

Middlesbrough's Joint Strategic Needs Assessment: Children and Young People

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Subject	Children and Young People’s Joint Strategic Needs Assessment	

Foreword

We have pleasure in sharing with you the Joint Strategic Needs Assessment (JSNA) for Middlesbrough. It has been developed jointly by a range of partners that all have an interest in understanding the multiple overlapping needs of our children, young people, adults and older people.

This document is the first of three that provides a detailed insight into the health and wellbeing needs of children and young people, it will be followed by separate assessments for adults and older people.

The JSNA helps us to understand the key issues we face in improving the health and wellbeing of our population. Going forward this will become a live document, shared with partners and embedded within individual performance management arrangements to ensure that it informs practice and commissioning priorities.

Edward Kunonga
Director of Public Health and Protection

Executive Summary

1. The Joint Strategic Needs Assessment (JSNA) is a systematic way of assessing the health and social needs of the local population. It identifies 'the big picture', in terms of the health and wellbeing needs and inequalities of a local population.
2. The JSNA should enable strategic partnerships and commissioning leads to make informed decisions about local action and services across a wide range of needs. It not only looks at the overall health and social needs of children & young people, but considers inequalities in outcomes and experience for specific groups. This relates to children living in areas of deprivation, to age and gender, to disability, and to vulnerable groups.
3. Increasingly JSNAs are being seen as a process of continuous development and improvement, rather than single documents produced once every few years.
4. Whilst there are no direct policy implications in revising the JSNA in itself, the findings should inform commissioning decisions, including the Children & Young People's Plan. As such the findings may impact on policy and commissioning decisions. The value of the JSNA lies in the degree to which it is understood and valued by strategic partnerships and commissioning leads - the extent to which it is a useful tool to inform their decision making. To fulfil this, it needs their active engagement to ensure it is 'fit for purpose'.
5. This JSNA was developed by a multi-agency steering group and will inform the commissioning intentions of all partners going forward.
6. The approach to the JSNA has been to develop this new version in three sections as follows:
 - Children and Young People's JSNA | Growing Well
 - Adults JSNA | Living Well
 - Older People's JSNA | Ageing Well.
7. The document is structured as follows:
 - Demographics and deprivation
 - Safe
 - Well
 - Achieve
 - Conclusions and priorities
 - Next Steps.

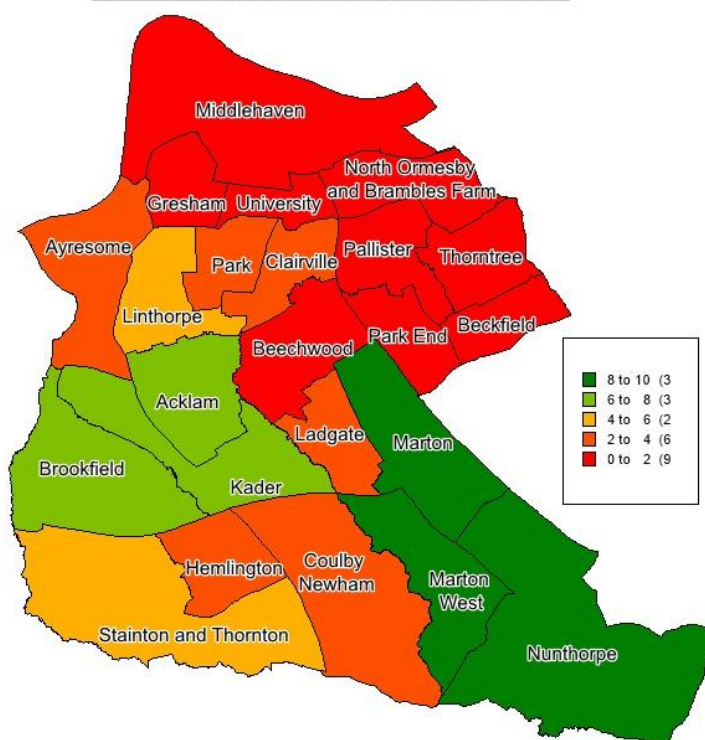
Demographics and deprivation

8. This section outlines information on the overall and child population of Middlesbrough, forecasting changes to this, where possible to support future service planning. It also contains information on the socio-economic factors that affect the lives of local children and young people. Since 2001 Middlesbrough's population has grown by 2% to

140,398. Middlesbrough continues to be one of the smallest and most densely-populated local authority area in the North East behind only Newcastle and 'Park' is the most densely populated ward in the town. Population predictions based on two hypothesis are explored, both predicting a distinct growth in the number of residents in Middlesbrough. Since 2001, the percentage of children in the town has dropped by 2.3%.

9. School age children in Middlesbrough are more than twice as likely to have a first language other than English, compared to the average for the North East, although this is lower than the average for England. Middlesbrough continues to be the most ethnically diverse local authority area in the North East. 11.7% of the population identified as BME in the 2011 Census. 8.2% of the town's total population was born outside of the UK in 2011. Half of the town's BME population is under 25 years of age, compared to only a third of the remaining population. 19.2% of asylum seekers living in the North East reside in Middlesbrough.
10. Middlesbrough continues to perform below the England average on the self-reported health of the population and the number of people who have a long term health condition, measured by the Census. In addition there are health inequalities within the town. Individuals living in the north and east of the town are more likely to have a long term health condition, while those living in the south of the town are less likely.
11. From Ormesby Bank, which sits on the southern edge of the town and is relatively affluent, life expectancy reduces by 2 years for every mile travelled to the town centre. There has been progress in reducing deaths from all circulatory diseases (mainly heart disease and stroke) in recent years in Middlesbrough than in England.
12. 7.6% of Middlesbrough's residents were unemployed in 2011, which is 3.2% higher than the England wide rate of unemployment. In 2011 7.84% of all households in Middlesbrough had no adults in employment who had dependent children living there.
13. The indices of Multiple Deprivation are a range of 37 indicators that assess the levels of deprivation experienced by people in every neighbourhood in England. Middlesbrough is the 6th most deprived local authority in the country using these measures. Ten neighbourhoods in the town are in the top 1% most deprived areas in the country and half of neighbourhoods in the town are in the top 10% most deprived areas in the country. Over half of Middlesbrough's children (63%) live in the top 20% most deprived wards.

Income Deprivation Affecting Children Index 2015 - by Ward



Safe

14. Safeguarding is everyone's responsibility. All staff who have direct or indirect contact with children and families, or who have access to information about them, have a responsibility to safeguard and promote their welfare. All partners agree that early intervention services have the potential to reduce the numbers of children in need of specialist and targeted services. Further work is required to ensure sufficient data is gathered to understand the effectiveness of early intervention services.
15. The rates for children who are identified as being in need and children who are taken into local authority care are both double the national average. The rate of referrals for child protection plans is also significantly higher in Middlesbrough than the North East and national averages. Children are also less likely to cease to be subject to a Child Protection Plan than regional and national averages.
16. 40% of children who are in local authority care have Special Educational Needs (SEN), 20.1% have an Education, Health Care Plan or the predecessor, SEN Statement. Neglect is the most common reason for creation of a child protection plan.
17. Children born in Middlesbrough are more likely to be admitted to hospital in childhood than statistical neighbours, regional neighbours and nationally, however they are less likely to die in childhood. This is despite the higher levels of deprivation and other measures that could be expected to impact on this outcome being higher than the statistical, regional and national comparators. Children born in Middlesbrough are more likely to be admitted to hospital as a result of alcohol or substance misuse than national and regional comparators.
18. Children born in Middlesbrough are more likely to self-harm than regional and national averages, however they are similarly likely to self-harm when compared with statistical neighbours.

19. The current domestic abuse incident rate per 1,000 population for Middlesbrough is 35.08 – the highest in the Cleveland Police Force area and one of the highest nationally. Middlesbrough consistently has the highest number of children witnessing a domestic abuse incident in the Cleveland Police area, with an average quarterly figure of 232 incidents from April 2014 to March 2016.
20. Deprived areas have higher levels of anti-social behaviour than more affluent areas. When children commit anti-social behaviour over 80% of perpetrators were male. However numbers of first time entrants into the criminal justice system are reducing. The number of young people receiving custodial sentences has also reduced significantly in recent years.

Well

21. Children are more likely to be born in Middlesbrough to mothers smoking at the time of birth, than regional and national averages, although this figure is improving. They are as likely to be born to smoking mothers as children in one of Middlesbrough's statistical neighbours.
22. More children are likely to be born in Middlesbrough to mothers between 15 and 44 years of age than national, regional and statistical comparator averages. Children in Middlesbrough are more likely to be born to a mother from a Black and Minority Ethnic group than regional averages, however less likely when compared to the national average.
23. Children born in Middlesbrough are more likely to have mothers who were born outside of the UK than regional averages, however they are less likely when compared to national averages.
24. The life expectancy at birth of children in Middlesbrough is lower than for the North East region and for England overall. Life expectancy at birth is 12 years lower for boys and 8 years lower for girls born to mothers living in the most deprived areas of Middlesbrough compared with those in the least deprived areas.
25. Children born in Middlesbrough are less likely to be breastfed than national, regional and statistical comparators. Trend suggests that the older the mother is and the more affluent the ward is, the higher the likelihood of babies being breastfed.
26. Children born in Middlesbrough are more likely to be immunised than national averages, they are more likely to have poor oral health, be obese or under-weight.
27. Girls born in Middlesbrough are more likely to become pregnant before the age of 18 than national, regional and statistical comparators. Females aged under 18 in Middlesbrough are less likely to have an abortion following conception than national, regional and statistical neighbours and females aged under 19 in Middlesbrough are more likely to have a repeat abortion than national and regional neighbours.
28. Children resident in Middlesbrough are more likely to be physically active than national and regional averages, however the picture is mixed, as children get older it appears they are less likely than the national average to be active.
29. Children in Middlesbrough are more likely to be referred to childhood and adolescent mental health services if they are male and while the number of referrals to the service

has increased year on year, service provision data indicates that there has been a decline in the number of cases accepted.

Achieve

30. Children born in Middlesbrough are less likely to achieve a good level of development at the end of reception year than national and regional averages. While performance in this has improved, this has been in line with improved performance regionally and nationally.
31. Children in Middlesbrough are much more likely to be subject to an EHCP than statistical neighbours, regional or national averages and are more likely than regional and national averages to be receiving SEN support without a statement / plan.
32. Children born in Middlesbrough are more likely to be absent from school than national and regional averages. They are also more likely to be excluded from school.
33. Children born in Middlesbrough are less likely to perform at the expected standards for reading, writing and maths at Year ½ Phonics screening, Key Stage 1, Key Stage 2 and Key Stage 4 than national and regional comparators. They are even more unlikely to meet expected standards if they are male. By the time children reach Key Stage 4 children who do not have English as a first language outperform those who do and all BME groups outperform the White ethnic group.
34. Children born in Middlesbrough are more likely to be recorded as NEET compared to regional and national averages, however this figure is improving.

Conclusions and priorities

35. Increasing the cohort of children to grow up in a safe and stable family and ensuring will impact positively on key educational attainment, health and wellbeing outcomes for children, reducing the numbers of children in the future who will require targeted and specialist intervention services. The data within this JSNA supports a focus on early intervention and preventative services as a method of delivering this aim.
36. At the other end of the spectrum, safely reducing those children who are already subject to specialist services such as local authority care is also a priority. Improved application of thresholds will ensure children, young people, their families and/ or carers receive the correct support and reduce demand for specialist services.
37. In a number of areas further work is required to improve data available.

Next Steps

38. The next steps to be taken are as follows:
 - Engagement with local children and young people on the JSNA findings to allow them to challenge and shape findings and conclusions.
 - Circulation to commissioners, practitioners and data providers to ensure this document begins to inform commissioning priorities and practice
 - Transform this document into an interactive tool to further support commissioners and practitioners.
 - Establishment of a process to update the information in this document and identify changes that will impact on priorities.

Purpose

1. In 2007, Local Authorities and Primary Care Trusts were legally obliged to collaborate in the production of a Joint Strategic Needs Assessment (JSNA) of the health needs of local people. The Health and Social Care Act 2012 transferred this responsibility to Health and Wellbeing Boards.
2. The JSNA is the evidence base underpinning the development of the Joint Health and Wellbeing Strategy (JHWBS). NHS and local authority commissioners must have due regard to the JSNA and JHWBS when developing their commissioning plans. Partners' performance will be assessed, in part, on the extent to which they have successfully used the JSNA in this manner.
3. Middlesbrough's first JSNA was published in 2008, and provided a baseline assessment of need across the town as a whole. This was followed in 2011/12 by a revised JSNA that informed the development of Middlesbrough's first JHWBS, published in 2012/13. This current version of the JSNA can be found at:
<http://www.teesjsna.org.uk/middlesbrough/>.
4. This revision of the JSNA will be developed primarily as an online tool once initially agreed, with the material to be revised and expanded on an ongoing (rather than periodic) basis. It has adopted the life course approach (as outlined in the 2010 Marmot Review) to describe the health issues facing children and young people, adults and older people in the town.
5. The three main sections of the JSNA are:
 - Children and Young People's JSNA | Growing Well
 - Adults JSNA | Living Well
 - Older People's JSNA | Ageing Well.

Policy Context

1. The Health and Social Care Act 2012 places Health and Wellbeing Boards at the centre of planning to achieve better population health and wellbeing.
2. These Boards have been given a number of core responsibilities including assessing the health and wellbeing needs of the local population through the Joint Strategic Needs Assessment (JSNA).
3. The Joint Strategic Needs Assessment (JSNA) is a systematic way of assessing the health and social needs of the local population. The JSNA should enable strategic partnerships and commissioning leads to make informed decisions about local action and services across a wide range of needs. Whilst there are no direct policy implications in revising the JSNA in itself, the findings should inform commissioning decisions and future local policy direction.
4. This Children and Young People's JSNA aims to:
 - summarise the available information and evidence relating to the health and wellbeing status of local children and young people;
 - provide links and references to more detailed data and intelligence for users to explore issues in depth, if required; and
 - prioritise issues, based on intelligence, to support the setting of local priorities and to influence the commissioning of services.
5. The JSNA reflects the priorities as outlined in the various policies, legislation and case law in existence which combine to form the national policy framework.
6. Within Middlesbrough, the multi-agency Children's Trust Board has been established to take a partnership approach to children's services to strengthen partnership working.

Methodology

1. There is no statutorily prescribed methodology or core data set for Joint Strategic Needs Assessments (JSNAs). Within Middlesbrough, the following approach has been adopted and has been overseen by a multi-agency steering group coordinated by Middlesbrough Council:
 - key data relating to the health and wellbeing status of local children and young people have been grouped into four broad sections: **Demographics and Deprivation**, and reflecting the themes of the Children and Young People's Plan, **Safe, Wellbeing and Achieve**;
 - the thematic sections are structured across the life course, in line with the Marmot review of health inequalities, with additional sections focusing on the needs of vulnerable groups;
 - reflecting the methodology used in health needs assessments, each section explores current prevalence; inequalities within local populations (geographic or other communities); met and unmet needs; the impact on children and young people of current position; comparisons with other areas; trends and estimated future needs (where possible). The views of local practitioners and children and young people and their families are also included to provide a qualitative balance; and
 - the level of detail provided is proportionate to the issue described – in some cases, short profiles will be appropriate, in other more detailed assessments were required.
2. This methodology provides for data to be collated and presented in a systematic manner from multiple sources, allowing the needs to be described using multiple sources.
3. The JSNA uses a wide range of data from both national and local sources to assess current and future needs (a full list of data used is at Appendix 1), including the use, where appropriate, of estimates and research to stratify the overall population, according to different levels of severity and types of condition.
4. The availability, timeliness and granularity of data presents a significant challenge to the development of JSNAs in all local authority areas. Desired data may not always be of the required quality, or available at all (it should be noted for example, that much ward data needs to be reworked into the new ward boundaries for Middlesbrough introduced in 2015). Data unavailable during the JSNA development period is referenced within relevant chapters of the document, and will inform work with partners on the future development of this JSNA.
5. Where possible, statistical comparisons have been made with the England, regional and statistical neighbour averages (as identified by DfE, which for Middlesbrough are Halton, Hartlepool, Knowsley, Lincolnshire, South Tyneside, Salford, Rochdale, Hull, Stoke-on-Trent and Tameside). We will also use those suggested by data production tools such as Local Authority Interactive Tool (LAIT) and Public Health England (PHE) Fingertips, the rationale used for each measure will be included in the footnotes.

Demographics and Deprivation

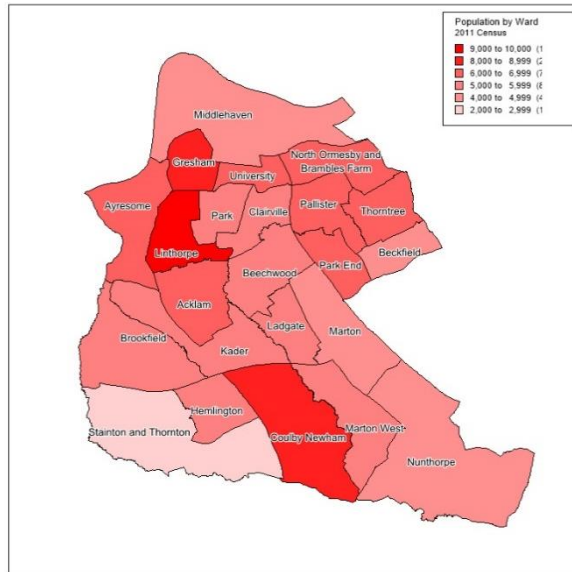
1. This section contains information on the overall and child population of Middlesbrough and forecasts changes in this population in the future. Population projections have an essential role in assessing the future need for health and social care and a range of other local services. It also covers and socio-economic factors affecting the lives of local children and young people, particularly the prevalence of multiple deprivation measures.

Population and demography

2. The last national Census was undertaken by the Office of National Statistics (ONS) in 2011. The response rate for Middlesbrough was 93% (the same as in 2001) and the national response rate was 94%.
3. Significant changes in the population demographics of Middlesbrough since the previous Census highlight an increasingly diverse and ageing population in the town. Significantly higher numbers of residents were born outside of the UK, there was also a large increase in the proportion of BME inhabitants. The population has grown since the 2001 census, as shown in the Mid-Year Population Estimates 2016, while the age profile staying largely the same as the national and regional averages.

Current Population

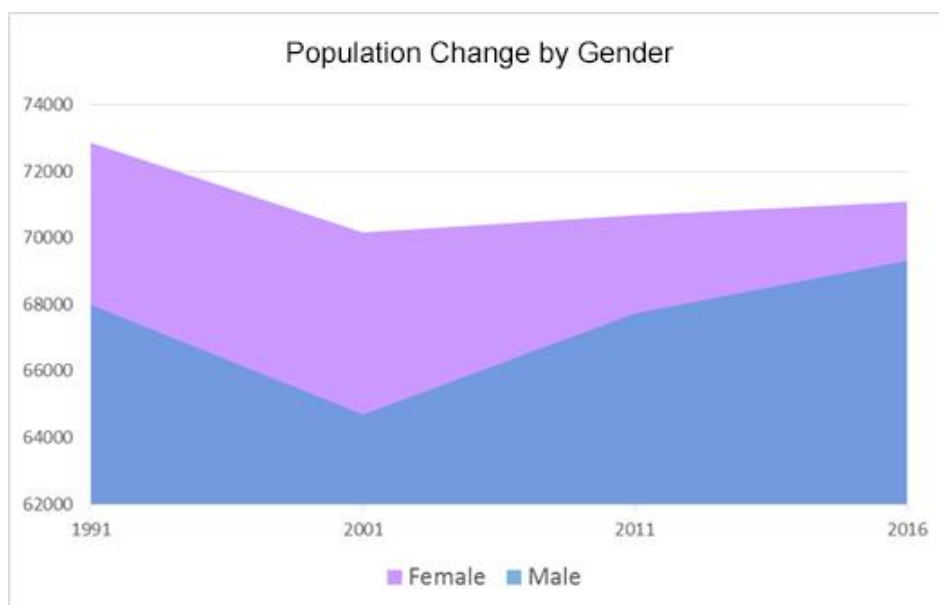
4. The total resident population of Middlesbrough at Census 2011 was 138,412, representing a 2% increase from 2001, this has since risen to 140,398 as reported in the Mid-Year Population Estimates 2016. With a total area of 5,387 hectares, Middlesbrough is the smallest and second most densely-populated local authority area in the North East. Middlesbrough has seen a significant increase in the population density since 2011 from 25.69 people per hectare, to 26.06.
5. The largest ward by area was Nunthorpe, representing 12.33% of the town's total area. The most densely populated ward was Park with 60.50 persons per hectare, and the least densely populated was Stainton and Thornton with 4.67 persons per hectare.
6. The following map shows the dispersal of the population across Middlesbrough's Wards as counted in the 2011 Census, currently ward level data is unavailable for the 2016 Mid-Year Population. As you can see, the most populated wards are Linthorpe, Coulby Newham and Gresham.



- Between 2001 and 2011 Middlesbrough Linthorpe ward showed the highest growth by 18.86%, Clairville ward showed the largest decline in population of 6.31%

Gender and age profile

- The gender and age profile within Middlesbrough has been on largely the same trend between the 2001 and 2011 censuses and then at the 2016 Mid-Year Population Estimates. The population has seen steady growth over the last 15 years after a drop in the overall population between 1991 and 2001 censuses.
- The male population has seen more significant increases over this 25 year period between the 1991 Census and the 2016 Mid-Year Population Estimates of 3877 residents, while the female population has only had an overall increase of 193. The gender profile and trend is shown on the graph below:



10. There has been an increase in the older population (aged 65+) since 2001 to Mid-Year Population Estimates (2016) of around 1%, similarly the adult population (18-64) grew by 1% in this period, although there had previously been a spike in this age group of over 2% between Census 2001 and Census 2011.
11. The percentage of children in the town's population dropped by 2.3% between 2001 and 2011, but remained largely the same between 2011 and 2016 with an increase of 1.35% (430), however the 0-17 population of the town has dropped again between 2011 and 2016 albeit minimally from 22.94% to 22.92%. The 0-17 population of the town has dropped a total of 5.69% between census 2001 and the Mid-year population estimates 2016.
12. The most recent Mid-Year Population Estimates produced by ONS (2016) estimated the population of the town to have increased to 140,400 since the 2011 Census.

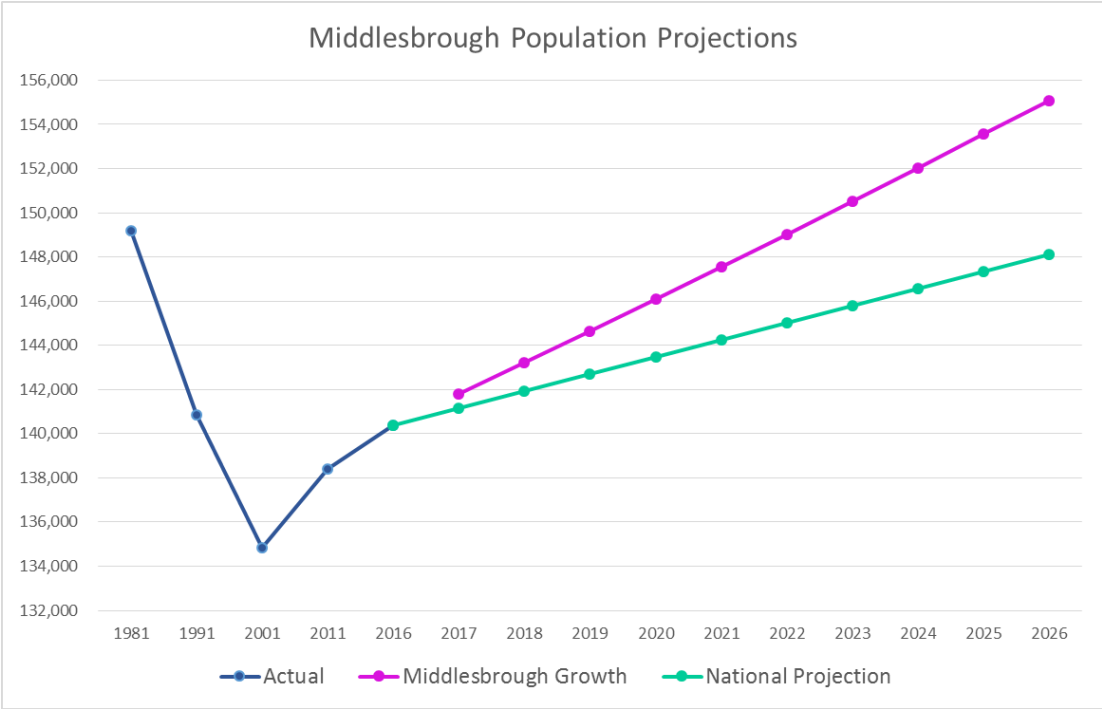
https://teesvalley-ca.gov.uk/InstantAtlas/area_profile/atlas.html?detectflash=false

Population projections

13. Mid-Year 2016 population estimates show that there has been consistent growth in Middlesbrough since 2011 of around 1% per year. This is largely in line with the national figures of growth, however the UK saw a large dip in population in 2013 which was not mirrored in Middlesbrough as growth here continued.
14. In total the town's population has grown by 2,030 people between mid-year 2011 and 2016.
15. Male population has grown more than female population, but by a small margin with female population growing over 1% each year, apart from 2013 when growth fell just short of 1%.
16. The Mid-Year population estimates 2016 has seen an overall rise in the 0-17 population of the town, however some age groups have seen significant rises and drops in this period. All age bands between 0 and 9 saw rises, whereas the age groups between 10 and 17 all saw drops.
17. Overall the only age groups in 0-17 that have seen a rise between 2001 and 2016 are 0-4 and 5-7, this would match the growth in the standard birth rate in Middlesbrough.
18. Growth in the age groups by gender shows that Males aged 65+ have grown more than any other demographic, at 1.06% in comparison with the same age demographic of females that grew only 0.59% in the same 5 year period.
19. Growth of the 0-15 years old demographic has been similar across the genders, with the 0.31% of all residents being similar in males and females with 0.30% and 0.31% respectively. The in the 16-64 age demographic was split with a larger group of males at -0.91% whilst females dropped by -0.80%.
20. The Office of National Statistics reports that the UK population is projected to increase by 3.6 million (5.5%) over the next ten years, from an estimated 65.6 million in mid-2016 to 69.2 million in mid-2026.¹

¹ <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections>

- 21. Middlesbrough currently accounts for 0.214% of the total UK population at mid-2016. Using this percentage, the population of Middlesbrough could grow to 148,119 by 2026. This would be 0.214% of the total UK population based on the 5.5% UK population increase projected by ONS.
- 22. The current trend emerging in Middlesbrough shows the population has grown between Census 2001 and the mid-year population estimates 2016 by an average of 1% per year. Based on this trend, the population of Middlesbrough could grow to 155,087 by 2026. This is almost double the growth projected based on the ONS projection of UK population growth. This prediction needs to be caveated. A variance in line with national projections would reduce this to 148,000 by 2026.



School Population

23. The Autumn 2016 school roll shows a total Middlesbrough school population of 23,590, split by year group as follows:

Setting	Nursery	R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	Total
Primary	2,066	1,936	2,034	1,896	1,830	1,860	1,807	1,791	-	-	-	-	-	-	-	-	15,221
Secondary	-	-	-	-	-	-	-	-	1,548	1,543	1,365	1,301	1,333	322	333	46	7,791
Special	9.6	24	26	37	38	34	24	28	35	36	33	39	49	23	18	24	471.6
Acad. Alt	>5	>5	>5	>5	>5	>5	>5	11	17	25	27	>5	8	0	>5	0	106
Total	2,075.6	1,960	2,061	1,936	1,868	1,897	1,836	1,830	1,600	1,604	1,425	1,345	1,390	345	352	70	23,589.6
Period: 2016	Source: School Population Census																

- 24. 16.5% of primary school pupils are identified as having a first language that is not English, this is over double the North East Average of 7.1% but lower than the England average of 20.1%.
- 25. The trend continues in secondary school pupils with 15.1% having a first language other than English, almost treble the North East average of 5.2% but still in line with England figure of 15.7%.

- 26. 10.7% of children in Special Education Schools have a first language other than English, double the North East figure 5.1% but lower than England figure of 14.6%.
- 27. The diverse population of schools in Middlesbrough can be seen across all school levels, in primary schools 20.68% of pupils are non-white, the cross section of these pupils shows that the largest proportion are Asian 10.6%, specifically Pakistani (8.6%), mixed ethnicity is second with 4.8%, and then Black with 1.64%, Chinese with 0.12% and the remainder being described as 'Any Other Ethnic Group' 2.9%.
- 28. In secondary schools the breakdown is similar, 21% non-white pupils, broken down by ethnicity this shows again the highest proportion is Asian with 13%, specifically Pakistani 9.4% and second is mixed ethnicity at 3.6%, third is Black at 1.4%, Chinese 0.9% and finally the remainder of non-white pupils are described as 'Any Other Ethnic Group' at 2.4%.
- 29. Special Education Schools have a different ethnic makeup to Primary and Secondary Schools, whilst there are still 21% of non-white students largely the same as the other schools, the breakdown differs. Primarily 8% being Mixed ethnicity followed by Asian with 7.3%, then 'Any Other Ethnic Group' with 2.2% and finally the smallest cohort of students being Black with 1.8%.

Ethnicity

- 30. A significant minority of Middlesbrough's total population (8.2%) were born outside of the UK in 2011, either in the EU or elsewhere (compared with 13.3% nationally), this represents an increase of 3.9% since 2001 - equivalent to an increase of 90.7%.
- 31. Middlesbrough is the most ethnically diverse local authority area in the Tees Valley, with a BME population of 11.7% identified at Census 2011, an increase of 86% since 2001, and which is projected to grow further. Some wards, notably Central at 55.4%, have very significant BME populations.

Measure	Acklam	Ayresome	Berwick Hills & Palliater	Brambles & Thorntree	Central	Coulby Newham	Hemlington	Kader	Ladgate	Linthorpe	Longlands & Beechwood	Marlon East	Marlon West	Newport	North Ormesby	Nunthorpe	Park	Park End & Beckfield	Stainton & Thornton	Trimdon	
Population - BME (%)	8.8	9.9	2.8	3.4	55.4	2.5	2.1	8.7	7.3	22.2	9.1	5.2	4.1	24.8	11.8	5.3	18.3	3.3	1.8	4.4	
Period: 2011		Source: 2011 Census																			

- 32. Approximately half of Middlesbrough's BME population was made up from younger residents who are under 25 years old, however 70% of this cohort were residents who were under 18 years of age. This is in contrast to the wider age proportions within the town, where only a third of the White population were under 25 years old, however a similar trend of 65% of this cohort were under 18 years of age. Overall, the population of Middlesbrough is broken down as follows: 0-17 Years 22.94%, 0-24 Years 34.64%, 25+ Years 65.36%.

33. Middlesbrough hosts a significant proportion of the North East's asylum seekers. In recent times this has been around one third of asylum seekers within the region, with the figure standing at 19.2% at Quarter Three 2016/17. Data around unaccompanied asylum seekers is too small to publish at this stage.
34. Middlesbrough had a much higher proportion of households in which no people had English as a first language than the Tees Valley with 3.1% and 1.4% respectively, however both figures are far below the England and Wales total of 4.3% of all households. 0.5% of households have no adults, but some children who speak English as a first language, again this is higher than the Tees valley with 0.2% but lower than England and Wales with 0.8 %.
35. Middlesbrough reported 63.2% of the local population as Christian during the 2011 census, this is a reduction of 13.6% in the decade since the completion of the 2001 census. This trend is seen across Tees Valley and England and Wales with the largest increase in reported religion being no religion and the second being Muslim for all three areas.

Immigration

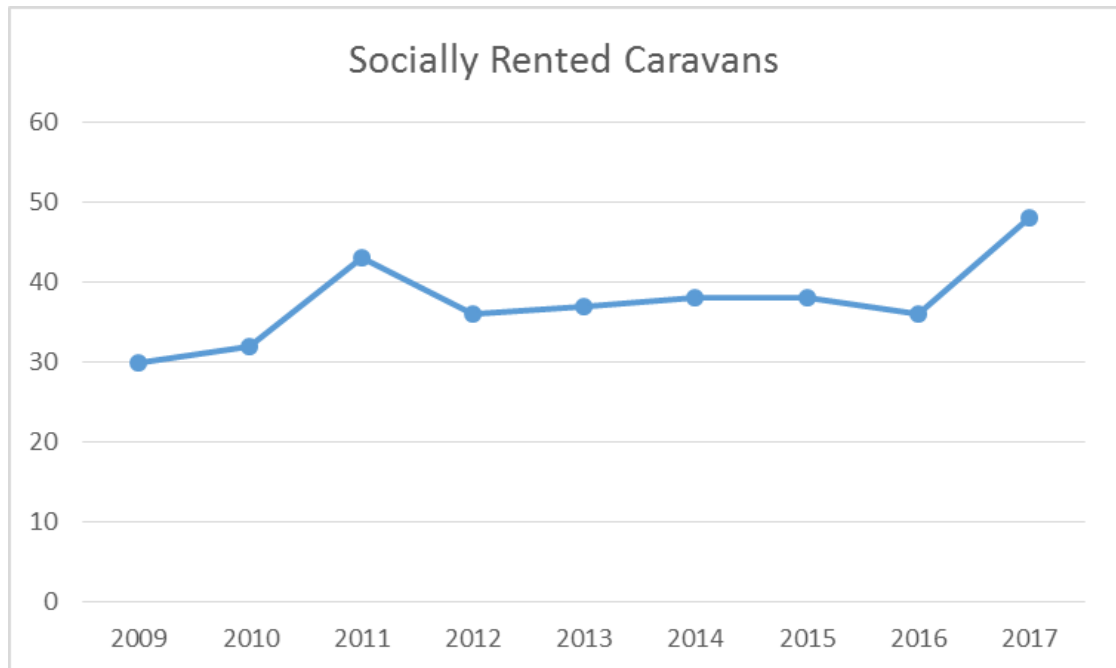
36. A number of relatively small, transient immigrant groups appear among school-age children population figures for the town, which have been loosely grouped together into two broad categories; Middle Eastern and Eastern European. While the numbers of children in these groups do not appear to be growing significantly, they are concentrated in a small number of schools and the rate of turnover within these groups of children moving in and out of the town from one year to the next is very high, presenting a particular problem for the schools involved. The majority of the children in these groups are of primary school age, which means their English language skills may not be strong enough when they start at school to enable them to fully participate in and benefit from their time in school. Additional, specialist support resources may be beneficial to these groups of children and the schools they attend.
37. ONS reports a rise in the number of Non-British Nationals per 1,000 of the resident population, with 51.1 in 2011 to 72.5 in 2015. This is higher than the North-East with 27.7 rising to 34.3 and lower than England at 83.5 and 93.2.
38. Middlesbrough has been consistently higher than the north-east with the turnover of Long-term international migrants, but lower than England since 2012.

Traveller children

39. The nature of the travellers' lifestyle can present particular difficulties for traveller children in terms of continuity in their education. Whilst services try to work around established patterns of family movement by holding school places for children as they move between home locations, older traveller children may struggle to match subject and syllabus choices between schools in different locations.
40. The twice yearly count of Gypsy and Traveller caravans in England undertaken by Department for Communities and Local Government² has shown a steady increase in the number of Travellers living in Socially Rented Caravans. The chart below shows the growth from the January count each year since 2009. There was a steep increase in 2011 but the numbers then returned to the mid thirties and another large growth of the

² Source: <https://www.gov.uk/government/collections/traveller-caravan-count>

community was seen in January 2017 when it rose from 36 to 48 socially rented caravans in Middlesbrough.

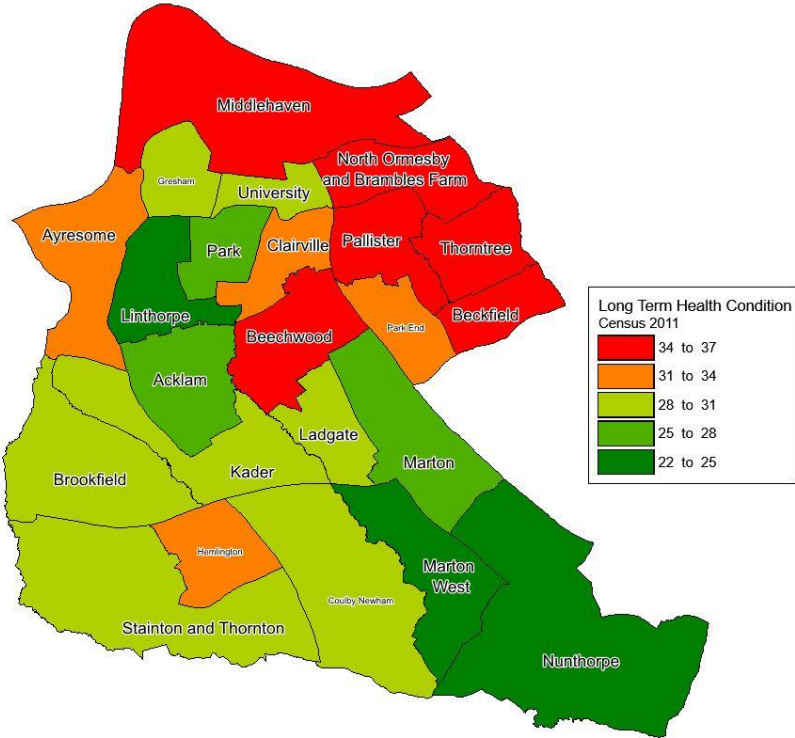


Period: 2009 - 2017 | Source: DCLG Gypsy and Traveller Caravan Count

Health

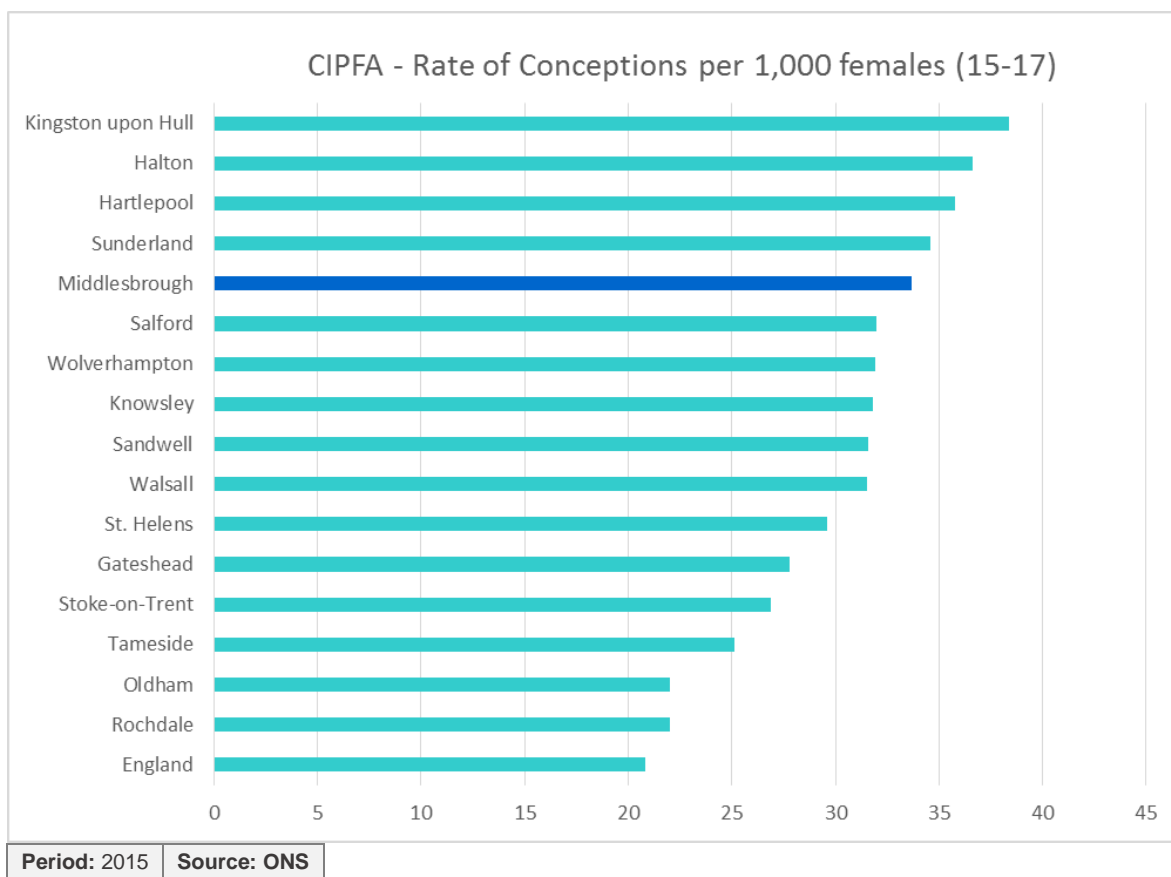
41. Middlesbrough continues to perform below the England average on both of the health measures contained in the 2011 national Census; the proportion of all households with a life limiting illness and the self-reporting good health measure.
42. The self-reported health measures from the 2011 Census showed a significant improvement in the overall health of the town during the past ten years, but both measures are still below the England average. The map below shows the dispersal of people reporting a Long Term Health Condition in the 2011 census across wards. As you can see, the wards in the north of the town have a much higher prevalence for this than those in the south of the town, with the exception of Hemlington.
43. There are wide inequalities in health within Middlesbrough based on these two key health indicator questions. However, all of the town's twenty-three electoral wards experienced some improvement in general health terms during the past ten years. From Ormesby Bank, which sits on the southern edge of the town and is relatively affluent, life expectancy reduces by 2 years for every mile travelled to the town centre. There has been progress in reducing deaths from all circulatory diseases (mainly heart disease and stroke) in recent years in Middlesbrough than in England. From 1995 to 2010, the reduction in the death rate for Middlesbrough (66%) compares more favourable than England (56%).
44. The 2011 Census showed that in Middlesbrough residents self-reporting good health increased from 65.2% in 2001 to 78.1%.

- 45. The proportion of those with limiting long term illness (LLTI) has decreased from 22.3% in 2001 to 20.9% and those of working age with LLTI decreased from 17.4% to 16.8%.
- 46. There is no significant difference since 2001 in those that said they provide unpaid care (10.8% in 2001 and 10.2 in 2011).
- 47. 30.13% of all households in Middlesbrough have at least one occupant adult with a life limiting illness of these households only 19.5% have a dependent child in occupancy.



Period: 2011 | Source: 2011 Census

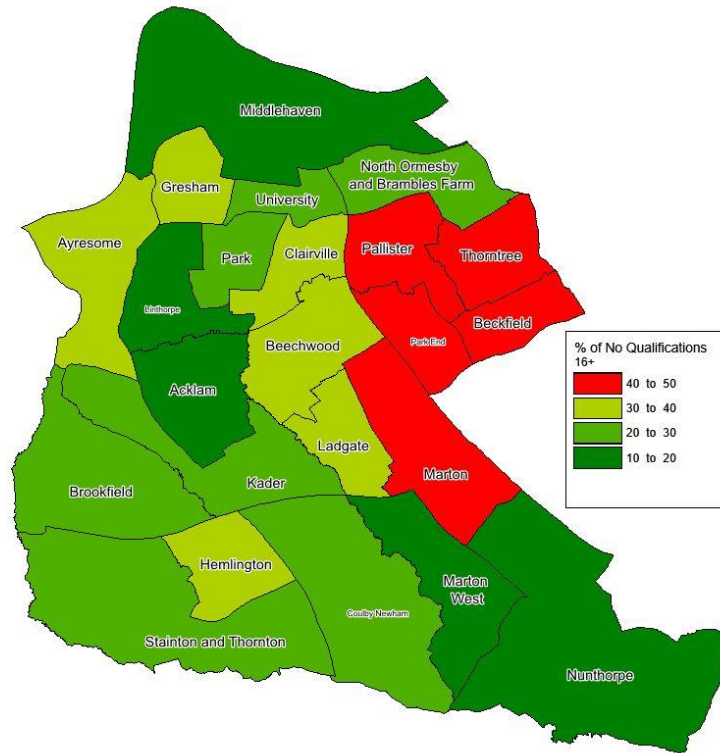
- 48. Historically, a small proportion of wards in East Middlesbrough account for a significant proportion of teenage pregnancies in the town. Between 2009/11 and 2011/13 the town has seen a drop in the overall numbers across all wards but two, which have seen a rise in the rate of teen pregnancies.



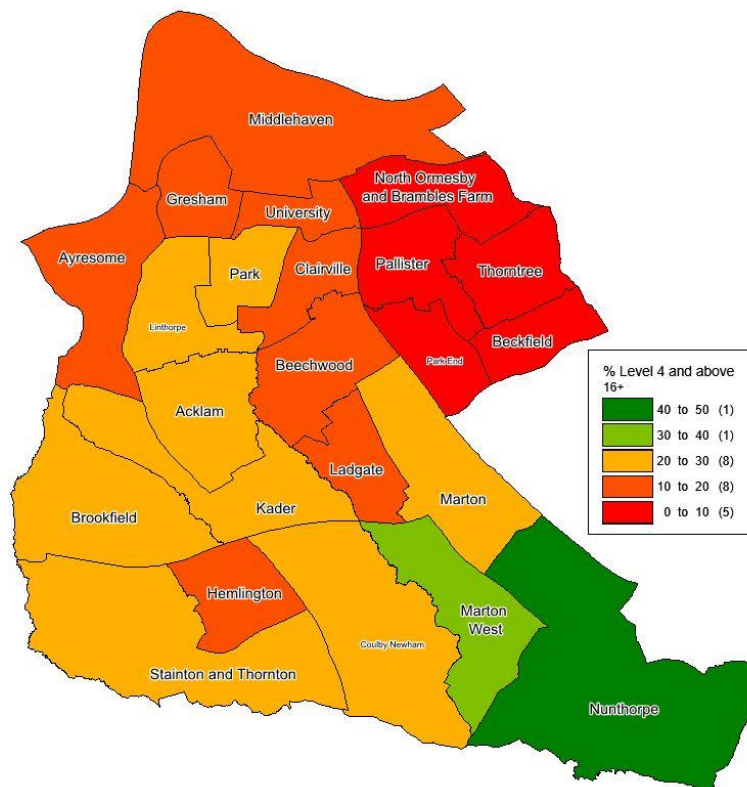
49. There have been some improvements in education outcomes in Middlesbrough over time, however there are still persistent and marked inequalities in education between neighbourhoods within the town. Middlesbrough also continues to perform well below the England average on both of the education measures contained in the 2011 national Census.

50. Two education indicators showed a marked improvement in educational outcomes over the past ten years in Middlesbrough, but both measures are still well below the national figure.

51. There are significant geographical variations (or inequalities) in education within Middlesbrough (at ward level) based on the two broad education indicators included in the 2011 Census. The maps on the next page show the percentage of the usual resident 16+ population that have either no qualifications or a Level 4/Degree Qualification broken down into the 2011 ward structure.



Period: 2011 | Source: 2011 Census



Period: 2011 | Source: 2011 Census

52. There is a strong, linear correlation between educational outcomes and age, which shows the percentage of the population without any recognised qualification in Middlesbrough increases significantly for older age groups, this is mirrored nationally.
53. There are now substantially more Middlesbrough residents with Level 4 or above qualifications, e.g. degree (from 12.8% in 2001 to 18.5 % in 2011), There is also a decrease in those with no qualifications (from 36.8 to 29.9%). However these figures are worse than the national average (Level 4 qualifications 27.2% and the 22.7% have no qualifications).

Employment & Unemployment

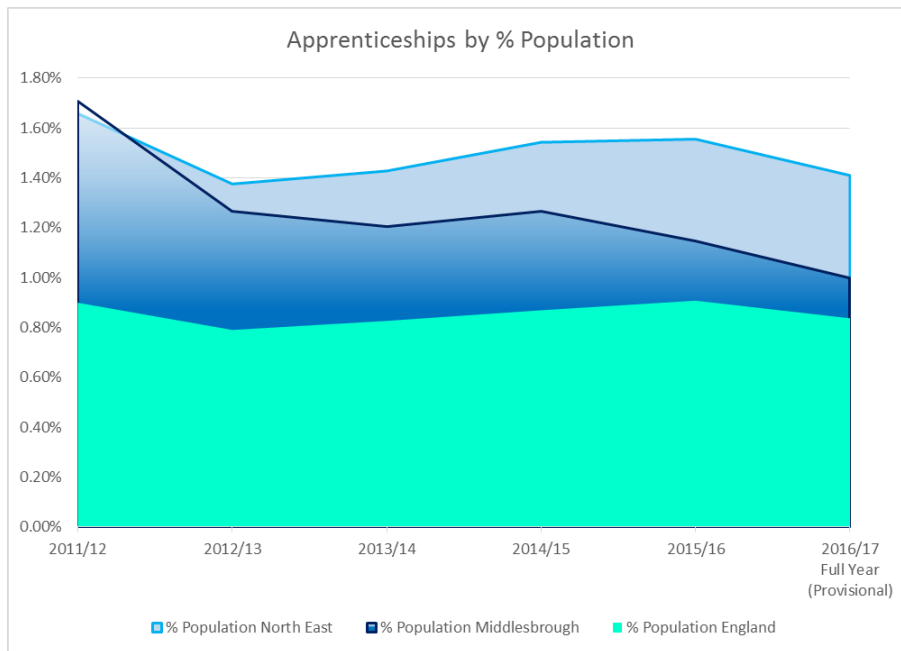
54. There are now more people from Middlesbrough who are occupied in part time employment than ten years ago and there are many more lone parents in particular who are now engaged in some form of work than in 2001.
55. The highest rate of employees from Middlesbrough (14.8%) were employed in elementary occupations in 2011, compared with 11.1% nationally. This has risen to 16.6% in the ONS Annual Population Survey (APS) at June 2015, against 10.8% nationally. Middlesbrough has the highest percentage rate of elementary employees³ in the Tees Valley.
56. While manufacturing shrank significantly between 2001 and 2011 in Middlesbrough, most public sector industries expanded during this period or remained relatively stable and in line with 2001 census results.
57. Based on a range of indicators for measuring economic activity, the 2011 Census results show that Middlesbrough persistently performs significantly below the national average on most variables. Key facts:
- 7.6% of Middlesbrough residents were unemployed. This is 3.2% higher than England and a rise of 1.4% in the ten years after the 2001 census.
 - The local rates for unemployment (including the long term unemployed and those who have never worked) have all increased over the previous ten years and are all well above the England average.
 - In the 2011 census, a total of 4,487 households had no adults in employment with dependent children. This accounts for 7.84% of all Middlesbrough households at that time. This is a much larger percentage than nationally where only 4.20% of households had no adults in employment with dependent children.
 - A total of 17,841 dependent children live in these households, with 7353 41.21% being in the 0-4 age bracket. This is similar to the 40.46% national figure.
 - At November 2015 22.3% of the working age population were in receipt of Key Benefits including but not limited to Jobseekers Allowance, Employment Support Allowance and Incapacity Benefit. This is almost double the national figure of 11.8% and the highest in the Tees Valley, which had a rate of 18.4%.
 - DWP reports at May 2017 show that a total of 1047 residents in Middlesbrough are in receipt of Universal Credit, 63.61% of whom have been claiming for more than six months. 75.45% of claimants are male. Overall the highest proportion of claimants are aged 20-24 years, 31.23%.
 - ONS reports that the median gross weekly earnings in 2016 was £355.60, this is around £50.00 less per week than the North East average and a drop of 2.8% on the 2015 figure.

³ Elementary occupations consist of simple and routine tasks which mainly require the use of hand-held tools and often some physical effort.

58. While there was a drop in the median gross weekly earnings, the median paid hours worked was 2.5% higher than in 2015. Essentially workers are working longer hours for less pay.
59. At ward level, there are significant variations or inequalities in the levels of economic activity and inactivity between wards in Middlesbrough
60. The Annual Population Survey (APS) reports that in 2017 72.3% of those aged between 16 and 64 in employment were full time, this is slightly lower than the national rate of 74.7% and the north east rate of 73.3%. 27.7% were in part time employment, this is slightly higher than the national rate of 25.1% and the north east rate of 26.2%.
61. The APS reports that in 2017 74.5% of those aged between 16 and 64 in employment were full time, slightly higher than the national rate of 74.3% and the highest in the Tees Valley. 25.1% were in part time employment, this is slightly lower than the national rate of 25.4% and the lowest in the Tees Valley, though with a higher rate of full time employment, this is to be expected.

Youth Employment

62. Approximately two in five of the total unemployed population in the town are young people aged between sixteen and twenty-four years old, which raises significant concerns about the rising level of youth poverty in Middlesbrough.
63. At December 2016, 6.1% of 18-24 year olds were in unemployed and in receipt of Jobseekers Allowance or Universal Credit and required to seek work and be available for work. This is lower than the Tees Valley rate of 6.4% but significantly higher than the national rate of 2.7%. Similarly the working age population rate was 4.8% higher than both the national rate of 1.8% and the Tees Valley rate of 3.9%. This rate includes those 18-24 year olds.
64. At March 31st 2017 a provisional total of 340 apprenticeships were recorded as having commenced in Middlesbrough during the period 2016/17 for children and young people under 19 years. This continued a declining trend in the number of apprenticeships commencing in Middlesbrough between 2011/12 and 2016/17, a 41.37% reduction on 2011/12. Whilst both the national and regional trends also declined over this period, they reduced by a much smaller percentage, 6.02% and 14.95% respectively.
65. Apprenticeships are taken up by a relatively low percentage of the under 19 population in Middlesbrough, however it is a larger proportion of the age group than nationally. The comparison between Middlesbrough and the North East is similar. The chart below shows the proportion of the relevant population who commenced an apprenticeship in each period.



Period: 2011-17 Source: DfE

66. Of the three apprenticeship levels available, in Middlesbrough the most uptake each year has consistently been 'Intermediate', accounting for over 61.54% of all apprenticeships in each period. The remainder was 'Advanced' as none of the apprenticeships reported were recorded as 'Higher'. This trend is seen across national and regional comparisons, albeit both recorded some as 'Higher'.
67. Middlesbrough Council recorded 48 apprenticeships in 2016/17 for 16-18 year olds, this mirrored the declining trend in overall apprenticeships uptake as it was a steep decline from the 91 recorded in 2011/12. In 2015/16 and 2016/17 there was a higher level of 19 plus apprenticeship commencements recorded within Middlesbrough Council.
68. In conclusion, children and young people in Middlesbrough are less likely to be in employment than national and regional comparators.

Lone parent households with dependent children

69. Lone parent households accounted for 9.87% of all households in Middlesbrough, a marginal decrease on those included in the 2001 census 9.92%. This is above the national total of 7.1%.
70. Female lone parents account for 92.55% of all lone parent households in Middlesbrough in 2011 a slight decrease on the 2001 census where they accounted for 93.97%. This is above the national total of 90.26% (2011) and 90.48% (2001).
71. Male lone parents account for 7.45% of all lone parent households in Middlesbrough in 2011, this shows an increase on the 2001 census where they accounted for 6.03%. This is below the national figures, at 9.74% (2011) and 9.52% (2001).
72. A total of 50.41% of all lone parent households were in employment in 2011, a marked increase on the 38.56% of 2001. This is below the national total of 59.42% of working lone parents.

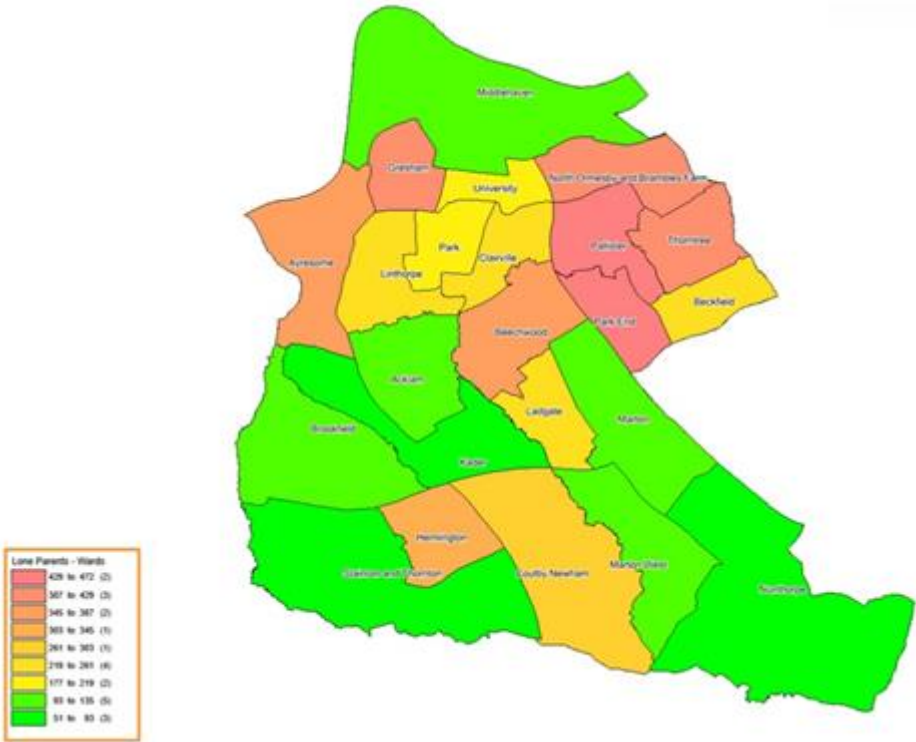
73. While the majority of lone parent households have a female parent, male lone parents show a higher percentage of being in employment with 54.42% in 2011 a significant increase on the 2001 figure of 46.36% although this is still far lower than the national average of 67.17% (2011) and 62.88 (2001).

74. Female lone parents have also seen a marked increase of over 10% in the decade since the 2001 census. 50.09% are now in employment, far higher than the 2001 figure of 38.06%.

75. Female lone parents show a prevalence for working Part time, with 34.74%, a significant increase on the 11.44% in 2001, however this shows a marked decrease in the number in full time employment 15.35% compared the 26.62% reported in the 2001 census. The national average of female lone parents in part time employment is 35.45% in 2011 and so Middlesbrough is in line with this. In the 2001 census, Middlesbrough surpassed the National figures of female lone parents in full time employment by 5.20%.

76. Male lone parents show a prevalence for working full time, with 41.95%, this is a slight increase on 2001 when 37.88% were in full time employment. However this differs largely from the national figures on both 2001 and 2011, by over 10% both periods less than the national figures.

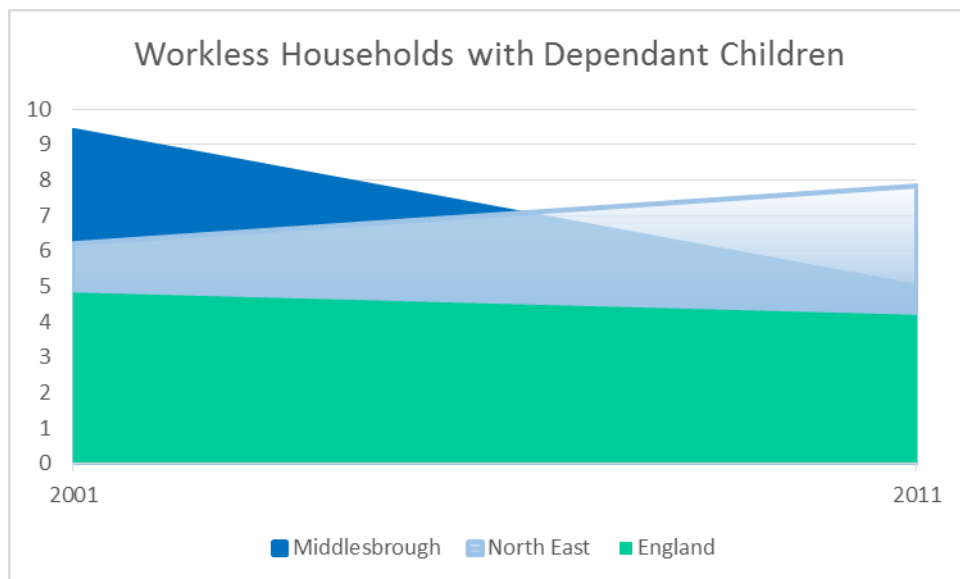
77. The map below shows the areas which are most densely populated by lone parent families, the highest concentration is seen in Pallister with 472, while Nunthorpe has the lowest with only 51.



Period: 2011 Source: 2011 Census

Workless households with dependent children

78. In the 2011 census, a total of 24,362 households had no adults in employment. Of these 4,487 households had dependent children. This accounts for 7.84% of all Middlesbrough households at that time, while 42.59% of all households had no adults in employment regardless of dependents. This is a much larger percentage than nationally where only 33.57% of households had no adults in employment and 4.20% of households had no adults in employment with dependent children. The majority of these households are clustered in the north of the town.
79. This was a decrease on the previous census in 2001 where a total of 25,483 households had no adults in employment, 5,174 (9.40%) with dependent children and 46.20% of all households in Middlesbrough. This was also a much higher percentage than nationally.



Period: 2001/2011 Source: ONS Census

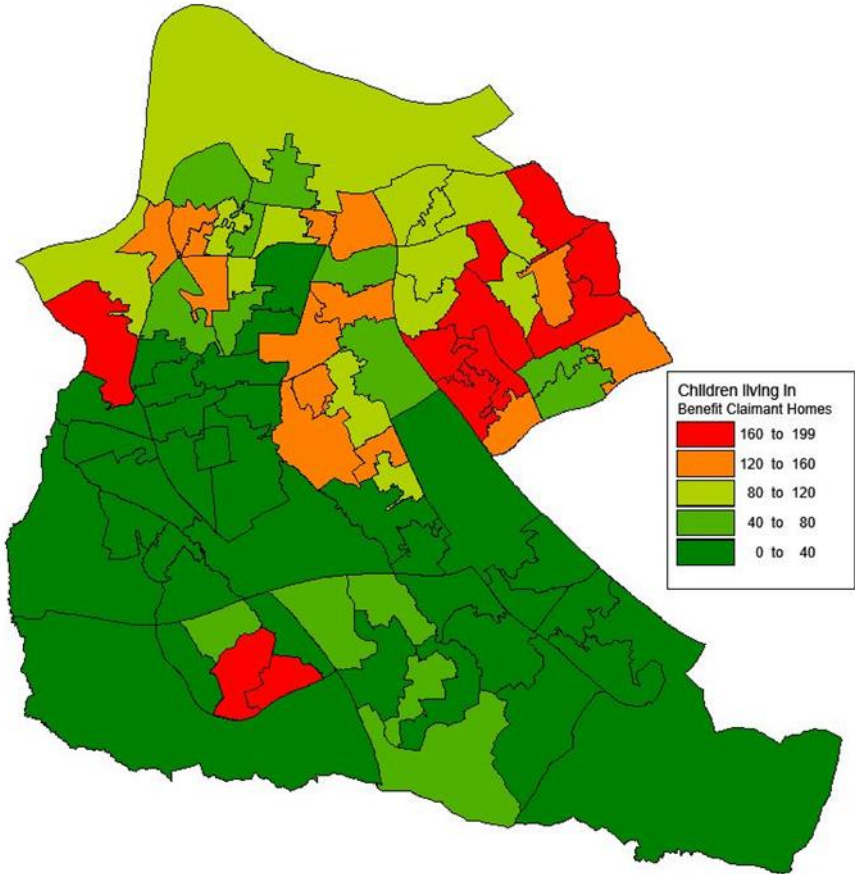
80. The majority of these households are clustered in the north of the town.
81. A total of 17,841 dependent children live in these households, with 7,353 (41.21%) being in the 0-4 age bracket. This is similar to the 40.46% national figure.

Children in Benefit Claimant Homes

82. The DWP holds figures of children living in homes with someone claiming Benefits. It is explicit in that this does not mean one or both parent(s) is wholly out of work, as one or both may be working and claiming an income support to top up their income.
83. Middlesbrough has shown a decline in the number of children living in Benefit Claimant homes - using 2011 as a baseline, Middlesbrough initially saw a drop of 0.75% in 2012, 5.05% in 2013, 12.09% in 2014 and finally there were 18.51% less children living in these homes in 2015 than in 2011. This trend is mirrored in the national statistics.

84. Initially the town saw a small decline between 2011 and 2012 of 0.75% however that leapt to 4.33% between 2012 and 2013 and dropped by a further 7.42% in 2014 and 7.3% in 2015.

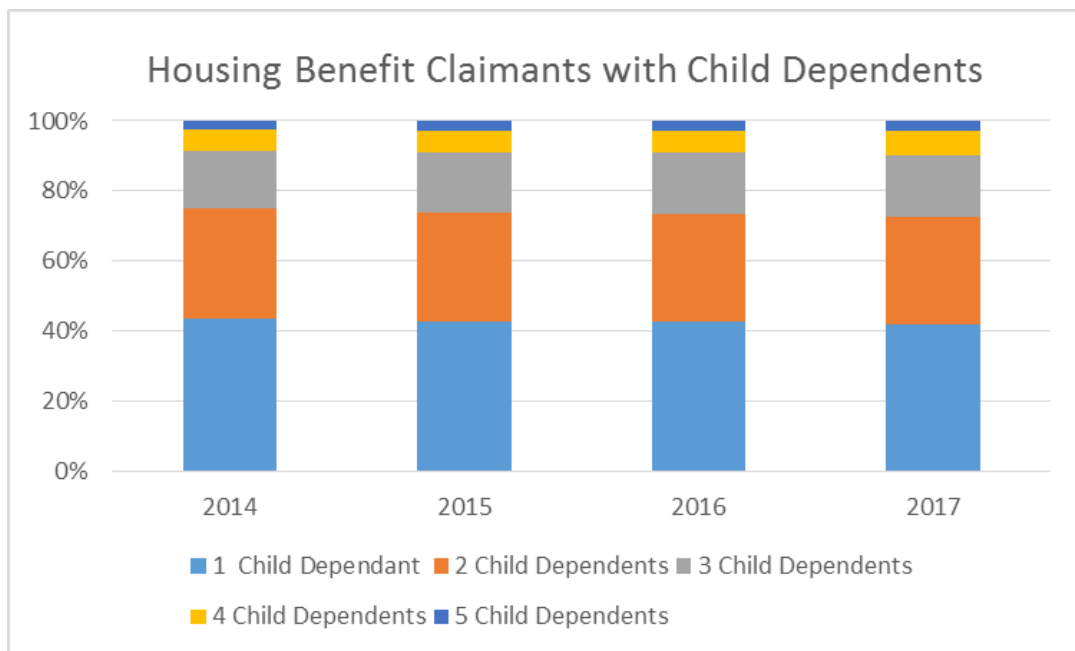
85. DWP also reports on Housing Benefit claimants with dependent children. This number has stayed similar since 2014, between around 6,700 and 7,000, similarly the percentages have hovered around the same for each of the four years.



Period: February 2017 Source: DWP – Stat Explore

86. The most common family size is one child maintaining between 41% and 44% of all households in receipt of housing benefit with dependent children. The percentages and numbers drop as the number of children rises.

87. The only family sizes that have seen growth over this period is 3 and 4 child dependents, where we have seen a decrease in the number of 1 and 2 child dependent families. Simply put, these families are showing an ongoing trend of continuing to have more children.



Period: 2014 - 2017 | Source: DWP – Stat Explore

Households in receipt of Housing Benefit

- 88. Based on figures from the Department for Work and Pensions, Middlesbrough has the third highest mean weekly housing benefit in the North East region, at £82.74 in February 2017, this is £5.08 higher per week than the North East average, these are homes with dependent children.
- 89. The largest proportion of households in Middlesbrough in receipt of Housing Benefit are those with only one dependent child, 41.99% in February 2017, a drop since February 2014 (43.58%) and below the national average of 44.88%, and is in line with the regional average of 41.96%.
- 90. The second largest proportion is households with two dependent children, again this saw a drop to 30.41% in February 2017 from 31.27% in February 2014, this is again below the national average of 32.17% and below the regional average of 31.48%.
- 91. Households in receipt of housing benefit with three children has seen a rise from 16.4% in February 2014 to 17.66% in February 2017, both of these figures are above the national and regional averages for those periods.
- 92. Households in receipt of housing benefit with four children has seen a rise from 6.10% in February 2014 to 6.93% in February 2017, again this was higher than both the national and regional averages for those periods.
- 93. Households in receipt of housing benefit with five or more children have again risen, from 2.53% from February 2014 to 2.92% in February 2017.
- 94. These figures show that the number of children in households continues to grow, meaning these families are continuing to have more children each year.

Deprivation

2015 Indices of Deprivation

95. The 2015 update of the English Indices of Deprivation comprises 37 indicators organised across seven domains, which are then weighted and combined to calculate the Index of Multiple Deprivation (IMD). The IMD is an overall measure of deprivation experienced by people living in an area and is calculated for every Lower layer Super Output Area (LSOA), or neighbourhood, in England. Every neighbourhood in England is ranked according to its level of deprivation relative to that of other areas. Updates for these figures have been released 2000, 2004, 2007, 2010 and 2015.
96. At local authority level, Middlesbrough has a rank of average score of six, meaning it is the sixth most deprived LA area in England and the most deprived local authority area in the Tees Valley (8th in 2010). Using this rank, Hartlepool is 18th (24th in 2010), Redcar and Cleveland 49th (48th in 2010), Stockton-On-Tees is 88th (100th in 2010) and Darlington 97th (75th in 2010). Overall and domain-specific ranks across the Tees Valley are set out below.

Local authority area	Rank of average score	Income	Employment	Education	Health	Crime	Barriers to Housing and Services	Living Environment
Middlesbrough	6	2	3	3	6	20	243	255
Hartlepool	18	11	4	47	18	107	306	306
Redcar and Cleveland	49	33	12	71	29	129	309	311
Stockton-On-Tees	88	61	47	110	55	189	254	316
Darlington	97	73	54	129	62	77	313	285
Period: 2015	Source: Indices of Multiple Deprivation							

97. Middlesbrough is the local authority with the highest proportion of LSOA⁴s in the most deprived decile of the IMD 2015. Middlesbrough was ranked second on this in 2010. Of the 86 LSOAs in Middlesbrough, ten LSOAs are in the top 1% most deprived, 27 are in the top 3% and 42 are in the top 10% most deprived LSOAs in England. Therefore 49% of neighbourhoods can be described as highly deprived, compared with 47% in 2010. By definition, each district would contain just 10 per cent of such highly deprived neighbourhoods if deprivation was evenly distributed across local authorities. Rankings worsened for approximately two thirds of LSOAs in Middlesbrough between IMD 2010 and IMD2015.
98. Deprivation by electoral ward is shown in the table below. Six wards are within the most deprived 1% nationally: North Ormesby (the second worst area nationally), Brambles and Thorntree, Berwick Hills and Pallister, Central, Newport and Longlands and Beechwood. Park End and Beckfield and Hemlington are in the 1-5% most deprived areas.

⁴ A Lower Layer Super Output Area (LSOA) is a small Geographic area, smaller than a Ward, and are designed to improve the reporting of small area statistics in England and Wales.

Measure	Acklam	Ayresome	Benwick Hills & Pallister	Brambles & Thorntree	Central	Couby Newham	Hemlington	Kader	Ladgate	Linthorpe	Longlands & Beechwood	Marnton East	Marnton West	Newport	North Ormesby	Nunthorpe	Park	Park End & Beckfield	Stainton & Thornton	Trimdon
Deprivation (percentile - 0% = most deprived)	72.3	8.9	0.4	0.1	0.4	17.8	3.0	64.5	15.8	36.8	0.8	74.6	83.9	0.5	0.0	93.4	9.9	1.3	26.8	65.9

99. A very high proportion of children in Middlesbrough live in a deprived neighbourhood (as defined by the IMD 2015). 63% of Middlesbrough's children live within a LSOA classified as within the 20% most deprived in England.

Children (0-17) by Area (Lower order Super Output Area) 2015 IMD National Rank

Band	By band		Cumulative	
	Total	%	Total	%
1% most deprived	4,149	12.98	4,149	12.98
1%-5%	9,882	30.92	14,031	43.90%
5%-10%	3,840	12.01	17,871	55.91%
10%-20%	2,207	6.90	20,078	62.81%
20%-50%	3,908	12.23	23,986	75.04%
50%-100%	7,978	24.96	31,964	100%

Period: 2015 **Source:** Indices of Deprivation 2015; ONS 2015 mid-year population estimates

100. Home ownership has decreased slightly from 61.4% in 2001 to 57.8%, but there has been a substantial increase in the number of people who now privately rent from 7.1% in 2001 to 16.6%. The proportion who rent from Housing Associations has decreased from 28.2% in 2001 to 23.9%.
101. The proportion of households without central heating has remained the same at 7%. The proportion of households in fuel poverty has decreased since 2011, from 15.5% to 14.3% in 2014. This is higher than the Tees Valley rate of 12.2% and National 10.6%.
102. The proportion of households with no access to a car has declined over the decade from 41% in 2001 to 37.6. The national average is 25.6%.
103. The proportion of overcrowded households has risen between 2001 and 2011 from 5.9% to 7%, this is in fact lower than the national average but the rise is directly mirrored nationally, from 7.1% to 8.5% between 2001 and 2011.
104. The proportion of those in full time employment has remained relatively stable (31.8% in 2001, 31.1% in 2011), however there has been a slight increase in those that work part time from 13.2% to 15%. There has also been an increase in those that are self-employed from 3.9% in 2001 to 5.1%.
105. There has also been an increase in lone parents in full time work (13% in 2001, 17.3% in 2011) and a third of all lone parents are now in part time work (25.5% in 2001 to 33.1% in 2011).
106. The proportion of those that are unemployed has increased from 6.2% in 2001 to 7.6% however those that are economically inactive has decreased from 41.9% to 36.7%.

107. The largest occupation group was elementary occupations at 14.8% (15.9% in 2001) followed by those described as professionals at 13.3% which has risen substantially from 8.7% in 2001.
108. The proportion of those described as a Manager has decreased from 10% to 7.1%, alongside Assistant Professional and Technical (12.2% in 2001 to 9.5%) occupations.
109. The proportion has increased of those in Sales and Customer Service (10.1% in 2001, 11.1% in 2011) and Personal Services (8.9% in 2001 12% in 2011).
110. Process Plant Operators (10.2% in 2001, 10.1% in 2011) and Skilled Trades (12.2% in 2001 to 11.8%) has remained relatively stable.
111. The proportion of those employed in manufacturing industry has substantially decreased from 14.4% in 2001 to 9.7% and there has also been a slight decrease in those employed in retail and wholesale from 17.2% to 16.7%.
112. Those employed in construction (8.5% in 2001 and 8.5% in 2011), transport and communication (7.1%, 7.8% respectively) and public administration (5.8%, 5.9%) has remained relatively stable.
113. There has been an increase in those employed in Health and Social Work from 14.2% in 2001 to 16.7% and a small increase in those employed in financial services and real estate from 11.8% in 2001 to 12.7% and education (8.7% in 2001 to 9.8%).

Food Banks

114. A total of 492 Food Bank vouchers were handed out over the course of 2012/2013, there was then a sharp increase of almost 500% in 2013/14 (2,250), the following year saw a drop to 1,206, and then 1,670 in 2015/16 and then 2,269 in 2016/17 again almost five times the starting figure in 2012/13. The ward breakdown of these vouchers show that the Middlesbrough food banks do not restrict uptake to Middlesbrough residents, some of the wards are from outside of the area.
115. Across the board, the most common crisis factor that triggers the need for a Food Bank voucher is a delay in benefits, accounting for over 30% of all vouchers assigned in each of the years, although this has dropped from a high of 42.9% (211) in 2012/13 to 30.2% (685) in 2016/17.
116. In all five years used for this report, no more than 35% of the vouchers were allocated to people with children. That is assuming that 'other' is a child free person(s).
117. There was a decrease of almost 4% between 2012/13 and 2013/14, however this then rose significantly over the following two years but dropped again in 2016/17.

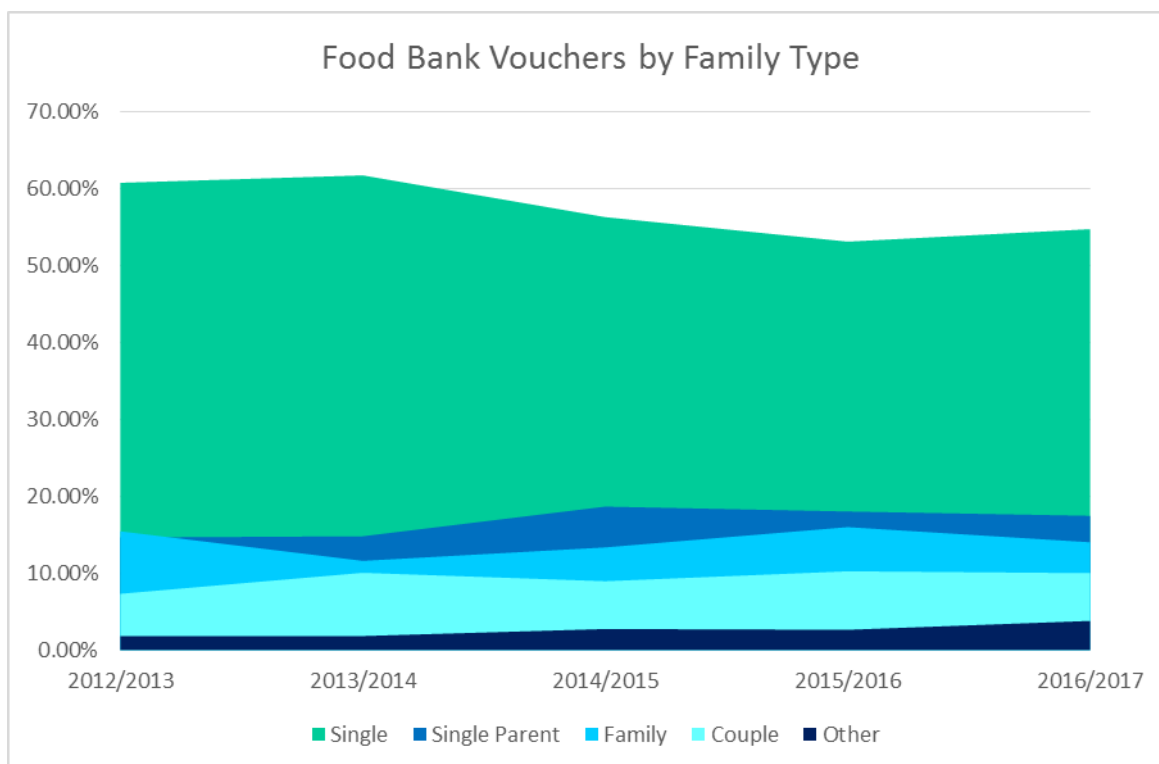
Food Bank Uptake

Period	Total Vouchers	Non-Child Household		Children in Household	
		Number	Percentage	Number	Percentage
2012/13	492	344	69.92%	148	30.08%
2012/14	2250	1656	73.60%	594	26.40%

2014/15	1206	820	67.99%	386	32.01%
2015/16	1670	1102	65.99%	568	34.01%
2016/17	2269	1555	68.53%	714	31.47%

Source: Trussell Trust Foodbank Data System

118. Overall, single is the most common family type in receipt of Food Bank vouchers, the chart below shows that single parent is the second common but with a much smaller proportion of all vouchers.



Source: Trussell Trust Foodbank Data System

119. The ethnic breakdown of people in receipt of Food Bank vouchers, shows that white is the most prevalent group in Middlesbrough across all periods measured. However that has dropped consistently by between 5-10% in each of the periods.

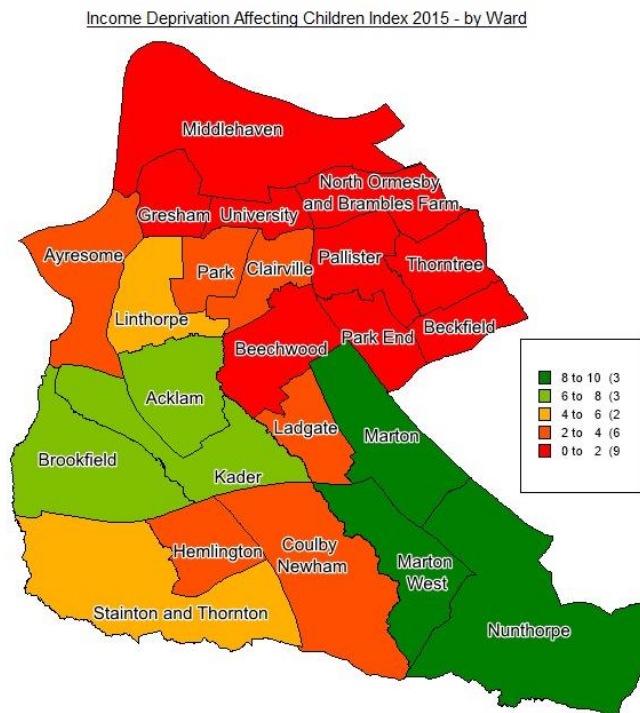
120. There has not been another ethnic group becoming more prevalent, however there has been a similar increase in those answering 'other' or not disclosing their ethnicity.

121. While White is the highest proportion of the community to receive a referral voucher to a Food Bank, Asian has been the highest average of recipients per voucher (excluding those in 'Other/Not Disclosed') across four of the five periods from 2013/14 onwards. This suggests larger households within this community.

Child Poverty

122. Children are at greater risk of being subjected to the effects of poverty if they live in a deprived area; with a single parent family; with a family member who is unemployed or who has low educational attainment; with a family member who misuses alcohol or other substances; or if they are a looked after child.

123. From a population perspective, the IMD 2015 identified Middlesbrough as having the second highest proportion nationally of people living in income deprived households, and the third highest proportion of working age adults in employment deprivation. The other above-stated factors are also highly prevalent within Middlesbrough.
124. The Income Deprivation Affecting Children Index (IMDACI) forms part of the IMD 2015. It measures the proportion of all children aged 0 to 15 living in income deprived families, defined as households in receipt of Income Support or income-based Job Seeker's Allowance or Pension Credit (Guarantee) or those not in receipt of these benefits but in receipt of Child Tax Credit with an income (excluding housing benefits) below 60% of the national median before housing costs. Middlesbrough had the second highest proportion of children living in income deprived households. This breaks down by ward as follows⁵:



Period: 2015 **Source:** Income Deprivation Affecting Children Index

125. The Child Poverty Map of the UK 2016 (End Child Poverty, November 2016), identified that 37% of children in Middlesbrough live in poverty, compared with 29% nationally (the eighth worst local authority area on this measure). The former electoral wards of University (now subsumed within Central ward) and Gresham (now subsumed within Newport ward) are the tenth and eleventh worst wards in the UK for child poverty, with rates of 52.0% and 51.5% respectively.
126. The uptake of Free School Meals in Middlesbrough was approaching double the national average rate in 2015.

Free school meals

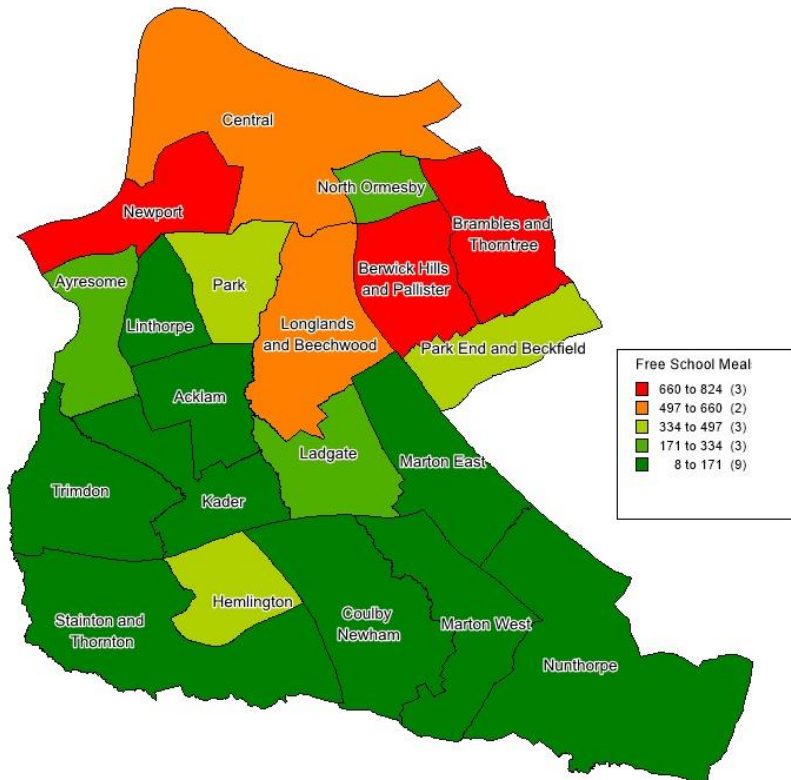
Indicator	Middlesbrough			England	
	Period	Number	Value	Value	Value
FSM % uptake – all pupils	2015	6,431	27.9%	18.9%	15.2%

⁵ Where 1 is the highest level of deprivation

Period: 2015

Source: Public Health England

127. The map below shows the dispersal of children living in Middlesbrough who are eligible for Free School Meals. It highlights that the wards in the north of the borough have a much higher rate than those in the south.



Period: 2015

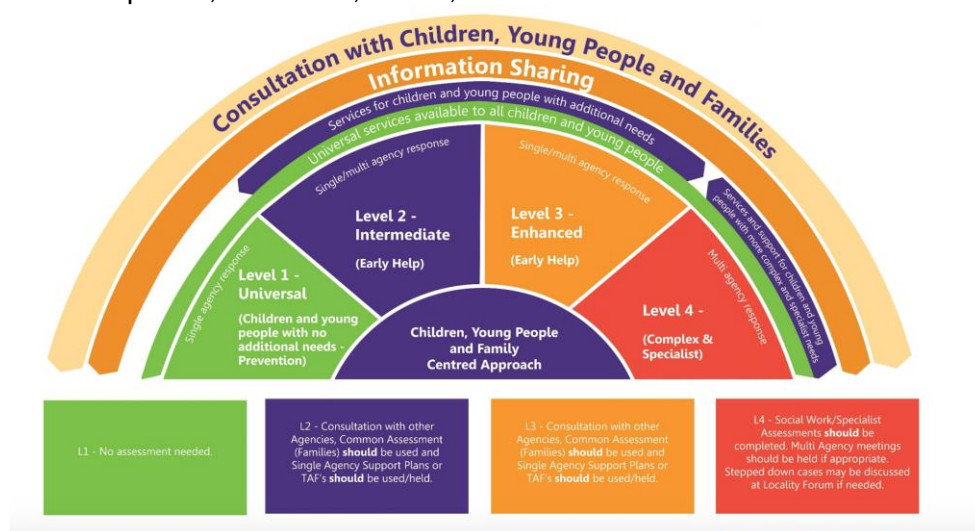
Source: Public Health England

Safe

1. Safeguarding is everyone's responsibility. All staff who have direct or indirect contact with children and families, or who have access to information about them, have a responsibility to safeguard and promote their welfare. Safeguarding means: "Protecting children from maltreatment, preventing impairment of children's health or development, ensuring that children are growing up in circumstances consistent with the provision of safe and effective care, and taking action to enable all children to have the best life chances." (Working Together to Safeguard Children, 2013).

Early Help

2. Children, young people and families experience a range of needs at different times in their lives. However, while all children and young people require access to high-quality Universal Services (Level 1), some of them also have additional needs, which may relate to their development, education, health, social welfare or other areas.



3. Level 2 Early Help - Intermediate needs for emerging needs or where the need of a family is relatively low level, individual services and universal services may be able to take swift action to help resolve the issues. A family assessment may help identify needs. They are generally a singular need and may include:
 - a. minor concerns regarding diet / hygiene / clothing
 - b. a child has some difficulties with social communication and interaction, but is able to express needs at some level most of the time
 - c. managing change is difficult
 - d. poor punctuality
 - e. Parent requires advice on parenting issues
 - f. A child is not often exposed to new experiences / social opportunities
 - g. A child has experienced loss of a significant adult e.g. through bereavement or separation
 - h. difficulty managing on a low income.
4. Middlesbrough Council does not centrally record case data on Level 2 cases so it cannot accurately present data on activity. However, with the development of the performance management will support a clearer picture of early help activity in the town.

5. Level 3 Early Help - Enhanced needs as needs increase or an escalation of risk is identified, a range of early help services may be required, coordinated through a family assessment held by the family case work team, though it should be noted that other partners may also be responsible for Level 3 cases. These needs will in many cases be crosscutting and might be associated with:
- Disruptive or anti-social behaviour
 - Overt parental conflict or lack of parental support/boundaries Involvement in, or risk of, offending
 - Poor attendance or exclusion from school
 - Experiencing bullying
 - Moderate Learning Needs
 - Disabilities
 - Disengagement from education, training or employment post-16
 - Poor nutrition or inadequate clothing
 - Ill health
 - Substance misuse Anxiety or depression
 - Experiencing domestic violence
 - Housing issues
 - Teenage pregnancy and parenthood (including the risk of pregnancy and early parenthood, as well as actual pregnancies and parenthood among young people)
 - Young carers who exhibit additional needs, which are as a direct result of their caring responsibilities, e.g. truancy/lateness, ill health, housing issues.
6. Middlesbrough Council does not have an accurate dashboard for the early help data. It holds caseloads of the family casework team, however does not hold data on early help actively carried out from key partners such as health visitors, school nurses, schools, risk and resilience, Youth Offending Service (YOS) and troubled families caseloads. The number of early help cases have increased from 170 cases Quarter 4 of 2016/17 to 282 cases in Quarter 1 of 2017/18.
7. Level 4 Specialist & Complex Needs - Within the group of children and young people with additional needs, a small proportion have more significant or complex needs, commonly known as Level 4, which meet the threshold for statutory involvement. These are:
- Children and young people who are the subject of a Child Protection Plan
 - Children and young people who are assessed as a Child in Need (Section 17)
 - Looked-after children and young people Care leavers Children and young people for whom adoption is the plan
 - Children and young people with severe and complex special educational needs
 - Children and young people with complex disabilities or complex health needs
 - Children and young people diagnosed with significant mental health problems
 - Children and young people with significant substance misuse Young offenders involved with Youth Offending Service (community and custodial).
8. The quality of decision making at the front door of Children's Services is critical for the accurate identification of need. Middlesbrough take no further action on 10.2% of referrals. This is in line with National averages and below the Regional average. This would suggest that the quality of referrals being made into Children's Services are sound and Middlesbrough offer a good package of interventions to support families and respond to their varying need. Further analysis is required to make a sound assessment on the quality of front door practice.

Child Abuse and Neglect

9. Child abuse is any action by another person – adult or child – that causes significant harm to a child. It can be physical, sexual or emotional, but can just as often be about a lack of love, care and attention. Neglect, whatever form it takes, can be just as damaging to a child as physical abuse. An abused child will often experience more than one type of abuse, as well as other difficulties in their lives. It often happens over a period of time, rather than being a one-off event, and it can increasingly happen online. It is estimated that over half a million children are abused in the UK each year⁶.

Children in Need

10. A Child in Need (CiN) is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled.
11. On 31 March 2016, the CiN rate in Middlesbrough was 666.4 CiN per 10,000 children and young people aged 0-17 years, which is significantly higher than the rate of 441.5 CiN per 10,000 in the North East and the rate of 337.7 in England.

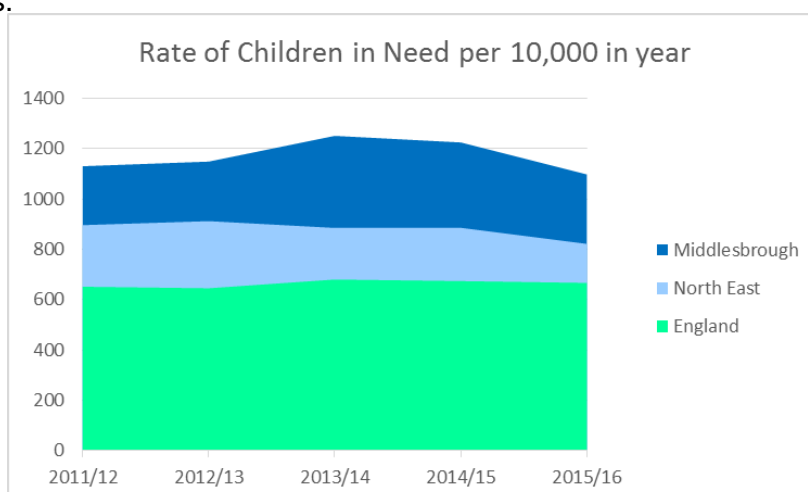
Children in Need

Indicator	Middlesbrough			North East	England
	Period	Number	Value	Value	Value
CiN per 10,000 population	2016	-	666.4	441.5	337.7

Period: 2016

Source: DfE

12. Middlesbrough has seen a consistent rate of the number of CiN during the year between 2011/12 and 2015/16 of between around 1100 and 1250 cases per 10,000 children per year. This is significantly higher than both the North East (between 800 and 915) and England (between 640 and 680) the chart below shows the trend across the three comparators.

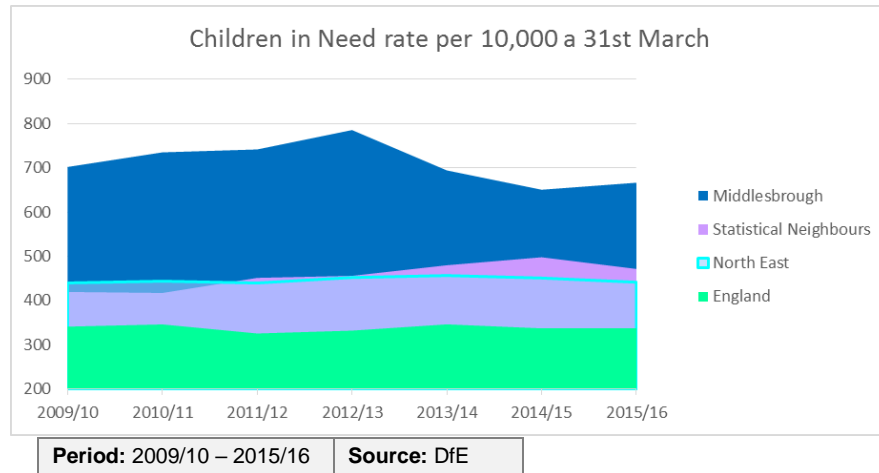


Period: 2011/12 – 2015/16

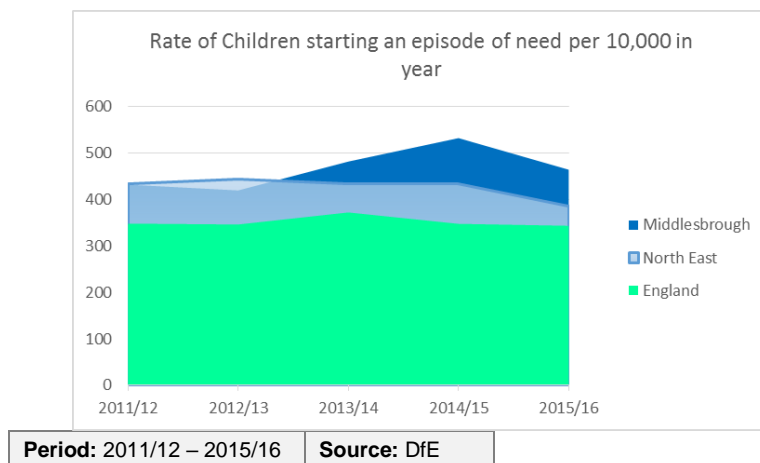
Source: DfE

⁶ 'What is child abuse?' NSPCC - <https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/>

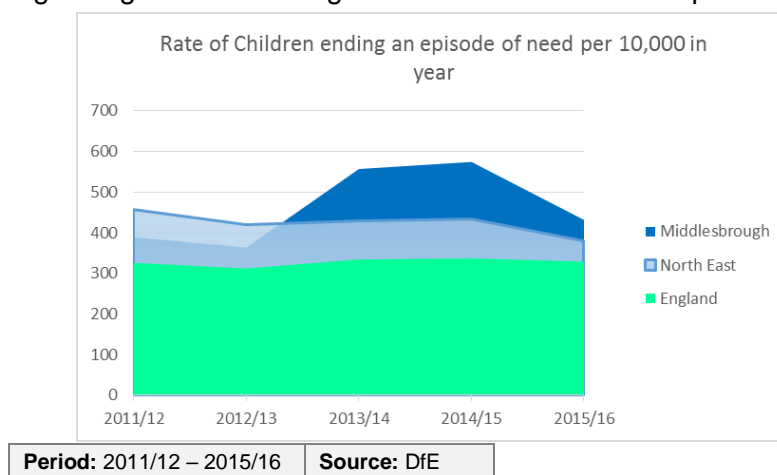
13. The CiN rate per 10,000 as at 31st March each year has been between 650 and 800 in Middlesbrough this is around double the national figure and around 40% higher than the North East average and Statistical Neighbours for this measure.



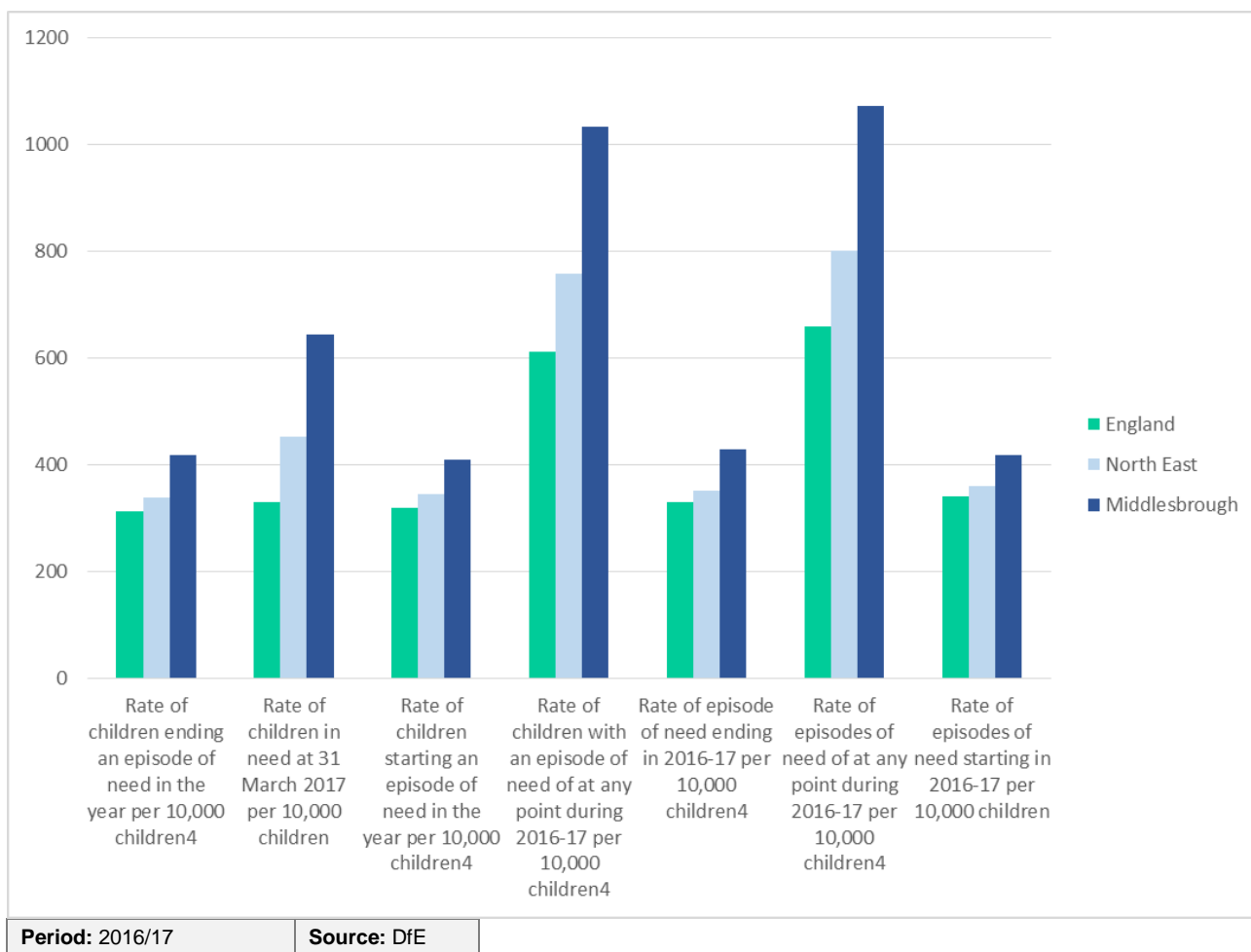
14. Initially the rate per 10,000 of children starting an episode of need in Middlesbrough was below the regional average between 2011/12 and 2012/13 but began to rise in 2013/14 and 2014/15 and then saw a drop in 2015/16, however it has been consistently above the national average across this period, almost twice the rate in England in 2014/15.



15. Middlesbrough has consistently had a higher rate per 10,000 of children ending an episode of need than the national rate, and after the first two periods 2011/12 and 2012/13 was again higher than the regional rate for the last three periods.



16. The Rate of Children in Need of Specialist Intervention for Middlesbrough is greater than that of the North East and England. The Rate in which children cease to become CIN is less than half. Middlesbrough works with 59% of cases for longer than a year. The increased demand on Specialist Services is a regional and national issue. Comparatively, in the North East 54% of cases remain open for longer than a year and 46% nationally. This has a significant impact on caseloads and resource. Further work is required to explore the length of time cases are open, the output and the quality of planning and decision making.



17. Critically, Middlesbrough works with a disproportionate number of children at a specialist case level compared with an early help level. Although this is partly explained with the issue of recording in early help, this cannot account for the vast disproportionality. Further work is required to strengthen the early help offer and identify families earlier.

18. In conclusion, children born in Middlesbrough are more likely to be classed as in need than the national, regional and statistical neighbour averages.

19. As a group of young people and individually, young carers tend to have very low visibility. Typically, school staff will not be aware of the caring burden being faced by the young carers attending their school. Being a young carer can be a hidden cause of poor attendance, under achievement and bullying, with many young carers dropping out of school or achieving no qualifications. Carers.Org states there are around 700,000 young carers in the U.K. that's around one in 12 secondary aged pupils or two to three in every classroom. However there is no national requirement to record this information.
20. Based on the number of 11-17 year olds in Middlesbrough on the mid-year population estimates 2015, there could be as many as 1,000 young carers in Middlesbrough. This could be around 7% of the secondary school population.
21. It is estimated that 1 in 20 young carers miss school because of their caring role, this could dramatically affect the educational progress of these individuals.
22. Middlesbrough Council commissions a young carers support service which is provided by 'The Junction' a local charity. The service provides a combination of whole family support, one to one support for young carers; often around understanding their caring role, their emotional wellbeing, attendance and achievement at school. Group works is based on reducing loneliness and isolation, building peer support/friendship networks, building resilience and a range of common themes and practical support.
23. The Junction's data shows that between 1 April 2016 and 31 October 2017, 241 young carers had been directly supported with 2,134 direct interventions; where young carers were in attendance for one to one support, focused small groups or social and developmental group activities. This is a distinctly lower number of children and young people than national rate would project for Middlesbrough, however these figures are only representative of those children and young people who currently access support via 'The Junction'.
24. Comparatively, the total number of young carers accessing support at 'The Junction' accounts for 0.6% of the 4-24 years old population at 2016 mid-year population estimates. However in the pressure point of ages 10 to 16 accounts for 1.47% of the total Middlesbrough population in that age group.
25. The data demonstrates that young carers who access support have multiple supporting issues. In the period reported here, this was at an average rate of 3.28 presenting issues at intervention.
26. The table below shows the percentage of presenting issues, and the average number of presentations at intervention per child broken down by the recorded issues. It highlights that Mental Health/Emotional wellbeing to be the most common presenting issue. However the highest average number of presentations is for Physical Health. Whilst Money/Debt is one of the lowest percentage of presenting issues in both the total of issues and the % of Young Carers presenting with it, it has an average rate of 2 presentations per child at intervention.

Presenting Issues	% of total presenting issues	% of Young Carers presenting issues	Avg number of presentations at intervention per child
Mental Health/Emotional wellbeing	24.24%	18.76%	4.21
Physical Health	20.62%	15.46%	4.34
Educational Attendance and achievement	18.09%	14.70%	4.01
Access to information and services	10.93%	11.03%	3.23
Access to mainstream health services-GP, Dentist etc.	4.47%	5.96%	2.45
Negative impact of being in care	4.47%	4.82%	3.03
Peer Relationships	3.58%	5.58%	2.09
Family Relationships	3.54%	3.68%	3.14
Money-income	2.37%	3.80%	2.03
Safeguarding-Child protection, victims of abuse or at risk of abuse	1.79%	2.79%	2.09
Housing	0.82%	1.01%	2.63
Unemployment	0.82%	1.52%	1.75
Self-harm	0.74%	1.01%	2.38
Isolated and vulnerable-lack of sustainable support	0.66%	1.39%	1.55
Experience of Domestic Violence	0.51%	1.65%	1.00
Bullying	0.31%	0.89%	1.14
Money-Debt	0.31%	0.51%	2.00
Parenting	0.27%	0.89%	1.00
Employment	0.23%	0.76%	1.00
Sexual Health	0.23%	0.63%	1.20
Welfare Facilities	0.19%	0.63%	1.00
Addiction and Substance misuse	0.12%	0.38%	1.00
Family planning	0.12%	0.38%	1.00
Offending, ex-offenders or risk of offending	0.12%	0.38%	1.00
Pregnancy	0.12%	0.38%	1.00
Victim of Crime	0.12%	0.38%	1.00
Victim of sexual exploitation or trafficking	0.12%	0.38%	1.00
Not in education, employment or training-Under 16	0.08%	0.25%	1.00
Period: 2016/17	Source: DfE		

27. The youngest carer accessing this service in the period recorded was 4 years old and the oldest was 24 years old. The highest proportion of young carers recorded were between 10 and 16 years old accounting for 69.29% of all involvements at 'The Junction' in the period of 1 April 2016 to 3 October 2017.

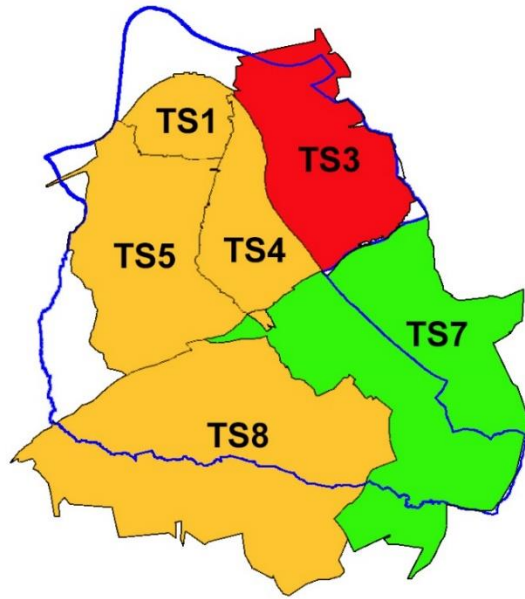
28. The highest single age group recorded as a young carer was 13 years old, and this accounted for 16.18% of all involvements, almost six percent higher than the next highest age group.

Age	% of all Young Carers
4	0.41%
5	0.83%
6	3.73%
7	4.98%
8	4.98%
9	5.39%
10	8.30%
11	10.79%
12	10.79%
13	16.18%
14	10.37%
15	4.98%
16	7.88%
17	2.90%
18	2.49%
19	1.24%
20	0.41%
21	2.07%
22	0.83%
24	0.41%

Period: 2016/17

Source: DfE

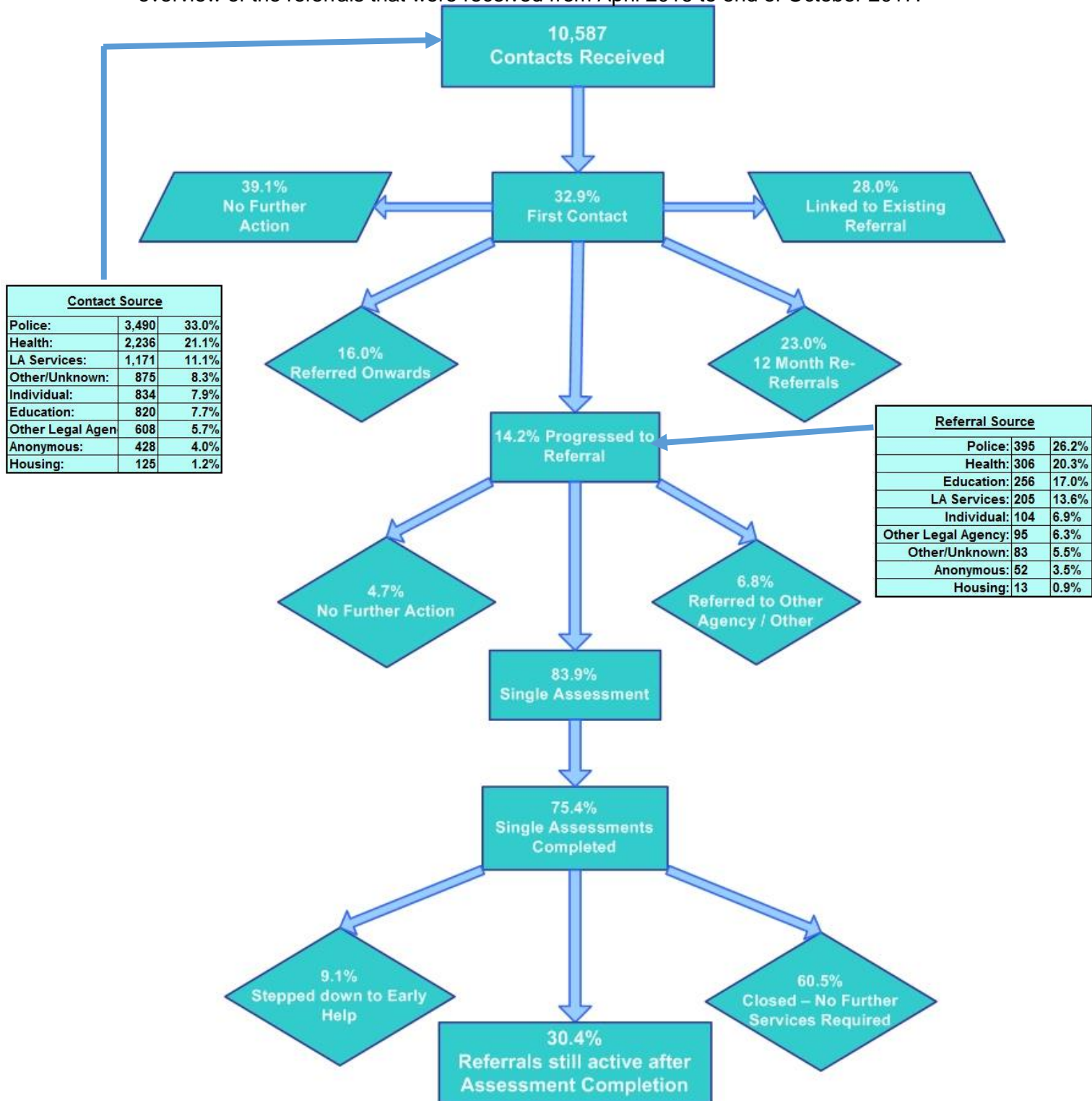
29. 60% of those engaged with service were female, and 40% male. The highest proportion of young carers involved were located in the north eastern postcode sectors of Middlesbrough, as shown on the map below in red. Due to the low numbers, this data cannot be broken down further geographically and some postcode sectors extend outside the town boundary, however the data is only for those resident within Middlesbrough.



30. In conclusion, children born in Middlesbrough are likely to become a young carer as a result of multiple factors and those from the TS3 area of the town are most likely to be accessing support services for young carers. However there are likely a large amount of children and young people in Middlesbrough that are not engaging with the local authority for support. It is estimated this could be over 1,000 individuals under the age of 18.

Child Protection

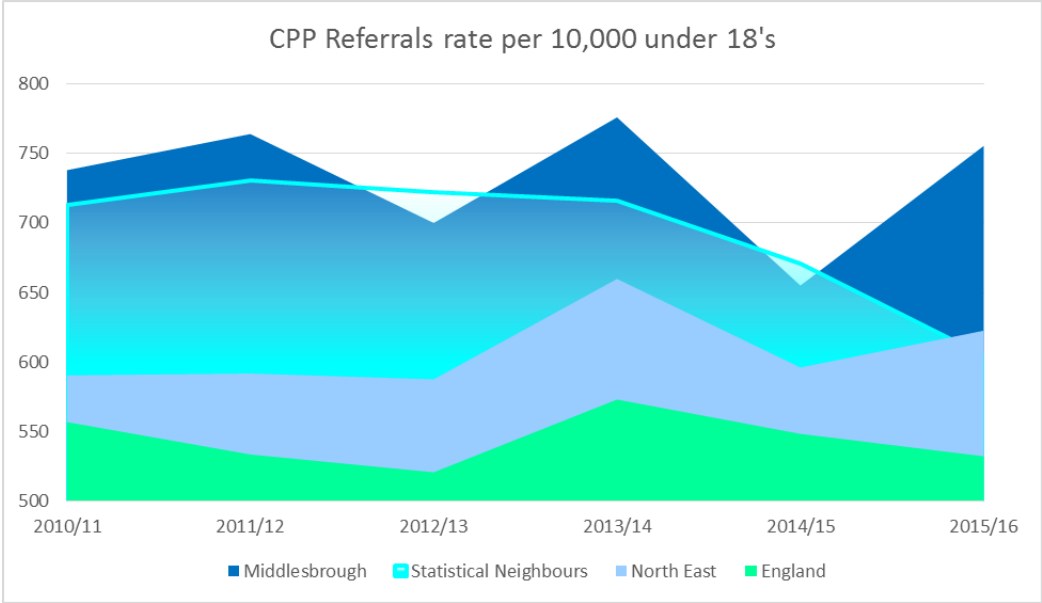
31. The Council has a first contact team which acts as a front door for referrals from the public and partners who have concerns about children. The diagram below provides an overview of the referrals that were received from April 2016 to end of October 2017:



32. Local authorities, with the help of other organisations as appropriate, have a duty to make enquiries under section 47 of the Children Act 1989 if they have reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm, to enable them to decide whether they should take any action to safeguard and promote the child's welfare. Where a child is assessed as suffering, or at risk of suffering, significant harm or neglect then a Child Protection Conference may be undertaken. The outcome of the conference may be to begin a Child Protection Plan (CPP). This sets out any risks to the child and plans for how to ensure the child is kept safe within their home.
33. On 31 March 2016, the Child Protection Plan referral rate in Middlesbrough was 755.5 CPP per 10,000 children and young people aged 0-17 years, which is significantly higher than the rate of 622.6 CPP per 10,000 in the North East, 532.2 in England and 604.66 in comparison to Statistical Neighbours averages.

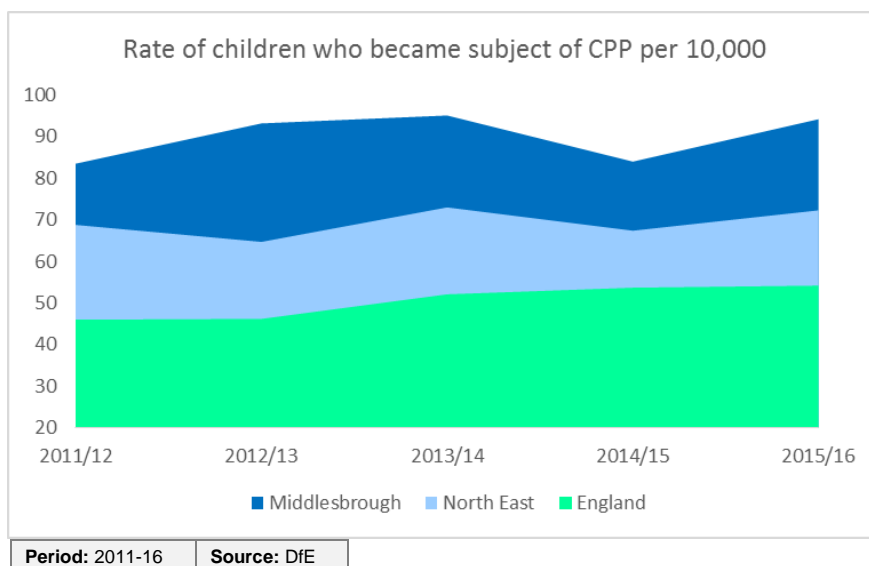
Child Protection Plans					
Indicator	Middlesbrough			North East	England
	Period	Number	Value	Value	Value
CPP referrals per 10,000 population	2016	-	755.5	622.6	532.2
Period: 2016	Source: DfE				

34. The rate of referrals per 10,000 of children aged 18 and under has been inconsistent between 2010/11 and 2015/16, seeing year on year drops and rises, although this is similar in both Regional and National averages Statistical Neighbours on this measure show an overall decline in the rate of referrals over the same period. This is shown on the graph below.

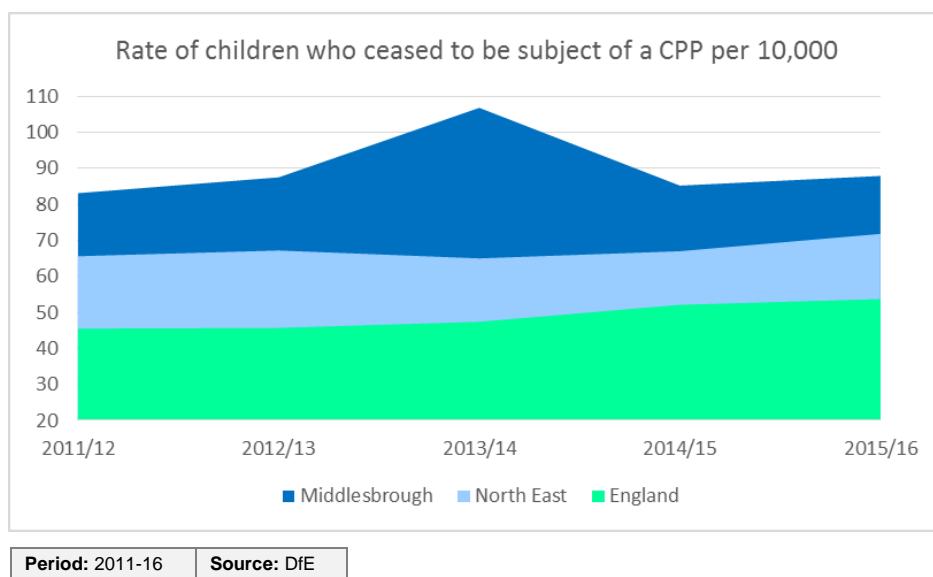


Period: 2010-2016 Source: DfE

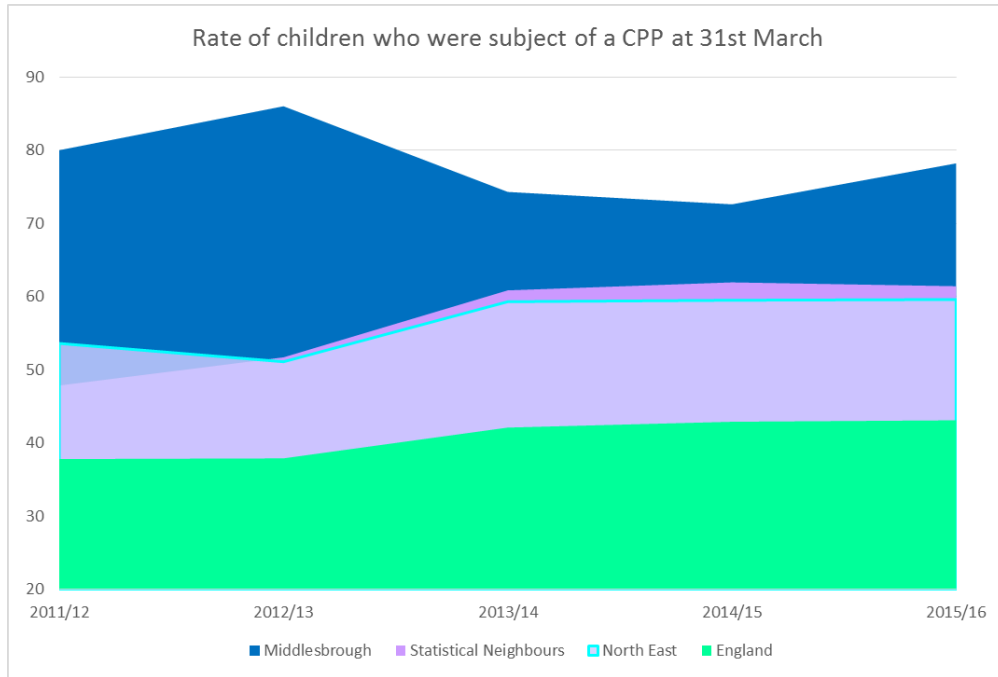
35. The year on year rate of children who became subject to a Child Protection Plan in year per 10,000 in Middlesbrough has been consistently between 83 and 96 between 2011/12 and 2015/16. Middlesbrough has a rate around double the national and around a third higher than the regional averages. This is shown on the graph below.



36. In Middlesbrough, the rate of children who ceased to be subject to a Child Protection Plan in year per 10,000 has been overall consistent between 2011/12 and 2015/16 with an average of 83-88, however there as a large spike in this trend in 2013/14 of 106.8. Middlesbrough is consistently higher in this measure than national and regional averages, and similar to the rate of children becoming subject to a plan, around double the national and a third higher than the regional averages. This is shown on the graph below.

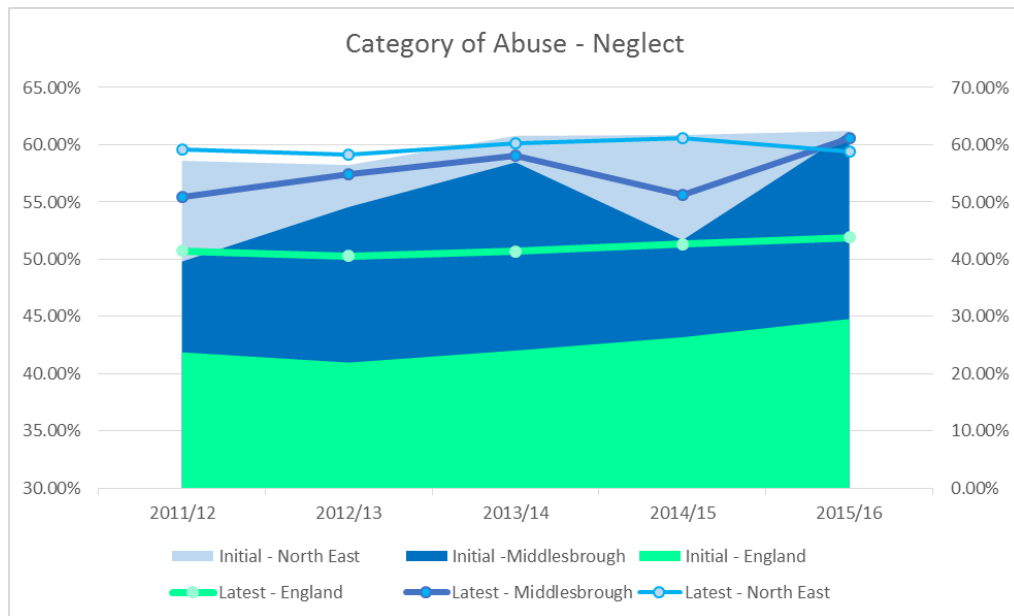


37. The rate of children who were subject to a CPP as at 31st March each year has hovered at between 75 and 85 per 10,000 in Middlesbrough, this is almost double the national trend and around 30% higher than both the North East rate and Statistical Neighbours for this measure. It is shown on the table below



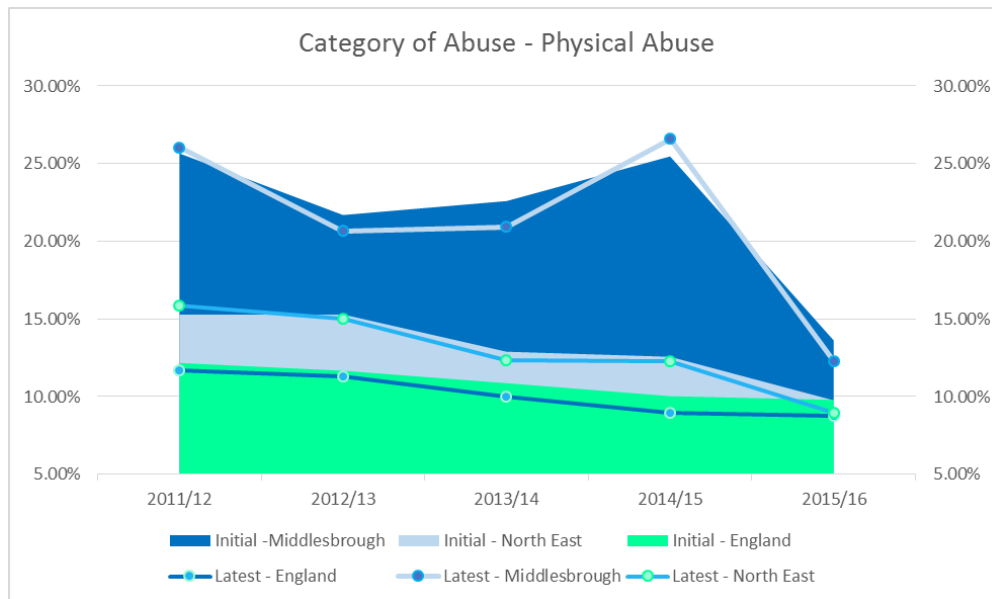
Period: 2011-17 Source: DfE

38. Neglect has consistently been the most common category of abuse in Middlesbrough across all the periods and in comparison with national and regional rates, accounting for between 49% and 62% of all initial categories in Middlesbrough. In England this has maintained between 40% and 45% and in the North East between 58% and 62%. The numbers remain similar when the latest category of abuse is factored in.



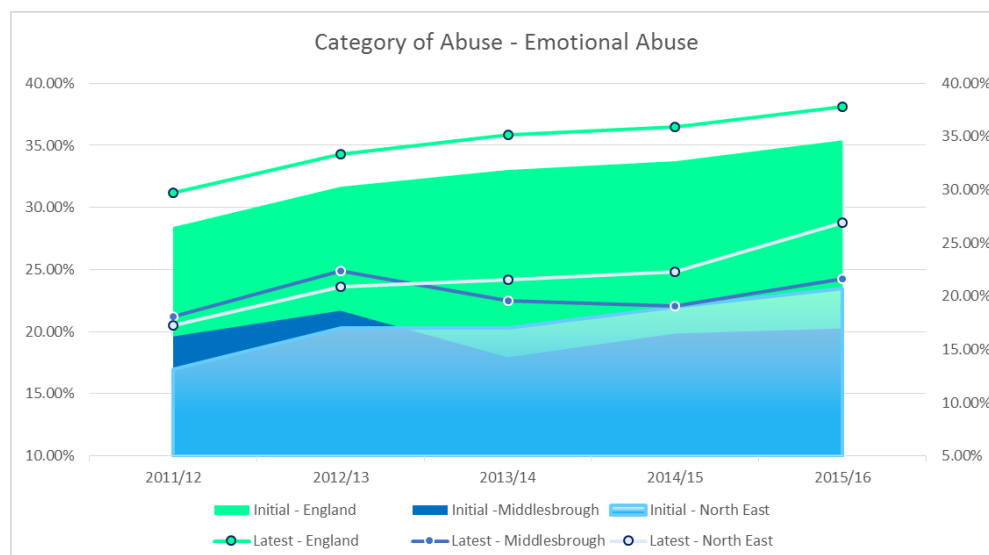
Period: 2011-17 Source: DfE

39. Physical abuse has been the second most common initial category in Middlesbrough, although there was a drop of almost half the average of the prior periods in 2015/16 when the percentage dropped to 13.62% from a consistent average percentage in the low to medium twenties. This is in contrast to both national and regional averages, as England has been around half the rate of Middlesbrough, and the North East 5-15% lower than Middlesbrough.



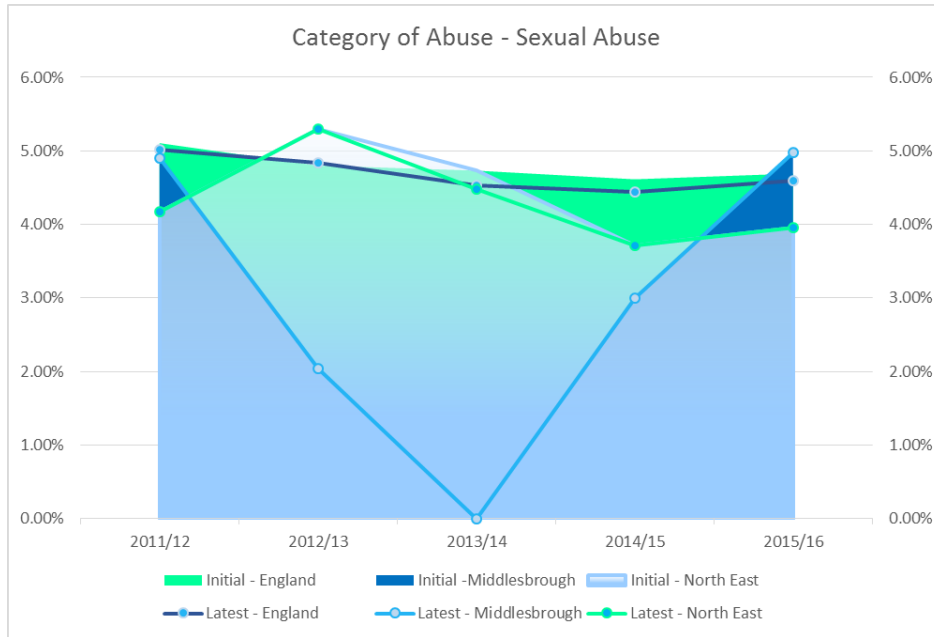
Period: 2011-17 Source: DfE

40. Emotional abuse has been the third most common initial category in Middlesbrough, over all periods, this has remained in the region of 17-22% over the five year period. Middlesbrough overall has a lower rate of emotional abuse than England being around 10% higher than Middlesbrough. The North East overall has a similar rate, however has seen growth between 2012/13 and 2015/16 whereas Middlesbrough has been around the same rate during the same period after starting with a higher rate than the North East. Across Middlesbrough, England and the North East the rate of Emotional Abuse as the latest category of abuse is largely consistent with the initial category of abuse.



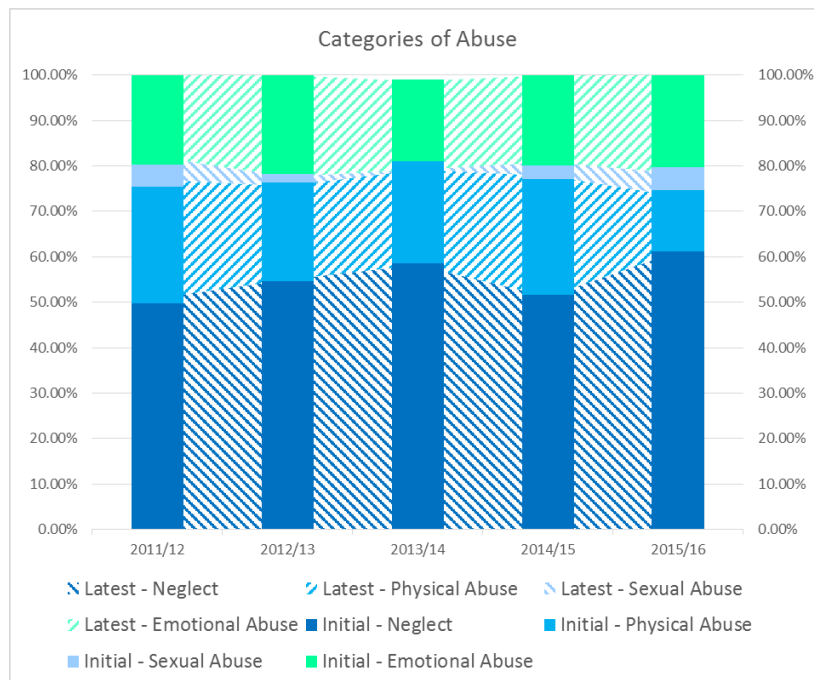
Period: 2011-17 Source: DfE

41. Sexual abuse is the fourth of the most common initial category of abuse in Middlesbrough, with a low rate of less than five percent across all periods. In 2013/14 there were no cases recorded with either an initial or a latest category of abuse of Sexual Abuse. The rates are consistent across England and the North East with only two instances of a rate higher than five percent, and neither were Middlesbrough. The trend is largely the same with the latest category of abuse across all three areas.



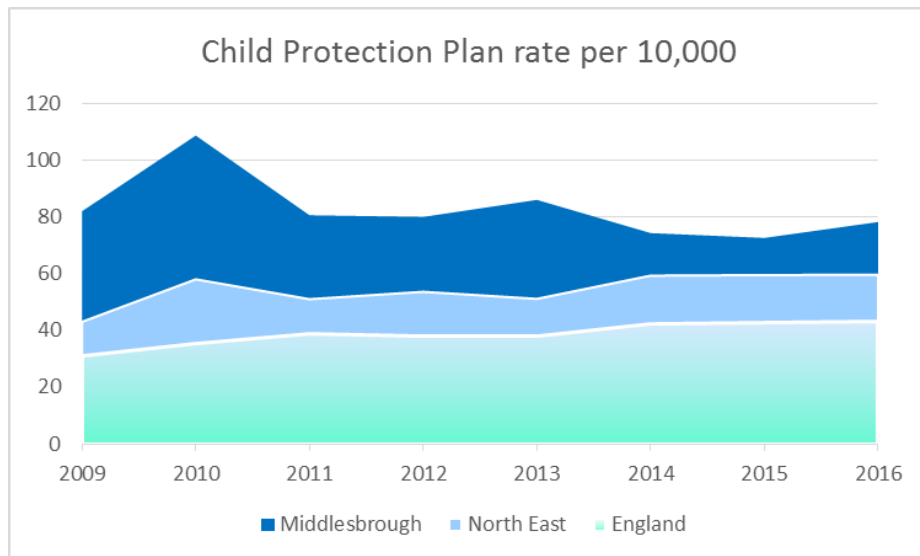
Period: 2011-17 Source: DfE

42. Overall the rates of initial category of abuse and latest category of abuse in Middlesbrough are around the same levels.



Period: 2011-17 Source: DfE

43. The charts below show the growth in Child Protection Plans in Middlesbrough from 2013-2016, compared with regional and national averages. This growth has continued in 2016/17, taking Middlesbrough further away from national, regional and family group averages. In March 2017, there were 272 children on a Child Protection Plan.



Period: 2009-2016 Source: DfE

44. In conclusion, children born in Middlesbrough are more likely to become subject to a Child Protection Plan and are less likely to cease to be subject to a Child Protection Plan in childhood than regional and national averages. Children in Middlesbrough are more likely to become subject to a Child Protection Plan as a result of neglect, the proportions are approximately comparable to national and regional statistics. The rate of children ceasing to become subject to a Child Protection Plan is only 9% less than that of children becoming subject to a CPP. This is similar to the national rate, and less than the North East rate. It would suggest the increase in demand for specialist services sits in the Child In Need tier and the Looked After Children tier. Further work by Middlesbrough Council is required to explore the quality of decision making and quality of planning. Most recent data does indicate that this is reducing.

Looked After Children

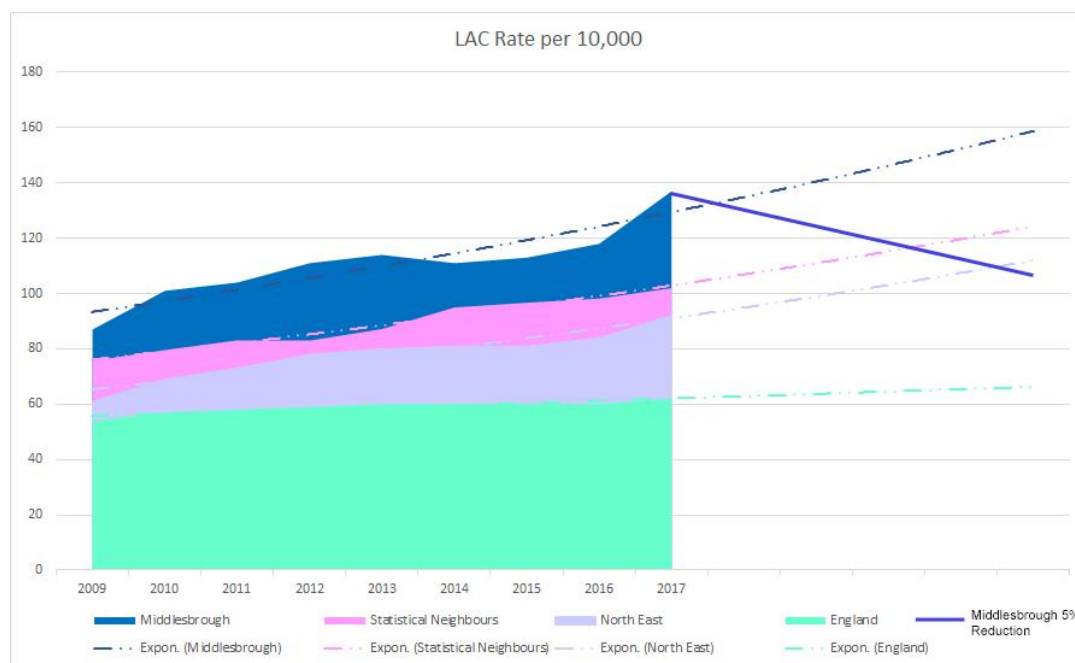
- 45. Under the Children Act 1989, a child is legally defined as 'looked after' by a local authority if s/he is provided with accommodation for a continuous period for more than 24 hours, is subject to a care order, or is subject to a placement order.
- 46. Research suggests that Looked After Children (LAC) and care leavers are likely to have significantly higher levels of health needs than children and young people from comparable socio-economic backgrounds who have not been looked after, therefore they are at greater risk of poor life chances and outcomes.
- 47. On 31 March 2016, there were 380 children and young people aged 0-17 looked after by Middlesbrough Council. This is equal to a rate of 120.0 LAC per 10,000 children and young people aged 0-17 years, which is significantly higher than the rate of 84.0 LAC per 10,000 in the North East and the rate of 60 in England.

⁷ The Local Authority Interactive Tool did not have a figure for North East for 2010; however all but Durham had reported within the regional authorities – the number for 2010 North East is the average for all authorities excluding Durham who returned a nil figure.

Looked After Children					
Indicator	Middlesbrough			North East	England
	Period	Number	Value	Value	Value
LAC per 10,000 population	2016	380	120.0	84.0	60
Period: 2016		Source: DfE			

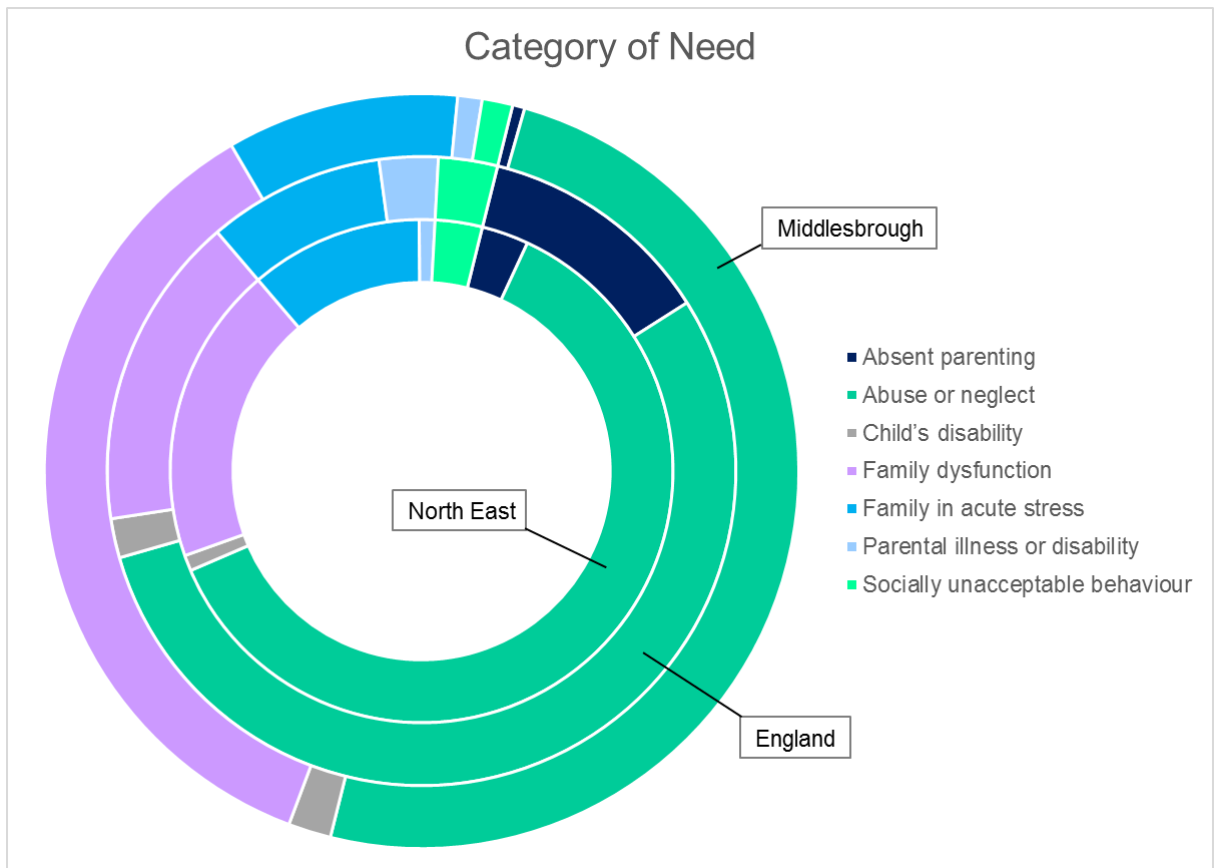
48. There has been steady growth in the rate of LAC per 10,000 population since 2009, this trend has been mirrored by national, regional and statistical comparators. Using exponential growth, it can be predicted that the rate of LAC per 10,000 population will continue to grow, reaching approximately 160.0 per 10,000 by 2022 an increase of almost 200% on the 2009 figure without intervention.

49. Middlesbrough has committed to cutting the LAC rate by 5% per year over the next 5 years, this would bring the rate back in line with a similar rate to 2011 at 106.00 per 10,000 this would bring Middlesbrough in line with the trend predicted for the North East using exponential growth. However if Middlesbrough reduces the rate of LAC successfully over this period, the rate of LAC for the region would also be positively affected by this reduction.



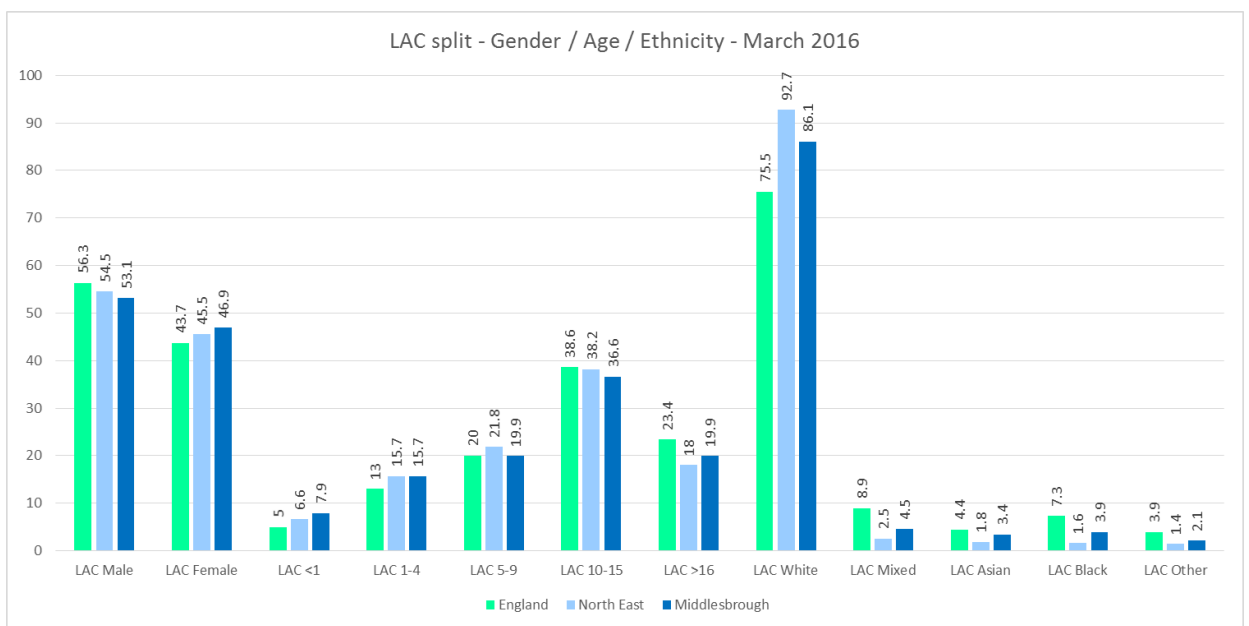
Period: 2009-2017 Source: DfE

50. The single highest category of need for Looked After Children as at 31st March 2016 was Abuse or Neglect, with Family Dysfunction the second highest category of need. This trend was mirrored nationally and regionally, however with much smaller proportions in these categories and much higher in the other categories that Middlesbrough sees a smaller amount of.



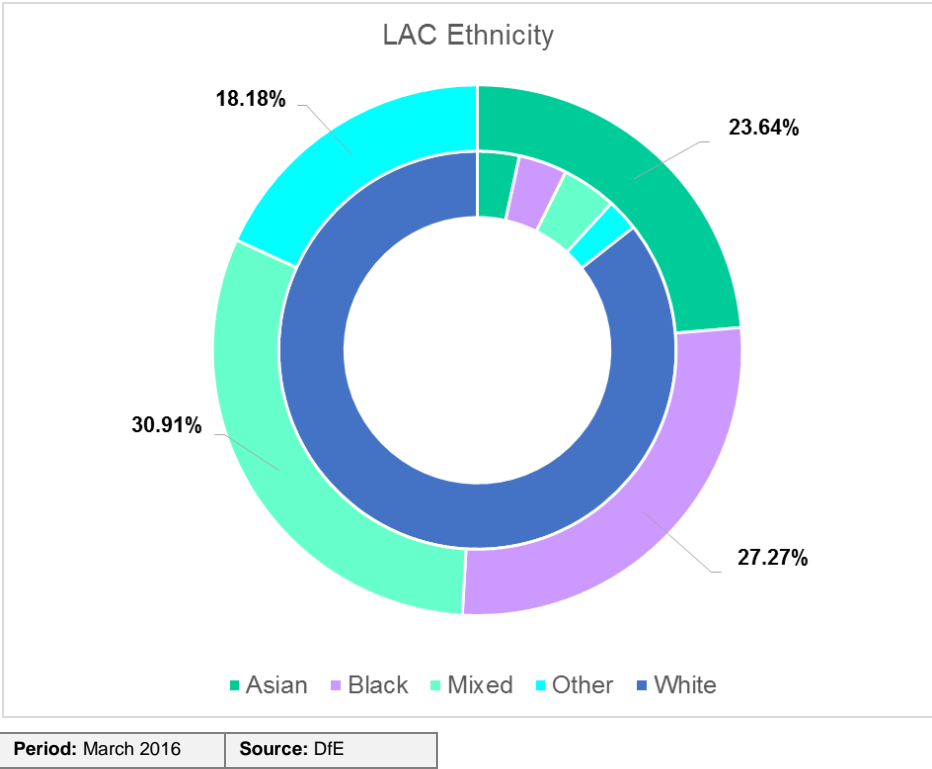
Period: March 2016 **Source:** DfE

51. The gender / age / ethnicity split of Middlesbrough’s LAC cohort compared with regional and national averages is set out in the chart below. In summary, Middlesbrough’s cohort is more gender-balanced, with a greater proportion of females than comparators; it has a significantly greater proportion of 0-4 year olds than the national average; and its diversity is in line with the town’s overall population.



Period: March 2016 **Source:** DfE

52. The chart below shows the breakdown of ethnicity in Middlesbrough’s LAC population as at 31st March 2016. The inner ring identifies the overall population breakdown, which is predominantly White, while the outer ring breaks down the other ethnicities.



53. In 2015/16, 40% of the Middlesbrough LAC cohort has Special Educational Needs, 20.1% with a Statement or Educational, Health Care Plan (EHCP). School attendance for LAC stood at 88.51%, which is a 3.7% reduction from the previous year. Academic performance of LAC is significantly lower than the Middlesbrough average, though since 2013, there has been a gradual increase in the percentage of LAC who have achieved 5 A*- C, rising from 6.9% to a high of 16.7%.

54. In 2016/17 73.30% of LAC placements were in a form of Foster care, this was in line with the continuing downward trend in Foster placements for Looked after Children. There has also been a continual rise in the percentage of LAC placements of 'Placed with own parents or other person with parental responsibility'. The table and graph below show the trend in placement types. A. Shows the overall breakdown, with Foster placements grouped. B. Shows the breakdown of the Foster placements.

55. Adoption is one of the main routes to permanence for a child who is unable to return to live with their parents or relatives. 10% of Looked after Children in Middlesbrough were adopted in 2016, compared with 13% in the North East and 15% nationally.

A: Placement Type	2012-13	2013-14	2014-15	2015-16	2016-17
All Residential schools, except where dual-registered as a school and Children's Home.	1.94%	0.28%	0.56%	0.00%	0.00%
Children's Homes	9.44%	16.19%	14.72%	12.57%	10.41%
Family Centre or Mother and Baby Unit	0.00%	0.00%	0.00%	0.00%	0.23%
Independent living like in a flat, lodgings, bedsit, B&B or with friends, with or without formal support	1.67%	1.70%	1.39%	1.83%	0.90%
NHS/Health Trust or other establishment providing medical or nursing care	0.00%	0.00%	0.00%	0.52%	0.00%
Other placements (must be listed on a schedule sent to DfE with annual submission)	0.28%	0.00%	0.28%	0.00%	0.00%
Placed with own parents or other person with parental responsibility	2.78%	4.55%	5.83%	10.47%	12.67%
Residential accommodation not subject to Children's Homes Regulations	0.28%	1.14%	0.56%	0.00%	1.36%
Residential Care Home	1.94%	0.57%	0.56%	0.00%	0.45%
Secure Children's Homes	0.28%	0.28%	0.28%	0.26%	0.68%
Foster placement - Various	81.39%	75.28%	75.83%	74.35%	73.30%

Period: 2012-2017 **Source: DfE**

56. The table below shows the breakdown of ceased episodes of LAC between 2012/13 and 2016/17

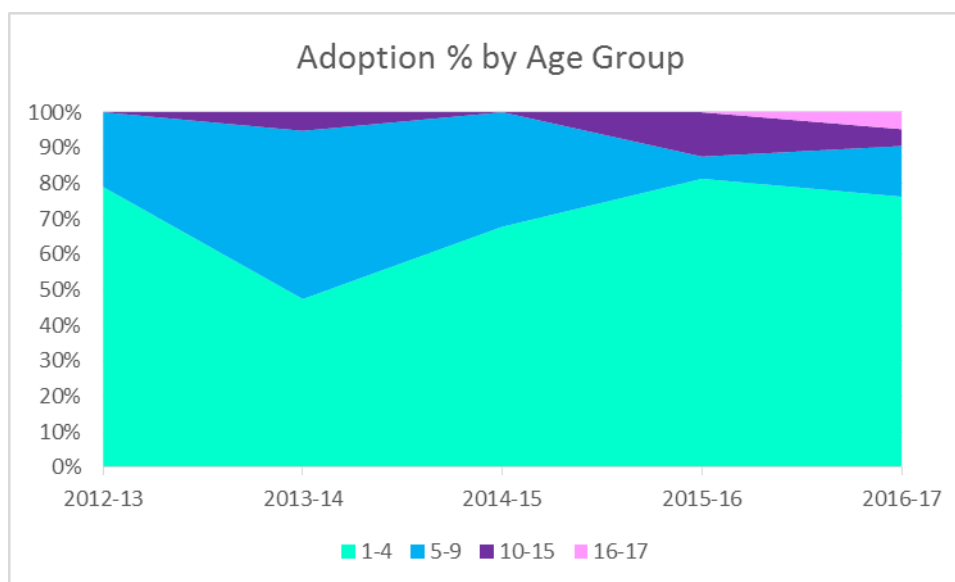
Ceased Reason	2012-13	2013-14	2014-15	2015-16	2016-17
Episode ceases, and new episode begins on same day, for any reason		8			
Adopted - application for an adoption order unopposed	12	17	24	8	17
Adopted – consent dispensed with by court	7	>5	7	8	4
Care taken over by another local authority in the UK	>5		>5		
Returned home to live with parents, relatives, or other person with parental responsibility (not under a Residence Order or Special Guardianship Order)	93	70			
Return home to live with parents, relatives, or other person with parental responsibility as part of the care planning process (not under a special guardianship order or residence order or (from 22 April 2014) a child arrangements order).			46	37	39
Return home to live with parents, relatives, or other person with parental responsibility which was not part of the current care planning process (not under a special guardianship order or residence order or (from 22 April 2014) a child arrangements order).			>5	>5	>5
Left care to live with parents, relatives, or other person with no parental responsibility.			>5	>5	>5
Residence order (or, from 22 April 2014, a child arrangements order which sets out with whom the child is to live) granted.	11	30	17	29	38
Special guardianship made to former foster carers	11	8	>5	6	9
Special guardianship made to carers other than former foster carers	12	17	11	14	7
Moved into independent living arrangement and no longer looked after: supportive accommodation providing formalised advice/support arrangements (such as most hostels, YMCAs, foyers, and care leavers projects)	>5	>5			

Moved into independent living arrangement and no longer looked after : accommodation providing no formalised advice/support arrangements (such as bedsit, own flat, living with friends)	>5		>5	>5	
Transferred to residential care funded by Adult Social Services	>5		>5	>5	
Sentenced to custody		6		>5	>5
Accommodation on remand ended					>5
Age assessment determined child is aged 18 or over and E5, E6 and E7 do not apply, for example an unaccompanied asylum seeking child whose age has been disputed			>5		
Period of being looked after ceased for any other reason	38	38	45	38	61
No Reason Recorded		8			
Grand Total	188	206	163	153	186

Period: 2012-2017 Source: DfE

57. Adoption is one of the main routes to permanence for a child who is unable to return to live with their parents or relatives. 10% of Looked after Children in Middlesbrough were adopted in 2016, compared with 13% in the North East and 15% nationally.

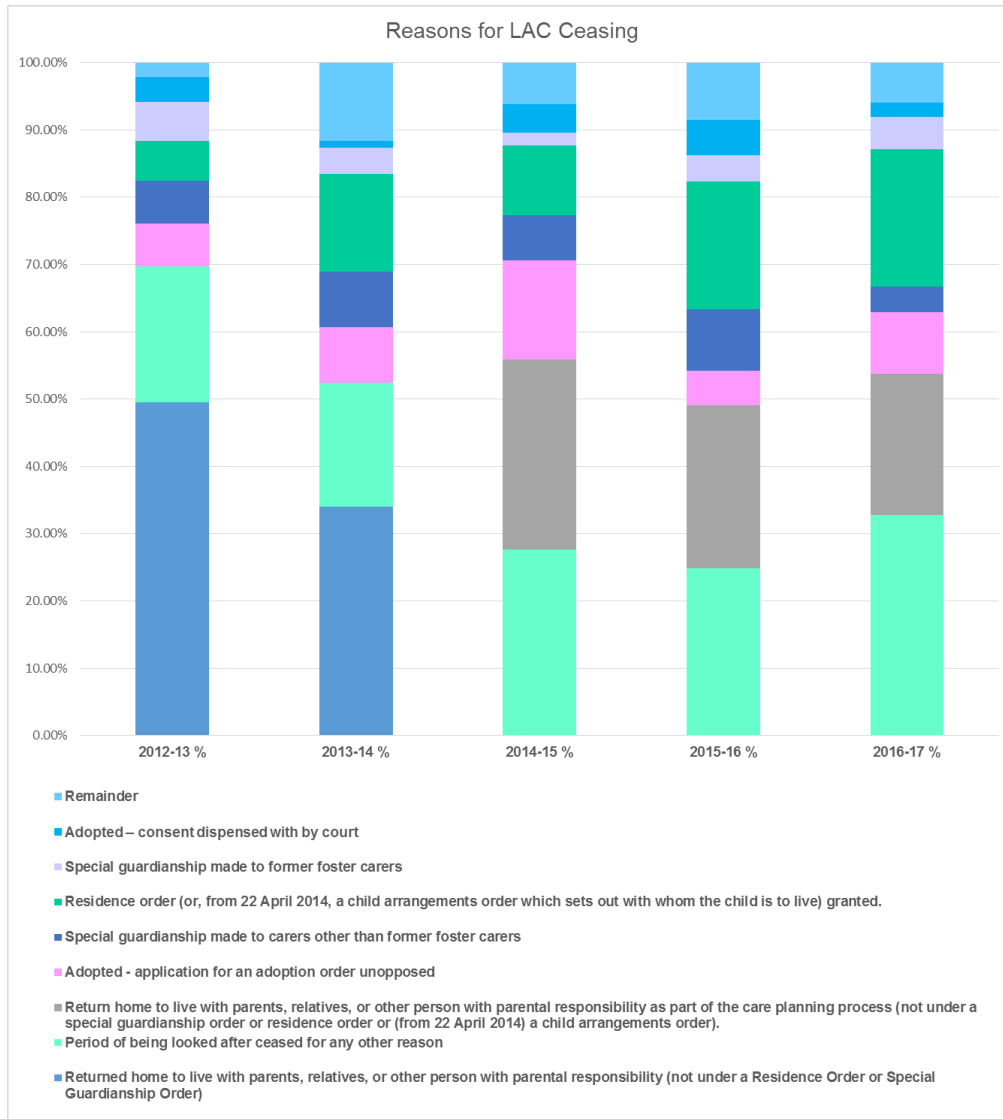
58. In Middlesbrough the highest proportion of Looked after Children being adopted are between one and four years of age, with children aged between five and nine years the next most common. The graph below shows the percentage breakdown of children adopted from Middlesbrough.



Period: 2012-2017 Source: DfE

59. The graph below shows the eight most common reasons for ceasing a case of LAC between 2012/13 and 2016/17, the remaining 11 are totalled together as they account for no more than 11.65% of the total reasons in any of the periods. 'Returned home to live with parents...' was the highest single reason for the ceasing of LAC in 2012/13 and 2013/14 subsequently it has not be identified as a reason for closure. In 2014/15 it was

replaced by 'period of being looked after ceased for any other reason' as the most consistently commonly identified reason for closure, almost jointly with 'Return home to live with parents, relatives, or other person with parental responsibility as part of the care planning process (not under a special guardianship order or residence order or (from 22 April 2014) a child arrangements order)' this will have replaced the original return home category from April 2014 and will account for the reduction in its use.



Period: 2012-2017 Source: DfE

60. In conclusion, children born in Middlesbrough are more likely to become looked after and less likely to become adopted than regional and national averages. There has been a steady rise in the rate of Looked After Children. This is due to various issues including perceived risk adverse practice and the growing needs of the Town. The upward trend in LAC is a national trend. Children born in Middlesbrough are also more likely to be placed into foster care as a result of becoming looked after. Middlesbrough have commissioned an innovative project, 'Believe in Families', which will aim to drive a 5% reduction of Looked After Children. Current live data is showing a slight decrease in numbers however this cannot be confirmed until April 2018.

61. It estimated that up to 300,000 children are cared for full-time by a relative, friend, or other person previously connected with the child nationally. Arrangements are covered by a range of different legal statuses with differing financial packages, which include over 7,000 looked after children who have been placed with family members and friends who are approved as their foster carers. However, the majority of family and friends carers act informally by agreement with those holding parental responsibility for the child they care for. A recent study identified that around 2,290 children in the Teesside area are being raised by grandparents, other family members or friends. The prevalence across the North East is the highest in England and the number of children being cared for by family and friends is rising.

Missing Children

62. Safeguarding and promoting the welfare of children is a key duty on local authorities and requires effective joint working between agencies and professionals. When a child goes missing or runs away they are at risk. Children in residential care are at particular risk of going missing and being vulnerable to sexual and other exploitation. Local Safeguarding Children Boards have an important role to play in monitoring and interrogating data on children who go missing.⁸

63. In the period April 2015 to March 2016 there was a total of 276 children and young people reported as missing from home in 430 separate episodes. This is an average of 1.55 episodes per person. In the next period April 2016 to March 2017 there was a total of 250 children missing from home in 340 separate episodes, at an average of 1.36 episodes per person, it shows a decreasing trend in children and young people going missing from home over the two periods.

64. In the period April 2015 to March 2016 there was a total of 77 children and young people reported as missing from Care in 333 separate episodes. This is an average of 4.32 episodes per person. In the next period April 2016 to March 2017 there was a total of 74 children missing from care in 298 separate episodes, at an average of 4.02 episodes per person, it shows a decreasing trend. However a study was undertaken on the period January to August 2017 which showed a growing trend.

65. As part of the study, data was compared between January and August in 2016 and 2017. It showed that there was an increase of episodes of 270% between 2016 and 2017. The number of Children and Young people only increased by 16.4% over this period. When the data was analysed in more depth, it showed that in both periods 25 individuals were responsible for over three quarters of all episodes. With one individual holding the highest number of episodes in both periods, accounting for almost 10% in both periods.

66. This study identified that there were more significant increases in three establishments and work is now being undertaken to identify whether these are genuine reports or an issue with protocols in place at the establishments.

67. Following a return from being reported missing, an independent services interviews children to complete return home interviews. When asked why they were missing, 18.33% of responders said 'Needed to clear my head', followed by 'Stressed' with 15.0% and then 'Didn't tell parents/carers where I was' with 14.17%.

⁸ From GOV.UK - Children who run away or go missing from home or care - <https://www.gov.uk/government/publications/children-who-run-away-or-go-missing-from-home-or-care>

Risky Behaviours

68. Each year, a calendar of roadshows are delivered to a cohort of Year 9 students across a selection of secondary schools in Middlesbrough. As part of this, a Social Norms Survey is conducted at the schools prior to the roadshow. This survey explores a range of risk taking behaviours such as alcohol, sexual activity and social media use such as 'sexting'.
69. In regards to illegal drugs, an average of between 95 and 97 percent of children asked had rarely or never used illegal drugs. In 2014/15 and 2015/16 over 95% of children asked believed that it is not ok for people their age to use illegal drugs, this dropped to 87% in the 2016/17 survey.
70. In regards to Sexual Intercourse, an average of between 89 and 93% of children asked had never had sexual intercourse, with 93% in 2016/17 being an increase on the 90% and 89.9% results in 2014/15 and 2015/16 respectively. In 2014/15 79% of children asked believed that it is was 'not ok' for young people their age to have sexual intercourse, this dropped to 67.5% in 2015/16 and rose again to 76% in 2016/17.
71. When asked about 'Sexting' between 76 and 87 percent of 13-14 year olds had not shared a 'rude image' of themselves via mobile phone or other means over the internet. Whilst we cannot share the gender breakdown of this due to concern over identification, a higher proportion of those that did share these images were female than male.

Social Norms Survey

Indicator	Period		
	2014/15	2015/16	2016/17
Have rarely or never used illegal drugs	97.0	95.3	97.0
Believe it is not ok for people their age to use illegal drugs	97.0	95.0	87.0
Have never had sexual intercourse	90.0	89.9	93.0
Believe it is not ok for young people their age to have sexual intercourse	79.0	67.5	76.0
Have not shared a 'rude image' of themselves via mobile phone or by other means over the internet	81.0	86.9	76.0
Believe that it is not ok to share 'rude images' over mobile phones or by other means over the internet	92.0	93.4	92.0
Believe that more than half of young people in their age group have shared 'rude images' of themselves	95.0	50.0	61.0

Period: 2014-2017

Source: MBC

Child Mortality

Child Injuries

72. The impact of injury to the health and wellbeing of children and their families has the potential to be life changing, leading to hospitalisation, disability, or even death. Accidental injury is one of the biggest killers of children in the UK, second only to cancer (CAPT 2016).
73. Childhood injuries are a key indicator of health inequalities and children from deprived backgrounds or living in urban areas are more likely to suffer injury than children from more affluent backgrounds, or those living in rural areas. Research also demonstrates that children are more likely to be injured if they are:

- male and aged 1-14 (twice as likely to die of injury than females);
- under 5 (more vulnerable to unintentional injury within the home);
- over 11 (more vulnerable to unintentional injury on the road) in general;
- they have disability or impairment (physical or learning);
- are from a BME group; or
- live in accommodation that potentially puts them at greater risk (such as rented housing or houses in multiple occupation).

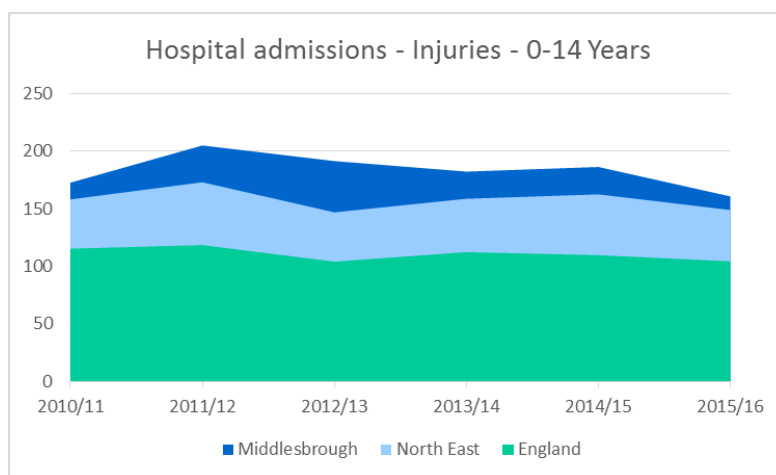
74. Those in the lowest social economic group are also nine times more at risk of sudden unexpected death in infancy and children from poorer areas are also more likely to be admitted to hospital and to be smaller⁹.

75. Middlesbrough has significantly higher rates of hospital admissions for unintentional and deliberate injuries for all three age category groups. Those aged 0-4 have the highest rate of the three age groups. Trends are showing a significant decrease in the 15-24 age group with a reduction from 210.3 to 160.5 per 10,000 between 2012/13 and 2014/15. For the 0-4 and 0-14 age groups, rates have remained at similar levels during the same period.

Hospital admissions caused by unintentional and deliberate injuries in children					
Indicator	Middlesbrough			England	
	Period	Number	Value	Value	Value
Aged 0-4 Years	2014/15	238	240.0	205.7	137.5
Aged 0-14 Years	2014/15	497	186.2	162.4	109.6
Aged 15-24 Years	2014/15	342	160.5	159.4	131.7

Period: 2014/15 **Source:** Public Health England

76. Middlesbrough has seen some lower rates of hospital admissions for injuries in Children aged 0-14 years between 2010/11 and 2015/16, whilst it remains consistently higher than both England and the North East it is largely following a similar trend to both over the periods.



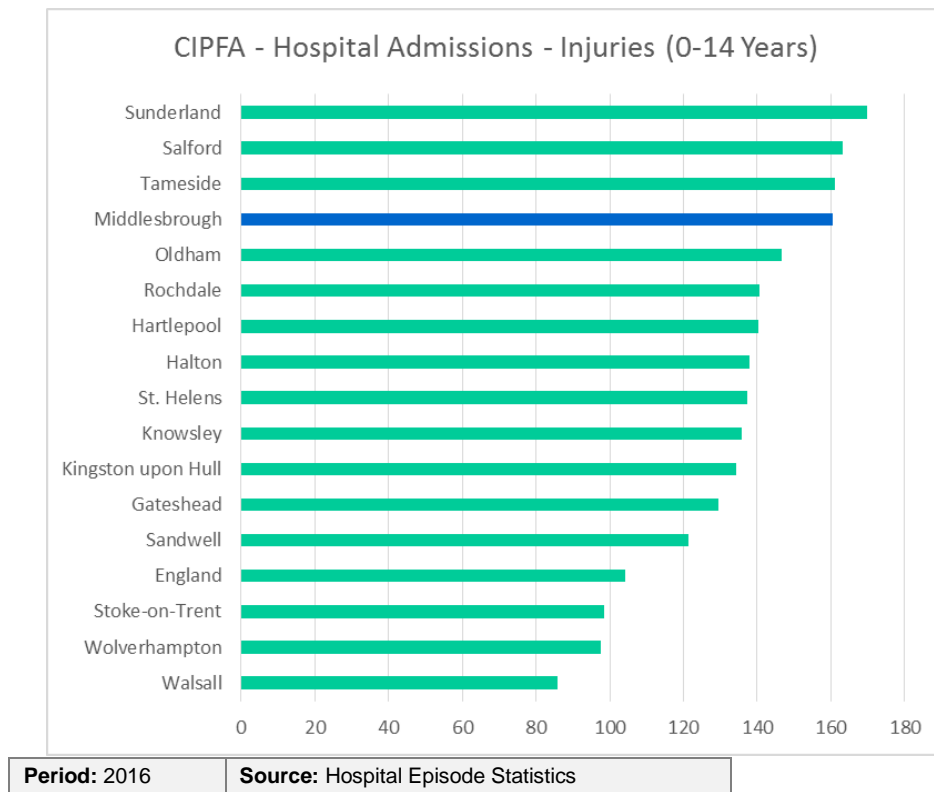
Period: 2011 - 16 **Source:** Public Health England

77. Middlesbrough has also seen a decline in the number of Hospital Admissions caused by injuries in Children and Young People aged between 15 and 24 which has brought it closer to the North East total, in 2012/13 Middlesbrough dropped lower than the North

⁹ Annual Report of the Chief Medical Officer 2012, Our Children Deserve Better: Prevention Pays.

East but then saw a significant rise in 2013/14. Both Middlesbrough and the North East are consistently higher than the England averages on this measure.

78. In comparison with CIPFA Statistical Neighbours, Middlesbrough is in the top four authorities with the highest number of hospital admissions for unintentional and deliberate injuries in children aged 0-14 years. It is behind only Sunderland in comparison with the North East authorities that form part of this grouping. Both Hartlepool and Gateshead have lower numbers of admissions than Middlesbrough, with Gateshead the lowest.



79. Analysis of unintentional and deliberate injuries from 2012/13 to 2014/15 shows that a significant number of injuries for those aged 0-4 were due to falls, caught / crushed / struck by an object, or accidental poisoning. A high number of injuries in those aged 5-14 were also falls, however road traffic accidents featured highly. There is a different makeup to those aged 15-18 where a large proportion of injuries are self-harm related. 68% of injuries for 0-4 year olds occurred at home, compared to 38% for 5-14 year olds and 50% for 15-18 year olds.

Causes of unintentional and deliberate injuries in children

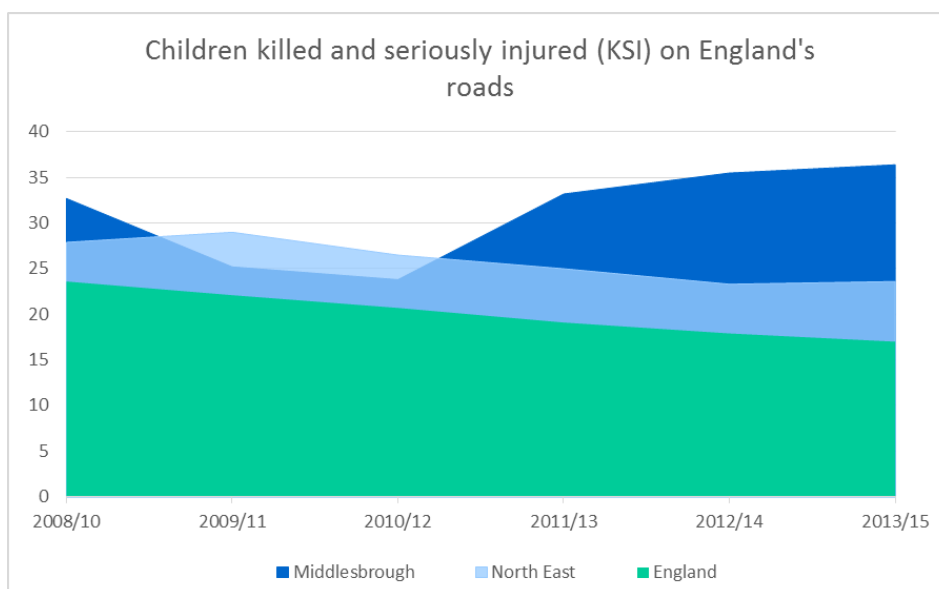
Description	0-4	%	5-14	%	15-18	%
Falls	324	46%	327	43%	39	8%
Exposure to inanimate mechanical forces	126	18%	131	17%	53	11%
Accidental poisoning	96	14%	14	2%	27	6%
Overexertion, travel and privation	40	6%	24	3%	10	2%
Road traffic accident	30	4%	105	14%	34	7%
Unknown	29	4%	26	3%	22	5%

Exposure to animate mechanical forces	21	3%	58	8%	18	4%
Contact with heat and hot substance	20	3%	6	1%	0	0%
Other accidental threats to breathing	14	2%	0	0%	0	0%
Intentional self-poisoning	0	0%	55	7%	210	45%
Intentional self-harm	0	0%	11	1%	26	6%
Assault	0	0%	9	1%	28	6%
Total	700	100%	766	100%	467	100%

Period: 2012-15 **Source:** Public Health Northern and Yorkshire

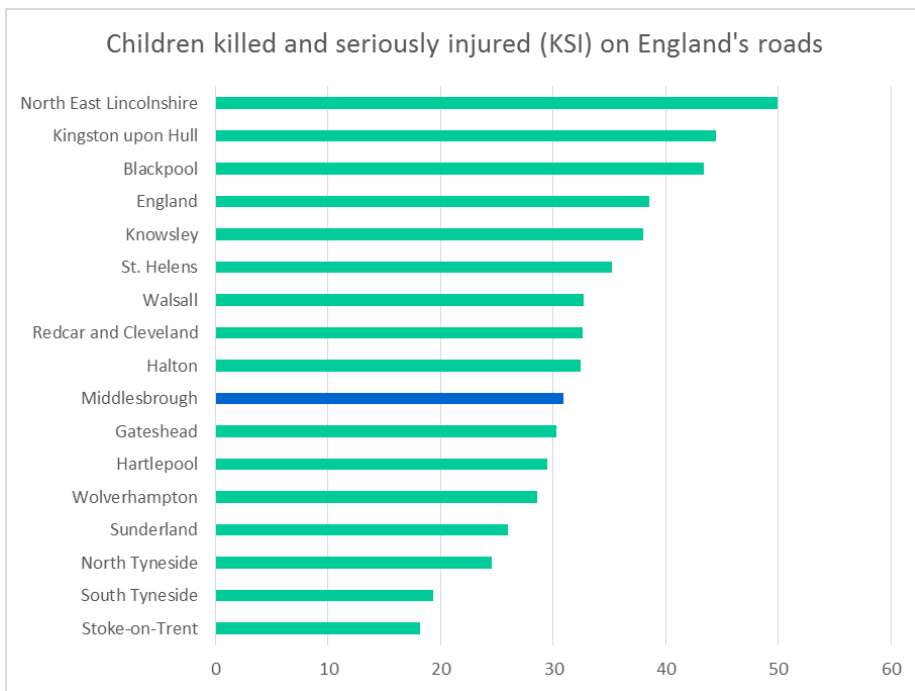
80. A higher proportion of injuries in the 0-4 and 5-14 age categories were for males (53.5% and 59.0% respectively). However, in the 15-18 group, the majority of injuries were for females (55%).

81. Middlesbrough is showing an increase in the number of children killed and seriously injured in road traffic accidents, while the England trend is showing a decline and the North East while higher than England is similarly showing a reduction. The numbers involved are very low, however 2012-14 and 2013-15 were over double the National rate and significantly higher than the North East.



Period: 2008-2015 **Source:** Department for Transport

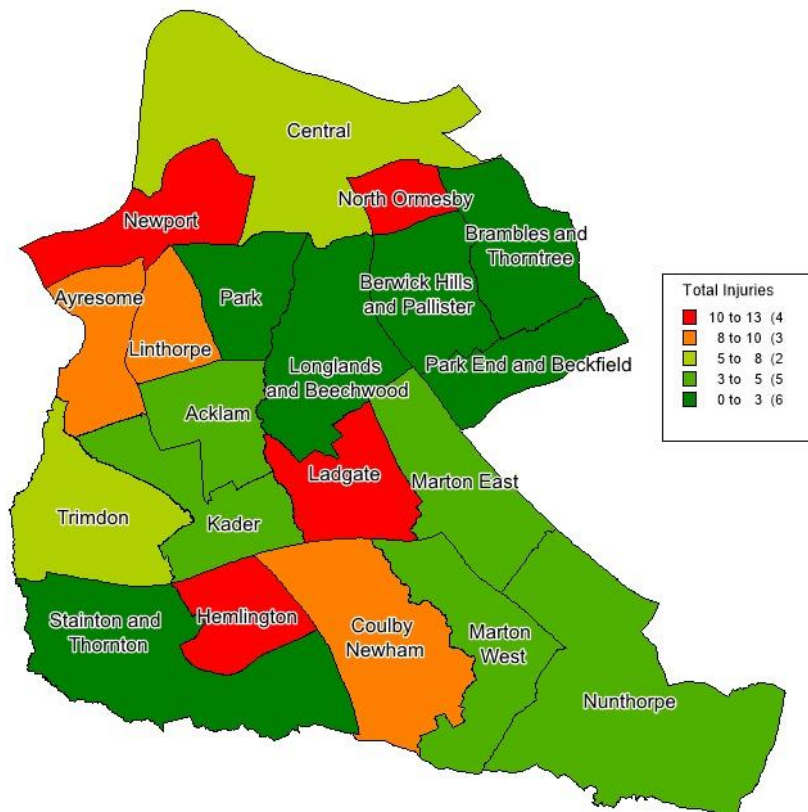
82. In comparison to the CIPFA nearest neighbours for 2013/15, Middlesbrough ranked in the middle of the comparators for KSI's per 100,000 of the population. Only one authority had a higher number of KSI's than Middlesbrough, with four other North East authorities sitting below Middlesbrough with lower rates of KSI's.



Period: 2013-2015 **Source:** Department for Transport

83. Emergency admissions for injuries by ward (shown below by quintile) shows significantly higher rates in east Middlesbrough for all three age categories. This coincides with deprivation data (IMD 2015), showing that 72% of all injuries are from the most deprived deprivation quintile which is consistent across all age categories, though highest in the aged 0-4 category.

84. The map below shows the breakdown of Quintiles across the wards:



Period: 2015	Source: Hospital Episode Statistics (HSCIC)
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85. In conclusion, children born in Middlesbrough are more likely to be admitted to hospital in childhood than statistical neighbours, regional neighbours and nationally.

Child Deaths

86. The child mortality rate in Middlesbrough was 8.5 per 100,000 population from 2013-15, having decreased annually for the previous six years. This was lower than the regional average of 12, and the national average of 11.9.

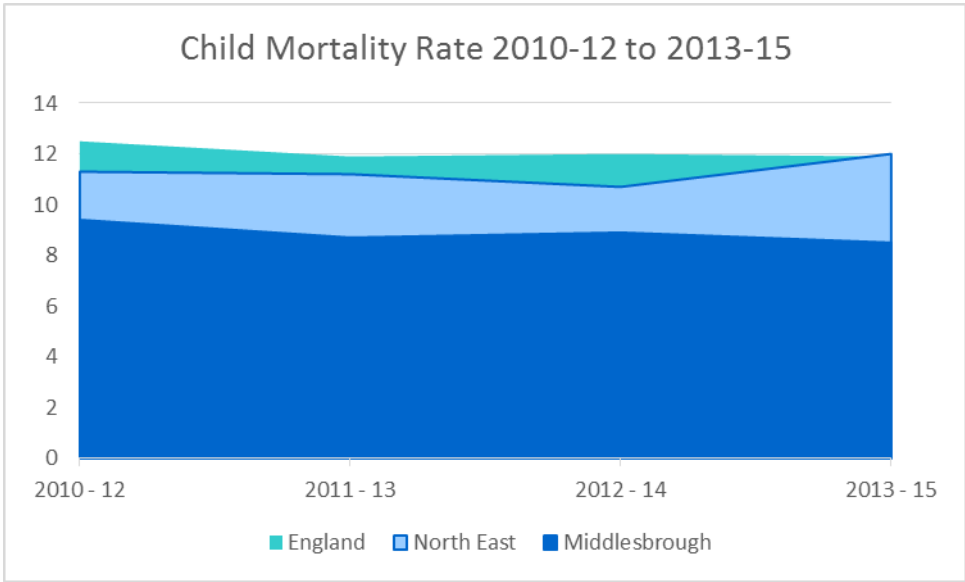
Child mortality

Indicator	Middlesbrough			England	
	Period	Number	Value	Value	Value
Child mortality / 100,000 0-19	2013 – 15	-	8.5	12	11.9

Period: 2013-15	Source: Public Health England
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87. Middlesbrough had the third lowest in the region during the period 2013-15 behind Northumberland and North Tyneside and was 3.5 per 100,000 0-19 lower than the North East average and 3.4 points lower than the England average.

88. The graph below shows the trend in child mortality over the period 2010-12 to 2013-15 per 100,000 of the population and shows that Middlesbrough has seen a significant drop from 9.4 points to 8.5 points between the periods. Nationally there has also been a downward trend similar in pattern to Middlesbrough’s but the North East has shown growth across this period.

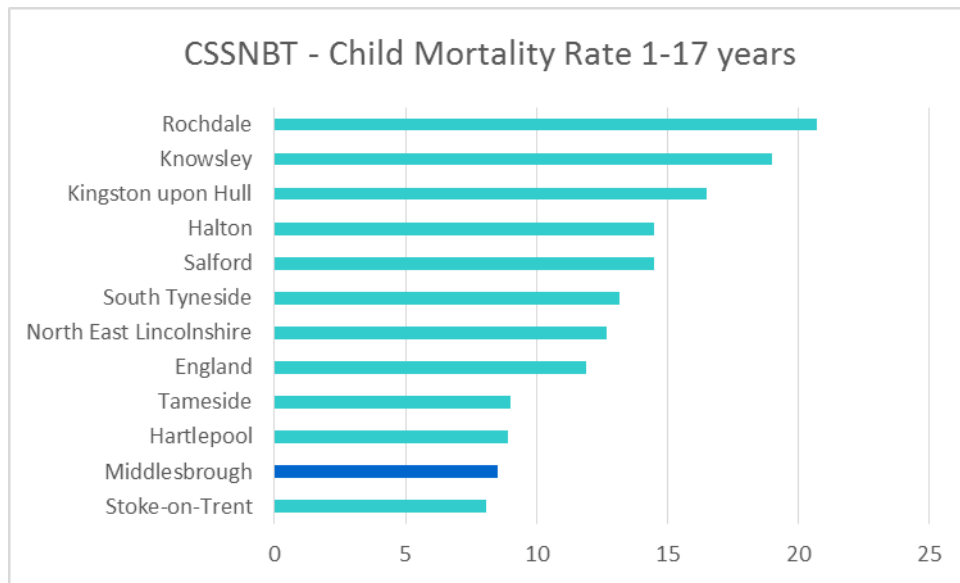


Period: 200-15	Source: Public Health England
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89. Middlesbrough had the second lowest Child Mortality Rate in 1-17 Years when compared to Children’s Services Statistical Neighbour Benchmarking Tool (CSSNBT)¹⁰ Statistical

¹⁰ CSSNBT - <https://www.gov.uk/government/publications/local-authority-interactive-tool-lait>

Neighbours, only one other North East authority was benchmarked here, showing Hartlepool 0.4 per 100,000 higher than Middlesbrough.



Period: 2013-15 Source: ONS

90. The small numbers involved mean that it is not possible publish a split of these deaths by geography, gender, ethnicity or type without risking the identification of individuals. However, it can be stated that the majority of deaths were from preventable causes, such as infection and accidental injury.

91. In conclusion, children born in Middlesbrough are less likely to die in childhood than statistical neighbours, regional neighbours and nationally. This is despite the higher levels of deprivation and other measures that could be expected to impact on this outcome being higher than the statistical, regional and national comparators.

Self-harm and suicide

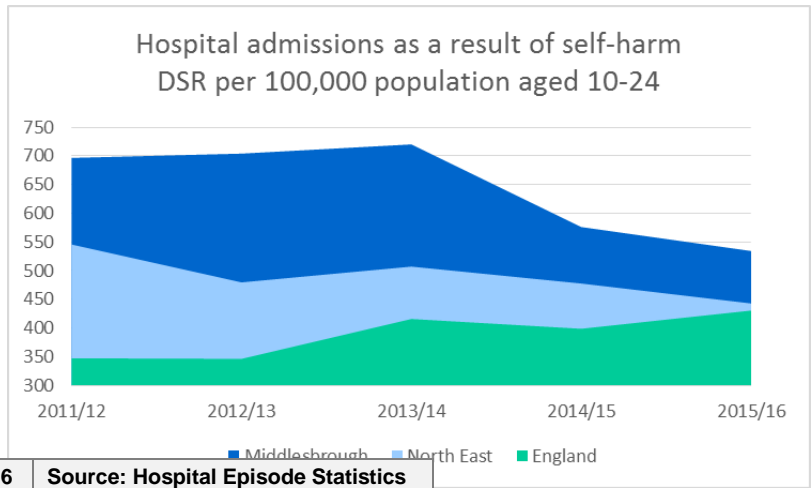
92. Self-harm becomes increasingly prevalent as a cause of injury for females with age. 25% of injuries at age 5-14 were attributed to self-poisoning / self-harm (0% for males), rising to 93% of injuries at age 15-18 (47% for males). The repeat admission rate for those aged 15-18 was 41%, compared with 12% for 5-14 and 14% for 0-4. This could be due in part to repeat admissions for those with mental health issues.

93. Middlesbrough’s rate for emergency admissions for self-harm among children and young people aged 10-24 is significantly higher than the all England average. These figures underestimate the burden of self-harm as they only capture the most serious self-harm incidents that require a hospital admission. In 2014/15 there were 173 young people aged between 10 and 24 years admitted to hospital. The rates of self-harm emergency admissions for 0-14 and 15-24 year olds is higher in females than males in Middlesbrough and regionally. The age profile of self-harm in Middlesbrough is similar to the regional pattern. It is worth noting that the self-harm data on emergency admissions only shows the tip of the iceberg and there is national evidence to suggest a higher proportion of self-harm cases in young people are not known to the health service.

Indicator	Middlesbrough			North East	England
	Period	Number	Value	Value	Value

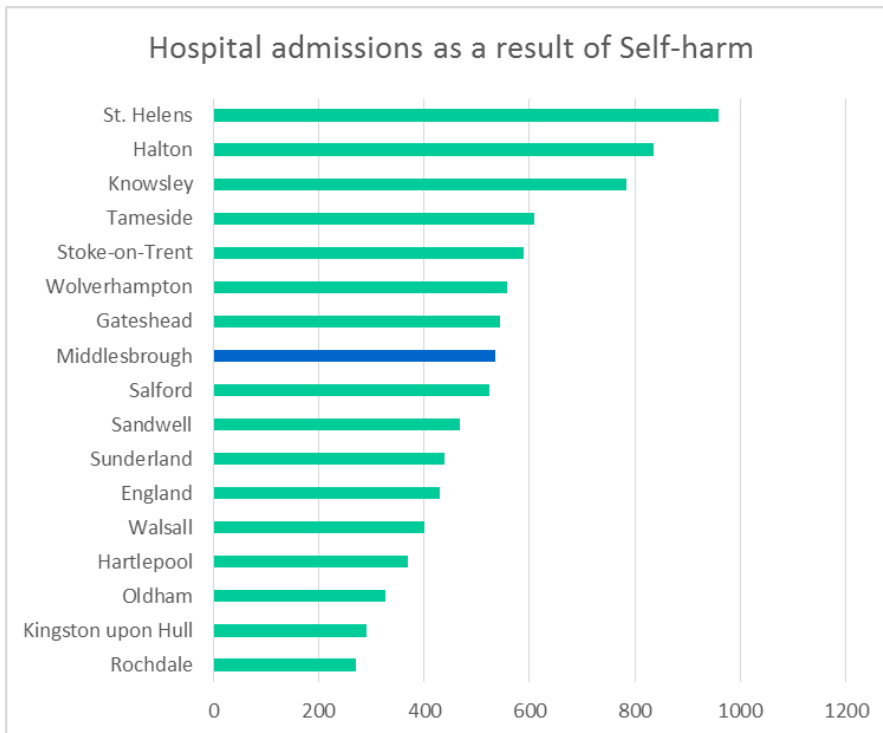
Admissions for self-harm (10-24 years)	2015/16	162	454.7	442.9	430.5
Period: 2015/16	Source: Hospital Episode Statistics				

94. The gap between regional and national averages decreased significantly in 2015/16. In 2012/13, Middlesbrough's rate was more than twice the national rate. In 2015/16 England was around a quarter less than Middlesbrough's rate and the North East and England were almost at the same rate.



Period: 2011-2016 **Source: Hospital Episode Statistics**

95. Middlesbrough ranks in the middle of the CIPFA Statistical Neighbours for Hospital Admissions as a result of self-harm per 100,000, only three other authorities are included in this comparison and sit lower than Middlesbrough in the ranking, however Gateshead is higher but has a similar rate.



Period: 2015/16 **Source: Hospital Episode Statistics**

96. The numbers of suicides in young people are extremely low. Data from the Tees, Esk and Wear Valley area covering a 17 year period between 1997 and 2013 showed there were six suicides in Middlesbrough for people aged 15-19.
97. In conclusion, children born in Middlesbrough are more likely to self-harm than regional and national averages, however they are similarly likely to self-harm when compared with statistical neighbours.

Serious Case Reviews

98. There has been one Serious Case Review held in Middlesbrough following the death of a child in the last four years. The key learning themes from the review were as follows:
- communication and information sharing;
 - assessments of drug/alcohol abusing parents, including their mental health;
 - working with parents who are manipulative or show disguised compliance;
 - risks to children when a parent is on a methadone programme;
 - supporting staff undertaking complex case work; and
 - thresholds for Child Protection Plans.

Crimes and Anti-Social Behaviour

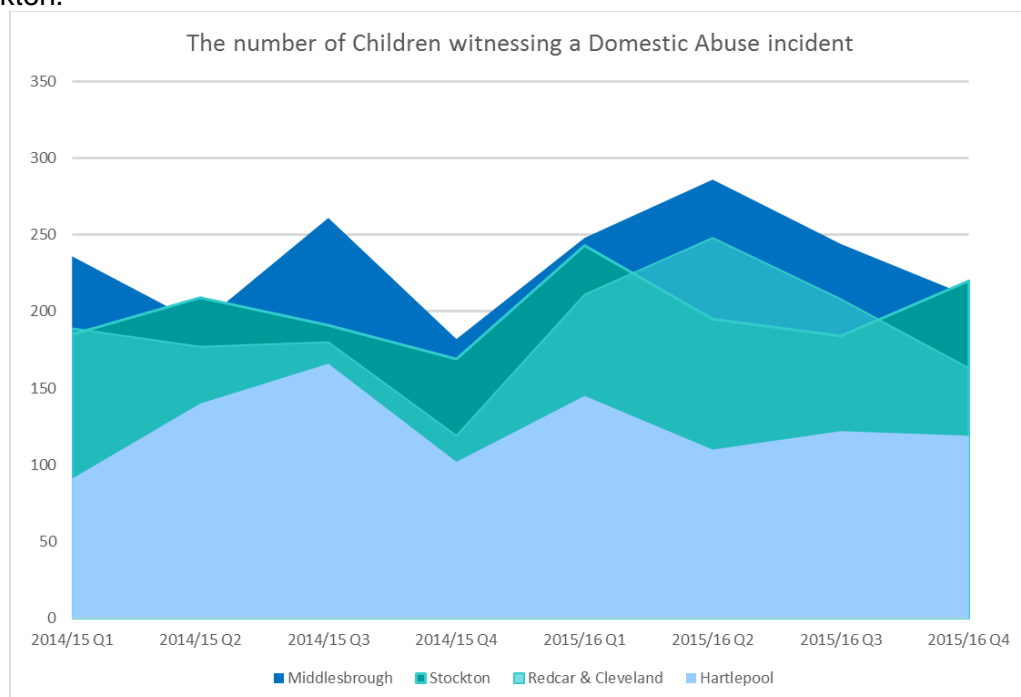
Domestic Abuse

99. Nationally, an estimated 1.9 million people in the UK suffer some form of domestic abuse, with 1.03m domestic violence abuse related incidents recorded nationally by Police in 2015/16. Over 130,000 children live in these homes. Domestic abuse between parents is the most frequently reported form of trauma for children. In the UK, 24.8% of those aged 18-24 reported that they experienced abuse during their childhood. Around 3% of those aged under 17 reported exposure to it in the last 12 months.
100. On a local level, the current domestic abuse incident rate per 1,000 population for Middlesbrough is 35.08 – the highest in the Cleveland Police Force area and so one of the highest nationally (Cleveland's overall rate was second only to Durham at end March 2016). There were 4,880 incidents of domestic abuse reported from Dec 15 - Nov 16 in Middlesbrough.
101. Domestic abuse is a significant factor in homelessness presentations – Nationally 14% of homelessness applications were due to 'a violent breakdown of relationship involving partner' in 2016/17¹¹
102. Victims of DA crimes in 2016/17 were predominantly between 20 and 39 years old (63.2%), with an average age of 34.4 years for the total cohort. 80% of all police recorded Domestic Abuse Crimes involved a female victim. The majority (63.2%) of Domestic Abuse crimes, with an identifiable victim, were committed by a current or former partner. 7.4% of all Domestic Abuse crimes, the victim was identified as a parent.
103. Adult Social Care (SAC) data in Middlesbrough has only recorded 10 cases as Domestic Abuse in 2016/ 2017. 106 safeguarding referrals were made where the 'Perpetrator Type' was 'Partner' or 'Family Member'. The Care Act 2014 expands the scope of adult

¹¹ Taken from <https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness>

safeguarding to directly include domestic abuse. Multi agency training currently commissioned by Adult and Children social care will help strengthen understanding of the circumstances when adult safeguarding and domestic abuse overlap.

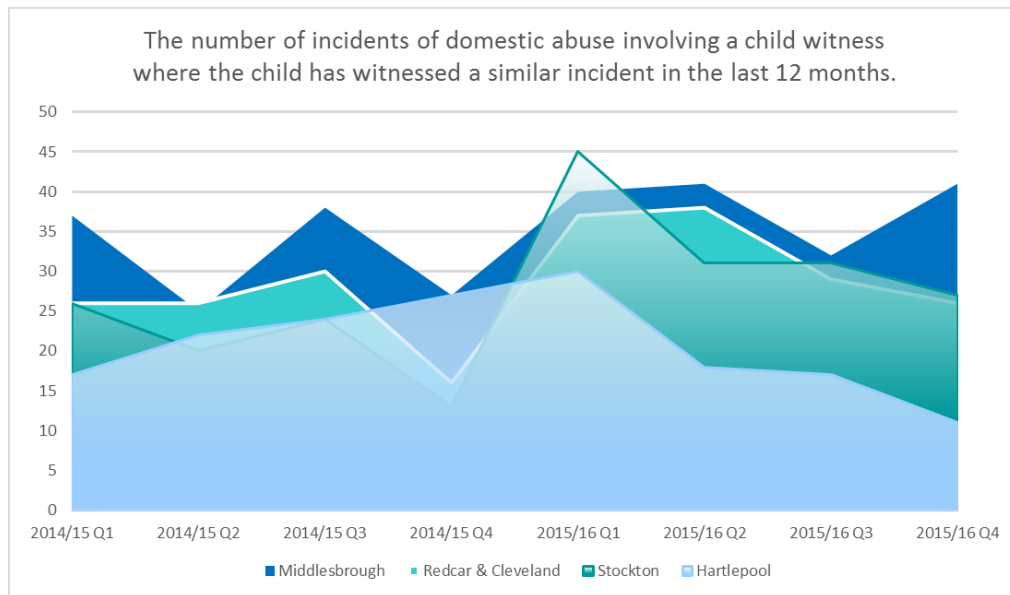
- 104. Between 2013 and 2016, there were six domestic homicides in Cleveland local police force areas. Middlesbrough has initiated a domestic homicide review which will conclude April 2018. The emerging theme is child to parent violence. In Middlesbrough perpetrators of Domestic Abuse are most likely to be aged between 20-29 years. Three areas Newport, Central and Berwick Hills and Pallister Park, this age category (20- 29 years) make up approximately 45% of all recorded DA crimes, by rate per population. Of the 2017 police recorded DA crimes with an identified perpetrator, 15% (313) took place in Newport areas.¹²
- 105. At the end of March 2017 33% of Child in Need cases were recorded as being due to domestic abuse. For Child Protection Plans 50% recorded domestic abuse and for Looked After Children 37%. Domestic abuse also features in 34% of existing identified Troubled Families cases. These figures cannot be compared to national, regional or statistical neighbours at this time.
- 106. Middlesbrough consistently has the highest number of children witnessing a domestic abuse incident in the Cleveland Police area, with an average quarterly figure of 232 incidents between Quarter one of 2014/15 and Quarter four of 2015/16. This is almost double the Hartlepool, and around 15% to 20% higher than Redcar & Cleveland and Stockton.



Period: 2014/15 -2015/16 **Source: Cleveland Police**

- 107. Middlesbrough consistently has the highest number of incidents of domestic abuse involving a child witness where the child has witness a similar incident in the last 12 months, with an average quarterly figure of 35.1% across the same period as above. This is around 40% higher than Hartlepool, and around 15% to 25% higher than Redcar & Cleveland and Stockton.

¹² Domestic Violence Needs Assessment 2017



Period: 2014/15-2015/16

Source: Cleveland Police

Crime against children

108. In 2016 there were 913 offences committed against 789 identifiable victims of crime aged under 18 years. The table below highlights the distribution of those offences by the age of the victim at the time of the offence and the category of offence.

Age	Violence	Sexual	Burglary	Robbery	Theft	Criminal Damage	Other	NFIB Fraud	Total
1	6	0	0	0	0	0	0	0	6
2	10	>5	0	0	0	0	0	0	12
3	9	>5	0	0	0	0	0	0	10
4	8	>5	0	0	0	0	0	0	9
5	12	6	0	0	0	0	0	0	18
6	17	>5	0	0	>5	0	0	0	20
7	17	>5	0	0	0	0	0	0	22
8	13	>5	0	0	0	0	0	0	15
9	26	>5	0	0	>5	>5	0	0	33
10	33	>5	0	0	>5	0	0	0	39
11	37	8	0	>5	9	0	>5	0	56
12	66	17	0	0	8	>5	0	0	93
13	54	20	>5	>5	12	0	>5	0	93
14	41	20	>5	0	23	0	0	0	85
15	56	21	0	>5	21	0	>5	0	102
16	87	9	>5	>5	37	>5	>5	>5	147
17	96	10	>5	>5	26	16	0	>5	153
Total	588	132	9	12	141	21	7	3	913

Period: 2016

Source: LAIT

109. The gender split of victims in the cohort shows that males are more likely to be victims of crime up to the age of 14. It is at 15 years that female victims surpass the males. Sexual Offences follow a different pattern. 80.95% (102 people) of victims in this category were female.
110. 11.28% of victims across the total cohort experienced more than one crime in the period, the majority of which were in the violence category.

Child Sexual Exploitation

111. Child Sexual Exploitation (CSE) is a type of sexual abuse. Children in exploitative situations and relationships receive something such as gifts, money or affection as a result of performing sexual activities or others performing sexual activities on them. Children and young people may be tricked into believing they're in a loving, consensual relationship. They might be invited to parties and given drugs and alcohol. They may also be groomed and exploited online. Some are trafficked into or within the UK for the purpose of sexual exploitation. Sexual exploitation can also happen to young people in gangs.¹³
112. In March 2016 it was reported that a total of 15 children in Middlesbrough had been placed on a Child Protection Plan due to Sexual Abuse within the previous 12 months. This was almost double the number in the 12 months prior (eight), and Middlesbrough was the only authority in the Tees Valley to see a rise in this number, which was also the opposite of the national trend, however it was not the highest number in the Tees Valley.
113. There were 41 young people subject to the process of VEMT Practitioner Group (VPG) as at 30th April 2017.
114. In the year April 2016 to March 2017 there were a total of 102 young people subject to VPG, the majority of these were aged 14 and above, 79.8%. Within this cohort ages 15 and 16 had the highest percentage of VPG engagement.
115. 59% of all young people in this period had a category element of Missing, while CSE was the next most common with 38%, Vulnerable was third with 27% and it is noted by VEMT that Trafficked is significantly low with 3%.
116. White British is the most predominant ethnicity, with 74.5% of all engagements. 9.8% of the remainder were 'Not Known' and the remaining 15.9% of the cohort were from the BME community.
117. Almost two thirds of all young people on VPG were female (65.7%) while only 34.3% were males. It is noted by VEMT that there has been a rise in the number of males becoming subject to VPG.
118. East Middlesbrough has the highest percentage of young people subject to VPG with 30.4%, Central Middlesbrough is second with 28.4% and Other Middlesbrough is third with 24.5%.
119. 16.7% of young people on VPG are classed as Out of Area – this is due to a range of factors, most commonly young people placed out of area by Middlesbrough Council as

¹³ Taken from NSPCC - <https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/child-sexual-exploitation/>

their home authority, or young people placed into Middlesbrough by their home authority. The data is not sufficient to break this down further.

Children and young people as offenders

120. Within 2016, there were 1,129 offences committed by 550 identifiable offenders aged under 18 years at the time of offence. 150 offenders committed more than one offence in the year, a repeat rate of 27.27%. The following table demonstrates the distribution of these offences across crime categories (note: an offender could reoffend across different categories).
121. The table below highlights the rate of offences per 1,000 local residents of each ward in Middlesbrough. During 2016, the rate of offences committed by offenders under 18 years in North Ormesby was notably higher (3.75x) than any other ward, following the pattern seen in ASB offending.

Youth crime

Category	2016 Offences	Offenders
01 - Violence Against The Person	398	283
02 - Sexual Offences	27	23
03 - Burglary	60	33
04 - Robbery	9	5
05 - Theft and Handling Stolen Goods	197	152
07 - Criminal Damage	170	119
08 - Drug Offences	32	31
09 - Other Offences	24	18
10 - NFIB Fraud	>5	>5
Total	919	666
Period: 2016	Source: LAIT	

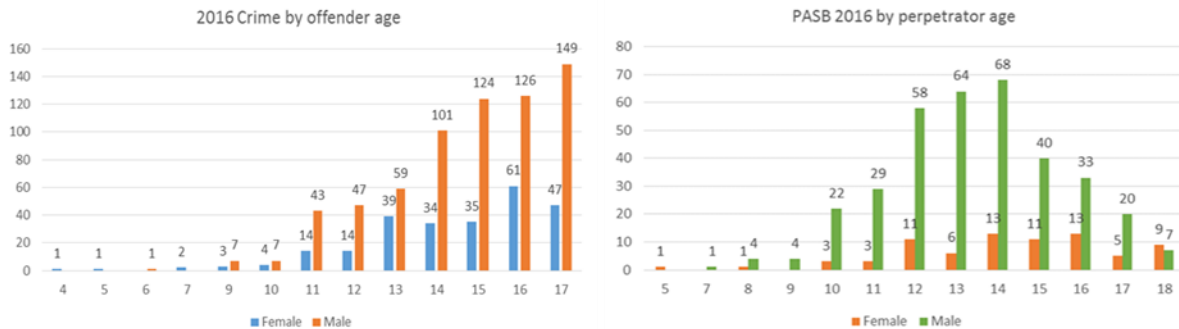
122. The majority of incidents in North Ormesby were either violence or criminal damage (73.97%). 56.70% of the crime in Central ward was 'theft and handling of stolen goods', the majority of this being shoplifting. This combined with the violence and drug offences associated with the night-time economy further highlights the issues seen in the residential area of North Ormesby. Central ward has a specific makeup and issues that mean it is not directly comparable with the other residential wards.
123. Looking at average incidents of crimes committed by children per offender in each of the wards, Stainton and Thornton was highest with 2.09 offences per offender. This may allude to the area being targeted by a small number of individuals. Second highest was North Ormesby (1.92 offences per offender), with the higher number of offences in North Ormesby, this figure further illustrates the issue of young offenders committing crimes in the ward.
124. 2016 saw a slight (1.67%) decrease in number of 'Youth Related' incidents of Police-recorded ASB compared with the previous year.

Anti-Social Behaviour

Category	2015			2016		
	Total	CYP	%	Total	CYP	%
Environmental	352	87	24.72%	258	36	13.95%
Nuisance	8,300	3,526	42.48%	8,295	3,272	39.45%
Personal	4,708	1,019	21.64%	4,444	981	22.07%
Total	13,360	4,632	34.67%	12,997	4,289	33.00%
Period: 2015-16	Source: Cleveland Police					

125. Anti-Social Behaviour mirrors deprivation on the whole when broken down to ward level. Berwick Hills and Pallister had the largest proportion of 'youth related' ASB incidents, 50.52% of all ASB incidents; Marton West was 2nd (50.00%) and Hemlington 3rd (46.58%). When comparing the rate of 'youth related' incidents per 1000 population; North Ormesby (83.73 incidents per 1000 pop) was top by some way, Berwick Hills and Pallister was 2nd (51.39 per 1000 pop) and Longlands and Beechwood was 3rd (49.95 incidents per 1000 pop). Indicating that a resident of North Ormesby is almost twice as likely to experience 'Youth Related' ASB as residents of any other Middlesbrough ward.

126. The charts below show youth perpetrators of anti-social behaviour and crime in 2016 by gender and age.



Period: 2016

Source: MBC

127. In respect of crime, male offenders continue to increase in offences as age increases, while female offenders peak at 16 years. Females were responsible for 255 offences (27.75%), 224 (87.84%) of these offences were within the categories of Violence (134 offences) and Theft (90 offences).

128. 82.16% of ASB perpetrators in this cohort were male. Both Male offenders peaked at 14 years (68 incidents), whereas, female perpetrators peaked at 14 and 16 (13 incidents each) although this is a small number of identifiable offences. Within this cohort there were 298 individual offenders, with 60 (20.13%) committing repeat offences within 2016, with 2 offenders identified as being responsible for over 10 incidents each.

Involvement in the Criminal Justice System

129. Children and young people become involved with the Criminal Justice System as a result of receiving an Out Of Court Disposal from the police (Triage, Youth Caution or Youth Conditional Caution), or through a conviction from Court.

130. Young people at risk of re-offending or within the Criminal Justice System often have multiple unmet needs and experience more significant challenges and suffer worse

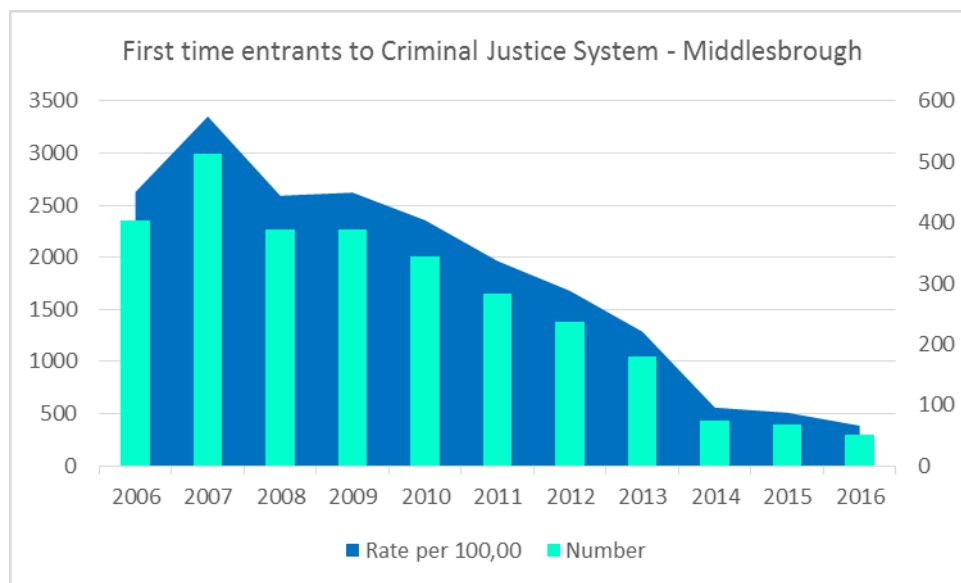
outcomes than other young people. Assessments of young people within the Criminal Justice System show that the major risk factors associated with offending are:

- access to education, training and employment;
- family issues including break up and domestic abuse;
- alcohol and substance misuse;
- emotional and mental health issues; and
- living in a disadvantaged area and homelessness.

131. The numbers of young people from Middlesbrough entering the Criminal Justice System have fallen significantly. In 2015-2016, there were 50 first time entrants, compared with 237 in 2011-12, a reduction of 79%. The rate of first time entrants at the end of March 2016 was 385 per 100,000 young people and compares favourably with the Youth Justice Board North East Regional figure of 420 per 100,000.

Youth Offending					
Indicator	Middlesbrough			England	
	Period	Number	Value	Value	Value
First time entrants to CJS / 100,000	2016	50	385	420	-
Proven reoffending rate	2013/14	-	38%	-	-

Period: 2013-16 Source: MBC



Period: 2006-2016 Source: Ministry of Justice

132. Numbers of young people receiving custodial sentences has also reduced significantly. During the period 2012-16, the numbers of young people from Middlesbrough receiving custodial sentences has reduced by 69%, from 26 in 2011/12 to 8 in 2015/16.

133. South Tees Youth Offending Teams e-survey reported the following responses from Young Offenders engaged.

134. 89% of those surveyed were male, this is three percent higher than England and Wales, however this is due to a three percent increase in females surveyed.

135. Both Nationally and in South Tees, the most common age group was 17 years or older.

136. White accounted for 91% of respondees, whilst this was the highest single group nationally, the percentage was much lower at 71%. In Middlesbrough, there were no responders identified as Black, whereas this was the second highest ethnicity recorded nationally.
137. 98% of respondees in the South Tees area had a first language of English, with the remaining 2% being Other, in England and Wales, only 95% had a first language of English, while 1% responded Welsh and 4% responded Other.
138. 17% of respondees stated they had been in Local Authority Care at some point in South Tees, this was 10% lower than the national response rate for this question.
139. 70% of respondees had received a sentence of Referral Order in South Tees, this is 9% higher than nationally, however the rate of Youth Rehabilitation Order is 12% higher nationally than in South Tees.
140. When asked if they needed help with school, training or getting a job, 94% responded 'Yes, and I got the help I needed, the remaining 6% stated that they didn't get enough help. This was both higher and lower respectively to the national figure.
141. 51% of respondees stated that they needed help to make better decisions and that they got the help they needed. This was the same in England and Wales. The remaining South Tees respondees maintained that they didn't want or need any help, however in England and Wales 4% stated that they needed it, but did not receive enough help.
142. 84% responded that their work with the YOT has made them realise that change is possible, the remaining 16% stated that they did not need to change. This was similar in England and Wales, but 3% stated that No, their work with YOT did not make them realise that change is possible.

Female Genital Mutilation

143. It is the responsibility of all agencies involved to safeguard children from female Genital Mutilation (FGM). There are currently no recorded incidents of FGM reported to Cleveland Police.
144. The Health and Social Care Information Centre reports that there have been 5 cases of type 2 FGM self-reported to NHS during pre-natal screening.
145. However all of these instances were reported by Eastern African patients and the abuse took place in Eastern Africa prior to their involvement with NHS services here in Middlesbrough.
146. All patients were within the 25-29 age bracket and pregnant at the time of report. Whilst there have been no reported incidents of FGM taking place in Middlesbrough, these figures suggest that there is a prevalence for FGM within the Eastern African population, it may be that this should be monitored by Social Care to safeguard children born within this part of Middlesbrough's ethnic population. If the abuse is taking place when these women are children, it may simply be a matter of time before females are born within the community before it begins to take place in the area and monitoring within this community may be invaluable in protecting future generations. This is currently a significant gap in data available from all sources.

Care Leavers

147. A Care leaver is defined as a person who has been looked after for at least 13 weeks since the age of 14 and who was in care on their 16th birthday. Young people leaving care are one of the most vulnerable groups in society and the Children and Social Work Act 2017 has recognised that support to them should be available for longer. The Act requires Local Authorities to provide a personal adviser to Care Leavers and to ensure that a Pathway Plan is in place to assess what advice and support is needed, until the Care Leaver reaches the age of 25.

148. Activity in the month prior to and three months after a Care Leaver's nineteenth birthday is collected annually to measure how many are in suitable accommodation and to measure how many are NEET (not in Education, Employment or Training). In 2017, 74% of Middlesbrough's care leavers were in suitable accommodation, lower than the 90% of care leavers in the North East and 84% in England. Performance in this area has declined since 2016. Care leavers in Middlesbrough were less likely to be in education, employment or training, at 45% compared with 49% in the North East and England.

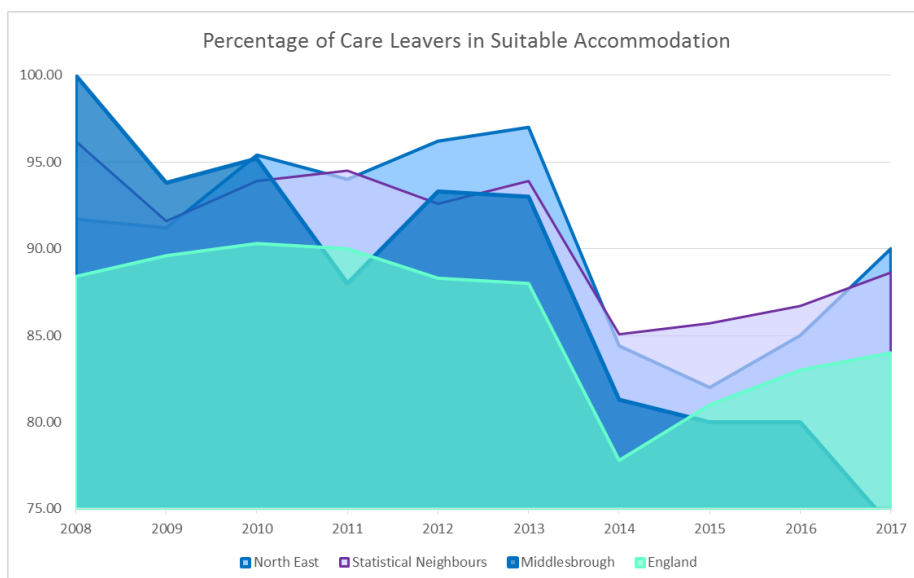
Care Leavers

Indicator	Middlesbrough			North East	England
	Period	Number	Value	Value	Value
Care Leavers – suitable accommodation	2016	-	80.0%	85.0%	83.0%
Care Leavers – suitable accommodation	2017	-	74.0%	90.0%	84.0%
Care Leavers – EET	2017	-	34.0%	50.0%	50.0%
Care Leavers – NEET	2015	-	33.0%	40.0%	39.0%

Period: 2015-17

Source: Department for Education

149. Overall the rate of Care Leavers in suitable accommodation has been inconsistent, this makes it difficult to predict the direction of travel for this measure. However since 2013 the percentage of Care Leavers in suitable accommodation has been much lower in Middlesbrough as well as nationally, regionally and with statistical neighbours. Middlesbrough saw a further reduction in the period between 2016 and 2017 which was in contrast to all comparators. Based on year on year comparison Middlesbrough could see a continual drop in this rate to around 67.0% in 2022.



150. Similarly to those Care Leavers in suitable accommodation there has been an overall downward trend in all comparators for the percentage of Care Leavers in Education, Employment or Training. Middlesbrough saw a spike in 2015 but this was then followed by two periods of a consistent and large decline taking Middlesbrough from 51.0% in 2015 to 34.0% in 2017. The significant drop in numbers makes it difficult to predict a trend in this rate, however it could be suggested that this will continue to drop over time, albeit at a slower rate taking Middlesbrough to around 20.0% by 2022.
151. In conclusion, children in Middlesbrough are more likely to leave care to live in unsuitable accommodation, they are also less likely to be in Employment, Education or Training than national, regional and statistical comparators.

Pre-conception and pregnancy

1. Maternal health, prior to and during pregnancy can impact on a child's health at birth and in later years. This section includes data on smoking in pregnancy, at time of delivery, and antenatal care.

Antenatal screening

2. Middlesbrough / South Tees CCG area performs well for antenatal screening, standing above or around the national average level for all measures.

Antenatal screening

Indicator	2014/15			2015/16			2016/17		
	South Tees	North East	England	South Tees	North East	England	South Tees	North East	England
Infectious disease – HIV coverage	-	99.40%	98.90%	98.80%	99.20%	99.00%	98.70%	-	99.40%
Timely referral of Hepatitis B+ women	85.70%	95.50%	73.30%	86.70%	71.40%	73.60%	-	86.10%	84.20%
Fetal anomaly screening – lab req. forms	95.90%	95.70%	96.80%	96.60%	95.70%	96.80%	96.10%	97.50%	96.60%
Sickle cell / thalassaemia – coverage	-	97.50%	98.80%	98.80%	98.00%	98.90%	99.30%	-	99.30%
Sickle cell / thalassaemia – timeliness	53.10%	63.60%	53.20%	57.40%	63.30%	51.70%	64.60%	65.50%	54.80%
Sickle cell / thalassaemia – FOQ completion	98.10%	98.30%	96.20%	98.30%	97.30%	96.80%	98.10%	98.50%	97.50%

Period: 2014-17

Source: Public Health England

*South Tees

3. HIV Coverage shows a continual trend across 2015/16 and 2016/17 however there is no figure reported for 2014/15. Where there are figures reported, the comparison between South Tees, North East and England shows a similar rate.
4. Timely referral of Hepatitis B+ women shows a consistent trend between 2014/15 and 2015/16, the rate is similar across South Tees, North East and England, however South Tees does not have a figure to report for 2016/17 at this time so trend beyond 2015/16 cannot be stated, although national and regional comparators saw an increase and it could be predicted South Tees would see a similar increase.
5. South Tees showed a rise in the rate of Fetal anomaly screening – lab req. forms between 2014/15 and 2015/16 however there was then a decrease of 0.5% in 2016/17, this trend was mirrored nationally but North East saw a growth of around 2.0% in 2016/17.

6. Sickle cell/thalassaemia – coverage shows a consistent trend between 2015/16 and 2016/17 in South Tees, however there was no figure for 2014/15 to show trend. England has seen a similar rate to South Tees over the period. North East saw a rise between 2014/15 and 2015/16 but there is no figure for 2016/17 at this time.
7. Sickle cell/thalassaemia – timeliness shows a consistent upward trend for South Tees between 2014/15 and 2016/17, whilst the rates are similar between South Tees and England, the North East regional rates are consistently higher between 2014/15 and 2015/16 than South Tees and England. However in 2016/17 a rise of around 7.2% brought South Tees much closer to the North East.
8. Sickle cell/thalassaemia – FOQ completion has remained largely consistent between 2014/15 and 2016/17 at around 98.0% whilst the North East saw a drop in 2015/16 but rose again in 2016/17. Overall, the percentages are within around 2.5% difference of each other across comparators and periods.

Alcohol in Pregnancy

9. If a woman drinks alcohol at any time during pregnancy, she risks damaging her unborn baby. Foetal Alcohol Spectrum Disorder refers to the range of conditions that can occur in a child as a result of foetal exposure to alcohol during pregnancy. FASD is a lifelong disability that has no cure but is completely preventable if a mother abstains from alcohol during pregnancy.
10. The true prevalence of FASD is not known, however it is estimated to be prevalent in more than 1% of all live births in the UK. Research in 2016 examining hazardous alcohol use amongst pregnant mothers in other areas of the North East also produced a prevalence figure of around of 1%. Applying the 1% prevalence to the annual number of live births in Middlesbrough (2,003) would mean an expected rate of at least 20 babies born a year with FASD.
11. FASD can result in lifelong health conditions, such as cerebral palsy, autism and ADHD. It can also cause health problems with the liver, kidneys, heart and other organs as well as hearing and vision problems.

Smoking in Pregnancy

12. Smoking is the single most modifiable risk factor during pregnancy, and can lead to a range of adverse outcomes, including an increased risk of miscarriage, premature birth, stillbirth, low birth weight, sudden unexpected death in infancy and complications during labour. It increases the risk of infant mortality by up to 40 per cent. Children born to mothers who smoked during pregnancy are also more likely to be born with developmental and behavioural problems, be more prone to infections, and develop a host of other health conditions such as asthma, glue ear and middle ear disease.
13. The impact of having a parent who smokes on a young persons' future lifestyle behaviour can be very pronounced. A child living with a parent who smokes can be up to 80 per cent more likely to smoke than one living in a household where no one smokes. Having a parent who smokes is also likely to increase the exposure of children to second hand smoke, and the impact of such exposure is well documented such as increased risk of bronchiolitis, wheezing, bacterial meningitis and others. There is very strong evidence to

suggest that the most effective and sustainable way to address smoking and tobacco use in young people is to reduce adult smoking prevalence.

14. In 2015/16, around one in five mothers (19.8%) in Middlesbrough were known to smoke at the time of delivery, compared with 16.7% in the North East and 10.6% in England. As such, Middlesbrough was approaching double the national rate.

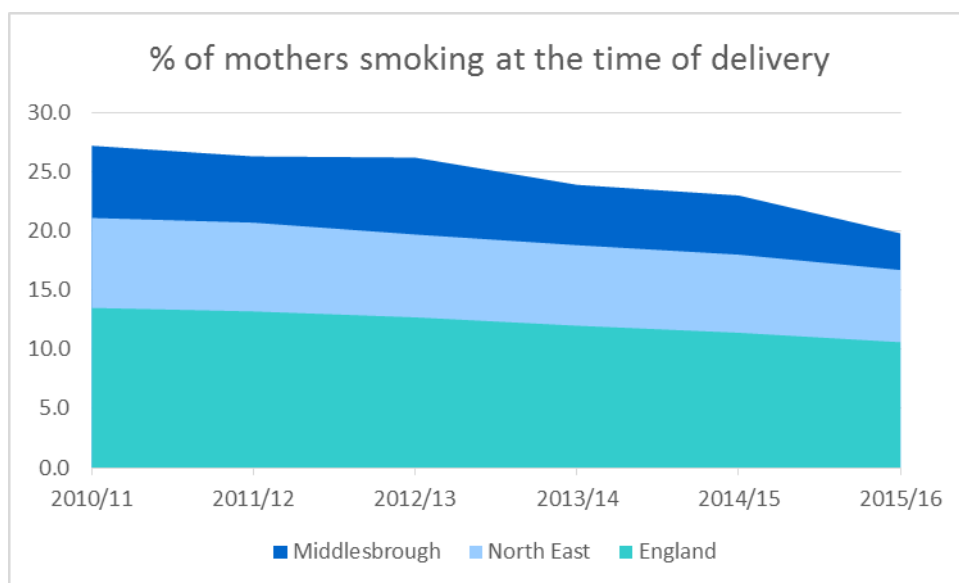
Mothers smoking at the time of delivery					
Indicator	Middlesbrough			England	
	Period	Number	Value	Value	Value
Smoking status at time of delivery	2015/16	355	19.8%	16.7%	10.6%
Period: 2015/16		Source: NHS Digital			

15. Middlesbrough is the second worst area in the North East for this indicator, tying with Redcar and Cleveland and behind South Tyneside.

16. The most recent figures show a significant drop in the number of mothers smoking at the time of delivery, the table below shows how the numbers have changed since 2010/11. Whilst Middlesbrough remains higher than both national and regional averages, it has shown a much faster decline over the period of 6 years.

Mothers smoking at the time of delivery						
Period	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
Count	579	547	549	457	440	355
%	27.2	26.3	26.2	23.9	23.0	19.8
Period: 2011-2016		Source: Public Health England				

17. Middlesbrough has a consistently higher percentage of mothers smoking at the time of delivery than both England and the North East however it is following the general trend and decreasing, bringing it closer to the North East year on year and therefore closer to the national average.



Period: 2011 - 16 Source: Public Health England

18. In comparison to the CSSNBT Statistical Neighbours for this measure, Middlesbrough is ranked fourth highest. Only one other North East authority, Hartlepool, is identified as a statistical neighbour and is 1.7% lower than Middlesbrough. The dispersal of these neighbours is a difference of approximately 12% from the lowest being England (10.6%) and the highest being Lincolnshire (23.5%).
19. Pregnant women under the age of 20 have a higher smoking prevalence rate compared to older women, being up to five times more likely to smoke compared with women over 30 years. The social disadvantage gradient also reflects this pattern with young women who are single and of low educational attainment more likely to smoke in pregnancy, compared with older and more affluent mothers. This reflected in the Smoking at the Time of Delivery rates (SATOD) across Middlesbrough, being higher in deprived wards and lowest in more affluent wards.
20. In conclusion, children are more likely to be born in Middlesbrough to mothers smoking at the time of birth, than regional and national averages, although this figure is improving. They are as likely to be born to smoking mothers as Middlesbrough's statistical neighbours.

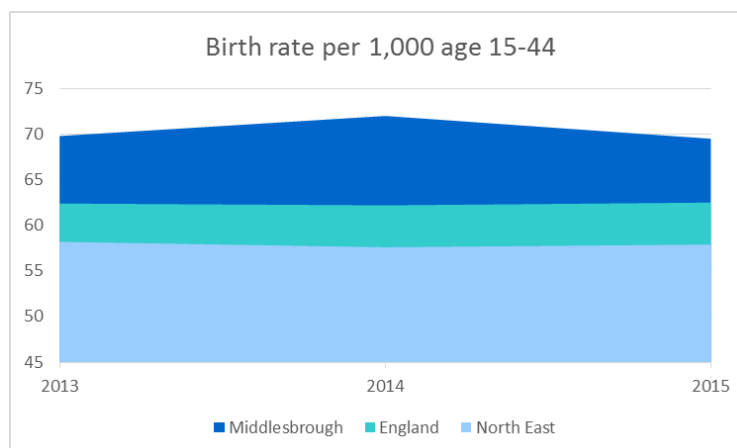
Healthy Births

21. Middlesbrough has a higher birth rate per 1,000 of the female population aged 15-44 than the North East average at 72.0, and has a Standardised Fertility Rate (SFR) 13.5% above the average for England.

Birth rate			
Area	Female pop 15-44	Live births to females aged 11-49	Birth rate per 1,000 female pop aged 15-44
England	10,631,532	661,496	62.2
North East	493,859	28,456	57.6
Middlesbrough	27,822	2,003	72.0

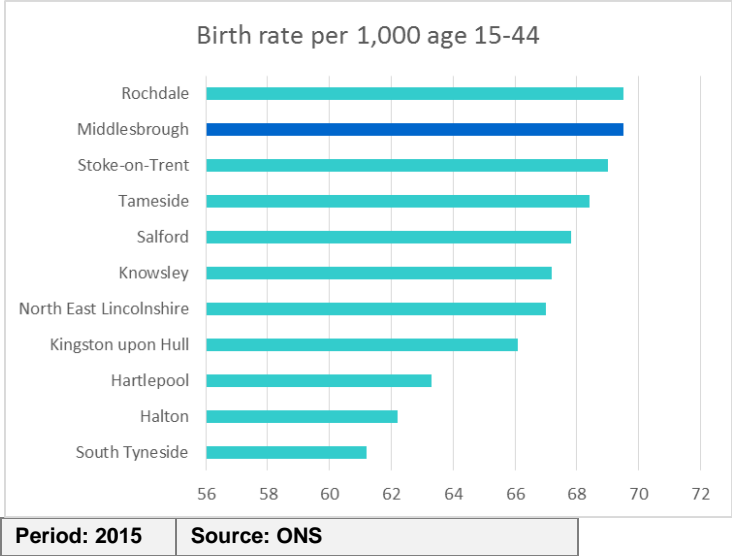
Period: 2014 Source: HSCIC

22. The birth rate per 1,000 in Middlesbrough has remained largely consistent between 2013 and 2015 of around 70, with a slight rise in 2014 which is in contrast with the North East which is consistently approximately 58 and England at 62, this is shown below.



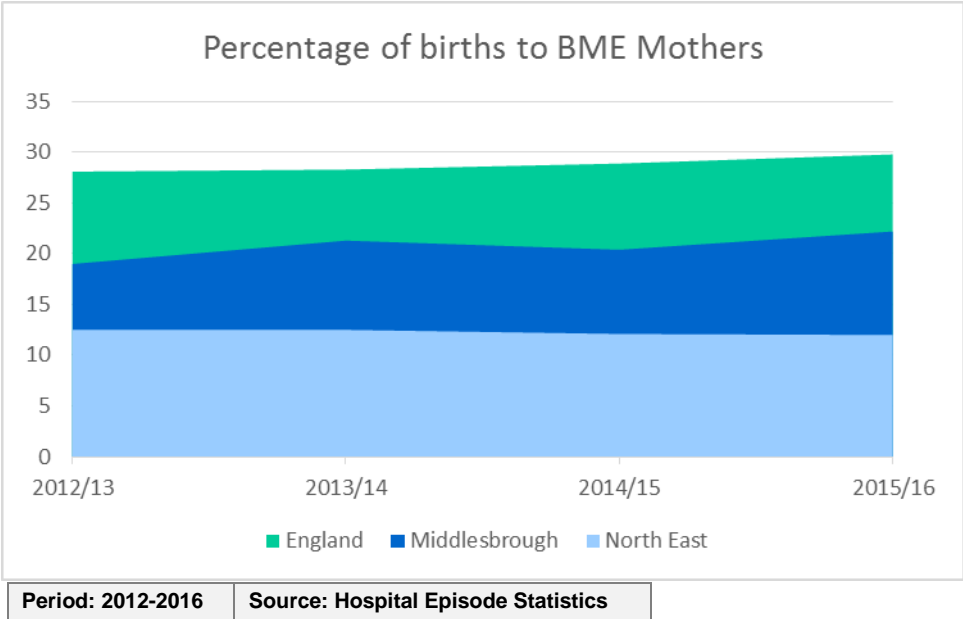
Period: 2013-15 Source: HSCIC

23. Middlesbrough had the joint highest birth rate per 1,000 aged 15-44 in 2015 with Rochdale when compared with CSSNBT statistical neighbours with 69.5, the lowest comparator was South Tyneside with 61.2 per 1,000.

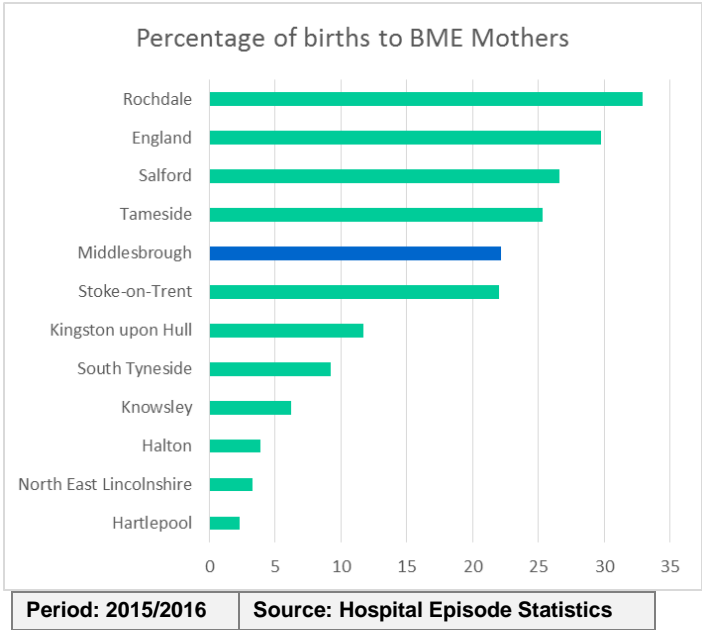


24. In 2015/16 22.2% of all births were to mothers from Black and Minority Ethnic (BME) groups according to Hospital Episode Statistics, this was almost double the average rate in the North East but lower than the National rate.

25. Middlesbrough has shown small yet consistent growth in the percentage of births to mothers from BME groups since 2012/13 of around 2% per year, this is excluding 2014/15 when this rate dropped by 0.9% on the previous period. This is in contrast to the regional average over this period which saw a decline year on year since 2013/14 but in line with the National average which also shows an increase year on year, albeit a much lower rate of less than 1% per year.



26. Middlesbrough sits in the middle of its statistical neighbours for this measure, with Rochdale having the highest percentage of babies born to BME mothers and Hartlepool having the least. Hartlepool is the only other North East comparator in the ranks for this measure.

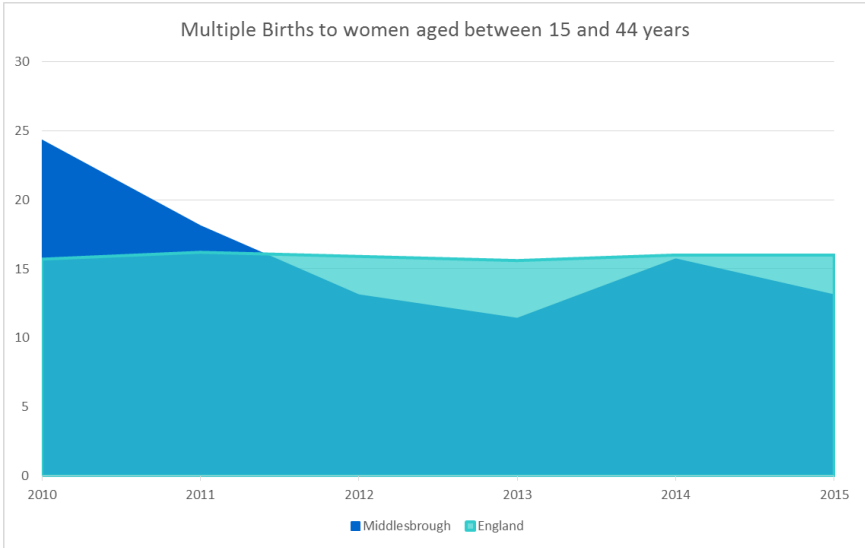


27. Middlesbrough has a significantly lower percentage of Caesarean Section deliveries than the national and regional averages as shown below.

Caesarean Section %		
Area	2014/15	2015/16
England	25.8	26.3
North East	23.8	24.6
Middlesbrough	22.1	20.0

Period: 2014-16 Source: HSCIC

28. Multiple births were historically much higher than national and regional averages in 2011, around 50% higher. However in the intervening years there has been a distinct decline in the percentage of multiple births to women aged between 15 and 44 years. The regional percentage was largely the same as the national and therefore has been excluded from the chart below.



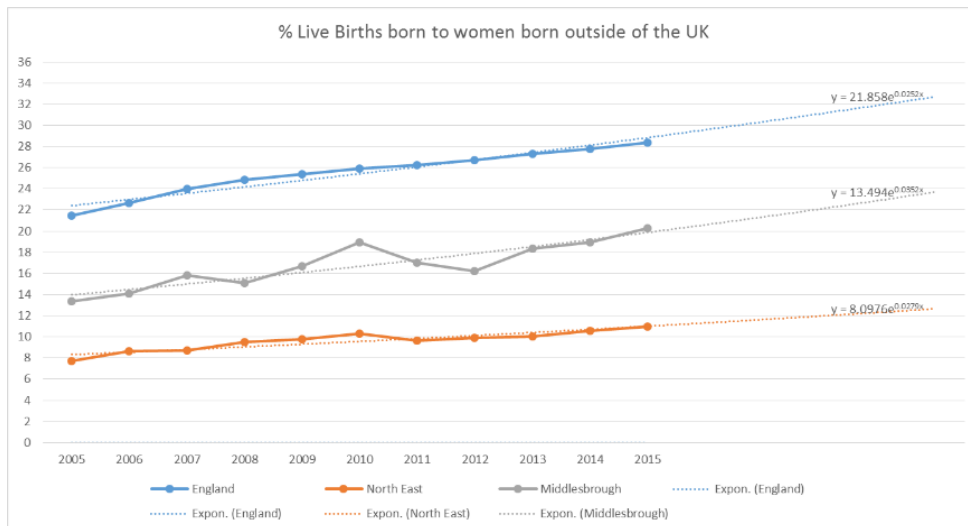
Period: 2010-15

Source: Hospital Episode Statistics (HSCIC)

29. Middlesbrough had the third lowest multiple birth rate in 2016 when compared to CSSNBT Statistical Neighbours, only Hartlepool appears as a North East statistical neighbour for this measure. England has the highest rate of multiple births, and Stoke-on-Trent the lowest.
30. In conclusion, more children are likely to be born in Middlesbrough to mothers between 15 and 44 years of age than national, regional and statistical comparator averages. Children in Middlesbrough are more likely to be born to a mother from a Black and Minority Ethnic group than regional averages, however less likely when compared to the national average.

Live births in Middlesbrough born to women born outside of the UK

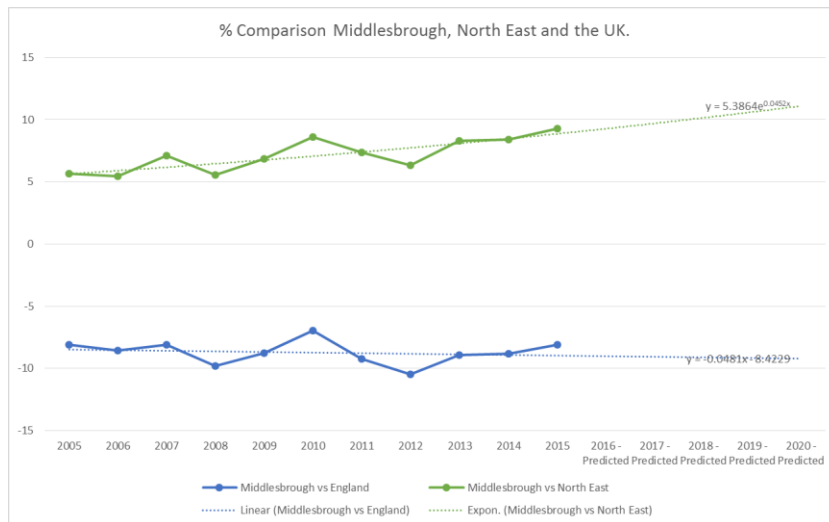
31. Between January and December 2015 there were a total of 1,925 live births in Middlesbrough, 390 (20.26%) of these were to mothers born outside of the UK. This was an increase on prior years, as the percentage had never grown higher than 19% back to the same period of 2005.
32. As you can see from the chart below, Middlesbrough has had a similar trend to both the England figures and the North East over the past decade. While England has shown a continuous growing percentage, Middlesbrough and similarly the North East have also shown drops in these figures.



Period: 2005-2015

Source: ONS

33. Middlesbrough sits comfortably in the mid-late teen percentages until the growth above 20% in 2015, this is around 10% lower than the rest of England, but higher than the North East average by around 7% each year.



Period: 2005-2015 Source: ONS

34. Using exponential growth trend lines on 'percentage of live births born to women who were born outside of the UK', it is predicted this number will continue to grow, nationally, regionally and in Middlesbrough. By 2020 around 33% of babies born in the UK could be to mothers from outside of the UK and similar growth is shown in the North East although a much lower 11%, Middlesbrough continues to sit between national and regional averages with this predicted trend and is predicted to settle at around 24% in 2020. It is difficult to predict how accurate this is, as the inbound immigration may slow, specifically as a result of the on-going changes to immigration laws once the U.K. formally begins to leave the European Union. The rates of asylum seekers in the town could also change as a result of this, but is a far more subjective trend as it relies on the unrest across the globe to give people reason to seek asylum.
35. In conclusion, children born in Middlesbrough are more likely to have mothers who were born outside of the UK than regional averages, however they are less likely when compared to national averages.

Infancy and Early Years

36. The early years of a child's life shape his or her health and wellbeing through childhood and into adulthood. The most important period for brain development is from conception to age 2; the brain is a key determinant of intellectual, social and emotional health and wellbeing. Giving every child the best start in life is key to reducing health inequalities across the life course. This section includes numbers of births, low birth weight babies, perinatal and infant mortality, breastfeeding, speech and language therapy, life expectancy at birth and healthy life expectancy at birth.

Life expectancy and healthy life expectancy at birth

37. The life expectancy of children in Middlesbrough is lower than for the North East region and for England overall. Boys born between 2013 and 2015 are expected to live until 76.1 years of age on average and girls are expected to live until 79.8 years of age - a gender difference of 3.7 years. In the North East males are expected to reach 77.9 years of age and females 81.7 years of age on average. The average life expectancy for males in England is 79.5 years of age and for females is 83.2 years of age.

Life expectancy

Indicator	Middlesbrough				England
	Period	Number	Value	Value	Value
LE at birth (male)	2013-15	-	76.1	77.9	79.5
Healthy LE at birth (male)	2013-15	-	58.8	59.6	63.4
LE at birth (female)	2013-15	-	79.8	81.7	83.2
Healthy LE at birth (female)	2013-15	-	59.8	60.1	64.1

Period: 2013-15 **Source:** Public Health England

38. A boy born in Middlesbrough can only expect to live 77.25% of his years of life in good health compared with 79.75% nationally. Similarly, a girl born in Middlesbrough can only expect to live 74.95% of her years of life in good health compared with 77.05% of years of life for a girl born in the healthiest part of the country.

39. Life expectancy at birth is 12 years lower for boys and 8 years lower for girls born to mothers living in the most deprived areas of Middlesbrough compared with those in the least deprived areas.

Low Birth Weight

40. Low birth weight (LBW), defined as less than 2,500g or approximately 5.5lbs in live-born infants, is a major determinant of mortality, morbidity and disability in infancy and childhood and can also have a long-term impact on health outcomes in childhood and adult life. Very low birth weight (VLBW) is defined as less than 1,500g or approximately 3.3lbs in live-born infants.

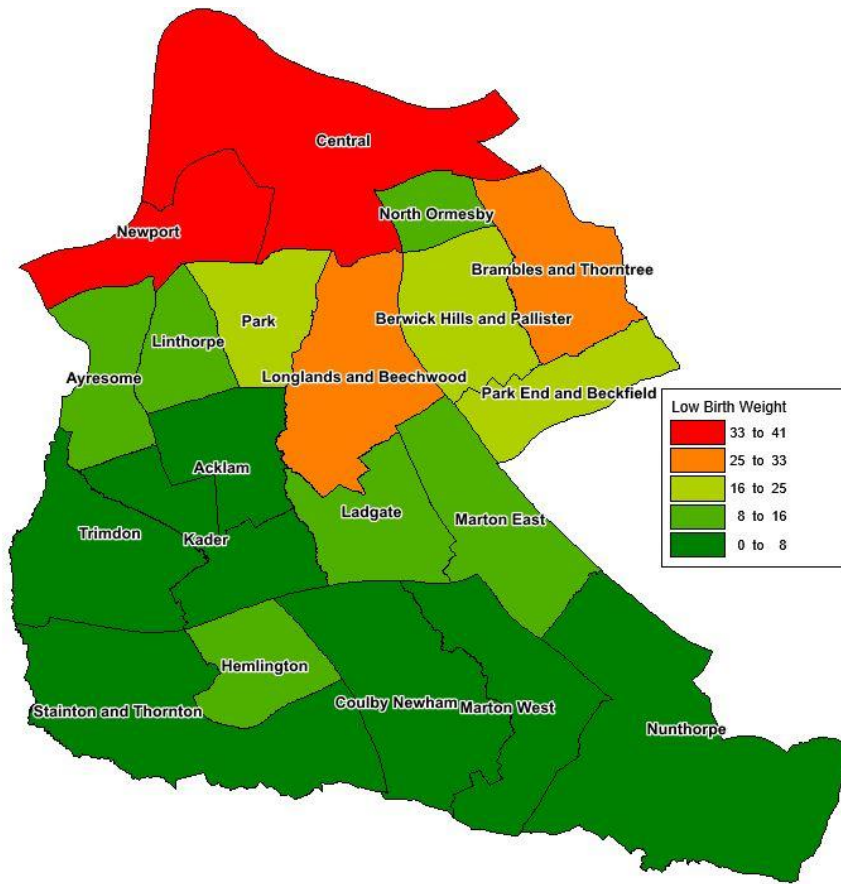
41. Significant inequalities exist with LBW, with higher proportions of low birth weight babies born in areas of deprivation due to a number of lifestyle and environmental factors more prevalent in these areas and population groups such as teenage pregnancy, poor nutrition, substance misuse, smoking and insufficient antenatal care.

42. There were 65 babies born with a low birth weight in 2015 in Middlesbrough or 3.8%, compared with 2.8% both regionally and nationally.

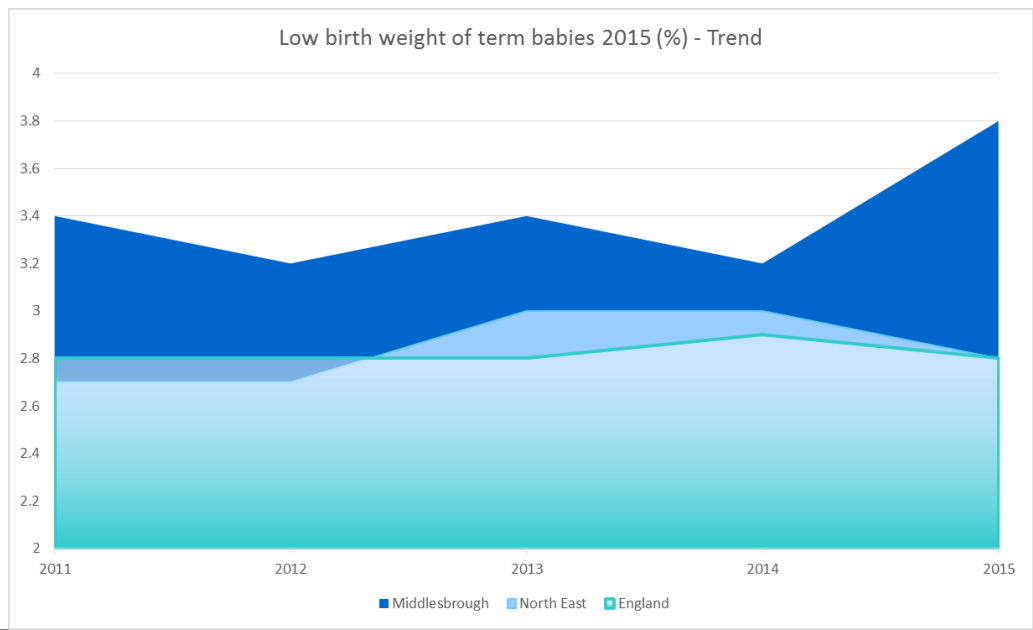
Indicator	Middlesbrough				England
	Period	Number	Value	Value	Value
LBW of term babies	2015	65	3.8%	2.8%	2.8%
LBW of all babies	2015	172	9%	7.3%	7.4%
VLBW of all babies	2015	25	1.31%	1.06%	1.26

Period: 2015 **Source:** ONS

43. Middlesbrough has the fourth highest rate in the North East however had seen a reduction from 2013 to 2014, while the North East and England saw an increase. In 2015 Middlesbrough saw a rise in the number of low birth weight babies, while England and the North East saw a reduction. Wards in the north of the town had a greater proportion of low birth weight babies in 2015.

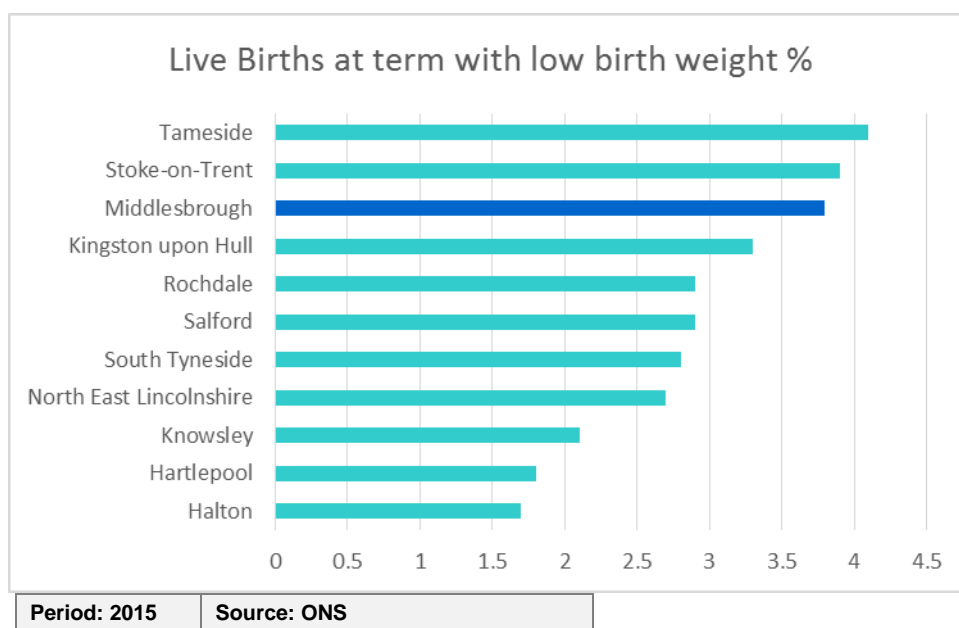


Period: 2015 | Source: ONS



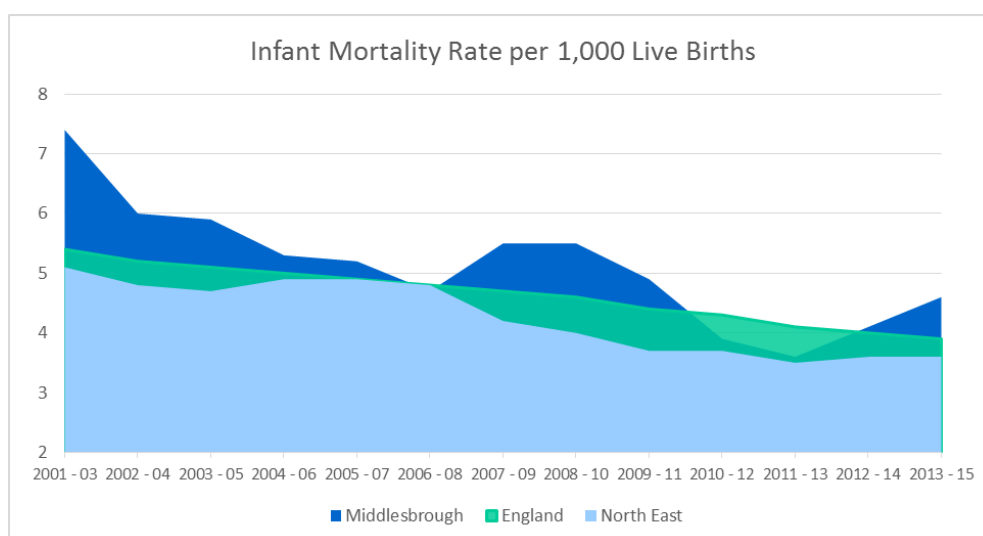
Period: 2011 - 15 | Source: ONS

44. Middlesbrough has the third highest percentage of low birth weight of term babies in comparison to its CIPFA Nearest Neighbours, the lowest percentage was Halton with 1.7% and the highest Tameside with 4.1%.



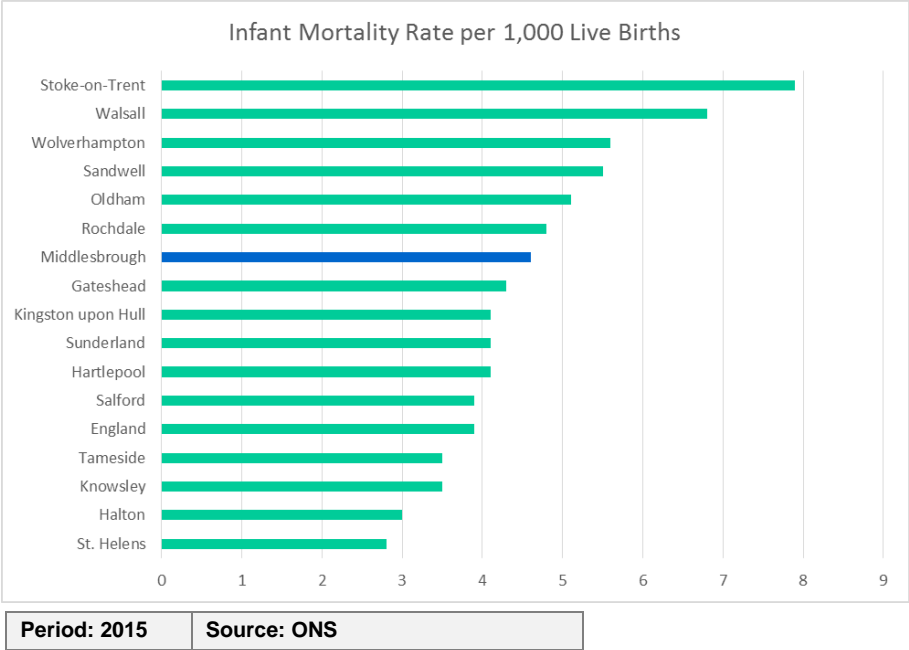
Infant Mortality

45. Infant mortality refers to deaths of young children less than one year of age. The rate of infant mortality per 1,000 live births is an important indicator of overall population health, as factors associated with a higher risk of infant death are also indicators for poor health of the wider family (e.g. socio-economic circumstances, parental smoking and deprivation).
46. There were 25 infant deaths in Middlesbrough from 2012-14 - a rate of 4.1 per 1,000 live births – higher than the regional average of 3.6, but in line with the national rate of 4. Trends show that nationally the rates are falling year on year, and although fluctuating and a recent increase, the Middlesbrough rate has reduced significantly over the 11 year period.



Period: 2001-15 | Source: ONS

47. Looking at 2013-15 In comparison to CIPFA nearest neighbours, Middlesbrough sits in the middle of the 17 comparators, its rate per 1,000 is 4.6 and the average across all 17 authorities is 4.55 so Middlesbrough is in line with this.



48. Middlesbrough has lower rates of stillbirths, perinatal (stillbirths & <7 days) and neonatal (<28 days old) mortality compared to England and slightly higher rates of post-neonatal (28 days – 1 year) mortality compared with England.

Infant mortality

Indicator	Middlesbrough			England	
	Period	Number	Value	Value	Value
Stillbirth rate	2011-13	27	4.4	4.9	4.9
Perinatal mortality	2011-13	33	5.4	6.6	7.1
Neonatal mortality	2011-13	29	2.9	2.5	2.9
Post-neonatal mortality	2011-13	14	1.4	1.1	1.3
Infant mortality	2011-13	25	4.1	3.6	4.0

Period: 2011-13 Source: Public Health England

49. Middlesbrough has seen consistent trends in the rate of stillbirths between 2010 and 2015, there was a significant drop in the period 2012-14.

Infant mortality

Period	Middlesbrough		North East	England
	Number	Value	Value	Value
2010-12	28	4.5	4.8	5
2011-13	28	4.4	4.9	4.9

2012-14	19	3.1	4.4	4.7
2013-15	26	4.4	4.3	4.6
Period: 2010-2015	Source: Office of National Statistics (ONS)			

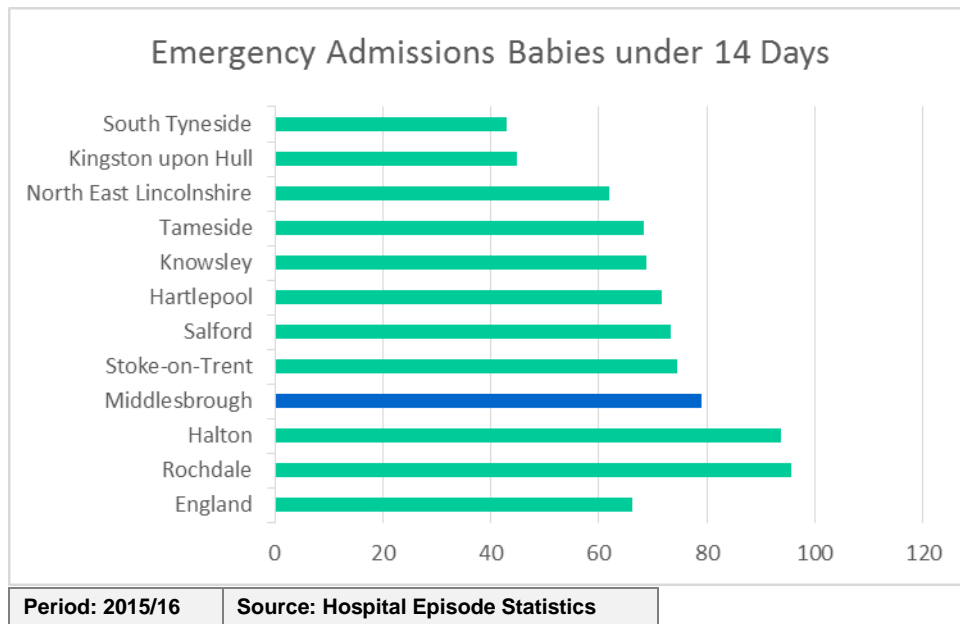
Newborn Screening

50. Middlesbrough / South Tees CCG area performs better than the national average for newborn bloodspot screening coverage, but much less well for avoidable repeats. Hearing screening, and in particular, physical examination coverage perform worse than the national average rate.

Newborn screening					
Indicator	Middlesbrough			England	
	Period	Number	Value	Value	Value
Physical examination – coverage*	2015/16 (e)	-	66.2%	91.1%	93.7%
Bloodspot screening – coverage	2014/15	1,866	98.0%	97.4%	95.8%
Bloodspot screening – avoidable repeats*	2015/16 (e)	-	5.8%	4.0%	3.7%
Hearing screening – coverage	2014/15	1,892	98.1%	99.0%	98.5%
Period: 2014-16	Source: Public Health England		*South Tees		

51. High levels of admissions of either mother or babies soon after birth can suggest problems with either the timing of the quality of health assessments before the initial transfer or with the postnatal care once the mother is home. Dehydration and jaundice are two common reasons for re-admission of babies and are often linked to problems with feeding.
52. Middlesbrough has seen a downward trend in the number of admissions of babies under 14 days old between 2014/15 and 2015/16, which is in contrast with both regional and national trends, both of which have seen a rise. The drop in the number in Middlesbrough versus the rise both regionally and nationally has brought the Middlesbrough rate in line with both.
53. Middlesbrough has the third highest proportion of emergency admissions per 1,000 in babies 0-13 days old when compared to statistical neighbours¹⁴, as shown on the chart below.

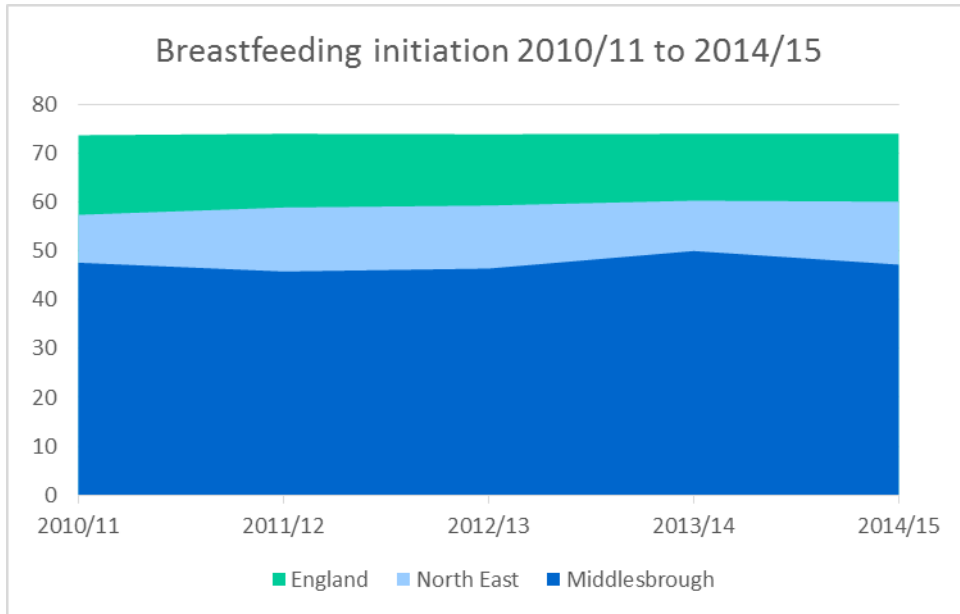
¹⁴ Statistical Neighbours from CSSNBT – Children’s Services Statistical Neighbour Benchmarking Tool



Breastfeeding

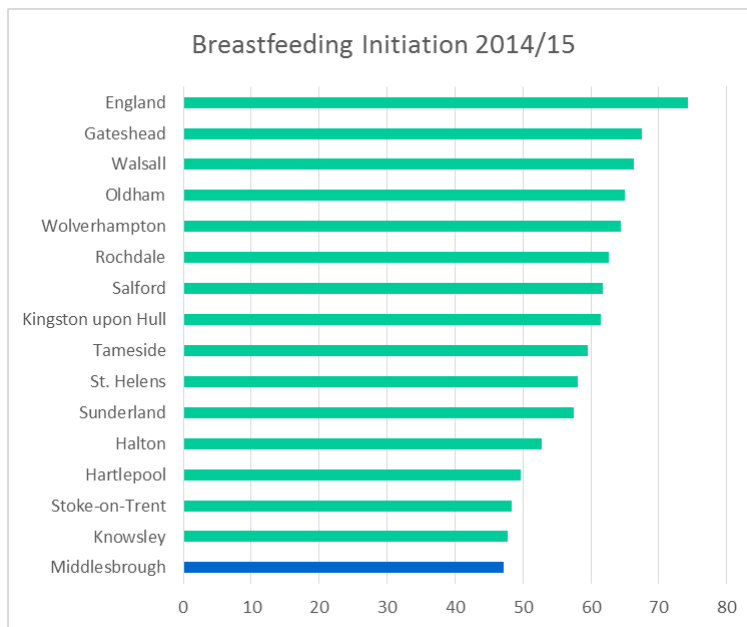
- 54. There is clear evidence to show that breastfeeding protects the health of mothers and babies both in the short and long term, reducing the risk of infants developing many illnesses and infections, and providing protection against later childhood diseases such as obesity and diabetes. It also has a positive effect upon maternal health and wellbeing and promotes bonding between mother and baby.

- 55. Breastfeeding initiation in Middlesbrough is significantly lower than the England rate. Rates have fluctuated over recent years, however the rate is the same in 2014/15 as it was in 2006/07. There have been greater increases nationally, regionally and in comparable areas; the gap is widening. In 2014/15 Middlesbrough had the lowest percentage of breastfeeding initiation nationally at 47.2% or 881 out of 1867 women.



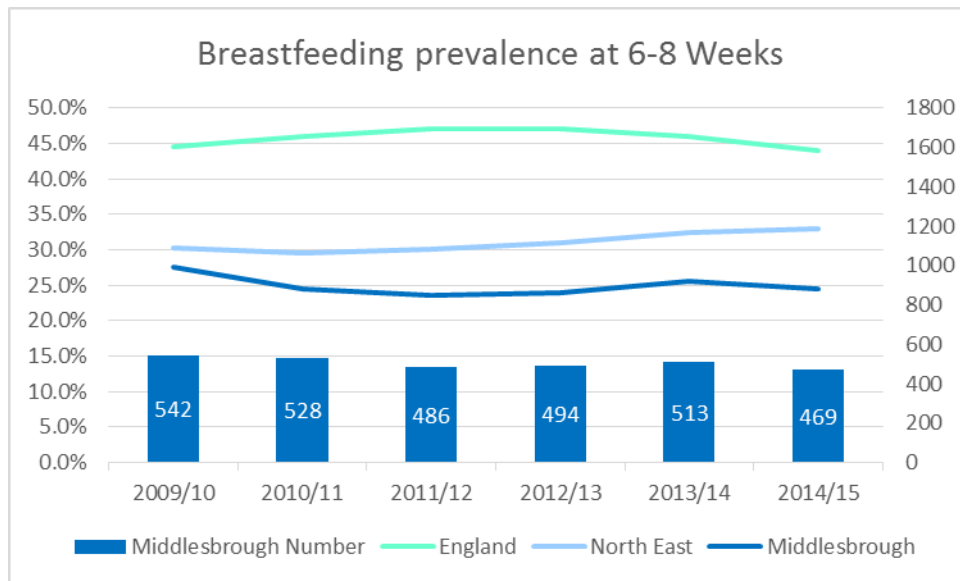
Period: 2010-15 **Source:** Public Health England

56. Middlesbrough was at the bottom of the Breastfeeding initiation comparison with CSSNBT Statistical neighbours in 2014/15 27.1% lower than the highest proportion England (74.3%) and 20.3 lower than Gateshead who ranked second. The average proportion of Breastfeeding initiation in 2014/15 was 59%, Middlesbrough was 11.8% lower than this.



Period: 2014/15 **Source:** Public Health England

57. By the time babies are 6-8 weeks old, only 25% are being breastfed compared to the national rate of 43.8%. The rate in Middlesbrough has seen a 3% decrease over the latest 6 year period. While the England average has decreased, the average across the North East has increased in recent years.

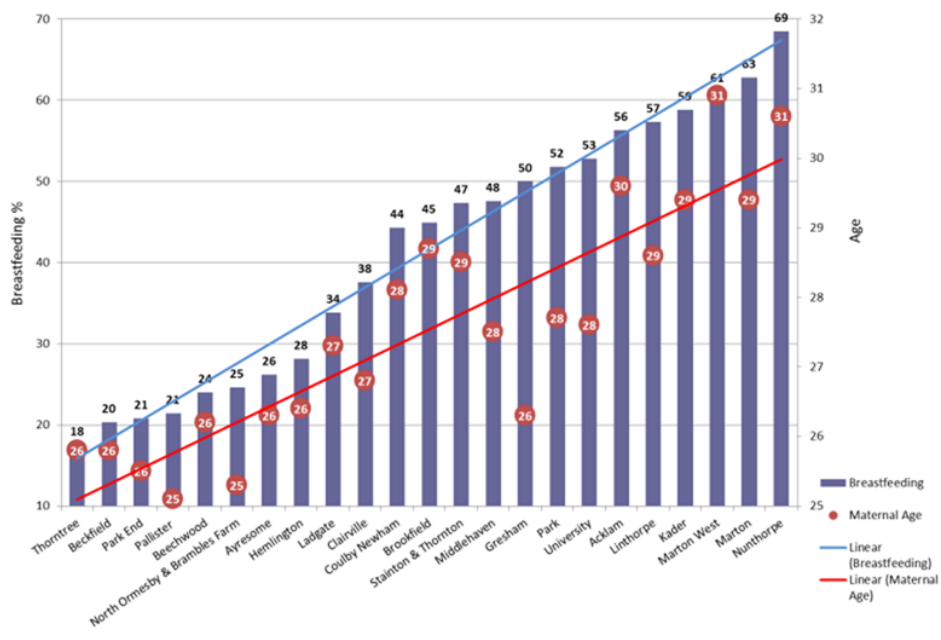


Period: 2009-15 | Source: Public Health England

58. Breastfeeding rates vary considerably within Middlesbrough, though no ward exceeds the national average rate.

59. The rate of breastfeeding does increase across the wards when you compare the percentage of breastfed babies and the average age of the mother, the higher average age of mothers the higher the breastfeeding rate.

Ward Level Breastfeeding % against Mother's Age at Birth



Period: | Source: HSCIC

60. In conclusion, children born in Middlesbrough are less likely to be breastfed than national, regional and statistical comparators.

Infections

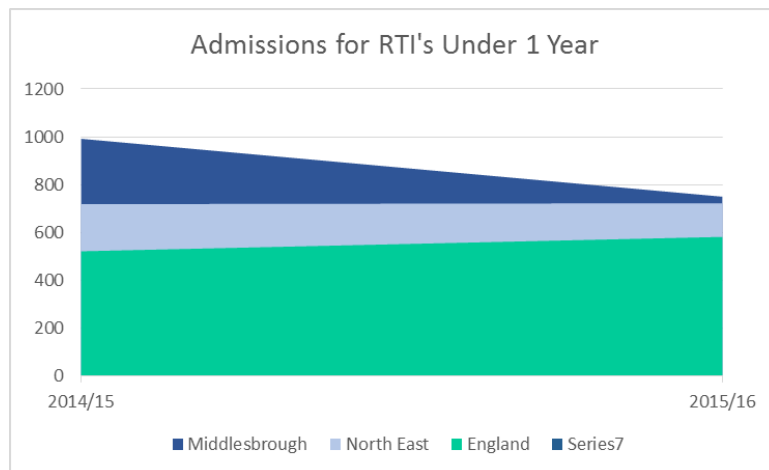
61. Admissions for respiratory tract infections in infants aged under 1 year in Middlesbrough were the worst in England in 2014/15. There are clear links here to factors such as parental smoking, housing conditions, and general air quality. However, admissions for aged 1 and aged 2-4 years were at, and better than national averages, respectively.

Respiratory tract infections

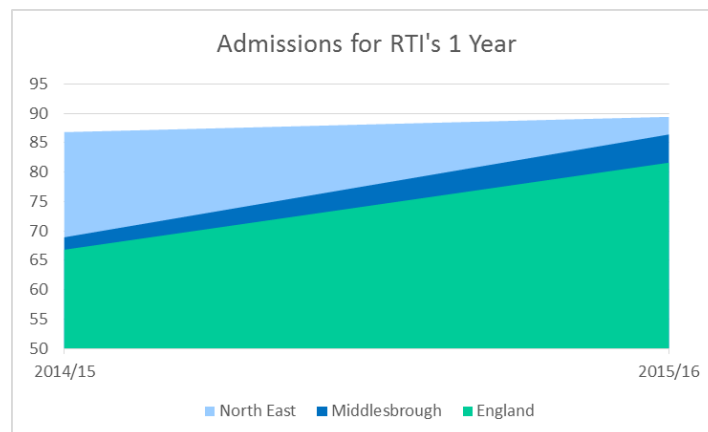
Indicator	Middlesbrough			North East	England
	Period	Number	Value	Value	Value
Admissions Respiratory Tract infections <1	2015/16	146	750	723	522
Admissions Respiratory Tract infections 1	2015/16	17	86.4	89.4	81.6
Admissions Respiratory Tract infections 2-4	2015/16	9	15.2	23.2	20.3

Period: 2014/15 Source: Public Health England

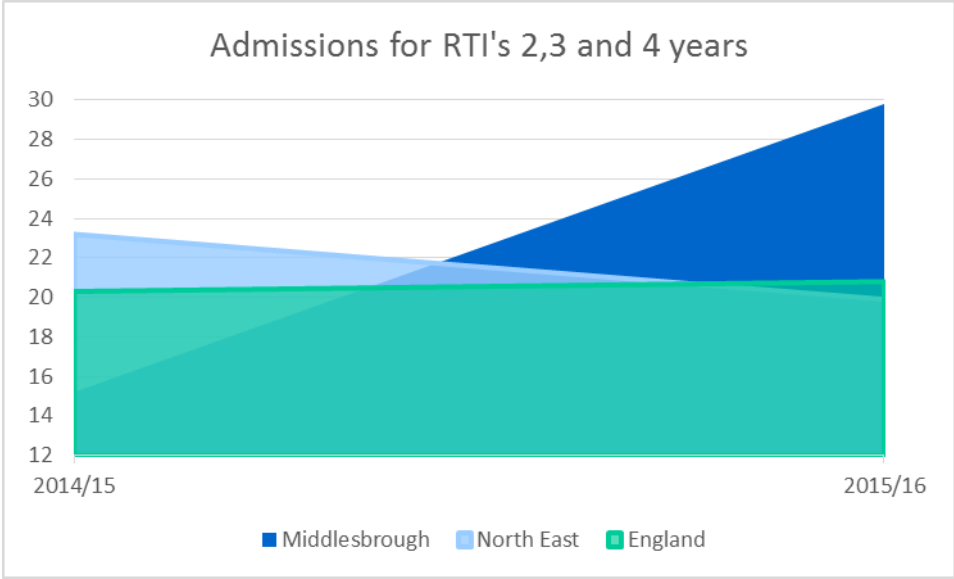
62. Middlesbrough has seen a decline in the rate of admissions for respiratory tract infections in infants aged under one year between 2014/15 and 2015/16. This is in contrast to nation and regional comparators, both of whom saw rises in the same period.



63. Admissions for respiratory infections aged one year has seen a rise between 2014/15 and 2015/16 in Middlesbrough, this trend was mirrored in England, however the North East remained consistent, with a change of only 2.6.



64. The rate of children aged two, three and four years being admitted for Respiratory Tract Infections doubled in Middlesbrough between 2014/15 and 2015/16. This was in contrast to the national and regional rates, which stayed largely the same and decreased respectively.



65. In conclusion, children born in Middlesbrough are more likely to be admitted to hospital for a respiratory tract infection than national and regional comparators.

Immunisation

66. Immunisations protect children and young people from serious infection and preventable diseases including polio, measles, mumps, rubella, diphtheria and tetanus, many of which can be life threatening. High immunisation coverage is required to achieve 'herd immunity', meaning that it is harder for the disease to be passed onto people who have not been vaccinated. This generally means 90% of the population should be vaccinated and is the main reason why there is an extensive immunisation programme in infancy through to adolescence.

67. The table below shows the local uptake rates for the routine immunisation schedule. Generally Middlesbrough has higher or similar uptake rates compared with England. Vaccinations for flu at risk individuals (6 months to under 65) are lower than the national rate. Meningitis B is a new vaccination and there is only January 2016 data available at a South Tees level, covering Middlesbrough and Redcar and Cleveland.

68. At present the uptake rate is lower than England. Data collection was suspended in 2013 for the BCG vaccination for tuberculosis and on reinforcing doses of diphtheria, tetanus and polio given to school leavers. Both the Shingles vaccine and Meningitis ACWY are new and data is not currently available.

69. Infants born to Hepatitis B virus infected mothers are at high risk of acquiring the infection themselves. Babies born to infected mothers are given a dose of the hepatitis B vaccine after they are born. This is followed by another two doses (with a month in between each) and a booster dose 12 months later. In 2014/15 there were 7 children who at aged 12 months had received the complete course of hepatitis B vaccine.

Population Vaccination Coverage	Period	Middlesbrough	England
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Hepatitis B - 1 Year Olds	2015/16	100.00%	
Dap/IPV/Hib - 1 Year Olds	2015/16	94.70%	93.6%
Meningitis C - 1 Year Olds	2015/16	96.10%	
PCV - 1 Year Olds	2015/16	94.70%	93.5%
Hepatitis B - 2 Year Olds	2015/16	100.00%	
Dap/IPV/Hib - 2 Year Olds	2015/16	96.50%	95.2%
Hib/Meningitis C - 2 Year Olds	2015/16	93.20%	91.6%
PCV - 2 Year Olds	2015/16	92.00%	91.5%
MMR for one dose - 2 Year Olds	2015/16	92.10%	91.9%
Hib/Meningitis C - 5 Year Olds	2015/16	94.00%	92.6%
MMR for one dose - 5 Year Olds	2015/16	95.60%	94.8%
MMR for two doses - 5 Year Olds	2015/16	90.00%	88.2%
HPV - 3 doses - 12-13 Year old females	2013/14	90.80%	86.7%
HPV - one dose - 12-13 Year old females	2015/16	88.00%	87.0%
Source: Public Health England			

70. In conclusion, children born in Middlesbrough are more likely to be immunised than national averages.

Childhood

71. Childhood is when health behaviours first begin to form. Establishing healthy habits early in life can have a positive impact on quality of life in the future, and poor habits can lead to poor health outcomes in childhood and adulthood. This section contains data on oral health and tooth decay, childhood obesity, and children affected by parental drug and alcohol misuse.

Oral Health

72. Poor oral health among children is closely linked to deprivation, and can affect children and young people's ability to sleep, eat, speak, play and socialise with other children. It is closely linked to issues such as obesity through poor diet, yet it is largely preventable.

73. Middlesbrough has the worst oral disease rates in the North East region. In 2014/15, on average 40% of five year old children have experienced some decay compared with the England average of 25%.

Oral health

Indicator	Middlesbrough			North East	England
	Period	Number	Value	Value	Value
3 year olds free from dental decay	2012/13	-	82.7%	90.0%	88.4%
5 year olds free from dental decay	2014/15	-	61.2%	72.0%	75.2%
Tooth extractions at hospital <10	2015/16	127	611.8	488	425
12 year olds free from dental decay	2008/09	-	49.0%	-	66.4%

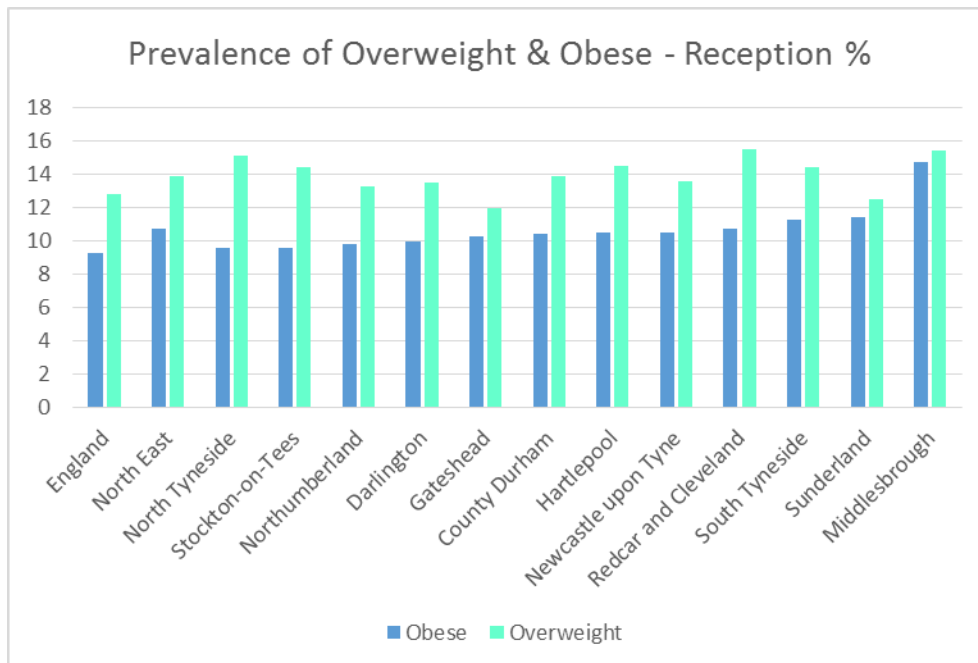
Period: Various **Source:** NHS Digital & NWPH Dental Health

basis is a major contributing factor to gaining weight while low levels of physical activity, and increased sedentary behaviours, of children and young people exacerbate the problems of poor diet and nutrition.

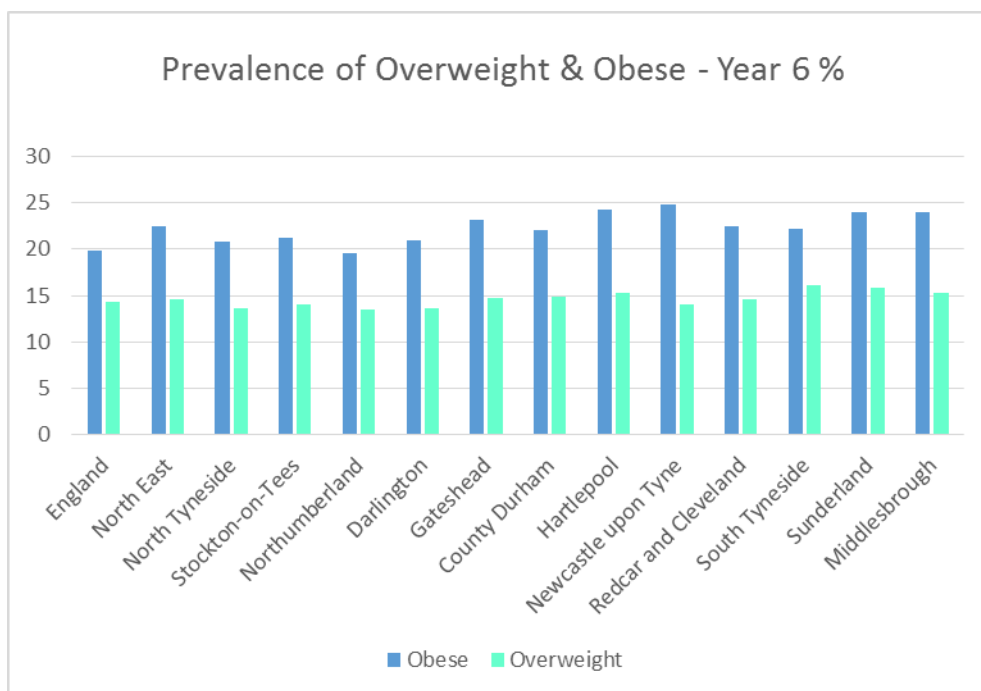
81. In 2014/15, over one in four reception class children in Middlesbrough (27.1%) were categorised as overweight or obese according to their BMI, compared to 21.9% for England. Over one in three Year 6 children (36.1%) were overweight or obese in Middlesbrough, compared to 33.2% in England. Middlesbrough is ranked 11 of 12 in the North East for overweight in reception, and 6 of 12 in Year 6.

Childhood obesity					
Indicator	Middlesbrough			North East	England
	Period	Number	Value	Value	Value
Reception: underweight	2014/15	17	0.90%	0.61%	0.96%
Reception: healthy weight	2014/15	1,360	72.0%	75.6%	77.2%
Reception: overweight (incl. obese)	2014/15	513	27.1%	23.7%	21.9%
Reception: obese	2014/15	212	11.2%	10.1%	9.1%
Year 6: underweight	2014/15	14	0.83%	1.16%	1.42%
Year 6: healthy weight	2014/15	1,067	63.0%	62.9%	65.3%
Year 6: overweight (incl. obese)	2014/15	612	36.1%	35.9%	33.2%
Year 6: obese	2014/15	361	21.3%	21.5%	19.1%

Period: 2014/15 **Source:** Public Health England

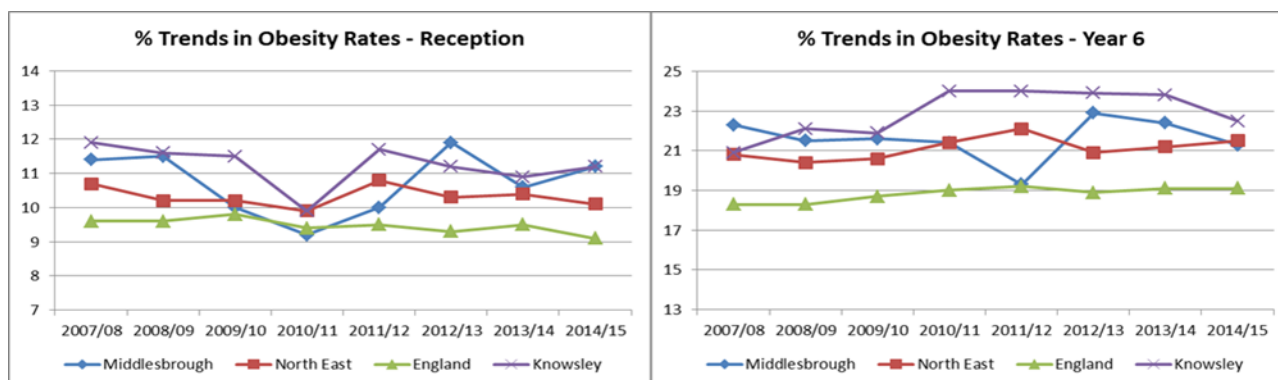


Period: 2014/15 **Source:** Public Health England



Period: 2014/15 Source: Public Health England

82. Local trends are showing that obesity rates in reception age children, although fluctuating has increased over the 8 year period on average. The rate is now higher than the England, higher than the North East and higher than Knowsley (nearest comparator local authority in deprivation decile 1). For year 6 children, the rates fell between 2012/13 to 2014/15 whilst rates in the North East and England increased.



Period: 2015 Source: Public Health England

83. Childhood obesity, both at Reception and at Year 6, increases in line with local deprivation prevalence.

Measure	Acklam	Ayresome	Berwick Hills and Pallister	Brambles and Thorntree	Central	Coulby Newham	Hemlington	Kader	Ladgate	Linthorpe	Longlands and Beechwood	Marnton East	Marnton West	Newport	North Ormesby	Nunthorpe	Park	Park End and Beckfield	Stainton and Thornton	Trimdon
Reception Children - Excess Weight	52	74	187	173	116	72	91	32	48	51	139	41	35	125	34	29	85	118	16	40
Reception Children - Obese	25	35	86	79	69	27	35	14	19	20	63	15	8	63	18	11	45	47	6	14
Year 6 Children - Obese	37	61	109	103	97	57	58	25	51	49	97	16	24	100	22	17	73	73	13	40
Year 6 Children - Excess Weight	78	107	176	164	147	96	98	47	68	80	172	32	39	150	36	35	133	116	23	61

84. In conclusion, children born in Middlesbrough are more likely to be obese or underweight than national and regional averages, and are less likely to be a healthy weight than national and regional averages.

Children with long-term conditions

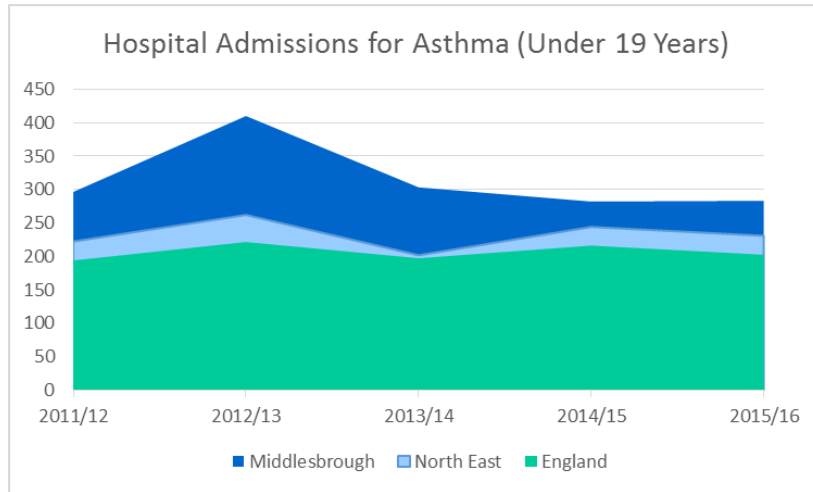
85. A long-term condition is defined as one for which there is no cure but which can be controlled by medication and / or other treatments and / or therapies. Long-term conditions therefore require ongoing management over a period of years. About one in seven young people (15%) aged 11-15 in the UK are diagnosed with a long-term condition. Common among these in childhood are: Diabetes, Asthma, Epilepsy, Eczema, Severe allergies / anaphylaxis, cancer, physical or mental impairment.

86. There are a significant number of local children and young people in Middlesbrough living with local-term medical conditions. For example, 7.3% of Middlesbrough pupils had a learning disability in 2016, compared with 5.7% in the North East region and 5.3% nationally.

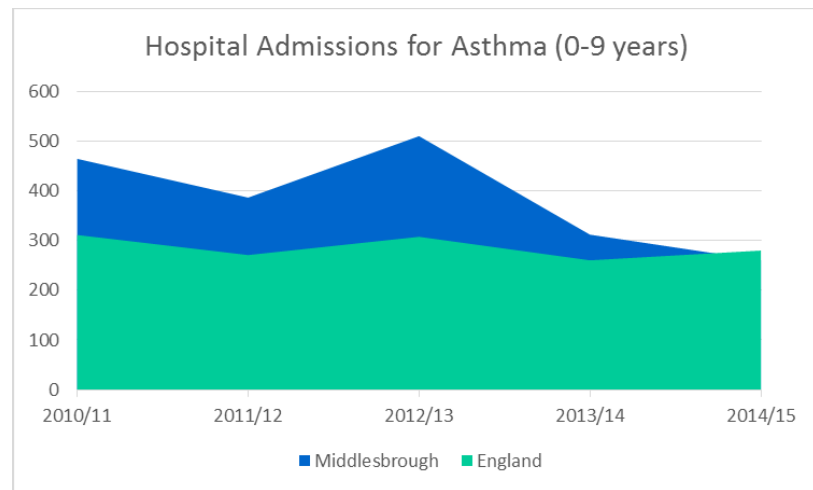
87. Hospitalisations for the major long-term conditions asthma and (in particular) epilepsy, are significantly higher than the national average in Middlesbrough. Hospitalisations for diabetes is lower than the national average rate.

Long-term conditions					
Indicator	Middlesbrough			England	
	Period	Number	Value	Value	Value
Hospital admissions Asthma <19	2015/16	96	283.2	230.9	202.4
Hospital admissions Diabetes <19	2014/15	15	44.5	54.7	55.8
Hospital admissions Epilepsy <19	2014/15	47	139.6	101.2	74.6
Period: 2014-16		Source: Public Health England			

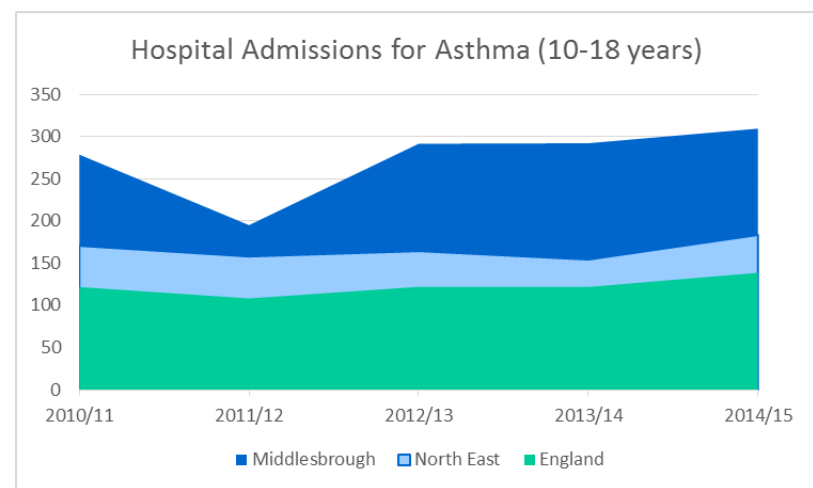
88. The graphs below show the trend of Hospital Admissions for Asthma per 1,000 of the population. Middlesbrough is consistently higher than comparators across all three measures/age groups that are recorded. The North East follows a similar trend to the national trend.



Period: 2011-16 **Source:** Hospital Episode Statistics



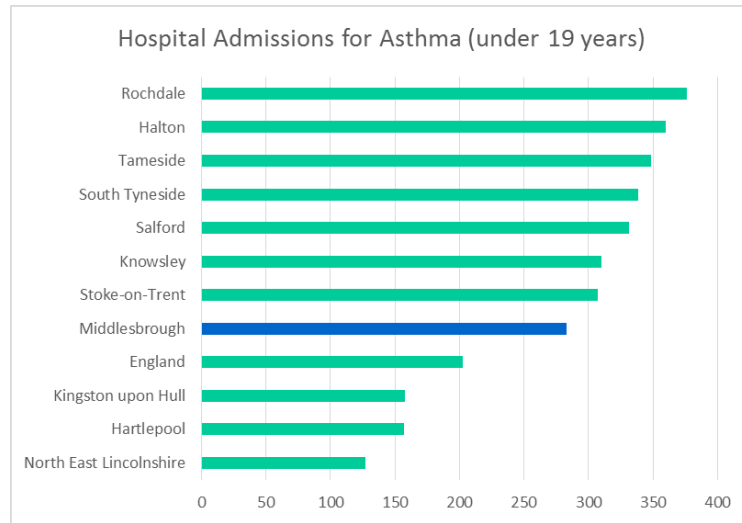
Period: 2010-16 **Source:** Hospital Episode Statistics



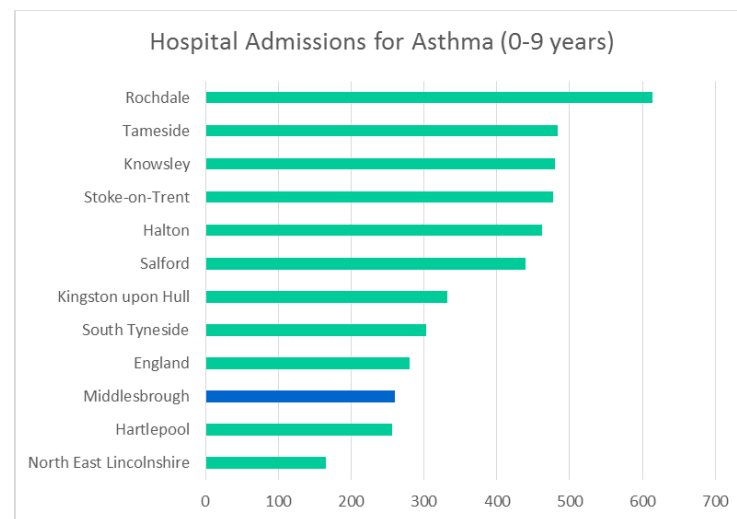
Period: 2010-15 **Source:** Hospital Episode Statistics

89. Overall Middlesbrough is in the lower numbers on admissions for Asthma for Children under 19 Years rate per 100,000 in the CSSNBT Statistical comparators, it is third lowest

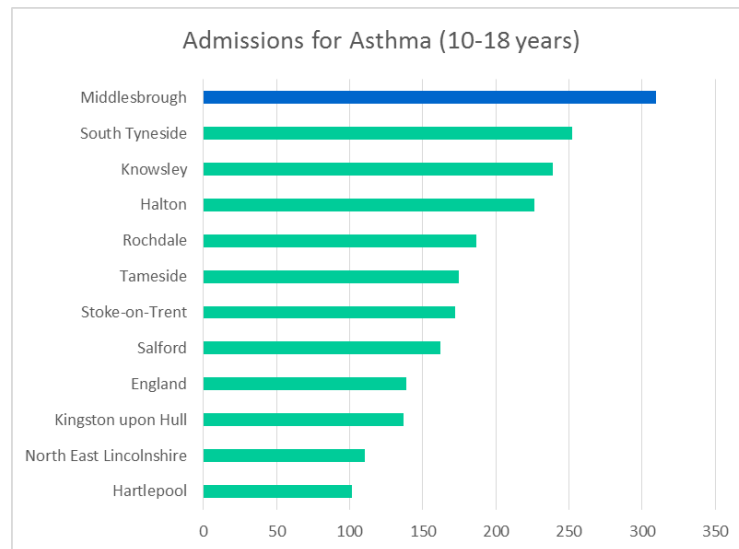
in Admissions for Children 0-9 Years, but then is the highest in comparison for Admissions for Asthma for children 10-18 Years.



Period: 2016 **Source: Hospital Episode Statistics**

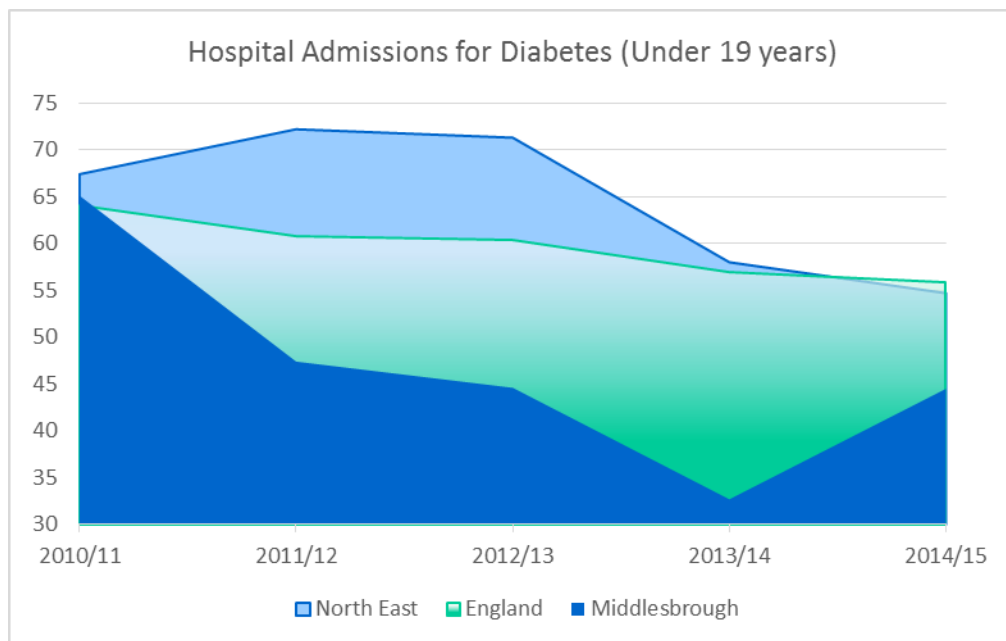


Period: 2016 **Source: Hospital Episode Statistics**



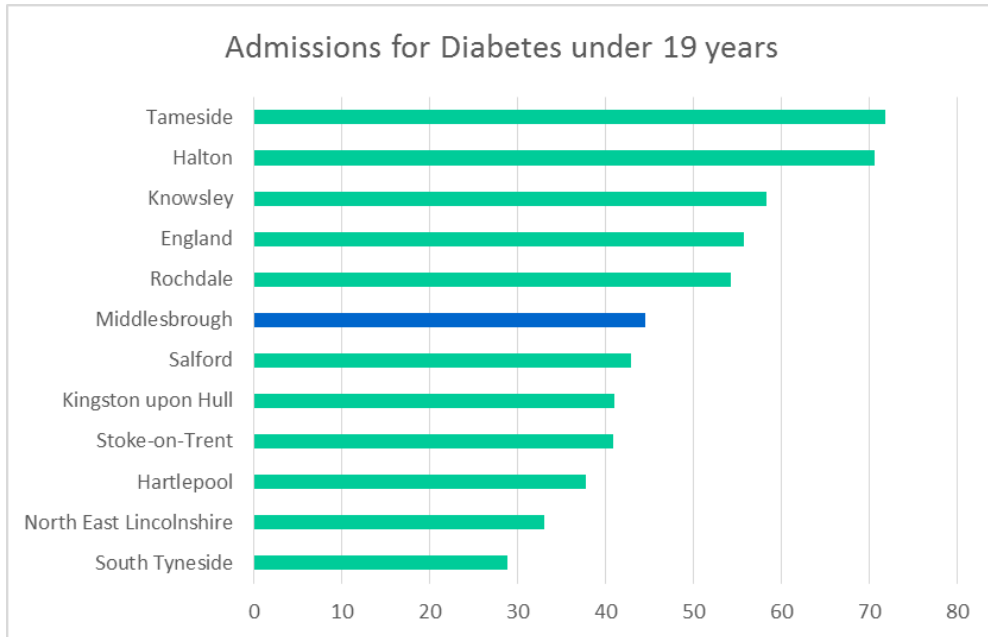
Period: 2016 Source: Hospital Episode Statistics

90. Middlesbrough has shown a consistently lower percentage of hospital admissions for Diabetes in children and young people under 19. Since 2012/13 there was a downward trend in England and the North East however Middlesbrough saw a rise in 2014/15.



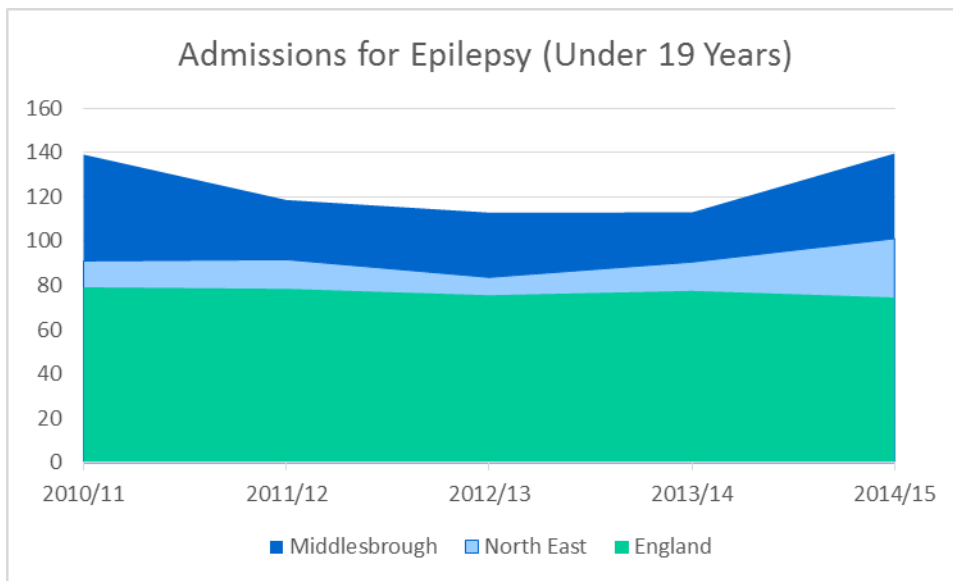
Period: 2011-2015 Source: Hospital Episode Statistics

91. Middlesbrough was in the middle of the range of CSSNBT statistical neighbours for Admissions for Diabetes for Children and Young people under 19 Years in 2014/15. At 44.5 per 100,000 it was lower than the average in this CSSNBT group which was 48.35 per 100,000.



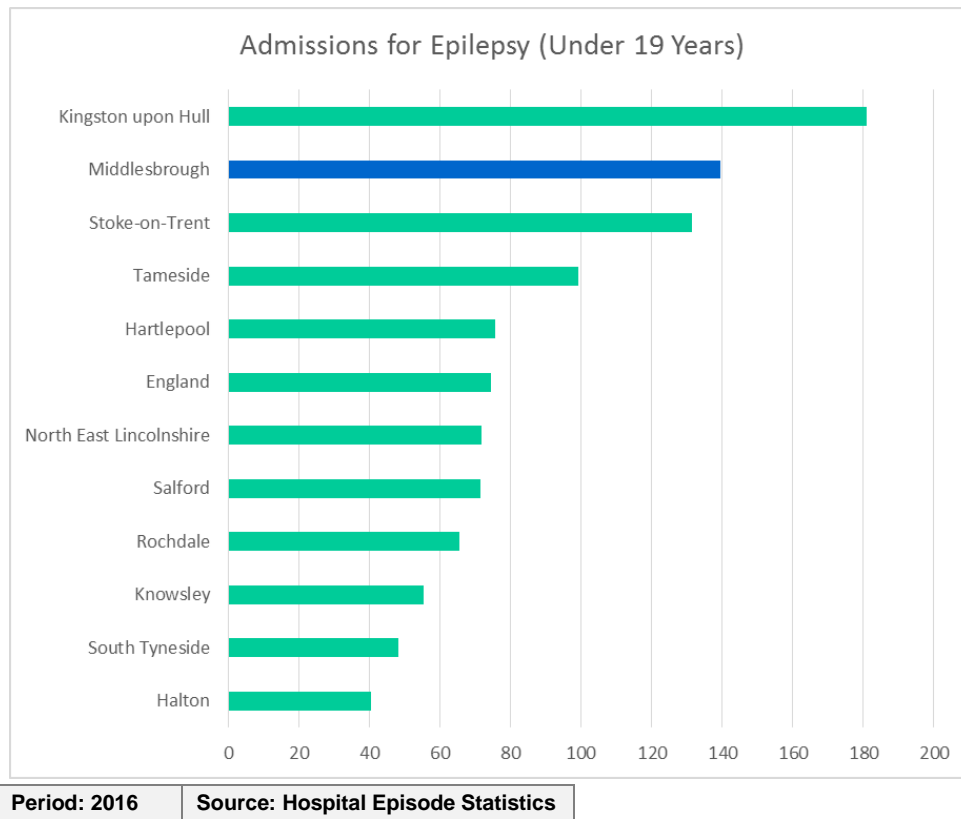
Period: 2016 **Source: Hospital Episode Statistics**

92. Middlesbrough has a consistently higher percentage of hospital admissions for Epilepsy in children and young people under 19 than both the North East and England. Initially it saw a drop between 2010/11 and 2013/14 but saw a rise in 2014/15 which was similar to the North East, whereas England saw a decrease.



Period: 2016 **Source: Hospital Episode Statistics**

93. Middlesbrough had the second highest rate of Admissions for children and young people under 19 Years in 2014/15 in the CSSNBT grouping for this measure (139.6 per 100,000), almost five times higher than the lowest Halton (40.4 per 100,000) the average in this group being 87.8 per 100,000.



94. In conclusion, children born in Middlesbrough who have a long term health condition are more likely to be admitted to hospital than the regional and national averages for asthma and epilepsy. Data shows that while children aged 0-9 have hospital admissions in line with national averages, admissions for children aged 10-19 are much higher than regional and national averages.

95. Further work is required to improve data around management of long term conditions in the community to understand how effectively children and their families are able to manage their conditions without admission to hospital for crisis care in relation to a long term condition. From the data above it can be inferred that there may be good practice in relation to community management of asthma in young children and diabetes in all children however GP level data is required to understand whether this hypothesis is correct.

Children affected by parental behaviours

96. Children are greatly affected and influenced by parental behaviour. Evidence shows children and young people will be more likely to eat well, exercise and not engage in risk taking activities if their parents display these behaviours too.

97. Smoking both in pregnancy, and in the childhood home, has clear impacts on the health of children and young people, as stated above.

98. There are an estimated 4,700¹⁵ alcohol or drug dependent adults in the Middlesbrough in treatment. Based on this, it is likely that there are a significant number of children potentially affected by parental alcohol and drug misuse. Children living in these

¹⁵ Based on the 2011 % for Prevalence Estimates by Liverpool John Moore University applied to the 2016 Mid-Year Population and the 2014 % for Estimates of alcohol dependence in England by Sheffield University applied to the 2016 Mid-Year Population

circumstances are more likely to be living in poverty, not achieving at school, have emotional / mental health problems, be at increased risk of becoming dependent on alcohol / drugs themselves and be involved in the care / youth justice system, with the poor outcomes associated with this.

99. 60% of adults in contact with alcohol and drug treatment in Middlesbrough are parents. In 2016/17 24% of drug and alcohol treatment service users had children living with them, while 36% of drug treatment and alcohol treatment service users were parents not living with their children.
100. 5% of parents in contact with alcohol and drug treatment in Middlesbrough had children Subject to a Child Protection Plan (CPP) and 5% had a child looked after or in foster care (LAC), 53% had children who were subject to both CPP and LAC¹⁶.
101. Drug and alcohol misuse is a factor in a significant number of children in need and child protection cases, often being found alongside domestic abuse and mental ill-health (grouped together as the 'Toxic Trio').
102. Research suggests alcohol is a factor in at least 33% of child protection cases, and drug and alcohol misuse is a factor in up to 70% of care proceedings. Parental substance misuse has been found to feature in 25% of serious case reviews (Public Health England, 2013).

Adolescence

Teenage pregnancy

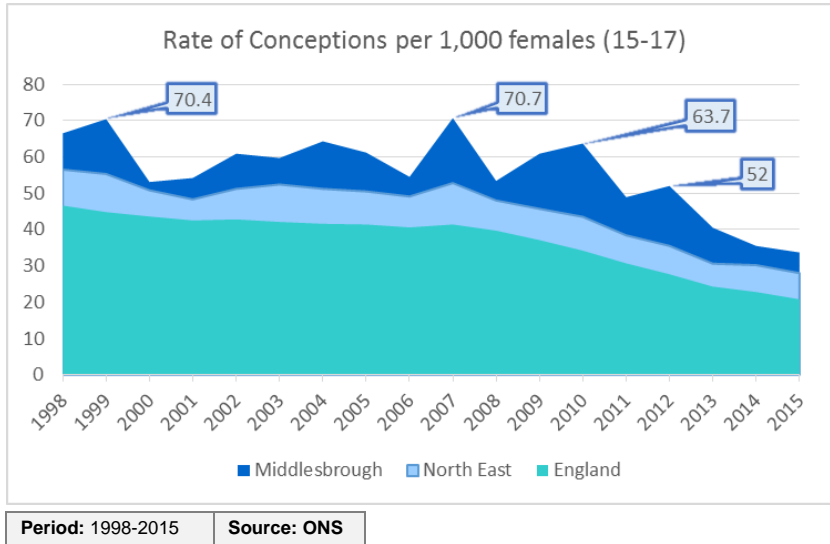
103. Adolescence is a time of change and development for young people. With the increasing independence that young people experience at this time, health behaviours become the responsibility of the young person. They may carry forward the health behaviours from their childhood, or may set new behaviours, so this is an important life stage to influence with positive health messages. This section includes data on teenage pregnancy; young people's sexual health, smoking alcohol and drug use; young people not in education, employment or training; and physical activity and fitness.
104. There were 84 teenage pregnancies in 2015 in Middlesbrough; a rate of 33.7 per 1,000 females aged 15-17, this is higher than the regional average of 28 and higher than the national average rate per 1,000 which was 20.8. Although Middlesbrough has a high rate, there has been a significant reduction in the number of conceptions since 1998 when there were 197 and a rate of 66.5 per 1,000 females aged 15-17. This is a reduction by 57.4% of conceptions and 49.3% of the rate per 1,000 females aged 15-17.

Teenage conceptions					
Indicator	Middlesbrough			North East	England
	Period	Number	Value	Value	Value

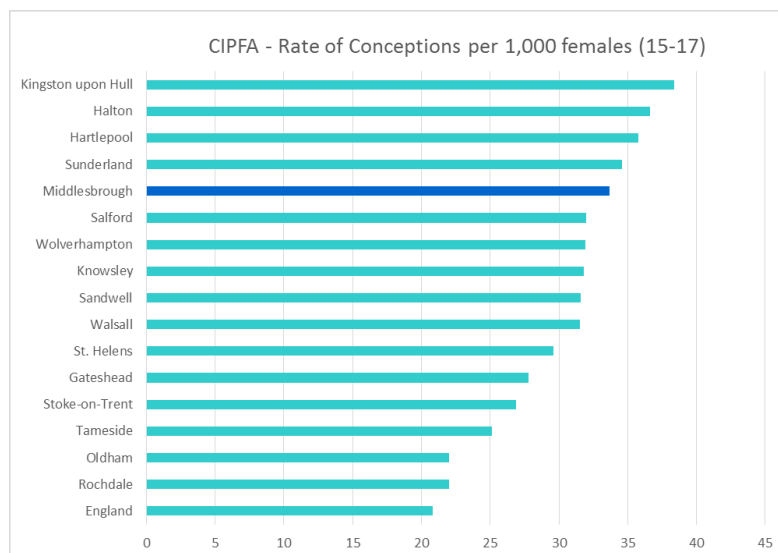
¹⁶ Source – CRIIS – Substance Misuse Services case management system & National Drug Treatment Monitoring System

Under 18s conception rate ¹⁷ / 1,000	2015	84	33.7	28	20.8
Under 16s conception rate ¹⁸ / 1,000	2014	20	8.1	6.5	4.4
Period: 2014/15		Source: Public Health England			

105. Middlesbrough has overall seen a reduction in the rate of conceptions in females aged between 15 and 17 with 3 particularly large peaks as shown highlighted on the graph below. This trend has largely been in line with National and Regional figures.



106. Middlesbrough had the fifth highest rate of conceptions per 1,000 females (15-17) against CIPFA statistical neighbours in 2015 (33.7 per 1,000) the lowest was England with an average of 20.8 per 1,000 and the highest Kingston upon Hull with 38.4 per 1,000. The average in this group was 30.1 per 1,000.



Period: 2015 Source: ONS

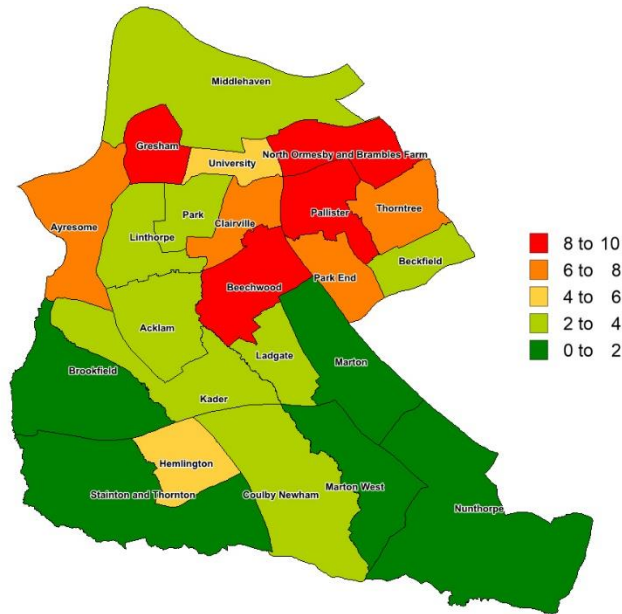
107. Historically, a small proportion of wards in East Middlesbrough account for a significant proportion of teenage pregnancies in the town. Between 2009/11 and 2011/13 the town

¹⁷ Under 18s – Cohort of 15, 16 & 17 year olds

¹⁸ Under 16s – Cohort of 13, 14 & 15 year olds – therefore the Under 18s and Under 15s rates cannot simply be combined.

has seen a drop in the overall numbers across all wards but two, which have seen a rise in the rate of teen pregnancies.

108. The map below shows the percentage of all conceptions to girls under the age of 18 by ward.



Period:2015	Source: ONS
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109. In conclusion, girls born in Middlesbrough are more likely to become pregnant before the age of 18 than national, regional and statistical comparators.

Abortion

110. In 2015, there were 33 under 18 abortions in Middlesbrough – a rate of 12.9 per 1,000. This is higher than the regional rate of 10.6 and the national rate of 9.9. 31.9% of under 18 conceptions lead to an abortion, which is significantly lower than the regional rate of 40.1% and the national rate of 51.1%.

111. In 2014 there were a total of 92 under 19 abortions, of these 7 were repeat abortions whereby the women had received one or more previous abortions. This accounts for 7.6% of all abortions in 2014 and is lower than England and North of England at 9.9% and 9.4% respectively.

112. The under 25 repeat abortion rate was 27.4% in Middlesbrough which is similar to the national rate of 26.5%. The under 25s abortion rate after a birth is 41.6% which is significantly higher than the national rate of 28.2%.

Abortions

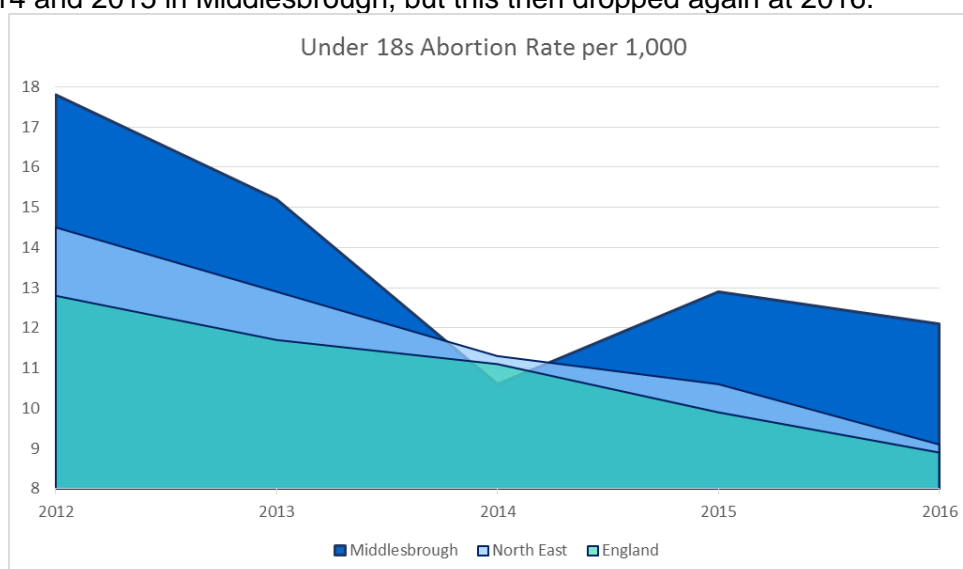
Indicator	Middlesbrough			England	
	Period	Number	Value	Value	Value
U18 conceptions leading to abortion	2014	29	31.9%	40.1%	51.1%
U18 abortions rate / 1,000	2015	33	12.9	10.6	9.9
U18 births rate / 1,000	2014	37	14.4	10.4	6.7

U18 births	2014/15	36	1.9%	1.7%	0.9%
Total abortion rate / 1,000	2015	508	18.3	14.1	16.7
U25 repeat abortions	2015	62	27.4%	24.0%	26.6%
U25 abortions after a birth	2015	94	41.6%	35.8%	28.2%
Over 25s abortion rate / 1,000	2015	282	16.0	11.6	14.2
Abortions under 10 wks	2015	394	79.8%	75.7%	80.3%
Abortions under 10 wks – medical	2015	393	99.7%	93.8%	62.7%
Abortions over 10 wks – medical	2015	89	89.0%	74.4%	19.2%
Total prescribed LARC / 1,000	2014	617	22.2	49.1	50.2
GP prescribed LARC / 1,000	2014	14	0.5	26.7	32.3
SRHS prescribed LARC / 1,000	2014	603	21.7	22.4	17.8
U25 choosing LARC at SRHS	2014	390	21.5%	22.7%	20.1%

Period: 2014-15

Source: Public Health England

113. The under 18s¹⁹ abortion rate has seen a decrease between 2012 and 2016 in Middlesbrough as well as the North East and England, there was a slight rise between 2014 and 2015 in Middlesbrough, but this then dropped again at 2016.

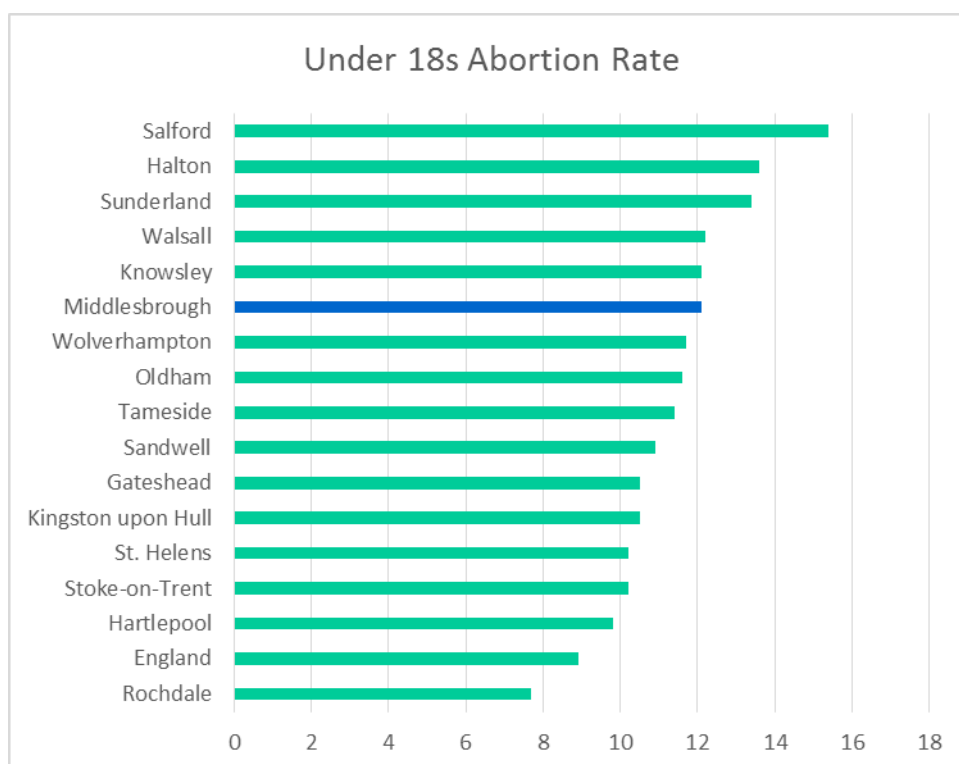


Period: 2012-2016

Source: Department of Health

114. Middlesbrough was in the top third of the CIPFA grouping of this measure in 2016 with 12.1 abortions per 1,000 Under 18s, this is only marginally higher for the average of this group which was 11.3 per 1,000.

¹⁹ Department of Health – females aged 15-17



Period; 2016 Source: Department of Health

115. The method of abortion differs significantly from the England average with a very much higher proportion of medical abortions in Middlesbrough for both under and over 10 weeks. Termination of pregnancy (TOP) and repeat TOP are commissioned by CCGs but can be prevented by sex and relationship education (SRE), contraceptive advice and long-acting reversible contraception (LARC) prescriptions. The total prescribed LARC excluding injections per 1,000 was 22.2 in Middlesbrough, significantly lower than the national rate of 50.2.

116. In conclusion, females aged under 18 in Middlesbrough are less likely to have an abortion following conception than national, regional and statistical neighbours and females aged under 19 in Middlesbrough are more likely to have a repeat abortion than national and regional neighbours.

Sexual Health

117. Young people typically account for the majority of the cases of Chlamydia, gonorrhoea and genital warts diagnosed among heterosexuals at Genitourinary Medicine (GUM) clinics in England each year.

118. Middlesbrough in general has lower rates of diagnosis of STIs than the national average, but also has significantly lower screening rates of, for example, Chlamydia, the most common STI, and HIV. It is likely therefore that STIs may be underreported in Middlesbrough, and when diagnosed, diagnosed later.

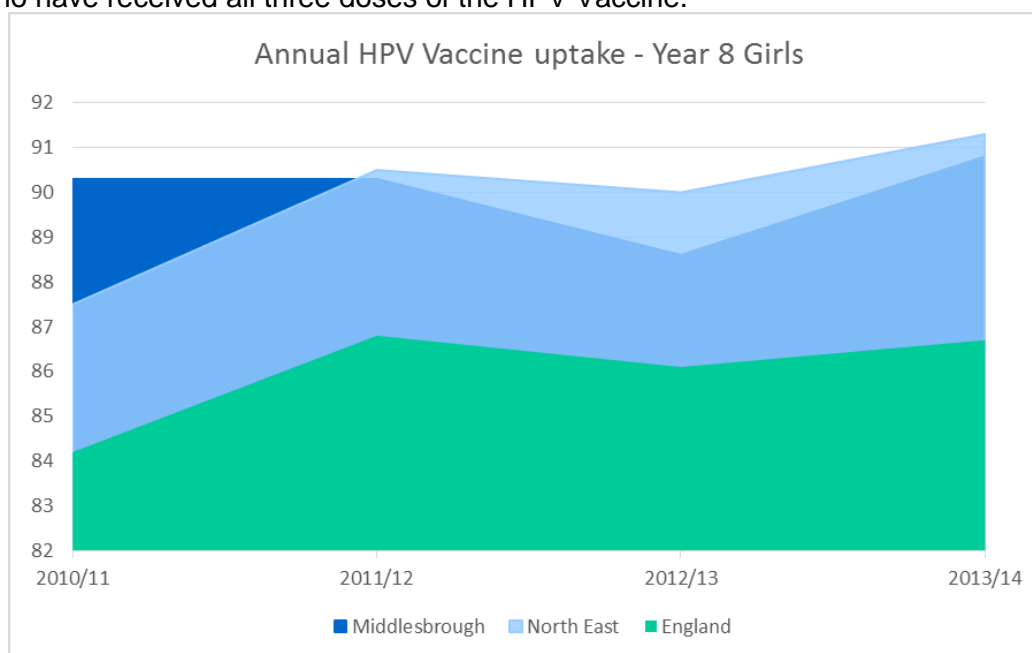
Sexual health²⁰

²⁰ Not all data in this table is Children & Young People

Indicator	Middlesbrough			North East	England
	Period	Number	Value	Value	Value
HPV – population vaccination coverage	2013/14	604	90.8%	91.3%	86.7%
Syphilis diagnostic rate / 100,000	2015	8	5.8	5.9	9.3
Gonorrhoea diagnostic rate / 100,000	2015	76	54.6	57.9	70.7
Chlamydia detection rate / 100,000 15-24	2015	328	1,538	1,794	1,887
Chlamydia proportion 15-24 screened	2015	3,210	15.1%	22.5%	22.5%
New STI diagnoses (excl. chlamydia < 25)	2015	450	497	652	815
HIV testing coverage, total	2015	1,567	57.7%	61.3%	67.3%
HIV late diagnosis	2012-14	11	55.0%	43.3%	42.2%
New HIV diagnosis rate / 100,000 15+	2014	9	8.0	6.1	12.3
HIV diagnosed prevalence / 1,000 15-59	2014	116	1.39	0.95	2.22

Period: 2012-15 Source: Public Health England

119. Middlesbrough has seen a consistent uptake in the Annual HPV Vaccination for Year 8 girls, the HPV vaccine protects against the two high-risk HPV types – 16 and 18 – that cause over 70% of cervical cancers. The chart below shows how Middlesbrough has maintained around 90% uptake since 2010/11 with a small drop of around 1% in 2012/13. Comparatively Middlesbrough shows similar uptake to the North East but around 4-5% higher than the England average. This measure is for Year 8 Schoolgirls who have received all three doses of the HPV Vaccine.

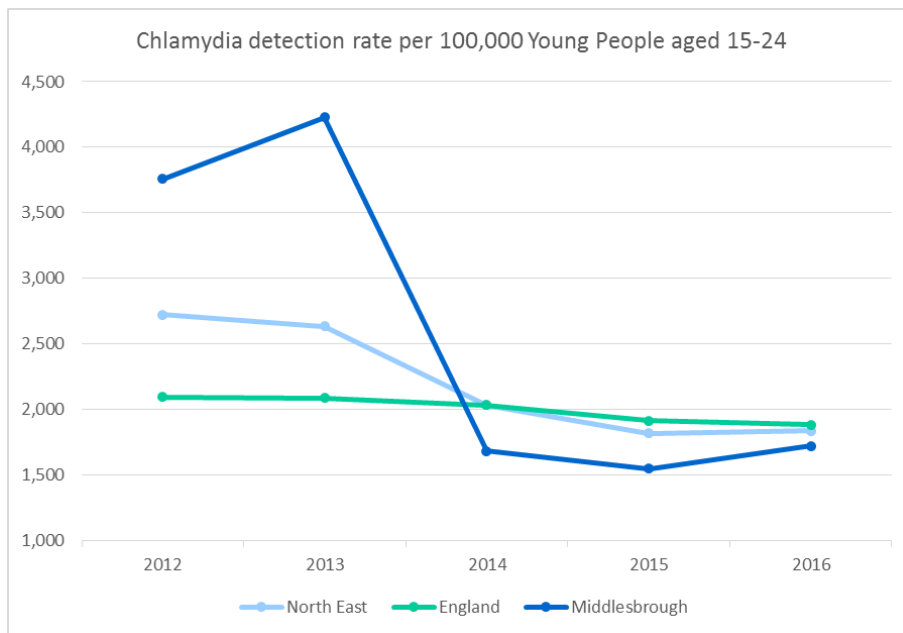


Period: 2010-14 Source: Department of Health

120. In the CIPFA nearest neighbours grouping for this measure, Middlesbrough is around the middle of the 12 comparators, with 90.8% of all Year 8 girls having the vaccine. This is higher than the average in this comparator group 89.4%. Knowsley has the highest rate of uptake, with Salford having the lowest.

121. Initially in the first two periods shown here, 2012 and 2013 the Chlamydia detection rate per 100,000 in Middlesbrough far exceeded The Department of Health Public Health Outcomes Framework recommendation of at least 2,300 per 100,00 population. In 2014

this rate dropped to between 1,500 and 1,800 in the last three periods. While Middlesbrough had outperformed both regionally and nationally in the first two periods, it then dropped below both, albeit following a similar trend going forwards.



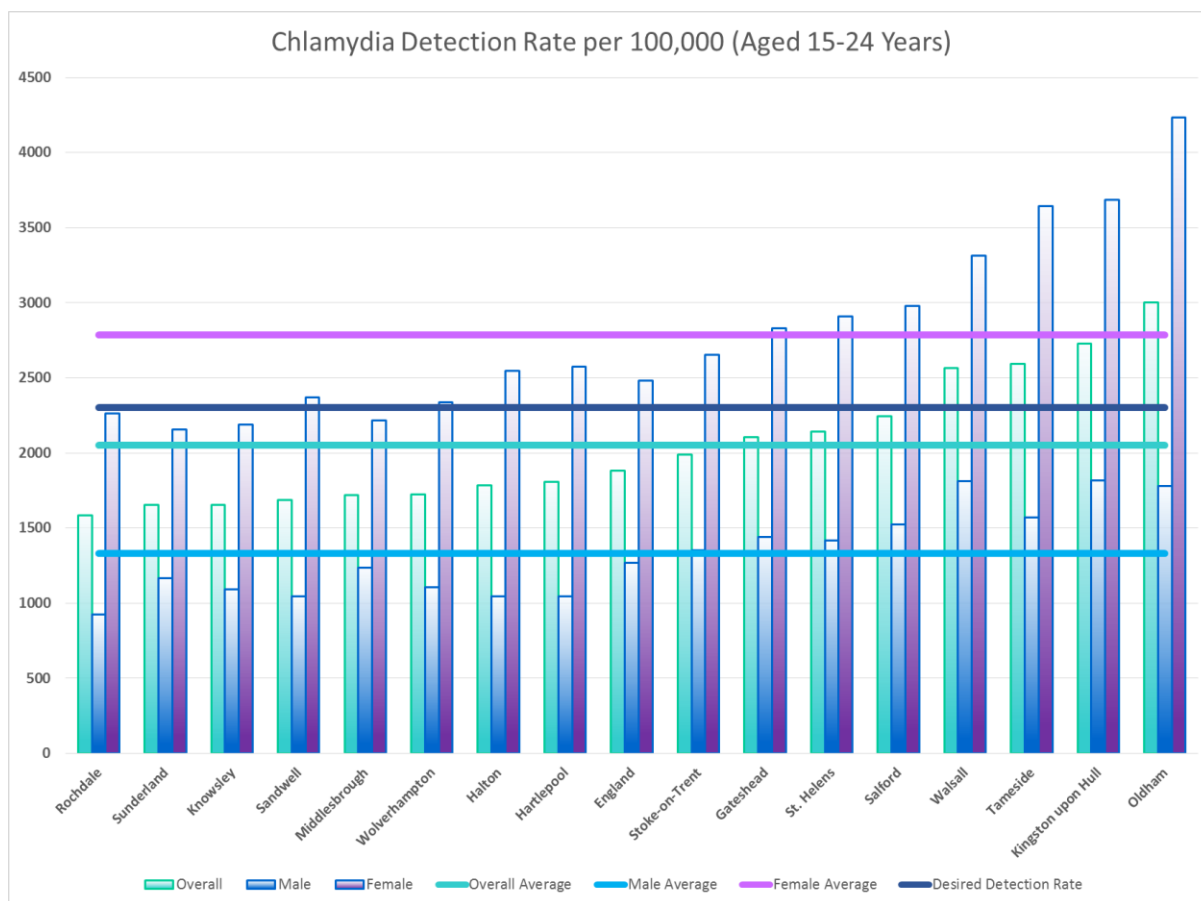
Period: 2012-2016 Source: Public Health England

122. The detection rate in females far exceeds that of males in all periods, and this is seen locally, regionally and nationally. Around half as many detections are in males in comparison to females, another trend which can be seen nationally.

	Middlesbrough		North East		England	
	Middlesbrough Males	Middlesbrough Females	North East Males	North East Females	England Males	England Females
2012	3046	4482	2006	3430	1447	2,723
2013	3176	5363	1952	3342	1436	2,737
2014	1061	2356	1429	2670	1368	2,701
2015	1172	1961	1290	2374	1294	2,529
2016	1235	2218	1285	2411	1269	2,479

Period: 2012-16 Source: Public Health England

123. Overall Middlesbrough is fifth from bottom in the CIPFA nearest neighbours comparator group for Chlamydia detection rate per 100,000 (15-24 Years), this is reflected in the same measure for females, but Middlesbrough is in the middle of the grouping for males. This highlights that whilst a much lower percentage of all detections are in males, Middlesbrough performs better than around 40% of CIPFA comparators, no comparators achieved the desired detection rate of 2,300 in males, but 13 of 17 achieved this in females.



Period: 2016 | Source: Public Health England

124. In conclusion, children born in Middlesbrough are more likely to be immunised against sexually transmitted diseases than national, regional and statistical neighbours but less likely to seek screening for sexually transmitted diseases.

Physical Activity

125. NHS recommends that children and young people between the ages of 5 and 18 should be physically active for at least 60 minutes a day from moderate activity such as cycling and playground activities to vigorous activity such as running and tennis. Many vigorous activities can help children to build strong muscles and bones. Children should reduce the time spent indoors in front of screens and should walk or cycle where possible instead of travelling by car.

126. Middlesbrough had a rate of 16.3% of children and young people being physically active for at least one hour per day seven days a week in 2014/15. This is higher than both the North East and England, in fact it is the second highest rate in the region.

127. Physical activity provides important health benefits for children and young people. All children and young people (5-18yrs) should engage in moderate to vigorous intensity physical activity for at least 60 minutes and up to several hours every day. It is recognised that there are numerous health benefits for this age group including reduced

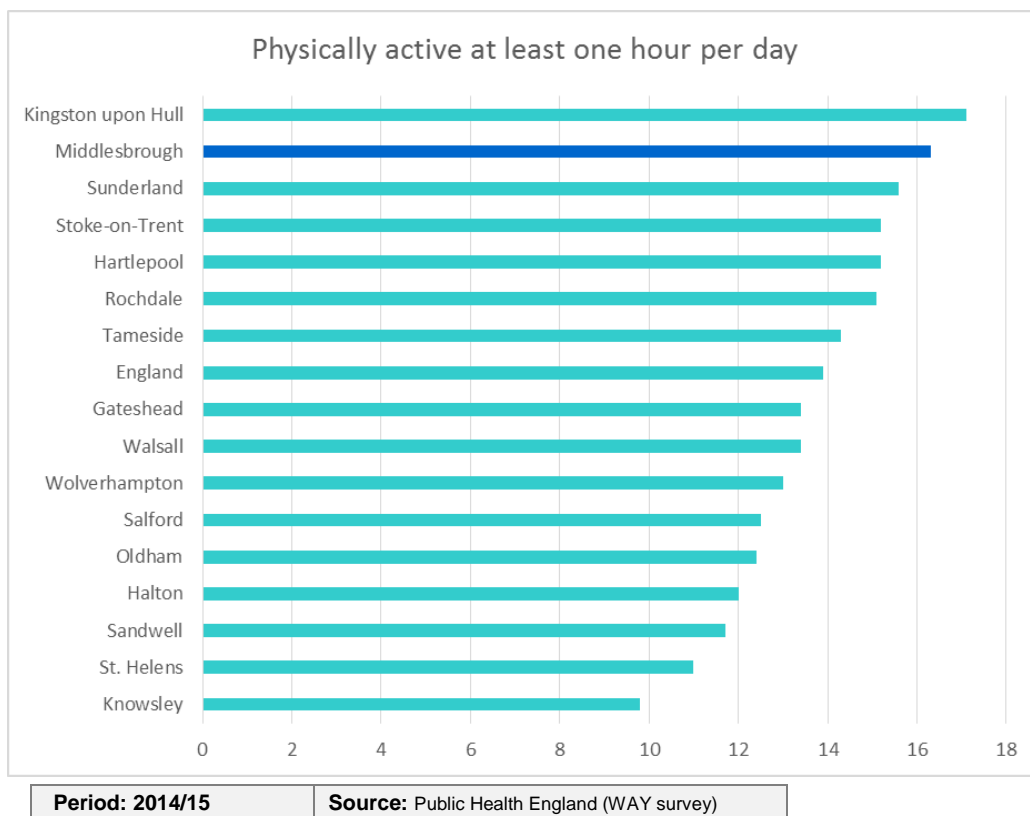
body fat and the promotion of healthy weight, enhanced bone and cardio-metabolic health, and enhanced psychological well-being²¹.

128. Data on this issue is relatively limited, however, the What About YOUth (WAY) Survey of 2014, identified a physical activity rate among 15 year olds in Middlesbrough that was higher than the regional and national averages. Clearly, however, performance is very low against recommended guidelines, with the survey also suggesting a greater proportion of sedentary young people in Middlesbrough.

Physical activity					
Indicator	Middlesbrough			England	
	Period	Number	Value	Value	Value
% 15yrs active 1hr+ / day, 7 days / week	2014/15	-	16.3%	14.2%	13.9%
% 15yrs sedentary 7hr / day in last week	2014/15	-	75.1%	75.2%	70.1%

Period: 2014/15 **Source:** Public Health England (WAY survey)

129. Middlesbrough had the second highest percentage of 15 Year olds who were physically active for at least one hour per day, in comparison with the CIPFA nearest neighbours for this measure. The average in this grouping was 13.6%, the lowest Knowsley with 9.8% and the highest Kingston upon Hull with 17.1%.



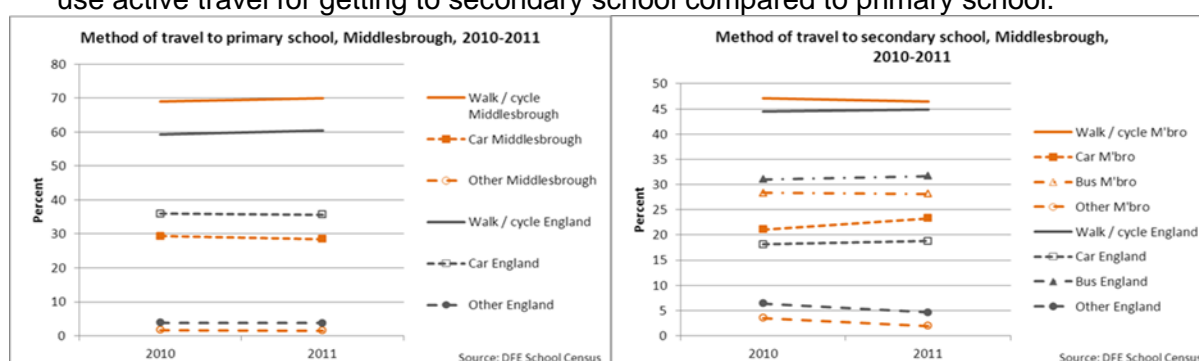
130. In addition, the national Active People Survey has identified that young people aged 14+ in Middlesbrough have a lower level of participation in sport (at least once per week) than the North East and England.

²¹ Start active, stay active: report on physical activity in the UK - updated 2016

Participation in sport					
Indicator	Middlesbrough			England	
	Period	Number	Value	Value	Value
Participation in sport 1x+ / week 14+	2014/15	-	31.3%	34.0%	36.7%
Period: 2014	Source: Active People Survey				

131. The main method of children aged 5-16 years getting to and from school is walking (41%), while 33% of this age group is being driven to school. Just 2% used a bike to travel to school as their main mode of transport (Department for Transport, 2011).

132. In Middlesbrough, walking to school has fallen by 9% since 2008, although cycling has increased by 20%. In the 2011 annual school census, the proportion of Middlesbrough pupils opting to walk or to cycle to school was well above the national average in primary schools and was similar to the national average in secondary schools. Fewer children use active travel for getting to secondary school compared to primary school.



Period: 2010-11 Source: Department for Education

133. There is limited data available at a local level for measuring levels of physical activity for children and young people to show variations by gender; age; ethnicity; disability; and socioeconomic status. However, evidence does suggest that children from minority ethnic groups tend to be less active compared to their white peers²² and that physical activity levels reduce the older children get²³. In addition, children and young people with a disability take part in physical activity and sport less frequently and their experiences are less positive than their non-disabled peers²⁴. Household income is also significantly associated with sedentary behaviour – for both boys and girls, as household income decreased, the average hours spent watching TV increased²⁵.

134. In conclusion, overall children born in Middlesbrough are more likely to be physically active than national and regional averages, however the picture is mixed, as children get older it appears they are less likely than the national average to be active.

Substance Misuse by Children

135. Children and young people are at greater risk of misusing substances, if they live in deprived areas; have a family member who misuses such substances; have a family member who is unemployed, or has low educational attainment; live in a single parent family; are a looked after child (four times more likely to use illegal substances; or are in contact with the Criminal Justice System.

²² The Information Centre, 2006

²³ NOO, 2011

²⁴ Sport Scotland, 2006

²⁵ The Information Centre, 2009

136. The rate of alcohol-specific hospital stays among those aged 18 years of age and under in Middlesbrough between 2012/13 and 2014/15 was 64.1 per 100,000 population aged 0-17 years – 75% higher than the national average of 36.6, but broadly in line with the regional position. Admissions have declined nationally in recent years, including within Middlesbrough, but the gap to the national average has not materially narrowed.

137. Between 2013/14 and 2015/16, there were 122 hospital admissions caused by substance misuse in young people aged 15-24 years – a rate of 193.5 per 100,000 population – over double the national average rate, and significantly higher than the regional position. Admissions have risen nationally in recent years, including within Middlesbrough, but the gap to the national average has not materially narrowed.

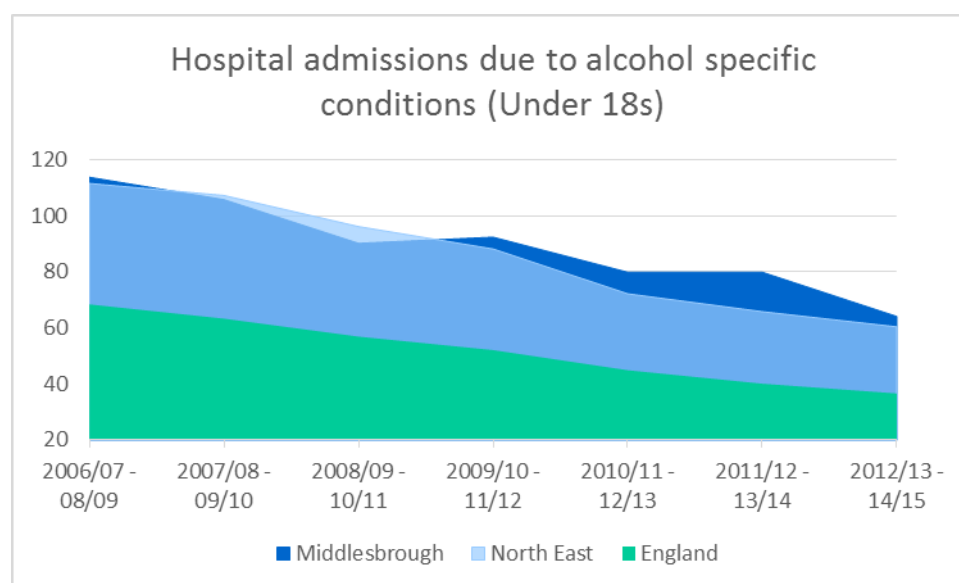
138. Drugs and alcohol are therefore major issues for children and young people within Middlesbrough.

Substance misuse					
Indicator	Middlesbrough			England	
	Period	Number	Value	Value	Value
Admissions for alcohol-specific conditions <17	2012-14	61	64.1	60.4	36.6
Admissions for substance misuse 15-24	2013-15	122	193.5	121.2	95.4

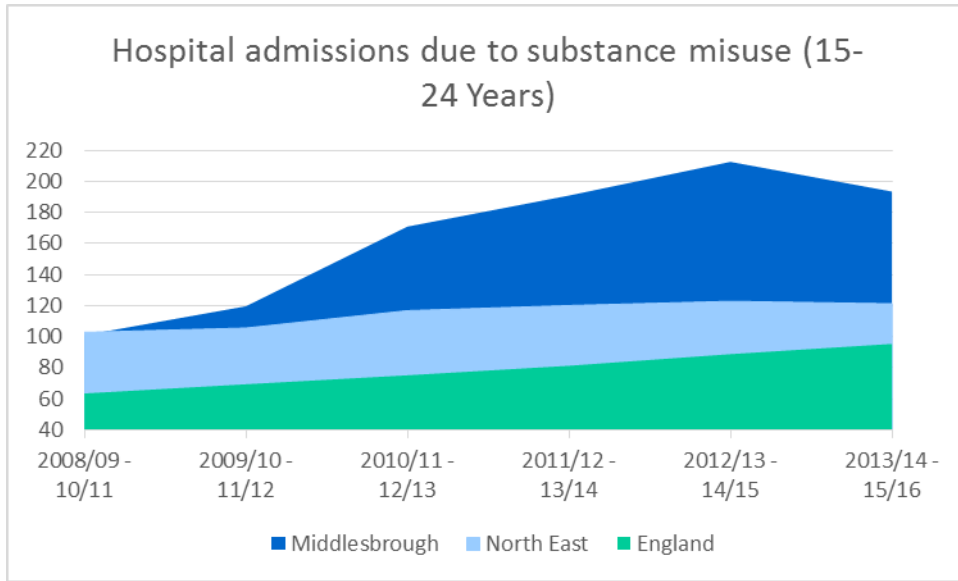
Period: 2013-15 Source: CHiMat

139. There has been a downward trend in the number of hospital admissions due to alcohol specific conditions in under 18's since the period 2006/07–08/09 to the latest period reported 2012/13-14/15. This trend has been the same across England, the North East and Middlesbrough.

140. In comparison to hospital admissions for under 18's, the same period showed a significant increase in the number of hospital admissions due to substance misuse in children and young people aged 15 to 24 years in Middlesbrough. This trend was not seen in England or the North East.

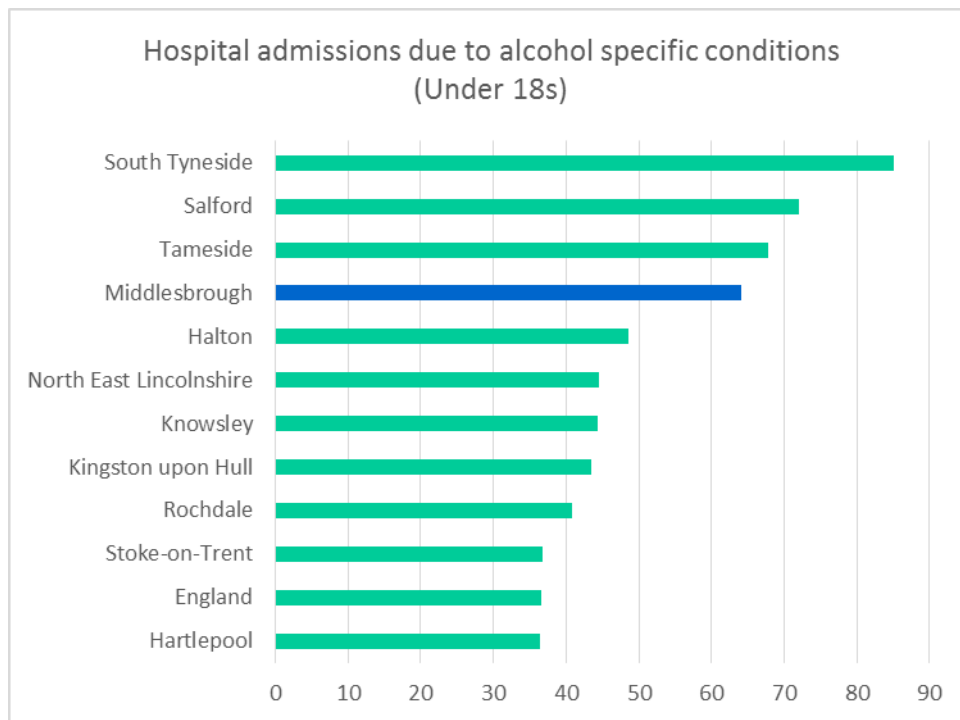


Period: 2006-2015 Source: Hospital Episode Statistics/Public Health England



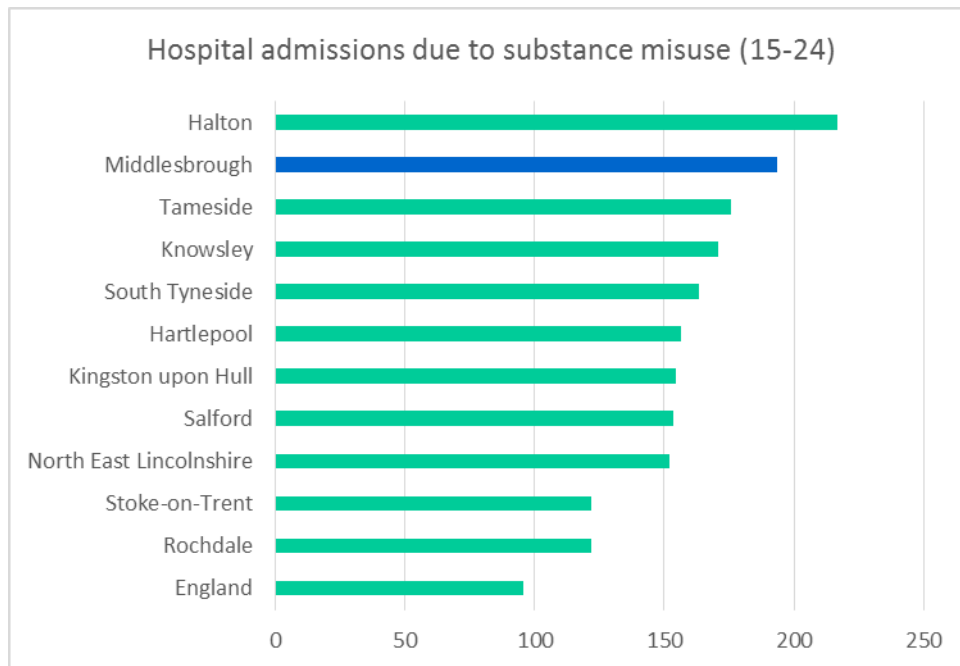
Period: 2008 - 16 **Source:** Hospital Episode Statistics

141. Middlesbrough has the fourth highest rate for Hospital admissions due to alcohol specific conditions in Under 18's in comparison to CSSNBT Statistical neighbours with 48.6 per 100,000, this is lower than the average of 51.7 per 100,000 in this grouping.



Period: 2015 **Source:** Hospital Episode Statistics/Public Health England

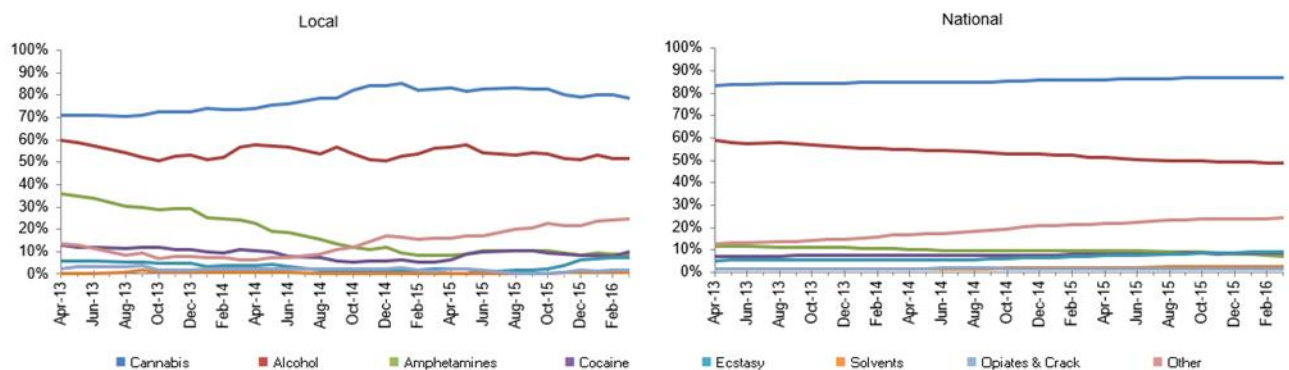
142. Middlesbrough has the second highest rate for Hospital admissions due to Substance misuse (15-24 years) in comparison to CSSNBT Statistical neighbours with 193.5 per 100,000, this is higher than the average of 156.3 per 100,000 in this grouping.



Period:2016 **Source:** Hospital Episode Statistics

143. Treatment data for under 18 year olds shows that there has been a decrease of 8% in the number of people in treatment based on rolling number in the last 12 months. This is in line with national trends which show an average decrease of 7%. The total number currently in treatment is 122.

144. The graphs below show the trends in substances used by those in treatment and change over time. As can be seen, the local picture in terms of drugs used is similar to the national picture, with cannabis and alcohol being most prevalent. The upward trends in the use of 'other' drugs may account for young people who use Novel Psychoactive Substances (NPS).



Period: 2013-2016 **Source:** Public Health England

145. The treatment population demographics show that local services have higher numbers of Young People aged 15 and under compared to the national average, and that there has been a 6% decrease in the number aged 17 accessing services. This may suggest that early intervention initiatives are working well and identifying young people using substances at an earlier age.

Age	Middlesbrough	North East	England
	Value	Value	Value
Under 13	2%	1%	4%
Aged 13-14	24%	20%	25%
Aged 15	28%	26%	23%
Aged 16	25%	26%	21%
Aged 17	21%	26%	27%

Period: 2014/15 Source: CGL

146. The table below sets out the data collected on wider vulnerabilities for young people accessing substance misuse services. As can be seen, the local figures for domestic violence, mental health, sexual exploitation and self-harm are all significantly higher than the national average.

Wider vulnerabilities	Middlesbrough	England
	Value	Value
Mental health problem	42%	18%
Anti-social behaviour / criminal act	39%	31%
Affected by others' substance misuse	39%	22%
Domestic abuse	35%	21%
Self-harm	32%	17%
Sexual exploitation	20%	5%
Looked after child (LAC)	15%	12%
NEET	15%	16%
Child in need (CIN)	8%	6%
Child Protection Plan (CPP)	7%	7%
Parental status / pregnant	3%	1%
Housing problems	0%	1%

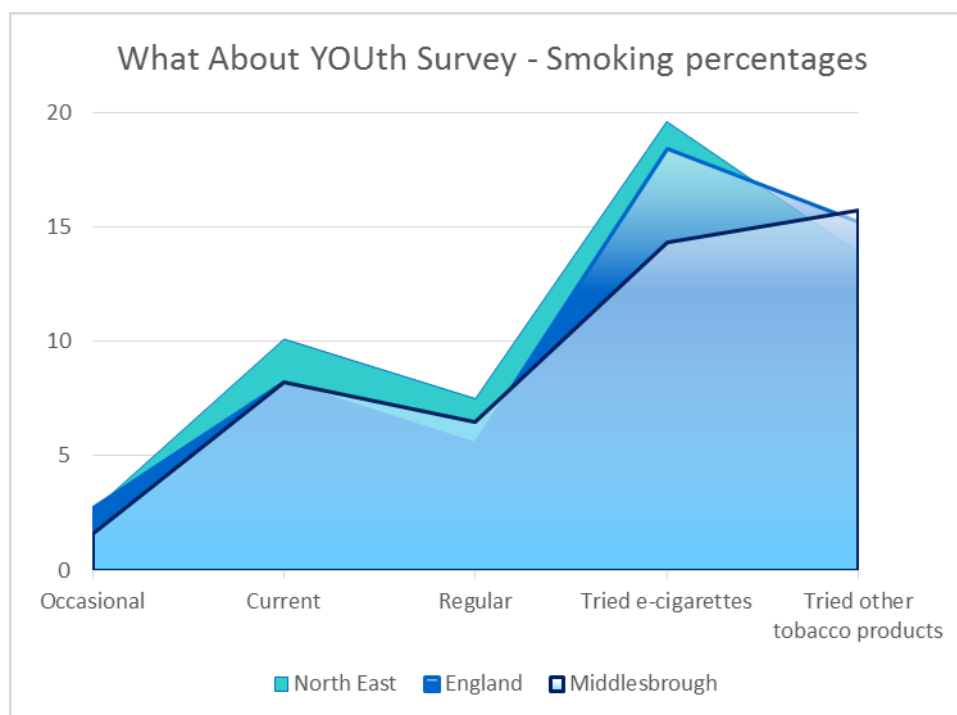
Period: 2014/15 Source: Public Health England

147. In conclusion, children born in Middlesbrough are more likely to be admitted to hospital as a result of alcohol or substance misuse than national and regional comparators.

Smoking

148. Smoking is the leading cause of preventable morbidity and premature deaths and remains a key public health concern. Smoking is a childhood and adolescence addiction and young people are more likely to develop nicotine dependence faster than the adult population. Nationally, smoking behaviour amongst young people in England has showed a downward trend in the last ten years, and this is mirrored in the Middlesbrough position.

149. The What About YOUth (WAY) Survey of 2014 looked at health behaviours in young people in Middlesbrough and found that 8.2% of 15 year olds class themselves as current smokers, similar to the England average. In Middlesbrough, the percentage of 15 year olds estimated to be regular smokers is around 6.5% and this is not too dissimilar to the England average. About 14.3% of young people have tried e-cigarettes at least once, a value much lower than the England value of 18.4%



Period:2014/15

Source: Public Health England (WAY Survey)

150. Middlesbrough was the second lowest authority in the North East for current smokers, with the same value nationally and almost 2% lower than the regional average. (WAY Survey).
151. Middlesbrough was the fourth lowest authority in the North East for regular smokers, only higher by the national average by 1% and lower than the regional average by 1%. (WAY Survey).
152. Middlesbrough was the second lowest authority in the North East for occasional smokers, lower than both national and regional averages by 1%. (WAY Survey).
153. Middlesbrough was the lowest authority in the North East for use of e-cigarettes, around 4% lower than the national average and around 5% lower than the regional average. (WAY Survey).
154. Middlesbrough was the third highest in the North East for 'tried other tobacco products' e.g. Shisha pipe, hookah, hubble-bubble and water pipe, only 0.5% higher than the national average, but approximately 2% higher than the region. It is interesting to note that the North East is lower than England on this measure. (WAY Survey).
155. In conclusion, children born in Middlesbrough are as likely to smoke at some point in their childhood as national and regional averages.

Mental Health and emotional wellbeing

156. The consequences of poor mental health and emotional well-being early in life can be long lasting and far reaching, and the reasons why a child or young person experiences mental health problems are likely to be complex.
157. Children are at greater risk of having mental ill-health if they: live in a deprived area; live in a single parent family; live in rented accommodation; have a family member with poor mental health; have a family member who has low educational attainment; have stressful family situations; face three or more stressful life events (three times more likely than other children to develop emotional and behavioural disorders); have a disability or impairment (physical or learning), or serious or chronic illness; or are a looked after child.
158. Emotional resilience in children and young people is a prerequisite to good health and wellbeing outcomes, educational attainment, social relationships, positive choices and behaviours, life opportunities and aspirations, physical health and length and quality of life. Half of those with mental illness in adulthood experience their first symptoms by the age of 14, and this figure rises to three quarters by the time they reach 18 years of age. Early intervention is essential to ensuring that children and young people's mental health is treated effectively, to minimise the impact on the child / young person.

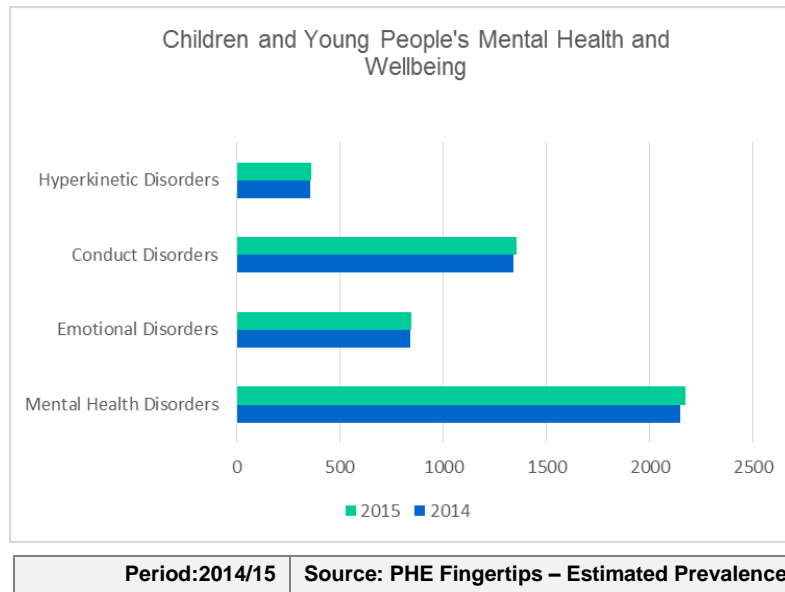
Mental Health

159. Estimates from national prevalence figures for mental health in children and young people suggest that Middlesbrough should expect 2,178 (10.8%) children aged 5-16 years with a mental health disorder. This is higher than the national estimate of 9.6%. Based on PHE estimates in 2013 Middlesbrough had 2,558 and 2,755 young people aged between 16 and 24 with potential eating disorders and attention deficit hyperactivity disorder (ADHD) respectively.

Mental health synthetic estimates					
Prevalence indicator	Middlesbrough			North East	England
	Period	Number	Value	Value	Value
Any MH disorder aged 5-16 (estimated)	2013	2,178	10.8%	10.1%	9.6%
Emotional disorders aged 5-16 (estimated)	2013	857	4.3%	3.9%	3.7%
Conduct disorders aged 5-16 (estimated)	2013	1,358	6.7%	6.2%	5.8%
Hyperkinetic disorders aged 5-16 (estimated)	2013	358	1.8%	1.6%	1.5%
Eating disorders aged 16-24 (estimated)	2013	2,558	-	-	-
ADHD aged 16-24 (estimated)	2013	2,755	-	-	-

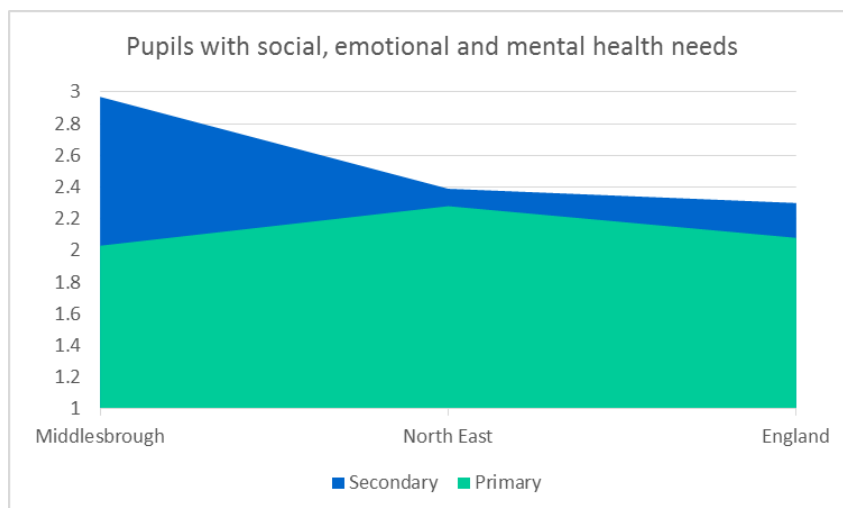
Period: 2012-13 **Source:** Public Health England

160. The chart below shows the trend in the four estimated measures of Mental Health Wellbeing²⁶ as you can see the estimates don't show any vast differences year on year. This is reflected when you compare Middlesbrough to National and Regional estimates for each of these measures where the differences sit below 2% for each.



161. Middlesbrough had the lowest proportion of primary aged pupils with social, emotional and mental health needs in 2016²⁷ by a small margin, however there was a consistent percentage of around 2% both nationally and regionally.

162. Middlesbrough had the highest proportion of secondary aged pupils with social, emotional and mental health needs in 2016 at 2.97% versus 2.39% in the North East and 2.3% in England. Regionally and nationally there is a trend in similar proportions of children and young people at both school ages, however in Middlesbrough this is almost 50% higher. Currently there is no trend data available for this measure.



Period: 2016 | Source: Department for Education

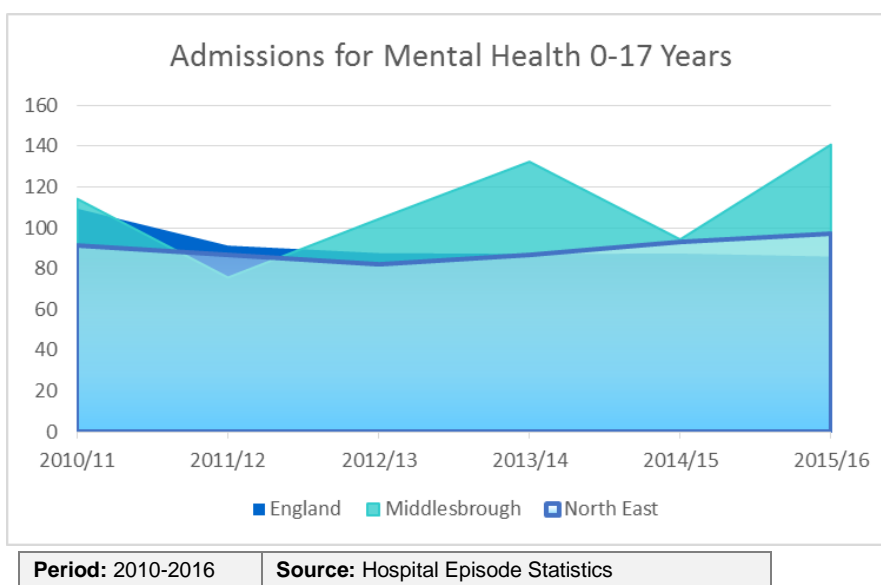
²⁶ Number of children aged 5-16 estimated to have any mental health disorders based on the prevalence from the ONS survey Mental health of children and young people in Great Britain (2004) adjusted for age, sex and socio-economic classification - <http://www.hscic.gov.uk/pubs/mentalhealth04>

²⁷ Department for Education special educational needs statistics <https://www.gov.uk/government/collections/statistics-special-educational-needs-sen>

163. In conclusion, assessments of prevalence have been based on estimations. There is limited data recording to be able to provide actual prevalence figures. This is an area that requires strengthening nationally.

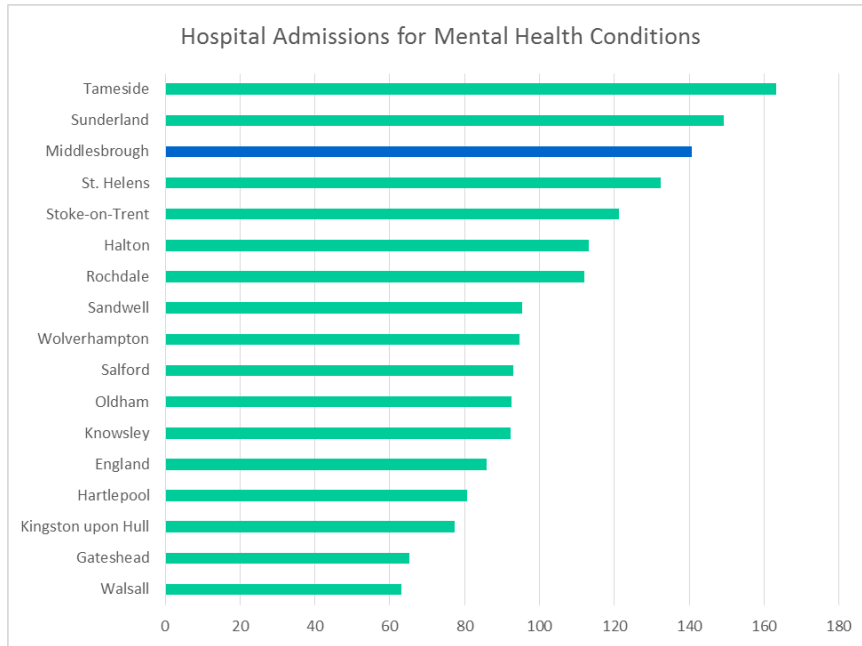
Mental Health Admissions

164. Children and young people's admissions for mental health in Middlesbrough (together with rates for self-harm, alcohol specific conditions and substance misuse highlighted elsewhere in this JSNA) are higher than the national average, and have risen significantly in recent years.



165. Middlesbrough had the second highest rate in the North East in 2015/16 for 0-17 Years Hospital Admissions for Mental Health Conditions behind Sunderland.

166. Middlesbrough had the third highest rate of Hospital Admissions for Mental Health Conditions in 2015/16 in comparison with CIPFA nearest neighbours, with 140.8 per 100,000 population aged 0-17 years, this is well above the average for this group of comparators (104.2 per 100,000) more than twice the lowest Walsall (63 per 100,000) the highest being Tameside with 163.3 per 100,000.



Period:2016 **Source:** Hospital Episode Statistics

Child and Adolescent Mental Health Services

167. Middlesbrough Child and Adolescent Mental Health Services (CAMHS) received 2,030 referrals in 2016/17 and accepted 1018 (50.18%) of these for treatment. This compares with the assumed number of clients as set out below.

CAMHS		
Service Level	Estimated %age of children under 17	Estimated number of children and young people in Middlesbrough
Tier 1 – Universal services	15%	4,763
Tier 2 – Targeted services	7.5%	2,381
Tier 3 – Community services	2.5%	794
Tier 4 – Specialist services	0.5%	159

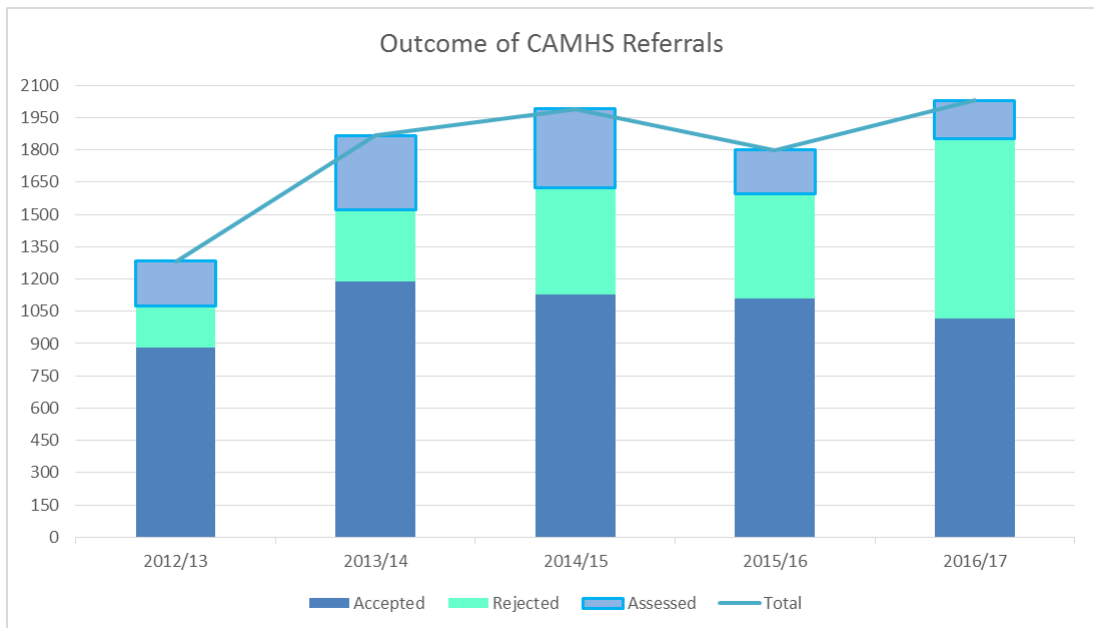
Period: N/A **Source:** Public Health England

168. Referrals into CAMHS saw a significant rise of 45.70% between 2012/13 and 2013/14, from 1282 to 1868 and then remained between 1800 and 2030 in the years to 2016/17.

169. The trend in referrals being accepted shows a somewhat consistent decline, from 68.80% in 2012/13 to 50.15% in 2016/17, there was an increase to 61.72% in 2015/16 but this then showed the most significant decrease of over 11% to 2016/17.

170. The percentage of referrals resulting in an assessment is also showing a decline, at 8.82% in 2016/17 this is almost half of the 16.22% seen in 2012/13.

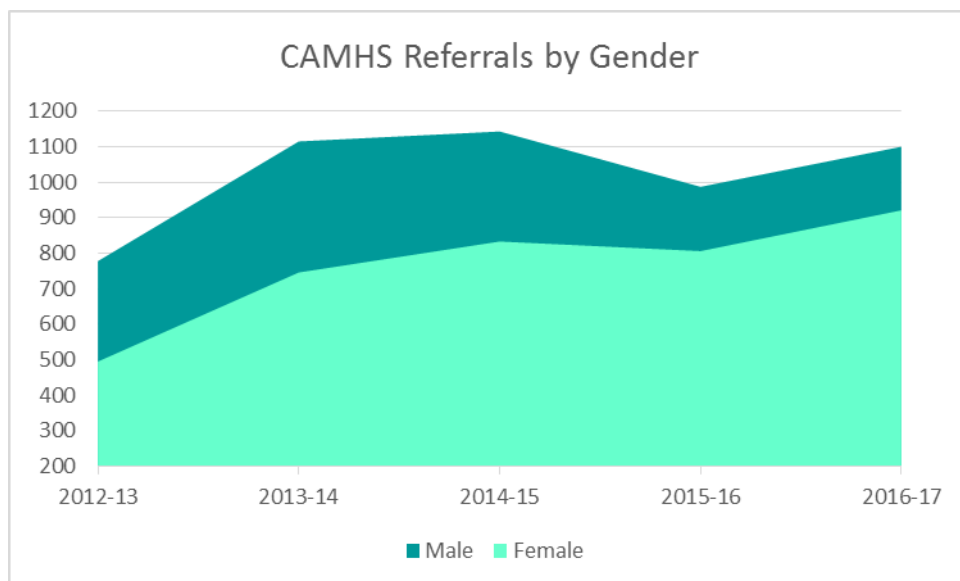
171. There is a consistent trend in the number of referrals being rejected, there were over four times as many in 2016/17 as in 2012/13 with the percentage of referrals being rejected rising from 14.98% to 40.99%. The graph below demonstrates the trend in referrals and outcomes.



Period: 2012/13 – 2016/17

Source: Tees, Esk & Wear Valley NHS Trust

172. In 2012/13 almost two thirds of all referrals into CAMHS were for males, over the period to 2016/17 this trend has decreased so that males accounted for 54.19% of all referrals and the percentage of females has increased.

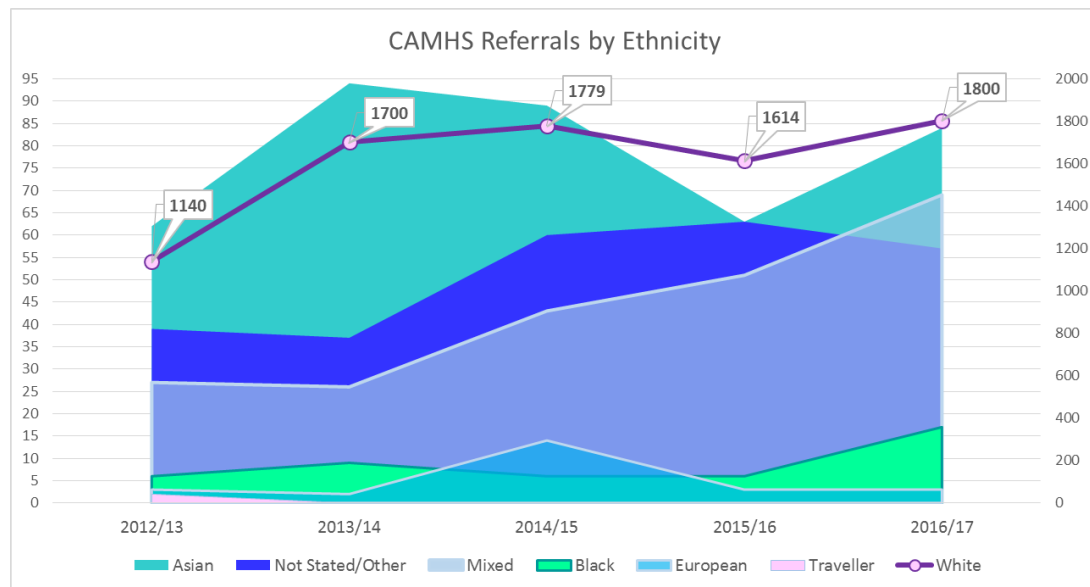


Period: 2012/13 – 2016/17

Source: Tees, Esk & Wear Valley NHS Trust

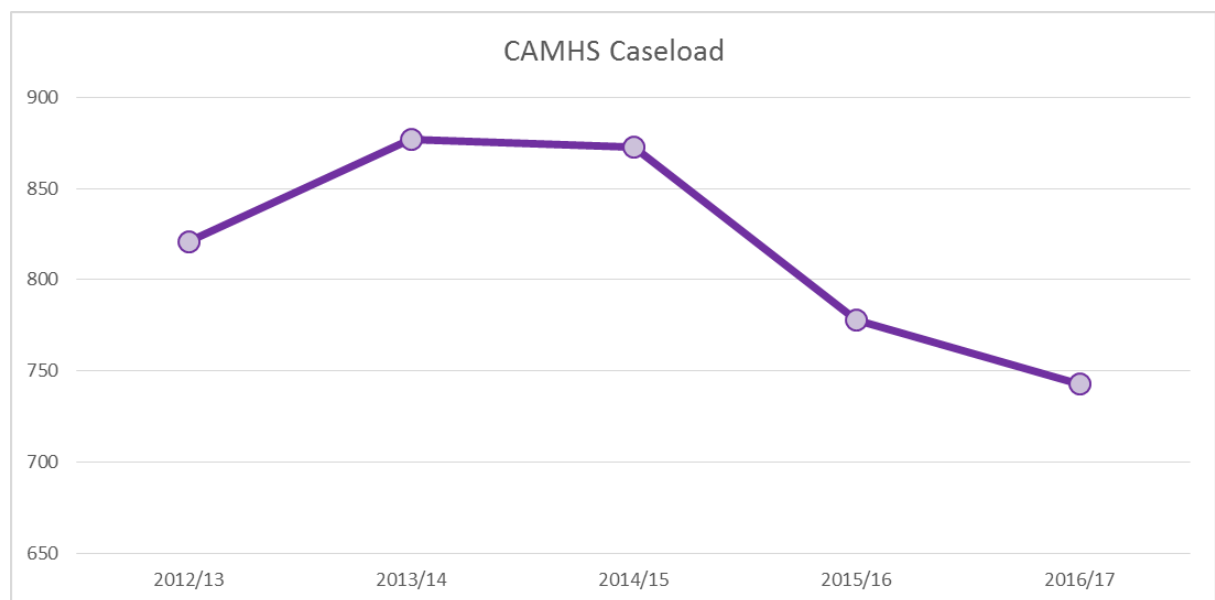
173. White is the most common ethnicity in the individuals referred to CAMHS, accounting for around 90% of all referrals in each period. The remainder of the ethnicities can be broken down further (discounting White, and therefore beginning at 100% again), whereby Asian is the second most common this has decreased over the period from 44.60% in 2012/13, with a spike to 55.95% in 2013/14, before decreasing year on year to 36.52%. Mixed ethnicity has overall accounted for the next largest specific ethnic group, factoring in that Not Stated/Other is showing some increase. The graph below shows the

proportion of ethnic groups broken down, with a trendline to identify the proportion of White separately.



Period: 2012/13 – 2016/17 **Source:** Tees, Esk & Wear Valley NHS Trust

174. Caseloads in CAMHS has been maintained between 743 and 877 in the period 2012/13 to 2016/17 however there has been a consistently decreasing trend in the number of cases held in year since 2014/15. This can be compared to the number of referrals which are being accepted which is also decreasing, along with assessments.



Period: 2012/13 – 2016/17 **Source:** Tees, Esk & Wear Valley NHS Trust

175. It is evident from the trends in referrals and assessments that there has been a significant increase in the number of children and young people who are being passed over for assessment and engagement with CAMHS, this is reflected across the trend in caseloads showing a decrease in the number of cases held by CAMHS year on year

between 2014/15 and 2016/17. Based on this trend, it could be predicted that the number of referrals into CAMHS will continue to increase, but the demand will not be met by a decreasing trend in cases held.

176. In conclusion, children born in Middlesbrough are more likely to be referred into CAMHS if they are male than if they are female and if they are white than any other ethnicity. There is also a clearly identified rise in demand, but a decrease in the cases accepted into treatment by CAMHS.

Achieve

1. Education plays a vital role in determining life chances, health and wellbeing in adult life. Education is strongly linked to health and to determinants of health such as health behaviours, risky contexts and preventative service use.

Early education

2. 'Achieving Two Year Olds' is a programme focused on providing 15 hours per week of free early education to disadvantaged / SEND children. While take up in Middlesbrough is improving, the comparative position is not known as no national data on take up is yet published.

Early education

Indicator	Middlesbrough			North East	England
	Period	Number	Value	Value	Value
Achieving Two Year Olds Take-up (A2YO)	Autumn 2016	-	86.0	-	70.0

Period: 2016

Source: MBC

School readiness

3. The Department for Education states that a child is described as having reached a good level of development at the end of reception if they achieve at least the expected level in the early learning goals in prime areas of learning and in the specific areas of Maths and English. The majority of children who achieve a good level of development should go on to achieve the expected levels for reading at KS1. Pupils who are in the bottom 20% at aged 5 are likely to be in the bottom 20% at the end of KS1.²⁸
4. Just 60.3% of Middlesbrough's children achieved a good level of development at the end of reception in 2016. This is significantly worse than the North East regional (68.4%) and all England (69.3%) averages.

School readiness

Indicator	Middlesbrough			North East	England
	Period	Number	Value	Value	Value
EFYS Good level of development	2014		50.1%	55.8%	60.4%
	2015		57.4%	63.1%	66.3%
	2016	-	60.3%	68.4%	69.3%

Period: 2016

Source: DfE

5. In conclusion, children born in Middlesbrough are less likely to achieve a good level of development at the end of reception year than national and regional averages, while it has improved since 2014, so have the regional and national averages, the gap is widening regionally but has remained consistently around 10% lower than nationally.

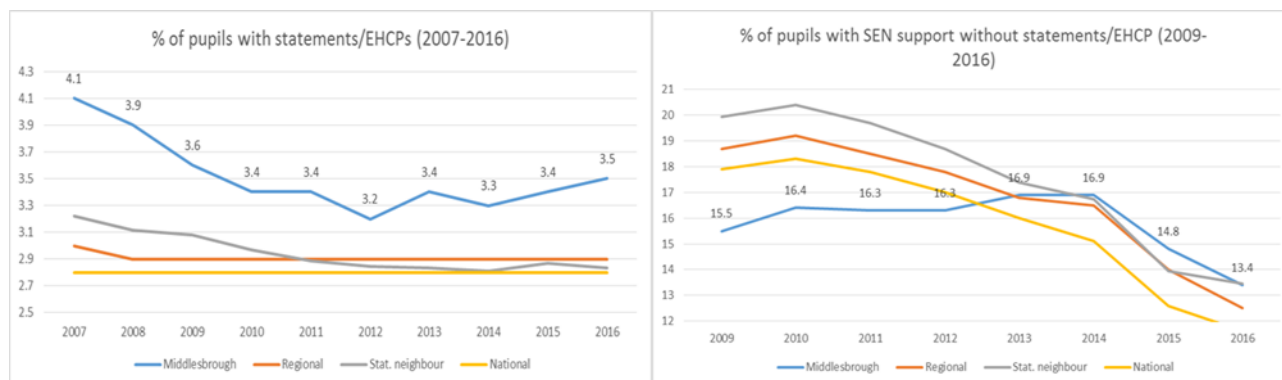
²⁸ Department for Education - <https://getintoteaching.education.gov.uk/explore-my-options/become-an-early-years-teacher>

Special Educational Needs (SEN)

6. In 2014/15, Middlesbrough has a higher proportion of pupils with SEN Statements or Education, Health and Care Plans (EHCPs), and a significantly higher proportion of pupils within SEN support, than regional and national averages.

Special Educational Needs					
Indicator	Middlesbrough			North East	England
	Period	Number	Value	Value	Value
Pupils with Statements / EHCPs	2014/15	819	3.5%	2.9%	2.8%
Pupils with SEN support	2014/15	3,539	13.4%	12.5%	11.6%
Period: 2014/15		Source: DfE			

7. The charts below show trends in SEN Statements / EHCPs and pupils supported without Statements from 2007-2016 and 2009-16, respectively. This shows SEN Statements / EHCPs decreasing in Middlesbrough from 2007-12 and then slowly rising until the present time, compared with a static regional and national period across the 2007-16 period and a downward trend among Middlesbrough's statistical neighbours. Pupils requiring SEN support were lower than all comparators in 2009 but rose to a level above comparators by 2014, at which time the proportion began to reduce at similar rate to national and regional averages. At this point Middlesbrough's rate matches that of statistical neighbours.



8. The latest data (January 2016) shows 13.5% of pupils within state-funded primary schools within Middlesbrough with Special Education Needs (1.1% with Statements or EHCPs, 12.4% receiving SEN support). This was lower than the North East total average of 14.6% and broadly in line with the national average of 13.4%.
9. 18.3% of pupils within state-funded secondary schools within Middlesbrough had Special Education Needs at January 2016 (2.1% with Statements or EHCPs, 16.2% receiving SEN support). This was significantly higher than the North East and national total averages of 13.0% and 12.7% respectively.
10. 100% of pupils within state-funded special schools within Middlesbrough had Statements or EHCPs at January 2016, compared with 96.4% in the North East and 99% nationally.

11. An analysis of current SEND data and provision within Middlesbrough was developed in advance of an Ofsted visit in March 2017 and can be accessed below. This will form the basis of a detailed topic report in response to Ofsted's feedback, adding value to this JSNA.
12. In conclusion, children in Middlesbrough are much more likely to be subject to an EHCP than statistical, regional or national averages and are more likely than regional and national averages to be receiving SEN support without a statement / plan.

Attendance at School

13. Children who do not attend school regularly are at greater risk of being exposed to, or become the victim of, sexual exploitation, forced marriage, alcohol or substance abuse, crime and anti-social behaviour or radicalisation. They are also more likely to be NEET and their future life chances impaired.

Attendance

14. All local authorities have a statutory responsibility to identify children missing from education (CME), and those pupils at risk of being missing from education. This applies in relation to children of compulsory school age who are not on a school roll, and who are not receiving any other form of suitable education in place of being at school (for example, at home, privately, or in alternative provision).
15. An increasing number of CME referrals have been made by schools to Middlesbrough Council in recent years, rising fivefold from 43 in 2013/14 to 215 in 2015/16.
16. In line with Tees Valley neighbours, Middlesbrough has seen an increase in home-schooling in 2016/17, though numbers remain small at 42 in total.
17. As such, the vast majority of school-aged children are expected to attend mainstream, or, if permanently excluded, and unable to access another school place, attend alternative provision secured by the local authority.
18. Overall absence from school in Middlesbrough (being the sum of authorised and unauthorised absences within the school year) was significantly higher than regional and national averages in 2014/15, with absence increasing significantly in secondary education. The gap is more pronounced in relation to persistent absence (currently defined as where a pupil has missed 10% or more of their own possible sessions within the school year).

School attendance					
Indicator	Middlesbrough			England	
	Period	Number	Value	Value	Value
Absence – overall	2014/15	-	5.8%	4.9%	4.6%
Absence – primary schools	2014/15	-	4.6%	4.2%	4.0%
Absence – secondary schools	2014/15	-	7.4%	5.6%	5.3%
Absence – special schools	2014/15	-	10.2%	8.4%	9.4%
Persistent absence – overall	2014/15	1,215	6.5%	4.1%	3.7%

Persistent absence – primary schools	2014/15	295	2.6%	2.2%	2.1%
Persistent absence – secondary schools	2014/15	850	12%	5.9%	5.4%
Persistent absence – special schools	2014/15	72	18.5%	13.2%	15.4%
Period: 2014-15	Source: DfE				

19. The table below shows the absence rate of different groups in primary and secondary in 2014/15, using a simple RAG rating of gap to the average rates set out above. This shows absence is greater among EHCP / SEN support pupils, those eligible for free school meals, and those whose first language is English

Measure	Boys	Girls	White	Mixed	Asian	Black	Non-SEN	EHCP	SEN Support	FSM	Non-FSM	First Lang English	First Lang not English	Disadvantaged	Not disadvantaged
Absence - Primaries	0.1	0	X	X	X	X	-0.1	1.6	0.8	1	-0.4	0	0.1	X	X
Absence - Secondaries	0	0	X	X	X	X	-0.7	0.7	2.6	3.7	-1.5	0.2	-0.9	X	X
Absence - Special schools	-0.6	2.1	X	X	X	X	X	0	X	1.2	-1.5	0.2	-2	X	X

20. In conclusion, children born in Middlesbrough are more likely to be absent from school than national and regional averages.

Exclusions and alternative provision

21. Middlesbrough currently has a very high rate of permanent exclusions from school, with numbers increasing fourfold since 2012/13. This is driven by a significant increase in exclusions from secondary schools.

School exclusions					
Indicator	Middlesbrough			North East	England
	Period	Number	Value	Value	Value
Fixed period exclusions – overall	2014/15	3,430	14.89	3.79	3.88
Fixed period exclusions – primary	2014/15	79	0.53	0.68	1.10
Fixed period exclusions – secondary	2014/15	3,227	42.36	7.84	7.51
Fixed period exclusions – special	2014/15	123	25.73	9.78	13.54
Permanent exclusions – overall	2014/15	40	0.17	0.08	0.07
Permanent exclusions – primary	2014/15	X	X	0.01	0.02
Permanent exclusions – secondary	2014/15	33	0.43	0.18	0.15
Permanent exclusions – special	2014/15	X	X	0.12	0.09
Period: 2014-15	Source: DfE				

22. Permanently excluded pupils unable to secure a place at other schools are offered alternative education provision, secured by the local authority, and are some of the most challenging and vulnerable pupils in Middlesbrough. The 2017 Alternative Provision Census identified 92 pupils in alternative provision within Middlesbrough.

23. In conclusion, children born in Middlesbrough are more likely to be excluded from school than national and regional averages.

Bullying and e-safety

24. Section to be developed in the first year of the JSNA.

Performance at School

25. Middlesbrough currently has 41 primary schools (23 of which are academies) at an average size of 360 places, and seven secondary schools (six are academies) at an average size of 1,106 places. 85% of Middlesbrough primary schools and 71% of secondary schools were judged to be good or better by Ofsted at October 2017, just below the national averages of 91% and 80% respectively. Middlesbrough's ambition is that every child will attend a school which is good or better by 2020.

26. There is a range of post-16 provision including Middlesbrough College (c.4,000 16-18 students) and Cleveland College of Art & Design (c.570 16-18 students).

27. There is a range of specialist SEND provision available in Middlesbrough. This includes the multi-agency specialist pre-school Cleveland Unit, two KS1 assessment classes, primary SEN units specialising in Hearing Impairment/Visual Impairment (HI/VI), Autistic Spectrum Disorder (ASD) and Physical Disability (PD), and secondary units specialising in HI/VI and Mild Learning Disability (MLD).

28. There are four special schools, a 3-19 school specialising in ASD, a 4-19 school specialising in Severe Learning Disability/Profound and Multiple Learning Difficulties (SLD/PMLD), and 5-11 school and a 11- 16 Academy both specialising in Social, Emotional and Mental Health (SEMH). There is also an Alternative Provision Academy.

29. Children are at greater risk of low educational attainment if they are subject to factors such as being a Looked After Child, living in a deprived area, living in a single parent family, having a family member who has low educational attainment themselves, or is unemployed, or misuses alcohol or other substances, having a learning disability or poor school attendance, or suffering from mental ill-health. The greater prevalence of all these factors with Middlesbrough mitigates against high levels of educational attainment.

Year 1 & 2 phonics screening check

30. This check takes place at the end of the child's first year in school (aged 4-5), when the child will read 40 words out loud to a teacher, who will assess whether s/he needs extra help with reading. If the child does not do well enough in the check they have to do it again in Year 2.

31. Middlesbrough pupils performed significantly below the regional and national averages for the Year 1 measure in 2016, but had narrowed the gap to 2 points by the end of Year 2.

Year 1/2 Phonics screening check

Indicator	Middlesbrough			North East	England
	Period	Number	Value	Value	Value
Year 1 Required standard met	2016	-	74%	82%	81%
Year 2 Required standard met	2016	-	89%	92%	91%

Period: 2016

Source: DfE

32. In conclusion, children in Middlesbrough are less likely to meet the required standard for phonics than national and regional averages.

Key Stage 1

33. Changes to assessment took place for Primary in 2016, the first assessments against the new national curriculum standards and for Secondary in 2017 when assessment and grading systems were changed. This means that for Primary comparisons for attainment in 2016 cannot be made against 2015 data.

34. Key Stage 1 tests are taken aged 7 and cover English reading; English grammar, punctuation and spelling; and Maths. Middlesbrough pupils performed significantly below the regional and national averages for all expected standards in 2016.

Key Stage 1

Indicator	Middlesbrough			North East	England
	Period	Number	Value	Value	Value
KS1 – Expected standard in reading	2016	-	67%	75%	74%
KS1 – Expected standard in writing	2016	-	57%	68%	65%
KS1 – Expected standard in Maths	2016	-	65%	74%	73%

Period: 2016

Source: DfE

35. Middlesbrough female pupils performed significantly higher than males on all three expected standards. While Disadvantaged pupils consistently performed over 20% lower than England, no stats were available for the North East on a gender basis.

36. In conclusion, children born in Middlesbrough are less likely to perform at the expected standards for reading, writing and maths at Key Stage 1 than national and regional comparators; more specifically, males.

Key Stage 2

37. Key Stage 2 tests are taken at aged 11 and again cover English reading; English grammar, punctuation and spelling; and Maths.

38. Middlesbrough pupils performed significantly below the regional and national averages for the combined measure in 2016. Performance in Reading and Writing was around 5% below the national average, but performance in Maths exceeded the national average.

Key Stage 2

Indicator	Middlesbrough			North East	England
	Period	Number	Value	Value	Value
KS2 – Expected standard RWM	2016	-	49%	57%	54%
KS2 – Expected standard Reading	2016	-	62%	68%	66%
KS1-2 Progress Score Reading	2016	-	-0.1	0.6	0
KS2 – Expected standard Writing	2016	-	69%	78%	74%
KS1-2 Progress Score Writing	2016	-	0	1.1	0
KS2 – Expected standard Maths	2016	-	71%	73%	70%
KS1-2 Progress Score Maths	2016	-	0.9	0.8	0

Period: 2016 Source: DfE

39. In conclusion, children born in Middlesbrough are less likely to perform at the expected standards for reading, writing and maths at Key Stage 2 than national and regional averages.

Key Stage 4

40. During Key Stage 4, most pupils work towards national qualifications - usually GCSEs. The compulsory national curriculum subjects are the 'core' (English, Maths and Science) and 'foundation' (computing, physical education and citizenship) subjects. Schools must also offer at least one subject from each of these areas: arts, design and technology, humanities and modern foreign languages. They must also provide religious education and sex education at Key Stage 4.

41. The English Baccalaureate (EBacc) shows how many students got a GCSE grade or above in English, Maths, two sciences, a language, and history or geography.

42. Attainment 8 measures the achievement of a pupil across eight qualifications including mathematics (double weighted) and English (double weighted), three further qualifications that count in the EBacc measure and three further qualifications, that can be GCSE qualifications (including EBacc subjects), or technical awards from the DfE approved list.

43. A Progress 8 score is calculated for each pupil by comparing their Attainment 8 score with the average score of all pupils nationally who had a similar starting point (or 'prior attainment'), calculated using assessment results from the end of primary school. The greater the Progress 8 score, the greater the progress made by the pupil compared to the average of pupils with similar prior attainment.

44. The proportion of pupils achieving A*-C in English and Maths in 2016 was 8.4 points below the national average, and those achieving 5 A*-C grades, including English and Maths was 7.6 points below. The EBacc entry rate was around half the national average rate, and achievement of EBacc 43% of the national rate. The gap to national average in respect of Attainment 8 performance was narrower at 4.3 points, however the Progress 8 score was significantly worse than the national rate.

Key Stage 4

Indicator	Middlesbrough			North East	England
	Period	Number	Value	Value	Value
A*-C in English and Maths	2016	-	54.9%	61.6%	63.3%
5 A*-C including English and Maths	2016	-	50.1%	56.3%	57.7%

EBacc – Entries	2016	-	20.2%	36.2%	39.8%
EBacc – Achieved	2016	-	10.7%	22.0%	24.8%
Attainment 8	2016	-	45.8%	48.8%	50.1%
Progress 8 score	2016	-	-0.12	-0.16	-0.03
Period: 2016	Source: DfE				

45. In 2017 Key Stage 4 performance will be measured against a new assessment framework, therefore comparisons will not be possible against the 2016 performance.

46. School level data at Key Stage 4 indicates that one school's results contributes significantly lower attainment results at Key Stage 4 across all measures, impacting on overall performance.

47. In conclusion, children born in Middlesbrough are less likely to achieve expected educational standards at Key Stage 4 than national and regional averages.

Academic performance of vulnerable groups

48. The proportion of pupils achieving A*-C in English and Maths in 2016 was 8.4 points below the national average, and those achieving 5 A*-C grades, including English and Maths was 7.6 points below. The EBacc entry rate was around half the national average rate, and achievement of EBacc 43% of the national rate. The gap to national average in respect of Attainment 8 performance was narrower at 4.3 points, however the Progress 8 score was significantly worse than the national rate.

49. The table below shows the performance of different groups across Key Stages in 2016, using a simple RAG rating of gap to the average performance scores set out above. This demonstrates:

- girls outperformed boys at every Key Stage;
- all BME groups outperformed the White ethnic group at KS4;
- pupils who do not speak English as their first language outperform those whose first language is English at KS4; and
- those who are eligible for free school meals, or are classed as disadvantaged, did not perform as well as those from with affluent circumstances.

Measure	Boys	Girls	White	Mixed	Asian	Black	Non-SEN	EHCP	SEN Support	FSM	Non-FSM	First Lang English	First Lang not English	Disadvantaged	Not disadvantaged
Yr 1 phonics - gap to Middlesbrough average (%)	-3	5	0	-2	7	14	8	-67	-37	-7	4	3	-9	X	X
Yr 2 phonics - gap to Middlesbrough average (%)	-3	2	X	X	X	X	X	X	X	X	X	X	X	X	X
KS1 reading - gap to Middlesbrough average (%)	-4	5	1	-3	1	17	11	-62	-45	-12	3	6	-10	-11	9
KS1 writing - gap to Middlesbrough average (%)	-8	9	1	-3	1	19	10	X	-43	-11	7	3	-9	-11	10
KS1 maths - gap to Middlesbrough average (%)	-2	1	0	-1	0	13	9	-60	-42	-13	6	2	-11	-12	9
KS2 RWM - gap to Middlesbrough average (%)	-6	7	1	5	-5	16	12	-44	-37	-14	7	2	-7	-10	11
KS4 A*-C in English and maths - gap to Middlesbrough average (%)	-3.6	3.4	-1.5	11.1	16.6	11.8	9.9	-45.8	-26.8	-17.6	6.7	1	3.1	-14.1	12.3
EBacc entries - gap to Middlesbrough average (%)	-5.6	5.2	0.1	4.3	1.3	6.5	4.4	X	-13.7	-5.3	1.9	0.5	0.1	-5.7	4.8
EBacc achieved - gap to Middlesbrough average (%)	-3.5	3.4	-1.1	6.3	6.7	X	2.6	X	-8.4	-6.7	2.6	-0.5	4.8	-7.2	6.3
Attainment 8 score - gap to Middlesbrough average (%)	-2.1	2.1	-0.2	4.9	6.5	5.8	5	-32	-8.9	-8.3	3.2	0.9	0.5	-6.1	5.3
Progress 8 score - gap to Middlesbrough average	-0.13	0.12	-0.1	0.36	0.92	1.04	0.18	-1.39	-0.1	-0.33	0.12	-0.06	0.88	-0.19	0.16

Progression to further and higher education / Not in Education Employment or Training

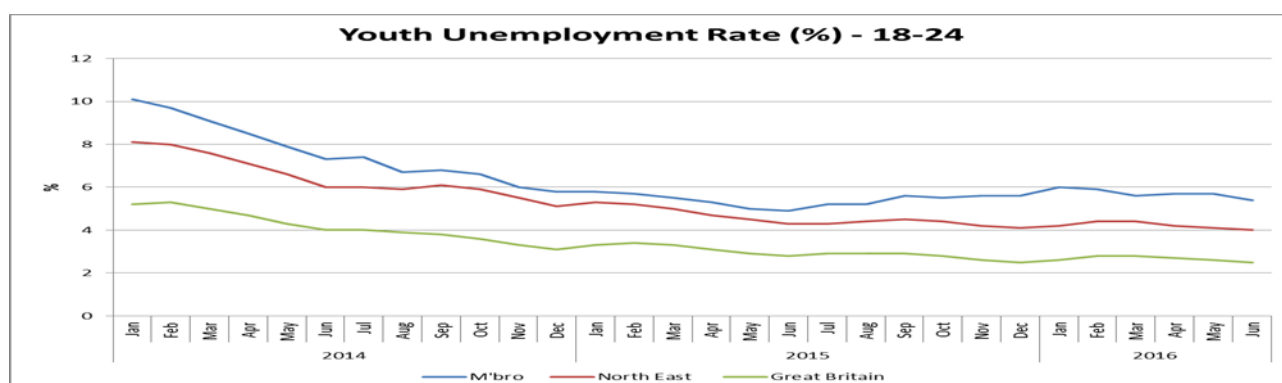
50. For young people, being 'Not in Education, Employment or Training' (NEET) has a detrimental effect on physical and mental health. Young people who are NEET have an increased likelihood of being involved in criminal activity, and suffer from increased likelihood of unemployment or low wages in adulthood. This in turn is likely to increase time spent NEET.
51. Being NEET is linked to deprivation, with higher NEET levels in more deprived areas. However, the number of NEET within Middlesbrough has been on a downward trend since 2008. In 2016/17, 4.1% of 16-18 year olds in Middlesbrough were not in education, employment or training, broadly in line with the North East average of 4.0%, but above the national average of 2.7%. The proportion of 16-18 years still in learning was lower in Middlesbrough than the North East and national averages in this period.

NEET

Indicator	Middlesbrough			North East	England
	Period	Number	Value	Value	Value
16-18 year olds NEET	2016/17	-	4.1%	4.0%	2.7%
16-18 year olds in learning	2016/17	-	90.6%	92.2%	91.3%
16-18 year olds status not known	2016/17	-	2.5%	1.7%	4.0%

Period: 2016/17 Source: NCCIS LA Tables Nov 16 - Jan 17

52. Unemployment is one of the social causes of ill health. Unemployment can lead to adverse health outcomes even in young people. There is a significantly higher risk of mental illness in unemployed people compared to those who are working. The youth unemployment rate (18-24) in Middlesbrough was 5.4% in June 2016 and continues to be consistently higher than the North East (4%) and national rate of 2.5%.



53. In conclusion, children born in Middlesbrough are more likely to be recorded as NEET compared to regional and national averages.

Conclusions and priorities

1. Many of the different indicators of need, when mapped against the wards of Middlesbrough, indicate time and time again that there are greater levels of need across the spectrum of measures contained in the JSNA in the North and East of the town. This JSNA, analyses a range of issues that impact on children and young people, setting out, where data was available:
 - the prevalence of needs in the population;
 - local inequalities that exist in outcomes experienced by different communities in the town;
 - performance trends to understand whether needs were decreasing or increasing; and
 - comparisons of performance against, regional and national averages, as well as against areas with a similar profile to Middlesbrough.
2. In a number of areas further work is required to improve data available, particularly around:
 - the early intervention services provided by the Council and partners
 - management of long term health conditions in the community to understand how well these conditions are being managed as the only source of information on prevalence is from hospital admissions when children and young people are in crisis
 - crimes against children data
 - local inequalities data for a range of health outcomes
 - improve reporting on Foetal Alcohol Syndrome which intelligence suggested is under-diagnosed in the town and is a preventable issue that is linked to lifelong conditions
 - nationally there is limited data collected to be able to understand the prevalence of mental health needs in children at a population level.
3. This has been used to inform the development of priorities arising out of the JSNA which will be articulated and delivered by the Children and Young People's Plan, taking into account the impact on the town that could be made by reducing needs.
4. Increasing the cohort of children to grow up in a safe and stable family and ensuring will impact positively on key educational attainment, health and wellbeing outcomes for children, reducing the numbers of children in the future who will require targeted and specialist intervention services. The data within this JSNA supports a focus on early intervention and preventative services as a method of delivering this aim.
5. At the other end of the spectrum, safely reducing those children who are already subject to specialist services such as local authority care is also a priority. Improved application of thresholds will ensure children, young people, their families and/ or carers receive the correct support and reduce demand for specialist services.

Next steps

The next steps to be taken are as follows:

- Engagement with local children and young people on the JSNA findings to allow them to challenge and shape findings and conclusions.
- Circulation to commissioners, practitioners and data providers to ensure this document begins to inform commissioning priorities and practice
- Transform this document into an interactive tool to further support commissioners and practitioners.
- Establishment of a process to update the information in this document and identify changes that will impact on priorities.

Appendix 1: Data used within the JSNA

The following measures were used in developing the Children and Young People's Joint Strategic Needs Assessment.

Measure	Measurement period	Source
Total Resident Population	2001, 2011	Office of National Statistics (ONS) - Censuses
Total Resident Population	2016	ONS - Mid-Year Population Estimates 2016
Gender and Age Profile	2001, 2011	Office of National Statistics (ONS) - Censuses
Gender and Age Profile	2016	ONS - Mid-Year Population Estimates 2016
School Population	2016	Department for Education - School Population Census
Ethnic Breakdown	2011	ONS - Census
Immigration Rate - Non-British Nationals	2011, 2015	ONS
Socially Rented Caravans	2009-2017	Department for Communities and Local Government (DCLG) - Gypsy and Traveller Caravan Count
Self Reporting Health Measures	2001, 2011	Office of National Statistics (ONS) - Censuses
Under 18s Conception Rate	2015	ONS
Educational Indicators	2011	ONS - Census
Employment Rate	2015	Annual Population Survey (APS)
Economic Activity	2011	ONS - Census
Jobseekers Allowance/Universal Credit	2016	Department for Work and Pensions (DWP)
Apprenticeships	2011/12 - 2016/17	DFE & Education and Skills Funding Agency
Middlesbrough Council Apprenticeships	2011/12 - 2016/17	Middlesbrough Council Data
Lone Parent Households	2001, 2011	Office of National Statistics (ONS) - Censuses
Workless households with dependent children	2001, 2011	Office of National Statistics (ONS) - Censuses
Children in Benefit claimant homes	2011 - 2015	Department for Work and Pensions (DWP)
Housing Benefit claimants with dependent children	2013 - 2017	Department for Work and Pensions (DWP)
Households in receipt of Housing Benefit	2014 - 2017	Department for Work and Pensions (DWP)
Deprivation	2010 - 2015	English Indices of Deprivation - DCLG
Food Bank Uptake	2012/13 - 2016/17	Trussell Trust Foodbank Data System
Child Poverty	2015	Income Deprivation Affecting Children - IMDACI
Free School Meals	2015	Public Health England
Early Help	2016/17 - 2017/18	Middlesbrough Council Data
Cin per 10,000 Population	2016	Department for Education
Cin per 10,000 Population in Year	2011/12 - 2015/16	Department for Education
Cin per 10,000 as at 31st March	2009/10 - 2015/16	Department for Education
Children starting an episode of need per 10,000 - in year	2011/12 - 2015/16	Department for Education

Children ending an episode of need per 10,000 - in year	2011/12 - 2015/16	Department for Education
Rate of episodes of need at any point during 2016/17 per 10,000 children	2016/17	Department for Education
Rate of episodes of need starting in 216-17 per 10,000 children	2016/17	Department for Education
Young Carers	2016/17	The Junction
CPP referrals per 10,000 population	2016	Department for Education
CPP Referrals per 10,000 population under 18's	2010/11 - 2015/16	Department for Education
Rate of children who became subject of CPP per 10,000	2011/12 - 2015/16	Department for Education
Rate of children who ceased to be subject of a CPP per 10,000	2011/12 - 2015/16	Department for Education
Rate of children who were subject to a CPP as at 31st March	2011/12 - 2015/16	Department for Education
Category of Abuse - Various	2011/12 - 2015/16	Department for Education
Child Protection Plan rate per 10,000	2009 - 2016	Department for Education
Looked after Children per 10,000 population	2016	Department for Education
Looked after Children per 10,000 population	2009-2017	Department for Education
Looked After Children - Category of Need	2016	Department for Education
Looked After Children - Demographics	2016	Department for Education
Looked After Children - Ethnicity	2016	Department for Education
Looked After Children - Placements	2012/13 - 2016/17	Department for Education
Looked After Children - Adoption Rate	2012/13 - 2016/17	Department for Education
Reasons for LAC Ceasing	2012/13 - 2016/17	Department for Education
Missing Children	2016/17	Cleveland Police
Social Norms Survey	2014/15 - 2016/17	Middlesbrough Council Data
Hospital Admissions caused by unintentional and deliberate injuries in Children - Aged 0-4 Years	2014/15	Public Health England
Hospital Admissions caused by unintentional and deliberate injuries in Children - Aged 0-14 Years	2014/15	Public Health England
Hospital Admissions caused by unintentional and deliberate injuries in Children - Aged 15-24 Years	2014/15	Public Health England
Hospital Admissions caused by unintentional and deliberate injuries in Children - Aged 0-14 Years	2010/11 - 2015/16	Public Health England
Hospital Admissions caused by unintentional and deliberate injuries in Children - Aged 0-14 Years - CIPFA Comparators	2016	Hospital Episode Statistics
Causes of unintentional and deliberate injuries in children	2012-2015	Public Health Northern and Yorkshire
Children Killed and seriously injured (KSI) on England's roads	2008/10 - 2013/15	Department for Transport
Children Killed and seriously injured (KSI) on England's roads - CIPFA	2013-2015	Department for Transport

Total Injuries - quintiles by wards	2015	Hospital Episode Statistics
Child Mortality/100,00 0-19	2013-15	Public Health England
Child Mortality Rate	2010/12 - 2013/15	Public Health England
Child Mortality Rate - 1-17 Years - CSSNBT Comparators	2013/15	ONS
Admissions for self-harm (10-24 years)	2016	Hospital Episode Statistics
Admissions for self-harm (10-24 years) per 10,000	2011/12 - 2015/16	Hospital Episode Statistics
Admissions for self-harm (10-24 years) - CIPFA comparators	2015/16	Hospital Episode Statistics
Serious Case reviews	2013 - 2017	Middlesbrough Council Data
Domestic Abuse incident rate per 1,000 population	2016/17	Cleveland Police
Victims of Domestic Abuse	2016/17	Cleveland Police
Cases of Domestic Abuse	2016/17	Middlesbrough Council Data
Safeguarding referrals where perpetrator was 'Partner' or 'Family Member'	2016/17	Middlesbrough Council Data
Domestic Homicides	2013 - 2016	Cleveland Police
Children witnessing a domestic abuse incident	2014/15 - 2015/16	Cleveland Police
Children witnessing a domestic abuse incident - where a similar incident was witnessed in last 12 months	2014/15 - 2015/16	Cleveland Police
Offences committed against victims aged under 18 years	2016	Local Authority Interactive Tool (LAIT)
Child Protection plan as a result of Sexual Abuse	2014/15 - 2015/16	Middlesbrough Council Data
Young people subject to VEMT Practitioner Group (VPG)	2016/17	Middlesbrough Council Data
Youth Crime	2016	Local Authority Interactive Tool (LAIT)
Anti-social behaviour	2015 - 2016	Cleveland Police
Youth Perpetrators	2016	Middlesbrough Council Data
First time entrants to the Criminal Justice System	2016	Middlesbrough Council Data
Proven re-offending rate	2013/14	Middlesbrough Council Data
First time entrants to the Criminal Justice System	2006 - 2016	Ministry of Justice
South Tees Youth Offending Survey	2016/17	South Tees Youth Offending Service
Female Genital Mutilation	2016/17	HSCIC
Care Leavers in suitable accommodation	2016	Department for Education
Care Leavers - EET	2017	Department for Education
Care Leavers - NEET	2017	Department for Education
Antenatal Screening - Various Measures	2014/15 - 2016/17	Public Health England
Smoking status at the time of delivery	2015/16	NHS Digital
% mothers smoking at the time of delivery	2010/11 - 2015/16	Public Health England
Birth Rate	2014	HSCIC
Birth Rate per 1,000 aged 15-44	2013-15	HSCIC
Birth Rate per 1,000 aged 15-44 - CSSNBT Neighbours	2015	ONS

Percentage of births to BME Mothers	2012-2016	Hospital Episode Statistics
Caesarean Section percentage	2014-16	HSCIC
Multiple births to women aged between 15 and 44 years	2010 - 2015	Hospital Episode Statistics
Live births to mothers born outside of the UK	2005 - 2015	ONS
Life expectancy at birth (male)	2013-15	Public Health England
Healthy LE at birth (male)	2013-15	Public Health England
Life expectancy at birth (female)	2013-15	Public Health England
Healthy LE at birth (female)	2013-15	Public Health England
Low Birth Weight of term babies	2015	ONS
Low Birth Weight of all babies	2015	ONS
Very Low Birth Weight of all babies	2015	ONS
Infant mortality rate per 1,000 live births	2001/03 - 2013/15	ONS
Infant mortality rate per 1,000 live births - CIPFA comparators	2013/16	ONS
Stillbirth rate	2011-13	Public Health England
Perinatal mortality	2011-13	Public Health England
Neonatal mortality	2011-13	Public Health England
Post-neonatal mortality	2011-13	Public Health England
Infant mortality	2011-13	Public Health England
Infant mortality	2010 - 2015	ONS
Physical examination – coverage*	2015/16 (e)	Public Health England
Bloodspot screening – coverage	2014/15	Public Health England
Bloodspot screening – avoidable repeats*	2015/16 (e)	Public Health England
Hearing screening – coverage	2014/15	Public Health England
Emergency admissions babies under 14 days	2015/16	Hospital Episode Statistics
Breastfeeding initiation	2010/2011 - 2014/15	Public Health England
Breastfeeding initiation - CSSNBT comparators	2014/15	Public Health England
Breastfeeding Prevalence at 6-8 weeks	2009/10 - 2014/15	Public Health England
Ward Level breastfeeding percentage against mothers age at birth		HSCIC
Admissions Respiratory Tract infections <1	2015/16	Public Health England
Admissions Respiratory Tract infections 1	2015/16	Public Health England
Admissions Respiratory Tract infections 2-4	2015/16	Public Health England
Admissions Respiratory Tract infections <1	2014/15 - 2015/16	Public Health England
Admissions Respiratory Tract infections 1	2014/15 - 2015/16	Public Health England
Admissions Respiratory Tract infections 2-4	2014/15 - 2015/16	Public Health England
Hepatitis B - 1 Year Olds	2015/16	Public Health England
Dap/IPV/Hib - 1 Year Olds	2015/16	Public Health England
Meningitis C - 1 Year Olds	2015/16	Public Health England

PCV - 1 Year Olds	2015/16	Public Health England
Hepatitis B - 2 Year Olds	2015/16	Public Health England
Dap/IPV/Hib - 2 Year Olds	2015/16	Public Health England
Hib/Meningitis C - 2 Year Olds	2015/16	Public Health England
PCV - 2 Year Olds	2015/16	Public Health England
MMR for one dose - 2 Year Olds	2015/16	Public Health England
Hib/Meningitis C - 5 Year Olds	2015/16	Public Health England
MMR for one dose - 5 Year Olds	2015/16	Public Health England
MMR for two doses - 5 Year Olds	2015/16	Public Health England
HPV - 3 doses - 12-13 Year old females	2013/14	Public Health England
HPV - one dose - 12-13 Year old females	2015/16	Public Health England
3 year olds free from dental decay	2012/13	NHS Digital & NWPH Dental Health
5 year olds free from dental decay	2014/15	NHS Digital & NWPH Dental Health
Tooth extractions at hospital <10	2015/16	NHS Digital & NWPH Dental Health
12 year olds free from dental decay	2008/09	NHS Digital & NWPH Dental Health
Percentage of five year old children with decay experience	2012	Public Health England
Mean decayed, missing and filled teeth in five year olds	2011/12	Public Health England
Reception: underweight	2014/15	Public Health England
Reception: healthy weight	2014/15	Public Health England
Reception: overweight (incl. obese)	2014/15	Public Health England
Reception: obese	2014/15	Public Health England
Year 6: underweight	2014/15	Public Health England
Year 6: healthy weight	2014/15	Public Health England
Year 6: overweight (incl. obese)	2014/15	Public Health England
Year 6: obese	2014/15	Public Health England
Prevalence of Overweight and Obese - Reception %	2014/15	Public Health England
Prevalence of Overweight and Obese - Year 6 %	2014/15	Public Health England
Trends in obesity rates - Reception	2015	Public Health England
Trends in obesity rates - Year 6	2015	Public Health England
Hospital admissions Asthma <19	2015/16	Hospital Episode Statistics
Hospital admissions Diabetes <19	2014/15	Hospital Episode Statistics
Hospital admissions Epilepsy <19	2014/15	Hospital Episode Statistics
Hospital admissions Asthma <19	2011 - 2016	Hospital Episode Statistics
Hospital admissions Asthma (0-9 Years)	2011 - 2016	Hospital Episode Statistics
Hospital admissions Asthma (10-18 Years)	2011 - 2016	Hospital Episode Statistics
Hospital admissions Diabetes <19	2010 - 2016	Hospital Episode Statistics
Hospital admissions Epilepsy <19	2010 - 2016	Hospital Episode Statistics
Under 18s conception rate / 1,000	2015	Public Health England
Under 16s conception rate / 1,000	2014	Public Health England
Rate of conceptions per 1,000 females (15-17)	1998-2015	ONS
U18 conceptions leading to abortion	2014	Public Health England

U18 abortions rate / 1,000	2015	Public Health England
U18 births rate / 1,000	2014	Public Health England
U18 births	2014/15	Public Health England
Total abortion rate / 1,000	2015	Public Health England
U25 repeat abortions	2015	Public Health England
U25 abortions after a birth	2015	Public Health England
Over 25s abortion rate / 1,000	2015	Public Health England
Abortions under 10 wks	2015	Public Health England
Abortions under 10 wks – medical	2015	Public Health England
Abortions over 10 wks – medical	2015	Public Health England
Total prescribed LARC / 1,000	2014	Public Health England
GP prescribed LARC / 1,000	2014	Public Health England
SRHS prescribed LARC / 1,000	2014	Public Health England
U25 choosing LARC at SRHS	2014	Public Health England
Under 18s Abortion rate per 1,000	2012 - 2016	Department of Health
HPV – population vaccination coverage	2013/14	Public Health England
Syphilis diagnostic rate / 100,000	2015	Public Health England
Gonorrhoea diagnostic rate / 100,000	2015	Public Health England
Chlamydia detection rate / 100,000 15-24	2015	Public Health England
Chlamydia proportion 15-24 screened	2015	Public Health England
New STI diagnoses (excl. chlamydia < 25)	2015	Public Health England
HIV testing coverage, total	2015	Public Health England
HIV late diagnosis	2012-14	Public Health England
New HIV diagnosis rate / 100,000 15+	2014	Public Health England
HIV diagnosed prevalence / 1,000 15-59	2014	Public Health England
Annual HPV Vaccine uptake	2010/11 - 2013/14	Department of Health
Chlamydia detection rate / 100,000 15-24	2012 - 2016	Public Health England
% 15yrs active 1hr+ / day, 7 days / week	2014/15	Public Health England - What about Youth Survey
% 15yrs sedentary 7hr / day in last week	2014/15	Public Health England - What about Youth Survey
Participation in sport 1x+ / week 14+	2014/15	Active People Survey
Method of travel to primary school	2010/11	Department for Education
Method of travel to secondary school	2010/11	
Admissions for alcohol-specific conditions <17	2012-14	ChiMat
Admissions for substance misuse 15-24	2013-15	ChiMat
Admissions for alcohol-specific conditions (uner 18s)	2006/07 - 2014/15	Hospital Episode Statistics/PHE
Admissions for substance misuse 15-24	2008/09 - 2015/16	Hospital Episode Statistics
Treatment population - Under 13	2014/15	Change, Grow, Live (CGL)
Treatment population - Aged 13-14	2014/15	Change, Grow, Live (CGL)
Treatment population - Aged 15	2014/15	Change, Grow, Live (CGL)
Treatment population - Aged 16	2014/15	Change, Grow, Live (CGL)

Treatment population - Aged 17	2014/15	Change, Grow, Live (CGL)
Wider Vulnerabilities - Mental health problem	2014/15	Public Health England
Wider Vulnerabilities - Anti-social behaviour / criminal act	2014/15	Public Health England
Wider Vulnerabilities - Affected by others' substance misuse	2014/15	Public Health England
Wider Vulnerabilities - Domestic abuse	2014/15	Public Health England
Wider Vulnerabilities - Self-harm	2014/15	Public Health England
Wider Vulnerabilities - Sexual exploitation	2014/15	Public Health England
Wider Vulnerabilities - Looked after child (LAC)	2014/15	Public Health England
Wider Vulnerabilities - NEET	2014/15	Public Health England
Wider Vulnerabilities - Child in need (CIN)	2014/15	Public Health England
Wider Vulnerabilities - Child Protection Plan (CPP)	2014/15	Public Health England
Wider Vulnerabilities - Parental status / pregnant	2014/15	Public Health England
Wider Vulnerabilities - Housing problems	2014/15	Public Health England
What about Youth - Smoking percentages	2014/15	Public Health England - What about Youth Survey
Any MH disorder aged 5-16 (estimated)	2013	Public Health England
Emotional disorders aged 5-16 (estimated)	2013	Public Health England
Conduct disorders aged 5-16 (estimated)	2013	Public Health England
Hyperkinetic disorders aged 5-16 (estimated)	2013	Public Health England
Eating disorders aged 16-24 (estimated)	2013	Public Health England
ADHD aged 16-24 (estimated)	2013	Public Health England
Children and Young People's Mental Health and Wellbeing	2014/15	PHE Fingertips
Pupils with social, emotional and mental health needs	2016	Department for Education
Admission for Mental Health 0-17 Years	2010/11 - 2015/16	Hospital Episode Statistics
CAMHS - Service Level - Estimated Percentages	N/A	Public Health England - What about Youth Survey
Outcomes of CAMHS Referrals	2012/13 - 2016/17	Tees, Esk & Wear Valley NHS Trust
CAMHS Referrals by Gender	2012/13 - 2016/17	Tees, Esk & Wear Valley NHS Trust
CAMHS Referrals by Ethnicity	2012/13 - 2016/17	Tees, Esk & Wear Valley NHS Trust
CAMHS Caseload	2012/13 - 2016/17	Tees, Esk & Wear Valley NHS Trust
Achieving Two Year Olds	2016	Middlesbrough Council Data
EFYS Good level of development	2014 - 2016	Department for Education
Pupils with Statements / EHCPs	2014/15	Department for Education
Pupils with SEN support	2014/15	Department for Education
Absence – overall	2014/15	Department for Education
Absence – primary schools	2014/15	Department for Education

Absence – secondary schools	2014/15	Department for Education
Absence – special schools	2014/15	Department for Education
Persistent absence – overall	2014/15	Department for Education
Persistent absence – primary schools	2014/15	Department for Education
Persistent absence – secondary schools	2014/15	Department for Education
Persistent absence – special schools	2014/15	Department for Education
Fixed period exclusions – overall	2014/15	Department for Education
Fixed period exclusions – primary	2014/15	Department for Education
Fixed period exclusions – secondary	2014/15	Department for Education
Fixed period exclusions – special	2014/15	Department for Education
Permanent exclusions – overall	2014/15	Department for Education
Permanent exclusions – primary	2014/15	Department for Education
Permanent exclusions – secondary	2014/15	Department for Education
Permanent exclusions – special	2014/15	Department for Education
Year 1 Required standard met	2016	Department for Education
Year 2 Required standard met	2016	Department for Education
KS1 – Expected standard in reading	2016	Department for Education
KS1 – Expected standard in writing	2016	Department for Education
KS1 – Expected standard in Maths	2016	Department for Education
KS2 – Expected standard RWM	2016	Department for Education
KS2 – Expected standard Reading	2016	Department for Education
KS1-2 Progress Score Reading	2016	Department for Education
KS2 – Expected standard Writing	2016	Department for Education
KS1-2 Progress Score Writing	2016	Department for Education
KS2 – Expected standard Maths	2016	Department for Education
KS1-2 Progress Score Maths	2016	Department for Education
A*-C in English and Maths	2016	Department for Education
5 A*-C including English and Maths	2016	Department for Education
EBacc – Entries	2016	Department for Education
EBacc – Achieved	2016	Department for Education
Attainment 8	2016	Department for Education
Progress 8 score	2016	Department for Education
16-18 year olds NEET	2016/17	NCCIS LA Tables Nov 16 - Jan 17
16-18 year olds in learning	2016/17	NCCIS LA Tables Nov 16 - Jan 17
16-18 year olds status not known	2016/17	NCCIS LA Tables Nov 16 - Jan 17

Appendix 2: Data to be added / revised

As set out in the conclusions and priorities section, in a number of areas further work is required to improve data available, particularly around:

- the early intervention services provided by the Council and partners
- management of long term health conditions in the community to understand how well these conditions are being managed as the only source of information on prevalence is from hospital admissions when children and young people are in crisis
- crimes against children data
- local inequalities data for a range of health outcomes
- improve reporting on Foetal Alcohol Syndrome which intelligence suggested is under-diagnosed in the town and is a preventable issue that is linked to lifelong conditions.

In addition to the above, data released on a periodic basis will be included in a timely manner after its release to maintain the relevance of this document.