CHILD POVERTY AND DEPRIVATION

IN THE UK a/

by

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I. INTRODUCTION

The questions raised by child poverty and deprivation are very important ones. If the improvement in the well-being of children in the UK has slowed down or deteriorated in the last 10 years, then this should be understood. If, in the face of the profound changes which many countries have experienced, children have suffered in the UK more than they have elsewhere, then it is a fundamental criticism of the way British society has responded to those changes. If the ways in which the well-being of children has failed to make progress can be identified, then targets can be set for the 1990s and beyond. In any society, the state of children should be of primary concern: Their well-being is not only an indication of a society's moral worth, but children are human capital, the most important resource for a society's national future.

"...children must come first because children are our most sacred trust. They also hold the key to our future in a very practical sense. It will be their ideas and their resourcefulness which will help solve such problems as disease, famine and the threats to the environment, and it is their ideas and their values which will shape the future character and culture of our nation. We need to do all we can to ensure that children enjoy their childhood against a background of secure and loving family life. That way, they can develop their full potential, grow up into responsible adults and become, in their turn, good parents." (Margaret Thatcher, George Thomas Society, Inaugural Lecture, 17 January 1990)

Perhaps an ominous reflection of the position in the UK is the fact that the questions raised by child poverty and deprivation are difficult to answer. The essence of the problem is that, while the UK has an excellent national database on family and household living standards, social conditions and social attitudes, children have not been the primary focus of attention. Furthermore, the study of children's progress requires investigation over time, and, although there is a rich variety of primary research and official statistics covering child poverty, deprivation, health and well-being, it is often not population based or cross sectional in approach and does not allow the analysis of change over time. Even the three great birth cohort studies in the UK are of limited use for this purpose because, although they can tell us what has happened to children born in 1949, 1958 and 1970, they cannot say how children of a given age in 1980 and children of the same age in 1990 compare.

Many studies quite rightly emphasize outputs and impacts rather than inputs. In considering children's well-being, one should try to concentrate not on inputs such as the amounts of child benefit, or of expenditure on
services, but on outputs such as school enrolment rates, or the availability of playgrounds and, more importantly, on impacts such as school performance, infant mortality, or the heights and weights of children. There are, of course, generally much better data on inputs than there are on outputs and impacts.

In order to focus on policy, inputs must be related to impacts: one must be able to conclude, for example, that a slowdown in the decline of the infant mortality rate is related to increases in material deprivation or a deterioration in child health care and maternity services. This and similar links between inputs and impacts are almost impossible to draw. Indeed, in health care, there is a conceptual problem in that ill-health can be the result of deprivation, or it can lead to deprivation. What is needed is detailed international comparative research. Meanwhile, at the national level in the UK, one must often rely, where it is available, on evidence of differentials in the rate of change among groups.

The final problem one faces in responding to the questions raised by child poverty and deprivation is that much of the evidence which might be available on the impact on children of changes in the last 10-15 years is not yet available. This is partly due to the fact that the data have not yet emerged. Large-scale nationally representative surveys take time to be analysed and published, and, even in 1990, the latest data for many aspects of the subject still relate to the mid-1980s. More profoundly, the real consequences for children of increasing poverty, cuts in benefits and services and the impact of demographic changes have yet to be observed. The manner in which material, emotional and social processes have an impact on children, affect them in adolescence and influence their lives as adults, as parents, in employment and in old age is, to say the very least, not well understood. There is no doubt that human beings are robust. They learn to survive. But children are also vulnerable, and their vulnerability is the reason one should be concerned to seek answers to the questions raised by child poverty and deprivation, even if the answers are to some extent tentative and premature.

II. CHILD POVERTY IN HISTORICAL PERSPECTIVE FROM THE 1940s TO THE 1970s

Britain emerged from the Second World War with a national consensus committed to the establishment of a "welfare state" which would attack Beveridge's five giants: want, disease, ignorance, squalor and idleness. A spate of legislation in the 1940s led to the introduction of family
allowances, national assistance, a national insurance scheme covering the major contingencies (unemployment, widowhood, sickness and retirement), a national health service free at the point of demand and a national education scheme for all children aged 5-15. At the same time, economic policies based on Keynesian principles led to levels of employment unprecedented in the prewar world and a sharp increase in dual-earner families. Between 1945 and 1980:

- Real GDP increased by 139 percent.
- Real disposable incomes per capita increased by 84 percent (between 1954 and 1976).
- The average working hours of blue-collar workers fell from 47 hours per week to 43 hours per week.
- Most social security benefits more than doubled in real terms.
- For most of the period, the level of unemployment remained below 600,000.

There is no doubt that this period was one of unprecedented improvement in the living standards of most British people.

By the mid-1960s, it was thought that full employment, redistributive fiscal and social policies and the institutions of the welfare state had eradicated poverty. However, academic research began to reveal that the faith in the efficacy of full employment had been misguided, the analysis of the effects of tax and social policies inadequate and the understanding of the impact of the welfare state only partial. By conventional standards, a substantial minority of the population was still living in poverty. Even the conventional standards were being criticized as inappropriate in a society with increasing affluence. Abel Smith and Townsend (1965) found 14 percent of the population with incomes below 140 percent of the assistance scale in 1960 (see later).

A series which traces trends in poverty and inequality consistently over the last 45 years does not exist. Although there has always been a minority of families living on low incomes due to unemployment, low wages, disablement, or lone parenthood, there is no doubt that because of rising earnings and real increases in benefits, if a series had existed up to 1979, it would show that the proportion in poverty had fallen and inequalities were certainly being reduced (Halsey 1988).

Over the last 45 years, the UK has experienced quite sharp fluctuations in the birth rate. Following the end of the war, the fertility rate began to rise; it fell slightly in the early 1950s, then rose again, reaching a peak in the early 1960s, and, since the early 1970s, it has remained below
replacement level. As a result of these fluctuations, the total number of children 0-24 years of age rose from 18.2 million in 1951 to 21.6 million in 1971 and, in 1986, had fallen back to 20.1 million (see Figure 1).

The general improvement in living standards and health and welfare services and the changes in the characteristics of families all contributed to a rapid improvement in the status of children despite these fluctuations. Between 1949 and 1979, the infant mortality rate more than halved, falling from 29.1 per 1,000 to 13.1 per 1,000. Over the same period, the life expectancy of men and women improved by five years. Child death rates fell to one-third of their level in 1946-1950. Deaths from infectious diseases are now negligible compared with the rates in the prewar period (Halsey 1988).

In most areas of public expenditure, there were increases in real terms and as a proportion of GDP. In education, the statutory school leaving age was increased to 15 in 1947 and 16 in 1973. Selectivity in education was abandoned in most areas, and, by the end of the 1970s, nearly three-fourths of all children were attending comprehensive schools. Despite an increase in school rolls, which peaked in 1974 in primary schools and 1977 in secondary schools, teacher-pupil ratios steadily rose. The proportion of children staying on after school-leaving age also increased (Halsey 1988).

During the period, the improvements in the size and condition of the housing stock were also substantial. Nearly 10 million new homes were built between 1945 and 1979 in England and Wales, and a massive slum clearance programme was undertaken. The number of overcrowded, shared and unfit dwellings and dwellings lacking amenities fell appreciably. The tenure of the housing stock also shifted with the decline in private-landlord housing from over one-half to less than one-sixth and the growth of owner occupation from less than one-third to over one-half (Halsey 1988).

The "Butskellite" consensus on the value of the welfare state began to break down from the mid-1960s. Critics from the left and the right pointed to the failure of the welfare state to abolish poverty and to the fact that, despite high levels of taxation and public expenditure, many social problems remained and some were getting worse. Critics from the left suggested that public expenditure was tending to benefit middle- and upper-income groups more than it did the poor (Le Grand 1982). On the right, there was a belief that public expenditure was too high and was crowding out private consumption and investment and that the high levels of taxation required to fund public services were restricting choice and freedom, reducing incentives to work and save, undermining enterprise and increasing dependency. It was thought that welfare state institutions had become self-serving, inefficient bureaucracies
FIGURE 1: THE DISTRIBUTION OF CHILDREN AGED 0-24, 1961-1986

[Graph showing trends in population distribution by age group from 1961 to 1986.]

YEARS

POPULATION (Million)
25 20 15 10 5 0
and that the time had come to turn back to the traditional family, voluntary
effort and private and occupational provision to meet need. These ideas found
expression in the 1979 election of a Conservative Government led by Margaret
Thatcher. What have been the consequences for children?

III. CHILD POVERTY IN THE 1980s

The notion of poverty in the UK is not uncontroversial. Unlike some
other countries, Britain does not have a generally accepted definition of
"poverty" or "poverty level".

In June 1989, John Moore, then Secretary of State for Social Security,
claimed the "end of the line for poverty", saying living standards had
improved so much since the early part of the century and the prewar period
that poverty no longer had any real meaning and "individuals and organizations
concerned with poverty were merely pursuing the political goal of equality"
(Speech, 11 May 1989).

While there is no agreement about the notion of poverty, the heated
debate about the validity of statistics on poverty is also continuing. One
Government series which has been used to assess the prevalence of poverty is
"Statistics on Low Income Families" (not poverty!). These estimates were
derived from the yearly "Family Expenditure Survey" and produced annually from
1974 until 1979 and then biennially until 1985, when the series was suspended.
The statistics offered an advantage: They related family incomes to the
national scale of benefits paid as social assistance ("supplementary benefit")
to the unemployed. This is effectively the minimum "safety net" which
Parliament and the Government have decided people without other resources
should receive. It is also an "equivalent" standard which takes into account
variations in family composition. Its origin was the minimum subsistence
budgets devised to describe poverty in the prewar era.

The number of children living in families with incomes around the
supplementary benefit ("SB") standard increased between 1979 and 1985 by 49
percent (Table 1). By 1985, 3.5 million children, 28.6 percent of all
children, were living around this standard. Figure 2 shows how the number of
children in families with low incomes fluctuated over that period.

There are two principal criticisms of this standard:
- There is justification for establishing a standard above the actual
  supplementary benefit scales as the poverty standard: Families dependent on
  supplementary benefit have incomes rather above the 100 percent level as a
Figure 2: Children in Low-Income Families, 1979-1985

(Children below 140% of the Supplemental Benefit Level)
TABLE 1: CHILDREN IN LOW-INCOME FAMILIES
(In Thousands, 1979-1985)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Income below SB *</td>
<td>300</td>
<td>530</td>
<td>400</td>
<td>360</td>
<td>+20</td>
</tr>
<tr>
<td>Receiving SB</td>
<td>880</td>
<td>1,160</td>
<td>1,630</td>
<td>1,890</td>
<td>+115</td>
</tr>
<tr>
<td>Income between SB and 110% of SB</td>
<td>150</td>
<td>280</td>
<td>310</td>
<td>190</td>
<td>+27</td>
</tr>
<tr>
<td>Income between 110% and 120% of SB</td>
<td>290</td>
<td>390</td>
<td>370</td>
<td>210</td>
<td>-28</td>
</tr>
<tr>
<td>Income between 120% and 140% of SB</td>
<td>760</td>
<td>1,220</td>
<td>1,170</td>
<td>900</td>
<td>+18</td>
</tr>
<tr>
<td>Total</td>
<td>2,380</td>
<td>3,580</td>
<td>3,880</td>
<td>3,550</td>
<td>+49</td>
</tr>
<tr>
<td>% of all children</td>
<td>17.9</td>
<td>27.4</td>
<td>30.8</td>
<td>28.6</td>
<td>+60</td>
</tr>
</tbody>
</table>

Source: Derived from DSS (various).

*/ SB = Supplementary Benefit.

result of disregarded earnings and savings and additional payments. However, to use a standard which incorporates about one-third of the population among those living in poverty or on the margin of poverty is just not intuitively right. Thus, in Table 2, the 110 percent level is taken as the income standard.

TABLE 2: INDIVIDUALS IN FAMILIES BELOW 110% OF THE "SB" LEVEL */
(In Thousands, 1979-1985)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Head-of-household is:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employed full-time</td>
<td>700</td>
<td>1,040</td>
<td>1,220</td>
<td>930</td>
<td>+33</td>
</tr>
<tr>
<td>Sick or disabled</td>
<td>300</td>
<td>390</td>
<td>380</td>
<td>380</td>
<td>+27</td>
</tr>
<tr>
<td>Unemployed</td>
<td>1,040</td>
<td>2,290</td>
<td>3,310</td>
<td>3,560</td>
<td>+242</td>
</tr>
<tr>
<td>A lone parent</td>
<td>1,300</td>
<td>1,530</td>
<td>1,950</td>
<td>2,170</td>
<td>+67</td>
</tr>
<tr>
<td>Total</td>
<td>3,340</td>
<td>5,250</td>
<td>6,860</td>
<td>7,040</td>
<td>+111</td>
</tr>
<tr>
<td>% of all individuals</td>
<td>7.5</td>
<td>11.8</td>
<td>15.3</td>
<td>15.6</td>
<td>+108</td>
</tr>
</tbody>
</table>

Source: DSS (various).

*/ SB = Supplementary Benefit.
- If supplementary benefit levels are improved in real terms (i.e. more rapidly than the rate of inflation), then this has the disconcerting effect of increasing the number of people defined as poor. In fact, the level of the scale rates of benefit has more than doubled in real terms since these rates were introduced in 1948. However, between 1979 and 1985, the rates increased by only 5.8 percent in real terms (DSS 1989), and the Government estimates that only 45 percent of the increase in the number of families living below the level of 110% of SB between 1979 and 1985 was the result of the real increase in the SB scales (Hansard 1 May 1990: column 491).

However, there is justification for increasing the poverty standard over time in order to maintain parity with improvements in earnings. In fact, the value of benefits in relation to earnings, despite improvements in real terms, is lower now than it was in 1948, and the level of benefit as a percentage of average male earnings fell by 8.1 percent between 1978 and 1985 (DSS 1989). This means that families with incomes at or around the SB level lost ground in comparison with those with incomes from work. Indeed, the gap between the incomes of the employed and those of the unemployed is wider than that represented by average male earnings because there has also been an increase in dual-earner families among the employed. Between 1979 and 1988, the SB scale rates for a couple with one child aged 5-10 as a proportion of mean normal weekly disposable income fell from 32 percent to 25 percent (see also Table 5, page 13).

Table 2 and Figure 3 take the 110 percent level as the poverty standard and show that the number of individuals in poverty between 1979 and 1985 increased by 111 percent. Families with children living in poverty can be divided into four groups: families of which the head is employed full-time, lone-parent families, families of which the head is unemployed and families of which the head is sick or disabled. All these groups increased in size during the 1980s. It will be seen later how this occurred.

Unfortunately, despite criticism from a number of bodies, including the Social Services Committee of the House of Commons (Social Services Committee 1988a), the Government decided not to continue the Low Income Families statistical series beyond 1985. The Institute of Fiscal Studies has produced Low Income Families tables for 1985 and 1987. However, it has been unable to reconcile its 1985 figures with the official estimates. Nonetheless, its figures show that, between 1985 and 1987, the number of children living in families with incomes below 140 percent of SB rose by 50,000 and the number of individuals in families with incomes below 110 percent of SB increased by 600,000 (Institute of Fiscal Studies 1990).
FIGURE 3: INDIVIDUALS IN LOW-INCOME FAMILIES, 1979-1985
(Families Below 110% Of The Supplementary Benefit Level)
The Low Income Families tables have been replaced by a new series giving the proportion of "Households Below Average Income". The new series has so far only been published for the period 1979 to 1987 and thus cannot be used to trace, over the decade, changes in the proportion of children in families with low incomes.

Table 3 presents the change in the proportion of dependent children living in households with incomes below 50 percent of the average. It shows that, between 1979 and 1987, this proportion more than doubled, from 12.2 percent to 25.7 percent. Fluctuations occurred from year to year, but, over the period, the proportion increased whatever the economic status of the family head.

| TABLE 3: PROPORTION OF DEPENDENT CHILDREN IN HOUSEHOLDS WITH INCOMES BELOW 50% OF THE AVERAGE AFTER HOUSING COSTS (1979-1987) |
|---|---|---|---|---|---|
| Children in households of which the head is: |
| Employed full-time | 5 | 8 | 6 | 6 | 13 |
| A single parent | 45 | 42 | 29 | 35 | 60 |
| Unemployed | 69 | 78 | 76 | 88 | 79 |
| A pensioner, sick, or other | 40 | 31 | 38 | 37 | 46 |
| Total % | 12.2 | 18.0 | 16.6 | 19.8 | 25.7 |

Source: DSS (1990): Table F3.

In the absence of a series covering poverty over the whole decade, administrative statistics on the number of children receiving various benefits also provide a proxy for the number of children living on low incomes. Table 4 presents the number of children from 1978 to 1988 who were dependent on supplementary benefit because their parents were sick, disabled, unemployed or lone parents, or on family income supplement because their parents had low earnings. It shows that the number of children living in families dependent on these benefits more than doubled during the last decade. Although it is estimated that 30 percent of the increased numbers on SB (between 1979 and 1985) was due to improvements in the real level of benefits, there is no doubt that more children were living in families dependent on basic benefits.

Because of the importance of supplementary benefit to the standards of
TABLE 4: CHILDREN IN FAMILIES ON
FAMILY INCOME SUPPLEMENT OR SUPPLEMENTARY BENEFIT
(In Thousands, 1978-1988)

<table>
<thead>
<tr>
<th></th>
<th>FIS</th>
<th>SB Total</th>
<th>SB Unemployed</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1978</td>
<td>185</td>
<td>1,036</td>
<td>---</td>
<td>1,221</td>
</tr>
<tr>
<td>1979</td>
<td>184</td>
<td>918</td>
<td>339</td>
<td>1,102</td>
</tr>
<tr>
<td>1980</td>
<td>---</td>
<td>1,084</td>
<td>494</td>
<td>---</td>
</tr>
<tr>
<td>1981</td>
<td>222</td>
<td>1,485</td>
<td>810</td>
<td>1,707</td>
</tr>
<tr>
<td>1982</td>
<td>306</td>
<td>1,711</td>
<td>948</td>
<td>2,017</td>
</tr>
<tr>
<td>1983</td>
<td>396</td>
<td>1,781</td>
<td>977</td>
<td>2,177</td>
</tr>
<tr>
<td>1984</td>
<td>417</td>
<td>1,938</td>
<td>1,053</td>
<td>2,355</td>
</tr>
<tr>
<td>1985</td>
<td>405</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>1986</td>
<td>405</td>
<td>2,113</td>
<td>1,087</td>
<td>2,518</td>
</tr>
<tr>
<td>1987</td>
<td>446</td>
<td>2,100</td>
<td>965</td>
<td>2,546</td>
</tr>
<tr>
<td>1988</td>
<td>428</td>
<td>2,104</td>
<td>---</td>
<td>2,532</td>
</tr>
</tbody>
</table>

Source: DSS (various).

living of low-income families and to the definition of poverty in the UK, it is worth being aware of what has happened to the real level of the benefit over time. Table 5 shows that, between 1978 and 1989, the real level of benefits increased by £8.58 (11 percent), but that, as a proportion of net disposable income, it fell by nearly one-fifth, from 37 percent to 30 percent.

What does it mean to live at or around the supplementary benefit level of income in the UK?

One recent study (Bradshaw and Holmes 1989) in the northeast of England of a sample of families with children with an unemployed head living on SB concluded (pages 138-139):

"The picture which emerges from this detailed study of family lives is one of constant restriction in almost every aspect of people's activities.... The lives of these families, and perhaps most seriously the lives of the children in them, are marked by the unrelieved struggle to manage with dreary diets and drab clothing. They also suffer what amounts to cultural imprisonment in their homes in our society in which getting out with money to spend on recreation and leisure is normal at every other income level."

IV. INEQUALITY IN THE 1980s

Data on the distribution of incomes during the 1980s are also not up to date and not easy to interpret, but there is growing evidence that, during the

<table>
<thead>
<tr>
<th>Year</th>
<th>In Real April-1989 Terms £ per Week</th>
<th>As % of Median Disposable Income Of similar Couples</th>
</tr>
</thead>
<tbody>
<tr>
<td>1978</td>
<td>79.82</td>
<td>37.4</td>
</tr>
<tr>
<td>1979</td>
<td>80.05</td>
<td>37.0</td>
</tr>
<tr>
<td>1980</td>
<td>80.63</td>
<td>36.5</td>
</tr>
<tr>
<td>1981</td>
<td>77.79</td>
<td>36.2</td>
</tr>
<tr>
<td>1982</td>
<td>81.36</td>
<td>37.0</td>
</tr>
<tr>
<td>1983</td>
<td>81.50</td>
<td>35.9</td>
</tr>
<tr>
<td>1984</td>
<td>81.37</td>
<td>35.5</td>
</tr>
<tr>
<td>1985</td>
<td>81.80</td>
<td>34.2</td>
</tr>
<tr>
<td>1986</td>
<td>80.50</td>
<td>31.3</td>
</tr>
<tr>
<td>1987</td>
<td>78.73</td>
<td>30.2</td>
</tr>
<tr>
<td>1988</td>
<td>81.83</td>
<td>--</td>
</tr>
<tr>
<td>1989</td>
<td>88.40</td>
<td>--</td>
</tr>
</tbody>
</table>

decade, postwar trends toward greater equality in the distribution of income and wealth came to a halt and were reversed. Table 6 is based on the annual analysis carried out by the Central Statistical Office and published in Economic Trends. It compares the distribution of shares of original income (income from earnings, rents, dividends and interest) and the distribution of shares of final income (after the impact of social security benefits, direct and indirect taxation and the benefits of housing, education and health care expenditure and transport subsidies) between 1979 and 1987. It shows that the

TABLE 6: CHANGES IN QUINTILE INCOME SHARES (In Percentages, 1979 And 1987)

<table>
<thead>
<tr>
<th></th>
<th>Lowest 1st</th>
<th>2nd</th>
<th>3rd</th>
<th>4th</th>
<th>Highest 5th</th>
<th>Gini Coefficient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Original Income</td>
<td>0.5</td>
<td>9</td>
<td>19</td>
<td>27</td>
<td>45</td>
<td>45</td>
</tr>
<tr>
<td>1979</td>
<td>0.3</td>
<td>6</td>
<td>16</td>
<td>27</td>
<td>51</td>
<td>52</td>
</tr>
<tr>
<td>1987</td>
<td>7.1</td>
<td>12</td>
<td>18</td>
<td>24</td>
<td>38</td>
<td>32</td>
</tr>
<tr>
<td>Final Income</td>
<td>6.3</td>
<td>11</td>
<td>17</td>
<td>24</td>
<td>42</td>
<td>35</td>
</tr>
</tbody>
</table>

share of original income of the bottom two quintiles fell from 9.5 percent to 6.3 percent, while the same share of the top quintile rose from 45 percent to 51 percent. The share of final income of the bottom quintile fell by 9 percent, and that of the top quintile rose by 10.5 percent. Gini coefficients (measures of inequality) for both original income and final income increased, indicating an increase in inequality.

There is evidence (Central Statistical Office 1988) that families with children were particularly affected by this increase in income inequalities. In 1979, 9 percent of the bottom quintile group of original income consisted of families with children. By 1986, this proportion had increased to 19 percent (see also Roll 1988).

Johnson and Stark (1989) have used a model of the UK population and simulated the effects of tax and social security changes between 1979 and 1989 to assess the impact on income distribution. Their analysis is defective in that it assumes full take-up of income-tested benefits, but they conclude that the average weekly real income for all households increased by £7. However, the rich and the working population did much better than did the poor and the nonworking population. Whereas the richest one-tenth gained an average of £30 in weekly income, the poorest one-tenth gained only £2 in weekly income. Families with children gained on average, but not nearly as much as did one- and two-earner couples without children. Thus, both vertical and horizontal inequality grew during the period.

V. THE CAUSES OF CHILD POVERTY AND DEPRIVATION IN THE 1980s

Three interacting factors contributed to the increase in the prevalence of child poverty and deprivation in the UK in the 1980s: economic trends, demographic changes and social policies. They will be discussed in turn.

Economic Trends

The economy of the UK suffered from endemic long-term weaknesses for many years even before the 1980s. These weaknesses were characterized by low levels of investment, low levels of productivity, frequent trade disputes, a higher level of inflation than that of the UK's competitors, a trade imbalance and low levels of economic growth.

However, the high level of unemployment, unprecedented in the postwar era, was the economic factor which had the most impact on children in the
1980s. The level of unemployment was certainly exacerbated by the Government’s determination to give priority to the control of inflation through the supply side. The annual rate of inflation reached 24 percent in 1975. The employed workforce shrank rapidly between 1979 and 1983, and unemployment increased from 1.4 million in 1979 to 3.7 million in 1985 and 1986. Although labour demand began to pick up after 1983, unemployment continued at very high levels: The labour supply was rising because of the increase in the number of young people entering the labour market as a result of the baby boom in the 1960s and because of an increase in the number of married women in the job market. (By 1987, 60 percent of married women with children were employed, including 46 percent of those with children aged 3-4: 11 percent full-time and 35 percent part-time.) Unemployment only began to fall in 1986 because labour demand continued to grow while the supply of young people entering the labour force had peaked. Over the decade, the Government made 27 changes to the unemployment statistics in order to reduce the official unemployment numbers. If these changes are ignored, 2.5 million people were still unemployed in May 1990 (Unemployment Unit 1990). During the 1980s, long-term unemployment also increased: In October 1981, only 26 percent of those who were out of work had been unemployed for over one year, but, by October 1989, the proportion had risen to 38 percent (Department of Employment 1989).

The policies which were exacerbating unemployment were also having an impact on the rate of inflation: Inflation fell from an annual rate of 18 percent in 1980 to 3.4 percent in 1986. These policies also arguably led to other economic improvements, including an increase in productivity and economic growth. However, these improvements were achieved at great social cost, and, furthermore, the benefits were short-lived. By the end of the decade, inflation had risen to 10 percent, interest rates were at record postwar levels, the balance of trade deficit was higher than it had been in 1979 and the rate of economic growth was slowing (HM Treasury 1989); unemployment began to rise again in April 1990.

The other important factor which affected the living standards of families during the 1980s concerns earnings. Differentials in earnings increased in the 1980s. Salaries increased more quickly than did wages, and the wages of skilled workers more quickly than did those of the unskilled. The differentials between the earnings of men and women that had begun to narrow following equal pay legislation in the 1970s remained stable after 1981, with women’s earnings at 67 percent of men’s. The earnings of young people also fell further behind those of adults: Between 1979 and 1989, young people’s earnings as a proportion of adult earnings fell from 61 percent to 54 percent.
for 18-20-year-olds and from 42 percent to 39 percent for 16-17-year-olds (Low Pay Unit 1990).

There is no minimum wage in Britain, and low pay is endemic and has increased. Wages councils, which exist to protect the low paid, have been undermined by understaffing, and the wages council protection for young people was abolished in 1986. A survey in Manchester in 1989 revealed that 76 percent of the jobs advertised in job centres for young people paid less than the rate which would have applied under wages council protection (Low Pay Unit 1990). Between 1979 and 1988, the number of wage earners falling below the Council of Europe's "decency threshold" increased from 7.8 million to 9.9 million (Low Pay Unit 1989).

**Demographic Changes**

During the 1980s, significant changes occurred in family structure that affected the prevalence of child poverty. In common with other European countries, UK fertility rates have been below replacement level since the early 1970s, and the UK population under 16 years of age fell from 13.7 million in 1976 to 11.5 million in 1988. The reasons for this decline in fertility are not fully understood. Much of the decline may have been caused by the use of birth control and abortion to delay child bearing; abortions in England and Wales increased from 109,000 in 1976 to 180,000 in 1988 (Central Statistical Office 1990c). However, it is also probable that the rise in the labour participation of married women has increased the direct and indirect costs of child rearing quite apart from the profound changes in the attitudes, aspirations and beliefs of these women as regards gender roles.

During the 1980s, relationships between men and women also became more fragile, tentative and insecure as a base for child rearing. Until 1971, marriage had never been more popular, but it now appears to be declining. The rate of first marriages per thousand unmarried individuals over 16 years of age declined from 68.5 in 1971 to 42.1 in Great Britain in 1983. The remarriage rate of divorced persons, also on the rise until the mid-1970s, decreased from 134 per thousand divorced women in England and Wales in 1976 to 66.6 in 1988. Cohabitation before marriage, between marriages and as an alternative to marriage and the duration of cohabitation have been increasing. The proportion of single women who were cohabiting increased from 8 percent in 1981 to 17 percent in 1987. The proportion of women who had cohabited before marriage increased from about 20 percent of all married women in 1975 to 53 percent in 1987. In 1986-1987, about 400,000 children were living with
cohabiting couples (Haskey and Kiernan 1989). Divorce increased sharply in 1971 when the Divorce Reform Act 1969 went into effect. The divorce rate rose steadily after that and appeared to peak at 12.9 per thousand married people in 1985. It is estimated that one in three new marriages will end in divorce, and the chances are higher for second marriages, younger marriages and marriages following cohabitation (Wicks 1989).

One result of this decline in marriages is that more children are being reared in lone-parent families (Haskey 1989). In 1986, there were over one million lone-parent families, and 14 percent of all families with children were lone-parent families, 90 percent of them headed by females. About 1.6 million children now live with a lone parent, and it is estimated that one-third of all children will experience life in a lone-parent family (Clarke 1989).

The proportion of children born outside wedlock increased rapidly in the 1980s: from 9.2 percent of all newborn in 1976 to 27 percent in 1989. This is a much higher rate than that in most industrialized countries. However, it is estimated that two-thirds of these births were registered by both parents and that 70 percent of the parents were living at the same address and may thus have been stably cohabiting. The number of single lone parents has been increasing; however, such parents still represent only 26 percent of the total. Of lone mothers, 66 percent are separated or divorced and 9 percent are widowed.

Divorce and remarriage have led to increasing diversity in family life in the last 10 years, and an increasing proportion of children are having to adjust to living with their natural mother and a step father. It is estimated that, by 2000, only one-half of all children will spend their childhood with both natural parents (Kiernan and Wicks 1990).

In the literature, the impact of these changes in family structure on the well-being of children is disputed: Are the "life chances" of children in lone-parent families disadvantaged in comparison with those of children brought up in two-parent households? However, there is no doubt that the incidence of poverty is much greater in lone-parent families (Millar 1989). Maintenance (alimony) from former partners is received by less than one-third of lone parents, and payments are low and irregular. At a time when the labour participation rates of married women have been increasing, the proportion of lone mothers who are working has declined. During the 1980s, the proportion of lone parents dependent on social security increased.
Policies

During the whole of the 1980s, social and fiscal policies were in the hands of a government committed to reductions in taxation and public expenditure. However, despite the commitments of the Thatcher Government, public expenditure has risen in real terms by around 1.25 percent per year since 1979. Public expenditure as a proportion of GNP was 43.25 percent in 1978-1979, rose to 46.75 percent in 1982-1983 and was still 43.50 percent in 1986-1987. Since then, it has fallen to 39 percent in 1990-1991, but this is the result of both growth in the economy and expenditure cuts.

The reasons for this failure to achieve the intended cuts in public expenditure are complex and fascinating. The failure is certainly due partly to the massive costs of providing benefits for the unemployed, the prematurely retired and the sick and disabled, partly to the demands of an ageing population and partly to the high level of support among the general public for welfare spending, which tended to increase over the decade. In the meantime, what happened to the taxes, benefits and services that affect children?

Taxation. Since 1979, the tax system has become vertically more regressive and remained horizontally neutral (the latter, because children are no longer recognized in the tax system). There has been a shift from direct taxation of income and capital to indirect taxation of consumption. Income tax rates have been cut, particularly for higher rate payers. Income tax cuts have been partly offset by increases in national insurance contributions. Personal tax allowances have been increased at a more rapid rate than the increase in price inflation, but have not kept pace with increases in earnings. As a consequence of these changes, the proportion of higher incomes taken in tax has fallen while that of lower incomes has risen (Hill 1989).

Social Benefits. The major change in social security during the 1980s was the decision of the Government to break the link between earnings and the level of benefits. Since 1980, the main benefits have been uprated in line with prices (see Table 5, page 13). Thus, as earnings have moved ahead of prices, the living standards of those dependent on social security benefits have declined relative to the living standards of those who work.

A second change has occurred as a result of a shift from contributory and universal benefits to selective income-related benefits. These means-tested benefits are not claimed by many of those entitled to them and create inequities and possibly disincentives in combination with the tax system when
they are withdrawn as incomes rise. The most significant victim of this policy has been child benefit. Not generous in the European context in any case (Bradshaw and Piachaud 1980), the level of child benefit has been frozen for the past three years, and a means-tested benefit for low-wage families (family credit) has been enhanced, though, to date, it is only being claimed by about one-half of those thought to be eligible. As a result of the freeze of child benefit, those families not receiving family credit are worse off than they would be otherwise. Child benefit has been paid at the rate of £7.25 per child per week since April 1987. If it had been uprated since then in line with inflation, it would have been worth £8.60 in April 1990.

The social security system has undergone a number of incremental changes since 1979. Apart from those already mentioned, the most significant for children have been the cumulative effects of the changes in benefits for the unemployed and the impact of the reform replacing the supplementary benefit with income support and reducing the role of the housing benefit. Since 1979, there has been a series of often small technical changes to benefits for the unemployed, motivated by a desire either to reduce the costs of benefits, or to increase work incentives. Among these has been the abolition of child addition to short-term insurance benefits. Child support for those on unemployment benefit declined by one-third in real terms between 1978 and 1989 (Hansard 6 November 1989). Atkinson and Micklewright (1989) have carried out a systematic analysis of the cumulative effects of the changes in benefits for the unemployed between 1979 and 1988 and calculated that these effects added up to savings of £465 million and that unemployed claimants received £2.92 less per week as a result.

As shown in Table 4 (page 12), there was a large increase in the number of people dependent on the basic assistance benefit (now called "income support", or "IS") during the 1980s. In fact, one person in seven in the UK is now dependent on this benefit for all or part of income. The principal reasons for the growth in the number of individuals on income support have been the high level of unemployment and the increase in the number of one-parent families. The unemployment benefit based on contributions only lasts one year, and, because so many of the unemployed have exhausted their entitlement or never built up one through insurance contributions, three-fourths of the unemployed, representing one million children, have become dependent on income support. The number of one-parent families has grown rapidly, but so has the dependence of these families on benefits. At a time when an increasing proportion of married women has entered the labour force, the proportion of lone parents who work has declined. Nearly three-fourths of
all lone parents, representing over one million children, now depend on basic assistance income.

Thus, over two million children have become dependent on income support, and there has been anxiety that the level of benefit, especially for families with children, is not adequate. This was recognized by the Government, which announced the intention to concentrate extra assistance on families with children in the 1986 White Paper on social security reform. It is not at all certain that this objective has been achieved in practice, and certainly no attempt has been made to define "adequacy". There were only modest changes in the structure and level of benefits following the reforms (on the grounds that the reforms were to be achieved at nil cost). Table 7 summarizes the impact of income support.

Lone parents were worse off as a result of the introduction of income support. Although couples with children gained in cash terms, the gains were modest and, on average, did not compensate for the fact that the couples had to pay 20 percent of their rates and for the loss of extra (single) payments. These latter had been available under SB, but were replaced by a largely loan-based Social Fund under IS. As a result of the social security changes, young people aged 16 and 17 have lost entitlement to income support altogether. In the last three annual upratings of benefits and in the context of the freeze on child benefits, the Government has provided small extra increases to the scale rates paid for children. However, in 1990, an unemployed couple with two children aged 4 and 6 are entitled to only £89.65 per week and still have to pay their water rates and 20 percent of their poll tax, a local tax paid by each adult in a household.

<table>
<thead>
<tr>
<th>Table 7: Income Support: Real Increases in Benefit Rates</th>
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</thead>
<tbody>
<tr>
<td>(Additional Weekly Income)</td>
</tr>
<tr>
<td><strong>Lone Parent:</strong></td>
</tr>
<tr>
<td>Plus a child aged 3</td>
</tr>
<tr>
<td>Plus two children aged 4 and 6</td>
</tr>
<tr>
<td><strong>Couple:</strong></td>
</tr>
<tr>
<td>Plus a child aged 3</td>
</tr>
<tr>
<td>Plus two children aged 4 and 6</td>
</tr>
<tr>
<td>Plus two children aged 13 and 16</td>
</tr>
<tr>
<td>Plus three children aged 3, 8 and 11</td>
</tr>
<tr>
<td>Plus four children aged 6, 8, 11 and 16</td>
</tr>
</tbody>
</table>

Source: Social Services Committee (1989a): HC 437-1, paragraph 32.
Services. The impact of the Government's fiscal and public expenditure policies on services for children is more difficult to establish. It certainly varies from one sector to another, and there is an interaction between the impact of benefit changes and the demands on services.

1. Housing has suffered the sharpest cuts of all social expenditure, falling from 8 percent of public expenditure in 1978-1979 to 3.8 percent in 1990-1991. In 1986-1987 real terms, expenditure fell from £7 billion in 1978-1979 to £2.7 billion in 1989. This resulted in a considerable decline in new housing starts in the public sector and a deterioration in the condition of the housing stock. Rents have also increased at a faster rate than has general inflation, and there has been a cyclical but significant increase in real prices for housing. Coupled with high interest rates and despite a massive subsidy from tax relief on mortgage interest payments, this has led to an increase in rent arrears, mortgage debt and repossession. The most dramatic result of these policies has been the increase in homelessness that has exposed the lives of thousands more children to severe deprivation.

2. Education. In 1986-1987 real terms, public expenditure on education services rose from £15.1 billion in 1978-1979 to £16.5 billion in 1988-1989, while educational expenditure as a proportion of total expenditure has fallen from 14.4 percent in 1979 to 13.7 percent in 1990-1991. The total number of school pupils rose between 1961 and 1976, but then fell by 1.9 million between 1976 and 1987.

a. Pre-school education. The educational provision for children under 5 (the statutory age of entry to full-time education in the UK) falls into two main categories: nursery education, which is generally free, and day care, which almost invariably must be paid for by parents. There are striking regional variations in the availability of the types of provision. For example, among 3-year-olds, 61.5 percent in the North as opposed to 12.2 percent in the Southwest receive nursery education (Central Statistical Office 1990b). The number of children under 5 in full-time nursery education has remained constant. However, particularly in primary schools, the number of those attending part-time nursery education has been growing. The figures rose from 117,000 in 1976 to 243,000 in 1988. Nonetheless, less than half the 3-to-4-year-olds in the UK are in pre-school education and most of these attend only part-time. The proportion of 3-to-4-year-olds in pre-school education in the UK is particularly low relative to that in other European countries (National Childcare Campaign-Day Care Trust 1984).

Associated with the rising rates of the labour participation of married women, the day-care services provided by child "minders" have increased
no longer provide paid meals and now offer sandwiches to children entitled to free dinners. Between 1979 and 1988, the proportion of pupils taking a meal at primary schools in England declined from 64 percent to 43 percent, and, between 1987 and 1988, the number of children taking free school meals declined by 31 percent (CPAG 1989). The proportion of children receiving free school meals was 14.7 percent in 1978. It reached a peak of 19.8 percent in 1986 and fell back to 11 percent in 1989 (Hansard 5 May 1990: column 98). Tertiary education was squeezed with cuts in student grants of 13 percent between 1978-1979 and 1987-1988. The earnings of teaching staff in schools and universities have also been held down with consequences for morale and, more recently, problems in teacher supply. Thousands of children in poorer inner-city areas are unable to go to school because of the difficulties in staff recruitment. Expenditures per pupil in real terms on school books and equipment fell by 0.8 percent for primary schools and 24.2 percent for secondary schools between 1978-1979 and 1987-1988 (Hansard 8 May 1989). Capital spending fell by 27 percent between 1981 and 1988 in line with the fall in the school population. Capital spending per pupil in real terms rose by 16 percent between 1979 and 1989.

3. Health and personal social services. Overall expenditure on health care has risen in real terms and as a proportion of GNP, but there has been a lively debate on whether this growth has been sufficient to meet the additional needs of an ageing population and advances in medical technology (Social Services Committee 1989a). Attempts to redistribute health care resources to underfunded regions and generally to control health care expenditure have led to painful problems of adjustment. Hospitals and wards have had to be closed. Hospital waiting lists have fluctuated, but, by 1987, there were 100,000 more names on the lists than there had been in 1976 despite the fact that the throughput of patients in National Health Service hospitals had increased by 28 percent between 1971 and 1987.

It is not possible to assess how well maternity and child health care and welfare services have fared in the competition for resources within health care and personal social services. Prenatal diagnoses of congenital abnormalities and abortions of damaged foetuses have led to a sharp decline in the birth of disabled children, but, in terms of the overall statistics, this has been offset by advances in surgical and medical interventions that have enabled more damaged children to remain alive longer. Although there was a gradual but continuous increase in the percentages, vaccinations against the major childhood diseases were still not universal among children during the 1980s. In 1987, for instance, the proportions of unvaccinated children were
as follows: diphtheria, 13 percent; whooping cough, 27 percent; polio, 13 percent; tetanus, 13 percent; measles, 24 percent, and rubella (girls only) 14 percent. Large regional differences in immunization rates also persist.

The policy of transferring the mentally handicapped and mentally ill from long-stay institutions to care in smaller community units has reduced the already low proportion of mentally-handicapped children in these institutions. New legislation has enhanced the rights of children with learning problems and the obligation of local authorities to protect the interests and plan for the future of these children. Policies governing the protection of children have been reformed and re-reformed in the search for a balance between the rights of parents and the interests of children. The number and the percentage of children in the care of local authorities have decreased steadily. On the other hand, the total number of children removed by local authorities to a place of safety increased by 37 percent between 1977 and 1987.

VI. CHILD RIGHTS

From the perspective of children’s rights, the period under review started auspiciously with the International Year of the Child in 1979 and ended with the passing of the Children Act 1989, which was heralded as the most comprehensive and far-reaching reform of child law this century. At first sight, the decade may seem progressive, but the 1980s was, in fact, a rather patchy and uneven period for children’s rights.

Freeman (1987-1988) emphasizes that "rights without services are meaningless." Heavy demands on the limited resources for children’s services have rendered ineffective some of the rights which children should enjoy. However, progress has been made in challenging the view that children are the property of their parents and in increasing the requirements that children must be consulted before decisions are taken about their future. The Children Act 1989 has broadened the circumstances in which courts and local authorities must determine the wishes and feelings of children and give them due consideration.

Guardians ad litem, who present children’s views to the courts in care proceedings, were introduced in 1984 and will be more widely used under the Children Act. The Act allows children themselves to apply for a court order to decide, for example, with whom they should live, or who may have contact with them. The participation of children in criminal court proceedings as
witnesses has become easier as procedures which are more sensitive to children have been adopted.

1989 was also an important year in that it marked the adoption of the UN Convention on the Rights of the Child, which the British Government has expressed a general intention to ratify.

The celebrated Gillick case was potentially most significant in advancing children's rights because it established the principle that a child, given sufficient maturity and understanding, could receive confidential medical and contraceptive advice against the wishes of a parent (Gillick 1986). The Children Act extended this principle by enshrining in statute law the right of a child, given sufficient age and understanding, to withhold consent to medical examination.

In practice in the education system, some movement has occurred in encouraging the greater involvement of students in decisions regarding their schooling, in particular in allowing students greater choice in the subjects they are taught and greater participation in the assessment of their schoolwork. However, in law, there has been a shift away from student involvement in running schools. The 1986 Education Act (Number 2) outlawed student governors and gave greater powers to parent governors. It is feared that the Education Reform Act 1988, by imposing a National Curriculum, may reduce the ability of students to select areas of work. The predominant theme in education in the late 1980s was "parent choice" on behalf of the child, and this has almost eclipsed the debate on student choice and student involvement.

The principle of parental responsibility is becoming more popular in Government pronouncements. Parental responsibility emphasizes the duties and obligations parents have toward their children, a caring approach which few would decry. Nonetheless, the application of the principle in various policy areas encroaches on the right of children to be seen as independent from parents and, by shifting onto parents the responsibility for children, absolves the state of its share of responsibility. For example, the cuts in real terms in student grants have made more young people dependent on parents and for a longer time, and, most significantly, the independent right of hundreds of thousands of young people in Britain to social security benefits has been reduced or abolished altogether. Not until the age of 25 do young adults receive the "adult" rate of benefit.
VII. THE IMPACT OF THE 1980S ON CHILDREN

What has been the impact on the well-being of children of the trends in poverty and inequality and the economic, demographic and social policies of the 1980s? To answer this question is not a straightforward task: The data are often not available over time, are not up to date, or have not yet been published. Many of the potential impacts are long term, and it may be too early to assess the consequences of the last 10 years on the well-being of children.

Indications of outcome can be considered under two broad headings, physical and behavioural:

<table>
<thead>
<tr>
<th>PHYSICAL</th>
<th>BEHAVIOURAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant mortality</td>
<td>Educational attainment</td>
</tr>
<tr>
<td>Childhood deaths</td>
<td>Truancy</td>
</tr>
<tr>
<td>Child morbidity</td>
<td>Teenage conceptions</td>
</tr>
<tr>
<td>Height</td>
<td>Pocket money</td>
</tr>
<tr>
<td>Weight</td>
<td>Child labour</td>
</tr>
<tr>
<td>Nutrition</td>
<td>TV viewing</td>
</tr>
<tr>
<td>Racial disadvantage</td>
<td>Smoking</td>
</tr>
<tr>
<td>Homelessness and housing conditions</td>
<td>Drinking</td>
</tr>
<tr>
<td>Clothing</td>
<td></td>
</tr>
<tr>
<td>Child protection</td>
<td>Drug abuse</td>
</tr>
<tr>
<td>Child abuse</td>
<td>Juvenile crime</td>
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</tbody>
</table>

The Physical Impact

Infant Mortality. Table 9 presents data on the mortality rates of children in the UK for selected years since 1961 and for the 1980s. All these vital statistics showed a continuing decline during the 1980s. However, the decline in infant mortality rates was much slower in the 1980s than it had been in previous decades (Social Services Committee 1988b). It is arguable that infant mortality becomes harder to reduce beyond a certain level. Nonetheless, the rates have declined more slowly in the UK than they have in some other countries and are still high in comparison with, for example, France (7.9 in 1986), Italy (8.1 in 1985) and Sweden (5.9 in 1986) (NCH 1989). Had the infant mortality rate in England and Wales been that of Sweden in 1986, 2,247 children would not have died. England and Wales had the highest postneonatal mortality rate among seven selected Western countries studied by
TABLE 9: VITAL STATISTICS IN THE UK
(Rates Per 1,000)

<table>
<thead>
<tr>
<th>Year</th>
<th>Infant Mortality</th>
<th>Neonatal Mortality</th>
<th>Still Births</th>
<th>Perinatal Mortality</th>
</tr>
</thead>
<tbody>
<tr>
<td>1961</td>
<td>22.1</td>
<td>15.8</td>
<td>19.3</td>
<td>32.7</td>
</tr>
<tr>
<td>1966</td>
<td>19.6</td>
<td>13.2</td>
<td>15.5</td>
<td>26.7</td>
</tr>
<tr>
<td>1971</td>
<td>17.9</td>
<td>12.0</td>
<td>12.6</td>
<td>22.6</td>
</tr>
<tr>
<td>1976</td>
<td>14.5</td>
<td>9.9</td>
<td>9.7</td>
<td>18.0</td>
</tr>
<tr>
<td>1981</td>
<td>11.2</td>
<td>6.7</td>
<td>6.6</td>
<td>12.0</td>
</tr>
<tr>
<td>1983</td>
<td>10.2</td>
<td>5.9</td>
<td>5.8</td>
<td>10.5</td>
</tr>
<tr>
<td>1984</td>
<td>9.6</td>
<td>5.7</td>
<td>5.7</td>
<td>10.2</td>
</tr>
<tr>
<td>1985</td>
<td>9.4</td>
<td>5.4</td>
<td>5.5</td>
<td>9.9</td>
</tr>
<tr>
<td>1986</td>
<td>9.5</td>
<td>5.3</td>
<td>5.3</td>
<td>9.6</td>
</tr>
<tr>
<td>1987</td>
<td>9.1</td>
<td>5.0</td>
<td>5.0</td>
<td>9.0</td>
</tr>
<tr>
<td>1988</td>
<td>9.0</td>
<td>4.9</td>
<td>4.9</td>
<td>8.8</td>
</tr>
<tr>
<td>1989</td>
<td>8.4</td>
<td>4.7</td>
<td>4.9</td>
<td>8.4</td>
</tr>
</tbody>
</table>


Kleinman and Kieley (1990). The only group having a higher rate was blacks in the U.S. There are sharp regional differences in infant mortality rates: In 1987, the rates varied from 7.8 in East Anglia to 9.9 in Yorkshire and Humberside.

The debate over whether differentials in infant mortality among social classes in Britain have diminished has been considerable (Carr Hill 1988, Townsend and Davidson 1982, Illsley and Le Grand 1987). From the end of the 1940s to the early 1970s, the differential in infant mortality rates widened between the unskilled social classes and other groups. It was thought that this gap had narrowed during the late 1970s (Townsend and Davidson 1982); however, a subsequent analysis has revealed that social class data on children born outside marriage had been excluded. It is difficult to draw firm conclusions on more recent trends because the data of the later 1980s have not been analysed with regard to such children (Davey-Smith et al. 1990). Nevertheless, the infant mortality rates for Social Class V, the bottom class, were double those for Social Class I, the top class (NCB 1987). If the average infant mortality rate of the population of England and Wales had been that of Social Class I in 1987, there would have been 1,500 fewer infant deaths. The differentials in perinatal mortality rates were maintained between 1975 and 1989. Postneonatal mortality rates have remained static since the mid-1970s (Rodrigues and Botting 1989); however, class differentials have narrowed as
the rates for the manual classes have continued to fall, while the rates for the nonmanual classes have levelled off.

In statistics on low birthweight and infant deaths, large local differences exist that are closely related to indicators of social deprivation (Townsend et al. 1988). Although infant mortality has decreased, causes of death related to socioeconomic factors have shown much less improvement and have become proportionately much larger problems. For example, Sudden Infant Death Syndrome has become the main deprivation-related health problem in postneonates: It accounted for 46 percent of postneonatal mortality in England and Wales in 1986. Some of the increase in Sudden Infant Death Syndrome (from 1,099 deaths in England and Wales in 1979 to 1,629 deaths in 1988) might be due to a shift in classification: Many deaths which previously would have been classified as due to respiratory causes are now classified here (Pharoah 1986).

A number of improvements in some areas such as infections should be no reason for complacency; deaths related to socioeconomic deprivation definitely remain grounds for concern. For example, inner-city areas are characterized by poor levels of immunization, poor housing and overcrowding, high risks of gastroenteritis among babies, serious problems of tuberculosis among the Asian community and new infections such as AIDS posing new threats also associated with deprivation. The Office of Population Censuses and Surveys (OPCS 1988) has concluded that "Causes of death which can be regarded as 'preventable'... cause infant deaths in Social Class V at about three times the rate for Social Class I."

Apart from social class, an association exists among infant mortality, low birthweight and ethnic origin. The proportion of children with low birthweight (less than 2,500 grammes) has remained constant at 7 percent for the past 20 years. The downward trend in infant mortality has been due to better intensive care for babies at risk, the changing composition of the population and fewer babies being born in large families and to younger mothers. One offsetting factor has been the increasing proportion of babies born to mothers from the New Commonwealth: Such babies now represent 3 percent of all births. In 1986, the mortality rate among infants of women born in Pakistan was 14.8 per 1,000, compared with 9.4 among infants of women born in the UK (NCH 1989).

Deaths in the perinatal period now account for most of infant mortality, with prematurity, low birthweight and congenital abnormality being the most significant factors (Goodwin 1989).

Childhood Deaths. The pattern of childhood deaths has also shown a
continuing downward trend (Table 10). For older children and young adults, accidents are now the single largest cause of death, and motor accidents account for the majority of accidental deaths among children above age 4. Accidents are more common among lower socioeconomic groups.

In 1985, suicide accounted for 9 percent of child deaths. Suicide rates for children aged 10-14 declined from 1.7 per million in the 1940s to 1.3 per million in the 1980s (McClure 1988). An increase in the rate for females has been offset by a decline in the rate for males. However, in a local area study, Lowy et al. (1990) found that the suicide rate of people aged 15-34 increased each year between 1975 and 1987, although this may reflect a shift in the willingness of coroners to record verdicts of suicide. The number of suicides among children aged 10-19 was 128 in 1979 and 134 in 1987 (Mortality Statistics, various).

<table>
<thead>
<tr>
<th>TABLE 10: CHILDHOOD DEATHS IN ENGLAND AND WALES</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Rates Per 1,000 By Age, 1971-1988)</td>
</tr>
<tr>
<td>Males</td>
</tr>
<tr>
<td>1-4   5-9  10-14  15-19   1-4   5-9  10-14  15-19</td>
</tr>
<tr>
<td>1971  0.76  0.44  0.37  0.90   0.63  0.29  0.24  0.39</td>
</tr>
<tr>
<td>1976  0.65  0.34  0.31  0.88   0.46  0.24  0.21  0.35</td>
</tr>
<tr>
<td>1981  0.53  0.27  0.29  0.82   0.46  0.19  0.19  0.32</td>
</tr>
<tr>
<td>1986  0.44  0.21  0.23  0.71   0.40  0.17  0.17  0.29</td>
</tr>
<tr>
<td>1988  0.45  0.24  0.26  0.65   0.40  0.15  0.15  0.29</td>
</tr>
</tbody>
</table>

Source: Mortality Statistics (various).

Child Morbidity. No reliable national data exist on trends in the prevalence of handicapping conditions. The number of abortions due to fetal abnormality fell over the decade mainly due to a decline in rubella during pregnancy. Nevertheless, advances in the prevention and prenatal diagnosis of congenital abnormalities leading to abortion have had an impact on the incidence of some conditions, including spina bifida, rubella syndrome and possibly Down's syndrome. However, the main feature of childhood morbidity has been the increasing prevalence of chronically ill and handicapped children in the population. Improved treatment and advances in surgical management have helped to keep disabled children alive longer, including children with cystic fibrosis, congenital heart disease and other physical abnormalities.
The first nationally representative estimates of the prevalence of disability among children were published by OPCS in 1989 (Bone and Meltzer 1989). The OPCS survey found that there were 360,000 children with disabilities in Great Britain, with 5,600 of these living in communal establishments. This represented a prevalence rate of 32 per 1,000 children. The rising numbers of children surviving with chronic illnesses or handicaps are likely to be deprived in relation to their peers because of the increased cost to their families of caring for them (Baldwin 1985).

Table 11 shows that, between 1974 and 1987, the proportion rose of boys and girls who were reported to have long-standing illnesses by parents. It also offers evidence that the demands made on health care services by children increased.

Admissions of children and young adults (under 19) to mental illness hospitals and units rose from 385 per 100,000 to 417 per 100,000 between 1976 and 1986. Admissions to mental handicap hospitals rose from 30.2 to 84.8 per 100,000 over the same period (DoH 1989b). However, admission statistics are an unreliable indicator of psychiatric morbidity.

| TABLE 11: REPORTED CASES OF ILLNESS AMONG CHILDREN (Percentages By Age, 1974, 1983 And 1987) |
|-----------------------------------------------|------------------|------------------|------------------|
|                                               | Males            | Females          |
| Long-term illness                             |       |       |       |       |       |       |
| 0-4                                           | 6     | 11    | 16    | 5     | 9     | 13    |
| 5-15                                          | 10    | 17    | --    | 7     | 13    | --    |
| Limited long-term illness                     |       |       |       |       |       |       |
| 0-4                                           | 6     | 3     | 7     | 2     | 2     | 6     |
| 5-15                                          | 5     | 8     | --    | 3     | 6     | --    |
| Restricted activity                           |       |       |       |       |       |       |
| 0-4                                           | 10    | 15    | 13    | 9     | 14    | 13    |
| 5-15                                          | 8     | 12    | --    | 8     | 11    | --    |
| Attending outpatient care                     |       |       |       |       |       |       |
| 0-4                                           | 9     | 10    | 12    | 7     | 9     | 11    |
| 5-15                                          | 8     | 10    | 11    | 6     | 9     | 9     |
| Consulting family doctor                      |       |       |       |       |       |       |
| 0-4                                           | 14    | 21    | 25    | 15    | 20    | 21    |
| 5-15                                          | 8     | 10    | 11    | 8     | 9     | 12    |
| Consultations (Average no.)                   |       |       |       |       |       |       |
| 0-4                                           | 5     | 7     | 8     | 5     | 6     | 7     |
| 5-15                                          | 2     | 3     | 4     | 2     | 3     | 4     |


Carmichael et al. (1989) point to the relationship between fluoridation and dental decay among 5-year-olds in Newcastle and Northumberland. Their research established that the prevalence of dental decay was related to social class: "The percentage of subjects with caries experience was substantially higher in Social Classes IV and V than in Social Classes I and II".

Fluoridation of the water supply was shown to reduce these differentials and was most effective in terms of teeth saved in Social Classes IV and V, the two bottom classes and the ones with the highest incidence of dental decay. However, Carmichael’s figures indicate a small rise in dental caries experience between 1981 and 1987 in all categories of the 5-year-olds studied.

Although the proportion of children immunized increased during the 1980s, there were epidemics of whooping cough in 1982 and 1986 and of measles in 1982-1983 and 1985-1986. Infectious diseases account for 10 percent of all deaths. Notification rates of meningitis in all age groups under 15 have been increasing, especially since 1984. Meningococcal meningitis (accounting for 40 percent of all cases) has risen particularly steeply among younger children. AIDS poses a new threat to child health and survival via child sexual abuse, infection in utero and, among adolescents, intravenous drug use. By the end of February 1990, 23 children had been reported with AIDS in the UK, and, of these, 13 had died (AIDS Letter 1990). In addition, over 200 children were known to be HIV positive. HIV positive cases among intravenous drug users is a particular problem in Scotland (NCH 1989). The notification rates of food poisoning among children rose during the 1980s (DoH 1990).

Height. The National Study of Health and Growth (NSHG) has surveyed children aged 4½ to 11½ in England and Scotland since 1972. The surveys indicate a trend toward taller children from 1972 to 1979, but the trend slowed or stopped altogether between 1979 and 1986 (DoH 1990). Carr Hill (1986), citing the Department of Education and Science of the Ministry of Education, reports that there is no evidence that the secular trend in growth is continuing at the present time. The survey of the Diets of British School Children (DoH 1989a) offers data showing that children are significantly shorter in families which are on benefits or of which the father is
unemployed. The same study confirms previous evidence that children from higher social classes are taller, and Carr Hill (1988) has demonstrated that there was no discernible diminution in the height differentials among children aged 20-24 in the various social classes between 1940 and 1980. The 1983 NSHG was also enhanced to take into consideration children from ethnic minorities and inner cities. Afro-Caribbean children were generally the tallest, while inner-city whites and the children of all other ethnic minority groups were generally shorter than the 1982 sample (DoH 1990).

Weight. Both obesity and anorexia nervosa, particularly among girls, appear to be on the rise. According to the National Children's Bureau (NCB 1987: page 70), "The increasing number of children at the extremes of fatness and thinness reveal new areas of physical health problems with causes that are chiefly behavioural and difficult to manage."

Nutrition. There is anxiety (Whitehead 1988) that the nutrition of children deteriorated during the 1980s because of the abolition of price maintenance and nutritional standards for school meals. The main sources of energy in the diets of British school children are bread, chips, milk, biscuits, meat products, cakes and puddings. Higher consumption of chips occurs among lower social classes, children of unemployed fathers and families on benefit. Three-fourths of all children have excessive fat intakes. The intake of iron, riboflavin and calcium among girls is below recommended levels, and Scottish primary school children are low on vitamin C and B carotene. School meals contain between 30 percent and 43 percent of average daily energy intake, but older children, particularly girls, who rely on the food served at nonschool outlets have the poorest diets (DoH 1989a). Based on the staff manual of the Department of Health and Social Security (DHSS), the calorie intakes recommended by the DHSS and figures from the London Food Commission detailing the cost of 20 major food items, Lobstein (1988) estimated the expenditure on food for families on benefit. He found that, in terms of total nutrients per day, the diets of these families were "grossly inadequate", with serious deficiencies in the intake of iron, zinc, magnesium, vitamin C and folic acid. Similar results have been obtained by Bradshaw and Morgan (1987) and Bradshaw and Holmes (1989) using different methods.

Racial Disadvantage. Between 1984 and 1986, ethnic minorities represented 8.1 percent of the population aged 1-15 (Haskey 1988). Indian, Pakistani and Caribbean are the largest ethnic groups and represent over one-half the total. Almost three-fourths of the ethnic minority population live in metropolitan counties; they are concentrated in inner-city areas in poor and overcrowded housing. Infant mortality is much higher among certain ethnic
groups than it is in the rest of the population, and ethnic groups have their own special health problems such as sicklecell anaemia and thalassaemia.

Black children experience disadvantage and deprivation in Britain through the racism and discrimination that permeate many areas. Their parents are more likely to be unemployed or low paid; their housing is likely to be overcrowded and lacking amenities, and access to public services, even access to schools in some areas, is more difficult for them. Afro-Caribbean children and those of mixed parentage are also more likely to be admitted to local authority care than are white or Asian children (Rowe et al. 1989). One reason for this may be the disproportionately high number of black women in prison (NACRO 1989). While growing up, black children also encounter additional adjustments in managing the transition from or maintenance of their ethnic culture.

**Homelessness and Housing Conditions.** Although official statistics do not show the full extent of the crisis of homelessness, there is no doubt that it increased as a problem during the 1980s (Table 12). Seventy-nine percent of homeless households in priority need in 1988 included dependent children or pregnant women (Central Statistical Office 1990c). If the rate of increase in homeless households has been maintained until now, the number has doubled since 1981.

A working party of the Association of Metropolitan Authorities (1988) has found a dearth of information and research on black homelessness, but has noted that, in London, black households are three or four times more likely to become statutorily homeless than are white households.

The number of young people aged 16 to 19 who are homeless and often living on the streets of large cities has also increased dramatically. The

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<tbody>
<tr>
<td>1981</td>
<td>57,000</td>
<td>--</td>
</tr>
<tr>
<td>1985</td>
<td>73,000</td>
<td>--</td>
</tr>
<tr>
<td>1986</td>
<td>--</td>
<td>87,360</td>
</tr>
<tr>
<td>1987</td>
<td>83,000</td>
<td>92,352</td>
</tr>
<tr>
<td>1988</td>
<td>--</td>
<td>96,854</td>
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</tbody>
</table>

housing pressure group Shelter has estimated (1989) that over 150,000
experience homelessness every year because they leave their families or other
care and are unable to find or afford accommodation. The problem has been
exacerbated not only by the shortage in housing and hostels, but also by
changes in social security rules that have removed entitlement for 16-to-17-
year-olds and reduced it for other young people as well (Craig and Glendinning
1990a). One-third of homeless young people are thought to be in London;
however, the problem is also growing in provincial areas. Greve and Currie
(1990) state that the use of bed and breakfast accommodation to house homeless
families with children has rapidly increased, and concern has been expressed
at the impact of this type of accommodation on health, development, safety,
education and diet. As Conway (1988: page 76) points out:

"In spite of being a high risk group, hotel children seem to have poor
access to health services. Records suggest that they tend to miss
developmental checks, immunization and vaccination."

And as the Association of Metropolitan Authorities (1988) points out:

"A high proportion of families being placed in bed and breakfast hotels
are black. Tower Hamlets, for example, has informed a House of Commons
Committee that 80 percent of families it houses in hotels are of Bengali
origin."

Family homelessness can also lead to children being placed in care. In
Great Britain in 1987, a total of 408 children were in care specifically for
this reason. This was a reduction from 1986, but, according to the National
Children's Home (NCH 1990: page 5): "The change (decrease) has occurred as a
result of a change in policy and the belief by social workers that
homelessness in itself does not constitute grounds for care proceedings."

House price inflation and high interest rates have exacerbated the
 crisis in homelessness; repossessions by building societies increased from
4,000 in 1981 to 14,000 in 1989 (Central Statistical Office 1990c).

Evidence also exists that housing conditions for families with children
deteriorated between 1981 and 1986. The report of the English House Conditions
Survey (Department of Environment 1988: paragraph 9.23) concluded that:

"Single parent families, families with one or two children... were the
groups most likely to have experienced some deterioration in their housing
conditions. In particular, households with one or two children occupied in
1981 substantially less than their expected share of dwellings which were
unfit or in 'serious' disrepair, but by 1986 this position had reversed."

Poor families with children are likely to live in public housing in
urban areas. A recent survey of a random sample of 579 families with children in Glasgow, Edinburgh and London found that one-third of dwellings were damp and almost one-half contained mould growth. The study concluded that damp and mouldy housing conditions have adverse effects on symptomatic health, particularly among children (Platt et al. 1988).

Disconnections from the gas supply because of nonpayment increased from 35,000 in 1979 to 61,000 in 1987, but fell to 19,000 in 1989 due, probably, to changes in disconnection policy. Electricity disconnections fell from 99,000 in 1979 to 70,000 in 1989 (National Consumer Council 1990: page 125).

Clothing. No data exist on changes in the adequacy of clothing over time. However, Bradshaw and Morgan (1987) have examined expenditure on children's clothing by unemployed families and single parents on benefit and concluded that the level of expenditure of these families is not sufficient to maintain minimum clothing stocks. In a later study, Bradshaw and Holmes (1989) compared a minimum standard with the clothing stocks of families of which the heads are unemployed. They found that 60 percent of the children in the sample were below standard on two or more essential items.

Child Protection. The number of children in care was reasonably constant between 1974 and 1980 and then fell in the early 1980s. After 1985, the number of children and the rate per 1,000 of the population under 18 years of age removed to a place of safety increased, but then the rate declined slightly in 1988 (NCH 1990). In 1981, 6,212 children (0.52 per 1,000) were removed to a place of safety in England, and, by 1987, the number had increased to 8,055 (0.73 per 1,000). However, the number of children in the care of local authorities in England declined from 88,663 in 1982 to 67,326 in 1986, or from 7.47 per 1,000 to 6.04 per 1,000 (NCH 1989). Over time, the proportion of those in care in residential children's homes has declined, and the proportion boarded out in foster homes has increased. In 1987, 52 percent of the children in care in England were boarded out.

Child Abuse. The issue of physical and sexual child abuse came to the fore in the 1980s. Whether this was due to heightened awareness of an existing problem, or to growth in the prevalence of the problem is impossible to say. Given the nature of the subject, child abuse has been difficult to investigate in terms of extent and growth. One of the main sources of information since the 1970s has been the National Society for the Prevention of Cruelty to Children (NSPCC), which set up Child Abuse Registers in England and Wales in 1974 and 1975. Between 1977 and 1986, nearly 12,500 children were placed on the NSPCC registers as abused or at risk of being abused. The majority (81 percent) of those who had been abused suffered from physical injuries of some
kind, and nearly 10 percent of the injuries were serious or fatal. Eleven percent of the children had been sexually abused (Creighton 1988). Over the period, the proportion of children who had been injured declined, while the proportion who had been sexually abused rose from 3 percent in 1981 to 32 percent in 1986. At about the time the NSPCC registers were established, local authorities created the Child Protection Register. In 1989, 40,700 children were on the registers in England. This was 3.7 per 1,000 children under 18, but the rate varied from 7.4 per 1,000 in Inner London to 2.1 per 1,000 in Thames-Anglia. In 1989, there were 22,000 new registrations (NCH 1990). However, retrospective surveys of the general population have shown that only a small proportion of abuse is reported. It thus seems probable that these figures are underestimates (La Fontaine 1990).

Due to differing methodological practices and definitions, studies have produced varying estimates of the incidence of the sexual abuse of children. Relying on a broad definition of sexual abuse, a prevalence study of just over 2,000 men and women found that 10 percent had had some experience of sexual abuse prior to the age of 16 (Baker and Duncan 1985). Another study involving 600 women found that 46 percent had been abused as children (West 1985), and, in a survey of 1,236 women (Hall 1985), 21 percent reported such abuse and one-third of these stated that abuse had occurred more than once.

Table 13 provides data on the number of "notifiable" sexual offences against children and child homicides in England and Wales. It shows that prosecutions for buggery, incest and gross indecency all increased during the latter part of the 1980s, but that there was no increase in homicide.

|---------------------------------+-----------------+-----------------+-----------------+-----------------+-----------------|
| Incest                         | 290             | 277             | 444             | 511             | 516             |
| Gross indecency                | 472             | 633             | 666             | 831             | 871             |
| Unlawful sexual intercourse    |                 |                 |                 |                 |                 |
| With girls under 13            | 270             | 299             | 362             | 312             | 283             |
| With girls under 16            | 2,622           | 2,733           | 2,555           | 2,699           | 2,552           |
| Buggery                        | 602             | 633             | 794             | 929             | 951             |
| Homicide                       | 82              | 103             | 61              | 78              | --              |

The Impact on Behaviour

Educational Attainment. Table 14 shows that the level of educational attainment of both boys and girls increased between 1975-1976 and 1987-1988. The overall increase for boys with at least one higher grade GCE O level was from 49 percent in 1975-1976 to 55 percent in 1987-1988. Nonetheless, concern has recently been expressed over educational performance in Britain relative to that in other countries. Sir Claus Moser (The Independent 21 August 1990) has pointed out that only 35 percent of British 16-to-18-year-olds were in full-time education, whereas the figures for the U.S., Japan and Sweden were 79 percent, 77 percent and 76 percent, respectively. Among ethnic groups, differences exist in exam performance (Inner London Education Authority 1990).

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<tbody>
<tr>
<td>2 or more A levels/3 or</td>
<td>14</td>
<td>16</td>
<td>12</td>
<td>16</td>
</tr>
<tr>
<td>more H grades</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 A level/1 or more H</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>grades</td>
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<td>5 or more O levels A-C</td>
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<td>14</td>
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<tr>
<td>1-4 O level grades D</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>or E or CSE grades 2-5</td>
<td>30</td>
<td>32</td>
<td>28</td>
<td>28</td>
</tr>
<tr>
<td>No GCE/CSE or CSE grades</td>
<td>21</td>
<td>13</td>
<td>19</td>
<td>9</td>
</tr>
</tbody>
</table>

Source: Central Statistical Office (1990c).

Truancy. A recent found that two-thirds of all the students in nine secondary schools admitted to truancy and that one-half of these were truant at least once per month. The introduction of the GCSE exam has apparently worsened this problem: Students are now frequently truant in order to catch up on course work or meet a course deadline, as well as for reasons such as "boredom or depression".

Teenage Conceptions. Whether teenage conceptions are related to poverty and deprivation is really debatable. Nevertheless, teenage mothers and their children are at high risk of deprivation.

The rate of conception for girls under 20 years of age in England and Wales rose from 57.9 per 1,000 in 1977 to 66.1 per 1,000 in 1987. The rate of
conception for girls under 16 and aged 16 and 17 also rose (Table 15). The proportion of total conceptions leading to legal abortion for girls under 16 rose between 1977 and 1982 from 53 percent to 57 percent; however, it levelled out in 1986 and 1987 to 54 percent. The proportion for girls under 20 rose slowly, from 28 percent in 1977 to 35 percent in 1987. Overall, the proportion of teenage conceptions leading to births thus declined from 72 percent in 1977 to 65 percent in 1987.

<table>
<thead>
<tr>
<th>Age</th>
<th>1977</th>
<th>1986</th>
<th>1987</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 14</td>
<td>0.9</td>
<td>0.9</td>
<td>1.1</td>
</tr>
<tr>
<td>14</td>
<td>4.9</td>
<td>5.7</td>
<td>5.8</td>
</tr>
<tr>
<td>15</td>
<td>17.2</td>
<td>18.5</td>
<td>19.7</td>
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<tr>
<td>16</td>
<td>39.1</td>
<td>41.9</td>
<td>44.1</td>
</tr>
<tr>
<td>17</td>
<td>59.1</td>
<td>64.8</td>
<td>67.1</td>
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<tr>
<td>18</td>
<td>78.6</td>
<td>83.6</td>
<td>87.7</td>
</tr>
<tr>
<td>19</td>
<td>94.7</td>
<td>93.5</td>
<td>101.1</td>
</tr>
<tr>
<td>Total under 20</td>
<td>57.9</td>
<td>62.3</td>
<td>66.1</td>
</tr>
</tbody>
</table>

Source: Birth Statistics (various).

Pocket Money. Information from "Wall's Pocket Money Monitor" (1990: page 2) shows that the pocket money available to children overall between 1975 and 1990 has risen more quickly than has the rate of inflation:

"If children's pocket money had followed the levels of inflation from 1975, in 1990 they would be receiving £1.19. However, they have done extremely well and on average actually receive 25 percent above this level."

However, further analysis of the figures shows that the real increase occurred in the earlier period studied in the Monitor and that the increase since 1982 has been below the rate of inflation.

Child Labour. The extent of the child workforce is difficult to assess. The Low Pay Unit (MacLennan et al. 1985: page 15) points out that there are no official information sources on the employment of workers under 16; most of the data available are thus derived from local or ad hoc surveys. A local survey carried out by the Low Pay Unit and the Open University (MacLennan et al. 1985: page 23) discovered that 40 percent of the children surveyed were
engaged in "a trade or occupation carried out for profit", i.e. jobs other than babysitting, running errands, or similar unregulated employment. An examination of a subsample of this data set, although based on a small sample, revealed a relationship between the unemployment of parents and the likelihood of children working. The survey found that the work being performed by approximately four out of five of the employed children in London was illegal because either the children were underaged, or the jobs or the hours were unsuitable for children.

**TV Viewing.** The average amount of time 4-to-15-year-olds spent watching television each week rose from 16 hours 10 minutes in 1984 to 20 hours 35 minutes in 1986; however, it fell to 18 hours 34 minutes in 1988 (Central Statistical Office 1990c). This follows a general trend showing a decline in television viewing among the general population during the late 1980s. The amount of time spent watching television increases with age, and the 4-15 age group watched television the least among the population as a whole.

**Smoking.** Two national surveys of the smoking habits of secondary school children were carried out in the early 1980s by OPCS. The first survey, conducted in 1982, concluded that "Among all the secondary school children aged 11-16 who took part in the survey, 11 percent said that they smoked regularly (one or more cigarettes per week) and a further 8 percent smoked occasionally, but, among pupils in their fifth year, over a quarter were smoking regularly and a further one in 10 occasionally" (Population Trends 1985: page 18).

The second survey, conducted in 1984, showed small increases in smoking among both regular and occasional smokers. Again, the proportion increased with age, and, by the fifth year of secondary school, nearly one-third of the students were regular smokers.

During the 1980s, increasing awareness of the health hazards of smoking led to a downturn in the total adult population who smoked. This downturn appears to have been reflected among secondary school children, with the proportion who were regular or occasional smokers falling from 22 percent in 1984 for girls and boys to 14 percent for girls and 12 percent for boys by 1988 (Dunnell 1990: Figure 9). Unfortunately, the number of adult smokers began to rise again in mid-1987, but it is too early to tell how this will be reflected in child smokers and how significant the trend is. The study "Young People in 1988" (Balding 1989a) found that, between 1984-1988, the number of 14- and 15-year-old boys and 11- and 13-year-old girls who smoked was falling. The General Household Survey (1989) also shows that smoking among 16-19-year-olds fell from 35 percent to 30 percent for males and 30-33 percent for

Drinking. A very high proportion of teenagers consume alcohol. Over three-fourths of 13-year-olds in England and Wales were drinking to some extent in 1986. From the age of 15-17, the majority of young drinkers obtain their alcohol in pubs. This means that a high proportion of children in this age group are involved in underage drinking. According to the National Children's Home (1989: page 17):

"One out of five 15-year-old boys and one out of ten 15-year-old girls drink above the recommended safety limits. One in every 14 drunkenness offences is committed by children under the legal age for drinking. Three percent of 16-year-old boys and girls and 9 percent of 17-year-old boys and 4 percent of 17-year-old girls drink almost every day."

The Health Education Authority's Education Unit has collected responses to a health-related behaviour questionnaire since 1980. The surveys apparently show little evidence of alcohol consumption increasing or decreasing among the school children questioned (Balding 1989b).

Drug Abuse. The number of "notified" drug addicts under the age of 21 increased considerably through the 1980s: from 489 in 1982 to 1,443 in 1989 (NCH 1990). These official figures are only the tip of the iceberg of drug abuse since only a minority of actual drug abusers registers with the appropriate authorities and appears as notified addicts.

Solvent abuse has been a particular and growing problem among children. The issue of solvent abuse first came to light in Scotland in 1970. By 1975, estimates for the Glasgow area suggested that over 2,000 young people were involved in solvent abuse. Studies conducted in Scotland also suggest that the age at which children are being affected by this problem is becoming progressively lower and that, for the moment, most abusers are aged between 10 and 15. O'Connor (1986) suggests that between 3 percent and 5 percent of 15-year-olds have used solvents and that 10 percent of this group will develop a chronic abuse problem. The NCH (1989) reports that the pupils using solvents daily outnumber those using any other single drug. The average age at which solvents are first used is below 13, and there is a rising trend of solvent abuse among girls.

Trends in deaths associated with the abuse of volatile substances have been monitored at St George's Hospital Medical School (Anderson et al. 1990). The annual number of deaths in the UK rose from 17 in 1978 to 134 in 1988. Mortality was higher among males than among females in both the 10-14 and the 15-19 age categories. The age-sex category showing the highest mortality rate was 15-19-year-old males (29 per million in 1988), and the lowest, 10-14-
year-old females (2 per million in 1988); however, mortality rates in all age-sex categories appear to be rising.

Trends in different types of substance abuse causing death show an increase. Between 1983 and 1988, deaths from aerosol abuse rose from 13 to 46 per year, and from gas-fuel abuse, from 19 to 53 per year. Meanwhile, the number of deaths from glue sniffing decreased slightly, from 24 in 1983 to 16 in 1988.

Juvenile Crime. Criminal statistics are notoriously affected by the behaviour of the police and the courts. Over time, offences are reclassified, police recording methods are changed, and detection rates vary. All this undermines the reliability of crime statistics.

Young blacks have been shown to be particularly vulnerable to discrimination in the criminal justice system. In Willis’s 1983 study, young black males were roughly 10 times more likely to be stopped by police than were other young people, while Landau and Nathan (1983) discovered that white juveniles had a much greater chance of being cautioned (as opposed to charged) than did black juveniles.

In England and Wales, the number of juveniles aged 10-16 sentenced or cautioned for indictable offences fell from 164,000 in 1979 to 119,000 in 1988: a drop of 27 percent. Part of this decline can be accounted for by the decrease in the population aged 10-16. However, the rate of young persons cautioned or sentenced also declined in the second half of the 1980s. The number per 100 rose from 2.9 in 1979 to 3.6 in 1985 and fell back to 3.0 in 1987. The use of cautions has increased, and this might have been expected to have led to overall consequences, particularly given the rise in the number of police (Pratt 1985). The rates at which young people were found guilty and sentenced for indictable offences declined from 1.45 per 100 in 1979 to 0.92 per 100 in 1987. The type of offences committed by juveniles changed very little during the decade: over two-thirds involved theft or the handling of stolen property. In the 14-to-16-age range, the percentage of males sentenced to custody remained constant at 11 percent, while that of females rose slightly, from 1 percent to 2 percent. Despite these trends, just over one-fourth of all offenders in 1986 were juveniles.

Delinquency has been associated with long-term unemployment, family discord and poverty (Graham 1989, Tarling 1982). All these increased in the 1980s. The number of young adult offenders aged 17-20 rose by 18 percent between 1979 and 1987, and the rate of offenders also rose, from 3.6 to 4.1 per 100.
VIII. CONCLUSIONS

During the 1980s, children bore the brunt of the changes which occurred in economic conditions, demographic structure and social policies in the UK. More children were living in low-income families, and financial poverty doubled. Inequalities also became more widespread. There is no evidence that improvements in the living standards of the wealthier "trickled down" to low-income families with children.

What have been the results of this increase in child poverty and deprivation? Here the conclusions are more tentative because the evidence is not very good, the impacts have probably yet to be observed and the manner in which social and economic change affects the lives of children is not well understood. An array of outcomes has been considered in this paper, and the picture which emerges is mixed. For some indicators of outcome, no one knows whether things have gotten worse: Child abuse and child sexual abuse are good examples. Some indicators suggest that things have gotten better: Educational attainment, teenage crime and smoking in childhood and adolescence have all shown improvement. Some indicators have also shown improvement but perhaps at a slower rate than they have in previous periods, or at a slower rate relative to other countries than might have been expected: infant mortality for example. Finally, many indicators clearly show that things have gotten worse: homelessness, housing conditions, childhood morbidity, drug abuse and probably also children's diets.

This overall picture conceals great variations in outcome. The inequalities in children's lives have increased: While the lives of children in two-parent, two-earner families living in the south of England in owner-occupied housing and assisted by good public services have improved, the lives of children in unemployed or lone-parent families living in inner cities in rented accommodations and assisted by deteriorating health, education and social services have gotten worse. Black children and families are especially disadvantaged on many fronts.

There is a danger that, because of all this, any policy recommendations will appear facile. It is obvious, for example, that a key determinant in the well-being of children is the state of the economy and the access of parents to employment for decent wages. A child-centred economic policy would be one which assigns priority to the reduction of unemployment. The living standards of children would also be enhanced by policies which make it easier for families (women) to combine work and child care responsibilities. The incomes of families with children need to be enhanced through child-centred social
security and fiscal policies. But then a debate immediately opens over whether
the best approach would be universal child benefits, selective income-related
benefits, the reintroduction of tax allowances for families with children, or
a combination of all three. Furthermore, none of these strategies would help
to reverse the increase in inequalities between families with children and
childless people that has taken place over the last decade. And one must also
look beyond such policies and seek to maintain and improve services which
could protect the health and well-being of children.

Perhaps the most important conclusion to be drawn from this paper is
that a better mechanism must be developed to monitor the state of children
in the UK. The impact of social and economic change on children is important
enough for there to be an "Annual Report on The State of Children in the UK".
The "Factfile", Children in Danger, produced annually by the National
Children's Home is a worthwhile approach. So is the report of the National
Children's Bureau on child health, Investing in the Future (NCB 1987). It is
also to be welcomed that, with the help of OPCS, the Central Health Monitoring
Unit in the Department of Health has begun to draw together the wide variety
of information available on child health (Dunnell 1990), but the effort needs
to be broadened to other aspects of the lives of children. Finally, in order
to monitor the lives of children properly, new information will need to be
collected. In particular, we need to know more about what children themselves
think and feel.
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