Module 7 - Developing Well

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The majority of analysis in this Module draws on data from the NEL Adolescent Lifestyle Survey (ALS) 2019, unless otherwise stated. The ALS is a survey of secondary school pupils in Years 7-11 (ages 11-16). Seven out of the ten mainstream secondary academies in NEL took part in the survey. Approximately 4,000 responses were received, which equates to around 47% of registered pupils included in the final analysis.

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7.1 What did we discover about CYP with physical illness?

- Physical illness is categorised as follows:
  - Life-limiting illness - diseases with no reasonable hope of cure that will ultimately be fatal.
  - Longstanding illness – physical conditions or diseases lasting or expected to last 12 months or over, that will require ongoing management.
  - Limiting longstanding illness – a long-standing illness which limits daily activities.
- We were unable to reliably determine the actual number of CYP in NEL with either a diagnosed longstanding, limiting longstanding or life-limiting illness from any single or multiple data source(s). Therefore, we have had to rely on estimates. Due to this, some of the analysis spans the early years and may not cover all ages up to 19. This is stated within the analysis where applicable.
- Overall, it is estimated around 1 in 5 children (21.6%) have some form of physical illness in NEL.

What did we discover about CYP with physical illness?

Life-limiting illness

- Overall, it is estimated that there are 122 children aged 0 to 19 years in North East Lincolnshire with a life limiting condition.
- Of these, 56 are in the early years, and 63 in 5-19 years of age.
- As might be expected, the number of CYP decreases after 5 years of age, as age increases (by band).
- Based on the Fraser study, prevalence is significantly higher in boys than girls.

Estimated number of children with life-limiting illness by age-group, North East Lincolnshire, 2018

Age group	Estimated no. CYP
<1 year	23
1 to 5 years	33
6 to 10 years	25
11 to 15 years	22
16 to 19 years	16
0 to 19 years	122

Source: Fraser et al (2011). Life-limiting and life-threatening conditions in children and young people in the UK applied to ONS mid-2018 population estimates.
Note: individual age rates will not sum exactly to the overall age rate.

What did we discover about CYP with physical illness?

The 2017 annual Health Survey for England (HSE) collected information concerning children aged 0-15 years about self-reported longstanding illness, which is regarded as a valuable indicator of the general health of the population. We have applied the age and sex prevalence estimates to the NEL 0-15 population. Note that these estimates should only be used as indicative because there will be inherent differences between the overall England population and our local population.

Longstanding illness

- Overall, **16%** CYP reported a longstanding illness nationally. This is a decrease from the 18% reported in 2003 but a 1% increase from 2016. Rates tend to increase with age and boys were more likely than girls to report having a longstanding illness (17.7% and 13.6% respectively). The 2017 figures for boys and girls are lower than those reported in 2003 (20% and 16% respectively).
- Applying the HSE estimates to the NEL 0-15 CYP population, around **5,260 CYP** have a longstanding illness (2,771 boys and 2,489 girls).

Limiting longstanding illness

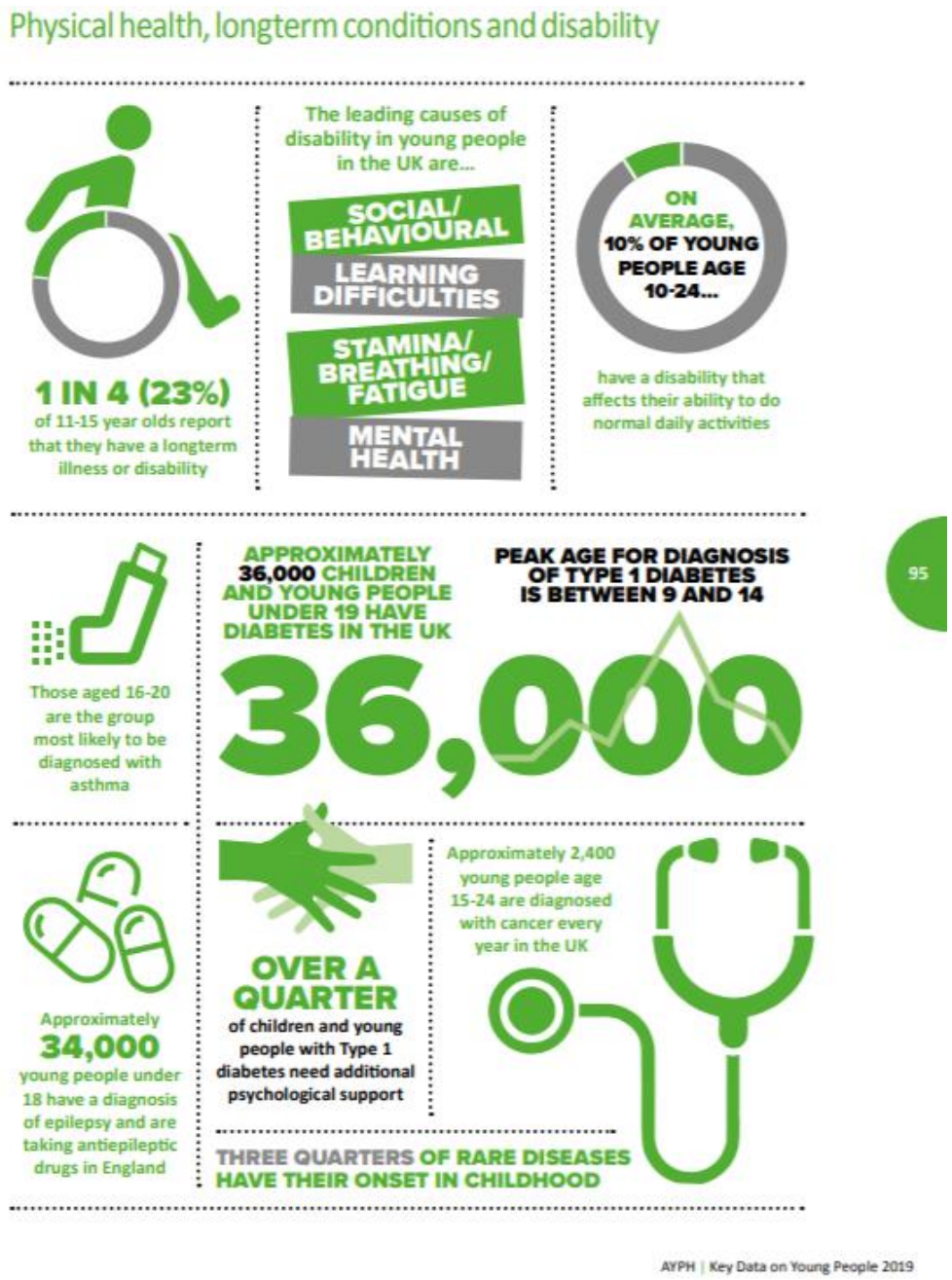
- Nationally, **8%** of HSE respondents reported having a limiting longstanding illness. Estimated prevalence generally increased with age. Rates were higher in boys (10%) than girls (6%) and whilst levels for boys were the same in 1996 and 2017, rates declined for girls 9% to 6% over the same period.
- Applying the HSE estimates to the NEL 0-15 CYP population, around **2,802 CYP** have a limiting longstanding illness (1565 boys, 1237 girls).

CYP with longstanding and limiting longstanding illnesses by age group

Age	0 – 1			2 – 4			5 – 7			8 – 10			11 – 12			13 – 15			0 - 15		
Condition	Boys	Girls	All	Boys	Girls	All	Boys	Girls	All	Boys	Girls	All	Boys	Girls	All	Boys	Girls	All	Boys	Girls	All
Longstanding	201	164	365	434	341	775	592	767	1359	495	537	1032	519	525	1044	563	721	1284	2771	2489	5260
Limiting longstanding	42	-	42	242	200	442	358	423	781	278	273	551	370	208	578	317	540	857	1565	1237	2802
Total	243	164	407	676	541	1217	950	1190	2140	773	810	1583	889	733	1622	880	1261	2141	4336	3726	8062

Source: Estimates based on the 2017 Health Survey for England, using ONS mid-2017 population estimates.
Note: individual age rates will not sum exactly to the overall age rate.

Key data on young people, 2019 – Association of Young People's Health



Find out more

http://ayph.org.uk/key-data-on-young-people

So What?

- Although childhood and adolescence is generally characterised as a phase of good health, a significant proportion of 5-19s experience a range of ongoing health conditions that can have a have a significant adverse impact on overall life chances. Indeed, peak ages for diagnosis of two key long term conditions – asthma and diabetes – happen in this phase: 16-20 years for asthma and 11-14 years for Type 1 diabetes. Self-assessed general health and longstanding illness are valuable indicators of the health of the population, and can be used to project use of health services and inform policy development.
- Self assessed longstanding illness can also be an indicator of inequalities with links between poverty, social class and self assessment like self-reported general health. These inequalities are apparent in childhood and adolescence. CYP from more deprived areas, children looked after, young carers, those from BME groups, those with a learning disability, those who identify as LGBT and those with 4+ ACES are more likely to experience physical health conditions than their peers. These inequalities need to be considered in commissioning and planning for local needs as well as service delivery.

So What?

- There are significant gaps in understanding the nature and scale of physical health conditions and disability in CYP, leading to reliance on survey and audit data (e.g. Royal College of Paediatrics and Child Health paediatric audit, Health Survey). There are generally no primary care condition registers similar to those for adults. This is a national, as well as a local issue.
- Whilst various estimates can have some usefulness, these are not sufficiently robust to inform commissioning and planning of service provision, not least due to variations in local demography and deprivation and associated inequalities.
- In addition, we have no data to understand CYP with multiple conditions, all those with a disability, the relationship between health conditions and disability and the impact on their lives. These CYP are likely to move across different services and systems and yet we have no insight into their holistic experiences of those (with the exception of some within the SEND cohort).
- Until such data gaps are addressed, we have limited reliable intelligence to drive commissioning and service provision for CYP with physical health conditions or to assess how well we are meeting their needs.

Suggested Areas for Future Focus

- Consideration should be given as to how we can address the issue of a lack of accurate data. This should be recorded in General Practice, but further work is needed to understand data robustness in terms of recording, coding, extractability and future availability for surveillance of CYP's health, maximising relevant opportunities through the new Primary Care Networks.

What did we discover about CYP with social, emotional and/or mental health issues?

CYP with speech or language issues

- Problems with speech, language and communication (SLC) are not identifiable by a singular category but rather associated with other defined conditions. Furthermore, we cannot reliably draw on estimates in the literature, which widely vary partly due to differences in the criteria used. Estimated prevalence of the likely primary conditions featuring SLC difficulties are available from a PHE report via the hyperlink below**,** although caution must be applied in their usage.
- The Communication Trust reports an internationally accepted prevalence figures of 7%, although only 3% of the school population is ever identified as having SLCN.
- The NEL January 2019 school census shows 464 school pupils recorded with a primary SEN of SLC needs. Of these, 48 (10%) had an EHC plan and 416 (90%) had SEN support.
- The 464 pupils with a primary SEN of SLC needs equates to 13.6% of all pupils with SEN.

Find out more

https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/13/gid/1938133228/pat/6/par/E12000003/ati/202/are/E06000012

What did we discover about CYP with social, emotional and/or mental health issues?

CYP with speech or language issues

- 20.6% of NEL primary school pupils with SEN had a primary need of SLC (compared to 30.6% for England overall). 5% of NEL secondary school pupils with SEN had a primary need of SLC (compared to 11.5% for England overall). 3.7% of NEL special school pupils with SEN had a primary need of SLC (compared to 7.3 for England overall).
- There are approximately three times the number of males (n=347) with a primary SEN of speech language and communication needs than there are females (n=117).
- The highest numbers of pupils with a primary SEN of SLC needs are in Reception to NCY 3. Numbers then tend to decrease with increasing age.

Find out more

https://www.thecommunicationtrust.org.uk/media/267241/1_4_national_prevalence_final_pdf.pdf
https://www.thecommunicationtrust.org.uk/media/2612/communication_difficulties_-_facts_and_stats.pdf

7.2 What did we discover about CYP with social, emotional and/or mental health issues?

CYP with autistic spectrum disorder (ASD)

- NICE (CG128) estimates autism occurs in at least 1% of children (0-19), which equates to around 362 children in NEL, using 2019 ONS population data. Gestational age less than 35 weeks is associated with an increased prevalence of autism.
- Similar rates have been identified by Sadler et al (2018) with around 1.2% of 5 to 19 year olds having ASD. It was more common in boys (1.9%) than girls (0.4%) and rates are higher in those under 10 years of age.
- The January 2019 school census dataset for NEL shows 257 school pupils were recorded with a primary SEN of ASD, which equates to 1.1% of all school pupils.
- Of these, 165 (64%) had an EHCP and 92 (36%) had SEN support
- Those with a primary SEN of ASD make up 7.6% of the SEN pupil cohort
- There are close to five times the number of boys (n=212) with a primary SEN of ASD than there are girls (n=45). This ratio is similar to expected prevalence by gender.
- 4.4% of NEL primary school pupils with SEN had a primary need of ASD (compared to 7.9% for England overall). 5.9% of NEL secondary school pupils with SEN had a primary need of ASD (compared to 10.3% for England overall). 31.6% of NEL special school pupils with SEN had a primary need of ASD (compared to 29.8 for England overall).
- Approximately 43% of all NEL pupils with a primary SEN of ASD are educated at special schools (compared to 28% for England overall).

What did we discover about CYP with social, emotional and/or mental health issues?

CYP with ASD and learning disability (LD)

- There is considerable variation in the estimates of the proportion of people with ASD who have a learning disability (IQ less than 70), and it is not possible to give an exact figure.
- Emerson and Baines (2010) reviewed prevalence estimates and found that these ranged between 40% and 67%.
- The average prevalence across the studies reviewed was approximately 50%.
- This concurs with Fombonne et al (2011) who suggest that on average half of the children diagnosed with autistic spectrum disorders have learning disabilities.

CYP with a Learning disability (LD)

- Four types of SEN, when combined, may be reasonably equivalent to learning disabilities: Moderate Learning Difficulty (MLD); Severe Learning Difficulty (SLD); Profound Multiple Learning Difficulty (PMLD), and Specific Learning Difficulty (SpLD).
- In very early childhood, only severe learning disabilities are likely to be apparent.
- The North East Lincolnshire January 2019 school census dataset shows there were 1838 school pupils recorded with a primary SEN of LD (MLD=1184, SLD=161, PMLD=33, SpLD=460).
- More males (n=1141) have a primary SEN of LD than females (n=697).

What did we discover about CYP with social, emotional and/or mental health issues?

Mental Health issues

- National survey data suggests 1 in 8 or around 12.8% of 5 to 19 year olds have at least one mental disorder when assessed in 2017.
- Nationally, 5% responding to that survey met the criteria for 2 or more mental disorders.
- Prevalence in 5-15 year olds has been steadily rising over time – from 9.7% in 1999 to 11.2% in 2017.
- Specific mental disorders were grouped into four broad categories: emotional, behavioural, hyperactivity and other less common disorders. Emotional disorders were the most prevalent type of disorder experienced by 5 to 19 year olds in 2017 (8.1%).
- Emotional disorders have become more common in 5-15 year-olds – going from 4.3% in 1999 and 3.9% in 2004 to 5.8% in 2017. All other types of disorder, such as behavioural, hyperactivity and other less common disorders, have remained similar in prevalence for this age group since 1999.

Find out more

https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017

http://www.youngpeopleshealth.org.uk/wp-content/uploads/2019/09/AYPH_KDYP2019_Chapter7.pdf

What did we discover about CYP with social, emotional and/or mental health issues?

Happiness and Home Life (ALS data)

- Although most young people (78.1%) reported feeling happy about their life, the proportion is far lower than in the previous ALS (84.3%).
- Girls were generally more likely to say they weren't happy and had worse mental wellbeing than boys.
- Girls were far more likely to say they often felt sad or tearful (43.0% v 19.9%), feel more anxious or depressed (40.3% v 23.3%) and worry a lot more (61.8% v 36.7%).
- Poorer emotional wellbeing also increased with age.
- Most young people reported having one or more good friends (95.7%) and feel that their family look out for them (96.0%).

So What?

- As is the case for physical health conditions, we have no reliable local data sources for conditions within this section, with similar implications for intelligence-led commissioning and service provision.
- As is the case nationally, it would appear that we are likely under-identifying those with SLC issues, and SEN pupils with ASD as a primary need (although coding issues may have an effect). There is an association between the prevalence of SLC issues in children who also experience social, emotional and behavioural problems. Left unidentified and unsupported, both issues can go on to manifest as more severe and costly behavioural problems ranging from a diagnosable conduct disorder to youth offending and anti-social behaviour. Rates of conduct disorders are around 7.4% for boys and 5% for girls. Both SLC and ASD have the potential to negatively impact on all aspects of life right across the lifecourse, and more so if not appropriately supported and managed.
- More males are identified with SLC issues, ASD or LD which is a pattern seen nationally. And, locally, there are more than double the number of boys with SEN than there are girls. This can be due , variously but not exclusively, to biological factors, gender differences in social interaction and communications, non-gender sensitive assessment tools, underreporting in educational settings, gender norms and expectations by parents/carers and professionals. This could mean, however, that to a certain extent we are under-identifying girls and they may not be getting the appropriate timely support.

So What?

- The ALS data shows nearly 1 in 4 CYP don't feel happy. To a certain extent some of this might be regarded as a standard but fleeting reflection of growing up, as young people negotiate issues of identity, growing independence, aspirations, expectations, relationships, and biological changes. However, this can also be regarding as an indicator of poor mental wellbeing, and it is worsening over time. Poor mental wellbeing is a risk for a range of mental disorders, which are on the rise nationally.
- Poor mental wellbeing can have a significant adverse impact on cognitive development and learning, as well as all other aspects of health. It can increase the chances of poor educational outcomes, antisocial behavior, drug and alcohol misuse, teenage pregnancy, offending behaviour, and mental health problems. Mental health problems are common between 10-24 years, with half of all psychiatric problems starting by age 14 and psychotic disorders also emerging during these years.
- Risk factors for poor childhood mental wellbeing include being a looked after child, homelessness, youth offending, low household income, family disharmony/parental breakup, domestic violence and abuse, parental substance misuse, parental mental ill health and school absence and exclusions. If these factors have worsened locally then this may explain, at least in part, the worsening of CYP's mental wellbeing.

So What?

- Against the above, however, that most young people report having the support of friends and family is positive and indicates potential sources of resilience. Other protective factors include high self-esteem, good education, someone from the family being in work, development of good oral language skills, positive relationships with parents, social/community inclusion, sport and physical activity
- Locally, more girls report unhappiness and various negative feelings. There are similar gender differences in common mental health disorders nationally which are 3 times more frequent in females than males aged 16-24 years. These variations may partly reflect gender expectations, media influences, and a greater willingness to identify and open up about these issues. Unresolved, however, these issues will continue to permeate many aspects of girls lives into young adulthood and beyond, impacting in various ways from ability to learn and academic achievement, self-confidence, developing relationships to further education and employment. Similar issues may also characterise the lives of those boys who under-identify, although they manifest adversely in different scenarios disproportionate to girls e.g. offending behaviours.

Developing solutions - what works?

Social and emotional health – home environment

- The strongest evidence is for group-based parenting programmes for families where there are early indications of developmental difficulties for the child. Programmes of this sort have been found to improve parenting and child behaviour.
- Universal group based parenting programmes or for those targeted on the basis of general indications of risk (such as poverty) is mixed with studies showing some positive and some null effects. The evidence for group-based interventions with additional components, is also limited and mixed.
- Individually delivered interventions for families with complex problems can lead to improved parenting, reduced child abuse potential and reduced child behaviour problems.
- Self-administered programmes where there are emerging signs of developmental difficulties and media-based programmes because they are relatively cheap to implement.

See here for more information: https://www.eif.org.uk/report/what-works-in-enhancing-social-and-emotional-skills-development-during-childhood-and-adolescence

Social and emotional health - schools

- The strongest evidence is for social and emotional skills programmes implemented in the school setting compared to out-of-school programmes
- Promotion of social and emotional development involves teaching and modelling social and emotional skills, providing opportunities for students to practice these skills and giving them the opportunity to apply these skills in various situations.
- The range of approaches for promoting social and emotional skills in schools can be divided into three main groupings:
  - Universal classroom-based interventions
  - Whole-school interventions
  - Targeted interventions

See here for more information: *https://www.eif.org.uk/report/introduction-to-social-and-emotional-learning-in-schools*

Suggested areas for future focus?

- Consideration should be given as to how we can address the issue of a lack of accurate data around social, emotional and mental health conditions, similar to physical health conditions.
- Gauge extent of likely under-identification of those with SLC issues (using estimated prevalence in pupil numbers) and review SLC system pathway (not just Speech and Language Therapy (SALT service) from identification, assessment and intervention to ensure it is of sufficient scale and evidence-based
- Further work is needed to understand why we have comparatively fewer SEN pupils with ASD, and, for those currently in a special school setting, whether that is the most appropriate setting based on best practice evidence and needs as expressed by child/parent/carer/professionals.
- Further work is needed to understand apparent gender differences in SLC, ASD and LD and how the system can be attuned to address these such as to maximise equitable and appropriate identification and support for both boys and girls.
- Review the CYP strategic mental wellbeing programme to ensure it is informed by the most up-to-date intelligence, including insight form ALS, and evidence of risk and protective factors, in order to segment the CYP population and align evidence based interventions accordingly. See here for further details:
  - https://www.gov.uk/government/publications/children-and-young-peoples-mental-health-prevention-evidence
  - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414908/Final_EHWB_draft_20_03_15.pdf

7.3 What did we discover about health behaviours of CYP?

Nutrition

- Eating breakfast everyday decreases with increasing age 53.6 (NCY 7) to 38.3% (NCY 11).
- More boys eat breakfast everyday (53.3%) compared to girls (39.9%).
- At lunch time, 82% of pupils report either having a school meal or a packed lunch, however 10% don't usually eat anything.
- Around 14% of pupils report consuming energy drinks either every day or most days; 44% never consume these. More boys (16%) than girls (11%) consume energy drinks.

Exercise and weight

- 60% of boys and 50% of girls think the amount of exercise they do is enough to keep them healthy
- Overall, 44% of respondents are happy with their weight (50% of boys compared to 56% of girls).
- As CYP get older, they are less happy with their weight
- Overall, 9% of respondents would like to put on weight (12% of boys compared to 6% of girls).
- Overall, 47% of respondents would like to lose weight (38% of boys compared to 56% of girls).

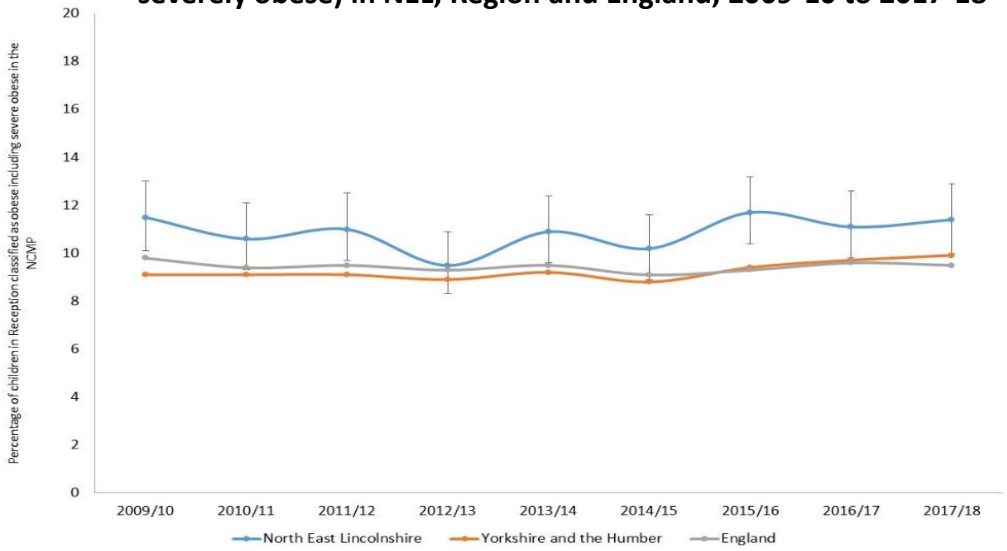
What did we discover about the health behaviours of CYP?

Obesity

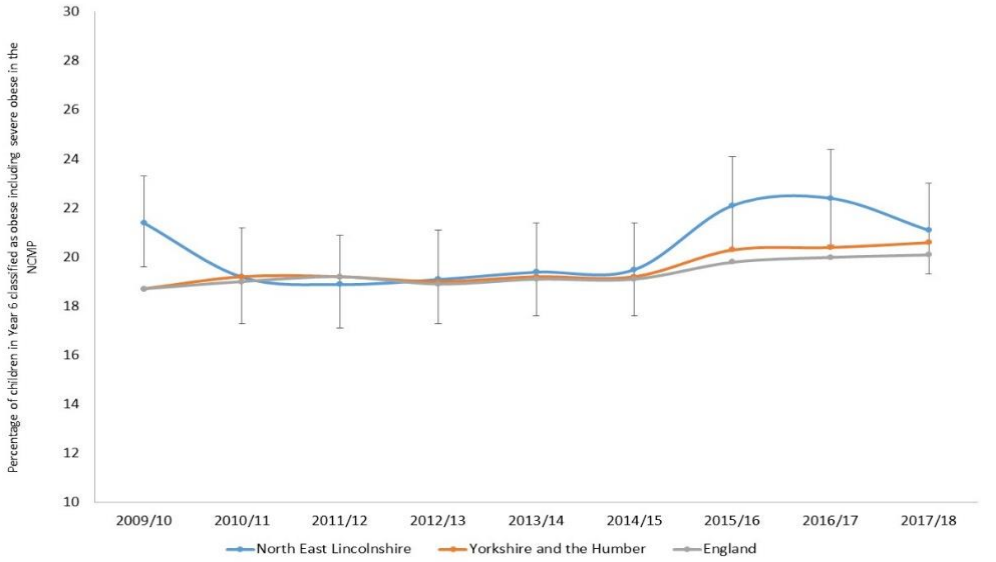
- In 2017/18, 11.4% of NEL children in Reception Year were classified as obese (including severely obese) (between 95-100 centile). Obesity levels in Year 6 children were almost double those of reception year children, at 21.1%.
- In 2017/18, 45 (2.3%) reception year children and 93 (5%) of Year 6 children were classed as severely obese (above the 99.6 centile).
- NEL rates for Reception year are the 2nd highest in the region, whilst those for Year 6 are more mid-range.
- Obesity rates for Reception Year children in 2017/18 are around the same as they were 10 years ago at 11.4% and 11.3% respectively. However, the gap with England has started to slightly widen but it is too early to tell if this is an enduring trend.
- For year 6 children, levels of obesity in 2017/18 (21.1%) were slightly higher than they were 10 years ago (19.6%), although for a number of years rates were similar to the England average and we are closing the gap with England.

Source: National Childhood Measurement Programme 17/18

Percentage of children in Reception year classified as obese (incl severely obese) in NEL, Region and England, 2009-10 to 2017-18



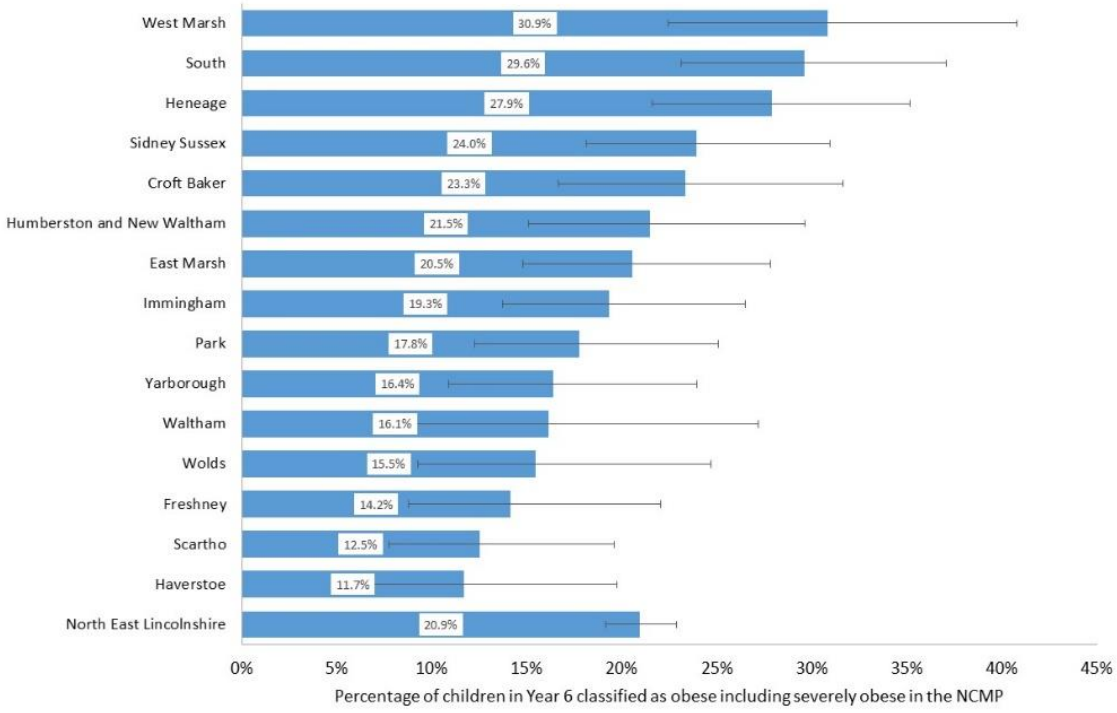
Percentage of children in Year 6 classified as obese (including severely obese) in NEL, Region and England, 2009-10 to 2017-18

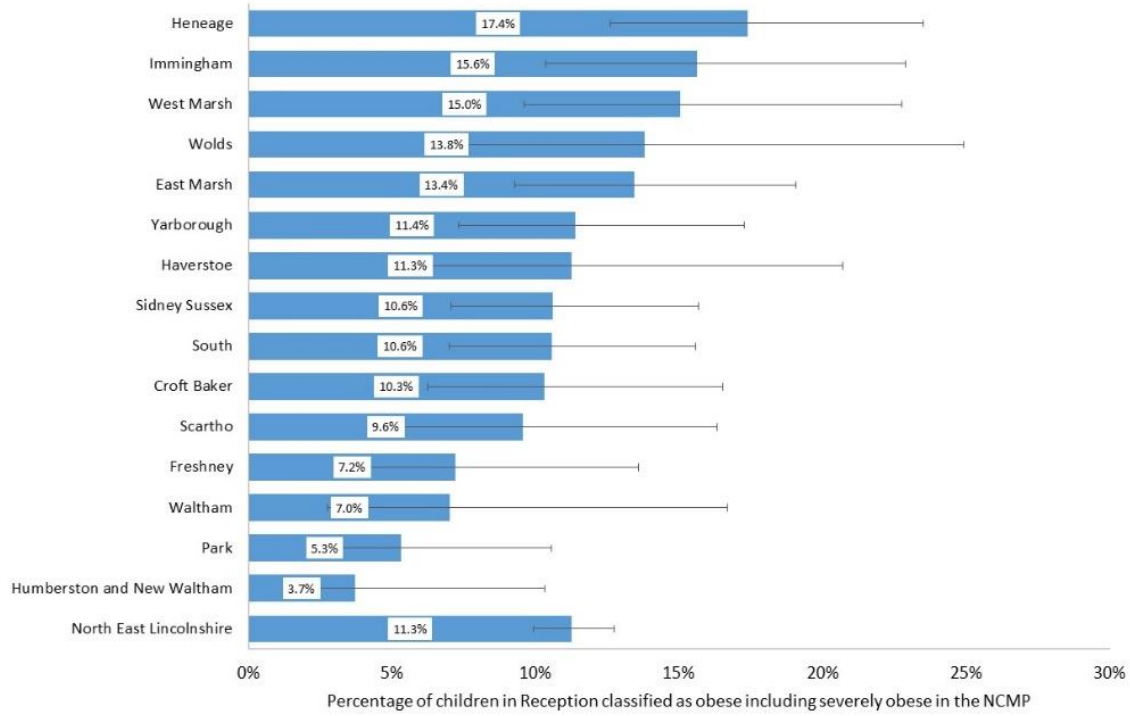


What did we discover about the health behaviours of CYP?

Obesity

- At ward level, there is considerable variation in obesity rates for both measurement years.
- Around 1/3 of Year 6 children in West Marsh and South wards are obese.
- Heneage and West Marsh appear in the top 3 ward rates across both years groups





Source: National Childhood Measurement Programme 17/18

What did we discover about the health behaviours of CYP?

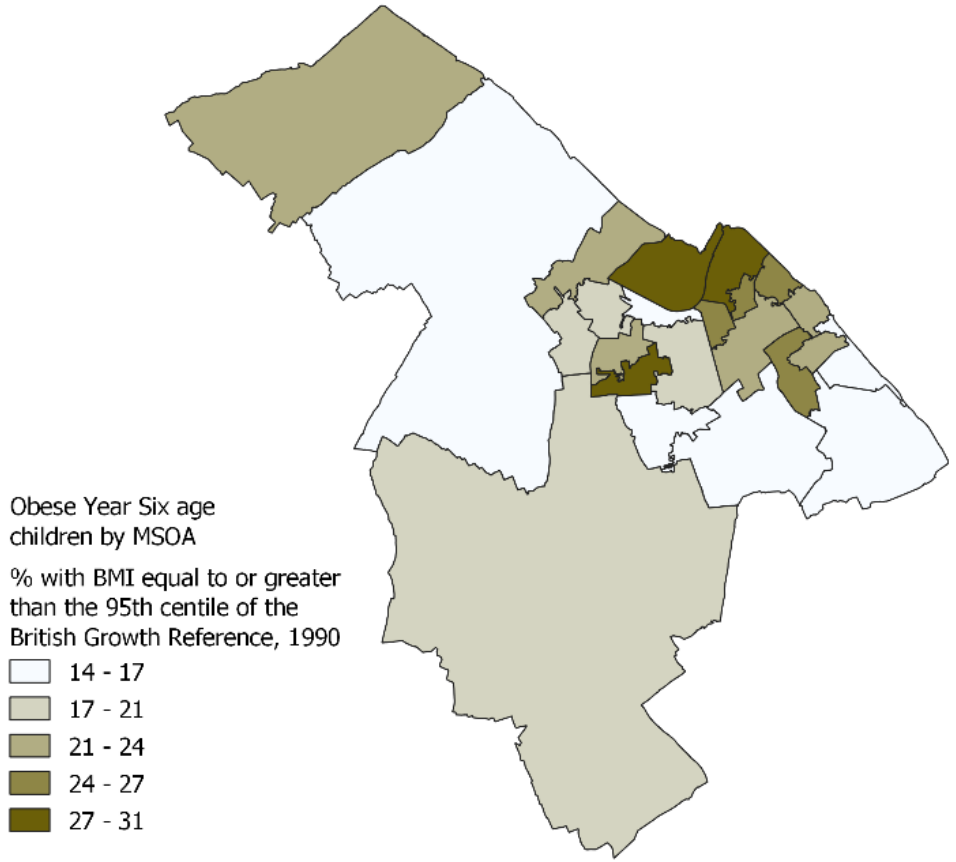
Obesity

- Obesity rates for both years are greater in the most deprived areas (by quintile) than those in more affluent areas.

- At year 6, 24% of children living in the most deprived areas were obese compared to 15% of those living in the least deprived areas.

- Half of those in Year 6 and classed as obese live in the two most deprived quintiles.

- The variation in obesity rates for Year 6 children at Medium Super Output Area (MSOA) level is shown opposite.

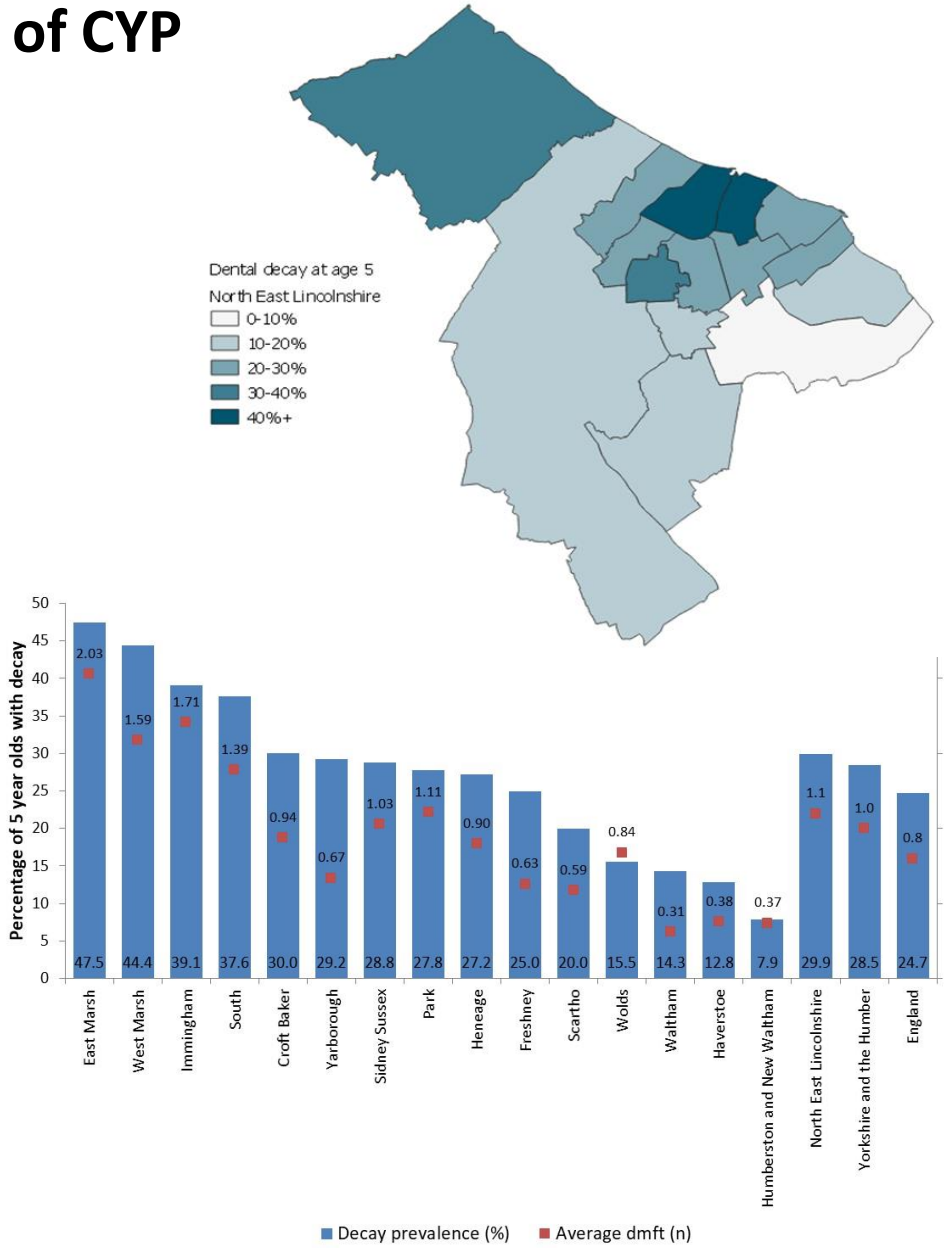


Source: National Childhood Measurement Programme 17/18

What did we discover about the health behaviours of CYP

Oral Health

- Based on the 2016/17 dental survey, 22.9% of 5 year olds in NEL had dental decay. This is higher than the England figure but lower than regional levels. There is an ongoing reducing trend.
- The mean number of teeth decayed, missing or filled was 0.87, lower than the 1.07 figure in 2014/15.
- The most recent granular level data we have is for 2014/15. This shows considerable differences in dental decay across NEL, with East Marsh and West Marsh having higher prevalence than the least deprived wards.
- Nearly half of children in East Marsh had some level of decay. Those children also have over twice as many decayed, missing or filled teeth (dmft) compared to the NEL average.
- Data from the ALS shows that, of all respondents:
  - 83% had been to the dentist in the last year.
  - 12% had not been to the dentist in the last year but do have a dentist
  - 5% had not been to a dentist and don't have one.



Source: 2014/15 Dental Survey of 5 year olds

What did we discover about the health behaviours of CYP?

Smoking

- 82% of ALS respondents have never smoked a cigarette.
- Just 2.9% of respondents smoke on a daily basis and this increases with age from 1% in NCY 7 to 5% in NCY 11.

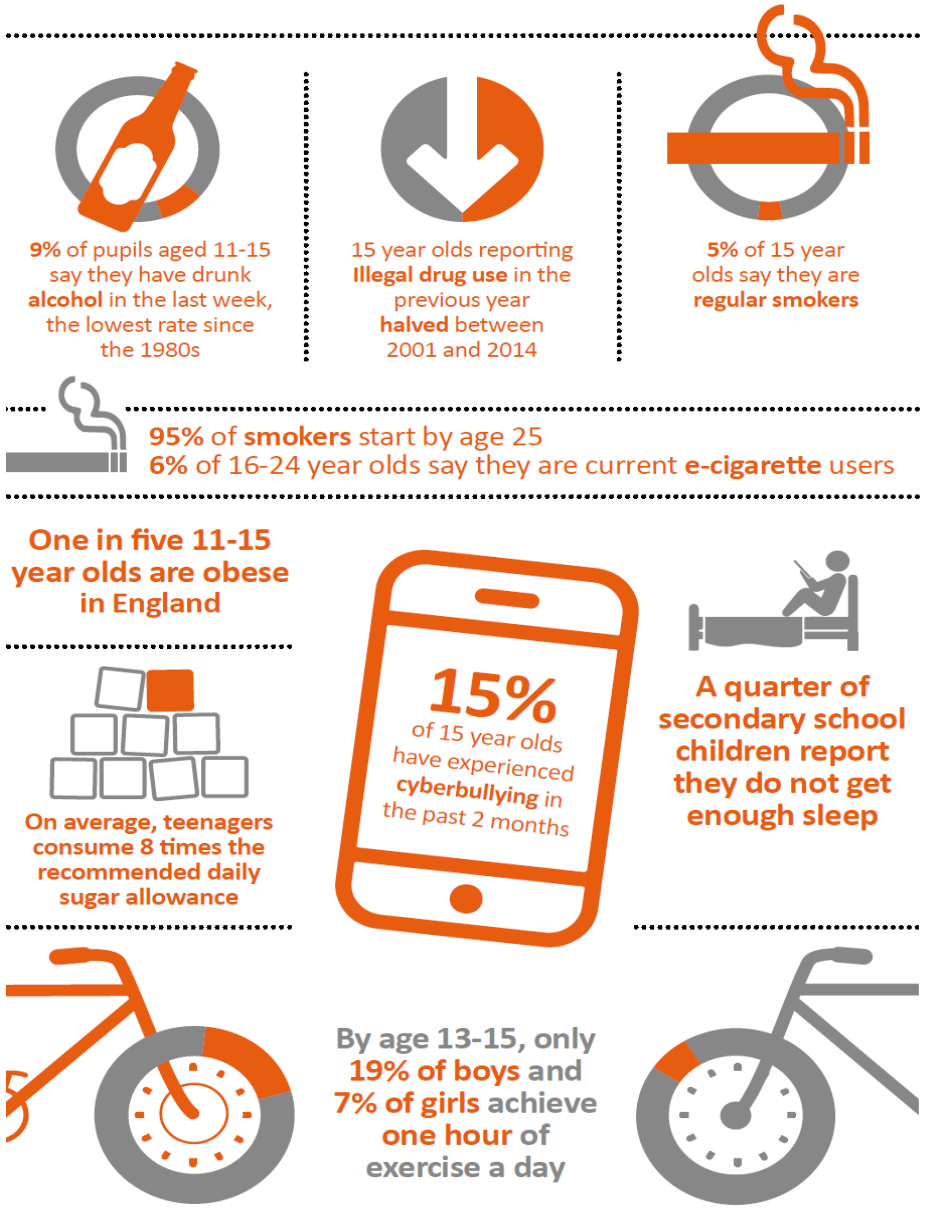
Alcohol

- Overall 43% of ALS respondents have ever had an alcoholic drink. However, this increases considerably with age from 20% of NCY 7s to 74% of NCY 11s.
- Of those who reported that they have ever had a whole alcoholic drink, 10% reported drinking at least weekly, whereas the majority (62%) only drink a few times a year e.g. at special occasions.
- Of those who reported ever having a whole alcoholic drink, 25% reported having been really drunk at least once in the past four weeks. This generally increased with age and was reported by a higher proportion of girls who drink (29%) than boys who drink (22%).

Drugs

- Overall, only small numbers of respondents overall have ever tried or used drugs (6% cannabis, 1% spice, 1.3% ecstasy, and 1.4% cocaine).
- In general drug use increases with age with a slightly higher percentage of boys reporting having used drugs (Cannabis – 7.8% boys, 4.3% girls; spice – 1.4% boys, 0.6% girls; ecstasy – 1.9% boys, 0.7% girls; cocaine – 1.9% boys, 0.9% girls).
- Cannabis was the most common drug used, with 6% of respondents overall having tried cannabis with a clear increase in use from 2% of NCY 7s to 16% of NCY 11s.
- 1% of respondents reported having tried spice or equivalent (0.8% of NCY 7s to 2.5% of NCY 11s).
- Overall, 1.3% of respondents reported having tried ecstasy (1.1% of NCY 7s to 3.4% NCY 11s), and 1.4% having tried cocaine (0.8% of NCY 7s to 3.4% of NCY 11s).

Key data on young people, 2019 – Association of Young People's Health



Find out more

http://ayph.org.uk/key-data-on-young-people

So What?

- Health behaviours contribute around 30- 40% to overall health. Many health behaviours are established in childhood and adolescence so it is important that these are as optimal as possible. However, these are shaped by existing inequalities in both parental health behaviours and the social determinants of health. This intergenerational transmission leaves its mark on CYP and will likely persist into adulthood, having a long term impact on their health and the health of any future children.
- Poor health behaviours can also have an impact on learning and educational outcomes. The ALS highlights a significant number of CYP coming to school without breakfast and/or not having lunch. Those who smoke will be effected by cravings from their nicotine addiction. Those on high sugar diets may find sizeable dips in energy throughout the day. And a large proportion who experience dental decay are likely to require time off school in pain or for treatment and extractions. In addition, we know unhealthy behaviours can cluster. These all have the potential to adversely impact on learning ability, educational attainment and, relatedly, future employment.
- Most people start smoking in adolescence, so it exceptionally positive that smoking rates continue to decline in young people locally, such that rates of regular smoking are similar to or less than England and below the national target of 3% by 2020. However, further analysis is required to understand any local inequalities to target action accordingly.

So What?

- Tooth decay is largely preventable. It is recommended children start attending a dentist once first teeth start to erupt. That around 17% of CYP have not been to a dentist in the last year is concerning as the opportunities for preventative advice and early identification and treatment of dental issues are being missed. Without these interventions, any dental decay will undoubtedly worsen and extraction will be required, along with the risks of anaesthetic. Hospital admissions data suggests that the largest proportion of NEL activity is for dental extractions under general anaesthetic, mainly due to dental decay and/or severe gum disease, and at considerable cost to the NHS. This will also mean some children will need some form of replacement teeth or be left with gaps.
- Risk taking behaviour and experimentation are a key part of adolescence. However, the numbers having an alcoholic drink, especially at NCY 11 (74%), are remarkable against generally declining levels The extent of drunkenness indicates alcohol misuse and is of great concern, particularly as alcohol misuse is one of the biggest issues in NEL for the adult population. Alcohol and its misuse is associated with a range of further vulnerabilities and risks including risky sexual behaviour, teenage pregnancy, sexually transmitted infections, being coerced into sex, risk of sexual aggression and violence.
- Although only 1% of ALS respondents reported having tried a new psychoactive substance (NPS) in the form of spice, rates were 1.5 times more in NCY 11s. There may also have been under-reporting to these questions. The main risk to young people comes from the toxicity of NPSs, which can be fatal.

Suggested areas for future focus?

- The School Nursing Service is the dedicated public health nursing service for school aged children, that delivers the Healthy Child Programme (5-19, 25 SEND) and works beyond single issues that CYP face. The findings here suggest a need to reorientate the Service back to its public health foundations, with a clear public health leadership role around identifying and responding to health needs, promoting and supporting whole school approaches to health and wellbeing (including mental health), and provision of individual level interventions. There is also a need to target the service to those most at risk of poor outcomes to address the inequalities that emerge in this part of the lifecourse. The service is also well placed to work with some of those most at risk of various adverse outcomes.
- Children spend much of their time in the school setting. The new OFSTED curriculum requirements around Health Education and Relationships and Sex Education (RSE) provide opportunities to address some of the issues identified in this module. Schools should therefore fully implement the new curriculum requirements. Public Health and School Nursing should work jointly to support schools in implementing these requirements through the provision of relevant intelligence, credible resources, information on service provision, policy development, service provision and capacity building targeted at schools with the greatest needs.
- Many CYP are expressing that they are not happy with aspects of their health (e.g. weight, exercise etc) and other analysis suggests there may be significant gaps in knowledge about health services. It is important young people have access to accurate information in order to make informed choices about their health, risk taking behaviours, to initiate behaviour change and access to services. Current IAG provision tends to be more adult or parent-focused and there is no dedicated IAG for CYP that is young person friendly or would meet YOU'RE WELCOME quality criteria. It is suggested this is addressed and young people are involved in the design and delivery of an IAG offer dedicated to them.

Suggested areas for future focus?

- Explore with NHS England options to improve access to primary dental care for school children (and early years settings where possible) through, for example, dental buddy schemes.
- Ensure oral health and access to dental care is included within assessments undertaken by children's services (e.g. early help, CIN, CP, SEND) and public health nursing
- Undertake further analysis of the ALS to identify inequalities to inform and target preventative work programmes and services.
- Maximise policy level initiatives to support adoption of health behaviours in CYP e.g. smoke free spaces, control of hot food takeaways etc.

7.4 What did we discover about sexual health and identity (NCY 9-11 only)?

- 83.9% of respondents described their sexuality as ‘straight’. 2.9% described their sexuality as gay/ lesbian and 7.1% as bisexual. A further 2.4% said other and 3.8% didn’t know.
- 14.2% of respondents reported having had sex. This is similar to the previous survey in 2015. Unsurprisingly year 11’s were by far the most likely to have had sex - 29.7% had done so. This is a higher proportion than 23.4% in 2015.
- Condoms remain the main use of contraception, although usage has fallen since 2011 and 2015. Only 55.1% of respondents said that they knew where to go to get free condoms.
- More young people reported now using the pill and the proportion of young people using ‘nothing’ has continued to increase. The use of LARC methods amongst respondents is similar to the proportion in 2011.
- Of the young people who have had sex, 79.6% said they would know where to go if they or their partner wanted a termination.

How respondents would describe themselves, all NCYs 9-11, 2019 ALS

	% of Y9-11
Straight	83.8%
Gay/lesbian	2.9%
Bisexual	7.1%
Other	2.4%
Don't know	3.8%
Total	100.0%

Contraception method used for respondents reporting having had sex, NCYs 9-11, 2011 2015 and 2019 ALS

Contraception Method	2011	2015	2019
A condom	73.9%	66.9%	54.4%
The pill	23.4%	24.6%	31.6%
Implant	8.4%	9.2%	7.5%
Emergency contraception	2.4%	4.2%	3.9%
Injection	15.3%	3.1%	2.6%
Other method	2.1%	5.8%	6.1%
Nothing	5.3%	23.5%	25.0%
LARC methods	10.8%	12.3%	10.1%

So What?

- Around 10% of ALS respondents describe their sexuality as gay, lesbian or bisexual. Moreover, this is likely to be an underestimate, given that just over 6% said 'other' or 'don't know' and under-reporting more generally. Nationally, the LGBT community experience a range of health inequalities, discrimination in accessing various healthcare and can avoid services all together for fear of discrimination. See here for further information: https://www.theproudtrust.org/wp-content/uploads/download-manager-files/LGBT-Young-Peoples-Health-Research(1).pdf and https://www.stonewall.org.uk/system/files/lgbt_in_britain_health.pdf
- Reduced condom use and increases in young people 'using nothing' is particularly concerning in relation to increased risk of Teenage Pregnancy (in turn increasing chances of poor outcomes as described in Module 3) and increased risk of sexually transmitted infections (STIs). Chlamydia is a common STI, particularly in sexually active young people, and locally chlamydia screening uptake rates have been declining. These risks are further compounded with half of young people reporting they don't know where to get a condom.
- Adding to the risk of Teenage Pregnancy is the lack of increase in reported use of LARC as the most effective method of contraception over the last 8 years. It is unclear if this is an indication of lack of knowledge about LARC, a lack of access to it or an issue with acceptance of this method amongst young people or a combination of any of these possible factors.

Suggested areas for future focus?

- Address the needs of LGBT CYP in relation to commissioning, service provision, and policy and programme development. The stark inequalities in mental health, in particular, are well documented. Therefore, mental health programmes and services should prioritise the needs of the CYP LGBT community.
- Ensure relevant staff who work with CYP are sufficiently trained in LGBT needs and issues.
- Consider deliberate steps to capture the voices and influence of the CYP LGBT community as part of the wider Community Engagement Strategy.
- There is a clear need to further develop youth-friendly contraception services, including IAG, to ensure CYP get the health services they need. This may require further insight work with young people. Delivery of the new RSE curriculum using evidence-based resources provides an opportunity to provide credible IAG, and signposting to relevant local services.

7.5 What did we discover about feeling safe?

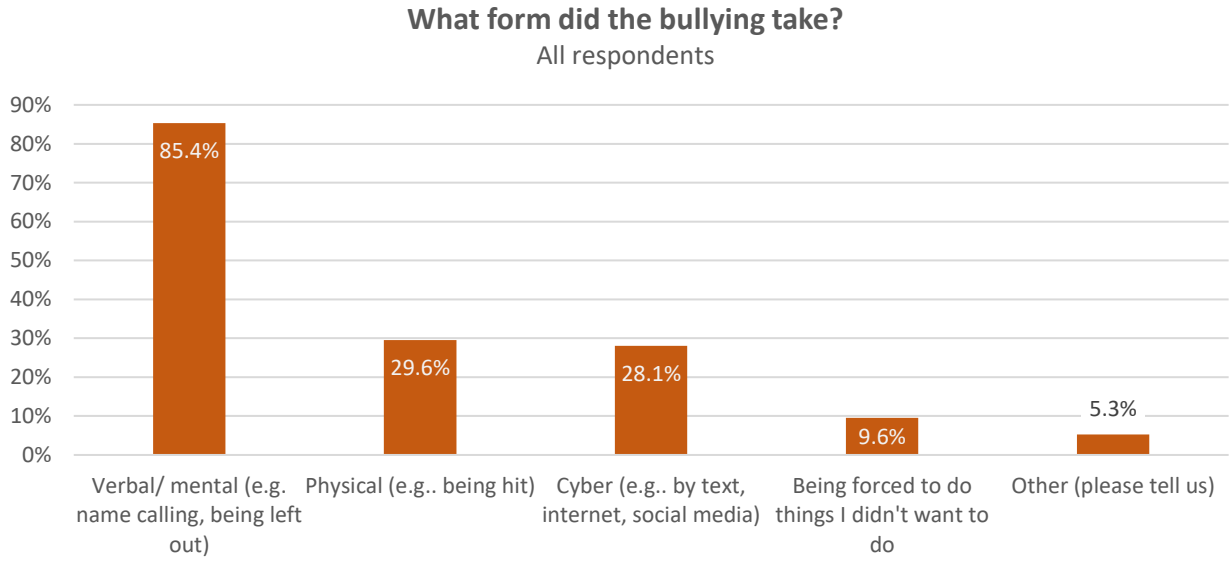
Victims of Crime (other than abuse)

- During 2018/19 there were 2,193 crimes (excluding sexual offences) overall which were recorded by Humberside Police, where the victim was a child or young person (aged 0-19 years) and the offence occurred in North East Lincolnshire.
- The overall figure includes repeat victims and equates to 1,589 individuals.
- The number of victims generally increases with age.
- The top three offences were violence against the person (72%), theft (8%), and public order offences (8%).
- The top three wards for offence location were East Marsh (17%), Heneage (12%), and West Marsh (11%) wards.

What did we discover about feeling safe?

Bullying

- 56.9% of young people have not been bullied at their current school.
- A fifth said they had been bullied once or more in the last year.
- 9.6% said they get bullied at least once a week.
- 85.4% said the bullying they had experienced had been verbal/ mental.
- Girls were less likely to respond that they had not been bullied at all - 52.9% reported not being bullied, compared to 60.7% of boys.
- Boys were more likely to report physical bullying than girls.
- 28.1% reported cyberbullying, although more girls than boys reported having experienced this.



So What?

- Given the scale of bullying there is a danger of this being regarded as the norm for CYP, rather than exception.
- The bullying reported is predominantly verbal/mental. The use of the internet and social media increases the potential for exposure to such bullying and the findings that nearly 1/3 of CYP have been exposed to cyberbullying is notable. This type of bullying can be invisible to schools and families and/our be out of their immediate control.
- The impact on CYP can take many forms including anxiety and depression, physical ill-health, behavioural issues, school absence, and ultimately impact on overall educational attainment. At the most extreme end, bullying can result in suicide.

Suggested areas for future focus

- Maximise schools' role in raising awareness of, and responding to bullying, including cyber-bullying amongst staff, pupils and parents.
- Those CYP not in the school setting should have access to relevant resources around cyber-bullying.

7.6 What did we discover about home life?

Domestic Violence

The majority of young people (86.9%) have not seen domestic violence in their family

- Most children (95.2%) feel safe in their home.
- Just over half (55.4%) of young people said if they witnessed physical domestic violence in their family they would phone the police.

Young Carers

- 14.3% of respondents said they care for someone at home with a serious illness or health problem that can't manage without their support.
- Of the 14.3% reporting caring responsibilities is higher than the 2015 survey when 11.2% said they care for someone.
- Of those who care for someone at home, 45.7% said this took some time but they didn't do it every day. 22.0% said it took up less than an hour, 16.4% said it took 1-2 hours and 15.9% spend more than 2 hours each day.

So What?

- Exposure to domestic abuse can have a significant lifelong adverse impact on CYP and is a recognised Adverse Childhood Experience which presents significant risk of harm to CYP's physical, emotional and social development. On the face of it, it may seem really positive that a large proportion of children report not seeing domestic violence in the home and feel safe. However, this seems out of kilter with the scale of domestic violence reported to the police and the level of domestic violence identified in children's social care. This might, therefore, indicate under-recognition and/or bias in reporting. The former is certainly problematic as this would indicate a degree of intergenerational normalisation. However, at this point it is difficult to draw conclusions without further research.
- There can be many reasons why just under half of young people would not phone the police if they witnessed physical domestic violence ranging from a whole host of fears and concerns, through to not knowing how to do this and what might happen.
- A sizeable proportion of the surveyed population report being a young carer and this is rising. Being a young carer can have a significant impact on the things that are important in growing up. It can affect a young person's health, social life and self-confidence. Many young carers struggle to juggle their education and caring which can cause pressure and stress. It is also important to recognise that the impact of caring is so variable. Sometimes, it is not necessarily the length of time taken for caring tasks, but it is the responsibility of caring per se, and/or living with someone with a health condition and the uncertainly that can bring for the entire family.

Suggested areas for future focus?

- The new RSE curriculum provides an opportunity to raise awareness of healthy relationships and how to resolve conflict.
- Review processes for identifying young carers and their needs, to inform commissioning and service provision including within school settings.

7.7 What did we discover about CYP's aspirations and attainment?

Aspirations

- 60.5% of ALS respondents think it is very important to get good results in school work and there was little difference in responses by sex or age.
- There are considerable differences in the aspirations of pupils for their lives after Year 11. Overall 45% of boys reported aspiring to getting a job at 16 or by 18 or doing an apprenticeship, compared to 26% of girls. Girls were much more likely to aspire to go to university (58%) compared to boys (35%).
- Aspirations change over time too, with the percentage of pupils who aspire to get a job at 16 decreasing from 16% of Year 7 pupils to 6% of Year 11 pupils. A decision to go to university may be made later on since around 44% of pupils in Years 7 to 10 aspire to go to university, which increases to 66% by Year 11.
- As is to be expected, amongst younger pupils there is a higher percentage who don't know yet what they aspire to at the end of Year 11.
- Only 16% of pupils think they will definitely be living in the area in 10 years, with 41% thinking they will have left the area although the majority reported not knowing.
- Unfortunately, due to poor completion of postcode data we were unable to undertake relevant analysis to highlight any geographical inequalities.

What did we discover about CYP's aspirations and attainment?

Attainment

Attainment 8 is part of the new secondary accountability system that was implemented for all schools from 2016.

Attainment 8 is the average score obtained by a student for their best 8 GCSE results.

Average Attainment 8 score per pupil, 2014/15 to 2018/19 by NEL, Regional and National:

Area	2014/15	2015/16	2016/17	2017/18	2018/19	2018/19 Boys	2018/19 Girls
England	48.6	50.1	46.5	46.6	46.7	44.0	49.4
Yorkshire and the Humber	46.9	48.9	45.4	45.1	45.2	42.5	48.0
North East Lincolnshire	45.2	47.8	43.9	43.4	41.3	38.6	43.8

- The average Attainment 8 score of NEL pupils for 2018/19 was 41.3, which is lower than the 46.7 average Attainment 8 score for state-funded schools in England overall.
- Girls outperform boys both locally and nationally.
- The NEL Attainment 8 score for those eligible for free school meals was 32.5 compared to 44.9 for all other pupils.
- The NEL Attainment 8 score was 8.4 for pupils with an EHC plan, 27.3 for pupils with SEN support, and 47.0 for pupils with no identified SEN.

What did we discover about CYP's aspirations and attainment?

Attainment in English and Maths

- 57.2% of NEL pupils achieved a 9-4 pass in English and Maths GCSEs in 2018/19
- This is lower than the comparable England figure of 64.6%
- Girls outperform boys by some margin with 51.6% of NEL boys achieving a 9-4 pass in English and maths GCSEs, compared with 62.4% of girls.
- For those eligible for Free School Meals, pass rates for English and Maths were only 36.6%, compared to 64.0% not eligible for FSM
- For those with identified SEN, pass rates for English and Maths were 9.8% for those with an EHC plan, 24.5% with SEN support, compared to 67.4% of pupils with no identified SEN.

Percentage of pupils achieving a 9-4 pass in English and mathematics for 2018/19.

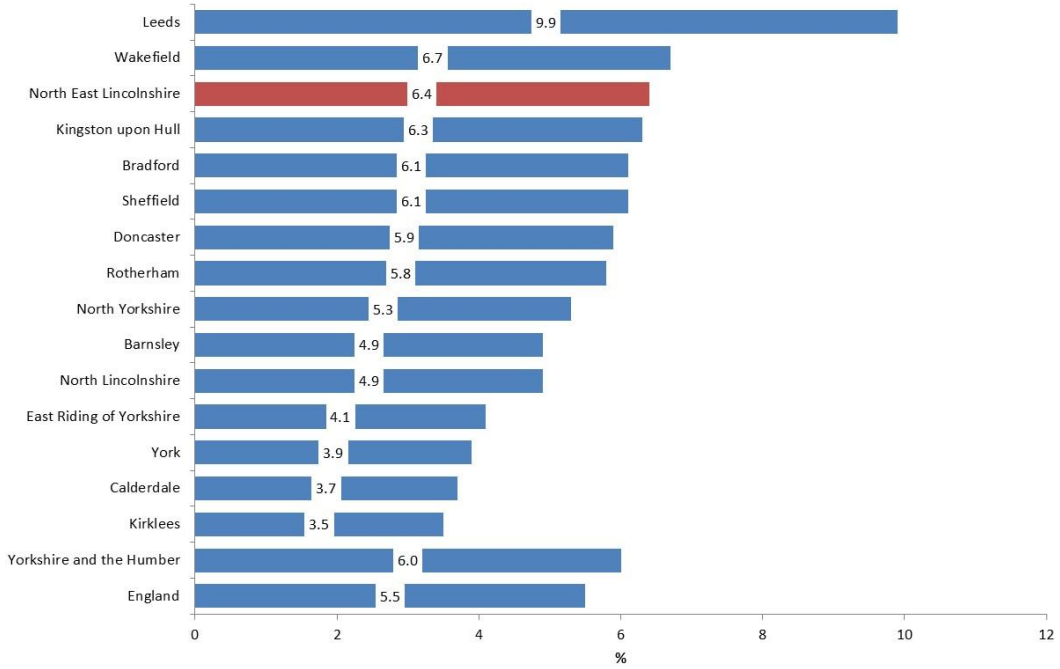
	All	Boys	Girls
England	64.6%	61.0%	68.4%
Yorkshire & Humber	62.3%	58.2%	66.7%
North East Lincolnshire	57.2%	51.6%	62.4%

What did we discover about CYP's aspirations and attainment?

Participation

- In 2018/19, there were 3,400 young people aged 16-17 known to the local authority. Of these, 220 (6.4%) were classed as not in education, employment or training (NEET), which comprised of 5.8% known to be NEET and 0.6% whose activity was not known.
- The NEL rate is higher than national and regional figures of 5.5% and 6% respectively.
- NEETs have steadily risen from 6.0% in 2016/17 to 6.3% in 2017/18, and now at 6.4%
- NEL has the third highest rate of NEETs regionally.
- 7.0% of males were NEET compared to 5.8% of females.
- 9.7% with SEND were NEET compared to 6.3% without SEND.

Percentage of 16-17 year olds not in Education, Employment or Training, 2018/19 – LAs in Yorkshire and Humber and England



So What?

- Children's education and skills development are important for their own wellbeing and for society as a whole as it is key in social mobility and economic growth.
- Locally, there are inequalities in aspirations and attainment variously by gender, FSM status and SEN status (which may not be mutually exclusive for some) which inform CYP's final destinations in further/higher education, training and employment. Research also suggests children with poorer mental health are more likely to have lower educational attainment. Children with lower educational attainment are more likely to experience poorer health as adults.
- Children from poor households are more likely to leave school with lower literacy and numeracy skills, fewer qualifications, and to be excluded from school than children from more affluent homes.
- Education increases self-esteem and confidence, employment and life opportunities. Those with the highest level of educational qualifications is a significant predictor of wellbeing in adult life; educational qualifications are a determinant of an individual's labour market position, which in turn influences income, housing and other material resources.

So What?

- Young people who are NEETs are at greater risk of a range of negative outcomes, including poor health, depression or early parenthood.
- Students with either high aspirations or high expectations have higher school achievement than those with both low aspirations and low expectations. Young people with higher educational aspirations have greater purpose and motivation and higher educational attainment than their peers.
- The analysis shows that aspirations increase over time e.g. in decisions favouring university over employment.
- The relationship between aspirations and attainment is complex. Evidence suggests that:
  - Most young people already have high aspirations, this suggests that much underachievement results not from low aspiration but from a gap between aspirations and the knowledge, skills, and characteristics required to achieve them.
  - Where pupils do have lower aspirations, it is not clear that any targeted interventions have consistently succeeded in raising their aspirations.
  - Where aspirations begin low and are successfully raised by an intervention, it is not clear that an improvement in learning necessarily follows.

What works?

- The relationship between aspirations and attainment is not straightforward. There are no meta-analyses of interventions to raise aspirations that report impact on attainment or learning. However, two relevant systematic reviews indicate that the relationship between aspirations and attainment is complex and that the evidence for a clear causal connection between learning, changing aspirations, and attitudes to school is weak.
- Evidence from longitudinal studies shows that **complete alignment** between **high aspirations**, **high expectations** and **high achievement** is the most important predictor of future educational behaviour among students (e.g. applying to university at the age of 17–18).
- Most young people have high aspirations for themselves. Ensuring that students have the knowledge and skills to progress towards their aspirations is likely to be more effective than intervening to change the aspirations themselves.
- In general, the evidence base on aspiration interventions is very limited and approaches to raising aspirations have not translated into increased learning. More rigorous studies are required, particularly focusing on pupil-level rather than school-level interventions.
- As a result it may be more helpful to focus directly on raising attainment. In aspiration programmes which do raise attainment, additional academic support is generally present. After school programmes typically cost about £5 to £10 per session, so a weekly programme lasting 20 weeks might cost up to £200 per pupil.

What works?

- Active engagement of parents in CYP's education. When parents and teachers engage, children are more likely to be successful and value their schooling experience.

- Parental involvement in their child's learning is the only area showing robust evidence of causation, and only as a cause of attainment (not participation). Parental engagement programmes typically cost between about £200 per child per year when the school covers the staffing costs, and about £850 per child per year for family support involving a full-time support worker.

Find out more 

https://educationendowmentfoundation.org.uk/evidence-summaries/teaching-learning-toolkit/aspiration-interventions/

http://frameworksinstitute.org/assets/files/PDF/beyond-caring-nafsce-map-the-gap

https://www.jrf.org.uk/report/impact-attitudes-and-aspirations-educational-attainment-and-participation

What Works? - Resilience

In this part of the lifecourse, CYP can face any number of vulnerabilities, including those related to family factors and social circumstance, and have to negotiate a range of choices and decisions about their future transition into adulthood.

Reviewing evidence for each single vulnerability is beyond the scope of this HNA. Rather, the focus on what works is on building resilience in CYP as a protective factor, giving them the skills to navigate this phase of the lifecourse and the means to bounce back from adversity.

The key components for promoting resilience combine:
- development of individual skills
- access to the right information at the right time
- availability of suitable or relevant or expert services and resources when they are needed
- tackling the wider determinants of unequal health outcome

The concept of resilience and what works to build resilience will be covered in Phase 3 (Module 11) of this HNA.

Suggested areas for future focus?

- A clear multi-agency plan with sufficient focus on improving aspiration, high expectations and high achievement, that includes a targeted approach for those experiencing greatest inequalities, could be developed and implemented.
- Ensuring that students have the knowledge and skills to progress towards their aspirations.
- Closing inequalities gaps on educational attainment, including parental involvement in learning.