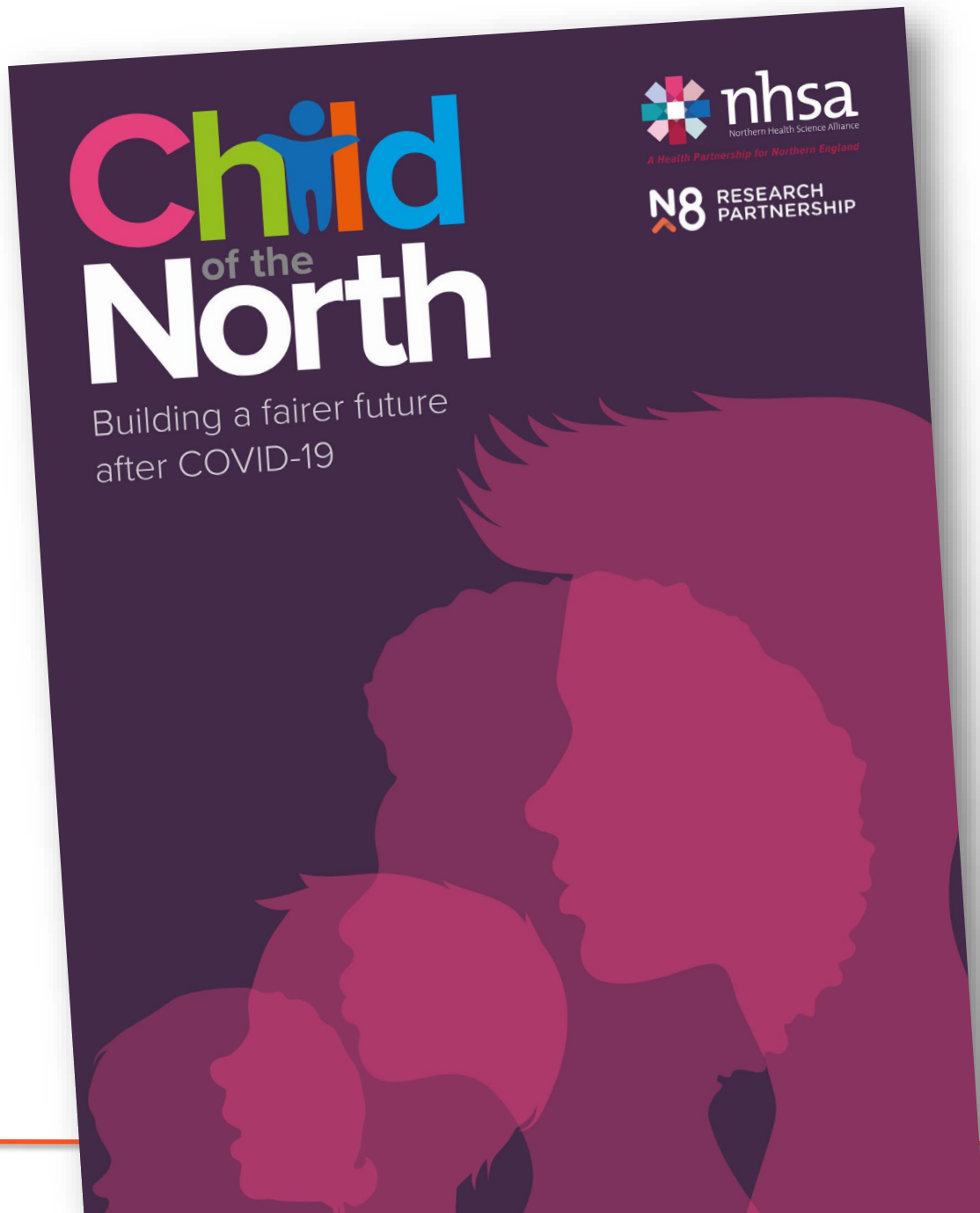


Child of the North: Building a fairer future after COVID-19

Sarah Salway, University of Sheffield

With many thanks to Stephen Parkinson, N8 Research Partnership
Manager & colleagues within the CotN team



A collaboration of the eight most research intensive Universities in the North of England. Our goal is to promote deeper collaboration between universities, business & society.



A health and life sciences partnership between the leading NHS trusts, universities and Academic Health Science Networks in Northern England. Working together to mobilise the North's assets for the benefit of people and the economy.

Scope

- * Child poverty, inequality and deprivation
- * Child mental wellbeing
- * Physical activity, obesity and food insecurity
- * Schools and education
- * Children in care
- * Ethnic minority children and young people
- * The economic impacts of child health
- * Children's rights-based approaches to the development of regional policy and governance

Key findings



“The pandemic has exacerbated problems for families in the North, increasing poverty and family stress at a time of restricted access to protective environments such as school and supportive services. Across the UK, both parental mental ill health and child poverty are rising, and we are seeing these rise disproportionately in the North; we know from the evidence outlined how damaging these risk factors will be for child health.”

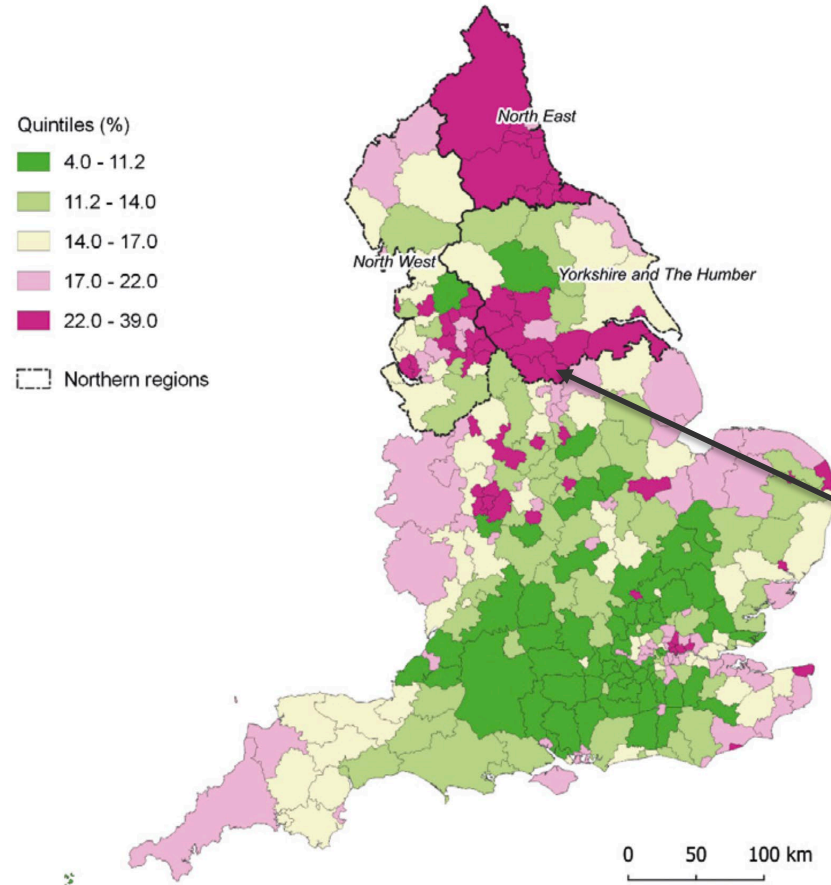
Key findings

Children in the North:

- * Have a 27% chance of living in poverty (BHC, 33% AHC) compared to 20% (BHC, 30% AHC) in the UK as a whole
- * More likely to die under the age of one compared to children in England as a whole (4.23 vs. 3.95 deaths per 1,000 births)
- * Are significantly more likely to be in care than those in the rest of England - 21 of the 26 local authorities with more than 100 children per 10,000 in care are in the North
- * Only 7% of eligible children attended nursery and childcare services during the first lockdown
- * Missed more schooling in lockdown than their peers in the rest of England - 14% received 4 or more pieces of offline schoolwork per day, compared with 20% nationwide
- * Were lonelier during the pandemic compared to children elsewhere in England - 23% reported as 'often' lonely by their parents, compared to 15% elsewhere
- * Will experience significant losses in lifetime earnings due to loss of learning and mental health conditions developed during the pandemic

Findings: Child Poverty

Figure 2.3. Percentage of children in relative low-income households (<60% median household income), before housing costs, by local authority, 2019/20.



- * 58% chance of living in a local authority with above average levels of low-income families, compared to 19% across England as a whole.
- * Before housing costs, North East has the highest child poverty rate. Yorkshire & Humber has the third highest.

Figure 5.4. Percentage of households with children experiencing food insecurity compared to households without children, between March 2020 and January 2021.

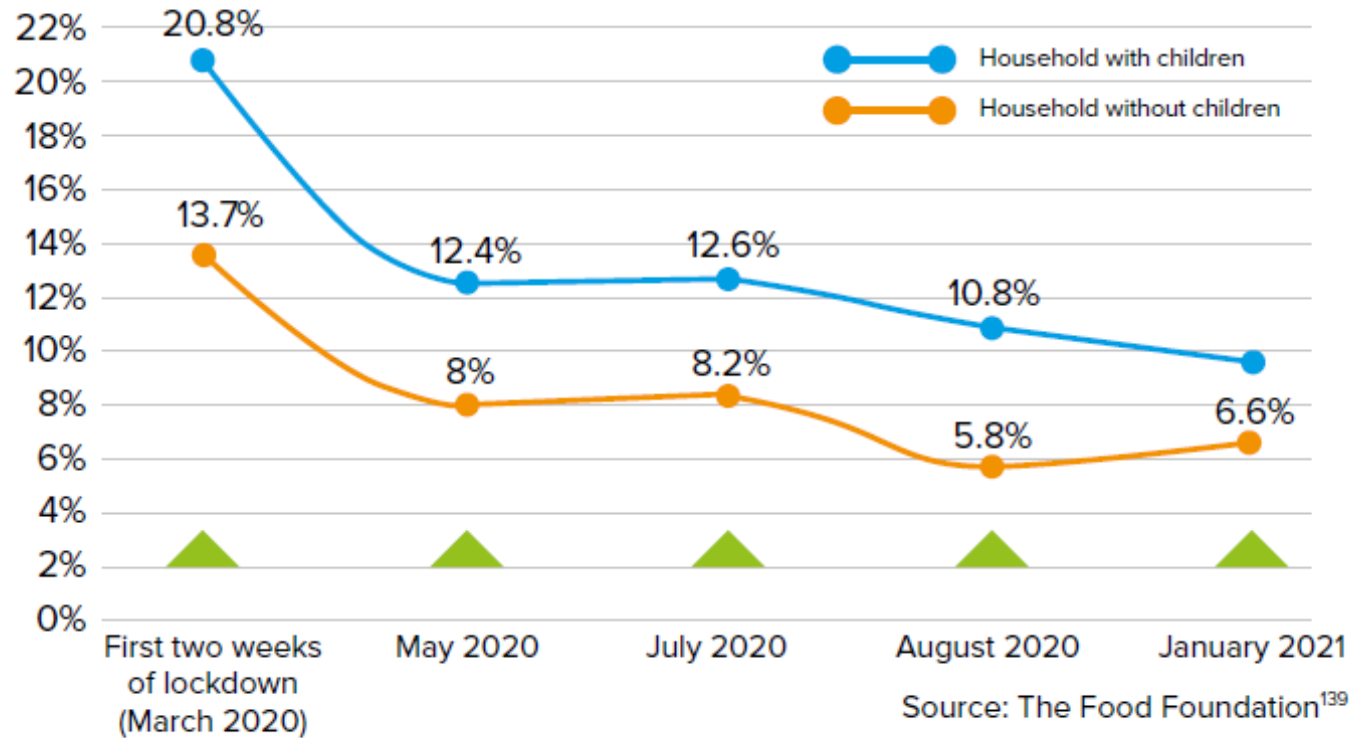
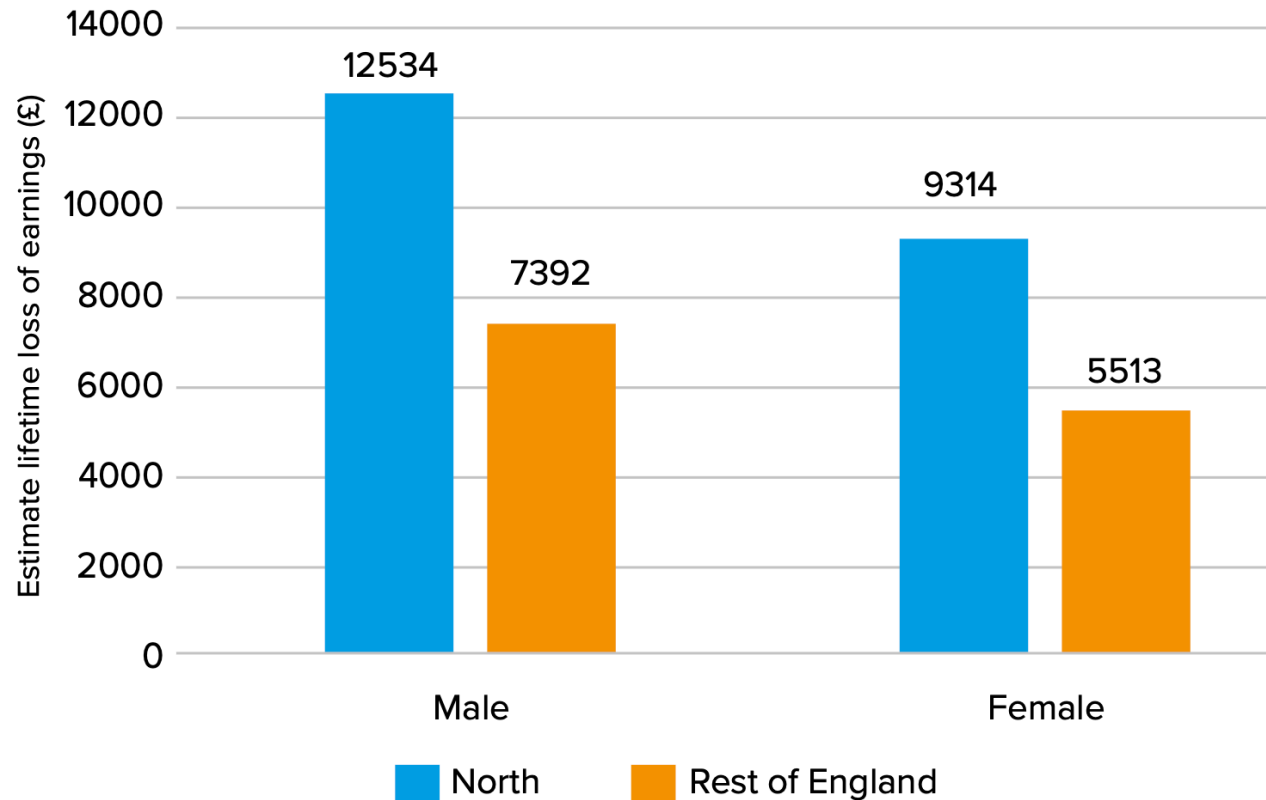
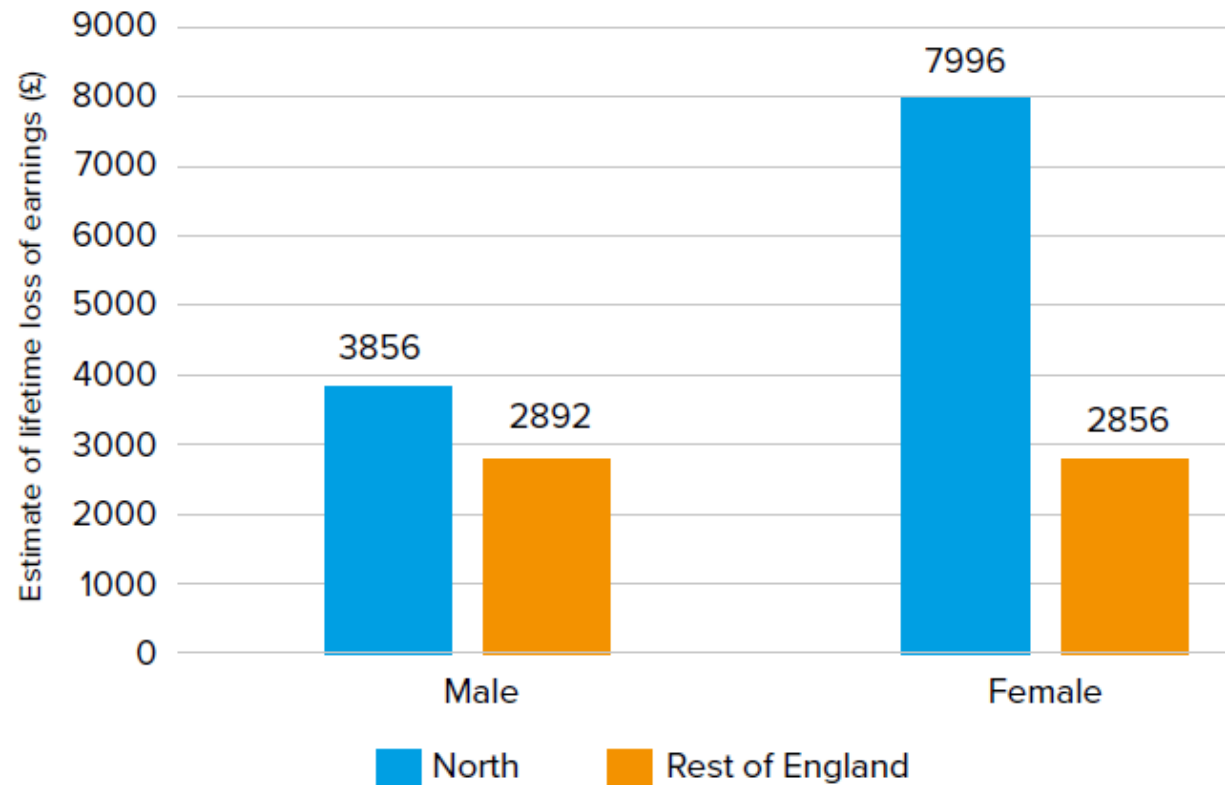


Figure 9.8. Conservative estimates of the loss of lifetime earnings due to loss of education during the COVID-19 lockdowns.



* Equivalent to £24.6bn in lost wages over lifetime earnings

Figure 9.9. Conservative estimates of the loss of lifetime earnings due to worsening childhood mental health during the lockdowns



* Equivalent to £13.2bn in lost wages over lifetime earnings

Key recommendations

To ‘level up’, we must prioritise the physical and mental health of families with children. Focus on reducing inequalities in the main upstream influences on health.

- * First, **reduce poverty**. Reverse changes to the welfare system that have led to rising child poverty. Guard against a new round of austerity measures falling disproportionately on families with children who are worst off, and further cuts to services and welfare support.
- * Second, to mitigate the consequences of poverty, **commit to universal services and proportionate universalism, and shift investment towards the early years**. Re-invest in support services and preventive services, such as Children’s Centres and Youth Services. Improve access to mental health services.
- * Third, **develop an integrated health inequalities strategy, with children at its heart**. ‘Health in all policies’. Evaluation of the impact of major policy changes on child health.

Detailed recommendations

- * 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.
- * Rapid, focussed 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.
- * 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.
- * Universal free school meals, make the Holiday Activities and Food Programme scheme permanent, and extend to support all low-income families.
- * Increase the spending available to schools serving the most disadvantaged pupils in England. Reverse the current approach to resource allocation through the new national funding formula.

Detailed recommendations

- * Develop a place-based monitoring system for understanding the longer-term mental health impacts of COVID-19 pandemic on children and parents. Targeted support should then flow to families where needed.
- * Address the uneven geographic distribution of children's residential care, including secure provision, in order to reduce the disproportionate burden on services in the North.
- * Promote and expand the Race Disparity Audit, sharpening the focus on children. Ethnicity should be included in all national public health data collection systems, including child and maternal health datasets. Racism must be explicitly recognised and addressed in local, regional and national COVID recovery strategies.
- * Ground local COVID-19 recovery strategies in internationally recognised human rights-based values and principles. Ensure the routine and meaningful participation of children and young people in local recovery planning and anticipate and evaluate impacts of strategies on children and young people.

“The COVID-19 crisis has brought into sharp relief the pre-existing vulnerability of too many Northern children to the politics, policies and practices that perpetuate inequality. ‘Levelling up’ for the North must be as much about building resilience and opportunities for these children and future generations as it is about building roads, railways and bridges.”