

25th Anniversary Lecture Series: New Policies for a New Era

Summary of lecture three

'Investing in children and young people pays dividends'

12 December 2012

Background information:

There is an increasing political consensus that tackling the disadvantages which prevent some children doing well – not least in education – should be a regional and cross sectoral priority. However, there is not yet full agreement on the appropriate methods for achieving this desired outcome. The answer may lie in tackling childhood poverty, or in improving access to services, or a combination of actions.

This lecture explored some of these questions, and looked at how local and national policy including the welfare reform will impact on the social determinants of health affecting children and young people. It also explored factors that influence long term lifestyle habits which start in childhood.

Opening address: Dr Carolyn Harper, Director of Public Health, Public Health Agency

Presentation: *Better outcomes for children and young people: policy context*

Key messages:

Carolyn highlighted that "Giving every child & young person the best start in life" was one of the Public Health Agency (PHA) building blocks for good health & wellbeing. The PHA approach is based on: Investing for Health strategy; Fit & Well, 2012 Consultation; Marmot Review on Inequalities and evidence-based practice such as the Graham Allen Study, Harvard Education studies, and NICE.

Some of the leading causes of death contributing to the life expectancy gap between the 20% most and 20% least deprived areas are coronary heart disease, lung cancer and suicide. Social inequalities affecting children and young people are demonstrated through lower levels of educational qualifications, increased smoking and binge drinking rates, low birth weight babies, and higher suicide rates to name but a few.

Early interventions and early years is a priority for the PHA – the scale of the task is huge however with over 25,000 babies being born every year. In NI there are:

- 59,000 children in absolute poverty
- 40,000 children experience alcohol misuse at home
- 11,000 children experience domestic violence every day
- 6,000 mothers smoke during pregnancy
- 10,000 babies not breastfed
- 22,000 11-16 year olds bullied in past 12mths
- 103,000 2-15 year olds obese or overweight

There are a number of universal and targeted services that are currently offered to meet these demands – these include:

- Universal services
 - Health visiting & midwifery services
 - Smoking, breastfeeding, alcohol, mental health support
- Enhanced support
 - Sure Starts
 - Strengthening Families
 - Incredible Years
 - Roots of Empathy
 - Triple P programmes
- Intensive programmes
 - Family Nurse Partnership
 - Functional Family Therapy
 - Multi System Therapy

A range of services are also available to tackle poverty and employability e.g. MARA project on rural poverty; regeneration through allotments and community gardens; sports and social events; lifestyle related programmes such as training on alcohol misuse and accident prevention; and screening programmes such as antenatal and new born hearing screening, and immunisations.

Keynote address: Professor Alan Dyson, Co-director of the Centre for Equity in Education, University of Manchester

Presentation: *Building a holistic strategy to improve outcomes for children and young people*

Key messages:

Alan began his presentation by outlining some of work he has contributed to in relation to health and education. For example he had worked with University College London in the development of the English review of health inequalities 'Fair Societies Healthy Lives', as well as the latest World Health Organisation European review of health inequalities which will be published in the new year.

Alan highlighted the importance of looking at the wider determinants which impacts on a child's physical and emotional wellbeing which in turn impact significantly on educational outcomes. Family circumstances, living conditions, material wealth/deprivation, wider community and civic society all have an impact on a child's behaviour and capacity to learn/achieve – these factors need to be given greater consideration by the education sector. Alan stressed that no one factor alone will necessarily have a negative impact on a child, for example, a child who grows up in a financially deprived household may still achieve high academic standards because other factors such as a supportive/motivated parent with high aspirations for their children has counteracted any negative impacts.

Achieving good educational outcomes involves a range of complex interactions. Interventions to improve educational outcomes requires action at a number of points including consideration of parental involvement; material deprivation; parental aspirations; school composition; and psychological adjustment of the child.

An ecological approach to improving good educational outcomes involves:

- High quality child and family services
- Early interventions – there is overwhelming evidence regarding investment in early years but also early interventions across the lifespan is important
- Family support
- Regeneration initiatives to support families living in poverty and poor living conditions
- Supportive transnational and national policies

An example was given of an area in New York, Harlem Children's Zone where a wide range of programmes are offered to children and their families to support positive educational outcomes. Alan stressed that learning from this project highlighted the importance of multiple and sustained/long term programmes – one off short term programmes will not solve the problem of educational inequalities. He also stressed the importance of getting universal educational related services and programmes right first before starting to add additional programmes. Currently there are many different programmes offered to schools by other public and voluntary sector organisations – this in itself is not to be criticised however there is a need for these to be brought together in a more coordinated and coherent way.

Alan highlighted one quote from a leader within the New York Harlem Children's Zone. Alan said that whilst he didn't agree with some of the language the principle of what was said was good.

"One of our core beliefs is that in poor communities where, literally, all of the institutions are failing children, you can't do one thing and expect you'll solve the issue of scale. I mean, you can save some children with an early intervention programme, and you can save some children if you work with addicted mothers, and you can save some children if you have after-school programs. But if you start talking about how you're going to save most of the children, you have to do all those things, and do them over the long term, and you have to make sure you count how many children actually received those services".

<http://www.hcz.org/home>

Lastly Alan highlighted a number of publications that might be of interest:

- *Evaluation of the full service extended schools initiative: Final report*, Department for Education and Skills
- *Beyond the school gates: Can full services and extended schools overcome disadvantage?*
- *Developing children's zones for England*, Save the Children

For more research/publications go to: Centre for Equity in Education – <http://www.education.manchester.ac.uk/research/centres/cee/>

Ms Dorothy Currie, Senior Statistician, University of St Andrews, Scotland
Presentation: *Health behaviour of school aged children, results of an international study*

Key messages:

Dorothy presented on the methodology and results of the latest HBSC (Health behaviour in school aged children) study – a large international survey undertaken every 4 years, that is the major source of data about the health and wellbeing of young people, and the contexts of their lives. St Andrews is the coordinating center for the international network of researchers who, in collaboration with WHO, are involved in the study.

The HBSC study looks at the patterns of health among 11, 13 and 15 year old children in 39 countries and provides information on social determinants and inequalities in health according to family affluence, gender and age. Northern Ireland has not participated in the study since 1998.

The study provides reliable research evidence to inform policy and practice for health improvement. The use of common indicators and questions allows for good comparisons between countries to be made. Information collected in the study includes: health related behaviour; family structure; school environment; and peer relations.

The results of the study helps identify where we see the greatest inequalities related to family affluence, gender and age. For example, results show that as children get older their sense of personal health and wellbeing gets worse. Girls have a poorer sense of wellbeing compared to boys.

Many aspects of health appear to be affected by family affluence with better outcomes generally associated with better material conditions:

- Self-rated health
- Life satisfaction
- Health complaints
- Medically attended injuries – *higher prevalence associated with higher affluence (often sports related injuries)*
- Overweight and obesity – *higher prevalence associated with lower affluence (but opposite in some poorer countries)*

Positive health behaviour tends to be associated with better material conditions e.g. eating fruit daily; eating breakfast on school days and toothbrushing more than once a day. Prevalence of overweight and obesity is higher among boys than girls. Girls have better eating habits on the whole but also are more engaged in weight control. Prevalence of multiple health complaints is also higher among girls than boys.

Overall girls do better in relation to:

- *injuries, overweight/ obese, fruit, soft drinks, oral health*
- *early tobacco initiation, weekly drinking, drunkenness, sexual health, fighting, bullying*
- *electronic media communication with friends, liking school, perceived school performance*

Boys do better:

- *self-rated health, life satisfaction, health complaints, body image, breakfast, physical activity*
- *Easy communication with father, 3+ close friends, evenings out with friends, feel less pressured by schoolwork*

For more information go to: <http://www.euro.who.int/en/what-we-publish/abstracts/social-determinants-of-health-and-well-being-among-young-people.-health-behaviour-in-school-aged-children-hbsc-study>

Mr Les Allamby, Law Centre for Northern Ireland

Presentation: *Impacts of the welfare reform on children and their families*

Key messages:

Historically the Labour Government prioritised child poverty and near the end of its term in office introduced the Child Poverty Act. The current Coalition Government has introduced the Welfare Reform, part of which includes Universal Credit to replace existing social security benefits – this aims to improve work incentives, simplify the current benefit system, and move systems into the new digital age. There is a real drive by Government to get lone parents back into work. In the past a parent could receive benefits and stay at home with a child until they were 16 – this has now fallen to age 5 and will be lowered to 12 months. A parent needs to be actively seeking employment to be entitled to benefits once the child has reached the stipulated age.

Overall the welfare reform will have many negative impacts on vulnerable children and families. For example hardship payments which historically would have been given out will now only be provided on a loan basis. Changes to housing benefits will also have a negative impact with up to 25% reduction in housing benefit for people who have two spare bedrooms. Discretionary payments will be available in special circumstances from the Housing Executive. However this adds another layer of unnecessary bureaucracy. This will have an effect on many households including foster parents during periods when no children are placed in the foster home.

Whilst the theory of encouraging and incentivising people to come out of unemployment into jobs is useful – the quality of jobs and sacrifices to child/parent relationships also needs to be taken into account. Even in employment some people remain in poverty – others move in and out of poverty – it is not a static group. Half of children who live in poverty have parents who work in poorly paid jobs.

Northern Ireland faces unique challenges to implementing the Welfare Reform. For example there is a lack of a systematic childcare strategy to support lone parents back into work, and there is a shortage of work programmes to support people get the right skills to get a job. In NI there is also more reliance on disability benefits, and the incidence of mental health problems is much greater than the rest of the UK. Nearly half of social housing stock in NI has 3 bedrooms or more which presents future challenges in providing single bedroomed accommodation for those wishing to avoid reduction in housing benefit. Single identity housing estates are still very prominent presenting ongoing challenges of allocating appropriate housing.

Full implementation of the Welfare Reform in NI is lagging behind the rest of the UK. Some differences which have been agreed that will be unique to NI are that benefits payments will be split for both women and men – in England payments will be made to the head of the household. Also housing payments e.g. for rent, will continue to be paid to the landlord – in England housing benefit will be paid directly to the tenant. Appendix one provides more detail on social security changes.

Powerpoint presentations for Lecture 3 are available at:

<http://www.belfasthealthycities.com/25th-anniversary-lecture-series.html>



Appendix 1: Background summary of social security changes

The changes announced in the Chancellor's emergency budget statement (June 2010) and Comprehensive Spending Review (October 2010) and the recent autumn statement in December 2014 cannot be divorced from the introduction of Universal Credit. In particular, the coalition government has made a commitment that no-one will lose out in cash terms at the point of introduction of Universal Credit. In reality, most of the cuts, announced in the two statements will have been implemented before Universal Credit is introduced in a phased way from April 2014 onwards. The 2012 autumn statement announced further social security savings of £3.7 billion from 2015/2016 onwards.

Changes implemented and on the way

The timeline for changes has extended over a number of years.

October 2010

- The standard interest rate for mortgage interest in Income Support, Income-based Jobseeker's Allowance (JSA) and Income-related Employment and Support Allowance (ESA) was reduced from 6.08 per cent to a level based on Bank of England published average mortgage rate (3.63 per cent currently).

January 2011

- The health in pregnancy grant was abolished. This was a payment of £190 made without regard to income or savings.
- Arrangements introduced by the previous government start to apply where any new claimants on Income-based JSA after 4 January 2009 have mortgage interest support withdrawn after two years on JSA.

April 2011

- The migration of claimants on Incapacity Benefit (IB) to ESA begins; claimants will be referred for Work Capability Assessment (WCA). The plan is to complete the migration by March 2014.

- Benefits are uprated based on the Consumer Price Index (CPI) rather than the more generous Retail Price Index (RPI). The exception to this change is the state retirement pension which goes up in line with earnings, prices or 2.5 per cent whichever is the best. The minimum income guarantee in Pension Credit increased in line with the rise in the full basic state pension. This was designed to save £5.4 billion by 2014/2015. In April 2011 CPI inflation was 4.0 per cent and RPI inflation at 5.3 per cent. In September 2011 it was 5.2 per cent and 5.6 per cent respectively.
- The maximum savings credit awarded in pension credit is frozen for four years.
- Child Benefit is frozen for three years.
- Payment for a Sure Start Maternity Grant for a second or subsequent child is abolished. The payment is worth £500 and goes to expectant mothers getting IS, income based JSA, income-related ESA, CTC and WTC in certain circumstances or pension credit.
- The second income threshold for the family element of Child Tax Credit (CTC) is reduced from £50,000 to £40,000.
- The withdrawal rate for tax credits increased from 39 per cent and 6.67 per cent above second income threshold to 41 per cent.
- The reduction from 80 per cent to 70 per cent of childcare costs payable in WTC up to a maximum level.
- The CTC baby element for children under one year of age is removed.
- The child element of CTC increased by £180 above CPI uprating.
- The level of in-year rises in income for tax credits which are ignored will be reduced from £25,000 to £10,000.
- *Private rented sector tenants claiming Housing Benefit are no longer able to receive more in local housing allowance (LHA) than actually paid in rent. Previously up to £15 of the amount by which LHA payment exceeded rent could be kept.
- *LHA weekly rates in Housing Benefit is capped at £250 for one bedroom, £290 for two bedrooms, £340 for three bedrooms and £400 for four bedrooms or more.
- The freeze on the level of non-dependent deductions from Housing Benefit is ended.
- Disabled Housing Benefit claimants with a non-resident carer become entitled to have entitlement assessed on the basis of an extra bedroom.
- Funding for discretionary housing payments will increase.
- *The LHA in Housing Benefit is set at the 30th percentile of local rents rather than the current 50th percentile level.

2011

and January 2012.

October 2011

- Lone parents with a youngest child aged five or over are no longer eligible for Income Support and must claim Income-based JSA instead. Existing claimants are transferred to Income-based JSA from April 2012.

January 2012

- The age limit for shared room rate for Housing Benefit increased from 25 to 35 years of age.

April 2012

- Couples with children must work 24 hours a week between them with at least one partner working 16 hours a week in order to qualify for WTC.
- The family element of CTC will be withdrawn straight after the child element.
- Backdating of tax credit claims and certain changes of circumstances will be reduced from three months to one month.
- A disregard of £2,500 is introduced in tax credits for in-year falls in income.
- 50 plus element of Working Tax Credit is removed.

January 2013

- Child Benefit will be removed where one parent earns more than £60,000 a year and withdrawn on a phased basis where one parent earns more than £50,000 a year.

April 2013

- LHA rates set by Consumer Price Index (CPI) rather than by real rents.
- Working age benefits will be uprated by 1 percent for three years from April 2013, this covers JSA, ESA, Income Support, Statutory Sick Pay, Statutory Maternity Pay. However, it excludes the disability, carers and pensioner premiums in means tested benefits and the support component in employment and support allowance which will continue to be uprated by prices.
- Tax credits will be uprated by 1 percent for three years from April 2013 (except for the disability elements). The basic and 30 hour element will not be uprated in 2013/2014 but, will be uprated by 1 percent in 2014/2015 and 2015/2016.
- Child benefit which is to be frozen in 2013/2014 will be uprated by 1 percent in 2014/2015 and 2015/2016.
- Basic state pension will be uprated by 2.5 percent.
- Other benefits including disability and carers' benefits will be uprated in line with prices.
- The local housing allowance will only be uprated by 1 percent in 2014/2015 and 2015/2016.
- Changes introduced for support for mortgage interest will be extended to 2015/2016. The mortgage period will remain 13 weeks and working age capital limit will remain at £200,000.

Sometime in 2013/2014 following the passing of the Welfare Reform Bill

- Contributory ESA for those in the Work Related Activity Group will be restricted to one year's entitlement. Time on ESAC (C) before the introduction of the reform will count towards the 52 week period.
- ESA in youth will be abolished.
- Housing benefit entitlement for working age people in the social rented sector will reflect family size.
- Disability Living Allowance will be replaced by the Personal Independence Payment for people of working age.
- A benefit cap will be introduced and tied to the level of median earnings (£500 a week for families, £350 a week for single people).
- The discretionary based Social Fund (community care grants, budgeting loans and crisis loans will be replaced by a DSD scheme still to be finalised).

April 2014

- Universal Credit will be introduced on a phased basis. This will replace Jobseekers Allowance, Housing Benefit, Employment and Support Allowance, Income Support, Child Tax Credit and Working Tax Credit.

Law Centre (NI)

December 2012