

5. Aspiring Darlington

Children and Young People's Plan

There is a focus on children and young people in this section of the JSNA, however future JSNAs will include adult and life long learning and the role of Third Sector, arts and culture in developing aspiration. *The Children and Young People's Plan 2008-2011 (CYPP)* is the key document which covers all services for families, children and young people aged 0-19 years and those up to 25 years who have a disability.

The CYPP brings together the learning from previous plans, the self assessments which were done in preparation for the Joint Area Review in 2008, an analysis of data against each of the *Every Child Matters* themes and a summary of community consultations. In effect the JSNA in relation to children and young people is largely encapsulated in *The Children and Young People's Plan 2008/2011*, the accompanying needs analysis and *The Children and Young People's Plan Section 2: Priorities 2008/11 Planned Activity*. There are five priorities in the CYPP and each is broken down into a number of discreet actions which in turn comprise the Action Plan for the CYPP. The document is not reproduced in the JSNA but can be accessed via

<http://www.darlington.gov.uk/Children/childrenstrust/Childrens+Trust.htm>

****Children's Trust Locality Profiles**

The *Darlington Children's Trust Locality Profiles 2009/2010* also provides a detailed picture of children and families' needs across Darlington. The profiles divide Darlington into 5 Children Services Localities based on clusters of schools and Children's Centres. Three Integrated Teams support each locality with a focus on early intervention and prevention, and designing universal and targeted services that are accessible and meet the needs of the child and family. These services include parenting support, affordable childcare, family learning, common support for transitional single and referral route (Common Assessment Framework).

Both the CYPP and the Locality Profiles evidence the close partnership working and alignment of local information between Darlington's Children's Trust and the JSNA.

Improving the prospects of young people has a direct positive impact on health and life expectancy. Educational standards in Darlington are improving and two local colleges were judged by Ofsted as "outstanding". The Children's Trust and the Darlington Partnership understand the areas that need to improve. These include:

- Increasing numbers of 16-18 year olds who are employed in education or training
- Increasing the numbers of young people from low income backgrounds achieving

5.1 Current births

The future population depends in part upon changes in birth rates over time. Nationally, both the number of live births and the total period fertility rate¹ have been increasing since 2001. A change in the birth rate will impact upon all services, particularly the caseloads of midwives, health visitors, general practices, Children's Services (both education and social care services) and Sure Start Children's Centres. The following Table 5.1 shows the number of births by the age of the mother for the 2006 year.

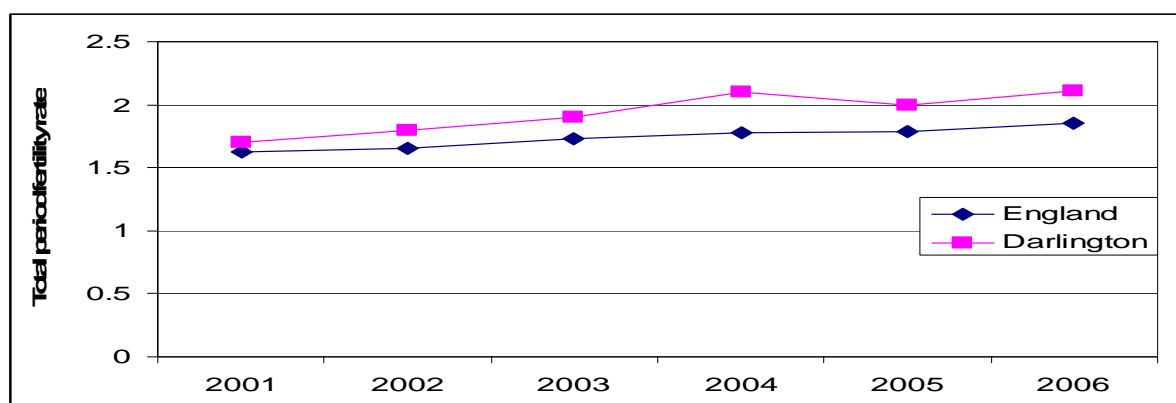
Table 5.1: Births by age of mother

	Ages 11-15	Ages 16-19	Ages 20-24	Ages 25-34	Ages 35-39	Ages 40+	All ages
England number	1154	41264	120221	344642	105701	22766	635748
Darlington number	5	103	288	676	180	30	1282
England percentage	0.2%	6.5%	18.9%	54.2%	16.6%	3.6%	100%
Darlington percentage	0.4%	8.0%	22.5%	52.7%	14.0%	2.3%	100%

Source: National Office for Statistics, 2006

The Office for National Statistics projects that the total number of births in Darlington will decrease from approximately 1,200 in 2005 to around 1,110 in 2025. However, anecdotal information suggests that Darlington is not following the trend of decreasing birthrates and it is suggested that this is as a result of the immigration of people from Eastern European countries. This is backed up by Figure 5.1 below, which shows a Total Period Fertility Rate (the sum of the age-specific fertility rates for five-year age groups between ages 15-44, multiplied by 5) for Darlington which is higher than that for England and rising.

Figure 5.1: Total period fertility rate trend



¹ The total period fertility rate (TPFR) is the average number of children that would be born to a woman who experienced, throughout their childbearing years, the fertility rates of the calendar year in question. It is obtained by summing the single-year age-specific birth rates at a given time. The TPFR can be used as an estimate of the fertility growth factor in a population.

5.2 Looked After Children

The term “Looked After Children” (LAC) describes the group of children who are in the care of local authorities. A high proportion of children in care are there because they have suffered abuse or neglect. Consequently, looked after children are recognised as a particularly vulnerable group within society.

At the end of March 2009 there were 130 looked after children (excluding respite care) who lived in Darlington before they became looked after. This equates to 59 children per 10,000 of the under 18 population in Darlington (Table 5.2). This has implications for children’s services, particularly from health and education perspectives.

Table 5.2: Looked After Children**

Area	All Children	Male	Female	Under 1	16 and Over	Looked After Children per 10,000 Population
Darlington	130	75	55	10	15	59
Stockton	235	130	105	15	35	55
North East	3250	1800	1450	200	520	61
England	60900	34600	26300	3200	12900	55

Source: Government Office and Local Authority, as at 31 March 2009

There are two main reasons for children being in local authority care:

1. Children who are subject to a care order made by the courts under section 31 of the Children Act 1989 (about 65% of all looked-after children). For the courts to grant a care order they have to be satisfied that a child is suffering or would suffer 'significant harm' without one.
2. Children who are accommodated by the local authority on a voluntary basis under section 20 of the Children Act 1989 (about a third of all looked-after children).

Forty-two percent of looked-after children return home within six months. The system aims to support rehabilitation back into families where that is possible.

Absence from school of looked after children has reduced from 14.1% to 8.5%. The long term stability of looked after children is below the national average. The proportion of LAC with more than 3 placements in the year is 16% higher in Darlington than national average of 10.7%.

Children and young people looked after by Darlington Borough Council have high rates of uptake for a combined health assessment and dental check – 94% in 2006 compared to the national average.

5.3 Immunisation rates

Immunisation remains one of the most important weapons for protecting individuals and the community from serious infectious diseases. There has been concern about the fall in the uptake of the Measles, Mumps and Rubella (MMR) immunisation in recent years. Uptake of MMR across England at 24 months was 85% in 2007/08. The target for uptake of all immunisations is 95%, referred to as 'herd immunity'. At this level of uptake, vaccination in the wider community provides protection to unvaccinated individuals. Immunisation rates for children by their second and fifth birthdays are higher in Darlington compared to England averages.

Table 5.3 shows the proportions of children that have received the following immunisations by their second birthday:

- Diphtheria/Tetanus/Polio/Pertussis/HiB, offered at 3/4 months
- Meningitis C primary course, offered at 3/4 months
- Mumps, Measles and Rubella (MMR) first dose, offered at 12/13 months

Table 5.3:** Uptake of immunisations by 24 Months

Area	Proportion of Children Having Diphtheria, Tetanus, Polio and Hib Immunisation	Proportion of Children Having MMR Immunisation	Proportion of Children Having Meningitis C Immunisation
Darlington	97.7%	90%	95.5%
North East	96.0%	88%	96.0%
England	94.0%	85%	93.0%

Source: NHS Information Centre, based on returns to the COVER programme run by the Health Protection Agency, 2007/08

Childhood immunisation rates in Darlington are higher than England rates, but concern remains that MMR vaccination rates for 2 year olds have remained fairly constant in recent years and have not yet regained the high coverage rates achieved in the 1990s.

5.4 Oral health of young people

Oral diseases are largely preventable but many people suffer unnecessary pain and discomfort because of poor oral health. National surveys of children's oral health are undertaken every 10 years, with some local surveys carried out more frequently. These surveys show the mean number of teeth per child in the whole age-group (5 and 14 year olds) which are either actively decayed and require treatment or which were treated for decay either by extraction or filling (that is the mean number of teeth which were affected by decay).

The mean number of decayed/missing/filled teeth (DMF) in 5 and 14 years old in Darlington are summarized in Table 5.4. Higher numbers indicate poorer dental health, but low numbers may reflect the fluoridation of water in some areas. In Darlington the average number of DMF teeth for children aged 14 years is higher than the England average.

Table 5.4: Mean number of decayed/missing/filled teeth

	5 year olds (Deciduous (milk) teeth)	14 year olds (permanent teeth)
Darlington	1.80	1.69
England	1.49	1.43

Source: 5 year olds data from British Association for the Study of Community Dentistry 2003/4

14 year olds data from British Association for the Study of Community Dentistry 2002/3

5.5 Teenage conception rates

The Government’s Teenage Pregnancy Strategy aims to reduce the 1995-7 under 18 conception rates by 55% by 2010. Some teenage pregnancies are unplanned, some are unwanted and some represent the low aspirations of young women. Evidence shows that having a baby at a relatively young age can damage young women’s health and well-being and limit their future prospects. Children born to young mothers have a range of negative outcomes such as higher accident rates, higher mortality rates and increased likelihood of behavioural problems.

Darlington has strong partnership working and service development around reducing teenage pregnancy (Figure 5.5a – broken pink line). The teenage pregnancy self assessment action plan has prioritised “hot spot” areas to focus work. Darlington is one of the top 3 performers in the region.

The under 18 conception data for 2003-2005 also indicates that this is a particular issue in some wards. Cockerton West, North Road, Northgate, Haughton East, Eastbourne and Park East all have high numbers of under 18 conceptions (Figure 5.5b). Actions to address teenage conceptions need to be targeted as well as universal.

Figure 5.5a: Trend in under 18 conception rates

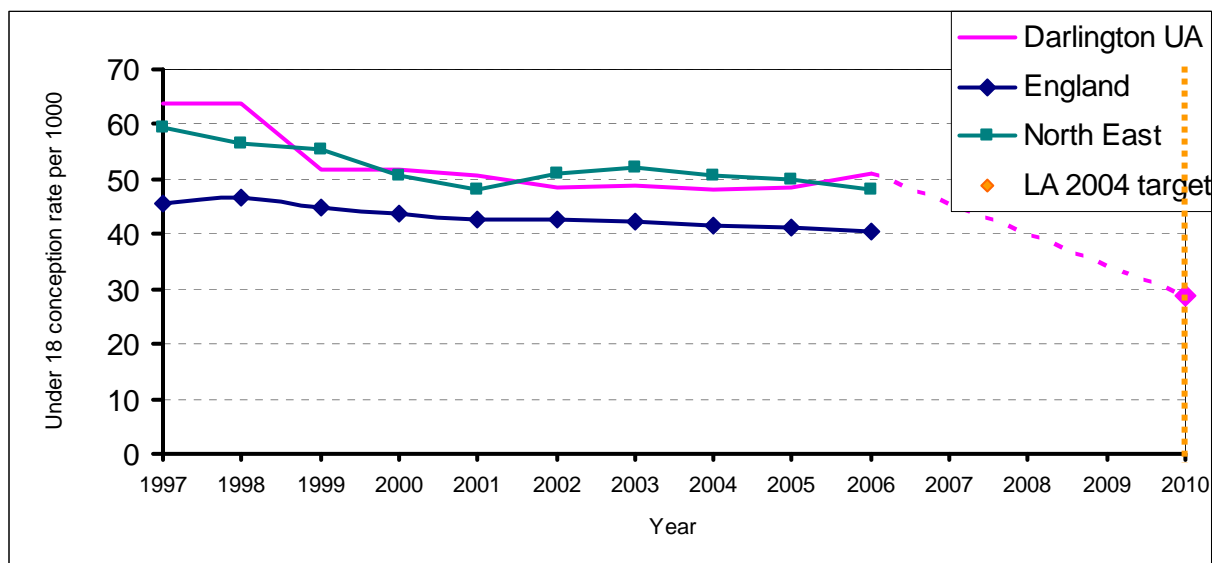


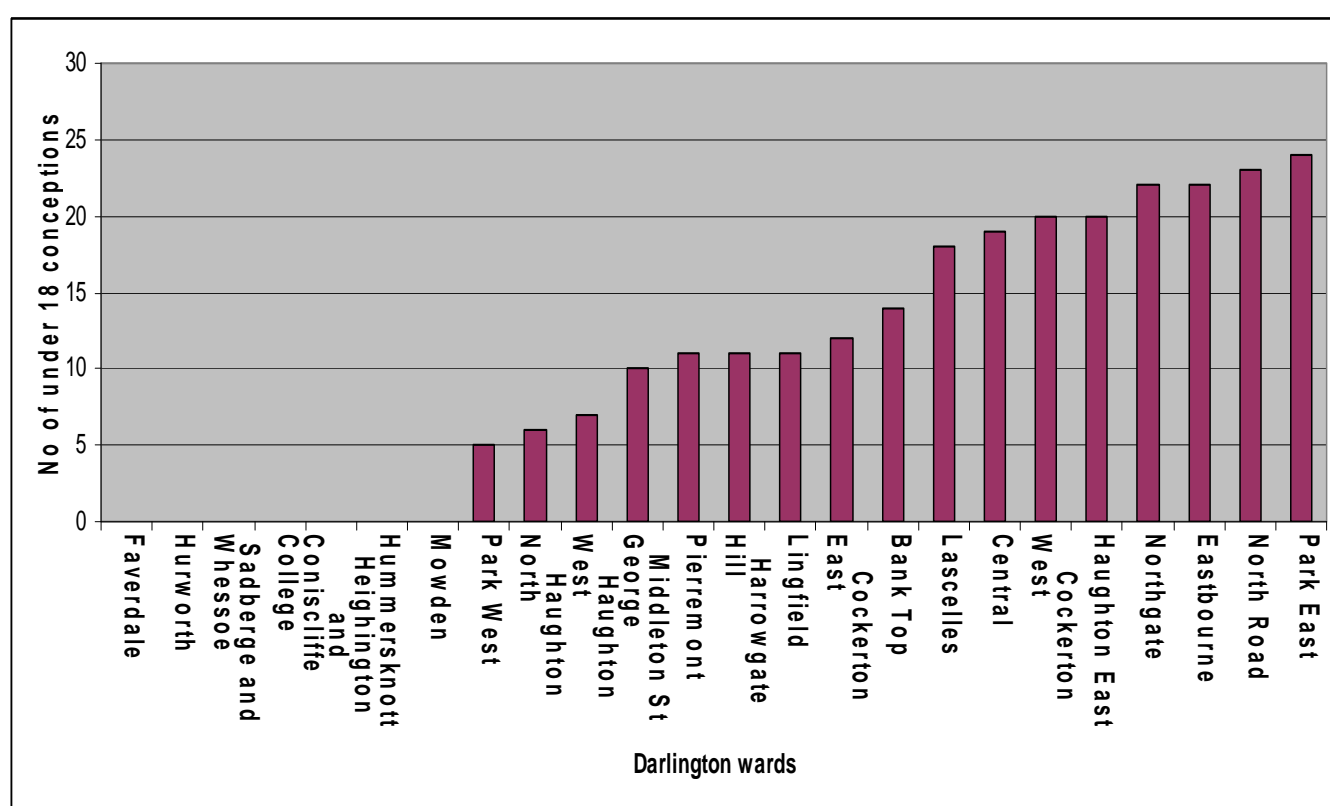
Table 5.5a:** Teenage conception rates

Area	2004	2005	2006	2007
Darlington	48.0	48.4	55.3	58.8
Stockton	49.0	46.3	52.1	53.3
North East	50.8	50.0	48.8	53.2
England	41.6	41.3	40.6	41.7

Source: Office for National Statistics 2007

Figure 5.5b:** Under-18 conceptions by ward 2003- 2005

(For reasons of confidentiality, numbers lower than 5 are not shown. 0 may represent a figure from 0-4)



Source: Office for National Statistics

Under 19 terminations

The under 19 terminations are also high in Darlington, 30 per 1000 population compared with 21 per 1000 for North East and 20 per 1000 for England (Table 5.5b below). Repeat terminations of pregnancies are also relatively higher, 12.3 per 1000 population. The national average is 10.4 per 1000 population.

The figures for terminations of pregnancies do not relate year on year to the under 18 conceptions figures above. However, they are included to illustrate that some of the conceptions listed above will have resulted in a termination.

Table 5.5b:** Under 19 terminations in 2007

	Terminations rate per 1000 females	Repeat terminations of pregnancies
Darlington	30	12.3
County Durham	19	4.9
North East	21	Not available
England	20	10.4

Source: Darlington PCT 2009

The Teenage Pregnancy Partnership Board, consulting with young people, their families and the communities that serve them has developed a systematic approach to ensuring that the local teenage pregnancy strategy, prevention and support action plan is evidence based, performance managed and young person focused.

5.6 Smoking in pregnancy

Smoking in pregnancy carries great risks for mothers as well as their children. It can lead to many debilitating and chronic conditions as well as placing greater risk of death during pregnancy and delivery, for both mother and child. Differences in smoking between socioeconomic groups contribute to continuing health inequalities. There are effective interventions to increase the smoking cessation rate throughout pregnancy and every opportunity should be taken to signpost and support expectant mothers into smoking cessation services.

The proportion of mothers with their smoking status recorded who smoked during pregnancy has decreased from 24.2% in 2006/07 to 21.3% in 2007/08 (Table 5.6)

Table 5.6:** Smoking in pregnancy

Area	2006/07	2007/08
Darlington	24.2%	21.3%
Stockton	21.6%	19.8%
North East	23.6%	-
England average	16.1%	14.7%
England worst	38.8%	37.8%

Source: APHO 2008/2009 Health Profiles for England

5.7 Obesity among primary school age children

The UK is experiencing an epidemic of obesity affecting both adults and children. Among boys and girls aged 2 to 15, the proportion who were classified as obese increased from 10.9% in 1995 to 18.0% in 2005 among boys, and from 12.0% to 18.1% among girls. For those aged 2 to 10, the increase over the same period was from 9.6% to 16.6% for boys and 10.3% to 16.7% for girls.

There is concern about the rise of childhood obesity and the implications of such obesity persisting into adulthood. Obesity is associated with low self esteem, bullying and exclusion from the peer group. A range of physical problems may also develop.

Children are defined as obese if their Body Mass Index (BMI) is above the 95th centile of the reference curve for their age and sex according to the UK BMI centile classification. Consumption of fruit and vegetables amongst children in Darlington is lower compared to the rest of England.

Obesity poses a major public health challenge and risk to future health, well being and life expectancy. Levels of obesity in children in Darlington are among the worst in England. The key priority for 2008/09 is for the Children's Trust is to update the *Tackling Obesity Strategy*, developing *Preventing Obesity, Promoting Physical Activity* strategies for children and young people in Darlington. Further detail can be found in the *Annual Report of the Director of Public Health – 2007/08*.

Tables 5.7a and 5.7b below show the percentage of primary school age children in reception year (aged 4-5 years) and in year 6 (aged 10-11) who are known to be overweight and obese as a percentage of all children who had their height, weight and age recorded. The tables show that Darlington has more obese children than the England average.

Table 5.7a **: Overweight & Obese Children – Reception Year

	% Overweigh t 2006/07	% Overweigh t 2007/08	% Overweigh t 2008/09	% Obese 2006/0 7	% Obese 2007/0 8	% Obese 2008/0 9
Darlington	16.5	13.5	15.1	10.7	10.0	8.9
Stockton	14.9	13.7	14.0	12.6	16.2	10.5
North East	14.4	14.2	14.4	10.9	10.7	10.2
England	13.0	13.0	13.2	9.9	9.6	9.6

Source: National Child Measurement Programme, 2006/07, 2007/08 and 2008/09

Table 5.7b **: Overweight & Obese Children – Year 6

	% Overweigh t 2006/07	% Overweigh t 2007/08	% Overweigh t 2008/09	% Obese 2006/07	% Obese 2007/08	% Obese 2008/09
Darlington	14.3	13.9	12.8	21.0	20.4	19.9
Stockton	13.6	15.0	15.5	19.6	20.4	20.3
North East	14.9	15.0	14.7	19.9	20.8	20.4
England	14.2	14.3	14.3	17.5	18.3	18.3

Source: National Child Measurement Programme, 2006/07, 2007/08 and 2008/09

5.8 Nutrition

The NHS Plan identified improvement in diet and nutrition as a central component of the Government's strategy to prevent deaths from heart disease and cancer. Diet-related illnesses such as diabetes and obesity do not just only increase the risk of serious illness, but can significantly undermine quality of life as well.

Across Darlington, an estimated 31% of children eat three or more portion of fruit and vegetables a day compared with 38% of children across England (Health Survey for England 2000-2). The synthetic estimates of diet at ward level are shown in Appendix 7. The estimates have been produced using a model-based method combining individual data from the Health Survey for England with area-level data from the 2001 Census and administrative data sets, and should be interpreted with caution.

5.9 Alcohol and drug misuse in young people

The Social Norms Drugs and Alcohol Survey carried out between November 2007 and October 2009 in 5 secondary schools in Darlington provides rich data on young people's beliefs and attitudes to substance misuse. A dataset of 1601 responses was analysed for the Young People's Needs Assessment November 2009 (DAAT, 2009). The results are summarised below and key findings are highlighted.

5.9.1 Alcohol

- 82% reported they had had an alcoholic drink in their lifetime
- 32% reported they had had an alcoholic drink in the last 7 days
- 43% reported they had been drunk in their lifetime
- 10% reported they had been drunk in the last 7 days

The charts below show the responses by Year Group (Figures 5.9a – 5.9d) and young people's opinions about alcohol (Figure 5.9e).

Figures 5.9a –5.9d:** Responses to alcohol consumption by school year group

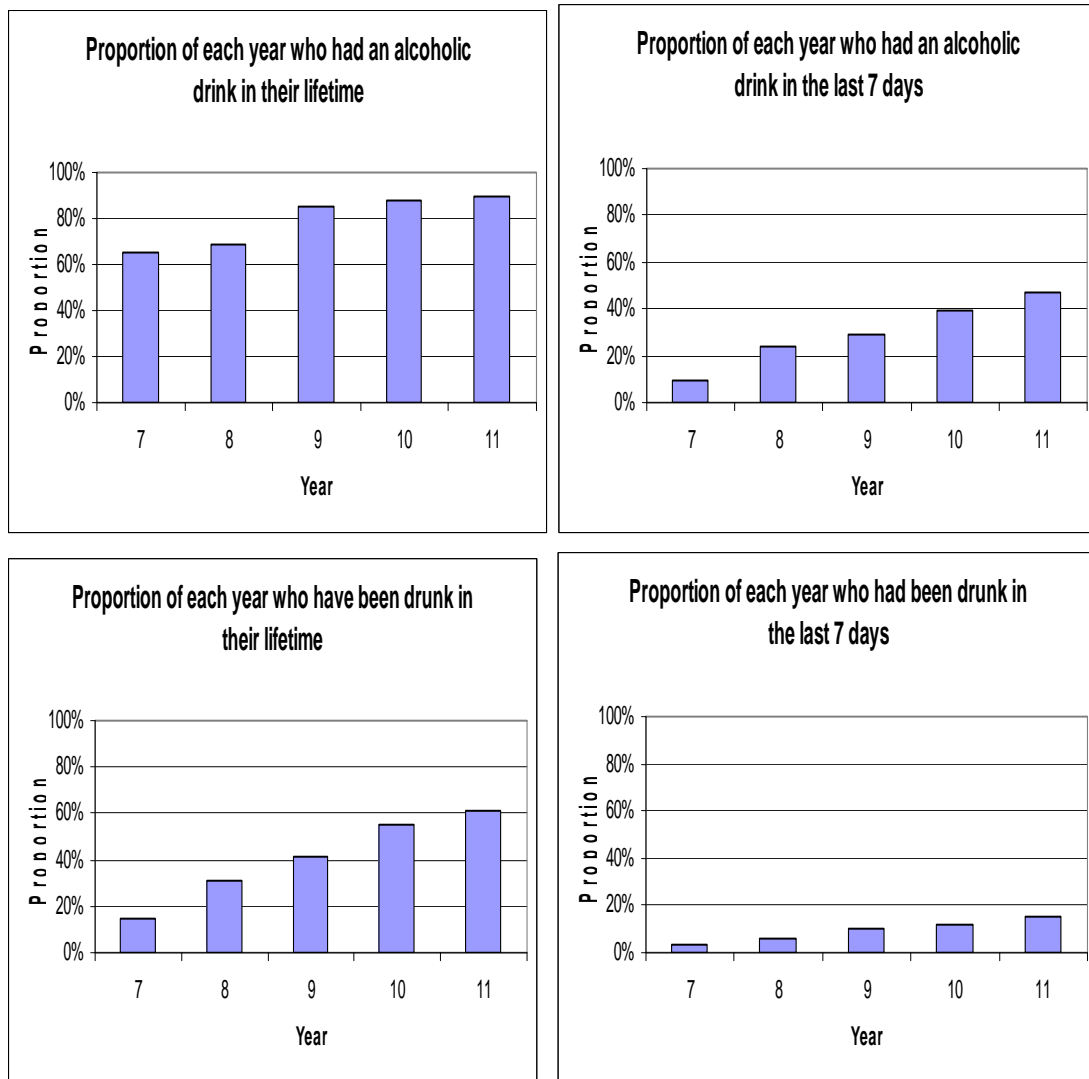
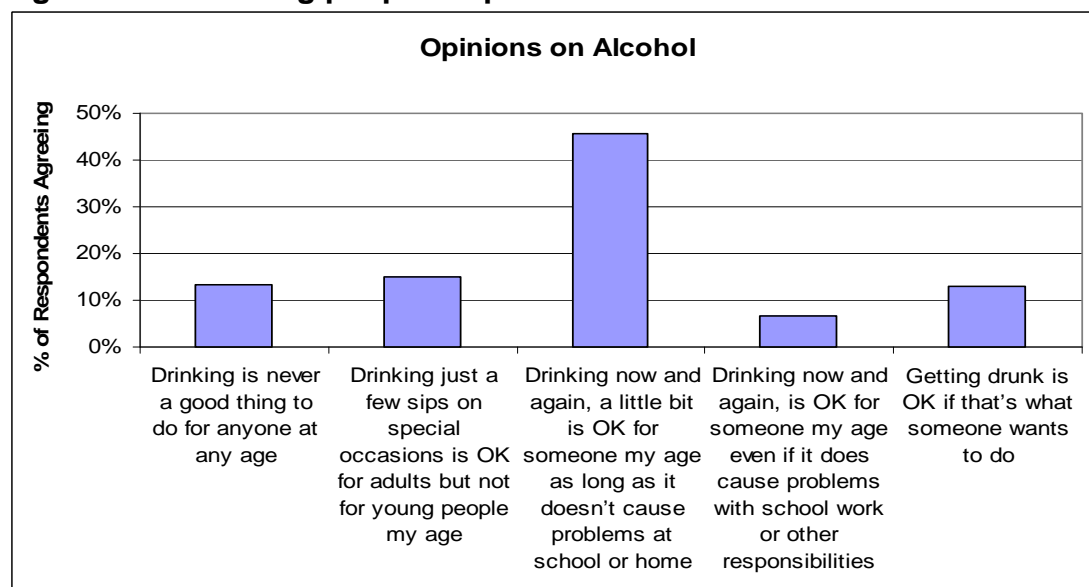


Figure 5.9e:** Young people’s opinions about alcohol



34% of 1601 respondents to the Social Norms Survey had their first drink of alcohol (1 unit) at 10 years old or younger; before they attended secondary school. 14% had first been drunk by age 11. This suggests the need for earlier interventions to prevent alcohol misuse including ensuring that IBA training is rolled out in primary school and preventative and alcohol education takes place in primary schools.

The latest NWPFO Local Alcohol Profile shows that Darlington PCT is an outlier for alcohol specific admissions for Under 18s across the country. The data covers 2005/06 – 2007/08. More recent data from local analysis shows that the rate of Under 18 admissions in Darlington has decreased from 184/100,000 population (2005/06-2007/08) to 161/100,000 population (2006/07-2008/09). One reason for this high level is thought to be that Darlington has a safeguarding policy which entails admitting any young person under 18 presenting under the influence of alcohol as per local practice. The Drug and Alcohol Action Teams (DAAT) are working with the PCT and the acute trust to gather more data and investigate these issues.

‘Safer Drinking – Safer Darlington’: Darlington’s Alcohol Harm Reduction Strategy 2008-2011 was launched in 2008 (Darlington Partnership, 2008). The outline of the strategy and action plan is described in section 6.1.2 below. The following table show the current status of some key performance indicators (Table 5.9).

Table 5.9: Alcohol performance indicators for young people

1. Reducing substance misuse amongst young people monitored via the Tell Us Survey (NI115)				
Baseline 2007/08	Target 2008/09	Actual 2008/09	Target 2009/10	Target 2010/11
NA	NA	Baseline 12.4%	12%	11.50%
2. Percentage of schools achieving National Healthy School Status				
Baseline 2007/08	Target 2008/09	Actual 2008/09	Target 2009/10	Target 2010/11
28%	50%	75%	LAA target: 100% by December 2009. National Target 75% achieved and 100% engaged in process	100%

5.9.2 Drugs

The charts below show young people's responses to the Social Norms Survey about drugs (Figures 5.9f-5.9h)

Key findings are that:

- 19% of respondents had used drugs in their lifetime
- The top 4 most commonly used drugs were cannabis, solvents, cocaine and ecstasy (Figure 5.f)
- 80% agreed with the statement "Taking drugs is never a good thing to do for anyone at any age"
- 35% thought that smoking cannabis was legal
- 680 young people in Darlington may require specialist treatment for alcohol and substance misuse, based on estimated AUDIT (alcohol use) score, Under 13 drug misuse, misuse of Class A, solvents or steroids and / or problematic drug misuse

Figure 5.9f:** Proportion of young people who have ever taken specific illegal drugs

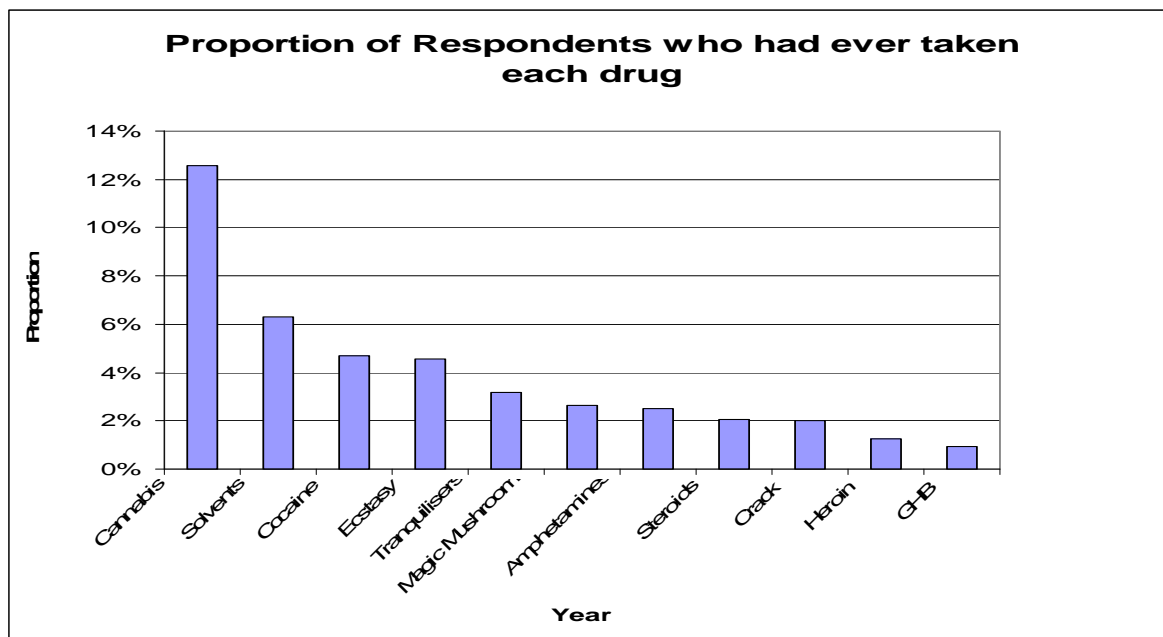


Figure 5.9g:** Proportion of young people in each year who have ever taken illegal drugs

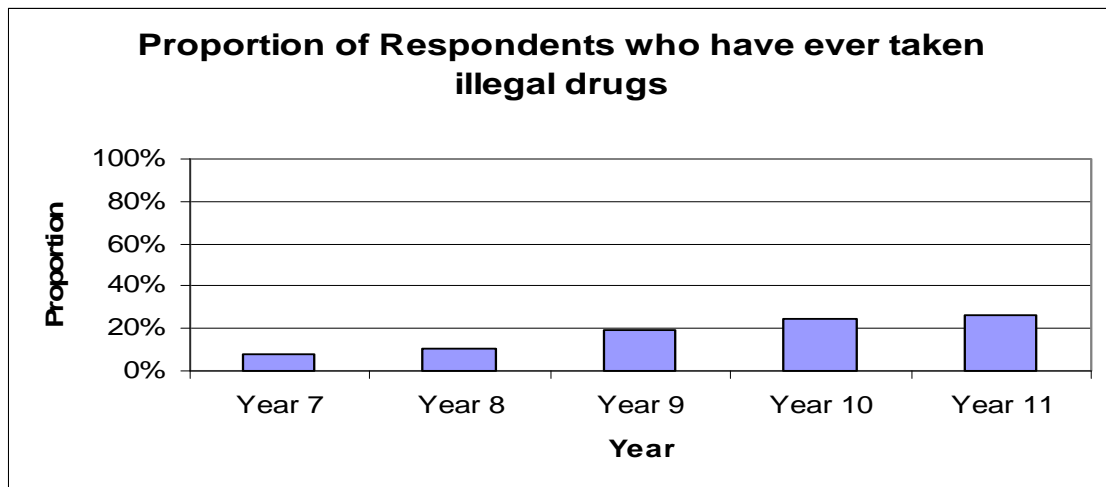
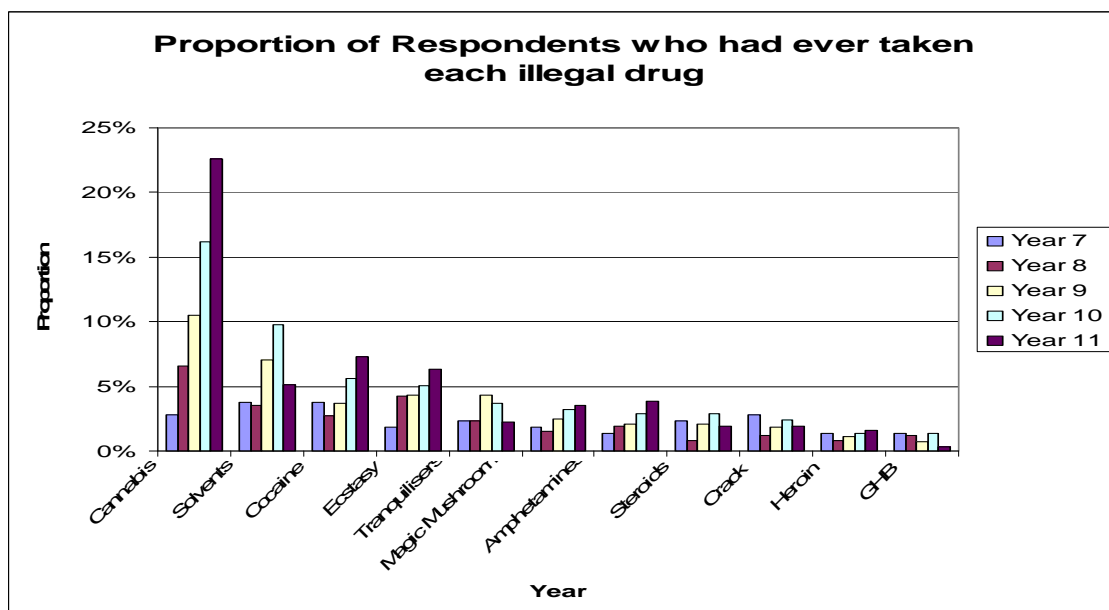


Figure 5.9h:** Proportion of young people in each year who have ever taken specific illegal drugs



The Young People's Substance Misuse Service (SWITCH) was established in 2004. From April 2004 to October 2009 there have been 430 referrals made to SWITCH (some of these may have been the same young person more than once). For 2009/10 (up to October 2009) 59% were referred for treatment for cannabis use; 6% for solvent use; 16% for cocaine use and 4% for ecstasy use. During 2009/10 (up to October 2009) 86% of those referred to SWITCH used alcohol as a primary, secondary or tertiary substance. The Young People's Needs Assessment November 2009 (DAAT, 2009) showed that referrals are now being made from a wider range of referral sources, more young women are now entering treatment and planned exit rates are improving.

Key Messages

- Narrowing the gap in health inequalities will help children and young people to enjoy their childhood, achieve their learning potential and become happy and healthy adults and parents to the next generation.
- Infant mortality has been the same or slightly lower in Darlington than the national average (measured over a 3 year trend).
- The proportion of low birth weight babies is slightly below the national rate in Darlington at 6.2% in 2005
- Immunisation rates for children by their second and fifth birthdays are higher in Darlington when compared with England averages
- Action taken to reduce obesity in children has started to show results, however, a fifth of children in year 6 were recorded as obese in 2007/08
- Consumption of three or more portions of fruits/vegetables per day amongst children is low in Darlington (30.9%) compared to England (37.7%).
- Emergency admissions to hospital for children aged 0-19 years are significantly higher in Darlington than the England average.
- The average number of decayed/missing/filled teeth for children is higher than the England average
- The Social Norms and Attitudes Survey provides an insight into the attitudes and beliefs of young people regarding drugs and alcohol

Darlington Partnership – the Local Strategic Partnership - has recognised the vital importance of improving the prospects for all children and young people in the area as part of achieving its vision for the borough – CAA 2009