

Children's Report Card: Population trends, socioeconomic context and health inequalities

March 2020

Introduction

This report card is part of a set that present public health information on children and young people's health and wellbeing in the Glasgow City Region (GCR) across a range of indicators. The Glasgow City Region comprises eight local authorities: Glasgow City^a; East Dunbartonshire; West Dunbartonshire; Renfrewshire; East Renfrewshire; Inverclyde; North Lanarkshire; and South Lanarkshire.

This work builds on the previous [GCPH Children and young people's profiles](#), [ScotPHO children's profiles](#) and newer data sources. In particular, the format of the summaries has drawn on the [Active Global Healthy Kids Alliance work](#) which has published report cards for Scotland in 2016 and 2018¹. These provide an accurate, critical assessment of Scottish children's physical activity, health behaviours and outcomes, as well as commenting on environmental and social influences on physical activity and health.

The report cards are the product of a working group led by the Glasgow Centre for Population Health and supported by the Information Services Division (ISD), a division of National Services Scotland, part of NHS Scotland. Other group members included Glasgow Health and Social Care Partnership, NHS Greater Glasgow and Clyde and Glasgow City Council. The intention behind the report cards is to provide robust evidence and policy ideas to inform planning and future policy for children's services in the Glasgow City Region.

Why are population trends, the socioeconomic context and health inequalities important?

Changes in population size and composition are important factors to consider in understanding population health and for planning services. For example, the school populations in the region are becoming increasingly ethnically diverse and in recent years there has been an increase in asylum seeker and refugee children coming to the region, particularly to Glasgow. In terms of the make-up of households, lone parent households are projected to become proportionately more prominent.

Trends such as these are relevant in the current political context in which new policy priorities are being pursued by the Scottish Government, including the expansion of early years preschool care and the focus on eradicating child poverty in Scotland. Services are changing as result. At the same time austerity, UK welfare reform policy and the roll-out of Universal Credit threaten to have negative impacts on child wellbeing – recent projections suggest that child poverty could rise to 38% by 2031².

^a Glasgow is the term used to refer to Glasgow City (the local authority).

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Health inequalities are the unjust and avoidable differences in people's health across the population. These differences are well recognised in GCR and in Scotland and are currently widening; and contribute to lower overall population health. Health inequalities stem from fundamental inequity in the distribution of power, money and resources³. Reducing health inequalities is a major focus of health and government policy.

This section describes patterns and trends in a range of demographic, socioeconomic and health indicators that tell us about how **child populations** are changing in local authorities in the Glasgow City Region. The indicators included are: **births; population estimates; migration; population projections; ethnic diversity; asylum seekers and refugees; household composition; life expectancy; healthy life expectancy; children living in deprived areas; and children in poverty**. The data used to create these indicators are derived from a variety of sources, including: [National Records for Scotland](#); the [Scottish Government](#); and [End Child Poverty](#).

The indicator trends referred to in this report card are available as PDF files on the Understanding Glasgow website.

The following section provides summary headlines on each indicator and actions that are required to make progress. This is followed by the 'Where are we now?' section which provides more detail on each indicator and **traffic light** assessment of progress. (In this particular report card, the traffic lights assessment is only applied to health and socioeconomic indicators, as assessing the impact of demographic change is much more subjective.) The final 'What can we do about it?' section discusses in more detail approaches that can be used to make progress.

Red Amber Green (RAG) traffic light system

Each summary employs a 'Red Amber Green (RAG)' traffic light system to provide a sense of: where the data indicate that good progress is being made in population health terms (Green); where there is cause for concern (Amber); and where there is more serious cause for concern (Red). A green light does not imply that further progress cannot be made but indicates that positive progress has been made.

Assessments of progress on an issue – as 'red', 'amber' or 'green' – are based on author judgements and are clearly subjective, albeit based on robust, available evidence.

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Glossary and definitions

Asylum seeker – an asylum seeker is a person who has sought protection as a refugee, but whose claim for refugee status has not yet been assessed. Every refugee has at some point been an asylum seeker. Those asylum seekers who are found to be refugees are entitled to international protection and assistance.

Children in poverty after housing costs – defined as living in a household with less than 60% of the average income for equivalent household size and composition after rent, water rates, property service charges, mortgage interest payments and building insurance.

Child population – defined in the majority of the report as children aged 0-15 years.

Deprivation quintiles – deprivation quintiles represent 20% of the population. The most deprived quintile comprises the most deprived 20% of datazones in Scotland based on the latest Scottish Index of Multiple Deprivation ([SIMD 2016](#)), while the least deprived quintile comprises the least deprived 20% of datazones in Scotland. Deprivation deciles are also referred to and represent 10% of the population in a particular deprivation category.

Healthy Life Expectancy (HLE) – is an estimate of length of life lived in good health without disability or illness.

Lone parent households – households containing one adult plus one or more children.


Net migration – the net figure of people leaving an area subtracted from people coming into an area. More people entering than leaving an area leads to a positive net migration figure, while if more people leave than come into an area, net migration is negative.

Refugee – a refugee is someone who has been forced to flee his or her country because of persecution, war or violence. A refugee has a well-founded fear of persecution for reasons of race, religion, nationality, political opinion or membership in a particular social group. In most cases a refugee will have come to the UK originally to claim asylum (i.e. as an asylum seeker) and to seek protection as a refugee.

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Traffic light	Indicator	Recommended actions
n/a	<p>Demographic trends</p> <p>There are around 315,000 children aged 0-15 in the region. Nearly 100,000 live in Glasgow, equal to the combined child populations of East and West Dunbartonshire, East Renfrewshire, Renfrewshire and Inverclyde.</p> <p>Migration has added to the child population of most of the local authorities in the region, with the prominent exception of Glasgow where, on average, 950 children per year have left the city due to net out-migration.</p> <p>In Inverclyde the number of children has dropped by 32% in the last 25 years. In contrast, the child populations of East Dunbartonshire and East Renfrewshire are forecast to increase by 9% and 18%, respectively.</p> <p>Lone parent households make up 36% of households with children in West Dunbartonshire and Glasgow, but only 20% of households with children in East Dunbartonshire and East Renfrewshire.</p>	<p>Regional planners should consider the impact of the trends in out-migration from Glasgow City, predicted child population increases in East Dunbartonshire and East Renfrewshire and the continued forecasts of downward population trends in certain areas, such as Inverclyde, and how these will impact on the need for services and housing.</p> <p>Better integration of demographic and service data should assist in planning a range of services. For example, the expansion of early learning and childcare, paediatric care and other specialist healthcare services.</p>
	<p>Health inequality</p> <p>Inequalities in health have widened further over the last 25 years. Additionally, in recent years life expectancy improvements have stalled and there have been reductions in life expectancy, particularly for women in the region and among the poorest.</p> <p>A boy born in East Renfrewshire is estimated to be likely to live for seven years longer than one in Glasgow (2016-2018).</p> <p>Healthy life expectancy (HLE) is an estimate of length of life lived in good health without disability or illness. In the period 2009-2013, East Dunbartonshire had the highest female HLE (69.5 years) and Glasgow City the lowest (58.5 years). This means that a girl born in Glasgow might be expected to live in a healthy state for 11 years fewer than a girl born in East Dunbartonshire.</p>	<p>Efforts to address the fundamental causes of these health inequalities need to focus on reducing socioeconomic and gender-related inequality (see socioeconomic actions below).</p> <p>Given the striking inequalities in the life circumstances of children across the Glasgow City Region, demographic, socioeconomic and health trends should continue to be monitored and relevant inequalities brought to the attention of government, policy-makers, planners and the general public.</p>

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	<p>Socioeconomic context</p> <p>55% of children in Glasgow live in the most deprived quintile in Scotland; while the equivalent figure is 47% in Inverclyde and 41% in West Dunbartonshire</p> <p>In 2017/18, one-in-three children (107,500) were estimated to be living in relative poverty after housing costs in the Glasgow City Region, almost half (40%) of all children in poverty in Scotland⁴. Child poverty is forecast to rise across the UK mainly driven by the freeze in the value of benefits and tax credits and the two-child limit for Housing Benefit, tax credit and Universal Credit claims².</p>	<p>Efforts to address these fundamental inequalities should focus on providing training and educational opportunities to enable young people to access fairly paid, sustained employment. Other supportive policies are needed, including: a more progressive taxation system; comprehensive support for paying a living wage; good working conditions; income maximisation services; and a welfare system that properly supports those who are not in work, cannot work or are in low paid work.</p>
<p>n/a</p>	<p>Ethnic diversity</p> <p>The number of BME children attending primary school has increased in each local authority in GCR. Projections suggest that by 2031, around 20% of Glasgow City's total population (and 25% of children) will belong to a non-White minority group⁵.</p> <p>The number of refugee and asylum seeker children attending our publicly funded schools has risen by 45% in the last eight years with three-quarters living in the Glasgow City Region and, of these, over two-thirds are resident in Glasgow (2,500 in 2017).</p>	<p>Better intelligence is needed about asylum seeker and refugee families (their numbers, size and cultural background) in order to improve the services to support them.</p>

Where are we now?

The following points illustrate key features of the children's population of the region and its constituent parts.

Births

Birth rates have been in decline in the region but have remained stable in East Dunbartonshire and East Renfrewshire.

From 2006, Glasgow has consistently had the highest birth rate of all the local authorities in the Glasgow City Region. Over the last ten years birth rates have been in decline in Scotland as a whole and across most of the Glasgow City Region, although birth rate trends in East Dunbartonshire and East Renfrewshire – which are relatively low – have been relatively steady.

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Migration

Migration patterns are age related. A risk related to Brexit is that migration into Scotland lowers overall.

In Scotland, across all age groups, total net migration (which includes all migration to or from Scotland) has been positive since 2001/02, reflecting more migrants coming into Scotland than people leaving, and has been driven by in-migration of working-age people. Among children, there is a more complex picture. Migration has added to the child population of Scotland and to most of the local authorities in the region, with the exception of Glasgow where, on average, 950 children per year have left the city due to net out-migration in the last two decades. Nevertheless, net migration of children out of Glasgow has reduced over this period and there is a strong pattern of net migration of young adults into the city, mainly for study purposes. In Inverclyde and West Dunbartonshire net migration among their child populations has been negligible in the last 15 years.

Population estimates

In recent years the number of children in Glasgow, East Renfrewshire and East Dunbartonshire has risen. Despite this, there has been a prolonged period of population decline in the region, which has particularly affected Inverclyde.

Over the last 50 years there has been a large decline in the overall population of the region associated with the loss of industry and migration away from the region. In tandem, child populations have reduced significantly due to reduced fertility rates, which in turn reflect improved family planning options and broader social trends, including more women in education and employment leading to smaller family sizes and later parenthood. As an example of these trends, in Glasgow the number of children aged 0-14 years dropped from 241,000 in 1971 to 94,600 in 2018; while, as a percentage, children in this age range made up 35% of the population in 1851, but by 2018 accounted for only 15% of the population.

The child population of the majority of local authorities in the Glasgow City Region reduced over the last 26 years (1992-2018), both in numbers and as percentages of the population; East Renfrewshire was the exception, where the number of children has risen slightly. The largest percentage reduction has been in Inverclyde where the number of children dropped by 33%. In recent years there have been small rises in the number of children in some authorities, most notably in East Renfrewshire, Glasgow, and East Dunbartonshire.

Comparing across the region, Glasgow has the lowest proportion of children in its population (16%), while in East Renfrewshire, one fifth of the total population are children.

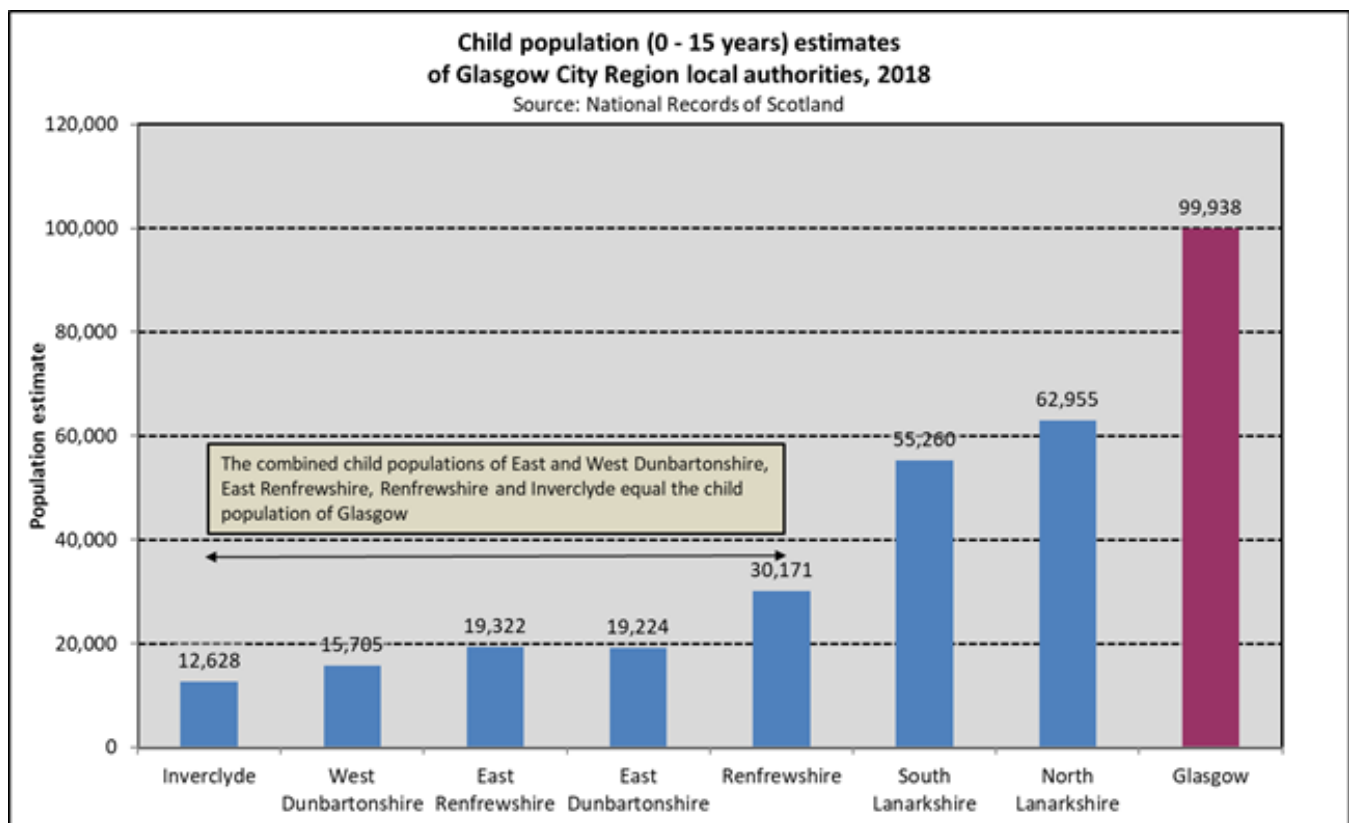
The child population of Glasgow is much larger than that of neighbouring local authorities in the region and is equivalent in size to the combined child populations of East and West Dunbartonshire, East Renfrewshire, Renfrewshire and Inverclyde (Figure 1).

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Figure 1: Child population estimates of Glasgow City Region local authorities, 2018.



Population projections

Child populations are forecast to decline in the majority of local authorities in the region, in particular in Inverclyde and West Dunbartonshire.

Over the next 25 years, the child populations of five out of the eight local authorities in the Glasgow City Region are forecast to reduce. The largest reductions are predicted for Inverclyde (-15%) and for West Dunbartonshire (-7%).

In contrast, the child population of East Dunbartonshire is forecast to increase by 9% and in East Renfrewshire the child population is forecast to increase by 18%. Projections of child dependency ratios (the ratio of children to working-age adults) predict that these will rise marginally in the next 25 years but these already varied across the region. In 2041, the dependency ratio in Glasgow is predicted to be 23 – essentially 23 children for every 100 working-age adults – while in East Renfrewshire it is predicted there will be 36 children for every 100 working-age adults.

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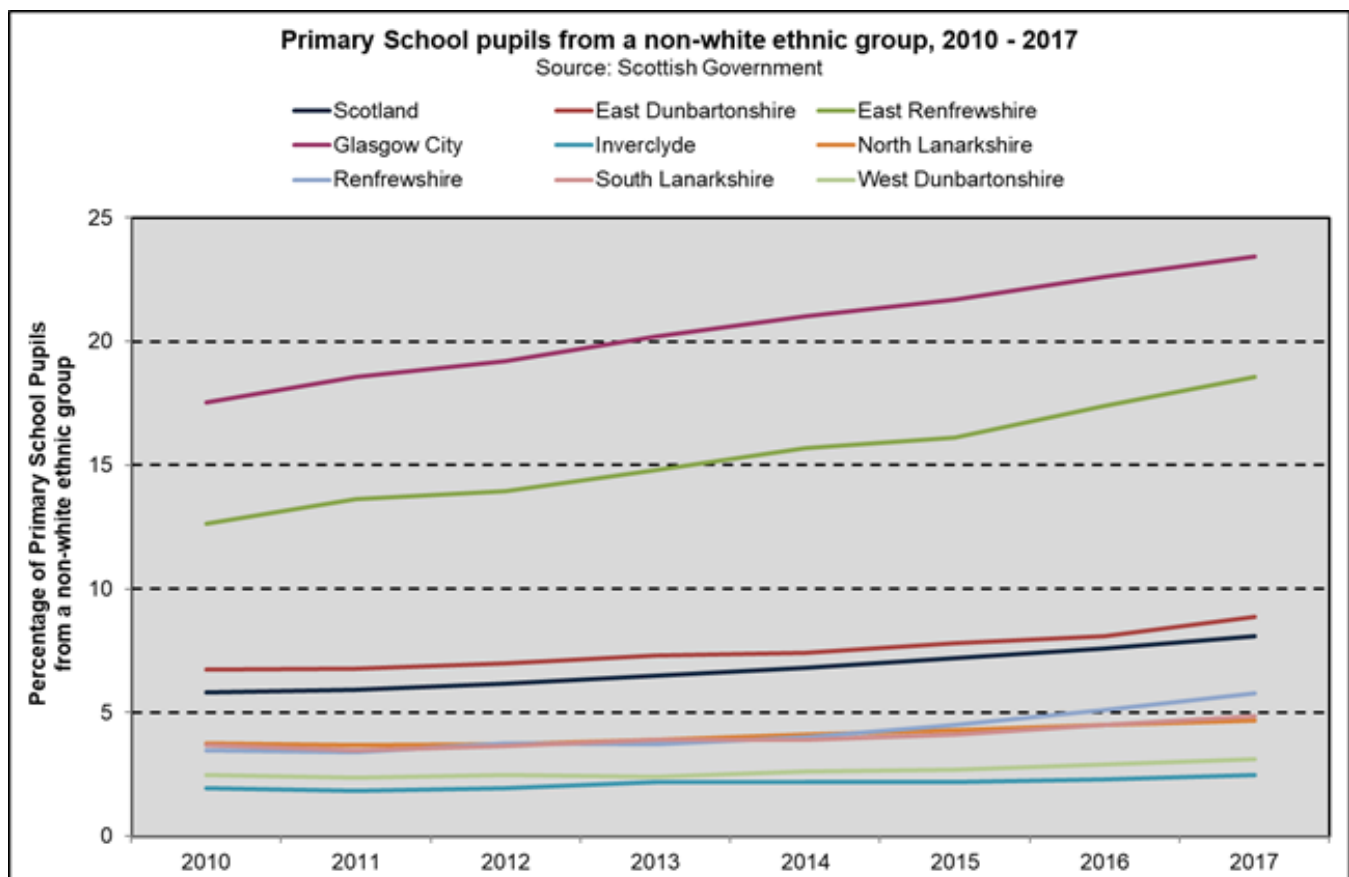
Ethnic diversity

Children's populations across the region have become more ethnically diverse.

The proportion of primary school pupils from a non-White ethnic group increased in every local authority in the region between 2010 and 2017^b. In 2017, 23.4% of primary pupils in Glasgow came from a non-White ethnic origin, while in East Renfrewshire 18.6% of pupils came from a non-White ethnic background. In Inverclyde and West Dunbartonshire, only 2.5% and 3.1% of pupils came from a non-White ethnic background in 2017 (Figure 2).

Glasgow's population is more ethnically diverse than the rest of Scotland. As an example, in the period 1997-2009, 8% of births in Glasgow were to mothers who were born in Asia and nearly 3% of infants were born to mothers from Africa. A breakdown by country shows that mothers in Glasgow came from 169 different countries⁶.

Figure 2: Primary School pupils from a non-White ethnic group, 2010-2017.



^b Data derived from Scottish Government's School Census.

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Asylum seekers

Glasgow has taken in the majority of asylum seekers and refugees coming to Scotland. It will be important to ensure that services for the children of asylum seeker and refugee families are protected and given the support they need to flourish.

There were 1,101 children from asylum seeker families registered with local authority schools in Scotland in 2017. Of these, 973 (88%) attended a local authority school in the Glasgow City Region, the majority in Glasgow (82% of all asylum seeker children). The number of asylum seeker children attending publicly funded schools in Scotland has risen by 35% since 2009; from 815 to 1,101 children.

Refugees

There were 2,462 refugee children were registered with local authority schools in Scotland in 2017. Of these 1,895 (77%) attended a local authority school in the Glasgow City Region, the majority in Glasgow (65% of all refugee pupils). The number of refugee children attending school in Scotland has risen by 50% since 2009 from 1,644 to 2,462 children.

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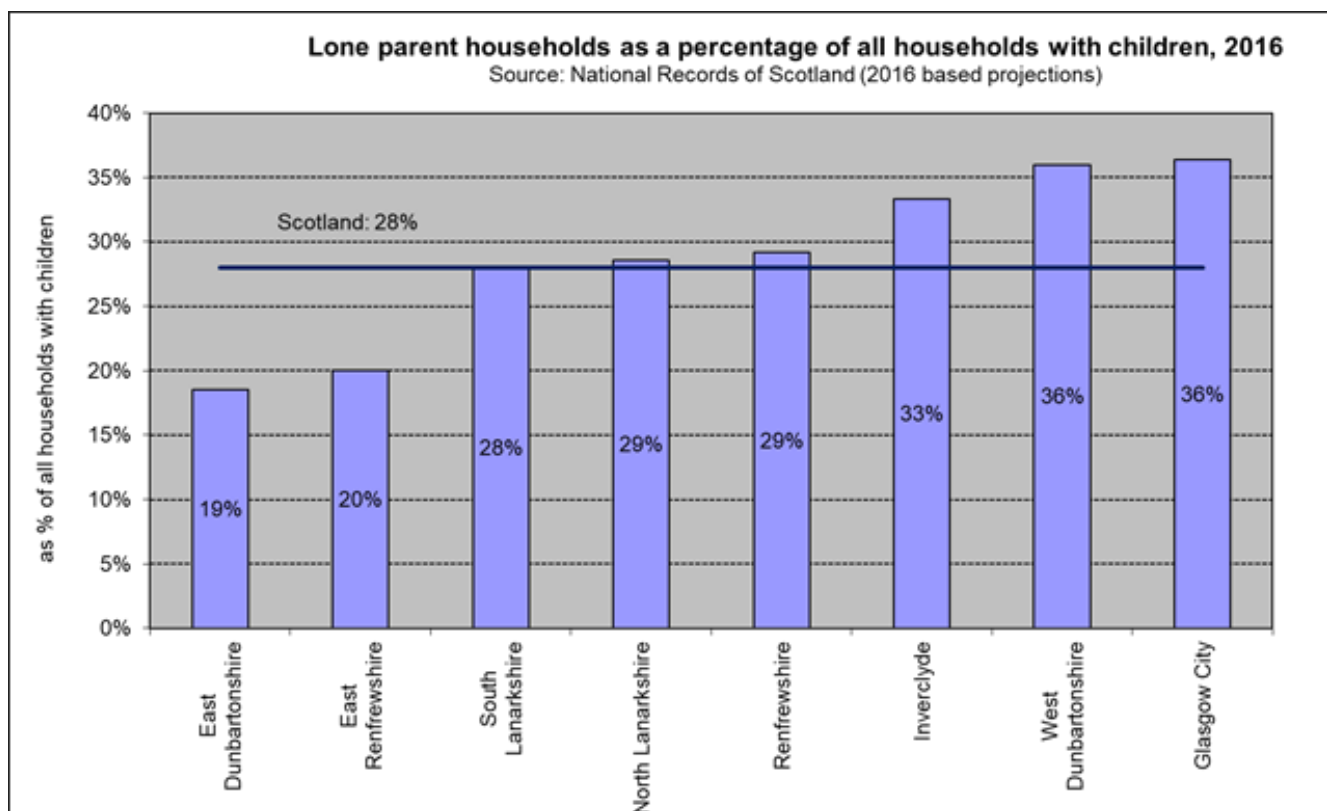
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Household composition

Increases in lone parent households are projected to continue with implications for the services and support children and families will need in the future.

In 2016, lone parent households made up 36% of households with children in West Dunbartonshire and Glasgow, while only 19% and 20% of child households were lone parent households in East Dunbartonshire and East Renfrewshire, respectively (Figure 3).

Figure 3: Lone parent households as a percentage of all households with children, 2016.



Lone parent households are projected to become proportionately more common among households with children in the next 25 years. NRS project that, by 2041, 45% of households with children in West Dunbartonshire will be lone parent households. The projected figures for Inverclyde and Glasgow – 42% and 41%, respectively – are only marginally lower.

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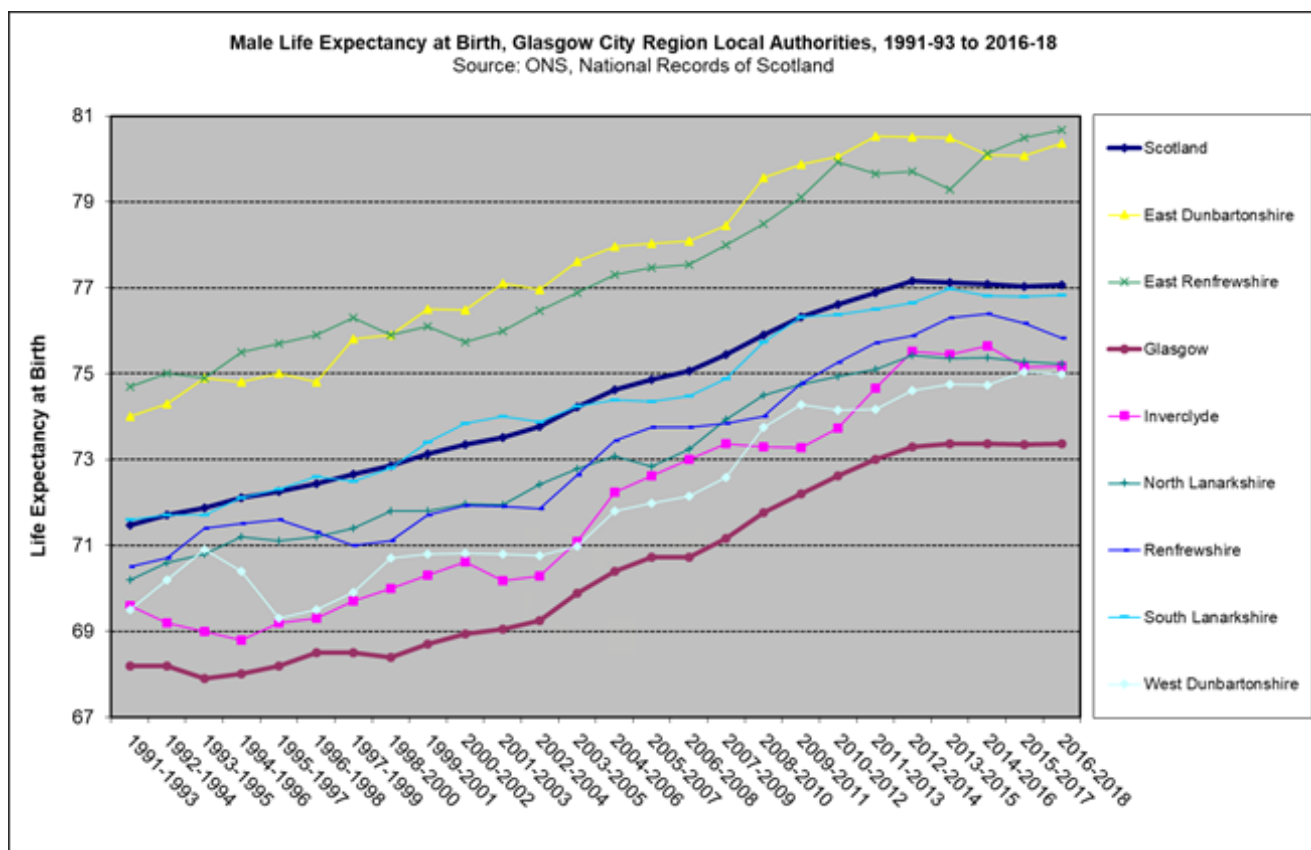
Life expectancy



RED – Inequalities in health have widened further over the last 25 years. Additionally, in recent years life expectancy improvements have stalled and there have been reductions in life expectancy, particularly for women in the region and among the poorest.

Male life expectancy increased in every local authority in the Glasgow City Region over the period 1991-93 to 2016-18, but this improvement has stalled in the last five years of reporting. Large inequalities in health exist in the region. Males born in in East Renfrewshire are estimated to be likely to live for seven years longer than in Glasgow (Figure 4).

Figure 4: Male life expectancy at birth, Glasgow City Region Local Authorities, 1991-93 to 2016-18.



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Female life expectancy in Scotland has also increased over the last 25 years and in every local authority in the Glasgow City Region. However, as for men, there has been a flattening of this trend in recent years. There has been no change in Scottish female life expectancy in the five most recent periods reported, while in the Glasgow City Region five out of the eight local authorities have experienced a reduction in female life expectancy in recent years.

As for men, large inequalities in life expectancy exist in the region. Female life expectancy in East Renfrewshire is estimated to be five years longer than in Glasgow. While over the last 25 years female life expectancy in West Dunbartonshire has improved, the improvements have been more modest and as a result its position has deteriorated relative to the other Glasgow City Region councils to the extent that female life expectancy in West Dunbartonshire is only slightly higher than in Glasgow. In Inverclyde, female life expectancy has reduced over each of the last five years.

Mortality improvements have stalled across the whole population of Scotland and this has been most acute in the most socioeconomically deprived areas, leading to widening of socioeconomic mortality inequalities⁷. The best evidence currently available suggests that the recent mortality trends are due to austerity and pressure on health and social care services, with influenza also playing a role⁸.

Healthy life expectancy (HLE)^c



RED – Inequalities in healthy life expectancy across the region remain very wide.

In the period 2009-2013, East Dunbartonshire had the highest male HLE (68.3 years) and Glasgow City the lowest (55.9 years). This means that a boy born in Glasgow in this period would be expected to live in a healthy state for 12.4 years fewer than a boy born in East Dunbartonshire. Additionally, a boy from Glasgow would be expected to have the longest period of life 'not in good health' (16.7 years) – the difference between the estimates of overall life expectancy and healthy life expectancy.

Female HLE at birth follows a similar pattern. In the period 2009-2013, East Dunbartonshire had the highest female HLE (69.5 years) and Glasgow City the lowest (58.5 years), meaning that a girl born in Glasgow in this period might be expected to live in a healthy state for 11 years fewer than a girl born in East Dunbartonshire. Additionally, a girl from Glasgow would be expected to have the longest period spent 'not in good health' (19.9 years).

^c Healthy life expectancy is an estimate of the average number of years a person from a particular place is likely to spend in good health. It is shorter than life expectancy because it excludes years likely to be spent in fair or poor health (in other words, 'not in good health').

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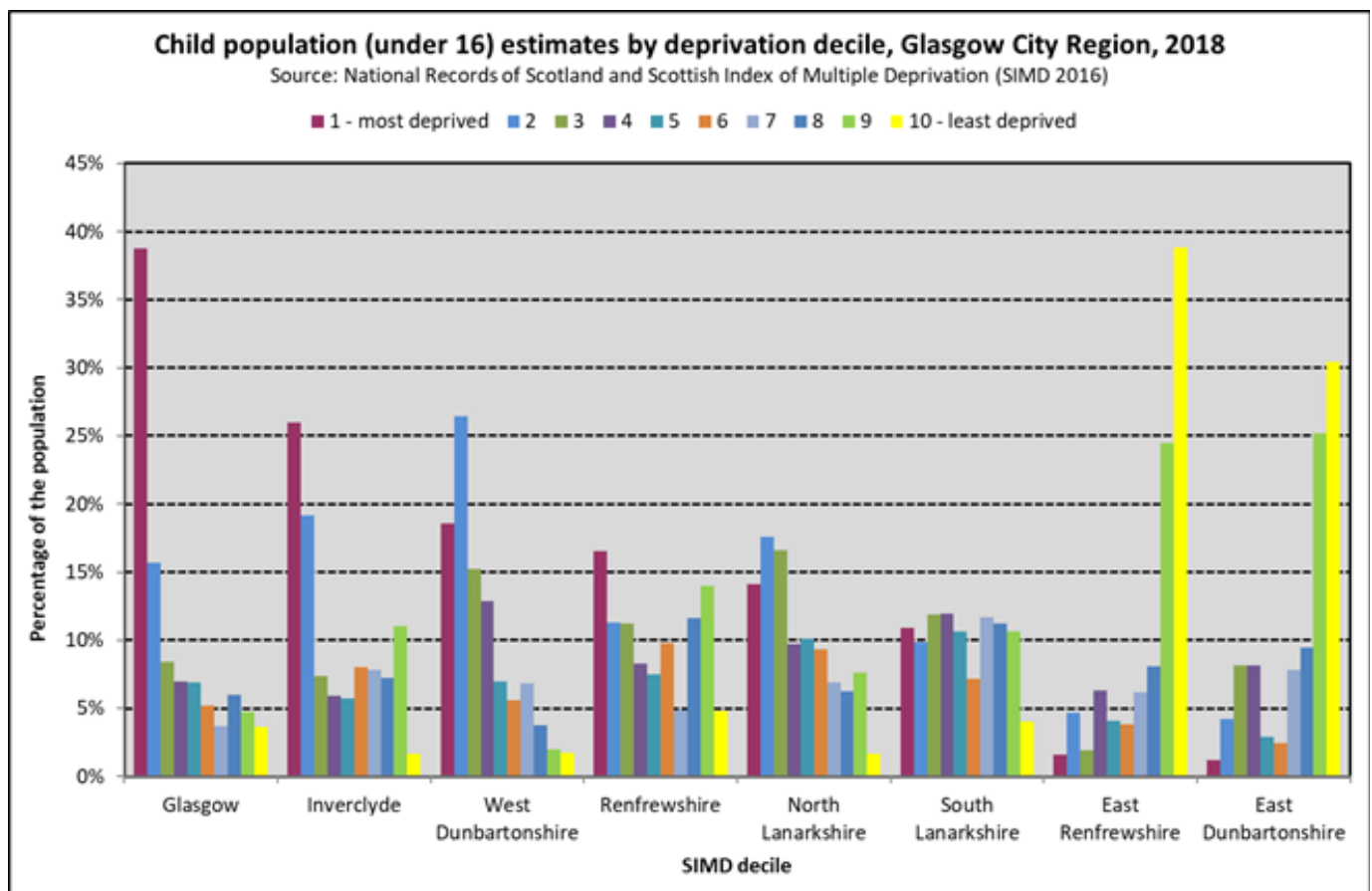
Deprivation



RED – High proportions of young people in Glasgow, Inverclyde and West Dunbartonshire are living in deprived circumstances.

There are wide variations in the distribution of deprivation across local authorities in the Glasgow City Region. Glasgow has the greatest concentration of children living in deprived circumstances with 54% of children living in the most deprived communities in 2018, followed by Inverclyde and West Dunbartonshire (both 45%)^d. In contrast very few children in East Dunbartonshire and East Renfrewshire are from the most deprived communities – 5% and 6%, respectively – while 63% of children in East Renfrewshire live in the least deprived communities and 56% in East Dunbartonshire (Figure 5).

Figure 5: Child population (under 16) estimates by deprivation decile, GCR, 2018.



In terms of numbers, this means that, for example, 54,400 children in Glasgow reside in the most deprived quintile while only just over 9,370 children (9% of children in the city) live in the least deprived quintile.

^d Here, the 'most deprived communities' refer to the two most deprived deciles in Scotland based on SIMD 2016, while the 'least deprived communities' refer to the two least deprived deciles in Scotland.

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What we can do about it?

The striking contrasts and inequalities in the life circumstances of children across the Glasgow City Region are reason enough to continue to monitor these demographic, socioeconomic and health trends in the future. Across the Glasgow City Region, the Understanding Glasgow website has fulfilled this type of function over the last ten years, while nationally the Scottish Public Health Observatory (ScotPHO) website has performed a similar role in providing national public health intelligence. Long-term monitoring of health inequalities in Scotland is carried out by the Scottish Government⁹.

Economic uncertainties surrounding Brexit, continued austerity and the impact of welfare reform processes, accompanied by pre-existing socioeconomic inequality, are likely to present further challenges for families and ultimately for children's opportunities to develop and flourish. Nevertheless, there is much happening that is positive, for example in relation to addressing child poverty, expanding early learning and introducing outdoor learning. Over a decade ago the then leader of Glasgow City Council established a Health Commission which collated evidence over a year and reported in 2009. The Health Commission's report contained 20 recommendations about how to tackle the city's health challenges and create a better future through investing more in children and young people¹⁰. The majority of their recommendations remain valid and are still worth pursuing.

In this context, national and local policies and action to mitigate the impacts of economic hardship for the most vulnerable are absolutely vital. The GCPH's research on excess mortality¹¹ in Glasgow and Scotland has revealed that the causes are multiple, complex and interwoven, but in large part relate to a greater vulnerability among the Scottish population to the main drivers of poor health in any society – poverty and deprivation – caused by a series of historical decisions and processes, such as the socially selective New Town programme and the nature and scale of urban change experienced in Glasgow in the post-war period. It is worth noting that with austerity we run the risk of history repeating itself and adding another layer of vulnerability.

A detailed set of policy recommendations aimed at national and local government were produced alongside the excess mortality research – see Section 7¹⁰, which were endorsed by a range of experts in public health and other relevant disciplines. These recommendations focused on national economic policies, addressing housing and the physical environment and actions for local authorities and their partners. In relation to national economic policy, it was proposed that the reduction of income and wealth inequalities should be the central objective of economic policy and that this should be underpinned by supportive policies on taxation, 'fair work' and wages, industrial policy, social security and addressing the cost of living.

The recent increases in children from asylum seeker and refugee families, particularly in Glasgow, present an additional challenge for services to ensure that these particularly vulnerable children are protected and given the support they need to flourish.

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