

Report of the Executive Director (Children's Services) to the
Health and Wellbeing Board

(3rd February 2022)

“CHILD OF THE NORTH: BUILDING A FAIRER FUTURE AFTER COVID-19”

1.0 Purpose of this Report

1.1 To inform Members of the findings and recommendations of the above- named report which was published early last month.

2.0 Introduction

2.1 “*Child of the North: Building A Fairer Future After Covid-19*” is a report which was compiled by the Northern Health Science Alliance and the N8 Research Partnership. Both bodies are comprised of research centres based in universities and the NHS across Northern Regions of England. Both the Northern Health Science Alliance, together with the N8 research partnership are closely affiliated to the Northern Powerhouse whose objective is to grow regional economies in the North of England and close the gap in prosperity with London and the South East.

2.2 The basis of the report is that following a decade of austerity, including reductions to local public services, combined with welfare reforms which have disproportionately and more adversely affected children, young people and families in the North of England, the Covid-19 Pandemic has acted as a prism in further harming the life chances of these children.

This has taken the form of a toxic cocktail of poor mental and physical health, together with feelings of isolation and despair both in children and their parents which contributes to poorer outcomes later in the life course.

3.0 Summary of Findings

3.1 A full copy of the report can be viewed through the link below:

<https://www.n8research.org.uk/media/Child-of-the-North-Report-2021-1.pdf>

Among the findings of the report are the following:

3.2 Headline Findings

- Only 14% of school children, in Northern Regions of England, received four or more pieces of offline schoolwork per day compared to 20% in the rest of the country.
- The loss of learning which children in the North experienced over the course of the Pandemic could equate to an estimated £24.6 billion in lost earnings over their lifetime.
- During the Pandemic, 23% of children in the North were perceived by their parents to be lonely, compared to 15% in the rest of England.
- Among parents and carers in the North of England, 23% felt lonely during the Pandemic compared to 13% in the rest of the country.

- Of local authorities in England with more than 100 children per 100,000 in care, 21 out of 26 local authorities are in the North of England.
- More than one in five children in the North are from an ethnic minority group; are therefore more likely to live in low income, deprived families and their experience of systemic racism adds to the detrimental effect on their life chances
- The reductions in funding to children's centres has equated to an average cut of £412 for every eligible child in the North compared to £283 in the rest of England.
- The challenges to children's mental wellbeing in the North of England caused by the impact of the Pandemic is estimated to cost £13.2 billion in lost income during their lifetime.
- By the second half of the Autumn Term 2020, pupils in the North East and Yorkshire and The Humber experienced 4 and 5.3 months of lost learning respectively compared to less than a month in London and the South West

3.3 Children's Health

- Evidence suggests that the mental health of boys aged 5-10 in all areas of the North of England, together with girls aged 5-10 particularly in Yorkshire and The Humber were significantly affected by the Pandemic and the series of lockdowns
- The impact of school closures directly contributed to feelings of depression among 45% of parents and carers in the North of England compared to 33% in Southern Regions
- Referrals to urgent or emergency mental health crisis care rose by 80% between April and June 2021 compared to the same period in 2019. Contact with children and young people's mental health services increased by 51% by the end of June 2021 compared to June 2019.
- A greater percentage of children at the Reception stage in the North of England live with obesity compared to the rest of the country (10.7% and 9.6% respectively). By Year 6 (or age 11) this gap has grown to 22.6% in the North compared to 20.5% in the rest of England
- Compared to 2018/19, the percentage of children in the North reaching physical activity guidelines dropped by 1.7% to 45.3% but this was only fractionally more than the rest of the country.
- Evidence suggests that areas in the North of England have less safe and accessible green spaces for exercise and more takeaway restaurants per hectare than in the rest of the country.
- The highest level of tooth decay among children aged 5 is experienced in the North West (31.7%) and is lowest in the South-East (16%)

3.4 Child Poverty and Deprivation

- Since the Pandemic, the percentage of children living in poverty in the North of England (after housing costs) is 33% compared to 30% across the whole of the United Kingdom.
- In the North of England 58% of local authorities have above average levels of children in families with low incomes, compared to 19% of local authorities in the rest of England.

3.5 Economic inactivity and worklessness

- Children in the North East are more likely to be eligible for Free School Meals (27.5%) with the lowest percentage in the South East (16%)
- The prevalence of food insecurity has risen highest in the North East and North West (18% and 17% respectively) compared to 11% in the South East and 14% in the rest of England.
- During the Pandemic the North of England experienced greater unemployment and the largest fall in average (median) wages

- A reduction of 10 percentage points in the number of overweight children at the Reception stage can lead to an increase in a person's contribution to the economy (gross value added) of £10,786.
- An increase of 10 percentage points in the number of children acquiring 5 GCSEs (including English and Maths) at Grades A-C can lead to an increase of gross value added of £4,241 per person.

3.6 Children's Ethnicity

- It is highly likely that the impact of the Pandemic has heightened pre-existing ethnic inequalities and there is concern that as we focus upon recovering from the Pandemic this could be at the cost of tackling ethnicity-based deprivation.
- Of the most deprived neighbourhoods in the country, based upon housing and income, 68% were situated in the most ethnically diverse populations in the North of England
- Low birth weight per 100 babies is 14 times more prevalent among ethnic minority mothers in all regions of the country.

3.7 Children's Education

- Prior to the Pandemic, at the end of the Reception Stage, 70% of young children achieved a good level of development in the Early Years Foundation Stage compared to 73% in the Southern Regions of England.
- Whilst take-up of the early years' entitlement among children aged 2 years declined significantly across the whole of England during the Pandemic, the decline was less among eligible families in the North (decrease of 6% to 68%) compared to eligible families in Southern areas of the country (down 9% to 58%)
- Similarly, early education take-up has also declined among families with children aged 3 and 4 but this decrease is less in the North than in the South of England (3% compared to 4% respectively)
- Evidence shows that the enrolment of all children from low- income families across the country could close the gap in education outcomes by as much as 20% to 50%
- During the Pandemic there were lower levels of parental engagement with their children's learning in Yorkshire and The Humber (50%) compared to the South East (excluding London) and East of England (59%)
- Disadvantaged children, on average, leave school 22 months behind their peers in the level of learning. Children who do not experience deprivation or require the support of a social worker have an 80% chance of attaining a GCSE pass in English and Maths compared to 65% for those who do.
- By the second half of the Autumn Term 2020, primary school pupils in the North East and North West experienced the greatest loss in the level of reading (2% and 1.9% respectively)
- In the Pandemic, the learning of vulnerable children with SEND living in places such as Bradford and the North West was disproportionately affected by lack of access to children's social care, resourced provision and educational psychology.

3.8 Children's Social Care

- Local authorities in the North East have the highest persistent numbers of children in care in the country. The prevalence of children in care in Northern Regions is 97.4 per 10,000 of the child population compared to 61.8% in the rest of England.
- There are 952 children's homes in the North of England and 1,426 children's homes in the whole of the rest of the country. Nationally, a large proportion of children with complex needs are placed in residential accommodation based in the North West.
- Due to the costs associated with meeting the needs of children requiring care as a proportion of their overall budget, councils in the North of England have less scope to distribute funding in favour of early help to families

4.0 Recommendations of the “Child in the North” Report

4.1 In response to these findings, the Northern Health Science Alliance and N8 Research Partnership make the following recommendations to improve the life chances of children in Northern regions of England:

Recommendation 1

Increase Government investment in welfare, health and social care systems that support children’s health, particularly in deprived areas and areas most affected by the COVID-19 pandemic.

Recommendation 2

Tackle the negative impacts of the Pandemic in the North through rapid, focused investment in early years services, such as the Health Improvement Fund. This should include health visiting, family hubs and children’s centres, as supported in the Leadsom Review but with investment proportional to need and area-level deprivation adequately accounted for.

Recommendation 3

Commissioners of maternity and early years services must consider the impact of Pandemic related service changes on inequalities in families and children’s experiences and outcomes. This must shape service delivery during the recovery.

Recommendation 4

The Government must take immediate measures to tackle child poverty. Increase child benefit by £10 per child per week. Increase the child element in Universal Credit and increase child tax credits

Recommendation 5

We must feed our children. Introduce universal free school meals, make the Holiday Activities and Food Programme scheme permanent and extend it to support all low-income families. Promote the provision of Healthy Start vouchers to all children under five and make current government food standards mandatory in all early years’ settings.

Recommendation 6

Government should prioritise support to deprived localities by increasing the spending available to schools serving the most disadvantaged pupils in England. This requires a reversal of the current approach to resource allocation: the new national funding formula will deliver 3–4 percentage points less funding to schools in poorer areas relative to those in more affluent areas.

Recommendation 7

Support educational settings to initiate earlier interventions. Teachers and early years professionals see many of the first indicators of children’s risk and vulnerabilities. Prioritising strong pupil and staff relationships and collaboration with parents/carers will ensure a firm foundation for meeting children’s needs, and for a return to learning.

Recommendation 8

NHS England and NHS Improvement and the Office for Health Improvement and Disparities should adopt a public mental health approach that includes a focus on mental ill health prevention early in the life-course, recognising the importance of early detection and prompt access to professional treatment.

Recommendation 9

Government should invest in and develop a place-based monitoring system for understanding the longer-term mental health impacts of the Pandemic on children and parents. Targeted support should then flow to families where needed, including outreach services more closely tailored to the needs of vulnerable parents.

Recommendation 10

Area-level measures of children's physical and mental health should be developed to better understand place-based inequalities.

Recommendation 11

More National Institute of Health Research (NIHR) research should be undertaken into the relationship between child health and economic performance, particularly in understanding the likely causal pathways between these in order to identify entry points for policy.

Recommendation 12

Government should reinvest in services that tackle domestic abuse, recognising the part domestic abuse plays, not only in children entering care, but also in high conflict divorce and separation cases, which also feature disproportionately in the North.

Recommendation 13

Address the uneven geographic distribution of children's residential care, including secure provision, as part of reducing the disproportionate burden on the North. An impact assessment of the disproportionate costs to a range of services in the North due to the number of children with complex care and support needs, is needed and long overdue.

Recommendation 14

Embed Equity Impact Assessments in all COVID-19 recovery and other policy processes relating to socio-economic deprivation at national, regional and local levels. Government should invest in and develop a place-based monitoring system for understanding the longer-term mental health impacts of the Pandemic on children and parents. Targeted support should then flow to families where needed, including outreach services more closely tailored to the needs of vulnerable parents.

Recommendation 15

Use Children's Rights Impact Assessments to anticipate and evaluate the specific impact of COVID-19 recovery strategies on children and young people. To collect, disaggregate and publish relevant data so that the impact of the pandemic on children can be routinely evaluated.

Recommendation 16

To promote and expand the Race Disparity Audit, sharpening the focus on children and drawing on disaggregated data by region. Ethnicity should be included in all national public health data collection systems, including child and maternal health datasets.

Recommendation 17

Increase the representation of ethnic minority staff within public services and in decision-making processes with specific recruitment targets, recruitment campaigns and greater transparency on the percentage of ethnic minority staff. This should be particularly in leadership positions, as part of reflecting the populations served.

Recommendation 18

Local COVID-19 recovery strategies must be grounded in internationally recognised human rights-based values and principles, notably those contained in the United Nations Convention on the Rights of the Child 1989.

5.0 Summary and Conclusion

- 5.1 The “Child of the North” report is a further clarion call to the Government which encourages urgent action not only to genuinely “*level up*” areas of the country but also to break the vicious cycle of poverty, multiple forms of deprivation and their impact upon the wellbeing and resilience of families, together with subsequent pressures on children’s social care.
- 5.2 Publication of the report has coincided with calls from the sector for the Government to turbo-charge action to support and protect vulnerable children by creating a Cabinet level secretary of state for children and a Department for Children’s Services. This follows the tragic, recent deaths of Arthur Labinjo-Hughes and Star Hobson
- 5.3 The report will act as a useful reference point for our work in tackling the impact of child poverty upon the range of outcomes for children and young people, together with ensuring effective early help for maintaining their health and wellbeing, particularly in response to the findings of the Overview and Scrutiny Committee’s reports on these matters.
- 5.4 The report will, also, inform the development of the refreshed Borough Children and Young People’s Plan.

6.0 Recommendation

- 6.1 That Members note and comment upon the findings and recommendations of the “*Child of the North*” report.

7.0 Appendices and Background Documents

- 7.1. “Child of the North: Building a Fairer Future After Covid-19” (Northern Health Science Alliance and N8 Partnership Report) (December 2021) *Please see link in Paragraph 3.1 of this report*

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