

Children First – *politics in the best interests of the child*

Will you endorse the following statement?

We are asking for endorsements from organisations, academics and professionals. At a later stage, we will be asking for support from the general public.

CALL FOR A CABINET MINISTER FOR CHILDREN AND YOUNG PEOPLE

‘What sort of society are we becoming when four and five year olds are starting school unable to utter more than a few words, understand basic instructions or even use the toilet?’ (‘The Daily Mail’, 1st June, 2018).

Ofsted Head, Amanda Spielman, categorises children as either born ‘lucky’ or facing *‘disadvantage right from the start ... unable to follow what’s going on. Unable to keep up with their classmates. Unable to reach their potential.’*

Menaced by five 21st century ‘evils’

- obesity and physical inactivity
- adverse childhood experiences
- rising mental health issues
- dominance of social media and screen time influence
- socioeconomic disadvantage and cultural/ethnic divide

our children may become the least healthy adult population in living memory.

We need an authoritative voice within the Cabinet to bring all these issues together and devise solutions that will be more than just firefighting on an individual policy front and so **we call upon Government to appoint a Cabinet Minister for Children and Young People.**

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To add your name to our growing list of endorsements please send your name, position and the name of the organisation you represent to phil.royal@royalpa.co.uk.

The case is discussed in more detail below

WHY WE NEED A CABINET MINISTER FOR CHILDREN AND YOUNG PEOPLE

Introduction

The purpose of **Children First** is to encourage policy-makers to put children at the heart of all decision-making.

Children First's leading spokesperson is Steve Franks, Chief Executive of Water Babies. Steve is also a Board member of the ukactive Kids Council, with lead policy responsibility for Early Years Physical Activity.

Children First is co-ordinating sector-wide support for the Government to appoint a Cabinet Minister for Children and Young People.

This strong voice for children at Cabinet level would work in the same way that the interests of women are served by the current Cabinet Minister for Women and Equalities. Similarly, a Minister for Loneliness at Cabinet level has been in post since July 2018.

The breadth and depth of some existing barriers to a fit and healthy childhood are given later in this briefing – and are but a snapshot of an entrenched and increasingly intransigent problem. Ideally, they would merit the appointment of a full Secretary of State supported by a dedicated Department and Select Committee, but this type of structural change cannot be achieved overnight.

Yet, in so many ways children cannot wait and neither should they. They need help now and therefore taking significant action in the short term must be considered to be not only desirable but essential.

For this reason, we are calling upon the Government to appoint a Cabinet Minister for Children and Young People.

The current junior Ministerial post for children is not an insignificant role either by intention or scope. However, children's needs will always elude pigeon-holing because they are not confined to a single issue or even one policy set. A junior Ministerial post is therefore incapable of driving with the requisite authority an integrated cross-Departmental response to the challenges.

Background

As policy-makers have progressively addressed the now ubiquitous 'obesity crisis', a greater understanding of the wider significance of child health and wellbeing has grown. It has never before been so clearly demonstrated that adults carry and transmit to successive generations, many of the positive and negative aspects and experiences of their own childhoods.

A focus on childhood obesity has led to the availability of a wealth of valuable information about what it means to be a child living and growing up in the 21st century United Kingdom. The steadily corrosive reduction in physical activity, a less healthy diet and the alarming increase in child mental health problems are now thoroughly documented. Some illustrative examples can be found below.

What are the choices?

The 'no change' option of accepting the progressive decline in the childhood experience as inevitable or 'too big to tackle' pleases nobody. The overwhelming current, ongoing and future financial burden to the NHS of treating illnesses in the adults that our children will become is of itself an overwhelmingly persuasive argument for early intervention.

There is no magic wand or catch-all single bullet. Necessary progress is going to require determination, sound and decisive judgement and a long-term focus rather than a quick fix mentality.

In order to achieve this, it is important that the Government is seen to openly recognise the fact that improving the current experience of childhood **for every child** is not a luxury but a necessity.

The first step in that process is to appoint a Cabinet Minister for Children and Young People with the power of inter-Departmental audit.

A properly integrated approach, designed to consider the 'whole child' is the only long-term guarantee of success. Fire-fighting on individual policy fronts will not succeed as the issues are various, complex and inter-linked. They require a strategy that is of its nature, holistic rather than necessarily limited by a 'single issue' identity.

THE CHILDHOOD EXPERIENCE TODAY

The selected facts below illustrate the need for policy makers in 2018 to 'put children first'. They have been thematically grouped for easy access and full references can be made available on request.

Obesity/overweight issues

- One third of our children are overweight/obese. (Department of Health ISCIC, Statistics on Obesity, Physical Activity and Diet)

- Over £5bn is spent by the NHS each year on health problems associated with excess body weight (Department of Health 'Reducing obesity and improving diet')
- Obesity in 22% of 4-5 year olds rises to 33% at ages 6-7; projected life-spans are decreasing for the first time in history (Hardy LR, Harrell JS and Bell RA, Journal of Paediatric Nursing)
- The number of children and teenagers admitted to hospital for obesity-related problems is increasing – up from 676 admissions in 2014-15 to 905 in 2016-17 (Department of Health, March 2018)
- 20% of English pupils aged ten and eleven are now classed as obese (Annual Health Survey for England 2018) as compared to 18.5% of children aged between nine and eleven in the US (US National Health and Nutritional Examination Survey 2018)
- The Annual Health Survey for England states that amongst the areas for the highest recorded levels of child obesity are Barking and Dagenham (29.2%), Sandwell (27.8%) and Copeland and Cumbria (25.1%)
- The proportion of children in Year 6 (aged 10/11) presenting as severely obese has reached an all-time high (Public Health England, 24th July 2018
<https://app.box.com/s/0g3q86agejc99okxe9xyvpfvo21xa1>)
- The toxic, interrelated mix of severe obesity and widening health inequalities is persistent and entrenched: 'These trends are extremely worrying and have been decades in the making – reversing them will not happen overnight,' Dr. Alison Tedstone, chief nutritionist at Public Health England, 24th July, 2018

Physical activity/play

- 89% of girls and 79% of boys aged 5-15 fail to meet the minimum recommended guidelines for physical activity (Youth Sports Trust, 2015 'You, School and PE')
- Today's children are the least-ever active UK generation. British Heart Foundation, Physical Activity Statistics 2014, highlighted that amongst children aged 2-4 only 9% of boys and 10% of girls are achieving their physical activity recommendations in the United Kingdom
- The Persil/Unilever Project 'Dirt is Good' campaign found that most primary school age children spend less time in outdoor play than prisoners are required to have by law

- A report written for the UK National Trust stated that the area where children are allowed to roam unsupervised around their homes has shrunk by 90% since the 1970s (<https://www.nationaltrust.org.uk/documents/read-our-naturalchildhood-report.pdf>)
- Recent education policy changes have restricted the amount of learning through play and increased pressures on children at school with very high stress levels reported related to examinations, and a strong relationship reported between loss of free play opportunities and increases in mental health problems (Rodway C, Tham SG, Ibrahim S et al, 'Suicide in children and young people in England: a consecutive case series. Lancet Psychiatry 2016; 3: 751-59. Gray P. 'The decline of play and the rise of psychopathology,' American Journal of Play 2011;3:443-63)
- There is compelling evidence of play's effectiveness in treatment of mental health conditions. A study of the introduction of a structured play regimen in an Indian orphanage reported highly significant gains on motor, cognitive and social function measures. A 2017 review showed that use of play therapy in children with autism led to improvements in building friendship, social interactions and social competence, family relationships, coping and reductions in time spent playing alone (Taneja V, Sriram S, Beri R, Sreenivas V, Aggarwal R, Kaur R. 'Not by bread alone': impact of a structured 90 minutes play session on development of children in an orphanage.' Child Care, Health & Development 2002; 28; 95-100. Lindsay S, Hounsell KG, Cassiani C. 'A scoping review of the role of LECOR therapy for improving inclusion and social skills among children and youth with autism.' Disability Health Journal 2017; 10: 173-82)
- 112 playgrounds were closed in the 2014-15 financial year and a further 102 in 2015-16. Councils revealed 80 more closures in 2016-17 followed by at least 51 closures planned for 2018. According to the Association of Play Industries which submitted Freedom of Information requests, government investment of around £100m would be required to reverse the closure trend (April 2017)
- A recent study highlights that a third of school pupils aged 11 will finish Year 6 unable to swim despite a national requirement that every Year 6 leaver be capable of unaided swimming over 25 metres (<http://www.sportsmanagement.co.uk/Sports-news/latest/Swimming-UK-Education-Policy-/333260?source=search>)
- 53% of primary schools provide no curriculum-guided swimming lessons plus a lack of formal training for teachers directing swimming classes and the prohibitive cost of transport to swimming pools (as above)

- A drop of around 90% since the early 1980s in time each week <https://www.youtube.com/watch?v=8Q2WnCkBTw07t=2s> spent outside playing between the ages of seven and twelve has had a seriously damaging impact upon children's mental and physical wellness overall
- To embed the sustainable OPAL Programme in every primary school in England over a 10-15 year period would cost around £90m, based on roughly 17,000 primary schools and current costs

Health

- The UK has the fifth highest mortality rate for babies under one year out of 19 European countries and one of the highest rates for older children and young people. There are around 130 more deaths of one to nine years olds in the UK every year than there would be if it met the European average. The leading causes are cancer, injuries and poisonings, congenital conditions and neurological and developmental disorders (Royal College of Paediatrics and Child Health 2017)
- In 2016-17 hospital operations to remove children's teeth increased to nearly 43,000. There were 42,911 operations in 2016-17; up from 40,800 the previous year and 36,833 in 2012-13. (The British Dental Association, January 2018).

Mental health

- One in ten children and young people have some form of clinically-diagnosable mental health disorder. This equates to around 850,000 children and young people with a diagnosable mental health disorder in the UK today (ONS, 2016)
- Almost 19,000 children were admitted to hospital after harming themselves in 2015 – a 14% increase over three years. Over half of all mental ill health starts before the age of 14 (Local Government Association, February, 2018)
- The charity Young Minds ('Mental Health Statistics' 2018) <http://www.youngminds.org.uk/about/whatstheproblem> estimates that three pupils in every UK classroom have a diagnosable mental health disorder such as anxiety or depression
- There has been a dramatic rise in the number of extremely young children (some aged just three) who are self-harming <http://www.itv.com/news/2018-02-09/teachers-dmeand-support-amid-dramatic-rise-in-children-as-young-as-three-who-are-self-harming/>

- Approximately 3 percent of British women take anti-depressant pills whilst pregnant owing to prenatal depression and babies born to such women may have a resultant additional susceptibility to anxiety disorders in later life:

<http://www.dailymail.co.uk/news/article-5976587/Doctors-prescribe-pills-depression.html>

- Everybody who works, volunteers or cares for children and young people should be trained in mental health awareness. (Report of The Care Quality Commission, 'Review of Children and young People's Mental Health Services,' CQC 9th March 2018)
- The Care Quality Commission Review (as above) found that children were waiting up to 18 months to receive treatment for their mental health conditions
- Childline reports a 36% increase from 2013 to 2016 in calls from children seeking help for serious mental health issues (<https://www.theguardian.com/society/2017/feb/06/rise-calls-childlinemental-health-issues-prompts-call-action>)
- A 2016 report from Public Health England estimated that 695,000 children in England aged 5-16 years (10% of all children in England) had a clinically-significant mental health illness
- More than 70,000 young people under age 18 and nearly 2,000 primary school-aged children in England received medical treatment for depression in 2017: <http://www.dailymail.co.uk/news/article-5976587/Doctors-prescribe-pills-depression-70-000-children.html> 24th July 2014
- In South Lincolnshire 1.66 children in 1,000 in the under 11 age group were prescribed anti-depressants in 2017; six times the national average: <http://www.dailymail.co.uk/news/article-5976587/Doctors-prescribe-pills-depression-70-000-children.html>
- Three large-scale studies involving 1.1 million children conclude that 'iGenerators' (born around 1995) are on the verge of the most severe mental health crisis for young people for decades (Twenge, J.M. et al 2018a. Decreases in Psychological Well-Being Among Adolescents After 2012 and Links to Screen Time during the Rise of Smartphone Technology <http://dx.doi.org/10.1037/em00000403> , Twenge, J.M et al 2018b)
- It is possible that intensive routine exposure to certain screen activities during critical stages of child brain development may alter gene expression in the brain, resulting in structural and functional changes

that could lead to Screen Dependency Disorders. These may include internet addiction disorder, internet gaming disorder, video game addiction, mobile phone dependence and social network site addiction: <http://jicna.org/index.php/journal/article/view/67>

- Oxford University psychiatrist, Andrea Cipriani said: 'Nowadays the risk is medicalising adolescence by using drugs to treat depression in young people. We should be careful of prescribing antidepressants to the developing brain. We don't know the long-term consequences,' The Daily Mail, 24th July, 2018
- There is strong evidence to suggest that insomnia (possibly instigated by excessive screen use leading to dependency) is a causal factor in the occurrence of psychotic experiences and other mental health problems (Freeman D et al, 2017 'The effects of improving sleep on mental health, OASIS: a randomised controlled trial with mediation/analysis,' The Lancet Psychiatry, 4(10), 749-756)
- The link between school-related stress and mental health illness has been noted in a report commissioned by the National Union of Teachers: 'Exam Factories. The Impact of Accountability Measures on Children and Young People,' 2017 https://www.teachers.org.uk/sites/default/files/2014/exam-factories_0.pdf. The report records findings demonstrating that school and examination pressures were the largest causes of stress and anxiety amongst children and young people
- The service provision gap for students/apprentices between leaving school and starting full-time adult work leaves a significant number of young people adrift from mental health service and wellness provision. **The Today Programme** and **BBC 1 Television News** (May 2018) are just two of the media outlets specifically highlighting the incidence of reported suicides/students leaving courses/slipping through the net/experiencing mental health illness that has become embedded, entrenched and permanently disabling for the individuals concerned.

Nutrition

- From a total of 98 snack products aimed at young children, one quarter were fruit-based snacks (dried fruit pieces/gummies) 22% were biscuits, 17% rice cakes, 15% crisps or puffs, 13% were bars, 6% vegetable-based snacks and 55% crackers or breadsticks. These provided little more than a basic source of fuel. (Derbyshire 2017 'The Nutritional Profile of Infant and Toddler Snack Products,' NHD Mag Issue 124; Co-Founder of LittleFoodie.Org)
- Young children are presently under-consuming vegetables compared to sweeter fruits. Fruit intakes are 44.31% and 35% higher than vegetable intake for one, two, and three year olds respectively. This is

inadvertently developing a sweetened palate (Derbyshire 2017 'Early Years Nutrition; Avoiding a Sweet Tooth,' NHD Mag Issue 113; Co-Founder of LittleFoodie.org).

Emotional needs

- Children whose emotional needs are unmet by their parents are likelier to have behavioural problems; poor educational outcomes and are more likely to incur extensive costs from health, education, social and criminal justice services throughout the life course (The Sutton Trust 2014)
- Parents who are unable to recall their own childhood emotional feelings (in particular, memories of abuse) are likelier to repeat the adverse behaviour patterns with their own children <http://www.jaacap.com/article/S0002-713890961442-4/abstract>
- Maternal mental health problems have been found to have negative physical and emotional impact upon children including child anxiety and depression, symptoms of ADHD, conduct disorder and prenatal stress: <https://www.ncbi.nlm.nih.gov/pubmed/17923988>
- In 2015 to 2016, around 1 in 4 children resided with at least one parent reporting symptoms of emotional distress. Of these children, around 3 in 4 were living with a mother reporting symptoms of emotional distress, and just under half with a father reporting symptoms of emotional distress (Gov. UK March 2016).

Poverty

- The Institute for Fiscal Studies predicts that 3.5m children (one in four) will be in absolute poverty by the end of the next Parliament ('Bridging the Social Divide,' March 2015)
- Children growing up in low income groups typically live in neighbourhoods with a denser supply of fast food outlets; less availability of fresh fruit and vegetables and fewer safe places for physical activity. Fruit and vegetables can be 30-40% more expensive in poor neighbourhoods ('Going hungry: the struggle to eat healthily on a low income': NCH, The Children's Charity, 2004)
- About 60% of children and young people with learning disabilities and mental ill health live in poverty ('Disability in the United Kingdom 2016 Facts and Figures,' The Papworth Trust 2016 www.papworthtrust.org.uk)
- There are now constituencies in the UK where more than half of the children are growing up in poverty. Among the twenty parliamentary constituencies with the highest levels of childhood poverty, seven are

located in London, three in Birmingham and three in Manchester. (End Child Poverty: January 2018)

- Bethnal Green and Bow, 54.18%, Birmingham Ladywood, 53.46%, Poplar and Limehouse, 52.75%, Birmingham Hodge Hill.51.46%, Manchester Gorton, 47.97% are the top five constituencies with children living in poverty re percentage (as above)
- Statistics from the Race Disparity Audit (Race Disparity Audit Summary Findings from the Ethnicity Facts and Figures, October 2017, updated March 2018: <https://www.gov.uk/government/publications/race-disparity-audit> show a firm correlation between ethnic background and poverty in the UK: 'Asian and Black households and those in the 'Other' ethnic group were more likely to be poor and were most likely to be in persistent poverty,' and 'Around 1 in 4 children in households headed by people from an Asian background or those in the 'Other' ethnic group were in persistent poverty, as were 1 in 5 children living in Black households and 1 in 10 White British households,'
- Public Health England: <https://www.gov.uk/government/organisations/public-health-england> released figures <https://app.box.com/s/og3q86agejc99okxe9xyvpfvo21xai21> showing a marked and steady widening of health inequalities; specifically higher prevalence of excess weight, obesity, overweight and severe obesity in children from the most deprived areas and family circumstances. The downward spiral escalates to a greater degree for Year 6 children than those in Reception
- Working parents in England will have to pay an average £135 per week for summer holiday childcare; a 5 percent increase on 2017 costs. Ellen Broome, Family and Childcare Trust Chief Executive, introducing the Trust's 2018 survey said: 'For too many families, the long summer holiday is a time of stress and expense,' The Daily Mail, 18th July, 2018. The rise in Wales is 4 per cent (£125 per week) and in Scotland, 1 per cent (to £124).

The care system

- There is no programme to ensure that all children in care or in need can access good motor skill control, sound processing or stereopsis of vision. 'In 2016, 53.7% of children looked after had a special educational need, compared to 46.7% of children in need and 14.4% of all children,' (DFE: outcomes for children looked after by local authorities in England)
- An unprecedented 72,670 children were recorded as being in care in 2017 (National Audit Office, March 2016)

- Half of all children identified as being in need of help by councils have witnessed or experienced domestic violence. Cuts to local services mean councils are struggling to cope with an avalanche of child protection referrals with a child referred to children's services every 49 seconds. In 2017, councils began more than 500 child protection investigations every day – up from 200 per day in 2007 (Local Government Association, February 2018).

Food poverty

- A Sheffield Political Economy Research Institute British Political Economy Brief (No. 33 'Families and Food in Hard Times: rising food poverty and the importance of children's experiences,' March 2018) showed that in almost half (20/45) of families surveyed, parents reported eating less than they felt that they should or skipping meals so that others could eat. In around a third of households in which parents were sacrificing their food intake to protect their children, at least one adult was in paid work
- Whilst parental sacrifice protects many children from not having enough food, this was not possible in all cases. In 13/45 families, children said they sometimes or often went hungry at times (as above)
- Children also sacrificed their own food intake to protect younger siblings or shared what food there was with parents (as above)
- In a survey carried out in April 2017 by The National Union of Teachers, 80% of teachers noted a rise in 'holiday hunger', with a third saying pupils were returning to school with signs of malnourishment. Almost three quarters of teachers said this was negatively affecting children's education (The Guardian, 16th February, 2018)
- An analysis by the BBC Radio 4 programme, 'You and Yours' of Trussell Trust data covering half a decade, found that demand from children at food banks at Christmas has tripled and looks set to rise further. Typically in December, a higher-than-average 40% of food parcels go to children as demand from single parents and families rises, and school holidays cut off access to free meals (Trussell Trust, December 2017)
- Children on free school meals are more likely to be placed in lower sets, have access to less qualified teachers and have lower expectations set for them by the school. They achieve almost half a GCSE grade less progress in 'Attainment 8' core subjects than better-off pupils (Social Mobility Commission, February 2017).

Benefits/services

- From April 2018, 11 million families will lose £315 per annum in benefits, far outweighing minimum wage rises (The Resolution Foundation, March 2018)
- Benefit cuts, freezes and the two-child limit (for child benefit) will see child poverty hit a record 37% by 2022, thereby reversing all the gains made in the last 20 years (Institute of Fiscal Studies, March 2018)
- Local councils in England have closed more than 500 children's centres since 2010 (Government response to written parliamentary question from Tracey Brabin MP, February 2018)
- Research by the Equality and Human Rights Commission into the cumulative impact of Government changes to taxes and social security from 2010-2018 on various groups across society in 2021/22 found that an extra 1.5 million children will be living in households below the relative poverty line with the child poverty rate for those in lone parent households increasing from 37% to more than 62% (Equality and Human Rights Commission, March 2018).

For further information please contact Children First's campaign manager Phil Royal at phil@royalpa.co.uk