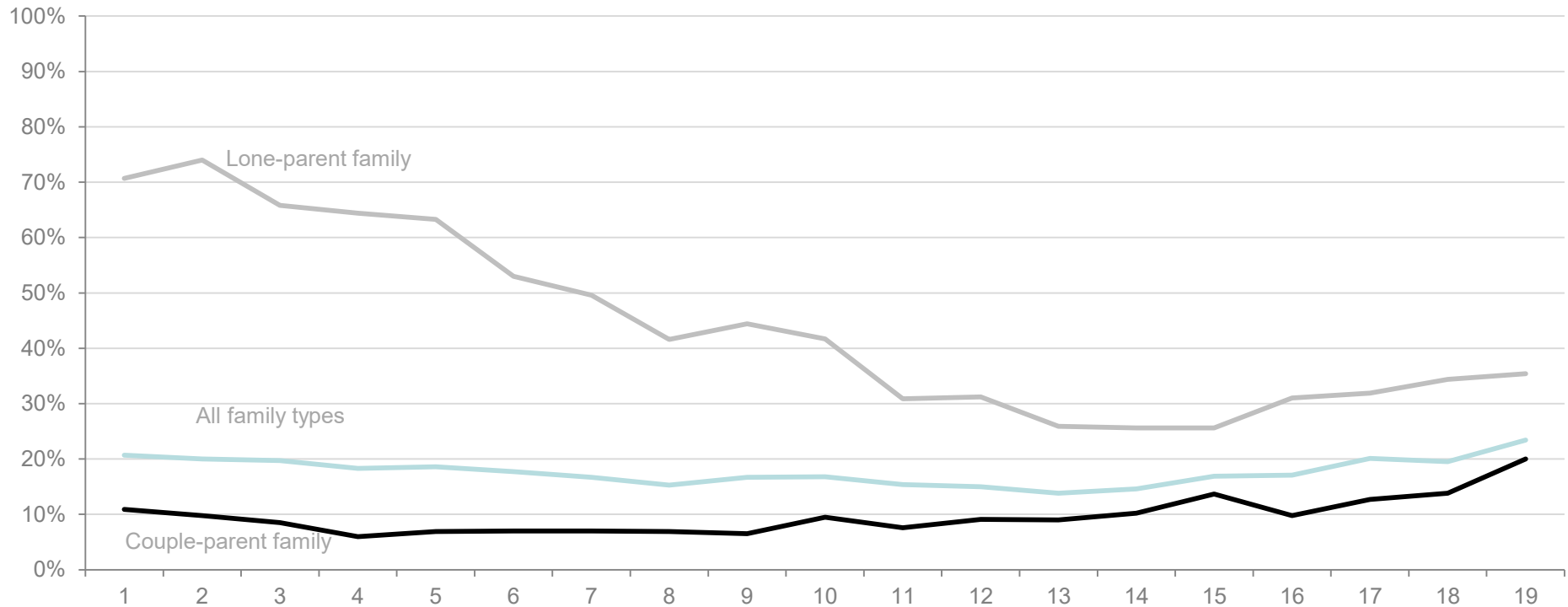
Our regression analysis showed that children in lone-parent families are more likely to live in workless families. Children in lone-parent families with a child under 5 were much more likely to live in a family that was workless or became workless; 41 percentage points and 6 percentage points more likely than couple-parent families respectively. In comparison, children in lone-parent families without a young child were 20 percentage points more likely to live in a workless family, and just 2 percentage points more likely to live in a family that became workless than couple-parent families. There was less of a difference in the likelihood of moving into work from worklessness between lone-parent families with and without a young child.

Children in lone-parent families are much more likely to experience parental worklessness, particularly if the family has a young child

As the previous page shows, couple-parent families where either parent could be working gives such families more chance of avoiding worklessness, with rates of worklessness several times higher amongst lone-parent families, particularly with a young child present (as shown in the chart below). This reflects the particular difficulties faced by these families in trying to combine work and family responsibilities. However, as detailed on the previous page, lone parents also have a number of other interrelated barriers, and so are significantly more likely to be out of work even when the youngest child is older.

Family structures are not fixed: see pages 58 and 59 for analysis of how and why family structure changes throughout the average child's life.

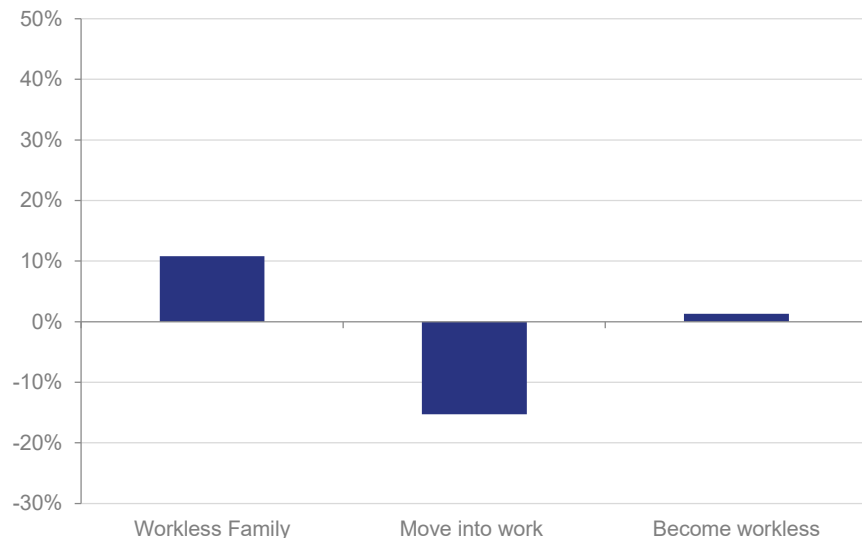
Proportion of children living in workless families by type of family and age of the youngest child



Source: Understanding Society survey: 2010-2015, pooled data (UK)

Parental ill health is associated with worklessness

The increased likelihood of living in a family that was workless or moved into or out of work if at least one parent had a longstanding and limiting illness and/or disability



Source: Understanding Society survey, 2010-2015, pooled data (UK).
Results are significant at $p < 0.05$ level

Why is parental ill health associated with worklessness?

There is evidence to show that more severe impairments lead to poorer job prospects (Berthoud, 2006). A lack of suitable job opportunities, transport to and/or from work and physical access to work, were mentioned as perceived barriers to work by disabled claimants (DWP, 2013). Berthoud (2006) argued that being out of work may exacerbate existing health issues and lead to lower self-confidence and wellbeing. Although there is little evidence on direct discrimination of applicants with disabilities, a review of the Disability Discrimination Act (2009) found that most employers said they would find it difficult to employ someone with (for instance) severely impaired vision, who was profoundly deaf, or who used a wheelchair. Families with ill health are likely to have caring responsibilities (Dewson, 2009). A lack of information and employment guidance, as well as problems arranging alternative care can create barriers for carers. This can be compounded by a lack of skills and confidence if carers have been isolated in the home (Howard, 2002).

For a much fuller treatment of this topic, we recommend reading the Work and Health Green Paper, available here:

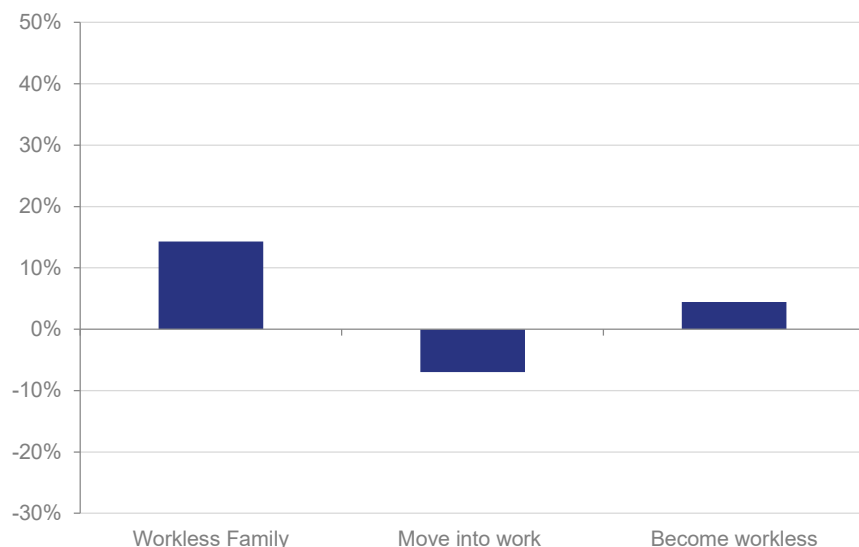
<https://www.gov.uk/government/consultations/work-health-and-disability-improving-lives>.

Results of regression analysis

Our regression analysis showed that, when controlling for the selected characteristics of parents, children in a family where one or more parents have a longstanding and limiting illness and/or disability were 11 percentage points more likely to live in a workless family, 15 percentage points less likely to live in a family that moved into work from worklessness, and one percentage point more likely to live in a family that became workless.

Living in social housing is associated with worklessness

The increased likelihood of living in a family that was workless or moved into or out of work if the child's family lived in social housing



Source: Understanding Society survey, 2010-2015, pooled data (UK).
Results are significant at $p < 0.05$ level.

Results of regression analysis

Our regression analysis showed that, when controlling for the selected characteristics of parents, children living in social housing were more likely to live in workless families. They were 14 percentage points more likely to live in a workless family, seven percentage points less likely to live in a family that made a transition into work from worklessness, and four percentage points more likely to live in a family that became workless after a period in work.

Why is living in social housing associated with worklessness?

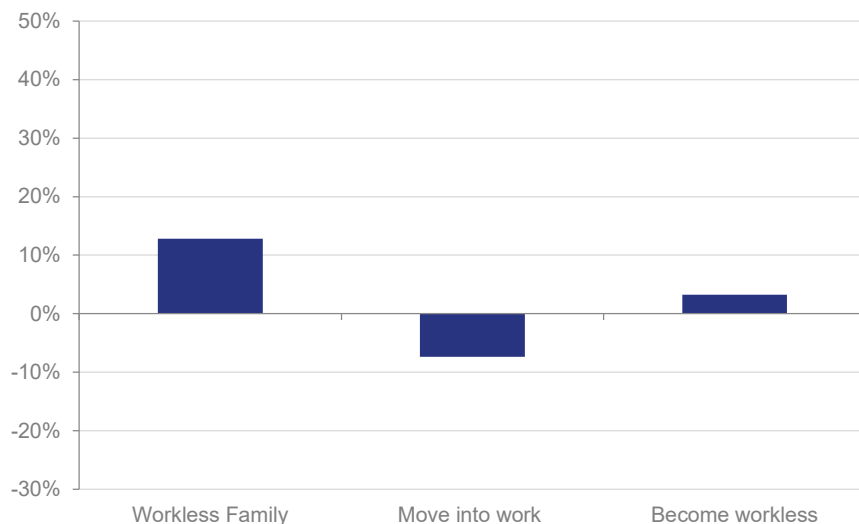
Although our analysis controls for a variety of other disadvantages that are more likely to be found amongst social housing residents (for example, ill health, low qualifications etc.) we still found that social housing residents were more likely to be workless. Because social housing ensures priority for those most in need, the characteristic of 'living in social housing' is likely to represent other more severe disadvantages that we cannot directly control for or observe in our data. We believe this is likely to explain much of the association here. For instance, the Social Exclusion Unit (2003) reported that a lack of access to transport in order to commute to work or attend an interview can act as a barrier to work, particularly for those who can't afford to purchase and run a car.

Older research literature has suggested other reasons why social housing residents may have higher levels of worklessness. Firstly, it has been suggested that within social housing communities an 'estate culture' could be present amongst close-knit residents (particularly young men) who are workless, which serves to normalise joblessness (Page, 2000). However, other studies have either emphasised a more complex individual response to living in such communities (Smith, 2005), or dismissed this altogether (see Ritchie et al, 2005 for an overview). Other studies have found that applying for work which would require relocation could be a barrier to work for those in social housing, especially since those in public renting appeared much less likely to enter a distant job than private renters (Battu et al, 2008).

In response to this challenge, recent reforms such as the *Localism Act 2011*, *Home Swap Direct* and *Right to Move* aim to ensure that social housing residents have greater flexibility to move in order to take up work. Furthermore, social housing allocation guidance (in 2012) encourages priority to be given to those in work or actively seeking work.

Low parental qualifications are associated with worklessness

The increased likelihood of living in a family that was workless or moved into or out of work if all parents have low qualifications



Source: Understanding Society survey, 2010-2015, pooled data (UK).
Results are significant at $p < 0.05$ level

Why are low parental qualifications associated with worklessness?

A lack of qualifications presents a barrier to employment. Eight in 10 people with at least one qualification at any level of attainment are employed compared with fewer than half of those with no qualifications (Office for National Statistics, 2014). Furthermore, the disadvantage attached to having no qualifications has increased over the last 20 years (George et al, 2015).

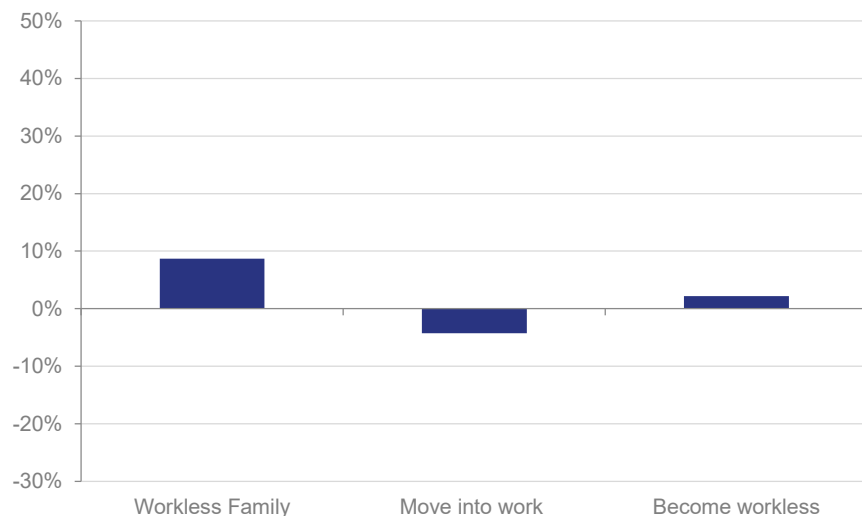
Evidence shows that the higher the qualification, the higher the likelihood of employment. By age 24 the employment rate for people with a degree is higher than the employment rate for those who left education with A levels, which in turn is higher than for those who left education with only GCSEs (Office for National Statistics, 2012). Furthermore, those adults (aged 16-64 for men and 16-59 for women) with level two qualifications (GCSE grades A*- C and equivalent) and above have a higher employment rate than those with below level two qualifications (Department for Education and Skills Funding Agency, 2016; Barrett, 2010).

Results of regression analysis

Our regression analysis showed that, when controlling for the selected characteristics of parents, children whose parents' highest qualifications were below GCSE level were 13 percentage points more likely to live in workless families, seven percentage points less likely to live in a family that made a transition from worklessness into work, and three percentage points more likely to live in a family that made a transition from work into worklessness.

Being a younger parent is associated with worklessness

The increased likelihood of living in a family that was workless or moved into or out of work if the oldest parent in the family was aged under 30



Source: Understanding Society survey, 2010-2015, pooled data (UK).
Results are significant at $p < 0.05$ level

Why is being a young parent associated with worklessness?

The question of whether early parenthood is an indicator of prior disadvantage or a cause of future disadvantage (or possibly both) is debated extensively in the literature.

However, Robson et al (2003) give a useful overview of why young mothers may face future disadvantage. Early motherhood can curtail educational attainment and thus limit the later employment options available. Additionally, young mothers, particularly teen mothers, are often lone parents, which creates difficulties balancing caring responsibilities with employment (see page 17). They point out that, as well as demonstrating that young mothers tend to have low levels of education and be lone parents, previous research has also shown that where partners and husbands do exist, they also tend to have low educational attainment and therefore limited employment opportunities.

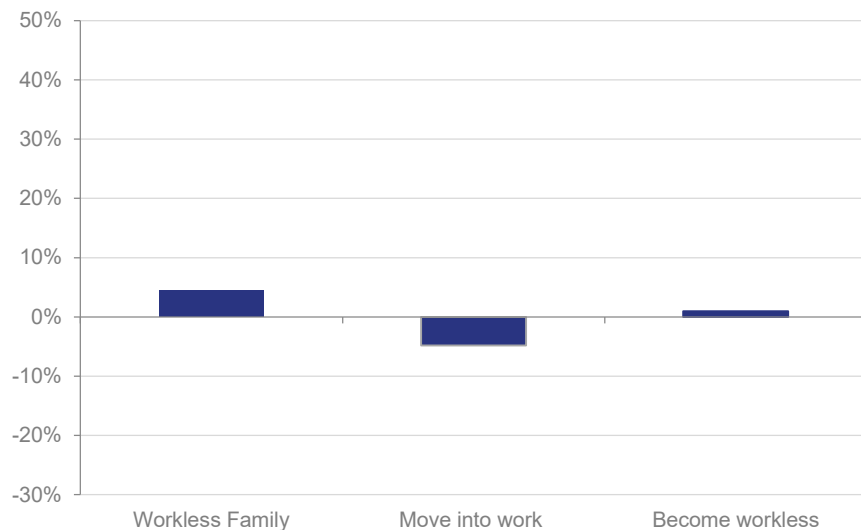
Furthermore, Bashir et al (2011) found that a number of women thought that motherhood had served to distance them from the labour market, even though they were now making strenuous efforts to find work. Those who had children at a relatively young age reported that they had little or no training or work experience before having their first child.

Results of regression analysis

Our regression analysis showed that, when controlling for the selected characteristics of parents, children in a family where the oldest adult is aged under 30 are nine percentage points more likely to live in a workless family, four percentage points less likely to live in a family that moved into work from worklessness, and two percentage points more likely to live in a family that became workless following a period in work.

Poor parental mental health is associated with worklessness

The increased likelihood of living in a family that was workless or moved into or out of work if at least one parent had poor mental health



Source: Understanding Society survey, 2010-2015, pooled data (UK).
Results are significant at $p < 0.05$ level

Results of regression analysis

Our regression analysis showed that, when controlling for the selected characteristics of parents, children in a family where at least one parent reported symptoms of anxiety and/or depression were four percentage points more likely to be in workless families. Children in a family where at least one parent reported symptoms of anxiety and/or depression were five percentage points less likely to live in a family that moved into work from worklessness, although just one percentage point more likely to live in a family that became workless.

Note: parental scores on the 12-item General Health Questionnaire (GHQ) were used in our analysis as a measure of poor mental health. See page 72 for more details on this measure. Scores were measured before work status transition (or lack of transition). We therefore could be missing the impact of changes in mental health, between survey interviews, that we cannot take account of. This would underestimate the overall association between poor parental mental health and worklessness.

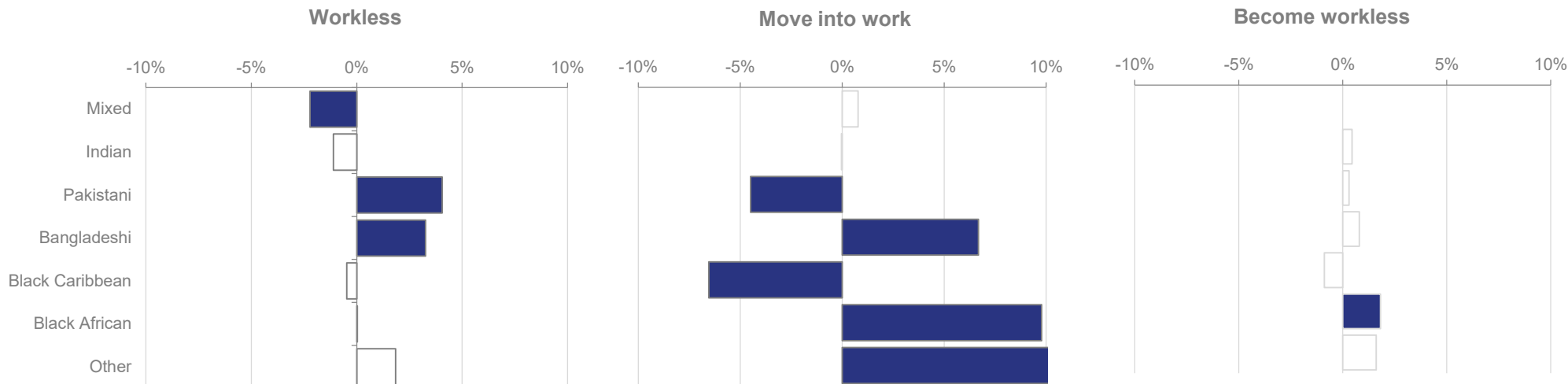
Why is poor mental health associated with worklessness?

The relationship between mental health and unemployment is a complex one, often described as being cyclical in nature. There is much evidence suggesting a causal relationship between unemployment and worsening mental health (McKee-Ryan et al, 2005). There is also clearly a wide range in the severity of mental health problems. The measure we have used focuses on more common mental health problems (see below and page 71 for more information)

Literature has highlighted several structural and individual barriers to gaining employment amongst this group. Boardman et al (2003) reported that, amongst other barriers, those with a history of mental health problems face a reluctance amongst employers to employ them. Individual-level barriers to employment amongst those with mental health issues included a fear of being discriminated against in the process of job seeking and the broader employment process, at times due to previous experiences (Boyce et al 2008), and low expectations amongst healthcare professionals who may underestimate the skills, experience and capabilities of their clients (Rinaldi, 2008). Finally, a key individual-level barrier to work includes the impact of the mental health condition itself, including the loss of motivation or confidence (Rinaldi, 2008).

Ethnicity is associated with worklessness

The increased likelihood of living in a family that was workless or moved into or out of work if parents are from an ethnic minority group



Source: Understanding Society survey, 2010-2015, pooled data (UK).
Results are significant at $p < 0.05$ level (with the exception of bar coloured white)

Results of regression analysis

Our regression analysis showed that, when controlling for the selected characteristics of parents, the relationship between parents' ethnicity and worklessness was complex, with significant differences between different ethnic groups, but no clear overall defining patterns.

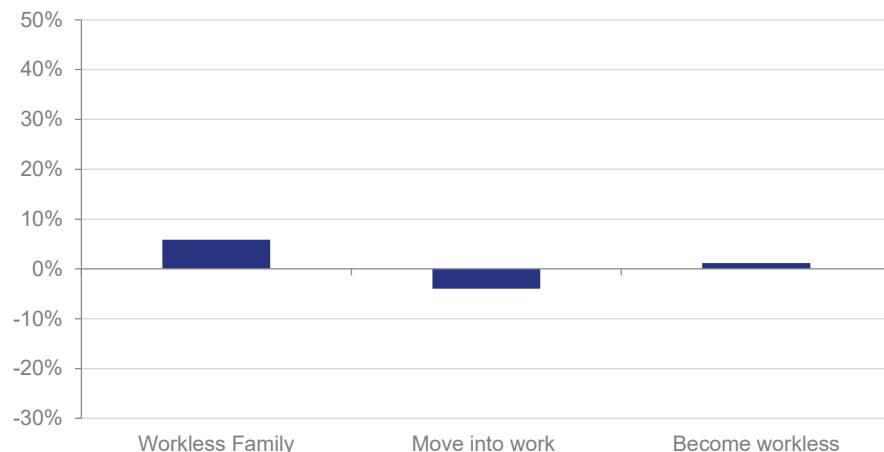
Non-significant results are shown in the chart as bars coloured white.

Why is ethnicity associated with worklessness?

There are several reasons to help partially explain this association. Geographical deprivation in areas with large populations of ethnic minority groups mean a lack of opportunities. (Phung, 2011; Lalani et al, 2014; Catney and Sabater, 2011). Some ethnic minority groups have lower average educational attainment, including being more likely to hold non-traditional qualifications (EHRC, 2010; Bhattacharyya et al, 2003). Language barriers are significant, being the number one reason given by employers for not recruiting foreign-born workers (Phung, 2011; Roberts and Campbell, 2006; Broughton et al, 2014). Childcare affordability, availability and demand, along with cultural attitudes around caregivers and large families, all act as barriers in accessing childcare and entering employment (Phung, 2011). There are issues around engagement with employment services and providers, for people from ethnic minority groups (Forsythe, 2007; Phung, 2011). Discrimination by employers and within the application process can also be a barrier to employment (Butler, 2012; Phung, 2011; Casey, 2015).

Living in a large family is associated with worklessness

The increased likelihood of living in a family that was workless or moved into or out of work if there are three or more children in the family



Source: Understanding Society survey, 2010-2015, pooled data (UK)
Results are significant at $p < 0.05$ level

Why is having a large family associated with worklessness?

Higher rates of worklessness in large families are likely due to a combination of higher childcare costs and issues of coordination between different agencies (for example school, nursery and child minder) as factors likely to deter parents of large families from entering the labour market (Willis et al, 2003).

A lack of affordable childcare can prevent parents in receipt of benefits and tax credits from entering work, with this seen as a greater barrier by lone parents and mothers (Tu and Ginnis, 2012). Having to fit work around childcare/school also creates a barrier to employment for primary carers through restricted availability for work, and limitations on the feasible geographic scope for job searches and commuting (Fletcher et al, 2008; Bashir et al, 2011). This can be further complicated if childcare needs to be arranged for different age groups (Fletcher et al, 2008).

Competition for available jobs within these constraints is intense (Bashir et al, 2011), and the low levels of pay from the short hours and types of work available acts as a further barrier to entering employment (Fletcher et al, 2008).

Results of regression analysis

Our regression analysis showed that, when controlling for the selected characteristics of parents, children who had two or more siblings were more likely to live in a workless family (six percentage points more than children who had two siblings or fewer).

They were also less likely to live in a family that made a transition into work from worklessness (by four percentage points) and more likely to live in a family that became workless after a period in work (by one percentage point).

Workless families are likely to have several of these potential barriers to work

Proportion of children in families with each of the following characteristics, split by family work and income status

Potential barriers to work	Workless	Working	
		Bottom 40% of income distribution	Top 60% of income distribution
Lone-parent family	65%	17%	11%
At least one parent has a longstanding limiting illness and/or disability	36%	19%	16%
At least one parent has poor mental health	41%	31%	26%
All parents have low or no qualifications	26%	7%	2%
Lives in a large family (3+ children)	42%	39%	21%
Lives in social housing (<i>most likely representing wider disadvantage</i>)	63%	26%	8%
BME parents	18%	18%	12%
Young parents (under 30 years of age)	28%	9%	5%

Source: Understanding Society survey, 2014-2015 (UK)

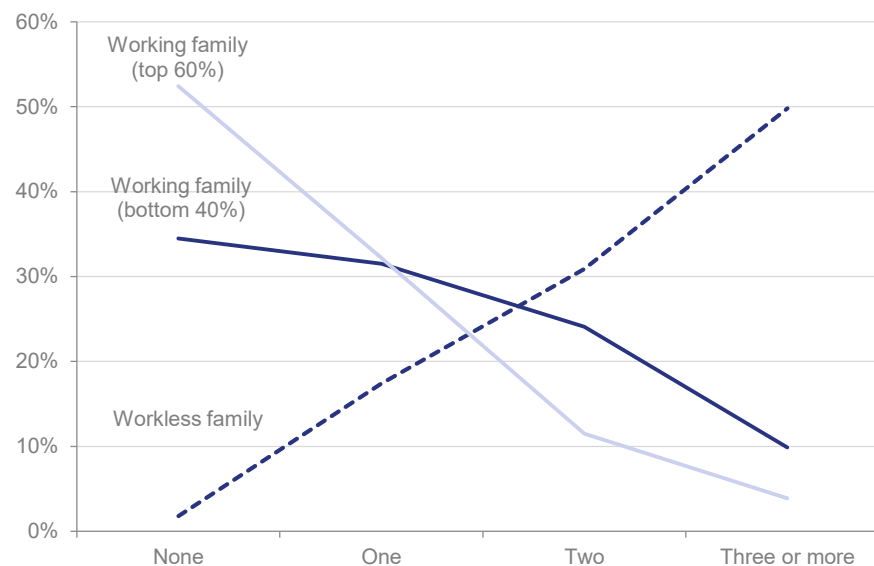
The chart on the right shows the proportion of children by number of potential barriers to work experienced by their parents. The potential eight barriers are listed in the table above and defined in detail in the accompanying supporting methodology document. By potential barriers, we mean the characteristics found to have an independent association with worklessness in our analysis and the literature.

Key findings

Workless families are much more likely to experience multiple potential barriers to work than their working counterparts, irrespective of the level of their equivalised household net income.

The chart below shows that half of all children living in a workless family live with parent(s) who have three or more potential barriers to work. This proportion drops to only 10 per cent of children who live in a lower-income working family and lower still (at 4 per cent) for those who live in higher-income working families.

Proportion of children by number of potential barriers to work experienced by their parents, by family work status and income



Source: Understanding Society survey, 2014-2015 (UK)

Workless families are likely to have several of these potential barriers to work

Key findings

Children living in families with three or more of the potential barriers to work were many times more likely to be in a workless family than children living in families without any of these.

Results of regression analysis

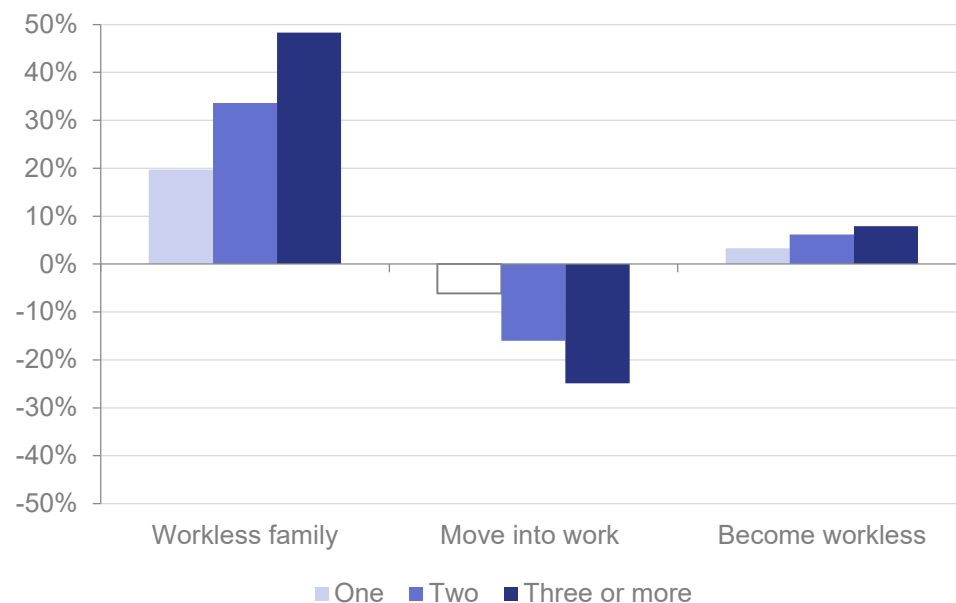
We conducted a regression analysis to determine the likelihood of children living in workless families, or families that made a transition either into work or into worklessness, by the number of barriers to work their family faced.

The regression shows, as expected, that the likelihood of being workless increased rapidly with the number of potential barriers families faced.

Children whose families faced one potential barrier were 20 percentage points more likely to be workless than children in families with none. For children in families with two potential barriers this increased to 34 percentage points, and for families with three or more potential barriers this increased further to almost 50 percentage points.

The number of potential barriers was similarly associated with moves into and out of work.

The increased likelihood of living in a family that was workless or moved into or out of work by number of potential barriers faced by their parents



Source: Understanding Society survey, 2010-2015, pooled data (UK).
Results are significant at $p < 0.05$ level unless bar is coloured white.

This may help explain why most workless families are not seeking work

Using official Labour Force Survey statistics (to the right, which focus on workless households rather than families) we found that:

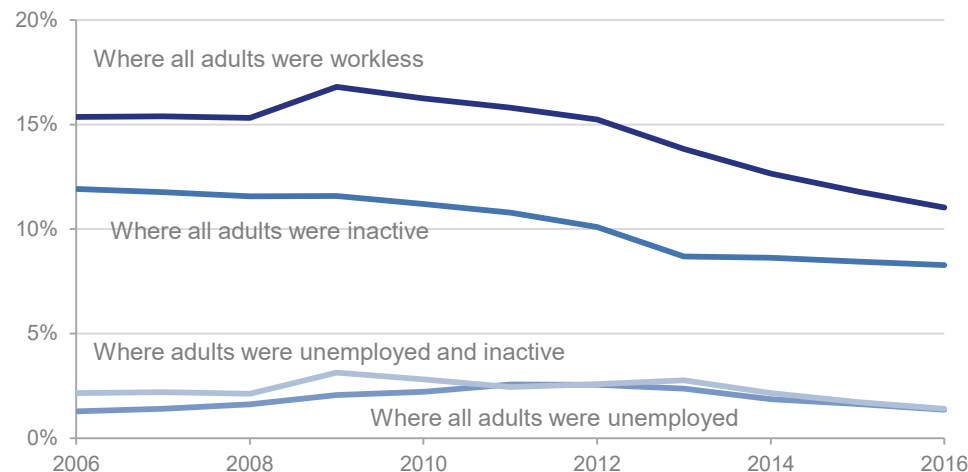
- Only around one in four children living in workless households lived with at least one unemployed adult actively seeking work.
- The remaining three quarters of children live in households where all adults are inactive, and therefore not seeking work.
- Reasons for inactivity include ill health and caring responsibilities for young children or other adults.

Proportion of children by work status and transitions to and from worklessness of their parent(s): 2013-2015



Source: Understanding Society survey, 2013-2014 to 2014-2015 (UK)

Proportion of children living in workless households by economic status of parents



Source: Office for National Statistics (UK). We used Labour Force Survey data for this chart as it is a better survey for understanding the economic status of families and/or individuals.

This was underlined by our analysis of the Understanding Society survey, showing how the vast majority of children tend to spend sustained periods of time in either working families, or workless families. Of children in workless families in 2014-2015, 83 per cent had been in a workless family for two consecutive years. Looking at families over a two year period, we examined what proportion of children moved from being in a workless family to having at least one parent in work a year later (or vice versa). We found that:

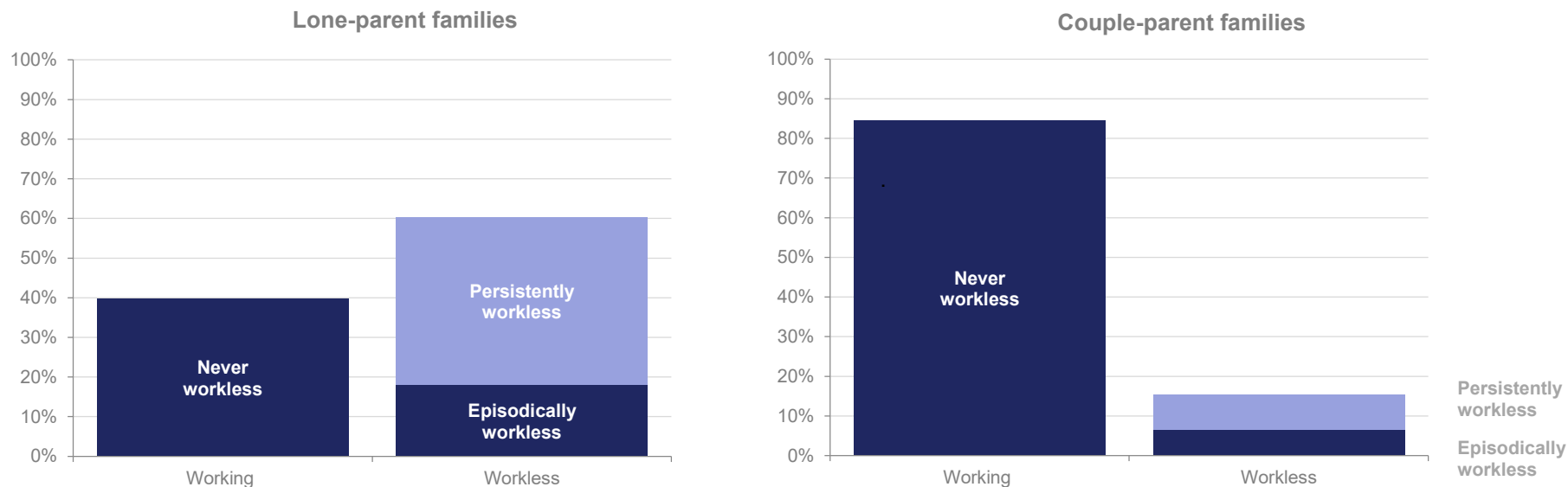
- the vast majority of children (84 per cent) lived in families where at least one parent was in work in both years.
- six per cent of children lived in families who moved from/to worklessness across the two years.
- ten per cent of children lived in families that remained workless across the two years.

Children in lone-parent families are much more likely to experience persistent worklessness

Key findings

Children living in couple-parent families were much less likely to experience worklessness (on either a persistent or episodic basis) than those living with lone parents. 20 per cent of children living in couple-parent families experienced worklessness over five years compared with 84 per cent of children in lone-parent families. Duration of worklessness was calculated across five years, from 2010 to 2015, with episodic defined as being workless for one or two of the last five years and persistent as being workless for at least three out of the five years.

Proportion of children in lone-parent and couple-parent families experiencing worklessness by duration of worklessness between 2010-2015.

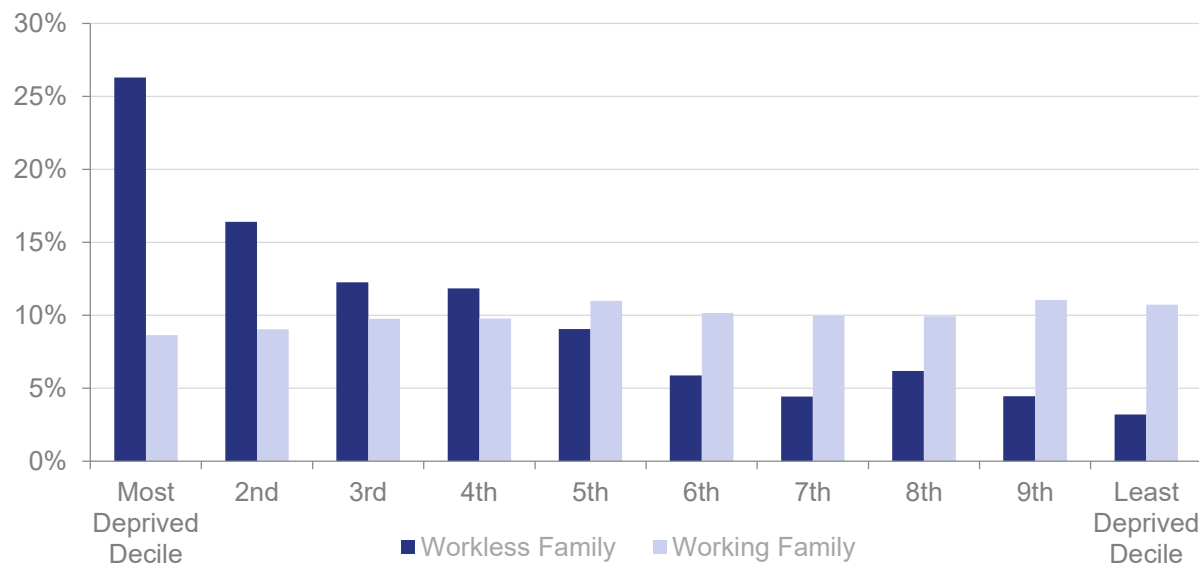


Source: Understanding Society survey, 2010-2015 (UK)

Note: It is important to note that as families are interviewed annually, we have not included in these results any movement between these yearly points. Parental characteristics are measured at the end of the period of worklessness.

Workless families are significantly more likely to live in deprived neighbourhoods

Proportion of children living in least to most deprived neighbourhoods, by work status of family



Source: Understanding Society survey, 2014-2015, (England)
DCLG Indices of Multiple Deprivation (IMD) – see page 33 for more information

Key findings:

Children in workless families are around three times as likely to live in the most deprived ten per cent of neighbourhoods in England.

Over 40 per cent of children in workless families live in the 20 per cent most deprived neighbourhoods.

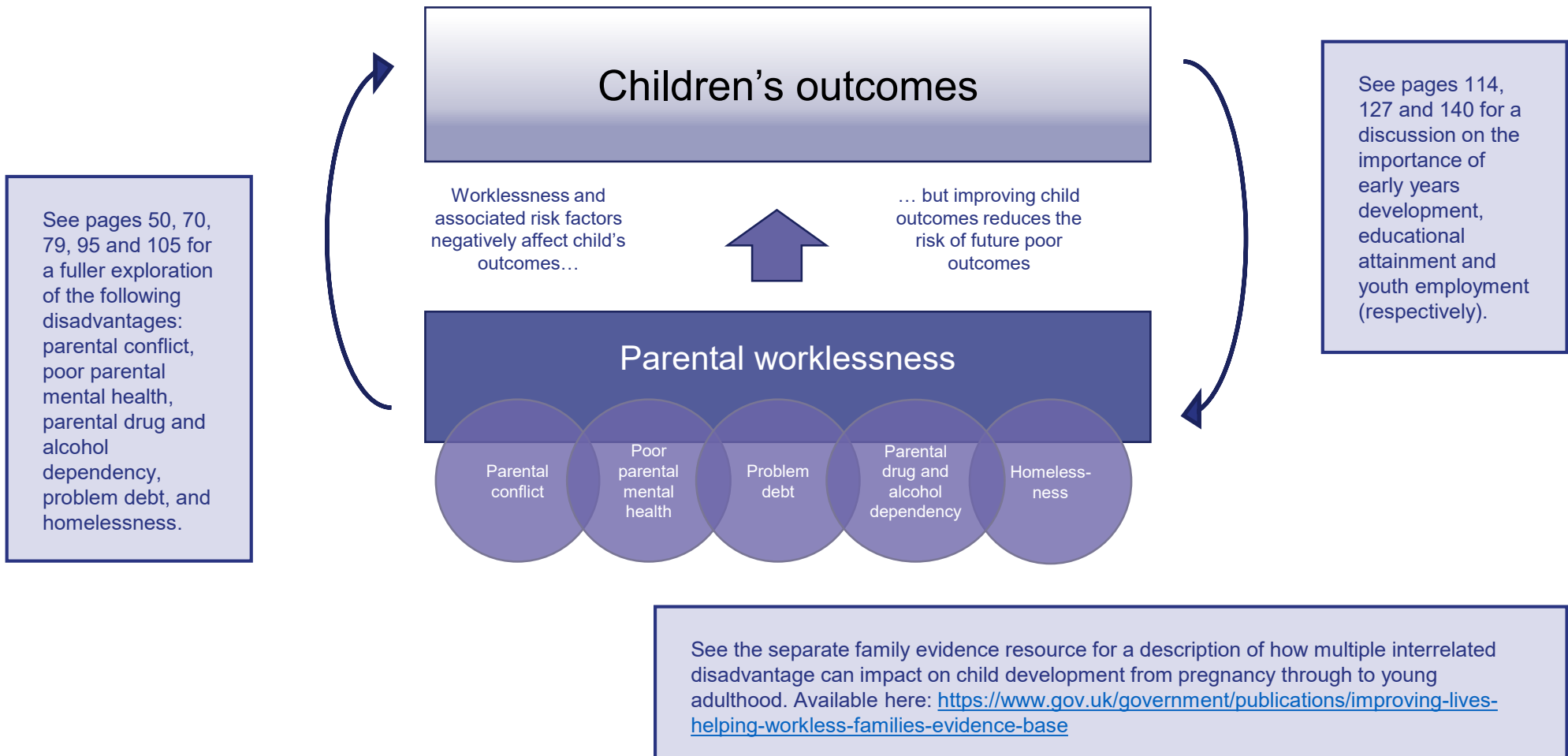
The potential barriers to work considered in our analysis maintain a strong association with worklessness even when we consider the deprivation of families' local areas (see below for discussion).

We obtained special data from the UK Data Archive giving us the Lower Layer Super Output Area (LSOA) identifier for each family in the Understanding Society survey. Super Output Areas are a geography for the collection and publication of small area statistics; LSOAs are geographical areas comprising of around 1,000 households. We used these LSOA identifiers to obtain information about each family's local area, including neighbourhood deprivation scores (using Department for Communities and Local Government's Indices of Multiple Deprivation - see page 33 for more information) as well as information on the local labour market, access to public services and employment centres.

For now, including descriptors of each family's local area is beyond the scope of our regression analysis. Although research is clear that local conditions will play a key role in the likelihood of a family being workless, it is complex to understand and quantify the interplay between this and personal disadvantage. For instance, personal disadvantage and resulting barriers to work may result from local deprivation and poor economic conditions, and/or deprivation and poor economic conditions could result from higher levels of personal disadvantage and barriers to work. Local deprivation scores and economic conditions will also reflect higher levels of disadvantage in an area meaning that such a variable is not independent from the disadvantages we are already considering. Therefore, our analysis at this stage is based on personal disadvantages only. However, initial analysis suggests that where we have included local descriptors, including deprivation scores, job density (the number of jobs per capita in the local authority) and access to local services, the relationships between the parental disadvantages remained almost identical, suggesting they are potential barriers to work irrespective of local conditions.

Addressing the multiple disadvantages of workless families

Improving Lives: Helping Workless Families focuses on how we can support families who are workless and live with numerous barriers to entering employment so as to improve the prospects for their children.



Annex 1: recommended further reading on educational outcomes of children in workless families

The educational outcomes of children in workless families

Through linking the Understanding Society survey to the National Pupil Database, we have shown how the educational outcomes of children in workless families are significantly poorer. We have explored this association through the Millennium Cohort Study, and found that the presence of associated disadvantages explains most of these differences, but that persistent worklessness still has a negative impact on some children's outcomes, even when controlling for other factors.

For a fuller exploration of this topic, we particularly recommend reading Ingrid Schoon's paper. Schoon et al (2012) found that worklessness has an independent risk effect (though relatively modest in size) on the following outcomes:

- In comparison to their peers living with working parents, children aged seven growing up with persistently workless parents have poorer academic attainment (as measured by key stage 1 reading, mathematics and science attainment) and poorer behavioural adjustment (as measured by teacher rating of behaviour problems).
- In comparison to their peers living with working parents, young people living in workless households for three years are more likely to be not in education, employment or training (NEET), to spend a longer period of time being NEET, and to achieve less well at GCSE (as measured by GCSE point score).

The intergenerational transmission of worklessness

There is evidence of intergenerational transmission of worklessness in the UK. Children who grow up with workless parents are more likely to be workless themselves as adults, in comparison to children who grow up with working parents (Macmillan, 2010; Schoon et al, 2012). Gregg et al (2017) find a strong association between being in a workless household aged 14/15, and poorer educational outcomes, and worklessness and poverty in adulthood.

The causal mechanism for this transmission has not been conclusively established. Macmillan (2013) found that a range of childhood characteristics, including non-cognitive skills, cognition, behavioural outcomes and educational attainment only accounted for 12 per cent of intergenerational transmission, with the vast majority unaccounted for. Macmillan (2014) suggests that the role of informal networks in job search should be investigated as a potential driver for intergenerational transmission, particularly in high-unemployment settings, as the penalty of parental worklessness appears to increase with unemployment.

Annex 2: brief discussion of data sources and definitions

Data sources

Understanding Society survey

We have used the Understanding Society survey for the majority of the analysis in this paper, as it not only provides a rich range of information on families, but follows families over time, enabling a longitudinal perspective of disadvantage and worklessness. The Understanding Society survey is a nationwide household survey, which has been interviewing 40,000 households across the UK annually from 2009 onwards. The survey captures a wide range of information about people's social and economic circumstances, attitudes, behaviours and health.

Millennium Cohort Study

The Millennium Cohort Study (MCS) is a multi-disciplinary research project following the lives of around 19,000 children born in the UK in 2000-2001. The study has tracked the children through their early childhood years and plans to follow them into adulthood. It collects information on the children's siblings and parents. MCS's field of enquiry covers such diverse topics as parenting; childcare; school choice; child behaviour and cognitive development; child and parental health; parents' employment and education; income and poverty; housing, neighbourhood and residential mobility; and social capital and ethnicity. We have used data from the first five surveys of MCS cohort members, at age nine months, three, five, seven and 11 years.

Indices of Multiple Deprivation

The indices of multiple deprivation (IMD) ranks every small area in England, from the most to least deprived. The IMD combined information from several domains, such as income, employment, crime, education, barriers to housing and living environment to produce an overall relative measure of deprivation. Middlesbrough, Knowsley, Kingston upon Hull and Liverpool are the five local authority districts with the largest proportions of highly deprived neighbourhoods in England. Further information on the IMD is available here: <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015>

Definition of expected level at key stages 1, 2 and 4 (for purposes of this analysis)

This analysis used wave 2 of the Understanding Society survey to look at the proportion of children who fail to meet the required minimum standard of educational attainment, and how this varies depending on whether such children live in workless or working families (lower and higher income, defined as being in the bottom 40 per cent of the income distribution or the top 60 per cent of the income distribution). For children at key stage 1, the required standard was defined as achieving at least level 2 or above in each of reading, writing and maths. For children at key stage 2, the required standard was achieving at least level 4 in each of reading, writing and maths. For young people at key stage 4, the required standard was 5 full GCSEs at grade C or above, including English and maths.

A brief explanation of regression analysis

Regression analysis is a statistical technique which can be used to better understand the association between different variables. The analyst typically seeks to explain a variable of interest, referred to as the dependent variable (for example, an individual's pay), by considering other variables which they believe could have an impact upon it (for example, qualifications, or work experience) whilst controlling for demographic characteristics (age, gender etc.). These explanatory variables are referred to as independent variables.

Regression analysis can give us a richer picture than simple statistical breakdowns because they allow us to disentangle the impact of the dependent variables on the independent variable. For instance, our analysis on the Millennium Cohort Study shows that workless children have much poorer outcomes. The regression analysis enables us to determine how much of this is due to associated disadvantages faced by the parents, and how much is associated with worklessness in itself.

Annex 3: Definition of child outcomes measures used in MCS

Child outcome definitions

Cognitive ability: the British Ability Scales (BAS) Verbal Similarities test was used, which is an assessment from the BAS: Second Edition that assesses children's verbal reasoning and verbal knowledge. We standardised the scores to have a mean of zero and standard deviation of one.

Internalising problems: this is the sum of the emotion symptoms and peer problems subscales. The Emotion Symptoms subscale asks about topics such as fears, worries, misery, nerves and somatic symptoms. The Peer Problems subscale covers topics such as popularity, victimisation, isolation, friendship and ability to relate to children as compared to adults. We standardised the scores to have a mean of zero and standard deviation of one.

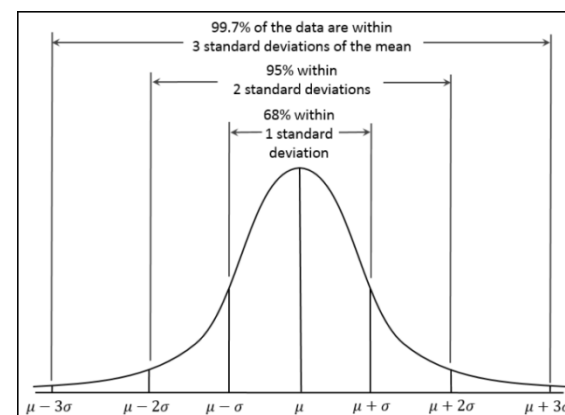
Externalising problems: this is the sum of the conduct symptoms and hyperactivity problems subscales. The conduct problems subscale covers issues such as tantrums, obedience, fighting, lying and stealing, and the hyperactivity/inattention subscale covers issues such as restlessness, fidgeting, concentration, distractibility and impulsivity. We standardised the scores to have a mean of zero and standard deviation of one.

Pro-social behaviours: the prosocial subscale covers issues such as consideration of others, ability to share, kindness to younger children, and helpfulness when other children are distressed and willingness to volunteer to comfort. We standardised the scores to have a mean of zero and standard deviation of one.

Standard deviations

Standard deviation is a statistic that tells you how tightly all the various outcomes are clustered around the mean in a set of data. When the examples are tightly bunched together and the bell-shaped curve is steep, the standard deviation is small. When the examples are spread apart and the bell curve is relatively flat, you have a relatively large standard deviation.

One standard deviation away from the mean in either direction on the horizontal axis accounts for around 68 per cent of the population in this group. Two standard deviations away from the mean account for roughly 95 per cent of the population. And three standard deviations account for over 99 per cent of the population.



Children in workless families: references (1 of 5)

New analysis on children in workless families

A more detailed supporting methodology document, and full supporting data tables, underpinning this analysis, are available here:

<https://www.gov.uk/government/publications/improving-lives-helping-workless-families-evidence-base>

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Part two: national indicator framework

Indicator 1: parental worklessness

Parental worklessness measures: overview

Gaining employment is the best way for workless families to move out of poverty. Good-quality employment helps parents to achieve financial stability and improves their children's future outcomes.

Worklessness is the main driver of low income. Children who live in a workless household are much more likely to be in income poverty compared to children who live in a household where someone works. Parental worklessness is strongly associated with lower academic attainment and poorer longer-term labour market outcomes for children. We will measure the **proportion of children in workless households**.

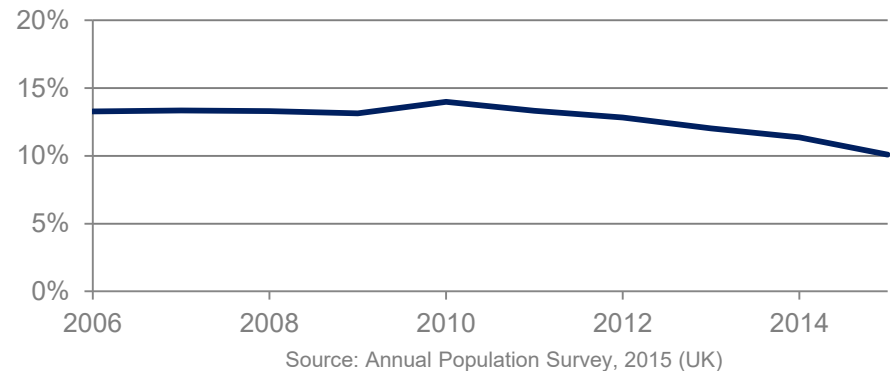
Long-term, persistent parental worklessness further increases the risk of poorer child outcomes, and also increases the likelihood of children experiencing worklessness themselves in adulthood. We will also include a new measure of the **proportion of children in long-term workless households**. A long-term workless household is defined as a household which has at least one working age adult, and all adults in the household, aged 16 or over, have been unemployed or inactive for at least 12 months. 85 per cent of children in workless households are in long-term workless households.

Proportion of children living in workless households in the UK



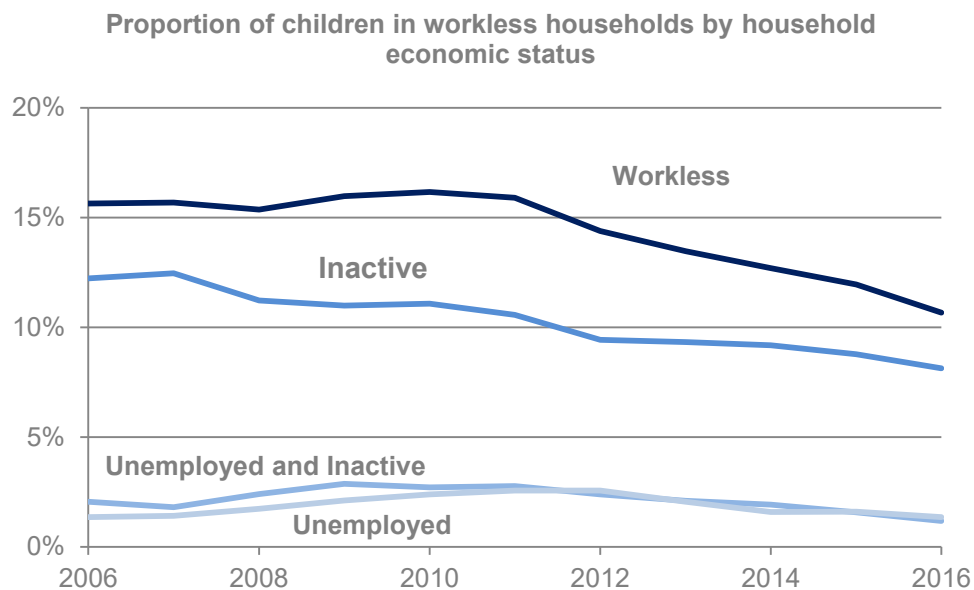
11 per cent of all children (around 1.3 million children) were living in workless households in the fourth quarter of 2016. The measure has seen an overall decrease since it increased in 2009 around the time of the recession.

Proportion of children living in long-term workless households in the UK



10 per cent of all children were in long-term workless households in 2015 (around 85 per cent of all children in workless households). The measure has seen a continued decrease since 2010.

Proportion of children living in workless households: trends and details



Source: Labour Force Survey, Q4 2016 (UK)

Trends

11 per cent of all children (around 1.3 million children) were living in workless households in the fourth quarter of 2016 (Q4 2016).

The measure has seen an overall decrease over recent years due to economic growth and record levels of employment. As of quarter four in 2016, there were around 590,000 fewer children living in workless households than the recent peak in the fourth quarter of 2010.

Currently around three per cent of all children are in a workless household where at least one adult is unemployed, and therefore is actively searching for work, accounting for around a quarter of children in workless households. Around eight per cent of all children are in a workless household where all adults are inactive, accounting for around three-quarters of children in workless households.

People can be inactive for a number of reasons, for example as a consequence of a disability or looking after a family or home. This can include looking after children or caring for a dependent adult.

Details and methodology

Figures are based on the Labour Force Survey (LFS) which is conducted quarterly with a sample size of around 100,000 people. The measure is based on the fourth quarter of the Labour Force Survey data for each year, and is not comparable quarter-on-quarter because of seasonal fluctuations. The measure captures the proportion of children living in households where all adults aged 16 or over are workless (workless households).

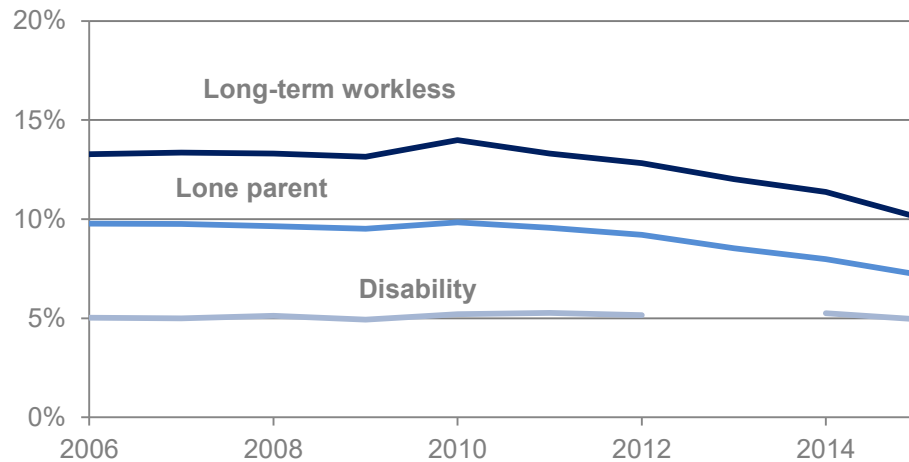
A workless household is defined as a household which has at least one working age adult and all adults in the household aged 16 or over are currently economically inactive or unemployed.

Further details can be found in the accompanying Office for National Statistics publication, available here:

<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/bulletins/workingandworklesshouseholds/octtodec2016>

Proportion of children living in long-term workless households: trends and details

Proportion of all children in long-term workless households where parents have another defining characteristic (groups may overlap)



Source: Annual Population Survey, 2015 (UK)

Trends

10 per cent of all children (around 1.2 million children) were living in long-term workless households in 2015, around 85 per cent of all children in workless households.

The measure has seen a continued decrease over recent years due to economic growth and record levels of employment. In 2015, there were around 415,000 fewer children living in long-term workless households than in 2010.

Seven per cent of all children (880,000) were living in a long-term workless household with a lone parent. Around five per cent (600,000) were living in a long-term workless household in which some or all adults were disabled. There is a break in this time-series due to a change in the way disability is defined following the Equality Act 2010.

Details and methodology

Figures are based on the Annual Population Survey (APS) which boosts the quarterly Labour Force Survey (LFS) sample size to around 300,000 people. The APS uses LFS waves and the Local Labour Force Survey (LLFS) samples to provide a rolling annual survey each quarter. This allows additional breakdowns, such as by disability, ethnicity and family status.

The measure captures the proportion of children living in households where all adults aged 16 or over have been workless for at least twelve months. A long-term workless household is defined as a household which has at least one working age adult, and all adults in the household, aged 16 or over, are unemployed or inactive and have either:

- been out of work for 12 months or more; or
- never worked (in a paid job).

The definition of a long-term workless household does not necessarily imply that adults within the household are also long-term unemployed, using the Eurostat and ILO definition of long-term unemployment. Some adults may also have been out of work for 12 months or more, but had periods of inactivity such as looking after family or home, or illness, during that time. All these types of economic inactivity are counted as long-term worklessness.

For further details, see the accompanying ONS publication, available here:

<https://www.ons.gov.uk/employmentandlabourmarket/peoplenotinwork/unemployment/adhocs/006856childrenlivinginlongtermworklesshouseholdsuk2006to2015>

Proportion of children living in long-term workless households: key statistics

Characteristics of long-term workless households

71%
of children in long-term workless households were in lone-parent households (880,000) compared with 21 per cent of all children in 2015.

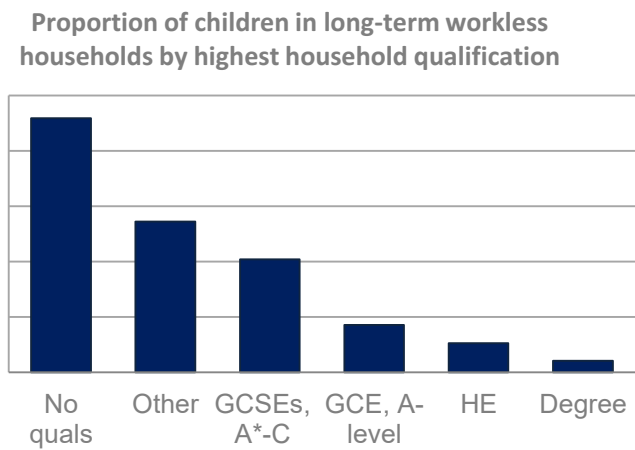
Source: ONS Annual Population Survey, 2015 (UK)

49%
had one or more disabled adults in the household (600,000) compared with 24 per cent of all children.

61%
lived in social or council housing (744,000) compared with 21 per cent of all children.

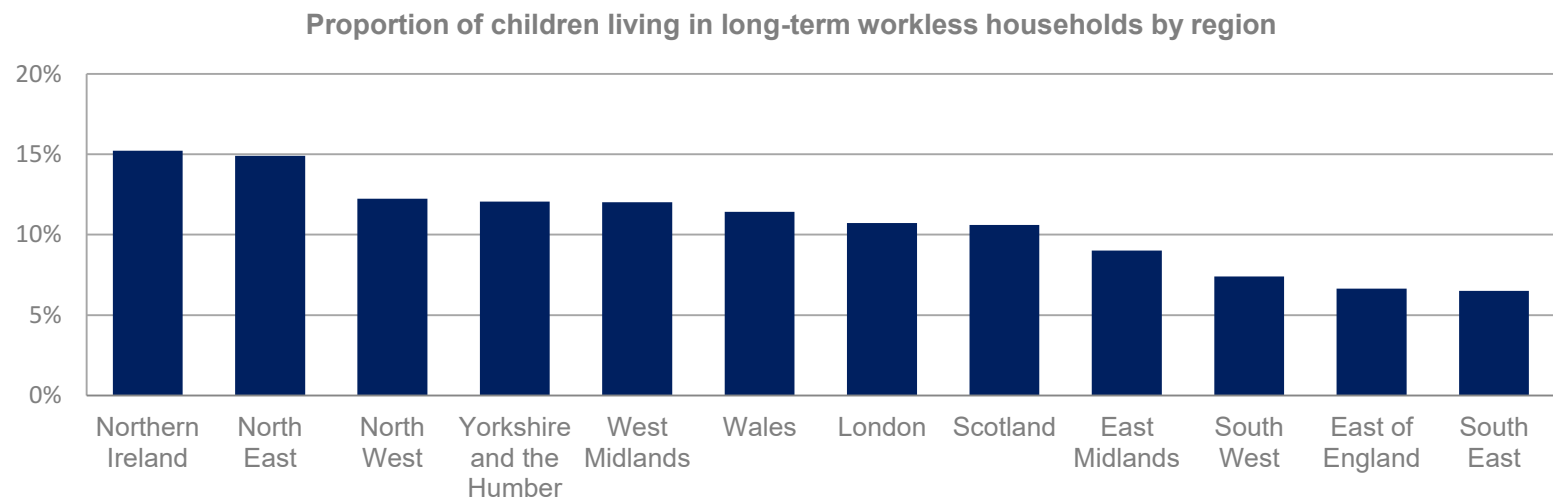
Qualifications

46%
of children with parents without any qualifications were in long-term workless households.



Source: Annual Population Survey, 2015 (UK)

Region



Source: ONS Annual Population Survey, 2015 (UK)

Children in **Northern Ireland** and the **North East** were around **twice as likely** as children in the **Southern and Eastern regions** to live in long-term workless households.

Parental worklessness: supporting evidence (1 of 2)

Worklessness and wider disadvantage

Part one of this Analysis and Research Pack sets out new DWP analysis exploring the disadvantages faced by workless families, and the poorer outcomes experienced by children in workless families. The following paragraphs provide an overview from literature.

Association between worklessness and low income

Children who live in workless households are at increased risk of experiencing low income and poorer outcomes compared to those living in working households. It has been demonstrated that long-term worklessness is one of the key factors that trap families in longer spells of low income (Department for Work and Pensions, 2014). Furthermore, UK children who live in workless households are more likely to experience low income themselves as adults, in comparison to children living in households with at least one working adult (Office for National Statistics, 2014).

Association between worklessness and children's outcomes

Worklessness is associated with several interlinked risk factors (including parental education, lone parenthood, parental health, and income poverty) that impact on children's and young people's outcomes. Thus, worklessness can combine with other risk factors, and children may face 'cumulative multiple risks' that influence their life chances (Schoon et al, 2012).

In comparison to their peers, it has been shown that children who live in workless households have significantly poorer outcomes across a range of academic, behavioural, cognitive and employment measures (Parsons et al, 2014; Schoon et al, 2011, Schoon et al, 2012). As described above, poorer outcomes for children are not generally caused by worklessness per se, but rather its combination with a range of interlinked risk factors (Schoon et al, 2012). However, for some specific outcomes, parental worklessness has an independent risk effect over and above the effects of interlinked risk factors (Parsons, 2014; Schoon et al, 2012).

For example, Schoon et al (2012) found that worklessness has an independent risk effect (though relatively modest in size) on the following outcomes:

- In comparison to their peers living with working parents, children aged seven growing up with persistently workless parents have poorer academic attainment (as measured by key stage 1 reading, mathematics and science attainment) and poorer behavioural adjustment (as measured by teacher rating of behaviour problems).
- In comparison to their peers living with working parents, young people living in workless households for three years are more likely to be not in education, employment or training (NEET), to spend a longer period of time being NEET and to achieve less well at GCSE (as measured by GCSE point score).

Benefits of work

There is a strong evidence base showing that work is generally good for physical and mental health and wellbeing, while worklessness is associated with poorer physical and mental health and wellbeing (Waddell and Burton, 2006; Carlier et al, 2013; also see the Poor Parental Mental Health indicator section for more information). In turn, research indicates that parental health plays a role in influencing outcomes for children (see the Early Years Indicator section for more information).

It has been suggested that policies aimed at improving employment outcomes for lone parents can also improve children's quality of life. Gregg et al (2009) investigated the impact of policies aimed at increasing employment rates for lone parents in the UK in the late 1990s on a range of outcomes for mothers and children. The research suggested that policies led to improvements in children's self-esteem, happiness and risk-taking behaviour (Gregg et al, 2009).

Quality of work

Research shows that parental income levels and employment stability impact on children's life chances:

Parental worklessness: supporting evidence (2 of 2)

Parental income levels: studies on 'intergenerational income mobility' have examined the association between parental income and children's future earnings in adulthood. In particular, analysis using the British Cohort Study has shown that low parental income is a predictor of lower future labour market earnings for sons (Gregg et al, 2015).

Employment stability: low-wage jobs can be unstable and trap individuals in a 'low-pay no-pay cycle' (Stewart and Swaffield, 1999). Adults in low-paid jobs are more likely to be out of work in the future, and are also more likely to return to low-paid jobs on re-entering the labour market (Gregg et al, 2015). This can result in recurrent low income and worklessness, with associated impacts on children's outcomes.

The causal mechanism for transmission has not been conclusively established. Research found that a range of childhood characteristics, including non-cognitive skills, cognition, behavioural outcomes and educational attainment only accounted for 12 per cent of intergenerational transmission, with the vast majority unaccounted for (Macmillan, 2013). Macmillan (2014) suggests that the role of informal networks in job search should be investigated as a potential driver for intergenerational transmission, particularly in high-unemployment settings as the penalty of parental worklessness appears to increase with unemployment.

Transitioning from worklessness to employment

Workless individuals may face a wide range of complex barriers to making the transition into employment, and subsequently in securing opportunities for career progression (Devins et al, 2011). Workless adults can face interlinked risk factors, such as skills deficits, ethnic-minority status, long-term limiting illness, not having English as a first language or circumstances such as childcare or other caring responsibilities that are associated with labour market disadvantage (Devins et al, 2011; Schoon et al, 2012; Barnes et al, 2008). For example, evidence indicates that workless adults may experience poor mental health, which is a major cause of worklessness (Buck and Gregory, 2013). Other factors that may influence the transition from worklessness to employment include the availability of quality jobs and employer recruitment practices (Devins et al, 2011). For a more detailed discussion of potential barriers to employment faced by parents, see part one of this Analysis and Research Pack.

Intergenerational transmission of worklessness

There is evidence of intergenerational transmission of worklessness in the UK. Children who grow up with workless parents are more likely to be workless themselves as adults, in comparison to children who grow up with working parents (Macmillan, 2010; Schoon et al, 2012).

Parental worklessness: references (1 of 2)

Trends and details, and key statistics

Statistics on children in workless households are available here:

<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/bulletins/workingandworklesshouseholds/octodec2016>

Children in long-term workless households statistics are available here:

<https://www.ons.gov.uk/employmentandlabourmarket/peoplenotinwork/unemployment/adhocs/006856childrenlivinginlongtermworklesshouseholdssuk2006to2015>

Supporting evidence

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https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214326/hwwb-is-work-good-for-you.pdf

Indicator 2: parental conflict

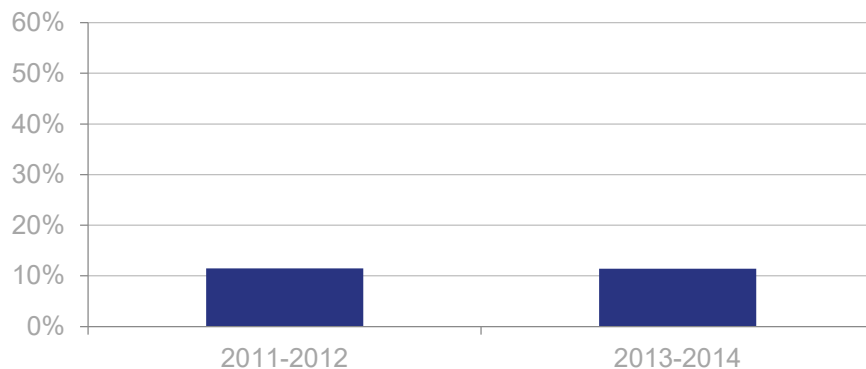
Parental conflict measures: an overview

Strong and secure families, with good-quality relationships, help provide a firm foundation for children to develop into healthy, happy and successful adults.

Inter-parental relationship quality is of fundamental importance to children's outcomes, including their mental health, wellbeing and future employment prospects. Children exposed to frequent, intense and poorly resolved conflict between parents (whether they are together or not) are at elevated risk of negative outcomes in the short and long term. We are measuring elements of the quality of the inter-parental relationship among coupled and separated parents in order to monitor the impacts for children exposed to conflict. Specifically, we are measuring the **proportion of children in couple-parent families experiencing relationship distress**. Where parents are separated, research suggests that positive involvement from both parents in the child's life can help address the potential negative impacts of parental separation and so we are **measuring the proportion of children in separated families who see their non-resident parents regularly**. Our analysis shows that regular contact between the child and non-resident parent is a good indication of a better relationship between the parents.

We have worked with leading research organisations to develop the best indicators possible with the available data. These measures are supplemented by our latest analysis on the disadvantages associated with relationship distress and parental separation, and a description of how family structure changes throughout a child's life. This provides vital context for the measures below.

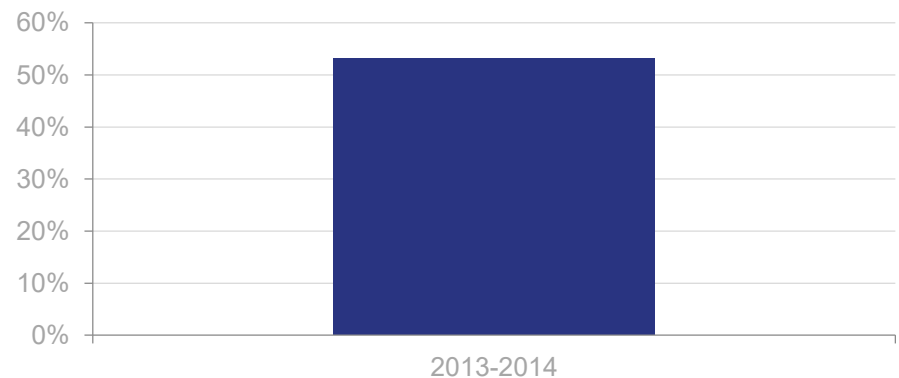
Proportion of children in couple-parent families reporting relationship distress



Source: Understanding Society survey 2011-2014 (UK)

In 2013-2014, 11 per cent of children in couple-parent families had at least one parent who reported relationship distress. Distress is defined by parents giving at least one very negative response to a series of questions outlined on page 52.

Proportion of children in separated families who see their non-resident parents regularly

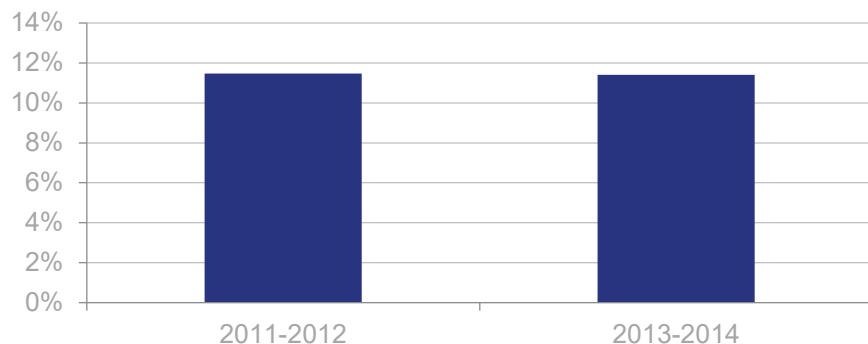


Source: Understanding Society survey, 2013-2014 (UK)

In 2013-2014, 53 per cent of children in separated families saw their non-resident parents regularly: that is, at least fortnightly.

Relationship distress in couple-parent families: trends and details

Proportion of children in couple-parent families reporting relationship distress



Source: Understanding Society survey 2011-2014 (UK)

Trends

In 2013-2014, 11 per cent of children in couple-parent families were living with at least one parent reporting relationship distress.

This is the same as reported in 2011-2012.

The questions around relationship quality are asked in the survey every two years, and so will next be available in the 2015-2016 wave of the survey (with data available in late 2017).

Details and methodology

This measure was developed by DWP analysts using Understanding Society survey data.

A couple-parent family is classified as experiencing relationship distress if either parent responds that most or all the time they consider divorce, regret living together, quarrel, or get on each other's nerves (in response to questions asking about their relationship with their partner).

These questions were chosen from a wider range available in the survey, due to a higher association between negative responses to these questions and other negative outcomes of interest. The analysis considered the associations with children's behavioural outcomes for 10-15 year olds (Emotional Symptoms and Conduct Problems as measured by the Strengths and Difficulties Questionnaire), maternal depression (as measured by the 12-item General Health Questionnaire GHQ-12) and probability of separation between waves 3 and 4 in the Understanding Society Survey. Supplementary Principal Components Analysis supported the inclusion of these questions into a single indicator.

Further details on how this measure was designed are available on page 65.

Relationship distress in couple-parent families: key statistics

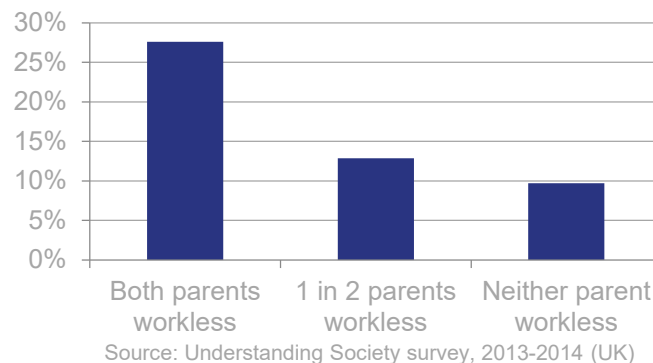
Worklessness

28%

of all children living in workless couple-parent families (this is 5% of all children), live with parents reporting having a distressed relationship.

This is almost three times as prevalent as where both parents are working.*

Proportion of children in couple-parent families reporting relationship distress by parental workless status

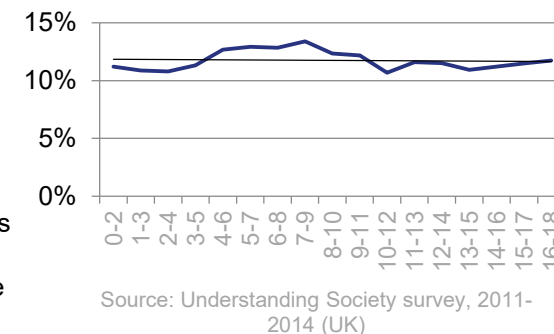


Age of child

There was no difference in the prevalence of relationship distress by age of child, however....

... it is around three times more likely that a child will experience relationship distress when the youngest parent is under 25 (23%) than if they are over 45 (8%)

Proportion of children in couple-parent families reporting relationship distress, by age of child



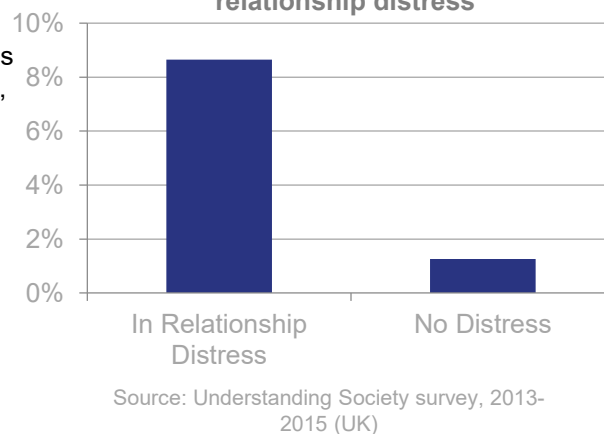
Likelihood of parental separation

9%

of children living in couple-parent families, where parents reported relationship distress, experienced separation in 2012-2014.

This is around seven times the separation rate for those children whose parents were not reporting relationship distress.

Proportion of children experiencing parental separation, by parental relationship distress



Disability and ill health

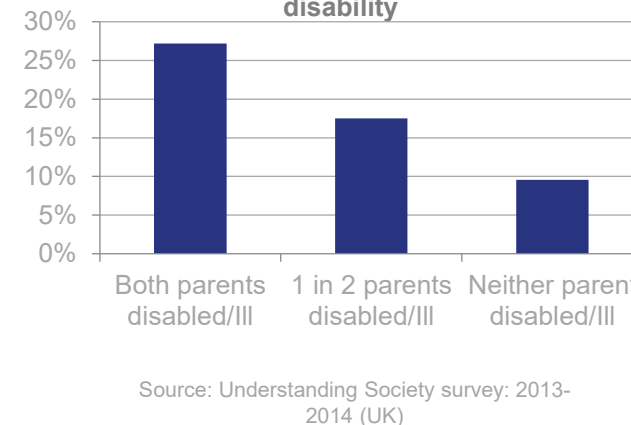
27%

of children where both parents had a longstanding limiting illness and/or disability reported relationship distress, compared to

10%

where neither parent had a longstanding limiting illness and/or disability.

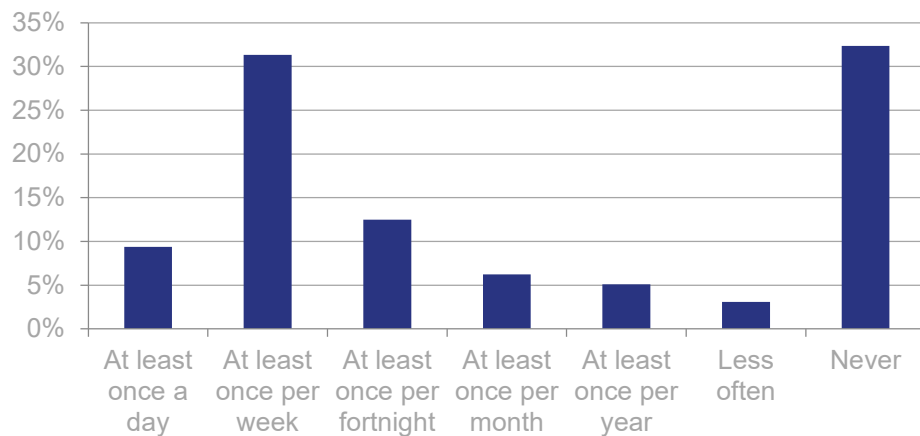
Proportion of children experiencing parental relationship distress, by presence of parental longstanding limiting illness and/or disability



* This remains the case if the analysis is carried out at family level.

Proportion of children in separated families who see their non-resident parents regularly: trends and details

How often resident parents report that the child 'usually sees' their non-resident parent during term time (2013-2014)



Source: Understanding Society survey, 2013-2014 (UK)

Trends

In 2013-2014, 53 per cent of children in separated families saw their non-resident parents regularly – that is, at least fortnightly.

This includes 9 per cent reporting at least once a day, over 30 per cent reporting at least once a week and 13 per cent reporting at least once a fortnight.

This data is available only in 2013-2014; this data is updated every two years.

Details and methodology

Information around relationship quality between separated parents is missing in the Understanding Society survey (for around 30 per cent of cases). However, analysis of the available data shows that when contact between the child and the non-resident parent is regular, it is predictive of reasonable relations between parents (for details, see the next page). This leads us to focus on frequency of contact between the non-resident parent and child which serves as a proxy for reasonable quality inter-parental relationships among separated families, as well as being a positive outcome in its own right.

All adult respondents are asked whether they are the parent of a child under 20 where the other parent is not in the household. Those who say 'yes' are asked some further questions, including how often the child 'usually sees' the non-resident parent in term time and (separately) in holidays. Results are similar in both questions. We have defined regularly as 'at least fortnightly' during term time (although more detailed results are presented above).

Questions about contact in separated families are asked of both resident and non-resident parents in the survey. We are using the views of resident parents for this indicator for two main reasons:

- Research suggests much lower response rates to surveys for non-resident parents that do not have contact with their children (for example, see Peacey and Hunt, 2008). This over estimates the rates of contact we see reported by non-resident parents.
- The survey question asked of resident parents is better, because it asks specifically about seeing the child, as opposed to 'visit, see or contact' in the question posed to non-resident parents.

Proportion of children in separated families who see their non-resident parents regularly: key statistics

Number of separated families

2.6 million

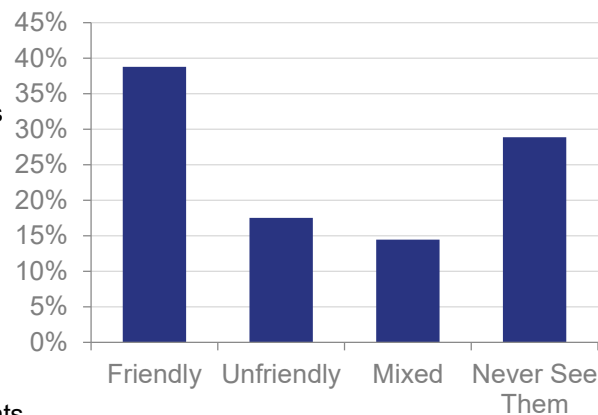
separated families in 2013-2014

Relationship with former partner

For **39%** of all children whose parents live apart, their resident parent reported a friendly relationship with the non-resident parent.

This compares to

60% of children who saw their non-resident parents regularly.

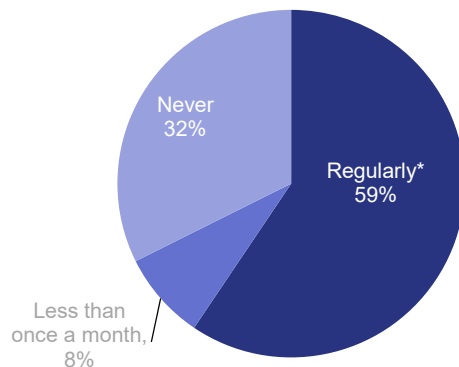


Source: Understanding Society survey, 2013-2014 (UK)

Degree of contact according to the views of resident and non-resident parents

For **59%**

of children whose parents live apart, their resident parents said the non-resident parent 'usually sees' the child about once a month or more.



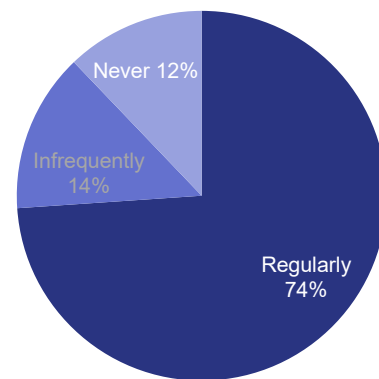
Source: Understanding Society survey, 2013-2014 (UK)

74%

of non-resident parents reported that they 'visit, see or contact' their child several times a month or more.

83%

of non-resident parents reported that their relationship with their child is 'quite' or 'very' close.

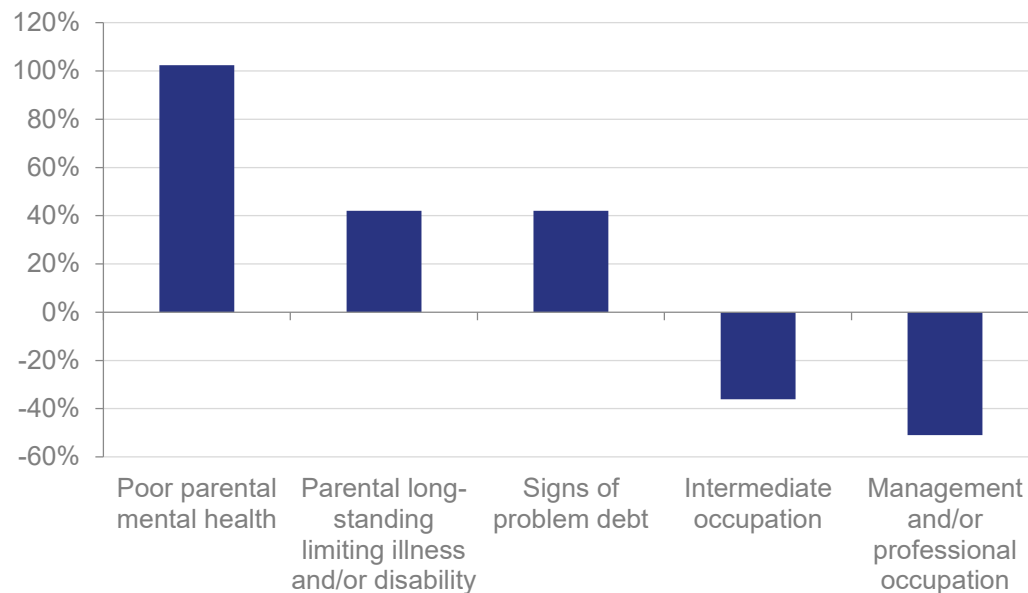


Source: Understanding Society survey, 2013-2014 (UK)

* This is the best like-with-like comparison possible, due to differences in the ways the questions to the resident and non-resident parents are asked (phrasing as per above) and answered (different categories of time used). See previous trends and details for a discussion of why the reported rates are different.

Poor parental mental health has the strongest association with relationship distress

The additional likelihood of relationship distress given the presence of other parental characteristics (model 1)



Source: Understanding Society survey, 2009-2014 (UK)

Key findings

Poor parental mental health has by far the strongest association with relationship distress, suggesting that children growing up with parents reporting symptoms of anxiety and/or depression are over twice as likely to live with parents reporting relationship distress.

In addition, parental ill health, and signs of problem debt, are also associated with a higher likelihood of relationship distress. Finally, those children whose parents are working in management and professional roles, or intermediate roles are less likely to live with parents reporting relationship distress compared to those living with workless parents.

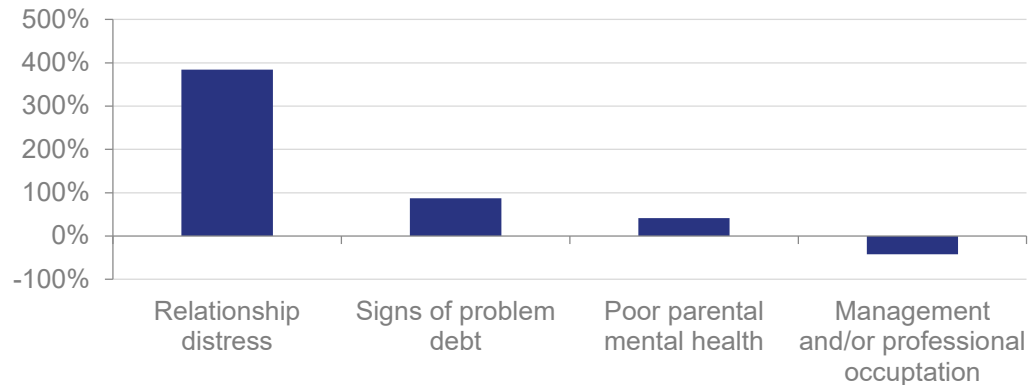
Details and methodology (1 of 2)

We wanted to understand the degree of association between different forms of disadvantage and relationship distress and how the latter is associated with parental separation and child conduct problems. We have done this by using regression analysis (see page 33 for a description of regression analysis.) This is confirmatory analysis which provides some level of reassurance that the elements of relationship distress captured by the indicator are indeed associated with separation and child conduct problems, even after we control for other important forms of disadvantage, family characteristics and demographics (which existing research suggests have a role in explaining these outcomes). The various forms of disadvantage accounted for in this analysis are interrelated with relationship distress, making the impact of the latter on separation and child outcomes difficult to disentangle.

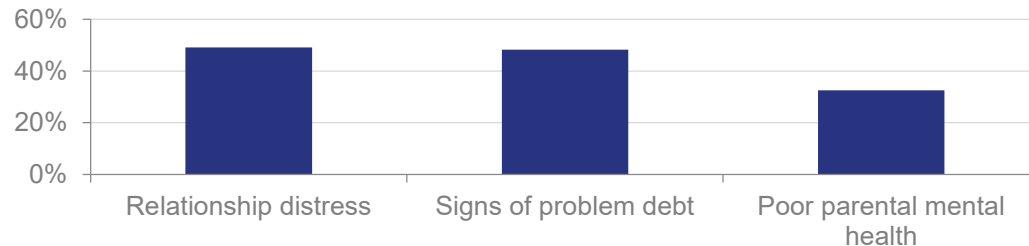
We have only reported results on relationship distress and other relevant forms of disadvantage here, though the analysis also controlled for other family characteristics such as household income, having a young child, marital status, having a young parent, parental ethnicity, family size, living with birth parents, the time period and difference in education level between parents. A full description of this analysis is available in our supporting methodology document, available here: <https://www.gov.uk/government/publications/improving-lives-helping-workless-families-evidence-base>.

Relationship distress is a key predictor of parental separation and child outcomes

The additional likelihood of separation given the presence of other parental characteristics (Model 2)



The additional likelihood of child conduct problems given the presence of other parental characteristics (Model 3)



Source: Understanding Society survey, 2009-2014 (UK)

Key findings

Children who experience parental relationship distress are still around four times as likely to experience parental separation than those without distress, even when accounting for other disadvantages and family characteristics.

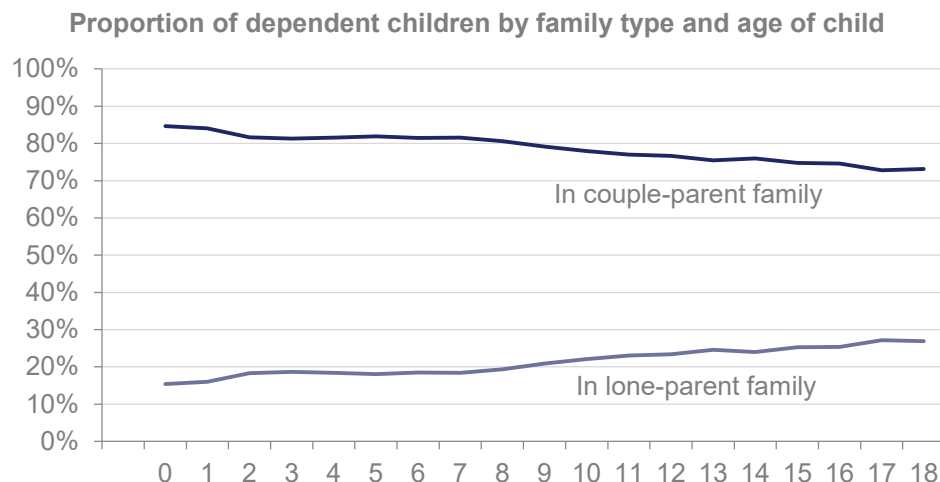
Other disadvantages continue to have an impact over and above that of being in relationship distress: a child is more likely to experience parental separation if the household reports signs of problem debt or if either parent reports poor mental health. In addition, those children where either parent had a professional or managerial job were less likely to experience parental separation than if the parents were workless.

Finally, children experiencing parental relationship distress are almost twice as likely to report conduct problems, as measured by the Strengths and Difficulties Questionnaire sub-score, even when controlling for other disadvantages and family characteristics.

Details and methodology (2 of 2)

Three regression models were considered. Model 1 (previous page) looked at the likelihood of children in couple-parent families experiencing relationship distress, pooling data from waves 1, 3 and 5 and controlling for a range of parental characteristics in the survey, in addition to the disadvantages reported above. Model 2 looked at the likelihood of parental separation by pooling the transitions from waves 1 to 2, 3 to 4 and 5 to 6 and running a logistic regression in the same manner, including relationship distress as an independent variable. Model 3 considers children aged 10-15 who appear in the Youth Questionnaire in waves 1, 3 and 5, modelling the likelihood of a child having conduct problems, defined as having a high Strengths and Difficulties Questionnaire (SDQ) sub-score on 'conduct problems'. All errors were clustered on the personal identifier and the time period was controlled for. Across the three models the forms of disadvantage considered were: poor parental mental health, household reporting signs of problem debt, parental longstanding and limiting illness and/or disability and SEC work classification (i.e. the work status of the parent family is defined by the highest socio-economic work classification among the parents). All results were significant at 95% confidence level. These analyses inform only on the degree of association between relationship distress, separation, children's outcomes and wider family characteristics, not on the existence of causal relationships between these factors.

Older children are more likely to live in lone-parent families



Source: Understanding Society survey, 2010-2015 (UK)

Family structure is an important factor for children's outcomes. Parental separation is strongly associated with ongoing relationship distress, and carries increased risks of poverty and worklessness. The following page shows our analysis of how family structure changes across a child's life

Around one in seven children are born into lone-parent families. Around five per cent of children in lone-parent families see their parents re-partner each year, though this is slightly offset by around 2-3 per cent of children whose parents separate. The cumulative effect means that the older the child, the more likely they are to live in a lone-parent family.

Children whose parents recently separated are eight times more likely to live in a workless family (where the remaining resident parent is not in paid employment) than those whose parents stayed together.

Children born into lone-parent families

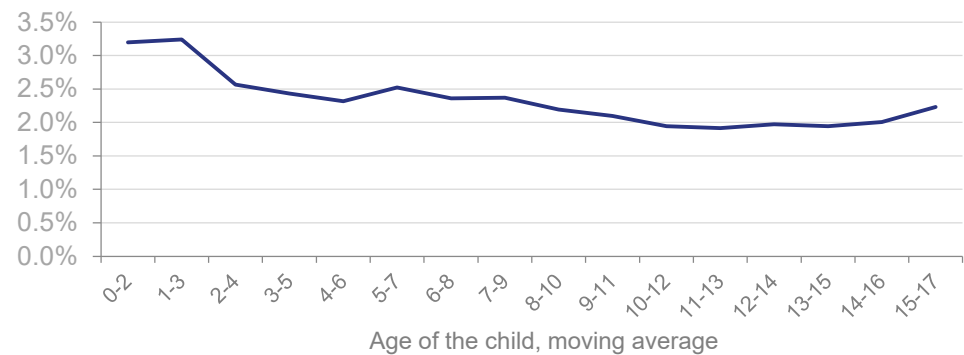
Kiernan (2005), using the Millennium Cohort Study found (similarly) that 15 per cent of children were born to parents who were not in a co-residential partnership at the time of the birth (i.e. born into a lone-parent family).

These parents were on average substantially younger than their married and cohabiting counterparts. They were more likely to be having their first child, but even amongst these groups around half of the mothers were having a second or later child.

The mother's educational attainment was also much lower than that seen amongst the married and cohabiting groups, and one in two of these children were born to parents who were living in disadvantaged areas. By the time these children were nine months old, 24 per cent of the fathers were living with their child at least part-time, 45 per cent were non-resident but in contact with their child, and 31 per cent had no contact.

The proportion of children living with both birth parents has remained flat over recent years

Proportion of children experiencing parental separation by age of the child

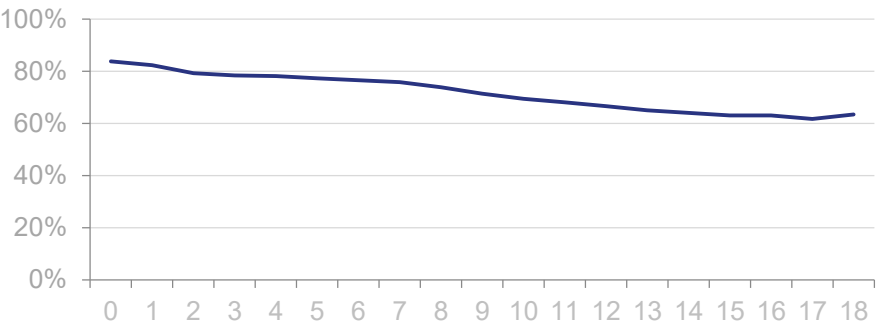


Source: Understanding Society survey, 2010-2015 (UK)

Our analysis suggests that parental separation is more likely when a child is younger.

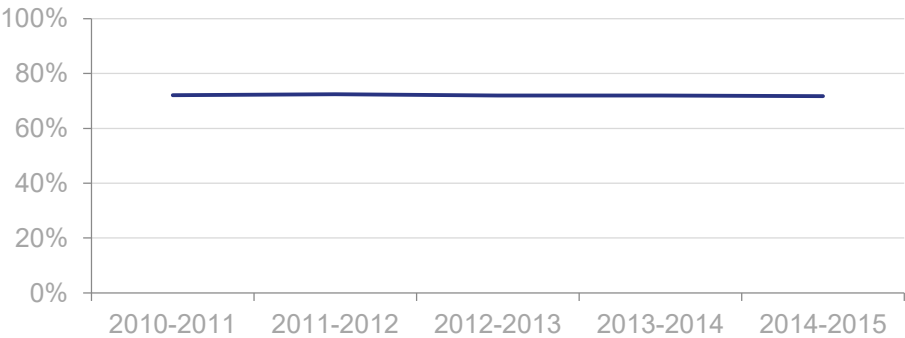
By 18, only around six in ten children (63 per cent) live with both their birth parents.

Proportion of children living with both birth parents by age of child



Source: Understanding Society survey, 2010-2015 (UK)

Proportion of children living with both birth parents



Source: Understanding Society survey (UK)

However, over the last six years, there has been no significant shift in the proportion of children who live with both their birth parents.

Work is underway to quantify the cost of children experiencing poor-quality inter-parental relationships (1 of 2)*

Background

Recent research demonstrates that children who experience frequent, intense and poorly resolved conflict between parents face a greater risk of poor outcomes (Harold et al, 2016). The poorer outcomes associated with poor-quality parental relationships are damaging and costly, not only for the individuals (children and parents) involved but also, indirectly, for the taxpayer as extra support is needed through the provision of dedicated services (for instance, early health interventions, education, social services, early training, long-term welfare costs, crime and justice, family and relationship support services).

Therefore, interventions that improve the quality of relationships between parents offer a significant opportunity to improve outcomes for children and generate economic benefits, such as improved future labour market outcomes for children, and fiscal benefits, such as reduced demand on public spending.

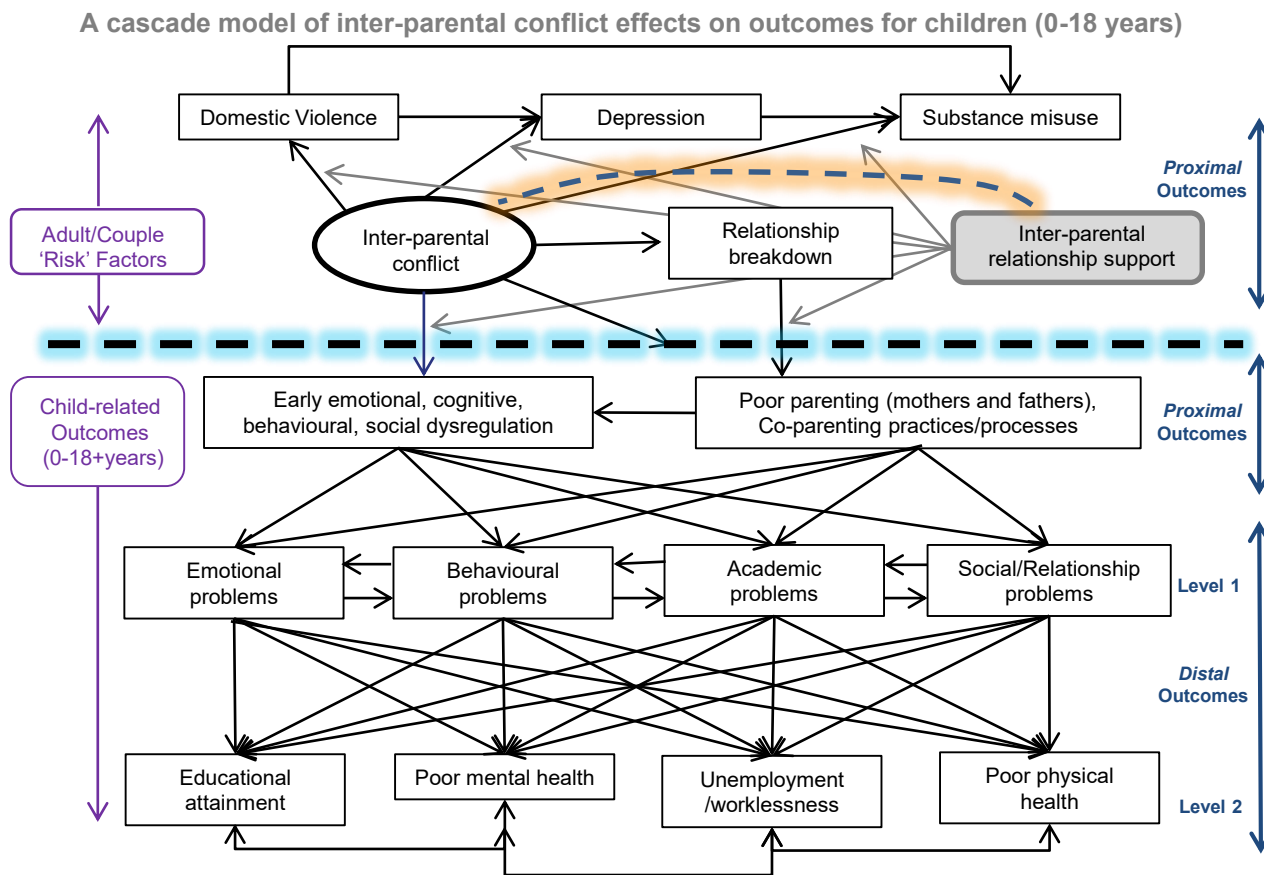
The cascade model

There is limited evidence on the quantification of costs and benefits that result from improved parental relationship quality.

However, research suggests that the interplay between inter-parental conflict and long-term outcomes for children progresses through multiple *chain-of-event processes* (or *pathways*) which can be specified through a *developmental cascade* model.

This model shows how the initial experience of parental conflict, if left to develop uninterrupted, accumulates and leads to greater adverse *proximal* (direct) and *distal* (indirect) outcomes as the child gets older.

This model represents a framework through which these effects can be quantified and monetised.



Work is underway to quantify the cost of children experiencing poor-quality inter-parental relationships (2 of 2)*

How the cascade model works

Inter-parental conflict, which is related to wider family risk factors (for example, domestic violence, parental mental health and substance misuse), affects children's early emotional, behavioural, cognitive and social development, and is a strong predictor of family breakdown; this in turn impacts children indirectly through disrupting parenting behaviour.

Each of these *proximal* outcomes leads to two 'levels' of *distal* outcomes for children. The first level (Level 1) are emotional, behavioural, academic and social problems in childhood and adolescence, the second level (Level 2) are longer-term disruptions to educational attainment, mental health, employment and physical health outcomes in adulthood. So reducing parental conflict can be expected to lead through the *chain-of-event processes* to improvements in *proximal* and *distal* outcomes.

Reducing parental conflict also leads to improvements in *proximal* outcomes for parents such as mental health, reduction of substance misuse and domestic violence.

Cumulative costs of inter-parental conflict can be estimated by working through a specific pathway, taking into account the strength of association for each link in the model, and using existing information on the costs attached to *distal* outcomes. The model shows that the multiple negative outcomes that result from the initial experience of parental conflict reinforce each other and the associated costs accumulate during a child's life. So the overall saving that could result from an initial improvement of parental relationship quality is larger than the individual saving associated with each outcome improvement.

Next steps

The model presented above provides evidence for action to support relationship quality: intervening at the initial point of the cascade model by improving aspects of parental conflict has the potential to limit or even halt the development of negative early processes (upstream) which then leads to substantial individual

and societal cost savings later (downstream). This reinforces the idea that early prevention rather than late intervention yields significant economic and individual health gains across childhood and adolescence (Heckman and Masterov, 2007).

Work in this area will continue in the next few months. Existing UK-based longitudinal data (Economic Social Research Council data such as the Millennium Cohort Study and Understanding Society survey) will be analysed with the aim of populating the cascade model, estimating the links between parental conflict and its effects and enabling a full profile of pathways, costs and potential benefits.

Results of this analysis will enable decision makers to make more robust judgements about what can be gained and saved from investing in services that aim to moderate the impact of inter-parental conflict on children and improve relationship quality among parents. This analysis has the potential to be used by central and local commissioners as a tool to estimate savings to government departments and local areas, from investing in programmes that support parental relationship quality and ultimately promote family stability and improve outcomes for children.

Parental conflict: supporting evidence (1 of 3)

The importance of inter-parental relationship quality

Evidence strongly suggests that elements of family functioning such as high levels of parental conflict, the quality of parenting and of parent-child relationships, poor parental mental health (both parents) and financial hardship, interact in complex ways to impact on child outcomes.

A growing body of evidence suggests that, whether between couples or between separated partners, children growing up with parents who have good-quality relationships, with low parental conflict, tend to enjoy a wider range of better future outcomes, spanning mental and physical health, and educational attainment. For instance, recent research from the Early Intervention Foundation found that the couple relationship has a significant impact on the parenting behaviours of the individual couple members, as well as on the mental health and longer-term outcomes for the child.

Whilst most children will experience some low-level parental conflict with no negative effects, the EIF report concludes that frequent, intense and poorly resolved conflict between parents can lead to externalising problems and internalising behaviours. Externalising problems can include aggression, hostility and disruptive behaviours, most typically found amongst boys who experienced intense parental conflict. Internalising behaviours, more typically found amongst girls, can include anxiety and depression. These early negative effects that result from being exposed to parental conflict have the potential to lead to longer-term negative outcomes which include poor academic achievements, substance misuse, lower employment outcomes and future disrupted family and child outcomes (Harold et al, 2016).

Inter-parental conflict and other forms of disadvantage, such as worklessness, and poor parental mental health, affect children's outcomes in different ways. The different disadvantages interconnect with each other and their effects accumulate and impact on families and children from childhood to young adulthood. Inter-parental relationship quality represents a central mechanism through which early forms of family disadvantage can influence children's symptoms of psychological distress and wider long-term outcomes. Inter-parental relationship affects children outcomes *directly* through its negative effect on children's early emotional, behavioural, cognitive and social

development and/or *indirectly* through disrupting the parent-child relationship. There are various theories that explain these links. Grych and Fincham (1990) show that parental conflict affects children's psychological outcomes depending on how it is expressed, understood, interpreted and reacted upon. Another theory suggests that poorly-managed parental conflict between parents affect children's emotional functioning and feelings of security within a family context (Davies and Cummings, 1994). Finally, Harold and Conger (1997) propose a 'family-wide model' demonstrating that how children perceive inter-parental conflict affects how they expect their parents to behave towards them (parent-child conflict); this can lead to symptoms of psychological distress for children.

Inter-parental relationship quality and separation

Evidence supports the intuitive link between relationship quality and eventual separation. In their study following newly-weds over the first ten years of marriage, Lavner and Bradbury (2010) found a close correspondence between levels of marital satisfaction and divorce rates. For example, after four years of marriage, 54 per cent of those who started with the lowest levels of marital quality experienced the steepest decline in marital quality and had divorced. At the other end of the spectrum, only four per cent of those who started with high levels of marital satisfaction, which remained stable over the four-year period, had divorced. Similar patterns were apparent ten years later. Goodman et al (2010) found relationship quality was a key predictor of separation, even when controlling for a variety of other factors.

The relational risks of parental separation

There is evidence that the parental separation process can have longer-term negative outcomes for some children where there are exacerbating factors including poor parent-child relationships, continuing parental conflict, multiple transitions in family formation and/or poor maternal mental health (Harold and Murch, 2005; Coleman and Glenn, 2010; Mooney et al, 2009; Stock et al, 2014). These poorer outcomes include behavioural problems, poor educational achievement, and physical and emotional health problems, although they can vary between children (even in the same family), due to factors such as resilience, age of children, length of time in family structure

Parental conflict: supporting evidence (2 of 3)

and differences in family functioning such as those referred to above (Hawthorne et al, 2003; Mooney et al, 2009).

Couples with children also experience greater levels of stress during separation compared to those separating without children (Gardner et al, 2006). Parental stress, particularly maternal stress, has been found to be a significant predictor of negative outcomes for children (Cronin et al, 2015). Research has also indicated that children of depressed parents are more likely to have emotional and behavioural problems (Mooney et al, 2009; Stanley et al, 2009).

It is important to note, however, that children can show resilience to long-term negative outcomes when mitigating factors such as ongoing inter-parental conflict and poor parenting practices are reduced or well managed (Peacey and Hunt, 2009; Mooney et al, 2009; Fortin et al, 2012). Most children are able to adjust to a changing situation after a period of instability (Coleman and Glenn, 2009). Some children will even benefit from parental separation when it brings a harmful family situation to an end (Booth and Amato, 2001).

The economic risks of parental separation

Parental separation is strongly associated with a greater risk of low income for children. A wide range of research demonstrates short-term changes in income following the end of marriage or cohabiting relationships. Nearly all such research identifies large falls in income for women and children (HM Government, 2014). Moving from a couple to a lone-parent family is a particularly difficult transition: children in families undergoing such a transition are twice as likely to fall into low-income poverty (Barnes et al, 2015).

The persistence of low income is also particularly marked among lone-parent families. According to *2005-08 Low-Income Dynamics* data, 23 per cent of lone parents experienced persistent low income, compared with nine per cent of couples with children. Research found that five years after separation, women's incomes remain, on average, 10 per cent below pre-separation levels (Jenkins, 2008). The primary reason for socio-economic disadvantage amongst lone parents appears to be labour market activity with lone parents more restricted in terms of employment and opportunities (HM Government, 2014).

As a recent review by Stock et al points out, across all family types, much of the risk of low income relates to how families manage to reconcile the tension between paid work and caring responsibilities; lone parents offer a particularly 'acute' example of this (Stock et al, 2014). Other research supports this with an analysis of the relationship between family type and work patterns, and the resulting movements into and out of low income. This analysis suggests that couple families were more likely to enter work than lone-parent families and so, overall, they were more likely to move out of low income over time (Lyon, Barnes and Millar, 2008).

Moderating factors post separation

Aside from inter-parental relationship quality and parental mental health, there are additional key moderating factors which can address the potential detrimental impacts of couple relationship breakdown on children.

Recent evidence from the US and Germany suggests that better-off mothers are able to mobilise greater resources post separation, and may be able to provide more stability in their children's lives, for example, in terms of residential moves (Augustine, 2014; Gratz, 2015). Evidence for the UK suggests that the effect of parental divorce on children's psychological wellbeing is reduced for more educated mothers and for those with greater economic resources pre-divorce. For attainment, they found a protective effect of having a better-educated father and higher pre-divorce social resources (Mandemakers and Kalmijn, 2014).

Continuing contact with the non-resident parent may also benefit a child's adjustment following separation. Evidence indicates that the benefits of contact with the non-resident parent are contingent on the nature and quality of contact. Contact is beneficial for the child only if it takes place within co-operative post-separation parenting and if there are no concerns over the safety of either one of the parents or the children (cited by Haux et al, 2015).

A recurring message in the literature is that positive outcomes for children are associated with frequent and predictable contact. For instance, young adults who reported contact with the non-resident parent throughout their childhood were most likely to rate their contact in positive terms (Fortin et al, 2012).

Parental conflict: supporting evidence (3 of 3)

There are strong associations between children's wellbeing and the extent to which non-resident parents engage in authoritative forms of behaviour, such as talking with children about their problems, providing emotional support, helping with homework and everyday problems, setting rules, and monitoring children's behaviour. (Amato et al, 2011). The authors conclude that since non-resident parents who rarely see their children have few opportunities to engage in authoritative parenting, a moderate level of contact with non-resident parents would appear to be a necessary condition for enhancing children's wellbeing. However, whilst an increase in contact with the non-resident parent may be beneficial in general, it may be problematic if it occurs within the context of hostile inter-parental relationships (Amato et al, 2009), and where there has been a history of domestic abuse (Wasoff, 2007).

In general, fathers' positive engagement with parenting has been shown to have a range of positive effects, including better peer relationships, fewer behavioural problems, lower criminality, higher educational and occupational mobility, higher self-esteem (Ashley, 2006) and higher educational outcomes at age 20 (Flouri and Buchanan, 2004). The closeness of fathers to their children influences the children's later psychological wellbeing, even after accounting for the mother's influence. If fathers are more closely involved with their children, other things being equal, children develop better friendships, more empathy, high self-esteem, better life satisfaction, and higher educational achievement, and they are less likely to become involved with crime or substance abuse. (Layard and Dunn, 2009).

Finally, repeated changes in family structure from a two-biological-parent family, to lone parent, to step-family status, and repeated family transitions increase the risk of negative child outcomes. Family transitions are also linked with a number of other changes including moving house, school and/or neighbourhood and it is these multiple changes that negatively impact upon children (Mooney et al, 2009).

Factors associated with contact post separation

A number of factors are associated with contact post separation. Fathers who are involved or in contact with their non-resident children are more likely to: have a good relationship with the other parent post separation (Wilson, 2006); belong

to a higher socio-economic group; be in paid employment; contribute financially; live near their children; have multiple bedrooms in their home; be a home owner; have older children; have no dependent children living with them; and have separated more recently (Wilson, 2006; Poole et al, 2013; Haux and Platt, 2015). Where there was a new relationship and the father cohabited with a new partner, there were other resident children, or a step-father in the family, there was also less involvement from non-resident fathers (Juby et al, 2007; Wilson, 2006; Poole et al, 2013).

Fathers' involvement in parenting before separation is linked to frequency of contact after separation. Where fathers had looked after the child by themselves before separation, contact tended to be more frequent afterwards. However, for all fathers, there was a 'decay' in contact, over time (Haux and Platt, 2015). A 2010 survey on parenting found that non-resident parents were the least positive about the amount of time they spent with their child, with just over a quarter (27 per cent) reporting that the time they spent with their child was nowhere near enough (TNS-BMRB, 2010). They were also least likely to feel involved in their child's progress through school and most likely to say they wanted to be more involved in their child's school life. Non-resident parents and fathers were more likely than other groups have to low confidence in their parenting (along with lone parents, parents of children aged 16 and older; parents of children with Special Educational Needs and parents who were disabled or whose child was ill or disabled).

Research has also shown that mothers' perceived parenting competence is negatively affected by separation; which was accounted for by the impact of separation on children's behaviour and the mother's mental health (Haux and Platt, 2015).

Annex A: how the new relationship distress measure is derived

This section outlines the methodology used to derive the new measure of relationship distress

The Understanding Society survey collects information about the quality of couple relationships through ten questions; these questions are:

1. How often do you have a stimulating exchange of ideas? (IDEAS)
2. How often do you calmly discuss something? (DISCUSS)
3. How often do you work together on a project? (WORK TOGETHER)
4. How often do you and your partner "get on each other's nerves"? (NERVES)
5. How often do you consider divorce/separation? (DIVORCE)
6. Do you ever regret that you married or lived together? (REGRET)
7. How often do you and your partner quarrel? (QUARREL)
8. Do you kiss your partner? (KISS)
9. Do you and your partner engage in outside interests together? (INTERESTS)
10. Overall, how happy are you with your relationship? (HAPPINESS)

Each of the ten questions have been analysed by exploring the association between negative responses to the questions and a range of indicators which are directly or indirectly associated with outcomes of children. There are three types of outcomes we have considered, which are:

1. Children's behavioural outcomes: as measured by the Strengths and Difficulties Questionnaire sub-scores: Emotional Symptoms and Conduct Problems.
2. Poor maternal mental health as measured by the 12-item General Health Questionnaire. Poor parental mental health is associated with poorer outcomes for children.
3. Likelihood of separation in the following year of the survey. Parental separation can carry economic risks for both children and parents.

For each of the ten relationship quality questions, the parents have been divided into two groups: those who responded negatively to the question and those who did not. The average score for each of the three outcomes is measured and compared between the two groups of parents. Results of this comparison were used to score each relationship quality question: higher scores were assigned to those questions where a larger difference between the two groups of parents was observed; no points were given if the result of the comparison was not statistically significant. The results of this comparison are summarised as follows (strongest to weakest relationship): 1. REGRET; 2. DIVORCE; 3. QUARREL; 4. NERVES; 5. DISCUSS; 6. KISS; 7. WORK TOGETHER; 8. IDEAS; 9. INTERESTS; 10. HAPPINESS.

The top four questions, REGRET, DIVORCE, QUARREL and NERVES were chosen to inform the indicator.

The final relationship indicator has been constructed such that, if either adult answers negatively to any of the four questions, the relationship is considered to be 'distressed'. If either adult did not respond to the four questions, then the quality of the relationship is defined to be 'unknown'.

Parental conflict: references (1 of 4)

Trends and details, key statistics, and new supporting analysis

The '2.6 million' statistic (on page 55) is based on the following DWP analysis, available here:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/562971/estimates-of-the-separated-family-population-statistics.pdf

A more detailed supporting methodology document, and full data tables, underpinning all of the analysis in this section, is available here:

<https://www.gov.uk/government/publications/improving-lives-helping-workless-families-evidence-base>

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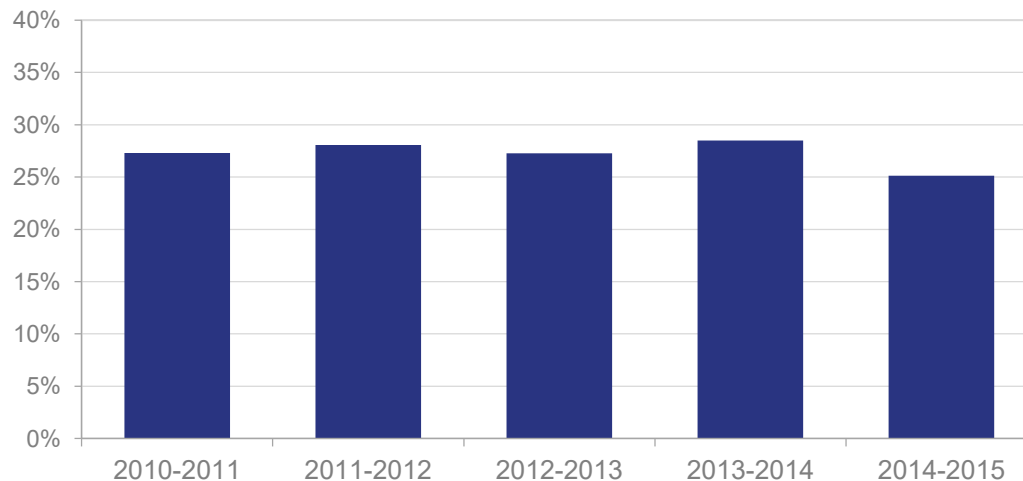
Indicator 3: poor parental mental health

Poor parental mental health measure: overview

Poor parental mental health can have a deep and lasting impact, and is associated with increased rates of mental health problems in children.

While poor parental mental health can have an adverse impact on child development, this is not universally the case and, just as there is a range in severity of problems, so there is a range of potential impact on families. However, some children of parents with mental health problems can experience greater levels of emotional, psychological and behavioural problems than children and young people in the rest of the population. Whilst this may be partly due to genetic influences that increase vulnerability to poor mental health, it can also be because of the more difficult situation and environment in which they are growing up. Parents with poor mental health may find it hard to meet their own and their children's physical, emotional and social needs. Some forms of poor mental health may blunt parents' emotions and feelings or cause them to be "unavailable" or less responsive to the child. We are therefore measuring the **proportion of children living with at least one parent reporting symptoms of anxiety and/or depression**. The types of mental health problems captured here do not necessarily include severe mental disorders and psychoses, but are more focused on common mental health problems, such as anxiety and depression, which frequently interrelate with other disadvantages we are measuring, such as worklessness, problem debt, homelessness and parental conflict, and in combination may present a risk to the family environment and the child's development.

Proportion of children living with at least one parent reporting symptoms of anxiety and/or depression

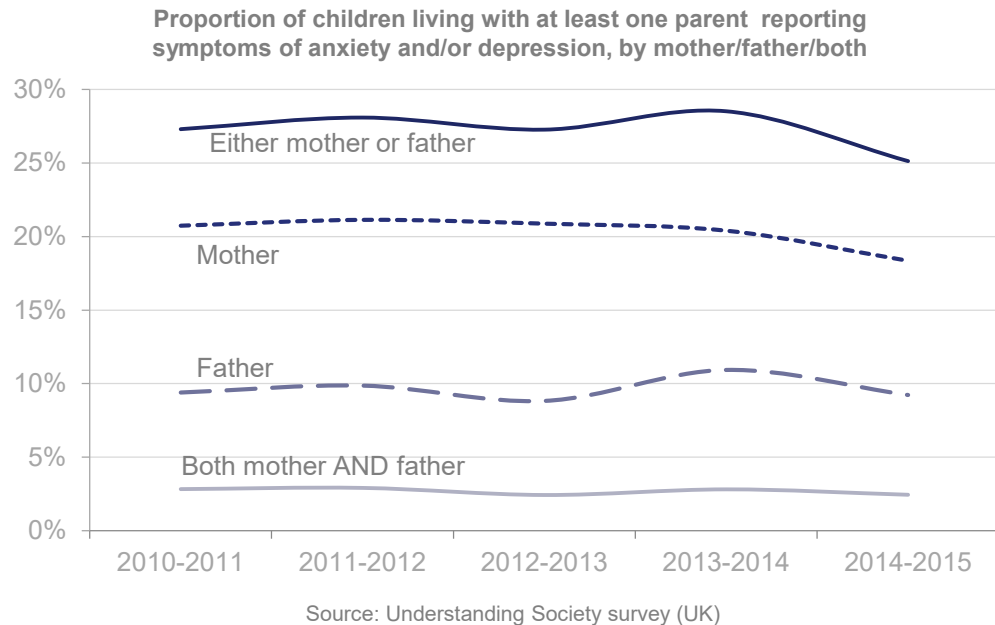


Source: Understanding Society survey (UK)

In 2014-2015, one in four (25 per cent) children lived with at least one parent reporting symptoms of anxiety and depression. This decreased between 2013-2014 and 2014-2015.

This data is based on the self-reported 12-item General Health Questionnaire as collected in the Understanding Society survey (see next page for more details).

The proportion of children living with at least one parent reporting symptoms of anxiety and/or depression: trends and details



Trends

In 2014-2015, around one in four (25 per cent) children lived with at least one parent who reported symptoms of anxiety and/or depression. This decreased from 2013-2014 to 2014-2015.

For around three in four of these children, a mother was reporting these symptoms, and for over one in three the father was reporting these symptoms. For around one in ten of these children, both parents reported symptoms of anxiety and/or depression.

Just under one in four children in the survey do not have data for at least one of their parents. We have assumed that these individuals are not reporting poor mental health, the result being that the measure may underestimate the overall level slightly, by around three per cent (assuming unknown individuals report symptoms at the same rate as the known population). However, our analysis suggests that trends in the measure are unaffected by this issue.

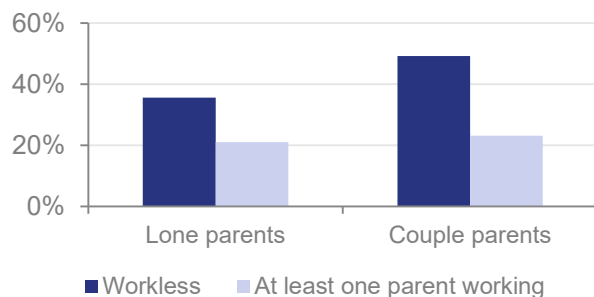
Details and methodology

The [Understanding Society survey](#) uses the self-completed 12-item General Health Questionnaire (GHQ-12). The GHQ-12 is the most extensively used screening instrument for common mental disorders, in addition to being a more general measure of anxiety and/or depression. It focuses on how the respondent is feeling relative to normal (i.e. breaks in normal functioning rather than life-long traits), and therefore covers disorders or patterns of adjustment associated with distress. The GHQ-12 is a condensed (12 question) version of the GHQ, which is commonly used in social research and features in many household surveys. The GHQ-12 asks 12 questions regarding the way an individual has been feeling over the last few weeks, including sleep, self confidence, worry and concentration. There are four possible answers: two are negative (where the respondent is feeling worse than usual), and two are positive (the same or better than usual). A score of one is given for a negative response. These 12 scores are added together so that each individual has a score which ranges from zero to 12. A score of four or more has been shown to indicate that the individual has symptoms of anxiety and/or depression. The types of mental health problems that might be indicated by a high score on this scale do not necessarily include severe mental disorders characterised by deterioration of normal social functioning; these are commonly known as psychoses. Common mental health problems, such as anxiety and depression, frequently interrelate with the other disadvantages we address in this document, such as parental worklessness, problem debt and parental conflict. The common use of GHQ-12 in research also enables further comparison and analysis. For these purposes, using a self-reported scale (the GHQ-12) is better than using questions that focus on whether a respondent has been diagnosed with depression or anxiety, since these are likely to underrepresent the level of poor mental health in the population (due to under-diagnosis and under-reporting).

The proportion of children living with at least one parent reporting symptoms of anxiety and/or depression: key statistics

Work status and family type

Proportion of children living with at least one parent reporting symptoms of anxiety and/or depression, by family type and work status



Source: Understanding Society survey, 2014-2015 (UK)

Children are almost twice as likely to live with a parent reporting symptoms of anxiety and/or depression if those parents are out of work.

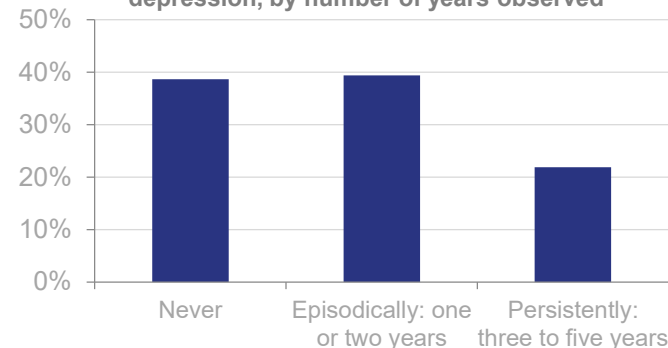
Around half of children in workless couple parent families live with a parent reporting symptoms of anxiety and/or depression.

Duration of poor parental mental health

1 in 5

children persistently lived with at least one parent who reported symptoms of anxiety and/or depression. (This is based on survey interviews that took place annually for the last five years.)

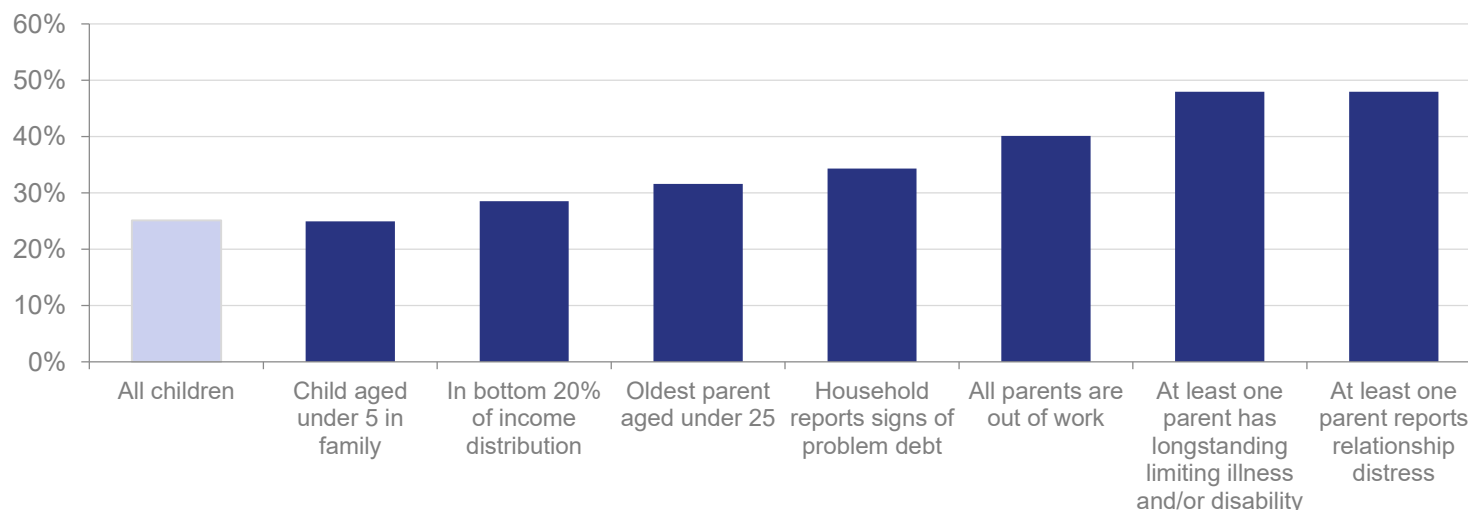
Proportion of children living with at least one parent reporting symptoms of anxiety and/or depression, by number of years observed



Source: Understanding Society survey, 2010-2015 (UK)

Potentially associated family characteristics

Proportion of children living with at least one parent reporting symptoms of anxiety and/or depression, by other family characteristics



Source: Understanding Society survey, 2014-2015 (UK)

Twice as likely

Children who lived with at least one parent reporting relationship distress were twice as likely to also have at least one parent reporting symptoms of anxiety/depression.

Poor parental mental health: supporting evidence (1 of 3)

Poor parental mental health

There are a range of different types of mental health symptoms and problems, which have traditionally been divided into two groups; 'neurotic' or 'psychotic' symptoms (Mental Health Foundation, 2017). 'Neurotic' symptoms are severe forms of 'normal' emotional experiences such as depression, anxiety or panic (assessed on the basis of the severity of symptoms) known as 'common mental health problems'. 'Psychotic' symptoms are less common, which interfere with a person's perception of reality and may include hallucinations (Mental Health Foundation, 2017).

Estimates suggest that in 2014/15, around one in six adults aged 16-64 in England had a common mental health disorder, such as anxiety or depression (McManus et al, 2016). The prevalence of other disorders are much rarer; for example, psychotic disorders such as schizophrenia and affective psychosis each affected about one adult in a hundred, whilst bipolar disorder affected one adult in fifty (McManus et al, 2016). Our indicator is focused on more common mental disorders.

Common mental health problems are more likely to occur for women than men, and since 2000, rates of common mental health disorders in women have been increasing, while for men the rate has remained stable (McManus et al, 2016). Evidence suggests that most mental disorders have their onset in childhood, adolescence or young adult life.

There are differing estimates of the prevalence of poor parental mental health (depending on the severity of the definition applied). A 2008 literature review suggested that among parents around 10 per cent of women and 6 per cent of men had mental health problems at any given time (cited by Mental Health Foundation, 2015). More recently, DWP analysis of data from the Understanding Society survey, indicated that in 2014-2015, 20 per cent of mothers and 14 per cent of fathers reported symptoms of anxiety and/or depression.

Socio-economic background and mental health

There is a growing body of evidence which shows that people from more

disadvantaged socio-economic backgrounds have a higher likelihood of developing and experiencing mental health problems (Mental Health Foundation, 2016). Children and young people in the poorest households are around three times more likely to have a mental health problem than those growing up in better-off homes (cited by Murphy and Fonagy, 2012).

People may experience some types of mental health problems because they are in poor socio-economic circumstances or they may find themselves in poor socio-economic circumstances because they have mental health problems. Although low income does not necessarily lead to higher rates of mental health problems, the social factors associated with lower income and/or socio-economic status, such as debt and poor-quality housing, can adversely affect mental health (Mental Health Foundation, 2016).

Evidence indicates that there is a higher incidence of depression and anxiety in women with young children, particularly among those who are young, unsupported and living in socio-economically disadvantaged circumstances (Brown and Harris, 1978; Petterson et al, 2001 cited by Marryat and Martin, 2010). A longitudinal study, 'Growing up in Scotland', found that maternal mental health was closely associated with women's socio-economic conditions and the quality of their inter-personal relationships. The study found that living in an area of deprivation was associated with both brief and repeated mental health problems, over the four years of the survey (Marryat and Martin, 2010).

Association with worklessness

Employed adults are less likely to have a common mental health problem than those who are economically inactive or unemployed. Figures from the Adult Psychiatric Morbidity Survey show that while around 14 per cent of adults in full-time employment had a common mental health problem, rates were higher among people who were out of work (at 29 per cent for those who were unemployed and 33 per cent for the economically inactive) (Mental Health Foundation, 2016).

By providing greater financial security, social status and identity, employment can positively affect mental health, but a poor working environment and stress within the workplace can also be detrimental to mental health (McDaid et al, 2008).

Poor parental mental health: supporting evidence (2 of 3)

There is strong evidence of a causal relationship between employment status and psychological wellbeing. Longitudinal analysis indicates that:

- Moving from employment to worklessness is predictive of lower psychological wellbeing, even after taking account of other factors (Flint et al, 2013).
- However the positive effects of moving into employment from unemployment were not as large as the negative effects of job loss on psychological wellbeing.
- Moving from either employment, or seeking work, into permanent sickness was also significantly associated with decreased psychological wellbeing, over and above the negative effect of current permanent sickness on its own (Flint et al, 2013).

A 2004 survey of the mental health of children and young people in Great Britain similarly showed that the prevalence of mental disorders was greater among children in families with neither parent working compared with those in which both parents worked (Green et al, ONS, 2004).

The association with child outcomes

Parental depression has been found to be associated with an increased risk of subsequent behavioural and emotional difficulties in children (Marryat and Martin, 2010; Ramchandani et al, 2008).

Longitudinal research has found that children with mothers who had repeated mental health problems were almost twice as likely to have poorer relations with peers at age 3 than those whose mothers remained mentally well throughout the four years of the survey, or compared to those who had only brief episodes of poor mental health. However cognitive development at age 3 was not statistically associated with the mother's mental wellbeing, once social and economic factors were taken into account (Marryat and Martin, 2010).

Similarly, children whose fathers had persistent depression (in both the antenatal and postnatal periods) had higher risks of subsequent emotional and behavioural problems at age 3 ½ even when controlling for other factors such as maternal depression and paternal education level. But by age 7, the associations between fathers' mental health and child behavioural outcomes

were no longer statistically significant (Ramchandani et al, 2008).

Prolonged (i.e. repeated occurrence of mental health problems over several years) compared to brief exposure of mental health problems also affects children differently. Brief exposure to a mother with poor mental health (i.e. where mental health problems were only reported once during the four years of the survey) was associated with adverse emotional and cognitive outcomes for the child, but long-term experience may additionally be associated with adverse behavioural outcomes (Lyons-Ruth et al, 1993 and Chang et al, 2007 cited by Marryat and Martin, 2010).

Research also indicates that maternal mental health during pregnancy affects outcomes in middle childhood. Children whose mothers experienced high levels of anxiety in late pregnancy had higher rates of behavioural and/or emotional problems at age seven for both boys and girls, even after taking other factors into account. There was also an additional effect of postnatal anxiety on behavioural and/or emotional problems at age seven (O'Connor et al, 2003).

Other longitudinal research has investigated how parental mental health relates to adolescent child happiness (Webb et al, 2016). The results showed that maternal and paternal mental distress predicts unhappiness in girls but not boys (Webb et al, 2016).

Potential transmission mechanisms

There remains some uncertainty as to the mechanisms involved in the transmission of mental health problems to poorer outcomes in children (Ramchandani et al, 2008). Although children of parents with mental health problems are at increased risk in terms of their cognitive, emotional and social development, many children will not suffer adverse effects, and research highlights the role of child resilience and protective factors in determining their vulnerability to poorer outcomes in later life (Smith, 2004). There may also be different impacts depending on the age of the child (Smith, 2004; Ramchandani and Psychogiou, 2009). There is mixed evidence as to whether the boys and girls are affected in different ways, according to whether the father or mother has mental health difficulties (Ramchandani and Psychogiou, 2009).

Poor parental mental health: supporting evidence (3 of 3)

A number of biological dispositions, sociocultural contexts and psychological processes are likely to interact and can act as protective factors or risk factors for both parents' and children's mental health (Mental Health Foundation, 2016). In summary, some of the possible mechanisms by which parental mental health may impact on children, include:

- direct exposure to symptoms (for example, experience of unpredictable or irrational behaviour, or neglect);
- the influence of mediating factors, such as disrupted parental/couple relationship (see the parental conflict indicator section for a detailed discussion of the evidence in this area) or inter-partner violence;
- disruptions to parenting;
- parental genetic factors;
- the interaction of genetic and environmental influences (Smith, 2004).

A child's development may be affected by the emotional environment within the home, including the quality of relationships between parents, the support available to the family and the health and wellbeing of the parents (Marryat and Martin, 2010). Associated with this, research has found that children's behavioural problems are strongly associated with the quality of their parents' relationship, with a poorer-quality relationship predicting greater behavioural problems, especially among children in lower-income families (Mental Health Foundation, 2016). For parents themselves, social support and relationships are also important; being happily married or in a stable relationship has been found to be linked to physical and mental health benefits (Mental Health Foundation, 2016).

In terms of parenting, there is consistent evidence that depressed mothers may be less responsive to their infants' attempts to engage with them and this in turn affects the strength of the child's attachment (Murray et al, 1996, cited by Marryat and Martin, 2010). The development of attachment behaviours and bonding are particularly important to babies and young children, and their wellbeing and development (Smith, 2004). Poor attachment is related to impaired cognitive functioning at 18 months (Murray et al, 1996, cited by Marryat and Martin, 2010).

There is limited research on how paternal mental health specifically affects children. However, some studies have shown that fathers with depression

spend less time with their children and undertake fewer activities, so the quality of time is also reduced (Ramchandani and Psychogiou, 2009). Studies have also found that self-reported paternal depression has a small but significant negative effect on parenting, with decreased positive and increased negative parenting behaviours (Wilson and Durbin 2010, cited by Sethna et al, 2015).

Older children may have a greater ability to understand some aspects of a parent's mental health problems and be more tolerant of some disruptions to their relationship with the parent, but they may also find their parent's unpredictable behaviour, or ineffective limit setting difficult to cope with, and others may also take on a caretaking role (Smith, 2004).

Poor parental mental health: references (1 of 2)

Trends and details, and key statistics

A more detailed supporting methodology document and full data tables underpinning the analysis in this section are available here:

<https://www.gov.uk/government/publications/improving-lives-helping-workless-families-evidence-base>

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Poor parental mental health: references (2 of 2)

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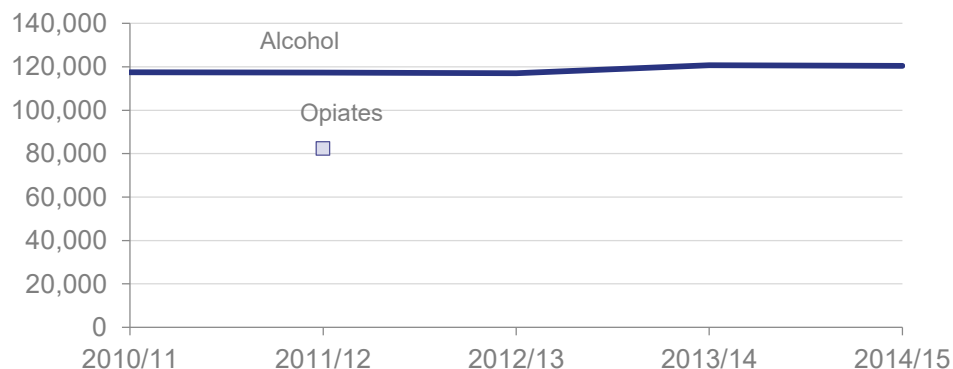
Indicator 4: parental drug and alcohol dependency

Parental drug and alcohol dependency measures: overview

Substance misuse is associated with a wide range of harmful social and health impacts and costs for the individual, their family and community. It is a cause and a consequence of wider factors, including poor physical and mental health, difficulties securing and sustaining employment, and housing problems and crime. The World Health Organization defines it as a ‘chronic, relapsing disorder’.

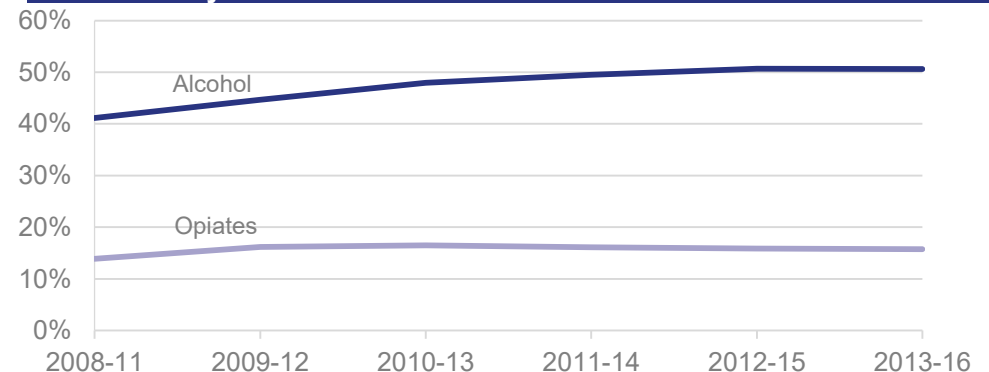
Parents are crucial role models for children and evidence indicates that parental dependency can have serious consequences for children in terms of their physical and emotional health and wellbeing. Treatment aims to help people overcome dependency and reduce the harm drug use and alcohol dependence cause. We are measuring **the number of parents who are i) opiate users or ii) dependent on alcohol** and also **the treatment outcomes of i) parents who are opiate users and ii) parents with alcohol dependence**.

Number of parents who are opiate users or dependent on alcohol



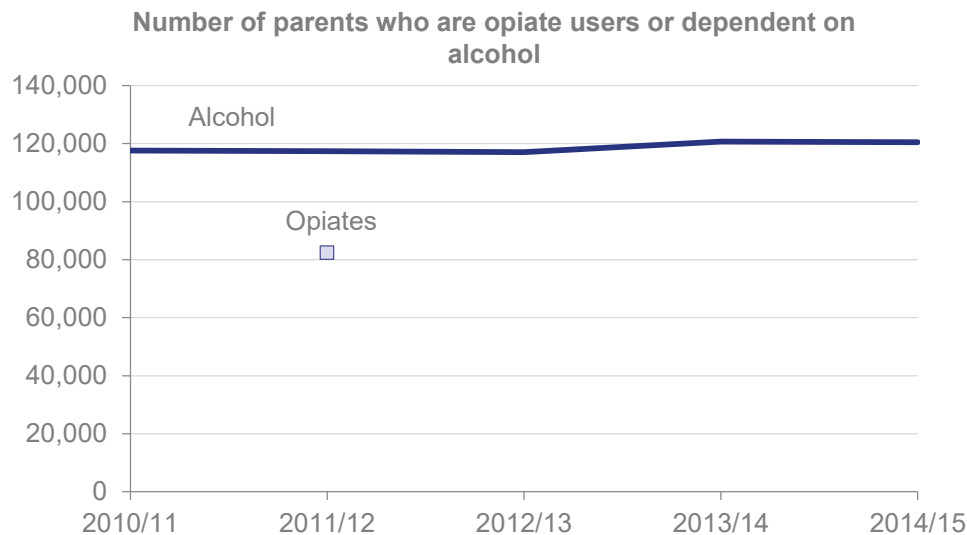
In 2014/15 around 120,400 parents were estimated to be dependent on alcohol. This has remained relatively stable over the last four years. The latest figures available, indicate that in 2011/12, there were around 82,300 parents using opiates.

Of alcohol dependent parents or parent opiate users entering treatment in the last three years, the proportion completing successfully



Of those parents with alcohol dependency entering treatment between 2013-16, half (51 per cent) completed treatment successfully and had not returned by the end of the three year period. The rate is lower for opiate-using parents, at 16 per cent.

Number of parents who are opiate users or dependent on alcohol



Source: Alcohol estimates use data from the Adult Psychiatric Morbidity Study (APMS), ONS census information and data on Hospital Admissions (England). Opiate estimates use data from the Police National Computer (PNC), Probation, Prison treatment and the National Drug Treatment Monitoring System (NDTMS).

Trends

In 2014/15, around 120,400 parents were estimated to be dependent on alcohol. This has remained relatively stable over the last four years.

The latest figures available indicate that, in 2011/12, there were approximately 82,300 parents aged 18 to 64 using opiates. Estimates on the prevalence of parental opiate use in 2014/15 are expected to be available later in the year.

Parents have been defined as individuals aged 18 and over that have children living with them.

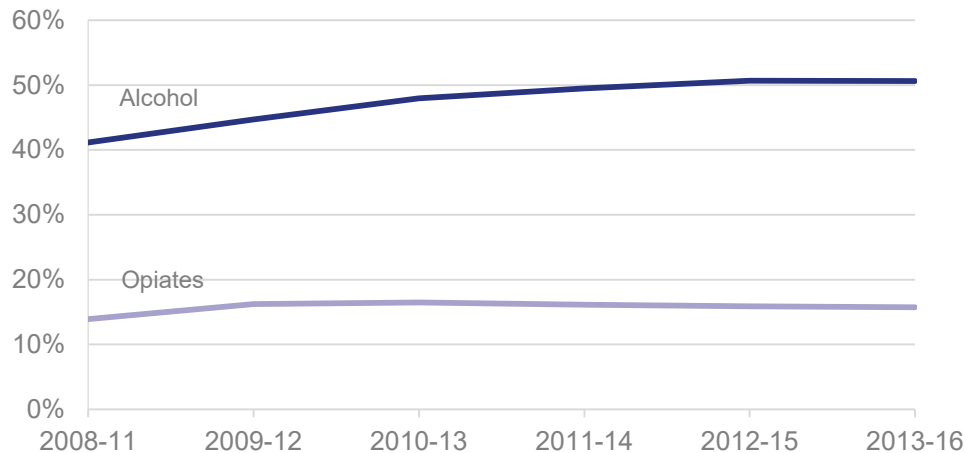
Details and methodology

The prevalence estimates of alcohol parental dependence are carried out by Sheffield University with support from Public Health England. The estimates use data from the Adult Psychiatric Morbidity Study (APMS) alongside ONS census information and data on hospital admissions. The full methodological report can be found here <http://www.nta.nhs.uk/facts-prevalence.aspx>. The prevalence estimates of opiate dependency are produced by Liverpool John Moores University and Manchester University with support from Public Health England. The estimates use data from the Police National Computer (PNC), probation and prison treatment data, and data from the National Drug Treatment Monitoring System (NDTMS). The full methodological report can be found here <http://www.nta.nhs.uk/facts-prevalence.aspx>.

Opiate and alcohol prevalence measures are reported as the overall number affected rather than as a proportion, in line with the underlying research and how previous statistics on drug prevalence have been reported. Reporting on the figures in this way provides clarity on the actual number affected by each problem, which although low as a proportion of all parents, still affects a significant number of children and adults. Although the estimates could be converted into a proportion, the denominator would need to be derived from a survey-based data source using a comparable definition of parents; this would add unnecessary uncertainty to the estimates. We have reported on 2011/12 opiate prevalence data as the latest figures available. Estimates on the prevalence of parental opiate use in 2014/15 are expected to be available later in the year.

Of alcohol dependent parents, or parent opiate users, entering treatment in the last three years, the proportion completing successfully

Parents dependent on alcohol or using opiates who enter treatment in a three year period, and who then successfully complete treatment and do not return (by end of period)



Source: Opiate and alcohol data is from the National Drug Treatment Monitoring System (England). Analysis by Public Health England and Manchester University (NDEC). See further information on page 94 for more details. Alcohol figures comprise individuals who have presented for dependency problems with alcohol only and alcohol together with other substances (non-opiates, such as cannabis and cocaine). Those presenting with alcohol and opiates are not included in the alcohol figures as they will appear in the opiate figures.

Trends

There has been a nine percentage point increase in the successful completion rates of parents with alcohol dependency who started treatment between 2013-16, compared to those starting in 2008-11.

There has also been an increase in the successful completion rate of parents using opiates who started treatment in 2013-16 compared to those starting in 2008-11 (just under a two percentage point increase), with the completion rate remaining relatively stable since 2009.

The successful completion rates of parents in treatment using opiates are much lower than those with alcohol dependency; this reflects the entrenched nature of opiate (mainly heroin) dependence and that users of these substances are far less likely to have the same personal resources that would aid recovery from dependence, such as stable housing, employment and peer support.

Parents are defined here as individuals aged 18 and over who have children living with them or who are pregnant at the time of starting treatment.

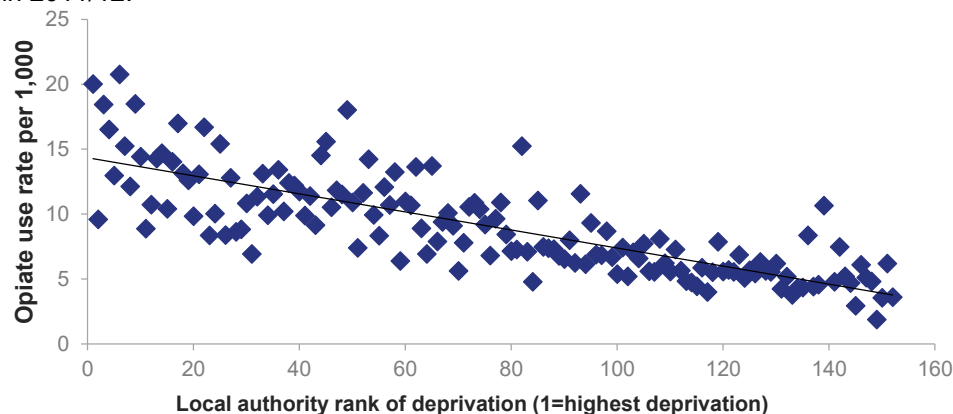
Details and methodology

The data for this indicator uses information collected through the National Drug Treatment Monitoring System (NDTMS) which collects regular information from approximately 1,000 agencies that provide drug and alcohol treatment in England. NDTMS data is analysed by Public Health England who provide regular benchmarked reports and toolkits to local authorities and treatment providers to support them in understanding need, improving outcomes and value for money. To be included in this indicator, individuals must have entered treatment in the reported three year period and have successfully completed treatment, and they must then have not returned to treatment by the end of the three year period. The data is reported on a three year period because of the length of time typically taken to complete treatment, alongside the fact that NDTMS only collects parental information at the start of treatment. Opiate users leaving treatment successfully must not be receiving any substitute medication at the time of exit. For more information on individuals receiving treatment in England, National Statistics publications can be found here: <http://www.nta.nhs.uk/statistics.aspx>.

Opiate use and treatment: key statistics

Opiate use and deprivation, 2011/12* (all adults)

Whilst there is substance use among people from all socio-economic backgrounds, opiate use was strongly associated with local authority deprivation in 2011/12.



* 2011/12 is the most recent prevalence data available at the time of publication.

Effects on family, employment and housing

In 2011/12, around **162,000 children were living with a parent of working age who was an opiate user**. To note this figure will include double counting where one or more children are living in a house where both parents have an opiate dependency.

18% of parents using opiates had a housing problem at the start of treatment in 2015/16.

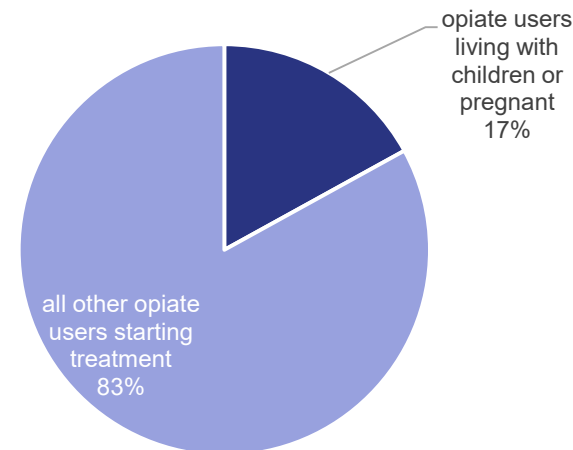
80% of parents using opiates reported no days' paid work in the 28 days before starting treatment in 2015/16.

See references on page 89 for a full list of data sources. Parents are defined as individuals aged 18 and over that have children living with them. Housing problems are defined as either no fixed abode, or living in a hostel or 'sofa-surfing' (i.e. those living with friends/family rather than owning or renting accommodation).

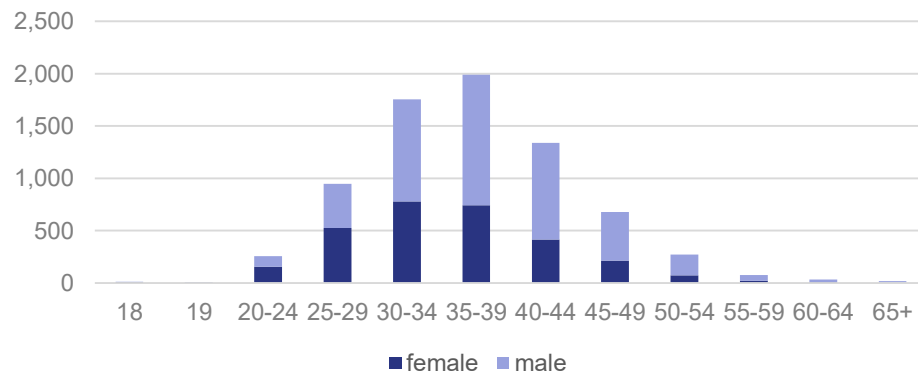
Parents starting treatment in 2015/16

17%

of the 43,500 opiate users starting treatment in 2015/16 had children living with them or were pregnant.



Age and gender of parents starting treatment in 2015/16

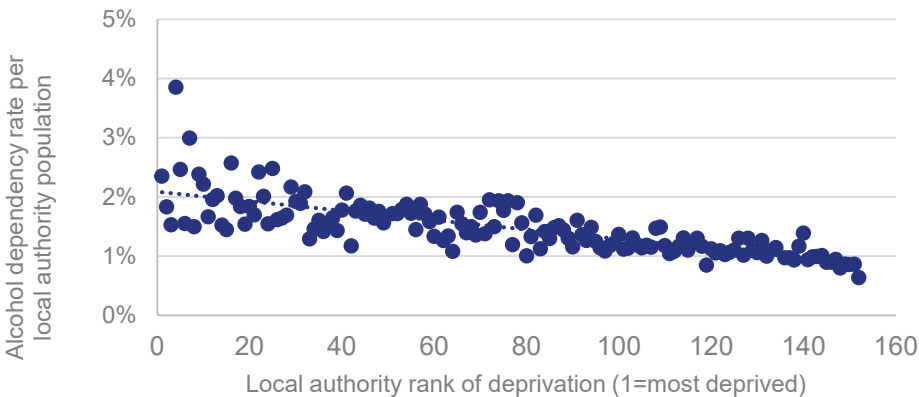


Sixty per cent of opiate users starting treatment with children living with them were male, this compares to 78 per cent of all other opiate users starting treatment in the year. Most opiate users with children living with them or who were pregnant were aged between 30-39; this is a younger age distribution than seen in rest of the opiate treatment population starting treatment in 2015/16.

Alcohol dependency and treatment: key statistics

Alcohol dependency and deprivation, 2014/15 (all adults)

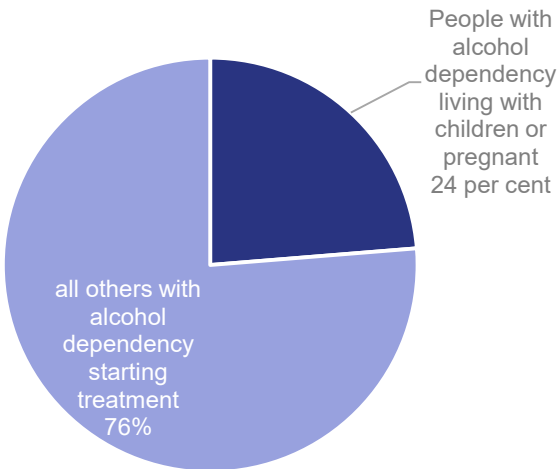
Whilst alcohol problems and harms affects individuals from all socio-economic backgrounds, higher rates of alcohol dependency tend to be associated with areas with higher deprivation



Parents starting treatment in 2015/16

24%

of the 76,500 adults with alcohol dependency starting treatment in 2015/16 had children living with them or were pregnant



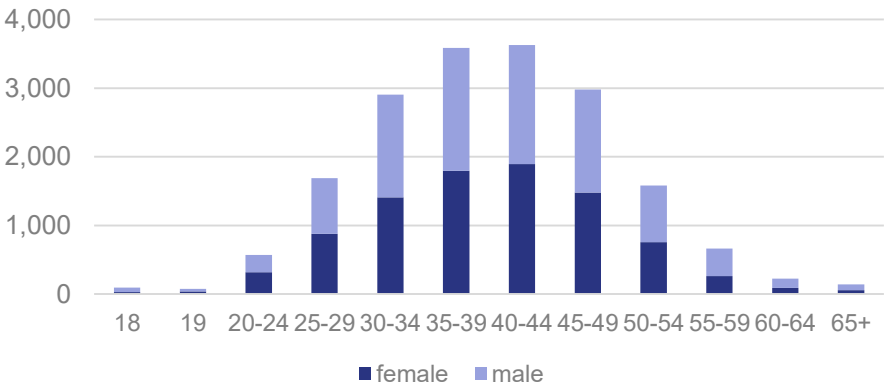
Effects on family, employment and housing

Between **189,000** and **208,000** children were living in households with adults with alcohol dependency in 2014/15.

8% of parents with alcohol dependency had a housing problem at the start of treatment in 2015/16.

63% of parents with alcohol dependency reported no days' paid work in the 28 days before starting treatment in 2015/16.

Age and gender of parents starting treatment in 2015/16



Fifty per cent of adults with alcohol dependency starting treatment, who had children living with them, were male; this compares to 69 per cent of all other adults with alcohol dependency starting treatment in this year. Just over half were aged forty and over, compared to 61 per cent of all other adults (i.e. those not living with children) starting alcohol treatment in 2015/16.

See references on page 89 for a full list of data sources. Parents are defined here as individuals aged 18 and over that have children living with them. Housing problems are defined as either no fixed abode, or living in a hostel or sofa surfing.

Parental drug and alcohol dependency: supporting evidence (1 of 4)

Key factors associated with drug and alcohol misuse

Dependent drug and alcohol misuse is associated with a wide range of harmful social and health impacts and costs for the individual, their family and community. It is both a cause and a consequence of wider factors, including poor physical and mental health, difficulties securing and sustaining employment, and housing and crime issues (Department of Health, 2007; Bauld et al, 2010). The World Health Organisation defines dependency as a 'chronic, and relapsing disorder' (World Health Organisation, 2004). There is an association between problematic drug misuse and low income, and evidence to suggest that the poorest families and communities and those with high levels of unemployment are more affected by problematic drug misuse, and that it is linked to poor social capital within communities and poor family networks (Harkness et al, 2012; Shaw et al, 2007). Those at the margins of society are often most at risk, including families with children in care or those excluded from school, those in contact with criminal justice or mental health services, and homeless people.

A 2010 review of health inequalities showed that the most deprived local authorities tend to have the highest prevalence of problematic drug users aged 15 to 64 (Marmot et al, 2010; cited by Burton et al, 2014). As a result, recent drug strategies have strongly emphasised the importance of social reintegration to sustaining recovery. It is accepted that, rather than just focussing on the symptoms of drug use (Burton et al, 2014) to support individuals to break intergenerational cycles of use, there is a need for integrated working between a range of services to address the breadth of drug users' wider needs.

UK research also suggests that those who experience social and economic disadvantage in early life or adulthood are at greater risk of adopting problem drinking behaviours later in life (Jones and Sumnall, 2016). The impact of harmful drinking and alcohol dependency is also much greater for those individuals and families in the lowest income bracket and those experiencing the highest levels of deprivation, even though there may be little difference in consumption between socio-economic groups. This is known as the 'alcohol harm paradox'. One of the reasons explaining these higher health harms may be the clustering of unhealthy behaviours and associated risk factors in more deprived areas (Alcohol Research, 2015).

Alcohol dependency can be a long-term condition, which may involve relapses even after good-quality treatment, with the ready availability of alcohol an influential factor. Typically, dependent individuals also experience multiple physical and mental health problems and are frequent users of health services (PHE data, 2015a).

The impact of parental alcohol and drug misuse on families

Parental alcohol and drug dependency significantly affects the lives, and harms the wellbeing of children, with parental alcohol dependency negatively affecting more children than the misuse of illegal drugs (Adamson et al, 2012).

Children affected by parental alcohol misuse can have a higher than average incidence of physical, psychological and behavioural problems - prenatal alcohol exposure, for example, can affect children's growth, cognition, behaviour, language, and achievement throughout life (Burton et al, 2016). Parents are also an important influence on their children's attitudes towards alcohol and on drinking behaviour (Burton et al, 2016). Heavy drinking in adolescence can affect brain development and risks organ damage. Alcohol consumption before the age of 13, is associated with a fourfold increased risk of alcohol dependency in adulthood (Dawson et al, 2008; Hingson & Zha, 2009 cited by NICE guidelines, 2010).

Research has shown that children of parents with alcohol use disorder (AUD) are more likely to develop AUD in later life (Burton et al, 2016). The term alcohol use disorder is applied to those whose drinking has already either led to a wide range of physical or psychological harms (harmful drinking) or to alcohol dependency.

AUD can also be an important factor in relationship breakdown (Burton et al, 2016). Longitudinal research in the US suggests that parental separation is experienced more commonly in children whose parents have AUD. By age 18, around a quarter of children's parents had separated where neither parent had AUD, compared to 61 per cent in which only the mother had AUD and three-quarters in which both parents had AUD (Burton et al, 2016).

Parental drug and alcohol dependency: supporting evidence (2 of 4)

Alcohol consumption can also be both a cause and consequence of intimate partner violence (IPV) which includes physical or psychological harm. This is because alcohol may increase perpetration but it can also be used as a coping strategy in response to violence. As with drug misuse, parent and/or carer alcohol use is associated with child maltreatment and being maltreated as a child is linked with marked increases in the risk of problematic alcohol consumption in later life (Burton et al, 2016).

Parental drug dependency can also have significant adverse consequences for children at all stages of their development. These include: poor physical health and wellbeing (including poor diet and poor hygiene); an increased risk of early substance misuse; a higher risk of offending behaviour and/or lower educational attainment; neglect; and taking on inappropriate caring roles for siblings or dependent parents (Advisory Council on the Misuse of Drugs, 2003).

There is increasing evidence that long-term harms can result from chronic stress during childhood such as maltreatment (verbal, physical or sexual abuse) of children that live in a household with alcohol or drug abuse, mental illness, parental divorce, domestic violence, or incarceration. If a child experiences four or more of these factors during childhood they have a substantially higher risk of developing health-harming behaviours (Bellis et al, 2014; Flaherty et al, 2006).

Parental substance dependency is a common feature of local authority social work caseloads:

- The 'Hidden Harm' report on the findings from the Advisory Council on the Misuse of Drugs highlighted that parental problem drug or alcohol use featured in a quarter of cases of children on the child protection register.
- Misuse of drugs and alcohol has also been found to be a common feature in serious case reviews (local enquiries into the death of, or serious injury to, a child where neglect or abuse is known or suspected, including where drugs were ingested by the child). Parental substance misuse was mentioned for 42 per cent of families, with a context of drug misuse in 29 per cent of families, and alcohol misuse in 27 per cent of the cases. In some families there was concurrent misuse of both drugs and alcohol. (Brandon et al, 2013).

The Department for Education's Children in Need census records that, in 2015/2016, drug misuse was assessed as a factor in 19 per cent of cases and alcohol misuse in 18 per cent (DfE, 2016). Research has also found that 40 per cent of children caring for a relative with substance use problems were missing school or had other indicators of educational difficulties (Dearden and Becker, 2004).

PHE are working with the University of Newcastle to carry out an evidence review of how parental drug and alcohol misuse impacts on children and will provide estimates of the number of children likely to be negatively affected. This work will be completed in spring 2017.

The association of worklessness

The relationship between problem drug use and unemployment has been notably examined in two studies by Macdonald and Pudney (2000,2001). Both studies found that past use of drugs such as heroin and crack cocaine was significantly related to unemployment later in life. The direction of causation is also debated; problematic drug taking may be a response to unemployment or vice versa and the direction of cause and effect could vary between individuals (Macdonald and Pudney, 2001).

A separate study drew on survey data collected for the Drug Outcome Research in Scotland (DORIS) study. Results confirmed that users of drugs such as heroin and crack cocaine were not only far from the labour market but were also far from being job-ready (Kemp and Neale, 2005).

The impact of alcohol consumption on employment depends on the quantity of alcohol consumed and the frequency of drinking (Burton et al, 2016). In general, there is a dose-response relationship between alcohol consumption and sickness absence (i.e. the more alcohol is consumed the greater the risk) with alcohol being a significant risk factor for absenteeism and presenteeism (working while sick due to alcohol consumption) (Burton et al, 2016).

A literature review has revealed higher rates of substance misuse (alcohol and drugs) in unemployed compared to employed people. The review found that problematic substance use increases the risk of unemployment, and decreases the chances of employment (Burton et al, 2016).

Parental drug and alcohol dependency: supporting evidence (3 of 4)

Difficulties with employment are often experienced by those with alcohol dependency. A U.S. study found that although problem drinkers were no less likely to move into work than other unemployed welfare recipients, once in work they found it harder to sustain employment, increasing the risk of returning to unemployment (Zabkiewicz and Schmidt, 2007). However there is also evidence that paid employment increases the likelihood of better treatment outcomes. Unemployed individuals were more likely to continue using drugs and alcohol during treatment, and to relapse following treatment, compared to those who were employed (cited by Burton et al, 2016).

Barriers to work

There are substantial barriers to work directly related to dependent drug and alcohol use including; substantial physical and mental health issues, some of which result from dependency, and some of which are the original triggers of drug use. Many users experience chronic illness as side effects of their drug using, including pains and fatigue or life-threatening illnesses including hepatitis, septicaemia or HIV/AIDS (Effective Interventions Unit, 2001).

Qualitative research has revealed that drug users consider the attitude of employers to be a major barrier to work (Bauld et al, 2010). This perception was explored amongst employers themselves by Klee et al (2002) who found that employers were very wary about taking on people with history of drug abuse as they are considered unreliable, untrustworthy and unsafe. This was reinforced by the work carried out by UK Drug Policy Commission on stigma, including among employers (UKDPC, 2010). Lastly, literature has also highlighted personal barriers to employment for those with drug misuse issues including low expectations and a lack of self-confidence (Effective Interventions Unit, 2001).

People with alcohol dependency also face multiple barriers to gaining employment. They often lack skills, work experience, qualifications, confidence and communication skills, suffer from poor physical and mental health, have a criminal record, fear stigma associated with alcohol dependency, and lack financial stability and social support (reviewed in Sutton et al, 2004 and Bauld et al, 2010). Alone, or in combination, these barriers may reduce the chance of obtaining employment.

People who are dependent on alcohol may also prefer to delay job searches in order to spend more time dealing with their alcohol problems (Bauld et al, 2010).

The wider costs of alcohol and drug misuse

Alcohol is the leading risk factor for deaths among men and women aged 15-49 years in the UK and is the fifth biggest risk factor attributable to early mortality, ill-health and disability for all ages in England (Global Burden of Disease, Injuries, and Risk Factor Study, 2013).

Alcohol has been identified as a causal factor in more than 60 medical conditions, including cirrhosis of the liver, heart disease and depression (HSE, 2014). The economic burden of alcohol is substantial, with estimates placing the annual cost to be between 1.3 per cent and 2.7 per cent of annual GDP (Burton et al, 2016). Not all of these costs are attributed to people who are alcohol dependent, but the costs illustrate the scale of the problems caused by alcohol.

Non-medical heroin use is associated with a substantial risk of premature death. Other drugs also carry risks, but people who inject drugs and share needles and other injecting equipment place themselves at increased risk of blood-borne infections. The most common cause of drug-misuse death is acute opioid-related poisoning following accidental overdose, which induces respiratory depression and hypoxia (Darke, Kaye and Dufrou, 2006). Research shows that about one per cent of the illicit opioid-using population dies each year, a rate 10 times greater than would be expected in a population with a similar distribution (Bargagli et al, 2006; Degenhardt et al, 2011).

There is a complex relationship between crime and drug use; however, evidence suggests that drug users are responsible for a large proportion of acquisitive crime, such as shop lifting or burglary (National Treatment Agency for Substance Misuse, 2009). When measuring criminal activity, it is difficult to disentangle crime directly caused by drug use from crime that is linked to drug use but caused by other factors. However, one study estimates a high volume of drug-induced acquisitive crime linked to heroin use, at between 160 to 230 offences a year per heroin user. There is no significant evidence of violent crime linked directly to heroin use, although heroin suppliers may be involved in violent crime (Bryan et al, 2013).

Parental drug and alcohol dependency: supporting evidence (4 of 4)

The estimated costs of drug-related crime (primarily opiate and crack users) in England and Wales range from £5.3 billion to £6.6 billion (Mills et al, 2013). Related to this, research also shows that crimes committed by heroin users halved during their time in treatment (National Treatment Agency for Substance Misuse, 2009).

families services can maximise the positive impact treatment services have on the children of substance misusing parents (NTA, 2012).

The benefits of treatment and recovery

UK and international evidence consistently shows that drug treatment, covering different types of drug problems, using different treatment interventions (psychosocial and pharmacological, including opioid substitution) and in different treatment settings, impacts positively on levels of drug use, offending, overdose risk and the spread of blood-borne viruses (Department of Health, 2007).

Alcohol treatment has also been found to be as effective in reducing harmful drinking and alcohol dependency and contributes to reducing alcohol-related hospital admissions (PHE, 2013).

Importantly, drug and alcohol treatment can also contribute to improving public health outcomes and reducing health inequalities over a very broad range of areas (PHE, 2013).

Recovery from drug and alcohol dependency requires individuals to overcome many other complex, interrelated problems that they have faced for years, including mental health issues, relationship issues, having access to adequate housing, and a way to meaningfully occupy their time. Recovery can be increased by ensuring clinical treatment is designed and provided alongside support to address the other issues individuals face (Advisory Council on the Misuse of Drugs, 2013).

Recovery can help parents to overcome their addiction and look after their children, families and communities better. Whilst parents with drug and alcohol problems can present real risks to their children, drug and alcohol treatment can help them to overcome their addiction and look after their children better and is therefore a protective factor (NTA, 2012). Early intervention by drug and alcohol treatment services and effective joint working with local children and

Parental drug and alcohol dependency: references (1 of 5)

Trends and details, and key statistics

The headline measure chart showing the proportion of parents with alcohol or opiate dependency who have completed treatment is based on data from National Drug Treatment Monitoring System (NDTMS) and unpublished analysis by Public Health England and Manchester University (NDEC). See page 94 for further details.

The headline measure chart showing the prevalence of parental alcohol dependency is based on data available here: <http://www.nta.nhs.uk/facts-prevalence.aspx>

Statistics on the housing and employment status of parents with alcohol or opiate dependency starting treatment in 2015-16, is collected via the NDTMS using the Treatment Outcome Profile (TOP) which is a tool developed to monitor improvements in drug use, drug related behaviours and health and wellbeing. More information on the TOP can be found here: <http://www.nta.nhs.uk/who-health-outcomes.aspx>

All other key statistics charts are from PHE unpublished data from the National Drug Treatment Monitoring System (NDTMS). See page 94 for more information on NDTMS data and publications.

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Further information about Public Health England data used for the parental drug and alcohol dependency measures

The National Drug Treatment Monitoring System

The statistics used in this publication are taken from the National Drug Treatment Monitoring System (NDTMS) which collects information on individuals receiving specialist treatment for drug and alcohol dependency in England.

Specialist treatment services are vital component parts of local authority treatment and recovery systems and they have a key part to play in helping local authorities address the harms associated with alcohol and drug use, including to health, families and communities, along with the associated crime. Statistics taken from the NDTMS are used by national and local government to monitor the availability and effectiveness of alcohol and drug treatment in England. The information is collected from approximately 1,000 treatment services on a monthly basis. NDTMS data is analysed by Public Health England (PHE) and regularly fed back to local service commissioners and service providers to inform local joint strategic needs assessments. These resources are integral in assisting local areas to respond to need and improve outcomes.

Where to find out more

These statistics have been produced using guidelines set out by the UK Statistics Authority and are a subset of the NDTMS National Statistics Publication that are already established and are produced annually by PHE.

Information on the quality of and methodology used to produce these statistics can be found here: <http://www.ndtms.net/resources/secure/Quality-and-Methodology-NDTMS-2014-15.pdf>

PHE produces regular National Statistics publications using NDTMS data and further information on the reports available as well the methodology used to calculate the statistics can be found here: <http://www.nta.nhs.uk/statistics.aspx>

Further information on the data collected by the NDTMS can be found here:

<http://www.nta.nhs.uk/core-data-set.aspx>

The existing Public Health Outcome Indicator (2.15) of the treatment outcomes for opiate and non-opiate users can be found here:

<http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042>

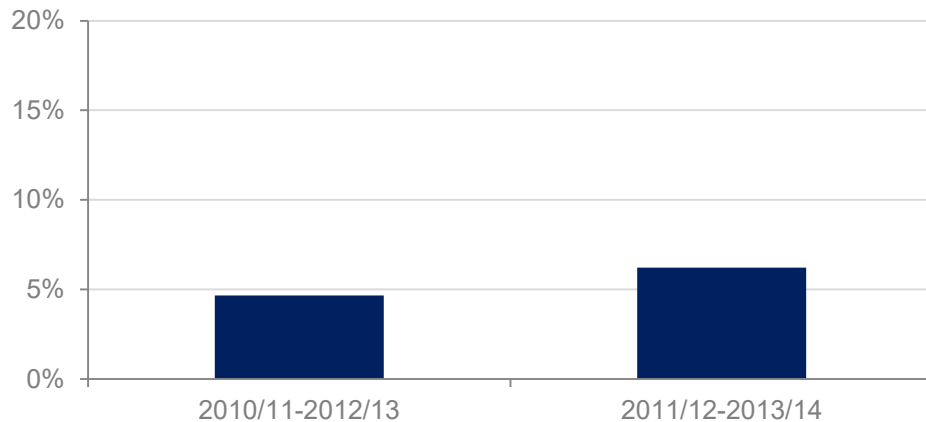
Indicator 5: problem debt

Problem debt measure: overview

Problem debt can deepen and perpetuate poverty. Being trapped in problem debt can adversely impact on living standards, mental health, family stability, financial inclusion and wellbeing.

Children living in households in problem debt can suffer from material deprivation, where families cut back on basic necessities, such as food and clothing, in order to make ends meet. Low-income families may need to spend a higher proportion of their income to service debts or to pay for household bills, triggering a vicious cycle. Once in debt, low-income families tend to remain in debt, resulting in reduced disposable income, and increasing stress and parental conflict. We will measure the **proportion of children living in households in persistent problem debt**. See the following two pages for a definition of problem debt and persistent problem debt. Please note that years in this section are measured from July to June, following the methodology of the Wealth and Assets survey.

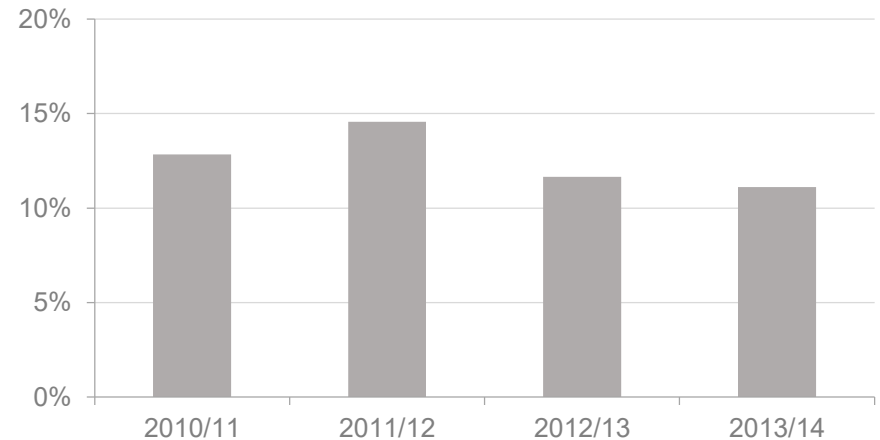
Proportion of all children living in households in persistent problem debt



Source: Wealth and Assets Survey (GB)

Six per cent of all children (around 660,000 children) in Great Britain were living in households in persistent problem debt between 2011/12 and 2013/14.

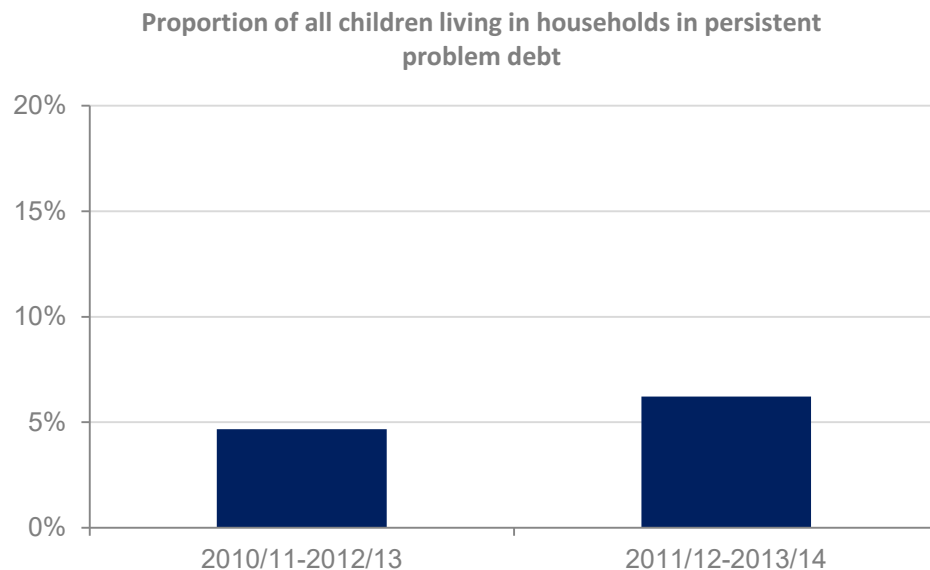
Proportion of all children living in households in problem debt



Source: Wealth and Assets Survey (GB)

11 per cent of all children (around 1.5 million children) in Great Britain were living in households in problem debt in 2013/14. This has fallen from 15 per cent (around 1.8 million children) in 2011/12.

Proportion of children living in households in persistent problem debt: trends and details



Source: Wealth and Assets Survey (GB)

Trends

Six per cent of all children (around 660,000 children) were living in households in persistent problem debt between 2011/12 and 2013/14. The proportion has increased around two percentage points between 2010/11-2012/13 and 2011/12-2013/14, equivalent to an increase of around 70,000 more children in persistent problem debt.

Children in households in persistent problem debt between 2011/12 and 2013/14 represent around 44 per cent of the children living in households in problem debt in 2013/14. The other 56 per cent (around 830,000 children) were living in households in problem debt in 2013/14, but not in 2011/12.

Persistent problem debt is based on whether children were living in a household in problem debt (see following page for definition) in two consecutive waves of the survey.

Details and methodology

The measure is based on the Wealth and Assets Survey (WAS), with a sample size of around 20,000 households in Wave 3 (July 2010 to June 2012) and Wave 4 (July 2012 to June 2014), covering England, Wales and Scotland. Households are interviewed at one point in each wave, either in year 1 or year 2 of the wave, and then interviewed 2 years later in a subsequent wave. For each child living in a household in persistent problem debt, we consider whether they live in a household in problem debt when the household was interviewed in a given wave, and whether or not they lived in a household in problem debt in the subsequent wave (two years later).

The WAS has some sample attrition, where households were surveyed in one wave, but dropped out of the survey by the next wave. This measure only considers those children living in households that were surveyed in the WAS in both Waves 3 and 4.

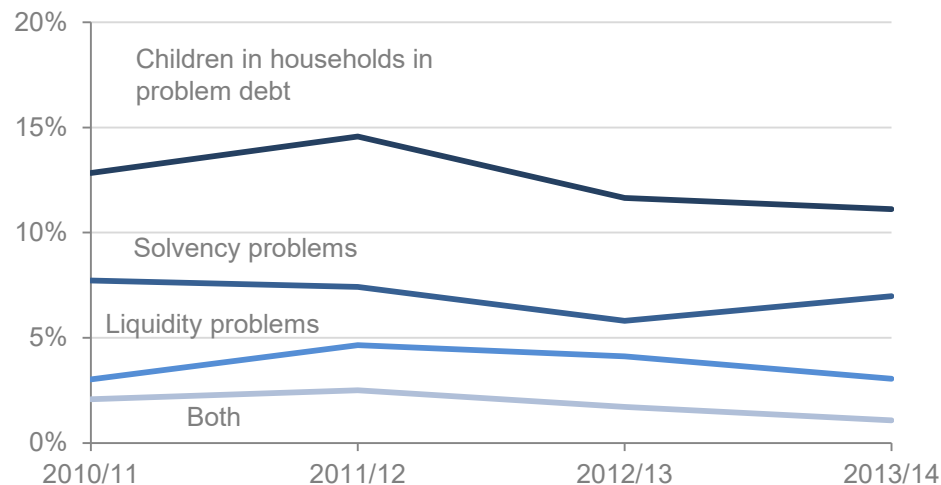
Persistent problem debt is currently measured with a two year time lag, as the WAS is currently conducted over two-year periods. To produce more timely data, the Office for National Statistics are looking to introduce a follow-up survey 6-12 months after households are interviewed in the WAS. This will reduce the time lag between waves for calculating persistent problem debt, allowing Government to better understand the outcomes for children in households that fall into problem debt.

A detailed methodological note is available here:

<https://www.ons.gov.uk/peoplepopulationandcommunity/personalandhouseholdfinances/debt/adhocs/006855problemdebtgreatbritain2010to2014>

Proportion of children living in households in problem debt: trends and details

Proportion of all children living in households in problem debt by indebtedness type



Source: Wealth and Assets Survey (GB)

Trends

11 per cent of all children (1.5 million) in Great Britain were living in households in problem debt in 2013/14. This has fallen in recent years, down from 15 per cent (1.8 million) in 2011/12.

The trends in this measure will partly have been driven by improving economic conditions following recession in 2008/09. A key driver of recent trends is the fall in the proportion of children living in households that have liquidity problems, that is falling behind with bills or credit commitments and either being in arrears or making excessive debt repayments.

Those children living in households with solvency problems, that is burdened by carrying high levels of debt, has remained broadly constant over time.

Details and methodology

Working with leading academics in the field, we have defined problem debt as households that meet a combination of subjective and objective factors of over-indebtedness (where debt excludes mortgages and student loans). The measure is based on the Wealth and Assets Survey, with a sample size of around 20,000 households in Wave 3 (July 2010 to June 2012) and Wave 4 (July 2012 to June 2014), covering England, Wales and Scotland. The Office of National Statistics (ONS) have split the sample from the two-year waves into annual representative samples to allow for an annual time series, where each year is measured from July to June. A household is considered as being in problem debt if it falls into any of the following groups:

Liquidity problems

- At least one adult reports falling behind with bills or credit commitments AND household debt repayments represent at least 25 per cent of the household's net monthly income.

OR

- At least one adult reports falling behind with bills or credit commitments AND at least one adult is currently in two or more months consecutive arrears on bills or credit commitments.

Solvency problems

- At least one adult considers debt a heavy burden AND household debt represents at least 20 per cent of the household's net annual income.

A detailed methodological note is available here:

<https://www.ons.gov.uk/peoplepopulationandcommunity/personalandhouseholdfinances/debt/adhocs/006855problemdebtgreatbritain2010to2014>

Proportion of children living in households in problem debt: key statistics

Indebtedness

£9,300

was the median unsecured debt* for the 10 per cent of households with children that had unsecured debt and were in problem debt in 2013/14. This was more than triple the median for households with children that had unsecured debt but were not in problem debt (£2,600).

*Excludes mortgages and student loans.

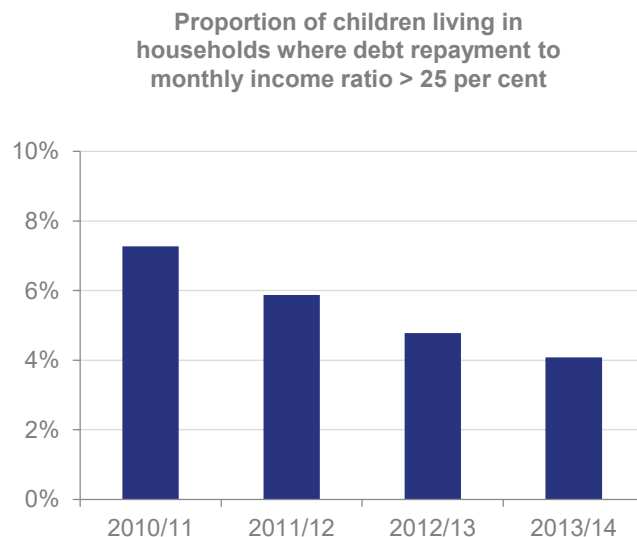
£800

was the median amount of arrears for the 4 per cent households with children that had arrears and were in problem debt in 2013/14. This was more than double the median for the 4 per cent of households with children that had arrears but were not in problem debt (£300).

Repayment

4%

of children were living in households making excessive debt repayments (debt repayments over 25 per cent of net monthly income (2013/14).



Source: Wealth and Assets Survey (GB)

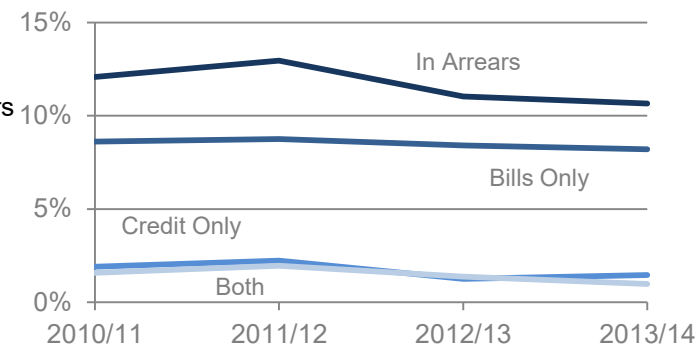
See references on page 102 for a full list of data sources

Arrears

11%

of all children were living in households that were in two or more months arrears on bills or credit commitments (2013/14).

Proportion of children living in households who are two or more consecutive months in arrears on bills or credit commitments



Source: Wealth and Assets Survey (GB)

Debt burden and depth

17%

of all children were living in households where at least one adult considered their debt a heavy burden (2013/14).

145,000

of the children living in households in problem debt in 2013/14 (10 per cent of all children in households in problem debt) were in households that were struggling with **arrears or making excessive debt repayments AND** burdened by **carrying excessive levels of debt**.

Problem debt: supporting evidence (1 of 2)

Problem debt

Problem debt is where debt and arrears absorb an excessive proportion of family income, placing a heavy burden on families. Existing evidence commonly refers to interchangeable terms including problem debt, unmanageable debt and over-indebtedness.

The causes of problem debt and barriers to seeking support

The causes of problem debt are complex and varied. Problem debt typically arises for two reasons: persistently low income causing households to turn to credit to fund essential expenditures, and 'shocks' to income or expenses which worsen a household's financial position. The two are often connected; an initial shock can lead to a downward cycle of debt dependence and growing debt burden (Disney et al, 2008). Problem debt can also occur in the absence of consumer borrowing. Where essential bills make a large proportion of low-income households' spend, problem debt can occur by falling behind on these non-debt payments (Finney, 2015).

A typical adverse 'shock' which exposes households to the risk of problem debt is loss of employment, including the failure of a business. In 2013/14, 13.8 per cent of all workless households were in problem debt, compared to 6.1 per cent where both adults were working (ONS, 2017). Other shocks include marital breakdown, the onset of ill health, bereavement and poor financial management by the household (Disney et al, 2008). Findings suggest these shocks have a cumulative, rather than an immediate, effect on households' financial circumstances. This supports earlier research which found that such events can readily become part of a negative 'feedback' loop which results in periods of indebtedness placing further strain on the ability to maintain stable employment, family stability and financial management (Bridges and Disney, 2004, Brown et al, 2005).

An important component of this negative feedback loop is debtors' fears about the consequences of their debt problems and their desire for self-sufficiency, as well as a lack of awareness of the nature of support available (Collard et al, 2012). The majority of over-indebted people only engage with debt advice after

struggling with their debt for 12 months, or do not reach out for support at all (Farnish, 2015). The Money Advice Service (MAS) estimate that only 17 per cent of the over-indebted population are currently seeking advice (MAS, 2013). Behavioural economics research has highlighted the feeling of a sense of doom and stigma as typical barriers to engagement (Behavioural Insights Team, 2015).

When those in problem debt do seek support, research found 'clear evidence of a positive impact of debt advice' (Pleasance et al, 2007). Other longitudinal research found that, after receiving advice, there was an overall positive picture of declining total indebtedness (Orton, 2010).

How problem debt can perpetuate poverty

Evidence suggests that debt can deepen and perpetuate poverty ('the debt trap'), reducing a household's material resources and, in turn, affecting children's outcomes. In some cases, high-cost credit such as payday loans has been shown to be detrimental to households' financial stability (Gathergood et al, 2016). The consequences of problem debt can then exacerbate poverty and increase the risk of remaining in low-income poverty.

As a result of repaying problem debts, households can have less disposable income and may have to cut back on other areas of spending. In higher-income households, this can mean cutting back on non-essential items, but in lower-income households it can mean cutting back on basic necessities such as food, clothes, and domestic fuel use (Hartfree and Collard, 2014). Low-income households with children are more likely to be affected as they are less able to reduce spending on essentials to repay debts.

Further research also highlights the difficulties households face in escaping problem debt. People can feel too overwhelmed by their financial circumstances to be able to address them (Dearden et al, 2010). The consequences of problem debt can adversely impact on standards of living and wellbeing, as servicing debts and repaying arrears reduces disposable income (Harris et al, 2009; Civic Consulting, 2013).

Low-income families may need to spend a higher proportion of their income to

Problem debt: supporting evidence (2 of 2)

service borrowing, or to pay for household bills, and are therefore more likely to fall behind on payments and into arrears. A spiral of debt can occur; once in debt, low-income families can remain in debt, further reducing disposable income, increasing mental stress, and reducing the ability to meet repayments or seek help. Whilst levels of credit use vary little with household income, people on low incomes tend to borrow more often for necessities and use sources of credit that have higher charges (Collard and Kempson, 2005).

How problem debt impacts on children's outcomes

Family conflict and breakdown

There is a comprehensive body of evidence which demonstrates the negative impact of family conflict and breakdown, where conflict is ongoing, on children's future outcomes (see the Parental Conflict Indicator section). It has been well established within previous literature that financial problems are often implicated in relationship breakdown (Rowlingson and McKay, 2001).

Research, using the Family and Children Study (FACS) 2001-2002 to examine the links between problem debt and relationship breakdown, found that the rate of relationship break-up was higher than average for couples who had arrears of various kinds. Specifically, analysis found that seven per cent of couples with arrears of any kind in 2001 became lone parents in 2002, compared with only three per cent who were up to date with all their commitments (Kempson et al, 2004).

Furthermore, the research found that where couples with children had any arrears, they were twice as likely to split up. This was particularly the case if they had arrears on household bills, or rent arrears (which trebled the risk). It is important to note that this research does not assume that the arrears were the direct cause of the separation and recognises that reasons behind family breakdown are often multiple and complex.

However, further research found that even after controlling for a number of characteristics in their family stress model, changes in consumer debt directly predicts changes in marital conflict (Dew, 2007).

Mental health

There is a well-established association between problem debt and poor mental health (Fitch et al, 2007). Poorer parental mental health can affect children's early years development and educational attainment and, in turn, long-term future outcomes. (See the Early Years Indicator and Poor Parental Mental Health Indicator sections).

Several studies, using large-scale survey data, have shown a strong association between problem debt and poor mental health, even after controlling for an individual's pre-existing health conditions or their demographics. Analysis using FACS data shows that 'debt levels have a negative effect on both physical and psychological health'. The research concluded that 'the interaction between debt and health may aggravate the poverty trap, by pushing heavily-indebted low-income people into ill-health, which then makes it difficult for them to acquire or hold on to the steady jobs needed to ease their debt problems' (Lenton and Mosley, 2008).

Furthermore, analysis, using data from the 1995 and 2000 waves of the British Household Panel Survey (BHPS), found that not only is debt associated with psychological distress but that 'unsecured debt has a greater negative influence on psychological wellbeing than secured (mortgage) debt', for which no significant statistical relationship is found' (Brown et al, 2005).

More recently, using data from the BHPS, evidence suggests that the causality between problem debt and poorer mental health may be explained by unobserved factors or a two-way causality. Those who have poor mental health are more likely to experience problem debt (Gathergood, 2012). It has also been argued that an individual's psychological state could alter their own perception of the severity of their debt problems. However, the study controlled for such factors, and still concluded that problem debt leads to worsening mental health.

Reviewing medical literature also supports the existing evidence that problem debt is associated with poorer mental health. Small-scale studies, based on individuals exhibiting poor mental health, find problem debt to be a common correlate with depression, anxiety and even self-harm (Hatcher, 2004; Maciejewski et al, 2000; Reading and Reynolds, 2001; Gathergood, 2012).

Problem debt: references (1 of 3)

Trends and details and key statistics

Statistics on children living in households with problem debt are available here:

<https://www.ons.gov.uk/peoplepopulationandcommunity/personalandhouseholdfinances/debt/adhocs/006855problemdebtgreatbritain2010to2014>

Supporting evidence

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Indicator 6: homelessness

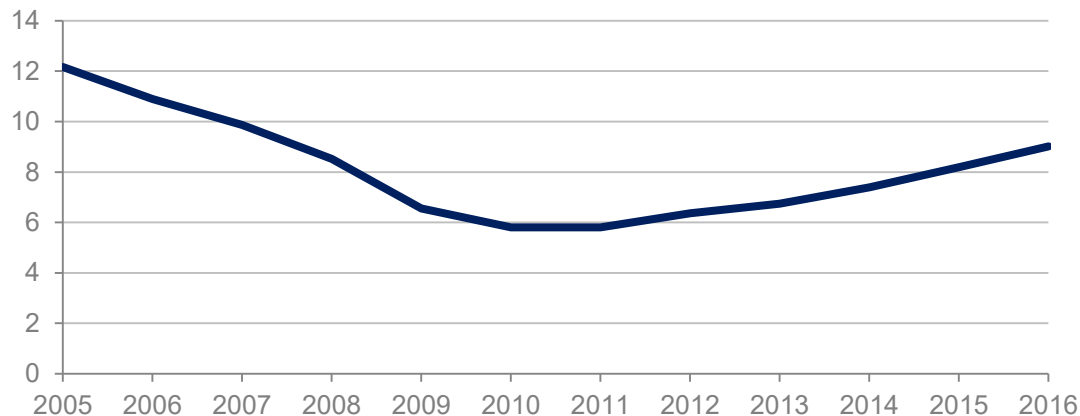
Homelessness: overview

Homelessness can have a major negative impact on child outcomes. There are strong links between homelessness and child health and educational attainment.

Homelessness is strongly associated with poorer educational attainment and poor mental health outcomes for children. Frequent moves and homelessness negatively impact on school attendance, behaviour and development. This puts children at a severe disadvantage when growing up. We will measure the number of **households with dependent children living in temporary accommodation per 1,000 households**.

Households in temporary accommodation have been provided accommodation by a local housing authority as part of their statutory homelessness functions. Households are statutorily homeless if they are unintentionally homeless and meet a priority need category, such as having dependent children. The local authority has a main duty to secure settled accommodation for priority need groups. Further details can be found in the background and methodology note section.

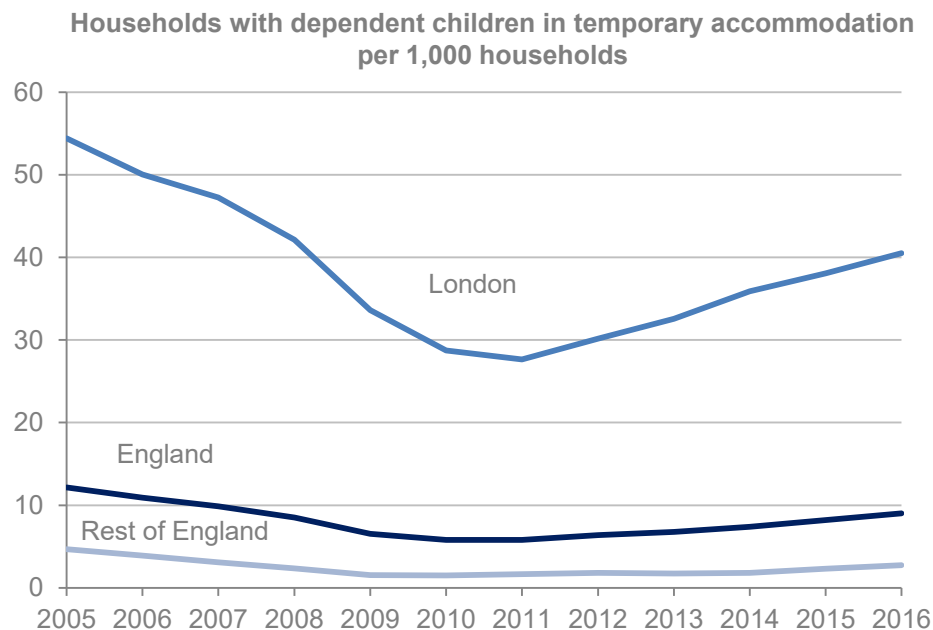
Households with dependent children living in temporary accommodation per 1,000 households, England



Source: DCLG Homelessness statistics, Q4 2016, and DCLG 2014-based household projections (England)

Around nine in every 1,000 households in England with dependent children (around 60,000 households) were living in temporary accommodation by the end of the fourth quarter in 2016. There has been a steady increase in the rate since 2011, although the current figures are still lower than in 2005.

Households with dependent children in temporary accommodation: trends and details



Source: DCLG Homelessness statistics, Q4 2016, and DCLG 2014-based household projections (England)

Trends

Around nine in every 1,000 households in England with dependent children (around 60,000 households) were living in temporary accommodation by the end of the fourth quarter in 2016.

The rate of households with dependent children living in temporary accommodation has increased steadily since 2011. The number of households with dependent children living in temporary accommodation has increased by around 24,000 on the same quarter in 2011, but it is still less than the 2005 peak of around 73,000 for the same quarter. In the fourth quarter of 2016, the main reason households (of any type) lost their last settled home was due to the end of an assured short-hold tenancy.

The rate is particularly high in London. Around 41 in every 1,000 households with dependent children (around 45,000 households) were living in temporary accommodation in London by the end of the fourth quarter of 2016. The number of households with dependent children living in temporary accommodation in London has increased by 17,000 since 2011.

Details and methodology

Figures are based on DCLG homelessness statistics, which are collected from local authorities, and combined with DCLG 2014-based household projections. Figures are collected on the number of households in temporary accommodation on the last day of each quarter. The measure is based on a year-on-year snapshot at the end of quarter four.

The rate per 1,000 households is derived by combining the numbers of households with dependent children in temporary accommodation and the number of households with dependent children.

Households in temporary accommodation have been provided accommodation by a local housing authority as part of their statutory homelessness functions. The local authority has a duty to secure settled accommodation for priority need groups, which includes households with dependent children.

Further details can be found in the background and methodology note at the back of this section.

Households with dependent children in temporary accommodation: key statistics

Key figures

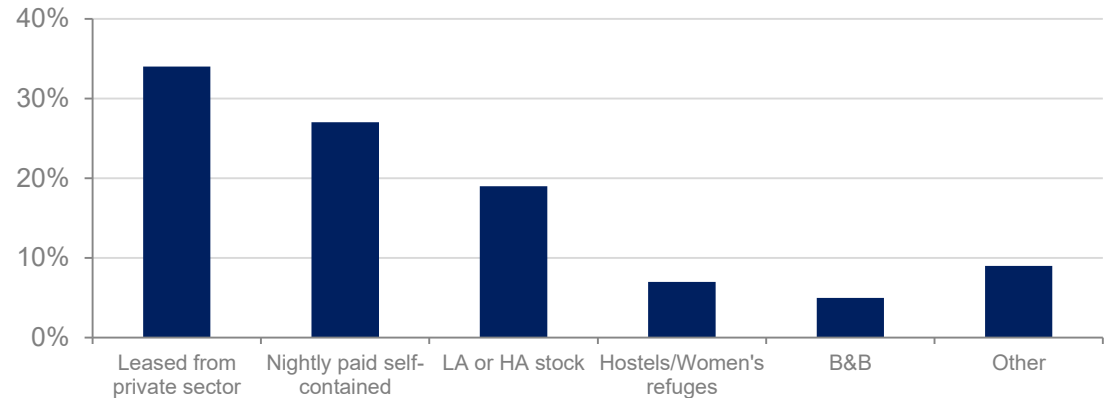
75 per cent

of all households in England with dependent children living in temporary accommodation were in London (around 45,000 households).

24,000

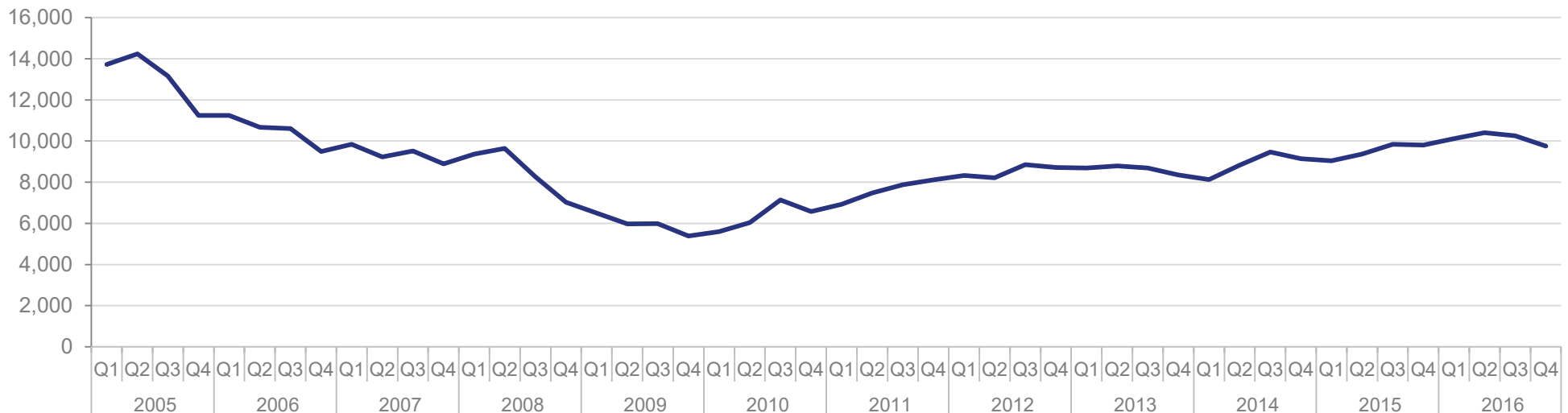
more households with dependent children living in temporary accommodation since 2010.

Temporary accommodation type by the end of Q4 2016, England



Source: DCLG Homelessness statistics, Q4 2016 (England)

Households with dependent children accepted as being owed a main homelessness duty, England



Source: DCLG Homelessness statistics, Q4 2016 (England)

Homelessness: supporting evidence (1 of 2)

Scale of homelessness

In 2016, around 59,000 households (of any type) were accepted as being owed a main homeless duty (around a 40 per cent increase on 2010). In Q4 2016, 31 per cent of households stated an end to an assured short-hold tenancy as the main reason why they lost their last settled home. In Q4 2009, this only accounted for 11 per cent of stated reasons, and the most common reason for losing a home was relatives/friends no longer being able or willing to provide accommodation (33 per cent).

Affordability is an increasingly significant issue. More households facing the end of a private tenancy may be unable to find an alternative without assistance. In 2014/15, 73 per cent of households in the poorest income quintile in the private rented sector spent more than a third of their income on housing costs, compared to 48 per cent in the social-rented sector and 27 per cent for owner-occupiers (Tinson et al, 2016). By the end of the fourth quarter in 2016, there were 76,000 households in England in temporary accommodation, where 60,000 had dependent children.

Homelessness and worklessness

Homelessness acts as a significant barrier to employment, and is often accompanied by other factors which themselves present barriers to employment including substance abuse and dependency, mental health problems, and a lack of qualifications, skills, training and experience (Opinion Leader Research, 2006; Singh, 2005; Randall and Brown, 1999).

There are also specific barriers faced by those without accommodation. Without a permanent address it is difficult to send and receive communications from employers (Opinion Leader Research, 2006). Homeless people can face difficulties in opening a bank account, a requirement for most employers (Singh, 2005). Homeless people also report employer discrimination during hiring, and dismissal once hired, when their homelessness was discovered (Opinion Leader Research, 2006; Metcalf and Christie, 1993). Even those homeless people able to stay in hostels, and therefore provide an address to employers, believe that they face discrimination from employers (Randall and Brown, 1999).

Impacts on children's health

Homelessness has significant impacts on a child's health. Homeless children are less likely to be registered with a GP and more likely to be admitted to hospital (Amery et al, 1995; Lissauer et al, 1993). Children born to mothers who have been in temporary accommodation are also more likely to miss out on their immunisations (RCP, 1994). As well as facing difficulties in accessing services, children living in temporary accommodation are found to be at increased risk of behavioural problems, stress, poor sleep, infections, and gastrointestinal problems (BMA, 2003).

Homeless children are more likely to have mental health problems than non-homeless children. Children who have been in temporary accommodation for more than a year are over three times more likely to demonstrate problems such as anxiety and depression than non-homeless children (BMA, 2003). Homelessness can impact on the mental health of children and their parents. Mothers of homeless children with a history of abuse and poor social integration are more likely to have children with persistent mental health problems (Vostanis et al, 1997; Vostanis et al, 1998).

Frequent home moves, particularly early on in a child's life, can have detrimental impacts for mental health in later childhood. An Australian study found that increased residential mobility in early life (before the age of two), was associated with increased behaviour problems in children at age nine years, even when controlling for demographic characteristics, sex, household characteristics, family experiences of stressful life events and changes in family composition (Rumbold et al, 2012).

Impacts on children's educational attainment

Moving into temporary accommodation often means changing schools, or moving further away from school. Children who move schools in-year tend to have lower prior attainment, and achieve less well as a result of moving (Rodda et al, 2013). Moving schools is associated with poorer attainment at age 16, even when prior attainment is accounted for (Strand, 2009).

Homelessness: supporting evidence (2 of 2)

The impacts of school moves are worse if there are multiple moves (Buckner et al, 2003). Children who moved three or more times were found to suffer from behavioural problems and worse school attainment, while multiple moves have been reported to have a negative impact on a child's reading and mathematics attainment (Ziol-Guest and McKenna, 2013; Mehana and Reynolds, 2004).

Disruption from a move is not just an isolated event. If a child changes school mid term due to moving home, they are likely to miss school, and it can take some time before the local authority can offer a school place. Homeless children are likely to face continued problems with higher rates of absenteeism: homeless children have absence rates two to three times higher than average (Vostanis and Cumella, 1999; Vostanis, 1997). Absence from school is in turn linked to poor performance. Evidence from school attendance at GCSE shows the higher the percentage of school sessions missed, the lower the likely level of attainment at the end of key stage 4. Specifically, pupils with no absence are 1.5 times more likely to achieve 5+ GCSEs at A*-C or equivalent and 2.8 times more likely to achieve 5+ GCSEs at A*-C or equivalent including English and mathematics, than pupils missing 15-20 per cent of KS4 lessons (DfE, 2015).

The impact of homelessness and poor housing conditions on children's learning persists even when conditions improve. One study undertaken in the UK, for example, found that children who had been homeless still had delayed development in their communication abilities one year after being rehoused (Vostanis et al, 1998).

Homelessness: background and methodology note

Temporary accommodation

The term “homelessness” is a broad one and has a number of interpretations. For the purposes of this indicator, a household is homeless if they do not have accommodation which they have a legal right to occupy, which is accessible and physically available to their household and which it would be reasonable for them to continue to live in. Households which are homeless or threatened with homelessness may approach their local authority for assistance.

The actions of local authorities are guided by their legal duties, in particular the Housing Act 1996, the Homelessness Act 2002 and the Localism Act 2011. For some households, those which are unintentionally homeless and in a **priority need** category (such as having dependent children), the local authority will have a main duty to secure settled accommodation, and to ensure suitable accommodation is provided until settled accommodation become available. Such households are referred to as **statutory homeless acceptances**. The most common immediate outcome for new acceptances is to be placed in **temporary accommodation**.

In most cases of arranging **temporary accommodation**, the authority is discharging a main homelessness duty to secure suitable accommodation until a settled home becomes available for the applicant and his/her household. However, the numbers also include: households provided with accommodation pending a decision on their homelessness application; households pending a review or appeal to the county court of the decision on their case, or possible referral to another local authority; and households found to be intentionally homeless and in priority need who were being accommodated for such period as would give them a reasonable opportunity to find accommodation for themselves.

The **Homelessness Reduction Bill**, whilst not changing entitlements to **temporary accommodation** under the main homelessness duty, is designed to result in earlier and more effective prevention action by local authorities with the aim of stopping families becoming homeless in the first place.

The number of households with dependent children living in temporary accommodation per 1,000 households measure is derived from two sets of published statistics:

1. **Households with dependent children in temporary accommodation** from the Statutory homelessness and prevention and relief live tables. More detailed local authority level statistics can be found in the Detailed local authority level homelessness figures. To see the latest publication with all the available data tables, follow the link: <https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness>
2. **Households with dependent children** from the live tables on Household projections. Local authority breakdowns by year and by households with dependent children are available under Household projections stage 2: households. To see the latest publication with all the available data tables, follow the link: <https://www.gov.uk/government/statistical-data-sets/2014-based-household-projections-detailed-data-for-modelling-and-analytical-purposes>

Public enquiries and Responsible Statistician:

Email: homelessnessstats@communities.gsi.gov.uk

Information about statistics at DCLG is available via the Department’s website: www.gov.uk/government/organisations/department-for-communities-and-local-government/about/statistics

Homelessness: references (1 of 2)

Trends, details and key statistics

Statistics on the number of households with dependent children in temporary accommodation, and other homelessness statistics, are available here:

<https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness>

Statistics on the number of households with dependent children are available here:

<https://www.gov.uk/government/statistical-data-sets/2014-based-household-projections-detailed-data-for-modelling-and-analytical-purposes>

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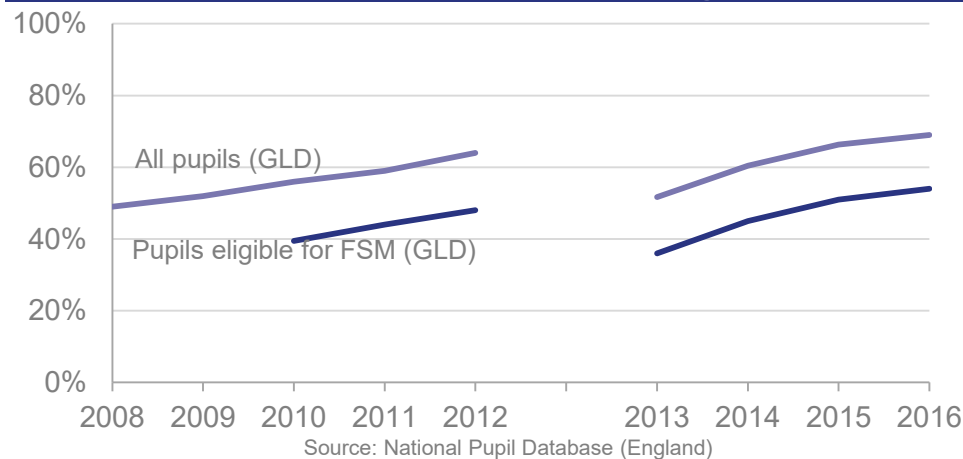
Indicator 7: early years

Early years measures: overview

The early years are critical in shaping health and wellbeing throughout life; so giving every child the best start in life is crucial. It is vital that young children are developing well and are ready to benefit fully from school.

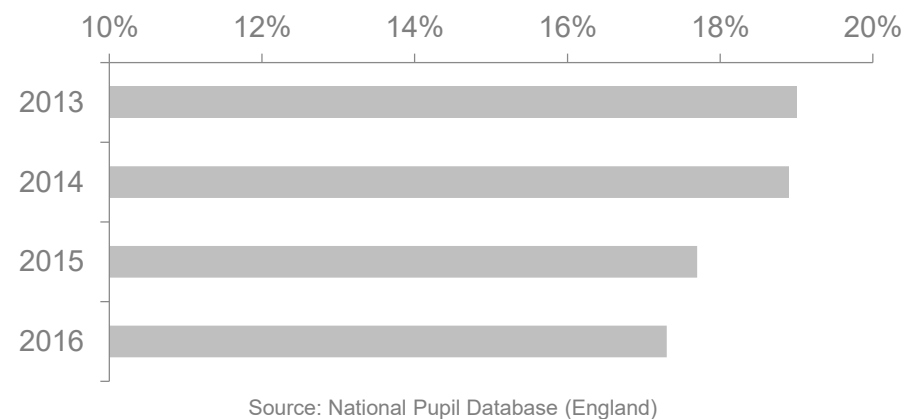
Child development in the earliest years of life is fundamental to later outcomes. Giving every child the best start in life is crucial to reducing health and educational inequalities across the life course. This in turn is likely to have an impact on future employment opportunities, earnings and the risk of future income poverty. “*The foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid in early childhood*” (Marmot, M. 2010). Development in these areas begins before birth and continues within the early years when the developing brain is particularly disposed to learning. To reflect this important stage in a child’s life, we will report on the **Early Years Foundation Stage Profile (EYFSP)** and **the proportion of children achieving a good level of development (GLD) at the end of the reception year**. We report on the achievement of pupils eligible for free school meals (FSM) as well as all pupils. In future years we will be able to report on child development by age two to three, once robust national level data becomes available.

Proportion of children achieving a good level of development (GLD) on the EYFSP at age five



In 2016, 69 per cent of all children and 54 per cent of children eligible for free school meals achieved a good level of development; achieving at least the expected level of learning in communication and language, physical development, personal, social and emotional development, literacy and maths.

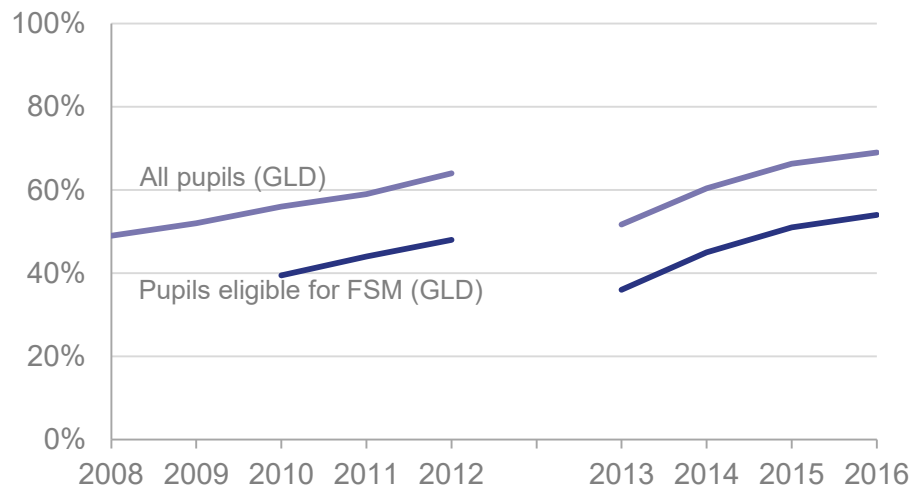
Good level of development attainment gap (between pupils eligible for FSM and all other pupils)



In 2016, there was a 17 percentage point attainment gap between pupils eligible for Free School Meals and all other pupils. The attainment gap has reduced in recent years.

Early years outcomes at age five: trends and details

Proportion of pupils achieving a good level of development at age five



Source: National Pupil Database (England)

Trends

54 per cent of children eligible for free school meals (FSM) achieved a good level of development (GLD) on the Early Years Foundation Stage Profile (EYFSP) in 2016, compared to 69 per cent of all pupils. The attainment of both groups has increased in recent years. The increase in children achieving a GLD may in part reflect the increased investment in ensuring all three and four year olds have access to 15 hours of high quality early education a week.

Following an independent review of the EYFS, a new profile was introduced in September 2012, with a stronger emphasis on communication and language, physical development, and personal, social and emotional development. As a result, comparisons cannot be made with pre-2013 EYFSP results.

Details and methodology

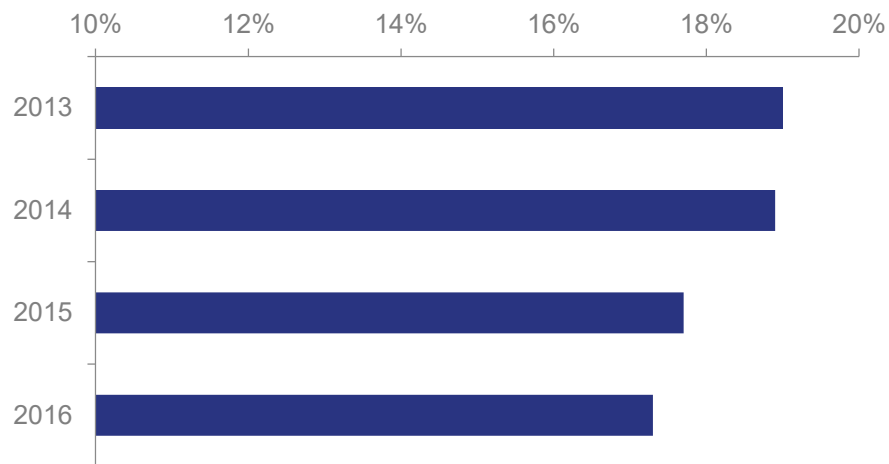
The Early Years Foundation Stage Profile (EYFSP) is used to assess a child's development against 17 early learning goals as set out in the Early Years Foundation Stage (EYFS) statutory framework. Children are defined as having reached a GLD at the end of the EYFS if they achieve at least the expected level in the prime areas of personal, social and emotional development, physical development, communication and language, and the specific areas of mathematics and literacy. The assessment is carried out by teachers through classroom observation over the course of the reception year, with a final assessment made at the end of the year. The EYFSP covers children in state-funded early years education in England. Children not in receipt of a funded place at the end of EYFS are not included in the results. There are different early years standards in Scotland and Wales.

DfE has recently launched a consultation which invites views on the EYFSP. It can be viewed here: <https://www.gov.uk/government/consultations/primary-assessment-in-england>

General details on the EYFSP can be found in the technical document available here: <https://www.gov.uk/government/statistics/early-years-foundation-stage-profile-results-2015-to-2016>

Early years outcomes at age five: trends and details

Good level of development attainment gap, between pupils eligible for free school meals and all other pupils, by year



Source: National Pupil Database (England)

Trends

In 2016, there was a 17 percentage point gap between the attainment of pupils eligible for free school pupils and all other pupils. Over half (54 per cent) of children eligible for free school meals (FSM) achieved a good level of development (GLD) on the EYFSP compared to 72 per cent of all other pupils. The attainment gap has reduced over the last three years. In 2013, there was a 19 percentage point attainment gap.

In 2016, around 14 per cent of early-years aged children were eligible for free school meals. Narrowing the attainment gap at the start of school is crucial, as differences in cognitive attainment tend to widen throughout childhood.

Details and methodology

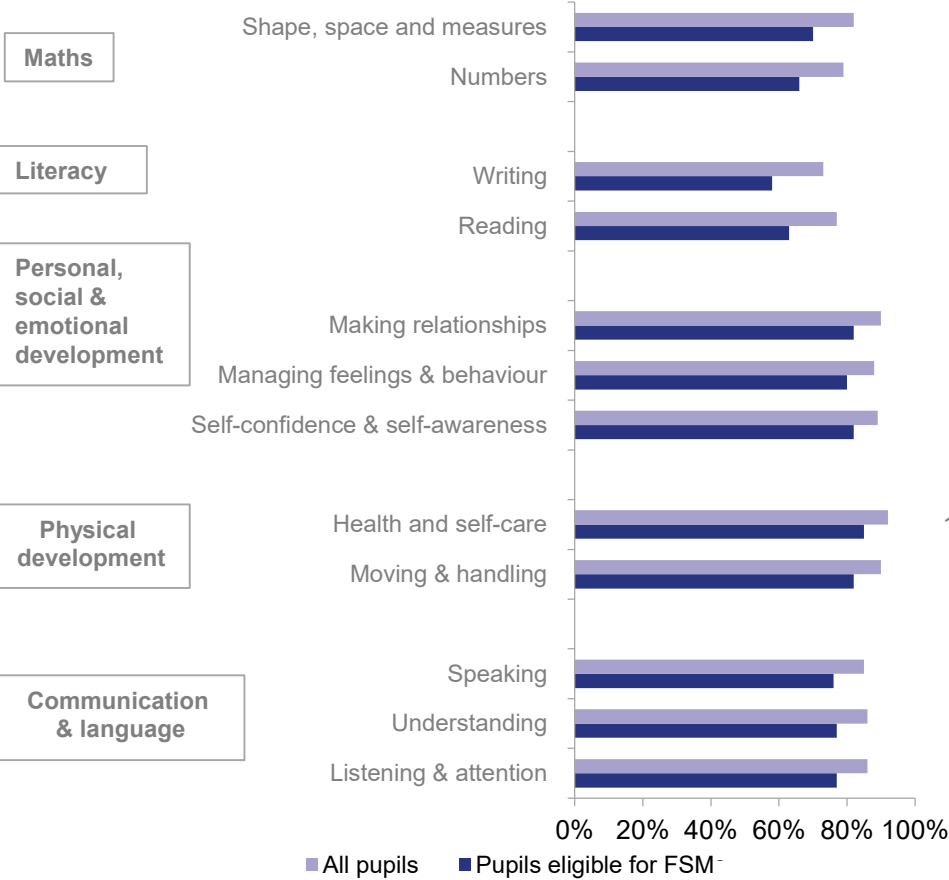
This chart reports on the gap in attainment between pupils eligible for free school meals and all other pupils. Further details on the Early Years Foundation Stage Profile (EYFSP) are provided on the previous page.

Early years outcomes at age five (2016): key statistics

This page presents contextual analysis to demonstrate there is considerable variation within the headline measure, particularly by learning goal, SEN and regionally.

Subject

Proportion of pupils achieving at least expected levels by early learning goal, and Free School Meal eligibility (FSM), 2016



Pupils eligible for free school meals were less likely to achieve the expected level in all early learning goals at age five. The largest shortfall was in writing, where the proportion reaching the expected level was **15 percentage points below** the overall average.

Special educational needs

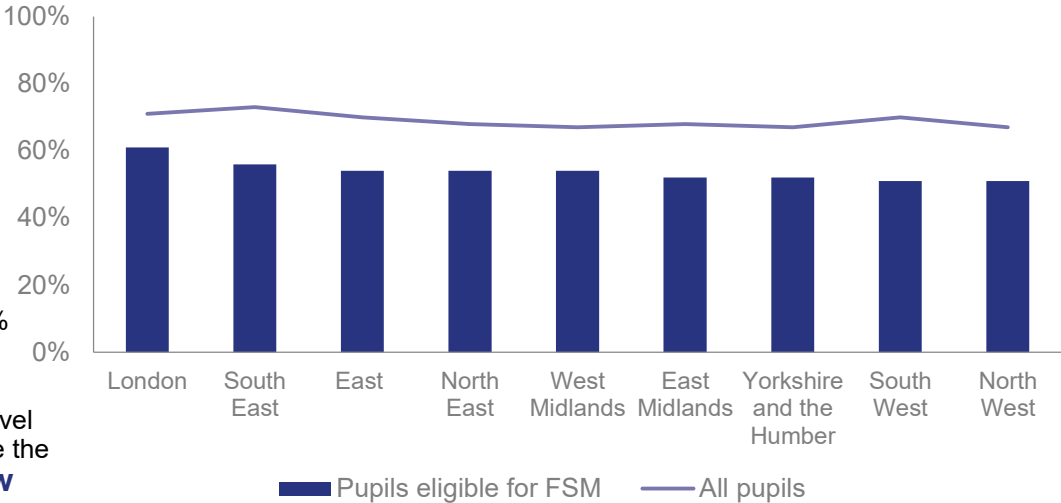
Nearly a quarter (23%) of pupils with Special Educational Needs in England achieved a good level of development.

Around **1 in 10** early-years aged children in England have Special Educational Needs.

Regional performance

Around **6 in 10** children eligible for free school meals (FSM) in London achieved a GLD. However, in some other parts of the country about half achieved this level.

Proportion of children achieving a good level of development at age five, by region

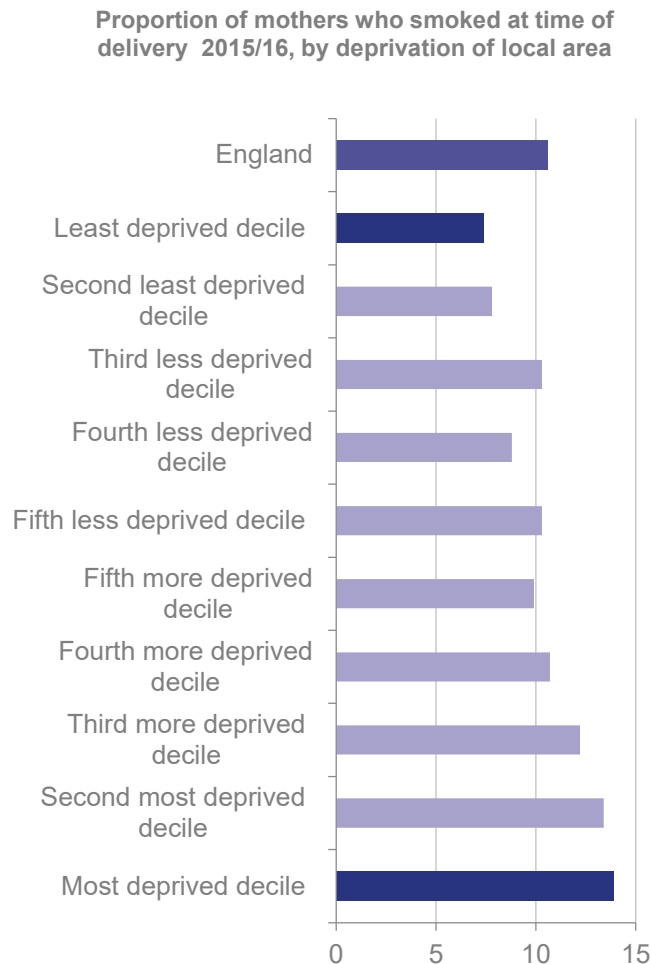


Early years health inequalities: key statistics

This page presents wider evidence on some of the health-related risk and/or protective factors that are known to influence outcomes in later life, that vary significantly by socio-economic background.

Smoking status at delivery

Around **14%** of mothers smoked at time of delivery, in the most deprived areas in England.



Source: Public Health Outcomes Framework (England).
See references on page 123 for a full list of data sources

Note: All charts are based on the most recent data available with breakdowns based on the average 2015 indices of multiple deprivation score of county and unitary authorities.

Rate of teenage conceptions

In 2014, there were **30** conceptions per thousand women aged 15 to 17, in the most deprived areas. This is over double the rate in the least deprived areas, where there were 12 conceptions per thousand women under the age of 18.

Breastfeeding prevalence at six to eight weeks

In 2015/16, around **43%** of mothers breastfed their child at 6-8 weeks. The rate, but also levels of reporting, vary widely across areas.

Low birth weight

In 2015, **3.6%** of mothers from the most deprived areas gave birth to a baby under 2,500g, compared to **1.9%** in the least deprived areas.

Early years: supporting evidence (1 of 3)

Early years health and development

This annex outlines supporting evidence relevant to the early years indicator. It covers the factors that influence early health and development; the impact of a child's development on future outcomes and the role of early years education. A separate family evidence resource shows how other disadvantage factors (such as poor inter-parental relationship quality and poor parental mental health) can interact and impact on child development from pre-conception to age 5. This is available here:

<https://www.gov.uk/government/publications/improving-lives-helping-workless-families-evidence-base>.

There is a large body of research literature which points to the importance of a child's early experiences for later life. Development during these early years influences future learning, educational attainment, economic participation and health (Dyson et al, 2009). This is supported by the Marmot Review on health inequalities, which highlighted that what happens during the early years (starting in the womb) has lifelong effects on many aspects of health and wellbeing, educational achievement and economic status (Marmot, 2010). There is evidence that, for example, sensitive attuned parenting in the early weeks and months promotes secure attachment in the infant as well as resilience in children in later life (DfE, 2013). We also know that parenting style, the learning environment at home, as well as good-quality early years education has an important impact on learning (DfE, 2011).

One of the ways in which a family's socio-economic (or disadvantaged) background may influence poorer child outcomes is through parental health and wellbeing (Dearden et al, 2010). Analysis of data from the Millennium Cohort Study indicates that parental health behaviours play a role in explaining socio-economic differences in the cognitive outcomes of children aged three and five. The research found a positive contribution from breastfeeding patterns and a negative one from smoking and parental height and/or weight. However, the contribution of health factors was small compared with that of parental education, the home learning environment and other family background factors (such as the mother's age at birth). The research concludes that improving the early childhood caring environment, including the home learning environment and parenting skills, could reduce the cognitive skills gap between rich and poor young children (Dearden et al, 2010).

Other research notes that only part of the relationship between parental qualifications and the child's education is explained through the home learning environment, parental ability, aspirations and health behaviours (HM Government, 2014).

A child's mental health is influenced by their parents', especially mother's, health and behaviours. See the Poor Parental Mental Health Indicator supporting evidence, for a summary of how parental mental health impacts on children's outcomes.

A mother's age at the birth of their first child is also associated with later outcomes for both the mother and their child. Teenage mothers have been found to be at greater risk of poorer mental health in the first three years after the child's birth (Dennison, 2004). A study suggests that children of teenage mothers have a lower chance of high educational attainment and a greater risk of economic inactivity (Pilgrim et al, 2010). Mothers themselves were also found to have lower income in their later life (Ermisch, 2003).

Child development aged 2 to 2½

Reflecting the importance of this early stage in a child's development, all children in England are eligible for a development review led by the local health visiting service, around their second birthday. This is an opportunity to identify children who are not developing as expected and who may require additional support in order to maximise their learning and development in order to be ready for school by age five.

Data is collected on children's communication, gross motor, fine motor, problem solving and personal-social skills, and will be used to report the proportion of children whose development is on schedule within and across the five domains. The measure will help monitor child development across England so that changes in population health from year to year can be observed and the data can be used to track children's outcomes as they grow up. The data will also help to assess the impact of services for zero to two year olds and support future planning. Between 1 July 2016 and 30 September 2016, 78 per cent of children in England were reviewed by the health visiting service between age 2 and age 2½ years (24 months to 30 months); of these, almost 89 per cent were assessed using the Ages and Stages Questionnaire (ASQ-3™) (PHE, 2017).

Early years: supporting evidence (2 of 3)

Case study findings

Feedback has been gathered from one local area using ASQ, which related to around 700 children. In this geographic area, just under 85 per cent of the children assessed achieved the expected level of development in all 5 domains of the ASQ-3 (PHE internal data, 2017).

Individual domains ranged from slightly under 90 per cent on average achieving the expected level of development in communication skills, to 96 per cent on average achieving the expected level of development in gross motor skills. When considering the deprivation of the area in which the children live, the percentage of children achieving above the expected threshold for all domains ranged from 73 per cent, in the third-most deprived areas to 91 per cent in the third-least deprived.

However, in terms of overall development, the least deprived areas were not significantly more likely to score above the expected standard. The largest difference, was in communication skills, where between 83 per cent to 100 per cent achieved the expected level (in the third-most to third-least deprived areas respectively) (PHE internal data, 2017).

Early years education

In the early years, parents are the main influences on children's outcomes. Studies have shown that parenting style and the extent to which parents take part in learning activities with their children, such as reading to children and playing with letters and numbers, is important, and a supportive home learning environment can partly counteract the effects of disadvantage (Sylva et al, 2008).

Parental involvement in home learning activities makes an important difference to children's attainment (and social behaviour) at age three through to the age of 11 (Sylva et al, 2008). Research indicates that the home learning environment has a greater influence on a child's intellectual and social development than parental occupation, education or income (Sylva et al, 2008).

Data from the Avon Longitudinal Study of Parents and Children (ALSPAC) also finds that children's understanding and use of vocabulary at the age of two

predicts school entry assessments in language skills, reading, maths and writing (Roulstone et al, 2011).

There is evidence that high-quality early education can make a difference to children's outcomes and this is particularly beneficial for disadvantaged children, especially where children experience an early poor learning environment at home (Sylva et al, 2008). The Effective Pre-School, Primary and Secondary Education (EPPSE) project found that high-quality pre-schooling had a positive impact on children's academic and social development, and these benefits largely remained to the end of key stage 2 in both English and mathematics.

Disadvantaged children, and boys in particular, as well as children with special educational needs, benefit significantly from good quality pre-school experiences (Sylva et al, 2008). The pre-school influence continues during secondary school. At key stage 3 (age 11 to 14) the research found that the quality of the home environment during the early years, and to a lesser extent during key stage 1, still provided some protection against the effects of disadvantage, up to the age of 14 (Sylva et al, 2012). For disadvantaged pupils, children whose families had low scores in terms of their early home learning environment, benefited more from higher-quality pre-school provision than children who had stimulating home learning environments. Children with a poorer home learning environment were more responsive to the quality of pre-school provision than children from homes that had high levels of stimulation and intellectual challenge (Sylva et al, 2012).

Beyond compulsory schooling, students who attended pre-school were more likely to go onto higher academic study, taking four or more AS/A levels (Taggart et al, 2015).

However, a Department for Education longitudinal study of early education and development (SEED) indicates large disparities in take-up of formal childcare up to age two, between disadvantaged children and their peers (Speight et al, 2015). Only 15 per cent of children from the most disadvantaged families received formal childcare between one and two years old, compared with 36 per cent for all children in the study. After turning two (when funded provision is available), take-up rates of formal childcare were similar between both groups (58 per cent of children in the most disadvantaged families, and 60 per cent of

Early years: supporting evidence (3 of 3)

all children). However, this may still be viewed as comparatively low, given that the research also found that parents in disadvantaged families were significantly less likely to engage in home learning activities with their children than those whose economic circumstances were better. In January 2016, 68 per cent of eligible two year old children had taken up a place.

Evidence indicates that early educational attainment is important for later outcomes. Around 40 per cent of the gap between disadvantaged pupils and their peers at age 16 is present at age five (Hutchinson et al, 2016). Analysis also suggests that a high proportion of children who achieve a good level of development at age five go on to achieve the expected levels for reading at key stage 1 (Department for Children, Schools and Families, 2010).

Early years: references (1 of 4)

Trends and details, and key statistics

Data on the proportion of children achieving a good level of development in the EYFSP is drawn from the DfE EYFSP national database, available here: <https://www.gov.uk/government/statistics/early-years-foundation-stage-profile-results-2015-to-2016>

Early years outcomes for pupils achieving at least expected levels, by early learning goal, is drawn from data available here: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/571532/SFR50-2016_EYFSP_Additional_Tables.xls

Data on early years outcomes for children with Special Educational Needs, as well as regional performance data, is available here: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/571532/SFR50-2016_EYFSP_Additional_Tables.xls

Data on smoking status at time of delivery is drawn from the Public Health Outcomes Framework, available here: <http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042>

The underlying indicator is based on observation and is therefore susceptible to measurement bias. More information on how this indicator has been calculated is provided here: <http://www.phoutcomes.info/public-health-outcomes-framework#page/6/gid/1000042/pat/6/par/E12000004/ati/102/are/E06000015/iid/20301/age/1/sex/2>

Data on teenage conceptions is based on the rate of conceptions per 1,000 females aged 15-17. Further information on how this indicator has been calculated is available here: <http://www.phoutcomes.info/public-health-outcomes-framework#page/6/gid/1000042/pat/6/par/E12000004/ati/102/are/E06000015/iid/20401/age/173/sex/2>

Statistics on breastfeeding prevalence were drawn from the Public Health Outcomes Framework, available here: www.phoutcomes.info. The information reported on page 119 relates to the most and least deprived local authorities for which data was reported. Breastfeeding prevalence data has not been published for all local authorities for data-quality reasons. Data has been published for 72 out of 150 local authorities. Hackney and City of London, and Cornwall and Isles of Scilly make joint data submissions.

The low birth weight statistics are based on live births with a recorded birth weight of under 2,500g, and a gestational age of at least 37 complete weeks. This is reported as a proportion of all births with a recorded birth weight, and a gestational age of at least 37 complete weeks. Further information on how this indicator has been calculated is available here: <http://www.phoutcomes.info/public-health-outcomes-framework#page/6/gid/1000042/pat/6/par/E12000004/ati/102/are/E06000015>

The indices of multiple deprivation (IMD) ranks every small area in England, from the most to least deprived. The IMD combined information from several domains, such as income, employment, crime, education, barriers to housing and living environment to produce an overall relative measure of deprivation. Middlesbrough, Knowsley, Kingston upon Hull and Liverpool are the five local authority districts with the largest proportions of highly deprived neighbourhoods in England. Further information on the IMD is available here: <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015>

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Indicator 8: educational attainment

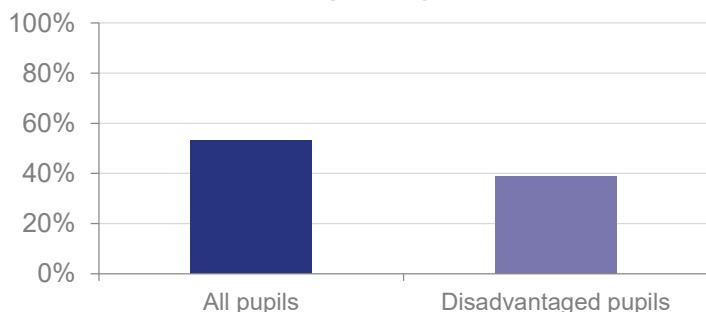
Educational attainment measures: overview

Educational attainment is vital for employment prospects and future outcomes. Developing good cognitive, social and emotional skills is important for academic achievement and success in adult life.

Educational attainment and cognitive skills are among the most important factors influencing a child's future outcomes, in terms of employment and earnings, and therefore their risk of future poverty. As a result, we have a particular focus on raising the attainment of disadvantaged pupils. The development of social and emotional skills is also important for later outcomes, including a child's mental health and educational attainment. There is a strong relationship between achievement in primary and secondary school. To reflect these important transition points in a child's life, we will be measuring the **educational attainment of all pupils, and of disadvantaged pupils, at age 11 (KS2) and 16 (KS4)** which mark the culmination of primary and secondary schooling. Changes to the curriculum and qualifications mean that it will only be possible to make year-on-year comparisons for KS4 indicators from 2019 onwards, and KS2 from 2017 onwards. This is why we have also reported on the gap index, which measures the relative difference in outcomes between disadvantaged pupils and others. Information about how the gap index has been calculated is provided on page 133. Page 139 provides details about how attainment will be measured in future years.

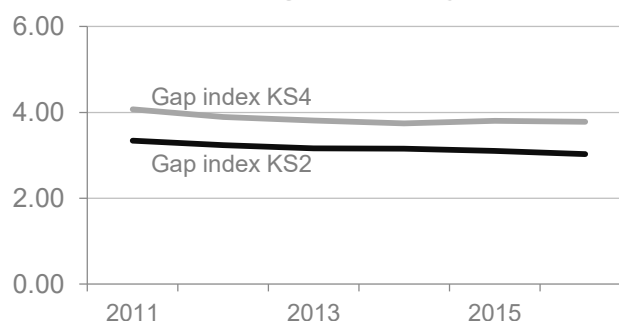
Attainment at key stage 2 (KS2)

Proportion of pupils achieving the expected standards in reading, writing and maths: 2015/16



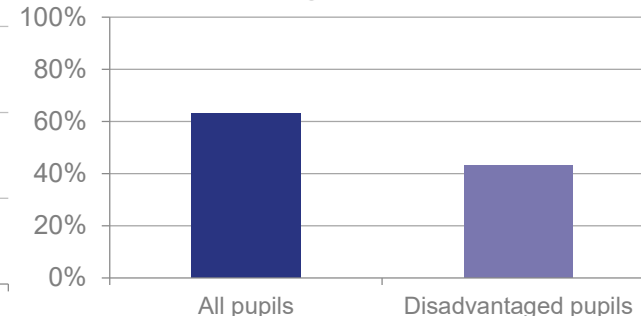
Disadvantaged gap index KS2 and KS4

Disadvantaged attainment gap index (lower=greater equality)



Attainment at key stage 4 (KS4)

Proportion of pupils achieving good GCSEs (A*-C) in English and maths, 2015/16

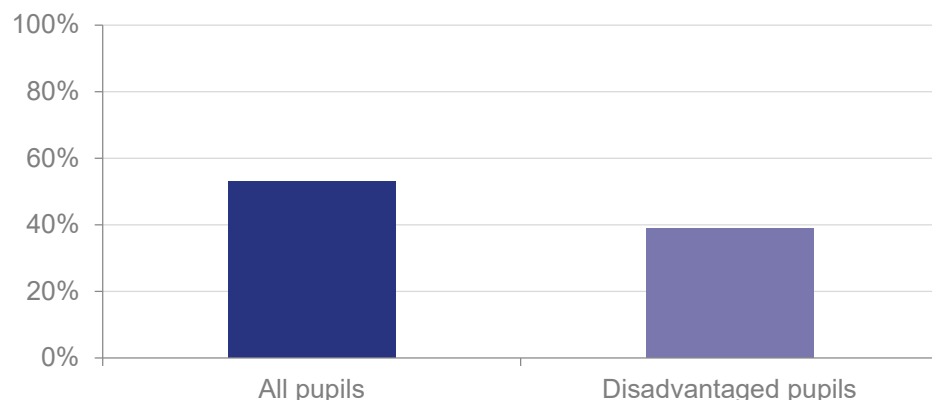


At KS2, 39 per cent of disadvantaged pupils achieved the expected standard, and at KS4, 43 per cent of pupils achieved good GCSEs. The gap index measure shows whether disadvantaged pupils are catching up or getting left behind. At KS2, the gap between disadvantaged pupils and others has decreased in each of the last five years. At KS4, the gap between these groups decreased in three of the last four years.

Attainment at key stage 2

Proportion of pupils achieving expected standards in reading, writing and maths: trends and details

Proportion of pupils achieving the expected standards in reading, writing and maths, 2015/16



Source: National Pupil Database (England)

Note: Disadvantaged pupils are defined as pupils registered as eligible for free school meals at any point in the last six years, children looked after by a local authority and children who left care in England and Wales through adoption or via a Special Guardianship or Child Arrangements Order. Around 32 per cent of pupils at KS2 in 2015/16 were defined as disadvantaged. KS2 data published before 2015/16 is not comparable.

Trends

In 2015/16, 53 per cent of pupils reached the new expected standard in all of reading, writing and mathematics and nearly 40 per cent of disadvantaged pupils achieved this standard.

The 2016 KS2 assessments are the first to assess a new, more challenging national curriculum that was introduced in 2014. The expected standard has been raised and is therefore not comparable with the expected standard used in previous years.

Details and methodology

Information on attainment at the end of KS2 is derived from the results of statutory national curriculum tests and teacher assessments. KS2 tests must be administered by state-funded schools and are marked by the Standards and Testing Agency (STA). KS2 teacher assessments are also collected by STA. There are statutory externally-marked tests in reading, grammar, punctuation and spelling, and mathematics. From 2016, KS2 assessment results are no longer reported as levels: each pupil receives their test results as a scaled score, and teacher assessment judgements are based on the standards in the interim framework. The expected standard in reading and mathematics is a scaled score of 100 or above. The expected standard in writing is a teacher assessment of 'working at the expected standard' (EXS) or 'working at greater depth within the expected standard' (GDS). The new expected standards were designed to be broadly similar but are not equivalent to an old level 4b.

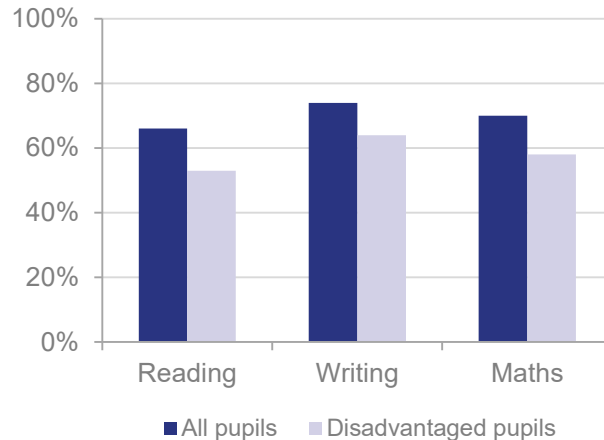
Further information on the data sources, their coverage, the quality and how the data is validated and processed can be found in this [quality and methodology information](#) document.

Attainment at key stage 2 (2015/16)

Proportion of pupils achieving expected standards in reading, writing and maths: key statistics

Reading, writing and maths

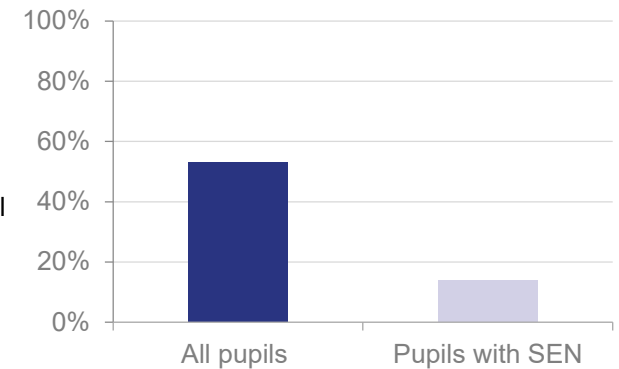
In 2015/16, disadvantaged pupils were less likely to achieve the expected standard in all subject areas. The largest shortfall was in reading at **13 percentage points** below the national average.



Special Educational Needs (SEN)

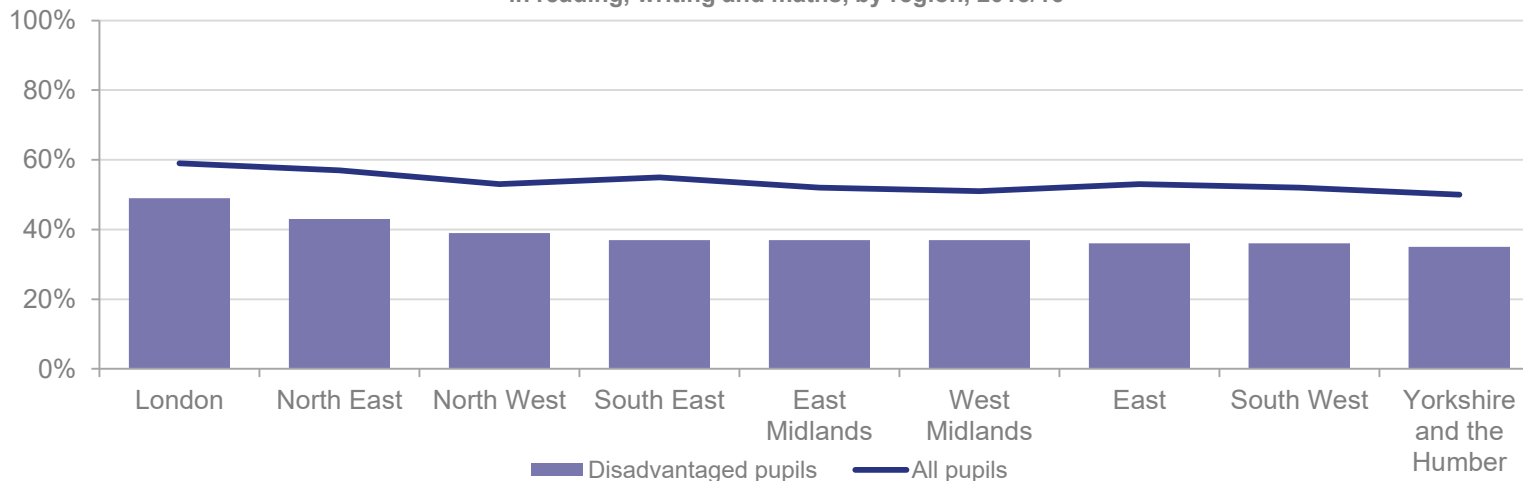
14%

of pupils with SEN achieved the expected standard at KS2, compared to 53% of all pupils.



Regional

Proportion of all pupils and disadvantaged pupils achieving expected standards in reading, writing and maths, by region, 2015/16

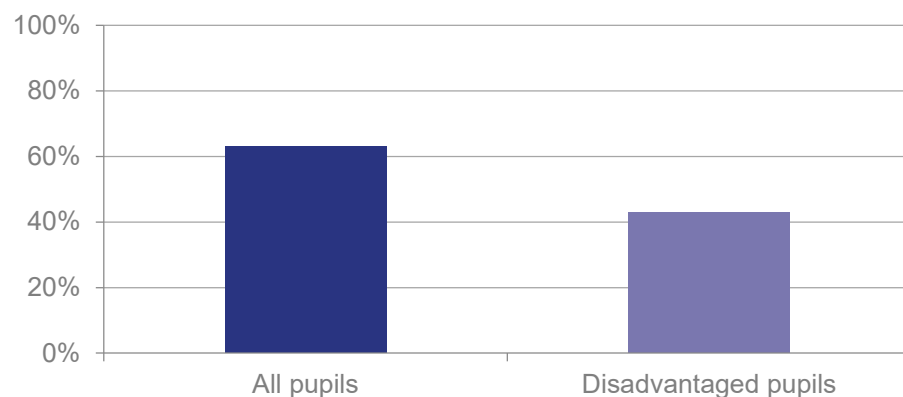


Disadvantaged pupils in **London** achieved better results than disadvantaged pupils elsewhere in England.

Attainment at key stage 4

Proportion of pupils achieving good GCSEs: trends and details

Proportion of pupils achieving good GCSEs (A*-C) in English and maths, 2015/16



Source: key stage 4 attainment data (England).

Trends

The headline educational attainment measure in 2015/16 was the percentage of pupils achieving A*-C GCSEs (or equivalent) in English and maths. In 2015/16, 63 per cent of all pupils in state-funded schools achieved this measure compared to 43 per cent of disadvantaged pupils.¹

From this year English literature has been given parity with English language in performance measures. These changes in methodology are largely responsible for the increase in results this year. Owing to system reform, they are not comparable to earlier years. The Department for Education (DfE) headline school performance measure changed in 2015/16 to also include Progress 8 and Attainment 8. Progress 8 scores at key stage 4 can be found on page 134.

Further detail

In 2016, pupils could achieve the English component of this with A* to C in English language or literature. In 2015, pupils had to achieve an A* to C in English language, and have sat an English literature exam. The change means a higher proportion of pupils achieve the measure. From 2016, the accountability system reform means schools will no longer be held accountable for 5+ A*-Cs including English and maths. The measure A*-C in English and maths will continue to be reported in the new accountability system. GCSEs are being reformed to improve standards and the 'good pass' will be more challenging.

Details and methodology

Information on attainment at the end of KS4 is derived from school census records, qualification entries and results collected from awarding organisations. The figures presented are for pupils in state-funded schools who have reached the end of KS4 study in the academic year, and may include qualifications obtained in previous years. A good pass is currently defined as being equivalent to an A*-C GCSE pass. GCSEs and certain approved equivalent qualifications are included. Further information on the data sources, their coverage, the quality and how the data is validated and processed can be found in this [quality and methodology](#) information document.

Footnotes:

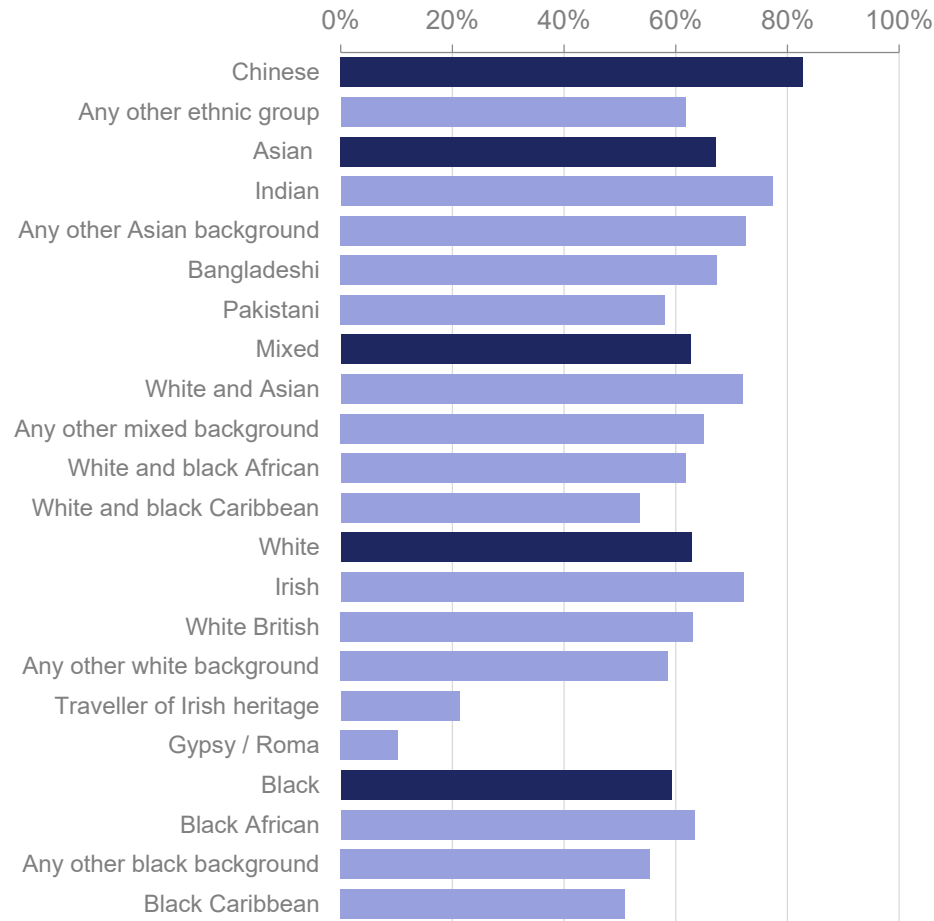
- (1) Disadvantaged pupils are defined as pupils registered as eligible for free school meals at any point in the last six years, children looked after by a local authority and children who left care in England and Wales through adoption or via a Special Guardianship or Child Arrangements Order. Around 28 per cent of pupils at KS4 in 2015/16 were defined as disadvantaged.

Attainment at key stage 4 (2015/16)

Proportion of pupils achieving good GCSEs: key statistics

Ethnicity

Proportion of pupils achieving A*-C GCSEs in English and maths by ethnicity, 2015/16



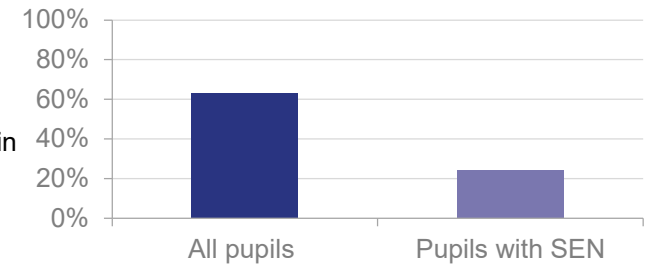
Half (51 per cent) of pupils from a Black Caribbean ethnic background achieved good GCSEs in English and maths, which was among the lowest levels of performance by ethnicity, at KS4.

Source: All charts are based on key stage 4 attainment data (England).

Special Educational Needs (SEN)

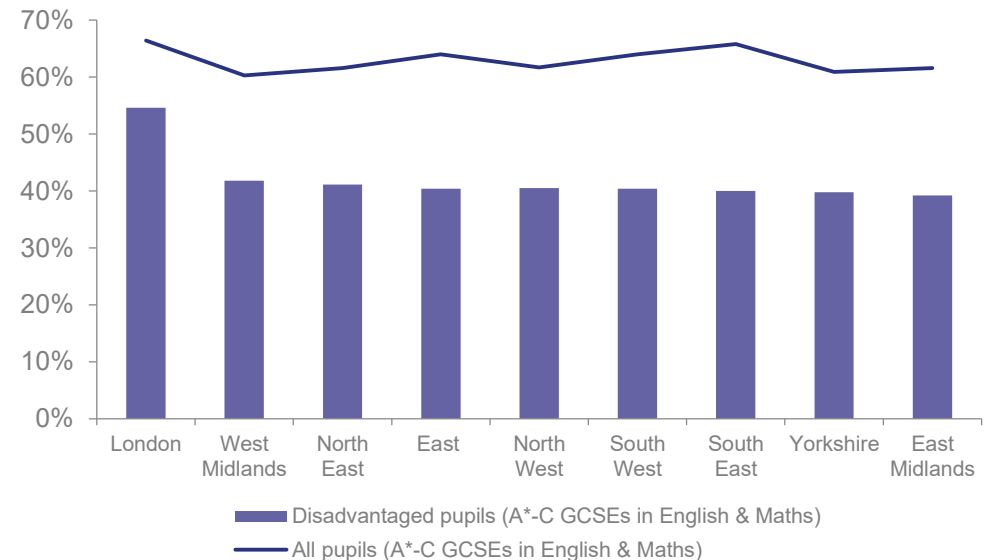
24%

of pupils with SEN achieved good GCSEs in English and maths.



Regional

Proportion of all pupils and disadvantaged pupils achieving A*-C GCSEs in English and maths by region, 2015/16



Over half of disadvantaged pupils in London achieved A*-C GCSEs in English and maths, compared to around 40 per cent in other parts of the country.

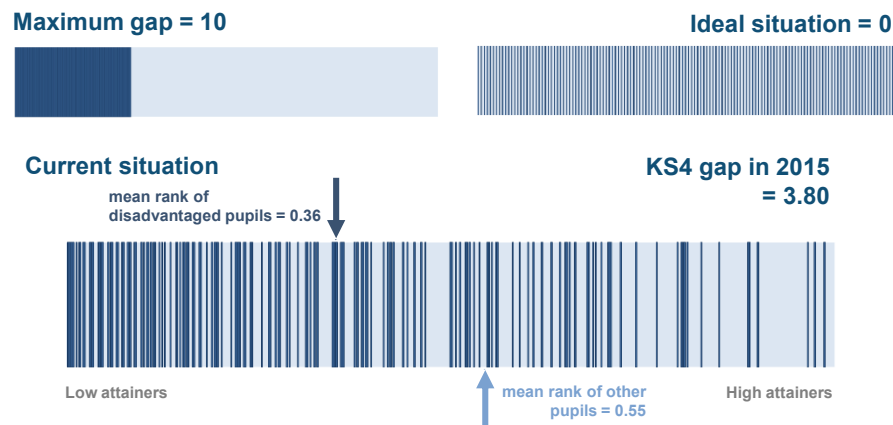
Gap index (attainment of disadvantaged pupils relative to others)

This measure assesses the relative difference in outcomes between disadvantaged pupils and all other pupils. It compares ordering of scores in English and maths assessments to overcome changes to grading and expected standards between years. But unlike the headline measures, it cannot tell us whether more pupils are reaching the expected standard.

The gap index measure is based on the same assessments as the headline education measures: reading, writing and maths at KS2, and maths and English GCSEs at KS4. The measure is calculated in the same way at both key stages and is available from 2011.

The disadvantaged gap index

Bars illustrate how disadvantaged (dark bars) and other pupils (light bars) would line up in order of their average English and maths scores

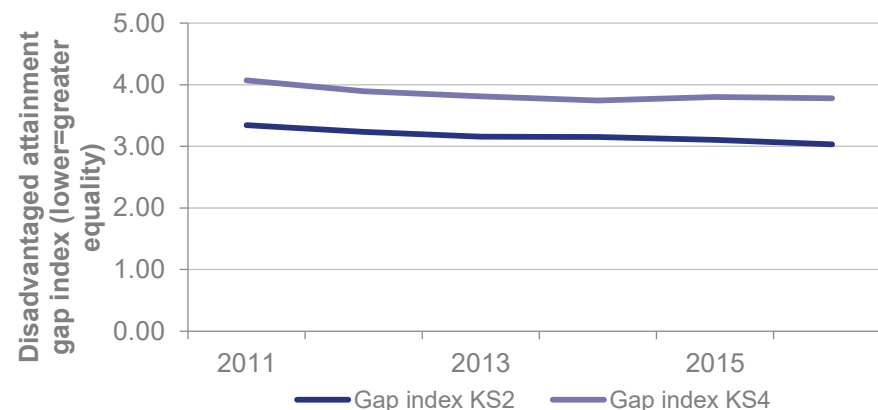


Pupils' average point scores are ranked. The mean rank for disadvantaged pupils was 0.36, meaning the average pupil was just over a third of the way up the distribution, while that of other pupils was 0.55, more than halfway up the distribution. The disadvantaged pupils' attainment gap index multiplies the difference between these by 20: $(0.552 - 0.362) \times 20 = 3.80$.

Because it relies on ranked data, not actual grades achieved, the measure can be calculated in the same way during a period of GCSE assessment reform to enable consistent comparisons over time. The minimum possible gap is 0 while the maximum gap is 10 (or -10 if disadvantaged pupils were ahead).

More details of the methodology for the gap index is available [here](#).

Current trends



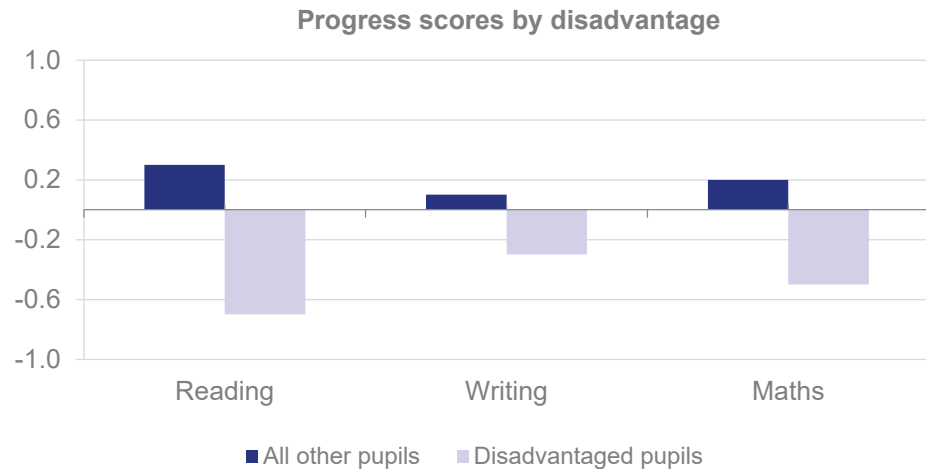
Source: National Pupil Database and key stage 4 attainment data (England).

At KS2, the gap between disadvantaged pupils and others, measured using the new index, has decreased in each of the last five years, narrowing by 2.3 per cent in the latest year and 9.3 per cent since 2011. At KS4, the gap between disadvantaged pupils and others decreased in three of the last four years, narrowing by 7.0 per cent overall since 2011.

This measure shows whether disadvantaged pupils are catching up or getting left behind. It cannot tell us whether more pupils are reaching the expected standard, or whether average attainment is improving, just that the **average positions** of 'disadvantaged' and 'other' pupils in the distribution have become closer together.

Progress scores at key stage 2 and key stage 4 (2015/16)

Progress between age 7 and 11 in reading, writing and maths



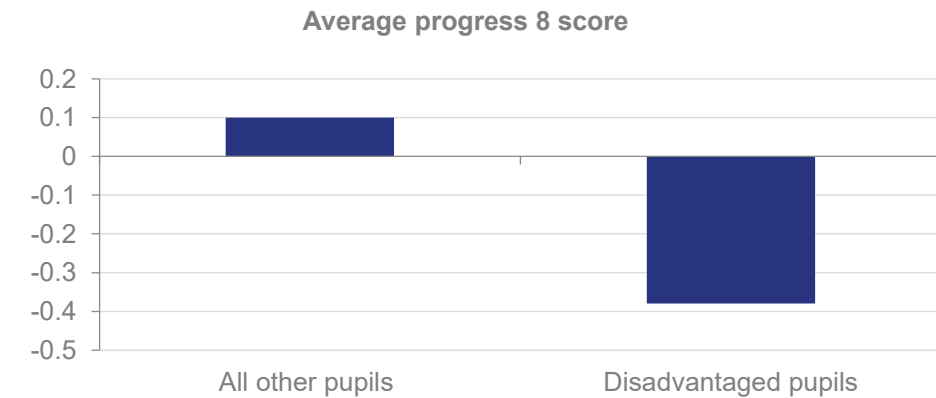
Source: National Pupil Database (England)

Progress measures aim to capture the progress that pupils make from the end of key stage 1 to the end of primary school. They can show us whether disadvantaged pupils made more or less progress compared to other pupils. To do this, we can compare the results of disadvantaged pupils to those of all pupils nationally with similar prior attainment.

Progress scores are presented as positive or negative numbers either side of zero. A score of zero means that pupils in that group made the same progress as those with similar prior attainment nationally; a positive score means that they made more progress; a negative score means they made less progress than pupils with similar starting points nationally. A negative progress score does not mean pupils made no progress.

In 2016, disadvantaged pupils made less progress in reading, writing and mathematics than all other pupils. A progress score of -0.7 in reading means that, on average, disadvantaged pupils in a school achieved the equivalent of 7 scaled score points lower in reading than all pupils with similar prior attainment nationally.

Progress scores at key stage 4



Source: key stage 4 attainment data (England)

Progress 8 captures the progress pupils make from the end of key stage 2 to the end of key stage 4. It compares pupils' achievement (their Attainment 8 score) with the average Attainment 8 score of all pupils nationally who had a similar starting point (or 'prior attainment'), using assessment results from the end of primary school. Attainment 8 measures the average achievement of pupils in up to 8 qualifications (including English, maths, at least 3 further English Baccalaureate subjects and 3 further qualifications). At KS4, on average, disadvantaged pupils achieved a lower progress 8 score than all other pupils with similar prior attainment.

Full details of the progress measures calculations can be found [here](#).

Educational attainment: supporting evidence (1 of 2)

The importance of educational attainment

This annex outlines supporting evidence relevant to the education indicator. It covers the factors that influence attainment and why educational attainment is so important for a child's future outcomes. A separate family evidence resource shows how other disadvantage factors (such as poor inter-parental relationship quality and poor parental mental health) can interact and impact on children from the early years through to young adulthood, both cumulatively and persistently. This is available here:

<https://www.gov.uk/government/publications/improving-lives-helping-workless-families-evidence-base>.

Educational attainment and cognitive skills are among the most important factors influencing a child's future outcomes. A HM Government evidence review found that poor educational attainment is the main driver of future low income primarily through its influence on future employment outcomes and earnings, and in turn the risk of future poverty (HM Government, 2014).

The boost in the number of pupils getting good GCSEs in 2014 compared to 2010 has been estimated to add around £1.3 billion to the country's economy over the long term, with almost a third due to improvements in the results of disadvantaged pupils (Hunt and Vernoit, 2014). Those with five or more good GCSEs (including English and maths) as their highest qualification also earn more than counterparts with below level 2 or no qualifications. They have been estimated to have marginal returns of around £100,000, in terms of lifetime productivity gains (Hayward et al, 2014).

Education has been consistently identified as one of the key mechanisms in explaining intergenerational income mobility, in other words, the link between parental income and their children's future income (HM Government, 2014). In 2006, Corak, using cross-country comparisons, concluded that there are two important factors influencing movement into and out of low income across generations. These were the rewards to higher skilled individuals in the labour market and the opportunities for children to obtain the required skills, including education spending (HM Government, 2014). The literature also indicates that there are a range of factors that influence a child's cognitive ability, including parental education, the home learning environment, parental health behaviours,

parents' aspirations and parenting style, as well as family background and demographics.

Parental education has a particularly big effect on children's educational attainment, even when controlling for a wide range of other background factors, including the home learning environment (HM Government, 2014).

The relationship between KS2 and KS4 attainment

A large number of studies from the UK and elsewhere in the world show that there is a strong relationship between achievement in primary school and later achievement in secondary school. Department for Education (DfE) analysis indicates that there is a close relationship between attainment in primary school assessments and GCSE performance. Just half (52 per cent) of pupils whose test scores had put them in the bottom third of the level 4 mark range in KS2 English assessments in 2010 went on to achieve a C or above in English at GCSE. This compares to 69 per cent of pupils with a 4b (sometimes referred to as 'good level 4') who went on to achieve a C or above at GCSE. A similar relationship exists in mathematics (Raiseonline, 2015).

The attainment of disadvantaged pupils

Pupils from economically disadvantaged households tend to consistently achieve less at school than their better-off peers. At the end of KS2 in 2016, 39 per cent of disadvantaged pupils reached the expected levels in reading, writing and mathematics compared with 60 per cent of 'other' pupils, a difference of 21 percentage points (DfE, 2016c). At the end of KS4 in 2015/2016, 43 per cent of disadvantaged children achieved A*-C GCSEs in both English and maths compared with 71 per cent of 'other' pupils; a difference of 28 percentage points (DfE, 2017).

DfE data shows that the gaps in attainment between disadvantaged and other pupils have narrowed since 2011. The department's gap index compares the average disadvantaged pupil with the average non-disadvantaged pupil. It shows that at KS2, the gap narrowed by 9.3 per cent between 2011 and 2016 and at KS4, by 7 per cent over the same period (DfE, 2016; DfE, 2017).

Educational attainment: supporting evidence (2 of 2)

However, the difference in the progress made by disadvantaged pupils continues to cause concern. In 2015, only six in 10 (59 per cent) disadvantaged pupils translated a good score at KS2 (level 4b or above) into five or more A*-C GCSEs at KS4, compared with eight in 10 (79 per cent) of their better-off peers (RaiseOnline, 2015b).

The Pupil Premium is designed to tackle the barriers faced by children from disadvantaged families in realising their potential. The National Audit Office identified that the Pupil Premium has increased school leaders' focus on improving outcomes for disadvantaged children (NAO, 2015). Ofsted has reported that the Pupil Premium is making a difference in many schools and, overall, school leaders are spending Pupil Premium funding more effectively, in ways that evidence suggests would be likely to lead to improvements in pupil outcomes (Ofsted, 2013).

Children who have Special Educational Needs (SEN), who are in alternative educational provision (such as pupil referral units or hospitals) or who are adopted from care, also achieve consistently poorer outcomes compared with their peers. In 2015/16, 24 per cent of pupils with SEN achieved good GCSEs in maths and English, compared with 70 per cent for those without any identified SEN (DfE, 2017). In the same period, only three per cent of pupils in alternative provision attained A*-C GCSEs in English and maths (DfE, 2017).

The importance of non-cognitive skills for educational outcomes

Research also tells us that children with higher levels of emotional, behavioural, social and school wellbeing (school enjoyment and engagement) have, on average, higher levels of academic achievement and are more engaged in school (Gutman and Vorhaus, 2012). Conscientiousness in childhood is, for example, associated with adult wellbeing, educational attainment, labour market outcomes and health behaviours (Goodman et al, 2015). Similarly, other non-cognitive abilities (such as motivation, aspirations and the extent to which a child believes that their own efforts rather than luck and circumstance are a decisive influence on their outcomes) have an effect on educational outcomes (HM Government, 2014).

The development of non-cognitive abilities is influenced largely by the same factors important for educational attainment, such as parental qualifications, the home learning environment, health and family background, with psychological functioning being particularly important (HM Government, 2014). There is also evidence of differences by socio-economic background in the prevalence of social and emotional skills, with the wealthiest children having on average the best emotional health, and the poorest children, on average, the worst (Goodman et al, 2015).

Educational attainment: references (1 of 2)

Trends and details, and key statistics

Charts on the headline key stage 2 measure use data available from: <https://www.gov.uk/government/collections/statistics-key-stage-2>

Charts on the headline key stage 4 measure use data available from: <https://www.gov.uk/government/collections/statistics-gcses-key-stage-4>

The key statistics KS2 charts on reading, writing and maths and SEN use data available from:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/582930/SFR62_KS2_2016_National_Tables.xlsx

The key statistics KS2 charts on regional performance use data from:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/579627/SFR62_KS2_2016_LA_Tables.xlsx

The key statistics KS4 charts on ethnicity and SEN use data available from:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/499951/SFR01_2016_Characteristics_National_Tables.xls

The key statistics KS4 charts on regional performance use data available from:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/493475/SFR01_2016_LA_Tables.xlsx

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Department for Education (2015b) *National curriculum assessments at key stage 2 in England, 2015* (revised) SFR 47/2015, 10 December 2015.

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Educational attainment: references (2 of 2)

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https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/494073/SFR01_2016.pdf

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<https://www.gov.uk/government/statistics/national-curriculum-assessments-key-stage-2-2016-revised>

Goodman, A., Joshi, H., Nasim, B. and Tyler, C. (2015) *Social and emotional skills in childhood and their long-term effects on adult life: A review for the Early Intervention Foundation*, London: Institute of Education and UCL.

<http://www.eif.org.uk/wp-content/uploads/2015/03/EIF-Strand-1-Report-FINAL1.pdf>

Gutman, L.M., and Vorhaus, J. (2012) *The impact of pupil behaviour and wellbeing on educational outcomes*, London: Department for Education.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/219638/DFE-RR253.pdf

Hayward, H., Hunt, E., and Lord, A. (2014) *The economic value of key intermediate qualifications: estimating the returns and lifetime productivity gains to GCSEs, A levels and apprenticeships*, London: Department for Education.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/387160/RR398A_-_Economic_Value_of_Key_Qualifications.pdf

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https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/413197/The_Pupil_Premium_-_How_schools_are_spending_the_funding.pdf

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<https://www.raiseonline.org/OpenDocument.aspx?document=381>

Future educational progress and attainment indicators

Important reforms to strengthen accountability, qualifications and the curriculum over the next few years mean that year-on-year comparability on the headline KS2 and KS4 indicators will not initially be possible. Indicators at KS2 will be comparable from 2017 and KS4 from 2019 onwards. Given the range of reforms that are taking effect, the gap index will be used at KS2 and KS4 to assess how disadvantaged pupils are achieving in comparison to other pupils, and if the difference between the two groups of pupils is improving. We will review the use of the interim gap index measure as part of the indicator suite once meaningful comparisons over time on the headline KS2 and KS4 indicators are possible. This is summarised in the table below.

Financial year	Publication date	Exams taken	KS2 education indicator	KS4 education indicator	Gap index (KS2 and KS4)
2016/17	KS2: Dec 2017 KS4: Jan 2017	Summer 2016	% of pupils meeting the expected standard (roughly level 4b) in reading, writing and maths.	% GCSEs good pass (A*-C) in English and maths for all pupils and disadvantaged pupils	Yes
2017/18	KS2: Dec 2018 KS4: Jan 2018	Summer 2017		% reformed GCSEs good pass (9-5)* in English and maths for all pupils and disadvantaged pupils	Yes
2018/19	KS2: Dec 2019 KS4: Jan 2019	Summer 2018		% reformed GCSEs good pass (9-5)* in English and maths for all pupils and disadvantaged pupils	Review use at KS2
2019/20	KS2: Dec 2020 KS4: Jan 2020	Summer 2019		Attainment 8 for all pupils and disadvantaged pupils	Review use at KS4
2020/21	KS2: Dec 2021 KS4: Jan 2021	Summer 2020		Attainment 8 for all pupils and disadvantaged pupils	To be confirmed

A new grading system is being introduced from 2017 at GCSE to replace the A-G system with a new 9 to 1 scale. The achievement of at least a grade 5 on the new 9 to 1 grading scale at GCSE will be considered the new 'good pass' in performance table threshold measures.

Indicator 9: youth employment

Youth employment measures: overview

Young people who participate in education, employment or training after leaving school have better future pay and employment prospects, and improved life chances.

Being outside work or education as a young adult can have longer-term effects on employment prospects and wellbeing. The longer a young person is removed from employment or education, the worse the long-term consequences can be for the individual and the economy.

For this indicator, we are measuring the **proportion of young people not in education, employment or training (NEET)** to monitor our success in helping young people continue their education or make a successful transition into employment. In order to further focus on those who are most disadvantaged and at greatest risk, we will measure the **proportion of young people aged 18 to 24 who have not been in employment or full-time education for two years or more**.

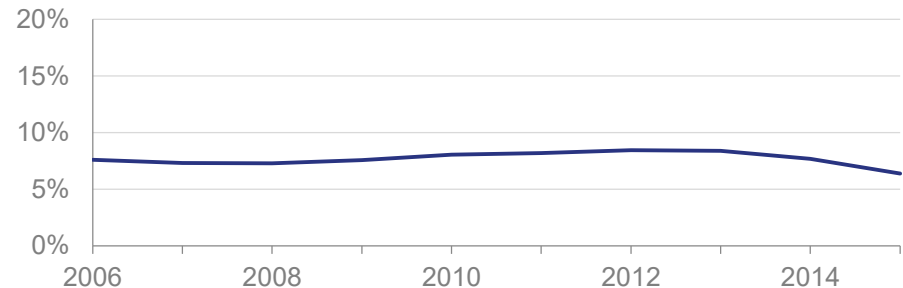
Proportion of young people (16 to 24 years) who are not in education, employment or training (NEET)



Source: Labour Force Survey, 2006-2016 (UK)

In the fourth quarter of 2016, 12 per cent (826,000) of young people (aged 16 to 24) in the UK were not in education, employment or training (NEET). This is 36,000 lower than a year earlier, and down 421,000 since its latest highest point (17 per cent) in the third quarter of 2011. All estimates are for the UK and are seasonally adjusted.

Proportion of young people (18 to 24 years) who have not been in employment or full-time education for two years or more

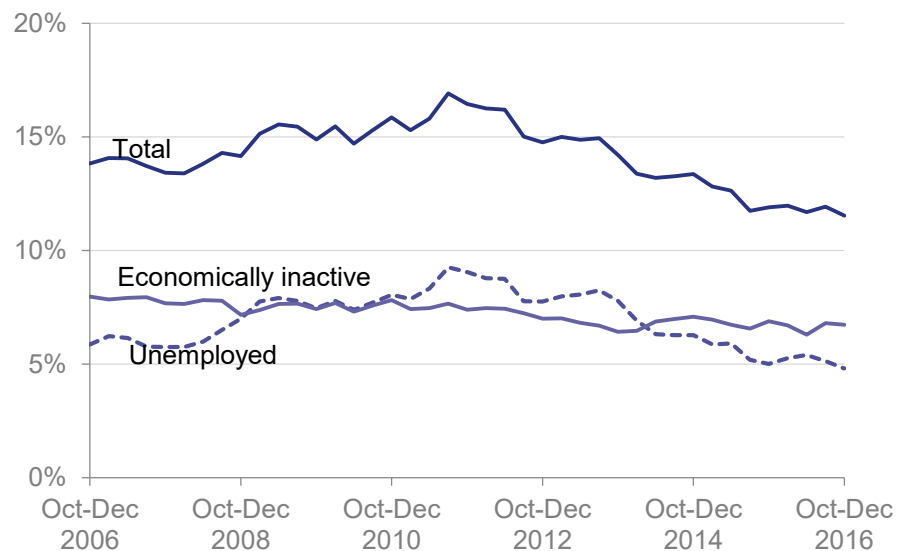


Source: Annual Population Survey, 2006-2016 (UK)

In 2015, six per cent (371,000) of young people (aged 18 to 24) in the UK had not been in employment or full-time education for two years or more. This is down 73,000 from a year earlier, and down 122,000 since its latest highest point in 2012. The definition of 'full-time education' as used for this measure is self-classified. The survey does not ask about the number of hours spent in education per week.

Proportion of young people (16 to 24) who are not in education, employment or training (NEET): trends and details

Proportion of young people (16 to 24) who are not in education, employment or training (NEET) by economic status



Source: Labour Force Survey, 2006-2016 (UK)

Trends

In the fourth quarter of 2016, 12 per cent (826,000) of young people (aged 16 to 24) in the UK were not in education, employment or training (NEET). This is 36,000 lower than a year earlier, and down 421,000 since its latest highest point (17 per cent) in the third quarter of 2011. All estimates are for the UK and are seasonally adjusted.

This largely reflects economic growth and improving levels of employment. However, the Government recently increased the age to which all young people in England are required to continue in education or training, from 16 to 18. This change was phased in between 2013 and 2015. This will also have decreased the proportion of 16 to 17 year olds who were NEET in 2015 and early 2016.

In the fourth quarter of 2016, 42 per cent of all young people in the UK who were NEET were unemployed and therefore looking for work and available to work. The remainder were economically inactive and therefore either not looking for work and/or not available to start work (58 per cent). People can be inactive for a number of reasons, for example as a consequence of a disability or looking after a family or home.

Details and methodology

The data is from the Labour Force Survey (LFS) and published by the Office for National Statistics (ONS). For these National Statistics, a person is considered to be NEET if they are aged 16 to 24 and not in education, employment or training.

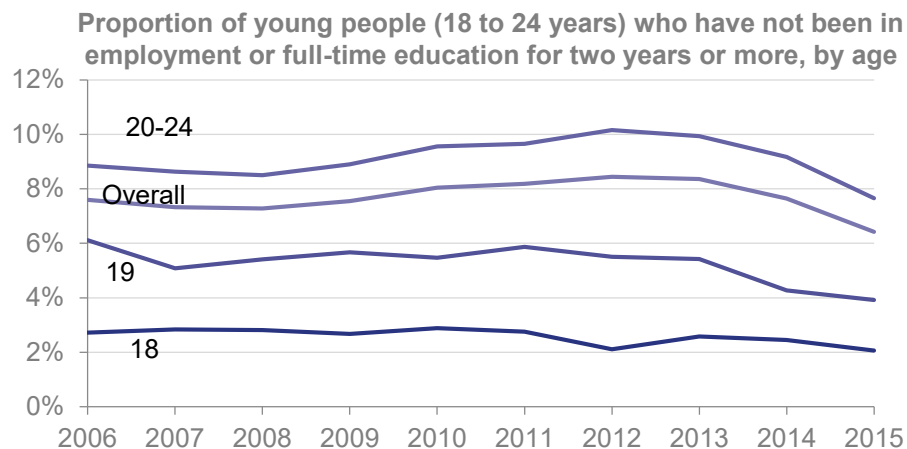
Full details are available on the ONS website (Table 1):

<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/unemployment/datasets/youngpeoplenotineducationemploymentortrainingneettable1>

More details on the Government's policy to raise the age at which young people are required to continue in education or training are available here:

<https://www.gov.uk/government/publications/2010-to-2015-government-policy-young-people/2010-to-2015-government-policy-young-people>

Proportion of young people (18 to 24 years) who have not been in employment or full-time education for two years or more: trends and details



Source: Annual Population Survey, 2006-2016 (UK)

Trends

In 2015, six per cent (371,000) of young people (aged 18 to 24) in the UK had not been in employment or full-time education for two years or more. This is down 73,000 from a year earlier, and down 122,000 from its 2012 peak.

This decrease largely reflects strong economic growth and improving levels of employment. However, the Government recently increased the age to which all young people in England are required to continue in education or training, from 16 to 18. This change is likely to have contributed to the decrease in the proportion of 18 year olds captured in this measure and may have an impact across the 18 to 19 year age group over the next few years.

Details and methodology

This is based on the Annual Population Survey (APS). The APS is a version of the Labour Force Survey (LFS) with a boosted sample, allowing for additional breakdowns including reasons for worklessness, highest qualification and disability. The measure covers 18 to 24 year olds as opposed to 16 to 24 year olds as the majority of young people under 18 will not have surpassed the two-year threshold since leaving full-time education.

For the purposes of this measure, a young person is considered long-term workless if they meet the following criteria:

- (i) are not currently in employment or full-time education;
- AND
- (ii) have either never worked or have not worked for 2 years or more;
- AND
- (iii) have left continuous full-time education 2 or more years ago, or never had an education.

It should be noted that i) and ii) are precise measurements from survey questions, whereas iii) is an approximation derived from the year the respondent left full-time education. The measure will pick up those who are, or have been, engaged in part-time study since leaving full-time education, but have not been employed. This is intentional, since part-time study alone does not indicate full engagement over the long-term. A two-year threshold was chosen to ensure this measure focuses on the most disadvantaged young people, rather than those voluntarily spending time out of the labour market (for instance, on a gap year). A full description of the methods used to calculate this indicator can be found on the ONS website, available [here](#). Further information about the data source for this indicator is on the ONS website, available here: [Quality and Methodology Information \(QMI\)](#). More details on the Government's policy to raise the age at which young people are required to continue in education or training are available here: <https://www.gov.uk/government/publications/2010-to-2015-government-policy-young-people/2010-to-2015-government-policy-young-people>

The proportion of young people (18 to 24) who have not been in employment or full-time education for two years or more: key statistics

Composition

40%

of 18 to 24 year olds captured by this measure were disabled, compared with 12% of all 18 to 24 year olds.

70%

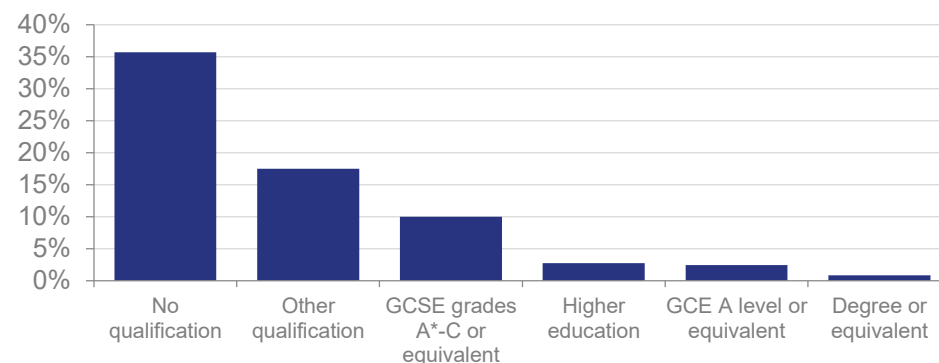
were inactive (not looking for or available to start work). Around half of these were looking after family or home.

51%

were living in council or social housing compared with 20 per cent of all 18 to 24 year olds.

Qualifications

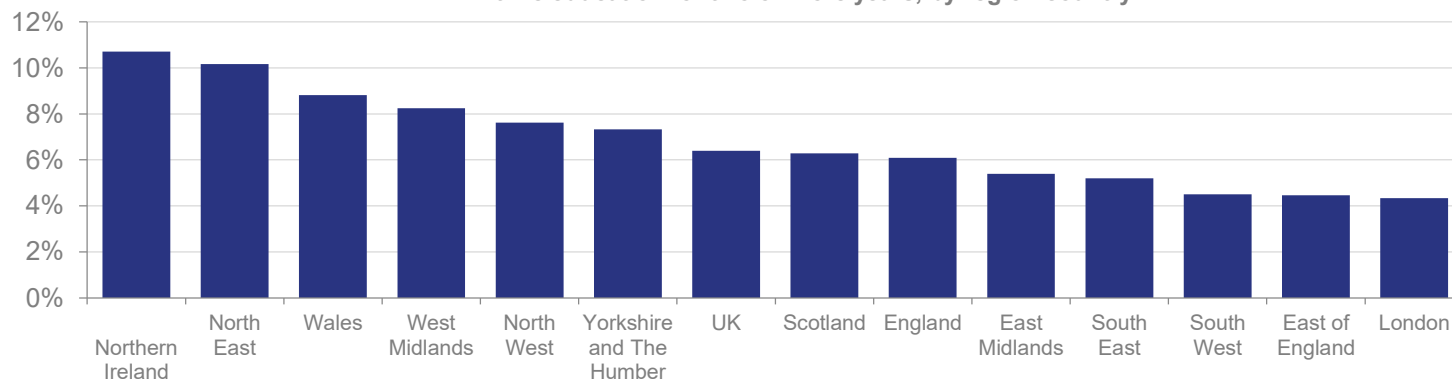
36% of all 18 to 24 year olds who had no qualification had not been in employment or full-time education for two or more years. This compares with only 5% of all 18 to 24 year olds who had a qualification (of any type).



Source: Annual Population Survey, 2006-2016 (UK)

Region

Proportion of young people (18 to 24 years) that have been out of employment or full-time education for two or more years, by region/country



Source: Annual Population Survey, 2006-2016 (UK)

11%

of 18 to 24 year olds in Northern Ireland have not been in employment or full-time education for two years or more. This is more than double the proportion of 18 to 24 year olds in London, South West and East of England (around 4% to 5%).

Youth employment: supporting evidence (1 of 4)

Overview

This annex outlines supporting evidence relevant to the youth employment indicators. It explains that disadvantage factors can be associated with young people's status as 'not in education, employment or training' (NEET), as well as with youth unemployment. It also covers the impact of youth unemployment on future employment prospects, earnings, health and wellbeing. A separate family evidence resource on disadvantage and its impact on children shows how disadvantage factors can interact to impact on the transition to adulthood (including NEET status and youth unemployment). This is available here: <https://www.gov.uk/government/publications/improving-lives-helping-workless-families-evidence-base>.

It should be noted that much of the evidence in this annex has been obtained from international studies; there remains much scope for future research to establish which factors are most important for youth unemployment in the UK. There is also limited evidence available on the impacts of social disadvantages on youth unemployment and associated longer-term outcomes.

NEET status and youth unemployment

NEET status

NEETs are a heterogeneous population, with sub-groups including young adults with a disability, those with caring responsibilities, and those simply taking 'time out' or constructively engaged in other activities (Eurofound, 2012). The relationship between NEET status and youth unemployment has been summarised by Mirza-Davies and Brown (2016):

"NEET stands for young people aged 16 to 24 Not in Education, Employment or Training (NEET).

- 857,000 people aged 16 to 24 were NEET in the third quarter of 2016, representing 11.9% of the age group."

"Not all unemployed 16 to 24 year-olds are NEET and not all people who are NEET are unemployed:

- 62% of unemployed 16 to 24 year-olds were NEET in July to September 2016 and the remaining 38% were in education or training.
- 43% of all people who were NEET were unemployed, while the rest were economically inactive."

Numerous disadvantage factors are more common among young people who are NEET, in comparison to their peers (Britton et al, 2011; Eurofound, 2012; Department for Education, 2011). The greater the number of social disadvantages experienced by young people, the higher their likelihood of becoming NEET (Duckworth and Schoon, 2012). However, those with NEET status are a heterogeneous population: individuals may have different experiences, and they may face more or less significant barriers to participation in education, training or employment (Public Health England 2014; Eurofound, 2012).

Youth unemployment

A multitude of individual, family, community, institutional and structural factors can impact on the likelihood of youth unemployment. These factors include, for example, past employment history; prior educational attainment; quality of school experience; eligibility for free school meals; social and emotional wellbeing; parental support; parental income and employment status; caring responsibilities; labour market and economic climate (Department for Education, 2011; Eurofound, 2012; Keller and Whiston, 2008; Kramarz and Skans, 2014; MacMillan 2010; McBride et al, 2011; Mortimer et al, 2016; Ng et al, 2005; Schoon, 2006; Schoon et al, 2012; Schoon, 2017). Social disadvantages can impact negatively on young adults' employment outcomes in cumulative and persistent ways (see the family evidence resource).

Why youth unemployment can have scarring effects on future employment and earnings

Evidence suggests that early experiences of worklessness for young people can have long-term effects, such as poorer future employment outcomes and reduced health and wellbeing. Experts in this area refer to these effects as 'scarring effects'. However, it should be noted that not all young people who are

Youth employment : supporting evidence (2 of 4)

unemployed will experience scarring effects; rather it is their *chances* of experiencing scarring effects that may be influenced by unemployment (McQuaid 2015). There are various reasons that may explain why some of the scarring effects caused by early experiences of unemployment occur. McQuaid (2015) summarises six broad categories below; the first three describe how scarring effects may extend beyond an immediate loss of earnings, while the last three describe factors that may modify the type or level of scarring effects experienced.

First, prolonged periods spent in out of work may reduce young people's chances of finding employment. It has been suggested that some employers may consider long periods of unemployment to be a negative sign, for example signalling low productivity (Cockx and Picchio, 2013 cited in McQuaid, 2015).

Second, McQuaid states that early experiences of unemployment may reduce the development of non-cognitive skills (for example, dependability, persistence and self-confidence) that are linked to work experience (see for instance, Heckman et al, 2006 cited in McQuaid, 2015; McQuaid, 2014). Long-term unemployment may also lead to psychological scarring (distress and lower wellbeing) in later life (Daly and Delaney 2013 cited in McQuaid, 2015).

Third, the scarring effect may influence individuals' expectations of their future employment prospects (Knabe and Rätzl, 2011). Young individuals who spend a period of their early career in unemployment might expect greater future unemployment, potentially reducing wellbeing and job satisfaction and wellbeing (Clark et al, 2001, cited in McQuaid, 2015 ; Knabe and Rätzl, 2011; Lange, 2013).

Fourth, individuals' traits and childhood experiences may affect the type and level of scarring they experience (for example, the likelihood of remaining in employment when an adult). Examples of factors that may influence later employment outcomes and scarring include childhood self control (Daly et al, 2015; cited in McQuaid , 2015), childhood health problems, parents' socio-economic status (Black and Devereux, 2011; cited in McQuaid , 2015) and the social networks young individuals experience (McQuaid and

Lindsay, 2005; cited in McQuaid, 2015).

Fifth, factors such as positive attitudes and optimism may influence the chances of future employment (for example, via decisions about participating in the labour market). It is possible that unemployment in youth may reduce such optimism and affect future employment outcomes and scarring (Mohanty, 2010, cited in McQuaid , 2015).

Sixth, wider socio-economic environment, neighbourhood and social networks may also influence the extent of scarring (McQuaid, 2015; Eliason and Storrie, 2006; Gangl, 2006). Scarring, especially on wellbeing, may be lower for individuals who live in an area of high unemployment, possibly due to social norms (Clark, 2003 cited in McQuaid, 2015).

The impact of youth unemployment on future earnings, employment prospects, health and wellbeing

A vast body of empirical research has been dedicated to the problem of youth worklessness, showing that periods spent out of the labour market when young inflict a longer-term 'scar' which could materialise in increased future incidence of unemployment, lower subsequent earnings in employment, poorer health status or wellbeing, and so reduced future life chances (amongst others, see Bell and Blanchflower, 2011; Gregg and Tominey, 2005 and Arulampalam et al, 2001). More generally, there is evidence of increased levels of offending among young adults who are unemployed, and in particular among those who have experienced disadvantaged socio-economic backgrounds (Farrington and Welsh, 2007).

Other research also focuses on the negative impact of precarious work and employment on young people's future life chances (Bell and Blanchflower, 2013, Dooley et al, 2000). These effects of a poor start to working life have been found to be exacerbated with the length of the period spent out of work or in precarious, insecure, unstable and low-paid employment (McQuaid et al, 2014).

Future earnings

There is vast and robust evidence showing that periods spent unemployed when young

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have a significant negative effect on future earnings (Gregory and Jukes, 2001; Arulampalam, 2001). This effect is larger for low-skilled individuals and increases with the length of time unemployed (Burgess et al, 2003; Gregg and Tominey, 2005).

Arulampalam (2001), using data from the British Household Panel Survey (BHPS) over the period 1991 to 1997, found significant evidence of scarring effects on wages. In particular, she found that an unemployed individual when returning to work earns, during the first year of employment, about six per cent less than an equivalent individual who has come from a spell of employment. This effect increases to about 14 per cent less in the fourth year, before declining to around 11 per cent. Gregg and Tominey (2005) use the National Child Development Study (NCDS) to demonstrate that unemployment creates a wage scar between 13 per cent and 21 per cent at age 42 for each year spent unemployed while young; this penalty reduces to between nine per cent and 11 per cent if individuals avoid repeat spells of unemployment.

Evidence on pay penalties was found by Gregory and Jukes (2001). They used administrative data and found that the effect of duration of unemployment on earnings of British men between 1984 and 1994 across all the age groups is permanent. They found that a one-year spell of unemployment reduces future earnings by 10 per cent. However, they found some heterogeneity in the effects: young workers' future wages are not affected by employment interruptions, but are affected by extended unemployment durations (a one-year spell); the impact of unemployment on subsequent earnings is relatively higher for individuals that come from high-paid jobs compared with individuals who come from low-paid jobs. Similarly, Mroz and Savage (2006) found that a six-month unemployment spell at the age of 22 is associated with longer-term adverse impacts on earnings.

Future employment prospects

There is evidence to show that unemployment when young is associated with increased future risk of unemployment. Gregg (2001) used the NCDS to demonstrate that, amongst men, there are significant scarring effects of unemployment at the age of 28 and age 33 for those who have experienced unemployment before the age of 23. He also showed that vulnerability to

unemployment is associated with low educational attainment, financial deprivation, and behavioural problems. Moreover, as demonstrated by Gregg et al (2015), spending time in unemployment at a young age is an important driver of lack of social mobility among individuals coming from poorer families.

The quality of early experiences of employment is also important for future employment prospects. Stewart (2007), using data from the BHPS for the years 1991 to 1996, demonstrated that experiences of past low-paid employment and unemployment are equally significant in affecting (negatively) the likelihood of being employed at a given point in time. Moreover, his analysis showed that finding a better-paid job reduces the risk of repeat unemployment.

More recently, ongoing work by McQuaid et al (2014) found evidence of pay and future employment scarring effects of youth unemployment. The authors, using the BHPS to follow the progress of a cohort of young adults aged between 18 and 24 in 1998, found that being unemployed between the age of 18 to 24 is significantly associated with lower pay five and 10 years later and also with a higher likelihood of being unemployed.

Future health and wellbeing

The direction of causation between wellbeing and unemployment is complex.

Firstly, lower childhood psychological wellbeing may have negative effects on the ability of children to work and earn as adults (Goodman et al, 2011). Moreover, effects of psychological health disorders during childhood were found to be far more important over a lifetime than physical health problems (Goodman et al, 2011).

In the opposite direction, research has found that employment status and quality of work also play a critical role in influencing adults' health and wellbeing status. There is a range of literature showing that entering unemployment is a stressful life event that impacts directly on individual wellbeing (Bell and Blanchflower, 2011). Daly and Delaney (2013) used the NCDS to study lifetime duration of unemployment and psychological distress at age 50. They found that unemployment might lead to worsening distress levels that persist over time. Young (2012) found similar evidence from the US, which showed that job loss is an event that significantly reduces wellbeing.

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Furthermore, a study by Dooley et al (2000) demonstrated that both unemployment and inadequate employment, which is measured as involuntary part-time and low-wage employment, affect mental health. The study, using data from the National Longitudinal Survey of Youth for the years 1992 to 1994, found that movements from adequate to inadequate employment and from employment to unemployment cause significant increases in depression. Also under-employment, defined as working in a job that is below an employee's full working capacity, is associated with poorer health and wellbeing (Friedland and Price, 2003).

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Trends and details, and key statistics

Statistics on the proportion of young people (16 to 24) who are not in education, employment or training (NEET) are available here:

<https://www.ons.gov.uk/employmentandlabourmarket/peoplenotinwork/unemployment/datasets/youngpeoplenotineducationemploymentortrainingneettable1>

Statistics on the proportion of young people (18 to 24 years) who have not been in employment or full-time education for two years or more are available here:

<https://www.ons.gov.uk/employmentandlabourmarket/peoplenotinwork/unemployment/adhocs/006859youngpeoplewhoarelongtermworkless>

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