

North Tyneside  
**Director of Public Health**

# Annual Report 2018

Growing up in North Tyneside:

## Building Happy and Healthy Futures



North Tyneside Council

Welcome to my third annual report as Director of Public Health, which focuses on the health and wellbeing of our children and young people in the borough.

Infants, children and young people represent over a quarter of the population of North Tyneside. Their health and wellbeing is important as it is one of the key factors in determining the health and prosperity of future generations. Investing in the health and wellbeing of children and young people is a good basis for both improving life expectancy and economic viability across the population of North Tyneside.

The evidence is very compelling, getting things right in the early years can last a life time. If we get the early years right, we pave the way for a lifetime of achievement. If we get them wrong, we miss a unique opportunity to shape a child's future. <sup>(1)</sup> Frederick Douglass, way back in the 1800s, said: **'It is easier to build strong children than repair broken men'**.

Of course, it is well known that so much depends on the circumstances that frame the start of a child's life. The genetic make-up passed on from parents, the environment in the womb, and access to good antenatal care predetermine much of the experience that a child will have in life. Their life chances are greatly influenced by the family and community situation into which they are born. What support do parents or guardians have? How stable are relationships? What kind of parenting skills do they have? Do parents or guardians work? Do they live in communities that are safe; have good housing and excellent educational provision?

We have seen extraordinary improvements in child and adolescent health over the past 100 years. At the beginning of the 20th century, one in six infants did not live until their first birthday in the UK. Today, infant mortality in the UK is 3.9 per 1,000 – meaning that only one in 256 infants do not reach their first birthday. Similar gains in mortality, morbidity and general health have been seen across childhood and also into adolescence. These improvements have continued over the past 30 years, albeit at a slower pace. <sup>(2)</sup>

The majority of our children and young people in North Tyneside lead happy and healthy lives, but children and young people living in some parts of the borough have much poorer health outcomes. In addition, the impact of modern life means that there are new challenges; in particular the rise in childhood obesity, the negative impact of social media and the concerns around mental health.

There is no doubt that our children and young people are growing up in a world that is markedly different from that of their parents. New opportunities and threats arise from the wide access to a range of digital technologies. This brings with it opportunities to be so much better informed about physical and emotional health and wellbeing, but also presents significant challenges of cyber bullying, radicalisation and exploitation.

Engaging and listening to children and young people has never been so important if we want them to be aspirational for their future, to be healthy and emotionally resilient, to love and be proud of the place they live, to be able to live near their family and community and to have access to jobs and opportunities to rival anywhere else in the country.

What is very clear is that no single profession or organisation can single-handedly ensure the best outcomes for our children, young people and families. Co-ordinated action is needed to ensure that young people are capable of meeting the changing requirements of life and primed to succeed. Health and wellbeing plays a powerful role in allowing children and young people to meet their potential, and personal achievement helps in turn to improve health.



**Wendy Burke**  
Director of Public Health

# 1. Why focus on the health and wellbeing of children and young people?

**'A vital and productive society, with a prosperous and sustainable future, is built on a foundation of healthy child development.'** <sup>(3)</sup>

Children and young people are North Tyneside's greatest asset and every child deserves to have the best start in life, achieve during their school years and thrive in adolescence. Health in the earliest years from pre-conception, through to birth and early childhood builds the foundations for lifelong health and wellbeing.

Compelling evidence confirms that children's experiences in the early years have a major impact on their health and life chances, as children and adults.

## Early experiences last a lifetime

- A low birth weight baby is five times more likely to die as an infant than those babies of normal birth weight
- A child's early development score at 22 months is an accurate predictor of educational outcomes at age 26, which in turn is related to long-term health outcomes
- Adverse Childhood Experiences (ACEs) in early life are increasingly being recognised as having a lasting effect on adult health, both directly and through influencing physical and mental adult health behaviours
- Overweight or obese children are at greater risk of poorer school attainment, emotional difficulties, cardiovascular disease and diabetes in later life

## It makes economic sense

Children and young people are a worthwhile investment: **"Investing in child health makes both moral and economic sense – for every £1 you put in, you get an average of £10 back in terms of future productivity."** <sup>(4)</sup>

We want every child and young person to reach their full potential. Healthier children have better educational outcomes, which positively impact productivity in adulthood and therefore our local economy. We want North Tyneside's population to be healthy, economically active and not incapacitated by chronic conditions or illness in adulthood and old age.

<sup>(1)</sup> Ofsted (2016) Unknown Children: Destined for Disadvantage <https://www.ncb.org.uk>

<sup>(2)</sup> Royal College of Paediatrics and Child Health (2019) State of Child Health: England Two Years On <https://ropch.ac.uk>

<sup>(3)</sup> Harvard University Centre on the Developing Child (2016). In Brief, The Foundations of Lifelong Health. <https://developingchild.harvard.edu/>

<sup>(4)</sup> President of the Royal College of Paediatrics and Child Health (2017). Parenting and Child Health Views from the Front Line. <https://www.rcpch.ac.uk>



## 2. Our population of children and young people

### In North Tyneside:

- **94%** of children and young people are White British
- **13%** of children have a long-term illness, disability or medical condition
- **14%** of pupils have a special educational need
- **91%** of pupils go to, or remain in, education or employment
- **39%** of pupils enter higher education/university
- **392** are known carers
- **296** are looked after children



### The population of North Tyneside



**Females**  
105,635

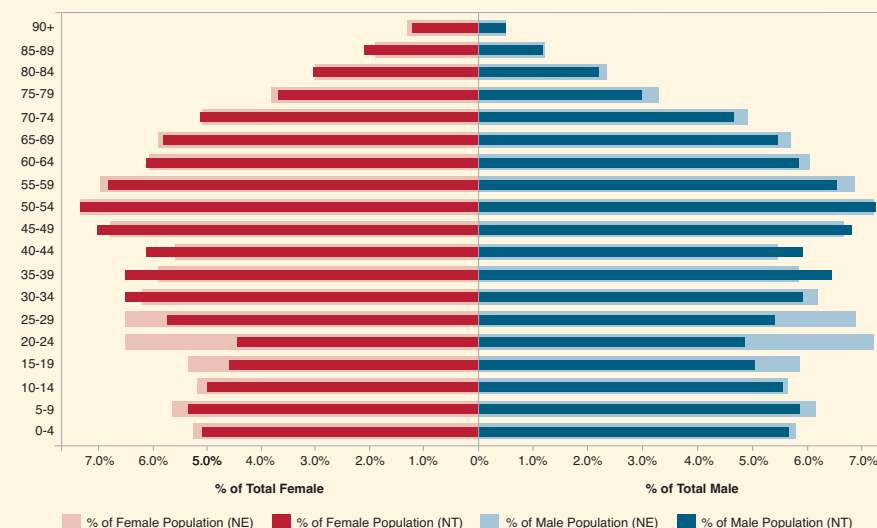


**Males**  
98,838



**North Tyneside population:**  
204,473

North Tyneside v North East Population



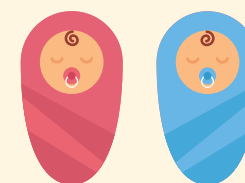
**27%**



of the population are under 25

Source: ONS mid population estimates (2017)

### Current and projected population of children and young people



**0-4 years**

2017: 11,439

2030: 10,500



**5-19 years**

2017: 33,426

2030: 33,700



**20-24 years**

2017: 10,276

2030: 11,500



**Total 0-24 years**

**2017: 55,141**

**2030: 55,700**

Source: ONS population projections (2017)

### 3. Opportunities for better health begin where we are born, live, play, learn and work

'There is now a wealth of evidence that the wider determinants of health are the most important driver of health. In addition to income and wealth, these determinants include education, employment, housing, transport and leisure.'<sup>(5)</sup>

Good or bad health is not simply the result of individual behaviours, genetics and medical care. A substantial part of the difference in health outcomes is the social, economic and environmental factors that shape people's lives, known as the 'wider determinants of health'. Family context is a critical social determinant of child health because children are so dependent on their parents or carers.

#### The most important wider determinants of health for children and young people are:

- **Family** – a positive family life creates the early life foundations to feel loved and valued.
- **Money and resources** – family household income, welfare and benefits and debt contribute to financial security.
- **Living conditions** – housing standards, tenure and security are important.
- **Peers and social groups** – friendships are of paramount importance and, conversely, bullying has very negative effects on health and wellbeing.
- **Education** – level, attainment, skill level and potential to progress to good work and earning potential.
- **Good work** – offers a sense of purpose, stability, security and a regular income.
- **Our surroundings** – good places, spaces and buildings enable children to be more physically active, feel safe, use facilities and services, socialise and play.

#### North Tyneside is a great place to live and grow up for children and families:

**Natural assets:** As a coastal borough, children and young people benefit from a range of award-winning beaches and many public parks and green spaces.

**Housing:** Around 25,920 homes in North Tyneside have children living in them; these are made up of owner occupied (64%), social rentals (23%) and private rentals (13%).

**Education:** 88% of pupils attend schools in the borough which are rated as 'good' or 'outstanding'. All our nurseries, playgroups, child-minders and after school clubs are 'good' or better, according to Ofsted.

**Culture and heritage:** North Tyneside is a kaleidoscope of images, colours and sounds, informed by over 2,000 years of history. A range of cultural activities and heritage opportunities are available for children, young people and families to explore.

**Health and social care:** There is good access to a range of high quality services provided by the NHS and Local Authority.

"The place we grow up influences every aspect of our lives, it informs our view of the world around us; it influences the relationships we have and, ultimately, it impacts on our career choices and our wider life choices too."<sup>(6)</sup>

### 4. All babies are not born equal

'We know that children born in deprived areas are more likely to have poor health outcomes than their more affluent peers. Tackling health inequalities is crucial to ensuring that all children, regardless of their family's income or postcode, have the healthiest possible start in life.'<sup>(7)</sup>

Most children in the UK and North Tyneside are growing up happy and healthy. The health of infants, children and young people in the UK has improved dramatically over the last 30 years.

Our children and young people have opportunities today that would have been unthinkable a century ago. Sufficient food and adequate diet, clean water to drink, opportunities to play and learn; together with the prospect of good employment, good schools, warm safe homes, enough finances for the necessities and a little extra. Children born today have a high probability of surviving into old age and seeing their own grandchildren do well.

However, the benefits of the 20th and 21st centuries are not all good and, of course, they are not evenly spread. While life expectancy has increased for residents in North Tyneside, the years lived in good health have not increased at the same rate.



**A baby girl born in North Tyneside today on average can expect to live to 82 years, with 63 years lived in good health.**



**A baby boy born in North Tyneside today on average can expect to live to 78 years, with 62 years lived in good health.**

The inequalities that exist across the borough are stark and persistent. A baby girl born in Tynemouth ward can expect to live 11.2 years longer than a baby girl born in Riverside ward and for a baby boy the figure is 11.9.

#### Child poverty

Child poverty is an important issue in terms of child health and wellbeing because of the impact into adulthood. Child poverty is associated with a wide range of health-damaging impacts, negative educational outcomes and adverse long-term social and psychological outcomes.

We know that the negative effects of poverty on the health and wellbeing of children are not confined to the poorest, because disadvantage works as a gradient and it starts before birth, accumulating across the life course.

<sup>(5)</sup> The Kings Fund (2018): A Vision for Population Health. Towards a Healthier Future. <https://kingsfund.org.uk>

<sup>(6)</sup> Children's Commissioner (2018). Growing Up North [www.childrenscommissioner.gov.uk](http://www.childrenscommissioner.gov.uk)

<sup>(7)</sup> President of the Royal College of Paediatrics and Child Health (2017). Parenting and Child Health Views from the Front Line. <https://www.rcpch.ac.uk>



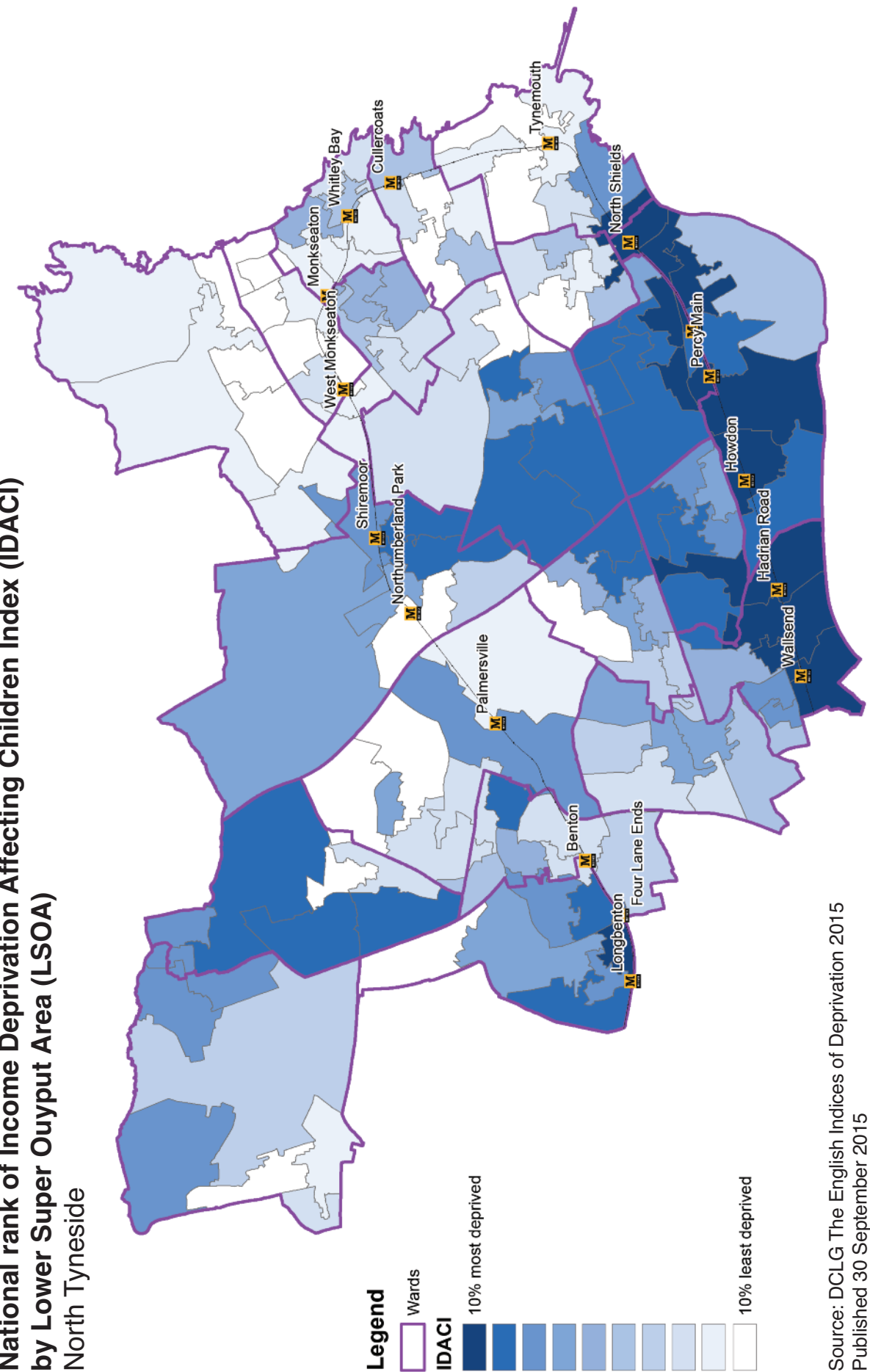
## Income Deprivation Affecting Children Index (2015) North Tyneside

In North Tyneside, 20.4% of children live in poverty, which is well below the regional average of 25.4% and is the second lowest of all North East England local authorities. The map opposite shows inequalities with some wards experiencing higher income deprivation.

'I think that the biggest impact of poverty on the children and parents I encounter is insecurity, inferiority and stress. Through biological and psychological factors these undoubtedly lead to poor health.'

'Breastfeeding is a natural 'safety net' against the worst effects of poverty. Exclusive breastfeeding goes a long way toward cancelling out the health difference between being born into poverty and being born into affluence. It is almost as if breastfeeding takes the infant out of poverty for those first few months in order to give the child a fairer start in life and compensate for the injustice of the world into which it was born.'

## English Indices of Deprivation 2015: National rank of Income Deprivation Affecting Children Index (IDACI) by Lower Super Output Area (LSOA) North Tyneside



Source: DCLG The English Indices of Deprivation 2015  
Published 30 September 2015

This supplementary index to the income deprivation domain represents the proportion of children aged 0-15 living in income deprived households

Produced by Policy, Performance & Research Team, North Tyneside Council October 2015

Contains Ordnance Survey Data © Copyright.  
North Tyneside Council 100016801 2015

(8) President of the Royal College of Paediatrics and Child Health (2017). Parenting and Child Health Views from the Front Line. <https://www.rcpch.ac.uk>  
(9) UNICEF (2019) The Benefits of Breastfeeding [www.unicef.org.uk](http://www.unicef.org.uk)

# The journey from pre-birth to young adulthood in North Tyneside

Not compared against national average

Better than national average

In line with national average

Worse than national average





## 5. Pregnancy and the early years: 1,001 critical days

'Children who lack nurture from one or more caring adults in the first 1,001 days of their lives achieve less in education and in the world of work; are more likely to behave anti-socially and are less healthy, physically as well as mentally, than individuals who were given a better start.

Love and nurture by caring adults is hard-wired into the brains of children even before they are born. That is why the first 1,001 days are critical.'<sup>(10)</sup>

### Why is it important?

Even before a child's life starts, the choices parents make, the actions they take and the circumstances in which they live will affect outcomes for their child both at birth and later in life. The first two years of a child's life is inextricably linked with the lives and health of their parents and carers, communities and the social determinants.

To ensure the best start in life and good physical and mental health of our future generations in North Tyneside we need to support all women before, during pregnancy and at birth; and support families during the first two years (1,001 days) of a child's life.

### Early parenting matters

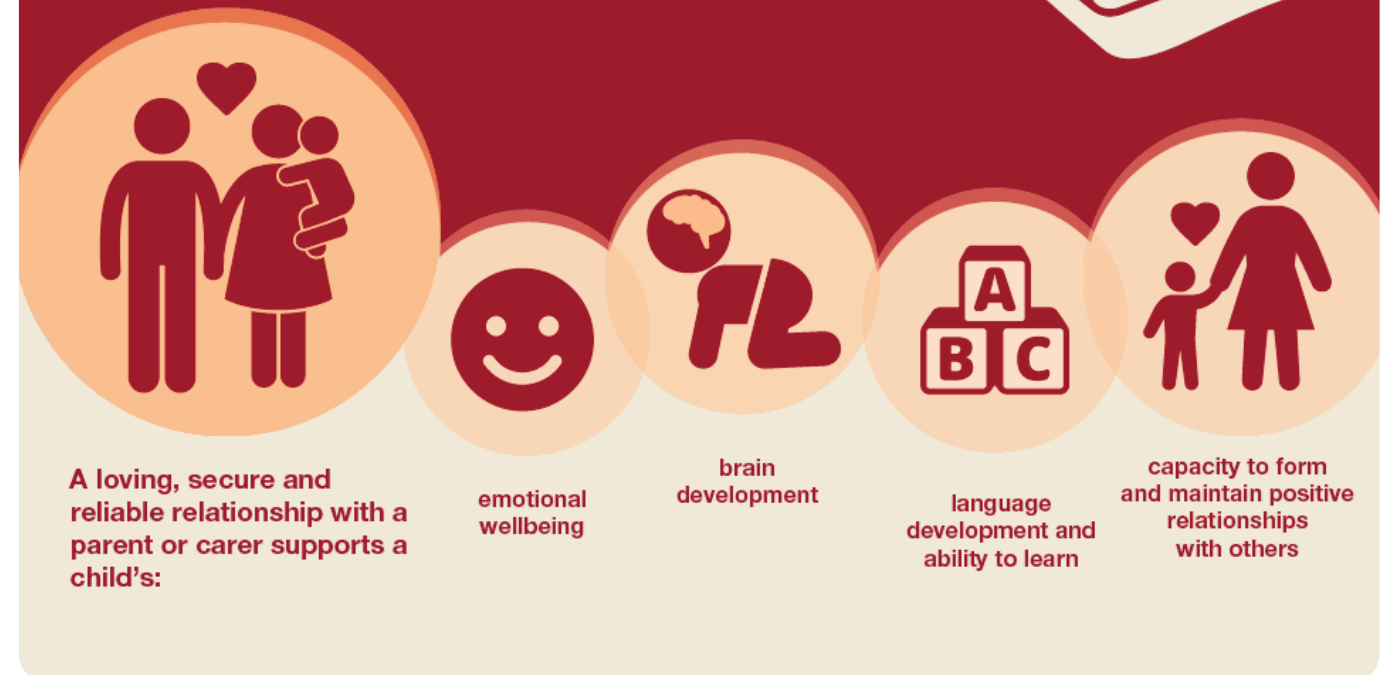
- Providing emotional warmth and stability
- Caregiving
- Ensuring safety and protection
- Providing guidance, boundaries and stimulation
- Supporting the child's cognitive development through interaction, talking and play

### Did you know...?

- What parents experienced in their own first 1,001 days and earlier can be passed onto their children.<sup>(11)</sup> This leads to cycles of poor health across generations which we need to halt.
- 45% of pregnancies and a third of births are unplanned; or associated with feelings of ambivalence.<sup>(12)</sup>
- Mental health problems affect 10-20% of women during pregnancy and the first year after having a baby.<sup>(13)</sup>

'In the first years of life, more than 1,000,000 new connections are formed every second in a baby's growing brain. The way babies' brains develop is shaped by their interactions with others.'<sup>(14)</sup>

## Giving every child the best start in life



Source: Public Health England (2016) Health Matters – Giving Every Child the Best Start in Life

## Encouraging a healthy pregnancy



Source: Public Health England (2016) Health Matters – Giving Every Child the Best Start in Life

<sup>(10)</sup> Cross Party Manifesto (2013): 1,001 Critical Days – The Importance of the Conception to Age 2 Period <https://www.1001criticaldays.co.uk>

<sup>(11)</sup> Barker, D.J.P. 2012. Developmental origins of chronic disease, Public Health, Vol. 126, pp. 185-189

<sup>(12)</sup> Public Health England (2018) Making the Case for Preconception Care <https://www.gov.uk>

<sup>(13)</sup> Centre for Mental Health (2015) LSE Personal Social Services Research Unit. The costs of perinatal mental health problems – report summary <https://www.lse.ac.uk>

<sup>(14)</sup> Harvard University Centre on the Developing Child (2016). In Brief, The Foundations of Lifelong Health. <https://developingchild.harvard.edu/>

## How are we doing in North Tyneside: strengths and challenges?

### Strength: Lowest infant mortality rate in the region

Infant mortality is a commonly used basic indicator of population health and the quality of healthcare services. North Tyneside has the lowest infant mortality rate at 2.1 per 1,000 births in the North East region (3.3 per 1,000). This is also better than the England rate (3.9 per 1,000). Socio-economic status is strongly associated with infant mortality, with increasing risk associated with higher levels of maternal deprivation.

Source: Public Health England (2018) <https://fingertips.phe.org.uk>



### Challenge: Low levels of breastfeeding

North Tyneside's breastfeeding initiation rate is 65.4%, which is significantly below the England average of 74.5% but better than the average for the North East of 59%.

Source: Public Health England (2018) <https://fingertips.phe.org.uk>



### Challenge: Smoking in pregnancy

At the time of giving birth, 248 (11.3 %) of mothers in North Tyneside were smoking. This the lowest rate in the North East region and similar to the England rate, but much work is required to reach the national ambition of 6%.

Stopping smoking in pregnancy avoids the greatest risk to birth outcomes. Smoking is associated with an increased risk of miscarriage by over 30% and still birth by nearly 50%; plus low birth weight and reduced growth.

Source: Public Health England (2018) <https://fingertips.phe.org.uk>



## What are we doing locally?

A range of providers from the NHS, council and voluntary sector provide a variety of maternity and early years services and support to all our families, including:

- **Local maternity services** supporting healthy pregnancies
- **Peri-natal mental health:** supporting mothers before, during and after pregnancy
- **Healthy Child Programme:** a universal service providing advice and support to help children's physical and emotional development, screening and health and development reviews

- **Breastfeeding Peer Supporters:** mothers who have breastfed their own baby/babies, or still are and want to volunteer to support other mothers to have a positive breastfeeding experience
- **Children's Centre offer:** supporting parents and children's development in the early years

## 6. Early years and school readiness

'Good quality early childhood education and care can help to address inequalities in life chances. Effective early years provision is good for all children but it has a disproportionately positive impact on the development of disadvantaged children.'<sup>(15)</sup>

### Why is this important?

Educational attainment is one of the main markers for wellbeing through the life course. Positive early experiences are vital to ensure children are ready to learn, ready for school and secure good life chances.

Children from less affluent backgrounds are at more risk of poorer development and the evidence shows that differences by social background emerge early in life. If a child is not ready for school they are immediately disadvantaged and the impact on their social and emotional development and their learning can be significant.

### The importance of school readiness

#### Children who don't achieve a good level of development aged 5 years struggle with:



Social skills



Reading



Maths



Physical skills

#### which impacts on outcomes in childhood and later life:



Educational outcomes



Crime



Health



Death

Source: Public Health England (2015) Improving School Readiness <https://publichealthmatters.blog.gov.uk>

<sup>(15)</sup> Marmot (2010): Fair Society, Healthy Lives – The Marmot Review <https://www.instituteofhealthequity.org>



### School-ready children are able to:

- Recognise numbers and quantities in the everyday environment
- Participate in music activities, such as singing
- Have good oral health
- Take turns, sit, listen and play
- Communicate their needs and have a good vocabulary
- Socialise with peers and form friendships
- Be independent in eating
- Have motor control and balance for a range of physical activities
- Get dressed and go to the toilet independently
- And they have received all childhood immunisations, are well nourished and within normal weight for height

### What works to improve school readiness?

- Good maternal mental health
- Learning activities, including speaking to babies and reading with children
- Enhancing physical activity
- Parenting support programmes
- High quality early education

Department of Education, Department of Health (2011) Families in the foundation years evidence pack

### Did you know...?

- For every £1 spent on early years education, £7 has to be spent to have the same impact in adolescence. <sup>(16)</sup>
- Socially disadvantaged children are more likely to have poorer oral health and speech, language and communication difficulties than their peers, which can impact on their educational attainment and future life chances. <sup>(17)</sup>

### How are we doing in North Tyneside: strengths and challenges?

#### Strength: Starting school – good level of development

73% of all our children in North Tyneside achieve a good level of development (GLD) at the end of reception class. However, only 60% of children in North Tyneside who are eligible for free school meals achieve a good level of development. There is a need to improve school readiness in families with lower incomes to reduce this inequality.

Source: Public Health England (2018) <https://fingertips.phe.org.uk>



#### Challenge: Starting school – unhealthy weight

At the age of five, 25% of our children are an unhealthy weight when they start school (compared with 22% in England). However, in some of our schools this is as high as 44%.

Children are more likely to be obese if their mother was obese during the early stages of pregnancy.

Obesity can be harmful to children and they are more likely to:

- Be absent from school
- Have low self esteem
- Experience bullying
- Have an increased risk of diabetes and joint problems
- Have exacerbated asthma
- Become obese adults
- Be at higher risk of morbidity, disability and premature mortality in adulthood

Source: Public Health England (2018) <https://fingertips.phe.org.uk>



### What are we doing locally?

- We ensure that high quality education provision is available:
  - to deliver the two-year-old free education offer for economically disadvantaged families and the universal education offer for three and four-year-olds
  - 30 hours of free childcare for working parents
- Offer free activities in all our libraries to encourage child development, including regular story times for under-fives
- Early help and support for any family in North Tyneside who might need extra support

<sup>(16)</sup> PHE (2015) Improving school readiness <https://publichealthmatters.blog.gov.uk>

<sup>(17)</sup> Early Intervention Foundation (2017) Language as a child wellbeing indicator <https://www.eif.org.uk>

## 7. Readiness for work and life

'Between the ages of 12 and 24, young people will go through life-defining experiences and changes. During this time, most will aim to move through education into employment, become independent and leave home. This is also a time for forging relationships and lifelong connections with friends, family and community.'<sup>(18)</sup>

### Why is it important?

Adolescence is a critical period of development; it is a time of rapid physical development and emotional changes. It is worth investing in resilience at this age because:

- Human brains develop and change more during the teenage years than at any other time apart from the first three years of life
- It is a time when there is huge potential for the development of new skills and capabilities

We want to prepare and equip our young people to deal with the challenges they face, so they can develop and have bright futures in whatever they choose to pursue.

### A time of change

Transitions affecting young people during adolescence:

- **Physical development** – Puberty drives young people to develop an identity and adopt certain behaviours which may either be protective or have negative influences on health.
- **Cognitive development** – The brain undergoes a huge re-organisation and 'fine tuning' in the adolescent years. Young people become better at assessing risk, learning from experience, moral thinking, political thought and at controlling impulses.
- **Emotional development** – Finding their sense of personal identity and self-esteem, developing autonomy and learning coping strategies for dealing with life events and challenges.
- **Social development** – Peer groups are of great importance and peer influences are powerful in either positive or negative health risk behaviours, although families remain very significant. They also experience challenges related to relationships, such as establishing and maintaining more intimate psychological and romantic/sexual relationships.

### Young people's resilience and mental health

Promoting good mental health and resilience is a national and local priority. While young people's mental health has a high profile, the proportion of under-16s experiencing any mental disorder has only seen a relatively small rise from 11.4% to 13.6% between 1999 and 2017 nationally.<sup>(19)</sup>

It is important to note that most young people in North Tyneside have good mental health, but we want this to continue and support those young people who need support with their mental health.

We want young people to be resilient and have the skills to cope and the ability to bounce back from adversity. Young people who are resilient are able to deal with change, manage stress and perform better academically.

Young people may self-harm when they feel unable to cope or as a way to manage overwhelming distress. Nationally, the rate of young people being admitted to hospital as a result of self-harm is increasing, and this is also the case in North Tyneside. Levels of self-harm are higher among young women, but young men are also affected.

### Did you know...?

- Children who have been in temporary accommodation for more than a year are three times more likely to demonstrate problems such as anxiety and depression.<sup>(20)</sup> Housing impacts children's health in a number of ways, including mental health, attitudes and behaviours, educational attainment, health and hygiene and social relationships.
- 50% of mental illness in adult life (excluding dementia) starts before age 15 and 75% by age 18.<sup>(21)</sup>
- Young people are more likely to binge drink and it is linked to unprotected or regretted sexual activity, antisocial and criminal behaviour, self-harm and thoughts about suicide.<sup>(22)</sup>

### How are we doing in North Tyneside: strengths and challenges?

#### Strength: Low homelessness – providing stability and security

Family homelessness in North Tyneside is low at 1.1 per 1,000 households, compared with 1.9 per 1,000 in England. This means that the majority of our young people do not experience the negative effects of homelessness. Secure housing is not just about physical shelter; it also provides a sense of stability and security for young people.

Source: Public Health England (2018) <https://fingertips.phe.org.uk>



#### Challenge: High rates of alcohol-related admissions

North Tyneside's rate of hospital admissions (81.2 per 100,000) for alcohol-specific conditions in under-18s is higher compared with the England rate (32.9 per 100,000).

Nationally, there has been a decline in young people's harmful drinking over recent years. The annual health survey for England found the proportion of 16- to 24-year-olds that do not drink alcohol had increased, from 18% in 2005 to 29% in 2015.

Source: Public Health England (2018) <https://fingertips.phe.org.uk>



### What are we doing locally?

- Supporting the work that our schools do locally to promote and protect young people's health and wellbeing
- Promoting a system-wide approach to building resilience and improving mental health
- Providing a c-card scheme – free condoms to under-25s and high quality sexual health services
- Increasing the use of technology to offer support and reach young people – eg Kooth.com, an online counselling and emotional support service and CHAT Health, a text messaging service with school nurses
- Providing information and support in relation to drugs and alcohol

<sup>(18)</sup> The Health Foundation (2018) The Social Determinants of Young People's Health [www.health.org.uk](http://www.health.org.uk)

<sup>(19)</sup> NHS Digital (2017) Mental Health of Children and Young People in England <https://digital.nhs.uk>

<sup>(20)</sup> PHE (2015) Improving school readiness <https://publichealthmatters.blog.gov.uk>

<sup>(21)</sup> Department of Health (2009) Department for Children, Schools and Families. Healthy lives, brighter futures <https://webarchives.nationalarchives.gov.uk>

<sup>(22)</sup> HSCIC (2015) Health and wellbeing of 15 year olds in England. Main findings of the What About Youth Survey 2014 <https://digital.nhs.uk>



## 8. Supporting our most vulnerable children and young people

'If they, my parents, are fighting then I normally go with my brother and hide upstairs and we don't feel very safe. You can hear my mum crying, my dad shouting and screaming and sometimes you can hear whacks of my mum being hit and when my dad eventually goes to work we come downstairs and see my mum in tears with bruises all over herself.' (10 year old girl) <sup>(23)</sup>

### Why is this important?

Every child should be given the same opportunities to lead a healthy life, no matter where they live or who they are. 'Vulnerability' refers to the additional needs or barriers children face to make them less likely to live healthy, happy, safe lives; or less likely to have successful transitions to adulthood.

The term 'vulnerable' is applied to define key groups of children, such as looked after children and young carers. Vulnerability is also used to define children at risk of harm and neglect. However, there are many factors which can have a negative impact on a child and increase their vulnerability, for example poverty or having a parent who misuses substances and being in a household with domestic abuse.

### Adverse Childhood Experiences (ACEs)

Children and young people exposed to adverse childhood experiences have an increased risk of poor health outcomes and health-harming behaviours across the life course.

Evidence suggests those with four or more ACEs are:

- 2 x more likely to have a poor diet
- 3x more likely to smoke
- 5x more likely to have had sex under 16 years
- 6x more likely to have been pregnant, or got someone accidentally pregnant under 18

#### CHILD MALTREATMENT



Verbal abuse



Physical abuse



Sexual abuse

#### CHILDHOOD HOUSEHOLD INCLUDED



Parental separation



Domestic violence



Mental illness



Alcohol abuse



Drug use  
4%



Incarceration  
3%

Source: Public Health Wales (2016) ACEs and their impact on health harming behaviours in the Welsh adult population [www.wales.nhs.uk](http://www.wales.nhs.uk)

<sup>(23)</sup> Children's Commissioner (2018). Growing Up North [www.childrenscommissioner.gov.uk](http://www.childrenscommissioner.gov.uk)

### How are we doing in North Tyneside: strengths and challenges?

#### Strength: Largest regional reduction in teenage pregnancy

North Tyneside has seen a significant reduction in the teenage pregnancy rate of 74% since 1998. The rate is now lower than the England rate at 15.8 per 1,000 population.



Building the knowledge, skills, resilience and aspirations of young people, and providing easy access to welcoming services, helps them to delay sex until they are ready to enjoy healthy, consensual relationships and to use contraception to prevent unplanned pregnancy. Sustaining our progress is essential to improving wider outcomes for children and young people, particularly the most vulnerable, and reducing long-term demand on services.

Source: Public Health England (2018) <https://fingertips.phe.org.uk>

#### Challenge: Young offender increase

North Tyneside had an increase in young people entering the youth justice system for the first time, compared with the England average (2017).



Vulnerabilities of young offenders:

- More likely to have been a looked after child
- Witnessed domestic violence
- Misused substances
- Have mental health problems
- Been exposed to bullying
- Have a substance misusing parent
- Have a parent in prison

Specific health and wellbeing needs of North Tyneside young offenders are:

- Higher levels of bereavement and loss compared with national estimates of rates
- Mental health needs across the cohort are very high, particularly in more prolific offenders
- Higher numbers experiencing suicidal thoughts or self-harm compared with national figures
- Substance misuse is highly prevalent across the cohort, particularly alcohol misuse
- High social and communication difficulties and these are higher than national figures would indicate is expected
- Young offenders with a suspected learning disability similar to national figures

Source: North Tyneside YOT Local Needs Assessment 2018

### What are we doing locally?

Supporting our most vulnerable children and young people requires effective multi-agency partnership work, including:

- Providing Children's Services that are rated 'good' with 'outstanding elements'
- Delivery of an effective multi-agency safeguarding hub (MASH)
- A comprehensive approach to domestic abuse, from prevention through to support services for families
- Using strength-based practice in interventions with families through Signs of Safety
- Developing trauma-informed approaches and practice
- Providing early intervention through effective early help services
- Supporting children of alcohol dependant parents



## 9. What do children and young people in North Tyneside say about their health and wellbeing?

“Getting in with the wrong crowd can have a big effect on health... like trying drugs or alcohol, but no one wants to be alone.”

Participant, North Tyneside focus group 11-18

Children and young people make up a quarter of the population and they are key stakeholders of both the NHS and local government; and as a result their interests must be at the centre of all we do. Children and young people want to be involved in the discussions and decisions that affect their health. <sup>(24)</sup>

In North Tyneside there is a very strong tradition of effective participation and engagement by children and young people. Young people living in North Tyneside have an enthusiasm and passion for getting involved, giving opinions and offering views to influence decision making that help to shape support and services across the borough to meet their needs.

### North Tyneside participation and involvement of children and young people includes:

- Young Mayor and Member of UK Youth Parliament
- Young Cabinet
- Youth Cabinet
- Children's Council
- Children in Care Council
- State of the area events
- Question Time
- Democracy Week
- School councils
- MH:2K – Mental health citizen research project



North Tyneside's Young Mayor and Member of UK Youth Parliament are directly elected by our young people

From a number of participatory activities that have taken place in 2018, together with some additional focus groups with children and young people across the borough that were arranged in writing this report, we have distilled out some of the key issues that children and young people have told us are important to their health and wellbeing.



MH:2K engages young people aged 14-25 in conversations about mental health and emotional wellbeing. Young people from North Tyneside visited the Houses of Parliament to share their local findings.



## Family, friendships and relationships are key to wellbeing

Children and young people across all age groups in North Tyneside place a considerable amount of importance on having and maintaining good friendships and healthy relationships.

Friendships are fundamentally important to how they feel about themselves and about their lives. Recognising and

supporting healthy relationships is central to improving young people's wellbeing and providing a sense of belonging. Good relationships with family members are particularly important to younger age groups and those children who are in care.

"It is a really important part of our lives to make sure we see our families regularly when we are in care, but often we feel it's not good enough. We think that councils need to think about not using the word 'contact' – we think that 'family visits' sounds much better.

"We want more visits for young people in care with their wider family members and old friends. These relationships are often really important to us and get lost when we come into care or move."

Participant, North Tyneside focus group 11-18

"Coming here really helped me and made me feel safe. It was great to come somewhere where people are in the same situation. I could speak out, people understood what I was saying and I made new friends."

Young Carer who attended the Siblings with ADHD support group

"Having good friends is really important, but if there are any problems with them, or you fall out and have an argument, it can push you over the edge."

North Tyneside focus group 11-18

"A lot of this is about fitting in and you might do anything your friends suggest. It all gets a bit crazy."

North Tyneside focus group 11-18

## The quality of relationships really matters

The quotes from our young people support the body of evidence that shows that having good quality relationships can help us to live longer and happier lives. Poor quality friendships and relationships can be toxic and more damaging to wellbeing than being alone. Our young people were aware that friendships can be damaging and negatively impact on behaviours, but they face considerable pressure to fit in and do not want to be alone.

## The impact of social media on wellbeing and the pressure to be perfect

Young people growing up today have never known a world without the internet or social media. Technology has completely changed the way people communicate, build and maintain friendships, are creative, learn, live and work. While it can be an effective and positive medium – particularly in reaching young people and keeping them well informed – social media can have a negative impact on health and wellbeing.

### North Tyneside MH:2K Findings: Social media

Young people face pressure to conform on social media.

- Social media creates unrealistic expectations of women and young girls
- Social media can lead to low self-esteem
- Social media can encourage bullying and discrimination
- There is a lack of awareness around sharing personal information and sexual images

Young people feel considerable pressure to be perfect at home, school and on social media.

'Teachers can also create pressure by comparing young people with one another.'

North Tyneside MH:2K Finding

'Young people fear being rejected and standing out and this can lead to low self-esteem.'

North Tyneside MH:2K Finding

"There is a constant demand on young people to think about their future."

North Tyneside focus group 11-18

"It's really difficult growing up – we have exams, hormones and a massive pressure to succeed."

North Tyneside focus group 11-18

# 10. Conclusions

- In general, the overall health and wellbeing of children and young people in North Tyneside is mixed. There are clear inequalities in health outcomes experienced by some children and young people which are associated with their social, economic and environmental circumstances.
- There are some very good examples of significant improvement in health and wellbeing, for example notably fewer young people taking up smoking and decreasing teenage pregnancy rates, however there are areas where improvement and further action are required.
- Protecting the health of babies and young children during the early years is more important than at any other age.
- There is a clear ethical, scientific and economic case for investing in children's health, which is comprehensive and largely understood and accepted.
- Investing in children's health and wellbeing benefits the whole of society, but at an undisclosed date in the future.
- In the wider context of austerity and pressures on public services, the agenda for child health and prevention has to compete for the attention it deserves.
- No single profession or organisation can single-handedly ensure the best outcomes for our children, young people and families.
- Achieving the best requires an integrated multi-professional approach to prevention, early intervention, care and support.
- The 'Our North Tyneside Plan' and themed Children and Young People's Plan identify the commitment and action required across the North Tyneside Strategic Partnership to achieving the ambition for the best start in life for every child and young person in the borough, addressing the inequalities that exist and ensuring that children and young people can fulfil their potential.

## Acknowledgements

Special thanks go to the following people for their help and support in compiling this report:

- All the inspirational children and young people in North Tyneside who gave their views and opinions, particularly:
  - North Tyneside's Children's Council
  - North Tyneside's Young Persons Health and Wellbeing Board
  - MH:2K Citizen Researchers
- Rachel Nicholson – Senior Public Health Manager, North Tyneside Council
- Michael Shannon – Public Health Specialty Registrar, North Tyneside Council
- Craig Anderson – Senior Manager Policy, Performance and Research, North Tyneside Council
- Neil Tait – Policy, Research and Intelligence Adviser, North Tyneside Council
- Julia Bradwell – Participation, Advocacy and Engagement Development Officer, North Tyneside Council





North Tyneside Council  
The Silverlink North  
Cobalt Business Park  
North Tyneside  
NE27 0BY

[www.northtyneside.gov.uk](http://www.northtyneside.gov.uk)  
0345 2000 101

