LSE Works: Centre for Analysis of Social Exclusion

Britain: a country divided?

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LSE events

CENTRE FOR ANALYSIS OF SOCIAL EXCLUSION

Evaluating multidimensional inequality and deprivation in England, Scotland and Wales

The Equality Measurement Framework

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LSE Works Event
March 3rd 2011

The Equality Measurement Framework

- **Equality Measurement Framework (EMF) = New framework for evaluating *multidimensional* inequality and deprivation in England, Scotland and Wales.** Financed by the Equality and Human Rights Commission; GEO + Scottish and Welsh Governments also partners; CASE team (joint work Burchardt, Vizard and others); other research teams (e.g. Lancaster, Walby team / Oxford, OPHI)

Presentation overview

1. **Theory and context**
2. **EMF Key Findings**
3. **Recommendations** for Office of National Statistics consultation on measuring national wellbeing (November 2010-April 2011)

Theory and context

- **Theoretical roots in Sen's 'capability approach'**
  - **Capabilities = central and valuable things in life that people can actually *do* and *be***

    Proposed as focus theory of justice / "information space" for interpersonal comparisons in welfare economics / social sciences
  - **Contrasts with other "informational focuses":**

    Income and wealth (multidimensional - longevity, physical security, caring activities etc, as well as material wellbeing); **resources** (accounts for differences in needs and situations e.g. disability); **utility, happiness and subjective wellbeing** (objective and subjective evaluation)
  - **Simple "operationalization" of CA = "HDI"**
- **Broader literature on multidimensional inequality and deprivation analysis**
  - Extend techniques from income-focussed analysis to multidimensional context

    E.g. Atkinson 2003, Bourguignon / Chakravarty 2003, Alkire and Foster 2008

Initiatives on measuring wellbeing / quality of life

- **Commission on the Measurement of Economic Performance and Social Progress (Stiglitz-Sen Commission) recommendations on QoL**
  - **Wellbeing is multidimensional**

    Simultaneous consideration of material living standards; health; education; personal activities (e.g. work / care); political voice / governance
  - **Assessing quality-of-life requires a plurality of indicators**

    "Strong demands" to develop single index should be "facilitated"
  - **Both objective and subjective measures of wellbeing are important**

    Go beyond self-reports / perceptions include "measures of ... "functionings" and freedoms ... the capabilities of people … the extent of their opportunity set and their freedom to choose … the life they value"
  - **Inequalities should be evaluated between socio-economic groups** E.g. by gender + attention to new inequalities e.g. immigration
- **ONS national consultation on wellbeing (Nov. 2010 – April 2011)**
  - National "conversation" about the measurement of wellbeing - should the focus be "happiness"?

Operationalizing the CA: EMF Core Building Blocks

Focus on capabilities (central / valuable things in life people can actually *do* and *be*)

Capability list (10 domains)

- Life
- Physical security
- Legal security
- Health
- Education & learning
- Standard of living
- Productive and valued activities
- Participation, influence, voice
- Individual, family and social life
- Identity, expression, self-respect

3 'aspects' of the position of individuals and groups

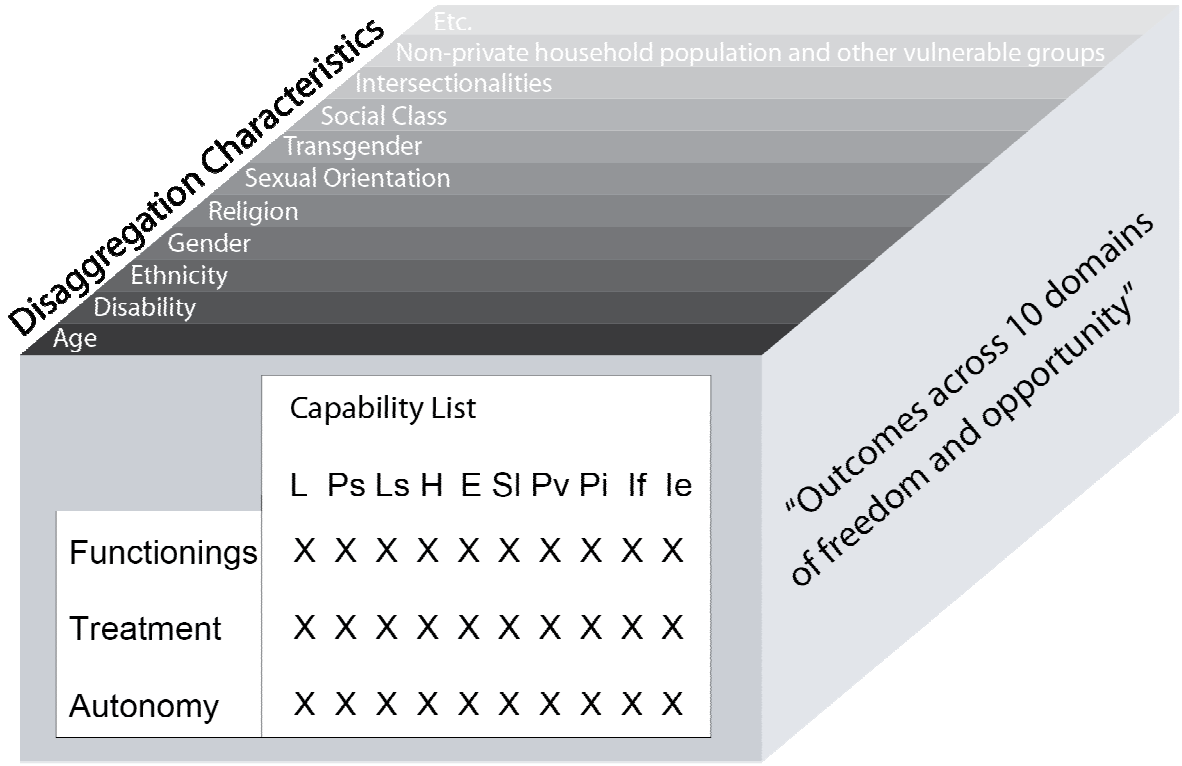
(i) functionings (what people are actually doing and being)

(ii) treatment (discrimination, dignity and respect)

(iii) autonomy (empowerment, choice and control)

Disaggregation characteristics Key characteristics drawing on Equality Law and human rights principles (gender, ethnicity/race, disability, age, religion / belief, sexual orientation) + social class + non-private household pop. & vulnerable groups

EMF conceptual grid, indicators and evidence base



http://www.equalityhumanrights.com/key-projects/equality-measurement-framework/

- **Indicator Set** Dashboard of 5 indicators per domain, total of 50 indicators, drawing on social survey + admin. sources
- **Legitimacy / transparency**: specialist consultation (15 day & half day events events + web. consultation, 250 participants across NGOs, academia, Government etc
- **Evidence Base** Initial evidence base of the position of individuals and groups published in Alkire et al (2009)

Example: Life domain

Capability to live a full life, avoiding premature mortality

Indicator Dashboard

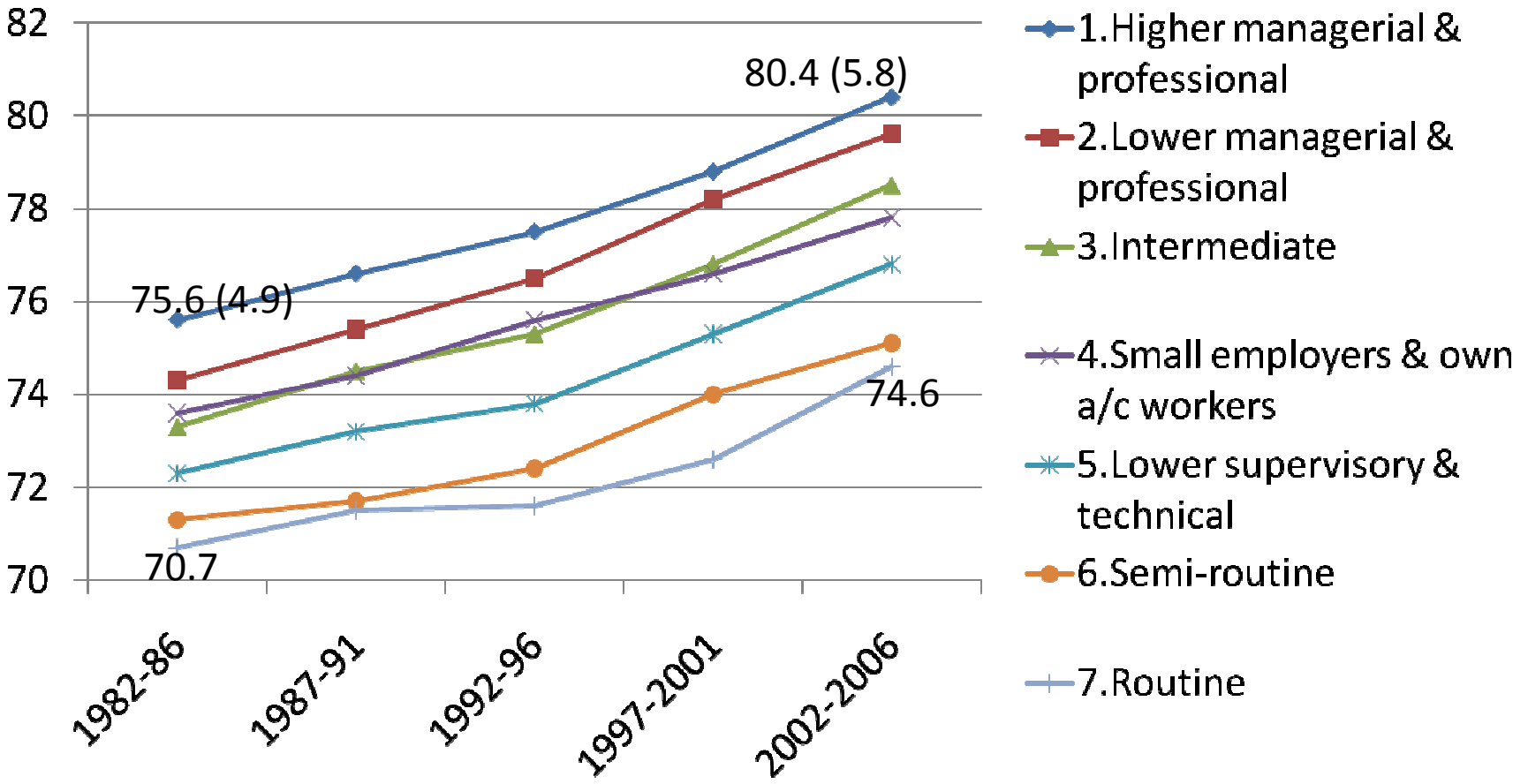
- Life expectancy
- Infant mortality rate
- Homicide rate
- Accidental death rate
- Deaths within public and private institutions

Evidence base

- Identifies key inequalities in the distribution of premature mortality
- Disaggregation by key socio-economic characteristics
- Sensitive to the position of the non-private household pop. / vulnerable groups

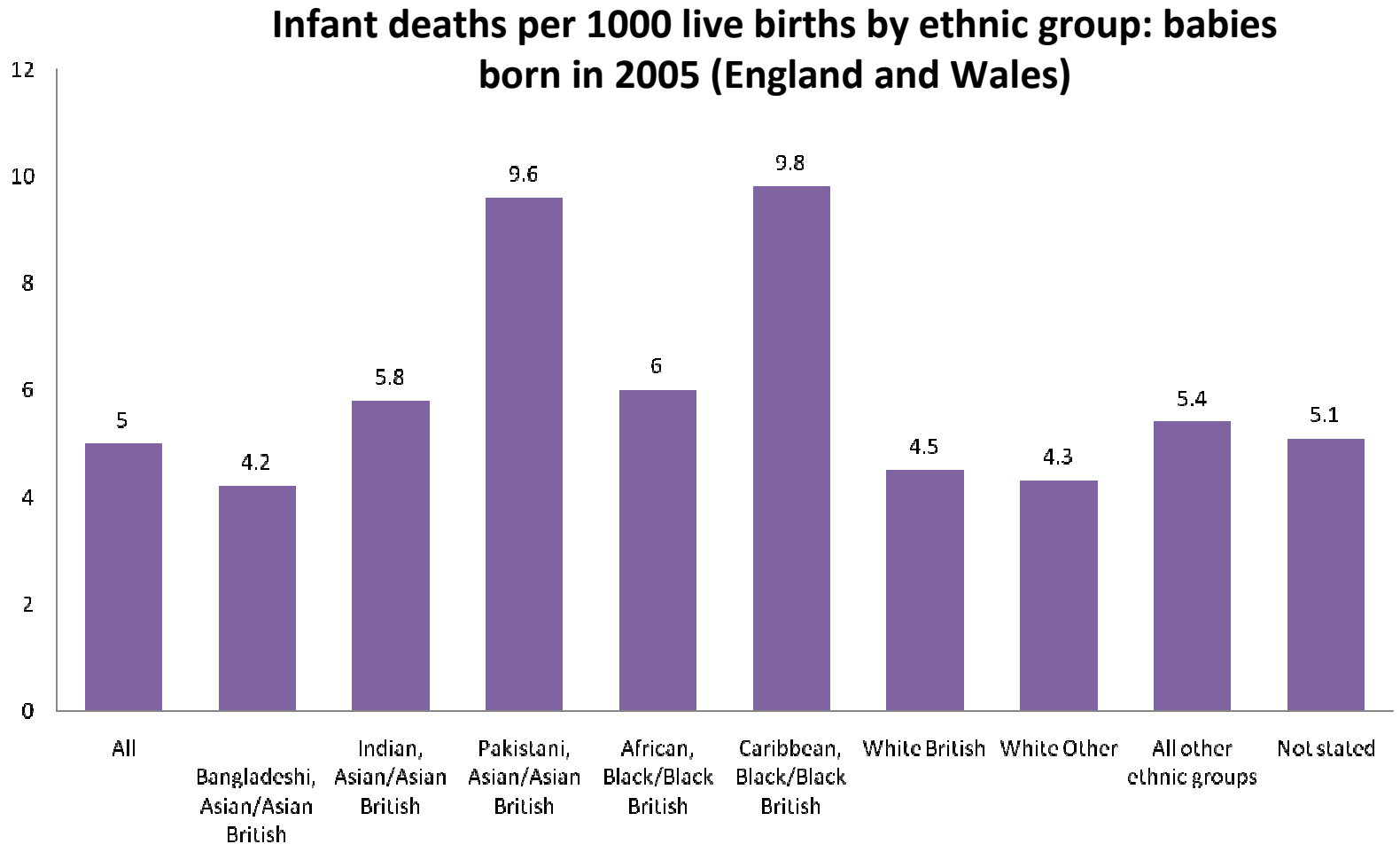
Inequalities in life expectancy by social class

Life expectancy (years) by NS-SEC class, males at birth 1982/86-2002/06 (England and Wales)



Data source: ONS

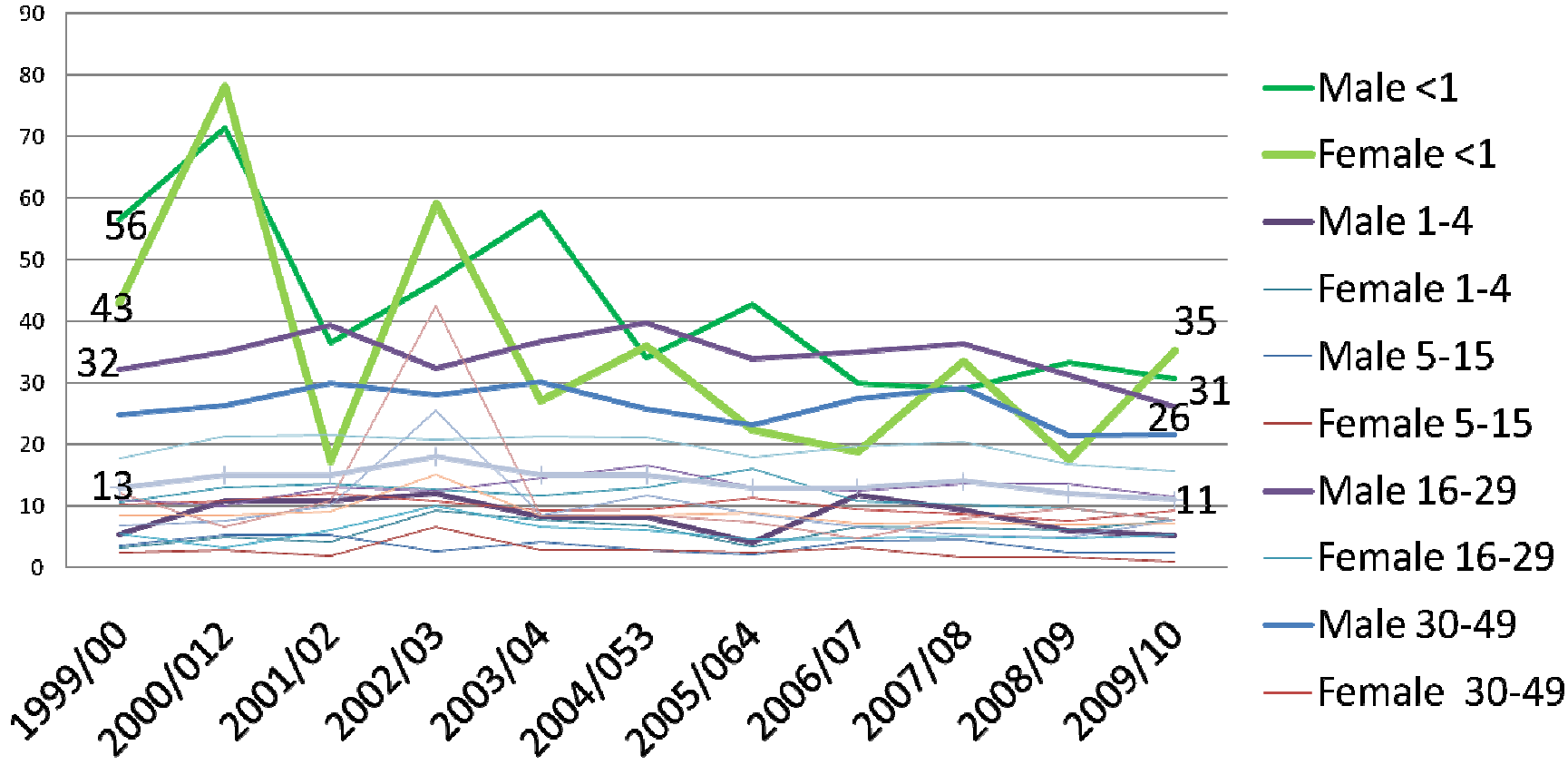
Inequalities in infant mortality rates by ethnicity



Data source: ONS

Risk of homicide by gender and age

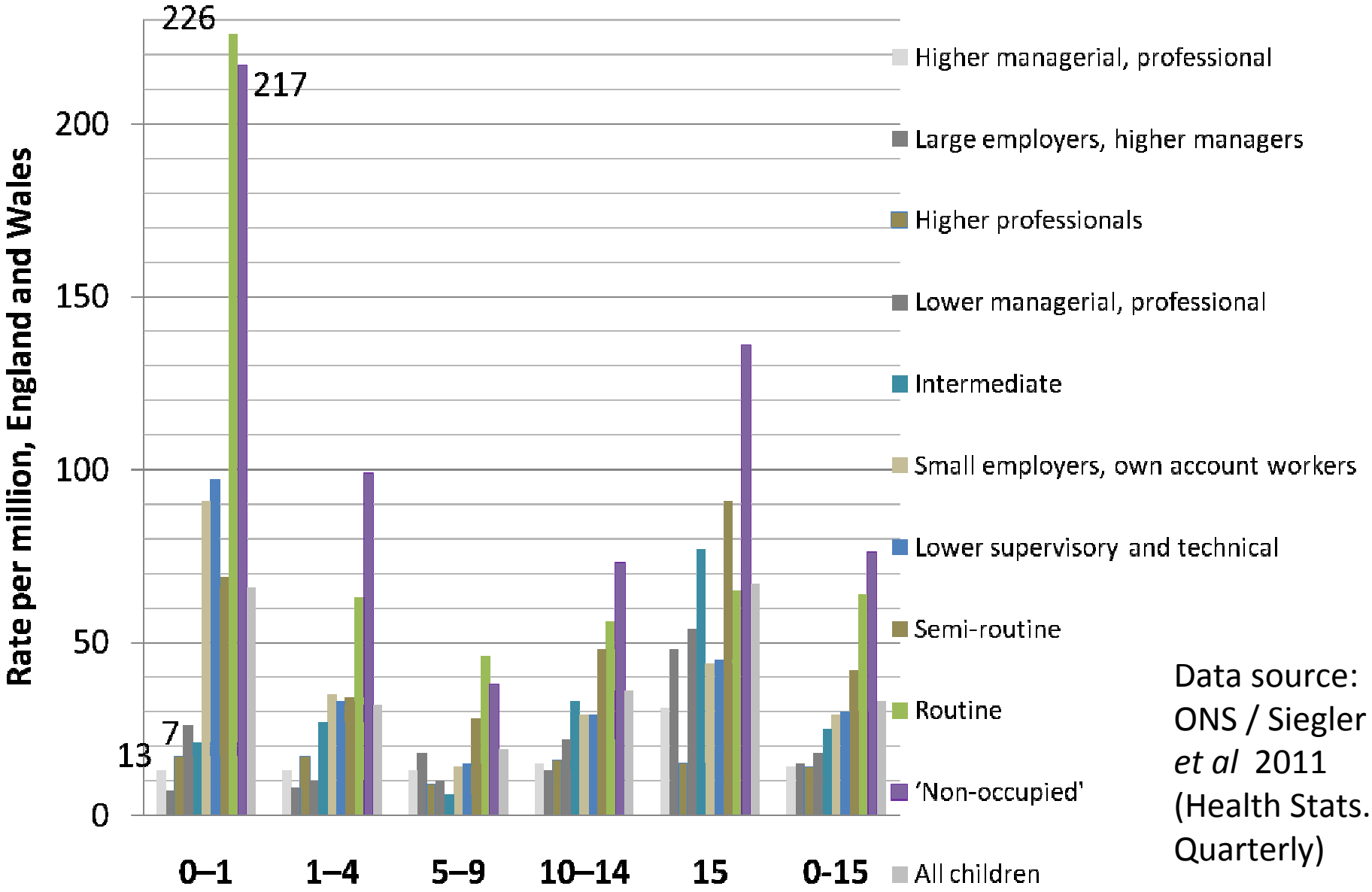
Offences currently recorded as homicide (rates per million) by age and sex of victim, England and Wales 1999/2000-2009/2010



Data source: Home Office / Smith et al 2011

Risk of accidental death by age and social class

Age-specific mortality rates for children aged 28 days – 15 years from accidents 2001-2003



Data source: ONS / Siegler *et al* 2011 (Health Stats. Quarterly)

Physical security – personal violence by disability

Variations in experiences of personal violence in last 12 months by key characteristics (authors' preliminary calculations BCS 2007-8 England/Wales, logistic regression analysis controlling for age, sex, ethnicity, religion, disability & social class)					
	Odds Ratio		**Odds Ratio**		**Odds Ratio**
16-24	**1.00**	**Christian**	**1.00**	**Manag./prof. occs**	**1.00**
25-44	0.372*	Buddhist	1.202	Intermediate occupations	0.787
45-64	0.148*	Hindu	1.005	Small employers / own account workers	0.851
65-74	0.053*	Jewish	3.128*	Lower supervisory / technical	1.102
75+	0.021*	Muslim	0.644	Semi-routine / routine	1.217
Male	**1.00**	Sikh	0.693	Never worked / long-term unemployed	1.355
Female	0.551*	Other	1.841	Full-time student	1.444
White	**1.00**	No religion	1.208*	Not classified	1.277
Mixed	0.696				
Asian / Asian British	0.971	**No limiting longstanding illness or disability**	**1.00**		
Black / Black British	0.903	LLID	1.797*		
Chinese or Other	0.845				

Sexual violence and domestic violence by gender / disability

Variations in experiences of sexual and domestic violence in last 12 months by key characteristics (authors' preliminary calculations from BCS self-completion module 2007-8 England/Wales, logistic regression analysis controlling for age, sex, ethnicity, religion, disability & social class)

	Sexual violence Odds ratio	**Domestic violence Odds ratio**		**Sexual violence Odds ratio**	**Domestic violence OR**
16-24	**1.00**	**1.00**	Small employers / own account workers	1.141	1.128
25-40	0.393*	0.779*	Lower supervisory and technical	0.920	1.410*
40-59	0.169*	0.329*	Semi-routine and routine	0.655*	1.457*
Male	**1.00**	**1.00**	Never worked / long-term unemployed	1.037	1.801*
Female	8.793*	1.619*	Full-time student	1.306	1.304
White			Not classified	1.280	1.844
Mixed	0.962	0.597	**Christian**		
Asian	0.534	0.647	Buddhist	0.828	2.041
Black	0.662	0.775	Hindu	2.802	0.574
Chinese / other	0.442	0.564	Jewish	1.290	0.131*
No LLID	**1.00**	**1.00**	Muslim	0.276	0.933
LLID	2.056*	1.752*	Sikh	1.531	1.088
Manag. / professional	**1.00**	**1.00**	Other	3.944*	1.754
Intermediate occupations	0.796	1.066	No religion	1.206	1.110

Bringing in "treatment" indicators – health domain

Self-reported experiences of treatment during hospital stays (authors' preliminary calculations using National Patient Survey for Inpatients, no sampling weights applied, England 2006, logistic regression analysis controlling for age, sex & disability)		
	Not always treated with dignity and respect during hospital stays (only sometimes / 'not')	**Didn't always get help needed from staff to eat meals during hospital stay (only sometimes / 'not')**
	Odds ratio	**Odds ratio**
Age 16-35	**1.00**	**1.00**
Age 36-50	0. 705*	0. 626*
Age 51-65	0. 328*	0. 384*
Age 81+	0. 331*	0. 739*
Male	**1.00**	**1.00**
Female	1.458*	1.127*
No limiting longstanding illness or disability	**1.00**	**1.00**
Limiting longstanding illness or disability	1.698*	1. 804*
16-35 & LLID	**1.00**	**1.00**
81 +with limiting longstanding disability	1.267*	1.767*

Deaths within public and private institutions

Deaths where dehydration was mentioned on the death certificate, by place of death, England and Wales, 1997-2009 (rate= age-standardised rate per 1 million population)

	Care home					Hospital					Other			
Year	Number	Rate*	LCL	UCL		Number	Rate*	LCL	UCL		Number	Rate*	LCL	UCL
1997	*66*	*0.7*	*0.5*	*0.9*		*608*	*7.1*	*6.5*	*7.7*		*40*	*0.5*	*0.4*	*0.7*
1998	*74*	*0.7*	*0.6*	*0.9*		*550*	*6.4*	*5.9*	*6.9*		*53*	*0.7*	*0.5*	*0.9*
1999	*61*	*0.6*	*0.5*	*0.8*		*561*	*6.4*	*5.9*	*7.0*		*59*	*0.8*	*0.6*	*1.1*
2000	*53*	*0.5*	*0.4*	*0.7*		*546*	*6.1*	*5.6*	*6.6*		*46*	*0.6*	*0.4*	*0.8*
2001	65	0.7	0.5	0.8		587	6.5	5.9	7.0		50	0.6	0.4	0.8
2002	98	1.0	0.8	1.2		775	8.5	7.9	9.1		41	0.5	0.4	0.7
2003	99	1.0	0.8	1.2		773	8.5	7.9	9.1		56	0.7	0.5	0.8
2004	93	0.9	0.7	1.1		799	8.5	7.9	9.1		64	0.8	0.6	0.9
2005	111	1.1	0.9	1.3		837	8.8	8.2	9.3		64	0.7	0.5	0.9
2006	155	1.5	1.2	1.7		932	9.5	8.9	10.1		70	0.8	0.6	1.0
2007	133	1.2	1.0	1.4		905	9.0	8.4	9.6		71	0.8	0.6	1.0
2008	143	1.3	1.1	1.5		934	9.0	8.5	9.6		71	0.8	0.6	0.9
2009	125	1.1	0.9	1.3		816	7.8	7.3	8.4		71	0.8	0.6	0.9

*NB Interpretation of data: “mentioned” on death certificate does *not* imply underlying cause of death (for which separate data is available, without sig. time trend); LCL/UCL = confidence intervals; italics highlight change in method of classification; Data source: ONS (emphasis added) see http://www.statistics.gov.uk/statbase/Product.asp?vlnk=15096 for info./clarific.

ONS national wellbeing consultation: Recommendations arising from EMF work-stream

1. **Is happiness the appropriate focus of a national wellbeing measurement exercise ?** Ultimate focus should be on capabilities - happiness and subjective wellbeing indicators are relevant to an overall portfolio BUT inadequate / incomplete metric of “wellbeing”
2. **What matters most in people's lives and what is important for measuring the nation's well-being?** Relevance of deliberative research exercise / the 10 domains in the EMF capability list
3. **Should wellbeing indicators be used for public services monitoring?** Key role IF broad based wellbeing concept is adopted – e.g. overall confidence with police and criminal justice system too narrow – also need objective indicators)

ONS national wellbeing consultation: Recommendations arising from EMF work-stream

4. **What type of measure would best provide a picture of national well-being? (Options: economic measures; single measure of overall life satisfaction / happiness; small selection of indicators / large set of indicators / single index of national wellbeing)**
   Single composite index may have a role as a communications tool, but plurality of indicators / dashboard approach essential for comprehensive wellbeing analysis
5. **What should be included in a new subjective wellbeing module?** Perceptions of discrimination / treatment with dignity and respect are important contenders
6. **Importance of systematic disaggregation and coverage of non-household population / vulnerable groups** for wellbeing analysis that captures and reflects equality and hr concerns