



# **Wallsend Children's Community Health Needs Assessment**

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Table of Contents	PAGE
<b>1 Introduction</b>	<b>7</b>
<b>2 Background</b>	<b>8</b>
<b>3 Context and policy Drivers</b>	<b>9</b>
<b>4 Wallsend Locality and Social Determinants</b>	<b>11</b>
Population and Demographics	12
Ethnicity	12
Deprivation	13
Employment	15
Environment	16
Community Assets	17
Crime and Safety	20
Domestic Abuse	23
Young Victims and Young Adult Victims of Crime	25
Young Offenders	25
First Time Entrants to the Youth Justice System	25
Housing Conditions and Affordability	26
Homelessness	27
Services and Support Opportunities	28
<b>5 Troubled Families and Vulnerable Children</b>	<b>30</b>
Child Poverty	31
Adults and Alcohol	33
Early Help Assessments	33
Troubled Families Programme	35
Children in Need	36
Looked After Children (LAC)	37
Special Educational Needs and Disabilities (SEND)	40
Services and Support Opportunities	43
<b>6 Mortality</b>	<b>44</b>
Infant Mortality	44
Child Mortality	46
Services and Support Opportunities	48
<b>7 Conception, Pregnancy and Infancy</b>	<b>49</b>
Births	50
Low Birth Weight	50
Teenage Pregnancy	51
Smoking and Pregnancy	53
Breastfeeding	54
Immunisation	55
Mental Health in Pregnancy	56
Healthy Child Programme	58
Services and Support Opportunities	58
<b>8 Early Years</b>	<b>60</b>
School Readiness	61
Early Years Foundation Stage Profile	61

Childhood Obesity at the Start of School	62
Healthy Teeth and Gums	64
Hospital Admissions and Attendance at Accident and Emergency Departments	67
Services and Support Opportunities	67
<b>9 School Age / Adolescence</b>	<b>68</b>
Childhood Obesity at the End of Primary School	69
Education Performance at Key Stage 2	71
Education Performance at Key Stage 4	73
Personal, Social and Health Education	74
Tobacco Smoking and E-cigarette use in Young people	76
Alcohol and Substance Use in Young People	77
Sexual and Reproductive Health	78
Human Papillomavirus	79
Child and Adolescent Mental Health	79
Self-harm	80
Suicide	81
Road Traffic Injuries	81
Children with Caring Responsibilities	81
Health Conditions of Childhood	82
Young People Not in Education Employment or Training (NEET)	83
<b>10 Stakeholders and Engagement</b>	<b>85</b>
Insight from Local Teachers	86
Insight from Parents relating to Play Opportunities in Wallsend	86
Insight from Young People and their views on Health and Healthy Lifestyles	87
Insight from local young people about healthy eating and healthy lifestyles	88
Mental Health and Young People in North Tyneside Scrutiny Report	89
National Young Health Champions Programme	91
<b>11 Summary and Recommendations</b>	<b>92</b>



## List of Tables

Table 1: Wallsend Locality [NE28] Population Estimates for NE28 Wards

Table 2: Percentage of children age 0-15years living in income deprived households

Table 3: Phase 2 of the Troubled Families Programme in North Tyneside as at February 2017

Table 4: Children in Need, Looked After Children and Child Protection Data for North Tyneside December 2016

Table 5 Annual SEND Data for North Tyneside 2009 - 2015

Table 6: Northern England Child Health Clinical Indicator Summary February 2016 \*(definitions below)

Table 7: North of Tyne Child Deaths (age at time of death) 2011-2015

Table 8: North of Tyne Child Deaths (reported to panel by deprivation decile) 2011-2015

Table 9: Percentage of Deliveries where the Mother is aged U18 years (Pooled data 2010/11 – 2014/15)

Table 10: Estimates of numbers of women with mental health problems during pregnancy and after childbirth for North Tyneside CCG

Table 11: Average Rate of Children with Decayed, missing due to Decay or Filled Teeth (dmft) 2) for five-year - old children in North Tyneside

Table 12: Key Stage 2 Results for Wallsend Pupils (See notes on FSM6 )39

Table 15: Schools in Wallsend and Healthy School Status

Table 13: Key Stage 2 Gender Results for Wallsend Pupils (See notes on FSM6 )39

Table 14: Key Stage 4 Results for Wallsend Pupils (See notes on FSM6 )

Table 15: Schools in Wallsend and Healthy School Status

Table 16: Hospital Admissions per 100,000 for Alcohol Specific Conditions in Children Under 18 years

Table 17: Hospital Stays: Disease of the respiratory system (all admission methods Children aged 0-19 years)

## List of Figures

Figure 1: Wallsend Locality Ward Boundary Information and Indices of Multiple Deprivation 2015

Figure 2: North Tyneside Most Deprived Wards Based on ID 2015

Figure 3: Map of Employment Deprivation

Figure 4: Map of Job Seekers Allowance Claimants

Figure 5: Map of Environmental Deprivation which includes measures of air quality and Road Traffic Accidents

Figure 6: Resources and Information about Working with Community Assets

Figure 7: Maps of Community Assets in North Tyneside Local Authority Area

Figure 8: The Vulnerable Localities Index (VLI) Heat Map as at January 2017

Figure 9: North Tyneside Police Data: Rates for Violence with Injury per 1000 residents Oct 2015 – Sept 2016

Figure 10: North Tyneside Police Beat Data for Violence Without Injury

Figure 11: Incidents of Domestic Violence in North Tyneside (Oct 2015 – Sept 2016)

Figure 12: Incidents of Domestic Violence in North Tyneside per 1000 residents by Ward (Oct 2015 – Sept 2016)

Figure 13: Ages of Victims of Domestic Abuse (2013 – 2014)

Figure 14: National Tenure Mix for England, North Tyneside and NE28

Figure 15: Statutory Homeless Family Composition

Figure 16: Reasons for becoming Statutorily Homeless

Figure 17: Income Deprivation Affecting children aged 0-5 years

Figure 18: Employment Deprivation in North Tyneside

Figure 19: Alcohol Related Admissions All ages in North Tyneside by Ward (Crude rate per 100,000) 2011 – 14

Figure 20: Early Help Assessment Data – Reasons for Assessment November 2013 – June 2016

Figure 21: Age and Gender of individual's subject to EHAs 2015/16

Figure 22: Eligibility Criteria for NE28 Families Accessing Troubled Families Programme February 2017

Figure 23: Children in the care of North Tyneside Local Authority Crude rate per 10,000 population <18 years

Figure 24: Children in the care of North Tyneside Local Authority Crude rate per 10,000 population <18 years

Figure 25: Children in the Care of North Tyneside Local Authority <18 years as at 30 Sept. 2016

Figure 26: Domestic Violence and Substance Misuse impacting on LAC in North Tyneside

Figure 27: Percent of Pupils with SEN statements or EHC plans

Figure 28: Percent of Pupils in all schools with a Primary SEN of Autistic Spectrum Disorder

Figure 29: Percent of Pupils in Primary School with a Primary SEN of Speech, Language and Communication

Figure 30: Percent of Pupils in Secondary School with a Primary SEN of Speech, Language and Communications

Figure 31: Rate of Live births per 1000 women in age Groups for North Tyneside 2015

Figure 32: Low Birth Weight (less than 2500g) as a Proportion of Live and Still births with Valid Weight

Figure 33: Rates of Conceptions to Women aged under 18 at Local Authority level

Figure 34: Rates of Conceptions to Women under 18 for North Tyneside Wards

Figure 35: Percentage of Mothers Who Smoke at Time of Delivery (SATOD) for women who give birth at Northumbria Health Care Trust April 2016 – March 2017

Figure 36: Percentage of Mothers Who Breastfeed at Birth and Percentage Who Breastfeed at 6 weeks 2014/15

Figure 37: Child health clinical indicators summary February 2016

Figure 38: Areas that that might increase likelihood of mental health problems in pregnancy and post-natal period

Figure 39: National Child Measurement Programme Data for Reception Children across North Tyneside by Primary School aggregated across 3 school years 2012-2016

Figure 40: National Child Measurement Programme Data for Reception Children in North Tyneside using Children and Young People's Service Localities

Figure 41: National Child Measurement Programme Data for Severe Obese Children in Reception

Figure 42: Dental Health Survey (2012) for five-year - old children in North Tyneside showing the average number of children with decayed, missing due to decay or filled teeth) D3mft

Figure 43: North Tyneside Patients Who Accessed NHS Dental Care 2012 - 2013

Figure 44: Map Showing Access to Dental Services in the North Tyneside Local Authority Area.

Figure 45: National Child Measurement Programme Data for year 6 in Primary Schools across Wallsend

Figure 46: National Child Measurement Programme data for Severely Obese Children

Figure 47: National Child Measurement Programme data for Year 6 Children (North Tyneside)

Figure 48: Performance data for pupils at Key Stage 2

Figure 49: Modelled Estimates of smoking prevalence at ages 16 – 17 years from young people self report

Figure 50: Alcohol Specific Admissions in the Under 18s, Numbers and Crude rates, 2006-2013

Figure 51: Chlamydia Detection rates in North Tyneside 15 – 24 years (Crude rate per 100,000)

Figure 52: Young People aged 16-24 who provide 1+ hours of unpaid care per week

Figure 53: Long term illness in 15 year olds: % reporting long term illness

Figure 54: Hospital Admissions for Asthma under 19 years. Crude rate per 100,000

Figure 55: Average number of young people aged 16 – 25 who were reported not to be in education or training

Figure 56: General health of 15-year old's: % reporting general health as excellent

# 1. Introduction

1.1. There is strong evidence that demographic, economic and social risks can impact on children's development and contribute to poor health outcomes<sup>1</sup>. A substantial number of risk factors for disease in adults are initiated in intrauterine life and infancy, these are then amplified in childhood and young adult life. Health inequalities start early in life and persist into old age, for example the evidence suggests that around 80% of overweight and obese children will become overweight and obese adults<sup>2</sup>. This document will present an assessment of the health needs of local children aged <19 years living in the Wallsend locality (NE28) of North Tyneside and make recommendations to improve health outcomes.

## 1.2. Objectives:

The Health Needs Assessment will focus on the following objectives:

- Describe the population living in the Wallsend Children's Community Locality (post code NE28)
- Provide an overview of the wider determinants of health and their impact on children aged 19 years and under living in the identified population
- Identify which children are at most risk of poor health outcomes in the identified population
- Identify current and existing service provision that impact on childhood outcomes
- Identify where there are opportunities to encourage healthy behaviors and improve health outcomes for children

## 1.3. Methodology:

A mixed methods approach will be used in order to give a comprehensive overview of the health needs of children in Wallsend Children's Community. The approach will consist of:-

- An epidemiological approach (describing population characteristics, diagnosed incidence and prevalence of disease)
- A comparative approach, comparative data will be used, where appropriate, to provide a relative profile of NE28 within the North Tyneside Borough, North East Region and England)
- A qualitative approach; views of children, families and professionals working within the area using existing survey information alongside interviews and focus groups in particular to seek intelligence about the emotional and mental health needs of children and young people in a more detailed way than can be described by data
- a brief literature review on evidence-based interventions

## 1.4. Limitations of the Report

The Wallsend Children's Community aims to support children living in the NE28 postcode area and this report will present data that is available at a postcode level for NE28 as well as ward level data where it has been possible to access. Since the publication of this report it is likely that new data sets will become available at ward level which the Wallsend Children's Community may wish to access. The report also present qualitative data from local research studies and evaluation reports from grey literature which have been identified through the health sub group of Wallsend Children's Community.

Due to the resource constraints, this report has been informed in the main by routinely available epidemiological information. In many cases information has been available at borough level only and judgements have had to be made about the value of regional, or borough level data, to the Wallsend Children's Community. Wallsend Children's Community consider that this report will be a starting point

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1 Health and Behaviour: The Interplay of Biological, Behavioral, and Societal Influences

file:///C:/Users/dawn\_000/Documents/A%20Wallsend/Social%20Risk%20Factors%20-%20Health%20and%20Behavior%20-%20NCBI%20Bookshelf.html

2 State of Child Health 2017 <http://www.rcpch.ac.uk/news/rcpch-launches-landmark-state-child-health-report>

for understanding health needs of the Wallsend children and as and when more local level data becomes available this report can be expanded upon.

## 2 Background

- 2.1 North Tyneside is one of the least deprived areas in the North East of England with a population of over 202,000 and has been described as one of the best places to live in Britain<sup>3</sup>. North Tyneside is bounded by Newcastle upon Tyne to the west, the North Sea to the east, Northumberland to the north and the River Tyne runs along the south of the borough. The borough is internationally connected via the Port of Tyne which serves increasing passenger numbers and there continues to be volumes of freight which go through the North Shields terminal. Relative deprivation in the borough is improving, but there are stark inequalities within the borough in relation to income, unemployment, health and educational attainment. Pockets of deprivation continue to exist in areas which were once the location of a vibrant shipping industry and high employment. Inequality in life expectancy manifests itself across the life course and can be seen across many children and young people's indicators. In 2015 a child born in the most deprived part of North Tyneside is likely to live 10 years less than one born in the least deprived part of the borough<sup>4</sup>.
- 2.2 Wallsend Children's Community is a multi-agency partnership which aims to improve the outcomes for children through the development of cradle to career support for young people in the Wallsend locality of North Tyneside. Building on the success of the Harlem Children's Zones in America<sup>5</sup> the children's community hopes to create contexts in the school, the family and the community which support children to do well by developing a strategic plan for tackling disadvantage across the childhood years and across all the contexts in which children learn and develop. The Wallsend Children's Community hopes to provide a vehicle for planning and delivering a broad range of services, in a more joined up way, reducing the structural barriers that exist between organizations and across the settings of health, education and the community<sup>6</sup>.
- 2.3 The Wallsend Children's Community aims to: -
- Get things right early – getting children on a positive pathway rather than address deficits later
  - Ensure that children are 'Fit for Life' – making sure children are healthy (physically and mentally) and can engage with opportunities
  - Realise aspirations – empowering the community to support children to achieve their potential and behaving in new ways

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<sup>3</sup> Sunday Times [http://www.thesundaytimes.co.uk/sto/news/uk\\_news/article](http://www.thesundaytimes.co.uk/sto/news/uk_news/article)

<sup>4</sup> North Tyneside Joint Strategic Needs Assessment 2015

<sup>5</sup> <http://hcz.org/about-us/>

## 3 Context and Policy Drivers

### 3.1 Health Inequalities

The early years (from 0 to 5 years) are critical in shaping health and wellbeing later in life and giving every child the best start in life is crucial to reducing health inequalities across the life course. During pregnancy and in the first two years of the child's life the baby's brain and neurological pathways are set for life. It is the most important period for brain development, and is a key determinant of intellectual, social and emotional health and wellbeing. The transfer of Public Health from the NHS to Local Authorities in 2013 provided opportunities to address health inequalities through the wider determinants of health and more recently the latest transfer of commissioning responsibility for health visiting to the Local Authorities provides an opportunity for enhanced service integration. Each Local Authority in England is now responsible for commissioning healthcare services for children aged 0-19 years of age.

### 3.2 The Marmot Review

Professor Michael Marmot highlights the importance of early years and suggests key time points for intervention (children below the age of 5) to achieve long-term reductions in inequalities<sup>7</sup>. Marmot highlights that interventions later in life, although important, are less effective where good early foundations are lacking. The review makes clear the priority to “*give every child the best start in life*” and identifies three key objectives for doing so:

- Reduce inequalities in early development of physical and emotional health, and cognitive, linguistic, and social skills;
- Ensure high quality maternity services, parenting programmes, childcare and early years' education to meet need across the social gradient;
- Build resilience and wellbeing of young children across the social gradient.

### 3.3 Early Intervention

The economic and social returns for early intervention have been well documented, yet despite a sound rationale it seems that the practice of late intervention prevails often at a time when social problems are well-entrenched and risk being resistant to change<sup>8</sup>. Successful Early Intervention programmes bring savings to many different agencies however without pooled budgets, and agreement from organisations and agencies that ultimately make savings from early intervention to cover the costs, it can often be difficult to win the economic case<sup>9</sup>. Given the strong evidence that early years have lifelong effects on health and wellbeing, Early Years, provides a window of opportunity for child and family interventions to ensure that every child has the best start in life.

### 3.4 Early Years and High Impact Areas

The significant impact that health visitors and school nurses can have on health and wellbeing for children,

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<sup>7</sup> <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>

<sup>8</sup> G Allen, 2011 'Early Intervention: The Next Steps. An Independent Report to Her Majesty's Government', [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/284086/early-intervention-next-steps2.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/284086/early-intervention-next-steps2.pdf)

<sup>9</sup> <http://jsna.westsussex.gov.uk/wp-content/uploads/2016/04/West-Sussex-Early-Years-Needs-Assessment-Full-Report.pdf>

families and communities has been documented by Public Health England<sup>10</sup> who identify six high impact areas where health visitors can make a positive impact and six high impact areas where school nurses can have an effect.

The six **early years** high impact areas are:

- Transition to parenthood and the early weeks
- Maternal mental health
- Breastfeeding (initiation and duration)
- Healthy weight, healthy nutrition (to include physical activity)
- Managing minor illnesses and reducing hospital attendance/admissions
- Health, wellbeing and development of the child aged 2: Two-year-old review (integrated review) and support to be ready for school

The six **school aged years** high impact areas are:

- Resilience and emotional wellbeing
- Keeping safe: Managing risk and reducing harm
- Improving lifestyles
- Maximising learning and achievement
- Supporting complex and additional health and wellbeing needs
- Seamless transition and preparation for adulthood

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<sup>10</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/565213/High\\_impact\\_areas\\_overview.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/565213/High_impact_areas_overview.pdf)

## 4 Wallsend Locality [NE28] and Social Determinants

### Key Messages

- Children living in the 4 main wards of Wallsend, Battle Hill, Northumberland and Howdon make up almost 21% (8500) of the population of Wallsend
- 20% of the Lower Super Output Areas (LSOAs) in Wallsend locality (NE28) are in the most deprived 20% nationally
- Wallsend Town Centre is among the 10% most deprived areas nationally
- There is high unemployment deprivation in the Wallsend area
- The highest levels of environment deprivation in North Tyneside are experienced by residents in Wallsend area
- The cost of the cheapest home in North Tyneside is over 5.72 times the annual earnings of the lower income households
- 47% of households in NE28 are estimated to be on a low income
- 10% (653) of victims in North Tyneside were young victims aged 10 – 17years
- 30% of all young victims in North Tyneside lived in the Wallsend area<sup>1</sup>
- 10% of all victims of crime in the Wallsend area were young victims
- 14% (951) of all victims in North Tyneside were aged 18 – 25
- Most violence without injury in North Tyneside takes place in residential areas
- The wards of Wallsend, Howdon and Riverside are considered vulnerable with high levels of crime and higher levels of deprivation creating community tensions
- The wards of Wallsend, Howdon and Battle Hill have the highest rates of domestic violence in all of North Tyneside next to Riverside and Chirton
- 35% of Domestic Violence incidents involved alcohol
- 47% of Domestic Violence incidents in North Tyneside had children in the household
- 37% of families who became statutorily homeless during 2015/16 were as a result of a violent relationship breakdown
- 63% of families who became statutorily homeless had children in the household
- The majority (60) of homeless families were lone female parents
- There is an existing map of infrastructure /assets available on North Tyneside Councils website
- Wallsend Children's Community is an example of collaborative working and a key asset in the Wallsend area to be built upon

### Opportunities / Recommendations

- I. Deliver a systematic programme of education to women and girls/ teenage boys about healthy relationships, abuse and consent across a range of settings such as informal and formal (schools, children and family services, detached youth work etc
- II. Develop a geographical map of community assets to identify existing services and groups to build on the skills and strengths of the community, for example upskilling young people and members of the community to contribute to health improvement opportunities through healthy conversations.

## 4.1 Population and Demographics

- 4.1.1 The neighborhood area that makes up NE28 covers around 25% of the entire population of North Tyneside with over 57,000 residents living in the 4 main wards of Wallsend, Howdon, Northumberland and Battle Hill. As you will see from the map in figure 1 the area that is NE28 does not match or fit exactly to individual wards. An additional 17,000 residents with an NE28 postcode live on the boundaries of the neighboring wards of Riverside, Chirton, Collingwood, Killingworth and Valley (figure 1).
- 4.1.2 The number of children 0-19 years living in North Tyneside is estimated to be around 44,700 which is 22% of the total population. The numbers of children 0-19 years are expected to rise by 4.7% by 2030. Based on Mid-2013 population estimates there are almost 8500 children aged under 19 living in the Wallsend Locality across the main 4 wards of Wallsend, Battle Hill, Northumberland and Howdon. Children living in the Wallsend locality make up almost 21% of the local population as indicated in Table 1 and the ward of Howdon has the highest percentage of children (23.8%) in the Wallsend Locality. The demographic data for the neighboring wards is included for reference although full ward data is presented and only part of the wards cover the NE28 postcode area.

**Table 1: Wallsend Locality [NE28] Population Estimates for NE28 Wards**

Ward	0-18	19 - 64	65+	ward total	0-18's as % of Ward population
Wallsend	2218	7362	1598	11178	19.8%
Battle Hill	2213	6634	2097	10944	20.2%
Northumberland	1581	5328	1536	8445	18.7%
Howdon	2415	6141	1574	10130	23.8%
<b>Total above 4 wards</b>	<b>8427</b>	<b>25465</b>	<b>6805</b>	<b>40697</b>	<b>20.7%</b>
Riverside	1927	4563	819	7309	26.4%
Chirton	398	863	238	1499	26.6%
Collingwood	823	1726	463	3012	27.3%
Killingworth	978	2356	497	3831	25.5%
Valley	312	842	188	1342	23.2%

Source: Policy Performance and Research, North Tyneside Council.: ONS 2014 Mid-Yr Population est.

## 4.2 Ethnicity

Data on children's ethnicity suggests that there are around 7.8/7.9% of school age children from an ethnic background. This is a larger proportion than there is in the adult population and likely to be as a result of children attending local schools from other areas.



## 4.3 Deprivation

4.3.1 People with higher socioeconomic positions in society have greater life chances and better health and this is described as the social gradient to health<sup>11</sup>. It is clear that to improve health and wellbeing for everyone and in particular those individuals who reside in our most deprived neighborhoods that we must focus much of our work on the link between social conditions and health. The Index of Multiple Deprivation (IMD 2015) study calculates a deprivation rating for people living in each Lower Super Output Area (LSOA)<sup>12</sup>. The deprivation score is based on seven factors: -

- Income Deprivation
- Employment Deprivation
- Education, Skills and Training Deprivation
- Health Deprivation and Disability
- Crime
- Barriers to Housing and Services
- Living Environment Deprivation

4.3.2 North Tyneside is now ranked 130 out of 326 Local Authorities in England (Higher is better)<sup>13</sup> and all but the ward of Chirton in North Tyneside has seen some improvement in the levels of deprivation since 2010. There are currently 131 LSOAs in North Tyneside, 9 of which are in the most deprived 10% in England.

4.3.3 Of the 28 LSOAs in the 4 wards that make up the main Wallsend Locality over 20% are in the top 20% most deprived nationally. The wards of Howden and Wallsend are ranked 3<sup>rd</sup> and 4<sup>th</sup> most deprived in North Tyneside respectively. Since 2010 however one LSOA in the Wallsend Ward, has dropped into the most deprived 10% nationally. The map below shows the Index of Multiple Deprivation rating for each LSOA in the NE28 area. An area given a score of one is ranked as one of the most deprived areas nationally. An area with a score of ten is one of the least deprived areas nationally. The most deprived areas in North Tyneside (among the 10% most deprived areas nationally) which can be located in figure 2 are in Wallsend town centre and Chirton ward.

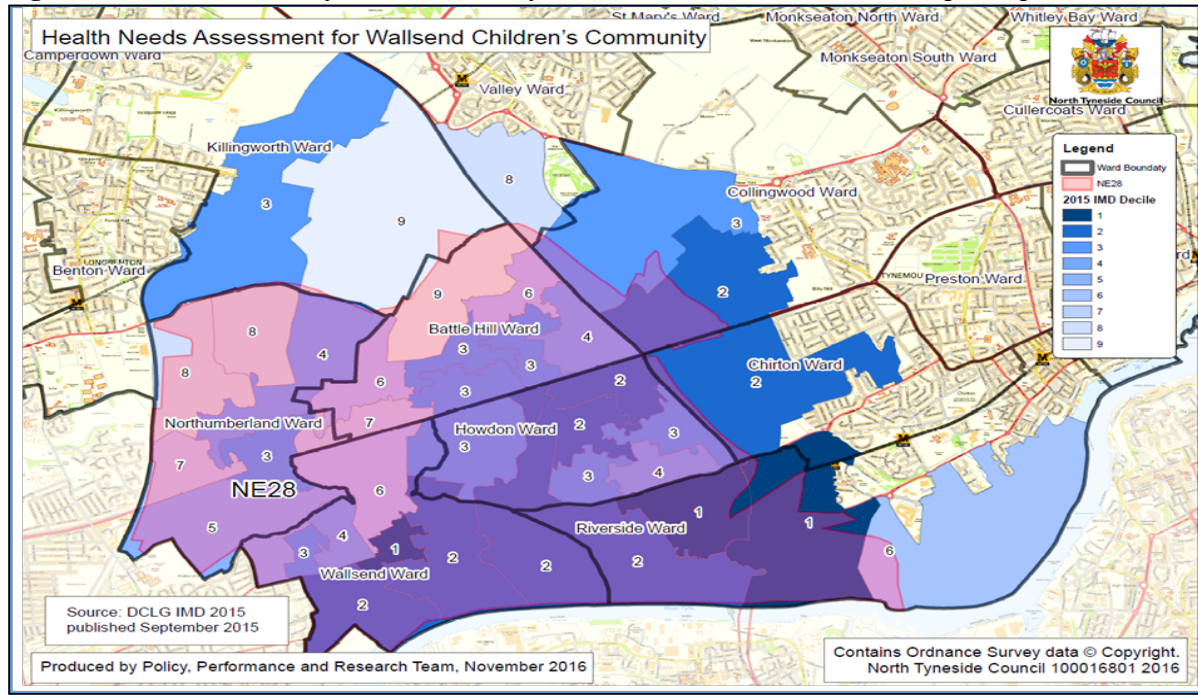
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11 file:///C:/Users/dawn\_000/Downloads/fair-society-healthy-lives-executive-summary.pdf

12 Lower Super Output Areas are small areas within the borough with population of 1,500 residents on average

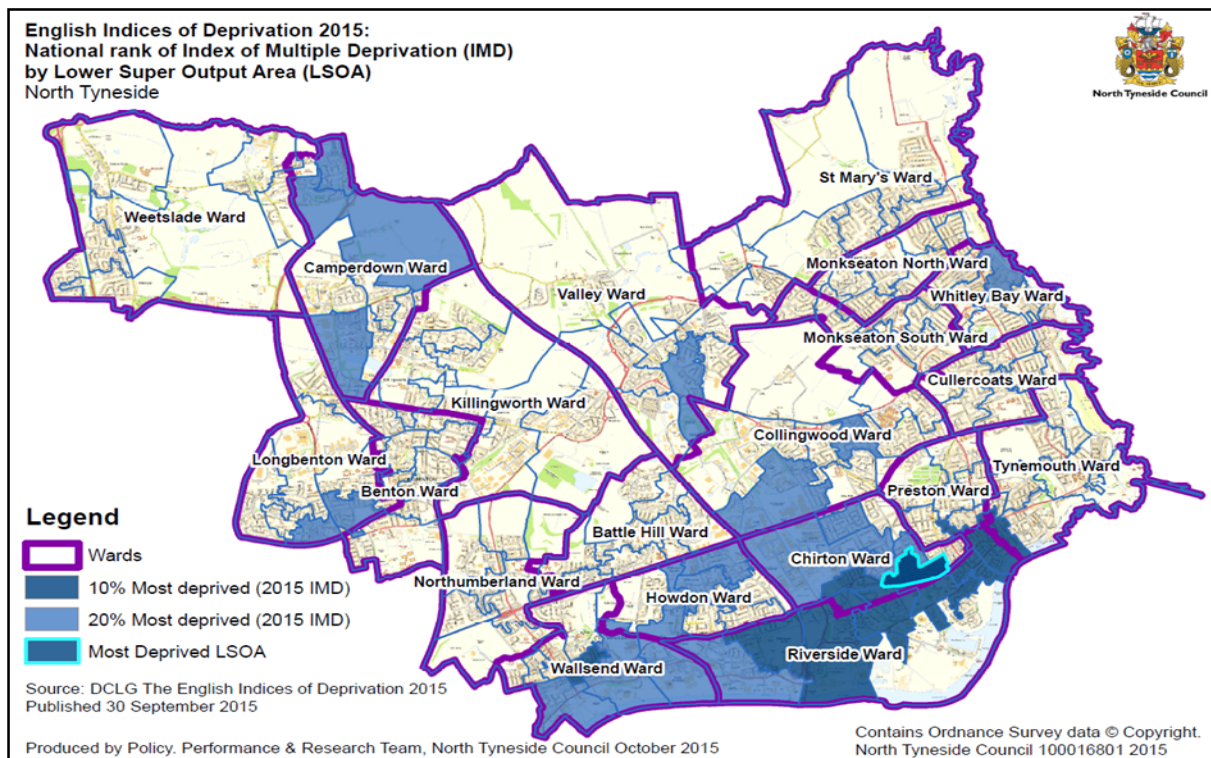
13 North Tyneside Council November 2015 Policy, Performance and Research Team Indices of Multiple Deprivation

**Figure 1: Wallsend Locality Ward Boundary Information and Indices of Multiple Deprivation 2015**



Source: DCLG The English Indices of Deprivation 2015

**Figure 2: North Tyneside Most Deprived Wards Based on ID 2015**

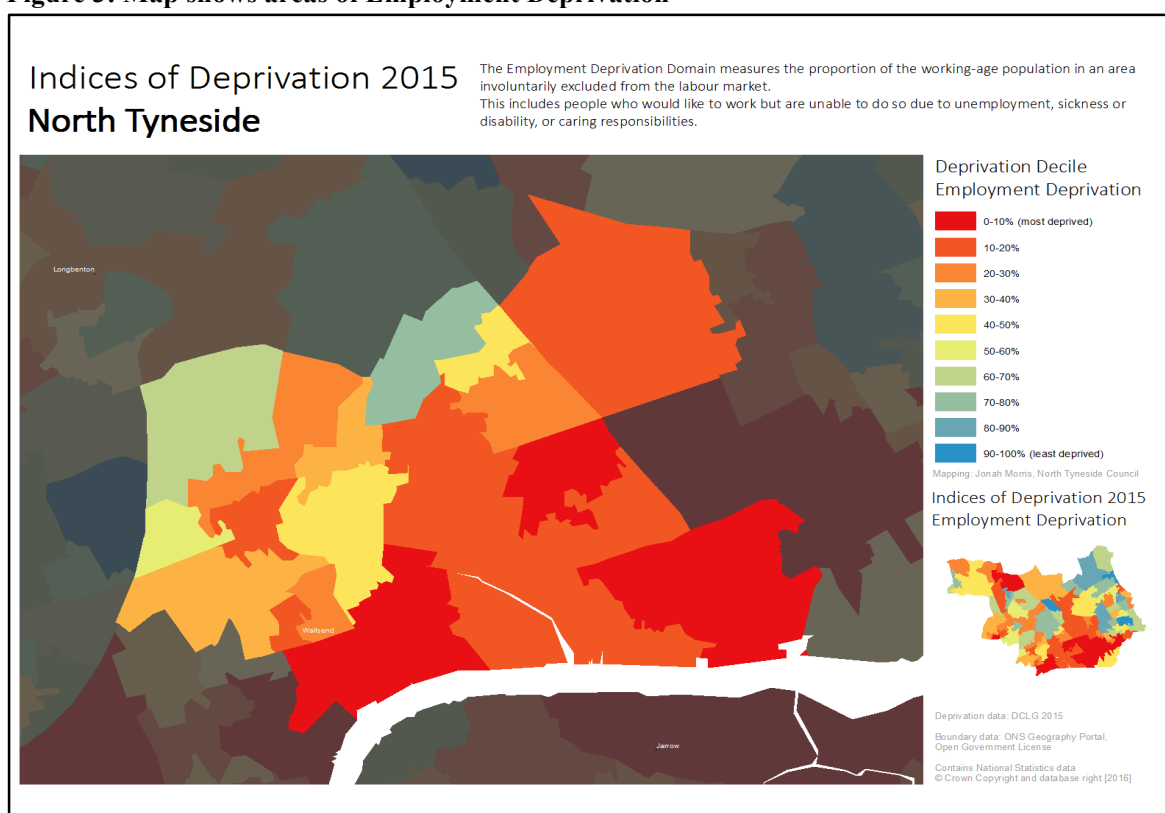


Source: DCLG The English Indices of Deprivation 2015

## 4.4 Employment

Being unemployed is associated with many adverse health outcomes including increased mortality. Reduced household income can result in families cutting back on family days out and school trips, which can all have a negative impact on wellbeing. However, the relationship between unemployment and negative health outcomes is complex as each individual will experience unemployment differently and a number of factors such as education, socio economic status, gender, age and social support, may be interact with the effects that unemployment can have on health<sup>14</sup>. Figure 3 below shows the areas in North Tyneside with the greatest employment deprivation and figure 4 shows where Job Seekers Allowance is being accessed for young people aged between 18 and 24 years. As can be seen from the map, many more young people aged between 18 and 24 years are claiming job seekers allowance in the Wallsend and Riverside wards.

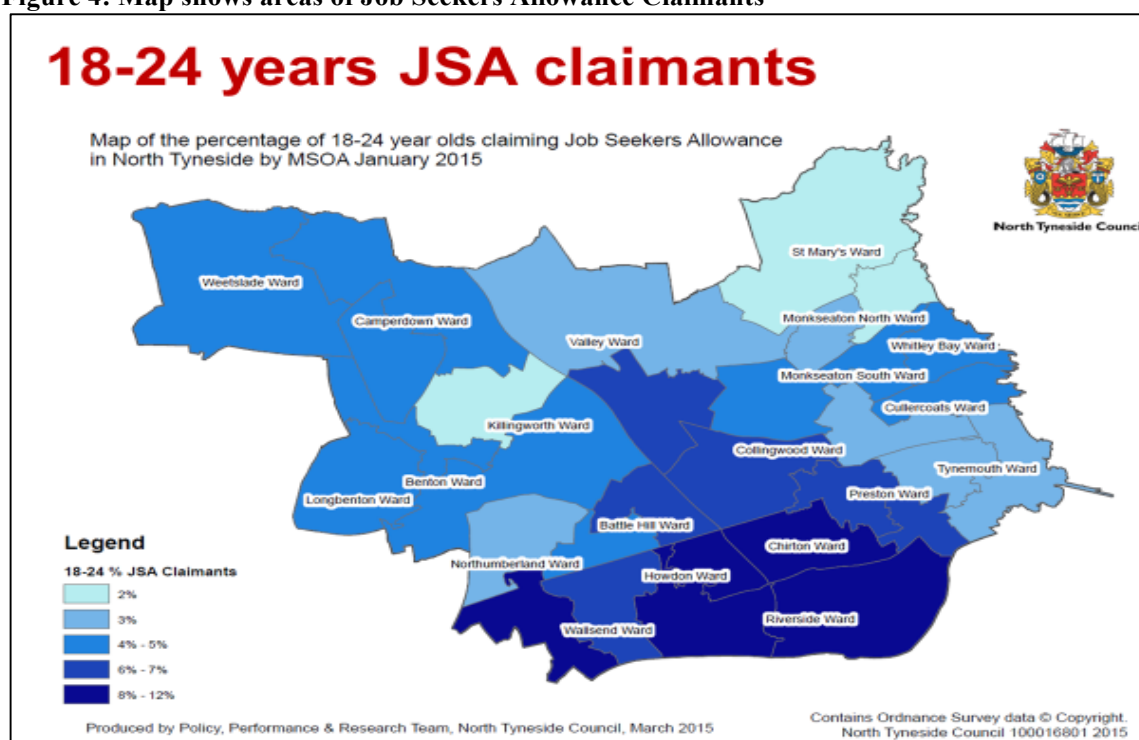
**Figure 3: Map shows areas of Employment Deprivation**



Source: North Tyneside Council Policy and Planning 2016

14 [http://info.wirral.nhs.uk/document\\_uploads/Short-Reports/Unemployment-2%20Sept%2012.pdf](http://info.wirral.nhs.uk/document_uploads/Short-Reports/Unemployment-2%20Sept%2012.pdf)

**Figure 4: Map shows areas of Job Seekers Allowance Claimants**



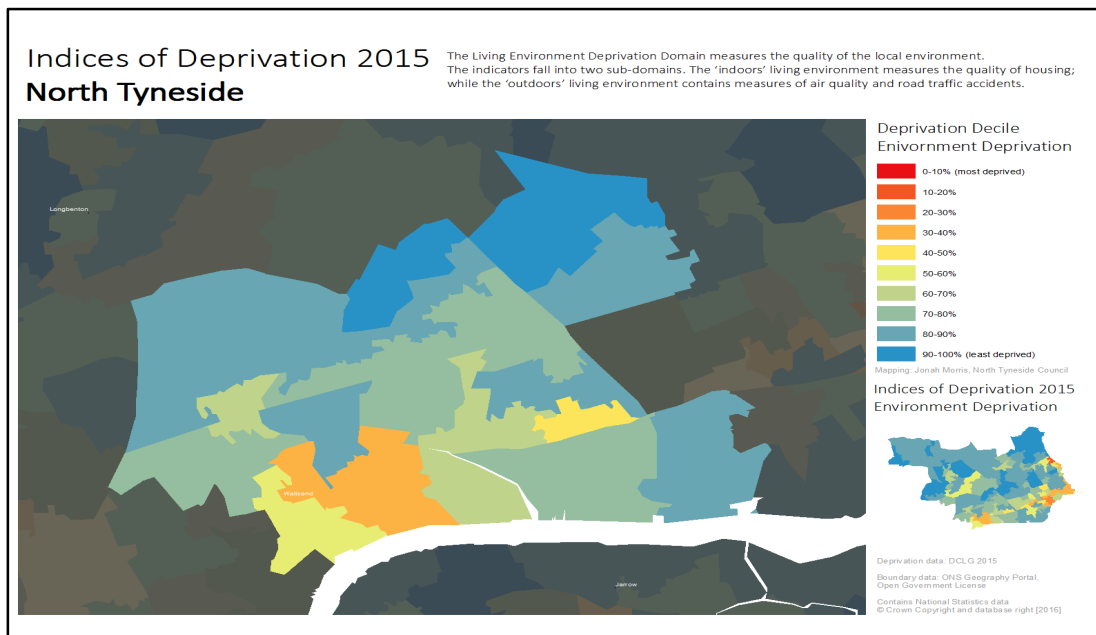
Source: North Tyneside Council Policy and Planning Department

## 4.5 Environment

Maintaining a healthy environment is central to increasing quality of life and years of healthy life. The World Health Organization (WHO) defines environment, as it relates to health, as “*all the physical, chemical, and biological factors external to a person, and all the related behaviors.*”<sup>15</sup> Environmental health is one of the most longstanding local government functions with a health impact and nowadays local authorities’ have a significant role to promote sustainability and improve the quality of life for its residents through the reduction of air pollution, provision of recycling schemes, waste collection and the management of green space. The Wallsend area has higher levels of environment deprivation which includes measures of air quality and Road Traffic Accidents as indicated in Figure 5 below.

<sup>15</sup> [http://www.searo.who.int/topics/environmental\\_health/en/](http://www.searo.who.int/topics/environmental_health/en/)

**Figure 5: Map shows areas of Environmental Deprivation which includes measures of air quality and Road Traffic Accidents**



Source: North Tyneside Council Policy and Planning 2016

## 4.6 Community Assets

- 4.6.1 The assets within communities, such as the skills and knowledge, social networks and community organisations, are building blocks for good health and understanding the community assets can help to identify the strengths and resources available in any community.
- 4.6.2 Community assets can be the basis for planning for community development and can be based on what the community has to work with (see figure 6). Community asset mapping is a process where participants make a map or inventory of the resources, skills and talents of individuals, associations and organisations and North Tyneside council have identified key assets per ward and populated maps of infrastructure such as primary schools, parks and playing fields for the whole of North Tyneside.
- 4.6.3 In addition to the populated maps there are 29 GP practices with a range of outreach provision across the borough as well as 45 community pharmacies providing a range of services between them from medical care and treatment of illness to health screening and support to quit smoking. The relevant asset maps for the NE28 area are shown in figure 7 and these can be accessed from the council website.
- 4.6.4 Given that the strongest assets of any community are considered the people within that community, their knowledge, skills, networks and experience there is likely to be some benefit in exploring further the opportunity to support grass root organisations and local people to build on the current assets and develop new ones. A new family of community-centred approaches represents some of the available options that can be used to improve health and wellbeing, grouped around four different strands
- strengthening communities – where approaches involve building on community capacities to take action together on health and the social determinants of health



- volunteer and peer roles – where approaches focus on enhancing individuals' capabilities to provide advice, information and support or organize activities around health and wellbeing in their or other communities
- collaborations and partnerships – where approaches involve communities and local services working together at any stage of planning cycle, from identifying needs through to implementation and evaluation
- access to community resources – where approaches connect people to community resources, practical help, group activities and volunteering opportunities to meet health needs and increase social participation

4.6.5 The Wallsend Children's Community is an example of an asset to the people of Wallsend and perhaps a key starting point for any Asset based work with parents or young people such as enhancing play opportunities in Wallsend.

4.6.6 Key Partners in the borough such as Health Watch, Age Uk, Leisure services and the Local Authority Care and Connect Service are now working together to build a digital directory of assets in North Tyneside. It is hoped the SIGN directory will facilitate better access to advice and information and to improve self-care and this will be available for use by community members and professionals working in North Tyneside by the end of the summer 2017.

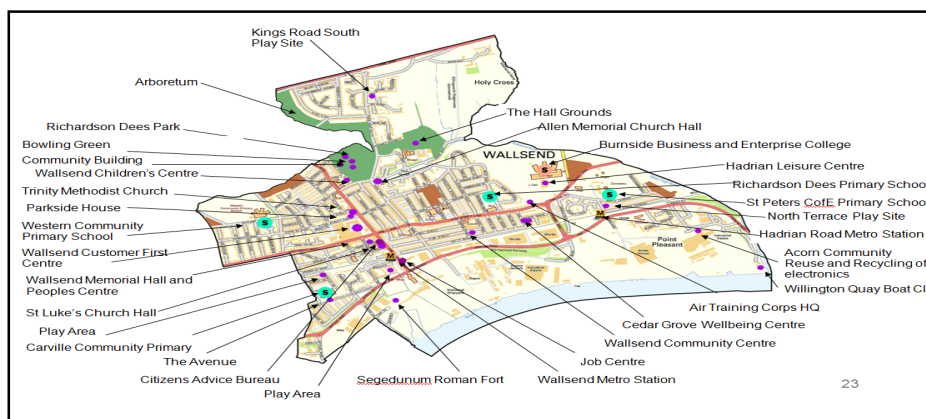
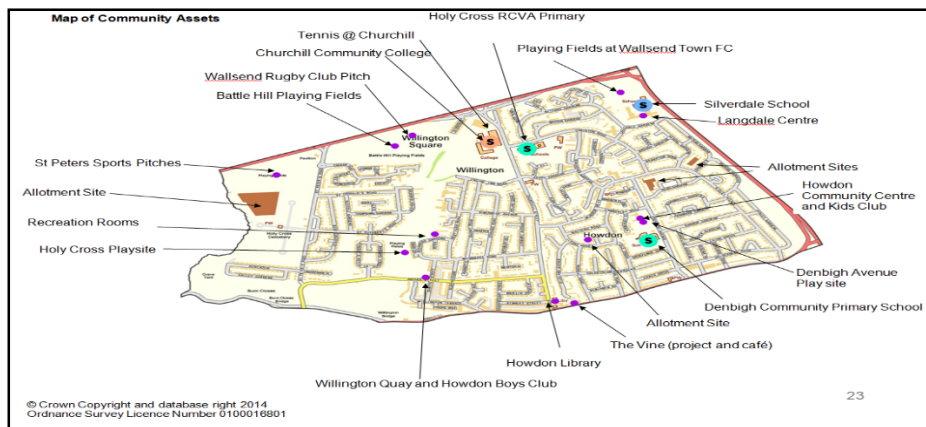
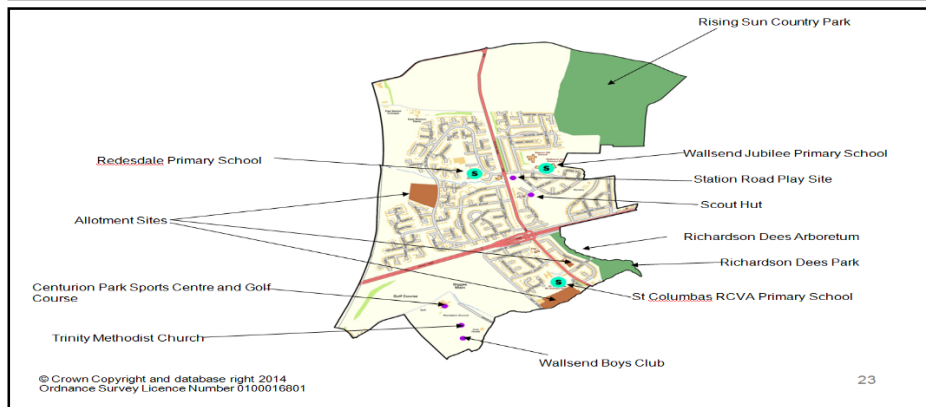
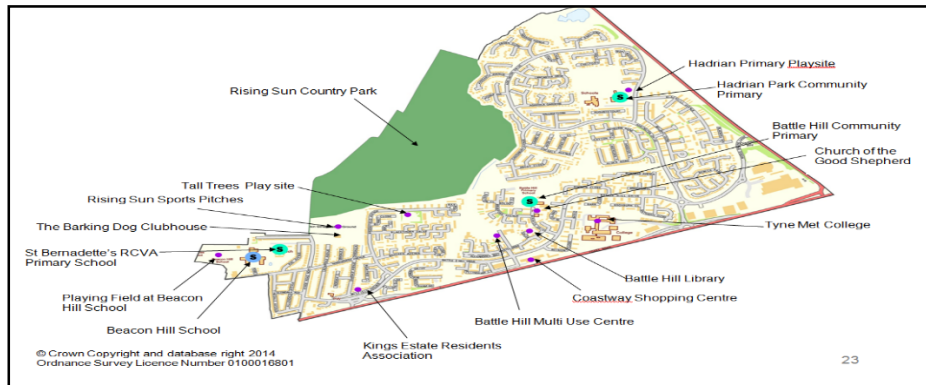
**Figure 6: Resources and Information about Working with Community Assets**

**WHY SHOULD YOU IDENTIFY COMMUNITY ASSETS?**

- Can be used as a foundation for community improvement.
- Public sector services, state funds or grants may not be available. Therefore, the resources for change must come from within the community
- Identifying and mobilising community assets enables community residents to gain control over their lives
- Improvement efforts are more effective, and longer-lasting, when community members dedicate their time and talents to changes they desire
- You can't fully understand the community without identifying its assets. Knowing the community's strengths makes it easier to understand what kinds of programs or initiatives might be possible to address the community's needs
- When efforts are planned on the strengths of the community, people are likely to feel more positive about them, and to believe they can succeed. It's a lot easier to gain community support for an effort that emphasises the positive - "We have the resources within our community to deal with this, and we can do it!" - than one that stresses how large a problem is and how difficult it is to solve

Community Tool Box: a free, online resource for those working to build healthier communities and bring about social change. Our mission is to promote community health and development by connecting people, ideas, and resources <http://ctb.ku.edu/en/about>

**Figure 7: Maps of Community Assets in North Tyneside Local Authority Area**



## 4.7 Crime and Safety

- 4.7.1 Children can be affected by crime, even if they are not victims or witnesses by living in a household that has been burgled or a household where there has been an incident of domestic abuse and children can feel afraid of it happening again. Primary School children in Wallsend who participated in research about playtime in Wallsend<sup>16</sup> (2017) highlighted a fear of their own safety as a key reason they did not play outdoors. Whether the risk to children's safety is real or perceived children can be harmed by what has happened around them. Between October 2015 and September 2016 recorded crime in North Tyneside rose by 63% (5376) compared to October 2014 – September 2015, from 8583 to 13959. The disproportionate increase in crime, which is force-wide across Northumbria can be attributed to a continued change in recording practices<sup>17</sup>. A breakdown of crime for this reporting period highlights that violence without injury accounts for over a quarter (27%) of all crime in the borough. Further analysis of this data indicates that the Wallsend area had crime and disorder rates above the borough average.
- 4.7.2 Crime types more prevalent in Wallsend, both by volume and rates based on population, were varied and covered the full scope of community safety issues, including:
- Violence (with and without injury, alcohol-related, Domestic Violence and sexual offences)
  - Burglary (domestic and other)
  - Vehicle theft (of and from vehicles)
  - Anti-social behaviour (primarily adult- and alcohol-related. (Although Wallsend ward was above the borough average for youth-related ASB, it was only marginally so).
  - Deliberate fires
  - Criminal damage
  - "Hate" incidents
- 4.7.3 In addition to the above community safety issues, there were high numbers of offenders who were resident in the Wallsend area<sup>19</sup>. The Vulnerable Localities Index is a basket of indicators such as domestic burglary, criminal damage to dwellings and certain demographic criteria which identifies areas particularly prone to community tensions and as you can see from figure 8 below both Wallsend and Howdon, along with Riverside and Chirton, score highly as vulnerable communities.
- 4.7.4 Violence with injury is a group of assault-based offences that occasion Actual Bodily Harm (ABH) and the more serious Grievous Bodily Harm (GBH), manslaughter and murder. Five wards in North Tyneside had rates above the borough average of 6.963 per 1000 residents, (figure 9 below) with two wards having a rate more than twice the borough average (Riverside and Wallsend). Wallsend town centre and Howdon north of the A193 show high levels of violence with injury (figure 9) along with Whitley Bay area which remains largely connected to the night time economy.
- 4.7.5 Domestic Violence (DV) has accounted for 12% (1692) of all crime during the assessment period (October 2015-September 2016) and the offence types were a microcosm of all crime, including murder, sexual assault, threats, harassment and criminal damage. The greatest proportions involved actual bodily harm (ABH 26%) and common assault (23%). Six wards in North Tyneside had rates of domestic violence above the borough average of 8.349 offences per 1000 residents, (figure 11 and figure 12) with two wards (Riverside and Wallsend) having a rate more than twice the average rate for the borough.

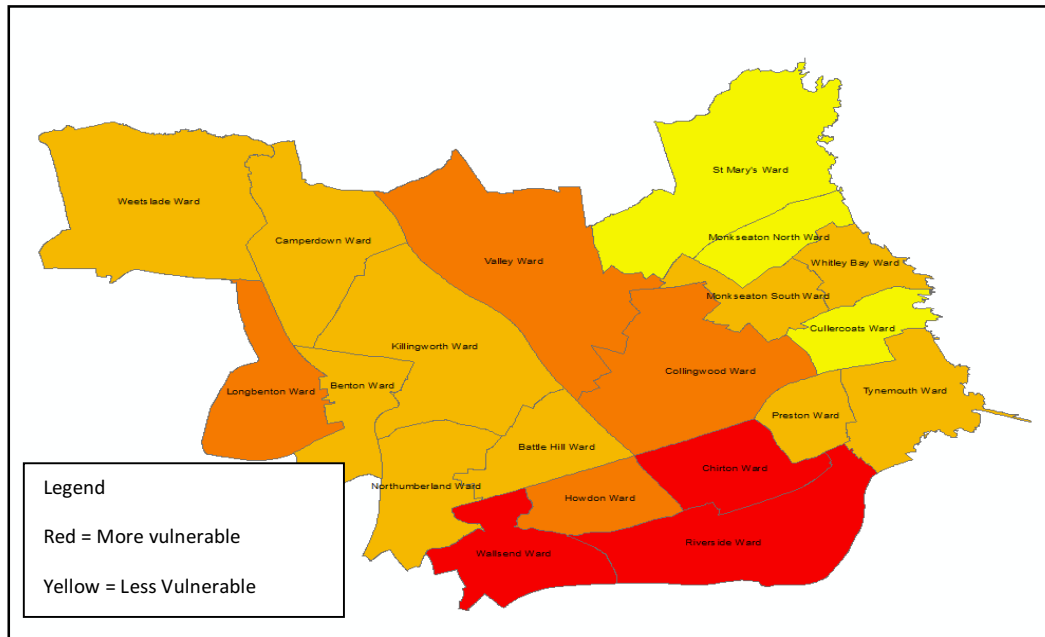
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<sup>16</sup> The State of Play in Wallsend 2017 J Boldon

<sup>17</sup> , for example incidents which formerly would have been regarded as instances of anti-social behaviour (ASB) are now being classified as crimes. The Safer North Tyneside Strategic Assessment reports that ASB incidents have decreased by a rate similar to crime's increase.

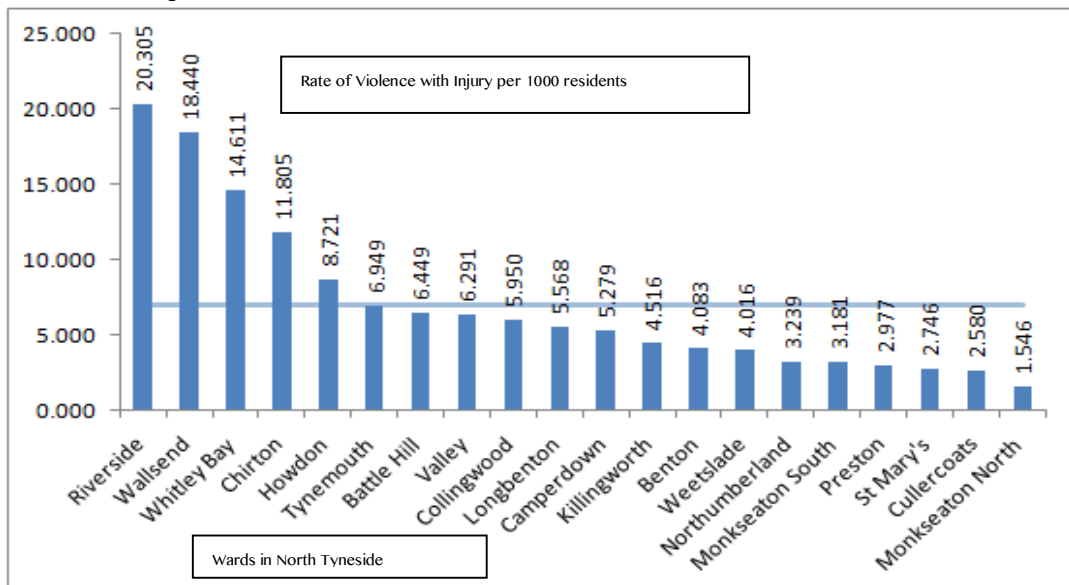


**Figure 8: The Vulnerable Localities Index (VLI) Heat Map as at January 2017**



Source: Safer North Tyneside Strategic Assessment 2016

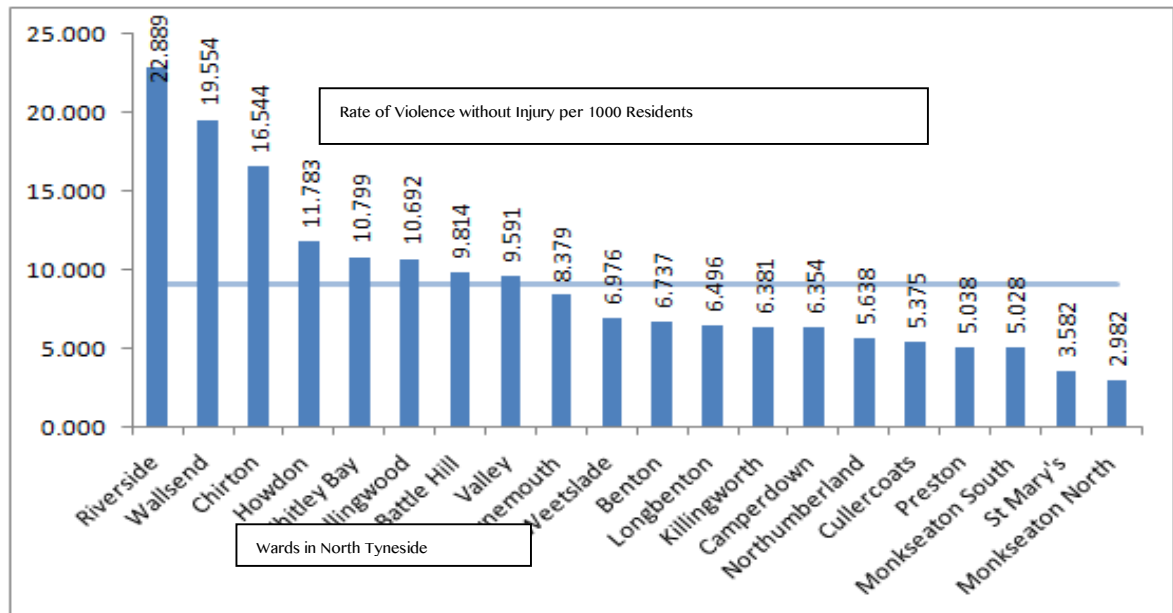
**Figure 9: North Tyneside Police Data: Rates for Violence with Injury per 1000 residents Oct 2015 – Sept 2016**



Source: Safer North Tyneside Strategic Assessment 2016

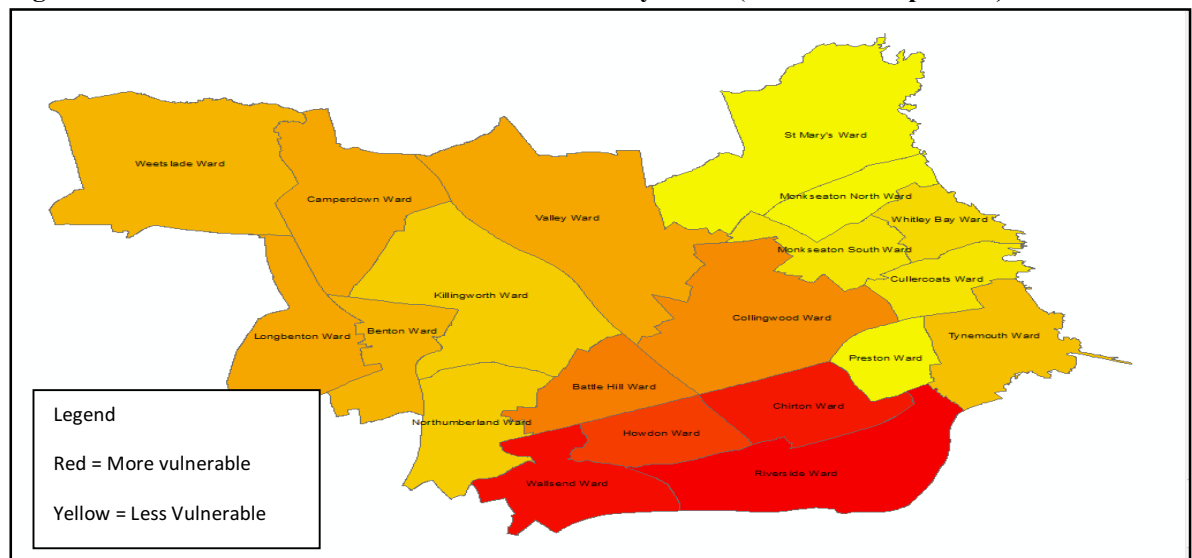
The majority of violence without injury took place in residential areas (figure 10) however areas associated with the night time economy have been problematic.

**Figure 10: North Tyneside Police Beat Data for Violence Without Injury  
Oct 2015 – Sept 2016**



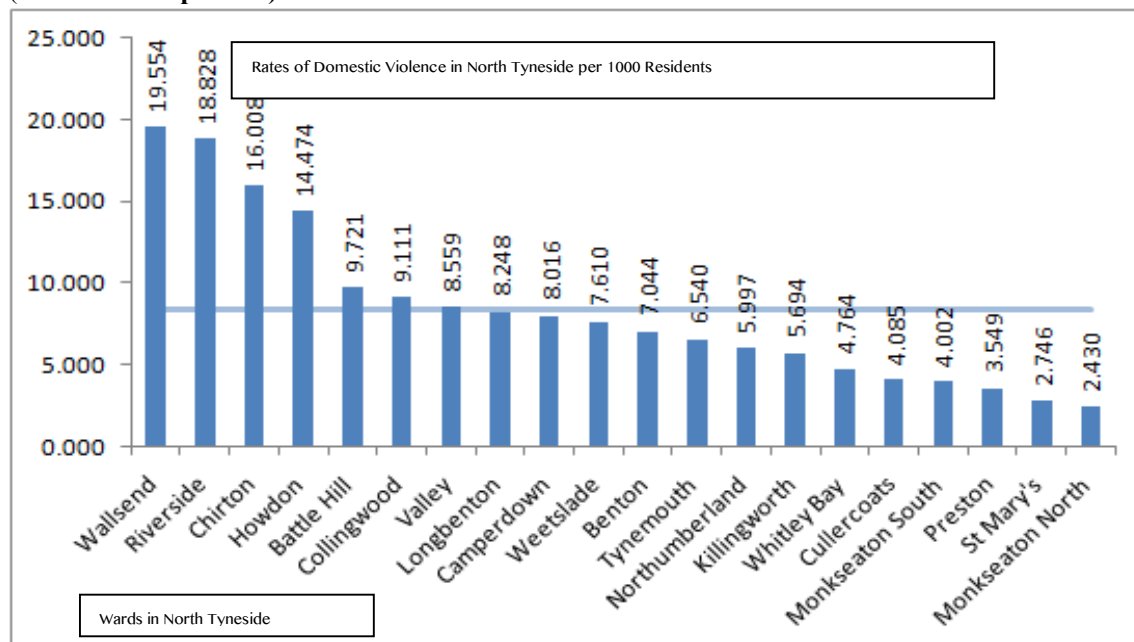
Source: Safer North Tyneside Strategic Assessment 2016

**Figure 11: Incidents of Domestic Violence in North Tyneside (Oct 2015 – Sept 2016)**



Source: Safer North Tyneside Strategic Assessment 2016

**Figure 12: Incidents of Domestic Violence in North Tyneside per 1000 residents by Ward (Oct 2015 – Sept 2016)**



Source: Safer North Tyneside Strategic Assessment 2016

## 4.8 Domestic Abuse

**4.8.1** Experiencing adversity in childhood, including violence and abuse, can impact on health and well-being and, in some cases, lead to a higher risk of becoming a victim or perpetrator of violence as an adult<sup>18</sup>. The physical, psychological and emotional effects of domestic violence on children can be severe and long-lasting. Some children may become withdrawn and find it difficult to communicate, others may blame themselves for the abuse. All children living with abuse are under stress. Domestic abuse is considered to be any incident or pattern of incidents of violence, controlling, coercive or threatening behavior between those aged 16 or over who are, or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse:

- psychological
- physical
- sexual
- financial
- emotional

**4.8.2** Violence against women and girls is recognised as both a cause and consequence of gender inequality and what is clear from available data at a national and local level is that domestic abuse affects more women and girls than men. Policies at a national level aim to challenge the deep-rooted social norms, attitudes and behaviours that discriminate against and limit women and girls across all communities<sup>19</sup>. The national strategy (Ending Violence Against Women and Girls 2016 – 2020) highlights the importance of educating young people about healthy relationships, abuse and consent and suggests delivering this at school as part of Personal, Social and Health Education (PSHE). Additional guidance from the National Institute for

<sup>18</sup> National household survey of ACEs and their relationship with resilience to health harming behaviours in England Bellis MA, Hughes K, Leckenby N, Perkins C, Lowey H, BMC Medicine 2014, 12:72

<sup>19</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/522166/VAWG\\_Strategy\\_FINAL\\_PUBLICATION\\_MASTER\\_vRB.PDF](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/522166/VAWG_Strategy_FINAL_PUBLICATION_MASTER_vRB.PDF)

Health and Care Excellence (NICE 2014) recommends support for Domestic Abuse victims and their children should aim to strengthen the relationship between the child and their non-abusive parent and that sessions should include advocacy and therapy<sup>20</sup>.

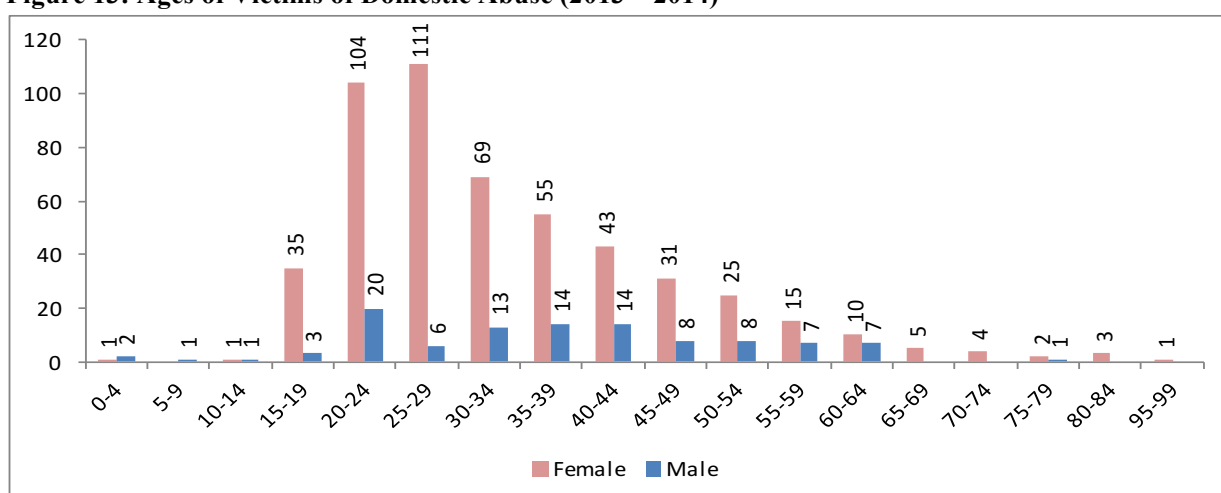
4.8.3 It is not possible to accurately compare data between England and North Tyneside owing to changing recording practice within Northumbria Police and the following section will use data from Northumbria Police to help inform the local health needs assessment. Domestic abuse is often a hidden crime and a comprehensive understanding of its prevalence remains a challenge however there is a need to acknowledge that under reporting is part of the issue when considering domestic abuse. In North Tyneside there were 4011 reported domestic abuse incidents during the 2015/16 period of assessment (an increase of 3.5% for the assessment period 2013/14). Of the 4011 incidents, there were 2526 victims; of which

- 78% (1960) were female
- 22% (566) were male
- 80 were from BME communities
- 70 were aged 16 or 17 years old
- 220 were aged over 55
- 81% of the 4011 incidents involved a perpetrator who was a partner/ ex-partner
- Over one third of these crimes (35%) involved alcohol
- 47% (1871) of all incidents of Domestic Abuse there were children in the household

4.8.4 When examining available demographics of known victims of crimes flagged as domestic violence during 2013/14 there was no discernible pattern in male victims, although a distinct pattern of most -victimised age groups for females emerged. 42% of female victims of domestic abuse were aged between 20 and 29 years of age (figure 13). Perpetrators of offences flagged as domestic violence were predominantly men with an age profile similar to that of victims.

4.8.5 The breakdown of relationships owing to violence accounted for approximately 37% of homelessness cases (149 households) during the year 2015 – 2016 (figure 16) with 63% of households reported to have dependent children. In 40% (60) of the statutorily homeless cases the households were lone female parents.

**Figure 13: Ages of Victims of Domestic Abuse (2013 – 2014)**



Source: North Tyneside Council Domestic Abuse Needs Assessment 2014

20 <https://www.nice.org.uk/guidance/ph50/chapter/1-Recommendations>

- 4.8.6 Domestic Violence remains a largely hidden problem and the figures discussed above and the localities above are known because they were reported, therefore caution must be considered when making inferences from this data. The cost of domestic violence in both human and economic terms, is so significant that even marginally effective interventions are cost effective.

## 4.9 Young Victims and Young Adult Victims of Crime

For the 12 months of the Safer North Tyneside Strategic Assessment (October 15-September 16) there were 6720 victims with known addresses of whom 29% (1914) were residents of Wallsend (co-terminus with new South West locality wards of Wallsend, Howdon, Battle Hill and Northumberland). Of the 6720 victims

- 10% (653) of victims in North Tyneside were classed as young victims (aged 10 – 17years)
- 30% (193) of all young victims in North Tyneside were residents of Wallsend area<sup>21</sup>
- 10% of all victims of crime in the Wallsend area were young victims
- 14% (951) of the total number of victims in North Tyneside were young adult victims (aged 18 – 25)
- 33% (310) of the total number of young adult victims in North Tyneside were residents of Wallsend area<sup>21</sup>
- 16% of all victims of crime in the Wallsend area were young adult victims

In all cases Wallsend<sup>21</sup> had a higher proportion of young victims and young adult victims of crime than any of the other 3 areas in North Tyneside.

## 4.10 Young Offenders

Young people in the criminal justice system are more likely to make unhealthy life style choices and are less likely to succeed in education and are more likely to have adverse health outcomes in adulthood. In North Tyneside 1104 offender addresses were identified for the 12 months Oct15-Sep16. Of the 1104 offenders: -

- 59% (646) were residents of Wallsend area<sup>21</sup>
- 7% (75) offenders in North Tyneside were aged 10 – 17 years
- 32% (24) of all North Tyneside's young offenders were residents of Wallsend area<sup>20</sup>
- 4% of the number of offenders from Wallsend were young offenders (aged 10 – 17 years)
- 25% (280) of all offenders in North Tyneside were aged 18 – 25 years
- 34% (95) of young adult offenders were residents of Wallsend area<sup>20</sup>
- 15% of all offender's resident in Wallsend are young offenders

In all cases Wallsend area<sup>21</sup> had a higher proportion of young offenders and young adult offenders than any of the other 3 areas in North Tyneside.

## 4.11 First Time Entrants to the Youth Justice System

In North Tyneside, the number of first time entrants to the youth justice system (428 young people) aged 10-17 years per 100,000 young people is higher than the England average of 409 per 100,000 although not considered significantly different.

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<sup>21</sup> Wallsend in this context refers to police sector D3, which is coterminous with NTC's South West area.

## 4.12 Housing Conditions and Affordability

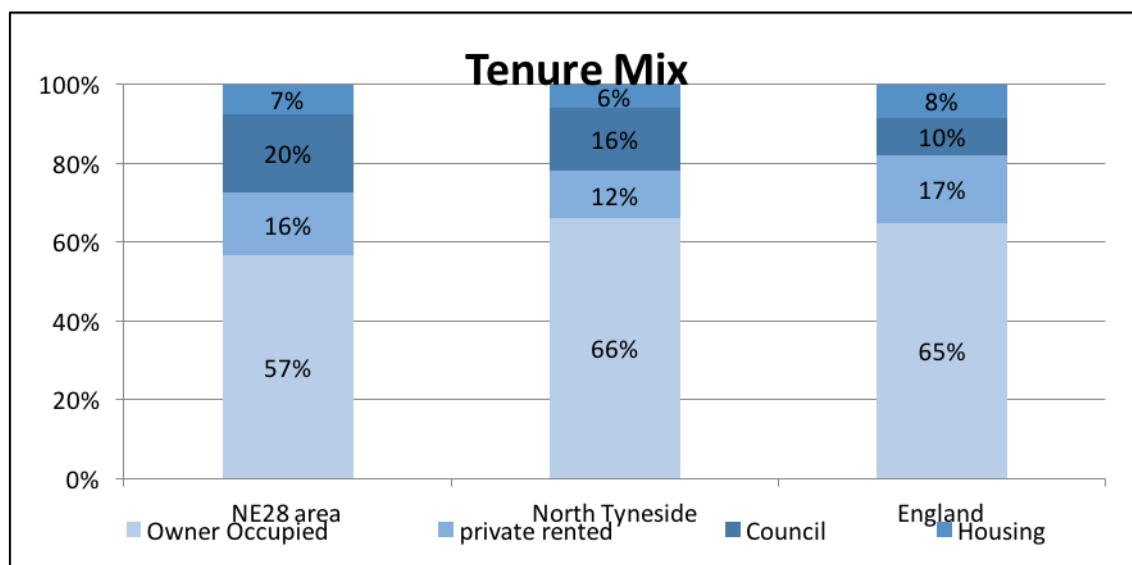
- 4.12.1 House prices in North Tyneside are rising although the average house price in North Tyneside was £156,695 (November 2016) which is lower than the England average of £234,728. The cost of the cheapest home in North Tyneside is over 5.72 times the annual earnings of the lower income households compared to the 2000 figure of 3.34 times annual earnings<sup>22</sup>. An “affordability ratio” measures the relationship between the price of the cheapest homes and the lowest level earnings. This ratio is rising in North Tyneside and in has risen from 5.04 to 5.72 since 2013. High costs of housing and essential goods and services often create poverty and some families face particularly high costs related to where they live, or to their increased needs (for example, personal care for disabled people) or because they are paying a ‘poverty premium’ – whereby the worst-off people pay more for the same goods and services eg pre-payment meters (PPMs) for gas and electricity<sup>23</sup>. It is estimated that 10% of households in the NE28 area are living in fuel poverty and fuel poverty is more prevalent in the private rented sector (20% of households).
- 4.12.2 A household is considered a low-income household if members of the household are in receipt of benefits such as income support or housing benefit and there is a high proportion of low income households (47%) in the NE28 area as well as more social rented housing (27%) compared to the rest of the borough (22%). In the NE28 area
- 47% of households are estimated to be on a low income compared with 41% for North Tyneside.
  - 82% of those in social rented households are estimated to be on a low income
  - 59% in the private rented sector are estimated to be on a low income and
  - 28% of owner occupiers are considered to be on a low income
- 4.12.3 There is a large body of evidence linking poor housing conditions such as damp, cold, noise and overcrowding with poor health. The Housing Health and Safety Rating System (HHSRS) has been developed as a minimum standard of housing in England. Within the NE28 area it is estimated that 6% (1,305) of homes contain a HHSRS category 1 hazard (the same as borough-wide). The most hazardous property conditions are in the private rented sector (9%). The main category 1 hazards relate to falls and excess cold. Areas with a high number of flats, such as the centre of Wallsend, do not have a high number of hazards but may still be in a poor condition.
- 4.12.4 The worst property conditions are in the centre of Wallsend, Willington Quay, and East Howdon where the oldest homes in the NE28 area are located. In the whole of North Tyneside 6% of properties are considered to be in a state of disrepair compared to 7% in the NE28 area and properties in the private sector are more likely to be in disrepair (14%). As shown in figure 14 there are higher levels of private sector housing in the NE28 area.

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<sup>22</sup> DCLG, 2016 <https://www.gov.uk/government/statistical-data-sets/live-tables-on-housing-market-and-house-prices>

<sup>23</sup> UK poverty: Causes, costs and solutions JRF 2016

**Figure 14: National Tenure Mix for England, North Tyneside and NE28**



Source: Local Authority Property Gazetteer, November 2016 NT & England – ONS, January 2013

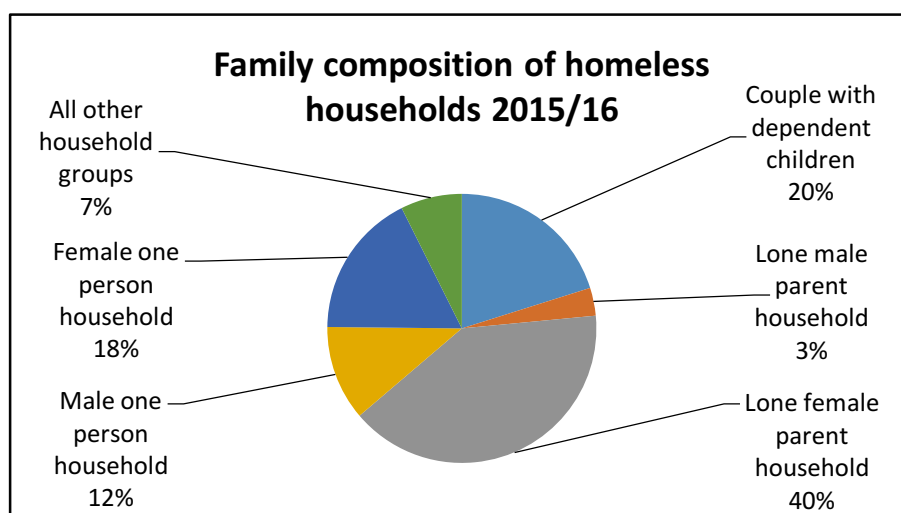
## 4.13 Homelessness

- 4.13.1 Homelessness is associated with severe poverty and adverse health, education and social outcomes and babies and toddlers that live-in families experiencing homelessness are vulnerable to poor social and emotional wellbeing which has been shown to impact on their development<sup>24</sup>. “Statutorily homeless” are unintentionally homeless and considered to be in priority need (e.g. families, who are some of the most vulnerable and needy members of the community). It is widely acknowledged that mental ill health is both a cause and a consequence of homelessness and that there are higher rates of mental health problems in the homeless population than in the population as a whole<sup>25</sup>. In 2015/16 there were 149 households found to be eligible, (unintentionally homeless) and in priority need in North Tyneside. Out of these households 63% had dependent children, most of which were to lone female parents (60) (figure 15). The reasons that people become homeless area varied and as indicated earlier figure 16 highlights that out of 149 households who became homeless in North Tyneside 37% were as a result of a violent relationship breakdown, with 26% of these down to violence from a partner.

24 Hogg S, Haynes A, Baradon T, Cuthbert C. An unstable start: All babies count: spotlight on homelessness. London: NSPCC and Anna Freud Centre, 2015 (cited 2015 Jul 22). Available from: [www.nspcc.org.uk/services-and-resources/research-and-resources/2015/all-babies-count-spotlight-homelessness-an-unstable-start/](http://www.nspcc.org.uk/services-and-resources/research-and-resources/2015/all-babies-count-spotlight-homelessness-an-unstable-start/)

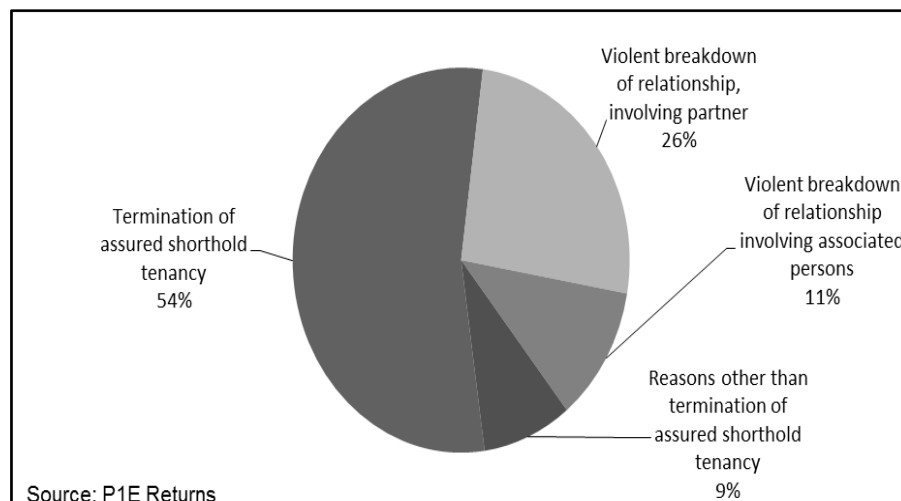
25 <http://www.crisis.org.uk/data/files/publications/Mental%20health%20literature%20review.pdf>

**Figure 15: Statutory Homeless Family Composition**



Source: North Tyneside Council Policy and Planning 2016

**Figure 16: Reasons for becoming Statutorily Homeless**



Source: P1E Returns

Source: North Tyneside Council Policy and Planning 2016

## 4.14 Services and Support Opportunities

Supported Housing for Young Parents

[http://www.northtyneside.gov.uk/browse-display.shtml?p\\_ID=529837&p\\_subjectCategory=4](http://www.northtyneside.gov.uk/browse-display.shtml?p_ID=529837&p_subjectCategory=4)

Domestic Abuse services

<http://my.northtyneside.gov.uk/category/641/domestic-abuse>

<http://www.acornsproject.org.uk/>

[www.operationencompass.org](http://www.operationencompass.org)

Crime and Victim Support

[www.victimfirstnorthumbria.org.uk](http://www.victimfirstnorthumbria.org.uk)

Unemployment in North Tyneside

<http://www.newcastle.gov.uk/business/business-support-and-advice/north-tyne-community-led-localdevelopment>



<http://www.richmondfellowship.org.uk/tyneside/north-tyneside-employment-service/>

North Tyneside Multi Agency Sign Posting service

<http://www.sign-nt.co.uk/>

## 5 Troubled Families and Vulnerable Children

### Key Messages

- The wards of Wallsend, Howdon and Riverside have the highest numbers of children who become looked after
- 27% of children are considered in need as a result of family dysfunction, this is higher than the national level of 17%
- Alcohol related hospital admissions are higher than the rest of the borough in Howdon, Battle Hill and Wallsend
- Wallsend (NE28) is approximately 25% of the North Tyneside population yet 34.6% of all children in need have an NE28 postcode
- In December 2016, there were 275 children in North Tyneside in the care of the Local Authority of which 29% - 34% of all cases originated from an NE28 postcode
- Domestic Violence and substance misuse appear to be the main factors driving future LAC
- North Tyneside has higher rates of pupils with Special Educational Need (SEN) statements or Education Health and Care (EHC) plans than the England average
- North Tyneside has significantly higher levels of SEN pupils with speech, language and communication identified as a primary need when compared to England, the North East and statistical neighbours

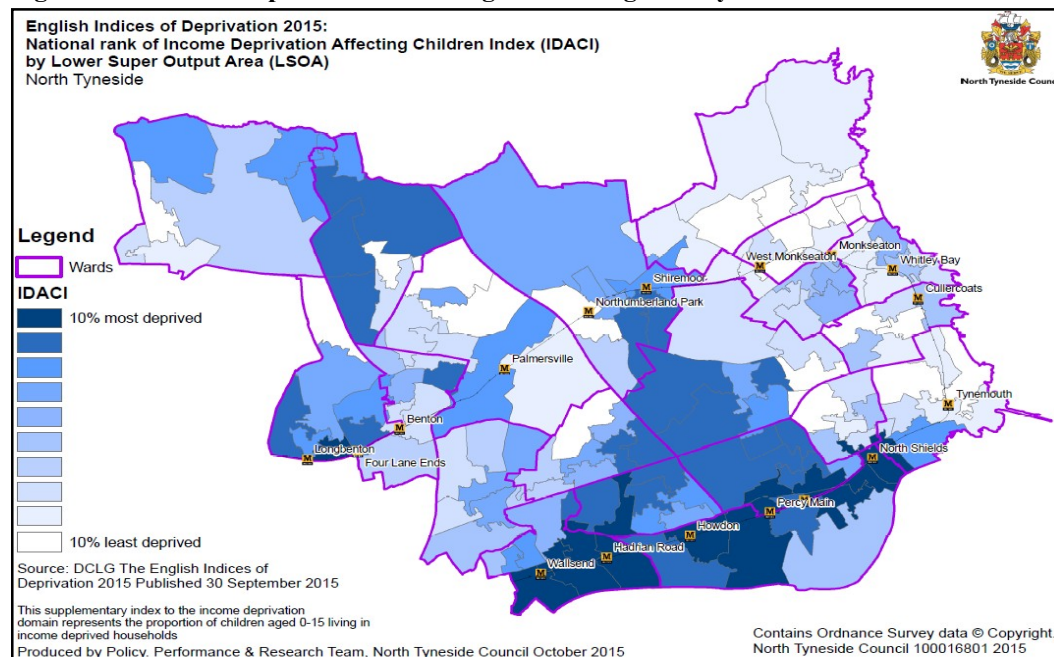
### Opportunities / Recommendations

- I. All schools in Wallsend engage with the Healthy Schools programme and achieve Healthy Schools status
- II. Implement a programme of SRE across all age groups in primary school as part of a comprehensive PSHE framework
- III. Conduct a training need audit of teaching staff in the Wallsend Children's Community to identify gaps in knowledge and skills related to PSHE
- IV. Increasing the use of Early Help Assessments by all front-line partners/agencies for example; identification of vulnerable young women at risk of abuse through maternity services are signposted to appropriate programmes/resources
- V. Analyse the data from healthy child programmes (0-5 years) to identify gaps/opportunities to improve the speech and language of children in primary schools
- VI. Build capacity through staff training within early years' settings Nursery/child care providers/children centres to enhance the speech and language of Wallsend Children, eg Early Talk Boost

## 5.1 Child Poverty

- 5.1.1 Growing up in poverty can damage children's health and well-being, adversely affecting their future health and life chances as adults. Families experience poverty for many reasons, but its fundamental cause is not having enough money to cope with the circumstances in which they are living. A family might move into poverty because of a rise in living costs, a reduction in earnings through job loss or benefit changes. The Child Poverty Act 2010 places a statutory duty on local authorities to carry out a child poverty needs assessment in their area and to develop a local child poverty strategy, thereby establishing a framework for local partners to cooperate to tackle child poverty.
- 5.1.2 The number of children (under 16 years) considered to be living in poverty in North Tyneside (20.8%)<sup>26</sup> is one of the lowest in the region, although higher than the England average (19.9%). This percentage of child poverty means that one in five children are being raised in poverty in North Tyneside and this figure rises to one in three in the most deprived communities. An example of a national initiative to support families who are experiencing poverty is the 'two-year-old offer'. Families who meet defined criteria are eligible to access 15 hours of early years provision that offers education for children under 5, including nurseries and childminders. A further programme that aims to mitigate against deprivation is the pupil premium, which is an allowance that schools draw down for disadvantaged pupils.

**Figure 17: Income Deprivation Affecting children aged 0-5 years**



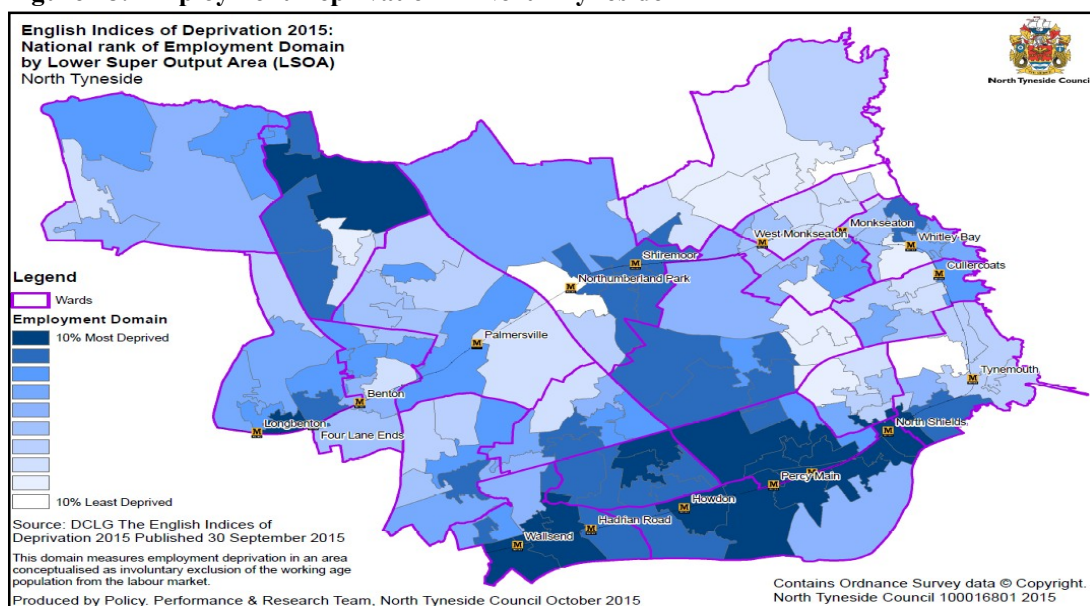
Source: North Tyneside Policy, Planning and Research Team October 2016

- 5.1.3 As shown in figure 17 above the wards that run along the riverside generally experience higher levels of child poverty. However, Wallsend ward has the highest number of children considered to be living in an income deprived household (36.6%). The map below (figure 18) highlights the areas where the working age population are involuntarily excluded from the labour market and the pattern is the same with higher levels of unemployment along the riverside in North Tyneside with the Wallsend, Howdon as well as Riverside experiencing high levels of unemployment.

<sup>26</sup> <http://www.localhealth.org.uk> accessed 28 January 2017

- 5.1.4 Wallsend ward has the highest level of children living in income deprived households in North Tyneside (Table 2).

**Figure 18: Employment Deprivation in North Tyneside**



Source: North Tyneside Policy, Planning and Research Team October 2016

**Table 2: Percentage of children age 0-15years living in income deprived households.**

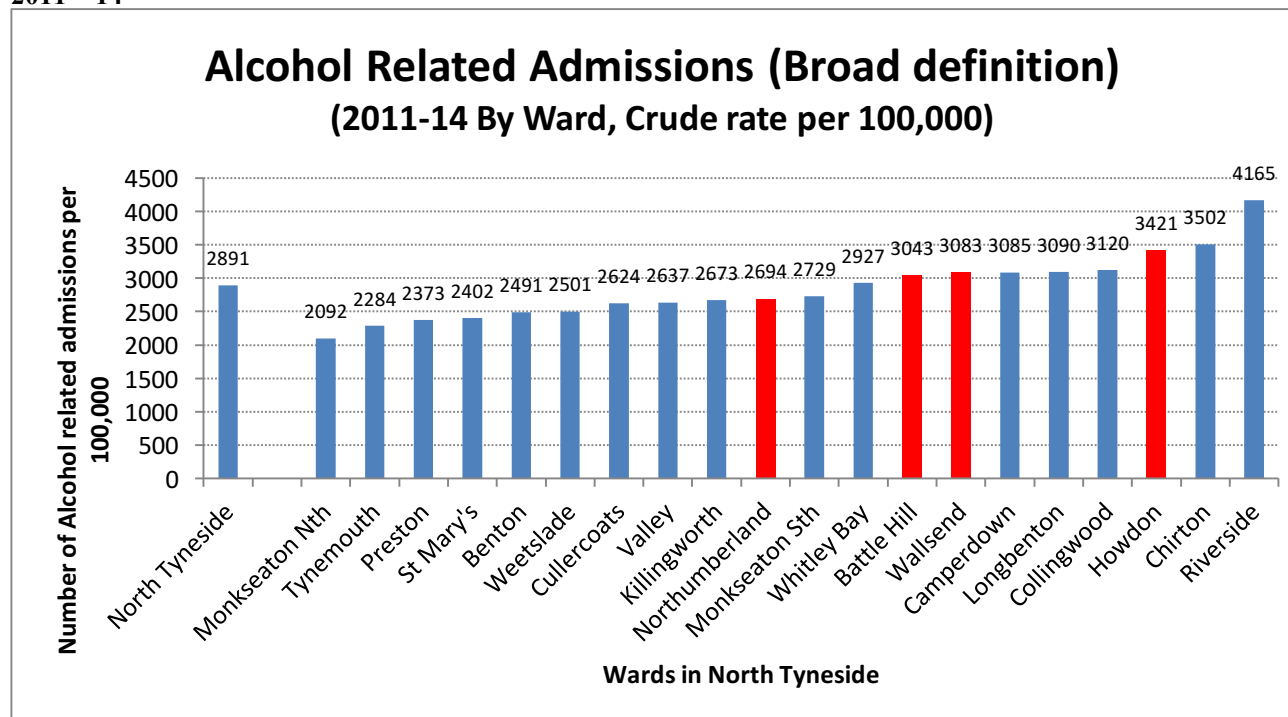
England %	North Tyneside %	Wallsend %	Howden %	Battle Hill %	Northumberland %
19.9	20.8	36.6	30.6	19.4	14.8

Source Local Health: <http://www.localhealth.org.uk> accessed 28 January 2017

## 5.2 Adults and Alcohol

Alcohol use has health and social consequences borne by individuals, their families, and the wider community. Although this section would not normally be located in the vulnerable children section, alcohol has an impact on the lives of many children and families within the Wallsend area and there is a need to highlight the prevalence of alcohol related harm. In North Tyneside Alcohol related admissions to hospital are higher than the England rates as shown in Figure 19 below.

**Figure 19: Alcohol Related Admissions All ages in North Tyneside by Ward (Crude rate per 100,000) 2011 – 14**



Source: North Tyneside Policy, Planning and Research Team January 2017

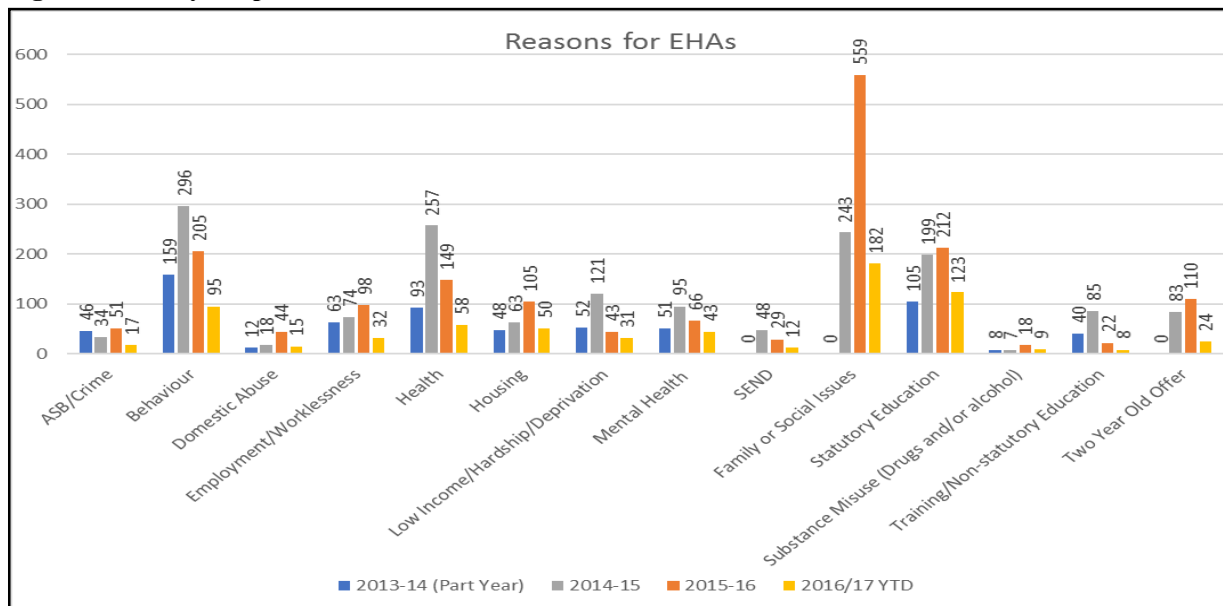
## 5.3 Early Help Assessments

- 5.3.1 To address concerns about children's wellbeing as early as possible and intervene before situations escalate, an Early Help Assessment (EHA) process was introduced in November 2013 by North Tyneside Council. The EHA process aims to support children and families by signposting to appropriate opportunities or services before problems reach crisis point. Examples of the type of support a family may access include accessing the 0-2 offer of childcare funding for vulnerable parents<sup>27</sup>. Family and Social Issues are the most frequent reason cited on a EHA, though recent data suggests education is now the second most frequent followed by behaviour.
- 5.3.2 Since the introduction of the EHA there has been some acknowledgement that the category labelled family or social issues (figure 20) is too vague and limits further analysis of the issues families are facing. For example, it may be the case that some incidents of domestic abuse could be masked within the family / social issues category.

<sup>27</sup> Two year old offer is an early education entitlement for families who meet key criteria

- 5.3.3 The number of 2-year-old children receiving an EHA was significantly higher than any other age group during 2015/16 however the first two quarters of 2016/17 suggest there now appears a more even distribution across the age range (figure 21).

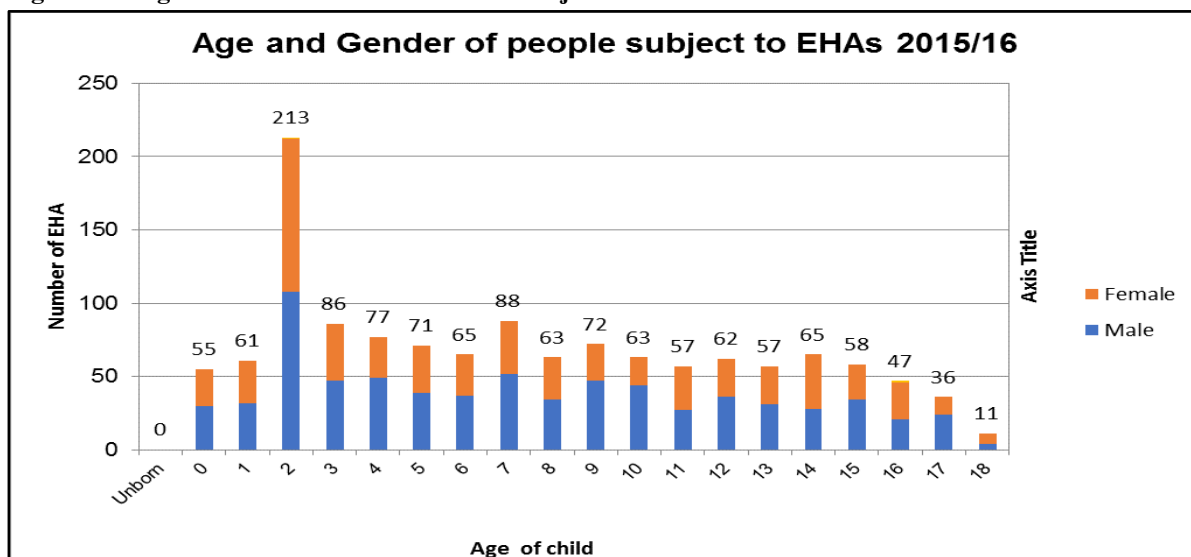
**Figure 20: Early Help Assessment Data – Reasons for Assessment November 2013 – June 2016**



Source Policy and Planning Team North Tyneside Local Authority January 2017

\*\*Note incomplete data for 2013/14 & 2016/17

**Figure 21: Age and Gender of individual's subject to EHAs 2015/16**



Source Policy and Planning Team North Tyneside Local Authority January 2017

- Most EHAs have been raised by school staff with family partners and nursery staff also implementing the assessment process regularly. There was evidence of increasing numbers of EHAs being completed by health visiting staff during the first half of 2016/17.
- The proportion of boys involved in EHAs was higher for 2015/16 and this trend continues in the first half of 2016/17 (figure 21).

- 22.3% of all the families who were subject to an EHA during 2015/16 were subsequently subject to a referral to Children's Social Care.

## 5.4 Troubled Families Programme

5.4.1 The Troubled Families programme is a Department for Communities and Local Government programme which aims to help troubled families turn their lives around. The eligibility criteria for a family to be considered for Phase 2 of the programme (running from 2015 – 2020) are the identification of any two problems from the following six:

- Parents and children involved in crime or anti-social behaviour;
- Children who have not been attending school regularly;
- Children who need help;
- Adults out of work or at risk of financial exclusion and young people at risk of worklessness;
- Families affected by domestic violence and abuse;
- Parents and children with a range of health problems.

Table 3 below shows the proportion of North Teesside's Troubled Families that have an NE28 postcode (around one third).

5.4.2 A closer look at families who were registered with the Troubled Families programme during February 2017 identified 57 families, of whom 47 had a postcode of NE28. The main reason that families were identified as being suitable for access to the family support programme was due to school attendance and issues related to education (Figure 22).

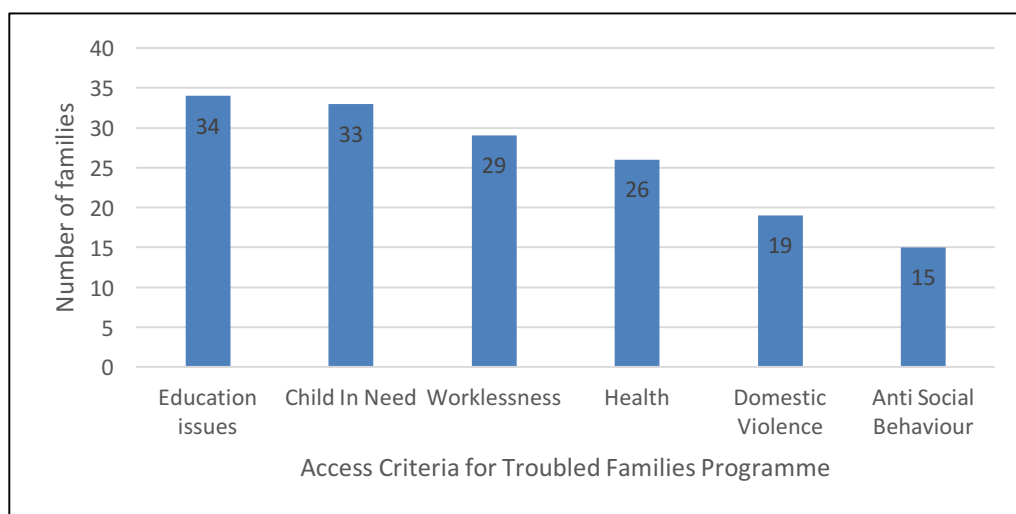
5.4.3 40% of the Wallsend families engaged with the troubled families programme as at February 2017 had domestic violence identified as part of the eligibility criteria.

**Table 3: Phase 2 of the Troubled Families Programme in North Tyneside as at February 2017**

Troubled Families worked with under Phase 2 of the Troubled Families Programme	425	
NE28 addresses worked with under Phase 2 of the Troubled Families Programme	143	34%
Troubled Families currently active	312	
NE28 addresses currently active	98	31%

*Source Policy and Planning Team North Tyneside Local Authority January 2017*

**Figure 22: Eligibility Criteria for NE28 Families Accessing Troubled Families Programme February 2017**



*Source: North Tyneside Family Support South West Locality Data accessed February 2017*

## 5.5 Children in Need

5.5.1 Children in need (CIN) are defined in law as children who are aged under 18 and: -

- Need local authority services to achieve or maintain a reasonable standard of health or development
- Need local authority services to prevent significant or further harm to health or development
- Are disabled

5.5.2 For the year 2014/15 data shows us that North Tyneside has lower rates of CIN (538 per 10,000 children <18years) compared to the England rate of 674 per 10,000 children. Table 4 shows the number of CIN (this means that they may have a child protection order in place or they are looked after) with an NE28 home postcode. There were more teenagers considered to be in need in North Tyneside than other age groups and there were more boys than girls recorded as CIN for this period.

5.5.3 As indicated in an earlier section around 25% of the entire population of North Tyneside live in the Wallsend area and yet it is estimated that around 34.6% of all children who are classified as a CIN have an NE28 postcode. Table 4 shows the proportion of children with an NE28 postcode as a percentage of the borough's total for each category of CIN. Given that a great proportion of CIN children come from the Wallsend locality it is no surprise that data for LAC during a demand analysis exercise in 2015 shows that the majority of LAC came from the wards of Wallsend, Howdon and Riverside<sup>28</sup>.



**Table 4: Children in Need, Looked After Children and Child Protection Data for North Tyneside December 2016**

	Number of Children Residing in NE28	% of children residing in NE28	TOTAL North Tyneside figure (inc. NE28)
Looked After Children (LAC)	35	12.70%	275
Looked after children originating from NE28		Crude rate 29 – 34%	
Child Protection Order (CP)	41	22.70%	181
Child in Need (CIN)	155	34.60%	448

*Source: North Tyneside Council December 2016. Note that on some occasions a higher CIN number is used aggregating these groups plus children currently undergoing assessment.*

- 5.5.4 When a child is assessed following a referral to CIN, the practitioner determines the child's primary need at the first assessment. At a national level 50.6% of all CIN are recorded as abuse or neglect cases, this compares with 48% in North Tyneside. At a national level 17% of children are recorded as being in need because of family dysfunction however this is significantly greater in North Tyneside at 27%<sup>29</sup> during the financial year 2015/16

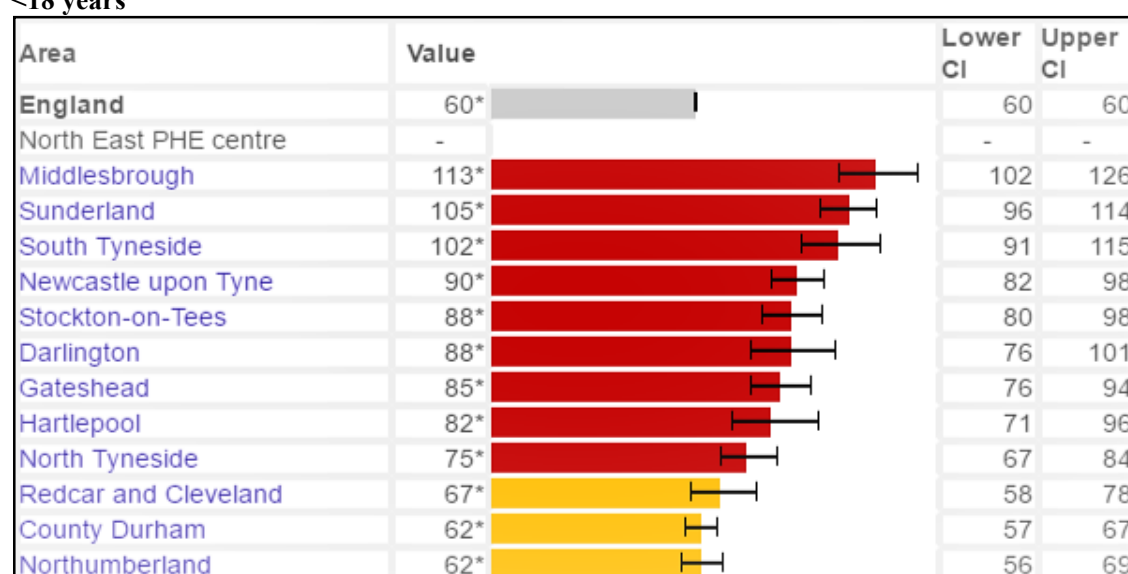
## 5.6 Looked After Children (LAC)

- 5.6.1 Over the past 5 years North Tyneside has seen the number of looked after children increase by 29% with a 19% increase in children subject to child protection plans<sup>30</sup>. The rates of children in North Tyneside who are in the care of the Local Authority is one of the lowest in the region, however higher than the national rate as shown in figure 23 and figure 24 below.
- 5.6.2 There are significant inequalities in health and social outcomes for children in care compared with all children and these contribute to the poor health and social exclusion of care leavers later in life. In December 2016, there were 275 children in North Tyneside in the care of the Local Authority of which 29% - 34% of all cases originated from an NE28 postcode.

<sup>29</sup> Children in Need national reports SFR52-2016

<sup>30</sup> North Tyneside prevention and early intervention strategy 2013 – 2016

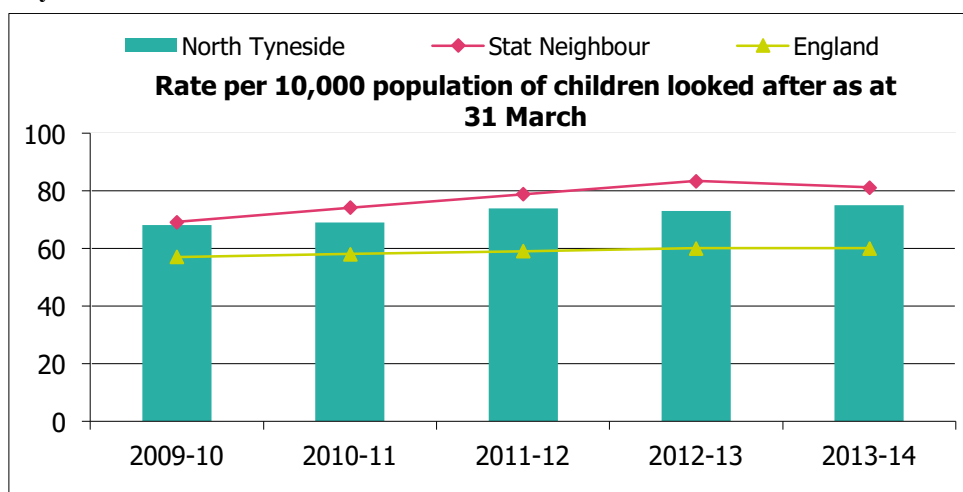
**Figure 23: Children in the care of North Tyneside Local Authority Crude rate per 10,000 population <18 years**



Source: Children looked after in England, Department for Education. <https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-overview/data#page/3/gid/1938132992/pat/6/par/E12000001/ati/102/are/E06000047/iid/90803/age/173/sex/4>

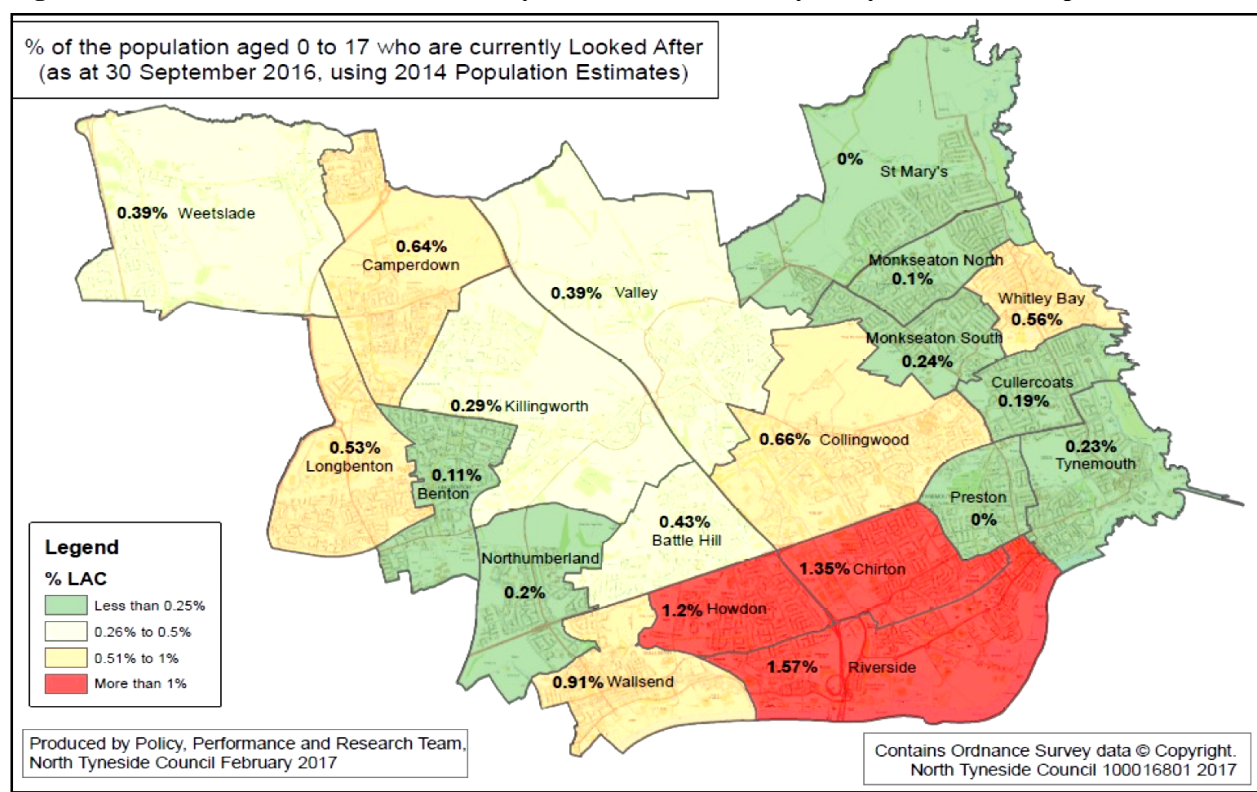
- 5.6.3 The LAC data analysis completed during September 2015 suggests that there are two clear cohorts that drive care entry with significantly more children aged 0-1 years and adolescents in the care of the local authority. Reasons for this may relate to the enhanced contact with professionals during the early years through the healthy child programme meaning that professionals are alerted to risk in family households. As children enter the teenage years and begin to experiment and make choices about their own lifestyles, this can cause conflict in family households with parents who feel unable to cope with adolescent behaviour. A key issue to emerge from the recent review of LAC suggests that adolescent children during 2015 were mainly entering into care under voluntary arrangements and that a different social care response was required including enhanced prevention programmes.
- 5.6.4 The map in figure 24 shows the areas in the borough where LAC have originated from. As indicated earlier in the report, Domestic Violence is higher in the Wallsend area than other areas of the borough and this would appear to account for a high proportion of children becoming LAC as demonstrated in figure 25 and 26.

**Figure 24: Children in the care of North Tyneside Local Authority Crude rate per 10,000 population <18 years**



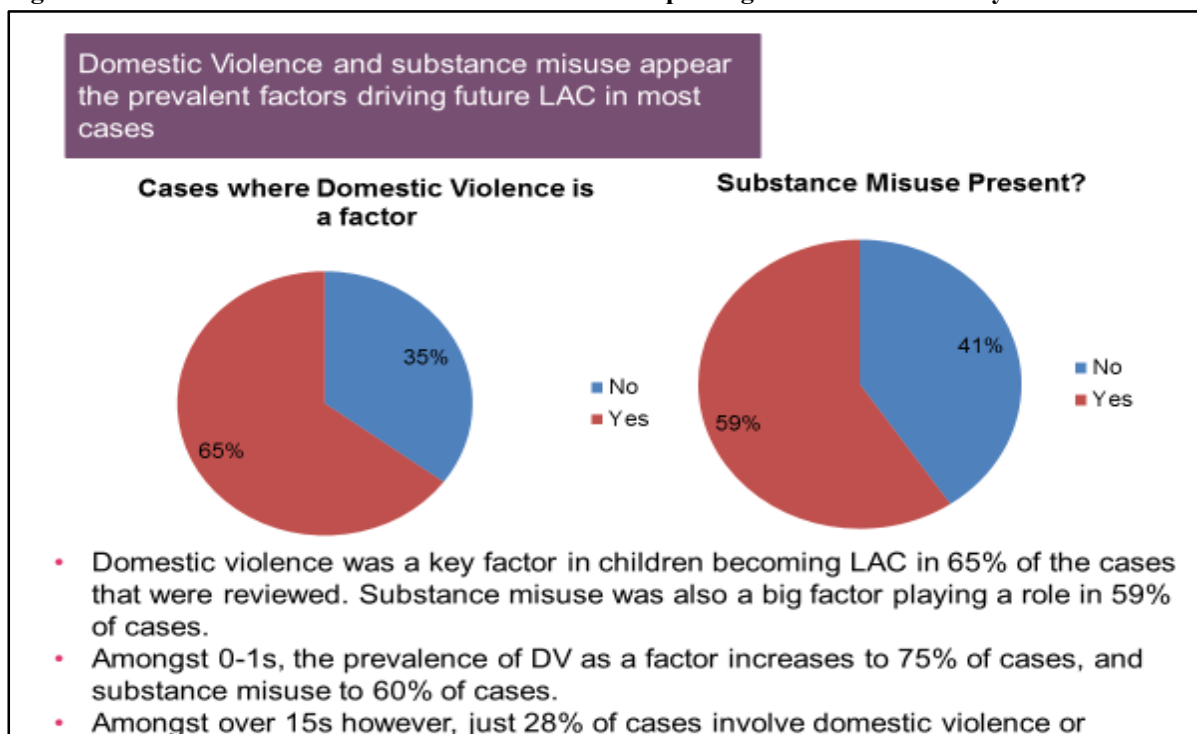
Source: Policy and Planning Team North Tyneside Local Authority February 2017

**Figure 25: Children in the Care of North Tyneside Local Authority <18 years as at 30 Sept. 2016**



Source: North Tyneside Policy, Performance and Research Team February 2017

**Figure 26: Domestic Violence and Substance Misuse impacting on LAC in North Tyneside**



Source: North Tyneside Policy, Performance and Research Team February 2017

## 5.7 Special Educational Needs and Disabilities (SEND)

- 5.7.1 Children with special educational needs and disabilities are a diverse group. Some will have highly complex needs requiring multi-agency support across health, social services and education – the most extreme example perhaps being those who are technology-dependent. Based on the nationally published data of all schools there has been an increasing proportion of pupils with Statements / Education Health Care (EHC) Plans attending schools in North Tyneside between 2009 and 2015. The percentage of pupils in North Tyneside with a Statement / EHC Plans is higher than the regional (2.9%) and national average (2.8%) which have both remained constant over the past seven years. Table 5 below shows the increasing trend for North Tyneside against the England data.

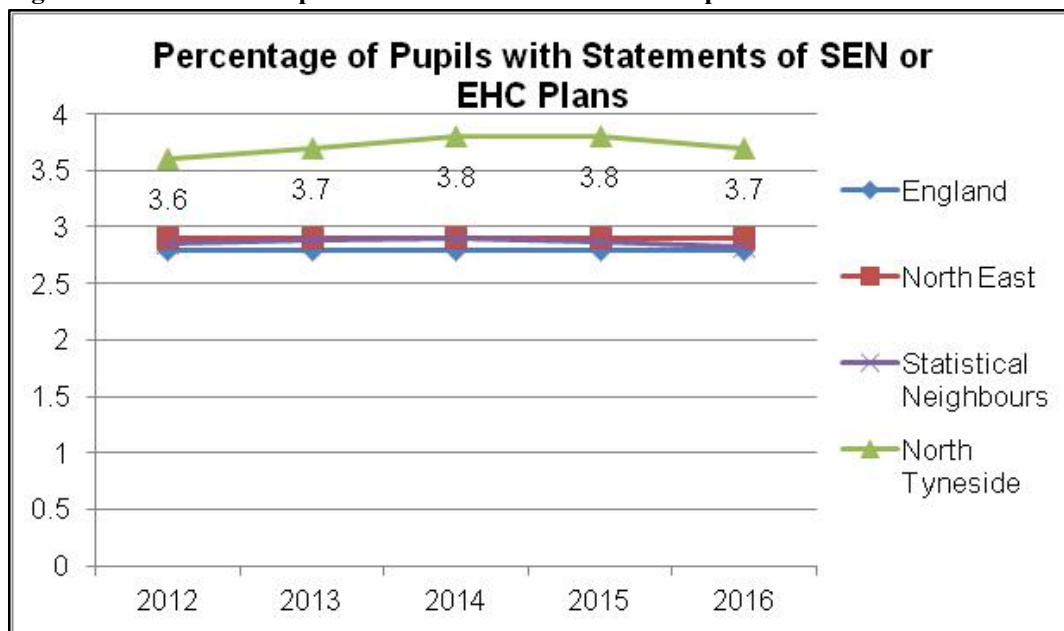
**Table 5 Annual SEND Data for North Tyneside 2009 – 2015. The number/percentage of pupils with a statement / Early Health Care plan**

	2009	2010	2011	2012	2013	2014	2015
NT #	1082	1067	1062	1095	1120	1168	1157
NT %	3.5%	3.5%	3.5%	3.6%	3.7%	3.8%	3.8%
National %	2.8%	2.8%	2.8%	2.8%	2.8%	2.8%	2.8%

Source: North Tyneside Council Children Services Review (SFR25\_2015\_LA\_Tables).

- 5.7.2 Figure 27 shows that the percentage of pupils with Special Educational Need (SEN) statements or Education Health and Care (EHC) plans is higher in North Tyneside than in England, the North-East region and statistical neighbours (3.7% compared to a national average of 2.8% and a national maximum of 4.5%). This has remained relatively consistent over the past 5 years.

**Figure 27: Percent of Pupils with SEN statements or EHC plans**



*Source: North Tyneside Council Children Services Review (SFR25\_2015\_LA\_Tables).*

- 5.7.3 Within learning difficulties there are 4 broad areas of need and 12 categories of primary SEN listed in the SEND Code of Practice (2015) which are listed below: -

**Broad Area of Need: Cognition and learning needs**

Moderate Learning Difficulty (MLD)  
Severe Learning Difficulty (SLD)  
Profound and Multiple Learning Difficulty (PMLD)  
Specific Learning Difficulty (SpLD)

**Broad Area of Need: Social, emotional and mental health difficulties**

Social, Emotional and Mental Health (SEMH)

**Broad Area of Need: Communication and interaction needs**

Speech, Language and Communication Needs (SLCN)  
Autistic Spectrum Disorder (ASD)

**Broad Area of Need: Sensory and/or physical needs**

Visual Impairment (VI)  
Hearing Impairment (HI)  
Multi-Sensory Impairment (MSI)  
Physical Disability (PD)

A final category of need not listed above is that of Other difficulty/disability.

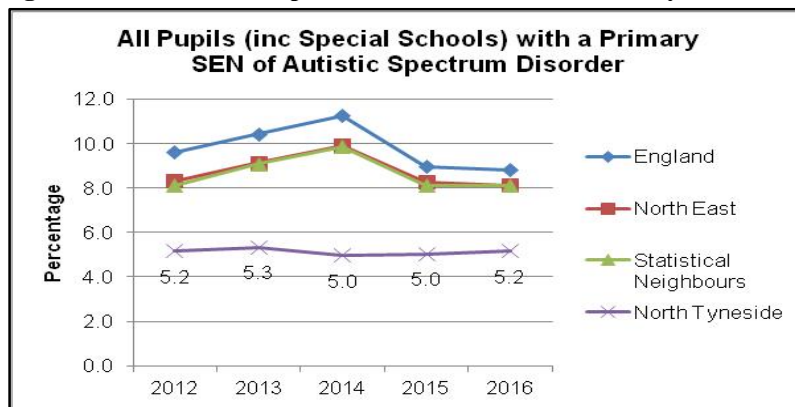
- 5.7.4 Within each broad area of SEN, the primary SEN identified represents a professional judgement of staff working with each pupil. Following analysis of primary SEN data for North Tyneside pupils there was generally lower rates of SEND pupils recorded across most of the primary areas listed above.

5.7.5 North Tyneside appears to have equal or lower rates than comparator groups in all but a few primary SEN need areas. Some of the variance with comparator groups, i.e. the North East, England and statistical neighbours, are highlighted below, and further detailed information is available upon request: -

- North Tyneside has lower rates of pupils with a physical disability across all schools than the comparator groups
- North Tyneside has lower rates of pupils who have profound and multiple learning difficulties, across all schools when compared with comparator groups
- North Tyneside has lower rates of pupils with moderate learning disability across all schools compared to comparator groups
- North Tyneside has lower rates of pupils with sensory and/or physical needs across all schools than comparator groups
- North Tyneside has lower rates of pupils with a primary SEN need of Autistic Spectrum Disorder across all schools compared to comparator groups (figure 27)
- North Tyneside has higher rates of pupils with a primary need classed as Other Difficulties/Disabilities across all schools compared to its comparator groups
- North Tyneside has higher rates of pupils with speech, language and communication needs across all schools compared to the comparator groups (figure 28 and figure 29)

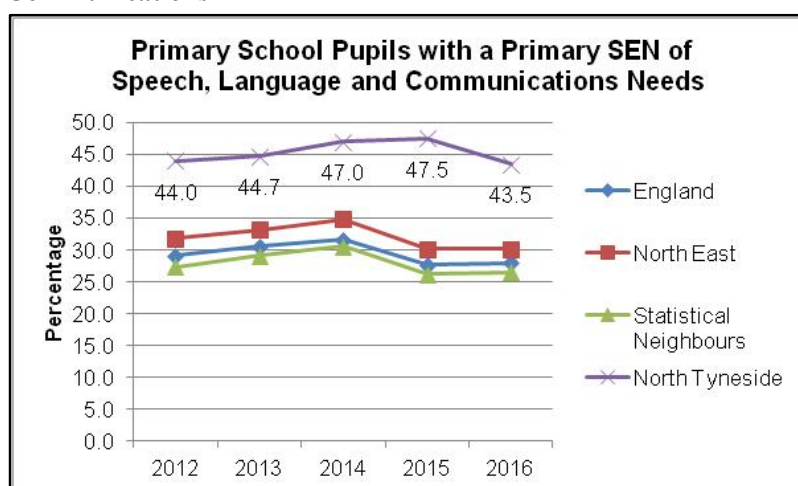
5.7.6 What is of interest is the lower levels of pupils with SEN needs of Autistic Spectrum Disorder across all schools compared to the comparator groups and the higher levels of primary need identified for speech, language and communication across all schools in North Tyneside when compared to comparator groups. Figure 28 shows the comparative data for Autistic Spectrum Disorder. Figure 29 highlights the rates of primary school pupils with a primary SEN of Speech, Language and Communication. The higher rates of speech, language and communications are also found across secondary schools as shown in figure 30.

**Figure 28: Percent of Pupils in all schools with a Primary SEN of Autistic Spectrum Disorder**



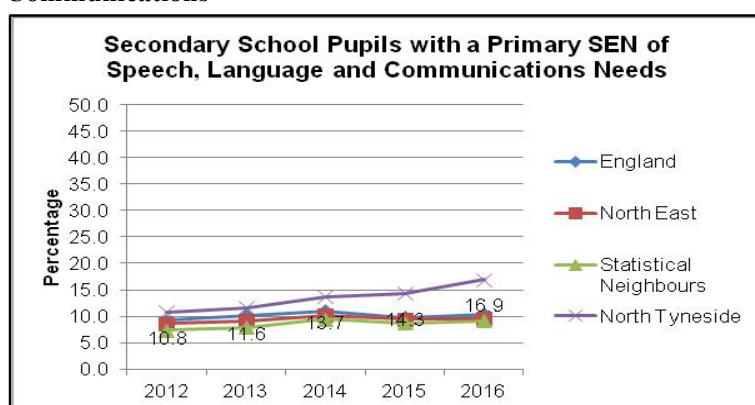
Source: North Tyneside Local Authority (SFR25\_2015\_LA\_Tables).

**Figure 29: Percent of Pupils in Primary School with a Primary SEN of Speech, Language and Communications**



Source: North Tyneside Local Authority (SFR25\_2015\_LA\_Tables).

**Figure 30: Percent of Pupils in Secondary School with a Primary SEN of Speech, Language and Communications**



Source: North Tyneside Local Authority (SFR25\_2015\_LA\_Tables).

## 5.8 Services and Support Opportunities

North Tyneside Multi Agency Sign Posting service

<http://www.sign-nt.co.uk/>

Children Services

<http://my.northtyneside.gov.uk/category/495/children-centre-services>

Early years and School Improvement

<http://my.northtyneside.gov.uk/category/794/early-years-and-schools-improvement>

Family Gateway

<http://www.tynegateway.co.uk/>



## 6 Mortality

### Key Messages

- Infant mortality rates in North Tyneside (3 per 1000 live births) are not significantly different to the England average (4.1 per 1000 births)
- The association between deprivation and mortality is strong, with increasing risk associated with higher levels of maternal deprivation
- 36 child deaths were reviewed during the period 2015 - 2016 and modifiable factors were identified in 10 cases.
- More children die in the 10% most deprived neighborhoods of the North of Tyne area
- Smoking in pregnancy and unsafe sleeping arrangements are reported as modifiable factors in several child deaths that occurred in the North of Tyne area
- Pregnancy is a key time for promoting healthy lifestyle behaviours

### Opportunities / Recommendations

- I. All pregnant women have a health and social care needs assessment by the twelfth completed week of pregnancy
- II. Increased use of Early Help Assessment process during pregnancy to identify risk and enhance protective opportunities eg benefits and benefits advice, domestic abuse programmes, breastfeeding support or stop smoking services
- III. All pregnant teenagers and their partners have access to age appropriate education and information
- IV. Promotion of Healthy Start Vouchers across all early years' services
- V. Promotion of the Two-year-old offer (15 hours' free childcare per week) across all early years' services

### 6.1 Infant Mortality

- 6.1.1 Infant Mortality Rates (IMR) are an important indicator of health for whole populations and are considered to best reflect the structural factors that affect the health of entire populations<sup>31</sup>. Infant mortality rates across the UK have declined over the past 40 years however the UK has one of the highest infant mortality rates in Western Europe. Over half of deaths in childhood occur during the first year of a child's life, and are strongly influenced by pre-term delivery and low birth weight; with risk factors including maternal age, smoking and disadvantaged circumstances. Smoking and passive smoking in pregnancy for example is said to increase the risk of infant mortality by an estimated 40%. The association between deprivation and mortality is strong, with increasing risk associated with higher levels of maternal deprivation. At a national level, infant mortality is more than twice as high in the lower socio-economic groups when compared to those in the higher socio-economic groups<sup>32</sup>.

31 The infant mortality rate is the rate of deaths of infants under 1 year old per 1,000 live births

32 State of Child Health report 2017 Royal College of Paediatrics and Child Health



- 6.1.2 The North of Tyne Child Death Overview Panel (CDOP) report that around 47% of child deaths in the North of Tyne area are in the 0-28-day range and about 23% of child deaths are between 4 weeks and one year of age (this is consistent with the national picture). Infant mortality rates in North Tyneside (3 per 1000 live births) is not considered significantly different to the England average of 4.1 per 1000 live births<sup>33</sup> (table 6).
- 6.1.3 The World Health Organization defines perinatal mortality as the number of stillbirths and deaths in the first week of life per 1,000 total births. Data from North Tyneside Clinical Commissioning Group indicates that North Tyneside does not have a rate (6.1 per 1000 total births) significantly different to the England average of 7.1 per 1000 total births.

**Table 6: Northern England Child Health Clinical Indicator Summary February 2016 \*(definitions below)**

Child and Adolescent Public Health	England	North East	North Tyneside
Infant mortality	4.1	3.5	3
Perinatal mortality	7.1	6.4	6.1
Child mortality rate (1-17 years)	11.9	12	4.2
Low birthweight of all babies	7.4	7.7	6.7
Premature births - under 28 weeks	0.6	0.5	0.5
Premature births - 28 to 31 weeks	0.8	0.7	0.7
Premature births - 32 to 36 weeks	5.5	5.8	5.5

*Source: Northern England Strategic Clinical Network*

**Child Health Clinical Indicator Definition for Table 6**

- Infant mortality: Infant mortality rate per 1,000 live births (age under 1 year), 2011-2013
- Perinatal mortality: Rate of stillbirths and early neonatal deaths per 1,000 live and still births,
- Low birthweight of all babies: Percentage of live and stillbirths weighing less than 2,500 grams, 2013
- Child mortality rate (1-17 years): Directly standardised mortality rate for children aged 1-17 years per 100,000 children aged 1-17 years, 2011-2013

- Premature births - under 28 weeks: Percentage of deliveries which were delivered at under 28 weeks' gestation, 2011/12-2013/14
- Premature births - 28 to 31 weeks: Percentage of deliveries which were delivered between 28 and 31 weeks' gestation, 2011/12-2013/14
- Premature births - 32 to 36 weeks: Percentage of deliveries which were delivered between 32 and 36 weeks' gestation, 2011/12 - 2013/14

6.1.4 Pregnancy is a key time for promoting healthy behaviors and parenting skills as women are receptive to new information and often want to provide the best for their babies. Identifying families and pregnant women within the Wallsend area with multiple risk factors to enhance protective factors during this period is important to improve mortality rates. The existing Early Help Service (EHA) which operates in North Tyneside will be a useful process to identify appropriate support for families and pregnant women with multiple risk factors. Opportunities to reduce smoking in pregnancy, support for breastfeeding, access to information about contraception, housing and welfare benefits as well as promoting access to free vitamins (Healthy Start<sup>34</sup>) and access to childcare (free childcare via two-year-old offer<sup>35</sup>) should be promoted during this period. Further information about improving infant mortality can be found in a recent publication Saving Babies Lives<sup>36</sup>

## 6.2 Child Mortality

6.2.1 The links between deprivation and poorer child health outcomes have been well documented and understanding the reasons why children die is challenging however it is important to explore the causes amenable to intervention. The North of Tyne Child Death Overview Panel (CDOP) reports child death information from across the three main local authority areas of Newcastle, North Tyneside and Northumberland. Across the 3 individual authorities in the North of Tyne CDOP, the percentage of child death cases with modifiable factors varied. In total over the 5-year period, all cases were lower than the England average of 23% with North Tyneside having the lowest number of child deaths where modifiable factors were identified (15%) followed by Northumberland (22%) and then Newcastle (25%). Of the 36 cases reviewed during the period 2015 to 2016 modifiable factors were identified in 10 cases.

6.2.2 A modifiable factor is identified as something which: *“may have contributed to the death of the child and which, by means of locally and nationally achievable interventions, could be modified to reduce the risk of future child deaths”*. The panel looked at all cases where a modifiable factor was identified and it was noted that in 3 of the cases unsafe sleeping arrangements were identified as modifiable. In addition, smoking was also found to be a contributory factor within 3 cases of child death; maternal smoking during pregnancy and co-sleeping where smoking was also one of the factors.

6.2.3 After the first year of life injury is reported to be the most frequent reason for child death at a national level responsible for 31% to 48% of deaths among children and young people. The most common causes of injury-related deaths are transport accidents, drowning, and intentional injuries, including self-harm and assault. In later adolescence, from 15 to 19 years, the causes of mortality are largely split between injuries and poisoning (and risks and behaviour), and non-communicable diseases (NCDs); the most common cause within NCDs being cancer.

34 Pregnant women, women with a child under 12 months and children aged from six months to four years who are receiving Healthy Start vouchers are entitled to free Healthy Start vitamins

35 Some 2 year olds can get FREE early learning and childcare support if they meet one or more of the eligibility criteria includes funding for early years providers who care for 2-year-olds

36 <https://www.england.nhs.uk/wp-content/uploads/2016/03/saving-babies-lives-car-bundl.pdf>

**Table 7: North of Tyne Child Deaths (age at time of death) 2011-2015**

	2011/12	2012/13	2013/14	2014/15	2015/16	North of Tyne	England
0-27 days	12	23	21	20	11	42%	44%
28 days- 364 days	7	8	12	13	8	23%	22%
1 year-4 years	5	7	8	9	6	17%	12%
5-9 years	3	0	1	3	2	4%	7%
10-14 years	1	2	2	4	6	7%	7%
15-17 years	2	3	1	3	3	6%	9%
<b>N.B. percentages may not add up to 100 due to rounding</b>							

Source: Child Death Review Panel Annual Report 2015-16

**Table 8: North of Tyne Child Deaths (reported to panel by deprivation decile) 2011-2015**

	Decile	Child Deaths
<b>Most Deprived</b>	<b>1</b>	<b>39</b>
⇕	<b>2</b>	<b>24</b>
	<b>3</b>	<b>23</b>
	<b>4</b>	<b>24</b>
	<b>5</b>	<b>21</b>
	<b>6</b>	<b>11</b>
	<b>7</b>	<b>12</b>
	<b>8</b>	<b>9</b>
	<b>9</b>	<b>15</b>
<b>Least Deprived</b>	<b>10</b>	<b>8</b>

Source: Child Death Review Panel Annual Report 2015-16

6.2.4 Following the analysis of child deaths over a 5-year period (table 7 above) the Child Death Review Panel for North of the Tyne have committed to explore further the links between deprivation and child death. As indicated in Table 8 above there appears to be a clear link between deprivation and child deaths in the North of Tyne area with more child deaths occurring in the most deprived areas.

6.2.5 In North of Tyne the proportion of child deaths in each category is comparable to the national picture.

### 6.3 Services and Support Opportunities

North Tyneside Stop Smoking Services

<http://my.northtyneside.gov.uk/category/597/quitting-smoking>

Mental Health Support in North Tyneside

<http://my.northtyneside.gov.uk/category/599/mental-health-and-wellbeing>

Bereavement Therapy

<http://www.cruse.org.uk/?gclid=CMGbuNz5q9ICFe4Q0wodzJ0J0A>

NHS Choices

<http://www.nhs.uk/pages/home.aspx>

children Centre's

<http://my.northtyneside.gov.uk/category/495/children-centre-services>

Maternity services in North Tyneside

<https://www.northumbria.nhs.uk/our-services/womens-health/maternity>

## 7 Conception, Pregnancy and Infancy

### Key Messages

- High levels of crime in a mother's area of residence can increase the risk of adverse birth outcomes such as low weight baby
- High levels of domestic violence increase the risk of poor maternal mental health
- Living in a household where there is domestic violence is a risk for mental health in babies and toddlers
- Rates of teenage conceptions are significantly higher (almost double) in Riverside and Howdon wards
- Smoking in pregnancy is higher in the wards of Chirton, Riverside and Howden
- North Tyneside Midwifery services include a specialist midwife to offer specific support to pregnant teenagers
- There are inequalities in breast feeding prevalence across North Tyneside
- The rates of breastfeeding at birth in Howdon ward are significantly lower than breastfeeding rates in North Tyneside and England
- An estimated 10% to 20% of women in North Tyneside are affected by mental health problems at some point during pregnancy or the first year after childbirth

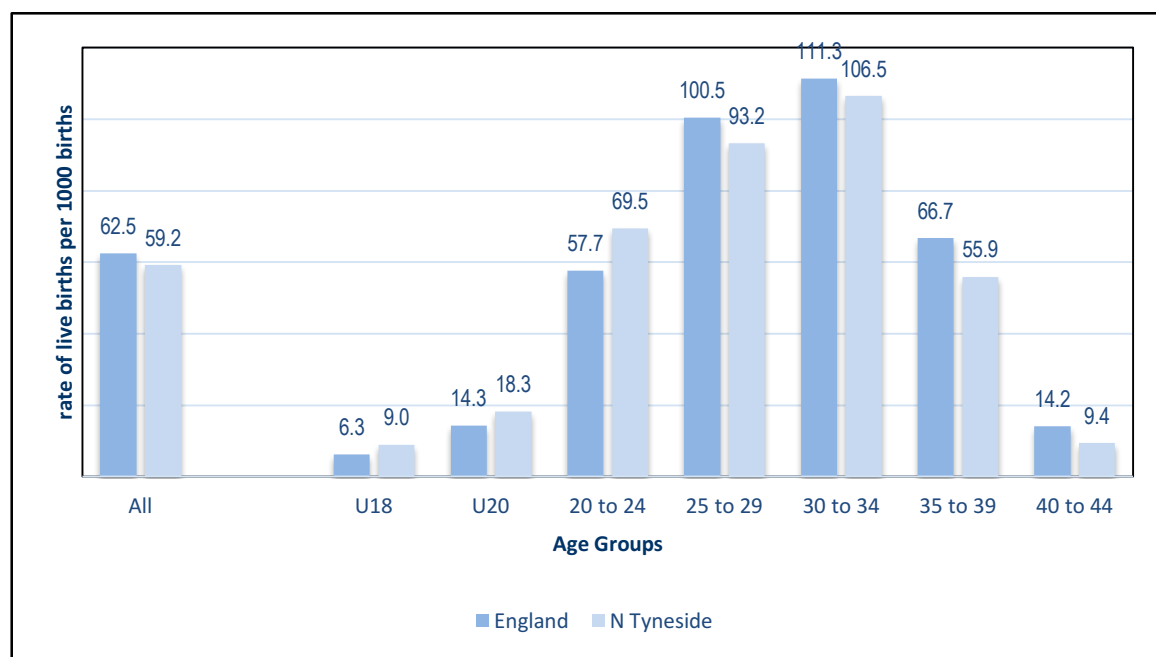
### Opportunities / Recommendations

- I. Support for residents to stop smoking is informed and developed with community members
- II. Develop smoke free environments e.g. play parks in the areas of high smoking prevalence
- III. Engage frontline agencies working in the Wallsend area in the education and training for Early Help Assessments eg Maternity services to identify risk and enhance protective opportunities e.g. Domestic Abuse programmes/ Active North Tyneside programmes
- IV. Engage existing groups and young people (champions) to support Smoke Free initiatives
- V. Identify support for women where there are low levels of breastfeeding
- VI. All children in the Wallsend community have access to a comprehensive PSHE programme to include healthy lifestyle, breastfeeding and the harms of smoking
- VII. Promote Healthy Start Vouchers across all early years and community groups
- VIII. Promote the Active North Tyneside Community Grant to groups and agencies who wish to support health and wellbeing objectives e.g. increased breastfeeding and health walks for community groups
- IX. Promote the Two-year-old offer (15 hours free childcare per week) across early year programmes/ agencies and community groups

## 7.1 Births

At a national level the trend for women to have babies at older ages continued in 2015 and women aged 40 and over, are reported to have a higher fertility rates (more children born per 1000 women) than women aged under 20. At a local level, however there were more babies born to women between the ages of 29 and 34 years of age as illustrated in figure 31 below. There is no definitive right age to have a baby however babies born to teenage parents are much more likely to be unplanned with increased risks to physical and mental health as well as social isolation and poverty.

**Figure 31: Rate of Live births per 1000 women in age Groups for North Tyneside 2015**



Source: Office of National Statistics 2015 Live Births by Area of Usual Residence

## 7.2 Low Birth Weight

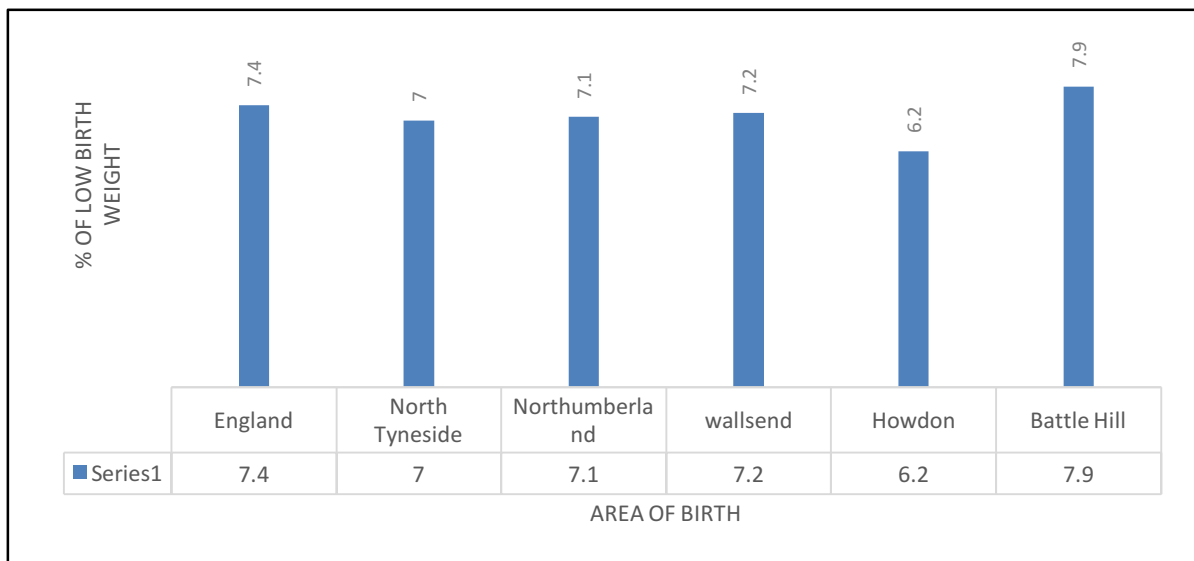
Low birth weight is a major determinant of mortality, morbidity and disability in infancy and childhood and can have a long-term impact on health outcomes right through to adulthood.<sup>37</sup> The health of a developing baby is crucially affected by the health and wellbeing of their mother and birth weight is affected to a great extent by the mother's own fetal growth and her diet from birth to pregnancy, and thus, her body composition at conception. Once pregnant, the mother's nutrition and diet, lifestyle (eg alcohol, tobacco or drug misuse) and other exposures (eg malaria, HIV or syphilis), or complications such as hypertension can affect fetal growth and development, as well as the duration of pregnancy. In addition, recent evidence suggests that the levels of crime recorded in the mother's area of residence can increase the risk of adverse birth outcomes such as low birth weight baby.<sup>38</sup> Data for Low Birth weight rates in North Tyneside is not statistically different to that of the England as shown in figure 32 below.

37 <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review/fairsociety-healthy-lives-full-repor>

38 Living in stressful neighborhoods during pregnancy: an observational study of crime rates and birth outcomes Eur J Public Health (2016) ckw131.

DOI: <https://doi.org/10.1093/eurpub/ckw131>

**Figure 32: Low Birth Weight (less than 2500g) as a Proportion of Live and Still births with Valid Weight, 2010-14**



Source: Local Health <http://www.localhealth.org.uk>

### 7.3 Teenage Pregnancy

- 7.3.1** There is a growing recognition that socio-economic disadvantage can be both a cause and a consequence of teenage motherhood with early motherhood associated with poor educational achievement, poor physical and mental health, social isolation and poverty. Teenage pregnancy in North Tyneside has significantly reduced since 1999 and is now the lowest in the region with a rate of 23.6 per 1000 conceptions to women U18 years compared to (21.2) in England (figure 33). Ward level data for North Tyneside shows Riverside and Howdon as having the highest rates of conceptions to women U18 years with rates significantly higher than the England average (see figure 34).
- 7.3.2** Teenage pregnancy is often unplanned and can often lead to a termination. Data for North Tyneside suggests that 41.1% women under the age of 18 years terminated their pregnancy which is lower than the England average of 51.1%. Some teenagers can delay decision making once pregnant (it's easier to do nothing) and therefore termination of pregnancy is no longer an option. For some teenagers, the force of reproduction and a lack of ambition can mean that having a baby and early motherhood is a real option as they enter adulthood. The percentage of babies born to mothers under the age of 18 years (1.6%) is not significantly different from the national data (1.2%) however within the more deprived communities there are rates as high as 3.6% as seen in table 9 below.

**Table 9: Percentage of Deliveries where the Mother is aged U18 years (Pooled data 2010/11 – 2014/15)**

	<b>% of Births to women U18 years</b>
<b>England</b>	<b>1.2%</b>
<b>North Tyneside</b>	<b>1.6%</b>
<b>Wallsend</b>	<b>2.5%</b>
<b>Howdon</b>	<b>2.7%</b>
<b>Battle Hill</b>	<b>2.5%</b>
<b>Northumberland</b>	<b>3.6%</b>

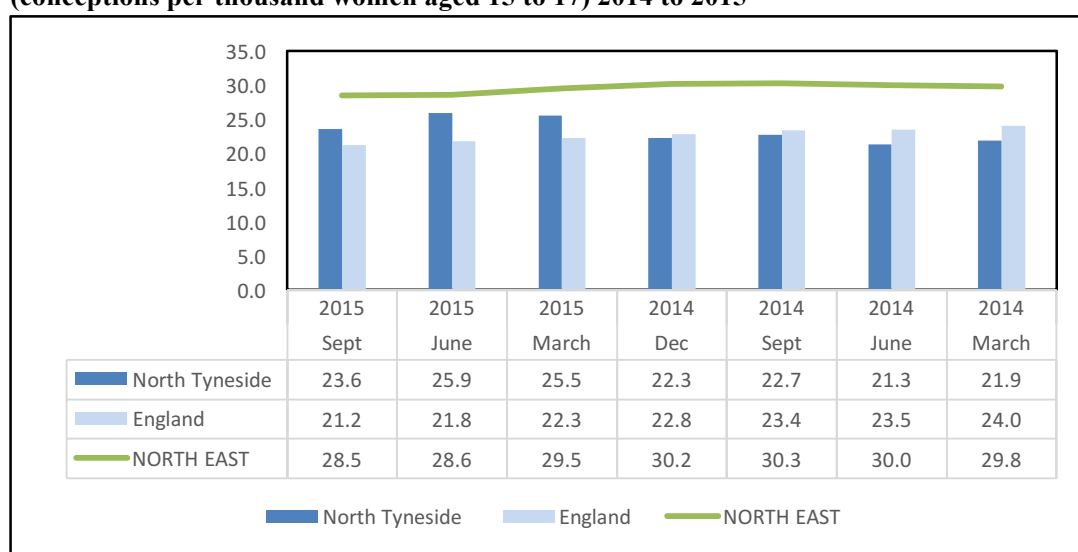
Source: Local Health

[http://www.localhealth.org.uk/#i=t2.delteen;sly=ltla\\_2013\\_DR;z=414387,576162,26089,19209;v=map8;l=en;sid=277](http://www.localhealth.org.uk/#i=t2.delteen;sly=ltla_2013_DR;z=414387,576162,26089,19209;v=map8;l=en;sid=277)

- 7.3.3 North Tyneside Midwifery services include a specialist midwife to offer specific support to pregnant teenagers which includes advising on contraception post birth. A key recommendation for Wallsend Children's Community will be to ensure that children across all school years have access to good comprehensive sex and relationship education.

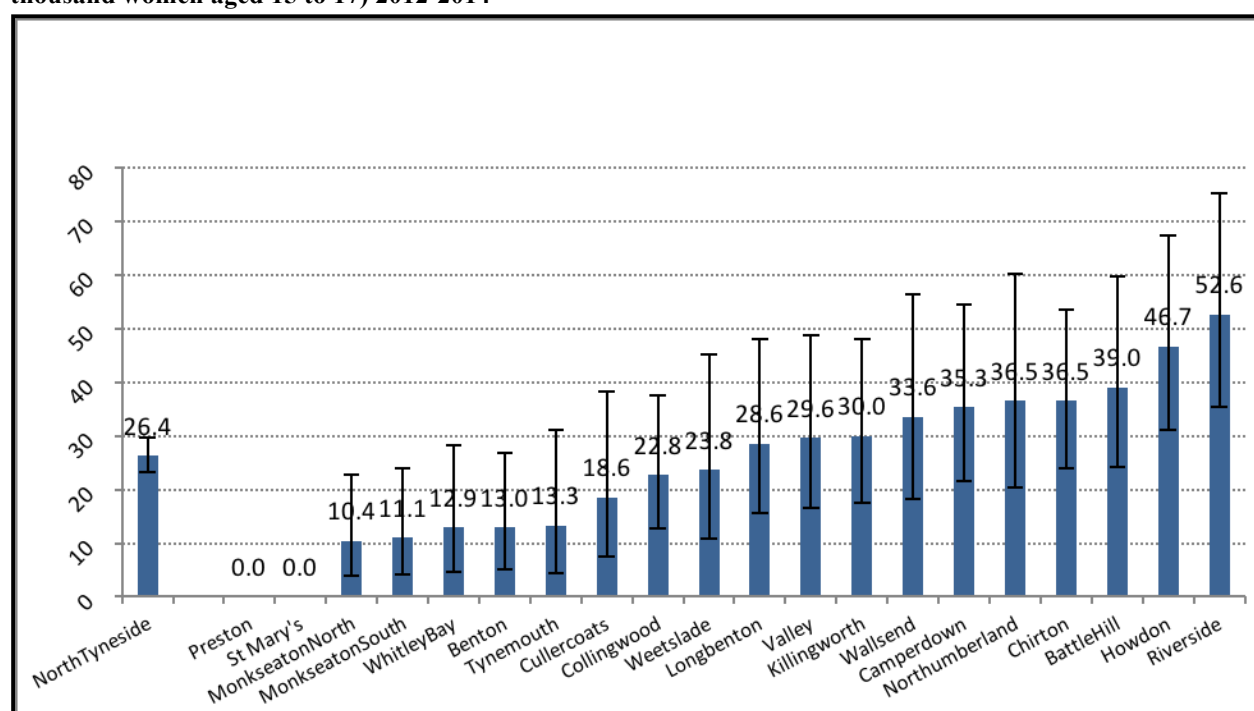


**Figure 33: Rates of Conceptions to Women aged under 18 at Local Authority area level (conceptions per thousand women aged 15 to 17) 2014 to 2015**



Source: Office of National Statistics 2015 Live Births by Area of Usual residence

**Figure 34: Rates of Conceptions to Women under 18 for North Tyneside Wards (conceptions per thousand women aged 15 to 17) 2012-2014**



Source: North Tyneside Policy and Planning Team January 2017 - based on ONS 2011 census merged ward boundaries Lad1, Lad2 and former districts

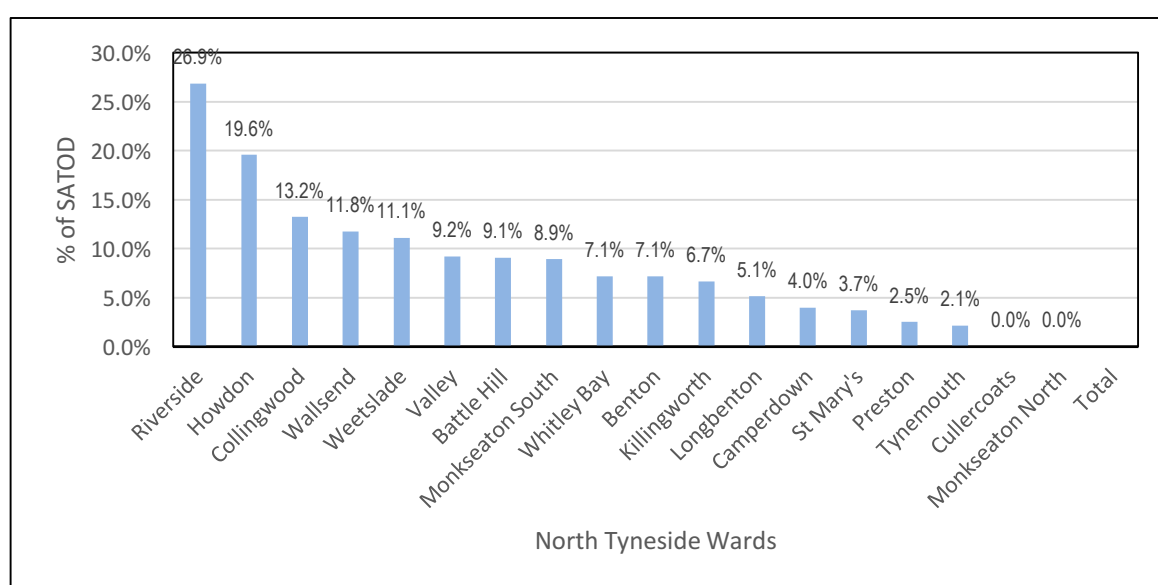
## 7.4 Smoking and Pregnancy

- 7.4.1 All smoking is harmful and smoking during pregnancy can be harmful for the baby, potentially leading to reduced blood supply to the developing baby and poor growth. Smoking in pregnancy increases the

likelihood of death, disability, and disease (for example stillbirth, cot death and the risk of respiratory disease across the life-course). Smoking in pregnancy is known to increase the risk of having a low birthweight a baby. A recent review of child deaths in North of the Tyne during 2015/16 identified 3 cases where smoking was considered to be a modifiable risk factor in the death of a child.

- 7.4.2 There is no safe level of exposure to tobacco for an unborn baby therefore we should try to eliminate all exposure to tobacco in the womb. Passive smoking (exposure to the smoke of others) is likely to have similar adverse effects on the child's growth and development, although to a lesser extent<sup>39</sup>. Smoking prevalence remains higher in the more deprived areas of North Tyneside (figure 35) therefore campaigns to reduce smoking and promote smoke free environments should focus their efforts in areas where there is high smoking prevalence.

**Figure 35: Percentage of Mothers Who Smoke at Time Of Delivery (SATOD) for women who give birth at Northumbria Health Care Trust April 2016 – March 2017**



Source: Northumbria Health Care Trust May 2017

## 7.5 Breastfeeding

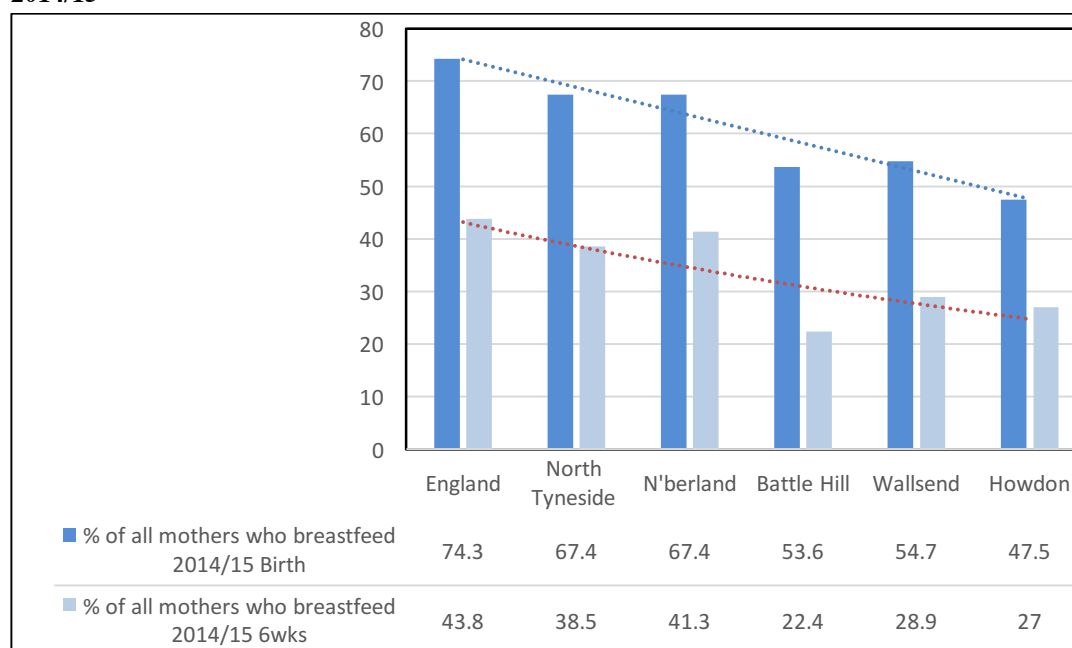
- 7.5.1 Evidence shows that breastfeeding has a major role to play in public health as it promotes health and prevents disease in the mother and baby in both the short and long term<sup>40</sup>. The World Health Organisation (WHO) and the Department of Health recommend exclusive breastfeeding of infants up to the age of six months. Breast feeding is considered to be the best start in life for babies and for their mothers; however, these benefits are not enjoyed equally in North Tyneside. Local data and national data demonstrates inequalities in breast feeding prevalence, with babies born to older mothers and those living in more affluent areas being more likely to be breast fed than those born in areas of deprivation or to teenage mothers.

39 Leonardi-Bee J., Britton J., Venn A. Second hand smoke and adverse foetal outcomes in non-smoking pregnant women: a meta-analysis. Paediatrics' 2011 cited in State of Child Health Report 2017 Royal College of Paediatrics and Child Health

40 National Institute for Health and Clinical Excellence <https://www.nice.org.uk/guidance/ph11>

- 7.5.2 Breastfeeding rates in North Tyneside are significantly lower than the England average. During 2014/15 the rate of women in North Tyneside who initiated breastfeeding at birth of their baby (67.4%) was less than the England average of 74.3% (figure 36). The rate of women in North Tyneside who reported to be breastfeeding at 6 weeks (38.5%) is also less than the England average (43.8%).
- 7.5.3 Breastfeeding rates at birth in Howdon ward (47.5%) are stark compared with the average rates for England (74.3%) as shown in figure 36 however, the rates of women who breastfed at birth in Northumberland ward were equal to that of North Tyneside as a whole.

**Figure 36: Percentage of Mothers Who Breastfeed at Birth and Percentage Who Breastfeed at 6 weeks 2014/15**



Source North Tyneside Child Health Information System November 2016

- 7.5.4 The decision to breastfeed is taken before or very early in pregnancy and is influenced by societal, family and service factors, all of which can support, promote or discount breastfeeding as an option. In the western world, the primary function of the breast appears to have been hijacked as an object for sexual pleasure which can impact on take up rates in some communities.
- 7.5.5 Supporting women in communities where there are low levels of breastfeeding is crucial to address the inequalities in breastfeeding. The participation of women, mothers and fathers is needed to address cultural issues within communities and to sustain any change in attitudes towards breastfeeding. In addition, it will be important to educate and engage adolescents in this work in order to promote breastfeeding amongst the next generation of parents.

## 7.6 Immunisation

- 7.6.1 Immunisation is one of the most successful and cost-effective health protection interventions preventing the spread of infectious disease and considered a cornerstone of public health. Immunisations and screening programmes for children are offered through the healthy child programme in collaboration with the NHS. The national immunisation programme requires children to receive a number of immunisations by their 1<sup>st</sup>, 2<sup>nd</sup> and 5<sup>th</sup> birthday and these include:

- Diphtheria, Tetanus, Pertussis, Polio and Haemophilus influenza type B (DTaP/IPV/Hib)
- Diphtheria, Tetanus, Pertussis and Polio (DIP/TET/Polio/Pert) booster
- Measles, Mumps and Rubella (MMR)
- Pneumococcal Conjugate Vaccine (PVC)
- Haemophilus influenza type B and Meningococcal Group C vaccination (Hib/Men /C Booster)

7.6.2 National targets have been established to monitor and track uptake across the country as high immunisation rates are key to preventing complications and possible early death among individuals. When comparing childhood Immunisation data for North Tyneside with the rest of England there are no significant differences as Figure 37 below shows.

**Figure 37: Child health clinical indicators summary February 2016**

Child and Adolescent Public Health			England	Northern England	NHS North Tyneside CCG
Dtap / IPV / Hib vaccination (2 years)			95.7	97.5	98.7
	<90%	≥90%			
Pneumococcal conjugate vaccine (by age 2 years)			92.2	95.2	97.3
	<90%	≥90%			
MMR vaccination for one dose (2 years)			92.3	95.1	97.4
	<90%	≥90%			
MMR vaccination for two doses (5 years)			88.6	93.9	97
	<90%	≥90%			
< previous year's England value			86.7	91	90.1
Annual HPV vaccine uptake - Year 8 girls	≥ previous year's England value				

Source: Child health clinical indicators summary February 2016  
[http://www.chimat.org.uk/CLINICAL\\_INDICATORS](http://www.chimat.org.uk/CLINICAL_INDICATORS)

7.6.3 Although available at ward level and at GP practice level no ward level data is presented here and the Director of Public Health for North Tyneside confirmed that immunisation uptake was not considered a problem in North Tyneside.

## 7.7 Mental Health in Pregnancy

7.7.1 Mental health problems in pregnant women and new mothers are particularly important to address owing to the effect they can have on the fetus, baby, wider family and mother's physical health and the fact that problems often are not disclosed, recognised or treated during this period<sup>41</sup>. In North Tyneside it is believed that overall between 10% and 20% of women are affected by mental health problems (table 10) at some point during pregnancy or the first year after childbirth<sup>42</sup>. Although it is unknown whether domestic violence actually causes maternal mental health problems, a high level of domestic violence in

41 National Collaborating Centre for Mental Health. Antenatal and postnatal mental health: clinical management and service guidance. Updated edition. NICE guideline (CG192). Leicester and London: The British Psychological Society and The Royal College of Psychiatrists, 2014 Available from: [www.nice.org.uk/guidance/cg192/evidence](http://www.nice.org.uk/guidance/cg192/evidence)

42 Khan L. Falling through the gaps: perinatal mental health and general practice. London: Centre for Mental Health, 2015 [www.centreformentalhealth.org.uk/falling-through-the-gaps](http://www.centreformentalhealth.org.uk/falling-through-the-gaps)

an area indicates the population is more at risk of mental health problems in pregnancy and the year after childbirth.

- 7.7.2 Living in a household where domestic violence is occurring is also a risk factor for poor mental health in babies and toddlers<sup>43</sup>. With data that demonstrates higher than average levels of domestic abuse occurring in the Wallsend (NE28) area there is a need to consider how all frontline services can be alert to indicators of abuse and trained in the Early Help Assessment process.
- 7.7.3 The National Child and Maternal Health Intelligence Network highlight several areas that might increase the likelihood of mental health problems which can be seen in Figure 38.

**Figure 38: Areas that that might increase the likelihood of mental health problems in pregnancy and the post-natal period**

**What might increase the likelihood of mental health problems in pregnancy and the post-natal period?**

**History of mental health problems**

Women who have a history of mental health problems before becoming pregnant are at increased risk of certain mental health conditions during pregnancy and the year after childbirth. Therefore, if there is a higher than average rate of mental health problems in the local general population, there may be a higher level of maternal mental health problems too.

**Traumatic childbirth, stillbirth and infant mortality**

There is clear evidence to suggest that post-traumatic stress disorder (PTSD), can be associated with experiencing a traumatic childbirth, stillbirth or the death of a baby

**Domestic violence and abuse**

An association has been found between domestic violence and antenatal depression, postnatal depression, anxiety and PTSD, although it is not known whether domestic violence increases the risk of mental health problems or vice versa<sup>1</sup>. Although it is not proven that domestic abuse actually causes maternal mental health problems, a high level of domestic violence in a given area indicates the population is more at risk of mental health problems in pregnancy and the year after childbirth.

**Poor social support**

Women who lack social support have been found to be at increased risk of antenatal and postnatal depression as does having a poor relationship with a partner is also a risk factor for postnatal depression. In addition, The Office for National Statistics (ONS) show that infant mortality rates are higher among babies that are sole registered than for other registration types.

END

43 <http://atlas.chimat.org.uk/IAS/profiles/profile?profileId=66&geoTypeId=#iasProfileSection8>

**Table 10: Estimates of numbers of women with mental health problems during pregnancy and after childbirth for North Tyneside CCG**

	NHS North Tyneside
Estimated number of women with postpartum psychosis (2013/14)	5
Estimated number of women with chronic SMI (2013/14)	5
Estimated number of women with severe depressive illness (2013/14)	70
Estimated number of women with mild-moderate depressive illness and anxiety (lower estimate) (2013/14)	235
Estimated number of women with mild-moderate depressive illness and anxiety (upper estimate) (2013/14)	350
Estimated number of women with PTSD (2013/14)	70
Estimated number of women with adjustment disorders and distress (lower estimate) (2013/14)	350
Estimated number of women with adjustment disorders and distress (upper estimate) (2013/14)	695

Source: <http://atlas.chimat.org.uk/IAS/profiles/profile?profileId=66&geoTypeId=56&geoIds=E38000042#iasProfileSection5>

## 7.8 Healthy Child Programme

- 7.8.1 The Healthy Child Programme (HCP) from pregnancy to five years was established by the Department of Health as an early intervention and prevention programme for all children and families, including schedules for screening, immunisations, developmental reviews, and information and guidance to support parenting and healthy choices.
- 7.8.2 The Healthy Child Programme is delivered by Health Visiting teams and following a review of children services these teams have been co-located with children and family locality teams in North Tyneside (April 2017).
- 7.8.3 The HCP, led by health visitors, is being delivered through integrated services that bring together centre staff, family support workers, midwives, community nurses and others. Children's centres are a way of delivering community based services, and are visible and accessible to families who might be less inclined to access traditional services.

## 7.9 Service and Support Opportunities

Midwifery Services

<https://www.northumbria.nhs.uk/our-services/womens-health/maternity>

Health visiting Services

[http://www.northtyneside.gov.uk/browse-display.shtml?p\\_ID=520420&p\\_subjectCategory=1214](http://www.northtyneside.gov.uk/browse-display.shtml?p_ID=520420&p_subjectCategory=1214)

Domestic Abuse

<http://my.northtyneside.gov.uk/category/641/domestic-abuse>

Children's services in North Tyneside: Front Door

<http://my.northtyneside.gov.uk/category/521/services-children-and-families>

Children Centre's

<http://my.northtyneside.gov.uk/category/495/children-centre-services>

Healthy Start: Free Vitamin Vouchers

<https://www.healthystart.nhs.uk/>

Active North Tyneside

<http://www.activenorthtyneside.org.uk/>

## 8 Early Years

### Key Messages

- The number of children who achieve the expected level in the phonics screening check at the end of year 1 is similar to the England average
- Early years Foundation Stage performance is in line with the North East and England average
- The borough of North Tyneside has childhood obesity rates in line with the national average however there is a social gradient with children in the more deprived areas more likely to experience being overweight or obese
- Battle Hill, Richardson Dees and Denbigh primary schools have the highest rates of children starting school who are very overweight
- There is evidence of oral health inequality with children living in the more deprived areas of the borough experiencing significantly higher rates of dental decay (47.4%) compared with the average for North Tyneside 29% and the average for England 27.9%
- A small study of Children aged 12 years in North Tyneside also detects higher rates of dental disease (43.5%) compared to the England average of 33.4% in survey data published 2014.
- The rate of children aged 1-4 years in North Tyneside (who were admitted to hospital as a result of dental caries (451.8) per 100,000 children is higher than the North East (352.0) and England rate of 313.6 per 100,000 children

### Opportunities / Recommendations

- I. Identify a minimum of 2 Healthy Weight Champions from the Wallsend Children's Community to represent primary schools and youth provision to work with the proposed North Tyneside Healthy Weight Alliance
- II. Identify opportunities to increase physical activity levels of children through active travel initiatives such as walk/cycle to school
- III. Complete healthy school audits in all Wallsend primary schools to identify opportunities to enhance work with parents and promote healthy lifestyles in school such as healthy packed lunch, health school lunch
- IV. Develop a programme of oral health promotion across the Wallsend Children's Community and build on existing skills within the community such as young people health champions, community health champions (parents) and youth workers



## 8.1 School Readiness

- 8.1.1 Early intervention is a policy approach often targeted at very young children. The Government currently provides investment in free early education for young children, a key aim of which is to support development, address disadvantage and prepare children for school and later life.
- 8.1.2 Ofsted's assessment in 2015 suggested that the gap between disadvantaged children and their more advantaged peers, in terms of early years' development and school readiness, was not closing, despite general improvements in outcomes for children as a whole.
- 8.1.3 In North Tyneside the percentage of children achieving a good level of development at the end of reception (69.7% of all children) is similar to the England average (69.3%) based on 2015/16 data and this has improved since the year 2014/15 which was 64.4%.
- 8.1.4 The number of children who achieve the expected level in the phonics screening check (81%) at the end of year 1 is similar to the England average of 80.5% based on 2015/16 data. The number of children on free school meals who achieve the expected level in the phonics screening check (67.3%) is also similar to the England average of 68.6%

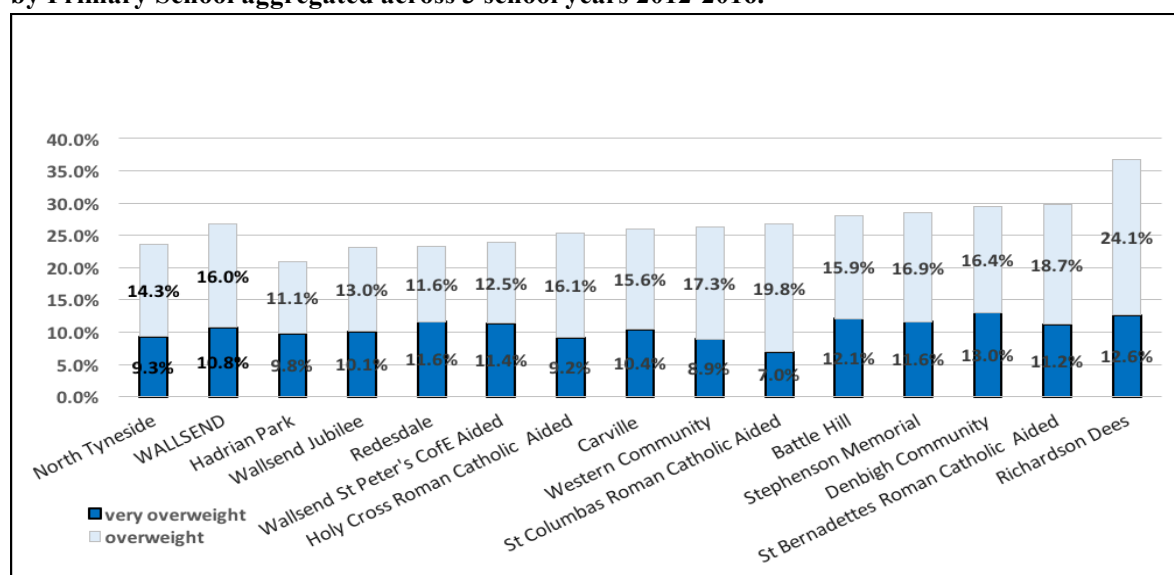
## 8.2 Early Years Foundation Stage Profile

- 8.2.1 The EYFSP looks at pupil's development in 17 Early Learning Goals focusing on 3 prime areas of learning; Communication and Language, Physical Development and Personal, Social and Emotional Development — and 4 specific areas of learning — Literacy, Mathematics, Understanding the World and Expressive Arts, Designing and Making.
- 8.2.2 The early year's foundation stage (EYFS) sets standards for the learning, development and care of a child from birth to 5 years old. All English providers of state-funded early years education (including academies and free schools), private, voluntary and independent (PVI) sectors, including childminders, preschools, nurseries and school reception classes are within the scope of the EYFSP data collection
- 8.2.3 The Good Level of Development (GLD) is a national measure and refers to pupils being classed as 'expected' or 'exceeding' in each of the Communication and Language, Physical Development, Behaviour, Personal, Social and Emotional Development, Literacy and Mathematics learning goals
- 8.2.4 When reviewing the average total point score across all the Early Learning Goals (a supporting measure taking into account performance across all 17 ELGs, North Tyneside does very well with a score of 35.1 compared to the North East (34.4) and England (34.5)

## 8.3 Childhood Obesity at the Start of School

- 8.3.1 Being overweight or obese in childhood has consequences for health in both the short term and the longer term and once established is difficult to treat. Weight status at primary school is an important predictor of health outcomes in later life. The emotional and psychological effects of being overweight are often seen as the most serious by children themselves. In one study, severely obese children rated their quality of life as low as children with cancer on chemotherapy<sup>44</sup>.
- 8.3.2 The National Child Measurement Programme (NCMP) measures over one million children (manually) and provides robust data on rates of childhood obesity. The school nurse service in North Tyneside collects NCMP data and this screening has been in place since 2005 giving access to robust data over time for healthy weight, underweight, overweight and very overweight children. Excess weight is the sum of very overweight and overweight. Height and weight measurements are collected from children in reception (aged 4–5 years) and year 6 (aged 10–11 years) primarily in state maintained schools<sup>45</sup> in England.
- 8.3.3 North Tyneside has childhood obesity rates (very overweight children) in line with the national average however for both Reception and Year 6 the distribution of overweight and very overweight children follows a pattern we would expect given the strong relationship between childhood obesity and deprivation as shown in figure 40 (the 4 main wards that make up Wallsend area are described as the south west locality). Battle Hill, Richardson Dees and Denbigh primary schools have the highest rates of children starting school who are very overweight and there are more overweight or very overweight children in reception attending Richardson Dees primary school than any other primary school in North Tyneside (figure 39).
- 8.3.4 Analysing data for severe obesity shows a less pronounced pattern at Reception, but for the Year 6 children data indicates clearly that the highest prevalence is in the most deprived wards as indicated by School pyramid data (figure 41 below). Further information about year 6 NCMP data is presented later in the chapter.

**Figure 39: National Child Measurement Programme Data for Reception Children across North Tyneside by Primary School aggregated across 3 school years 2012-2016.**

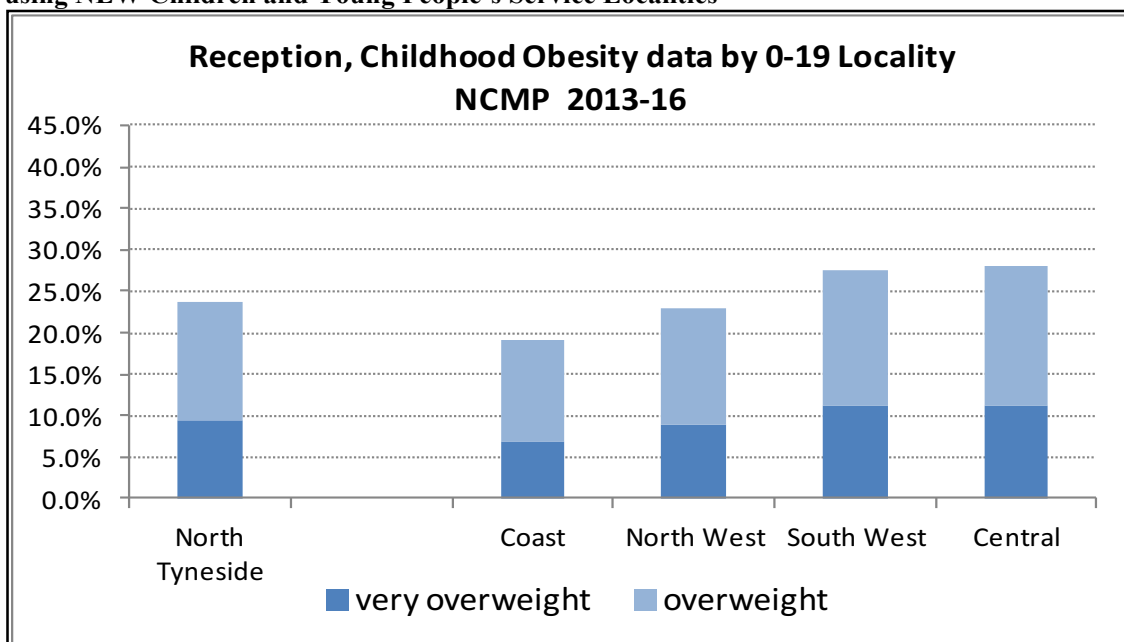


Source: North Tyneside Council Policy and Planning NCMP data 3 year rolling NCMP data 2013 – 16 accessed October 2016

44 [http://www.noo.org.uk/NOO\\_about\\_obesity/child\\_obesity/Health\\_risks](http://www.noo.org.uk/NOO_about_obesity/child_obesity/Health_risks)

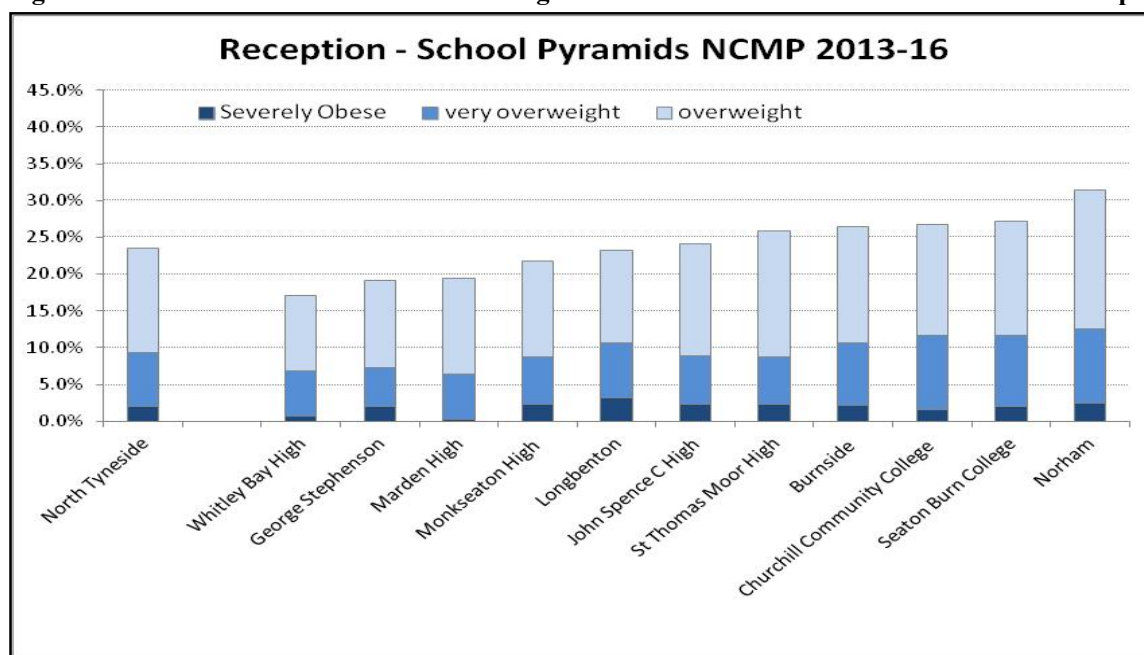
45 <http://www.content.digital.nhs.uk/catalogue/PUB22269/nati-chil-meas-prog-eng-2015-2016-rep.pdf>

**Figure 40: National Child Measurement Programme Data for Reception Children in North Tyneside using NEW Children and Young People's Service Localities**



Source: North Tyneside Council Policy and Planning NCMP data January 2017

**Figure 41: National Child Measurement Programme Data for Severe Obese Children in Reception**



Source: North Tyneside Council Policy and Planning NCMP data accessed January 2017

## 8.4 Healthy Teeth and Gums

- 8.4.1 Oral health is important for physical and social health and wellbeing and children who have good oral health are more likely to be 'ready for school' and 'ready for work and life' than those who do not. Poor oral health is associated with being underweight and a failure to thrive, and affects a child's ability to sleep, speak, play and socialise with other children. Despite improvements in oral health over the last 20 years, there remains a significant need to treat dental disease in the local population and during the period 2011 – 2012 approximately 70% of all school age children in North Tyneside had seen an NHS dentist (figure 43).
- 8.4.2 The borough of North Tyneside has rates of tooth decay among 5-year-old children (29.3%) higher than the national average of 27.9% as shown in table 11 below<sup>46</sup> based on dental survey data published in 2014. Of those children who participated in the dental survey children in North Tyneside were also found to have higher levels of dental plaque on their front teeth (9.9%) compared with the North East (1.9%) and the England average of (1.7%). Without good oral hygiene, dental plaque can lead to tooth decay and in North Tyneside the number of children aged 1 – 4 years admitted to hospital as a result of dental caries (tooth decay or cavities) was 451.8 per 100,000 children and this was both higher than the average for North East (352.0) and also higher than the national average of 313.6 per 100,000 children<sup>47</sup>.
- 8.4.3 Like other aspects of children's health, oral health must be considered in the context of social, cultural, and environmental factors and figure 42 demonstrates the inequalities in tooth decay among 5 year olds in North Tyneside with children in the most deprived quintiles most likely to experience decayed, missing due to decay or filled teeth (dmft). Around 41% of children in the most deprived quintiles of North Tyneside are likely to experience dmft compared to around 16% in the least deprived quintiles. This association was consistent across the deprivation quintiles. The wards of Wallsend, Chirton and Collingwood have significantly higher numbers of children who experience dmft compared with both the North Tyneside average and that of England (figure 42).

**Table 11: Average Rate of Children with Decayed, missing due to Decay or Filled Teeth (dmft) 2) for five-year - old children in North Tyneside**

Authority Area	Average d3mft	% with decay experience	Average d3mft in those with decay experience
NORTH EAST	1.02	29.7	3.43
ENGLAND	0.94	27.9	3.38
<b>North Tyneside</b>	<b>0.83</b>	<b>29.3</b>	<b>2.82</b>

Source: <http://www.nwph.net/dentalhealth/5yearoldprofiles/North%20East/North%20Tyneside%20LA%20Dental%20Profile%205yr%202012.pdf>

Data from a small sample of children aged 12 years old in North Tyneside also highlights higher levels of dmft 43.5% compared to the North-East average of 38.1% and the England average of 33.4%.

Reduced sugar consumption, good oral hygiene and access to timely dental care are important for reducing tooth decay in children and figure 44 below shows the location of NHS contracted dental services in North Tyneside.

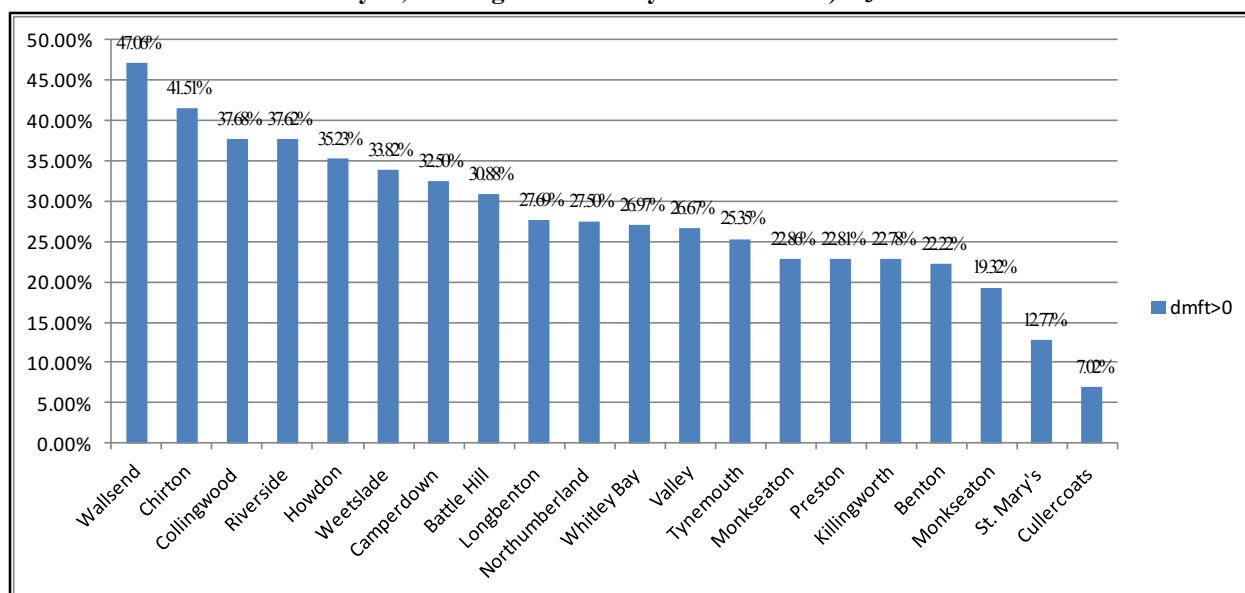
<sup>46</sup> <http://www.nwph.net/dentalhealth/5yearoldprofiles/North%20East/North%20Tyneside%20LA%20Dental%20Profile%205yr%202012.pdf>

<sup>47</sup> file:///Users/Dawn/Downloads/ChildHealthClinicalIndicatorSummary-NorthernEngl.pdf

An oral health needs assessment for North Tyneside completed during 2015 found that in order to address the inequalities in children's dental health there should be a programme of targeted activity to include:-

- oral health promotion in communities with high needs
- improve access to NHS dental care provision in specific wards with high levels of need and poor access
- facilitate claiming entitlement to exemption from treatment costs to encourage families on low incomes to take up their entitlement to free dental care
- integrate oral health (to promote tooth brushing, a healthy low sugar diet, support to access to NHS dental care) into contracts/agreements for any outsourced children's services
- explore access to care; including both access to dental practices and access to care provided at the dentist
- develop links between Dentists, Children's Centres and other Children's and Young People's services in areas where there is evidence of oral health inequality

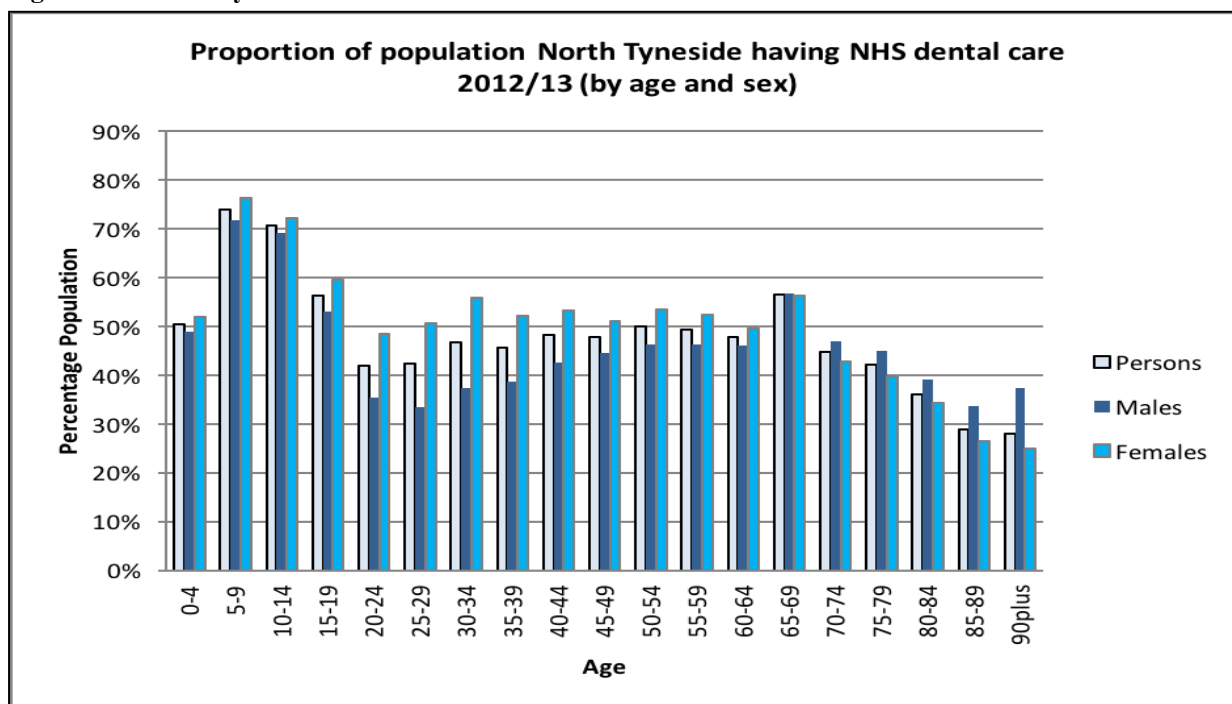
**Figure 42: Dental Health Survey (2012) for five-year - old children in North Tyneside showing the average number of children with decayed, missing due to decay or filled teeth) D<sub>3</sub>mft**



Source North Tyneside Public Health Team based on Dental Health Profile Data Published October 2014 v2

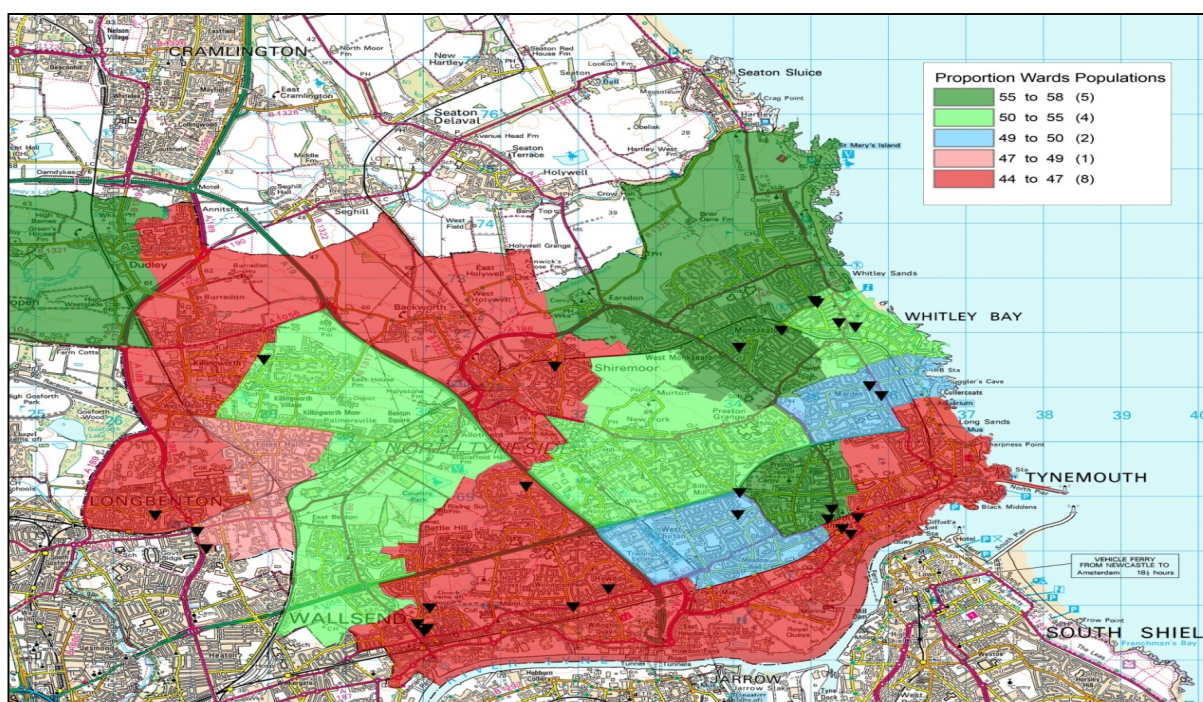


**Figure 43: North Tyneside Patients Who Accessed NHS Dental Care 2012 - 2013**



Source: North Tyneside Council and Cumbria, Northumberland and Tyne & Wear NHS England Area Team 2013  
 Author D Landes

**Figure 44: Map Showing Access to Dental Services in the North Tyneside Local Authority Area. (The markers represent the postcodes of contract holders providing NHS dental services in the Local Authority Area) as at 2013**



Source: North Tyneside Council and Cumbria, Northumberland and Tyne & Wear NHS England Area Team D Landes 2013

## 8.5 Hospital Admissions and Attendance at Accident and Emergency Departments

- 8.5.1 The number of children under the age 4 years who attend accident and emergency departments is not significantly different to the English average. 8379 children under the age of 4 years presented at A& E during the year 2015-2016 with a crude rate 732.9 per 1000 children and this is higher than the England rate of 587.9 per 1000.
- 8.5.2 As already highlighted in the previous section under Healthy Teeth and Gums North Tyneside performs poorly in admissions for dental caries, with 451.8 per 100,000 children admitted for dental caries which was higher than the average for North East (352.0) and higher than the national average of 313.6 per 100,000 children<sup>48</sup>.
- 8.5.3 Hospital admissions for accidental and deliberate injuries in children aged 0-4 is not statistically different to the England average and there has been no change in the rates of Emergency admissions in North Tyneside for the year 2015/16 with a crude rate of 255.7 per 1000 which is similar to the England average of 265.8 per 1000 child admissions.

## 8.6 Services and Support Opportunities

Midwifery Services

<https://www.northumbria.nhs.uk/our-services/womens-health/maternity>

Health Visiting Services

[http://www.northtyneside.gov.uk/browse-display.shtml?p\\_ID=520420&p\\_subjectCategory=1214](http://www.northtyneside.gov.uk/browse-display.shtml?p_ID=520420&p_subjectCategory=1214)

Children's services in North Tyneside: Front Door

<http://my.northtyneside.gov.uk/category/521/services-children-and-families>

Children Centre's

<http://my.northtyneside.gov.uk/category/495/children-centre-services>

Healthy Start: Free Vitamin Vouchers

<https://www.healthystart.nhs.uk/>

Active North Tyneside

<http://www.activenorthtyneside.org.uk/>

North Tyneside Multi Agency Sign Posting Service

<http://www.sign-nt.co.uk/>

Healthy 4Life Weight Management Support

<http://www.activenorthtyneside.org.uk/get-active/active-families/healthy-4-life/>

School Nurse Service

<https://www.northumbria.nhs.uk/our-services/childrens-services/school-nursing-service>

Domestic Abuse

<http://my.northtyneside.gov.uk/category/641/domestic-abuse>

<http://www.acornsproject.org.uk/>

[www.operationencompass.org](http://www.operationencompass.org)

NHS Choices

<http://www.nhs.uk/pages/home.aspx>

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48 file:///Users/Dawn/Downloads/ChildHealthClinicalIndicatorSummary-NorthernEngl.pdf Clinical network

## 9 School Age / Adolescence

### Key Messages

- 42% of the children in the cohort of Wallsend schools are FSM6 pupils <sup>1</sup>
- Overall, pupils attending schools in Wallsend who are identified as FSM6 <sup>1</sup> outperform national results as well as the Local Authority at KS2
- Three primary schools in Wallsend (Battle Hill, Denbigh and St Bernadettes) outperform national results for KS2
- The achievement gap between pupils eligible for free school meals and their peers at Key Stage 2 and 4 is reducing
- Approximately 44% of children attending Churchill Community College are considered to be disadvantaged children
- On average disadvantaged children attending Churchill Community College achieve significantly better GCSE results when compared with the national average for the same cohort.
- GCSE results of children from Churchill Community College are significantly better than the national average.
- The number of children aged 15 years who use an e-cigarette in North Tyneside is estimated to be around 22.3% which is higher than the North-East average (19.6%) as well as the England average (18.4%).
- E-Cigarettes are considered 95% less harmful smoking tobacco
- In North Tyneside the number of children under the age of 18 who are admitted to hospital for alcohol specific conditions is significantly higher than the England average
- Hospital admissions for mental health conditions in North Tyneside CCG are lower than the England rate of 87.2 per 100,000 young people.
- More demand for mental health services has come from the least deprived wards in the borough
- Hospital admissions for self-harm is similar to the national average

### Opportunities / Recommendations

- I. Implement education and training related to healthy lifestyles and the risks associated with alcohol to young people in Wallsend across all settings
- II. Young people contribute to healthy lifestyle education programmes across Wallsend
- III. Mental Health service data is accessed and used to understand demand and to inform future services

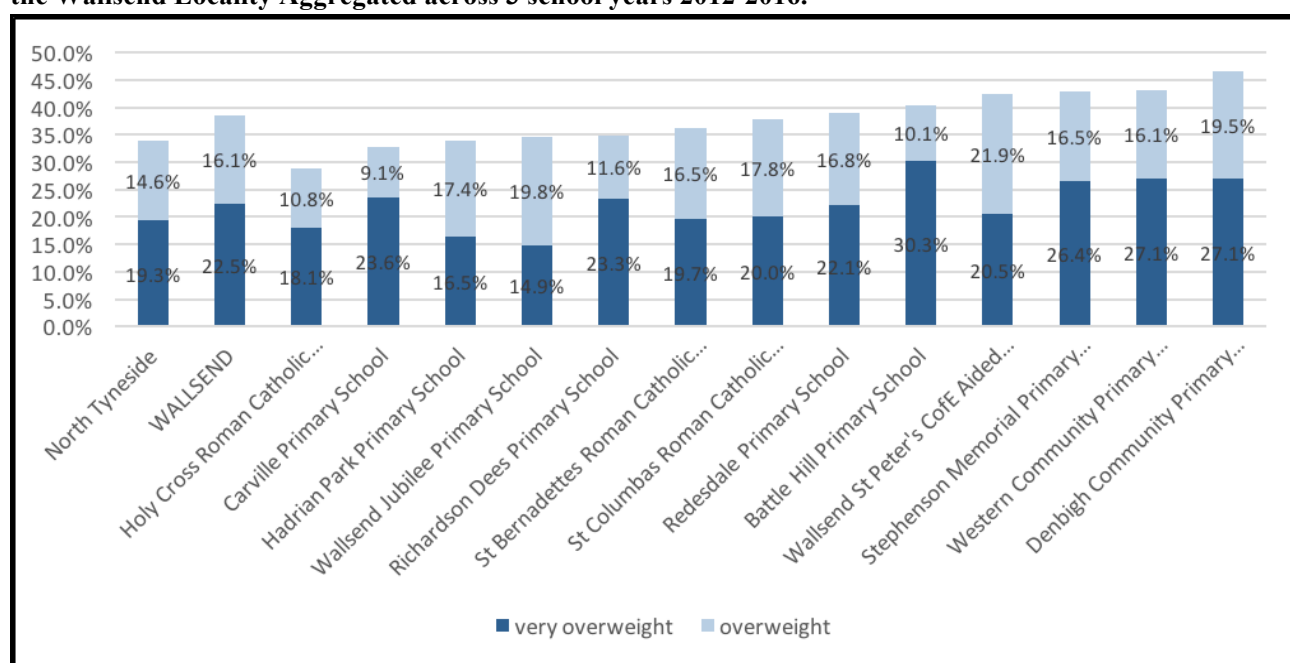


## 9 Childhood Obesity at the End of Primary School

**9.1.1** Weight status at the end of primary school like earlier in childhood is an important predictor of health outcomes in later life. Childhood obesity is largely considered preventable however children are at a much greater risk of being overweight or obese if they grow up in deprived circumstances. Obesogenic factors such as densely populated areas, saturation of takeaway shops, limited access to fresh fruit and veg as well as reduced opportunities to access open green space are often concentrated in deprived neighborhoods.

**9.1.2** As can be seen from figure 45 below there are high rates of overweight and very overweight children in the Wallsend area compared to the rest of the borough and this is also depicted in locality data (Wallsend locality is equal to the South West locality) which is broken down in figure 47 below. 10.8% of children in the Wallsend area were very overweight at the start of school (NCMP data for reception is analysed in the early year's section of this report) however in line with the rest of the borough the rate more than doubles (22.8%) for Wallsend locality by the time children are measured again in year 6. Based on 3-year pooled data (to mitigate against random variation and small numbers) the latest data from the national child measurement programme shows us that the highest rates of children who are overweight and very overweight attend Denbigh primary school at year 6.

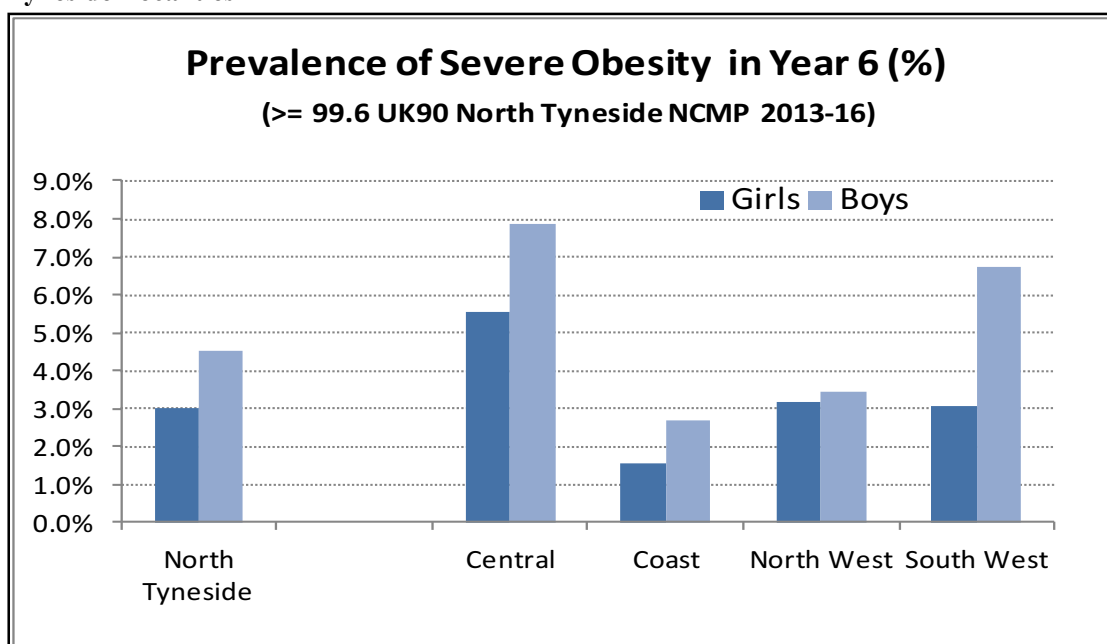
**Figure 45: National Child Measurement Programme Data for Year 6 Children across Primary Schools in the Wallsend Locality Aggregated across 3 school years 2012-2016.**



Source: North Tyneside Local Authority NCMP data January 2017

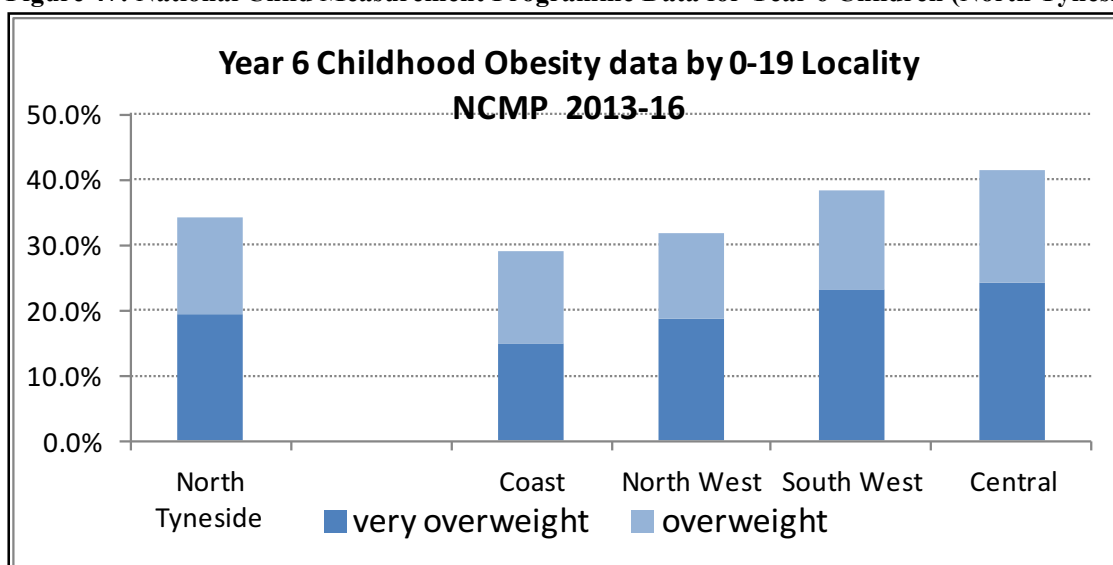
**9.1.3** Based on an analysis of severe obesity in children nearly 8% of boys at year 6 in the Central Locality were identified as being severely obese and 5.6% of girls (figure 46).

**Figure 46: National Child Measurement Programme Data for Severe Obese Children in Year 6 (North Tyneside Localities)**



Source: North Tyneside Council Policy and Planning NCMP data Jan 2017

**Figure 47: National Child Measurement Programme Data for Year 6 Children (North Tyneside Localities)**



Source: North Tyneside Council Policy and Planning NCMP data January 2017

- 9.1.4 Childhood obesity has been highlighted as a key priority by North Tyneside Health and Wellbeing Board <sup>49</sup> and several actions have been highlighted as key priorities during a recent review including-
- implementation of the national childhood obesity plan
  - get children active for at least 60 minutes per day
  - reduce sugar intake

<sup>49</sup> [http://www.northtyneside.gov.uk/browse-display.shtml?p\\_ID=567958&p\\_subjectCategory=1566](http://www.northtyneside.gov.uk/browse-display.shtml?p_ID=567958&p_subjectCategory=1566)

- development of the wider workforce to offer effective information and advice to support resident and patients to achieve a healthy weight and
- provide effective interventions which promote a healthy weight for children and families

## 9.2 Education Performance at Key Stage 2

- 9.2.1 There is no single explanation for why learners from more deprived backgrounds do less well at school than children from less deprived backgrounds yet the social gradient to educational outcomes is clear and the social determinants and complexity of multiple factors which impact on children's educational outcomes cannot be addressed by one agency. Actions on many levels and across organisational boundaries need to be explored to level the playing field for disadvantaged young people.
- 9.2.2 There are 13 primary schools in Wallsend locality (NE28) who collaborate with each other alongside the two local secondary schools. The schools have formed a 'soft federation' partnership to strive for success and share good practice across the partnership. All schools in Wallsend follow the national curriculum and this section of the report will highlight educational outcomes at KS2. The national curriculum is constructed in the following five Key Stages:
- Key Stage 1 - Foundation year and Years 1 to 2 - for pupils aged between 5 and 7 years' old
  - Key Stage 2 - Years 3 to 6 - for pupils aged between 8 and 11 years old
  - Key Stage 3 - Years 7 to 9 - for pupils aged between 12 and 14 years old,
  - Key Stage 4 - Years 10 to 11 - for pupils aged between 15 and 16 years old, and
  - Key Stage 5 - Years 12 to 13 - for pupils aged between 17 and 18 years old
- 9.2.3 This section will present data on the KS2 results which reflects national Expected Standards for Reading, Writing and Math's (pupils need to have reached the expected standard in all three subjects to be counted as "successful" for this measure). The data will consider the KS2 results for schools and compare results between schools and between cohorts of pupils (pupils who are disadvantaged as indicated by free school meal entitlement). Despite the social gradient described above and the fact that 42% of the child cohort in Wallsend are considered to be disadvantaged and entitled to free school meals (FSM6 pupils) <sup>39</sup> the schools have performed very well.
- 9.2.4 Major changes to curriculum, measurement, and expectations in 2016 mean that comparisons with previous years KS2 performance is no longer possible.
- 9.2.5 Overall, FSM6 pupils attending schools in Wallsend outperform results at a Local Authority level as well as at a national level for KS2 as can be seen in Table 12 (6% above North Tyneside i.e. 48% compared to 42%). There is however variation between the school results for the whole cohort with two schools being significantly below national performance for all pupil's performance and three schools significantly above the national average. Carville and Richardson Dees primary schools have low levels of performance and some of this performance will be explained by the small numbers /cohorts of pupils in attendance at these primary schools. Battle Hill, Denbigh and St Bernadette's RC primary school do very well at KS2 for the whole cohort of children with Battle Hill and Denbigh also outperforming the national and North Tyneside results for FSM6 pupils.

**Table 12: Key Stage 2 Results for Wallsend Pupils (See notes on FSM6 )<sup>39</sup>**

Legend:	Whole cohort	% expected standard	FSM6 cohort	% expected standard	non-FSM6 cohort	% expected standard
Green highlighted boxes = significantly above the national						
<b>National</b>		53%		39%		60%
<b>North Tyneside</b>		56%		42%		63%
<b>Wallsend</b>	506	58%	215	48%	291	65%
Battle Hill Primary School	49	69%	24	71%	25	68%
Carville Primary School	22	27%	16	25%	6	33%
Denbigh Community Primary School	43	81%	30	77%	13	92%
Hadrian Park Primary School	44	55%	13	38%	31	61%
Holy Cross Roman Catholic Primary School Aided (S	26	58%	11	45%	15	67%
Redesdale Primary School	37	59%	7	43%	30	63%
Richardson Dees Primary School	29	21%	19	11%	10	40%
St Bernadettes RC Primary School Aided	45	78%	7	43%	38	84%
St Columbas RC Primary School Aided	30	50%	5	40%	25	52%
Stephenson Memorial Primary School	46	50%	28	46%	18	56%
Wallsend Jubilee Primary School	50	64%	12	67%	38	63%
Wallsend St Peter's CofE Aided Primary School	27	37%	19	37%	8	38%
Western Community Primary School	58	59%	24	46%	34	68%

Source: North Tyneside Policy, Planning and Research Team January 2017

- 9.2.6 Charts showing this data can be seen below in figure 48, each bar represents a school (unless labelled). Orange bars signify that the school's results are "in-line" (or the cohort is too small for significance to be tested).

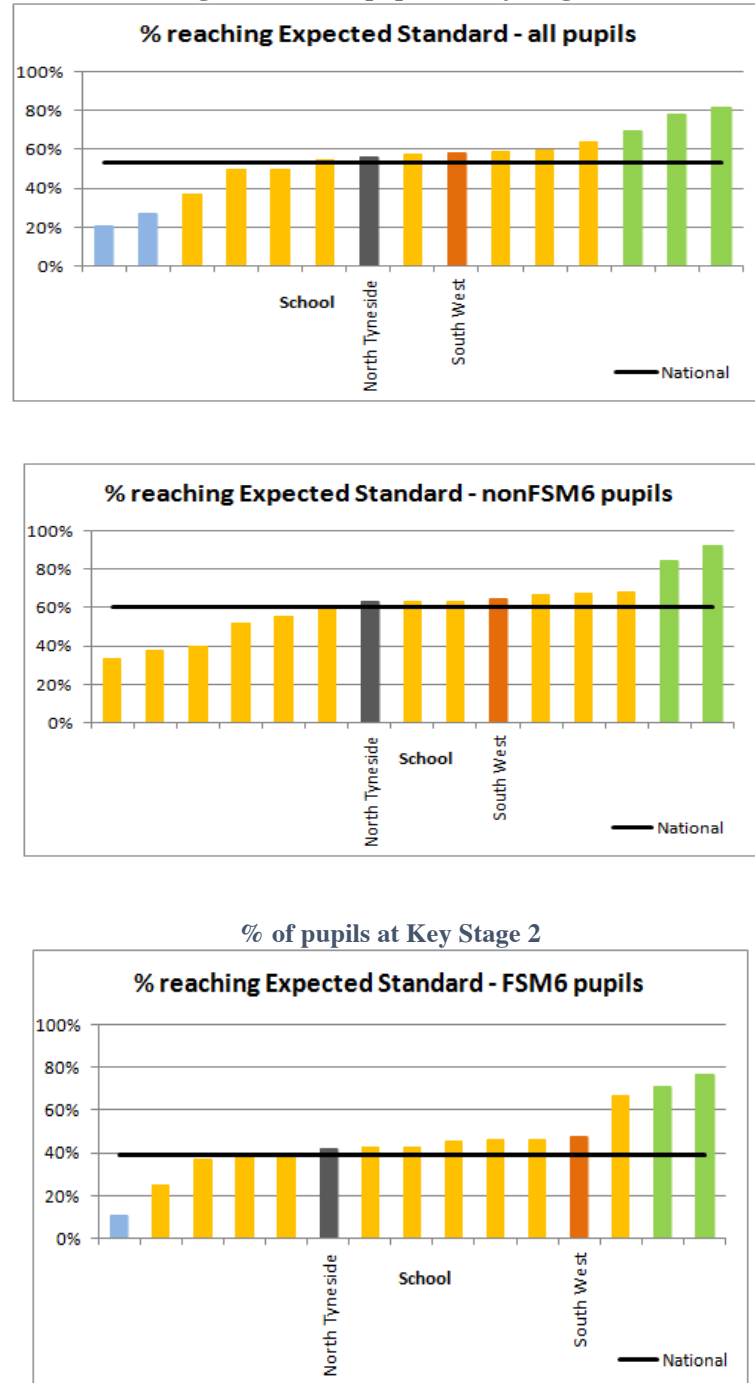
**Table 13: Key Stage 2 Gender Results for Wallsend Pupils (See notes on FSM6 )<sup>39</sup>**

2016 - Expected Standard	Whole cohort	% expected standard	FSM6 cohort	% expected standard	non-FSM6 cohort	% expected standard	Gap (FSM6-nonFSM6 )
<b>National</b>		53%		39%		60%	-21%
<b>North Tyneside</b>		56%		42%		63%	-21%
<b>South West</b>	506	58%	215	48%	291	65%	-17%
Boys North Tyneside	1142	52%	358	38%	784	58%	-21%
Boys South West	251	54%	103	44%	148	58%	-14%
Girls North Tyneside	1099	61%	357	47%	742	67%	-20%
Girls South West	255	63%	112	52%	143	71%	-20%

Source: North Tyneside Policy, Planning and Research Team January 2017

- 9.2.7 In relation to gender boys appear to do less well than girls in the Wallsend schools FSM6 cohort however their performance at KS2 is on par with performance for the North Tyneside Local Authority. This is illustrated in Table 13 above and is labelled boys south west Gap (FSM6-non FSM6) as the data has been compiled in line with Local Authority children service localities.

**Figure 48 % of pupils at Key Stage 2**



*Source: North Tyneside Policy, Planning and Research Team January 2017*

## 9.3 Education and Performance at Key Stage 4

- 9.3.1 Accumulating risk factors during childhood produce high levels of inequality in educational achievements and development and there are many initiatives that aim to mitigate against this. The school pupil premium is a national initiative which offers additional funding for publicly funded schools in England to raise the attainment of disadvantaged pupils of all abilities and to close the gaps between them and their peers.

- 9.3.2 There are several secondary schools in North Tyneside as detailed in table 14 below with Burnside and Churchill Community College serving mainstream children in the Wallsend area.
- 9.3.3 Burnside Business and Enterprise College and Churchill Community College would appear to serve children from similar communities.
- 9.3.4 44% of children who attend Churchill Community College are considered to be from the top 30% most deprived wards in the country and 40% of children who attend Burnside are considered to be from the top 30% most deprived wards in the country.
- 9.3.5 Churchill Community College produce higher than the England average GCSE results for all pupils.
- 9.3.6 Being a disadvantaged pupil in Churchill Community College does not appear to impact negatively on GCSE results.

**Table 14: Key Stage 4 Results for Wallsend Pupils (See notes on FSM6 )**

		"Expected Standard" Attainment (5+A*-C inc E&m)								
		Whole Cohort			FSM6			Non-FSM6		
School	phase	2014	2015	2016	2014	2015	2016	2014	2015	2016
Beacon Hill School	Spec	NE	NE	0%	0%	0%	0%	0%	0%	0%
Burnside Business and Enterprise	Sec	57%	52%	51%	38%	30%	31%	67%	60%	63%
Churchill Community College	Sec	65%	70%	69%	49%	69%	62%	74%	71%	76%
Silverdale School	Spec	0%	0%	0%	0%	0%	0%	0%	0%	0%
National (Maintained Schools)		<b>57%</b>	<b>57%</b>	<b>57%</b>	<b>37%</b>	<b>37%</b>	<b>37%</b>	<b>64%</b>	<b>65%</b>	<b>65%</b>

Source: North Tyneside Council Policy and Planning

## 9.4 Personal, Social and Health Education

- 9.4.1 PSHE education is currently a non-statutory subject taught in a great majority of schools because it makes a major contribution to their statutory responsibilities to promote children and young people's personal and economic well-being as well as preparing pupils for adult life. The importance of good PSHE has been identified by Ofsted<sup>50</sup> who have stated that *"Good PSHE supports individual young people to make safe and informed choices. It can help tackle public health issues such as substance misuse and support young people with the financial decisions they must make."*
- 9.4.2 Support to primary and secondary schools in North Tyneside for PSHE is available through the School Improvement Service who offer education and training support that relate to core curriculum subject areas, as well as physical activity and health and wellbeing. For example, a comprehensive Sex and Relationship Education programme of work has been produced for use within primary schools across North Tyneside and training is available to support the implementation of this scheme.
- 9.4.3 All schools in North Tyneside are invited to achieve Healthy School Status by completing a Healthy School audit and declaring that their school meets key criteria with specific reference to
- a comprehensive PSHE curriculum,
  - healthy eating and positive school food culture,
  - inclusive physical activity opportunities and a programme of

<sup>50</sup> Ofsted 2012: Personal, social and health education in English schools

- emotional health and wellbeing.

9.4.4 As can be seen from table 15 below, most of the schools in Wallsend have achieved Healthy Schools status although one or two have recently lapsed.

**Table 15: Schools in Wallsend and Healthy School Status**

Primary and Secondary School	Healthy Schools Status	Date of Self-Assessment/renewal
Burnside	Yes	September 2018
Churchill Community College	No	
Carville	Yes	July 2016
Stephenson Memorial	Yes	November 2016
Battle Hill	Yes	November 2016
Wallsend Jubilee	Yes	September 2015
Holy Cross/St Aiden's	Yes	July 2016
St Bernadette's	No	
Redesdale Primary	Yes	November 2016
Hadrian Park	Yes	March 2017
Denbigh	Yes	May 2016
Western	Yes	April 2016
Wallsend St Peters	No	
St Columbus	Yes	March 2017
Richardson Dees	Yes	April 2017

9.4.5 Ofsted have identified key features of outstanding PSHE which can be used as a check list for schools wishing to audit their own school programmes.

Key features of outstanding PSHE identified by Ofsted<sup>51</sup>

- Pupils demonstrate excellent personal and social skills
- All pupils share a sense of pride in the contribution they make in school
- Pupils can describe what they have learnt in PSHE with maturity and enthusiasm
- Pupils are independent learners and take responsibility
- Teachers have excellent subject knowledge and skills
- Teaching activities meet the needs of different groups and individuals
- Teachers are skillful in teaching sensitive and controversial topics
- Teachers use questioning effectively
- Teachers assess learning rigorously
- The curriculum is innovative and creative
- The curriculum is regularly reviewed and revised
- The curriculum is designed to meet the specific needs of disabled pupils and those with special educational needs, and those in challenging circumstances
- High-quality enrichment activities make an outstanding contribution to the development of PSHE education skills
- School leaders champion PSHE education
- Leaders and managers rigorously monitor the quality of teaching

- 9.4.6 In March 2017, the conservative government introduced a requirement that sex and relationship education is mandated across all secondary schools from September 2019. ~In addition the paper has paved the way for personal, social, health and economic education (PSHE) to be taught in all primary and secondary, maintained and academy schools in England in the future.

## 9.5 Tobacco Smoking and E-cigarette use in Young people

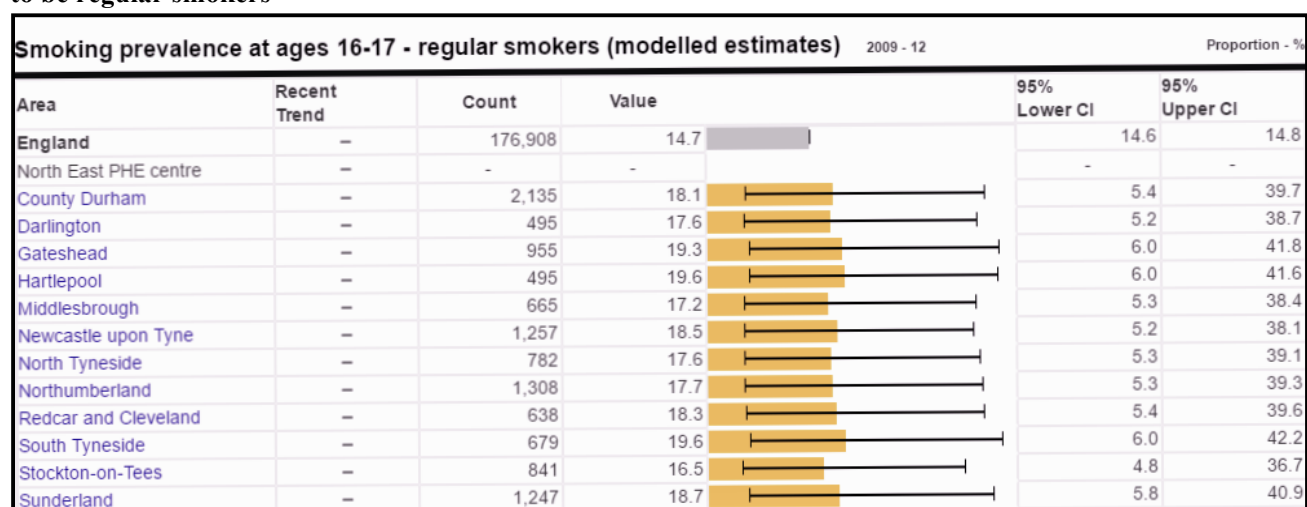
- 9.5.1 Smoking continues to be the greatest single cause of avoidable mortality in the UK and starting to smoke during adolescence increases the likelihood of being a life-long smoker. It is widely accepted that most smokers smoke for the nicotine but die from the other smoke constituents. The evidence tells us that smoking is rarely initiated after adolescence therefore a key element of any public health strategy should be to prevent children from starting to smoke in the first place. Consultation with children at a national level identified the following influences on children's decision to smoke or not: -
- Older siblings
  - Family members
  - Peers
  - television / media
- 9.5.2 Modelled estimates of regular smoking among young people (a regular smoker is defined as smoking at least one cigarette a week) in North Tyneside is higher than the England average with estimated prevalence of 17.6 % compared to an estimated national prevalence of 14.7%, this data is shown in figure 49 below.
- 9.5.3 Electronic Cigarettes (E-Cigarettes) use battery power to heat an element to disperse a solution that usually contains nicotine. The dispersion of the solution leads to the creation of an aerosol that can be inhaled by the user and the vapor created typically contains propylene glycol or glycerine, water, nicotine, and flavourings. E- Cigarettes do not contain tobacco, do not create smoke and do not rely on combustion and although they are not completely risk free, when compared to smoking, evidence shows they are considered 95% less harmful<sup>51</sup>.
- 9.5.4 The number of children aged 15 years who use an e-cigarette in North Tyneside is estimated to be 22.3% and is higher than the North-East average (19.6%) as well as the England average (18.4%).
- 9.5.5 A small group of young people in North Tyneside were recently questioned about their knowledge of tobacco and e-cigarettes by a lead officer of North Tyneside council during December 2016. All the children had learned about the harms of smoking particularly in primary and middle school phases although students had received little information about e-cigarettes. The students suggested that more information was needed about smoking cessation services and where to go for those students wishing to quit eg visible no smoking/stop smoking campaigns in schools.

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<sup>51</sup> Public Health England <https://www.gov.uk/government/news/e-cigarettes-around-95-less-harmful-than-tobacco-estimates-landmark-review>



**Figure 49: Modelled Estimates of smoking prevalence at ages 16 – 17 years from young people who report to be regular smokers**



Source: Tobacco Control Profiles 2015 <http://www.tobaccoprofiles.info/profile/tobacco-control/data#page/3/gid/1938132900/pat/104/par/E45000009/ati/102/are/E06000047>

- 9.5.6 The main source of tobacco exposure for children is now passive exposure, particularly through parents and carers therefore having a comprehensive local plan to promote smoke free environments is an important public health strategy. The North Tyneside Smoke Free Alliance have recently refreshed the tobacco plan to include work on smoke free environments and to increase tobacco related prevention work with young people. The plan includes collaboration projects with agencies who are supporting people in our most deprived communities and securing participation from residents themselves to inform and shape service provision and health campaigns.

## 9.6 Alcohol and Substance Use in Young People

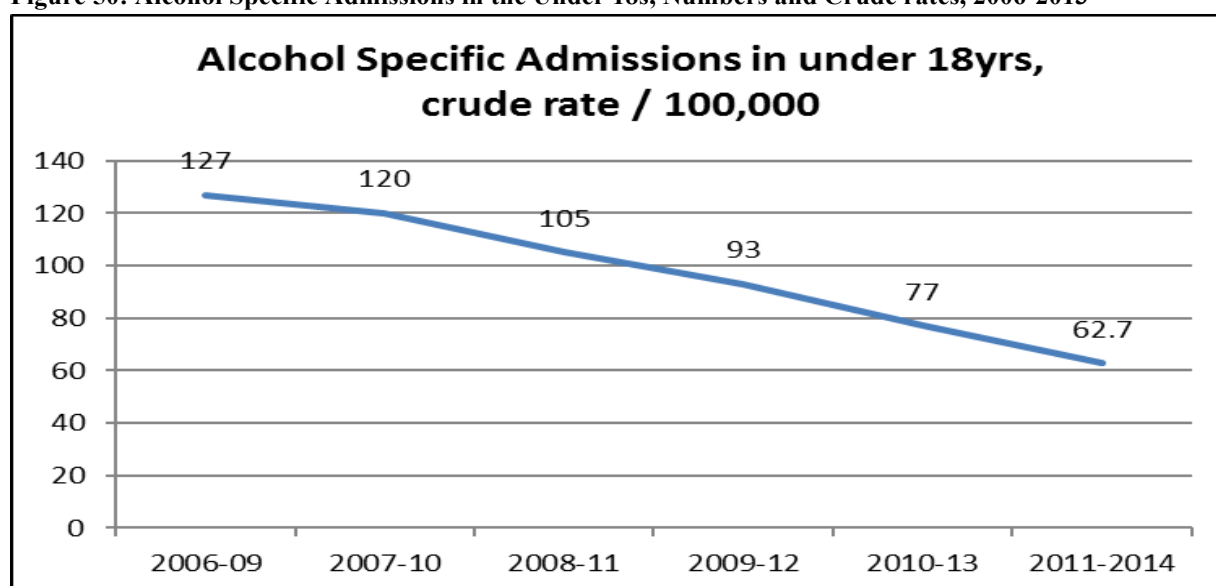
- 9.6.1 Drinking during childhood, particularly heavy drinking, is associated with a range of problems including physical and mental health problems, alcohol-related accidents, violence, and anti-social behaviour. Alcohol and drug use among school-aged children often predicts negative social and health outcomes into adulthood making health promotion activities at school a vital opportunity for intervention. Alcohol misuse leads to a range of public health problems and the long-term effects of excessive alcohol consumption are a major cause of avoidable hospital admissions.
- 9.6.2 In North Tyneside the number of children under the age of 18 who are admitted to hospital for alcohol specific conditions is significantly higher than the England average and also higher than the average rate in the North East as shown in table 16. Hospital admission rates for alcohol specific conditions have been steadily reducing over the last decade as can be seen in figure 50 below.
- 9.6.3 Among 10 to 15 year olds, an increased likelihood of drug use is linked to a range of adverse experiences and behaviour, including truancy, exclusion from school, homelessness, time in care, and serious or frequent offending. There is an association between mental health problems and drug misuse. Some people misuse substances to help cope with the symptoms of mental illness others may experience mental health issues as a result of their substance abuse.
- Hospital admissions due to substance misuse between young people is higher than the national average with a crude rate of 136.2 admissions per 100,000 compared to an England average rate of 95.4 per 100,000

**Table 16: Hospital Admissions per 100,000 for Alcohol Specific Conditions in Children Under 18 years**

	England	North Tyneside
Hospital admissions due to alcohol specific conditions	36.6	61.0

Source: <https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-young-people/data#page/1> accessed May 2017

**Figure 50: Alcohol Specific Admissions in the Under 18s, Numbers and Crude rates, 2006-2013**

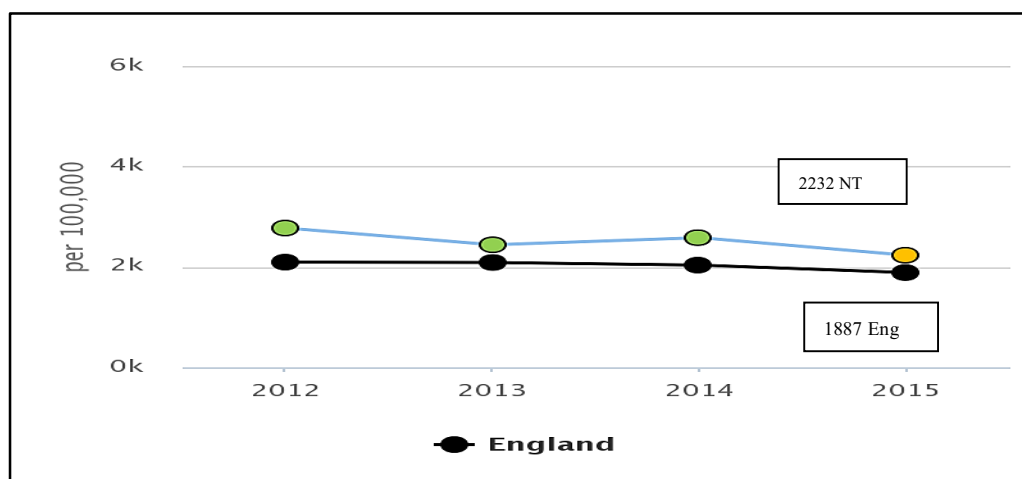


Source: North Tyneside Policy and Planning February 2017

## 9.7 Sexual and Reproductive Health

- 9.7.1** Developing a sense of sexual identity is a key part of adolescent development and staying safe, healthy and happy through the process is important. By age 16, around one third of young people have had sexual intercourse and national surveys show that attendance at sexual health clinics in the last five years is highest among young women aged 16-24 compared with older age groups.
- 9.7.2** Chlamydia screening is recommended for all sexually active 15-24-year old's and increasing detection rates indicates better targeting of screening activity and should not be confused with a measure of prevalence. 30.4% of young people in North Tyneside have been screened for Chlamydia in clinical and other settings which is higher than the North-East rate (22.5%) and that of England (22.5%). Latest detection rates based on 2015 data for North Tyneside (2232 per 100,000) is higher than the England average of 1887. As you can see from Figure 51, rates it is possible to track detection rates using available data.

**Figure 51: Chlamydia Detection rates in North Tyneside 15 – 24 years (Crude rate per 100,000)**



Source:

<http://fingertips.phe.org.uk/profile/cyphof/data#page/4/qid/8000025/pat/42/par/R1/ati/102/are/E08000022/iid/90776/age/156/sex/4> accessed February 19th 2017

## 9.8 Human Papillomavirus

The national human papillomavirus (HPV) immunisation programme was introduced in 2008 for secondary school year 8 females (12 to 13 years of age) to protect them against the main causes of cervical cancer. North Tyneside Local Authority is in line with national performance for this programme with 90.1% of the eligible population having been immunized based on 2013/14 data.<sup>52</sup>

## 9.9 Child and Adolescent Mental Health

**9.9.1** Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act and it can determine how we handle stress, relate to others, and make choices. Mental health problems range from the worries we all experience as part of everyday life to serious long-term conditions. Hospital admissions for mental health conditions in North Tyneside CCG (47.6 per 100,000 young people aged between 0 – 17 years) are lower than the England rate of 87.2 per 100,000 young people.

**9.9.2** In North Tyneside, the majority of CAMHS services are provided by Northumbria Healthcare NHS Foundation Trust. More specialist and in-patient services are provided by Northumberland, Tyne & Wear Mental Health Trust. Following a review of CAMHS in 2015 /16 the following High-Level Outcomes have been identified by the Child and Adolescence Mental Health Service<sup>53</sup>.

- Children and young people will have the best start in life
- Children and young people will be resilient and thrive
- Children and young people will learn to support themselves and others
- Parents will have access to information and support before and after the birth of their children

<sup>52</sup> <https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-young-people/data#page/1>

<sup>53</sup> <http://www.northyntesideccg.nhs.uk/wp-content/uploads/2016/12/North-Tyneside-Transformation-Plan-Refresh-October-2016.pdf>

- Fewer children and young people will develop mental health problems
- Frontline workers will have more understanding and be able to better recognise potential mental health problems and promote emotional wellbeing

- 9.9.3 There is no data available to analyse Child and Adult Mental Health Service data however historical referral data has highlighted that more demand for children's mental health services have come from the least deprived wards in the borough. One reason for higher numbers of referrals from the least deprived wards may relate to the families of children in these wards having higher levels of self-efficacy than families living in the deprived neighbourhoods.
- 9.9.4 Insight from local teachers suggests that there is evidence of un-diagnosed mental health or moderate mental health issues manifesting in school age children. (See section 10.1)
- 9.9.5 Working with a range of partners across health, local authority and the local community the Children and Young People's Mental Health and Emotional Wellbeing Strategy was produced during 2016 and a local toolkit has since been developed to enable schools to implement a whole schools approach to emotional health and wellbeing. A comprehensive checklist provides schools with a good oversight into how they are placed against key areas of work. In addition to support for schools a universal training offer is being developed for all those working with Children and Young People across North Tyneside as it has been acknowledged that all staff need to be confident and competent in recognising mental health issues and appropriately supporting young people.

## 9.10 Self-harm

- 9.10.1 Self-harm is an expression of personal distress and it can result from a wide range of psychiatric, psychological, social and physical problems as well as be a risk for subsequent suicide. Self-harm is when you set out to hurt yourself or damage your health deliberately. Sometimes this is done in secret. Patterns of self-harm in children and young people have said to be growing with the increase of digital communications<sup>54</sup>. Only a fraction of self-harm cases are seen in hospital settings, therefore all those in contact with young people should be aware of how and when to refer someone for further assessment and support<sup>55</sup>.
- 9.10.2 Self-harming and substance abuse are known to be much more common in children and young people with mental health disorders – with ten per cent of 15-16 year olds reported to have self-harmed<sup>56</sup>. In North Tyneside there are training resources with clear procedures around deliberate self-harm <http://my.northtyneside.gov.uk/category/591/self-harm>
- 9.10.3 Hospital admissions as a result of self-harm in North Tyneside for those aged 10 – 14 years is similar to the England rate at 160.8 per 100,000 compared to 225.10 per 100,000 children for England. Hospital admissions for self-harm in children aged 15 – 19 years is also not significantly different to the national average with 625.70 compared to 648.80 per 100,000 children based on Hospital Episode Statistics 2016.

54 Royal College of Psychiatrists: Managing Self-harm by Young People 2014

55 <https://www.nice.org.uk/guidance/qs34>

56 [http://www.youngminds.org.uk/for\\_children\\_young\\_people/whats\\_worrying\\_you/self-harm/what\\_self-harm](http://www.youngminds.org.uk/for_children_young_people/whats_worrying_you/self-harm/what_self-harm)

## 9.11 Suicide

- 9.11.1 Suicide is the act of intentionally causing one's own death and risk factors include mental disorders such as depression, personality disorders, alcoholism, abuse, academic worries, bullying or substance misuse<sup>57</sup>. Suicidal behaviour may occur at negative life events and individuals will experience such events differently and so be at different risk of suicide. With increasing levels of mental health issues and alcohol admissions higher than the England average one method for suicide prevention is to educate the community as to risks and signs of suicidal behaviour. The most commonly associated mental illness risk factor is depression<sup>58</sup> (although it should be borne in mind that a significant minority of people who die by suicide or have a non-fatal attempt do not have this diagnosis). There is no local level suicide data available for this report.

## 9.12 Road Traffic Injuries

- 9.12.1 Motor vehicle traffic accidents are a major cause of preventable deaths and morbidity, particularly in younger age groups. For children and for men aged 20-64 years, mortality rates for motor vehicle traffic accidents are higher in lower socioeconomic groups. The majority of road traffic collisions are preventable and can be avoided through improved education, awareness, road infrastructure and vehicle safety. The public health strategy "Healthy Lives, Healthy People" (2010) highlighted the need to reduce road injuries in children and address the 'strong social and regional variations'<sup>59</sup>.
- 9.12.2 In North Tyneside the number of children who are killed or seriously injured on the roads (17.7 children per 100,000) is similar to the England average of 17 children per 100,000.

## 9.13 Children with Caring Responsibilities

- 9.13.1 Caring can happen at any time in someone's life, and can be an ongoing or temporary role. Young people can be carers at home looking after parents or siblings and this can impact on their own wellbeing, issues such as sleep deprivation, underperformance at school, and social isolation can impact on the young carers wellbeing. A person is a provider of unpaid care if they look after or give help or support to family members, friends, neighbours or others because of long-term physical or mental ill health or disability, or problems related to old age. This does not include any activities as part of paid employment. There are estimated to be 5.2% of all young people aged 16 – 24 years providing at least 1 hour of unpaid care per week in North Tyneside (figure 52)

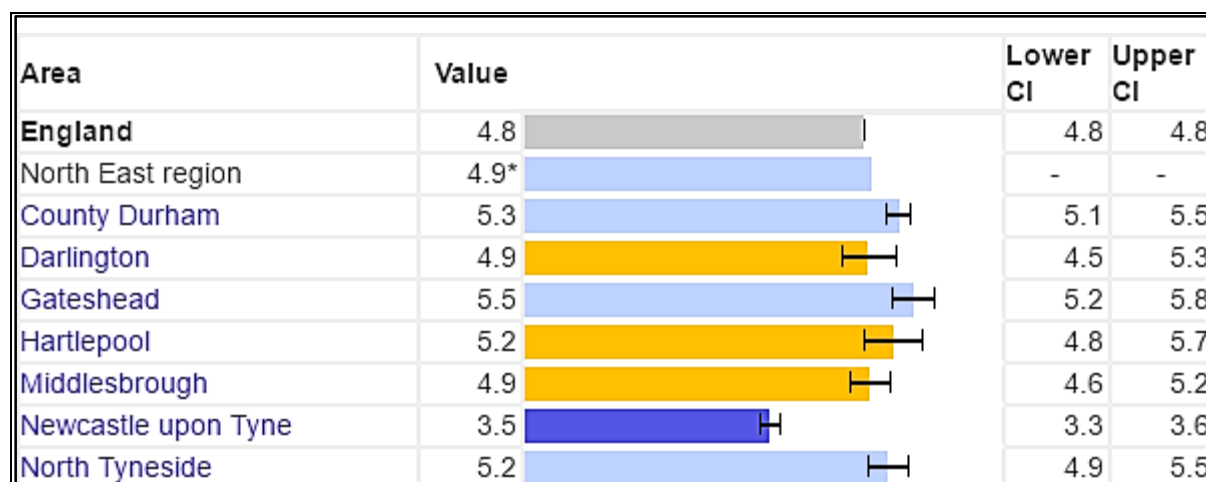
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<sup>57</sup> Royal College of Paediatrics and Child Health State of Child Health Report 2017

<sup>58</sup> Cash, S.J., Bridge, J.A., 2009. Epidemiology of youth Suicide and Suicidal Behaviour. *Curr Opin Pediatr*, 21, (5), pp. 613–619.

<sup>59</sup> <https://www.gov.uk/government/collections/road-accidents-and-safety-statistics>

**Figure 52: Young People aged 16-24 who provide 1+ hours of unpaid care per week expressed as a percentage of the whole population**



Source: <https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-overview/data#page/6/gid/1938133000/pat/6/par/E12000001/ati/102/are/E06000047/iid/91156/age/264/sex/4>

## 9.14 Health Conditions of Childhood

- 9.14.1** Poor health in childhood and adolescence can have a significant impact on overall life chances, with certain unhealthy behaviours having medium to long-term impacts on health. 13.4 % of 15-year olds in North Tyneside are estimated to have a long-term condition which is similar to the England average of 14.1% as shown in figure 53 below.
- 9.14.2** Asthma is the commonest long-term medical condition in the UK. One in 10-11 children and young people in the UK has asthma. There is variation across the country in emergency admission rates for asthma and most emergency admissions are considered preventable. Hospital admissions for Asthma in children under 19 years of age is similar to that of the England average as shown in figure 54 below.
- 9.14.3** The number of hospital stays for Diseases of the Respiratory System for the whole of North Tyneside Borough is 9.97 per 100 population and for the 4 main wards of Wallsend locality the data is higher at 10.49 per 100 population. (see table 17)

**Table: 17 Hospital Stays: Disease of the respiratory system (all admission methods Children aged 0-19 years for the period April 2013 to September 2016 (based on discharge data).**

Ward	Northumberland	Wallsend	Howdon	Battle Hill
Rate per 100 population	11.27	10.92	9.97	10.16

Source: North East Commissioning Support Team

**Figure 53: Long term illness in 15 year olds: % reporting long term illness**

Area	Value		Lower CI	Upper CI
England	14.1		13.8	14.3
North East region	15.1		14.4	15.8
County Durham	16.3		14.1	18.5
Darlington	15.1		12.8	17.5
Gateshead	17.3		15.0	19.6
Hartlepool	14.0		11.2	16.9
Middlesbrough	13.7		11.2	16.2
Newcastle upon Tyne	12.9		10.9	14.9
North Tyneside	13.4		11.4	15.4

Source: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data#page/3/gid/1938132752/pat/6/par/E12000001/ati/102/are/E06000047/iid/91816/age/44/sex/4>

**Figure 54: Hospital Admissions for Asthma under 19 years. Crude rate per 100,000**

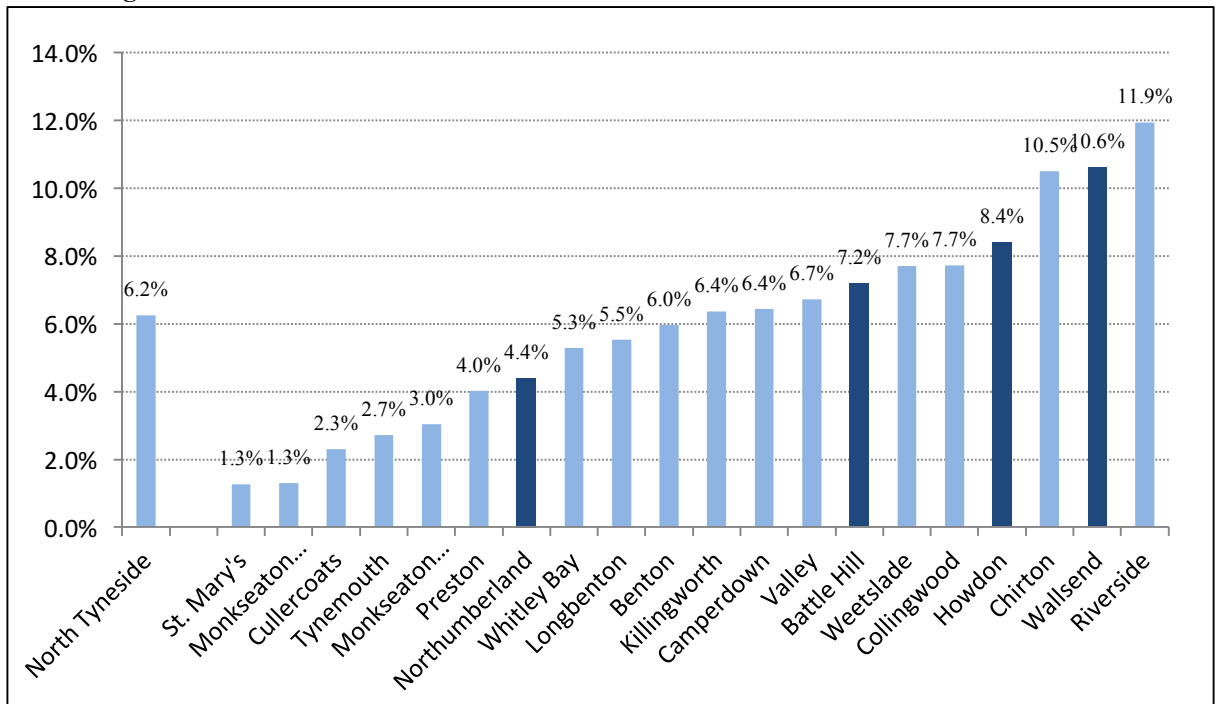
Area	Value		Lower CI	Upper CI
England	202.4		199.9	204.9
North East region	230.9		218.5	243.9
County Durham	215.1		188.2	244.9
Darlington	150.8		105.6	208.7
Gateshead	190.6		151.4	237.0
Hartlepool	157.0		108.1	220.5
Middlesbrough	283.2		229.4	345.9
Newcastle upon Tyne	250.9		212.6	294.1
North Tyneside	194.6		155.0	241.2

Source: <https://fingertips.phe.org.uk/search/asthma#page/3/gid/1/pat/6/par/E12000001/ati/102/are/E08000022/iid/90810/age/220/sex/4>

## 9.15 Young People Not in Education Employment or Training (NEET)

- 9.15.1 There is strong evidence to suggest that work is generally good for physical and mental health wellbeing, taking into account the nature and quality of work and its social context. Long term worklessness is associated with poorer physical and mental health and for the period November 2013 – January 2014 there were estimated to be 6.2% of young people aged 16 – 18 in North Tyneside who were Not in Education, Employment or Training (NEET), see figure 55.

**Figure 55: Average number of young people aged 16 – 25 who were reported not to be in education or training**



Source: North Tyneside Policy and Planning February 2017



## 10 Stakeholders and Engagement

### Key Messages

- Behavioral issues that manifest in schools is often related to issues within the family and life at home
- The impact of drugs and alcohol along with parent's mental health was said to impact on the children's behaviour and wellbeing
- The capacity of parents to deal with their own emotional issues was said to result in small incidents at school spilling into life outside of the school
- Parents expressed an interest in becoming involved in community activities and would like more information about play opportunities in Wallsend
- Children appear to spend most of their out of school hours inside the home, either watching TV or playing with technology
- Children expressed a desire to play outdoors more often with their friends and cited concern around safety as well as a lack of interesting things to do as barriers
- Parents suggested maximizing children's love of bikes to encourage more outdoor activities
- Children reported a lack of healthy lifestyle education in schools as the academic education was prioritised in secondary school
- Young people suggested that time was needed for healthy lifestyle education from a young age and throughout school
- Young people highlighted uncertainty about their right to confidentiality and when this might be breached
- Young people reported a lack of access to informal/ social models of support to help organize their thoughts and suggested training mentors in school for mental health conversations
- Young people benefitted from engaging with the health champions programme and both commissioners and young people reported a positive experience
- The Young People's Health Champion project would appear to be a good way to build on the community assets in Wallsend

### Opportunities / Recommendations

- I. PSHE and SRE are enhanced across a range of settings to meet the needs of all children in relation to staying healthy eg diet and nutrition, physical activity, healthy relationships, alcohol harm etc
- II. Young health champions/mentors are introduced to support enhanced health education across a range of settings
- III. Members of the community are supported to become community health champions where there is a desire to get more involved with outdoor play, street clean ups etc

## 10.1 Insight from Local Teachers

- 10.1.1 To gain further insight into the health and wellbeing of children in the Wallsend area, a number of head teachers from local schools were interviewed during November and December 2016. Using semi structured interviews, 5 teachers were interviewed from four primary schools and one secondary school. The overriding issues that affected children as reported by the local head teachers related to, children's mental health which manifested in behavioral issues and poor attendance. One teacher estimated that around 25% of children in year 3 of the school were experiencing some kind of mental health issue, although not necessarily diagnosed.
- 10.1.2 Teachers reported that there appeared to be a lot of domestic violence and that they were dealing with this regularly and that some children were anxious as a result of what they were dealing with at home. The impact of drugs and alcohol on parent's mental health was said to impact on the children's behaviour with children often displaying behaviors that they have witnessed in the home. One teacher reported that some children controlled the home environment but struggled within school as they could not control the school environment. The term "Howdon Prince" was used to describe the boys who were treated like a prince at home by their mothers.
- 10.1.3 Teachers reported that parents appeared to want more for their children than they may have had for themselves however one teacher suggested that giving into the child seemed to be the norm and that some parents struggled to cope with their children being upset and having no said to them. The capacity of parents to deal with their own emotional issues was said to result in small incidents at school spilling into life outside of school.

Other issues that teachers highlighted related to: -

- Childhood obesity
- Children being sleep deprived
- Attachment issues impacting on school attendance – often parental attachment
- A perception of more diagnosed ADHD and More Autism in school these days

- 10.1.4 Behavioral issues that manifested in the school seemed to relate to the family and home life, the teachers felt there was a lot of domestic violence and that this was almost exclusively impacted by alcohol. On school headteacher reported how the school had considered introducing parenting classes.

## 10.2 Insight from parents relating to Play Opportunities in Wallsend

- 10.2.1 Play is an important part of a child's development and research shows that as well as contributing to children's physical and emotional well-being, play also contributes to children's learning and their enjoyment of school. Research in Wallsend during 2016<sup>60</sup> which engaged children from year 5 and year 6 in three Wallsend primary schools highlighted that children in Wallsend appeared to spend the majority of their out of school's hours inside, either watching TV or playing with technology (computer games, mobile phones, IPADs etc). Given the opportunity children expressed a desire to play outdoors more often with their friends to do interesting things such as den building, bike riding or

taking part in organised play activities. Key themes which emerged as barriers to play from the children included: -

- concern around safety
- permission to play and
- a lack of interesting things to do (especially outdoors)

10.2.2 Children demonstrated high levels of anxiety and fear about playing outside such as unfriendly neighbours, being attacked by dogs, being kidnapped or attacked by clowns or gangs.

10.2.3 Parents contributed to the research at a local Wallsend event during 2016 where play was the subject of an exhibition and parents generated ideas and completed questionnaires. 27 parents participated in the event and barriers to play identified by parents included: -

- lack of information about play opportunities
- lack of co-ordination and support for any parents who were prepared to get involved
- poorly maintained play areas, broken play equipment and nettles
- costs of travel to nearby parks
- cars/vehicles










10.2.4 Ideas that were generated by engaging with community members included: -

- Active travel – Maximising children’s love of bikes with cycle events and mobile workshops
- Street Play – closing the street at least once during the summer holidays to have a fun day that could pave the way for more regular street closers
- Play in School – training lunch time supervisors and becoming OPAL (a whole school approach to play) registered
- Community clean ups – both children and adults expressed distaste for the litter in their streets and there was considerable support for community clean ups
- School based after school clubs – including multi activity/creative play and free play sessions
- Community based Kids Clubs – there was a real appetite for play led by play workers and the research highlighted the need to evaluate what was already funded and suggested developing a network of play such as kidskabin
- Play work Training – there was an appetite for parents to get involved and the concept of training community members in playwork skills. Options included integrating play work training as part of the Duke of Edinburgh award and to deliver training from high schools to include young people.
- Wallsend Mobile Play app – Based on the pokemon go app. there was a desire to work with Newcastle university to develop an app where children collected fantasy creatures / items from around the community
- Digital Detox Challenge – In recognition that screen based lifestyles were potentially harming children’s health (following an article by Sue Palmer in the Guardian Newspaper) and based on the scouts system of collecting badges for challenges, there was desire to develop age appropriate challenges which involved outdoor activities and a period of digital detox
- Wallsend Adventure playground – there was a desire to have a playground similar to the Shiremoor adventure playground. According to Play England traditional adventure playgrounds have proved to be successful in engaging children and families that other services struggle to engage

## 10.3 Insight from Young People and their Views on Health and Healthy Lifestyles

10.3.1 Young people’s general health has been an area of concern for the government over a number of years. Self-rated health is seen to be related to behaviour, outcomes and other social conditions such as life-satisfaction. Self-reported data from young people aged 15 in North Tyneside suggests that around 30% feel their general health is excellent (figure 56) which is similar to the England average of 29.2%.

Figure 56: General health of 15-year old's: % reporting general health as excellent

Area	Value		Lower CI	Upper CI
England	29.5		29.2	29.8
North East region	30.9		30.0	31.8
County Durham	31.3		28.6	34.0
Darlington	29.7		26.7	32.7
Gateshead	29.8		27.1	32.5
Hartlepool	34.3		30.4	38.2
Middlesbrough	30.1		26.9	33.3
Newcastle upon Tyne	30.7		27.9	33.4
North Tyneside	30.3		27.7	33.0

Source: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data#page/3/gid/1938132752/pat/6/par/E12000001/ati/102/are/E06000047/iid/91491/age/44/sex/4>

#### 10.4 Insight from Local Young People from on healthy eating and resources to support healthy lifestyles (un-published)

*"I just think that were not like educated enough on how to make the right decisions on like our health and how we act around our health and stuff"*

*"Cos like when you've just got a load of chips and that like thingy and it doesn't say like how fatty they are or something"*

*"they should do like more lessons on it because I don't think I've ever had a like proper lesson on like how to stay health and what the consequences are and stuff"*

*"We don't even have PSE"*

*"I think schools are quite old fashioned when it comes to exercising... sometimes a barrier isn't it for young people... like team sports is not for everyone... We need to be individual now..."*

*"It would probably be worse for boys like... I think boy's body expectations are a lot higher than girls because it's*

*so much harder to achieve what is perfect for a male body"*

Local study 2015 Vicky Gilroy June 2016

- 10.4.1 In a local study during 2015 young people in North Tyneside were asked about how much health information they received, who it was delivered by and if it was any good. It became apparent the young people involved in the research were not receiving dedicated health information based classes in school and this was the case for the majority of young people (n=24) taking part. Young people described how the attention shifts to academic achievement and exam performance in later school suggesting lack of time and resource for health education. Any health information that was received tended to be in the form of one off assemblies or sought out by the young person. Sources of help were reported to be from the school nurse or trusted teacher.
- 10.4.2 Key issues related to diet within the school environment included healthy options from the school canteen, cost of meals and the lack of information in the school lunch hall about calories in food. Young people expressed a desire to be healthier and highlighted that chips were the cheaper option as healthy food was usually more expensive and the food content information was hidden away from where the food choices were being made.
- 10.4.3 Young people suggested that it would be better if the whole school attitude was changed to incorporate time and resources for healthy lifestyle education, with healthy living being encouraged and supported from a young age and continuing throughout the school years. The quality of physical education and the opportunity to take part in sports within school were also considered to impact on young people's lifestyle with young people highlighting body image, pressures and being judged impacting on gym attendance.

## 10.5 Mental Health and Young People in North Tyneside Scrutiny Report

- 126 young people aged between 11 – 20 years of age participated in the Mental Health investigation via a short questionnaire which was distributed through provider services
- 72% of young people reported that they had not received any education or information about mental health issues within school.
- Services supporting young people in North Tyneside suggested that early support was crucial, tackling the issue before it became a bigger issue.

One young person described how

*“It feels like you need to be at crisis point before you are taken seriously”.*

- 10.5.1 An investigation into the Mental Health of young people by the young person's Health and Wellbeing Reference Group in North Tyneside during September 2014 61 which engaged NHS, North Tyneside Council, youth services and young people themselves found that some of the biggest issues facing young people related to the following concerns: -
- Young people don't always recognise the signs of poor mental health
  - Confidentiality, “young people don't know what is confidential and what will be said and how they can be seen confidentially”
  - Young people can lack confidence to talk to people about mental health

- There is a lack of access to informal/social models of support rather than medical models, “sometimes young people just need to unpack their thoughts to analyse how healthy their mental health is ... talking to them and raising awareness of how lifestyle factors can impact on their mental health is a key starting point”
- Some young people have chaotic lifestyles “it’s hard being a young person without a mental health disorder, never mind with”
- Additional responsibilities make young people vulnerable to mental health issues, eg caring for someone, being homeless, being transgender
- Pressure on young people e.g. family dynamics, financial and violence at home
- There is a high correlation between poor mental health and drug/alcohol use “People using alcohol/drugs to make the mental health problem go away, but also young people experimenting with alcohol/drugs leading to poor mental health”

10.5.2 One of the biggest issues facing young people highlighted by the investigation related to access to services such as: -

- Waiting times for services
- Consistency in referral depending on GPs
- Increasing demand on school nurses re mental health

10.5.3 The reasons young people felt that PSHE/Mental health was not covered related to: -

- a lack of time in the curriculum and no space to add anything else
- teachers don’t teach it because they are worried about people getting upset – it’s a touchy subject
- teachers don’t know enough about it themselves
- more emphasis in schools is put on financial education, sexual health and higher education options
- the school’s idea of mental illness is exam stress
- Some young people had received information in youth groups outside of school but most expressed irritation at the lack of education in school and wanted this to be in place. When young people were asked who would be best to teach them about mental health ‘Youth Workers’ and ‘older young people’ were identified along with the School nurse.
- Young people identified PSHE as well as the informal youth setting as an opportunity to teach about mental health issues and identified the following content they would like to be included: -
- What we mean by mental health (a definition) and how it happens
- How you can identify if friends need help and what you can do to help them
- Topics that are common without a diagnosis, grief, exam stress, relationship breakdown, dealing with parental divorce
- Self-help information about if you are feeling stressed/anxious and how you can help yourself
- Where local support is and where we can go for help
- How mental health impacts on behavior, so people don’t react to the behavior and instead understand the illness

In addition, young people highlighted that the sessions should be

- taught at a young age,
- be part of the curriculum
- be interactive and
- be taught every year, not just a one off

- 10.5.4 A key recommendation of the report was the concept of training young people as mentors to support other young people, this was a theme that emerged across service providers, young people who participated in the survey as well as children in the young person's reference group. Since the publication of this report there has been lesson plans developed and distributed to schools in North Tyneside.

## 10.6 National Young Health Champions

- 10.6.1 The YMCA young health champions project in North Tyneside was a national pilot project funded by the department of health which recruited young people as peer educators to:

- Improve the health of young people aged 16-25 years particularly those from disadvantaged backgrounds
- Reduce health inequalities among young people living in areas of disadvantage
- Enable local health and social care services to be more effective at engaging young people

- 10.6.2 117 young health champions were recruited and the majority aged 16 – 25 years. Several young people were recruited and trained locally in North Tyneside where the focus would be to engage young people on key health priorities around sexual health, smoking cessation and healthy eating sessions. Outputs in North Tyneside were numerous, the local health champions project contributed to the consultation on the building of a new hospital ward, contributed to the Smoke Free Alliance, produced a DVD mapping the sexual health services on offer locally, developed healthy eating lesson plans and worked alongside the local Health Watch/Link team. In addition, some of the local health champions participated in the development of a mental health resource for use in the school setting.

- 10.6.3 The young health champions have facilitated engagement with other young people to gain their views around health services such as sexual health and smoking and during the summer of 2012 the YMCAs young health champions interviewed 100 young people on the streets of North Tyneside to get their views on the health services that they receive.

- 10.6.4 The national evaluation of the project<sup>62</sup> reported that both the young people and commissioners of services had a mutually positive experience. Young people reported more positive health behaviours themselves based on a greater understanding of health issues and other outputs related to

- Improved knowledge of health issues
- Improved volunteering, employability and mentoring skills
- Improved confidence and wellbeing

- 10.6.5 A key finding of the report related to the barriers to the participation of young people in service reviews and formal meetings to influence service change, the forum or health system was not considered conducive to young people participating fully in what are essentially established adult forums with meetings held during school time etc.

- 10.6.6 The Young Health Champions project is no longer running in North Tyneside however it would appear to be a good example of how to work with communities and building on the skills of young people in the Wallsend community. Young people themselves appear to have enjoyed sharing their new knowledge about services etc. with their peers. Given that engagement with service users is necessary to provide appropriate levels of service, developing young health champions in North Tyneside is a strong option as it develops confidence and esteem as well as employability skills, in addition one young person highlighted the benefits of relatedness by highlighting that *“peers were more willing to listen to my story as I came*

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62 YMCA Young Health Champions Evaluation Final Report Hal Aitken



*from the same background/neighbourhood and I have helped a lot of them to improve their knowledge of health topic.*

## 11 Summary and Recommendations

This report presents a profile of Wallsend population and describes the impact of social determinants on child health outcomes. The report has identified child health data for North Tyneside and Wallsend and highlighted children that are more at risk of poor health outcomes such as

- children living in the more deprived communities of Wallsend where there are high levels of crime,
- children who are born to mothers experiencing mental health issues during pregnancy,
- children born to mothers who smoke during pregnancy, and children who are exposed to second hand smoke
- children living in households where high levels of alcohol or illegal substances are consumed
- children who are exposed to domestic violence, and
- children whose families become homeless

A range of public sector services are in place to support children during the early years of life including, health visitors, school nursing teams and family partners who now work together as integrated teams with more resource allocated to areas of greatest need such as Wallsend following a recent review of services. In addition to the public sector and statutory services, there are a wide range of third sector agencies such as providers of youth services and a range of voluntary service programmes such as Tynegateway working together to improve the life chances of children in Wallsend. Local views, experiences and opinions were collated from existing insight reports, focused interviews and informal conversations with young people, professionals and parents to better inform the health needs assessment. One difficulty that was highlighted by professionals and parents alike related to information about what's out there as support opportunities were not always known about. This perhaps demonstrates the importance of networks like the Wallsend children's community as organisational boundaries can be addressed. The emergence of a new multi-agency on-line service directory called SIGN which is being led by North Tyneside council on behalf of a range of partners may help with more clear signposting of health improvement opportunities and services in the future.

The report has highlighted many health improvement opportunities in the main body of the report for consideration and following feedback from members of the Wallsend Children's Community the following recommendations are highlighted for priority action by the Wallsend Children's Community and their partners.

Key Recommendations:

1. **Childhood Obesity:** Members of the Wallsend Children's Steering group engage with the Healthy Weight Alliance to implement action at a local level related to childhood obesity.
2. **Oral Health:** An oral health education campaign is developed with engagement from the community and implemented in Wallsend.
3. **Asset Building within the Wallsend Community:** Young people and parents have expressed an interest in community participation and this could be built upon, by supporting young people and parents to be health champions in their own communities.
4. **PSHE:** Young people have requested comprehensive PSHE provision across the lifecourse to enhance health education. PSHE provision should be across a range of settings and could build on existing community assets, eg health champions, 6<sup>th</sup> form students etc.



5. **Mental Health:** The mental health of children has been highlighted as a potential issue by teachers and the lack of information/support for mental health has been highlighted by young people. Ensuring that staff working with children and young people are trained in mental health issues, eg mental health first aid will be necessary to support children. In addition, schools might use the newly developed tool kit to identify improvement opportunities in the school setting.
6. **Early Help Assessments (EHA):** The early help assessment process has been designed to support children and families before problems reach crisis point. In order to give children, the best start in life the assessment process can be a crucial tool to initiate early support through intervention activities. Services or agencies in Wallsend who are working with children should support the multi agency EHA process and enroll on the training programme eg midwives, youth workers, teaching assistants.
7. **Speech and Language skills:** From the data and anecdotal information from teaching staff it is obvious that children in Wallsend across primary and secondary schools do not perform as well as the rest of the country when it comes to speech and language skills. Analysing health service data to better understand barriers to speech and language is recommended. In addition, an early intervention programme that targets children across a range of settings could be implemented in Wallsend, eg early talk boost
8. **Alcohol:** Hospital admission data and insight from the family support and teachers highlight the negative impact of alcohol experienced by children and young people living in Wallsend. A key recommendation is to raise the awareness of Alcohol harm through education and training opportunities for parents and children across a range of settings. Developing a social marketing campaign with children may be one way of securing the right campaign message.
9. **Smoking in Pregnancy and Smoke Free Environments:** There are high levels of smoking in pregnancy in the Wallsend Area in addition to higher levels of smoking prevalence. It is recommended that members of the Wallsend Community work with Public Health to develop smoke free environments such as smoke free play parks to address cultural issues. In addition, support pathways for pregnant smokers should be reviewed with key members of the community to inform implementation of any new initiatives.
10. **More local intelligence:** The report made use of data that was already available (often only at borough level) and in the main was accessed from North Tyneside Council and Public Health England datasets. Data at a borough level can often mask what is happening in local communities and therefore the final recommendation relates to improving the local intelligence, for example in relation to mental health services understanding diagnosis and where individuals live would be useful to inform future interventions.