



UNIVERSITY OF  
LIVERPOOL

Alder Hey Children's  
NHS Foundation Trust



# Due North

*A Fairer Start for Children in the North of  
England*

**David Taylor-Robinson**

Department of Public Health and Policy

University of Liverpool

Honorary Public Health Consultant

Alder Hey Children's Hospital

**INRICH**

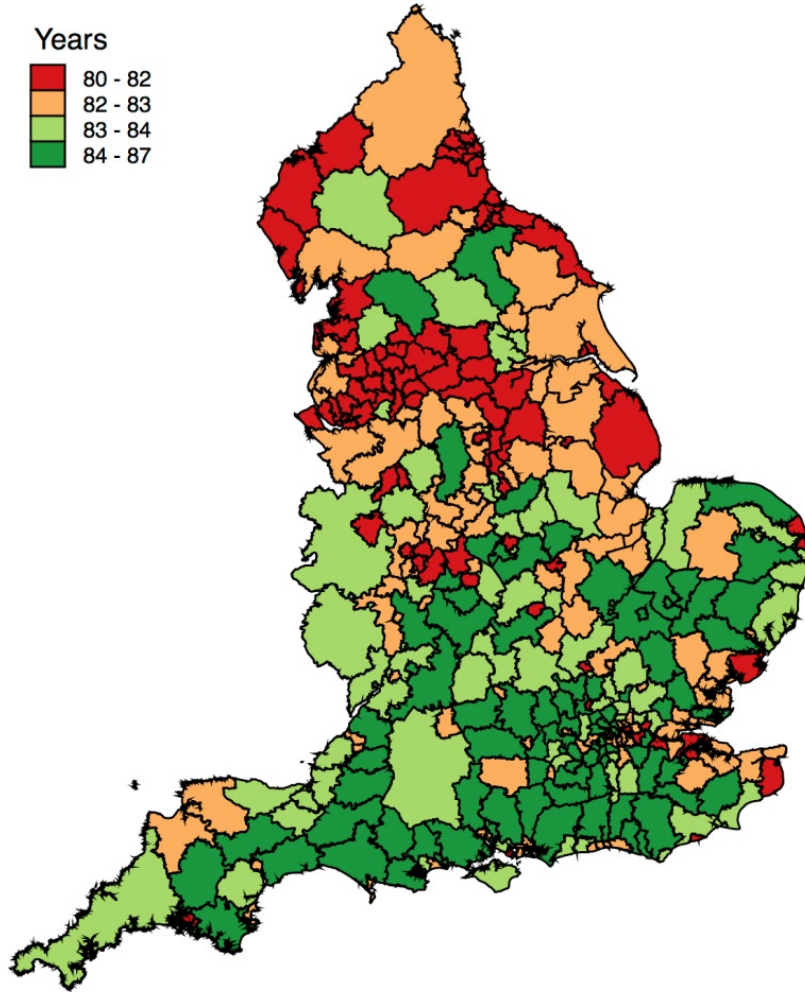
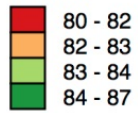
Barcelona

June 2016

# Life Expectancy: the North-South Health Divide

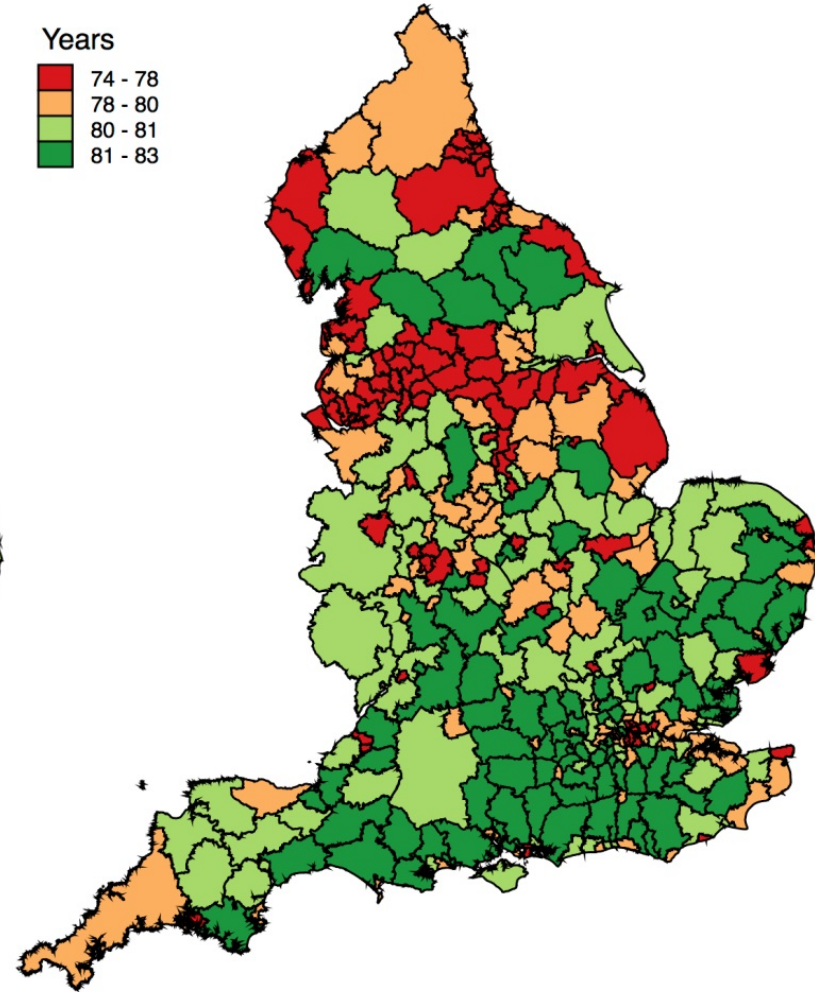
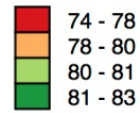
Female

Years



Male

Years



Source: Due North

# DUE NORTH

**Report of the Inquiry on  
Health Equity for the North**

R

INTER-DEPARTMENTAL COMMITTEE ON PHYSICAL  
DETERIORATION.

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# REPORT

OF THE

INTER-DEPARTMENTAL COMMITTEE

ON

## PHYSICAL DETERIORATION.

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VOL. I.—REPORT AND APPENDIX.

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Presented to both Houses of Parliament by Command of His Majesty.

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LONDON,

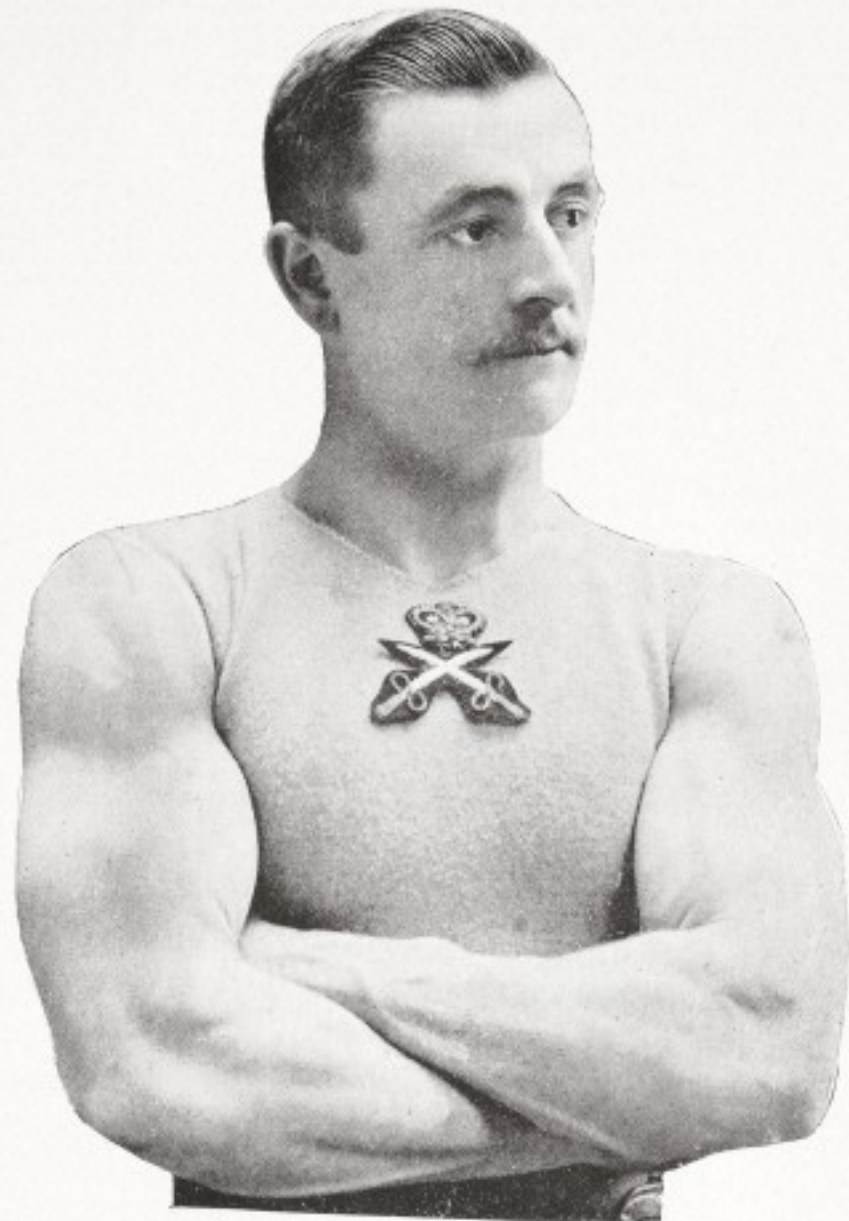
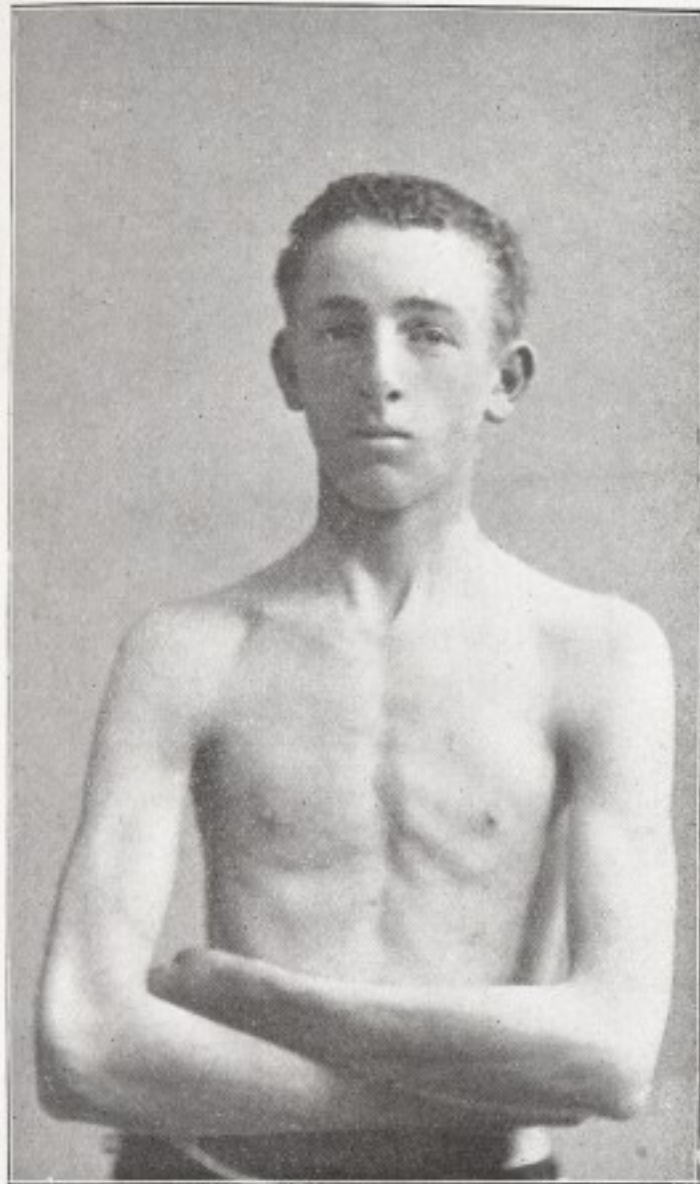
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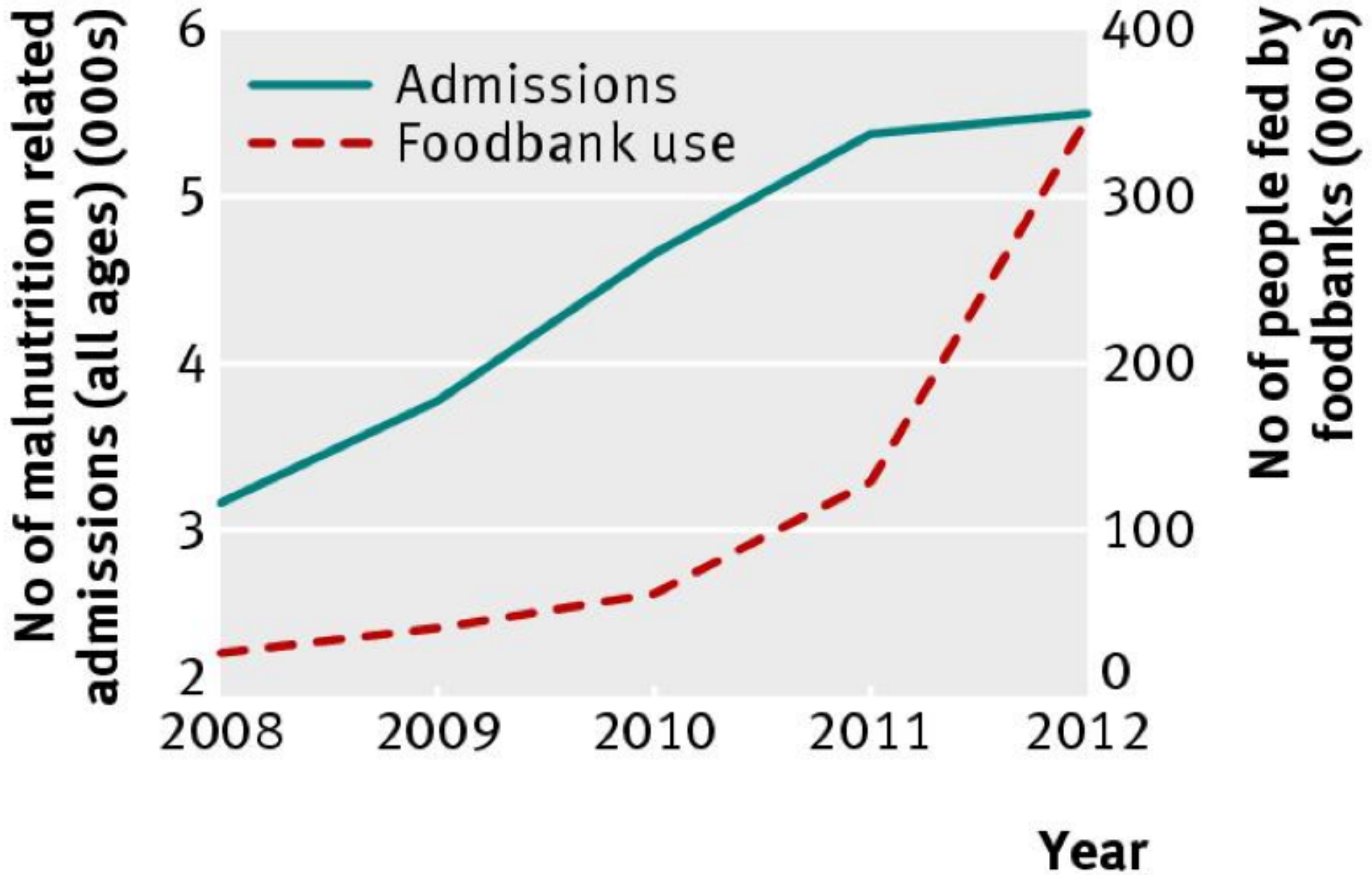
The first photo shows the physical condition of the youth of the nation as revealed by the war. The second shows what can be achieved by scientific methods of physical education and culture, and how imperative such methods are to safeguard us against physical deterioration and disease in the future.

Medical inspections of children in schools

Free school meals for the poor

Training in mother craft

Committee on Physical Deterioration 1903



Taylor-Robinson et al BMJ 2013;347:f7157

20p

1

The essential daily briefing

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Britain's first and only concise **quality** newspaper



**Jennifer Hudson**

The curse of the Oscar - and overcoming family tragedy



**Simon Calder**  
My guide to Brazil



**The Ashes:**  
England gamble on Monty's spin

# Food poverty a 'public health emergency'



- Doctors urge ministers to act immediately on child malnutrition
- Government has suppressed its own report on food crisis, experts claim
- 63,000 sign petition on food banks

PS



**New fostering laws to keep children in family**



**Muslim radicals to be banned from mosques**



**Must do better: UK falls behind world rivals in education**





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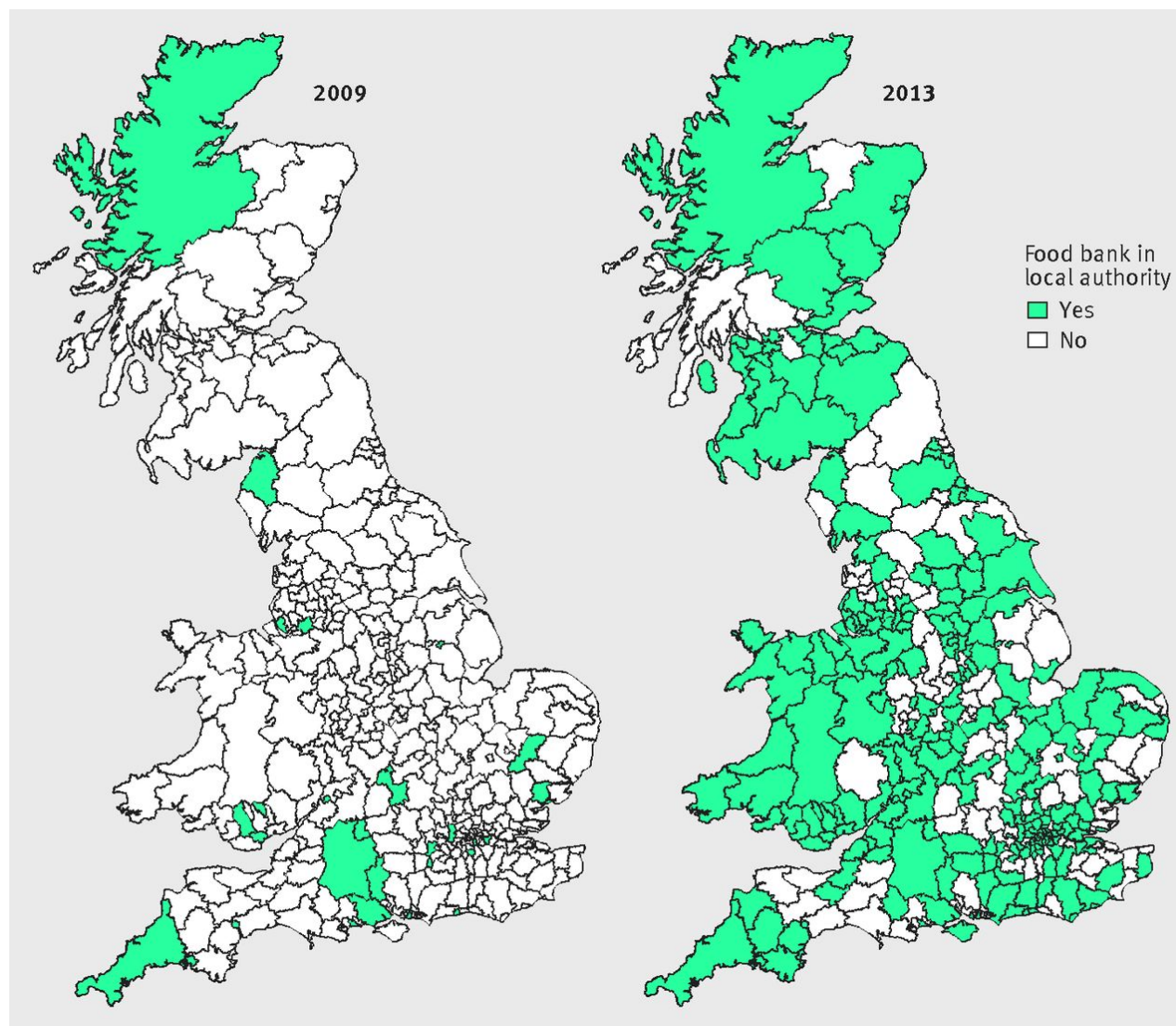
Life > Health & Families > Health News

## Chief Medical Officer 'ashamed' as rickets makes a comeback



40 per cent of English children have some kind of vitamin D deficiency

# Trussell Trust food banks in local authorities in England, Scotland, and Wales in 2009 and 2013.



Rachel Loopstra et al. BMJ 2015;350:bmj.h1775



- INEQUALITIES ARE LARGE
- THIS IS UNFAIR AND COSTLY
- INEQUALITIES START EARLY
- SUPPORT EARLY IN LIFE IS A CHEAP AND POWERFUL SOLUTION, LOTS OF CHILDREN CAN BENEFIT
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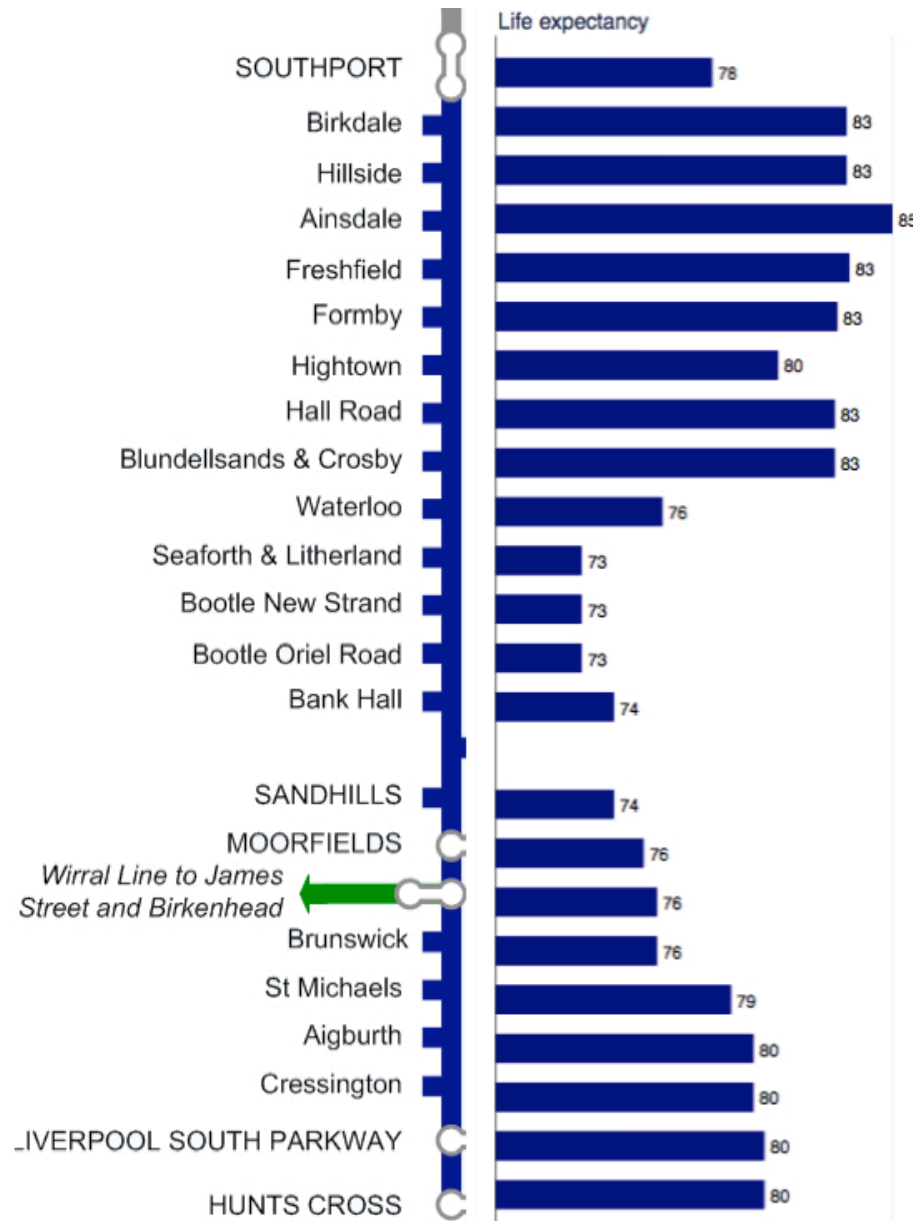


# Worse child health in North

	North	South
<b><i>Health outcomes</i></b>		
Infant mortality rate (per 1000 births)	4.7	4
Low birthweight (%)	7.6	7.1
Children killed or seriously injured in road traffic accidents (0-15 yrs, per 1000 population)	29.9	17.3
<b><i>Hospital admissions</i></b>		
A&E attendances (age 0-4 years - crude rate per 1000)	542.3	496.1
Hospital admissions due to injury (age under 18 years - crude rate per 10,000)	150.1	107.8
Hospital admissions for asthma (age under 19 years - crude rate per 100,000)	242.3	174.1
Hospital admissions as a result of self-harm (0-17, crude rate per 100,000)	142.7	99.0
Hospital admissions due to alcohol specific conditions <18 (crude rate per 100,000)	81	45.9
<b>Maternal and family indicators</b>		
Teenage mothers (age under 18 years -%)	1.8	1
<b>Education and training</b>		
GCSEs achieved (5 A*-C inc. Eng and maths) - %	58.3	60.2
Not in education, employment or training (age 16-18 years) - %	6.7	5.2

Source: Data produced by ChiMat, based on the latest available data

# 20 minutes on Merseyrail

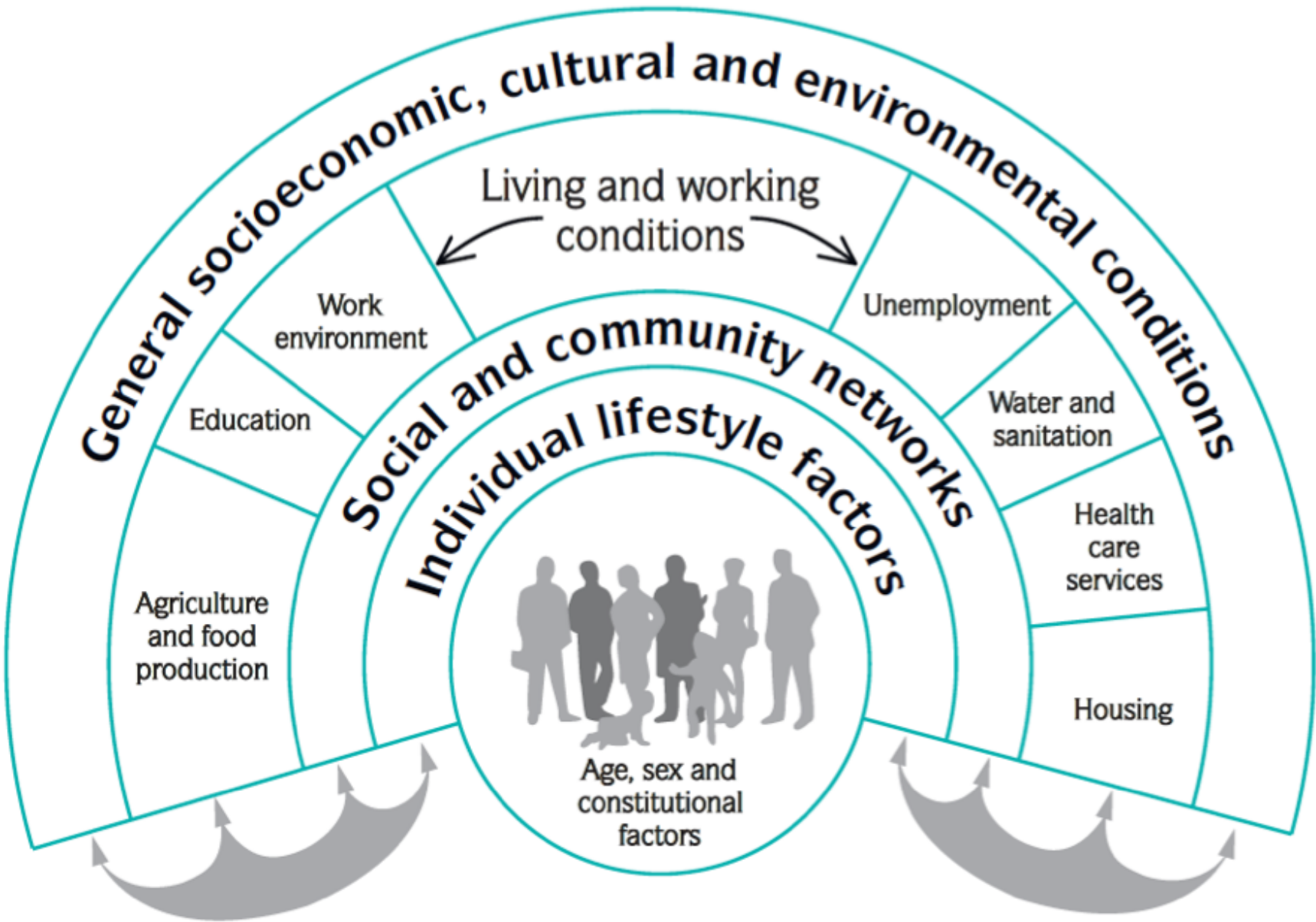


....10 fewer years of life



**Figure 4: The main influences on health**

*Used with permission source (Dahlgren and Whitehead, 2007)*



## Differences in:

- Poverty, power and resources needed for health
- Exposure to health damaging environments
- Opportunities to enjoy positive health factors and protective conditions, **especially the conditions that give children the best possible start in life**

# Proportion of children in poverty

North East	23.7%
North West	22.1%
Yorkshire and Humber	21.1%
South East	14.6%
South West	15.6%


<http://www.hmrc.gov.uk/statistics/child-poverty-stats.htm> (Accessed 31 March 2014)

## Review

# Poverty and child health in the UK: using evidence for action

 OPEN ACCESS

Sophie Wickham<sup>1</sup>, Elspeth Anwar<sup>1</sup>, Ben Barr<sup>1</sup>, Catherine Law<sup>2</sup>, David Taylor-Robinson<sup>1,2</sup>

 Author Affiliations

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**Published Online First** 8 February 2016

## Abstract

There are currently high levels of child poverty in the UK, and for the first time in almost two decades child poverty has started to rise in absolute terms. Child poverty is associated with a wide range of health-damaging impacts, negative educational outcomes and adverse long-term social and psychological outcomes. The poor health associated with child poverty limits children's potential and development, leading to poor health and life chances in adulthood. This article outlines some key definitions with regard to child poverty, reviews the links between child poverty and a range of health, developmental, behavioural and social outcomes for children, describes gaps in the evidence base and provides an overview of current policies relevant to child poverty in the UK. Finally, the article outlines how child health professionals can take action by (1) supporting policies to reduce child poverty, (2) providing services that reduce the health consequences of child poverty and (3) measuring and understanding the problem and assessing the impact of action.

Original Investigation

# Association of Child Poverty, Brain Development, and Academic Achievement

Nicole L. Hair, PhD; Jamie L. Hanson, PhD; Barbara L. Wolfe, PhD; Seth D. Pollak, PhD

**CONCLUSIONS AND RELEVANCE** The influence of poverty on children's learning and achievement is mediated by structural brain development. To avoid long-term costs of impaired academic functioning, households below 150% of the federal poverty level should be targeted for additional resources aimed at remediating early childhood environments.

December 2013, Vol 167, No. 12 >

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Original Investigation | December 2013

## **The Effects of Poverty on Childhood Brain Development**

### **The Mediating Effect of Caregiving and Stressful Life Events**

**FREE**

Joan Luby, MD<sup>1</sup>; Andy Belden, PhD<sup>1</sup>; Kelly Botteron, MD<sup>1,2</sup>; Natasha Marrus, MD, PhD<sup>1</sup>; Michael P. Harms, PhD<sup>1</sup>; Casey Babb, BA<sup>1</sup>; Tomoyuki Nishino, MS<sup>1</sup>; Deanna Barch, PhD<sup>1,2,3,4</sup>

[\[+\] Author Affiliations](#)

*JAMA Pediatr.* 2013;167(12):1135-1142. doi:10.1001/jamapediatrics.2013.3139.

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Original Investigation | October 2015

## Effect of Early Adversity and Childhood Internalizing Symptoms on Brain Structure in Young Men

Sarah K. G. Jensen, MSc<sup>1</sup>; Erin W. Dickie, PhD<sup>2</sup>; Deborah H. Schwartz, MA<sup>2</sup>; C. John Evans, PhD<sup>3</sup>; Iroise Dumontheil, PhD<sup>4</sup>; Tomáš Paus, MD, PhD<sup>2</sup>; Edward D. Barker, PhD<sup>1</sup>

[\[+\] Author Affiliations](#)

*JAMA Pediatr.* 2015;169(10):938-946. doi:10.1001/jamapediatrics.2015.1486.

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There is perhaps nothing more important that a society must do than foster and protect the brain development of our children

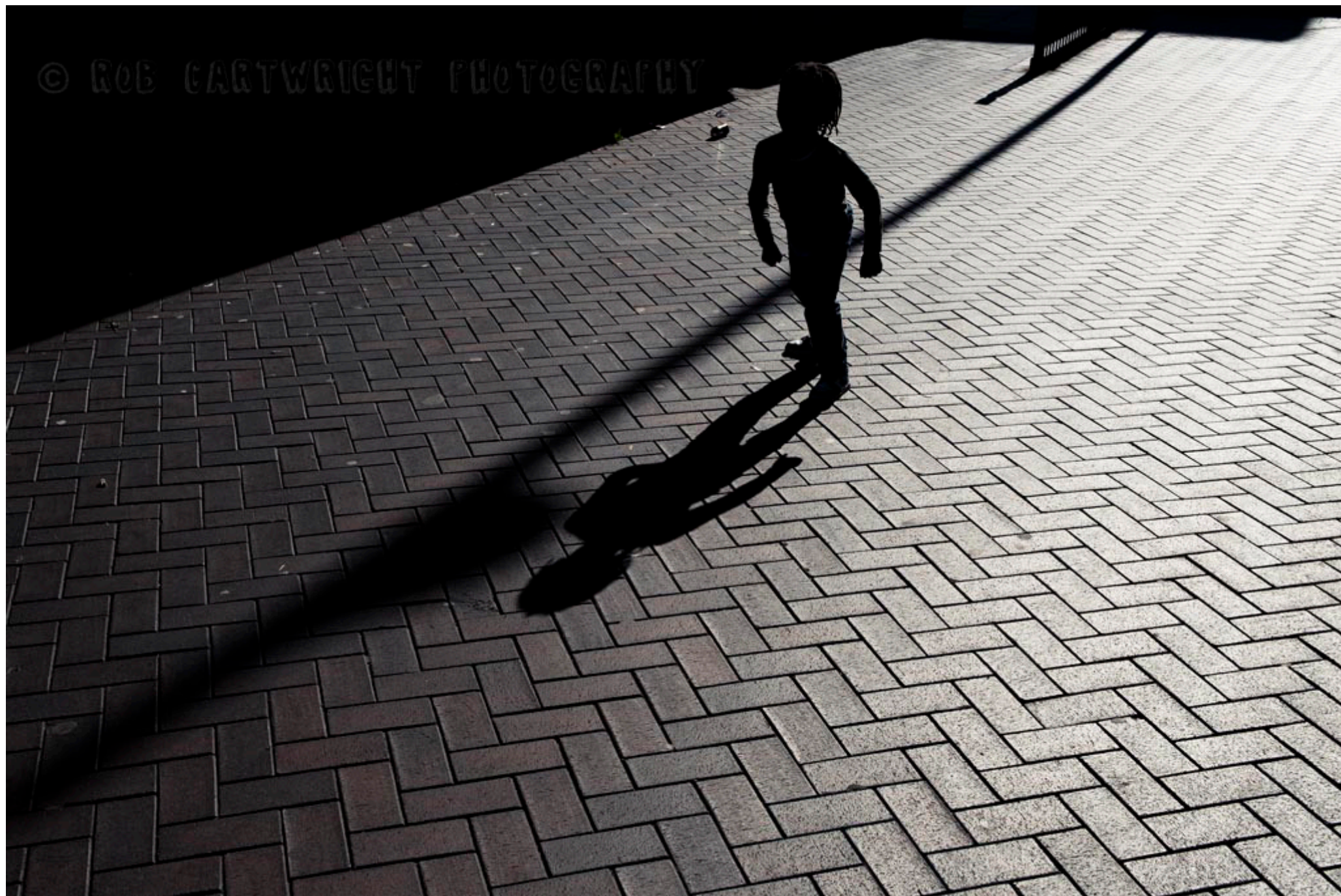
This unassailable body of evidence taken as whole is now actionable for public policy

*JAMA Pediatr.* 2015;169(9):810-811. doi:10.1001/jamapediatrics.2015.1682.

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© ROB CARTWRIGHT PHOTOGRAPHY



## **Childhood Socioeconomic Circumstances and Cause-specific Mortality in Adulthood: Systematic Review and Interpretation**

**Bruna Galobardes<sup>1</sup>, John W. Lynch<sup>2</sup>, and George Davey Smith<sup>1</sup>**

<sup>1</sup> Department of Social Medicine, University of Bristol, Bristol, United Kingdom.

<sup>2</sup> Department of Epidemiology and Center for Social Epidemiology and Population Health, University of Michigan School of Public Health, Ann Arbor, MI.

*Received for publication December 22, 2003; accepted for publication February 5, 2004.*

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Abbreviations: CI, confidence interval; OR, odds ratio.

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GALOBARDES, B., LYNCH, J. W. & DAVEY SMITH, G. 2004. Childhood socioeconomic circumstances and cause-specific mortality in adulthood: systematic review and interpretation. *Epidemiol Rev*, 26, 7-21.

GALOBARDES, B., LYNCH, J. W. & SMITH, G. D. 2008. Is the association between childhood socioeconomic circumstances and cause-specific mortality established? Update of a systematic review. *J Epidemiol Community Health*, 62, 387-90.

## 29 longitudinal studies

Children from less advantaged backgrounds had a higher risk of death in adulthood across almost all conditions studied

Mortality from stomach cancer, lung cancer, haemorrhagic stroke, coronary heart disease, and respiratory-related deaths, accidents and alcohol-related causes of death

HOME » NEWS » POLITICS

## Worse than Rwanda: life prospects in Britain's poorest areas

The 18-year gap in active lifespan between richest and poorest in modern Britain



6K



625



0



34




6K



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Healthy life expectancy in poorest areas 18 years behind the richest neighbourhoods

A photograph showing a woman holding a baby while a healthcare professional examines the baby. The image is framed within a diamond shape and overlaid with a blue geometric pattern.

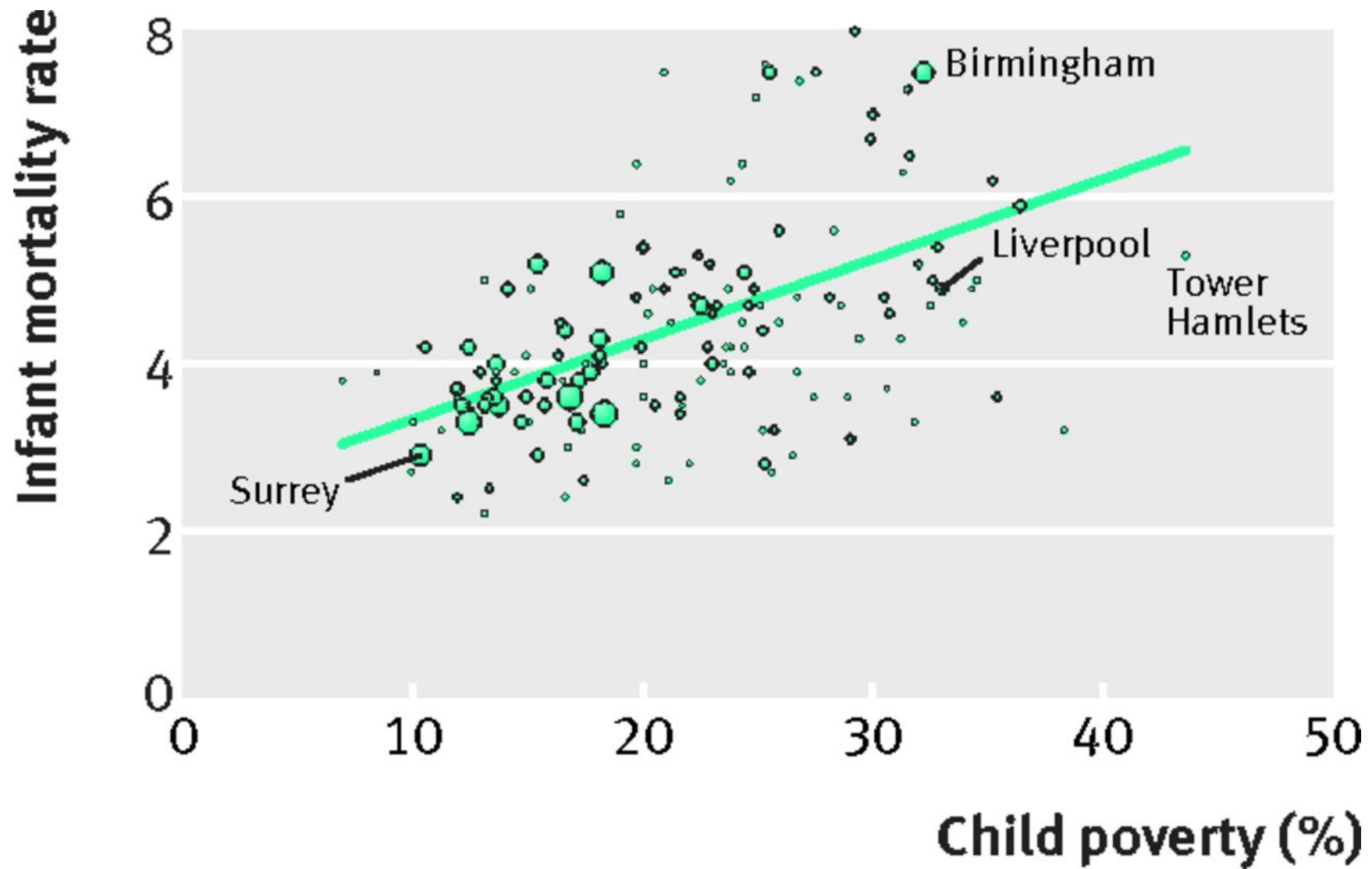
# FIVE YEAR FORWARD VIEW

October 2014

Simon Stevens, chief executive of NHS England, said the economic prosperity of Britain, the health of millions of children and the sustainability of the NHS depended on '***a radical upgrade in prevention and public health***'....

- INEQUALITIES ARE LARGE
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- WE FACE MAJOR THREATS
- WE ALREADY HAVE A ROAD MAP - let's use it!

Infant mortality rate by relative child poverty (<60% median) for local authorities in England.



David Taylor-Robinson et al. BMJ 2015;351:bmj.h3959

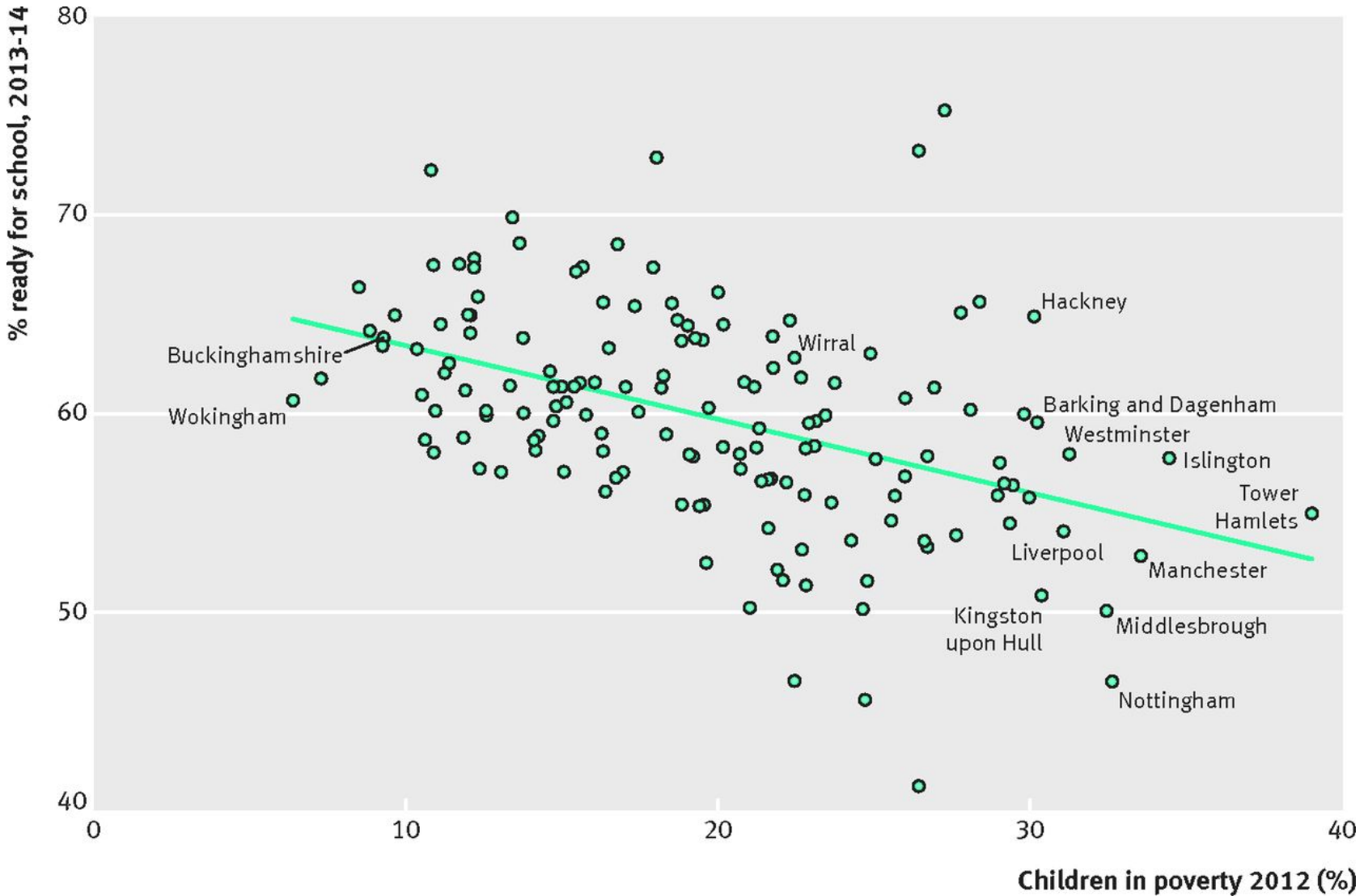




"Underpinning the entire Series, however, is the universal message that child deaths must be examined within the context they occur. **Relative poverty is highlighted as the most important social determinant for child deaths in high-income countries**"

Lancet 2014

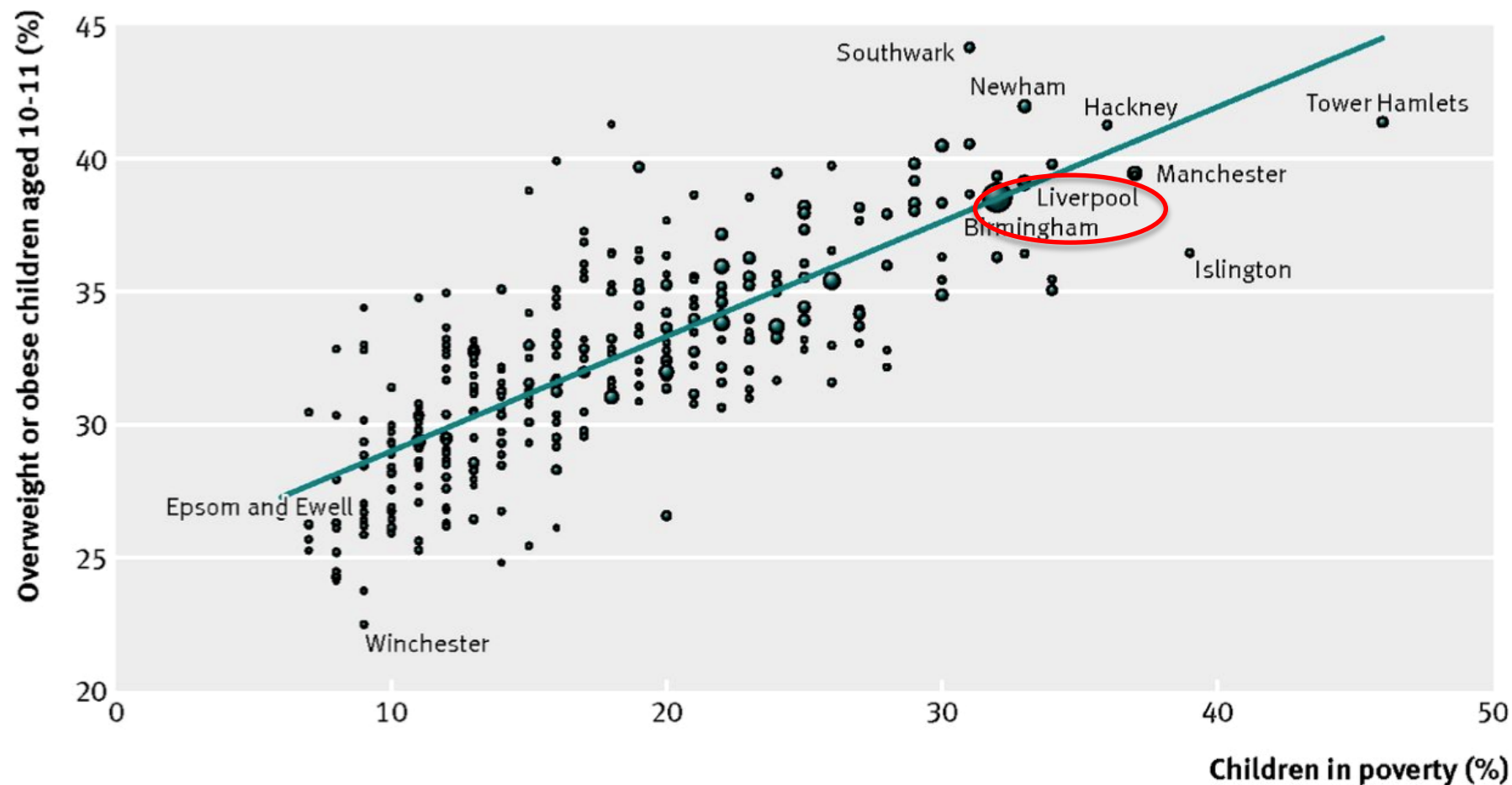
# Percentage of children assessed as ready for school at age 5 (good level of development at end of early years foundation stage) compared with levels of child poverty in English authorities



David Taylor-Robinson et al. BMJ 2015;351:bmj.h5330



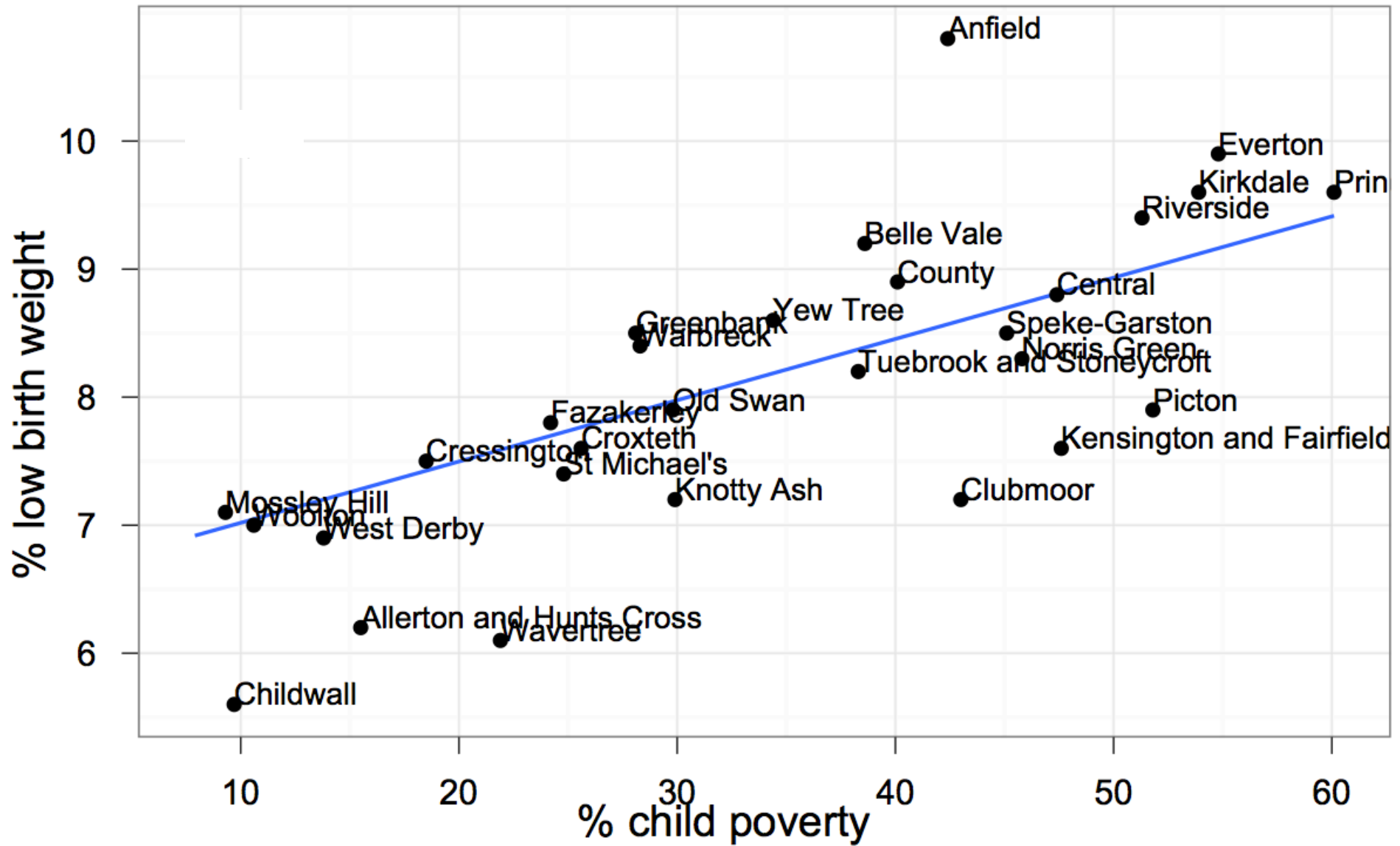
# Percentage of overweight or obese children aged 10-11 years by percentage of children in poverty in English councils, 2012.



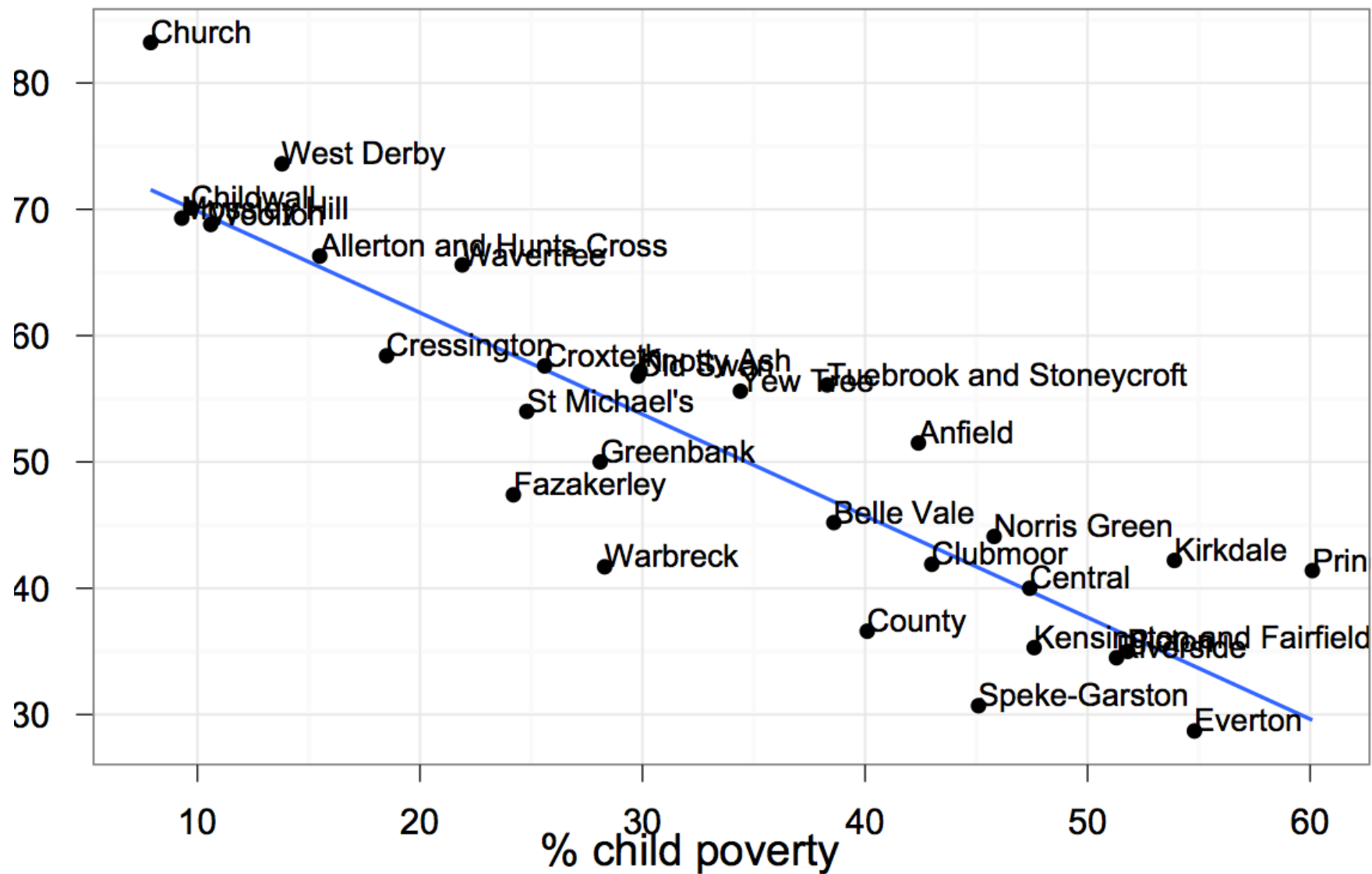
Taylor-Robinson D C et al. BMJ 2014;348:bmj.g2712



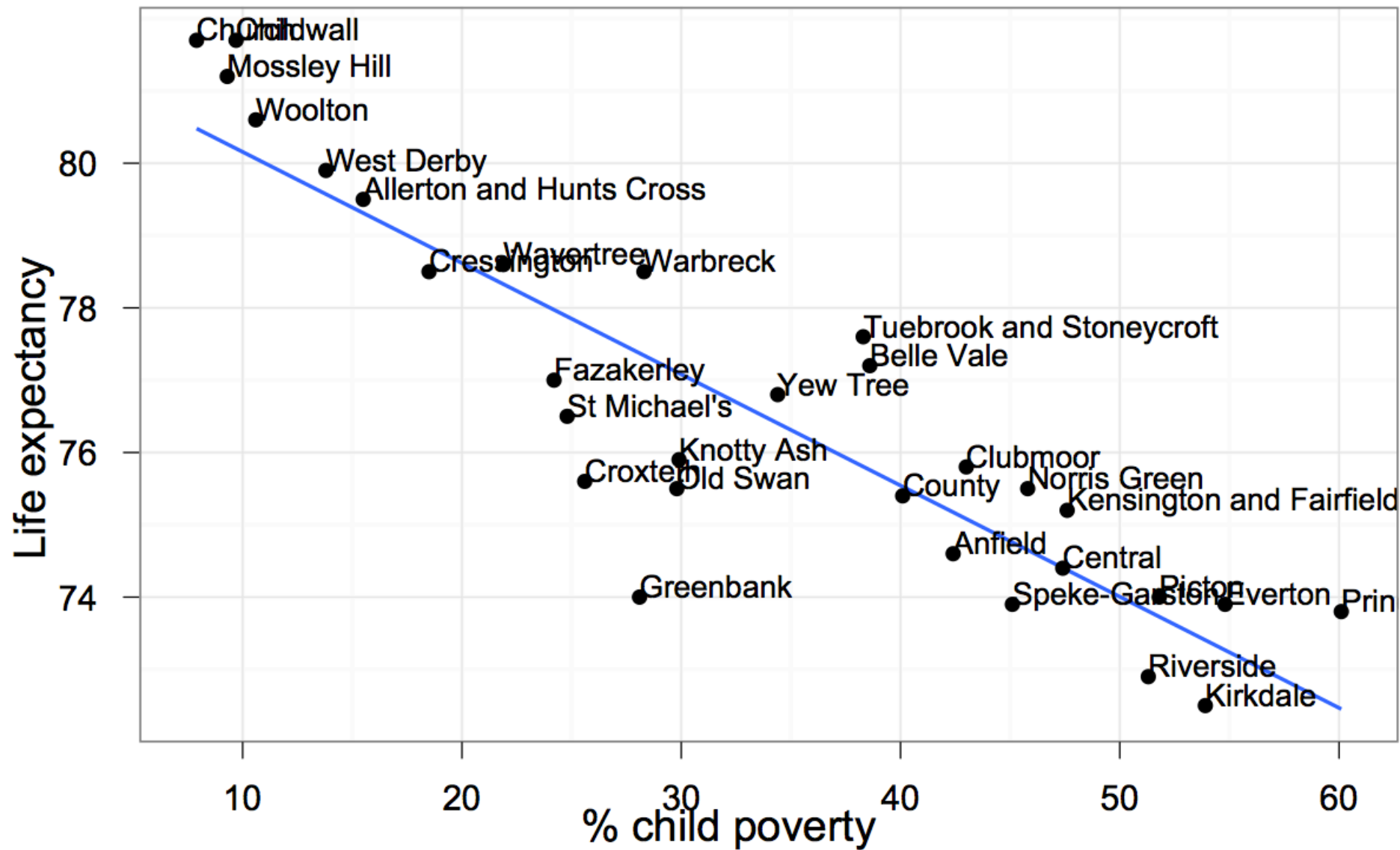
# Low birth weight



# GCSE success



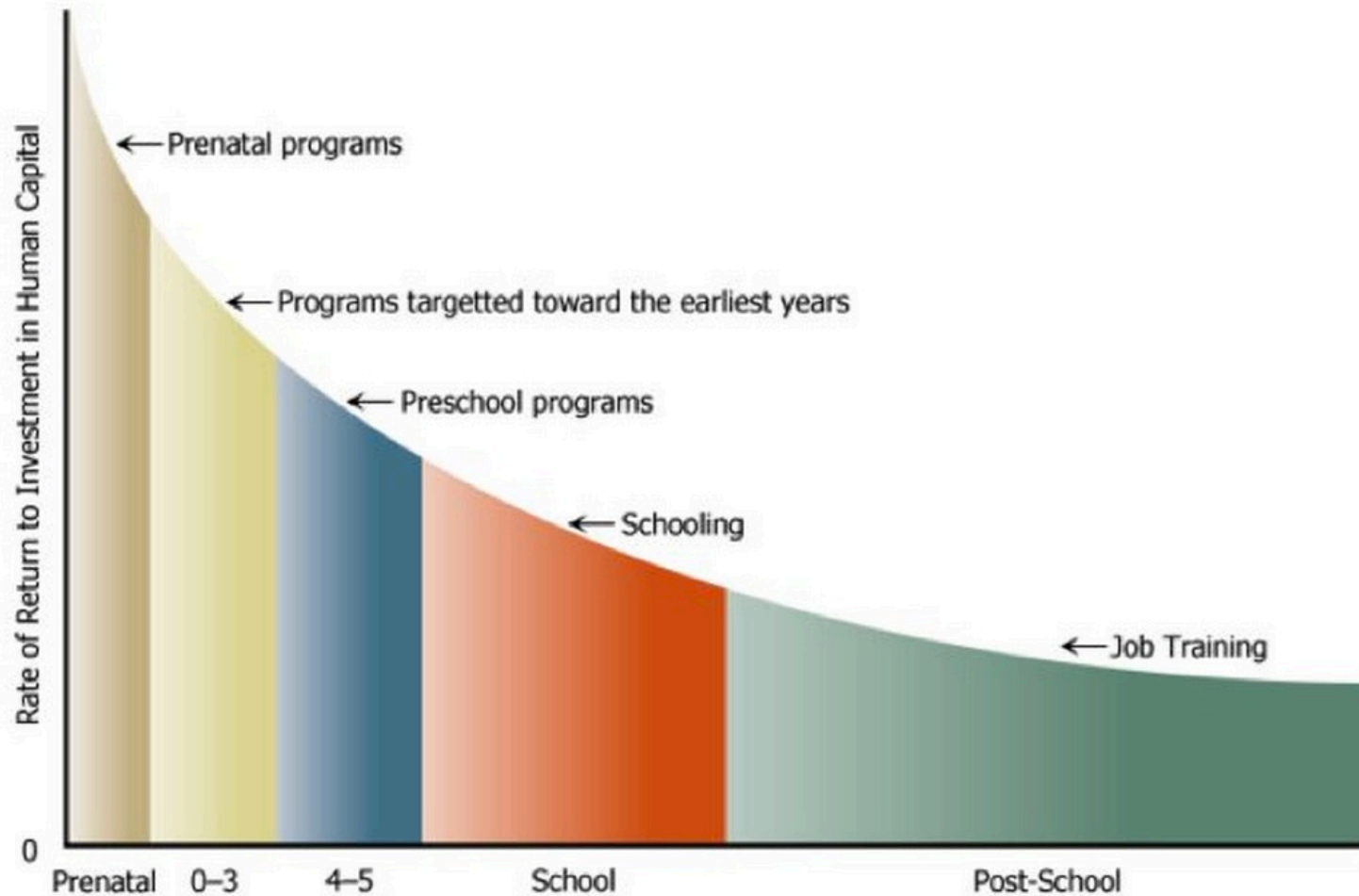
# Life expectancy



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# Early childhood development is a smart investment

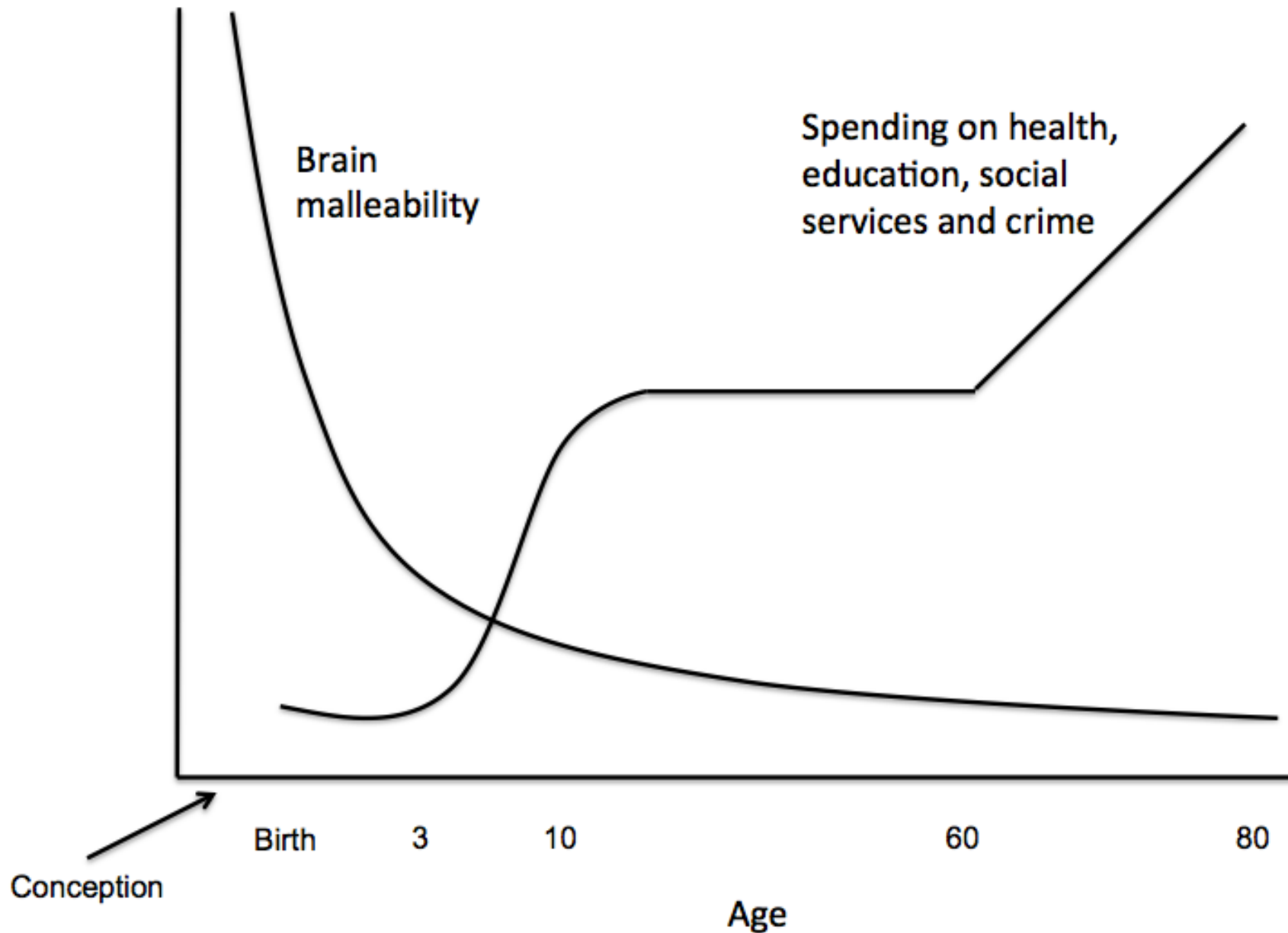
The earlier the investment, the greater the return



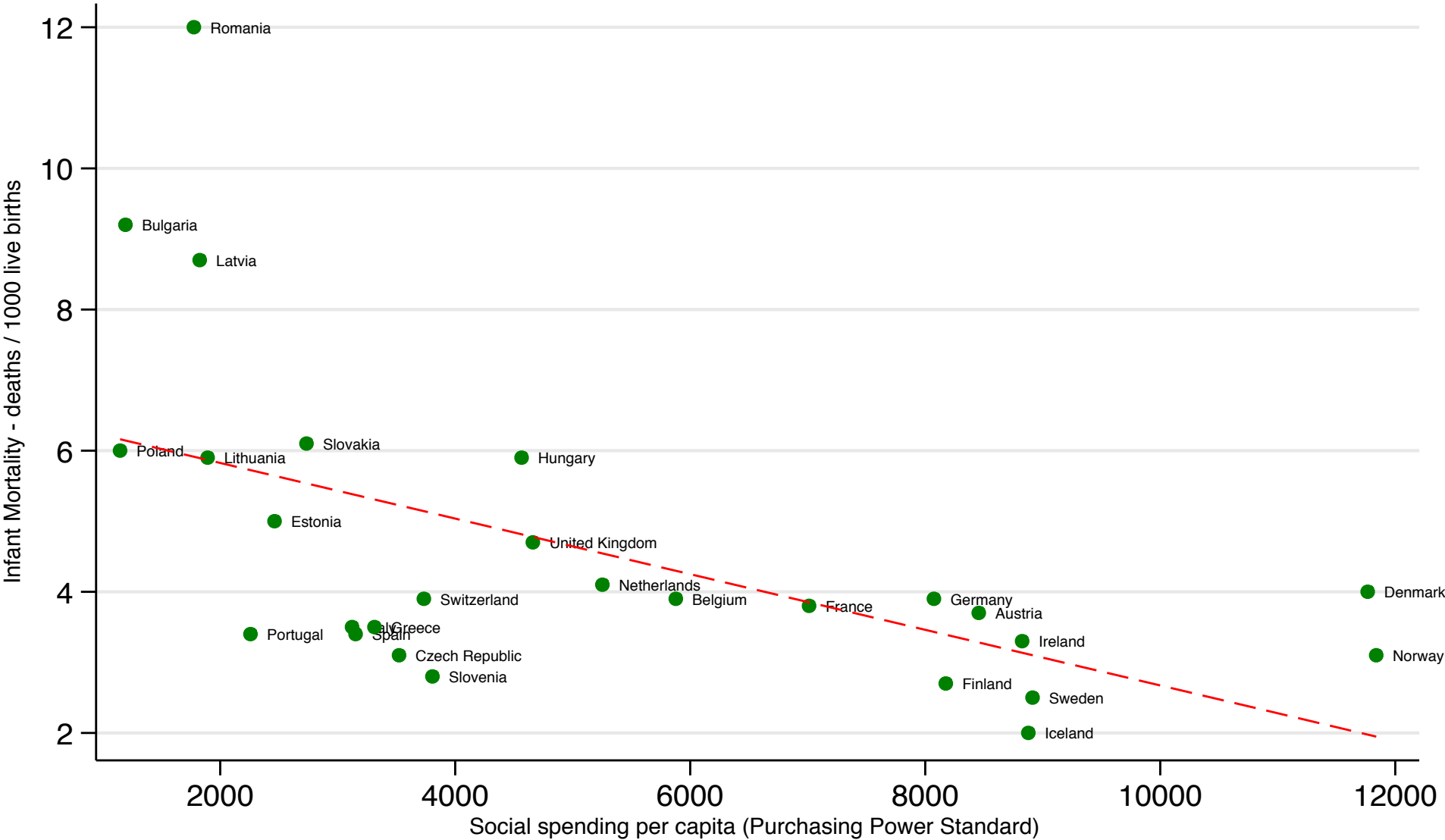
Source: James Heckman, Nobel laureate in economics



# Mismatch between spending and brain development



# Social spending on children is associated with improved population health



Source: EUROSTAT



National Audit Office

REPORT BY THE  
COMPTROLLER AND  
AUDITOR GENERAL

HC 683  
SESSION 2012-13

31 JANUARY 2013

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Cross-government

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# Early action: landscape review

# Key facts

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**£12bn**

estimated spend on early  
action interventions in health  
and social policy, 2011-12

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**£377bn**

estimated social spending,  
including benefits and  
pensions, 2011-12

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# Prevalence of health damaging risk factors in English children

<b>Risk factor</b>	<b>Prevalence</b>
Parental depression	19.40%
Parental physical Disability	15.00%
Parental Substance Misuse	11.70%
Parents at risk of alcoholism	12.30%
Domestic Violence	4.00%
Financial stress	7.70%
Worklessness	5.50%
Teenage Parenthood	11.10%
Parents lack of basic Skills	3.60%
Overcrowding	9.40%

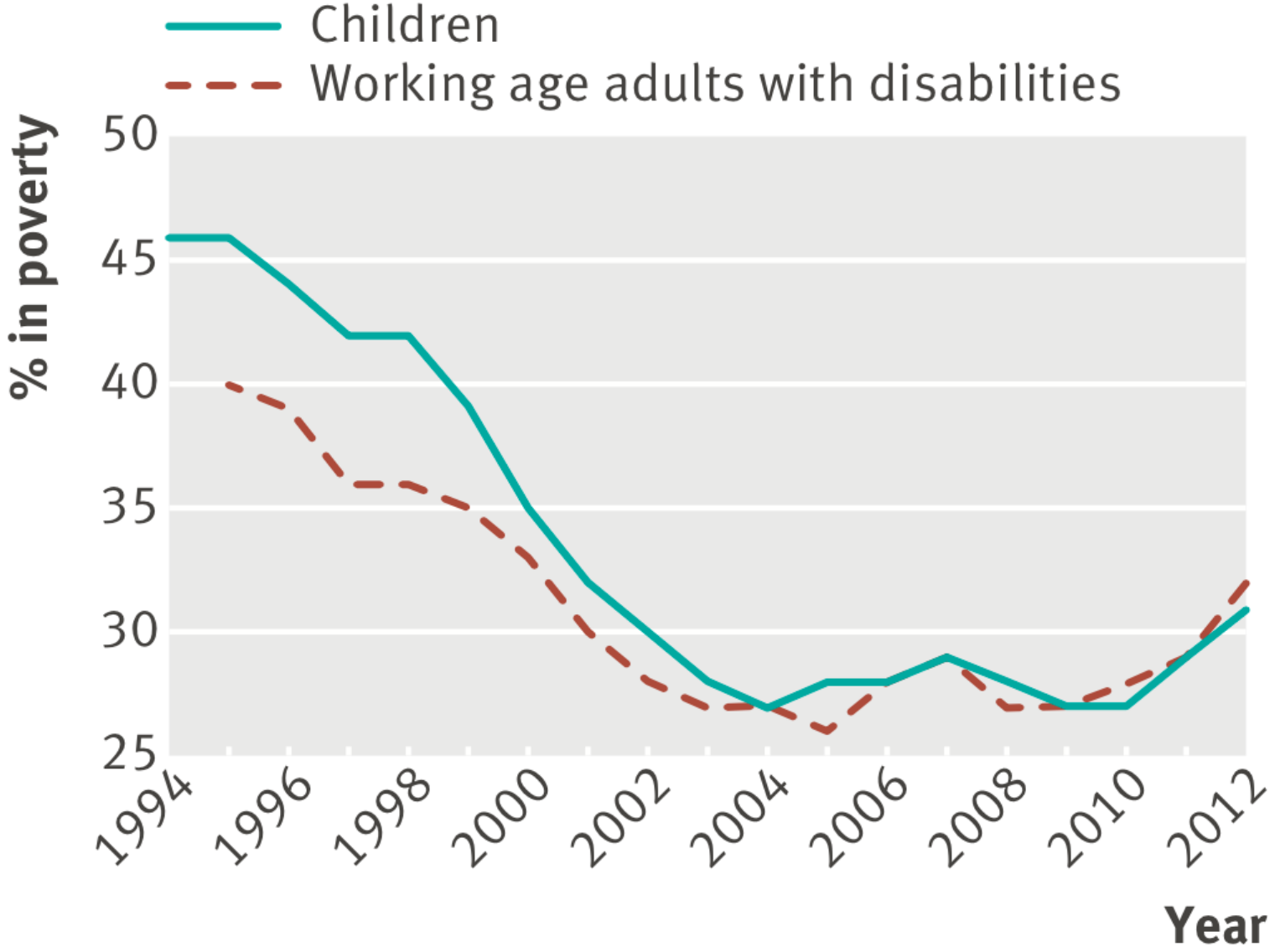
# Prevalence of health damaging risk factors in English children

<b>Number of risks in table above</b>	<b>% of families</b>	<b>Number of children in England</b>
1	60	341,321
2	28	162,648
3	12	70,418
4	5	28,281
5	1.7	9,743
6	0.6	3,194
7	0.1	795

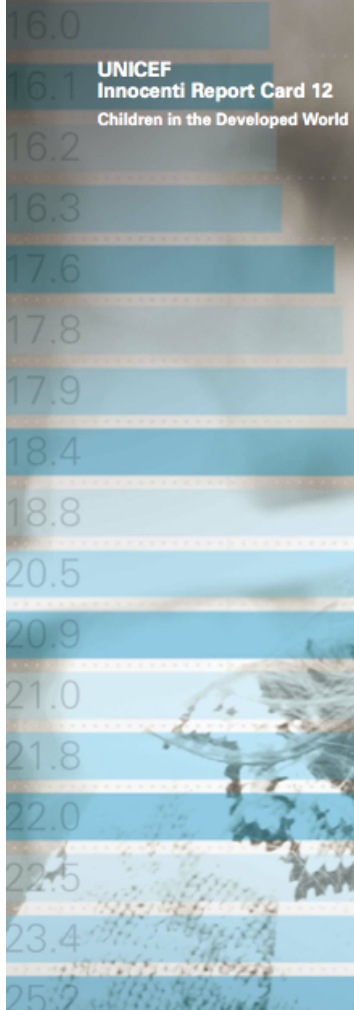
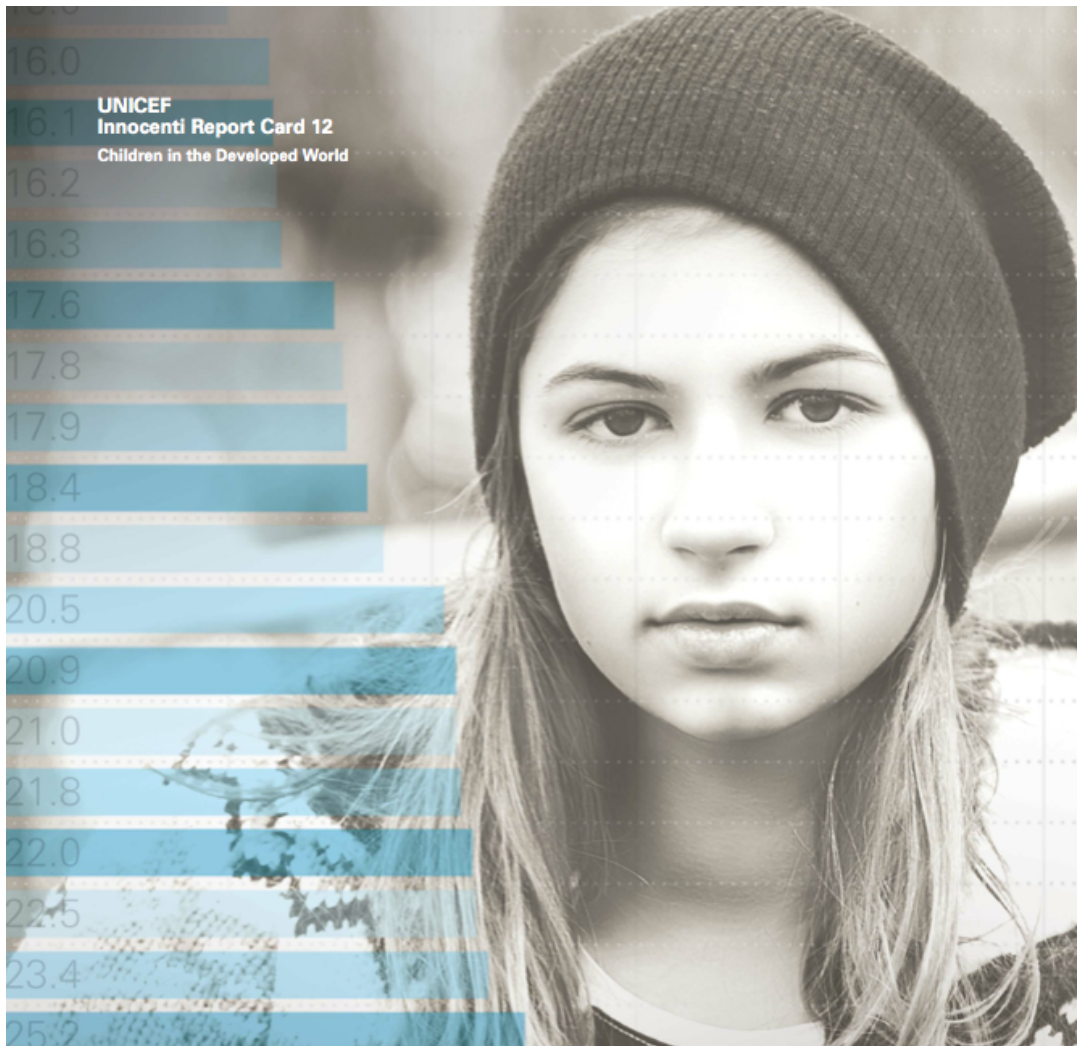


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# Gains of the past are being undone



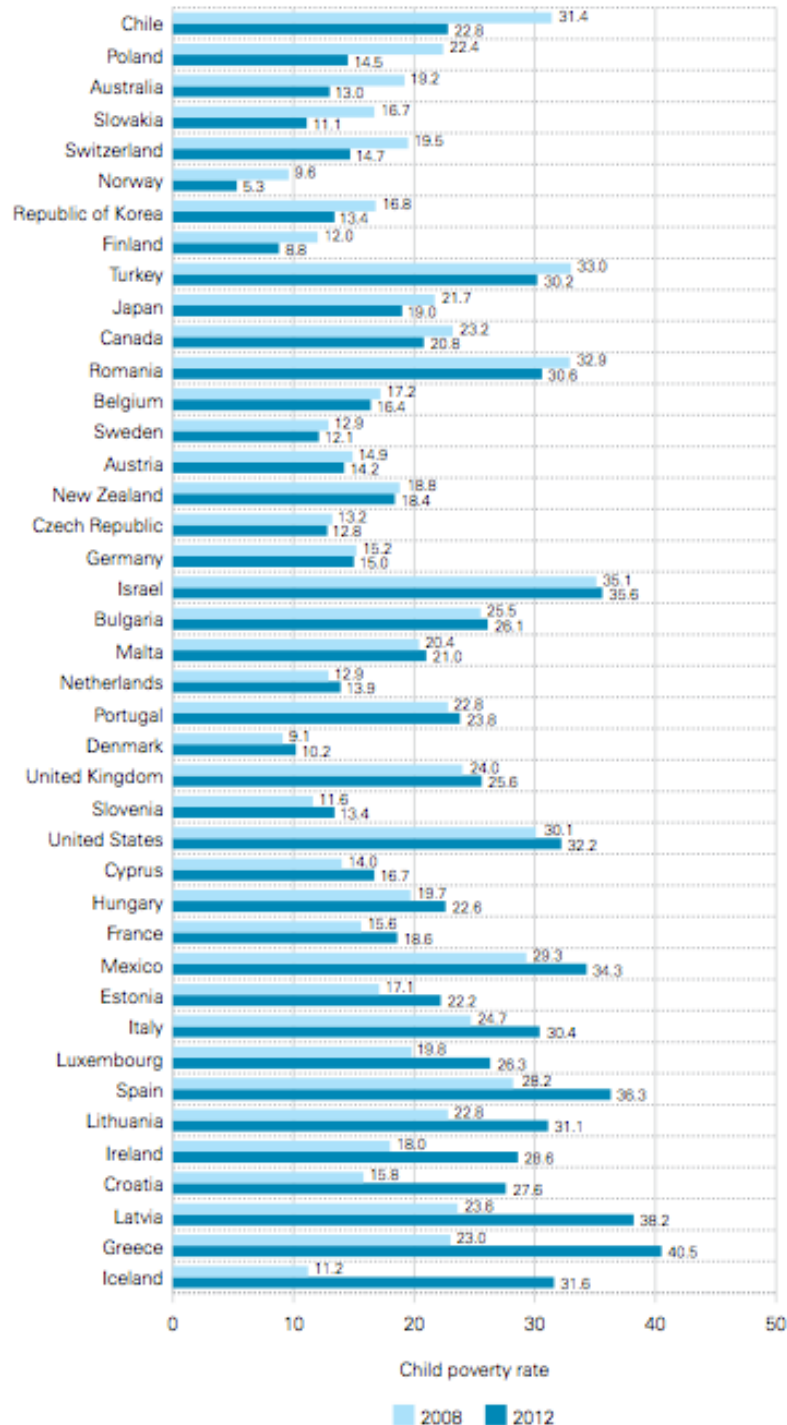
Taylor-Robinson D, Whitehead M, Barr B. BMJ 2015



# Children of the Recession

The impact of the economic crisis  
on child well-being in rich countries

Rank	Country	Change (2008–2012)
1	Chile	-8.67
2	Poland	-7.90
3	Australia	-8.27
4	Slovakia	-5.60
5	Switzerland	-4.80
6	Norway	-4.30
7	Republic of Korea	-3.40
8	Finland	-3.20
9	Turkey	-2.76
10	Japan	-2.70
11	Canada	-2.44
12	Romania	-2.30
13	Belgium	-0.80
13	Sweden	-0.80
15	Austria	-0.70
16	New Zealand	-0.40
17	Czech Republic	-0.40
18	Germany	-0.20
19	Israel	0.55
20	Bulgaria	0.60
20	Malta	0.60
22	Netherlands	1.00
22	Portugal	1.00
24	Denmark	1.10
25	United Kingdom	1.60
26	Slovenia	1.80
27	United States	2.06
28	Cyprus	2.70
29	Hungary	2.90
30	France	3.00
31	Mexico	5.00
32	Estonia	5.10
33	Italy	5.70
34	Luxembourg	6.50
35	Spain	8.10
36	Lithuania	8.30
37	Ireland	10.60
38	Croatia	11.80
39	Latvia	14.60
40	Greece	17.50
41	Iceland	20.40



“A Great Leap Backward”

Child poverty up by 2.6m in rich world  
UNICEF 2014

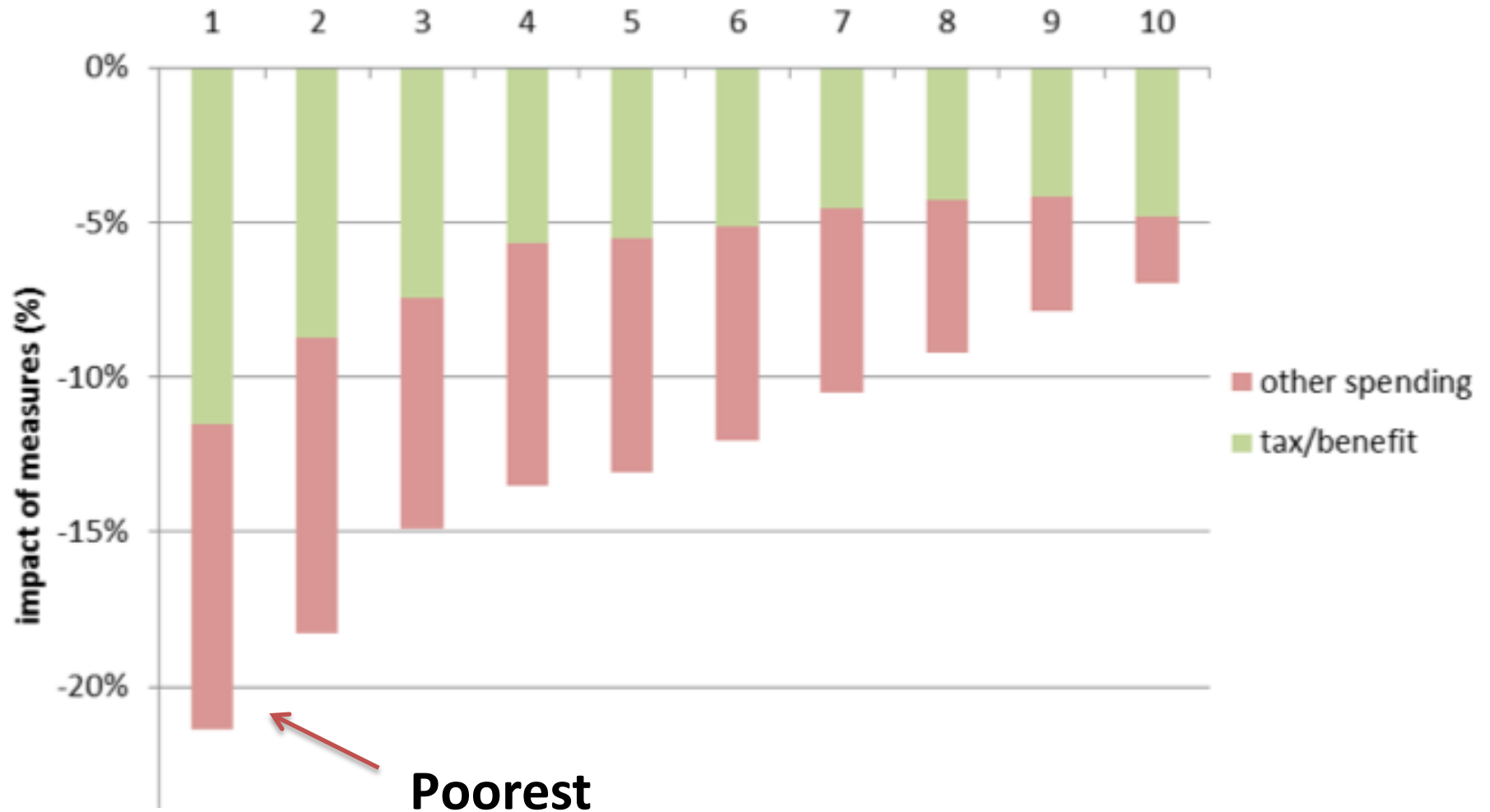


Families in an Age of Austerity:  
January 2012

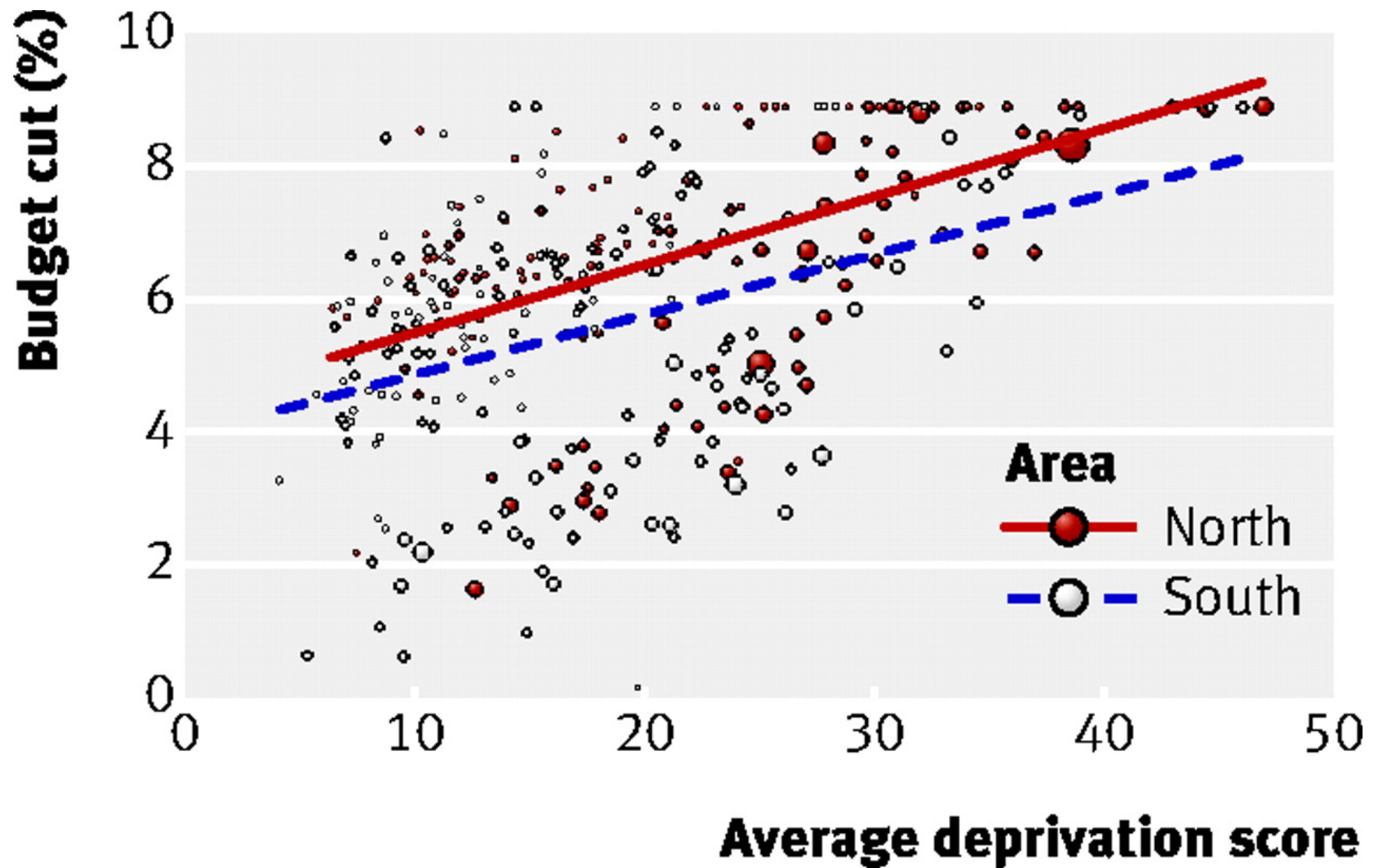
## **The Impact of Austerity Measures on Households with Children**

Analysis by James Browne, Institute for Fiscal  
Studies

# Combined impact of tax/benefit measures and other spending measures expressed as a percentage of net income: by income decile, all families with children

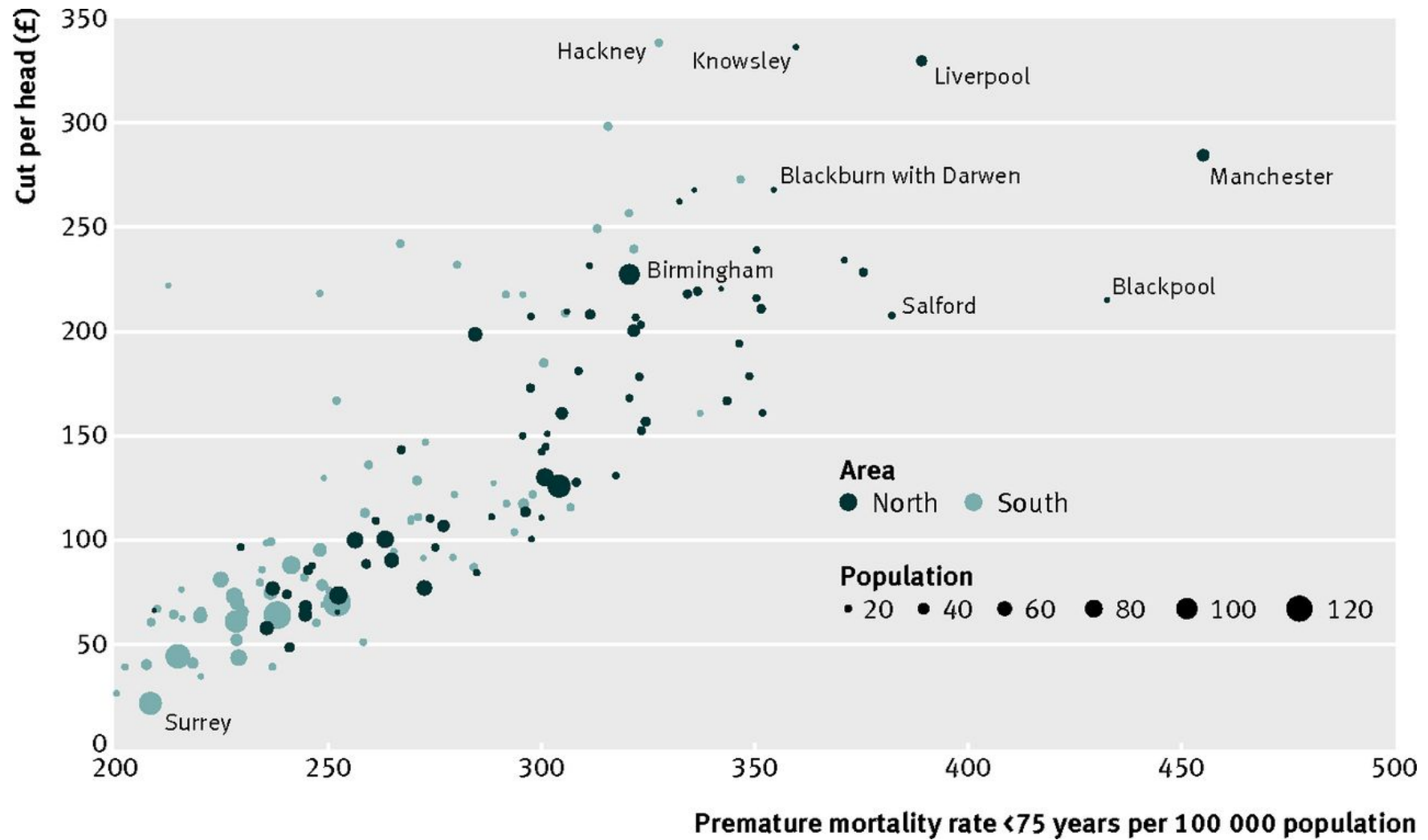


Cut in local authority budget by average deprivation score in north and south of England.



Taylor-Robinson D , Gosling R BMJ 2011;342:bmj.d1487

# Local authority budget cut 2010-11 to 2014-15 versus premature mortality.

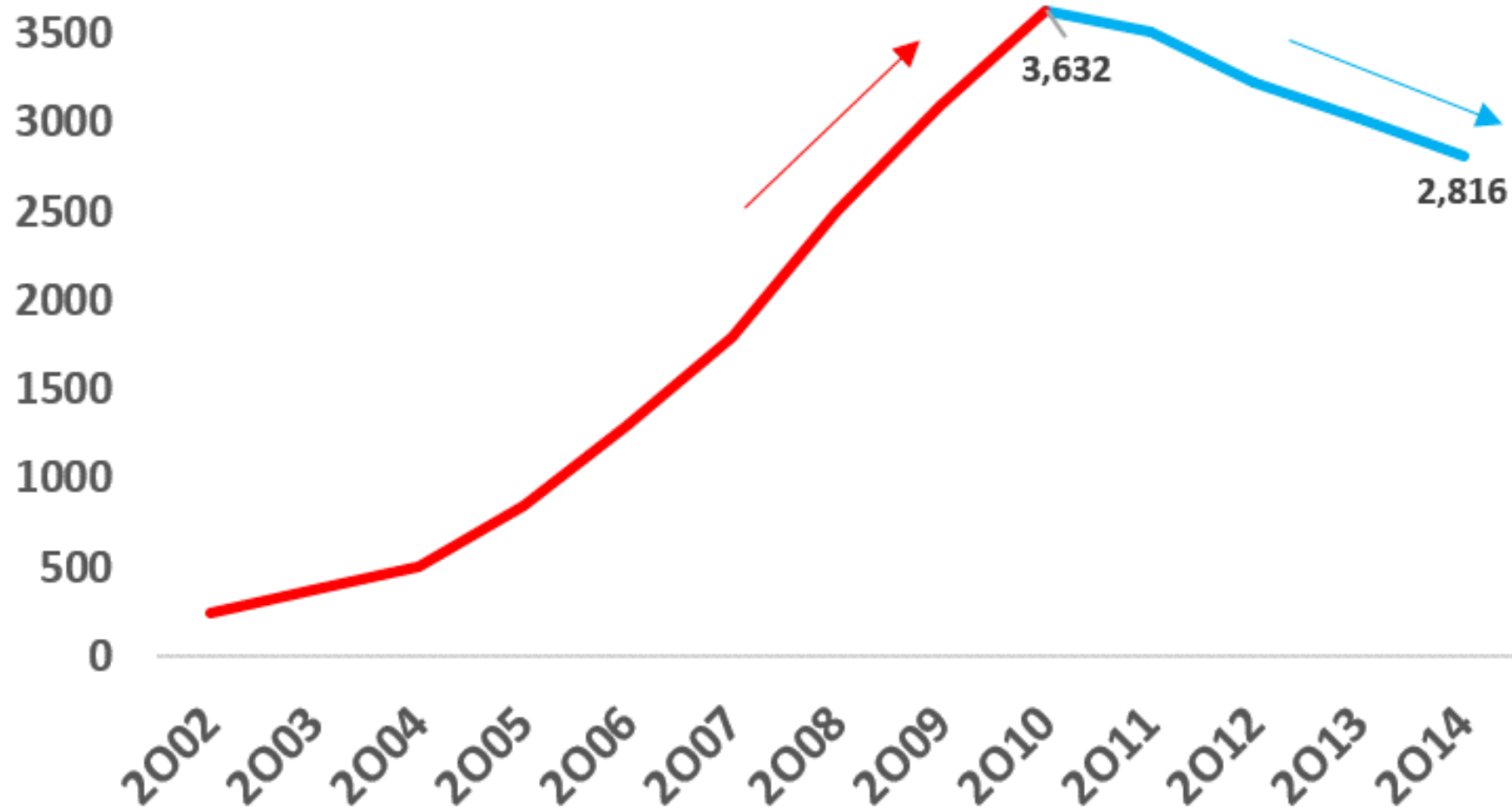




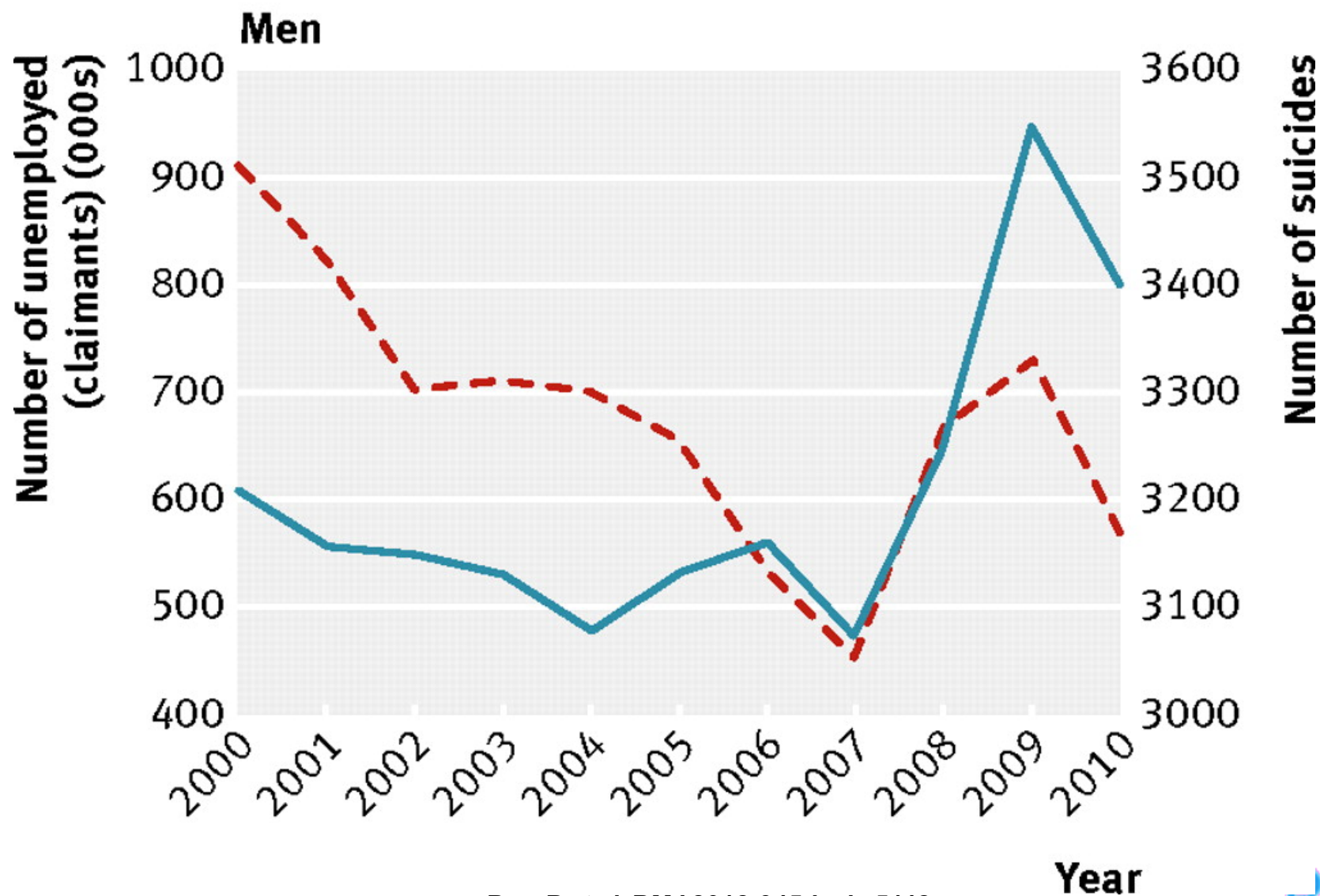
# Local authority budget cut 2010-11 to 2014-15 versus child poverty



## Number of Children's **Sure Start** Centres (gov.uk)



## Suicides and unemployment claimants in England, 2000-10



# A&Es hit by children's mental health crisis

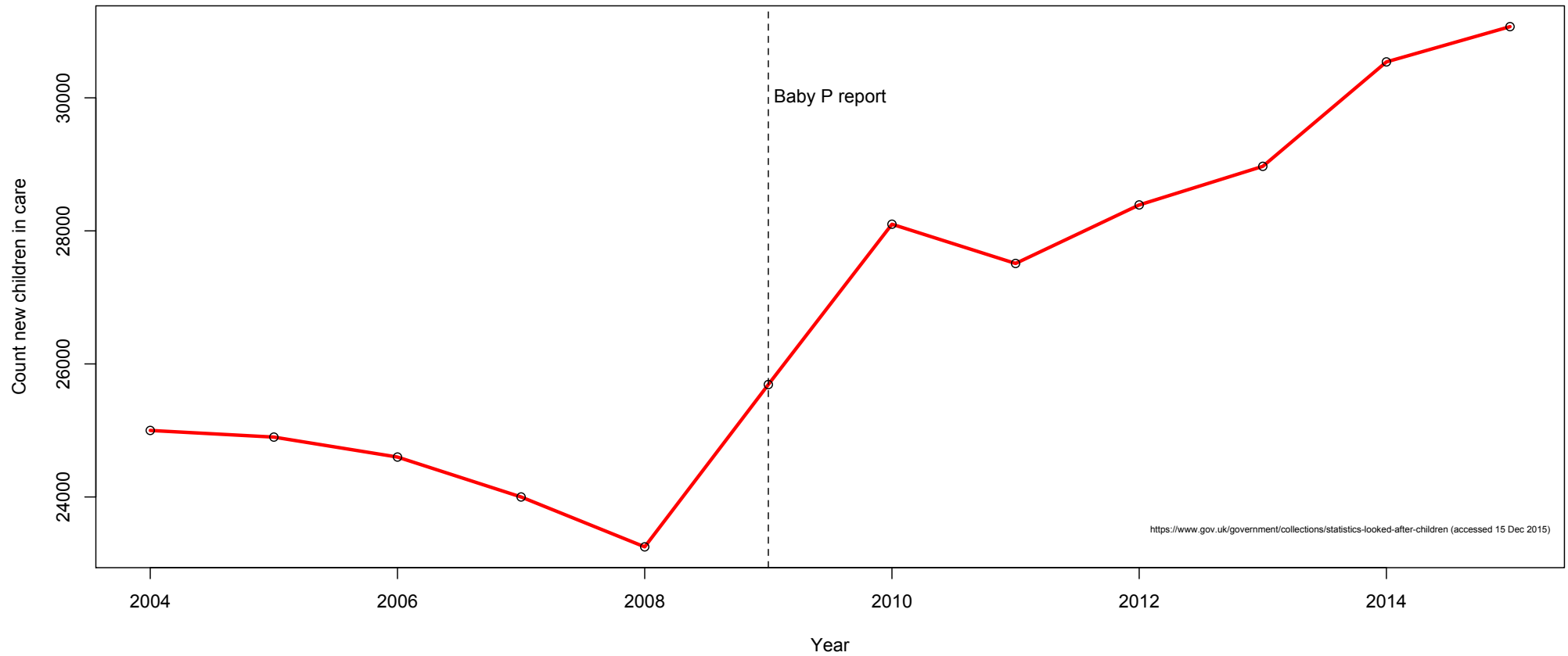
Troubled children add to NHS burden as concern grows over lack of out-of-hours care



📷 Lack of out-of-hours care means children are being advised to go to A&E after 5pm. Photograph: Ik Aldama/Demotix/Corbis

The dire state of care for children with mental illnesses is revealed today, as figures show the numbers arriving at A&E departments with psychiatric conditions has risen to nearly 20,000 a year - more than double the number four years ago.

# Looked after children



*Review*

## **Impact of the 2008 Economic and Financial Crisis on Child Health: A Systematic Review**

**Luis Rajmil <sup>1,2,3\*</sup>, María-José Fernandez de Sanmamed <sup>4</sup>, Imti Choonara <sup>5</sup>, Tomas Faresjö <sup>6</sup>, Anders Hjern <sup>7</sup>, Anita L. Kozyrskyj <sup>8</sup>, Patricia J. Lucas <sup>9</sup>, Hein Raat <sup>10</sup>, Louise Séguin <sup>11</sup>, Nick Spencer <sup>12</sup> and David Taylor-Robinson <sup>13</sup> on Behalf of the International Network for Research in Inequalities in Child Health (INRICH)**

“Most studies suggest that the economic crisis has harmed children’s health, and disproportionately affected the most vulnerable groups”

## NEWS

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## Child poverty definition to be changed

🕒 1 July 2015 | [UK Politics](#)



**Work and Pensions Secretary Iain Duncan Smith has announced a new way of measuring child poverty.**



All Party Parliamentary Group on Health in All Policies

Inquiry:  
**Child Poverty  
and Health**



the Impact  
of the Welfare Reform  
and Work Bill 2015-16





All-Party  
Parliamentary Group  
on Health in All  
Policies

Editorial

## UK welfare reform: disastrous for the poorest children

The Lancet

Altmetric 258

DOI: [http://dx.doi.org/10.1016/S0140-6736\(16\)00387-1](http://dx.doi.org/10.1016/S0140-6736(16)00387-1)



[Article Info](#)

[Summary](#) [Full Text](#) [Tables and Figures](#)

The UK Government has an ambitious plan to reduce deficits in the UK's economy. However, this quest for recovery might be at the expense of the poorest and most vulnerable groups in society. Last week, the UK All-Party Parliamentary Group (APPG) on Health in All Policies released the findings from their inquiry into the effects of the proposed Welfare Reform and Work Bill 2015–16 on child poverty and child health. The Bill sets out several changes to the UK welfare system, including reducing the benefit cap, freezing some benefits for 4 years, and restricting the amount of support provided by child tax credits—changes that will hit the poorest people the hardest. The Bill will also repeal most of the UK Child Poverty Act 2010, which set out to eradicate child poverty by 2020; in fact, the Bill has removed all child poverty reduction targets.

The APPG's findings showed that increased levels of child poverty directly worsen children's social, emotional, and cognitive outcomes, and the risk of infant mortality. Asthma, obesity, smoking, teenage pregnancy, and mental health disorders such as self-harm are also more prevalent in children from less affluent families.

# House of Lords votes to keep income-related child poverty measures

Conservatives announced plans to abolish current system of targets, but amendment by bishop of Durham passes by 290 votes to 198



Child poverty charities reacted angrily when Iain Duncan Smith unveiled his plans in July. Photograph: Christopher Furlong/Getty Images

**Rowena Mason** Political correspondent

Monday 25 January 2016 18.46 GMT

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# Iain Duncan Smith forced into u-turn on publishing child poverty statistics

15:38, 26 FEB 2016 | UPDATED 15:53, 26 FEB 2016 | BY MIKEY SMITH

But the Government wants to scrap child poverty targets being measured in terms of money - but has been forced into a partial climbdown



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# U-turn by government over changes to measurements of child poverty

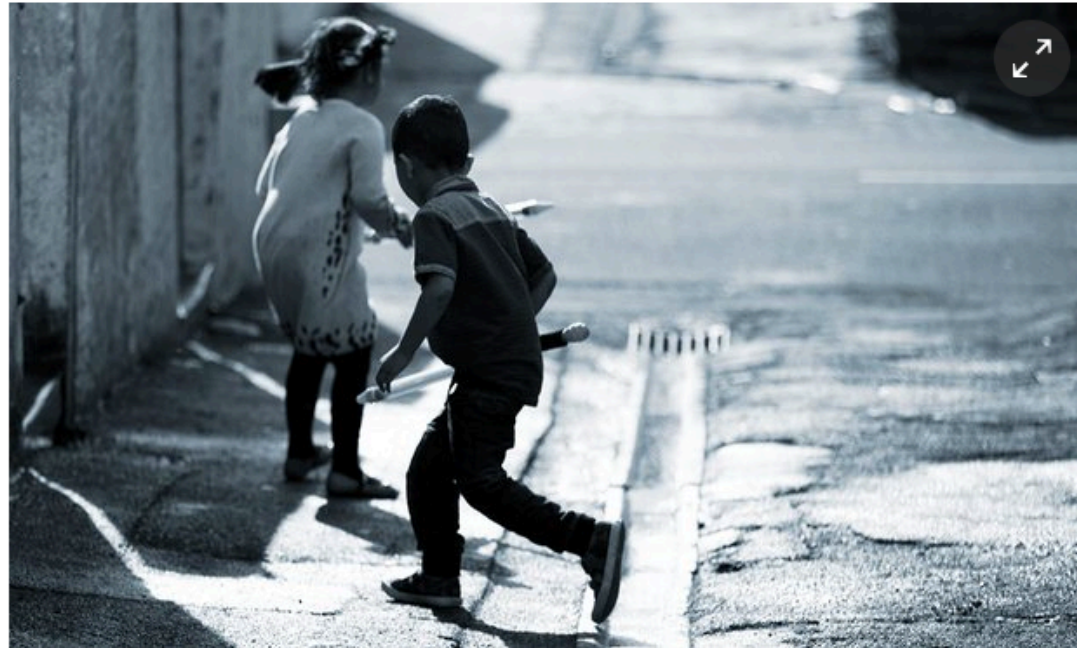
Amendment to welfare bill means four indicators of child poverty including household income will be kept

**Patrick Butler**  
Social policy  
editor

Friday 26 February 2016  
20.09 GMT



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The Child Poverty Action Group said: 'Child poverty must be prioritised'. Photograph: Christopher Thomond for the Guardian

The government has been forced into retreat after agreeing that it should continue to report lack of money as a measure of child poverty.

Ministers wanted to remove a statutory duty to publish levels of UK household income as part of the welfare reform and work bill but have now accepted, after a battle with the [House of Lords](#), that the material deprivation measures should remain protected.

The government [suffered a defeat in the Lords](#) in January after peers pushed through an amendment forcing the government to retain four established indicators, including income, which use official statistics to track and monitor relative and absolute poverty.

These policies represent  
a collective failure to  
protect the rights of  
children

SUNDAY, 12 JUNE

HEALTH | SCIENCE & TECHNOLOGY

University of Liverpool > News > EU Ref: Not seen, not heard – the implications of Brexit for children

PUBLISHED: MAY 27, 2016 [LEAVE A COMMENT](#) | [SHARE](#)

## EU Ref: Not seen, not heard – the implications of Brexit for children



**[Professor Helen Stalford](#)** is Director of the University of Liverpool's [European Children's Rights Unit](#), part of [Liverpool Law School](#).

- INEQUALITIES ARE LARGE
- THIS IS UNFAIR AND COSTLY
- INEQUALITIES START EARLY
- SUPPORT EARLY IN LIFE IS A CHEAP AND POWERFUL SOLUTION, LOTS OF CHILDREN CAN BENEFIT
- WE FACE MAJOR THREATS
- **WHAT NEEDS TO BE DONE**



**INEQUALITIES IN HEALTH**

**REPORT OF A RESEARCH WORKING  
GROUP**

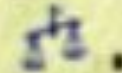
DHSS  
1980

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**INEQUALITIES  
IN  
HEALTH**

THE  
**BLACK REPORT**

EDITED BY PETER TOWNSEND AND  
NICK DAVISON



THE  
**HEALTH DIVIDE**

BY MARGARET WHITEHEAD

SECOND EDITION



UNICEF  
Office of Research  
Innocenti Report Card 11

# Child well-being in rich countries

A comparative overview

unite for  
children





World Health  
Organization



Commission on  
Social Determinants of Health

# Closing the gap in a generation

Health equity through action on  
the social determinants of health



[http://www.who.int/social\\_determinants/thecommission/finalreport/en/index.html](http://www.who.int/social_determinants/thecommission/finalreport/en/index.html)  
(accessed 17th April 2009)

# Doing Better for Children



# The Munro Review of Child Protection:

## Final Report

*A child-centred system*

Professor Eileen Munro



# The Foundation Years: preventing poor children becoming poor adults

The report of the Independent Review on Poverty and Life Chances

Frank Field

# The Early Years: Foundations for life, health and learning

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An Independent Report on the Early Years Foundation Stage to Her Majesty's Government

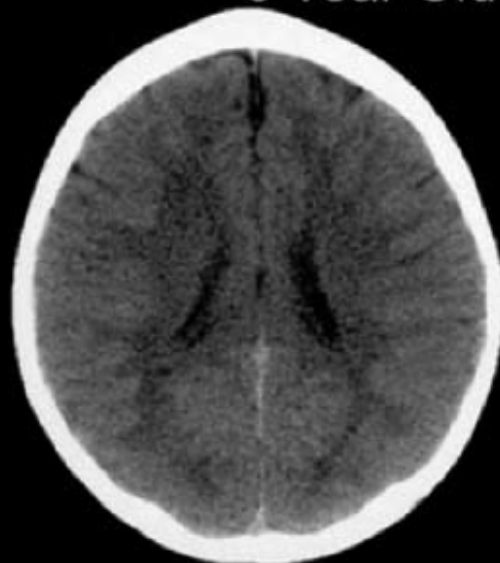
**Dame Clare Tickell**



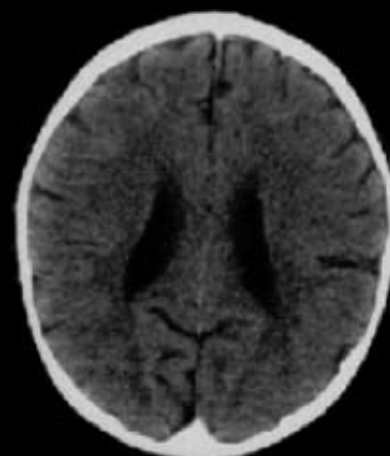
# Early Intervention: The Next Steps

An Independent Report to Her Majesty's Government  
Graham Allen MP

3 Year Old Children



Normal



Extreme Neglect

January 2011

 HM Government

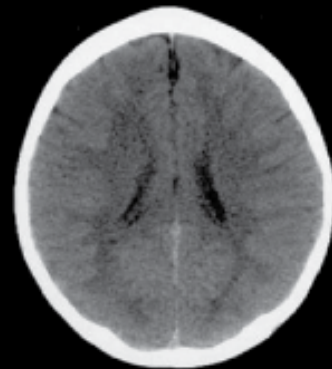


# Early Intervention: Smart Investment, Massive Savings

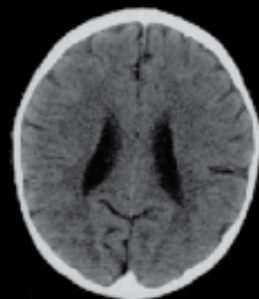
The Second Independent Report to Her Majesty's Government  
Graham Allen MP

3 Year old children

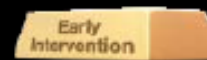
Costs to taxpayer



Normal



Extreme neglect



July 2011

 HM Government

Annual Report of the  
Chief Medical Officer 2012

**Our Children Deserve Better:  
Prevention Pays**



# LIVERPOOL CITY REGION

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**Child Poverty and Life Chances Strategy**

2011-2014



**Backing the Future:**  
why investing in children is good for us all



**Ipsos MORI**  
Social Research Institute

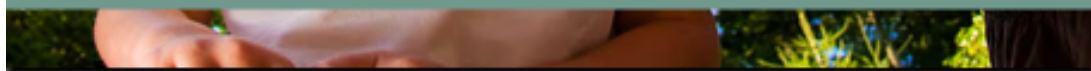


In partnership with Dr Agnes Nairn

## **Children's Well-being in UK, Sweden and Spain: The Role of Inequality and Materialism**

**A Qualitative Study**

June 2011



# GROWING UP IN THE UK

ENSURING A HEALTHY FUTURE  
FOR OUR CHILDREN

BMA Board of Science  
May 2013





The first report of the Early Action Task Force

# The Triple Dividend

Thriving lives. Costing less. Contributing more.



The second report of the Early Action Task Force

# The Deciding Time

---

**Prevent today, or pay tomorrow**



# The 1001 Critical Days

The Importance of the Conception to Age Two Period



# “IF YOU COULD DO ONE THING...”

Nine local actions to  
reduce health inequalities

JANUARY 2014



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# An Equal Start: Improving outcomes in Children's Centres

---

UCL Institute of Health Equity



UCL Institute of Health Equity

# Joining the dots

A better start for Scotland's children

AN INDEPENDENT REPORT  
BY PROFESSOR SUSAN DEACON





Social Mobility &  
Child Poverty  
Commission

# **Understanding the parental employment scenarios necessary to meet the 2020 Child Poverty Targets**

## **Research report**

June 2014

**Howard Reed and Jonathan Portes**

**Landman Economics**

**National Institute for Economic and Social Research**

**Social Mobility and Child Poverty Commission  
Sanctuary Buildings  
20 Great Smith Street  
London  
SW1P 3BT  
[contact@smcpcommission.gov.uk](mailto:contact@smcpcommission.gov.uk)**



## Our priorities for 2013/14



Priority 4: Supporting families to give children and young people the best start in life

# Major focus on child health

“Central to the Review is a life course perspective. Disadvantage starts before birth and accumulates throughout life. Action to reduce health inequalities must start before birth and be followed through the life of the child. Only then can the close links between early disadvantage and poor outcomes throughout life be broken. That is our ambition for children born in 2010. **For this reason, giving every child the best start in life (Policy Objective A) is our highest priority recommendation.**”

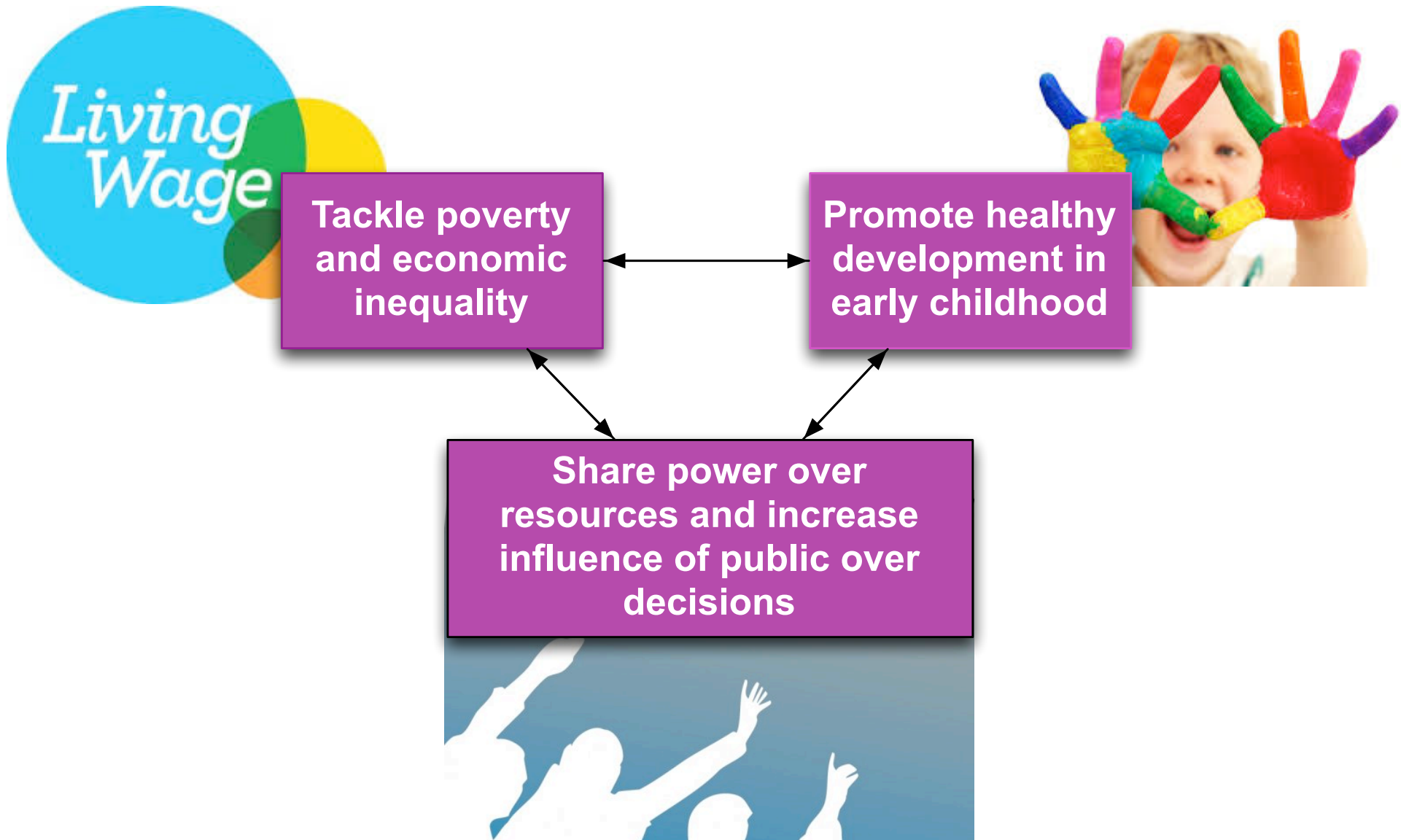


# DUE NORTH

**Report of the Inquiry on  
Health Equity for the North**



# DUE NORTH: actions to tackle root causes



# Two types of recommendations

What can agencies in the North do to help reduce health inequalities within the north and between the north and the rest of England?

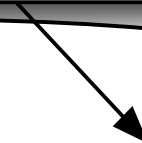
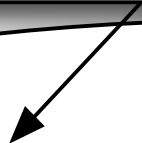
What does central government need to do to reduce these inequalities?

**Lessons for the whole country, not just the North**

**Universal welfare provision  
that prioritises children.**



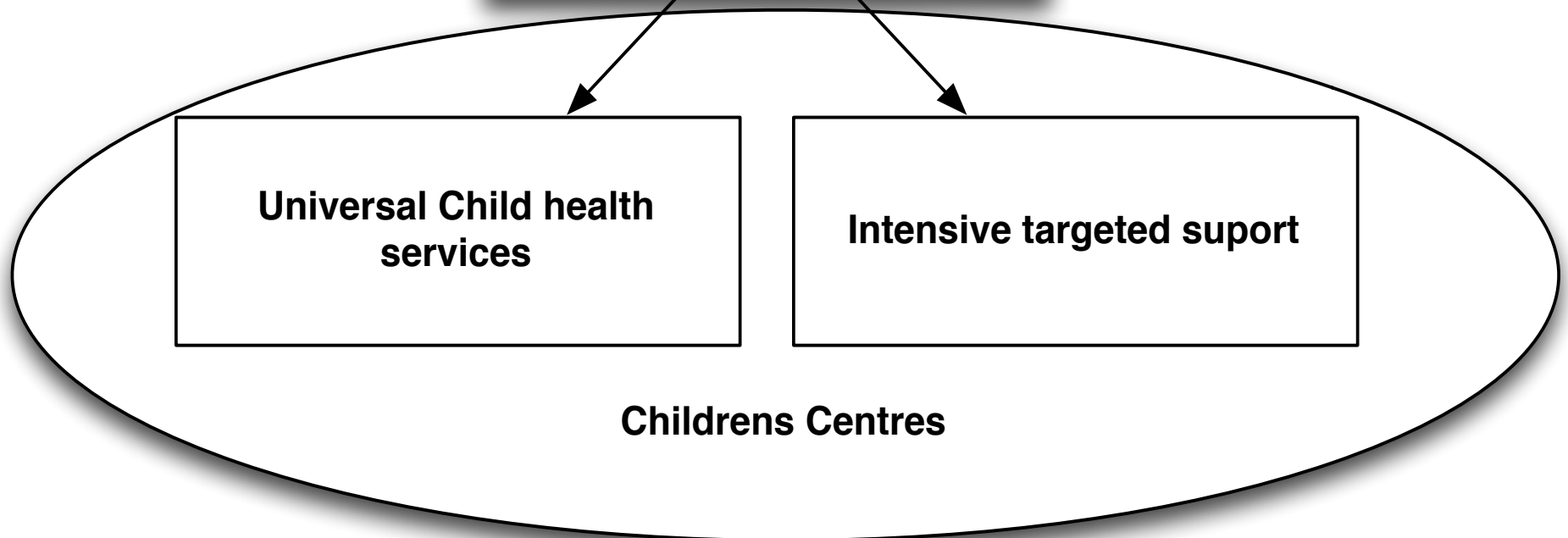
**Local coordinated - Total  
Place offer.**



**Universal Child health  
services**

**Intensive targeted suport**

**Childrens Centres**



# Promote healthy development in early childhood

Monitor and increase proportion of overall expenditure allocated to giving every child a good start

Ensure access to good quality universal early years education and childcare

Maintain and protect universal integrated neighbourhood support for early child development, including Children's Centres.

Agencies in the North should work together to:

Develop and sign up to a charter to protect the rights of children to the best possible health.

# UN convention on rights of child

Most widely-ratified international human rights treaty in history

It enshrines specific child rights in international law, defining universal principles and standards for the status and treatment of children worldwide

*“The child will enjoy **special protection** and will have at its disposal opportunities and services, dispensed under the law and through other means, allowing physical, mental, moral, spiritual, and social development in a healthy and normal way, with liberty and dignity”*

[http://www.unicef.org.uk/Documents/Publication-pdfs/UNCRC\\_PRESS200910web.pdf](http://www.unicef.org.uk/Documents/Publication-pdfs/UNCRC_PRESS200910web.pdf) (accessed 21 March 2014)



A child friendly city is the ***embodiment of the Convention on the Rights of the Child at the local level***

...which in practice means that children's rights are reflected in policies, programmes and budgets.



UNICEF  
Innocenti Research Centre



# BUILDING CHILD FRIENDLY CITIES

## A Framework for Action

For every child  
Health, Education, Equality, Protection  
ADVANCE HUMANITY

unicef 

