UNIVERSITY OF
LIVERPOOL

Heseltine Institute
for Public Policy,
Practice and Place

TACKLING INEQUALITIES THROUGH PLACE-BASED POLICY

INSIGHTS FROM THE HESELTINE INSTITUTE POLICY BRIEFINGS

Contents

Introduction

The 2024 General Election saw Labour win a huge majority on the back of its missions, pledging to grow the economy, fix public services and renew infrastructure. However, as election results across the world over the last decade have shown, to retain power governments cannot simply focus on headline measures of economic growth and employment, but must ensure prosperity is shared by all. Addressing the inequalities present in the UK is central to improving economic performance: only by harnessing the potential of all places and parts of society can the anaemic growth and flatlining living standards of the last 15 years be turned around.

Understanding of the impact of inequality on economic performance has developed since the Global Financial Crisis. In 2009's **The Spirit Level,** Richard Wilkinson and Kate Pickett linked inequality within countries to a range of social and health problems. Unequal societies, they argued, are more likely to have high rates of crime, to have populations with poorer health outcomes, and to be more unstable. Similarly, high-profile works by **Thomas Picketty** and Nobel Prize winner **Joseph Stiglitz** epitomised a new zeitgeist in which policymakers asked how not only how economic growth can be delivered, but how the benefits of growth can be more widely distributed across society.

It is not just interest in economic inequality that has grown the UK over the last 15 years. Concern has developed about health inequalities, described vividly in **Michael Marmot's 2010 review** and **follow up report in 2020** which found life expectancy is falling in parts of the UK. Interest in the impact of spatial inequality has grown as the UK economy has increasingly bifurcated between a handful of high growth places mostly in London and the South East of England and flatlined elsewhere. Protests in the USA following the murder by a police officer of George Floyd sparked renewed calls for racial justice in the UK and action to address the stark racial inequalities present in British society. And the gender wage gap, while narrowing in recent years, **remains stubbornly persistent.**

There are few places in the UK where inequalities are in sharper relief than in Liverpool City Region, where long-standing disparities in economic, health and social outcomes were intensified by the Covid-19 pandemic. In Wirral, for example, male life expectancy is **more than ten years lower** in the most deprived, eastern parts of the borough compared to the least deprived areas in its west – a distance of just 7 miles. The number of Liverpool City Region residents who are **economically inactive due to health conditions** has increased since the pandemic.

In terms of qualification levels, according to the 2021 Census, 21% of LCR's adult population have no qualifications, compared to 18% nationally.

Underpinning these intersecting inequalities in Liverpool City Region is the issue of regional disparities – one of the Heseltine Institute's core research themes. While Liverpool has been physically transformed since the 1980s, its performance remains – in common with other deindustrialised 'second-tier' cities such as Sheffield, Newcastle and Birmingham – significantly below London and the South East across a wide range of economic metrics, including productivity growth, income and wealth. The UK is one of the most spatially imbalanced nations in the developed world and, as highlighted in this publication – the second of our collection of previously published policy briefings – this economic and political gap has huge consequences for residents across Liverpool City Region.

The collection highlights three questions on inequalities and their impact. As devolution provides more powers for English city-regions – in areas such as public health, economic development and skills – these briefings also illustrate how place-based policy can respond to these inequalities.

What are the consequences of inequality in Liverpool City Region and across the UK?

In their warning about the health and social care crisis facing Liverpool, Professor Matt Ashton (Director of Public Health for Liverpool City Region at Liverpool City Council and Honorary Professor at the University of Liverpool) and Eustace de Sousa (former head of Public Health England's health inequalities team) starkly describe the state of health in the city. For the first time since the industrial revolution, life expectancy in Liverpool has flatlined over the last decade, and the gap between the city and the rest of the country is growing. Even more alarming are growing inequalities in childhood health outcomes, with mortality in the city already above the national average and rates of childhood vaccination falling. The briefing highlights the need for urgent action, calling for public health measures at a national level aimed at reducing consumption of alcohol, tobacco and unhealthy food, and moves toward a devolved model of funding for health and social care.

Delving deeper into the geography of inequalities, Heseltine Institute Research Associate Dr James Hickson discusses how 'left behind' places are characterised by precarity, with residents experiencing a distinct form of vulnerability, uncertainty and jeopardy.

The briefing uses research from Seacombe, a ward in Wirral where household incomes are significantly below both the Liverpool City Region and national average, and many jobs are low paid and precarious. Dr Hickson links this economic precarity with a decline in social cohesion, citing the loss of critical social infrastructure over recent years, and political disconnection, noting the low turnout in elections in the ward. While inequalities between regions are a constraint on national prosperity, this briefing emphasises a need to also consider the effects of within-region inequalities. Addressing the jeopardy, uncertainty and dependence evident in precarious places will require more work at a community-level, such as the recently extended **Cradle to Career programme now having a significant impact on early years outcomes in Wirral.**

What is the role of the state in addressing inequalities?

Covid-19 shone the harshest of light on how crises are experienced across society. As Dr Lisa Jones (Reader in Public Health at Liverpool John Moores University) and Dr Andrew Turner (Consultant at Public Health North West and previously Health Policy Lead at Liverpool City Region Combined Authority) highlighted in their 2020 briefing, the health impacts of the pandemic were not borne equally. Men, older people, those with existing health conditions, ethnic minority communities, low paid workers and residents of deprived areas were at greater risk of infection, serious illness and death from the virus.

Public sector bodies have extensive responsibilities and can play a major role in addressing inequalities across society. In his 2022 briefing, Chris Oswald (formerly of the Equalities and Human Rights Commission) discussed the need for publicly-funded projects to have an explicit focus on advancing equality of opportunity. Using evidence from Scotland, the briefing argues that adopting a more proactive approach to engaging marginalised communities in the economy can reap significant benefits, particularly in the context of a labour shortage in some of the UK's major growth industries.

How can place-based policy help tackle inequalities?

Since the Covid-19 pandemic, Liverpool City Region has demonstrated the potential of devolved regional institutions to tackle inequalities. In a briefing published at the height of the pandemic, Professor Fiona Beveridge (Executive Pro Vice Chancellor for the Faculty of Humanities and Social Sciences at the University of Liverpool) suggested the disruption to public services represented an opportunity to reappraise their response "through an equality lens".

Citing evidence from the **Women's Budget Group**, the briefing illustrated the gender inequalities affecting women highlighted by Covid-19. As the briefing highlights, "fixing the care economy across the UK and Liverpool City Region is essential to unlock large pools of human capacity".

Tackling race inequalities has been identified as a priority for Liverpool. In his briefing, Emy Onuora (Race Equality Project Manager at Liverpool City Region Combined Authority), details the establishment of a new Race Equality Hub for the region in 2022. Supported by £2.3m of funding by Metro Mayor Steve Rotheram, the hub is supporting career opportunities for Black, Asian and Minority Ethnic communities and businesses. The briefing highlights how the hub diverges from short-term and top-down initiatives to focus on processes of power-sharing and co-designed interventions.

The final briefing in this collection focuses on gender inequality, with a particular focus on a gender gap which is little discussed but of growing concern to education policymakers – the substantially better performance of girls than boys in writing at a young age. In the briefing, Dr Victorina González-Diaz (Reader in English at the University of Liverpool), Dr Elizabeth Parr (Head of Initial Teacher Education at the School of Education, Liverpool John Moores University) and Dr Angrosh Mandya (former Senior Tutor in Computer Science at the University of Liverpool) detail evidence exploring why this gap persists and set out some proposals to reform the teaching of writing for primary-age children. The research detailed in this briefing helped inform the development of a toolkit now available to teachers across Liverpool City Region.

This collection of policy briefings demonstrates the depths of the inequality challenges facing Liverpool City Region and the UK, and the urgency of tackling them. It also illustrates the role place-based policy can play in this challenge. Liverpool City Region encapsulates in many ways how inequalities can hold back an economy, but also how focused policy interventions designed and delivered by combined and local authorities can in many cases be more effective in unlocking human potential than top-down, 'Westminster knows best' approaches.

Matt Ashton and Eustace de Sousa

State of health in the city: Liverpool 2040

Key takeaways

1. Liverpool is facing an unprecedented health and social care crisis with up to an extra 38,000 people living with major illness (defined as at least two long term conditions) by 2040 unless urgent action is taken. One in four of the adult population in Liverpool is projected to be living with major illness by 2040, compared to one in five across England.

2. The burden of this crisis is being borne unevenly with residents in the most deprived areas experiencing the worst outcomes. This inequality is forecasted to get worse by 2040.

3. The impact of national policies and reductions in public services on issues such as poverty, housing, unemployment and unhealthy lifestyles, have entrenched poor health outcomes and inequalities in Liverpool, which has a consequence for the economy through unemployment caused by ill health.

4. The Liverpool 2040 report will help focus health and care planning, but inadequately funded services impair local capacity to move at scale and pace to address current need and reduce forecasted demand.

5. UK government action is needed to give local systems adequate resources and powers to improve health, alongside national policies to drive health improving environments.

1. Health in Liverpool 2040: a wake-up call

What might the future hold for the health of Liverpool's residents? This is a crucial question not only for the city's residents, but also for those providing health and care services and responsible for the city's economy and future prosperity.

State of Health in the City: Liverpool 2040 is the first report of its kind in Liverpool to go beyond describing the current 'health problem'. In response to **Liverpool City Council (LCC) condemning health inequalities in the city in the summer of 2023**, we wanted to consider how health outcomes have changed over previous decades, and how we might expect the future to look. Our aim was to go beyond simply describing the current state of health and look ahead. Most crucially, the report is designed to act as a catalyst for change in a city that has been held back by ill health for decades. Based on recent evidence, the report sets out current and future local and national actions needed to improve health outcomes for all the city's residents.

2. Current health in Liverpool

As the third most deprived local authority area in England, Liverpool is a place with longstanding health and social inequalities. Almost two in three residents live in the most deprived 20% of areas in England. Although the city has seen improvements in a few key health metrics, such as reductions in the numbers of smokers and lower rates of teenage pregnancy, the LCC Director of Public Health's new report describes a current state of ill health in the city that is of grave concern.

The report finds that our residents are living longer than previously, but in the last decade that progress has stalled, compounded by the impact of COVID-19. Men in Liverpool live an average of 3.5 years less and women 3.9 years less than in the rest of England, and this divide has widened since the start of the COVID-19 pandemic. COVID-19, cancer, cardiovascular and respiratory diseases were the principal drivers for this decline in life expectancy.

Concerning as this overall deterioration is, analysis shows a persistent theme of inequalities for both life expectancy and health life expectancy. Across the life course, children, young people and adults in our poorest areas consistently experience worse levels of ill health compared with rates in more affluent parts of the city and averages across England.

Not enough children and young people in our city are starting well in life. Our infant mortality rate is above the national average (4.8 per 1,000 versus 3.9 per 1,000), and 24,000 (28.9%) children live in relative poverty. Since the pandemic, childhood vaccination rates have sharply declined to the extent that in 2022/23 only 80% of children had their first dose of the measles, mumps, and rubella (MMR) vaccine by their second birthday, significantly below the England rate (89.3%) and well below the rate generally considered to offer population level immunity. 43.5% children have dental decay by the age of five, the second highest nationally, and the city has the fifth lowest rate of children being ready for school (measured by having reached a **Good Level of Development**, or GLD) at only 58.4%. As one might expect, this grim experience of health often continues into adulthood.

The report reveals that if you live in the poorest areas of the city, you will on average live 15 years less than someone in the most affluent areas, and you are more likely to experience ill health earlier in life. The analysis shows that residents in the poorest areas live between 10 to 15 years sooner with major illness (that is at least two long term conditions) compared with those in the most affluent areas. 1,900 residents per year die young (under the age of 75) and 1,100 of these deaths are preventable.

Most of these statistics are well-known and understood across the health system. However, until now there had not been a forward look, based on current trends, to forecast what health might look like for Liverpool's residents. This is important if agencies responsible for health in the city are to reduce the burden of preventable ill health in future years. This, we argue, requires moving from a predominantly reactive approach to ill health to one that is about creating the conditions for people to live healthy lives in health-promoting environments. This approach is supported by recent work from the **OECD on the Economics of Prevention** and **Public Health England which called for more preventative strategies in reducing ill health**.

3. A forward look: health in Liverpool in 2040

We estimate that by 2040 there will be:

- Up to an extra 38,000 residents living with major illness
- One in four of the adult population are projected to be living with major illness by 2040, **compared to one in five in England**
- An increase of 191,300 in the overall number of health conditions to a total of 546,600 (a 54% increase)

- Increases in particular conditions including: a doubling of depression to 164,200 people; hypertension up by 20,300 people; cancer up by 16,100; diabetes up by 14,800; asthma up by 11,600; and chronic kidney disease up by 10,600
- A decrease of 4.1 years in healthy life expectancy for women
- An extra 4,000 people from a minority ethnic background living with major illness.

The report highlights that the burden of these poor health outcomes will be borne disproportionately by residents living in the most deprived areas of the city. For example, we forecast that the number of health conditions will rise by 55,000 cases (86%) in the most deprived GP practice areas, compared to an increase of 34,200 (46%) among the least deprived GP practice areas.

Women and children are among those most likely to be affected by poverty, and the consequences of poverty for women include poor health and low morale, restricted access to good quality housing, debt problems due to rising housing costs, cuts to housing benefit and caps to local housing allowance as well as increased or prolonged exposure to domestic abuse.

Some of the key health issues facing children and young people within the next two decades are predicted to be mental health, obesity and child poverty. These will compound existing poor outcomes for childhood oral health and unhealthy weight amongst primary school age children.

One in three (35%) of our economically inactive residents are currently on long term sick leave compared to one in four (25.6%) in England (10% of the total working age population in Liverpool compared to 5.3% in England), and it is inevitable that the sharp rise in increased illness that we forecast will make this position worse. The implications for the city's economy, and the potential knock-on effects in the city region, are likely to be significant.

The methodology to estimate projected health is set out in full in the appendix to the Liverpool 2040 report. In summary, linear regression was fitted to Life Expectancy and Healthy Life Expectancy estimates to project forward using historical trend data for adults. Our assumptions on the prevalence of major illness were based on those developed by the Health Foundation in their **State of Health report**. However we adapted these baseline assumptions as we observed these are likely to understate the rate for a highly deprived area such as Liverpool compared with an England average rate.

We drew from a range of data sources, including the NHS **Quality Outcomes Framework**. Due to the level of uncertainty projecting health outcomes for children, the report referred to current research from which to draw some assumptions, including from the **Royal College of Paediatric and Child Health**. We also acknowledge that unknown future innovations in treatment, potential changes to lifestyle behaviour, and wider economic and societal changes may have positive or negative impacts on health so our figures are estimates based on current assumptions, rather than predictions.

4. Mobilising for action

In commissioning and publishing the report it was always the intention to move beyond simply describing the 'problem' to what we need to do now and in the future to tackle the city's health challenges. *State of Health in the City: Liverpool 2040* does exactly that and is being used to galvanise actions from partners across the City and to make a case for action by national government.

The report was presented to an LCC meeting in January 2024, where there was unanimous support for the report and its recommendations. The report was described by Leader of the Council Councillor Liam Robinson as a **"shocking, sobering and frankly heart-breaking in parts"** and by Leader of Opposition Councillor Carl Cashman as "a wake-up call for the city, the Council and the Government – that we need to take urgent action to improve health outcomes in Liverpool."

Our approach in setting out next steps was to recognise the important work **already being undertaken by LCC** and its partners across the city and city-region, and to then describe how collectively we will address the challenges ahead. We concluded with three specific asks of Government because we understand all too clearly that following years of austerity and high levels of poverty we require national support if we are to address health needs at scale and pace.

The asks of Government are:

1. A model of devolved authority on health and care that works for Liverpool and the wider Liverpool City Region. In the report we deliberately don't propose copying an existing model of devolution, recognising that each model in England and for Wales and Scotland has benefits and challenges. Instead, this is about engaging in a serious way with government, and our local partners, about the best model for Liverpool, recognising that we are also part of a wider city region. Our report does refer to examples such as the ability to implement minimum unit pricing on alcohol to reduce alcohol related harms as one example, alongside licensing and local taxation to address harms caused by over provision of fast food outlets selling unhealthy foods. However, this report represents the start of a process of developing a new approach to devolved health policy.

2. National policy actions that address priority health issues including tobacco, alcohol and healthy food. One of the City's priority demands is to lift 24,000 children out of relative poverty, which we know would have a significant positive impact on health and other outcomes such as educational attainment. The report recognises the important role that national policies can play in limiting the harms caused by tobacco, alcohol, and unhealthy environments which is necessary to give local partnerships scope to act. A current example is increasing regulation of tobacco sales and smoke-free places – policies which are already contributing to a sharp fall in tobacco smokers and young smokers.

3. A new model of funding that is multi-year, rather than the current annual funding which prevents medium to long-term planning, and a settlement which recognises the need for greater investment in prevention. We contend that the report makes the case for a dual approach to funding that enables current demands to be met whilst supporting local partnerships to invest more in health-promoting work, with a particular focus on targeting areas of greatest need.

5. What happens next?

LCC's Health and Wellbeing Board will oversee the implementation of the recommendations contained within the report and has been tasked with reporting back to Council in 2025 with progress.

The city already has some well-developed platforms and fora to drive action. The 2024 refresh of the City's **One Liverpool Strategy**, promoting a Healthier, Happier Fairer Liverpool for All, provides a timely opportunity for the NHS, LCC and local partners to support a five-year strategy that has a meaningful impact on addressing health inequalities now and in the future.

Earlier this year, LCC, working in tandem with local universities and the voluntary and charity sector, was awarded £5million for the next five years to establish a **Liverpool Health Determinants Research Collaboration**, funded by the National Institute for Health and Care Research. The new collaboration

will help LCC to use data and evidence to routinely address health inequalities in policy making and implementation of strategies.

This is crucial as we know that health isn't just about services, but about the places people live, the jobs they have access to, and the health of their local environments. The **Council Plan** and the **City Plan**, alongside the new **Transformation Programme**, all provide platforms to accelerate our work on improving the health of residents, and creating health improvement environments, allied to the innovative use of establishing data resources

The report is a warning, and a rallying call, for everyone involved in the present and the future of Liverpool to take action. As the Leader of the Council said in his closing speech to Council, the launch of the report should *"mark the moment when action on improving health"* shifts gear so that every resident can lead a life lived well.

 The report is available on LCC's Public Health micro-site **here.**

Whiston Hospital, Prescot

About the authors

Professor Matt Ashton was appointed Director of Public Health for Liverpool City Council in April 2020 in a joint appointment with the University of Liverpool, where he is an Honorary Professor in the Department of Public Health and Policy. He leads a team of 30 people in the local authority, covering a range of public health activities including the commissioning of public health services, health protection, health improvement, health care public health, embedding health in all policies approaches and addressing the wider determinants of health. Matt led on the response to the Covid-19 pandemic for Liverpool, and his efforts have been recognised nationally through the award of the Faculty of Public Health's presidential medal in 2021, and also the Chief Medical Officers National Impact Award in 2022. Matt is passionate about bringing together the best people and partnerships in the region to improve health and wellbeing and reduce inequalities in the communities we serve.

Eustace de Sousa worked as an Interim Consultant in Public Health with LCC, and alongside his work on the State of Health the City: Liverpool 2040, he supported the successful bid for HDRC funding. Eustace previously worked for Public Health England leading the national team on health inequalities, children and young people's health and healthy ageing. He has worked at regional level in the North West for the NHS overseeing children's health and wellbeing. He has also worked for Manchester City Council leading adult and children's social care, and neighbourhood services. Eustace is an Honorary Fellow of the Royal College of Paediatric and Child Health in recognition of the work he has done on children and young people's health and wellbeing.

This policy briefing was originally published in February 2024.

James Hickson

'Left Behind' Neighbourhoods as Precarious Places: A Viewpoint from Liverpool City Region.

Key takeaways

1. The current 'levelling up' agenda is based on a specific understanding of the challenge facing so-called 'left behind' places, resulting in a policy approach that focuses on top-down redistributive interventions to address spatial inequality in the United Kingdom.

2. This policy briefing shows how 'left behind' places are made precarious; experiencing a distinct form of vulnerability that involves a combination of jeopardy, uncertainty, and dependence.

3. A case study exploration of Seacombe in Wirral (a constituent borough of Liverpool City Region), highlights the extent to which shared prosperity, community stability, and local autonomy have become fragile and insecure in an area recently identified by Local Trust as a 'left behind' community. The fate of the community hangs precariously in the balance.

4. By focusing on *precarity* we can illuminate and critique the power dynamics that are at play in 'left behind' places. Such communities are 'held back' by a systemic lack of power. Local people have lost effective control over their lives, livelihoods, and the future development of their area, and are instead reliant on the discretionary power of various, often distant, decision makers.

5. Paternalistic approaches to addressing spatial inequality risk perpetuating the kinds of power dynamics that are driving intense precarity in 'left behind' places. A renewed emphasis on building greater local ownership of the economy, and instituting novel mechanisms for local democratic control over decision making, is required.

1. Introduction

The concept of 'left behind' places has become increasingly salient in political discourse over recent years as spatial inequalities have widened, and appeared more evident, across many advanced economies (Martin et al., 2020). In the UK, this concept has been central to the Government's 'levelling up' agenda, which has been explicitly addressed to "areas that have for too long felt left behind" (HM Government, 2022: viii). At a local level, too, solving the policy challenge posed by left behind places is increasingly recognised as fundamental to successful economic development, regeneration, and resilience building.

But how should the concept of left behind places properly be understood? What makes a place 'left behind', why is this politically significant, and how can communities respond effectively to this policy challenge?

This policy briefing shows how 'left behind' places ought to be conceptualised as distinctly *precarious* places, where communities face jeopardy, uncertainty, and dependence and have insufficient control over the future development and prosperity of their local area. It explores the idea that the challenge facing 'left behind' places goes beyond particular deficits in employment, investment, or social infrastructure, and instead points to a more fundamental lack of power in the hands of local citizens. Solving this challenge requires an alternative approach to 'levelling up', focused on building greater democratic control and ownership over the development of a local area and its economy.

These ideas are explored with reference to the illustrative case study of Seacombe, a ward in Wirral, Liverpool City Region (LCR), identified as one of the UK's most 'left behind' in research conducted by Local Trust (2019). This case study combines findings from a mixed

methodology of conceptual analysis, interpretation of available data, as well as knowledge exchange with local policy makers and practitioners. The exploration of Seacombe as a typical 'left behind' place is not intended to patronise or stigmatise this particular area, or those that live and work there. Instead it is intended to provide a foundation for wider theory building about the precariousness of 'left behind' places, and reveal how this can be addressed in Wirral, Liverpool City Region, and beyond.

2. Exploring Seacombe

Home to an estimated 15,609 residents, Seacombe has previously been defined as 'left behind' due to a combination of high deprivation, insufficient access to civic assets, poor connectivity to services and job opportunities, and low levels of engagement in civic life, which it shares with other similar communities (Local Trust, 2019).

In particular, the challenges facing this 'left behind' place can be categorised along three intersecting economic, social, and political dimensions:

Economic

Historically, Seacombe's development was driven by its proximity to the Birkenhead and Wallasey docks. As these have declined over the last century, Seacombe has lost its central source of local wealth creation and employment, and many local industries that this once sustained – such as transmission belt manufacturing, flour-milling, and food processing – have disappeared (Roberts, 2002). As a result, the quantity and quality of local employment has declined. Job density and average incomes are low (see Figures 1 and 2), and poverty is entrenched within parts of the community. Approximately 90% of Seacombe residents are in the most deprived decile for both income and employment according to the 2019 Indices of Multiple Deprivation (OCSI, 2022).

Social

Seacombe is a place of great civic pride and resilience, but one where sense of community and quality of place have become more fragile over recent decades (OCSI, 2022). The community has lost critical social infrastructure, and has become
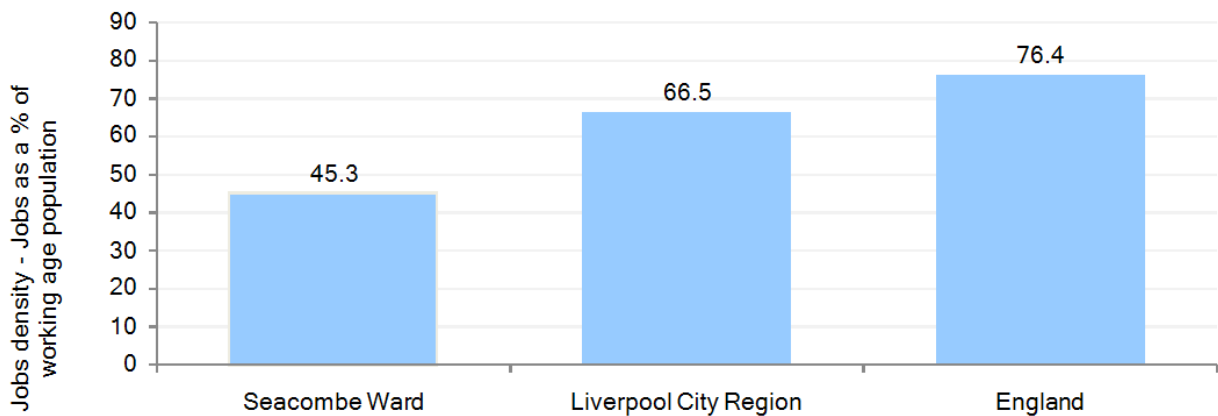

Figure 1: Jobs densities compared in Seacombe Ward, Liverpool City Region and England (OCSI, 2022).

Figure 2: Annual household earnings (£) (OCSI, 2022)

increasingly isolated as local public transport has become more fragmented, unreliable, and unaffordable (Mott MacDonald, 2020). The area is further challenged by its housing market, which displays a higher prevalence of lower value, private rental properties (see Figures 3 and 4). Disconnection, a paucity of social infrastructure, and a housing mix that promotes high rates of resident turnover in certain areas undermines both community stability and the cultivation of meaningful social relationships. Responses to the annual Community Life Survey suggest that Seacombe scores lower than average for strength of local social relationships and strength of belonging to the local area (OCSI, 2022).

Political

In Seacombe, many residents appear disengaged from the policymaking system, as reflected by a history of low voter turnout over recent local elections (see Figure 5). Lack of connection to the institutions and processes of democratic policymaking is likely to have been exacerbated by long-term national policy neglect, not least as the result of a decade of austerity that has hit Seacombe, Wirral and Liverpool City Region disproportionately hard (LCRCA, 2020). Alternative sources of funding and investment have done little to fill the gaps left by cuts to local government funding, with Seacombe residents receiving the equivalent of just £5 per head in 2019 from major grant funders, compared to an England average of £34 per head (OCSI, 2022).

3. Analysis: Is Seacombe a precarious place?

Typically, left behind places are primarily understood to be the products of distributive inequality: there is a deficit of certain assets or opportunities relative to
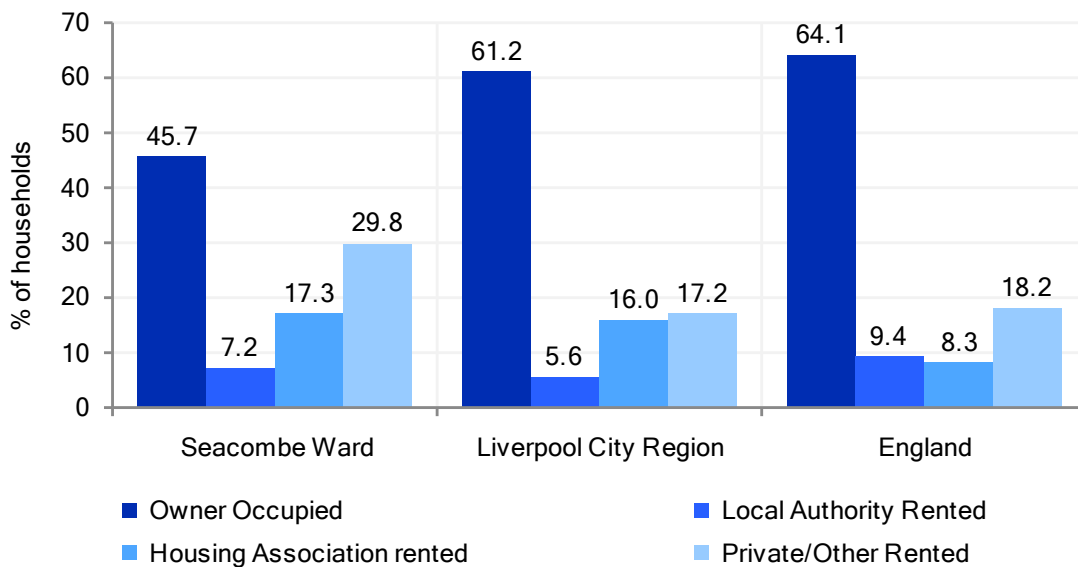

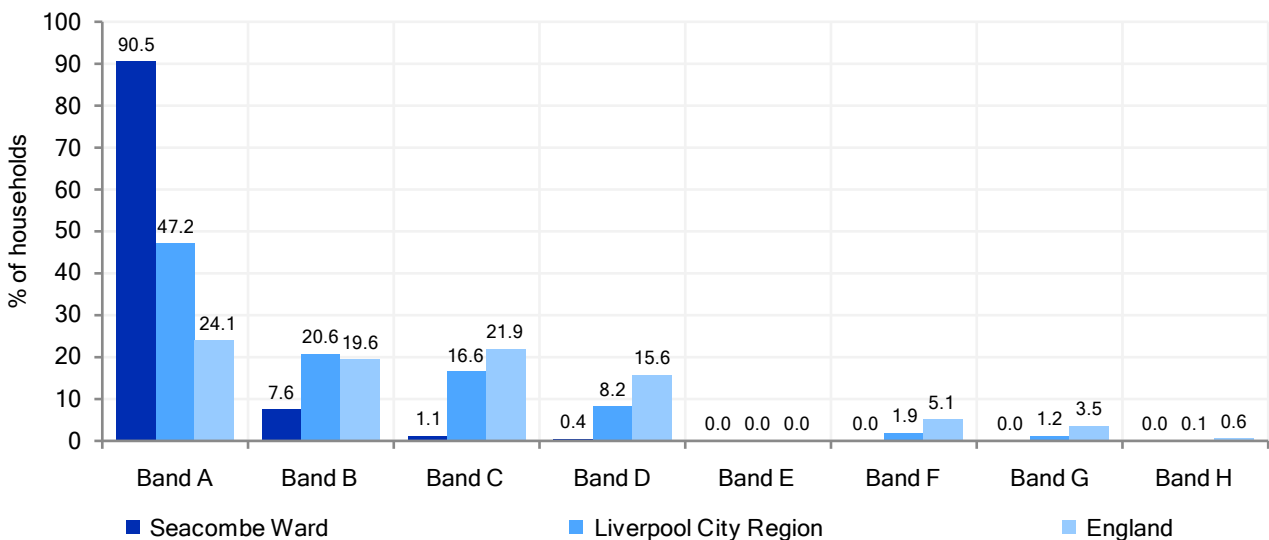Figure 3: Housing tenure breakdowns (OCSI, 2022)

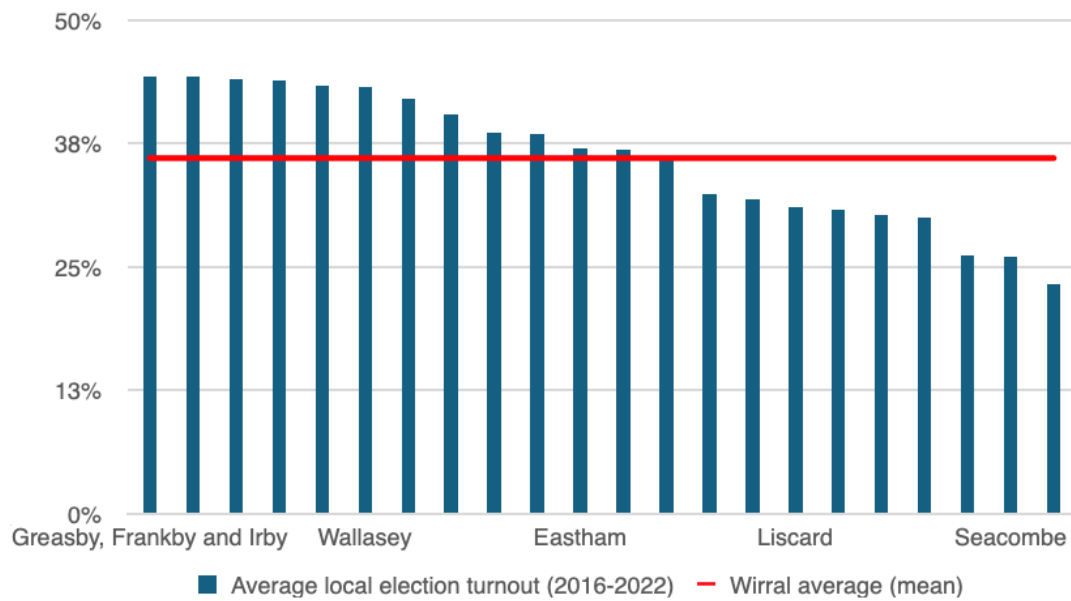Figure 4: Dwelling stock by council tax band (OCSI, 2022)

Figure 5: Average (mean) voter turnout (%) in Wirral by ward for local elections 2016-2022 (Source: Wirral Council, n.d.)

other places that requires rebalancing (Martin, et al. 2020). As the case study evidence shows, Seacombe is certainly an area that faces significant challenges of inequality. However, it also helps to reveal the extent to which such 'left behind' communities face intense, multidimensional *precarity*, with shared prosperity, community stability, and local autonomy appearing fragile and insecure.

The concept of precarity describes a specific kind of vulnerability or insecurity, one that involves a combination of jeopardy, uncertainty, and dependence. There is a risk of some harm, cost, or injury arising unpredictably, at any time or not at all, in a way that is beyond the control of those who are at risk. Often deployed as a way to describe the distinct vulnerability of working people employed on extraordinarily insecure terms and conditions (for example those working on zero-hours contracts or in the gig economy), the concept of precarity alerts us in particular to the insecurity, unpredictability and instability that can arise as a result of asymmetrical power relationships (e.g. where employers have a capacity over their staff to demand, deny, or discontinue work at will and with impunity).

The idea that places, and the communities that call them home, can experience analogous forms of vulnerability is not necessarily new (e.g. Wilkinson, 1939), and there is now an emerging literature focused on studying various 'geographies' or 'landscapes' of precarity (Waite, 2009; Harris and Nowicki, 2018; Lesutis, 2022; etc.). However, 'left behind' communities appear to offer prime, though underexplored, examples of the way that intense precarity can manifest within particular places.

In the case of Seacombe, we can see this precarity exist as a combination of:

- **Jeopardy –** The community faces the threat of deepening deprivation, eroded quality of place, and further policy neglect.

- **Uncertainty –** With limited scope for ownership and control over decision making at the local level, the extent to which the area develops or declines in future, is difficult for residents to predict or meaningfully influence.

- **Dependence –** The fate of the community is instead disproportionately reliant upon, and determined by, those decision makers (employers, investors, landlords, etc.) – often distant from the community itself – that have a discretionary capacity to intervene, disengage, or disregard a place entirely.

With fewer local businesses creating high-quality local jobs, and in the absence of public sector employment of the type that helped to revive places under New Labour, the prosperity of residents is now likely to be largely dependent on cultivating the good will of external employers and investors to revive the community and its economy. The quality of place in Seacombe could, likewise, be increasingly determined by service providers, landlords, and developers, with insufficient capacity for local people themselves to wield greater influence over local property, land, and infrastructure. Meanwhile, this relative lack of power at the local level leaves the community more exposed to the arbitrary impacts of policy neglect at the national level.

This precarity risks undermining community resilience, disproportionately exposing places like Seacombe to external shocks (e.g. market volatility, the withdrawal of investment, policy churn) and internal domino effects (e.g. further erosion of the local business base, spiralling unemployment, increasing poverty).

Moreover, there are reasons to think that living under conditions of intense precarity of this kind could also have a significant impact on public wellbeing. Indeed, evidence suggests insecure income, insecure employment, and insecure housing are all associated with a range of psychological and physical health impacts (e.g. Marmot, 2010; Shelter, 2017; Adams and Prassl, 2018; etc.).

By incorporating an analytical focus on *precarity*, as well as distributive inequality, we can more accurately illuminate and critique the power dynamics that are at play in 'left behind' places. Such communities are 'held back' by a systemic lack of power, with insufficient influence over the future development of their local area and economy. Solving this challenge requires more than simply rebalancing spatial inequalities through top-down intervention. Indeed, any paternalistic approach risks perpetuating the very kinds of discretionary power dynamics that underpin the intense precarity of certain communities. Levelling up left behind places therefore also requires an increased emphasis on building greater local ownership and control within communities such as Seacombe, so that citizens can escape existing precarity traps and democratically determine their own future.

With Wirral now the focus of significant public, private, and third sector regeneration activity (Wirral Council, 2021; Clarke, 2021) there is an opportunity to develop an approach to 'social' regeneration that both recognises the precarity facing certain communities, and meaningfully addresses it.

4. Recommendations

This analysis suggest that action is required to ensure 'left behind' places are sufficiently insured and protected against precarity, with communities instead able to wield greater local control and ownership over their area. This will require:

1. an emphasis on developing stable, community-based power for the long-term;

2. moving beyond top-down provision of piecemeal projects and drip-fed investment;

3. building stronger and more stable anchor institutions within communities; and

4. establishing democratic mechanisms for citizens to inform and contest local decisions.

These high-level principles, in turn, support a number of specific policy recommendations for Seacombe, Wirral, and the wider Liverpool City Region:

Seacombe (Community level)

1. Learning from the success of community organisations across the wider Wirral area – including Make CIC, North Birkenhead Development Trust, and New Ferry Community Land Trust – citizens and stakeholders in Seacombe should seek to strengthen the ecosystem of small-scale anchor institutions within the ward. Although often still reliant on discretionary grant funding and investment, such organisations can nonetheless provide some 'sticky' capital in the area: investing in community assets, developing

Brill Street, Birkenhead

economic resilience, and acting as a focal point for local control over the future trajectory of the neighbourhood.

2. Utilise existing local resources – such as the Involve North West Community Connectors team – to design and facilitate new opportunities for citizens to democratically influence local decision making. Existing plans to trial new ways of working in Seacombe as part of a neighbourhood pilot scheme, as well as the imminent development of Seacombe's local masterplan, represent early opportunities to embed mechanisms for democratic contestation at the heart of local policy development.

Wirral (Local Authority level)

1. Work with citizens to develop bespoke Community Resilience strategies, starting with 'left behind' wards, to identify local sources of precarity and local opportunities to build greater stability as part of an overarching 'social' approach to regeneration and economic development.

2. Continue to emphasise the development of local ownership and economic democracy, particularly in precarious 'left behind' areas of the borough, as outlined in Wirral's Community Wealth Building Strategy 2020-2025.

3. Build on existing best practice to maximise democratic participation in local decision-making processes, exploring options such as citizens assemblies, participatory budgeting, mutual ownership models, and forms of e-democracy such as the 'Madame Mayor, I have an idea' scheme established by Mayor of Paris, Anne Hidalgo, in 2014 (Nesta, 2022).

Liverpool City Region (Combined Authority level)

1. Develop, with citizens and stakeholders, a City Region-wide focus on addressing precarity in 'left behind' areas. This should be integral to the delivery of plans and strategies including the Plan for Prosperity, Spatial Development Strategy, Social Value Framework, and emerging Community Wealth Building strategy.

2. Establish bespoke, targeted, and long-term funding streams for 'left behind' areas of Liverpool City Region, with reliable mechanisms to ensure resources are controlled by communities and directed towards locally-identified priorities.

Regardless of these local interventions, it is likely that many communities will continue to face varying levels of vulnerability and uncertainty as a result of a UK political system that centralises decision making,

has high rates of policy churn, and promotes an overly competitive environment for public funding and investment. Likewise, an economic system that greatly empowers globally-mobile capital will mean the basis for employment and prosperity within many local economies will remain highly insecure. Nevertheless, regional- and local-level interventions to entrench greater levels of ownership and control within communities can help to both rebalance and fundamentally challenge these power dynamics, loosening the precarity traps currently faced in 'left behind' places such as Seacombe.

5. Conclusion

This policy brief argues for a more nuanced, multidimensional understanding of spatial inequality, and the subsequent task facing those who seek to meaningfully 'level up' the UK. So-called 'left behind' places not only face intense inequalities in assets, employment, and investment; they also face intense precarity. Without sufficient local influence or control over the development of future prosperity, quality of place, or the outcomes of key decision-making processes, 'left behind' places cannot be truly levelled up. It is this critical imbalance of power within communities that must now be addressed.

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West Float Industrial Estate, Birkenhead

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Lisa Jones and Andrew Turner

Prioritising Health and Equity in Recovery from the COVID-19 Pandemic

Key takeaways

1. The health and wellbeing impacts of COVID-19 are not being borne equally across the Liverpool City Region (LCR) and the factors that make certain individuals, households and communities more vulnerable to these impacts will also influence their capacity to recover.

2. Without targeted action the City Region is likely to see health and wellbeing inequalities become further entrenched. The principles of health and equity can, and should, be prioritised in a public health approach to recovery from the COVID-19 pandemic.

3. Recovery planning provides an opportunity to do things differently, but this requires all sectors to be engaged in health and wellbeing considerations. It is predominantly the decisions and actions taken outside of the health sector that shape the social, economic and physical environments of our communities.

4. International examples demonstrate that a well-designed and structured "Health in All Policies" (HiAP) approach, which supports public health professionals to expand their involvement across sectors, can leverage opportunities to maximise health and wellbeing. In the LCR, while progress has been made in the positioning of health and equity within policy making, ongoing cross-sectoral engagement is needed to address the "real-world" challenges of implementing a HiAP approach.

5. Opportunities to promote health and wellbeing should not be missed. If health and equity are successfully prioritised in policy responses to COVID-19, then we will have a much greater chance of "building back better" to a fairer, more inclusive society that maximises the health and wellbeing of all our communities.

1. Introduction

Even before the pandemic, the people of the Liverpool City Region (LCR) had some of the poorest health outcomes in the UK. High numbers of socially and economically vulnerable residents and extensive, persistent health inequalities will have profound impacts on the ability of our communities to respond and recover from COVID-19. However, it is not inevitable that existing inequalities should worsen during the recovery period, and we do not have to return to the same systems and structures that caused inequalities in the first place. To support an evidence-based, equitable and sustainable approach to recovery, identifying and addressing current and future health and wellbeing needs is integral to recovery planning.

The Health and Equity in Recovery Plans Working Group has been convened by Matthew Ashton, Director of Public Health for Liverpool City Council, and Professor Sally Sheard, Head of Department for Public Health, Policy and Systems at the University of Liverpool, to drive forward a public health approach to recovery. The first phase of work has focused on systematically thinking through and considering the health and wellbeing impacts of COVID-19 to inform and support recovery planning in the LCR and across the wider footprint of Cheshire and Merseyside.

This briefing provides a summary of the health and wellbeing impacts of COVID-19 identified during this first phase of work. It then looks ahead to the implications of the findings and how a public health approach to recovery presents opportunities to do things differently and improve the health, resilience, and sustainability of all our communities.

2. Health and wellbeing impacts of COVID-19 and implications for recovery

It is now clear that the health and wellbeing impacts of

COVID-19 are not being borne equally. The pandemic has both exposed and exacerbated longstanding inequalities in society. Men, older people, those with existing health conditions, ethnic minority communities, low-paid workers and those from poorer areas are all at a greater risk of infection, of serious illness and of dying from COVID-19.

The consequences of social distancing and other measures designed to control the spread of infection (isolation at home, economic shutdown, school closures and reduced access to services) have had their own, unequal impacts on health and wellbeing. By examining the effects of the control measures on the "wider determinants of health" – the factors that determine our opportunities to keep well and be healthy – the full extent of the health and wellbeing consequences of the pandemic can begin to be understood (see Figure 1).

The key impacts (both positive and negative) of COVID-19 on the wider determinants of health and wellbeing outlined in our recent rapid evidence review (Jones et al. 2020) are summarised below.

Social factors: impacts on friends, families and communities:

- **Civic participation** – Thousands of new volunteer groups established. Voluntary sector infrastructure report receiving many offers of help.

- **Social cohesion** – Most adults believe that the country will be more united and kinder once we have recovered from the pandemic.

- **Social isolation and loneliness** – Young adults, women, people with lower education or income, the

economically inactive, people living alone, and urban residents most at risk of being lonely. Adults with disabilities are also identified as a group at particular risk of loneliness.

- **Family violence and abuse** – Domestic and family violence increases following disasters. Calls to domestic abuse helplines have increased during lockdown.

- **Social disorder** – Robbery and serious assaults lower than in the same period in 2019. However, risk of criminal gangs recruiting young people out of school possibly increased.

- **Hidden safeguarding issues** – Access to support and supervision of professionals is reduced. Vulnerable children and families are likely to be missing out on vital support.

Economic factors: impacts on money, resources and education:

- **Educational attainment** – Inequalities in home learning activities and time spent on learning have implications for educational attainment. Inequalities in access to electronic devices for home learning.

- **Job security and opportunity** – Increase in people signing up for Universal Credit and Jobseeker's Allowance benefits. Young workers and low earners have been most affected. Unemployment is predicted to reach almost 10% in the final quarter of 2020.

- **Household incomes** – Household incomes have fallen particularly among the lowest earners, with severe losses for single parents. The pay of the youngest and oldest workers has been affected the most.
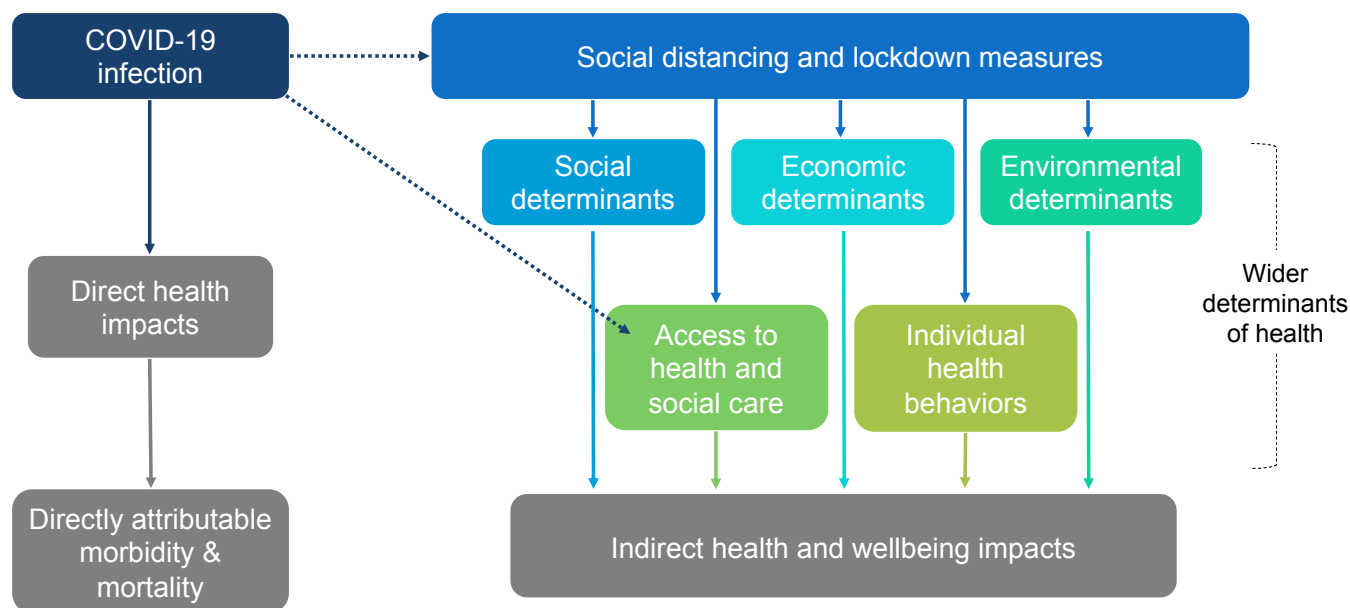

Figure 1. The impacts of COVID-19 on the wider determinants of health and wellbeing Credit: Adapted from Douglas et al. 2020

- **Work environment** – Inequalities in the ability to and accessibility of working from home.

- **Predicted economic impact** – Predicted economic downturn will have significant health impacts in the short and longer term.

Environmental factors: impacts on our surroundings, transport and the food we eat:

- **Housing security and quality** – Economic impact may escalate homelessness through an increase in housing payment arrears. Increased time at home during lockdown may exacerbate the health impacts of poor-quality housing.

- **Access to green space** – Inequalities in access to private green space. Access to public green space is more evenly distributed but inequalities exist in access to good quality and safe green space.

- **Digital access** – Digital inequalities may exacerbate impacts related to health literacy and social isolation.

- **Transport** – Significantly reduced number of car journeys and public transport journeys through lockdown. Reductions may be short-lived and lasting damage done to public transport systems. Significant increase in cycling at the weekends and increases seen on weekdays.

- **Air pollution** – Big drops in fine particulate matter and NO2 resulting in healthier, cleaner air in the early phase of lockdown. Emissions have since rebounded to close to pre-pandemic levels.

- **Recycling and waste disposal** – Increased fly-tipping across the UK following closure of recycling centres.

- **Food security** – The lockdown has exacerbated food insecurity and food need, particularly among children. The number of adults who are food insecure is estimated to have quadrupled. Food banks have experienced a rapid increase in demand and reduced volunteer numbers.

From response to recovery

As we move from the response phase of the pandemic and into recovery, the factors that make certain individuals, households and communities more vulnerable to the impacts of COVID-19 will also influence their capacity to recover from them. It is likely that, alongside the exacerbation of inequalities observed in the early stages of the pandemic, without targeted action we will see inequalities in health and wellbeing further entrenched as different groups and communities recover at different rates.

3. Prioritising health and wellbeing in recovery

The COVID-19 pandemic will continue to be hugely disruptive. Learning from other large-scale crises and disasters, it is clear that a public health approach to recovery provides opportunities to do things differently and improve the health, resilience, and sustainability of communities. There will be opportunities to address LCR's longstanding and persistent health and wellbeing inequalities as the recovery from the COVID-19 pandemic is planned.

This requires an approach that incorporates health and wellbeing considerations at every step of the recovery process. A 2015 report from the US Institute for Medicine illustrates how both short- and long-term recovery activities present a range of opportunities to advance health equity. Health and wellbeing are integral to recovery, but it is predominantly the decisions made and actions taken outside of the health sector that shape the social, economic and physical environments of our communities.

The Institute for Medicine (2015) report recognised that disaster recovery can build on prior strategic planning initiatives and cross-sector collaborations and outlined four steps that provide opportunities for the integration of health and wellbeing considerations:

- **Visioning** — Recovery is viewed as an opportunity to advance a shared vision of a healthier and more resilient and sustainable community.

- **Assessment** — Community health assessments and hazard vulnerability assessments provide data that show the gaps between the community's current status and desired state and inform the development of goals, priorities, and strategies.

- **Planning** — Health considerations are incorporated into recovery decision making across all sectors. This integration is facilitated by involving the public health sector in integrated planning activities and by ensuring that decision makers are aware of the potential health impacts of all recovery decisions.

- **Implementation** — Recovery resources are used in creative and synergistic ways so that the actions of health and other sectors each yield co-benefits for health. A learning process is instituted so that the impacts of recovery activities on health and wellbeing are continuously evaluated and used to inform iterative decision making.

For successful recovery, all sectors need to be actively engaged in efforts to protect and promote health and wellbeing, particularly through a "Health in All Policies" (HiAP) approach – see Figure 2. This is based
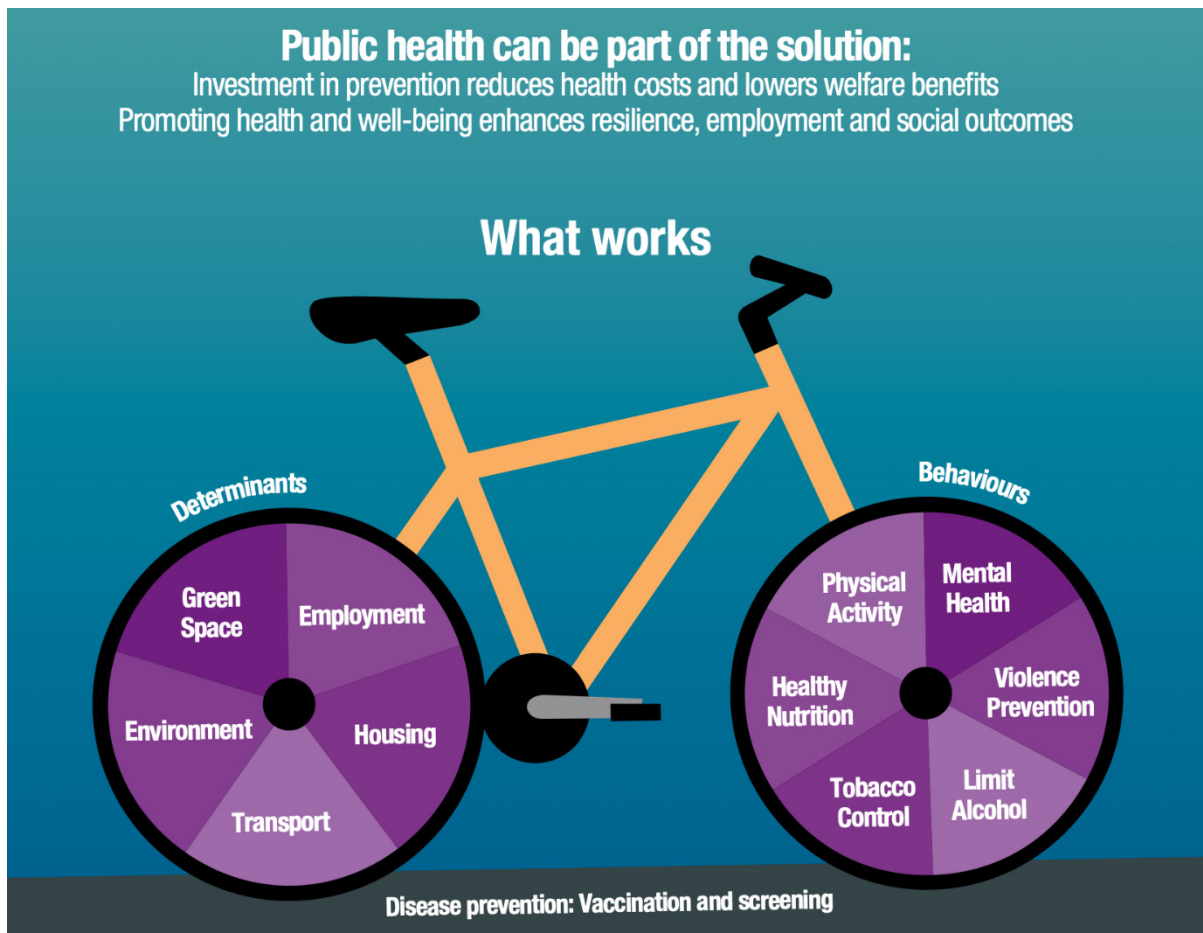
Figure 2. HiAP can benefit multiple partners and bring win-in outcomes. Credit: World Health Organisation, as reproduced by Local Government Association (2016)

on the principle that all sectors have a role to play in shaping population health through public policy and HiAP is recognised as an important process in helping to advance public polices for healthier and more equitable cities (Corburn et al. 2014).

A high-profile example of a structured HiAP approach to recovery was demonstrated in New Zealand, following the earthquakes that hit the Canterbury region in 2010 (Stevenson, Humphrey and Brinsdon 2014). A dedicated HiAP team with a focus on recovery issues was established from an existing, interagency HiAP partnership with the support of a one-off grant. The approach supported public health staff to expand their involvement across sectors and their input to local and regional policy, on issues including air and water quality and building standards. This opportunity was harnessed to understand the importance and influence of urban planning and design on health and wellbeing as part of recovery processes.

The New Zealand example highlights the value of the HiAP approach for leveraging community assessments and strengthening public policy responses to disasters and shocks. It also illustrates an approach which ensures that health and wellbeing are constant considerations in recovery activities in an evidence-based, equitable and sustainable fashion.

4. Building back better in LCR to maximise health and wellbeing

Appropriate policy interventions will vary depending on the makeup of local communities, available resources and direction from central government. However, the principles of health and equity can and should be pivotal to every recovery strategy and policy, otherwise we risk many communities in the LCR continuing to suffer disproportionately from poor health and wellbeing, during and beyond the pandemic.

The achievements in Canterbury and elsewhere show that well-designed HiAP mechanisms can help to leverage opportunities to maximise health and wellbeing; opportunities that may otherwise have been missed (Morcelle 2017). As Health Policy Lead for the LCRCA for the past 12 months, one of the authors has observed first-hand the huge amount of progress in the organisation's approach to policy making. Working collaboratively to improve health, wellbeing and equity are now explicit goals in all policies and strategies, including in sectors that may not traditionally have considered them, such as employment and economic development.

Adoption of this "health in all policies" approach has been accelerated further by the pandemic. It is

incredibly encouraging to see health and wellbeing feature so prominently in the underlying principles of the LCR Economic Recovery Plan, *Build Back Better* (LCRCA 2020). This includes commitments to measure economic success not just in terms of GDP, but by people's health and happiness, and to embed the improvement of health, wellbeing and equity in all policies, programmes and investments through the systematic use of health and equality impact assessments.

The challenges of "real-world" implementation and true collaborative working across systems may test how robustly these principles are engaged with and adhered to. An inter-organisational approach, such as that taken by the Health and Equity in Recovery Plans Working Group, is therefore key in bringing together expertise from across the City Region to help address these challenges. If health and equity are successfully prioritised in policy responses to COVID-19, then we will have a much greater chance of building back better to a fairer, more inclusive society that maximises the health and wellbeing of all our communities, and not merely "building back quickly" to the systems and structures that caused so many challenges in the first place.

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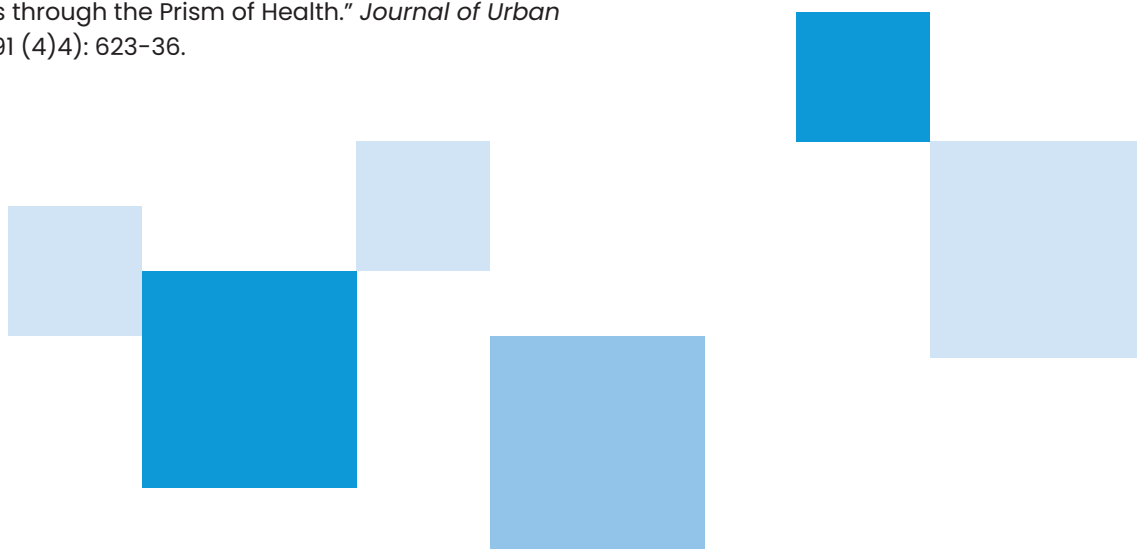
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Chris Oswald

Equality and public sector investment: a practical approach

Key takeaways

1. Public sector-funded investment projects should conduct an assessment of their impact on equality to ensure plans focus on advancing equality of opportunity for all.

2. Data on unemployment and participation in the specific industry or sector being invested in will help to identify barriers and opportunities.

3. Using social value principles and community benefits can help to increase the number of apprenticeships and training opportunities for underrepresented groups.

4. Where an investment project aims to reduce poverty, a protected characteristic analysis conducted alongside a place-based analysis of poverty can help direct resources to those most in need.

5. Providing affordable, accessible and flexible transport, housing and childcare will increase the chances of diversifying the local workforce.

1. Introduction

Across Great Britain employers are facing a recruitment crisis as workers leave the labour market. However, at the same time we see that unemployment rates for ethnic minority communities and disabled people remain stubbornly high. Worse still, many of our new industries are monocultures, drawing their new entrants from a very restricted pool. For example only 14% of our **wind power industry workforce** are women and only 5% are from ethnic minorities, just 19% of employees in our **digital industries** are women, and only 2% of the **on-site construction workforce** are women.

This lack of opportunity can hit hard. For most ethnic minority communities in Great Britain, employment is often concentrated in the **poorest-paying service industry sectors**. For disabled people there remains a 29% employment gap and those who are employed tend to be **concentrated in lower grades**. Lone parents struggle to access well paid work that works for them, their families and their employers. The result of this exclusion can be seen in higher poverty rates for all three groups.

However, these are all areas which are the subject of huge public investment. City Region Deals have levered over £60bn in local economies in the past ten years, and the Levelling Up Fund promises to use investment as a tool to promote greater geographical equality. Something clearly is not working if our newest industries like green tech and digital – those attracting the bulk of current investment – have employee profiles redolent of our industrial heritage.

This policy briefing looks at what public bodies in Scotland have been doing to square these circles: the need to increase productivity and also to ensure that the opportunities presented by new technology and new industries are open to all. It also discusses the need to balance place-based approaches with people-based approaches, and reduce poverty to make lasting improvements in people's lives.

2. The Scottish Approach

The Scottish Government adopted inclusive growth as the theoretical underpinning of its economic policy in the mid-2010s. Inclusive growth – championed by Professor Joseph Stieglitz – looks to balance the need for economic growth with the need to share its benefits more equitably across the population and to protect and nurture the environment. Proponents of inclusive growth argue that unfettered growth in its traditional sense

can lead to significant negative outcomes for workers and the environment. The early focus in Scotland's inclusive growth approach (similar to what is currently being implemented in England and Wales, and seen for example in the work of Cambridge and Peterborough Combined Authority, amongst others) was on promoting 'good work': a reduced reliance on zero-hour contracts, the payment of the real living wage, and workers having a greater voice.

This approach gained traction in the Scottish Government's Regional Economic Development strategy, and its principles were applied to investments under Scotland's £5bn City Region Deals programme. In 2018, the Scottish Government amended the programme to include a focus on Public Sector Equality and Socio-Economic Duties. This had the effect of placing a real emphasis on advancing equality of opportunity for people sharing **protected characteristics** and reducing the negative outcomes caused by deprivation as a fundamental condition of grant aid. In practice this means that every business case submitted for funding now needs to show how projects will benefit women, ethnic minorities, disabled people and those living in the most deprived communities in Scotland. Benefits Realisation Plans – the documents which set out what will be achieved annually by the investment – must include the key metrics by which the advancement of equality will be measured and success judged. Working on the basis that if it is not measured then it is unlikely to be considered important, if the City Region Deal cannot demonstrate how inclusive growth will be delivered by the grant or investment, the bid is sent back for further work.

3. The Legal Imperative

The Equality and Human Rights Commission (EHRC) is the regulator for the Equality Act in Great Britain. The Act has been in place since 2010 and can provide redress for people who have experienced discrimination. It also introduced the Public Sector Equality Duty (PSED). This places additional equality responsibilities on public bodies, in recognition of the fact they are major recipients of public money and providers of public services. The PSED requires public bodies to eliminate discrimination, advance equality of opportunity and foster good community relations.

In 2018, Section 1 of the Equality Act – the Socio-Economic Duty – was introduced in Scotland. This duty requires public bodies to consider how their policies can help to reduce gaps in outcomes between the most and least deprived communities in Scotland.

Taken together these two positive duties on public

bodies can make a real difference. Given that many of Scotland's most deprived people are also lone parents, disabled or come from an ethnic minority community, the requirement to advance equality of opportunity for them at the same time as narrowing the gaps in outcomes they experience is a potentially powerful tool.

However, when conducting reviews of how the law is applied, the EHRC has noted how often public bodies focus on the first aim of the duty – eliminating discrimination – and, satisfied that their approach does not directly discriminate, move on.

This is one of the key challenges of the Scottish Government's work and is, in part, a conceptual one. The Equality Act is not simply a long list of prohibitions – things we need to avoid doing to stay on the right side of the law. Rather, it is actually a set of permissions. The Act is a call for the public sector to go further than simply not discriminating, and to instead consider the reasons why some sections of our communities flourish, while for some progress is impeded.

The focus on eliminating discrimination is based on an assumption that simply providing a level playing field, or having an open door policy, is sufficient to make progress on equalities and that simply doing no harm is in itself enough.

Advancing equality means taking action which deals with the root causes of the problems that some sections of the community face. It is about analysing why women may fail to progress within a sector or profession, why disabled people live in greater poverty than their neighbours, or why people from ethnic minorities may experience the greatest health inequalities.

4. The EHRC's role

Since 2017, the EHRC has worked closely with the Scottish Government and Scotland's 12 City Region Deal Partnerships, providing practical support and advice on how to advance equality and narrow socio-economic gaps. This includes a strong focus on integrating equality considerations into the business planning cycle: impact assessment; measurement; and procurement. A number of the guides we produced with the Scottish Government be found on the **Scotland Centre for Regional Inclusive Growth (SCRIG) website**.

The EHRC has now adapted the approach it took in Scotland and is currently working with three Combined Authorities in England – Greater Manchester, Liverpool City Region and North of Tyne – to help improve their

performance on equality issues. All three are also using the principles of the Socio-Economic Duty (currently only in force in Scotland and Wales) to provide a greater strategic focus on reducing deprivation. Taken together, the twin objectives of advancing equality and reducing the gaps in outcomes between the most and least deprived provide a strong overarching mission for their investments and projects.

The Greater Glasgow City Region Deal, signed in August 2014, was the first of the new Scottish Deals which now cover every part of the country. The Deal is funded by £1.13bn of investment from the UK Government, the Scottish Government and the eight local authorities in the area. The Deal has four primary aims: to improve transport and connectivity in the region; to develop and commercialise world class R&D facilities for the Life Sciences industry; to enable the development of strong SMEs; and to tackle unemployment and low skills by creating 39,000 new jobs and 15,000 additional training places aimed particularly at "vulnerable" communities and 16-24 year olds.

Examples of Deal projects include the regeneration of derelict land for business use on the Clyde Waterfront and Canal, and North Gateway areas of Glasgow, the expansion of the cruise ship terminal at Greenock, and the development of new Community Growth Areas in Newton, Hamilton, Larkhall and East Kilbride.

Taken together the eight partner authorities have an annual procurement budget of over £2bn and the aim of the sustainable procurement strategy was to maximise the impact of this spend, and £1.3bn of City Region Deal money, on the region's most deprived communities. The strategy embraces the *"principles of Community Wealth Building, Fair Work First, promotes the living wage, maximises opportunities for social enterprises and support(s) the creation of a resilient skills and training pipeline across education and training providers"* (Glasgow City Region 2021: 3) whilst promoting and supporting low carbon developments.

Every procurement exercise conducted by the partnership aims to promote employment and training for people in the most deprived parts of the region. Additionally, the strategy commits the partners to target community benefits on young people (16-24 years), women with primary care roles, disabled people, Black and Minority Ethnic groups, and people experiencing poverty and deprivation.

These are groups who are known to *"disproportionately experience disadvantage and inequality within our region to gain skills, employment and career progression"* (ibid: 13). Looking ahead, the partners are aiming to address key issues such as low pay and the gender pay gap by promoting fair employment practices amongst the businesses they support.

5. Taking the work to scale

During 2022, the EHRC has developed links with and provided support to Combined Authorities across England as part of our strategy to build back better. We are currently working with North of Tyne on inequality analysis, with Liverpool City Region on a cross-authority strategy to increase employment opportunities in its most deprived communities, and with Greater Manchester on a refreshed response to the recent Inequalities Commission.

The UK is estimated to have lost something in the region of half a million workers since the start of the COVID-19 pandemic. Many of these are older workers whose participation has dropped due to a combination of poorer health and a desire for a better work-life balance. To reengage these workers, employers will need to offer more attractive packages which include part-time and flexible working, and probably a greater emphasis on home working. But this may not be enough to tempt them all back to work. If the government wants to expand the UK workforce without committing to higher levels of immigration, we need to focus on engaging the large untapped pools of talent amongst disabled people, ethnic minorities and women.

The offer needs to be attractive and some workplace cultures will need to change. This is the task the EHRC is now focused on – to ensure that the benefits of investment reach those communities who have not benefitted sufficiently from regeneration and innovation.

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Sparring on Crosby Beach, Sefton

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Fiona Beveridge

Inequality in the Face of COVID-19: How do we Build Back Stronger in the Liverpool City Region?

Key takeaways

1. The disruption imposed by the COVID-19 pandemic presents an opportunity to employers, service-providers, and local and combined authorities to appraise their responses through an equality lens. Ignoring this opportunity will exacerbate inequalities whereas seizing this opportunity offers an historic chance to introduce systemic and lasting social and economic equality.

2. Large organisations and service providers already have the tools and levers to ensure they can progress equality as they recover from the present health and economic crisis and should mobilise these to ensure they emerge stronger, not weaker, from an equality perspective.

3. Leadership, employing appropriate management tools, and mobilising expertise of different kinds are critical to ensuring organisations emerge stronger from the crisis from an equality perspective. Good data, reporting and measuring progress against equality targets are also essential components of a successful recovery.

4. Targeted support and positive action should infuse local and combined authority and organisational activity to direct investment in skills, retraining and personal development to groups most at risk of being excluded from the recovery.

5. Fixing the care economy across the UK and Liverpool City Region is essential to unlock large pools of human capacity and should be given greater priority in recovery plans and their implementation. The Women's Budget Group's "eight steps to a caring economy" offers a framework for achieving this progressive change.

1. Introduction

As the COVID-19 pandemic progresses we count its toll not only in lives lost and bodies scarred, but also in economic and social impacts: this pandemic and the measures implemented to control it have had highly-differentiated impacts on different parts of the population.

The context of widespread economic disruption presents a unique opportunity to employers, service-providers, and local and combined authorities to appraise their responses through an equality lens. Ignoring this opportunity will exacerbate inequalities whereas seizing this opportunity offers a unique historic chance to introduce systemic and lasting social and economic equality. In this policy briefing, the unequal impacts of COVID-19 are firstly set out, with particular emphasis on women and Black, Asian, and minority ethnic (BAME) communities. How to address these inequalities across the Liverpool City Region, including some essential elements of success and specific targeted interventions recommended, are then elaborated.

2. Inequality and COVID-19

In April 2020 the **Women's Budget Group** (WBG) sounded an early warning about how the impacts of the virus would exacerbate structural inequalities in the workforce, with implications for health, employment and poverty. Women are clearly on the front line of our care services, forming 77% of healthcare workers and 83% of the social care workforce. Of the 3.2 million jobs with the highest level of exposure to the virus, 77% are occupied by women; whilst women represent almost exclusively the one third of such workers who earn below 60% of median wages (WBG 2020).

Gender Pay Gap reporting may have been suspended during the pandemic to lift the reporting burden from

organisations, but it does not automatically follow that self-determined goals, targets and action plans should be abandoned. On the contrary, many organisations are being pushed to re-imagine their business fundamentals including how their staff work and the skills which will be important to their survival and this has presented a unique opportunity to support and invest in those previously under-represented or under-skilled within the workforce.

Women were also hardest hit by the move by many to working from home and by school closures, bearing the brunt of the additional care and home-schooling responsibilities. Parents struggled in many cases to balance paid work and childcare, while three quarters of women were reported as doing "all" the housework. 90% of lone parents are women and 45% of these families were already living in poverty, so that the pandemic and the withdrawal of support services and the social isolation it brought added to already very difficult pressures.

Also in April, analysis from the **Institute for Fiscal Studies** (IFS) highlighted those most impacted by sector shut-downs: essentially low-earners and the young. Low earners were seven times as likely as high earners to have worked in a sector which had been shut down, and employees aged under 25 were over 2.5 times as likely to work in a sector which was shut down as other employees (and this calculation excluded students with part-time jobs, also badly impacted) (Joyce & Xu 2020).

In June, amid rising concerns about high levels of serious illness and death from COVID-19 amongst BAME patients, a report from the **Fawcett Society** with others highlighted the severity of the impact on BAME women, documenting a vicious combination of physical, psychological and financial impacts on BAME communities and women in particular. Not only are BAME people disproportionately likely to become seriously ill and die from COVID-19 if they contract it, they are over-represented in the key worker jobs which put them at risk and have often worked very long hours through the pandemic to maintain services – see Figure 1.

The report counts the cost of the pandemic for BAME women in terms of mounting debt, anxiety and work, including the struggle to balance paid and unpaid care work. Nearly a quarter of BAME women reported that they were struggling to feed their children. Anxious about going to work, but unable to manage without their often-low wages, BAME women have carried the brunt of this crisis (Fawcett Society et al. 2020).

Older and disabled BAME people who are retired or unable to work reported particular concerns arising from the loss of government support and other support mechanisms, with more than twice as many BAME as white people reporting a loss of support, and over 51% of BAME women reporting they were "not sure where to turn for help" compared to less than 19% of white women (Fawcett Society et al. 2020).
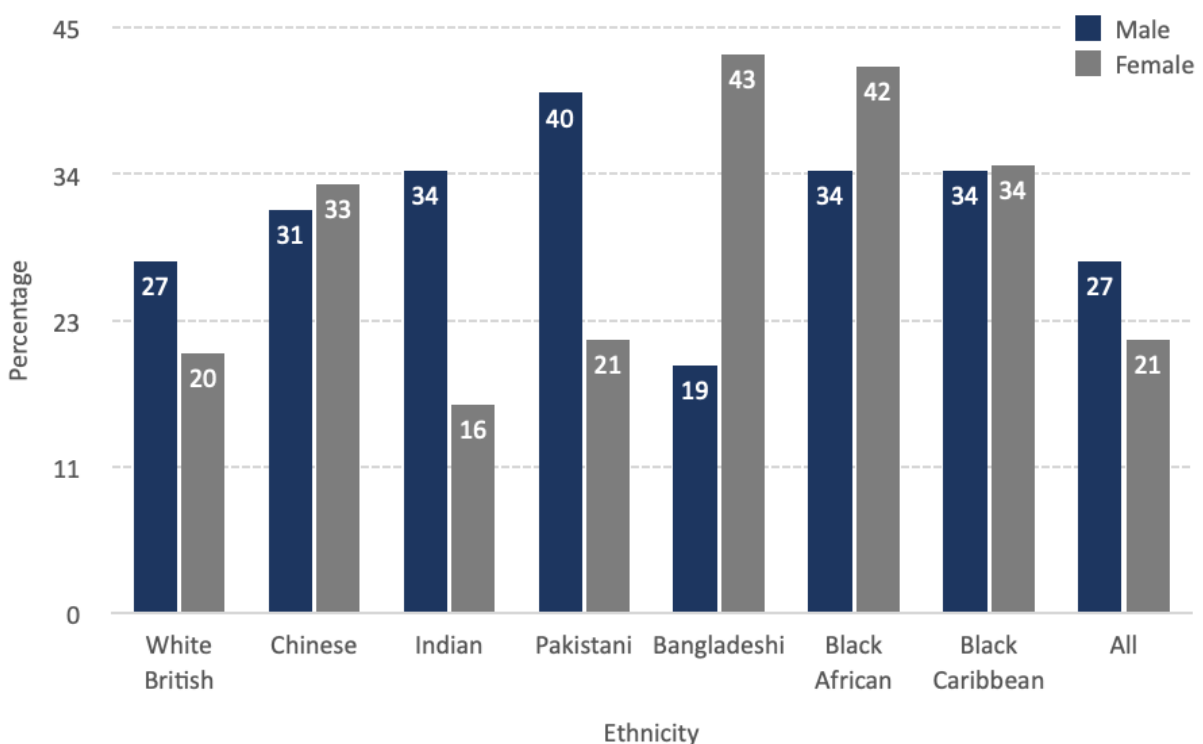

Figure 1. Key worker roles in the UK by ethnicity and gender (%) (Source: Runnymede Trust 2020)

Overall, the burden placed by this crisis on BAME communities, and particularly black people, reveals a long-standing failure to dismantle institutional racism across a broad set of institutions.

More is yet to come. As the furlough scheme is wound down and the economy begins to re-open, albeit in a faltering and hesitant way, fresh equality risks will emerge. The elderly, many of whom have sheltered effectively initially, remain particularly vulnerable to this virus and will need to continue to self-isolate to the degree they judge necessary to keep themselves safe whilst trying to restore their sense of community and wellbeing.

Many are at risk of unemployment in the sectors shut down, and other areas of the economy operating at less than full strength: the young are particularly at risk in hospitality, retail, leisure and travel and tourism. BAME people, especially women, remain in the triple bind of frontline exposure to the virus, low-paid jobs and increased care responsibilities. And with working from home set to continue for months for many, and employers increasingly embracing flexible work patterns, there are fears that, rather than fostering the improved work-life balance many would welcome, flexible working will institutionalise the increased domestic responsibilities which women have faced through the pandemic so far.

3. Tackling inequality in the Liverpool City Region

In *Building Back Better*, the Liverpool City Region Economic Recovery Plan, the Liverpool City Region Combined Authority (LCRCA) notes the existing deep inequalities in the City Region: "We entered the pandemic with 70,000 people unable to seek work as a result of ill health; one third of communities in the most deprived decile; women earning, on average £9k less than men; 25% of people in work paid below the real living wage; and an employment rate of 57% for ethnic minorities compared to 74% for white residents"(LCRCA 2020, p.21).

As Figure 2 attests, multiple indicators highlight the range of economic inequalities experienced by BAME people across the UK.

COVID-19 did not create these inequalities, which are long-standing and structural. Rather, the pandemic and the measures implemented to control it have played out along existing fault-lines in the employment market and in wider society; ruptured some of the coping mechanisms deployed by those at the sharp end of poverty; closed down services relied on to support the disabled, carers and the elderly; and plunged a fresh group into unemployment or underemployment.

Building Back Better recognises the historic opportunity to secure change through the recovery plans being put in place, and the necessity to tackle inequalities: "Prosperity across the City Region is weakened by inequality."

The LCRCA has already committed to tackling inequalities through the recovery process: "Moments of social, economic and political disruption provide a chance for progressive change. The values and changes we embed now are fundamental to realising the globally competitive, environmentally responsible and socially inclusive economy that we need."
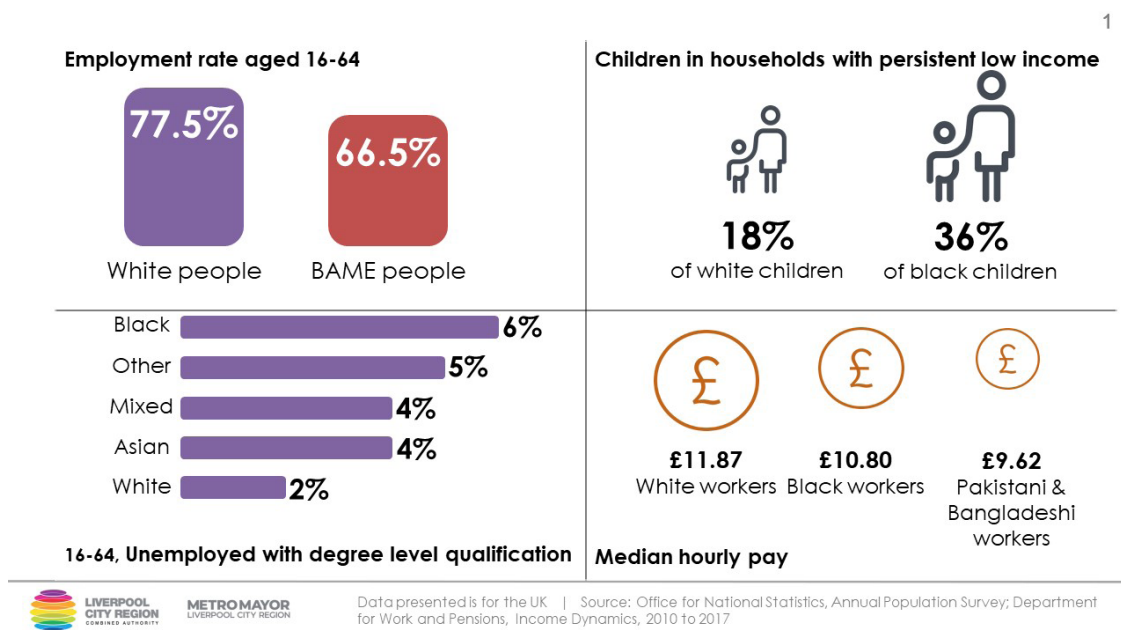
The question is how!

Figure 2. Indicators of economic inequalities experienced by BAME people in the UK *(Source: Liverpool City Region Combined Authority)*

4. What is to be done?

The equality challenge is a collective responsibility for employers, service providers and local and regional government bodies across the City Region. The ability of individuals to navigate the challenges imposed by the pandemic will be impacted by both macro and micro-responses: neither governments, organisations nor close colleagues acting alone can resolve the issues but all can implement positive steps to support change. More broadly, equality work requires commitment at all levels within and between organisations.

Private and public sector organisations; voluntary, sporting and social institutions; universities, trade unions and the media must all look inwards as well as outwards to identify, measure, address and overcome the inequalities so clearly exposed by COVID-19. Large organisations and service providers already have the tools and levers to ensure they can progress equality as they recover from the crisis and should mobilise these to ensure they emerge stronger, not weaker, from an equality perspective.

The precise challenges will vary from one organisation to another but some essential elements of our responses, though well-rehearsed, are worth setting out here:

- **Leadership**: Leaders have an important role to play to acknowledge the problem and ensure that action is being taken to understand it and, in time, develop responses. Broader, more diverse leadership teams have a better chance of appreciating the full range of individual and community experiences of the pandemic so leaders should consider whose voices are being heard and how to amplify some of them. Leaders also have a responsibility to speak out about inequalities and advocate for change.

- **Data**: Organisations sit on a wealth of information about their workforces and customers or clients. It is crucial to mobilise robust evidence about the equality challenges that specific organisations and sectors face to develop tailored solutions. Robust, well-segmented data will support analysis of the problems, target setting and progress monitoring.

- **Tools**: Many organisations already have tools that can be deployed to better understand equality challenges and/or mitigate the unequal impacts of COVID-19 on staff, customers and clients. These might include regular staff appraisal processes, training budgets, customer satisfaction reviews, client relationship meetings and more *ad hoc* approaches – one-off consultation exercises, data requests or surveys. Ensuring that an equality lens is brought to these interactions will enhance understanding.

Expertise: Large organisations can mobilise expertise of different kinds: equality specialists bring particular insight on established and emerging equality good practice and may be well-placed to forge links with other organisations/sector bodies for some external
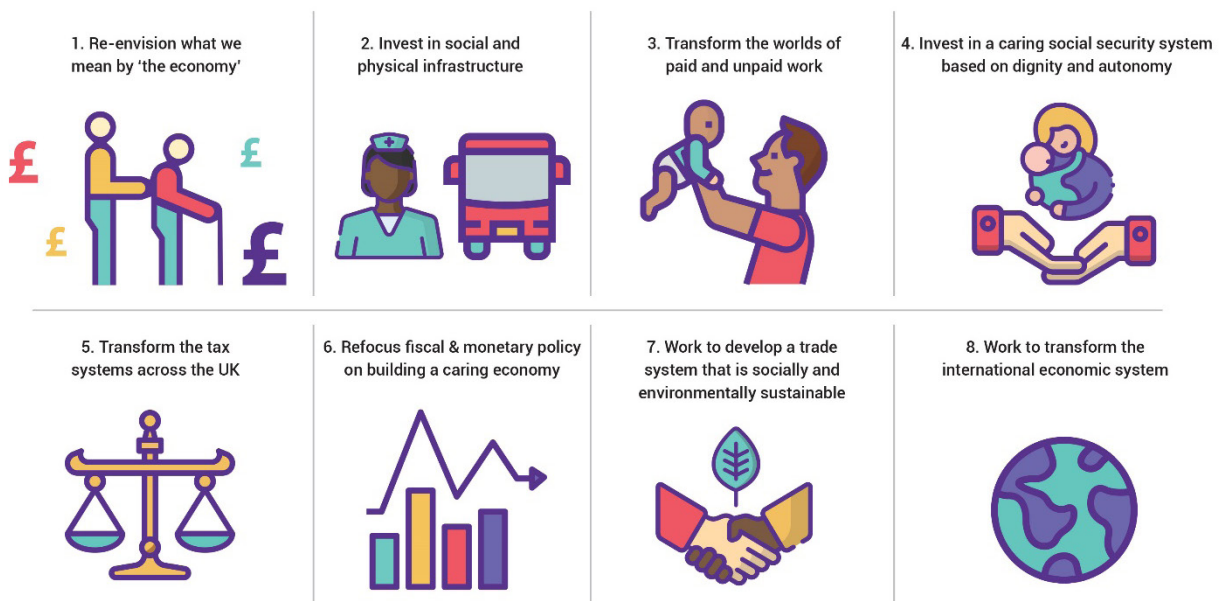
EIGHT STEPS TO A CARING ECONOMY

1. Re-envision what we mean by 'the economy'

2. Invest in social and physical infrastructure

3. Transform the worlds of paid and unpaid work

4. Invest in a caring social security system based on dignity and autonomy

5. Transform the tax systems across the UK

6. Refocus fiscal & monetary policy on building a caring economy

7. Work to develop a trade system that is socially and environmentally sustainable

8. Work to transform the international economic system

Figure 3. Eight steps to a caring economy (*Source: Women's Budget Group*)

perspective, while front line delivery employees may have the clearest sight of very recent changes in patterns of engagement. Data or financial analysts may shed light on changing patterns, while operational managers may be dealing with the practical consequences of the pandemic on staff availability, engagement and wellbeing. Distributed leadership – enabling, supporting and requiring equality work right across organisations – will be vital to achieving timely, effective and visible responses.

Taking Care Seriously

One telling development early in the UK Government's COVID-19 response was the designation of healthcare and supermarket workers and others as "key workers" entitled to access care through schools for their children. Too often it is conveniently overlooked that care is a vital infrastructure component which underpins economic participation. Meanwhile, UK parents pay amongst the highest childcare costs in Europe (European Commission 2019), and the majority working in adult and child care are classed as unskilled, low paid and have poor economic prospects.

In June 2020 the Women's Budget Group set out the economic case for a care-led recovery, arguing that investing in care creates 2.7 times as many jobs as the same investment in construction, increases overall employment, decreases the gender employment gap and increases tax revenues (De Henau & Himmelweit 2020). Fixing the care economy across the UK and Liverpool City Region (e.g. by following the steps outlined in Figure 3) is essential to unlock large pools of human capacity and should be given greater priority in recovery plans and their implementation. This recommendation is further reinforced by T**he Women's Organisation** in their recent report, **Rethinking the Economy for an Inclusive and Sustainable Future.**

Targeted interventions

Horizontal and vertical segregation within the workforce is central to many of the inequalities exposed by COVID-19 and its associated burdens, and this segregation has proven very resilient over many decades. Skills gaps, expectation gaps, racism, sexism and health inequalities all play their part. With unemployment creeping up and digital inclusion never being more crucial it is essential that local

and combined authorities and large organisations fully utilise targeted support and positive action to direct investment in skills, retraining and personal development to groups most at risk of being excluded from the recovery. Equality goals, properly monitored, should infuse all support programmes.

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Emy Onuora

The Race Equality Hub: a new approach to tackling racial inequality in Liverpool City Region

Key takeaways

1. Current approaches to racism and race inequality are often characterised by short-term political concerns and a lack of will to address entrenched, long-term issues.

2. Black, Asian and Minority Ethnic communities experience a sense of abandonment after promises '*to learn lessons*' have been broken by those in power. Promises to address structural inequalities must be followed through.

3. Long term investment and sustainable solutions are required to address deep-rooted and systemic racism. The LCR Race Equality Hub sets out a strategic approach to tackling race inequalities in the city-region.

4. Solutions must be developed '*in conjunction with*', rather than designed '*on behalf of*' Black, Asian and Minority Ethnic communities, through processes of power-sharing and co-design.

5. Enabling the potential of Black, Asian and Minority Ethnic communities to be realised could add some £300million per annum to the LCR economy, representing an important economic opportunity in addition to the moral and ethical case for tackling race inequalities.

1. Introduction

The murder of George Floyd in Minneapolis in May 2020 acted as the catalyst for global protests and demonstrations in support of racial equality and justice. Here in the UK, protests, vigils and demonstration took place across the length and breadth of the country and Liverpool City Region (LCR) saw protests take place at St Georges Hall and Princes Park.

This is not the first time that the nation has experienced a degree of soul searching in response to national, or in this case international events that have highlighted acute levels of racism and racial inequality. The Scarman Report (1981) and Macpherson Report (1999) were both produced following public inquiries into racial inequality. However, in both cases the political spotlight soon moved from race inequality to other matters and after a period of short-term political pressure, debates about the nature of inequality and how it might be addressed had completed their day in the sun and normal service had resumed.

Within LCR, concerns about the lack of employment opportunities - particularly for young people - have been in evidence for several decades. An article in The Times from September 1980 articulated a phenomenon that over 40 years later remains a distinct feature of the city's retail sector.

"In Liverpool, a city with possibly the oldest "black" community in Britain, a multi-racial country, hardly a non-white face is to be seen serving in the shops of Lord, Dale or Church Street. Yet many of the city's "local-born blacks" live within half an hour's walk"

2. Liverpool City Region Race Equality Programme

Recognising that the Liverpool City Region Combined Authority (LCRCA) can and should do more to support and promote race equality across our city region, we have developed an overarching Race Equality Programme in response to global demands for racial justice. The programme began with a data gathering and research exercise to try and understand levels of racial inequality within LCR.

The evidence gathered was simultaneously shocking and unsurprising in outlining the starkness of long-standing inequity in our region. Some of the key highlights of our evidence gathering work revealed that some minority ethnic groups were:

- More likely to die in childbirth
- More likely to be born into poverty
- Least likely to meet early years development milestones
- Less likely to gain strong passes in English and Maths GCSE
- Likely to be paid lower wages, including those paid to minority ethnic graduates
- Three times more likely to be the subject of stop and search in LCR
- Twice as likely as their white counterparts to not own their own home
- Likely to have lower levels of overall life satisfaction

In response to these findings, LCRCA published a Declaration of Intent (DOI) in March 2021 that set out its commitments to tackle racial inequality within the organisation and in the wider city region. In addition to the DOI, in July 2021, LCRCA agreed to set aside considerable funding and resources to establish a Race Equality Hub, that would seek to address inequality in employment and skills within the city region.

This paper considers that a new approach recognising the limitations of previous approaches and centering the needs of minority ethnic communities is urgently required. In light of LCR's history and the current Black Lives Matter (BLM) movement, this new approach needs not only to recognise the systemic, institutional and individual features of racial inequality but needs to work closely with those communities with lived experience of racism to identify solutions and strategies. The development of a Race Equality Hub represents a long-term strategy that will continue to address racial inequality, long after George Floyd and BLM fade from memory.

3. Race inequalities in Liverpool City Region

Familiar figures such as David Yip, John Conteh, Rebecca Ferguson, Trent Alexander Arnold, Craig Charles and Natasha Jonas, amongst others, have emerged from LCR's Black, Asian and Minority Ethnic communities to achieve national and international success. However, outside of the narrow confines of the sport and entertainment industries, there lies untapped potential within these communities.

Three key elements make Liverpool and the wider city region unique: its innovation, its culture and its people (KQ Liverpool 2021). However, these three elements, so important to the region's identity and key to its economic development, have failed to include and harness the skills and expertise that might otherwise emerge from the city's black and minority ethnic communities.

A report from the Nia Business Hub (2021) on the LCR business eco-system noted there is no shortage of entrepreneurial spirit amongst minority ethnic communities, but highlighted the lack of support from mainstream business services to support black and minority ethnic entrepreneurship and businesses. Existing business advice and support to access funding opportunities were found to be inadequate in meeting the needs of minority ethnic community businesses aspiring to grow. Even basic tools such as a directory of black businesses were absent, the existence of which would provide a useful starting point to enable minority ethnic businesses to be targeted for support.

On culture, the Generations For Change project, part of the LCRCA Race Equality Programme, has highlighted the difficulties for Black, Asian and Minority Ethnic creatives, artists and cultural practitioners to gain a foothold in the industry (LCRCA/Curious Minds 2022). In their experience, they found difficulty in obtaining commissions outside Black History Month and to see themselves represented in senior and leadership positions within the wider arts and cultural sector.

Our research identifies an absence of opportunities to harness the perspectives, experience and knowledge of Black, Asian and Minority Ethnic communities to identify and develop solutions to racial inequality (Innervision 2021). This may be a reflection of the short-term nature of political will to bring about meaningful change to address racial inequality. Approaches to racial inequality typically begin with an incidence of racial injustice, followed by a crisis management approach from large institutions involving promises to '*do better*' or '*learn lessons'.* This is quickly followed by the creation of a new role, policy or other activity, until the initial momentum inevitably dissipates and organisations return to business as usual. Eventually those high-profile initiatives are gradually de-prioritised and disappear before they can be fully evaluated in order to understand their impact (Innervision 2021).

Our research found that developing a meaningful approach to tackling racial inequality must focus on the following features:

- A long-term race equality strategy, incubated from the volatility of short-term political and funding imperatives.

- A long-term commitment involving a focus on culture change by ensuring that systems, processes and behaviours that serve to marginalise and exclude are dismantled.
- A recognition that what replaces this might be unknown and concerning, particularly for those who have benefitted most from exclusionary processes.
- Progressive and inclusive practices will bring benefits by utilising the hitherto untapped potential of minority ethnic communities in support of the ideas, stakeholders, customers, bottom-lines and profitability of organisations.

4. Key Messages from Communities

Racism, as a structural, deep-rooted and long-term phenomenon, requires a long-term approach that recognises that it cannot be tackled solely by writing new policies or strategies. In developing the Race Equality Hub, LCRCA carried out significant engagement work with Black, Asian and Minority Ethnic communities, with some clear messages and themes emerging:

- A plea for action, rather than words. Pronouncements of commitment to race equality must be matched with tangible action that brings about change.

- Recognition that change will not occur in the short-term and that long-term interventions are required.

- For a Race Equality Hub to be Black, Asian and Minority Ethnic led. This would provide positive role models for young people of all ethnicities and ensure the organisation's leadership provides a minority ethnic perspective in its attempt to tackle racial inequalities in the employment and skills market.

- For services to be co-designed in conjunction with communities, rather than an approach in which new policies are provided for consultation, with little opportunity for significant amendments to be made. Co-design requires organisations to cede power to those with lived experience of racism, in order to identify barriers and develop solutions more likely to meet the needs of black and minority ethnic communities.

5. Development of the Race Equality Hub

Our engagement work informed us that there was a need to address both the supply and demand of employment opportunities. This means providing support for Black, Asian and Minority Ethnic communities to enter careers and progress into leadership roles and to enable minority ethnic enterprises to become established and grow, but also to develop the demand side. This means providing support for public, private and third sector organisations to change their systems and practices in ways that will enable them to diversify their workplaces and develop organisational cultures that support minority ethnic career development and progression. It also involves upskilling minority ethnic businesses to ensure they are contract-ready to bid for tenders, commission and procurement opportunities and to also provide support for diversifying boardrooms and governance structures. Overall, the Hub is to operate as a place where knowledge and expertise in race equality is co-ordinated and harnessed for the good of minority ethnic communities and the wider city region.

In gathering evidence for developing a response to race inequality on a regional basis, we expected to find models of good practice that could act as a blueprint for developing approaches to tackling inequality. Despite researching other parts of the UK, Europe and North America, there were no other successful models for which the city region could base its own approach. Therefore, the model for the Race Equality Hub is built upon our engagement work with Black, Asian and Minority Ethnic communities.

Progress towards the establishment of the Race Equality Hub is now gathering pace. A number of Black, Asian and Minority Ethnic business advisors and consultants, academics, entrepreneurs and marketing experts, among others, are currently tasked with developing the Hub's key service delivery areas and commercial and business plans, and it is anticipated that the Hub will open its doors to the public in Autumn 2022.

A critical part of developing the Hub's key features will be comprehensive co-design processes to be undertaken with minority ethnic communities, entrepreneurs, businesses and young people from across LCR. Additionally, co-design activity will also take place with companies and organisations who seek to diversify their workforce but require support to enable them to do so. Utilising Black, Asian and Minority Ethnic expertise with the lived experience of racism to develop meaningful solutions will provide the best chance of addressing the deep-rooted, long-standing labour market inequalities that act as an impediment to the economic growth and the development of black and minority ethnic communities, limit potential of our young people and blight the city region's reputation for its commitment to social justice.

6. Conclusion

The Race Equality Hub represents an innovative approach to race equality that if successful can provide a model to address racial inequality for other cities and city regions both in the UK and abroad. The key requirements to ensure the success of the Hub will be the political will to recognise and understand the issues and to take the radical action necessary to bring about change. Our research informs us that if we were to reduce the levels of inequality between our Black, Asian and Minority Ethnic residents, compared to their white counterparts, we would add some £300 million each year to the local economy. This economic case further strengthens the assertion that a long-term approach is required to tackle decades of inequality and that this needs to be backed up with long-term planning and identification of funding opportunities. This will ensure the viability of the Hub long after the short-term political will has ended. Finally, and most importantly, placing marginalised communities at the centre of processes to identify barriers and seek meaningful solutions is critical in garnering community support and confidence. This will provide the best opportunity to ensure the Hub's success and ensure that our region - whose social, economic and industrial history and development is inextricably tied up with the slave trade and colonialism - provides a model that acts as inspiration to others at home and abroad.

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Victorina González-Diaz, Elizabeth Parr and Angrosh Mandya

Gap-minding, gap-closing, gap-worrying: addressing the gender gap in primary children's writing

Key takeaways

1. The so-called 'gender gap' in schoolchildren's writing (girls performing better than boys in writing attainment) has been an educational concern for the last 20 years. It becomes even more pressing following the COVID-19 pandemic and its detrimental effects on children's writing habits. This is a particularly pertinent issue in the Liverpool City Region where writing attainment at primary school level is below the national average.

2. Our research indicates that gender-related writing issues cannot be adequately addressed unless there is agreement on what 'good' writing means. There are, however, noticeable differences in perceptions of what 'good' writing is between children, teachers and education stakeholders. This lack of consensus needs to be addressed to avoid compromising the successful achievement of literacy outcomes.

3. Education stakeholders and teachers positively advocate the principles of gender equality. However, further guidance as to how to embed these principles in their policies and practices on children's writing is needed in order to avoid the unintentional reproduction of the gender inequalities that they try to counteract.

4. Limited vocabulary and inadequate transcription skills are consistently mentioned as issues for boys in the production of 'good' writing. Our research evidence provides only partial support for these gender-related associations and shows the importance of considering linguistic-specific evidence to tackle perceived gender-gap issues.

5. Equipping our teachers with evidence-based knowledge and tools to develop high-quality teaching resources constitutes the best strategy to both address gender-gap matters in writing and to maximise the development of children's literacy skills. This can only be achieved through targeted collaborations between local authorities, schools and research units in the City Region.

1. What is at stake with the gender gap in writing?

Concerns about a 'gap' in writing attainment between boys and girls (where girls consistently perform better than boys) date from the late 1990s, when central government implemented a non-statutory national strategy for literacy education and a target-setting agenda to increase the number of children working at or above the 'national expectations' in English (Beard and Burrell, 2010). It has been at the forefront of the educational agenda since then and constituted the subject of several reports from government agencies and research studies, as literacy gaps "can start early, persist through school and prove a limiting factor" both in terms of educational outcomes and socio-economic prosperity in later life (Quigley, 2022: 11).

The COVID-19 pandemic constituted a serious setback to previous efforts to address the writing gender gap. Remote modes of teaching and learning during the pandemic had a significant detrimental effect on children's writing (with at least a 6-point drop-in writing-related activity for each gender nationally, Clark et al. 2021) particularly at the primary level and for those from disadvantaged social backgrounds (Juniper Education

National Dataset Report 2022). This is especially worrying for Liverpool City Region, whose outcomes in Key Stage 1 and 2 (primary school age) attainment are in the lowest 10% nationally (Liverpool Education Improvement Plan, 2021). All of this is set in the context of the Levelling Up White Paper, published earlier this year, which aims for 90% of primary children to reach the expected standard in reading, writing and maths in 2030 (HM Government, 2022).

This briefing paper presents the main findings from a Liverpool-focused study of children's writing and the gender gap in local primary schools. Its aim is to inform policy responses by decision- makers working on improving writing outcomes in the City Region.

2. The study and its methods

The study collected two types of data: attitudes data and linguistic data. The attitudinal data included:

- A survey on Liverpool schoolchildren's writing habits (year 5 and 6).

- Two focus groups, one with local educational stakeholders (including local education representatives, teacher training providers and school improvement advisors) and the other with local teachers.

Figure 1: Most frequent words in stakeholders' responses

The linguistic data came from the analysis of 120 narrative and argumentative essays (60 essays from boys and 60 from girls) written by year 6 pupils in Liverpool schools in June 2021.We selected 15 vocabulary, spelling and grammar features that recent research has identified as indicative of high quality in learners' writing (Durrant et al., 2022) and compared their use and distribution in boys' and girls' writing.

The aim of the research was to identify where opinions on (gendered) writing and the actual writing performance of boys and girls agree and where they diverge. This evidence can be used to either modify current practices or develop new, tailored activity to tackle the writing gender gap in primary schools.

3. The results

Boys vs girls: language analysis

We found that although girls write more than boys (10% more), the quality of writing between girls and boys was similar. The differences between girls' and boys' use of language are significant in fewer than half of the features analysed (for more information on the different tests, please contact the authors of this report).

Furthermore, those significant differences do not consistently signal boys' under- performance. This also tallies with previous research, which suggests that boys' lower results in writing tend to be associated with quantitative measures of writing (i.e. frequencies), not qualitative ones (i.e. skill in the use of features for character development, for example) (Adams and Simmonds, 2019).There were no noticeable differences in the language results across the two genres explored in the study (narrative and argumentative writing).

Attitudes: what is 'good' writing at primary school level?

Writing is a complex process that includes different aspects such as writing purpose, audience, technical accuracy, structure and clarity of writing. This complexity makes it challenging to regulate clearly what 'good' writing should look like at different levels (Marshall, 2007). It is therefore not surprising to find in our data marked variation in the different stakeholders' responses to what 'good' writing means at primary school-level:·

- Teachers and education stakeholders consider reader engagement and competent use of vocabulary, grammar and punctuation as essential characteristics of good writing.

- Children place significantly more emphasis on transcription features such as neat handwriting and
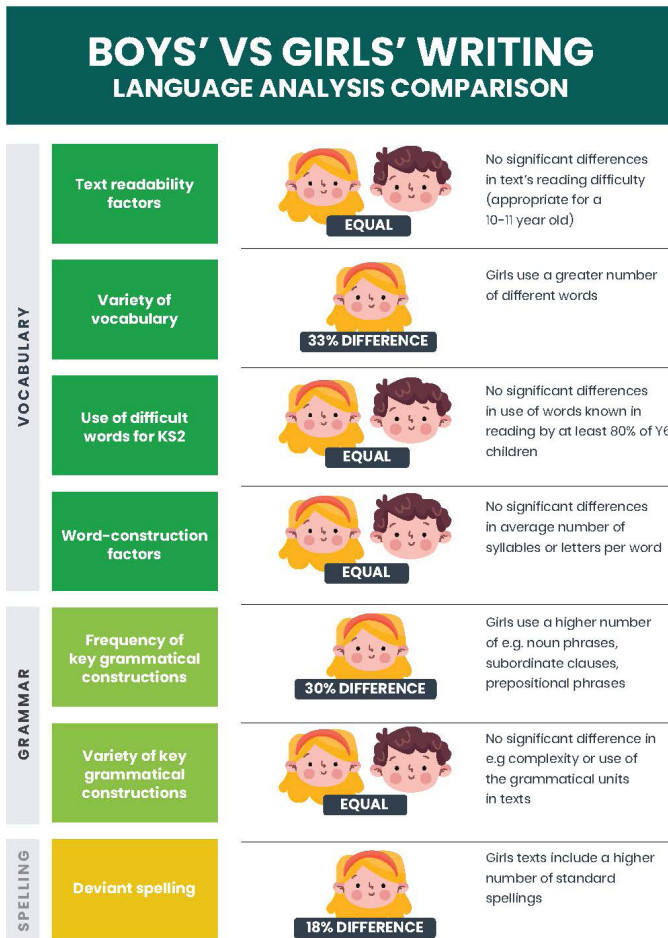
Figure 2: Summary of linguistic analysis of children's data

correct spelling as characteristic of good writing. This is particularly noticeable in responses from boys.

Teachers' and education stakeholders' understanding of 'good' writing align with the recommendations of national non- statutory documents (STA, 2017). By contrast, children's views reflect a very narrow concept of writing.

This 'narrow' view of writing is hardly new. Of interest is the apparent lack of awareness amongst many teachers of what children perceive to be important when writing. It is essential to the learning process that teachers, children and others involved in education share the same goals when writing is being taught.

Attitudes: challenges and concerns

The evidence shows differences in opinions on the concerns or challenges facing primary school children's writing development.

- In their responses, children highlighted transcription skills as an important aspect that they struggle to master. There were notable gender differences here: girls found correct spelling more challenging than boys, while boys focused on the difficulties of handwriting and punctuation. Respondents, particularly girls, also mentioned some non-transcription features, such as ideas or vocabulary, as writing challenges.

- Teachers and educational stakeholders mentioned a lack of writing stamina (the ability to sustain writing for an extended period of time without losing focus), restricted vocabulary and limited reading as the main challenges to improving primary school children's writing.
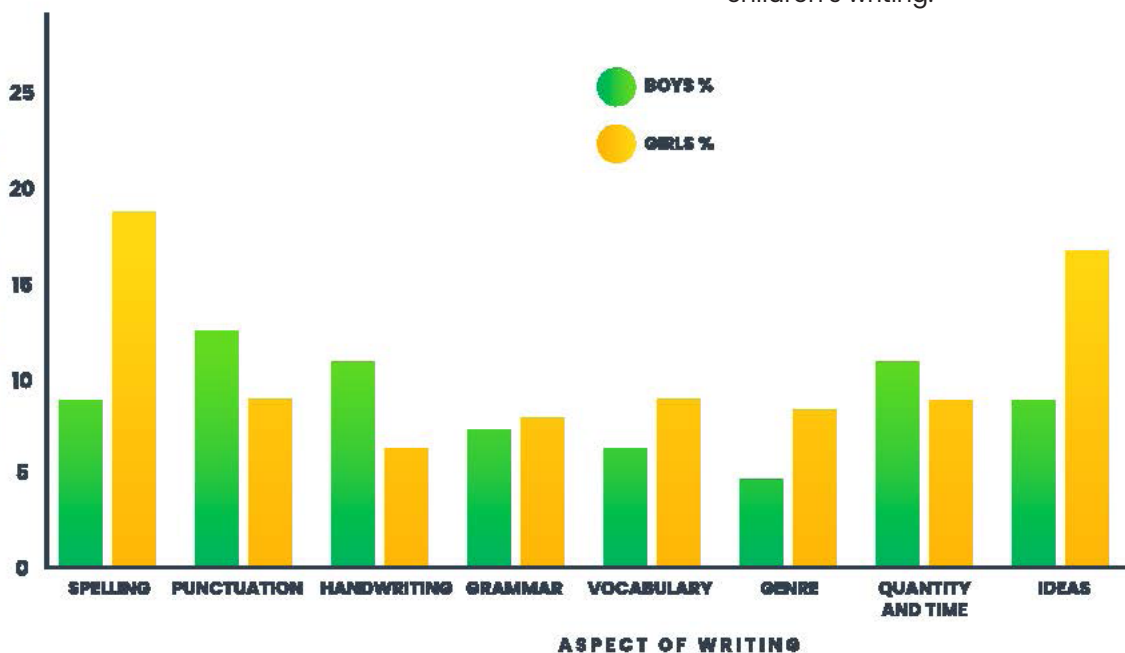

Figure 3: Writing challenges - summary of children's responses

CHILDREN'S PERCEPTION OF THEIR WRITING

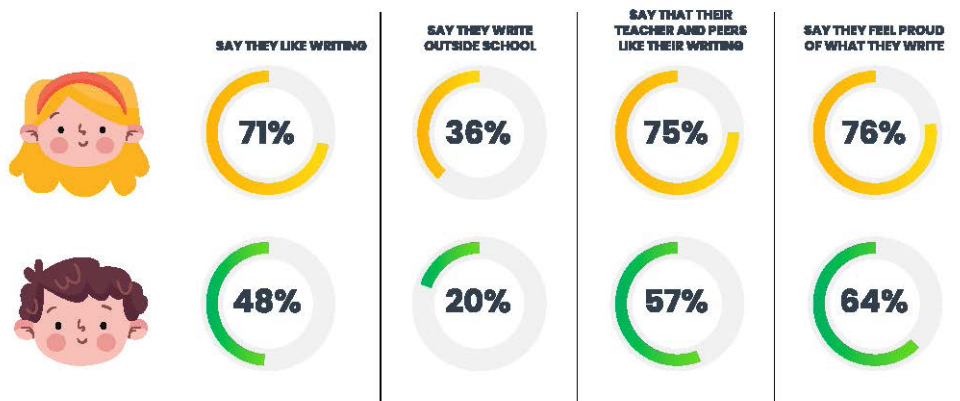|	SAY THEY LIKE WRITING	SAY THEY WRITE OUTSIDE SCHOOL	SAY THAT THEIR TEACHER AND PEERS LIKE THEIR WRITING	SAY THEY FEEL PROUD OF WHAT THEY WRITE
Girls	71%	36%	75%	76%
Boys	48%	20%	57%	64%

Figure 4: Summary of children's perceptions of their own writing

The foregrounding of spelling, punctuation and grammar in recent Ofsted and Standards and Testing Agency publications (Ofsted, 2022; STA, 2017) leaves creative writing and text-led approaches to teaching writing lacking in prominence. Such text-led approaches have been successful in the classroom as a way of scaffolding children's writing development. They highlight the importance of reading and deconstructing high-quality children's literature, then using it as a model for writing.

Teachers and education stakeholders see reading as a gateway to and having a significant impact on writing. This tallies with current research evidence, which has shown that learners who are strong readers often use a wider range of vocabulary: they tend to 'borrow' reading ideas, words or styles and use them in their own texts (CLPE, 2017).

Attitudes: writing and the (perceived) gender gap

The main differences between boys' and girls' answers are in the socio-emotional aspects of writing. Boys get less satisfaction from writing than girls and, as a result, they avoid engaging in writing more than girls. A contributing factor to such dislike may be boys' perceived struggle with the physical aspects of writing (handwriting) even at the end of KS2.

Another revealing finding from the data is that boys score lower than girls in how much they think their writing is valued in their immediate school community. This has been linked in previous research to writing feedback, where texts perceived to be written by males receive more corrections and suggestions for improvement than their (perceived) female equivalents (Jones and Myhill, 2007):

- Fiction is the genre both boys and girls prefer to write.
- Girls and boys highlight the limited opportunities they have to choose their own writing topics in school.

- Boys and girls show similar confidence levels when tackling a writing task in school. However, boys have lower scores in confidence about being 'good' at using handwriting and punctuation than girls.
- Girls are prouder of their writing than boys. They also have higher scores in perceptions of their own writing.

Teachers and education stakeholders observe that gender stereotyping and 'sweeping statements' that attribute certain types of language to 'boys' and 'girls' as gender categories is a harmful practice.

However, their assessment of the difference in language use between boys and girls often focuses on boys' and girls' behaviours. Some of those behavioural traits reproduce long-standing attitudes on boys' underperformance that previous research and this study reject as problematic (see Mynard and Lowe, 1999; Jones and Myhill, 2007).

In general, proposals by teachers and education stakeholders to address the gender-gap aligned with recent research, as they emphasised that writing improvement should take place though high-quality teaching and interventions for all children regardless of gender.

They also suggested some gender-specific solutions (see below) but the suitability of these suggestions is questioned by research evidence (see Lahelma, 2014; Heinz et al., 2021).

- Boys' writing is seen by education stakeholders and teachers as more 'factual' and 'hastier' than girls' writing, with little attention being paid to structure, proofreading or editing. These characteristics are linked to boys' perceived lack of motivation for writing if there is not a clear purpose to it.
- Girls' writing is described as more 'imaginative' and having 'better' vocabulary, sentence structure and

presentation than boys' writing. Girls are considered to take greater pride in writing and to be more interested in pleasing their teachers with the writing they produce.

- Respondents suggested boys' perceived underachievement in writing may partly be due to the lack of male role models within the school environment. Suggested gender-specific solutions included the incorporation of more 'boy- friendly' genres, subjects and perspectives.

4. Conclusion

Writing as one of the basic literacy skills is a key pillar of socio-economic wellbeing. If Liverpool City Region is to maximise its potential and address its education challenges, the so-called gender-gap in children's writing attainment requires urgent attention. This is particularly crucial in the post-pandemic world due to the rise of blended (online and offline) forms of communication that require skillful manipulation of speech and writing. It is essential that children are provided with a high-quality baseline in writing as early as possible in school if we want to avoid them being at an educational and social disadvantage later in life.

Our research, building on previous work, identifies teachers as an important factor in shaping literacy outcomes in children. We therefore make the following recommendations to be embedded through teacher education at all levels, from initial teacher training to continuing professional development. The recommendations are purposefully framed in a very broad manner to allow educators to shape them to their own modes and practices. More importantly, they are not gender-specific. This is because we believe, in line with previous evidence, that gender-specific recommendations can be detrimental for the academic and social welfare of the gender(s) not in focus.

Overall, the recommendations aim to raise awareness of the issues around the (perceived) gender-gap in writing, challenge stereotypes and negative perceptions of writing amongst children and educators, and improve writing practices across primary schools in Liverpool City Region and beyond.

Recommendation 1: Vocabulary and spelling are the only areas where some differences between boys' and girls' writing appear in our data. Therefore, variation in language use between boys and girls is not and must not be consistently translated as 'under-achievement' for boys. A broad concept of 'achievement', where all relevant aspects of writing are equally considered and valued, is needed.

Recommendation 2: Leaders need to raise awareness of the persistently narrow views of writing amongst pupils. Mechanisms need to be in place to unpick those views and develop children's understanding of 'good' writing as a balanced combination of writing skills and writing purpose.

Recommendation 3: Leaders need to monitor transcription features closely as they are most frequently identified by girls and particularly boys as difficult when writing. Such monitoring needs to be carefully planned in order not to overlook the importance of compositional and creative aspects of writing (see recommendation 2).

Recommendation 4: The connection between reading and writing needs to be explicitly made in all classrooms through text-led approaches to teaching writing. Pupils need to be encouraged to use their reading to scaffold and inspire their own writing.

Recommendation 5: General perceptions of boys' and girls' writing need to be explored throughout the education system (e.g. teachers' CPD) to ensure that long- standing gender stereotypes are discussed and challenged. Teachers and school leaders need to review the feedback they provide to children on their writing to ensure parity, drive pupil motivation and maximise academic relevance.

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