



Policy Briefing:

The Intergenerational Persistence of the North/South Divide in Health and Wages

Heather Brown (heather.brown@ncl.ac.uk)

Clare Bamba (clare.bamba@ncl.ac.uk)

Introduction:

Reducing the North/South divide is high on the policy agenda. Many communities in the North suffer from reduced economic opportunity, social mobility, and poor health compared with their Southern counterparts. This is not a recent phenomenon; geographical inequalities are a persistent issue in the UK. Over time, different policy approaches have been used to try and reduce these inequalities.

This research investigates how different approaches by the central government to reducing inequalities has affected the influence of parent on young adult's health and wages. We focus on if these policies have contributed to increasing or decreasing geographical inequalities in health and wage mobility.

Context:

Many communities in the North have limited access to educational and cultural opportunities such as libraries, pubs, green spaces, community centres, leisure centres, access to health services, public transport, job opportunities, and community engagement. The North has lower rates of home ownerships, higher rates of single parent households, higher unemployment rates, lower job density rates, lower levels of educational attainment, lower wages, and worse healthⁱ. Deprivation is increasing in the North East of England; with a rise in almost every single local authority in the number of LSOAs classified as in the 10% most deprived in the country between 2015-2019.

Deindustrialisation in the North of England in the 1980s changed the geography of economic growth and employment. Economic activity was increasingly concentrated centrally within in city centres and within city regions. Because of this, public investment and regeneration was focused on big cities. The Government helped Northern cities re-invent themselves as places where people want to invest, work and liveⁱⁱ. This concentration of funding and efforts means that peripheral former industrial areas were separated from the growth that was happening elsewhere.

Within this changing economic environment, health inequalities was widening between the North and Rest of England. Between 1965-1995, there was no health gap for younger adults between the ages of 20-34. Whereas today, for those aged

20-34 living in the North, have a 20% higher mortality rate than their counterparts in the rest of England. Life expectancy has increased at a slower rate in the most deprived Northern local authorities compared with their counterparts in the rest of Englandⁱⁱⁱ

Before, New Labour's election victory in 1997, the government had been aware of health inequalities but there had not been any policies put in place to try and reduce these inequalities. This changed with the introduction of the English Health Inequalities Strategy (1999-2010). With the election of the Coalition government from 2010, health inequalities was still a priority but austerity meant that many of the key elements of the English Health Inequality Strategy such as Sure Start Centres and benefits for families were either rolled back or eliminated. Austerity has had a larger effect on Northern communities.

Our Research:

This research was funded by a Policy Fellowship from the Understanding Society Survey^{iv}. The Understanding Society Survey is the largest household survey in the world interviewing approximately 40,000 households in the UK annually. The aim of the Policy Fellowship was to develop a policy relevant research question using the dataset to raise awareness of the data and how it can be used to develop policy to policy makers and other key stakeholders.

The focus of this research is to determine how three different policy approaches by the Central Government towards inequalities: 1) Increasing neo-liberalism between 1991-1997; 2) The English health inequalities strategy (1999-2010); and 3) Austerity (2010-2017) impacted on the relationship between parent and young adult health and wages. To understand if different policy approaches may have contributed to widening geographical inequalities we explore if these policies have had different effects for those living in the North of England compared with the rest of England and if there are differences by socioeconomic status measured as parental educational attainment, occupation, and if it is a single or two parent household.

To do this, we estimate trends in the influence of parent's on their young adult children's mental health (measured using the General Health Questionnaire-12 (GHQ))^v, self-assessed health, and hourly wage over three distinct policy periods:

- 1) 1991-1998 (increasing neo-liberalism)
- 2) 1999-2010 (English Health Inequalities Strategy)
- 3) 2010-2017 (austerity)

We compare these trends for families in the North of England with the Rest of England. We also compare the trends in the influence of parents in the North of England and Rest of England for different socioeconomic groups:

- Parents in professional and managerial occupations vs parents in manual occupations
- Parents with a degree or higher vs parents with basic or no formal qualifications
- Two parent vs single parent households

What did we find?

Key Findings:

- There were regional differences on the role of health inequality policy on the influence of the family on young adult children's health and wages
- The English Health Inequality Period led to a decrease of 1% in the influence of parents on their young adult children's health and wages in the North of England compared to 1991-1998. In the Rest of England the decrease in the influence of parents on health and wages was 0.03% in the Health Inequality Strategy Period.
- Across the North during the Austerity period, the influence of parents on mental health increased by 2%. Whereas the influence of parents on self-assessed health and wages continued to decline with a further 1% reduction compared to 1991-1998. This compares with the Rest of England where the influence of parents on mental health, self-assessed health, and wages decreased by an additional 1% compared with 1991-1998.

Detailed Findings:

By Socioeconomic Status:

Occupation

- In the North of England, the influence of parents on health and wages increased in both the Health Inequality Strategy period and Austerity for families with parents in manual occupations and professional occupations by approximately 3% compared with 1991-1998. This was also seen in the Rest of England but the increase in the influence of parents was higher at approximately 6% for those in manual occupations and 4% for those in professional occupations.

Educational Attainment

- In the North of England, the influence of parents on young adult's mental and self-assessed health increased by approximately 3% during the Health Inequality Strategy period compared with 1991-1998. The influence of parents on wages decreased by 3% for those with parents having the lowest qualifications and by 6% for those with parents with the highest qualifications. In the Rest of England the influence of parents decreased by approximately 2% compared to 1991-1998 for health and by 7% for wages for those with parents with the lowest qualifications. The influence of parents on health for those with parents having the highest qualifications increased by 2%. However the influence of parents with the highest qualifications on wages decreased by 1%.
- In the Austerity period, in the North, the influence of parents with the lowest qualifications on health increased by 5%. For wages, there was a 15% increase in the influence of parents with the lowest qualifications. In the Rest of England, the influence of parents on self-assessed health weakened by approximately 3% for those with parents with both the lowest and highest qualifications. The influence of parents on mental health increased by approximately 2% for families with parents with the lowest and highest qualifications. The opposite of the North, the influence of parents on wages decreased by 1% for those with parents with the lowest qualifications and by

8% for those with parents with the highest qualifications in the Rest of England.

Single Parent Households

- In the Health Inequality Strategy period for single parent families in the North the influence of a parent on mental health and wages decreased by approximately 2% compared to 1991-1998. The influence of a parent on self-assessed health increased by 1% for single parent families in the North. In the Rest of England, during the Health Inequalities Strategy the influence of a parent on health and wages increased by 2%.
- In the Austerity period, in the North, the influence of a parent on health and wages increased by 1%. Whereas in the Rest of England, the influence of a parent on health increased by 2% whereas the influence of a parent on wages decreased by 3%.

Challenges:

Our findings highlight, that especially for mental health, young people living in the North have reduced mobility compared with their counterparts in the Rest of England. The results provide guidance on how health and social mobility can be increased in the North of England. However, there are several challenges which need to be addressed.

- Exiting the European Union is a challenge in terms of future economic growth, NHS staff levels, and uncertainties around post-Brexit NHS and local authority public health budget settlements.
- Budget cuts at the local authority level impacting on the provision of services to children and young people
- The lagging behind of public health and prevention expenditure compared with treatment of existing conditions.
- Innovative and inclusive growth to ensure that economic growth in the North is environmentally sustainable and is targeted at all individuals/communities in the region.

Recommendations:

Local and Regional Stakeholders:

- 1) Local authorities, local enterprise partnerships, local authorities, and Health and Wellbeing boards systems should scale up their family centred place based public health programmes to invest more in interventions that reduce social and environmental inequalities.
- 2) Local enterprise partnerships, schools, third sector organisations, local authorities, and devolved Northern regions should develop locally 'tailored' programmes for young people providing both health and employment support to help them into the world of work as well as staying healthy at work.
- 3) NHS integrated care systems, local authorities, and Clinical Commissioning Groups should commission family centred mental health prevention and management services.

Central Government:

- 1) To improve health and social mobility in the North there should be increased investment in place-based public health in Northern local authorities.

Increasing health and social mobility in the North requires the Central government to increase the public health budgets in Northern local authorities to facilitate the development and delivery of effective place-based public health.

- 2) There should be increased investment in Northern schools especially secondary schools to reduce inequalities in educational attainment and the impact that it has on family mobility in the North.
- 3) To reduce inequalities, there should be increased spending on economic growth and development in 'left-behind' communities. This growth strategy should be environmentally sustainable and socially inclusive.

ⁱ <https://localtrust.org.uk/wp-content/uploads/2019/08/local-trust-ocsi-left-behind-research-august-2019.pdf>

ⁱⁱ <https://www.thersa.org/discover/publications-and-articles/rsa-blogs/2016/08/brexit-was-driven-by-places-left-behind>

ⁱⁱⁱ <https://www.thenhsa.co.uk/app/uploads/2018/11/NHSA-REPORT-FINAL.pdf>

^{iv} <https://www.understandingsociety.ac.uk/>

^v <https://www.gl-assessment.co.uk/products/general-health-questionnaire-ghq/>