

CHAPTER 4: CHILDREN AND YOUNG PEOPLE

Children are particularly vulnerable to social and environmental conditions within the household and wider community. Disadvantage in childhood compounds problems experienced in later life; healthy children are vital to the future health and productivity of society as a whole. Tackling inequalities and eliminating child poverty are thus major national priorities requiring multi-agency action locally.

Much information on the needs of children and young people is contained in the Children & Young People's Plans of ECC, Southend and Thurrock. Based on this evidence, each identifies priorities to improve outcomes for their local children and young people. The plans can be found at:

- ECC: <http://www.essexcc.gov.uk/vip8/ecc/ECCWebsite/dis/cha.jsp?channelOid=14181>
- Southend: <http://www.southend.gov.uk/content.asp?section=176&content=7804>
- Thurrock: <http://www.thurrock.gov.uk/children/>

Factors particularly pertinent to health and well-being are included here.

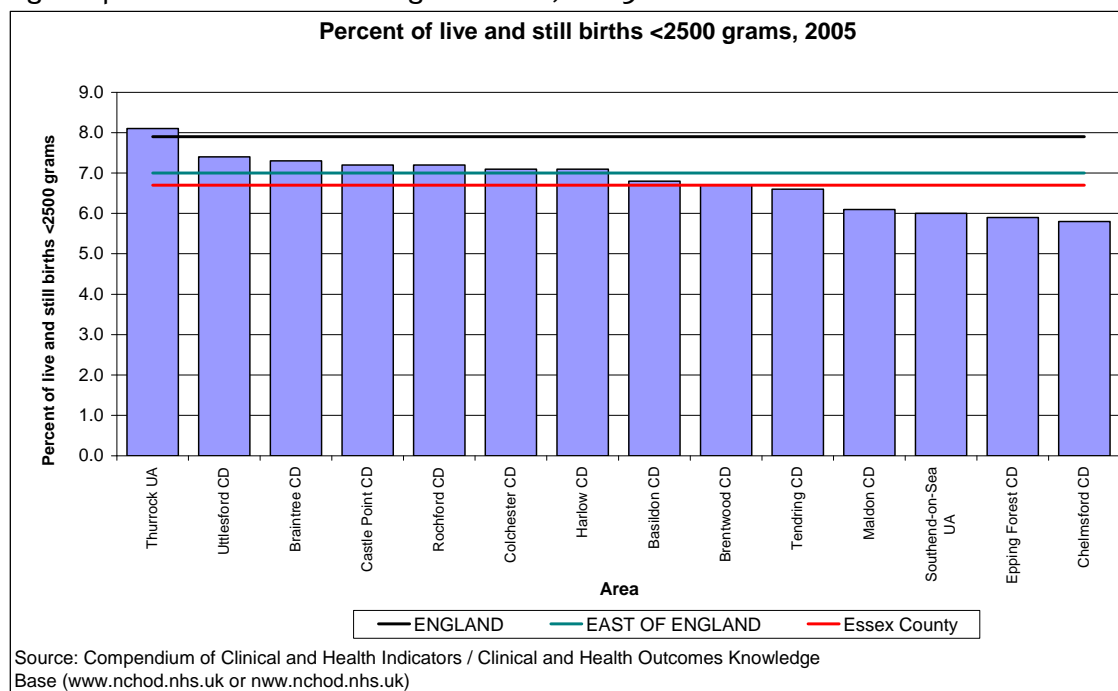
4.1 Infant Health

4.1.1 Low birth weight

Low birth weight is an enduring aspect of childhood morbidity, a major factor in infant mortality and has serious consequences for health in later life. It is a good indicator of a newborn's chances for survival, growth, long-term health and psychosocial development. The World Health Organisation (WHO) defines low birth weight as a birth weight less than 2,500 grammes. Below this, birth-weight-specific infant mortality begins to rise rapidly. Low birth weight babies were traditionally linked to high deprivation. This is still the case, but some low birth weight babies are now attributable to improved medical technologies, resulting in more successful deliveries of low birth weight babies, and increased fertility treatment which is more likely to lead to a low birth weight baby.

Figure 4.1 shows that Thurrock has a higher proportion of low birth weight babies than nationally.

Figure 4.1: Essex low birth weight babies, 2005



4.1.2 Breastfeeding

Breast milk is considered to be the best form of nutrition for infants and breast-fed babies are five times less likely to be admitted to hospital with common infections, such as gastroenteritis, during their first year of life.

Breastfeeding initiation rates in the UK remain relatively low compared to other countries, particularly among women in lower income groups. The Infant Feeding Survey (2005) found that 77% of mothers in England initially breastfed their babies. This represented an improvement on the 71% previously reported (2000). Excluding areas where the numbers of 'not knowns' are over 5%, the proportion of mothers initiating breastfeeding in Essex increased from 67.7% in 2004-05 to 70.1% in 2006-07. Rates are highest in the north east but all areas are well below the 2005 national rate²³.

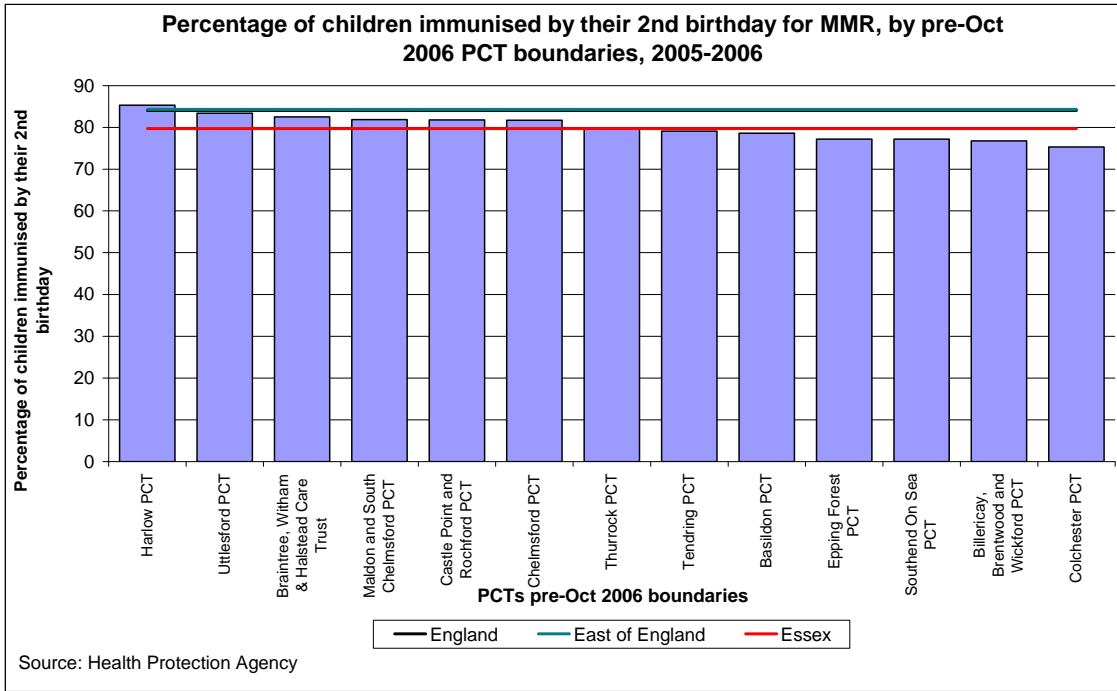
4.1.3 MMR immunisation

MMR is the combined vaccine to prevent measles, mumps and rubella, all of which are diseases with serious complications. There has been some controversy about the MMR vaccine in recent years, which has resulted in a decrease in the number of children being vaccinated. Current WHO recommendations are that at least 95% of children receive a first dose of a mumps-containing vaccine (eg MMR) at age 12-18 months; and that at least 95% receive a measles vaccine by 2 years of age.

Figure 4.2 shows the proportion of children who, by their second birthday, have received an MMR vaccination. It shows that Harlow is the only area to have a vaccination rate higher than the England and regional averages, but all areas are lower than the recommended level of vaccination.

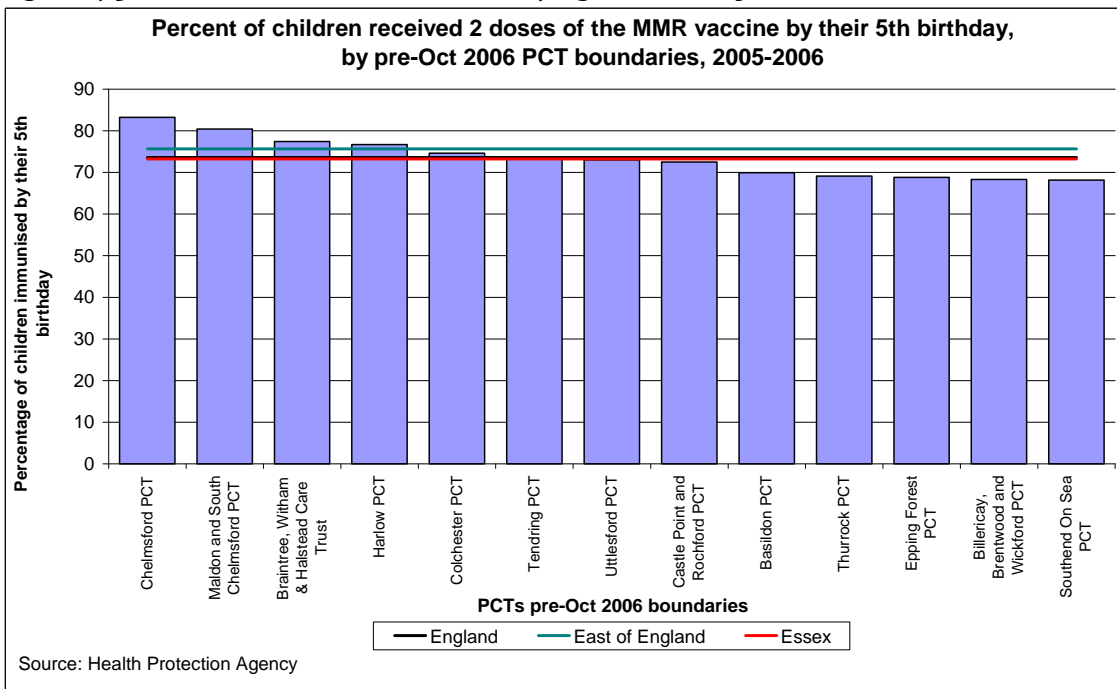
²³ PCT Local Delivery Plan Reporting 2006-07

Figure 4.2: Essex MMR immunisations by age two, 2005/06



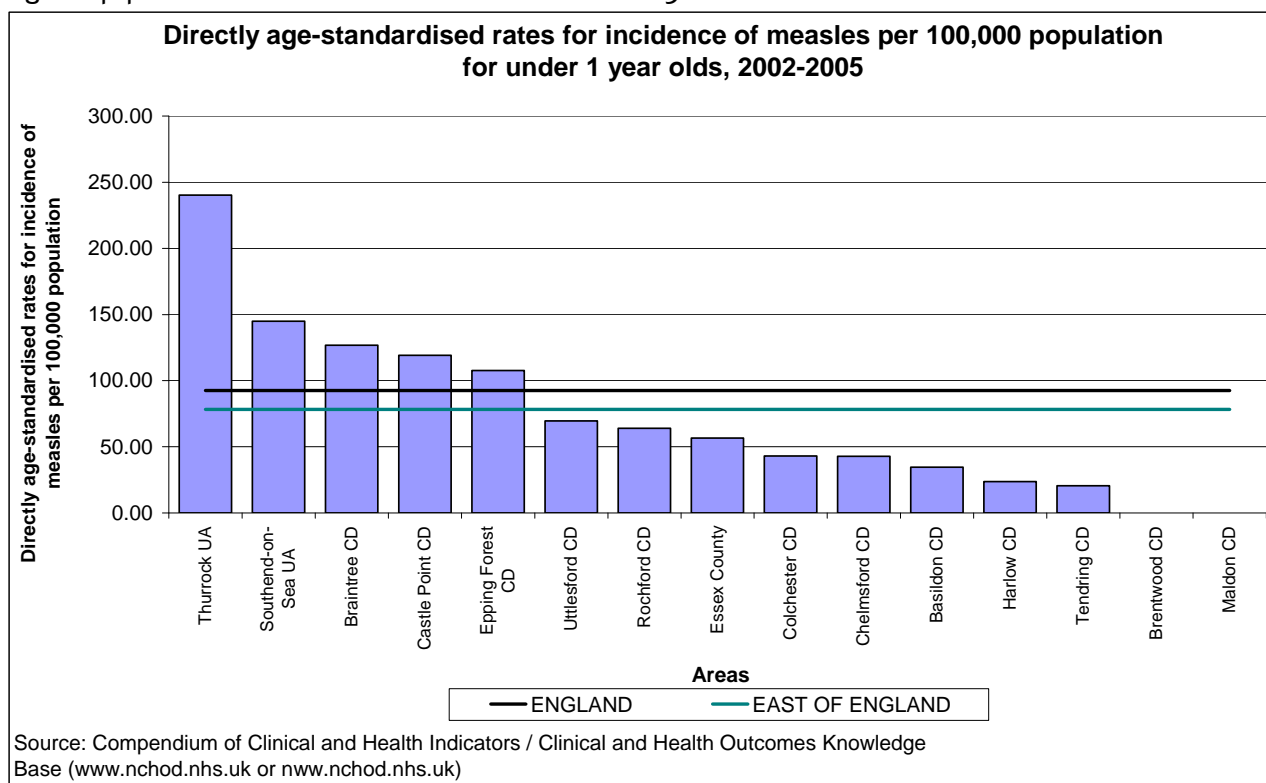
By the time children are five, more areas have vaccination rates better than national and regional levels but all are still below the recommended level of vaccination.

Figure 4.3: Essex MMR immunisations by age five, 2005/06



The incidence of measles varies across Essex. Figure 4.4 shows that in recent years Thurrock, Southend, Braintree, Castle Point and Epping Forest have all had higher rates of measles in u15 than the national and regional averages.

Figure 4.4: Essex incidence of measles 2002-2005



4.2 Childhood Obesity

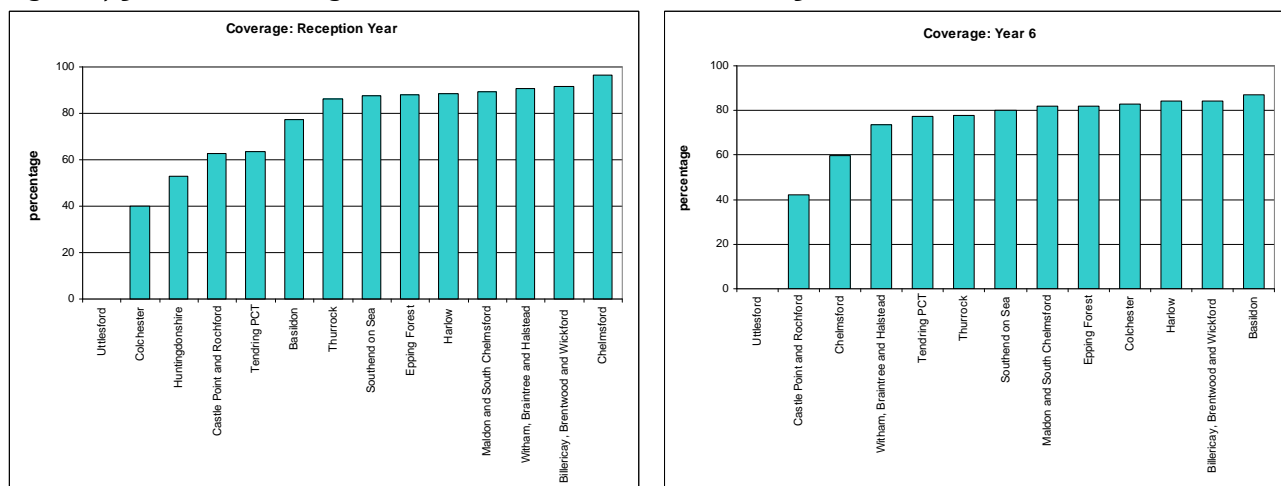
Childhood obesity is a complex public health issue that is a growing threat to children’s health. The United Kingdom has seen an unprecedented rise in obesity; the proportion of children aged 2 to 10 who were overweight or obese increased from 22.7% in 1995 to 27.7% in 2003, with the level obesity in the same age group increasing from 9.9% to 13.7% (Jotangia et al, 2005). If the number of obese children continues to rise, children will have a shorter life expectancy than their parents.

Tackling childhood obesity requires changes in the behaviour of individual children and their parents and of society in general and reflects recent trends across most developing countries to greater fat and sugar consumption and reduced physical activity. There is also evidence to suggest that babies who are breastfed are less likely to be obese in adulthood.

Since 2005, PCTs have been required to collect height and weight data for BMI (Body Mass Index) on all primary school children in reception year (ages 4/5) and year 6 (ages 10/11). Figures 4.5 and 4.6 are based on only the first year of child BMI measurement when many areas experienced difficulties in data collection and collation. As systems for data collection become more established, data on the distribution of BMI in the child population should improve both in coverage and quality, furthering our understanding of the epidemiology of the BMI distribution in the child population. However, current evidence suggests that a population-wide strategy supplemented by more targeted action in some areas may be the most effective approach in halting the rise in childhood obesity prevalence.

The number of children measured varied across the region. The lower the coverage, the less reliable the results.

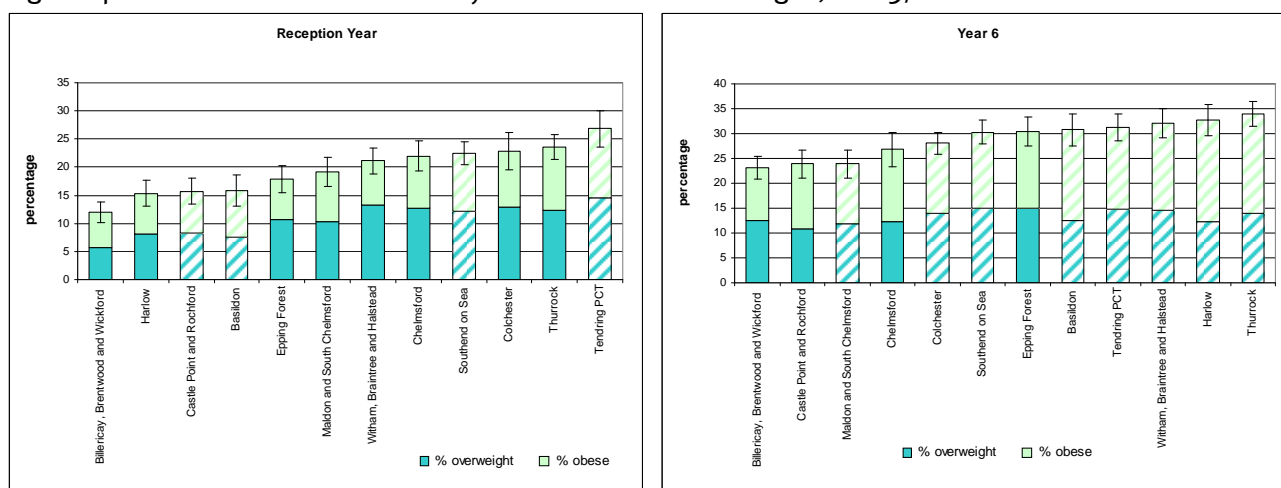
Figure 4.5: Essex coverage of child BMI measurement, 2005/06



Source: ERPHO

A baseline of 11.3% has been agreed from the PCT data. Tendring, Thurrock and Colchester appear to have the highest obesity levels in reception year. However, care should be taken when looking at the Tendring results as they had a lower coverage so the data is less reliable. Areas in Essex which appear to have high obesity levels in year 6 are Harlow and Thurrock.

Figure 4.6: Essex childhood obesity and children overweight, 2005/06



Prevalence estimates for Mid Essex PCTs are based on NCOD data. PCTs that achieved coverage of at least 80% are shown with diagonal shading, while the remainder achieved less than 80% coverage.

Source: ERPHO

4.3 Behavioural and Mental Health Issues

According to a national survey (ONS 2000), about 10% of children aged 5-15 years in Great Britain have a mental disorder, 5% have clinically significant conduct disorders; 4% were assessed as having emotional disorders (eg anxiety and depression) and 1% was rated as hyperactive. The less common disorders (autistic disorders, tics and eating disorders) were attributed to 0.5% of the sampled population.

Children with a mental disorder compared with other children were more likely to be boys, living in a lower income household and in social sector housing. Half those children with a mental disorder had at one time seen the separation of their parents, compared with 29% with

no disorder. The corresponding figures for problems with the police were 15% and 5%, and for a parent or sibling dying – 6% compared with 3%.

Projections from a University of Essex study in 2005 indicated that the following numbers of cases could be expected of children and young people with a diagnosis of a mental health difficulty.

Figure 4.7: ECC prevalence of mental health difficulties among children and young people

PCT area (pre-Oct 2006)	N (cases)
Uttlesford	680
Castle Point and Rochford	950
Maldon and South Chelmsford	1,020
Billericay, Brentwood and Wickford	1,295
Harlow	1,410
Chelmsford	1,610
Witham, Braintree and Halstead	1,920
Epping Forest	1,980
Tendring	2,325
Colchester	2,730
Basildon	3,290
<i>TOTAL</i>	19,210

Source: S Musgrave and L Cooper, *CAMHS Needs Assessment*, University of Essex (July 2005)

4.4 Drug and Alcohol Use

Supporting the Well-Being of Children and Young People in Essex (2007) collected data from a sample of primary and secondary school pupils and has been used to set baselines on a number of indicators. According to this study:

- 55.4% of 15 year olds drink alcohol
- 19% of 15 year olds are regular smokers
- 12.7% of 15 year olds use drugs

According to national data from the Ofsted TellUs2 survey of summer 2007:

- 74% of 15 year olds drink alcohol
- 41% of 15 year olds have smoked
- 13%, 4% and 4% of 15 year olds have taken cannabis, solvents and other drugs respectively in the last four weeks

It is also known that 14.5% of care leavers misuse drugs or alcohol and that 8% of young offenders re-offended with an offence relating to drugs or alcohol (2006-07).

There is also evidence to suggest that traders across the county are not universally requesting ID and are, in some cases, selling alcohol and tobacco to u18s²⁴. Although not direct evidence of need, it is an indication of ease of access. Requesting ID is set to become an increasingly significant issue (especially now the age limit for tobacco sales has been raised to 18) and impacts on safety issues in relation to fireworks, knives, replica firearms etc.

²⁴ ECC ‘mystery shopper’ project

4.5 Bullying and Crime

According to Supporting the Well-Being of Children and Young People in Essex (2007), 49% of primary school pupils and 27% of secondary school pupil felt afraid of going to school sometimes because of bullying. There were 8,292 incidents of serious crime affecting children and young people reported to the police in 2006-07.

Nationally, the Youth Survey of 2004 provides an indication of the levels of concern of young people aged 11-16 years about their safety.

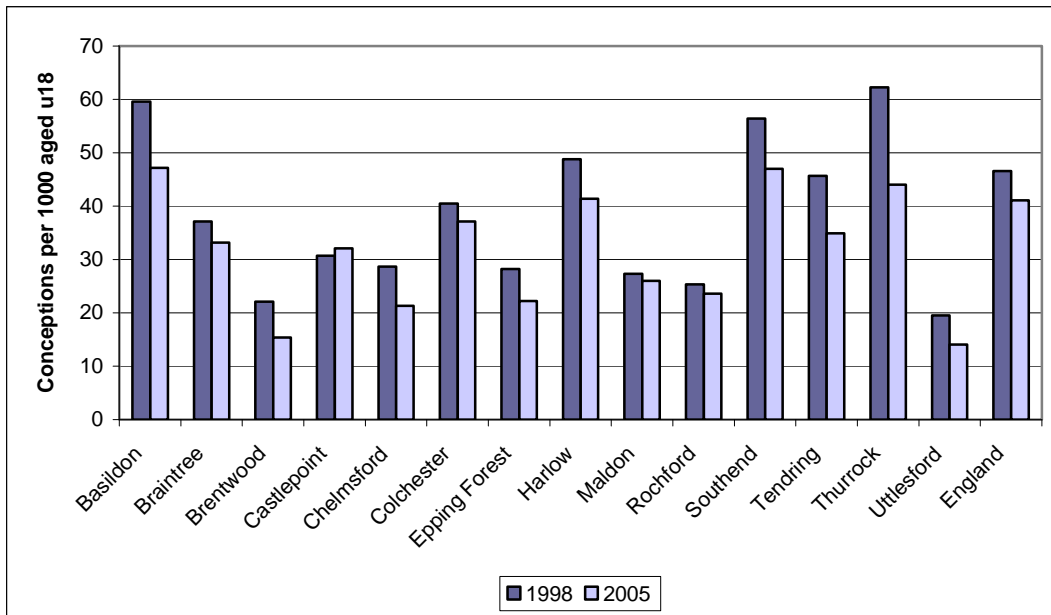
- 47% of young people in mainstream school worry about physical attack
- young people tend to worry less about the possibility of being physically assaulted as they progress through school: 49% of 11 year olds compared to 42% of 15-16 year olds
- 45% of young people in mainstream education are concerned about theft
- 49% of pupils have been the victim of an offence including being bullied, had something other than a mobile phone stolen from them, had their property damaged or destroyed or been physically attacked
- mainstream pupils are more likely to be victimised at school than elsewhere for each of the offences they have experienced
- girls (78%) feel safer at mainstream school than boys (74%).

4.6 Teenage Pregnancy and Sexual Health

Improving the nation's poor sexual health remains a major public health priority. Sexually transmitted infections continue to increase and, while high levels of teenage pregnancy are slowly decreasing in some areas, the decline is not rapid enough to meet the target of a 50% reduction by 2010. Good local access to sexual health services plays an essential part in improving sexual health and reducing the rate of teenage pregnancy. Early pregnancy brings health risks for the mothers and, on average, poor outcomes for the resulting children. Contraception or condom use tends to be lowest where intercourse is unexpected and/or carried out for the first time with a partner of less than a month's duration. Such unprotected sex carries the greatest health risks.

Essex has seen a steady – and in some areas (most notably Thurrock) dramatic – decline in teenage conceptions over the last few years. However, rates are higher than the national average in Basildon, Southend, Thurrock and Harlow and more needs to be done across Essex to tackle this problem effectively. Data from the EST Connexions service indicates that 233 young women are not available to the labour market as they are supporting their children / families.

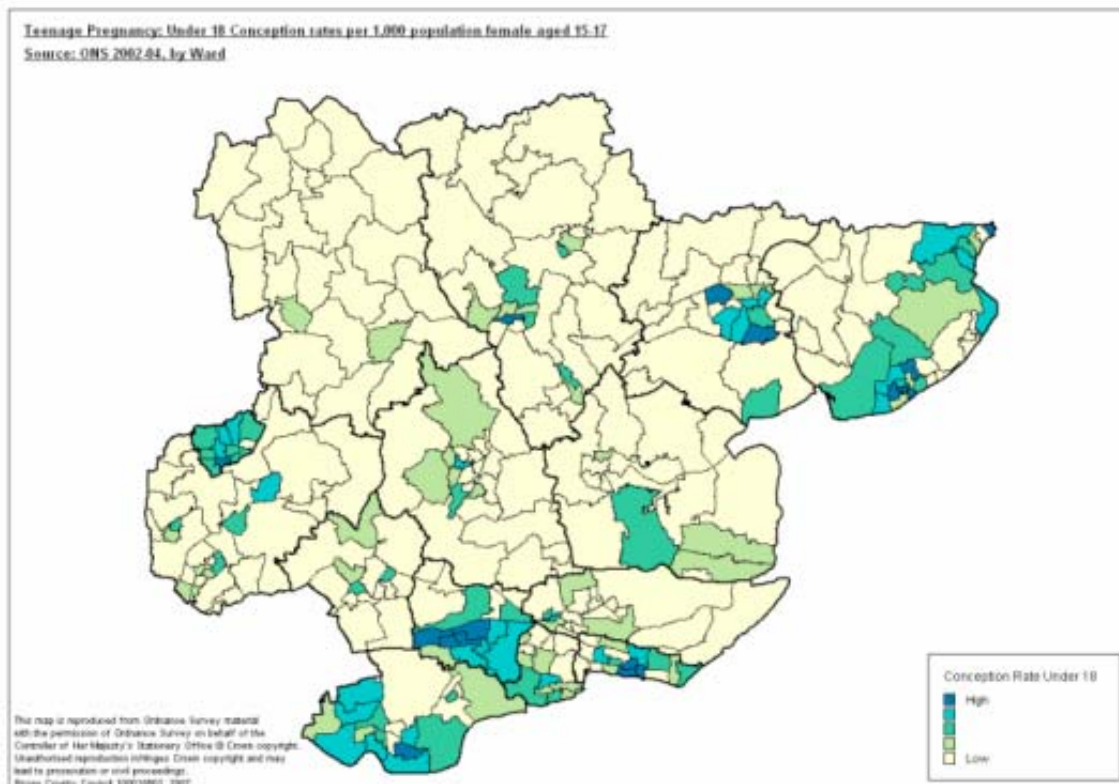
Figure 4.8: Essex teenage conceptions, 2005 provisional performance compared to baseline



Source: Teenage Pregnancy Unit

Figure 4.9 shows that, as well as the between-district variation seen above, there is wide variation within districts also. The highest rate is in Southend and is over five times the regional average.

Figure 4.9: Essex teenage conceptions by quintile by ward

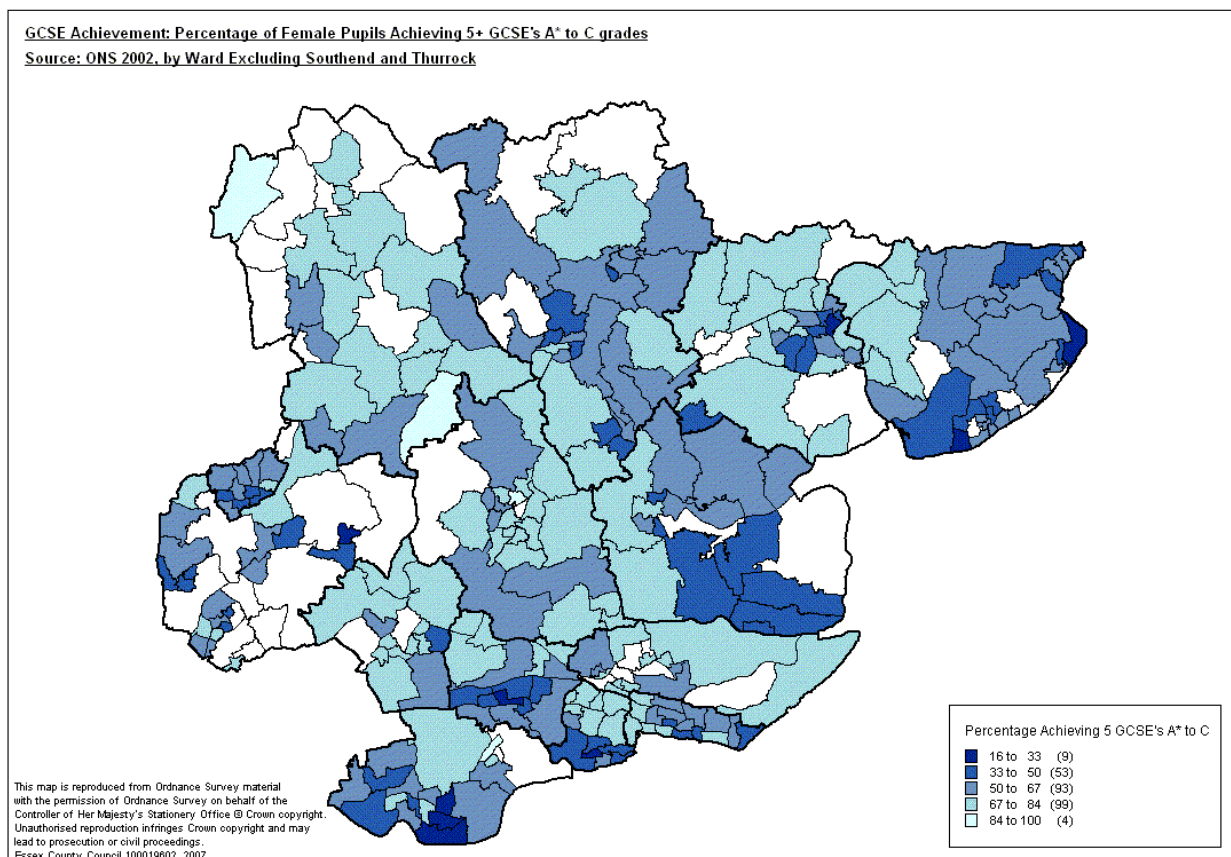


4.6.1 Educational achievement in girls

As set out in Chapter 2, poor educational attainment plays a vital role in defining socio-economic status. Low educational achievement, truancy and exclusion from school, all contribute detrimentally to events in later life such as increased likelihood of teenage pregnancy, inability to find employment and poorer health in general.

Figure 4.10 sets out girls' educational attainment. White areas are those where data was unavailable at the time of mapping. When considered alongside the map of teenage conceptions, it can be seen that there is a good degree of correlation between those areas where girls have lower educational achievement and those with a higher incidence of teenage conception. This is particularly true of Harlow, Tendring and parts of Basildon and Castle Point.

Figure 4.10: Girls' GCSE passes 5 x A-C grades by ward



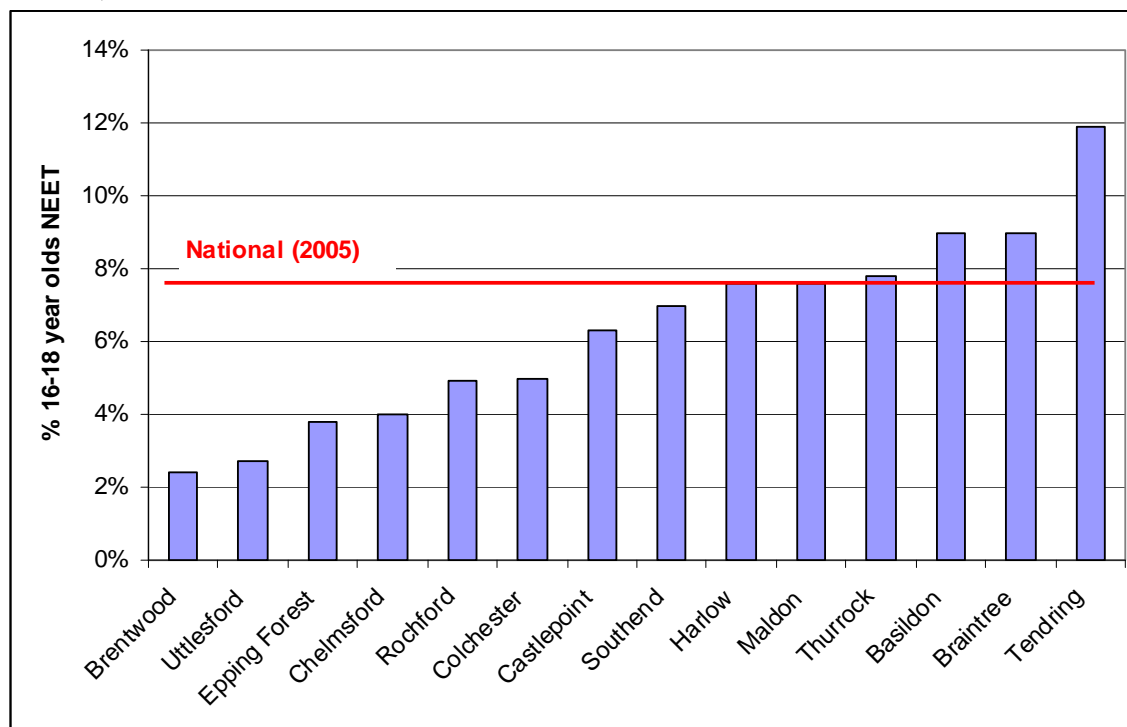
4.7 Not in Employment, Education or Training (NEET)

As already noted, educational attainment and employment are important for health and well-being. Across Essex, the proportion of Y11 statutory school leavers remaining in education has significantly increased since 2004 and there has been a significant reduction in the proportion not in education, employment or training (NEET) since 2005²⁵. Looking across districts / boroughs, Tendring, Braintree, Basildon and Thurrock have above national average proportions of young people with an unsettled destination. It is likely that, once national

²⁵ EST Connexions, 2006-07

tables are published, EST (Essex, Southend & Thurrock) Connexions performance will compare favourably with that of other areas and with the national picture.

Figure 4.11: Essex NEETs, 2006-07



Source: EST Connexions

A total of 22 secondary schools in Basildon, Colchester, Braintree, Harlow, Tendring and Maldon have been selected for specialist input around NEET (over 4,000 students representing some of the hardest to engage in terms of progression). In 2006, 12.8% of Y11 leavers from these schools did not progress into education, employment or training.

A higher proportion of young women go on to higher level courses, while young men are more likely to be on low level courses, in jobs without training or unemployed. Young people from BME communities tend to do as well or better than their white counterparts – ie in each ethnic group a higher percentage remain in education and a lower percentage become NEET. Although there are some concerns about the data, it would appear that young people with learning difficulties / disabilities are more likely to become NEET as compared to the total cohort.

Fewer young people are entering skilled trades on leaving school (eg electrical, electronic, motor vehicle, engineering) and more are taking up clerical/ secretarial, sales and service occupations (eg catering and hairdressing). Young people still tend to opt for those occupational areas traditionally dominated by their own gender. It should also be recognised that local availability of opportunities also impacts on the occupational ‘choices’ young people make.

4.8 Vulnerable Children

The term ‘children in need’ refers to those children receiving support from social services. The term ‘looked after children’ refers specifically to those who are in the care of the local

authority. Those considered to be at risk of abuse or neglect are placed on the Child Protection Register (CPR). Around 700 children are on the CPR at any one time across Essex²⁶. Although numbers showed a sharp dip in 2003, overall the trend has been slightly upward over the past five years. The latest comparative data available gives a national rate of 24 children per 10,000 children aged <18. By comparison the rate is 17 per 10,000 for both ECC and Thurrock and 29 per 10,000 in Southend. Within ECC, numbers are more than three times higher than average in Basildon.

Many children in need will have health needs arising from:

- living in families affected by drugs, alcohol and domestic violence;
- special needs or a disability;
- experience of trauma, abuse and/or neglect;
- coming from highly mobile families.

They may also have experienced poorer access to services including universal services (eg dental services, immunisations, routine child health surveillance and health promotion because of language or cultural barriers). Further barriers for looked after children are

- the lack of parents who are able to advocate on behalf of the child to ensure any needs they have are recognised and met; and
- the rate of movement between placements which many looked after children and young people experience.

Children and young people who are looked after are amongst the most socially excluded groups in England and Wales. They have profoundly increased health needs in comparison with children and young people from comparable socio-economic backgrounds who have not needed to be taken into care. These greater needs however, often remain unmet. As a result, many children and young people who are looked after experience significant health inequalities and on leaving care experience very poor health, educational and social outcomes. They show higher levels of substance misuse, higher rates of teenage pregnancy and a much greater prevalence of mental health problems with as many as 45% having a mental disorder and 37% having clinically significant conduct disorders (ONS, 2003).

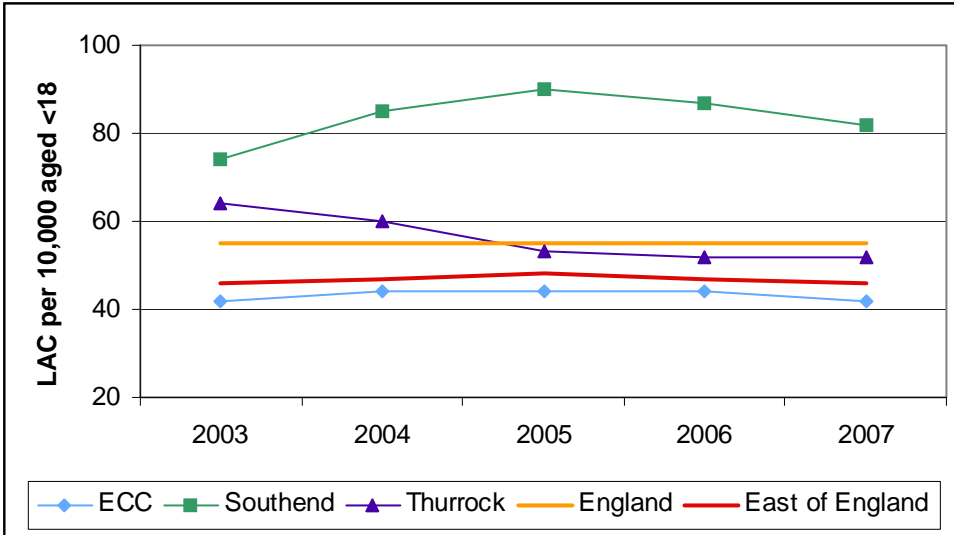
The life chances of looked after children depend to a great extent on personal achievement. In 2005, 3% of young people looked after by ECC entered higher education compared to 45% of all students; and in 2006, 11.9% obtained 5 or more A*-C grades at GCSE compared to 59% of all students²⁷.

Around 1700 children are looked after at any one time across Essex²⁷. The following chart illustrates how rates and trends in looked after children vary across the top-tier authorities in Essex. The rate of looked after children in ECC has remained stable at below both national and regional averages. Thurrock has managed to reduce its rate and now sits between the national and regional averages whereas Southend's rate has increased over time and is significantly above the regional average.

²⁶ CPR3 return on child protection and referrals, DCSF 2007

²⁷ SSDA903 return on children looked after, DCSF 2007

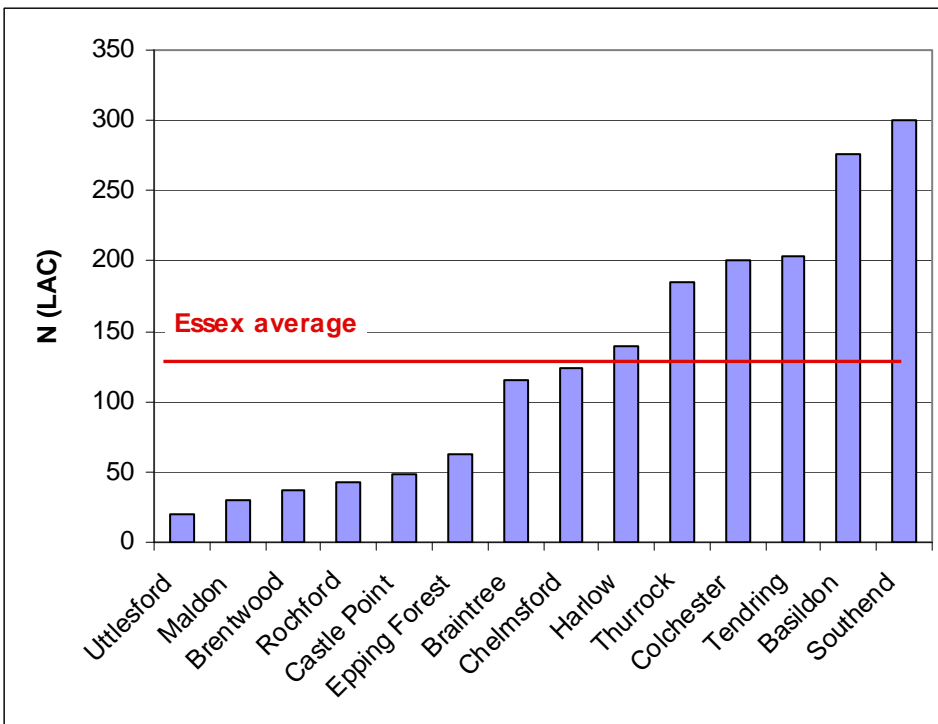
Figure 4.12: Essex rates of children looked after, 2007



Source: SSDA903 return on children looked after

The final chart on looked after children demonstrates variation at district level also.

Figure 4.13: Essex children looked after, March 2006



Source: SSDA903 return / Swift

4.9 Conclusion

With MMR immunisation rates well below the WHO recommendation, it is perhaps unsurprising that the incidence of measles in very young children is well above the national rate in a number of Essex districts / boroughs. Breastfeeding initiation rates are also low.

The growing prevalence of obesity among the child population is an important public health issue and a national priority. If we fail to halt the rise in childhood obesity, we could see children having a shorter life expectancy than their parents.

Across the county, teenage conception rates are falling but not quickly enough to meet the government target. And in some areas rates are well over double the regional rate. In many of these same areas, there is also poor educational attainment.

There is disparity in educational attainment and progression into learning and employment both geographically and between those looked after and their peers. A higher proportion of young people with disabilities are also not in employment, education or training.

Across Essex there are significant numbers of children and young people experiencing mental health difficulties, making poor choices in terms of healthy lifestyles (eg smoking and alcohol use), suffering as a result of crime / bullying and at risk of very poor health, educational and social outcomes associated with being looked after.