

EDUCATION EQUITY FOR THE NORTH OF ENGLAND:

CHALLENGES & OPPORTUNITIES



This report is a collaborative programme of work between Child of the North and the Centre for Young Lives.

A note about language

Please note that this report often uses “schools” as shorthand for “schools, nurseries, and other educational settings such as pupil referral units and special schools.” One central message of this report is the need for a “whole system” approach that includes all relevant stakeholders, and this includes all parts of the education system.

About Child of the North

Child of the North is a partnership between the N8 Research Partnership and Health Equity North which aims to build a fairer future for children across the North of England by building a platform for collaboration, high quality research, and policy engagement. [@ChildoftheNort1](#) [@childofthenorth.bsky.social](#)

About the N8 Research Partnership

The N8 Research Partnership is a collaboration of the eight most research-intensive Universities in the North of England: Durham, Lancaster, Leeds, Liverpool, Manchester, Newcastle, Sheffield, and York. Working with partner universities, industry, and society (N8+), the N8 aims to maximise the impact of this research base by promoting collaboration, establishing innovative research capabilities and programmes of national and international prominence, and driving economic growth. www.n8research.org.uk [@N8research](#) [@n8research.bsky.social](#)

About the Centre for Young Lives

The Centre for Young Lives is a dynamic and highly experienced innovation organisation dedicated to improving the lives of children, young people, and families in the UK – particularly the most vulnerable. Led by former Children’s Commissioner, Baroness Anne Longfield CBE, who has been at the forefront of children’s issues for decades, the Centre’s agile team is highly skilled, experienced, and regarded. It is widely known and well respected across government departments, Parliament, local and regional government, academia, the voluntary sector, and national and local media. The Centre wants to see children and young people’s futures placed at the heart of policy making, a high priority for government and at the core of the drive for a future for our country which can be much stronger and more prosperous. www.centreforyounglives.org.uk [@CfYounglives](#)

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1. Foreword



**Baroness
Anne
Longfield**

In 2023, we wrote a foreword to the landmark report on education and health inequalities published by the Child of the North All-Party Parliamentary Group. The report shone a light on the stark and growing divides that shape the lives of children across our country. The report called for urgent action to address the entrenched disparities between children in different parts of the UK (exemplified by the disadvantages experienced probabilistically by children born in the North of England), and between those who grow up in poverty and those who do not. Two years on, as we look back at the progress that has been made, we see both cause for hope and reasons for deep concern.

The Child of the North campaign has been relentless in putting children's needs at the top of the political and public agenda and advocating for closer connections between health and education. Through twelve authoritative reports, it has brought together overwhelming evidence about what works to improve outcomes for children. These reports have spanned issues as diverse as child poverty, oral health, mental wellbeing, the SEND crisis, and the risks of involvement in the criminal justice system. Together, these reports have built a comprehensive picture of the challenges children face and the policy levers that can turn the tide.

The campaign has had tangible impact. It has ensured that the voices and experiences of children and families from across the North have been heard in Westminster and Whitehall. It has fostered collaboration between academics, practitioners, and policymakers. And it has helped to shape the policy environment, influencing debates about family hubs, school funding, early help, and children's health. Most importantly, it has kept a spotlight on the fact that inequalities are not abstract statistics, but real and pressing barriers in the lives of children.

Yet despite this progress, the data shows us that inequalities are widening. Nearly a third of children now live in relative poverty. More than 165,000 children are growing up in temporary accommodation. Almost one in three five-year-olds are not reaching a good level of development at the start of school, with the gap between disadvantaged and better-off children wider than at any time in the past decade.



**Dr
Camilla
Kingdon**

Mental health difficulties have doubled since 2017, now affecting one in five children and levels of persistent school absence have almost doubled since 2019.

These figures matter because the earliest years of a child's life are the foundation for everything that follows. A child who starts school without the skills, health, or confidence they need is already on the back foot. They are more likely to struggle with learning, to fall behind their peers, and to face long-term consequences for their health and wellbeing. School readiness is not simply about knowing letters and numbers; it is about being physically healthy, emotionally secure, socially confident, and ready to thrive in a learning environment.

"You can teach children more effectively when they come into school ready and able to learn, and schools are able to do that when they better understand home circumstances."
– Teacher

That is why this new report, focused on school readiness, is so timely. A new generation of children are about to take their first steps into classrooms across the UK. Whether they arrive ready to learn will shape not just their own futures, but the future of our society and economy. We cannot afford to let so many children start school already disadvantaged.

The government's Opportunity Mission provides a chance to change course. We welcome the commitment to improving the lives of vulnerable children, and the recognition that tackling inequality must begin in the earliest years. Investments in family hubs, children's mental health support, and reforms to early years provision are steps in the right direction. The forthcoming introduction of a Unique Identifying Number for children is also a promising innovation that could help us better track needs and target support (as recommended in the Child of the North reports).

But if these measures are to succeed, they must be ambitious enough to meet the scale of the challenge. That means tackling child poverty head-on, ensuring families have the security and resources they need. It means investing in high-quality early years education and childcare, with a workforce that is valued and supported.

It means integrating health and education so that no child's needs fall between the cracks. And it means ensuring that support is there early - long before difficulties become crises.

The twelve Child of the North education reports have shown us what works. We know that reducing poverty improves children's health and attainment. We know that investing in early years provision pays dividends throughout a child's life. We know that tackling inequalities in health, from obesity to oral health, can transform outcomes in education. And we know that children who feel safe, supported, and connected are better able to thrive.

There is no shortage of evidence, and no shortage of will among those who work with and for children. What is needed now is sustained political and public commitment. The Opportunity Mission must be more than a slogan. It must become a programme of action that puts children at its heart, with measurable goals and the investment to achieve them.

We see every day the cost of inaction. We see children arriving at school hungry, anxious, or unwell. We see teachers and health professionals stretched to breaking point. We see families trying their best but struggling against the tide of poverty and insecurity. These are not inevitabilities; they are the result of choices. And they can be changed by making different choices.

At the same time, we also see extraordinary resilience. We see families supporting one another, communities rallying around their children, and schools and services innovating to provide the best they can. We see children's joy, creativity, and potential shining through, even in the most difficult circumstances. This is the hope that should drive us: the knowledge that if we give children the right start, they can thrive.

This report is both a warning and a call to action. It shows us that inequalities are widening, and that too many children are being failed before they even begin their school journey. But it also points to a better path - one in which we use the evidence we have, build on the successes of the Child of the North campaign, and match the government's ambition with real, sustained action.

We believe that the future can be brighter. But that will only happen if we make children's wellbeing, development, and readiness for school a national priority. Every child deserves to start school healthy, happy, and ready to learn. **Anything less is a betrayal of their potential, and of our collective future.**

Baroness Anne Longfield
CBE, Chair of the Commission
on Young Lives

Dr Camilla Kingdon, Former
President, Royal College of
Paediatrics and Child Health



2. Executive Summary



School readiness is in crisis: Nearly one in three children in England start school without the skills to thrive. These children face higher risks of poor health, SEND, absence, and becoming Not in Employment Education or Training (NEET). The disadvantage gap is widening.

Health and education are inseparable: Inequalities start before school and compound through life. Teachers are expert identifiers of need - yet their insights are underused. Education must sit at the heart of public service delivery.

Collaboration works: Connected Bradford shows how linking education, health, and social care data enables early support, reduces duplication, and drives effective interventions. Universities are beginning to act as "R&D departments" for public services, powering innovation and accountability.

Call to action: Make school readiness a national priority - invest in early years, support families, and embed evidence-led, cross-sector approaches.

KEY INSIGHTS

32.3% of children not school ready = hundreds of thousands of children in the UK entering school without the necessary skills to achieve and thrive



30%

Children with health conditions are **30% more likely** to be unready for school

Children not school ready are nearly **3x** more likely to be **NEET** at 16-17 years of age

49.1% of children not school ready are later identified with SEN



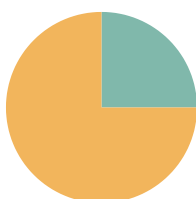
In 2021/22, Bradford was **2.9%** below the readiness average but by 2023/24 this gap was **6.1%**



8x Children not school ready **8x more likely to be below Key Stage 1** expected levels

Children who are not school ready have **~27x higher odds** of undiagnosed autism

Children not school ready on FSM and with SEN have a **25% probability of NEET**



Small national readiness **gains of 2.5%** were seen between 2021/22 and 2023/24, but the disadvantage gap is **GROWING**



Children who are not school ready have **1.6-2.2 times higher odds** of dental decay, independent of Free School Meal (FSM) status

Children not school ready are subsequently **2.4x** more likely to be **persistently absent**

48.5% of children receiving Free School Meals (FSM) start school without the necessary skills

Our Child of the North principles

1

Putting our children first

The future of a country depends on a healthy workforce, equipped with the skills needed by the economy and society. Childhood determines long-term health and is the critically important period for developing the core skills needed to function within society. Logic thus dictates that the UK must prioritise children if we want to enjoy a healthy future.

2

Addressing inequity

This will reduce the financial burden of poor population health on public services. Concurrently, economic stagnation must be reversed to generate wealth and ensure the UK makes the best use of all its assets (i.e., the brilliant young minds located across all our communities).

3

Adopting place-based approaches

Geography, culture, economic activity, and other factors vary between localities, changing the way that support needs manifest, and the way communities prefer to engage with services. New approaches to reaching and helping families must be planned and aligned to the needs and preferences of the locality and its communities.

4

Working together effectively across our public services

The needs of children and families cannot be neatly divided into silos such as “health”, “education”, “social care”, “criminal justice” etc. We must recognise that our current organisational arrangements are not fit for purpose and find new ways of delivering connected public services so that the necessary holistic (“whole system”) solutions to complex problems can be implemented.

5

Putting education at the heart of public service delivery

Schools and other educational settings need to be at the epicentre of support. For example, typical “outside support” from specialist services (e.g., child and adolescent mental health services (CAMHS)) needs to be delivered within the school gates. In doing so, we start to remove the additional barriers encountered by the most disadvantaged children and reduce the burden placed on families.

6

Establishing Universities as the “Research and Development” departments for local public services

Universities can bring together insights from across multiple disciplines, ensure decisions are based on the best possible evidence, oversee evaluation of service delivery and train future health, social care, and education professionals.

7

Using and sharing information across public service providers effectively

Only by connecting our public service data (i.e., education, healthcare, social care etc.), can we: (i) begin to understand how services intersect and interact within families; (ii) allow the essential information sharing that will safeguard children. The information held within education systems can help clinicians (and services such as social care) to make more accurate decisions, faster.

3. Education inequalities start before school but have lifelong consequences

This chapter highlights:

The scale of the challenge: almost one in three children in England are not school ready at age five, with the proportion rising to half of children on free school meals [1].

A wealth of evidence showing the serious long-term consequences of being unready for school, including much higher risks of absenteeism, poor health, and becoming NEET [2,3].

The widening geographical and demographic gap in school readiness, with disadvantaged communities falling further behind [4].

The strength of teacher-led observation through the Early Years Foundation Stage Profile (EYFSP), which consistently predicts later outcomes across education, health, and social care [5,6].

The policy implication: teacher expertise, combined with connected data, provides a ready-made system to identify and address inequalities earlier [7].

The scale of the problem – school readiness today

School readiness is a fundamental measure of whether children have developed the skills they need to engage fully with formal education by the age of five years. It is assessed through the Early Years Foundation Stage Profile (EYFSP), which covers domains including personal, social and emotional development; communication and language; physical development; literacy; and mathematics [8].

The latest data from the 2023/24 academic year paints a stark picture:

32.3% of reception children in England are not school ready, entering education without the skills to thrive [4].

Among children currently on free school meals (FSM), the situation is much worse: almost half started school not ready [4].

Although the national average has improved slightly since 2021/22 (by 2.5%), the gap between disadvantaged and advantaged children is widening. In Bradford, for example, school readiness was 2.9% below the national average in 2021/22 but had fallen to 6.1% below average by 2023/24 [4].

These figures show that thousands of children each year begin their education on the back foot, with disadvantage compounded by geography and demography.

Long-term consequences – what the evidence shows

The consequences of being not school ready are profound and long-lasting. New evidence, alongside previous large-scale studies, demonstrates the extent to which early disadvantage cascades into multiple domains of life:

- **Special Educational Needs (SEN):** Nearly half (49.1%) of children not school ready require tailored support for their educational needs later in school. Poor school readiness is a major driver of demand for additional educational support [6].
- **Attainment:** Children who are not school ready are eight times more likely not to reach Key Stage 1 expected levels. Gaps in literacy and numeracy established at five years widen through primary and secondary school [5].
- **Absenteeism:** Those unready for school are two and a half times more likely to be persistently absent, missing out on key learning and social opportunities [9].
- **NEET outcomes:** Young people who were not school ready are almost three times more likely to be out of employment, education, or training at age 16–17 years. The impact of early disadvantage extends into the labour market and life chances [3].
- **Autism and neurodevelopment:** Children not school ready are 27 times more likely to have undiagnosed autism, showing how early developmental differences are reflected in teacher assessments long before formal diagnoses [10].
- **Health impacts:** Being unready for school is linked to poorer health outcomes. Children not school ready are twice as likely to experience dental decay, and those with existing health conditions are 30% more likely not to be school ready in the first place [11,12].

The combination of disadvantage is especially striking: children who are on FSM, not school ready, and with SEN face a 25% probability of being NEET by late adolescence [3,9].

A widening inequality gap

While the national figures show some progress, the improvements are uneven. In many disadvantaged areas, the school readiness gap is growing.

This matters because **school readiness is both a marker and a mechanism of inequality**. It reflects the cumulative effect of social determinants such as poverty, housing, parental health, and community resources [1,7]. But it also acts as a gateway to opportunity: children who are school ready are more likely to succeed academically, socially, and economically [1].

Failing to close the school readiness gap risks entrenching cycles of disadvantage across generations.

Teachers as expert identifiers

A striking conclusion from the research is the accuracy of teacher observation. The EYFSP was designed as an educational tool, yet it predicts later outcomes across health, education, and social care with remarkable precision [6].

Teachers, through sustained observation of children in real-life classroom contexts, are often the first to recognise emerging difficulties. They capture not only academic skills but also social, emotional, and behavioural development. Evidence shows:

- EYFSP scores predict later SEN identification [6].
- Teacher assessments of early communication and social skills align closely with later diagnoses of autism spectrum disorder [10].
- Early literacy and numeracy judgements forecast long-term attainment gaps [5].

This demonstrates that teachers are already highly skilled identifiers of children's strengths and needs. Yet their insights are not fully leveraged within health and social care systems.



Policy implications – making better use of existing assets

The evidence is clear: the UK has a national system of teacher-led assessments that provides a sensitive, early indicator of need. Yet the EYFSP is currently underutilised. To reduce inequalities, policymakers should:

1. Recognise school readiness as a key national priority, on par with literacy and numeracy.
2. Digitise and modernise the EYFSP, allowing real-time data capture and integration with health and social care records across all primary school years.
3. Use EYFSP data to guide early intervention, reducing reliance on clinical diagnostic thresholds to unlock support.
4. Embed teacher insights into connected data systems such as Connected Bradford ensuring early identification informs local commissioning and national policy.
5. Support teachers with training, resources, and partnerships so they can continue to play a central role in identifying and responding to children's needs.

Conclusion

School readiness is one of the clearest markers of inequality in childhood. In 2023/24, nearly a third of children entered school not ready, and among those on free school meals, almost half. The consequences are stark: higher risks of SEN, absenteeism, poor health, and disengagement from education and work.

This is not simply an educational issue. It is a public health and social justice issue, with lifelong implications for children and communities. The evidence shows that teachers, through the EYFSP, are already excellent at spotting children's needs early. Policymakers now have the opportunity to build on this asset by integrating teacher insights into national strategies for early intervention.

The challenge is urgent but solvable. If we act on the evidence, we can ensure that every child starts school ready to learn and thrive – transforming not only individual lives but the future prosperity of the nation.

“I feel like children in the North are misunderstood so to have an opportunity to change that is amazing”

– Secondary school pupil, Liverpool

4. The lived experiences of young people



Maryam Kapree
Trainee English teacher

Reflections from Maryam since 2023

I am proud to be a young person from the North of England; I was born and raised in Bradford, and I am now completing my training to be a Teacher of English in the wonderful Dixons Trinity Academy, also in Bradford.

As a young person who has experienced deprivation, the impact of a global pandemic, changes in government, and the education system - both as a student and a member of staff - I have lived experience of the inequalities which are disproportionately impacting the lives of our young people in the North. Every child, no matter where they are situated, deserves the best chance at life. For too long, the narrative about the North has been negative. We are far too accustomed to hearing about the disparities between the North and South, yet not enough is being done about it.

Over the past two years, I have seen promising signs. I have been encouraged by the government's Opportunity Mission and the commitments made to better support our children and young people. I have also witnessed the impact of projects like Connected Bradford, which show what can happen when health, education, and research work together to improve children's lives.

Yet, I must also express frustration. The inequalities remain stark. The progress, while real, has been too slow. We cannot risk leaving any more children behind.

Having worked in a school since the age of sixteen, I have seen the impact of poverty on children and families. More young people arrive at school hungry, reliant on the school meal as their only hot food of the day. The cost-of-living crisis has deepened these challenges, with parents struggling to provide basic necessities such as food and sanitation.

As teachers, we do what we can to mitigate the impact. But schools alone cannot solve this. Without greater intervention and investment from central government, children's attainment will continue to suffer. Hungry children cannot learn effectively. Lost learning at this stage translates into limited life chances for years to come.

I have just graduated from the University of Leeds, and my experience of higher education has reinforced another truth: despite Bradford having the youngest population in the UK, too many young people struggle to access university. We need to provide guidance and support for families from the very start of school life, so that higher education does not feel out of reach.

Universities have a vital role here. They must widen their programmes, engage with local partnerships, and support families as well as students. Universities often present themselves as champions of young people - but too often their role in tackling child inequities remains limited to access programmes. **If universities truly wish to live up to their mission, they must do more.**



Nell Schofield



Sumiyya Sajid



Maleeha Ali

The Bradford Evidence Support Team (BEST)

The collective voice of young people

As young people from the North of England, we welcome the growing recognition of the challenges and inequalities affecting children and young people, and we emphasise the urgent need for action. It is promising to see the government's new Opportunity Mission commit to creating better support. But recognition is only the first step. The real challenge is ensuring that policy translates into meaningful impact. For too long, life chances have been shaped by postcode lotteries and fragmented systems. These disparities affect not just school readiness, but the whole journey through education into higher education and work.

Having recently transitioned from school to university, we can testify to how critical school readiness is in shaping the ability to cope with academic and social demands. Students from the North, particularly from state schools with limited resources, often arrive at university without foundational skills in independent learning, critical thinking, and study strategies. This leaves them at a disadvantage compared to peers from more privileged backgrounds.

Throughout our early education, access to personalised support and enrichment was uneven. Teachers worked hard, but systemic issues like underfunding and large class sizes limited the help available. Too many students progressed without fully developed literacy, numeracy, or social competencies. These gaps undermined confidence, affected academic resilience, and left many young people struggling to adapt to independent learning environments.

Place-based inequalities deepen these challenges. Low-income families often cannot provide access to educational resources, quiet study space, or extracurricular opportunities. The result is that many young people from the North begin their higher education journey without the same sense of belonging or preparedness as their peers.

Our placements with the Centre for Applied Education Research (CAER) in Bradford have shown what is possible when systems work together. Projects like Connected Bradford demonstrate the power of linking data across health, education, and care to identify needs early and shape interventions.

These are not abstract ideas — they are real examples of how research and collaboration can deliver lasting benefits. But they remain isolated. The challenge now is to ensure these models are scaled nationally, supported by leadership, infrastructure, and investment.

Universities are uniquely positioned as centres of research and innovation. They have the expertise and infrastructure to generate evidence-based interventions, and they house student bodies eager to contribute to social change. Yet this potential remains underutilised.

As young people, we have seen progress since 2023. The Opportunity Mission signals intent. Connected data projects in Bradford and across the North show what is possible. Education alliances are growing. But the pace of change is too slow. Inequalities remain entrenched, and the support from universities has not yet matched the scale of the challenge.

Maryam's journey - from school pupil in Bradford, to university student, to teacher - is a powerful example of what is possible when opportunities are opened. But it also shows the fragility of progress. Too many of her peers have been left behind.

We call on universities to step up, to act as genuine partners in eradicating inequalities, and to harness the power of their research, their staff, and their students for public good. **Universities claim to support young people: now is the time for them to prove it.**

A call to action

We urge universities to build on their current widening participation programmes and to go much further. This means:

- **Comprehensive support for incoming students** from deprived backgrounds, including mentoring and academic coaching.
- **Sustained partnerships with local schools**, starting from the early years, to support readiness for higher education well before entry to campus.
- **Harnessing the energy of university students** themselves, through research internships, community outreach, and co-designed studies with local stakeholders.



5. The lived experience of a school leader



James Lauder
Trust Assistant
Principal, Dixons
Academies Trust

As a leader working within Dixons Academies Trust, serving diverse communities in Bradford, Leeds, Liverpool, and Manchester, I am reminded daily that disadvantage does not begin at the school gate. The communities we serve are socially and culturally rich, but economically and politically poor. This reality is fully reflected when children arrive in our classrooms.

It has been instructive to reflect on how things have changed since the original 2023 'Addressing Education and Health Inequity' report, and consider what life now looks like for children and young people across the North of England. We have seen new energy in national debates about tackling inequality, and there has been genuine recognition from government of the importance of children's early years, school readiness, and the need for stronger cross-sector collaboration.

But while the national conversation has shifted in a positive direction in many respects, the lived reality in schools across the North tells a more complex story. We have made progress in some areas, yet the deep structural inequalities that shape children's lives remain stark and entrenched.

What has improved

The most significant progress has been in **recognition**. Thanks to the *Child of the North* campaign and its twelve reports, there is now far greater awareness in Westminster and Whitehall that children in the North face disproportionate barriers. Bradford in particular has become a national exemplar of how evidence can drive change.

The *Connected Bradford* database has been transformative. It has linked health, education, social care, and policing data to give schools a clearer picture of children's lives than ever before. That evidence has already produced practical benefits.

We have also seen progress in professional collaboration. The legacy of the *Opportunity Area* programme in Bradford - which saw school improvement and 6,000 children screened for speech and language needs - continues to shape how we work. Schools, universities, and health services now collaborate more routinely through our Bradford Education Alliance for Life Chances.

At Dixons, we have begun the process of shifting our considerable spend on social disadvantage from being a reactive sticking plaster to being more proactive and preventive. We work closely with NHS and children's service colleagues to ensure families are supported from the start. We have also amplified families' voices, through partnerships with Citizens UK and the Brilliant Club, to ensure services reflect the needs of our communities.

These are encouraging signs. But they are a long way from enough.

The lived reality in Bradford

Bradford is one of the youngest and most diverse cities in the UK. One third of residents are under 20 years of age, and more than 150 languages are spoken. This diversity is a strength. But it also means that inequalities hit on a very large scale.

- **Poverty:** In 2023/24, 32% of Bradford's children were living in relative poverty, and there are many reasons to think official statistics if anything undercount child poverty in our communities [7].
- **School readiness:** In England, almost a third (32.3%) of five-year-olds did not reach a good level of development in 2023/24, up from 28% pre-pandemic. Bradford has consistently sat below national averages, meaning thousands of children begin school already behind. It is not unusual for over 40% of children starting in our schools to have not reached a good level of development in any one cohort [4].
- **Attendance:** Persistent absence in Yorkshire and the Humber stood at 24.5% in 2022/23, compared with 23.1% in Outer London. In Bradford, this represents thousands of children missing more than one in ten school sessions [2].

Evidence Spotlight: Sight and Learning in Bradford

Connected data revealed that over 2,500 children with eyesight problems were not taken to an ophthalmic practitioner despite referrals. Schools used this evidence to introduce direct provision of glasses. The intervention improved children's reading outcomes — a simple but powerful example of health and education working hand in hand.

- **SEND:** Nationally, 1.7 million children have SEND, a 34% increase since 2017. Bradford reflects this surge. Yet specialist provision remains limited, leaving mainstream schools to manage increasingly complex needs [13].

These numbers translate into daily realities. Teachers welcoming children into reception often find large groups struggling with basic speech, language, and social skills. Many children arrive anxious or emotionally fragile, shaped by experiences of poverty, housing insecurity, or parental stress.

Evidence Spotlight: Prematurity and School Readiness

Connected Bradford data shows that for each week earlier a child is born, their chance of reaching a good level of development falls by 9%. Fewer than one in five children who are both premature and summer-born achieve a “good level of development” by the end of reception.

The pressure on schools

In this context, schools are doing far more than teaching. We are anchor institutions, often the only consistent support many families can rely on. On any given day, we are:

- Providing food through breakfast clubs, holiday schemes, or food parcels.
- Supporting parents with housing or employment advice.
- Managing complex safeguarding issues.
- Acting as de facto mental health providers for children who face long waits for specialist services.

This is not what schools were designed to do. Yet without this support, children cannot engage in learning.

At Dixons, we have responded with targeted programmes, such as transition activities, language interventions, and the growth of our school community hubs, but the scale of the challenge is growing. Recruitment and retention of skilled staff continues to be difficult but has been made easier by the introduction of our 9 day fortnight for teaching staff. However, that in turn has to be sustained by constant productivity gains. And while our teachers are deeply committed, they cannot replace a properly resourced public service system.

Looking forward

The government's *Opportunity Mission* is welcome. Its focus on improving life chances through early intervention, school readiness, and connected services is exactly what we need. But ambition must be matched with action.

To succeed, we must:

- **Tackle poverty directly:** A third of children in Bradford living below the poverty line cannot be school ready without security at home.
- **Invest in early years provision:** The workforce must be properly funded, trained, and valued.
- **Integrate health and education:** Schools should be seen as hubs for health services, especially in disadvantaged areas, and resourced appropriately.
- **Provide sustained funding:** Short-term pilots, such as the Opportunity Areas, show what can be done. Long term progress, however, requires consistency in investment over a decade or more, rather than the funding of piecemeal initiatives we have grown used to.



Conclusion

Two years on from the ‘Addressing Education and Health Inequity’ report, we have a greater collective understanding of an ever-burgeoning set of challenges. We have made progress with greater recognition, stronger evidence, and more collaboration. But the challenges have also marched on, with widening inequalities, growing demand, and overstretched schools.

As a school leader in the North, I see the resilience, creativity, and ambition of our children on a daily basis. But I also see how much harder their journey is made by structural disadvantage.

The challenge for all of us in schools, in government, and in society is to ensure that no child starts school already behind. **Because readiness for school is readiness for life.**

6. Developing national partnerships

This chapter highlights:

- The progress made since 2023 in building national partnerships to address health and education inequalities.
- The emergence of the **Healthier Together Alliance** as a major consortium bringing together professional bodies, academic networks, voluntary organisations, and local systems to create a united voice for children and young people.
- The outcomes of the October 2024 Birmingham meeting which convened organisations such as the Royal College of Paediatrics and Child Health, Child of the North, the Centre for Young Lives, Born in Bradford, WHAM, and the Institute of Health Visiting.
- How national partnerships are creating **communities of practice, reference groups, and shared digital resources** to strengthen local systems and provide consistent, evidence-based tools across the UK.
- The role of **Healthier Together** in supporting families, clinicians, and educators through trusted digital platforms, and the potential for standardised approaches to improve maternal health, SEND support, mental health, and neurodiversity.

Building on the 2023 recommendations

The 2023 Child of the North 'Addressing Education and Health Inequity' report highlighted the urgent need to scale successful local models into national partnerships, arguing that only through **alignment across professional bodies, academic networks, government departments, and community organisations** could the UK begin to address long-established inequalities in health and education.

Over the past two years, tangible progress has been made. Several national bodies have strengthened collaboration, including the **N8 universities, the Royal College of Paediatrics and Child Health, and think tanks such as the Centre for Young Lives**. Importantly, this collaboration has extended beyond academia and health into education, social care, and community engagement.

One significant development in this period has been the emergence of the **Healthier Together Alliance**, which is creating the conditions for cross-sector partnerships to flourish and ensure that children's voices remain central to national conversations on health and education.

The Healthier Together Alliance

On **4 October 2024**, the Healthier Together Alliance convened a landmark meeting in Birmingham that brought together, for the first time, an unprecedented coalition of organisations. Delegates included the **Royal College of Paediatrics and Child Health (RCPCH)**, **Child of the North**, the **Centre for Young Lives**, **Born in Bradford**, **WHAM**, and the **Institute of Health Visiting**, among many others.

The question posed to delegates was clear: *"How can our organisations and our collective individual action support the new government in its Opportunity Mission?"*

The meeting reflected a recognition that no single system - health, education, social care, or voluntary - can by itself address the inequalities that children and young people face. A whole-society response, coordinated nationally, is required.

The Alliance agreed to work across the **life course of children**, from pregnancy through to adolescence, to support children at every developmental stage. Delegates explored innovative approaches to maternal health, early years development, school-age health and education, and adolescent wellbeing.

The delegates pledged to support the **National Opportunity Summit**, hosted in Leeds on 08.09.25, establish National Reference Groups, and expand communities of practice that bring together practitioners and researchers. These will channel evidence and insights directly into policymaking at national and local levels.



Practical progress

The Healthier Together platform has already shown how national collaboration can deliver practical benefits. The Birmingham meeting highlighted several successful case studies:

- **Maternal and perinatal health:** In Wales and Wessex, Healthier Together has been integrated with digital maternity systems such as BadgerNet, enabling expecting mothers to access personalised, evidence-based information via SMS or QR codes. This has significantly improved access to trusted advice, with visits increasing six-fold for key maternal health issues.
- **Health literacy and early years:** The Institute of Health Visiting has worked with Healthier Together to co-produce accessible resources, including easy-read formats and translations, improving parental confidence and reducing unnecessary A&E attendances.
- **School attendance:** In the North East and North Cumbria, Healthier Together information campaigns have improved school attendance by clarifying when children should and should not be kept off school for health reasons, raising attendance from 78.7% to 86.6% in one case study.
- **Neurodiversity and SEND:** The Alliance highlighted how connected approaches, supported by Born in Bradford research, can reduce waiting times for autism assessments by embedding services in schools and using digital tools such as the Electronic Developmental Support Passport.

- **Adolescents and digital literacy:** Young people themselves, through the RCPCH's &Us programme, are shaping digital health solutions. They have called for accessible, integrated, and privacy-conscious digital resources to support mental health and wellbeing.

These examples demonstrate how national partnerships can translate evidence into practice, strengthen local capacity, and reduce inequalities by ensuring consistent, high-quality information is available across the country

Embedding communities of practice

The Healthier Together Alliance is also building on the Child of the North and Centre for Young Lives networks, which have created over a dozen communities of research practice (CoRPs). These CoRPs bring together practitioners, academics, and policymakers to focus on specific issues such as neurodiversity, perinatal health, child poverty, and digital innovation.

The Alliance's plan is to link these CoRPs to four new National Reference Groups, covering the main developmental phases of childhood:

- Pregnancy and the early years (0–4 years)
- Primary school age (5–11 years)
- Secondary school age (12–18 years)
- Cross-cutting inequalities and systemic drivers

This structure will ensure that evidence is not siloed but instead flows across systems and informs national and local decision-making.

Conclusion

In the two years since the original 'Addressing Education and Health Inequity' report, **national partnerships have strengthened** significantly. The Healthier Together Alliance provides a unifying vision: to use evidence, innovation, and collective action to ensure every child in the UK can thrive.

The Alliance has already delivered tangible results in maternal health, early years literacy, school attendance, and neurodiversity support. Its plans to create National Reference Groups, expand communities of practice, and host shared resources on the Healthier Together platform show clear progress towards a joined-up national strategy.

The challenge now is to sustain this momentum, embed these partnerships across government and local systems, and ensure that the voices of children and young people continue to shape the agenda. If achieved, this collaborative movement has the potential to transform outcomes and address the inequalities that have long defined the health and education landscape in the UK.

7. Developing local partnerships

This chapter highlights:

- The progress since 2023 in creating partnerships that connect universities and health services for partnership working with schools and local communities.
- The adoption of the '**Bradford model**' across the North of England, with the creation of major initiatives including **CHORAL in Leeds**, **SCYPHeR in Sheffield**, and the **Liverpool Institute of Child Health and Wellbeing (LICHW)**.
- The emergence of an interconnected ecosystem that allows evidence, practice, and innovation to be shared across the North, supported by the N8+ universities and the **Child of the North** initiative.
- The strengthening of local education-led partnerships, including the **Education Alliance for Life Chances in Bradford**, now established as an independent charity, and the expansion of the **Leeds Learning Alliance**, which now represents more than 135,000 learners.
- The policy opportunity: this ecosystem provides a strong foundation for government's **Opportunity Mission**, embedding education-led partnerships at the heart of strategies to reduce child inequity.

Building on the Bradford model

The 2023 Child of the North 'Addressing Education and Health Inequity' report highlighted the importance of the Bradford model, in which schools worked closely with universities, health partners, and local authorities to address entrenched inequalities. Bradford demonstrated how education could be positioned as the driver of system-wide change, ensuring that the voices of schools and young people shaped strategies to improve health and life chances.

Creating a Northern ecosystem

The North of England now has an emerging ecosystem of partnerships designed to eradicate child inequity. This system creates opportunities for:

- **Shared learning:** Local projects can test approaches in context, while **Child of the North** ensures insights are synthesised and disseminated region-wide.
- **Scale and influence:** Evidence generated in one area can be translated and applied across others, increasing policy impact.
- **Consistency for government:** Policymakers can access coordinated advice from a collective of Northern institutions, reducing fragmentation and duplication.
- This ecosystem represents a **practical expression of the "collective intelligence"** approach highlighted in Chapter 8. It provides a robust foundation for delivering the **Opportunity Mission** and addressing child inequity at scale.

Since then, this model has not only deepened in Bradford but has also been replicated and adapted across the North of England.

New initiatives across the North

Three major initiatives illustrate this progress:

- **CHORAL (Child Health Outcome Research at Leeds):** CHORAL has brought together Leeds University and the NHS Hospital Trust to improve child health outcomes through research-informed collaboration. Its focus includes reducing inequalities in obesity, mental health, and long-term conditions, with a vision of using schools as key sites for early intervention and prevention.
- **SCYPHeR (South Yorkshire Children and Young People's Health Research):** Based in Sheffield, SCYPHeR is building collaboration between Sheffield Children's Hospital, Sheffield Hallam University and the University of Sheffield and embedding high-quality research and practice across South Yorkshire. The network has the single aim of improving child health, enabling the prioritisation of research which directly improves the health of young people in South Yorkshire.
- **LICHW (Liverpool Institute of Child Health and Wellbeing):** The Institute is a major new collaboration between the University of Liverpool and Alder Hey Children's NHS Foundation Trust. LICHW have a mission to tackle the most pressing health and wellbeing challenges affecting children and young people today. LICHW is driving innovation that will benefit children now and for generations to come.

Together, these initiatives represent a new ecosystem of partnerships stretching across the North of England. They share common principles: co-production, a desire to use connected data, and a focus on tackling inequalities.

Local partnerships in action – Education Alliance for Life Chances

In Bradford, the **Education Alliance for Life Chances (EALC)** has continued to grow. Originally convened as a partnership of schools committed to tackling inequality, the Alliance has now become a **standalone charity**, ensuring sustainability and independence.

Over the last two years, the EALC has:

- Expanded its membership, bringing in more schools and early years providers
- Secured new resources for collaborative projects on attendance, literacy, and mental health
- Strengthened links with Connected Bradford, using data to target support where it is needed most
- Provided a collective voice for education leaders in citywide discussions on health, social care, and economic development

The EALC demonstrates the power of education-led partnerships to provide **both local leadership and cross-sector influence**.

“I think really the most important thing that the Opportunity Area did was to say ‘**we need to bridge that divide between health and education**’”.

– Education Practitioner

Leeds Learning Alliance – building a network of networks

The **Leeds Learning Alliance (LLA)** has also made significant strides. As of January 2025, it represents over **135,000 learners across 83 partner organisations**, nearly doubling in size from the previous year.

The LLA operates as a “network of networks”, bringing together schools, universities, colleges, employers, and community organisations. Its priorities include inclusion, reducing exclusions, promoting equity, and expanding opportunities for learners from marginalised groups.

Highlights of the last year include:

- A major **Inclusive Leadership and Practice Conference**, attended by over 300 delegates and 80 young people, which strengthened commitment to equity and restorative practice.

- New collaborations with Leeds Beckett and Leeds Trinity Universities to develop innovative workforce supply models, enabling education students to provide cover in schools while gaining experience.
- Expansion of digital pathways initiatives, including career programmes that reached over 12,000 young people in 2023/24.
- Measurable improvements in inclusion and reduced exclusions across member schools.

The LLA’s growth shows how local education partnerships can **scale up and deliver impact across an entire city**.

The role of Child of the North

The development of education-led partnerships at city level is reinforced by the **Child of the North (CotN)** initiative. Together, they act as the **connecting tissue** between local work and national policy.

CotN ensures that evidence generated across the North of England is not siloed but instead contributes to **national debates and government strategies**. In return, national policy priorities are translated back into local initiatives, allowing rapid testing and refinement in real-world settings.

This **push and pull of knowledge** from local practice to national policy and back again strengthens the whole ecosystem. It ensures that innovations are not isolated but instead form part of a **coherent regional and national effort** to reduce inequalities.

Conclusion

Since 2023, significant progress has been made in creating **partnerships** across the North of England. The Bradford model has inspired major initiatives in Leeds, Sheffield, and Liverpool, creating an ecosystem that links local action to regional and national strategy. Local alliances such as the EALC and the LLA show the power of education to convene, collaborate, and lead.

This ecosystem, supported by CotN, provides a **superb foundation for the government’s Opportunity Mission**. The UK can build on these partnerships and embed education at the heart of efforts to reduce inequality, improve life chances, and create a country where every child can thrive.

8. Universities as R&D departments

This chapter highlights:

- The progress made since 2023 in realising the vision of universities acting as the **research and development departments** for local and national government.
- The success of the **2024 Child of the North (CotN) campaign**, *A country that works for all children and young people*, which produced 12 reports synthesising the best available evidence to support government policymaking.
- The establishment of the **Department for Education's Scientific Advisory Council**, which has created new opportunities to embed scientific evidence into education policy.
- The potential of collective intelligence - harnessing insights from universities, practitioners, policymakers, and communities - to transform how the UK addresses child inequalities.

This ambitious programme produced 12 major reports over the course of a year, each addressing a critical issue facing children's lives - from poverty and health inequalities to digital futures, SEND, and mental health.

Each report was written by researchers from the **N8 universities** in collaboration with wider academic partners ("N8+"), and supported by **Health Equity North** and the **Centre for Young Lives**. The reports provided a **coherent body of evidence** to inform policymaking at a critical juncture in the political cycle.

This report series demonstrated how universities can act collectively as the nation's "R&D department", generating not only new knowledge but practical, evidence-based solutions.

The Department for Education Scientific Advisory Council

A significant institutional development since 2023 has been the creation of the Scientific Advisory Council (SAC) within the Department for Education. The SAC represents a step forward in embedding evidence into policymaking, providing Ministers and officials with a structured mechanism to access expert advice.

The SAC has already begun to engage with CotN and related initiatives. This connection has created a bridge between government decision-making and the wider academic community. The opportunity now is to deepen this relationship. The SAC could act as a conduit for collective intelligence, drawing not only on individual experts but on the organised networks of universities, research centres, and practitioner communities that were convened by CotN and other networks, including the Healthier Together Alliance.

Harnessing collective intelligence

The concept of collective intelligence is central to the future of evidence-informed policy. Collective intelligence recognises that no single institution, sector, individual, or discipline has all the answers. Instead, solutions to complex challenges emerge when diverse sources of knowledge are brought together.

The CotN campaign exemplifies this principle: by combining data science, social science, health research, and lived experience, it produced insights that were both academically rigorous and practically relevant. The creation of communities of practice around each of the 12 reports now provides a sustainable platform for ongoing collaboration.

The 2023 Child of the North 'Addressing Education and Health Inequity' report on education inequity called for universities to become the **research and development departments for the nation**. The rationale was clear: universities house the expertise, infrastructure, and independence needed to generate and interpret evidence, while public services often lack capacity to evaluate what works.

Since then, significant progress has been made. Universities across the UK, including the North of England, have taken steps to operationalise this vision - working more closely with policymakers, synthesising evidence, and building platforms for collaborative problem-solving.

At the heart of this progress has been the **Child of the North initiative**, which has demonstrated how academic expertise can be mobilised at scale to provide evidence-led recommendations for government.

The Child of the North campaign - a landmark achievement

In 2024, the CotN network launched its flagship campaign, *A country that works for all children and young people*.

For the government, harnessing collective intelligence means moving from **one-off consultations** with academics and individuals with lived experience to **systematic engagement** with organised networks. The SAC could formalise these channels, ensuring that:

- Evidence from initiatives like CotN is routinely synthesised and fed into policymaking.
- Policymakers can request rapid reviews or targeted analyses from academic networks.
- Universities, in turn, receive feedback on the kinds of evidence most needed, ensuring research agendas are policy-relevant.
- Practitioners and communities contribute insights alongside academics, grounding evidence in real-world contexts.

Recommendations for the future

To maximise the progress since 2023 and embed universities as R&D partners for the nation, this report makes the following recommendations:

1. Strengthen the SAC's connection to university networks

- Establish formal partnerships between the SAC and initiatives like CotN.
- Create national working groups on key issues (e.g., AI, early years, school absence) drawing on CotN's communities of practice.

2. Create a national evidence platform

- Develop an open-access platform (building on CotN's report series) where policymakers, practitioners, and the public can access synthesised evidence, implementation guides, and case studies.

3. Support "test and learn" collaborations

- Fund pilot projects co-designed by universities, local authorities, and Integrated Care Boards, with SAC oversight to ensure findings inform national policy.

4. Invest in collective intelligence infrastructure

- Provide resources for universities to convene cross-sector communities, ensuring evidence is continually updated and co-produced with practitioners and families.

5. Make universities strategic partners in government missions

- Position academic networks as integral to delivering the Opportunity Mission, ensuring policies are informed by the best possible evidence at every stage.



Conclusion

The vision set out in 2023 - that universities should become the nation's research and development departments - has begun to be realised. The **Child of the North campaign** stands as a landmark achievement, showing how universities can act collectively to synthesise evidence, shape debate, and inform government action. The establishment of the **DfE Scientific Advisory Council** provides a crucial institutional mechanism to embed this approach in policymaking.

The next step is to move from **ad hoc collaboration** to a **systematic ecosystem of collective intelligence** - where universities, practitioners, policymakers, and communities work together continuously to tackle inequalities.

If sustained, this approach can ensure that the UK's policies for children and young people are consistently informed by the best available evidence, tested in practice, and refined through feedback. In doing so, it will deliver on the government's ambition to create a country where every child, regardless of background, has the opportunity to thrive.

9. Connected datasets for improved public service delivery

This chapter highlights:

- The significant progress made in the past two years in harnessing connected data to address health and education inequalities.
- How Connected Bradford has provided a proven, scalable model that integrates health, education, and social data to improve outcomes for children and young people.
- The establishment of Connected Humber and North Yorkshire as a national trailblazer for data-driven integrated public service delivery, with a pioneering focus on children and young people.
- The potential for Connected Bradford, supported by national stakeholders, academic partners, and communities, to become the blueprint for wider national adoption of connected data solutions.

Building on the foundations of Connected Bradford

The 2023 education inequity 'Addressing Education and Health Inequity' report emphasised the need to better connect public services, particularly education and health, to address entrenched inequalities. Bradford has since demonstrated what can be achieved when local systems, supported by academic expertise, commit to connecting routine administrative data.

The Connected Bradford database, linking the health, education, and social care records of over 600,000 citizens, has become an internationally recognised model. It has shown how connected datasets can:

- Identify gaps in service provision and enable targeted interventions to support learning outcomes.
- Flag vulnerabilities early, for example by highlighting that children failing to reach a good level of development on the Early Years Foundation Stage Profile are five times more likely to require SEND support later.
- Develop innovative tools such as the Electronic Developmental Support Passport, enabling schools to systematically record developmental needs and share this information securely with clinicians.

Connected Bradford has provided proof of principle that securely linking administrative data can transform service delivery. Most importantly, it has demonstrated the trust that can be built with communities through ethical governance, coproduction, and transparency. This foundation has enabled the scaling of connected data approaches across Yorkshire.

The emergence of Connected Humber and North Yorkshire

Over the last two years, the Humber and North Yorkshire Integrated Care Partnership (ICP) has seized the opportunity to establish itself as a **trailblazer for data-driven integrated public service delivery**. The creation of **Connected Humber and North Yorkshire (Connected HNY)** marks a significant step forward in addressing health and education inequalities through data science.

Connected HNY was launched through the ICP's **Futures Group**, which brings together NHS partners, local authorities, universities, the voluntary sector, and national organisations to co-create long-term solutions. Its vision is ambitious:

- To create a **Connected HNY dataset** hosted within the NHS England Yorkshire Secure Data Environment.
- To focus first on **children and young people**, tackling the drivers of long-term inequality at their roots.
- To provide frontline practitioners with **HNY Insights**, a platform enabling secure, bidirectional sharing of information across education, health, and social care.
- To establish governance and oversight with national stakeholders, including senior figures such as the former Children's Commissioner and the former President of the Royal College of Paediatrics and Child Health, ensuring legal, ethical, and transparent use of data.

The Connected HNY programme has adopted a "test and learn" approach, prioritising achievable goals. For example, the first phase focuses on linking health and education records, creating a secure foundation on which broader data integration can be built.

"The children of today will be the scientists of tomorrow... even if they live in Doncaster"

– Secondary school pupil, Doncaster

A regional model with national significance

The Connected HNY initiative builds on the lessons of Bradford but has been designed with scalability in mind. It benefits from:

- The support of the **N8 universities** through the Child of the North programme, providing analytical and social science expertise.
- Strategic partnership with the **Alan Turing Institute**, including its “digital twins” programme, to ensure cutting-edge data science capacity.
- Integration into the NHS England Secure Data Environment infrastructure, ensuring alignment with national priorities for secure, ethical data use.

Connected HNY is laying a sustainable foundation for expansion into other priority areas, such as supporting frailty indices in older adults (a powerful proven approach pioneered in Bradford), by beginning with children and young people. Crucially, its place-based approach, drawing on Bradford’s Act Locally methodology, ensures that interventions are designed with and not just for communities.

Its emphasis on health-education linkage offers an exemplar for replication across Integrated Care Boards nationally.

Connecting academic firepower with service providers

Towards a connected future

Progress in the last two years has shown that the era of fragmented services and siloed data is unsustainable. The moral, ethical, and economic case for connected data has been repeatedly made. What Bradford proved the principle and Humber and North Yorkshire are now scaling the approach.

The prize is significant. Connected data approaches offer:

- Earlier identification of health and educational needs, preventing long-term harms.
- More efficient service delivery, reducing duplication and waiting times.
- Stronger partnerships between education, health, and social care.
- Improved commissioning and accountability, with real-time, place-based evidence on what works.
- Greater trust between citizens and public services, built on transparency and community engagement.

Child of the North has played a pivotal role in supporting the expansion of connected data initiatives across the North of England. Recent workshops have confirmed that no single university has the full set of assets required to tackle the entrenched inequalities faced by children and young people; collaboration is essential. CoTN has created a framework for scaling connected data approaches - like Connected HNY - by coordinating expertise in data science, health, education, and social policy. Crucially, this work has emphasised the importance of co-production, lived experience, and retaining Northern data assets so that the insights generated in the region can directly shape both local practice and national policy in a publicly acceptable manner.

Conclusion

In just two years since the publication of the first education inequalities ‘Addressing Education and Health Inequity’ report, progress in connected data has been remarkable.

Connected Bradford has established proof of concept. **Connected Humber and North Yorkshire** is now building a sustainable, scalable model that integrates health and education data to tackle some of the most pressing inequalities facing children and young people.

If sustained - and supported nationally - Connected HNY has the potential not only to narrow the gap in healthy life expectancy within its own region but also to provide a **blueprint for a national system** of connected datasets. This would represent a step-change in how the UK addresses health and education inequalities - moving from reactive, fragmented responses to proactive, data-driven, whole-system solutions.

The evidence is clear: **connected data works**. The challenge now is to ensure that the progress made in Humber and North Yorkshire is supported, sustained, and scaled across the country.

10. Evidence-based approaches to address the SEND crisis

This chapter highlights:

- Children who are not school ready are up to **six times more likely to require SEND support** later in their education [5].
- School readiness measures can act as an early identification system, **highlighting vulnerabilities** and providing support before adverse outcomes arise.
- Current SEND provision is under immense strain, with large waiting lists and long delays for assessments, leading to poorer outcomes and higher costs across education, health, and social care.
- Tools like the **Electronic Developmental Support Passport (EDSP)** and platforms such as Connected Bradford show how data-driven, needs-led systems can transform early identification.
- A national strategy embedding developmental educational screening, teacher training, and **integrated health-education data** is urgently required to reduce inequalities and improve life chances.

The challenge

Children's chances of starting school ready to learn are far from equal. In cities in the north of England, up to 40% of children are not school ready, compared with a national average of around 33% [4]. Evidence shows that children who begin school without key developmental skills are significantly more likely to struggle with attendance, fall behind academically, and disengage from education altogether [3,5,9]. They are also six times more likely to need SEND support later in their school journey [6].

The current SEND system is under acute pressure. Families often wait years to access support, with teachers navigating complex needs in the classroom without sufficient resources. Inconsistent access to timely support reflects a postcode lottery: some local authorities deliver only 5% of EHCP plans within the recommended 20 weeks, while others deliver nearly all EHCP plans on time.

Inequalities are compounded by gender, ethnicity, and socioeconomic status. Boys are more likely to be referred to autism services than girls, who wait on average three years longer to access a diagnosis [14]. Children of Asian heritage are around 50% less likely to receive an autism diagnosis compared to white peers, despite similar underlying prevalence [5]. Children from low SES backgrounds are significantly less likely to be school ready, increasing their likelihood of experiencing downstream adverse educational outcomes.

Without early identification and intervention, children are more likely to experience poorer mental health and social difficulties, and their needs can become more challenging to support [15]. The inequitable access to early SEND support, therefore, entrenches a cycle of inequality across education, health, and employment.

How school readiness measures can help

School readiness assessments - such as the Early Years Foundation Stage Profile (EYFSP) - are powerful predictors of later needs. They offer a unique opportunity to identify children who are more likely to be identified as having SEND much earlier than formal diagnosis pathways allow [3,6,9].

Building on this predictive potential, Bradford has piloted the Electronic Developmental Support Passport (EDSP). The EDSP shifts practice from a diagnosis-led model, which delays help until clinical thresholds are met, to a needs-led approach.

This teacher-led tool enables schools to record and assess children's progress across domains including communication, motor skills, social-emotional development, and cognition. Teachers are directed to evidence-based resources, including group and individual based strategies such as psychoeducation, to support each student's unique needs. These support materials help promote wellbeing and school engagement while awaiting formal clinical provision where required. Secure data-sharing features allow professionals from across health and social sectors to access relevant information, reducing duplication and speeding up assessments for autism, ADHD, and other conditions.

"I firmly believe **the current system is failing our children**. The wonderful supporting strategies and documents with advice hinge around adults delivering intensive intervention, which contradicts the financial situation in schools." – Teacher

The role of connected data

The success of early identification depends on breaking down the silos between education, health, and social care. Currently, each service holds critical pieces of information, but rarely are they connected in a way that supports timely intervention.

Bradford has demonstrated what is possible through Connected Bradford, a linked dataset covering over 600,000 citizens [16]. By joining up health, education, and social care data, Connected Bradford has shown how vulnerabilities can be flagged before children fall behind.

The Education Alliance for Life Chances is now building on this work and creating a scalable model across its partnership of health, education and social care providers. Identify children's needs earlier across multiple settings. This aims to:

- Enable timely, coordinated support that avoids duplication and delays.
- Reduce reliance on diagnostic triggers, allowing help to be delivered based on need.
- Support schools with evidence-based tools tailored to their pupils.
- Improve commissioning decisions using real-time, place-based data.

This work demonstrates the potential for national adoption. By embedding education-health data linkage into NHS Secure Data Environments, local areas across the UK could replicate the Bradford model.



Policy implications

Harnessing school readiness as a tool for early SEND identification could transform outcomes and reduce pressures across public systems. To achieve this, the following actions are recommended:

1 Embed early developmental screening in schools

- Roll out teacher-led developmental tools like the EDSP nationally
- Extend readiness assessments beyond reception into the Primary Years to track development over time

2 Invest in workforce training and capacity

- Provide mandatory CPD for educational professionals in SEND identification and inclusive support strategies.
- Develop and support accessible resources for families to support their child's development at home (e.g. '50 things to do before you're five')

3 Integrate education and health data systems

- Support secure, ethical data linkage between schools, health services, and local authorities via NHS Secure Data Environments
- Ensure that data integration includes communities, parents, and young people to build trust and transparency

4 Strengthen national leadership

- The Department for Education should coordinate with the Department of Health and Social Care to drive integration
- Inspection frameworks should incentivise early intervention and reward data-sharing

Conclusion

School readiness measures hold untapped potential to transform how we identify and support children with SEND. By moving from a diagnosis-led to a needs-led system, we can ensure that support is provided earlier, more equitably, and more effectively.

The innovations pioneered in Bradford (from the EDSP tool to the Connected Bradford dataset) demonstrate that this approach is both feasible and impactful. With national leadership, investment in schools and families, and integration of education and health data, the UK could lead the way in creating a SEND system that is proactive, protective, and truly fit for purpose.

11. Age of opportunity



John Wright

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Rosie McEachan

Director, Born in
Bradford

This chapter highlights:

A new research programme built on the success of Born in Bradford that will provide new insights into the barriers and opportunities for young people entering the workplace and obtaining fulfilling employment that grows the UK's economy

The challenge

Young people who are not in education, employment, or training (NEET) face some of the most entrenched inequalities in society. Too many young people in the North of England are entering adulthood without the qualifications, health, or confidence they need to succeed. The consequences are stark. Long-term NEET status is associated with poorer health, higher levels of criminal justice involvement, and reduced earnings across the life course. Those who were NEET can expect to earn around 17% less than their peers when they reach 30 years of age; young men who are NEET are five times more likely to have a criminal record; and one in ten report turning to drugs or alcohol as a result of unemployment. The scarring effects are long-lasting: research shows higher hospitalisation rates and even premature mortality decades later.

For Bradford - a city with one of the highest NEET rates in the country - this challenge is particularly urgent. Born in Bradford data highlights how disadvantage accumulates early: NEET rates were 4.5% among those with Special Educational Needs and 8.2% among those with health problems affecting education, compared to just 1.5% among their peers without these challenges. NEET is not a 'sudden' outcome when children leave education but the culmination of inequalities stretching back to the earliest years of life.

Reducing the number of young people who are NEET must therefore be a national priority. If we can remove children from a trajectory towards NEET then we will create a more skilled and productive workforce, reduce long-term demand on health and social services, and foster more inclusive communities.

The Age of Opportunity

The Age of Opportunity programme will build on the foundations laid by Born in Bradford (BiB) - one of the UK's most ambitious and inclusive longitudinal studies of childhood and adolescence. Age of Opportunity will follow over 20,000 BiB children into early adulthood and provide unprecedented insight into the early life factors that shape employment, training, and life chances.



Bradford - a city of 540,000 people, with 34% living in the most deprived neighbourhoods in England and 32% identifying as Asian/Asian British - is an ideal place to locate this work. It is a city that reflects both the challenges and opportunities of modern Britain. We can trace how health, education, and socioeconomic factors interact to create barriers - or pathways - to opportunity by linking large-scale investigations with the innovative Connected Bradford dataset. This work will not only follow the existing Born in Bradford cohort but also recruit young people from across West Yorkshire to act as citizen scientists within the project.

The University of Bradford have already committed to creating the first University cohort providing insights into how we can support the next generation into fulfilling employment.

In this way, Age of Opportunity will generate both rigorous quantitative evidence and lived-experience insights, ensuring that research is relevant, accessible, and immediately useful to policymakers and practitioners.

Aims

The programme has three interconnected aims:

1. **To harness life-course data to understand trajectories.** We will use the linked education, health, and social care records to map the factors that predict positive employment outcomes and identify when support is most effective.
2. **To evaluate government initiatives to enhance youth employment.** Age of Opportunity will act as a real-time test bed, examining the impact of national reforms.
3. **To design and test innovative interventions.** Using the Connected Bradford and Connected Yorkshire databases, researchers will evaluate new approaches.

Methods

Age of Opportunity will build on BiB's proven track record of innovative and impactful population research combining:

- Co-production
- Longitudinal data collection
- Linked routine data
- Qualitative insights
- Citizen science and participatory methods

Citizen scientists

Age of Opportunity will recruit young people as citizen scientists to ensure the research is rooted in lived experience. We can build both evidence and capacity by equipping participants with skills in data literacy, problem-solving, and analysis. Citizen scientists will investigate questions such as:

- What skills and attributes do employers most value?
- What barriers do young people face in the transition from school to work?
- How do health, education, and community factors intersect to shape career trajectories?

This participatory approach will yield authentic insights that can inform local and national decision-making, while also empowering young people to shape the policies that affect their futures.

Policy implications

The evidence generated by Age of Opportunity will have far-reaching implications:

- **Targeted investment:** Data will highlight where resources are most needed, ensuring spending is directed to the most impactful interventions.
- **Equity-focused policies:** Analyses will show how outcomes differ across groups, supporting efforts to reduce inequalities.
- **Preventive, long-term planning:** The programme will help policymakers intervene earlier and more effectively by identifying early predictors of later outcomes.



Transformative potential

The transition from adolescence into adulthood is a critical juncture. It is the moment when the inequalities that begin in childhood can either be overcome or become entrenched. Age of Opportunity has the potential to transform policy through evidence by combining world-leading data infrastructure with the active participation of young people.

Age of Opportunity will not only improve individual outcomes but also strengthen communities and economies. We can build a healthier, more skilled, and more inclusive workforce by helping young people to thrive – and this will create a more prosperous society.

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