

100 % Official !

DIRECTOR of
PUBLIC HEALTH
WARWICKSHIRE
Annual 2015



**Children and Young People:
Investing in the future**

Inside this Annual:

Introduction	3
Recommendations	4
Early Years - A Good Start	8
Healthy Weight	13
Mental Health and Wellbeing	19
Educational Attainment	23
Risky Behaviours	29
Vulnerable Children and Young People	36
Achievements	41
Warwickshire Public Health Report Card	44
Glossary	46

ACKNOWLEDGEMENTS

Editorial Team

Helen King
Catherine Rigney
Gareth Wrench

Design:

Michael Jackson
Wayne Mathews

With thanks to:

Luke Carter	Etty Martin	Sophie Thompson
Parmdip Dhillon	Kathryn Millard	Claudia Wade
Charlotte Gath	Charlotte Miller	Jonathan Wilding
Claire Hall	Daniel Pare	Katie Wilson
Paul Hooper	Fran Poole	
Donna Hussain	Rachel Robinson	Business and Commissioning Intelligence
Will Johnston	Kate Sahota	
Paul Kingswell	Sue Scott	Warwickshire Observatory
Rachael Leslie	Emily Stubbs	

If you would like this information in a different format, please contact Marketing and Communications on 01926 413727.

INTRODUCTION

Children and young people growing up in England today are healthier than they have ever been before. Health and social changes have had dramatic impacts. Previously common fatal diseases are now rare and more children with serious illnesses and disabilities are surviving into adulthood. The infant mortality rate has fallen to less than a quarter of what it was at the beginning of the 1960s.

The picture in Warwickshire is similar, and for many indicators, the county outperforms the regional and national averages. Excellent uptake of childhood immunisations has meant that by the age of five, 95.9% of our children have received their second dose of Measles, Mumps and Rubella (MMR) immunisation and 98.5% of our two year olds have received their appropriate vaccinations. The numbers of overweight and obese year six school children have reduced slightly and the rate of teenage pregnancy has also come down.¹

Despite these positive trends, we must not be complacent. As I have shown in my previous reports, we need to be as ambitious for our children and young people's health as for the adult population. In fact more so. Professor Sir Michael Marmot has shown in his 2010 review of health inequalities in England – “Fair Society, Healthy Lives” – that the early years (from 0-5) are critical in shaping health and wellbeing later in life.²

“Disadvantage starts before birth and accumulates throughout life. . . . Action to reduce health inequalities must start before birth and be followed through the life of the child. Only then can the close links between early disadvantage and poor outcomes throughout life be broken”²

Across a number of parameters we need to do better. I am concerned that 13.1% of pregnant women are still smoking at the time of delivery – this means approximately 800 babies are born having been effectively smoking for 9 months. Local rates for breastfeeding still lag behind the national average. Our mothers need more support to provide the best start possible for their children. Across Warwickshire not all our children are achieving a good level of development at the end of reception. 60% do but that leaves 40% who do not. A&E attendances for 0-4 year olds are higher than the national average, and in line with national trends, the rates of self harm in our young people aged 10-24 are rising.³

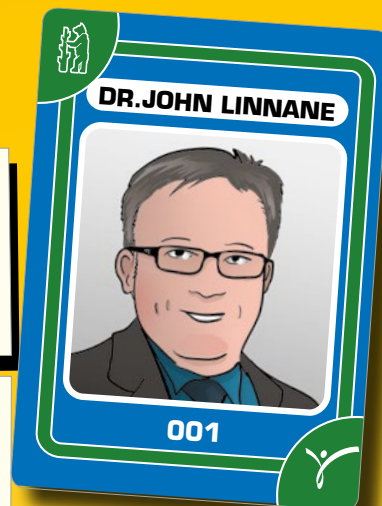
Overall, the Warwickshire picture, even when good, masks a variation in the situation of children, which requires a proportionate response.

Good health and wellbeing is not merely the absence of disease. To thrive, our children and young people need to: be healthy; stay safe; enjoy and achieve; make a positive contribution and achieve economic wellbeing.

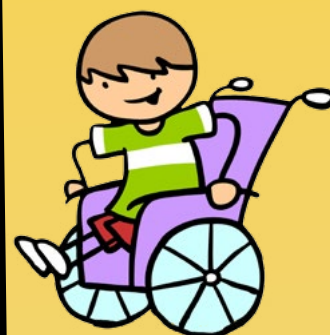
The evidence tells us that treating different specific health issues separately will not tackle the overall wellbeing of this generation of young people. Young people's mental and physical health is intertwined, and at the heart of health and wellbeing are their relationships with others. Young people think about their health holistically. They want an integrated, youth friendly approach that recognises their particular needs, makes them feel supported, emphasises the positives and helps them to cope.

Meeting these needs is a joint task for the NHS and local government including Planning, Housing, Community Safety, Education and Public Health, as we show in the report. Giving every child the best start in life is crucial to reducing health inequalities across the life course.

Dr John Linnane
Director of Public Health Warwickshire



“Giving every child the best start in life is crucial to reducing health inequalities across the life course.”



Recommendations

As Director of Public Health, I wish to make a series of recommendations for each of the chapters in this report. I believe these will help to ensure the delivery of better outcomes for the children and young people of Warwickshire.

Chapter 1: Early years



The Health and Wellbeing Board (HWBB) should ensure a robust comprehensive Early Years Strategy is in place which reflects the views of children, young people and their families.



Maternity and health visiting services must achieve and maintain UNICEF Baby Friendly Stage 3 standards for supporting breastfeeding and parent infant relations.



Health visiting must ensure the development of parenting skills within both antenatal and postnatal care. Warwickshire County Council (WCC) and the service provider must develop the capacity needed to deliver this.



Partners must ensure effective engagement with parents experiencing problems, appreciating that parents most in need are often the least likely to access early years services.



We need to focus on continuing to deliver a reduction in teenage pregnancies through the 'Respect Yourself Programme'; supporting those who do become pregnant through the Family Nurse Partnership.



Maternal obesity and smoking in pregnancy are high risk for the mother and the developing child. These should be a priority for maternity and health visiting services, especially in the north of the county where rates are highest.

Chapter 2: Healthy weight

In addition to improving breastfeeding rates and tackling maternal obesity:



A whole system approach for obesity and physical activity is required from all partners including transport, planning, financial inclusion, housing, environmental services and public health.



Local hospitals must develop strategies to embed a healthy food culture for patients, staff and all visitors.





Close gaps in service provision for early years children, their families and adolescents and reduce health inequalities through the Warwickshire-wide commissioning of:

- services which have 'Making Every Contact Count' and promoting mental wellbeing embedded within them;
- early years parenting/weight management programmes in all children's centres;
- the 'Food for Life Partnership' whole food culture programme in all children's centres, primary schools and secondary schools;
- structured family weight management programmes for overweight/obese children and their parents/carers;
- weight management and physical activity services for adolescents and adults.

Chapter 3: Mental health and wellbeing



Education and learning must develop a school and college based programme to reduce self-harm by young people in Warwickshire as a priority area.



Early recognition and intervention for emerging mental health problems is key. We all have a responsibility to work together to ensure this service is available.



A structured approach to promote mental wellbeing for children in schools and young people in colleges is required. This should include an adapted '5 Ways to Wellbeing' approach and mental health first aid training.



We should commission cost-effective and evidence based parenting programmes for children at high risk and target support to families with specific needs.



Chapter 4: Educational attainment



All schools should develop accurate assessments of the health and wellbeing needs of their school population.



WCC to work together with schools to address the attainment gap between Looked After Children and other pupils.



Schools and academies must ensure that personal, social and health education (PSHE), relationships and sex education are embedded across the curriculum and culture of the organisation, and are equally about building skills as well as knowledge.



Schools to make effective use of the Pupil Premium to:

- raise pupil aspirations using engagement/aspiration programmes;
- develop social and emotional competencies;
- intervene early and effectively, track progress and change approaches where necessary;
- focus on transition, one-to-one tuition and progressive development of language and literacy skills;
- search out the most effective ways of engaging parents and families, and listen to pupils and engage them in sustained dialogue about learning.

Chapter 5: Risky behaviours



All services and sectors to empower young people in educational settings by giving them the skills they need to develop healthy relationships – for example, by providing opportunities within the curriculum to teach relationship skills (partly through PSHE, and sex and relationships education).



We will work with and expand the role of pharmacists in sexual health. This is particularly important in terms of accessibility for young people.



We will increase the online presence and use of technology to improve services.



All school staff and staff who work with children and young people should have training to promote healthy relationships and improve awareness and support for issues of child sexual exploitation.



We must adopt a social norms approach to discuss attitudes to sexting, consent and pornography – all of which underpin healthy relationships and avoid exploitation.



Chapter 6: Vulnerable children and young people



Early identification of young carers is key to the success of supportive interventions. Health, Social Care and Education sectors need to work collaboratively with partners to facilitate the earlier identification of carers who can then be signposted to appropriate support.



Schools and other professionals working with young carers need to ensure that staff are sufficiently skilled in recognising the signs and symptoms which could point to a child/person having a caring role.



GP practices should identify carers within their practice, and clinicians need to give due consideration to the welfare of children and young people when they see patients in their care.



WCC will need to ensure that there are joined up approaches between Adults and Children's services, with clear guidance available to practitioners, and clear working arrangements with Mental Health services. This is to ensure a 'whole systems approach' for young carers.



Health and Social Care services need to provide clear pathways for accessing services, and make this information available to young carers at an early stage in their caring role.



Chapter 1

Early Years - A Good Start

Attachment

Positive attachment between a young child and their primary care-giver, usually but not necessarily the mother, has been consistently shown to be important for healthy early development. Early, secure attachments contribute to the growth of a broad range of competencies, including self-esteem, self-efficacy and positive social skills that are associated with better educational and social outcomes and improved job prospects in later life. Isolation and depression are two important factors that impact negatively on maternal attachment capacity and which supportive interventions can alleviate.



Sensitive and responsive parent-child relationships are associated with stronger cognitive skills in young children and enhanced social competence and work skills later in school. It is therefore important that we create the conditions to enable parents to develop this relationship during the child's critical first year. This involves making it practical and affordable, through providing paid parental leave for the whole of the first year, and, where required, providing parents with the understanding and skills needed to forge a positive relationship with their child.

Background/context: Why does it matter?

Over 6,000 babies are born in Warwickshire each year. Every birth provides a chance to support families to lay down a blueprint for the future health and wellbeing of a child.²

Giving every child the best start in life is critical in reducing health inequalities across the whole life course. The foundations for all aspects of development – physical, intellectual and emotional – are laid in early childhood. What happens in these early years (which start in the womb) has a lifelong impact on a whole range of health and wellbeing issues – from obesity, heart disease and mental health, to educational achievement and employment.

Early intervention in ensuring that all children have access to positive early experiences is crucial in addressing health inequalities. Whilst also important, later investment is considerably less effective if those early foundations have not been laid.

Current state and local variations:

The number of births and the general fertility rate (GFR) varies between different areas in Warwickshire:

Table 1: Live births and GFR, Warwickshire, 2009 – 2013⁴

District & Borough	2009		2010		2011		2012		2013	
	Live Births	GFR	Live Births	GFR	Live Births	GFR	Live Births	GFR	Live Births	GFR
North Warwickshire	626	55.3	683	61.8	651	58.3	688	62.6	676	62.7
Nuneaton & Bedworth	1,507	63.8	1,682	72.5	1,639	67.0	1,598	66.0	1,582	66.1
Rugby	1,203	70.1	1,228	72.7	1,273	66.4	1,261	66.6	1,243	65.9
Stratford-on-Avon	1,070	54.9	1,165	61.1	1,153	57.7	1,139	58.6	1,068	56.2
Warwick	1,591	54.1	1,555	54.1	1,557	55.6	1,619	58.0	1,521	55.3
Warwickshire	5,997	59.4	6,313	63.8	6,273	61.0	6,305	62.1	6,090	60.8

Pregnancy

Smoking



Smoking⁵ during pregnancy can cause serious pregnancy-related health problems, including:

- complications during labour;
- increased risk of miscarriage;
- premature birth;
- still birth;
- low birth-weight; and
- infant mortality.

Compared to children exposed to tobacco smoke in the womb, those whose mothers did not smoke during their pregnancy are less likely to experience a range of health and behavioural conditions including wheezy illnesses and psychological problems that can negatively impact on the child's educational performance.

Mothers who are:

- younger;
 - work in a routine and manual occupation;
 - less educated;
 - single;
 - with a partner who smokes
- ...are more likely to smoke when pregnant.**

12.0% of mothers in England were recorded as smokers at time of delivery (SATOD) for 2013/14, which is lower than 2012/13 (12.7%) and continues the year-on-year decline from 15.1% in 2006/07.

Infants of parents who smoke are more likely to suffer from:

- serious respiratory infections (such as bronchitis and pneumonia);
- symptoms of asthma;
- problems of the ear, nose and throat (including glue ear).

In England, 43% of children reported being exposed to second-hand smoke in their own home in the last year.⁷

Every week in Warwickshire around 4,500 children are exposed to second-hand smoke while travelling in a vehicle.⁸

Table 2: Smoking at time of delivery (SATOD) 2013/14 – CCG level⁶

	Prevalence
Coventry and Rugby CCG	13.0%
South Warwickshire CCG	8.3%
Warwickshire North CCG	19.0%

Obesity/healthy weight

Maternal obesity increases health risks for both the mother and child during and after pregnancy

A healthy diet is important for both the baby and mother throughout pregnancy and after the birth.

However:

- 39% of people from low income groups worry about having enough food to eat before they receive money to buy more and;
- 36% report that they cannot afford to eat balanced meals.

Women who are overweight or obese before they conceive have an increased risk of complications during pregnancy and birth. This poses health risks for both mother and baby in the longer term. There is also evidence that maternal obesity is related to health inequalities, particularly socioeconomic deprivation, inequalities within ethnic groups and poor access to maternity services.⁹

Table 3: Pregnant women with a BMI 35+ (class II & III)¹⁰

Warwickshire:	South Warwickshire CCG: 4.5% (2011/12)
6.2% (2009/10)	Warwickshire North CCG: 9.2% (2011/12)
7.4% (2010/11)	Coventry and Rugby CCG: 7.3% (2011/12)
7.0% (2011/12)	

Pregnancy cont... **Age of mother**

Babies born to teenage parents are more likely to become teenage parents themselves. Evidence shows that having children at a young age can damage young women's health and wellbeing and limit their education and career prospects.

There are also implications for the child, children born to teenage parents are more likely to experience a range of negative health and social outcomes. Local rates of teenage pregnancy have declined over the past few years, although notable variation persists with rates highest in the two northern boroughs.

Table 4: Rate of conceptions per 1,000 females aged 15-17 – 2008-2013:¹¹

	2008	2013
North Warwickshire	44.0	26.6
Nuneaton and Bedworth	41.9	29.7
Rugby	33.6	22.6
Stratford-on-Avon	22.0	18.9
Warwick	34.2	19.7
Warwickshire	34.5	23.4
England	46.3	24.3

Birth Breastfeeding

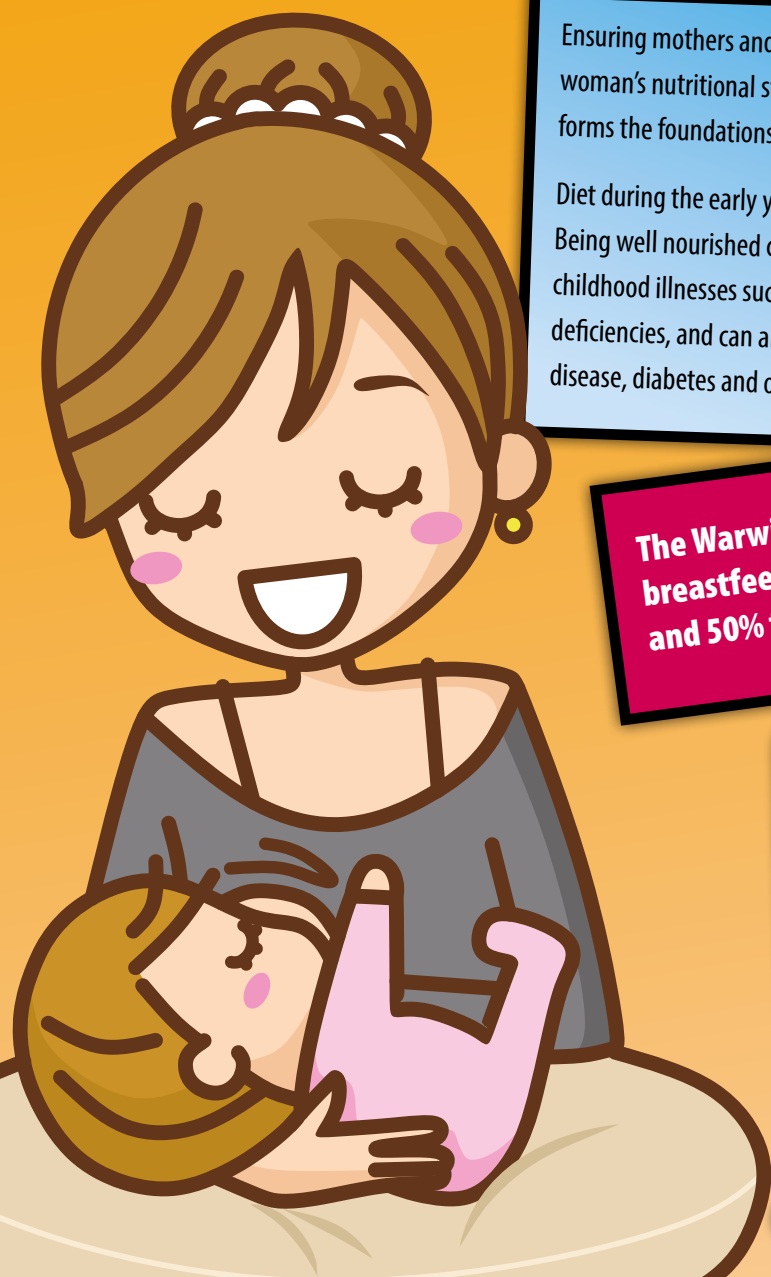
Ensuring mothers and their babies are well nourished is very important, a pregnant woman's nutritional status influences the growth and development of her foetus, which forms the foundations for the child's later health.

Diet during the early years also impacts on the growth and development of a child. Being well nourished can reduce a child's chances of developing many common childhood illnesses such as diarrhoeal disease, dental issues and iron and vitamin D deficiencies, and can also reduce the risk of developing conditions such as coronary heart disease, diabetes and obesity in later life.⁵

The Warwickshire target for breastfeeding is 75% for initiation and 50% for 6 – 8 weeks.

Table 5: Breastfeeding by district and borough - 2013/14:¹²
% of all mothers who breastfed their babies in the first 48 hours after delivery and at 6-8 week check

	% breastfed in first 48 hours	% breastfed at 6-8 weeks
North Warwickshire	68.4%	31.2%
Nuneaton and Bedworth	60.2%	32.5%
Rugby	82.5%	44.5%
Stratford-on-Avon	76.7%	50.8%
Warwick	78.2%	54.3%
Warwickshire	73.5%	43.7%
England	73.9%	N/A





Early years

The 0 – 5 years are a critical period, where foundations for the whole life course are laid.¹³



40% of children in Warwickshire do not achieve a good level of development at the end of reception.

What can we do in Warwickshire?

A healthy pregnancy and good attachment can contribute to a child's school readiness.

School readiness refers to a broad range of skills and abilities that a child needs in order for them to be successful in school. These can include both academic and cognitive skills, as well as social and emotional aspects. Acquiring these skills and the transition into school can be challenging for children, particularly those from disadvantaged backgrounds. This can manifest itself in behaviours that prevent a child from learning or a lack of communication skills that limit social interaction.

In Warwickshire, focussing on school readiness means we need to have:



Ready children – children are in the best position to maximise their learning, wellbeing and development.



Ready schools – the early years and education environment fosters and supports a smooth transition for children and promotes the learning and wellbeing of all children.



Ready families – parents and care-givers are involved in their child's early learning, development and transition to school.

Recommendations



The Health and Wellbeing Board (HWBB) should ensure a robust comprehensive Early Years Strategy is in place which reflects the views of children, young people and their families.



Maternity and health visiting services must achieve and maintain UNICEF Baby Friendly Stage 3 standards for supporting breastfeeding and parent infant relations.



Health visiting must ensure the development of parenting skills within both antenatal and postnatal care. Warwickshire County Council (WCC) and the service provider must develop the capacity needed to deliver this.



Partners must ensure effective engagement with parents experiencing problems, appreciating that parents most in need are often the least likely to access early years services.



We need to focus on continuing to deliver a reduction in teenage pregnancies through the 'Respect Yourself Programme'; supporting those who do become pregnant through the Family Nurse Partnership.



Maternal obesity and smoking in pregnancy are high risk for the mother and the developing child. These should be a priority for maternity and health visiting services, especially in the north of the county where rates are highest.

I	S	R	S	A	C	D	M	P	P	S	W	D	G	B
K	C	E	E	O	Q	J	G	R	S	T	L	E	X	B
Y	L	O	C	A	J	V	E	U	T	A	F	V	T	R
I	O	W	M	Z	D	G	O	O	N	R	C	E	Z	X
R	M	S	J	M	N	Y	U	B	E	T	J	L	G	P
H	B	L	M	A	I	P	P	N	R	K	P	O	R	M
H	Z	H	N	K	O	S	N	I	A	H	T	P	S	L
J	N	C	P	O	E	X	S	E	P	J	M	M	Q	C
K	Y	E	A	R	L	Y	Z	I	R	R	J	E	Q	P
D	I	W	M	U	L	S	A	R	O	D	V	N	Y	J
O	N	K	T	O	L	Z	R	E	T	N	L	T	M	C
I	A	R	O	T	A	L	J	H	X	M	E	I	H	M
P	Z	H	K	Q	V	F	C	P	B	L	Z	R	H	R
E	C	N	Q	Y	S	R	E	N	T	R	A	P	S	C
S	N	A	Z	C	F	D	I	V	N	N	K	K	W	Q

Word search

Can you find all these words in the grid:

EARLY

SCHOOL

READY

PREGNANCY

PARTNERS

COMMISSIONERS

CHILDREN

START

PARENTS

DEVELOPMENT

Chapter 2

Healthy Weight

Background/Context - Why is Obesity an Issue?

It's widespread !

More than one in three 11-15 year olds in England are obese or overweight.¹⁴ Overweight and obese children and young people are more likely to become overweight adults who then suffer associated poor health, with a significantly increased risk of dying early.¹⁵

The latest 2013/14 National Child Measurement Programme (NCMP) figures in Warwickshire highlight that 12.5% of reception age schoolchildren are overweight and 8.2% are obese. For year 6 schoolchildren, 14.7% are overweight and 15.6% are obese. Whilst these figures are lower than the respective England statistics, there is no room for complacency with obesity levels nearly doubling between reception and year 6.

Prevalence is increasing...

The prevalence of overweight and obesity has increased greatly in England and in many other countries over the past 20 years. This increase in adults and children has mainly been due to changes in behaviour including increased availability and consumption of unhealthy foods, as well as most of us leading more sedentary lifestyles.

This is complicated by the fact that we may not see ourselves or our children as obese. Studies have shown that adults tend to underestimate their own weight, and half of all parents do not recognise that their own children are overweight or obese.^{16,17,18}



Cause

Overweight and obesity is caused primarily by individuals consuming more energy (as measured in calories) than they are using up (energy used through daily activity, physical activity etc.), i.e. eating more and moving less.



The nature of overweight and obesity in children and young people is complex and multi-faceted. Contributory factors can include:

- Socioeconomic circumstance (i.e. debt, inability to afford / access healthy food etc.)
- Environmental influences (i.e. access to green spaces for exercise)
- Education levels
- ...and many other factors such as culture, family upbringing, etc.



It has detrimental consequences...

The Impacts of Obesity

Being overweight or obese can have a harmful impact on children's and young people's lives in a variety of different ways.

Health problems:

Pre-diabetes
Type 2 Diabetes

High cholesterol
High blood pressure

Stroke

Breathing/
respiratory
difficulties

Cardiovascular
Disease

Bone
& joint
problems

**Future
risks:**
(in red)

Some Cancers

Increased
risk of
becoming an
overweight
adult

Greater risk of premature mortality in
adulthood

Emotional & Behavioural Problems:

- ☹ Stigma
- ☹ Bullying
- ☹ Low self-esteem
- ☹ Body dissatisfaction
- ☹ Being absent from school

Economic Cost



In addition to the risks of disease and ill-health, there are large economic costs associated with being overweight and obese in terms of treatment, social care and other costs. The UK's National Obesity Observatory, 2014, states that 'the resulting NHS costs attributable to overweight and obesity are projected to be £9.7 billion by 2050, with wider costs to society estimated to reach £49.9 billion per year'.

Table 6: Overweight and Obese Children in Warwickshire and England, 2013/2014.

	Overweight Children (Reception)	Obese Children (Reception)	Overweight Children (Year 6)	Obese Children (Year 6)
North Warwickshire	13.4%	10.6%	17.3%	19.8%
Nuneaton & Bedworth	13.7%	8.8%	13.0%	19.3%
Rugby	13.2%	8.2%	14.2%	14.4%
Stratford-on-Avon	11.0%	8.1%	13.9%	13.2%
Warwick	11.4%	6.3%	16.2%	12.9%
Warwickshire	12.5%	8.2%	14.7%	15.6%
England	13.1%	9.5%	14.4%	19.1%

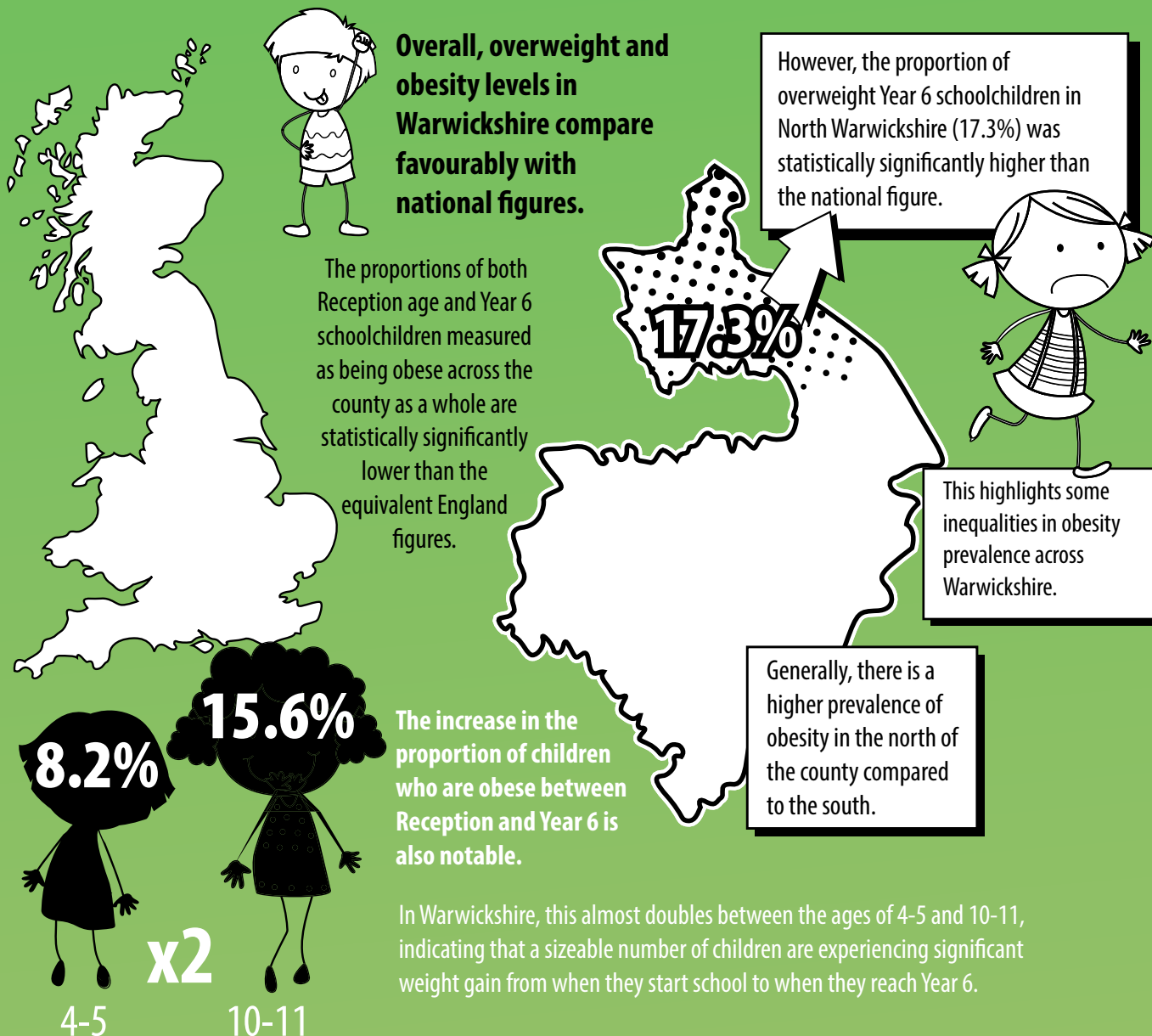
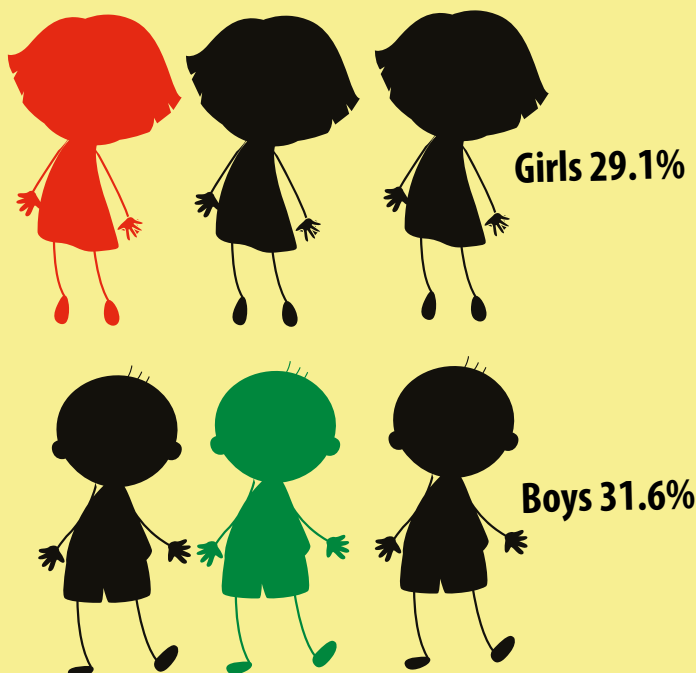


Figure 1:

Almost 1 in 3 children in Year 6 in Warwickshire is overweight or obese.¹⁹



Obesity does not affect all groups equally. A strong relationship exists between deprivation and childhood obesity. Analysis of the National Child Measurement Programme data in Warwickshire shows that excess weight prevalence (those overweight and obese) among children in both Reception and Year 6 increases in-line with increased levels of socioeconomic deprivation.

Outcomes Wanted

The Government's vision In 'Healthy Lives, Healthy People: A Call to Action on Obesity' is that by 2020, there is:

'A sustained downward trend in the level of excess weight in children'²⁰

The Government has set out some key priority actions for local authorities, the NHS and many other stakeholders to work collaboratively to help people to make healthier lifestyle choices, including healthier choices around eating and drinking and being more active.

As a result, in Warwickshire, it has been agreed by the county council and its partners, reducing overweight and obesity is a key priority which is being tackled from birth through to old age.

What have we done !

1. Promoted the importance of 'green space' in tackling obesity

Promoting healthy and active communities is a key factor in reducing obesity prevalence in the county. Public Health Warwickshire work with partner organisations across all sectors within the county to encourage healthy communities.

Being outdoors is great for our physical and mental health and wellbeing, making people feel good, helping them live longer and take part in their community. To support projects with a focus on 'green spaces', money for one-off projects was made available by Public Health Warwickshire. This has led to, for example, the installation of 'measured miles', way marking and community gardening.

What is a 'Measured Mile'?

A measured mile is a walk a mile long that has been marked out with distance markers and can be within a green space such as a park or in the urban environment. Installing measured miles can help local people understand the effort required in terms of time to walk from one location to another. This will support people who are physically inactive to make small, measurable improvements to their activity levels. Led walks can be introduced using measured miles, helping those who find being active on their own difficult, to increase motivation and decrease social isolation.

In Warwickshire, there is a measured mile in each of our five districts and boroughs.



As well as one-off projects, Public Health Warwickshire also commissions 'Big Day Out', an annual event delivered by partners, which aims to increase the utilisation of green spaces by people who do not typically use them. Activities as part of this event include 'park runs', orienteering, disc golf, edible gardening, kite flying, walking trail and a family fun day.



2. Planning 'healthy weights'

The planning process has a key role to play in tackling obesity, with the aim of embedding public health principles into strategic and local planning policies. Two key evidence based documents are being produced by the county's Public Health and Infrastructure teams, which will be released by July 2015: 'Neighbourhood Development Planning for Health' and 'Public Health Evidence for Developers and Planners'. Planners and developers will be encouraged to incorporate the findings into new developments, maximising walking and cycling opportunities based around the idea of a five minute 'walkable' neighbourhood.

In conjunction with the 'Town and Country Planning Association' (TCPA) and Public Health England (PHE), Public Health Warwickshire will also be running a Workshop in July 2015 on 'Planning Healthy Weight Environments'. This workshop aims to explore the ways in which the planning and design of the built environment can contribute to encouraging healthier populations. It focuses on the role that green spaces play, and also on the effectiveness of active travel in promoting healthy weight.

3. Recommending the use of Health Impact Assessments (HIAs)

I have previously stated that all partners on the Health and Wellbeing Board should commit to the use of Health Impact Assessments (HIAs) for all major developments and strategic policy changes. A HIA recognises that the way in which new communities are designed and built, will have a major effect on people's health and wellbeing. It is therefore a useful tool in identifying how much consideration a new development has given to the promotion of 'healthy weights'.

What we can do to improve?

Overweight and obesity prevalence continues to rise amongst both adults and school Reception year children across Warwickshire. However, for the past two years, school Year 6 overweight and obesity prevalence rates have slightly decreased. A contributing factor to this decrease is the evidence-based support services that have been commissioned by Public Health Warwickshire, for children and families, over the past 4 years. These services have been positively evaluated and have demonstrated that increasing numbers of families are accessing the services, with many children and their parents/carers moving into healthier weight categories and adopting healthier lifestyle behaviours as a result.

However, more needs to be done to reduce the overall prevalence of overweight and obesity in Warwickshire. We need to:

1. Continue to work together and enhance collaborative integrated working, across organisations.
2. Commission and/or work collaboratively to provide evidence-based services, which meet the needs of the local population. Service delivery needs to be prioritised in localities of greatest need across Warwickshire, in order to reduce health inequalities.
3. Continue to promote the importance of 'green space' in tackling obesity.

Recommendations

In addition to improving breastfeeding rates and tackling maternal obesity:



A whole system approach for obesity and physical activity is required from all partners including transport, planning, financial inclusion, housing, environmental services and public health.



Local hospitals must develop strategies to embed a healthy food culture for patients, staff and all visitors.

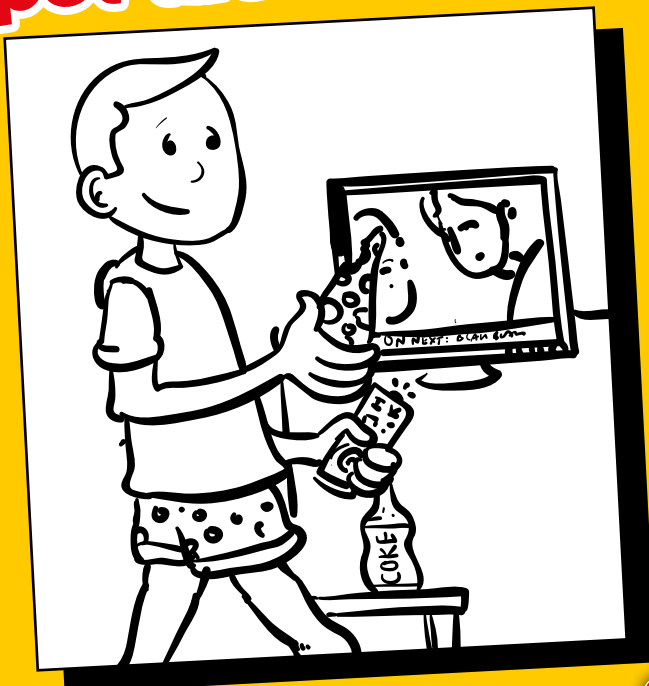


Close gaps in service provision for early years children, their families and adolescents and reduce health inequalities through the Warwickshire-wide commissioning of:

- services which have 'Making Every Contact Count' and promoting mental well being embedded within them;
- early years parenting/weight management programmes in all children's centres;
- the 'Food for Life Partnership' whole food culture programme in all children's centres, primary schools and secondary schools;
- structured family weight management programmes for overweight/obese children and their parents/carers;
- weight management and physical activity services for adolescents and adults.

Spot the difference

How many healthy lifestyle changes can you spot in the pictures below:



Chapter 3

Mental Health and Wellbeing

Background/Context - Why does it matter?

“With good mental health, children and young people do better in every way. They are happier in their families, are able to learn better, do better at school, and enjoy friendships and new experiences.” – *Young Minds*²¹

Being mentally healthy is important for a child's development in many ways and is just as important as their physical wellbeing.

Being mentally healthy means children:

- develop psychologically, emotionally, intellectually and spiritually;
- initiate, develop and sustain mutually satisfying personal relationships;
- use and enjoy solitude;
- become aware of others and empathise with them;
- play and learn;
- develop a sense of right and wrong; and
- resolve or face problems and setbacks and learn from them.

Things that can help keep children and young people mentally well include:²²

- being in good physical health, eating a balanced diet and participating in regular exercise;
- having time and the freedom to play, indoors and outdoors;
- being part of a family that gets along well most of the time;
- going to a school that looks after the wellbeing of all its pupils; and
- taking part in local activities for young people.



The emotional wellbeing of children is just as important as their physical health. Good mental health allows children and young people to develop the resilience to cope with whatever life throws at them and grow into well-rounded, healthy adults.

Some children experience a range of emotional and behavioural problems that are outside the normal range for their age or gender. These children and young people are described as experiencing mental health problems or disorders. These include emotional, developmental, conduct and attachment disorders.

Mental health problems in children and young people can be long-lasting; 50% of mental illness in adult life (excluding dementia) starts before age 15 and 75% by age 18.²³

50% of mental illness in adult life (excluding dementia) starts before age 15 and 75% by age 18.

Risk factors

Some factors put children and young people more at risk of developing mental health problems than others, including:

- factors for the individual child (e.g. genetic influences, learning disability, physical illness, low self-esteem);
- their family (e.g. parental conflict and family breakdown, parental mental illness or substance misuse, bereavement);
- at school (e.g. bullying, discrimination, poor relationships with teachers); and
- in the community (e.g. socioeconomic disadvantage, homelessness).

The effects of these risk factors are cumulative, so that children exposed to multiple risks are many times more likely to develop behavioural problems.²⁴

Protective factors

Protective factors make children more resilient, enabling them to cope when they encounter problems and challenges, even if exposed to some of the above risk factors. These may be individual, family, school or community factors:

At the community level:

- good housing and standard of living • a school with high morale
- opportunities for sport and leisure

At school:

- effective bullying and behaviour policies • positive peer influences • a sense of belonging • a whole-school approach to promoting good mental health • open door approach to problems

Within the family:

- having at least one good parent – child (or caregiver) relationship • affection • consistent discipline
- supportive long-term relationships

Individual factors:

- having secure attachment experience
- outgoing temperament
- good communication skills,
- problem solving skills
- experiences of success and achievement

The balance between risk factors and resilience is complex, and if a child is socially disadvantaged and has a number of stressful life events, more protective factors are needed to counterbalance these. Promoting resilience among children and young people, in families and in schools, and offering support to children at times of loss or separation, life changes or traumatic events, helps to promote positive mental health and enables early intervention in the development of mental health problems.

What do we know about children's mental health and wellbeing in Warwickshire?

Table 7:²⁵

	Warwickshire	England	Comments
Mental health disorders aged 5 – 16 (2013).	8.8%	9.6%	6,503 children aged 5-16 are estimated to have any mental health disorder in Warwickshire.
Child admissions for mental health problems (rate per 100,000 aged 0-17 years in Warwickshire, 2012-2013).	66.1	87.6	Warwickshire rate has been variable over the last three years; 80.9 (2010/11), 60.8 (2011/12), although remained considerably lower than the England rates.
Hospital admissions for young people for self-harm (rate per 100,000 aged 10-24, 2013/2014).	490.4	412.1	This is well above the England average. Hospital admissions for self-harm in children have increased nationally, but have shown a marked local increase in recent years, with admissions for young women higher than for young men.
Young people in Warwickshire aged 16-24 providing 20 or more hours of unpaid care per week in 2011.	1.1%	1.3%	1 in 100 local young people had significant carer responsibilities at this age.
Children aged 0-15 with parents in drug treatment in 2011-12 (rate per 100,000).	41.7	110.4	Significantly lower than the England average.
Children aged 0-15 with parents in alcohol treatment in 2011-12 (rate per 100,000).	148.4	147.2	This equates to around 1.5 in every 1,000 local children having a parent in alcohol treatment.

What can we do in Warwickshire?

Improving wellbeing for children and young people falls into five broad areas:

Parenting support:

Quality of parenting is crucial in determining child outcomes, and various programmes have been developed to support parents to improve the quality of parent-child relationships and the skill of parents in managing child behaviour. These programmes can be very effective in improving child behaviour, and improving wellbeing of siblings and participating parents, particularly in families of children with conduct disorders.

Schools:

Pupils with better health and wellbeing are likely to achieve better academically.²⁶ Schools are in a position to strengthen resilience for all pupils, and intervene early, for pupils showing early signs of problems, and at risk families.

Socioeconomic factors:

Children from more deprived backgrounds have lower wellbeing than their peers so reducing socioeconomic and health inequalities, and targeting of vulnerable young people (such as those in homeless families) for support may start to tackle this.²⁷

Physical activity:

Children need safe, public places to play, and affordable accessible leisure services; children see participation in play and leisure as essential for both their wellbeing and self-esteem.

'Five Ways to Wellbeing' and further research:

'Five Ways to Wellbeing' has already been adopted in Warwickshire but it was mainly developed for adults. Developing an adapted local version is one possibility for extending the Five Ways campaign for children and young people, or seeking further research evidence for what works best.

Recommendations



Education and learning must develop a school and college based programme to reduce self-harm by young people in Warwickshire as a priority area.



Early recognition and intervention for emerging mental health problems is key. We all have a responsibility to work together to ensure this service is available.



A structured approach to promote mental wellbeing for children in schools and young people in colleges is required. This should include an adapted '5 Ways to Wellbeing' approach and mental health first aid training.



We should commission cost-effective and evidence based parenting programmes for children at high risk and target support to families with specific needs.

Cross Quiz

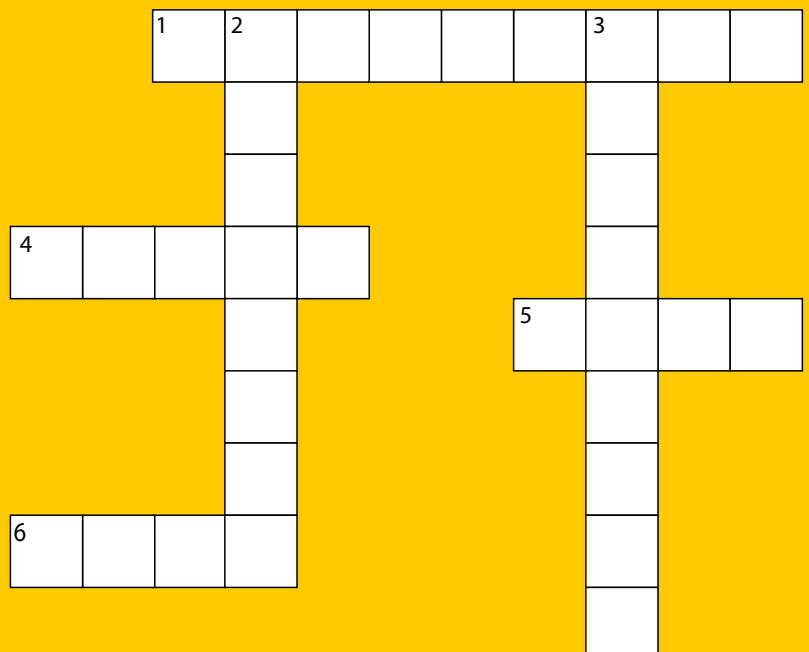
Clues

Across

1. Protective factors make children more? (9)
4. Children with good mental health are able to play and what? (5)
5. How many ways to wellbeing? (4)
6. In 2011, 1.1% of children in Warwickshire provided 20+ hours of unpaid what a week? (4)

Down

2. One of the things that can help children to stay mentally well is getting regular... (8)
3. What type of wellbeing for children is as important as their physical health? (9)



Chapter 4

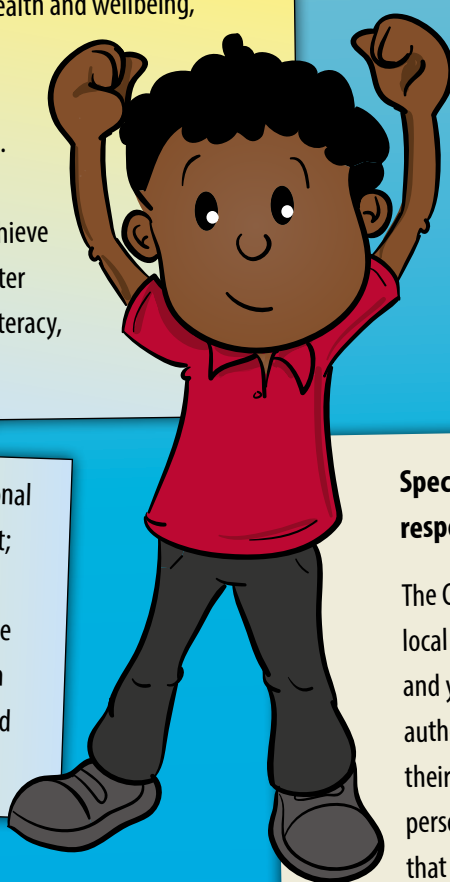
Educational Attainment

Background/Context - Why is it important?

Education is a key determinant of health. Early child education and development are significant in future health and wellbeing, reaching further than educational attainment to better employment, income and mental and physical health. Acquiring basic skills in early years is fundamental, as children who fail to achieve these skills are likely to fall behind in later stages of education when it comes to literacy, numeracy and life skills.

However, for young people, educational outcome is not specific to attainment; it refers to the development of personalities, talents and abilities, the building of resilience and self-esteem and the skills needed to lead a full and satisfying life.

Having a foundation of good child health and wellbeing is also crucial – as being in good health can improve educational attainment.



“Just as we cannot hope to reduce health inequalities just by changing the NHS, similarly we cannot radically impact on education inequalities just by intervening in schools.” – Marmot

Special Educational Needs and Disability (SEND) responsibilities

The Children and Families Act 2014 places legal duties on local authorities to identify and assess the SEND of children and young people for whom they are responsible. Local authorities become responsible for a child/young person in their area when they become aware that the child/young person has or may have SEND. They then must ensure that those children and young people receive a level of support which will help them “achieve the best possible educational and other outcomes” – *Section 19 (d)*.²⁹

Unfortunately, there are inequalities in educational outcomes which can be seen across social, ethnic and geographical gradients and amongst children with different educational needs.

Children and young people with special educational needs have learning difficulties or disabilities that make it harder for them to learn than other children and young people. In Warwickshire, approximately 17% of children have special educational needs, which is in line with the national figure and that for our comparable neighbours. These children and young people may face multiple barriers which means that they may need extra or different help from that given to others and can achieve different outcomes. Many who have special educational needs may also have a physical or mental disability.²⁸

The Department for Education defines 'disadvantaged pupils' as children who have been eligible for Free School Meals (FSM) at any time in the last 6 years and/or Looked After Children. There are particular concerns about Looked After Children, children eligible for FSM and persistent absentees. There are development and attainment gaps between these pupils and their peers; when comparing Key Stage 2 and Key Stage 4 data, these 'disadvantaged pupils' underperform compared to their peers.³⁰

Only around 10–20% of the variation in educational attainment between different pupils can be explained by differences between schools. A range of factors can impact on educational attainment outside of school, including:



Family background (*it is suggested that families have more of an influence than schools*)



Neighbourhood



Peers

Warwickshire's Vision

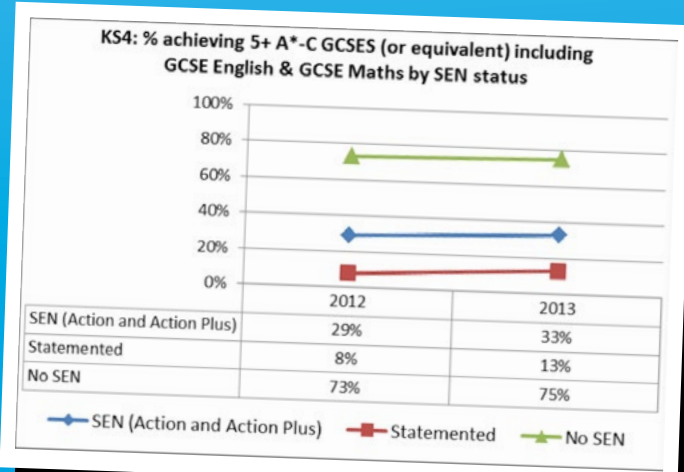
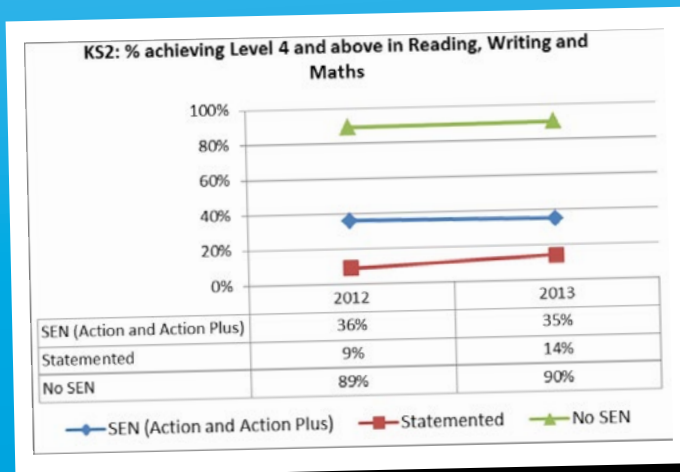
Many children flourish in Warwickshire's schools, but a minority face disadvantages that can have a significant limiting effect on their achievement and attainment, as well as on their broader life outcomes. There is a clear gap between the attainment of the majority of children and those from particular groups that are vulnerable to underachievement. If the county is serious about breaking cycles of disadvantage and ensuring that all children make good progress, then it is essential to narrow this gap. This is both a national and local priority, and is reflected in the commitment set out in the county's Education Vision, which states:

Warwickshire will be forward looking in Education and Learning, striving to ensure that every child and young person will:

- **attend a good or outstanding school or setting;**
- **achieve well — whatever their starting point or circumstance; and**
- **go on to positive destinations so that, as they become young adults, they have an independent economic and social life.**

Pupils with special educational needs and disability

Figure 2: Percentage of pupils achieving level 4 and above in reading, writing and maths, by SEND status and percentage of pupils at the end of KS4 achieving 5+ A*-C GCSEs (or equivalent) including GCSE English and Maths, by SEND status³¹

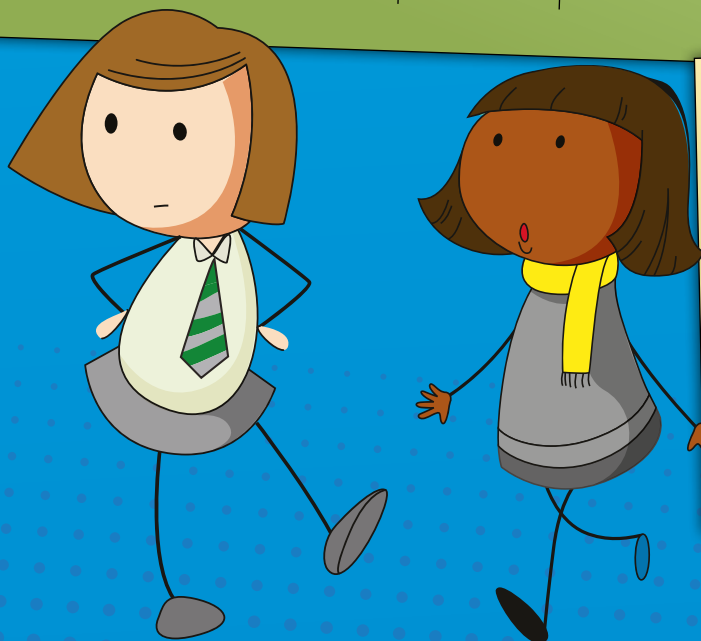


Current State and Inequalities

Disadvantaged Pupils

Table 8: Percentage of pupils achieving the expected level or above in reading, writing and maths at key stage 2 and 4

	Key Stage 2			Key Stage 4		
	Disadvantaged pupils (Warwickshire)	Other pupils (national)	Gap (percentage points)	Disadvantaged pupils (Warwickshire)	Other pupils (national)	Gap (percentage points)
Achieved expected level or above	65%	83%	18	33%	63%	30



As shown in table 8, a lower proportion of disadvantaged pupils in Warwickshire are achieving the expected levels in reading, writing and maths at both Key Stage 2 (KS2) and Key Stage 4 (KS4), when compared to pupils nationally.

Furthermore, the percentage point gap between disadvantaged and other pupils, in terms of attainment, increased from 18 points at KS2 to 30 points at KS4; the inequality gap widens as these groups advance through the Key Stages.

The attainment of both groups of children is higher than comparative data nationally and our statistical neighbour average. However, as shown in Figure 2, at the end of KS2, 35% of SEND pupils without a statement achieved level 4 or above in Reading, Writing and Maths. This is compared with 90% of pupils with no SEND achieving this, a percentage point gap of 55.

At the end of KS4, only 33% of SEND pupils without a statement achieved 5+ A*-C GCSEs or equivalent, compared to 75% of those pupils with no SEND, a gap of 42 percentage points.

There is a decrease in the proportion of all pupils who are making expected progress in Writing/English and Maths between KS1 - KS2 and KS2 - KS4. However, the decline in this achievement is more marked amongst pupils with SEND, with a 24 percentage point decline for Writing/English and a 25 percentage point decline in Maths.

The gap between SEND and non-SEND pupils in this expected progress also increases between KS1 - KS2 and KS2 - KS4, with a 16 percentage point difference for writing and 19 percentage point difference for maths for KS1 - KS2, which increases to a 25 percentage point difference for writing and 31 percentage point difference for maths for KS2 - KS4.³¹

In Warwickshire, as is seen nationally, the figures for attainment by pupil type clearly show an inequality in achievement between disadvantaged and SEND pupils, and other pupils, with lower proportions within the disadvantaged and SEND groups achieving the expected levels.

The data also highlights a growing gap in this inequality, with the percentage point gap in attainment or expected progress between disadvantaged or SEND groups and other pupils, increasing between KS2 and KS4.



Outcomes for Learners Post-16

Warwickshire's Not in Education, Employment or Training (NEET) statistics for school leavers with a Learning Difficulty or Disability (LDD) reveal that the county is not performing as well as comparators:

- 81.9% of school leavers with LDD are in education or training and 18.1% are NEET
- 91.9% of school leavers without an LDD in Warwickshire are in education, employment or training and 8.1% are NEET.



Warwickshire has a lower percentage of young adults with LDD in education or training compared with average figures recorded nationally, regionally and with statistical neighbours.

The challenge for Warwickshire is to improve the effectiveness of transition for this cohort of students as they move from school into further education, training or employment and to ensure that the quality and range of provision is meeting needs and expectations. The effectiveness of these pathways is crucial in securing positive long-term outcomes.

What have we done in Warwickshire?

1. Established a 'Closing the Gap' project board which will identify issues and potential solutions and share best practice across the county.
2. Developed the WCC Strategy for Vulnerable Learners, which aims to champion better life chances for the county's most vulnerable learners, by developing a broader range of designated SEND provision, in partnership, between the county's special schools the mainstream sector.



Recommendations



All schools should develop accurate assessments of the health and wellbeing needs of their school population.



WCC to work together with schools to address the attainment gap between Looked After Children and other pupils.



Schools and academies must ensure that personal, social and health education (PSHE), relationships and sex education are embedded across the curriculum and culture of the organisation, and are equally about building skills as well as knowledge.



Schools to make effective use of the Pupil Premium to:

- raise pupil aspirations using engagement/aspiration programmes;
- develop social and emotional competencies;
- intervene early and effectively, track progress and change approaches where necessary;
- focus on transition, one-to-one tuition and progressive development of language and literacy skills;
- search out the most effective ways of engaging parents and families, and listen to pupils and engage them in sustained dialogue about learning.

True or false?

1. Being in good health can improve educational attainment.....

True **False**
☐ ☐

2. A higher percentage of disadvantaged pupils in Nuneaton and Bedworth achieve GCSE 5+ A*-C grades including English and Mathematics than in the rest of Warwickshire.....

True **False**
☐ ☐

3. There are no particular concerns about looked after children in regards to attainment

True **False**
☐ ☐

4. The local authority will produce a tool kit to capture and share good practice.....

True **False**
☐ ☐

5. Schools are not recommended to rigorously use data to identify gaps and to make them visible.....

True **False**
☐ ☐

Chapter 5

Risky Behaviours

Background/Context - What are risky behaviours?

Risky behaviours are those that potentially expose young people to harm, or significant risk of harm, and may result in unintended or undesirable consequences.

Some risky behaviour can be considered normal and merely part of growing up. However, there is a distinction between normal, curious and experimental behaviour, and behaviours that put children and young people, or others, at risks, which could escalate the behaviour to a harmful stage. It should be acknowledged that although children and young people may not be actively participating in risky behaviour, observing or being exposed to the behaviour can also have an impact on their own behaviour, as peer association can result in future involvement.

Risky behaviours are taken by all kinds of people every day and they are not exclusive to particular social groups or settings.

What risky behaviours happen in Warwickshire?

The use of tobacco, alcohol, pharmaceutical or illicit substances are the most common types of risk-taking behaviours that people engage in. Despite alcohol and tobacco being legal from the age of 18 years, many young people begin their use before this age. Drug and alcohol use, whether illegal or legal, can cause a variety of health problems depending on the particular substance. Intoxicating substances can also lead to impaired judgement and coordination resulting in physical harm from accidents or becoming involved in violence. Unsafe sex can also result in unplanned pregnancies or the transmission of sexually transmitted infections (STIs) and HIV/AIDS.

In Warwickshire, some of the behaviours we identify as risky for children and young people are:

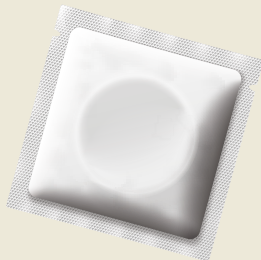
Smoking



Use of new & unregulated drugs (NUDS)



Unprotected sexual intercourse



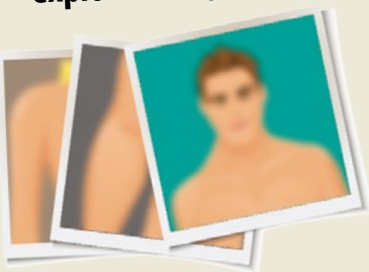
Hazardous alcohol consumption



Illicit drug use



Child sexual exploitation (CSE)



Engagement in criminal/gang activity



Risky online, cyber-activities/behaviours

(e.g. Posting personal information, interacting with online strangers, sending personal information to strangers, adding strangers to 'friends' lists, visiting X-rated websites, talking about sex online with strangers, 'sexting', sending explicit, personal images)

All of which can lead to cyberbullying, blackmail, grooming - child sexual exploitation, meeting people you don't know in the real world, depression, and even suicide.



It should be recognised that the degree to which these behaviours are considered risky may depend upon the young person's level or frequency of engagement.

Research has shown that adolescent exploratory behaviours overlap – for example, early substance misuse is associated with risky sexual behaviour, antisocial behaviour and poor educational attainment. The overlaps are stronger during adolescence than at earlier or later developmental stages.³²

Unknown Risks

So-called 'legal highs' are a good example of unknown risks.

These are substances used like illegal drugs such as cocaine or cannabis, but which are not covered by current misuse of drugs laws.

We don't use the term 'Legal Highs' as it leads people to purposefully seek these out as an alternative to illegal drugs; however in many cases these are more harmful.

Warwickshire adopted the term New & Unregulated Drugs (NUDS) in 2014.

Although these drugs are marketed as legal substances, this does not mean that they are safe or approved for people to use. Some drugs marketed as 'legal highs' actually contain ingredients that are illegal to possess.

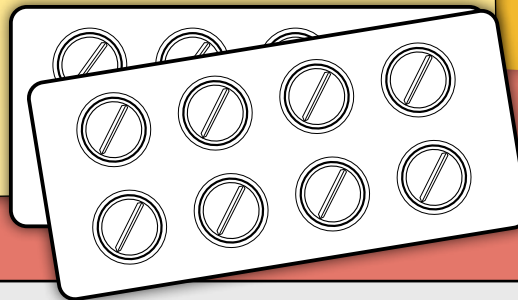
There has been little useful research into the short, medium and long-term risks of various NUDS. They can carry serious health risks, as the chemicals they contain, have in most cases never been used in drugs for human consumption before. This means they have not been tested to show that they are safe.

Users can never be fully certain what they are taking and what the effects might be.



Why would you take a substance not knowing what it is or what it would do to you?

Are you a human guinea pig? No-one knows the effects of 'legal highs', or the damage they cause. Until it's too late.



What are the social norms around risky behaviours in Warwickshire?

To put things in perspective, there are approximately 95,000 children and young people (aged 10-24) in Warwickshire. The vast majority engage in some form of risky behaviour at some point during adolescence without suffering lasting negative or detrimental consequences. For instance, in Warwickshire, according to the 2013 'Every Child Matters' survey, 29% of secondary school pupils had never drunk alcohol, 75% had never smoked cigarettes, and 90% had never taken illegal drugs.

The following sections present the latest local headlines on the main forms of risky behaviours in Warwickshire.

Alcohol

Latest figures show repeated drop in the rate of hospital admissions due to alcohol among under 18s in Warwickshire, evidence of a continuing decline in young people's harmful drinking.

Between 2011/12 and 2013/14 in the county, there were 145 alcohol-specific hospital admission for those aged under 18. This equates to a crude rate of 42.6 per 100,000 under 18 year olds, which is statistically similar to the equivalent England figure. This represents a fall from 240 admissions and a rate of 70.7 between 2006/07 and 2008/09.

While nationally, we have seen a decline in binge drinking, drinking at dangerous levels, and those aged 11-15 saying they had tried alcohol, young adults still remain one of the most likely groups to have binged.



Drug Misuse

Nationally, although drug use in the under 25s has declined, there has been an increase in hospital admissions for treatment and poisoning by illicit drugs. This mixed picture is also present in the county.

In England during 2013, 16% of pupils had taken drugs, 11% had taken them in the last year and 6% had taken them in the last month. This is similar to the levels of drug use recorded in 2011 and 2012, although between 2003 and 2011 drug use amongst 11 to 15 year olds declined.

By applying nationally researched prevalence rates, we have crudely estimated that just under 3,000, or 1 in 10 Warwickshire schoolchildren aged between 11 and 16 have taken illegal drugs at some point during the last year. The number of Warwickshire Year 7-11 pupils estimated to have ever tried illicit drugs is estimated to be around 4,500, or just over 1 in 6.³³

In Warwickshire, between 2011/12 and 2013/14, there were approximately 150 hospital admissions among 15-24 year olds due to substance misuse. This equates to a directly standardised rate of 82.4 per 100,000 15-24 year olds, which is statistically similar to the equivalent England figure, and represents a slight increase in recent years.³⁴



What makes risks worse?

Multiple risk-taking, i.e. the combination of undertaking more than one risky behaviour (such as excessive alcohol consumption and sexual risk taking) can increase and exacerbate the likelihood of even greater unintended and undesirable consequences (such as contracting STIs or unplanned pregnancy).

Engaging in risky behaviours can also lead to young people underestimating the true risks and potential consequences. For example, alcohol-fuelled violence leading to life-changing injuries and a permanent criminal record.

Young people can get a criminal conviction, fine or imprisonment for the possession of illicit substances. Harsher penalties apply if they are found guilty of supplying it to others. If young people under the age of 18 years transmit explicit images of themselves or others to someone (sexting), they may be charged with child pornography offences.

It appears that the earlier a young person starts to drink alcohol, the more likely it is he/she will become alcohol dependent by the age of 20.³⁵

What can be done to minimise risky behaviours in children and young people?

A recent report by Public Health England highlights the importance of recognising that building good health behaviours in childhood and adolescence can help to prevent risky behaviours and builds healthier adults.³⁶

Relationships and a sense of belonging are central to young people's health and wellbeing. These relationships will be with friends, family, romantic/sexual partners, teachers, role models, health professionals and others in the local community.

Relationships can help develop self-esteem and make young people emotionally resilient, but they can also make them vulnerable. Recognising and supporting healthy relationships are key to improving young people's physical and mental health and wellbeing.

The preadolescent period and the transition from primary to secondary school can be considered critical periods where there is the opportunity to minimise exposure to risks and strengthen 'protective' factors.

In terms of the evidence around the use of alcohol by young people, guidance on the consumption of alcohol by children and young people from the UK Chief Medical Officer states that an 'alcohol-free' childhood is the healthiest and best option.³⁷ If they consume alcohol at all, children should not do so until the age of 15 years. Between 15-17 years of age, young people should only consume alcohol under parental supervision.

Parents need more guidance to support sensible drinking for young people.³⁸ There appears to be some potential in providing alcohol-related primary prevention programmes for children and families, especially if they form part of a wider approach that brings together families, schools and other community-based organisations.³

Research indicates there is merit in building upon what young people know, by engaging them in informal educational activities that are responsive and relevant to their own alcohol-related needs, interests and concerns. For example, it might be useful to explore with young people how they distinguish and manage the boundaries between enjoying alcohol, or finding themselves in embarrassing or harmful situations.⁴⁰

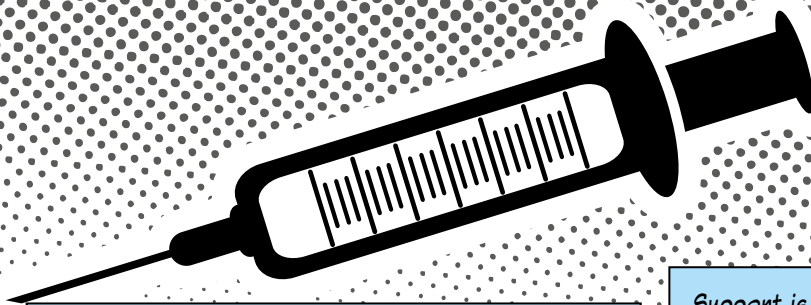
What are we doing about this in Warwickshire?

Hazardous Alcohol Consumption and Illicit Drug Use

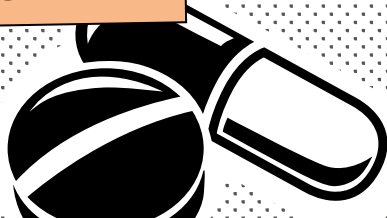
Warwickshire has established services for adults through The *Recovery Partnership* in Leamington, Nuneaton, Rugby and Stratford, and for young people through the *Compass outreach service*.

These services include everything from drop-ins, providing advice and information and group work to pharmacological therapies and detoxification.

Support is also available for people not yet engaged with services, their families and carers through ESH Works.

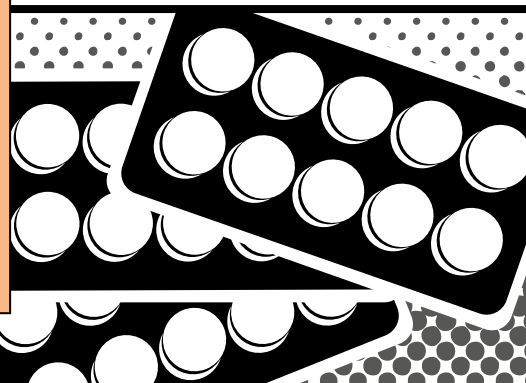


Use of 'Legal Highs'



We don't use the term 'Legal Highs' as it leads people to purposefully seek these out as an alternative to illegal drugs; however in many cases these are more harmful. Warwickshire adopted the term New and Unregulated Drugs (NUDS) in 2014.

We currently have resources (posters, scratch cards) that seek to advise people of the risks of using unregulated substances and are in the process of updating posters and z-cards.



NUDS mimic the effects of illicit substances, so treatment is available at existing Recovery Partnership and Compass services and users and their families can be supported through ESH Works.

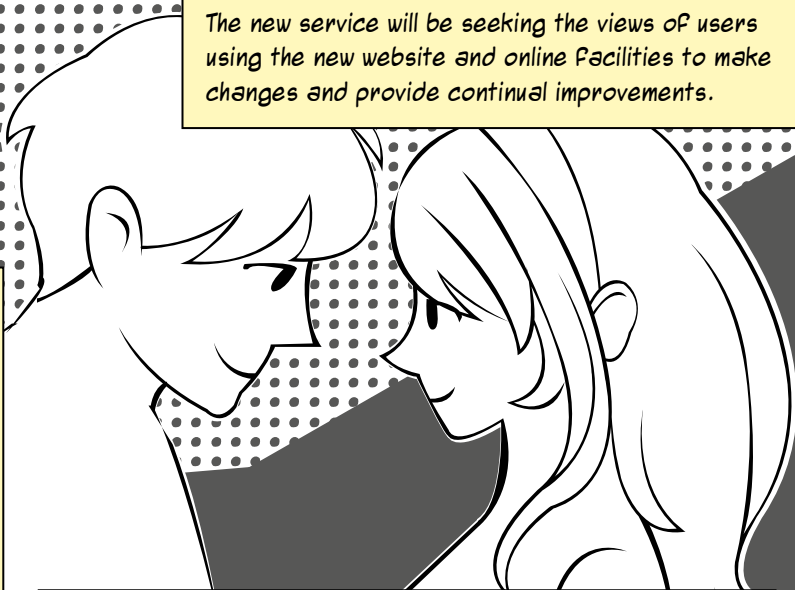
Sexual Health

To improve sexual health and wellbeing and to continue to reduce risky behaviours, Warwickshire Public Health have recently commissioned a new Integrated Sexual Health service for the county.

The service is designed to make it easier to access. For example, there will be a single easy to use telephone number and website for all sexual health matters.

This is the first stage of a range of new plans to make it easier to get sexual health advice and treatment where you want - when you want. The website provides information and details of how to look after your sexual health.

The new service will be seeking the views of users using the new website and online facilities to make changes and provide continual improvements.



Plans to increase the range of sexual health services in pharmacies are also being developed to increase the number of places where sexual health services are available.

Respect Yourself

The 'Respect Yourself' Programme aims to support young people's relationship and sexual health behaviours.

The www.respectyourself.info website regularly receives over 40,000 hits per month. The key to the sites' success is its innovative, comprehensive and sex positive approach that provides a trusted resource supporting relationships and sexual health. Young people support the development of the site and have worked hard to keep site content relevant. They have helped to create materials on issues such as sexting, pornography and child sexual exploitation.



RESPECT
YOURSELF

As well as the website, 'Respect Yourself' are supporting the development of relationships and sex education (RSE) in schools;

- 'Spring Fever' is aimed at primary schools and offers an evidence based age appropriate curriculum.
- 'Doing It' is aimed at secondary schools, it incorporates the website resources in to school sessions - improving RSE and ensuring that more young people are aware of how www.respectyourself.info can give help to make positive, informed decisions about their relationships and sexual health.

Both RSE programmes offer staff training and information sessions for parents.

Child Sexual Exploitation (CSE)

SOMETHING'S NOT RIGHT...

The council has undertaken a public awareness campaign 'Something's not right' (<http://warwickshirecse.co.uk/>) and, under the direction of the Youth Justice Service, has developed a multi-agency CSE unit with co-location of staff. This is a precursor to the establishment of a Multi-Agency Safeguarding Hub (MASH).

Risky Online, Cyber-activities/Behaviours

Risky online behaviour is being addressed via education services to schools and through multi-agency cybercrime groups. Specific advice and support is being targeted at those most at risk. An internet safety survey has been undertaken by the Observatory which will be used to develop a baseline of risk and actions to reduce harm. There are links to the CSE work detailed above.



Recommendations



All services and sectors to empower young people in educational settings by giving them the skills they need to develop healthy relationships – for example, by providing opportunities within the curriculum to teach relationship skills (partly through PSHE, and sex and relationships education).



We will work with and expand the role of pharmacists in sexual health. This is particularly important in terms of accessibility for young people.



We will increase the online presence and use of technology to improve services.



All school staff and staff who work with children and young people should have training to promote healthy relationships and improve awareness and support for issues of child sexual exploitation.



We must adopt a social norms approach to discuss attitudes to sexting, consent and pornography – all of which underpin healthy relationships and avoid exploitation.

Dot to dot !

Join the dots
and colour the
picture



Chapter 6

Vulnerable Children and Young People

Background/Context - Defining a vulnerable child/young person?

There are numerous different factors which could lead to a child being classed as vulnerable. In general, it can be said that a vulnerable child is one who is unable to keep themselves safe from harm, or who is at risk of not reaching their potential and achieving positive outcomes.

The following is a list of categories which children can fall into which can define them as being vulnerable:

→ At risk of School Exclusion / Persistent Absenteeism

→ Those at risk of becoming 'Not in Education, Employment or Training' (NEET)

→ Learning Difficulties / Physical Disabilities / Long-Term Health Condition

→ Migrant / Asylum Seeker / Refugee

→ Gypsy, Roma & Traveller heritage

→ From a Black & Minority Ethnic Group

→ English as an Additional Language

→ Socially Deprived

→ Economically Disadvantaged

→ Young Carer

→ Known to the Police

→ Exiting Youth Justice System

→ Looked After Child

→ On a Child Protection Plan

→ Homeless / Unsettled Accommodation

N.B. This is not an exhaustive list

Public Sector agencies will be familiar with those children in some of the categories listed on the left (e.g. Looked After Children) but others (e.g. Young Carers) are much more difficult to identify and require a deeper understanding of the family characteristics, relationships and social circumstance. Important characteristics surrounding children's parents and their home life which could lead to children being viewed as vulnerable include the following:

→ Divorced / Separated

→ Not working

→ Low income

→ Work too much (don't make time for child)

→ Rurally isolated

→ No engagement with agencies / school

→ Mental health problems

→ Domestic abuse

→ Substance misuse

→ Parent in prison

Some of these characteristics have been referred to as adverse childhood experiences (ACEs). Studies suggest that ACEs contribute to poor life-course health and future social outcomes.

Recent research concluded that ACEs are linked to involvement in violence, early unplanned pregnancy, incarceration, and unemployment.⁴¹ A cyclical effect was also demonstrated where those exposed to higher ACE counts have higher risks of exposing their own children to ACEs. Locally targeted initiatives and interventions aimed at breaking this cycle will therefore be key.

There are also 'softer' indicators that can be used in defining and identifying a vulnerable child. For example, those who come to school hungry and dirty, or children who struggle to make friends easily.

It is these children who are harder to identify and who therefore don't always get the services and help they may need.

There are numerous ways in which children and young people can be deemed to be vulnerable. However, for the purposes of this chapter, I have chosen to focus on the issue of **Young Carers in Warwickshire**.

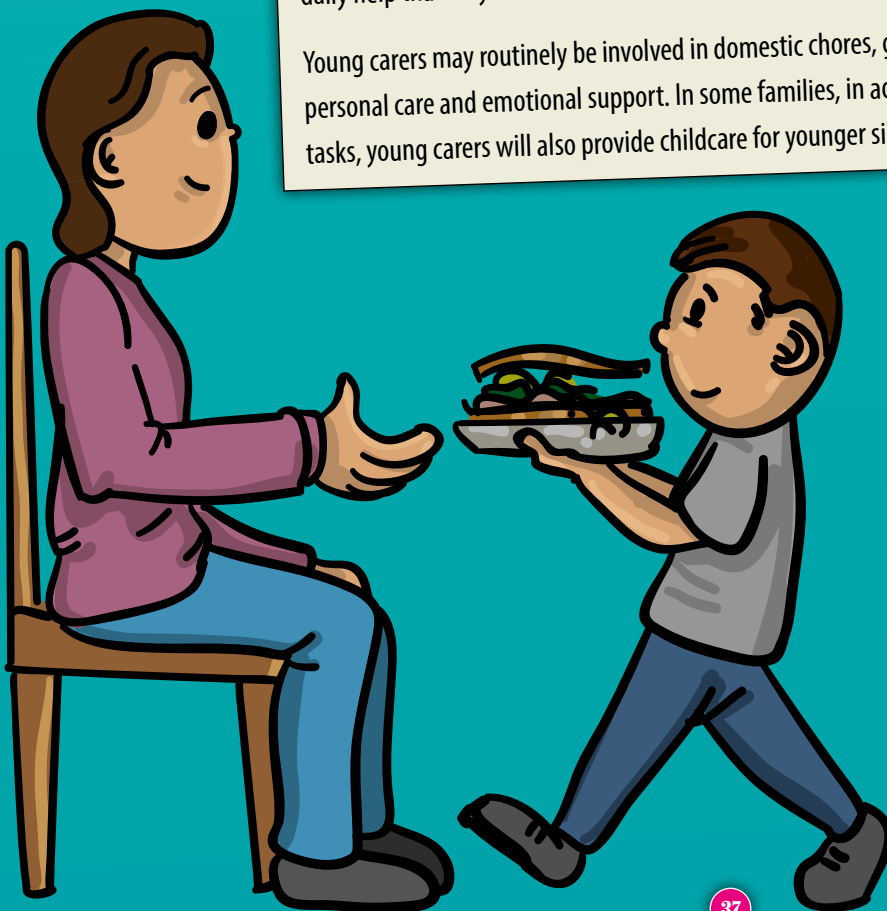
Young Carers

A young carer is a child or young person under the age of 18 who provides regular and ongoing care and emotional support to a family member, friend or neighbour who is physically or mentally ill, disabled or misuses substances.

Young carers provide care that is relied upon in maintaining the health, safety or day to day wellbeing of the person receiving support or care. This does not include children and young people who provide occasional or daily help that may occur in most families.

Young carers may routinely be involved in domestic chores, giving medication, assisting with mobility, personal care and emotional support. In some families, in addition to undertaking one or more of these tasks, young carers will also provide childcare for younger siblings.

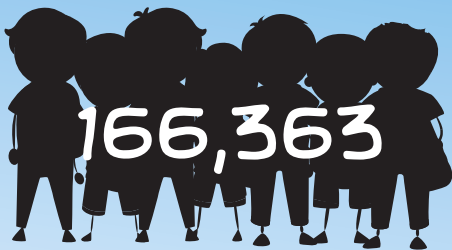
National guidance states that a young carer becomes vulnerable when the level of care-giving and responsibility to the person in need of care becomes excessive or inappropriate for that child, risking impacting on his or her emotional or physical wellbeing or educational achievement and life chances.



Young Carers

National Perspective

2011 Census data shows that there are **166,363** young carers aged 5 - 17 in England, an increase of 27,000 or 19.5% since the 2001 Census. The number of young carers under 10 years of age in England now totals 20,700.



Nearly **15,000** children aged 5 - 17 provide more than **50 hours** of care a week.



1 in 20 young carers miss school to care for a parent or sibling.

Young carers are one and a half times more likely than their peers to be from black Asian or minority ethnic communities, and are twice as likely to not speak English as their first language. They are equally likely to be a boy or girl.

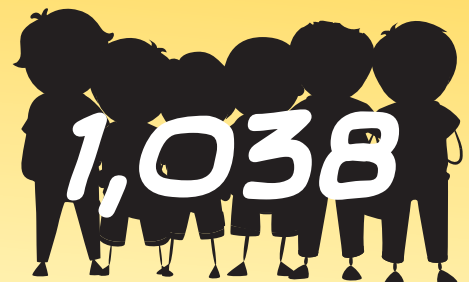


Local Picture

Data from the 2011 Census suggest that 3,589 (2.3%) children and young people aged 0-24 in Warwickshire are providing care to members of their families, a 29% increase from the 2001 Census.



The largest numbers and proportions of children and young people providing unpaid care to relatives are in Nuneaton & Bedworth Borough, a total of 1,038 (2.8%).



The majority of these (2,761) provide care for between 1 and 19 hours a week, whilst 435 provide care for between 20 and 49 hours, and 393 provide care for 50 or more hours a week.



However, the use of Census data is likely to be an underestimate of the true overall numbers of young carers.

Current Situation

'Warwickshire Young Carers Project' (WYCP), is currently delivered on behalf of the county council by the Carers' Support Service (CSS). WYCP supports young carers through regular group activities, one-to-one support at school, and signposting, advice and advocacy for the whole family.

The Service is being redesigned to contribute to the local authority's statutory duties under new legislative requirements (Children and Families Act and Care Act 2014), and to reflect consultation with young carers.

Carers were identified as a key priority topic in Warwickshire's Joint Strategic Needs Assessment (JSNA) 2015 Review process, and as a result, a more detailed needs assessment of adult and young carers will be undertaken.

Inequalities

A recent evidence review identified four key areas of need for young carers:

- isolation, social exclusion and stigma;
- problems at school;
- lack of time for play and leisure activities; and
- lack of recognition, praise or respect for caring contribution.

Research has also identified a clear link between caring and deteriorating health, and an increased risk of psychological distress proportional to the amount of time devoted to caring. Carers aged 0-24 are twice as likely to report their health is 'not good' compared with peers who provide no care.⁴²

In the first study of its kind, the Children's Society and the Open University School of Health and Social Welfare found that 70% of former young carers suffered long-term psychological effects, and 40% had mental health problems.⁴³

Research carried out into young carers of school age found that the impact was significant in all age groups, with 28% of those aged between 5 and 15 experiencing educational difficulties or missing school.⁴⁴ Young carers have significantly lower educational attainment at GCSE level and are 1.5 times more likely than their peers to have a SEND.

Young adult carers may also find it difficult to fit their caring responsibilities around post-16 education, apprenticeships, or a job. Young carers aged 16-18 are twice as likely as their peers to be NEET.⁴⁵

What we can do to improve

Increase reach /Improve access to support services

The number of young carers known to the Warwickshire Young Carers Project at the end of March 2013 was 1037; (924 aged 8-17 and 113 aged 18-25).

Local data suggests that there are a significant number of young carers (approximately 71%) who are currently either unknown to statutory and voluntary sector agencies, or deciding not to access services.

Remove barriers to improve access to support.

Frequently cited barriers to accessing support services include:

- Fears that approaching services will cause unwanted attention 'hassle', or loss of autonomy.
- Fear of stigmatisation or judgment by wider community, particularly in schools (notably for those with mental health and/or substance misuse needs).
- Overlooking young carers needs by focusing upon the cared for person (particularly in health services).
- Costs of travel to access services.
- Services not appropriately accommodating language and cultural needs.
- Services are provider-led as opposed to user/needs-led.

Recommendations



Early identification of young carers is key to the success of supportive interventions. Health, Social Care and Education sectors need to work collaboratively with partners to facilitate the earlier identification of carers who can then be signposted to appropriate support.



Schools and other professionals working with young carers need to ensure that staff are sufficiently skilled in recognising the signs and symptoms which could point to a child/person having a caring role.



GP practices should identify carers within their practice, and clinicians need to give due consideration to the welfare of children and young people when they see patients in their care.



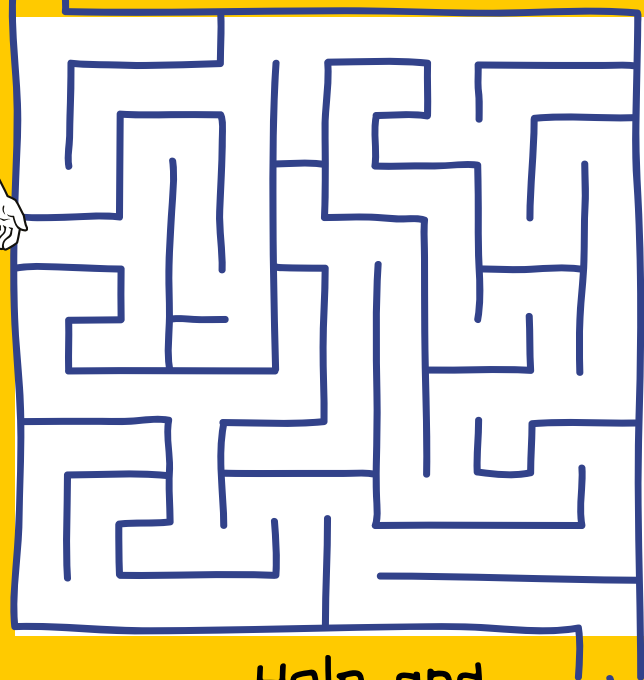
WCC will need to ensure that there are joined up approaches between Adults and Children's services, with clear guidance available to practitioners, and clear working arrangements with Mental Health services. This is to ensure a 'whole systems approach' for young carers.



Health and Social Care services need to provide clear pathways for accessing services, and make this information available to young carers at an early stage in their caring role.

Maze

Help the young carer to find the quickest way to get to the help and support!



Help and Support

ACHIEVEMENTS

Public Health Business Unit


- ★ A peer review of the Warwickshire Health and Wellbeing Board provided useful feedback and recommendations on the Board's future developments.
- ★ Duncan Selbie, Chief Executive of Public Health England visited Warwickshire and noted the breadth and innovation of work across the county and the opportunities for improving public health.
- ★ The revised Health and Wellbeing Strategy was produced focusing on three priorities; promoting and maintaining independence, developing community resilience and improving integration and joint working between partners.


Population Health

- ★ Annual Report 2014: 'Protecting Health – A Hidden Agenda' received positive feedback and support.
- ★ The Pharmaceutical Needs Assessment (PNA) was delivered meeting statutory requirements, presenting a picture of pharmaceutical service provision across the county.
- ★ Over 3,000 user sessions since the Warwickshire Health & Wellbeing Portal launch in November.

Health Protection


- ★ 267,410 users engaged with our 'Respect Yourself' website.
- ★ 'Respect Yourself' nominated in the Young People's Sexual Health Service/Project category at the 2014 UK Sexual Health Awards.
- ★ 7,500 views of the 'Yes or No' game competition looking at sexual consent in Warwickshire.
- ★ 20 new schools signed up to deliver Spring Fever (Primary School RSE programme) in 2015 /16.
- ★ Teenage pregnancy rates in Warwickshire have fallen to 24.3 conceptions per 1,000 women aged 15-17.
- ★ 84,286 people (75.2%) aged 65 and over were immunised against seasonal flu across Warwickshire - the highest rate, and only upper tier local authority above the 75% target, in the West Midlands Region.
- ★ 2,771 pregnant women (47.4%) were immunised against seasonal flu across Warwickshire in 2014/15, an increase from 44% in 2013/14.

 5,545 children (95.9%) aged 5 years received the MMR vaccination (two doses) – the 5th highest proportion amongst England's upper tier local authorities.

 Warwickshire's Sexual Assault Referral Centre (SARC) has supported 383 clients, a 37.8% increase from last year and a 10% increase in self-referred clients.

Health Inequalities


 Developed two innovative training sessions for front-line workers; Safetalk session and Mental Health 1st Aid.

 A New 'Smoke free formula' book is available through the 'Books on Prescription Scheme' in Warwickshire libraries.

 Ex-Smoker Factor competition receives positive praise from other local authorities who are considering using the campaign.

 1,243 referrals have been made to the Exercise on Referral programme.

 32 registered walking schemes across Warwickshire with 3,461 walkers attending the schemes.

 308 children completed a 9 week structured weight management programme as well 223 parents/carers. 100% of families reported sustaining healthy lifestyle changes.

 11,096 reception and year 6 children were weighed and measured in 190 schools as part of the National Child Measurement Programme.

 National Child Measurement Programme participation rates exceeded national target of 85%; 98.4% of reception children and 97.4% of year 6 children in Warwickshire were measured.



 Health Visiting and children's centres achieved the UNICEF Baby Friendly Initiative Stage 3 accreditation scoring 100% in many areas.

 73.5% of mothers initiated breastfeeding.


 5,009 people have set a smoking quit date in 2014/15.

 16,896 NHS Health Checks have been carried out and 682 people were found to have an undiagnosed long term health condition.






 13.1% of pregnant women are known to be smokers at time of delivery, which has decreased from 2012/13.

-  Over 400 people in North Warwickshire have pledged their ‘#Onething’ change they will make for a healthier lifestyle.
-  Public Health have worked with Warwickshire North CCG and Nuneaton & Bedworth and North Warwickshire Borough Councils to run and support a series of health awareness raising events, engaging with 100’s of people, offering health checks and advice.













Mental Health and Wellbeing

-  A ‘5 Ways to Wellbeing’ e-learning resource developed.
-  1,223 staff trained in Making Every Contact Count.
-  1,500 appointments at the Wellbeing Hubs.
-  120 new referrals for direct advocacy support for general health issues and for complaints relating to NHS services.
-  4,542 users have accessed the ‘Living Well with Dementia Portal’.
-  We have helped create over 7,000 ‘Dementia Friends’.

Wider Determinants

-  Worked closely with the districts and borough councils to encourage planners to take public health into account in line with the National Planning Policy Framework (NPPF).
-  A programme of Health Impact Assessments commissioned to support local planners to gain insight into health impacts of potential local developments on existing communities.
-  National coverage for the Warwickshire Veterans project in ‘Veterans World’ magazine.
-  Public Health Warwickshire has jointly hosted an event with the Town and Country Planning Association called ‘Healthy Weight Environments’. This examined how planning and development can create and influence the wider social and environmental determinants that encourage healthier lifestyles and healthier populations.
-  2 Apprentices have been recruited into the Wider Determinants team over the last year, as part of Public Health Warwickshire’s commitment to training and development.

Warwickshire Public Health Report Card⁴⁶

Indicator	Period	Warwickshire		England	North Warwickshire		Nuneaton & Bedworth		Rugby		Stratford-on-Avon		Warwick		Data unit
		Value	Trend	Value	Value	Trend	Value	Trend	Value	Trend	Value	Trend	Value	Trend	
Deprivation	2013	5.9	n/a	20.4	5.2	n/a	19.3	n/a	3.6	n/a	0	n/a	1	n/a	%
Children in poverty (under 16s)	2012	13.2		19.2	13.9		19.5		12.8		9.1		10.3		%
Statutory homelessness	2013/14	2.2		2.3	1.3	n/a	3.2	n/a	2.5	n/a	1.6	n/a	2.2	n/a	per 1,000
GCSE achieved (5A*-C inc. Eng & Maths)	2013/14	60.2	n/a	56.8	57	n/a	45.3	n/a	64	n/a	68	n/a	66	n/a	%
Violent crime (violence offences)	2013/14	7.6		11.1	6.4		10.5		7.4		6.7		6.7		per 1,000
Long term unemployment	2014	3.7	n/a	7.1	3.4	n/a	8.1	n/a	3.6	n/a	0.9	n/a	2.3	n/a	%
Smoking status at time of delivery	2013/14	13.1		12	19	n/a	19	n/a	13	n/a	8.3	n/a	8.3	n/a	%
Breastfeeding initiation	2013/14	73.5		73.9	68.4	n/a	n/a	n/a	82.5	n/a	76.7	n/a	78.2	n/a	%
Obese children (Year 6)	2013/14	15.6		19.1	19.8		19.3		14.4		13.2		12.9		%
Alcohol-specific hospital stays (under 18) †	2011/12-13/14	46.2	n/a	44.9	24.2	n/a	64.8	n/a	32.9	n/a	37.3	n/a	41.2	n/a	per 100,000
Under 18 conceptions	2013	23.4		24.3	26.6		29.7		22.6		18.9		19.7		per 1,000
Smoking prevalence	2013	14.5		18.4	12.4		13.8		12.7		13.3		18.2		%
Percentage of physically active adults	2013	59.1	n/a	56	61	n/a	53.3	n/a	58.9	n/a	59.4	n/a	63.3	n/a	%
Obese adults	2012	21.8	n/a	23	27.5	n/a	27	n/a	20.4	n/a	21.4	n/a	15.8	n/a	%
Excess weight in adults	2012	64.8	n/a	63.8	67.9	n/a	64.5	n/a	65.3	n/a	65.7	n/a	62.7	n/a	%
Incidence of malignant melanoma †	2010-12	18.2	n/a	18.4	18.4	n/a	17.2	n/a	15.5	n/a	18.7	n/a	20.6	n/a	per 100,000

Indicator	Period	Warwickshire		England	North Warwickshire		Nuneaton & Bedworth		Rugby		Stratford-on-Avon		Warwick		
		Value	Trend	Value	Value	Trend	Value	Trend	Value	Trend	Value	Trend	Value	Trend	Data unit
Hospital stays for self-harm	2013/14	216.3	n/a	203.2	195.9	n/a	305.9	n/a	224	n/a	173	n/a	184.8	n/a	per 100,000
Hospital stays for alcohol related harm †	2013/14	620	n/a	645	506	n/a	703	n/a	632	n/a	591	n/a	631	n/a	per 100,000
Prevalence of opiate and/or crack use	2011/12	5.1	n/a	8.4	4.3	n/a	5.4	n/a	5.2	n/a	3.3	n/a	6.6	n/a	per 1,000
Recorded diabetes	2013/14	6		6.2	6.5		7.3		6		5.3		5.3		%
Incidence of TB †	2011 - 13	8.6	n/a	14.8	5.4	n/a	13	n/a	10.9	n/a	4.4	n/a	8.2	n/a	per 100,000
All new STI diagnoses (exc Chlamydia aged <25)	2013	727	n/a	832	631	n/a	951	n/a	821	n/a	551	n/a	647	n/a	per 100,000
Hip fractures in people aged 65 and over	2013/14	578		580	687		655		514		554		539		per 100,000
Excess winter deaths (three year)	Aug 2010 - Jul 2013	19.5		17.4	25.6		19.1		22.7		17.5		16.5		
Life expectancy at birth (Male)	2011 - 13	80		79.4	79		78.3		80.6		81		80.5		Years
Life expectancy at birth (Female)	2011 - 13	83.8		83.1	82.2		82.5		84		85.2		84.4		Years
Infant mortality	2011 - 13	3.5		4	6.9		3.1		2.4		3.6		3.2		per 1,000
Smoking related deaths	2011- 13	235.8		288.7	249.8		278.7		234		200.4		230		per 100,000
Suicide rate	2011 - 13	9.3		8.8	n/a	n/a	9.2	n/a	n/a	n/a	7.3	n/a	13.6	n/a	per 100,000
Under 75 mortality rate: cardiovascular	2011 - 13	70.8		78.2	95.4		83.6		62.6		58.3		65.4		per 100,000
Under 75 mortality rate: cancer	2011 - 13	131.2		144.4	144.9		141.4		140.1		113.1		127		per 100,000
Killed and seriously injured on roads	2011 - 13	54.7	n/a	39.7	101.8	n/a	35.2	n/a	52.6	n/a	74.4	n/a	35.8		per 100,000

Compared to England

Better: Similar: Worse:

† Indicator has had methodological changes so is not directly comparable with previously released values.

GLOSSARY

ADHD (Attention deficit hyperactivity disorder) - A group of behavioural symptoms that include inattentiveness, hyperactivity and impulsiveness.

Adverse Childhood Experiences (ACEs) - An adverse childhood experience (ACE) describes a traumatic experience in a person's life occurring before the age of 18 that the person remembers as an adult.

Antenatal - Before birth; during or relating to pregnancy.

Bronchitis - Bronchitis is inflammation of the air passages between the nose and the lungs, causing a nasty cough.

BMI - Overweight and obesity is measured through the calculation of a body mass index (BMI). BMI is calculated by dividing body weight (kilograms) by height (metres) squared.

Adults BMI classifications:

adults with a BMI below 18.5 are underweight;

adults with a BMI between 18.5-24.9 are healthy weight;

adults with a BMI of 25 or over are overweight;

adults with a BMI of 30 or over are obese.

Further classifications of obesity by BMI in adults are:

obesity, class I - 30-34.9;

obesity, class II - 35-39.9;

obesity, class III - ≥ 40 .

In children and adolescents, BMI varies with age and sex, and because of this, a growth reference must be used. In England, the 'British 1990 growth reference charts' are used to classify the weight status of children according to their age and sex for the National Child Measurement Programme and Health Survey for England. To check out your own or your child's BMI, you can use an online tool on the NHS Choices website. <http://www.nhs.uk/tools/pages/healthyweightcalculator.aspx>

CCG (Clinical Commissioning Group) - Clinical Commissioning Groups are groups of GP Practices that are responsible for commissioning most health and care services for patients.

Cognitive skills - Cognition is the umbrella term for your learning skills - your ability to process information, reason, remember, and relate.

Commissioning (Public Health) - The process of ensuring that health and care services are provided so they meet the needs of the population; it includes a number of stages including assessing population needs, prioritising outcomes, procuring products and services, and evaluating outcomes. The concept of commissioning is expanding to include the way decisions are made about directing investment as well as direct service commissioning.

Competencies - A set (or list) of things you have to do (or be capable of) in order to reach a certain outcome.

Conduct disorder - A range of antisocial types of behaviour displayed in childhood or adolescence.

Cross sector organisations - In terms of organisations working together, this means; the variety of organisations that are involved in a project are from the public sector, private sector and voluntary sector.

Deprivation - The damaging lack of material benefits considered to be basic necessities in a society.

Determinant - A factor which decisively affects the nature or outcome of something. Many factors combine together to affect the health of individuals and communities. Whether people are healthy or not, is determined by their circumstances and environment.

ESH Works - 'Experience, Strength and Hope' is an independent non-profit making organisation providing mutual support for those addicted to or affected by alcohol, drugs or other dependencies in Warwickshire.

Family homelessness - An individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility (e.g., shelters) that provides temporary living accommodations, and an individual who is a resident in transitional housing.

Five Ways to Wellbeing - A public health campaign which details the five steps to take towards a good mental health. These are: connect; be active; take notice; keep learning and give.

GFR - General Fertility Rate is the total number of live births per 1,000 women of reproductive age (age 15 to 44 years) in a population per year.

Glue Ear - A common childhood condition in which the middle ear becomes filled with fluid.

Health Impact Assessment (HIA) – Similar to a study – viewing the impacts of certain things on the population's health, i.e. new care services. The impacts measured may be good or bad impacts.

Health inequalities – Health inequalities are differences between people or groups due to social, geographical, biological or other factors.

Incidence – the number of new events, e.g. new cases of disease in a defined population, within a specified time period.

Integrated working – See 'working collaboratively' definition.

Intervention - The action or process of intervening, which could relate to commissioning a service for disadvantaged populations, to attempt to address a particular issue.

Making Every Contact Count (MECC) - MECC is a concept which aims to improve lifestyles and reduce health inequalities. MECC encourages conversations based on behaviour change methodologies (ranging from brief advice, to more advanced behaviour change techniques), empowering healthier lifestyle choices and exploring the wider social determinants that influence all of our health.

Marmot Reviews - the work that is carried out by Professor Sir Michael Marmot and his team at University College London (UCL) focusing on population health and inequalities.

National Child Measurement Programme (NCMP) - An important element of the Government's work programme on child obesity, operated by Public Health England and the Department of Health (DH) and delivered by Local Authorities .

NEET (Not in Education, Employment or Training) – Young people aged 16 to 24 who are not considered to be undertaking a form of education, employment or training.

NUDS (New and Unregulated Drugs) – Substances with an unknown and underdetermined nature and status. These substances are referred to by a variety of names, including Legal Highs, Novel Psychoactive Substances and New & Emerging Drugs.

Outcomes (Public Health) - Involve change in health status; some stipulate that the population or group has to be defined (different outcomes are expected for different people & conditions), whilst others specify also that health outcomes are the result of interventions or their lack, rather than simply change over time.

Partners – Organisations that work together or are involved in work together.

Pneumonia - Lung inflammation caused by bacterial or viral infection. Inflammation may affect both lungs (double pneumonia) or only one (single pneumonia).

Postnatal - Relating to the period after childbirth.

Prevalence – measures existing cases of disease and is expressed as a proportion e.g. 1% of the population.

Respect Yourself Programme – A public health project, aimed mainly at younger people, that provides relationship and sexual health information and advice.

SATOD (Smoking at time of delivery) – Pregnant women who are known to be smokers at the time of giving birth.

SEND/SEN – Following a reform in September 2014, SEN is now referred to as SEND; children and young people with special educational needs and disabilities.

Stakeholder – In terms of business, an organisation interested in your area of work, or a 'partner'.

'Time to Change' – A project which aims to change populations' behaviour in order to adopt healthier lifestyles.

'Triple P' – A parenting intervention with the main goal of increasing the knowledge, skills, and confidence of parents to reduce the prevalence of mental health, emotional, and behavioural problems in children and adolescents. The program is specifically tailored for at risk children and their parents.

UNICEF Baby Friendly Stage 3 – An award for maternity, neonatal, health visiting and children centre services who have achieved a set of interlinking evidence-based standards.

Warwickshire Health & Wellbeing Board – A board made up of partners from the county and district and borough councils, NHS and public and social care sector to ensure a coordinated approach to health, social care and public health in Warwickshire.

Working collaboratively – Involvement of two or more parties (organisations) working together.

Public Health Warwickshire

Communities Group Warwickshire County Council PO Box 43, Shire Hall, Barrack Street,
Warwick, CV34 4SX Tel. 01926 413751

www.warwickshire.gov.uk/publichealth

ISBN number: 978-0-9929533-1-7

References are available at: publichealth.warwickshire.gov.uk/annual-report

