

SECURING THE HEALTH OF OUR FUTURE

The Health and Wellbeing of Children
and their Families in Gloucestershire
Report of the Director of Public Health

Gloucestershire County Council
2016/17



Gloucestershire
COUNTY COUNCIL

CONTENTS

P4 CHILDREN IN GLOUCESTERSHIRE

P5 PREGNANCY AND EARLY YEARS

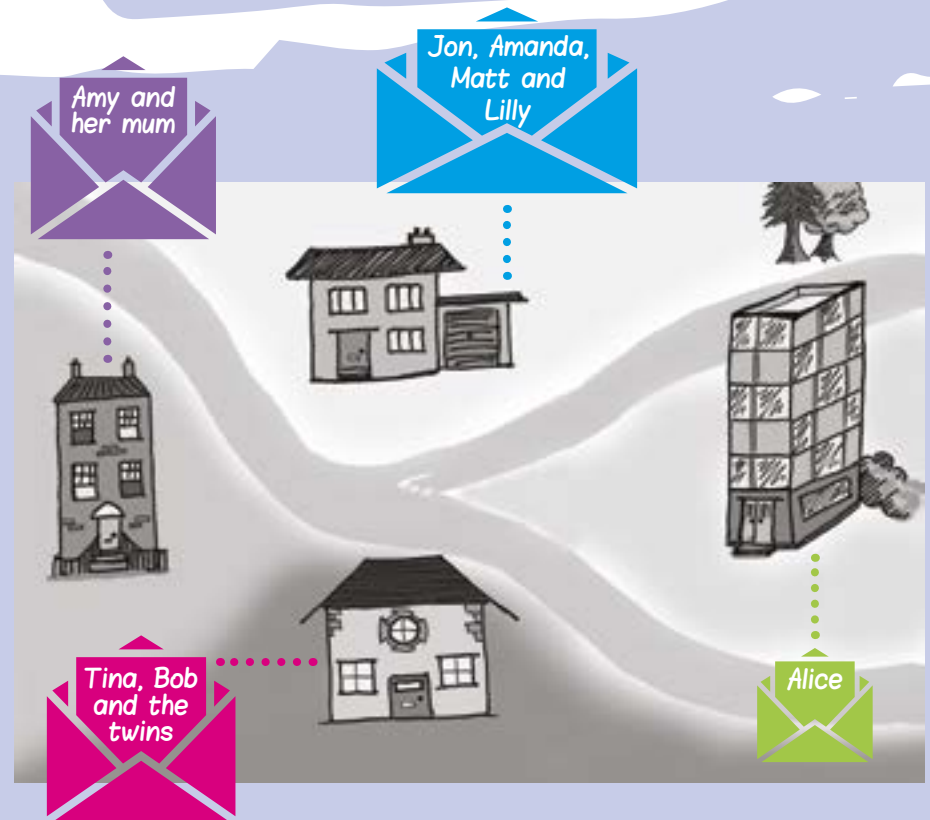
P10 SCHOOL YEARS

P15 YOUNG PEOPLE

P20 VULNERABLE CHILDREN

P25 CONCLUSION: A CALL TO ACTION

P26 GLOUCESTERSHIRE'S STATE OF HEALTH



Acknowledgements

Thank you to colleagues and partners who supported the production of this report and its content, including Angelika Areington, Laura Berry, Charlotte Bigland, Frances Clark-Stone, Paul Cooke, Julie Craig, Hannah Elliot, Francis Gobey, Wendy Gray, Sally Hebbs, Rachael Leslie, Jane Lloyd-Davies, Tracy Marshall, Dave McConalogue, Sarah McDonald, Steve O'Neill, Eugene O'Kane, Vicky Powell, Claire Procter, Fiona Quan, Tanya Richardson, Jennie Shine, Jennifer Taylor, Nick Taylor, Sue Weaver, Kaye Wills and Gloucestershire County Council's Communications team.

SECURING THE HEALTH OF OUR FUTURE

"The foundations for virtually every aspect of human development – physical, intellectual and emotional are laid in early childhood" Marmot, 2010



Sarah Scott
Director of Public Health

Welcome to my second annual report as Director of Public Health.

As Gloucestershire plans and prepares for the future of the county beyond 2050, it is clear that today's children and young people will be the greatest asset to Gloucestershire communities and the future economic prosperity of the county.

As a health economy, Gloucestershire is striving to develop a sustainable and fair offer to Gloucestershire residents. Supporting children and their families to have the best start in life and to fulfill their potential has clear health and wellbeing benefits for individual families, as well as wider financial and social benefits at a community and county scale.

This report presents key issues affecting Gloucestershire's children, young people and families at three main stages of their lives. It explains why they are important, what it would take for Gloucestershire to be great and how this could be achieved. Following on from this report a full needs assessment will be completed to inform the development of a revised Children and Families Strategy for 2018-21.

Inequalities are explored throughout the document along with the importance of a 'proportionate universalism' approach which can ensure that all the children who need it receive enhanced support and the opportunities to thrive and achieve their full potential.

Challenges known to the council and highlighted by Ofsted, have further focused ambition to respond better and support more vulnerable families who face challenges associated with poverty and disadvantage amongst a wider population which generally reports positive health and wellbeing.

I hope you enjoy this report and find its content useful as Gloucestershire works towards better health and wellbeing for all families in Gloucestershire.

A handwritten signature in blue ink that reads "Sarah Scott".

IF GLOUCESTERSHIRE WERE A TOWN OF 100 CHILDREN



9 will have been born to mothers who smoked in pregnancy



77 will have been breastfed at birth



14 live in poverty



67 will have the basic skills needed to start school at age 5 ... 33 will not



7 will have reported that they had self harmed at age 15



66 pupils will have achieved A*-C in English and Maths GCSE... 34 will not



8 pupils from years 8 and 10 will have reported that they smoke tobacco regularly



3 pupils from years 8 and 10 will have reported they use illegal drugs regularly



87 of 5 year olds are fully vaccinated against MMR... 13 are not, meaning our population is not protected



1 underweight



67 normal weight

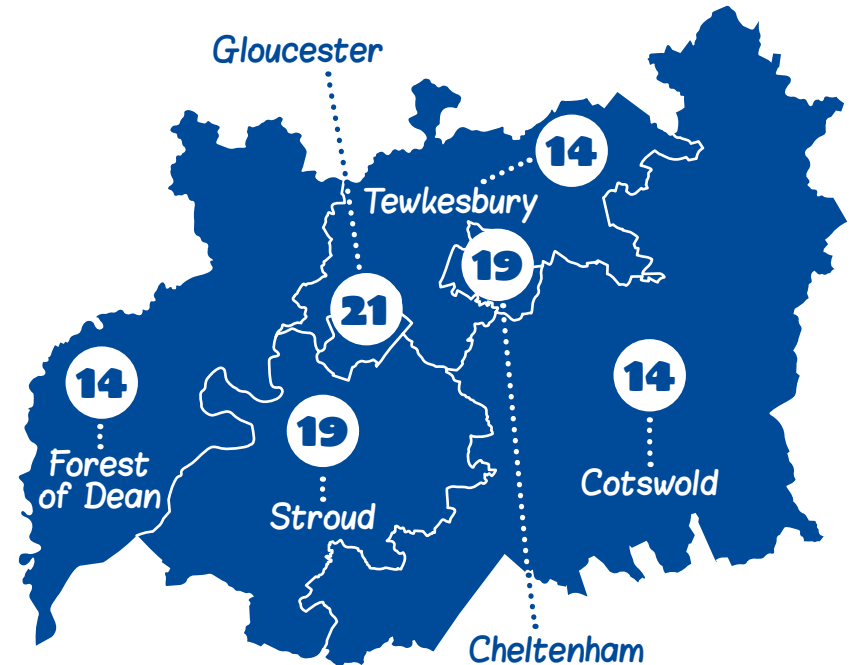


14 overweight



18 obese

Children make up 20% of the population of Gloucestershire and are distributed as follows



Based on life expectancy at birth for a child born in 2016



The richest BOY in the town would live until they are 83



The richest GIRL in the town would live until they are 85 and a half



The poorest BOY in the town would live until they are 74



The poorest GIRL in the town would live until they are 79

PREGNANCY AND EARLY YEARS

“Children’s life chances are most heavily predicated on their development in the first five years of life. It is family background, parental education, good parenting and the opportunities for learning and development in those crucial years that together matter more to children than money in determining whether their potential is realised in adult life” Frank Field

Spotlight on

- ✓ Smoking in pregnancy
- ✓ Breastfeeding
- ✓ Attachment
- ✓ Being ready for school

Fact

Around 20% of pregnant women experience poor mental health in pregnancy or in the months following the birth of their child. This can have an impact on the whole family.

Why is this important?

Health behaviours through pregnancy and experiences in a child’s early years set the foundations for good health and wellbeing into adulthood and influence many aspects of later life.

Having the best possible start in life begins before pregnancy with the lifestyle choices and home environment of the mother and father. Healthy weight, a smoke-free pregnancy and home, and good mental wellbeing have a positive effect on pregnancy, birth and the health and wellbeing of the family. As the child continues to develop through their first 1,001 days positive parenting and strong attachment promotes continued positive brain development. Such a good start is associated with:

- Better physical and mental health throughout life
- The ability to nurture stable relationships later in life
- Better academic achievement
- Earning more money
- Being more likely to report high levels of wellbeing and happiness throughout life

We want to provide an environment where these great outcomes are achieved by all our children

Bob is 4 weeks old and Tina is struggling with the new baby. Breastfeeding feels hard and the other kids need attention too but everyone else is so excited and she doesn’t want people to think she’s a bad parent. Like a number of new mums she actually has post natal depression but has not thought about this as a possibility.



PREGNANCY AND EARLY YEARS

Smoking in pregnancy

- In 2015/16, 9.3% of Gloucestershire's women were still smoking at the time their baby was born. Although this has reduced from nearly 15% in 2010/11, and is lower than the England average of 10.6%, this still means that almost 1 in every 10 babies born in Gloucestershire will be at higher risk of premature birth, low birth weight, still birth and sudden unexpected death in infancy.

We are reducing smoking in pregnancy but have further to go...

Year	Smoking at time of birth Gloucestershire % (number)	South West %	England %
2010/11	14.9 (987)	13.5	13.5
2011/12	13.3 (868)	13.1	13.2
2012/13	13.5 (861)	13.3	12.7
2013/14	11.4 (742)	13.0	12.0
2015/15	11.2 (726)	11.9	11.4
2015/16	9.3 (630)	11.2	10.6

Fact

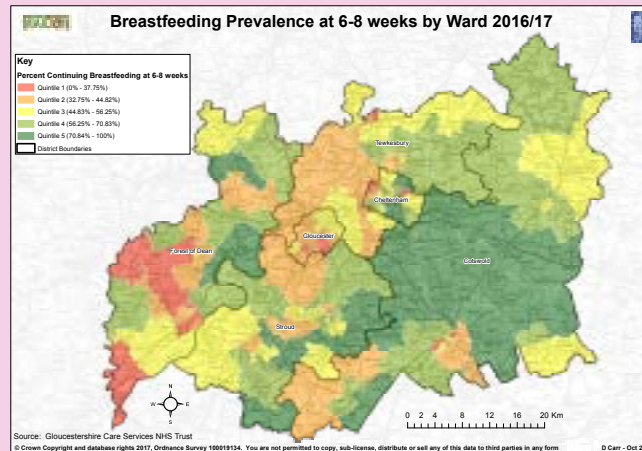
630 Gloucestershire women were smoking at the time their baby was born in 2015/16

Focus on inequalities:

- Smoking in pregnancy occurs in all socio-economic groups. However, rates are higher amongst the poorest, meaning the disadvantages of being born to a mother who smokes are likely to disproportionately impact the less well off.

Fact

Breastfeeding benefits both mother and child however only around half of women in Gloucestershire are breastfeeding at 6 weeks post birth



Focus on inequalities:

- White mothers are less likely to breastfeed than mothers from all other ethnic groups
- There are wide geographic variations in local breastfeeding rates. The more deprived locations tend to have lower rates of breastfeeding meaning that these children, who are already exposed to all the other pressures that increased deprivation brings, are missing out on the benefits and protections afforded by breastfeeding

Breastfeeding

- Any period of breastfeeding provides benefits for the baby and mother. In 2015/16, 77% of Gloucestershire women initiated breastfeeding. This is above the UK average, however Gloucestershire rates have remained static over the last 6 years with different rates across different parts of the county (see map).
- The number of women still breastfeeding at 6-8 weeks is lower at around 50% and has remained at this level for the last 5 years. Supporting women in their early days and weeks of feeding can improve the rate at 6-8 weeks.
- Supporting women to start and continue breastfeeding provides a rapid return on investment with fewer hospital admissions as a result of the protection that breastfeeding provides. Babies who are breastfed have lower risk of gastrointestinal illness, ear and chest infections in their first year of life, and a reduced risk of obesity and diabetes in later life.

PREGNANCY AND EARLY YEARS

Attachment

The first 1001 days of a child's life are vital for building the relationships and emotional attachment that will influence behaviours into later life.

The relationship between parent and child is an important determinant of children's emotional and social development, and their mental and physical health, and provides the building blocks for resilience that carry into adulthood. Attachment describes the development of a strong emotional bond between child and caregiver.

Strong attachment and responsive parenting:

- Reduces the risk of mental health problems in children, young people and adults
- Reduces the risk of a child adopting unhealthy or risky behaviour
- Helps protect the child from the adverse effects of poverty
- Positively impacts on emotional regulation, and educational achievement

Being 'Ready for School'

'School readiness', or a 'good level of development at the end of reception' is a measure that assesses whether a child has developed as they should have in the early learning goals covering communication and language; physical development; personal, social and emotional development, and in the areas of mathematics and literacy.

Children need to develop a range of skills and abilities from their parents and early learning environments to ensure they are prepared for learning.

A 'school ready' child is able to speak, listen and understand basic instructions. They have developed some early social skills through playing with their friends, and they have mastered practical skills like dressing themselves, using cutlery and being able to go to the toilet.

This is important because **achieving a good level of development at the end of reception is a strong indicator of future educational attainment and life chances.**

Fact

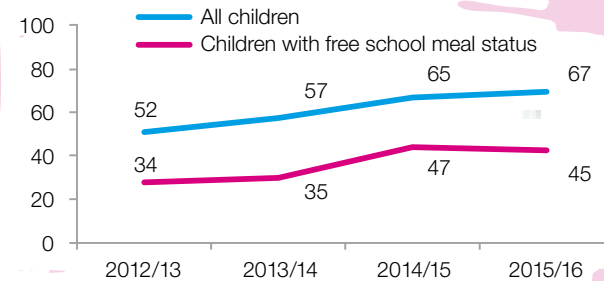
Children achieving a good level of school readiness in Gloucestershire rose from 64% in 2015 to 67% in 2016.

Help is at Hand...

Parenting is not always easy. Responsive parenting may not come naturally to all parents and techniques including newborn observation and parenting programmes can provide the skills and reflection to support parents and promote attachment relationships.



School readiness



Fact

Every £1 invested in quality early care and education saves taxpayers up to £13 in future costs.

What works to improve school readiness?

- ✓ Good maternal mental health
- ✓ Learning at home, including reading and practicing practical tasks
- ✓ Good quality early years settings and take up of funded childcare places
- ✓ Parenting programmes

Why invest in school readiness?

- ✓ Every £1 invested in quality early care and education saves taxpayers up to £13 in future costs
- ✓ For every £1 spent on early years education, £7 has to be spent to have the same impact in adolescence
- ✓ Targeted parenting programmes pay back £8 over six years for every £1 invested

Focus on inequalities:

- Boys are underperforming - 74% of girls achieved a good level of development compared to only 60% of boys
- Only 45% of children from poorer backgrounds in Gloucestershire (eligible for free school meals) are reaching a good level of development, compared to 79% of non eligible children. This inequality gap is widening and is larger than other areas.

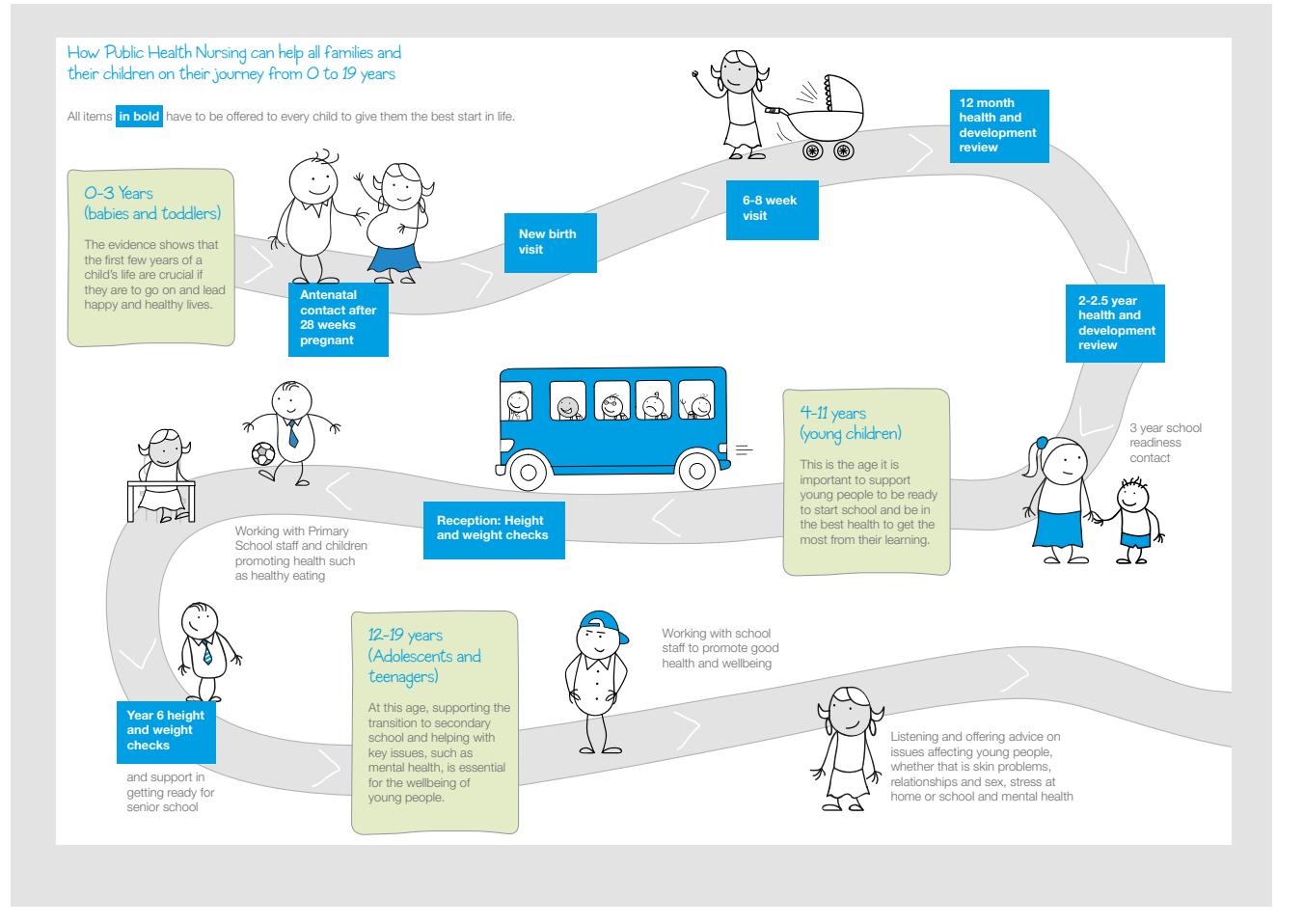
WHAT IS PUBLIC HEALTH DOING IN PREGNANCY AND THE EARLY YEARS?

What kind of support are we currently providing?

A range of providers and networks provide maternity and early years services and support, they include:

- Midwives trained to 'Make Every Contact Count'
- HLS Glos (Healthy Lifestyles service) providing support to stop smoking, reduce alcohol intake and weight management in pregnancy.
- Universal Public Health Nursing providing Health Visiting services
- Perinatal Mental Health plan including provision of New Born Observation (NBO) and Video Interactive Guidance (VIG) to assist with attachment
- Breastfeeding peer support service and Gloucestershire Infant Feeding Network
- Children and family centres – providing targeted support and parenting programmes for families that need extra support

Service case study



LOOKING FORWARD

Our Ambition for Pregnancy and Early Years

Our ambition is to support women through healthy pregnancy, with fewer than 6% of pregnant women smoking at delivery by 2022. Families in Gloucestershire will continue to be supported by universal Public Health Nursing Services who will provide enhanced support for families with additional needs. Breastfeeding initiation and duration will improve. More children will be 'School Ready' demonstrating a good level of development at the end of their reception year, and the school readiness gap between all children and poorer children will narrow.

What more are we doing over the next 12 months to ensure we achieve our ambition?

To deliver our vision we need to ensure a unified approach whereby services, organisations and local communities work to support families and children to build supportive relationships, reduce sources of toxic stress and strengthen core life skills. We need to ensure this is provided across the whole population, but be flexible enough to be able to deliver targeted specialist support where it is needed most. In pregnancy and early years this specifically means:

Relationship focussed activity:

- Undertake a Breastfeeding Social Marketing project to understand where and how to best target breastfeeding support resources.
- Evaluate New Born Observation and Video Interactive Guidance programmes to ensure we develop a coordinated pathway of support for families including specialist services where indicated.

Activity focussed on minimising sources of toxic stress:

- Work with the Healthy Lifestyle Service to design a bespoke '1001 days' healthy lifestyles service for pregnant women and early years.

Activity across all three strands:

- Mobilise Gloucestershire's Better Births Prevention group and deliver the action plan.

Activity focussed on strengthening core life skills:

- Better integration between Public Health Nursing and Early Years Settings to ensure children fully benefit from development checks at age 2 to 2.5.
- Work across partners to improve school readiness for all children, by developing school ready families, communities and early learning settings.

Bob is thriving and Tina feels settled. The Public Health Nursing team got to know Tina and to understand what would help the family flourish. The breastfeeding support really helped Tina grow in confidence and she met some great friends on the parenting support skills course. The twins are now ready for and excited about school.



SCHOOL YEARS

"The best possible health underpins a child's or young person's ability to flourish, stay safe and achieve as they grow up. Good health and emotional wellbeing are associated with improved attendance and attainment at school, which in turn lead to improved employment opportunities"

Healthy Child Programme 2009

Spotlight on

- ✓ Healthy weight
- ✓ Protecting health

Why is this important?

Healthy, happy children learn well, which in turn provides them with wider opportunities and life chances for their future. Children learning and playing alongside their peers and supported by their families and schools will learn habits through their school years that will set a pattern for their future. This section focusses on important threats to the health and wellbeing of our school children; healthy weight and protecting children from infectious disease through vaccination.

Obesity contributes to many non-communicable diseases and is emerging as one of the greatest public health challenges of this century. In contrast, infectious diseases are an old problem and we hoped they had been conquered by antibiotics and vaccination. However, with vaccination rates falling, many infectious diseases are making a come back and harming our children once more.

Obesity can be harmful to children and young people leading to:

- Emotional and behavioural problems
- Stigma, bullying and low self-esteem
- School absence due to illness
- Increased risk of diabetes, joint problems and exacerbation of asthma
- Increased risk of becoming overweight adults
- Risk of ill health and premature mortality in adult life

Infectious diseases are harmful to children and young people through

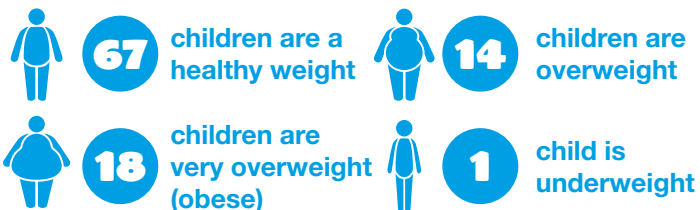
- Serious health consequences such as disability and death
- Hospital admissions
- School absence
- Parental absence from work

Fact

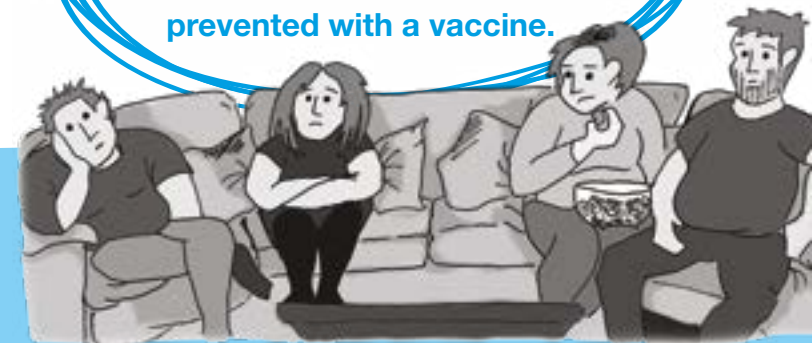
80% of children who are obese at age 10-14 years will be obese as adults

In 2017 there was a large outbreak of measles in Gloucestershire. More than 10% of cases were hospitalised. This serious disease can be prevented with a vaccine.

For every 100 children aged 10 in Gloucestershire



Matt is in reception, he has always been 'chubby' but his cousins and best friends are too so mum and dad aren't too worried. His big sister Lilly is in year 7. This year she started getting bullied about her weight and she tries to skip PE at school because she can't keep up with the others and doesn't want to be seen in a swimming costume. Jon and Amanda are also overweight, Amanda has just been diagnosed with diabetes and Jon is getting pains in his knees and hips which the doctor says is made worse by being heavy.



SCHOOL YEARS

Healthy Weight

Childhood obesity is frequently described as a ‘ticking time bomb’ and steps to address it are considered crucial to the future sustainability of our health and care system. To date no country in the world has managed to reverse rising obesity levels.

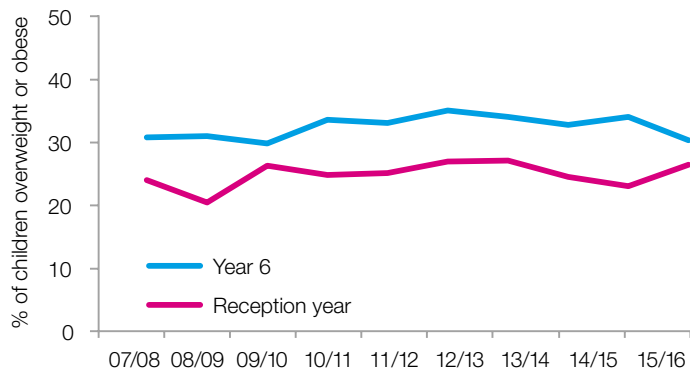
It is widely accepted that a ‘whole systems approach’, where lots of organisations and groups work together, is required to reduce the burden of obesity in the population. A combination of interventions is recommended to encourage people to eat well and be more physically active. But simply telling people what to do doesn’t work. We are all deeply influenced by what’s around us – for example, people can’t eat healthy food if they do not have ready access to healthy food that they can afford.

It is estimated that by 2034, when today’s children will become adults, the prevalence of overweight and obese adults will reach 70%.

Focus on inequalities:

- The prevalence of obesity among 4-5 year olds living in the most deprived parts of Gloucestershire is almost double that of those living in our least deprived areas, and this gap continues to widen

The proportion of overweight and obese children in Gloucestershire in 2016/17



Being overweight puts you at risk of poor health

AGE 10-14
1,900 children of this age or 1:3 are overweight or obese

AGE 4-5
1,700 children of this age or 1:4 are overweight or obese

How do we measure weight in Children?

For children, BMI is adjusted for a child’s age and gender against reference charts to give a BMI centile. This compares the child’s BMI to other children of the same age and gender.

Obese children have a BMI greater than 95% of other children the same age and gender.

The annual **National Child Measurement Programme (NCMP)** is delivered by Gloucestershire’s Public Health Nursing Services. In 2016/17 they measured the height and weight of:

- 98% (6829) of all children in Reception Year aged four to five years
- 97.5% (6057) of all children in Year 6, aged 10 to 11 years

Gloucestershire is at the forefront, working with national partners to develop best practice for tackling obesity

Developing a Whole Systems Approach to Reducing Obesity

Gloucestershire County Council is working with Leeds Beckett University on a three-year national programme (2015-18) to co-produce a best practice framework to help ourselves and other Local Authorities to develop a whole systems approach to reduce obesity within their areas. The learning from this partnership is being used to refine our local obesity plans for Gloucestershire and being shared nationally to help other regions benefit from our learning.

SCHOOL YEARS

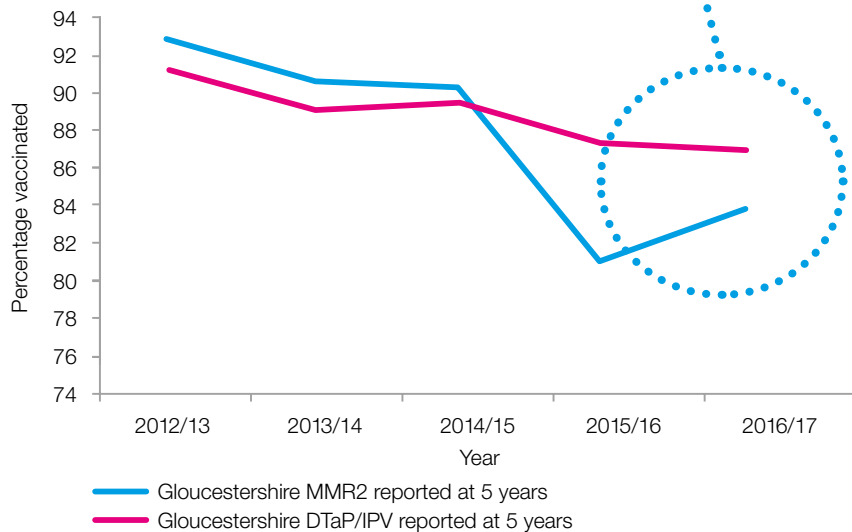
Protecting health

Vaccination is the key intervention to protect children and other vulnerable members of our community from very serious, and sometimes fatal, infectious diseases including measles, whooping cough, and diphtheria.

Robust and effective vaccination programmes have dramatically reduced the impact of such diseases, but recently we have seen diseases like whooping cough and measles increasing. It is important to maintain vaccination at high levels, so that these dangerous diseases cannot spread from person to person and the risk of serious illness for vulnerable members of our community is reduced.

While Gloucestershire has good vaccination levels for several childhood vaccinations, there are some vaccinations where we have dropped below a level where we can be confident that our children and community are protected.

Over the past two years there has been a drop in uptake for the two pre-school booster vaccinations: measles, mumps and rubella (MMR 2nd dose) and diphtheria tetanus pertussis and polio. Vaccination levels are now below 90%.



Schools provide an opportunity to identify and offer vaccination to children that have missed their scheduled vaccinations. A recent campaign targeted parents of reception year and pre-school children, through the schools and public awareness. An increase in vaccination was seen as a result of this campaign.



School checklist
<https://youtu.be/OpN31Ufknw0>



Vaccinations
<https://youtu.be/xFaGPz2AxOE>



Why immunise
<https://youtu.be/iFnNwmWisom>

WHAT IS PUBLIC HEALTH DOING IN SCHOOL YEARS?

What kind of support are we currently providing?

- The National Childhood Measurement Programme weighs and measures children at reception year and year 6
- The Public Health Nursing Service monitors children's health and development, and supports children and their families around a range of topics including healthy eating and activity to achieve and maintain a healthy weight
- Gloucestershire Healthy Living and Learning works with schools and colleges to support children and young people to make positive choices to improve their physical, emotional and mental wellbeing
- Children are routinely offered vaccination with catch up programmes for children who have missed their vaccinations



Service Case Study Gloucestershire Healthy Living and Learning



Gloucestershire Healthy Living and Learning (GHLL) and the Leading Teachers are funded by Public Health and the Clinical Commissioning Group. GHLL offer support to improve outcomes for all Gloucestershire children and young people but in particular, the more vulnerable children within the county within primary, secondary and further education settings.

- **The PinK Safeguarding Curriculum** - resources for all school years addressing a range of topics including online safety and bullying
- **Beyond Fed Up** – suicide prevention resource
- **Give and Get** – addressing issues around consent and healthy relationships
- **Teenage Relationship Abuse** – addressing domestic violence
- **CSE – Love or Lies Exploitation** – addressing Child Sexual Exploitation
- **Make me a super hero** - Resilience
- **Focussed for Learning** - Mindful Learning
- **Counting Sleep** - Improving health through better sleep

GHLL information and resources are available here: www.ghll.org.uk

LOOKING FORWARD

Our Ambition for School Years

Our ambition is for every school child to be equipped with the resources they need to achieve their potential. We want our children to be free from disease and the burdens obesity brings. From an early age, we want our children to establish positive lifestyle habits around diet and exercise that they will carry with them into adulthood.

What more are we doing over the next 12 months to ensure we achieve our ambition?

As with pregnancy and early years, to achieve this vision we have to work with communities and partners, to bring to life a whole systems approach. We will need to combine universal services with services that target those most in need. In school years this specifically involves:

Relationship focussed activity:

- Work with communities to influence social norms around food, eating and physical activity among families with young children

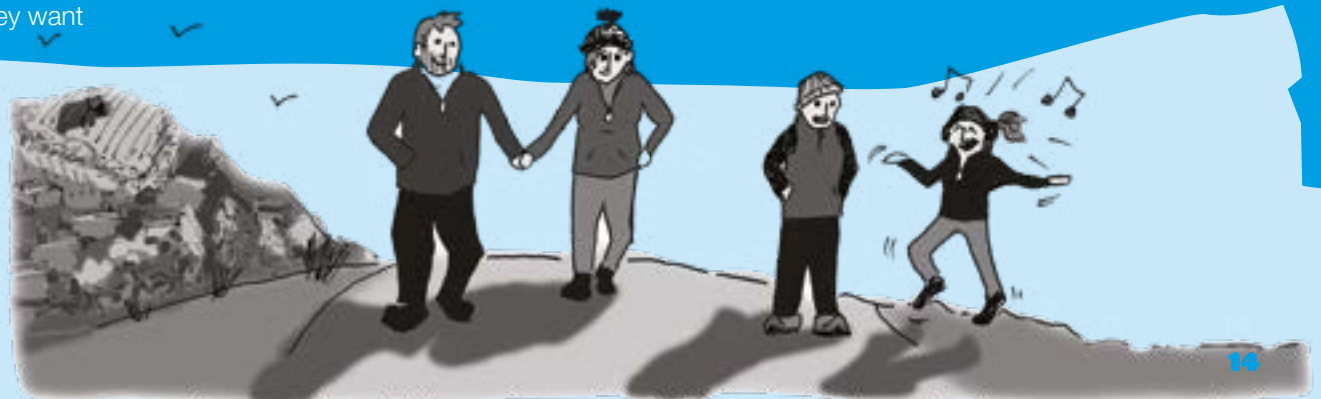
Activity focussed on minimising sources of toxic stress:

- Develop, pilot and evaluate family based weight management interventions for young children who are obese
- Reach out to partner organisations and work with schools and primary care to target parents of unvaccinated children
- Co-create and deliver health promotion campaigns to raise awareness of the importance of vaccination
- Work with pregnant women and young families to provide the targeted lifestyles they need in a way they want

Activity focussed on strengthening core life skills:

- Work with partners and advocate for a healthier food environment, including healthy food provision within communities and early years settings
- Using our influence to help develop environments that enable and encourage families with young children to build physical activity into their daily lives

When the family gets a letter about Matt's weight they decide to act. Jon learns about healthy cooking and they try to walk to school every morning. Lily loves dancing to her favourite songs and is now teaching other children the routines she has made up. She doesn't get out of breath in PE anymore. As a family they feel better and fitter.



YOUNG PEOPLE

“Adolescence is a critical time for health. The first signs of many serious long term conditions emerge at this age. It is also a time when sexual activity starts, many risk-taking behaviours begin and when life-long health behaviours are set in place”

Association for Young Peoples Health

Spotlight on

- ✓ Self harm and resilience
- ✓ Risky behaviours
- ✓ Educational attainment and exclusions

Why is this important?

Young people are the future communities, families and workforce for Gloucestershire. A resilient, well educated and skilled generation contributes to a positive, thriving and economically sound future for Gloucestershire.

As children become teenagers, they experience physical and emotional growth and change. For many teenagers, this is an exciting time in their lives with new experiences and growing independence. However, for some young people, this time can be stressful as they manage changing and new relationships, and academic and social pressures.

In later teenage years, young people sit exams and make important decisions about their future. School attendance, health, and home life can impact on exam performance. Conversely exclusion from school potentially sets a child on a path to poorer qualifications, poorer job prospects and smaller life time earnings.

Accidents and suicide are the leading causes of death in this age group and are both preventable.

It's estimated around 10% of young people self-harm at some point. This is likely to be an underestimate, as many people will never seek help.

School Exclusions

In 2016/17 Gloucestershire had the highest rate of permanent exclusions of any local authority in the South West

Amy's parents are separating; she's moved house and is struggling at school. With no outlet for her feelings she starts cutting herself and drinking alcohol to manage the pain.



YOUNG PEOPLE

Self harm and Resilience

Resilience is the ability to 'bounce back' from adversity. Resilience is developed and practiced through safe but challenging situations throughout childhood.

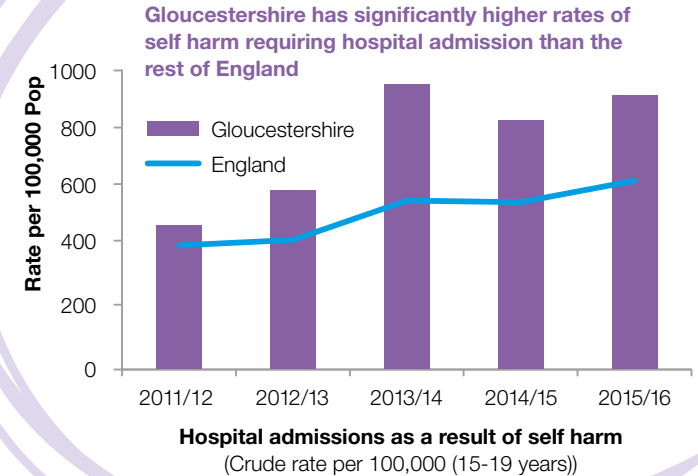
Teenagers who have developed resilience often have better skills to manage stress, cope well with change and perform better academically. Resilience, feeling connected and having positive relationships with their parents or caregivers is linked with lower levels of health harming behaviours and self harm.

Self harm is when someone causes physical pain and injury to themselves on purpose. Young people may use self harm as their own way of managing overwhelming distress.

Gloucestershire has a higher rate of hospital admissions for self-harm by young people aged 10-24 (580.8 per 100,000) than England (430.5 per 100,000).

Focus on inequalities:

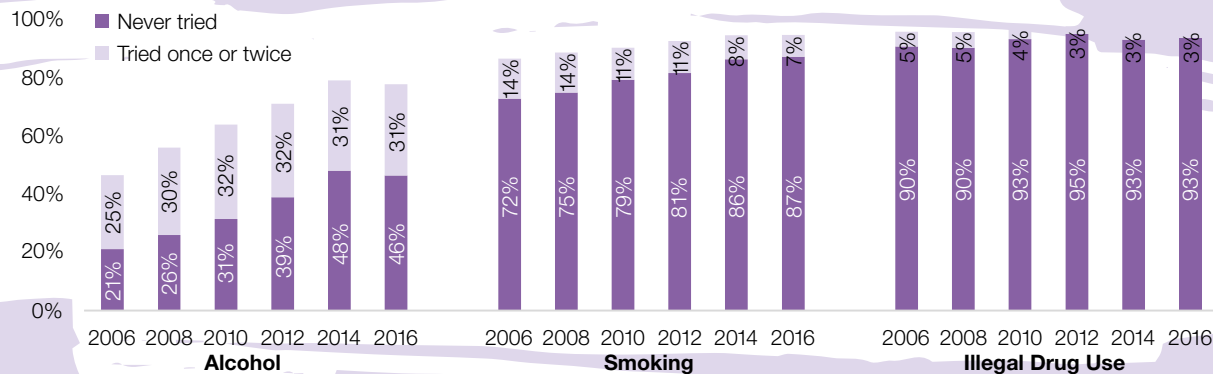
- It is our girls and young women who are most affected by self harm. Women and girls account for around 60% of unique individuals admitted to hospital and around 70% of all self harm admissions due to their higher rate of repeat self harm admissions
- People living in the most deprived neighbourhoods are three times more likely to be admitted for self-harm



Risky Behaviours

The Online Pupil Survey asks young people in Gloucestershire about their health behaviours. The survey provides insight into the lives of young people, informs commissioning, supports schools and enables the targeting of support appropriately.

The overall picture for teenagers in Gloucestershire is good - the proportion of children who have never engaged in high risk behaviours is increasing. This is illustrated in graphs below that show the number of year 8 and year 10 pupils who report that they have never tried alcohol, smoking or illegal drugs. However, there are still some who are engaging in health harming behaviours. Alcohol abuse is an issue for some young people locally with Gloucestershire having higher rates of under 18s admitted to hospital for alcohol related conditions than the rest of England.



Sexual Health & Healthy Relationships

Having healthy, informed attitudes and behaviours towards **sexual health** can protect a young person against a range of negative things, like having sex too young, picking up a sexually transmitted infection (STIs), or accidentally falling pregnant.

YOUNG PEOPLE

Educational Attainment

Overall, educational attainment levels are high in Gloucestershire. In 2016, there were a total of 6,385 pupils at the end of Key Stage 4 (GCSE) in state-funded schools and 66.4% of these pupils achieved an A*-C grade in both English and Mathematics. This was higher than the national average and Gloucestershire ranked highly against similar Local Authorities.

Boys in Gloucestershire out-performed the national average but did less well than girls, with 63.4% of boys achieving five GCSEs graded A*-C including English and maths compared to 69.6% of girls.

In Gloucestershire, a smaller proportion (7.9%) of GCSE pupils were eligible for free school meals in 2016 compared to nationally. These pupils did not achieve as well as other pupils with 34.9% gaining A*-C grades in English and Maths, which is much lower than those not entitled to free school meals (69.1%).

Indicator	Gloucs	England	Comparable LAs
% pupils achieving A*-C in English and Maths	66.4	59.3	65.3
% boys achieving A*-C in English and Maths	63.4	59.4	62.1
% girls achieving A*-C in English and Maths	69.6	67.3	69.2
% pupils eligible for FSM achieving A*-C in English and Maths	34.9	39.2	35.3
% other pupils achieving A*-C in English and Maths	69.1	67.0	68.1
% other pupils achieving 3+ A grades / double awards at A-Level	14.0	13.2	10.4
Average point score per entry for Tech Level (KSS)	32.7	30.8	29.8
% pupils achieving Level 2 qualification by age 19	84.5	85.3	85.8

Focus on inequalities:

Our attainment gap between those receiving free school meals and other pupils is larger than in England and increasing

Year	2013	2014	2015	2016	Direction
National	19%	19%	18%	18%	↔
Gloucestershire	25%	26%	22%	24%	↑

School Exclusions

There are two types of exclusion from school:

- Permanent exclusion (or 'expulsion') is removal from a school roll
- Fixed-term exclusion (or 'suspension') is exclusion for a set number of days, not totalling more than 45 days in a school year

In 2016/17 Gloucestershire school's permanently excluded 0.16% of the school population. This is twice the exclusion rate in the rest of England. The cost to the individual includes distress, reduced self esteem, increased likelihood of poor qualifications, poor long term job prospects and an increased likelihood of being drawn into risk taking behaviour and crime.

School Exclusions

(16/17 academic year)

There were 141 permanent exclusions and 3,595 fixed period exclusions in Gloucestershire

- In contrast to the national trend exclusion rates in Gloucestershire are going up
- Primary school permanent exclusions remained at 31
- Secondary school permanent exclusions increased by 4%, to 110 in 2016/17. This is approximately twice the national rate
- 52% of excluded pupils in Gloucestershire were children with special educational needs or disabilities

Focus on inequalities:

- Nationally children on free school meals are up to 5 times more likely to be excluded
- Those with special education needs are up to 10 times more likely to have their education disrupted by exclusion
- The inequality extends into adulthood. Once excluded these children, tend to go on to get poorer qualifications and have lower earnings as adults

WHAT IS PUBLIC HEALTH DOING WITH YOUNG PEOPLE?

What kind of support are we currently providing?

- Teens in Crisis - online counselling support for children and young people aged 9 to 21.
- Gloucestershire Self Harm Helpline provided by Rethink Mental Illness providing information, advice and support
- Training on self harm and resources for schools and health staff
- Gloucestershire Suicide Prevention Partnership and Strategy
- Gloucestershire Mental Health Crisis Care Concordat
- Public Health Nursing Service providing School Nursing drop in sessions.
- Chat Health – texting School Nurse service for young people
- C-Card scheme - free condoms from over 280 sites for under 25s.
- Free postal testing kits for STIs for over 16s
- Compulsory Sex Education - resources for schools to provide relationship and sex education
- Respect Yourself – Online resource for young people on relationships and sex education
- Support to challenge schools and academies to raise attainment and close the gaps
- Reshaping of Education teams to focus on the most vulnerable young people and those with additional needs.



LOOKING FORWARD

Our Ambition for our Young People

We want our young people to be resilient and able to make healthy choices around mental and physical health. We want them to receive support and help at the times they need it. We want to close the educational attainment gap to ensure that all young people in Gloucestershire develop the skills, knowledge and experiences they need to be able to achieve their potential as productive adults.

What more are we doing over the next 12 months to ensure we achieve our vision?

As with pregnancy and early years, to achieve this vision we have to work with communities and partners to bring to life a whole systems approach. We will need to combine universal services with services target at those most in need. In teenage years this specifically involves:

Relationship focussed activity:

- Advocate for, and work with partners to ensure all children have a trusted adult with whom they can form strong relationships

Activity focussed on minimising sources of toxic stress:

- Work with service providers and young people to increase our understanding around admissions for self harm and develop an all age pathway for people who self harm

Activity across all three strands:

- Continue to drive the partnership delivery of the Future in Mind Transformation Plan for Children and Young People's Mental Health

Activity focussed on strengthening core life skills:

- Work with partners at all levels to drive incremental change in schools and academies so that all schools and academies are good or outstanding
- Advocate for a relentless focus on closing the attainment gap between the most vulnerable children and young people and their peers

Amy called the self-harm helpline and went on to access the school counselling service. Her counsellor really listened and helped Amy develop healthier ways of managing her feelings.



VULNERABLE CHILDREN

The conditions in which we are born, grow, live, work and age impact on our health.

Marmot: Fairer Lives, 2010

Spotlight on

- ✓ ACEs
- ✓ Children in poverty
- ✓ SEND
- ✓ Toxic home environments
- ✓ Children receiving support from children's services

Why is this important?

Some children and families in Gloucestershire have additional needs and may need extra support in order for them to reach their potential. Sometimes the need for support is around conditions they were born with or developed in childhood, sometimes it is due to the conditions or environment the child was born or moved into. While many childhood experiences drive positive growth and development, adverse childhood experiences (ACEs) can, unless addressed, set children on a path that stops them thriving and growing to fulfil their potential. It is incumbent upon us as a community to stop children experiencing serious adversity and to equip those that do with the support and skills they need to overcome them.

Around 50% of people can be expected to experience one ACE, with 12% of children experiencing 4 or more

Many of the adversities children experience are not single isolated issues as the adversities often cluster. The classic example of this is the so called "toxic trio" of domestic abuse, poor mental health and substance abuse. Research around adverse childhood experiences (ACEs) has identified key experiences which have been found to impact on future health and wellbeing. The impact of such experiences appears to be cumulative and experiencing four or more ACEs seems to be a tipping point that is associated with poor future outcomes. These include being:

- 4x more likely to develop diabetes
- 3x more likely to develop heart disease
- 6x more likely to smoke
- 14x more likely to be a victim of violence
- 20x more likely to be imprisoned during their lifetime

Alice's three children were removed from her care and placed in foster care. The siblings were sent to different foster carers and the eldest moved 4 times.



- **The numbers of vulnerable children being supported in Gloucestershire is growing**
- The number of children in care has grown by 25% since 2014 to 688 at January 2018
- There are 3043 SEN/Education Health and Care plans in place: 700 more than in 2012
- This growth is in line with national trends but reinforces the need for early intervention and effective prevention.

ADVERSE CHILDHOOD EXPERIENCES (ACEs)

ACEs are traumatic events occurring before the age of 18.

Recent work has identified key factors that if experienced are associated with a negative impact on a child's future.



Adverse childhood experiences do not define people; they are simply a tool to understand the potential risks an individual or population may face. It is possible to intervene to "interrupt the cycle of adversity".

There is now a robust evidence base linking ACEs to severe negative health and social outcomes across the life course, including the leading causes of illness and death in the UK. As the number of ACEs experienced increases, so does the risk of negative outcomes. How exactly ACEs impact health and social outcomes is not yet completely clear, but the empirical evidence of effect is well established by a number of international studies.



While individuals that suffer ACEs have increased risk of poor outcomes as adults, many individuals who experience ACEs do not encounter these effects. An individual's ability to avoid harmful behavioural and psychological changes in response to chronic stress is known as resilience. Having a strong relationship with a trusted adult throughout childhood has been found to reduce the long-term negative impacts of childhood adversity.

Supporting children and families to:

- reduce sources of (toxic) stress
- support responsive relationships
- strengthen core life skills

provides a very practical way that everyone can work to improve outcomes for children and families, and mitigate the harmful impact of ACEs.

VULNERABLE CHILDREN WITH ADDITIONAL NEEDS

Child Poverty

Parents raising children in poverty very often do an extraordinary job, raising children in very difficult and challenging circumstances. Financial difficulties can have a significant impact on parents, sometimes exacerbating mental health issues or leading to harmful coping strategies. This in turn can further affect the development and physical, mental and social health and wellbeing of the children.

Childhood poverty can restrict educational achievement and can disrupt a child's transition to an independent adult life. Growing up in poverty can mean being left out and left behind, wearing different clothes and not being able to go on school trips or outings, and growing up acutely aware of what poverty means.

Fact

It is estimated 14% of children in Gloucestershire are living in poverty. In a class of 30 children 4 pupils will miss out on things that most children take for granted – having friends visit for tea or warm clothes. They will do less well at school and earn less as adults.

Focus on inequalities:

There are a number of wards in Gloucestershire where over a third of children are living in poverty compared to the county average of 14%

Local Authority and wards	Children living in poverty	
	Before Housing Costs	After Housing Costs
Barton and Tredworth	26.9%	41.0%
Cinderford West	23.3%	35.7%
Oakley	22.6%	35.6%
Matson and Robinswood	21.5%	34.4%
Moreland	21.0%	33.1%

SEND

SEND stands for Special Educational Needs and Disabilities. It describes a huge spectrum of needs and challenges, which can include how individuals communicate, learn and process information, how individuals experience the world around them and cope with emotional challenges, or having a serious physical or mental health condition. Young people with SEND can need different levels of support, from infrequent, flexible support to high intensity full-time care.

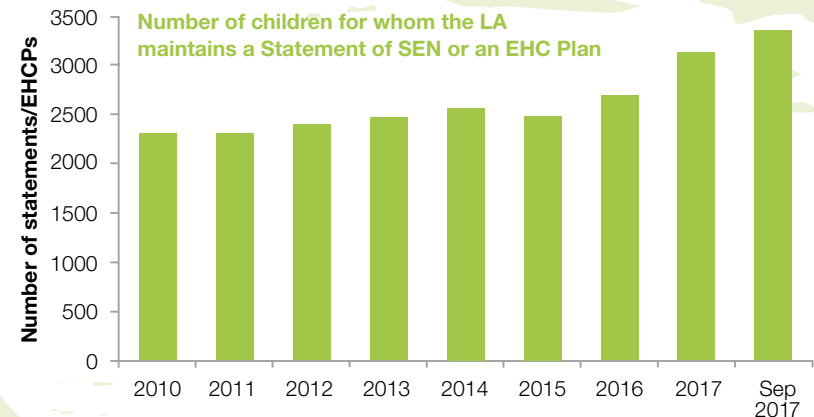
As of March 2017, there were 3,043 children and young people in the county with an Education Health and Care Plan (EHC) or a statement of SEN. This number has historically been quite stable but has seen a 25% increase in the past 2 years.

Focus on inequalities:

- Children with SEND are approximately 10 times as likely to be in care as those without SEND. There are 402 children with SEND who receive some level of safeguarding support from children's social care.
- During the 2016/17 academic year, 52% of permanent exclusions and 46% of fixed period exclusions related to children and young people with SEND

Fact

The number of children and young people with statements of SEN or EHC plans has gone up 25% in two years



VULNERABLE CHILDREN WITH ADDITIONAL NEEDS

Children Receiving Support from Children's Services

Children can need support from children's services for many reasons including neglect, child sexual exploitation, or parents being unable to cope with the complex and challenging needs of their children. However, whatever the cause, the children share the common factor of having suffered adverse childhood experiences which have resulted in their parents no longer being able to look after them safely.

Children who are receiving support from children's social care for safeguarding issues need a holistic response that builds on universal services and, where necessary, adds specialist support to meet the specific needs of the child and his or her family. Gloucestershire is currently on an Ofsted improvement journey to ensuring all children who are in contact with children's services thrive from the beginning.

Fact

In Dec 2017 there were 636 children in care in Gloucestershire, 612 subject to a child protection plan and 2,137 classified as children in need



Key Findings from the Bright Spots Survey 2017 (Survey of Children in Care in Gloucestershire aged 4-16)

Bright Spots:

- Children in care reported high levels of trust in their foster carers and social workers.
- A high proportion of children in care reported feeling safe where they lived, felt that life was getting better and had moderate to high life satisfaction scores.

Areas for improvement:

- Some children did not understand why they were in care or feel involved in decisions about their lives.
- Some children reported several changes of social workers.

Children in Toxic Environments

The term 'Toxic Trio' is often used to describe the issues of domestic abuse, mental ill health and substance misuse (including alcoholism) in the home.

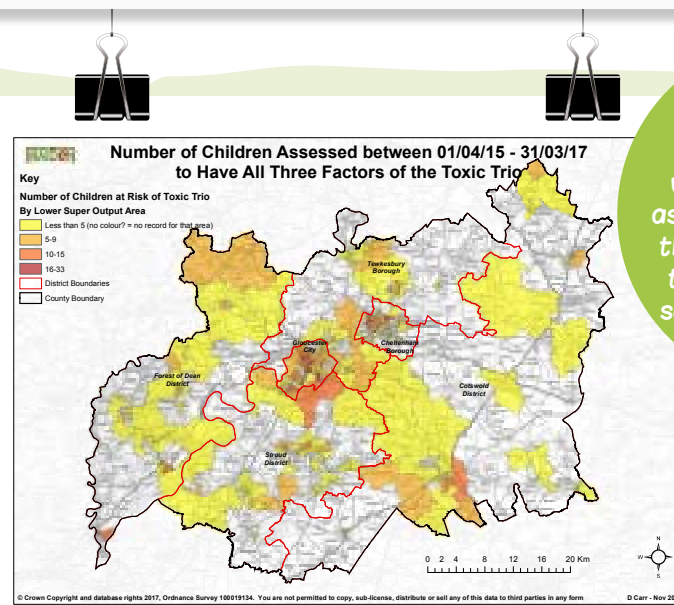
This is a cluster of adverse childhood experiences that is also often accompanied by some level of childhood neglect. An NSPCC commissioned analysis of 139 serious case reviews from across England that occurred between 2009 and 2011, showed that in over three quarters of incidents (86%) where children were seriously harmed or died, one or more of the Toxic Trio played a significant part.

Focus on inequalities:

- Living with one or more of these toxic issues has been identified as a common feature of families where harm to children occurs
- While these issues can and do occur in all socio economic groups, living in the most deprived quintile increases the risk of experiencing them

Fact

In 2016/17 there were 6387 children assessed as having all three factors of the toxic trio raised as social care concerns



LOOKING FORWARD

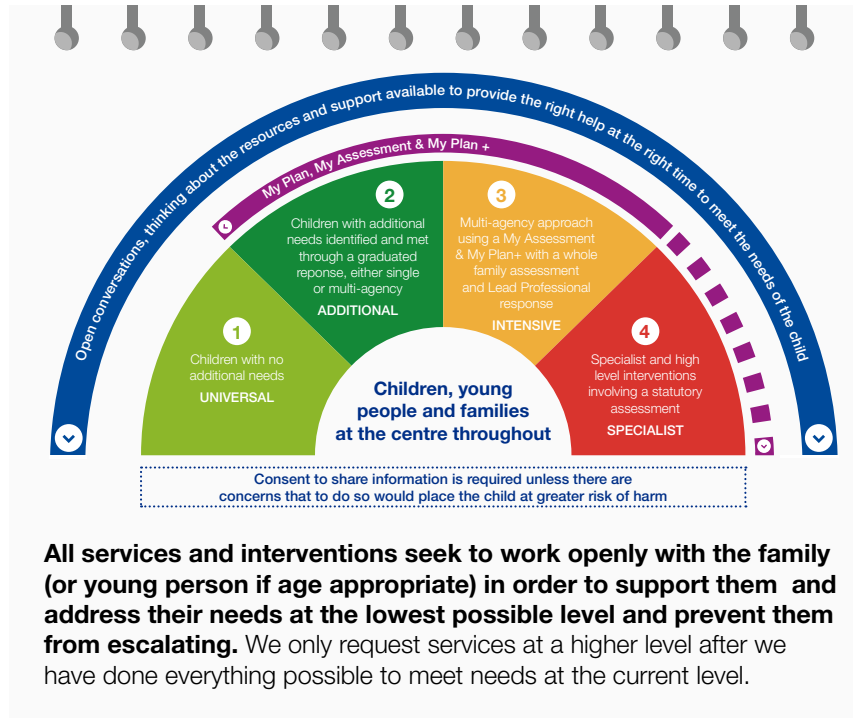
Our Ambition for all Vulnerable Children

We want our vulnerable children who have additional needs to be provided with the support they need in order for them to reach their potential. We want to intervene early so that children and families receive the support they need before their situation and needs escalate, and also to ameliorate the effects of their adverse experiences. We want to intervene to prevent intergenerational transmission of adverse childhood experiences, by providing support to parents who have experienced adversity so that they can prevent onward transmission to their own children.

Supporting Vulnerable Children

Throughout this section we have described how children can be vulnerable for a myriad of reasons and as a result need support tailored to cover all their needs. The principles behind the continuum of care support currently offered is illustrated in the diagram to the right. Services are built up from the universal service foundation as needed.

Alice came to Change Grow Live to address her substance misuse and got mental health support. She now regularly attends alcoholics anonymous and has turned her life around. The children received the individualised assistance they needed and the family is now reunited and working together to a stronger future.



All services and interventions seek to work openly with the family (or young person if age appropriate) in order to support them and address their needs at the lowest possible level and prevent them from escalating. We only request services at a higher level after we have done everything possible to meet needs at the current level.



What more are we doing over the next 12 months to ensure we achieve our ambition?

- The Ofsted inspection shone a light on where our current services were below the levels expected. We will continue to work with our partners to support the implementation of the Ofsted Improvement Plan.
- We are also working with the police to drive the ACEs agenda forward
- We are currently undertaking a comprehensive needs assessment for children, young people and families in Gloucestershire so we can better understand our local situation and current evidence around what works.
- The needs assessment will be used to inform a new Children and Families' Strategy.
- This will be developed in consultation with partners, providers, service users and, of course, our population

CONCLUSION: A CALL TO ACTION

I hope that my report will raise the profile of children, young people and their families in Gloucestershire. The evidence shows that many children and young people are living happy, healthy lives and reaching their potential. However there are stark inequalities in the county, with some children who are born into early adversity struggling to break free of the cycle.

We know that we must do more to support the most vulnerable children. Children who experience early adversity tend to be the ones who are not 'school ready', who go on to develop health harming behaviours and experience a reduced quality, and indeed length, of life.

This report has highlighted the need for a more in-depth assessment of the health needs of children, young people and families in Gloucestershire, which will in turn inform the development of the new Children and Families' Strategy for Gloucestershire. This will set out the coordinated system wide approach we need to tackle these complex issues and make Gloucestershire a great place for ALL of our children, young people and families to thrive.

I hope that reading this report will inspire you to continue the work you do to improve the lives of children, young people and families in our county, and work with us as we develop the overarching Strategy to do this.

Sarah Jett

Our children's future depends on ensuring every child in every family is supported to live a happy healthy life that enables them to go on to contribute positively to our communities. Supporting everyone with targeted help where needed breaks negative cycles and builds strong futures.



STATE OF HEALTH IN GLOUCESTERSHIRE

- Children aged 0-17 make up 20.3% of the Gloucestershire population. Further data and insight into the rest of the Gloucestershire population can be found at Gloucestershire's Joint Strategic Needs Assessment (JSNA) 'Inform Gloucestershire'.

We are living longer, but spending more years in ill health

Based on current mortality rates, a baby born in Gloucestershire today would live on average 80.1 years (male) or 83.5 years (female). However, many people are spending much of that extra time in poor health – around 14 years of ill health for men and 17 for women born in Gloucestershire. We need to work together to help people feel well for longer.

The causes of death are changing

Although cancer and circulatory disease remain as common causes of death, mortality rates from heart disease and stroke have halved for both men and women since 2001 in the UK. This is mainly due to better prevention, diagnosis and treatment. However, during the same period death rates from dementia have increased by 60% in males and have doubled in females, partly due to an ageing population and greater awareness of dementia. Poor diet and smoking were the behavioural risks that contributed to the largest number of deaths.

Causes of ill health and disability

Nationally, major causes of illness (morbidity) are lower back and neck pain, skin diseases, and depression. In Gloucestershire, more than 39,000 (7.7%) of adults are recorded as having depression on GP practice registers in 2015/16. Mental health and poor musculoskeletal health accounts for the majority of sickness absence in the UK.

Our health is linked to social status

Men living in the most deprived areas in Gloucestershire can expect to live 9 years fewer compared to men in the least deprived areas – females can expect to live 6 years fewer. Both men and women living in the most deprived areas can expect to spend nearly 20 fewer years in good health compared with those in the least deprived areas.

Reductions in Infectious Diseases

In 1901, around one third of deaths were due to an infectious disease. Today, a modern public health system, vaccines and antibiotics have enabled us to protect ourselves from infectious disease. In 2014-16, 8.5% of all deaths in Gloucestershire were from infectious diseases, including influenza.

● www.gloucestershire.gov.uk/JSNA

Welcome to Inform Gloucestershire

Inform Gloucestershire brings together MAiDeN/Inform and the JSNA. The site houses Understanding Gloucestershire – JSNA, other analyses produced by the Strategic Needs Analysis Team, and key facts about the county, as well as linking to useful sources of information about Gloucestershire.



Accessibility - Transport & Internet



Adults & Older People



Children & Young People



Community



Community Safety



Deprivation



Economy



Environment



Equality & Diversity



Geography & Boundaries



Health



Population

Hot and cold weather events are associated with increases in illness and deaths. In 2015/16 there were an estimated 243 'excess winter deaths' in Gloucestershire – that's the extra deaths that occur in winter compared with the rest of the year. Older people are most affected by excess winter deaths.

Long-term exposure to particulate air pollution is linked to thousands of deaths nationally, particularly from heart or lung disease. In England, particulate air pollution is estimated to have an effect equivalent to around 25,000 deaths every year with 4.4% of all adult deaths attributable to air pollution in Gloucestershire. Older people, the very young, and people with existing heart and lung conditions are more vulnerable to the effects of air pollution.



Gloucestershire
COUNTY COUNCIL