

Post-pandemic widening of inequalities for children in the North of England

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A major new report paints a stark picture of widening inequalities for children in the North of England which cost billions, increase poverty and cost children's lives.

It reveals the inequality for children growing up in the North of England post-pandemic compared to those in the rest of the country.

The considerable costs to society and the UK's economy of rising inequality are outlined in *The Child of the North: Building a fairer future after COVID-19* report, produced by the Northern Health Science Alliance (NHSA) and N8 Research Partnership (N8), and written by over 40 leading academics from across the North of England.

Author Clare Bambra, Professor of Public Health at Newcastle University said: "Leveling up needs to urgently focus on the health, education and economic wellbeing of children in the north. For too long, a lack of investment in key services in the north have meant that our children have suffered disproportionately. They are more likely to suffer ill health, to have lower educational attainment, and to live in care or poverty. The COVID-19 pandemic has worsened these inequalities and it will cast a long shadow across generations unless we act now."

Recommendations

The report looks at a wide range of factors, from child poverty to children in care, to build up a picture of *The Child of the North*. It sets out 18 clear recommendations that can be put in place to tackle the widening gap between the North and the rest of England.

It shows that:

- Children in the North of England's loss of learning, experienced over the course of the pandemic, will cost an estimated £24.6 billion in lost wages over lifetime earnings.
- Children in the North are more likely to be obese than a child elsewhere in England. At Year 6 (age 11): 22.6% in the North compared to 20.5% in the rest of England.

- Children in the North have a 27% chance of living in poverty compared to 20% in the rest of England.
- They have a 58% chance of living in a local authority with above average levels of low-income families, compared to 19% in the rest of England.
- Compared to children in England as a whole, they are more likely to die under the age of one.
- They missed more schooling in lockdown than their peers elsewhere in England. Only 14% received four or more pieces of offline schoolwork per day, compared with 20% country-wide.
- The mental health conditions that children in the North developed during the pandemic could cost an estimated £13.2 billion in lost wages over their working lives.
- Children in the North are significantly more likely to be in care than those in the rest of England. Of the local authorities with more than 100 children per 10,000 in care, 21 of 26 are in the North.
- Pupils in the North East and Yorkshire and Humber lost 4–5 times more learning in primary maths compared to areas in the South (4.0 and 5.3 months' learning loss respectively, compared to less than a month in the South West and London).
- During the pandemic children in the North were lonelier than children in the rest of England. 23% of parents in the North reported that their child was 'often' lonely compared to 15% in the rest of the country.
- Their parents and carers were also more likely to have often been lonely during the first lockdown: 23% in the North compared to 13% in the rest of England.
- Prior to the pandemic, the North saw much larger cuts to spending on Sure Start children's centers. On average, spending was cut by £412 per eligible child in the North, compared to only £283 in the rest of England.
- More than one in five children in the North are from an ethnic

minority. These children are more likely to live in a deprived area than children from an ethnic minority in the rest of England.

Professor of Epidemiology at the University of York and co-lead author of the report Kate Pickett said: "Leveling up for the North must be as much about building resilience and opportunities for the COVID generation and for future children as it is about building roads, railways and bridges. But the positive message of this report is that investment in children creates high returns and benefits for society as a whole."

Professor of Public Health and Policy at the University of Liverpool and co-lead author of the report David Taylor Robinson said: "Children growing up in the North of England get a bad deal. Due to poverty and lack of investment, their outcomes are worse across the board—from risk of death in childhood, to obesity, mental health, and education, and the pandemic has made the situation worse. The stark inequalities exposed in our report are preventable and unfair. Leveling up must begin with better policies for children."

Hannah Davies, Health Inequalities lead for the Northern Health Science Alliance and report co-author, said: "This new report illustrates in no uncertain terms that without significant, properly-funded measures to tackle the entrenched inequalities experienced by children in the North of England, from birth, there will be no leveling up in the country."

Stephen Parkinson, of the N8 Research Partnership and report co-author, said: "If we fail to focus on children in the recovery, we risk burdening them with some of the most enduring consequences of the pandemic. As this report sets out, children growing up in the North have in many ways been disproportionately impacted, and we invite government at all levels to engage with our recommendations to secure the best possible future for them."

Lemn Sissay OBE, Poet, Author and Chancellor of the University of Manchester, who wrote the foreword for The Child of the North report, said: "Inequality has been shown to be one of the most damaging things to society. The Child of the North report is a call to government, to educators, to all of us who are participants in this society, of our duty to gift our children equality, no matter where they are born."

Action needed to tackle the inequalities

The authors have put forward a set of recommendations to tackle the inequalities suffered by children over the course of the pandemic. They include:

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.
2. Tackle the [negative impacts](#) of the pandemic in the North through rapid, focussed investment in early years services, such as the Health Improvement Fund. This should include health visiting, family hubs and children's centers—as supported in the Leadsom review—but with investment proportional to need and area-level deprivation adequately accounted for.
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.
4. 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.
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.
6. Government should prioritize 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.
 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. Prioritizing 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.
 8. NHS England 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, recognizing the importance of early detection and prompt access to professional treatment.
 9. Government should invest in and develop a place-based monitoring system for understanding the longer-term mental health impacts of the COVID-19 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.
 10. Area-level measures of children's physical and mental health should be developed to better understand place-based inequalities.
 11. More National Institute of Health Research (NIHR) research should be undertaken into the relationship between child health and economic performance, in particular in understanding the likely causal pathways between these in order to identify entry

points for policy.

12. Government should reinvest in services that tackle domestic abuse, recognizing 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.
13. Address the uneven geographic distribution of children's residential care, including secure provision, in order to reduce 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.
14. Embed Equity Impact Assessments in all COVID-19 recovery and other policy processes relating to socioeconomic deprivation at national, regional and local levels.
15. Use Children's Rights Impact Assessments to anticipate and evaluate the specific impact of COVID-19 recovery strategies on children and young people. Collect, disaggregate and publish relevant data so that the impact of the pandemic on children can be routinely evaluated.
16. 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.
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, in order to reflect the populations served.
18. Local COVID-19 recovery strategies must be grounded in internationally recognized human rights-based values and principles, notably those contained in the United Nations

Convention on the Rights of the Child 1989.

More information: Child of the North: Building a Fairer Future after COVID-19. www.thenhsa.co.uk/app/uploads/...rth-Report-FINAL.pdf

Provided by Newcastle University

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