



# Children and Young People

## Vision

To work in partnership to ensure children and young people in the West Midlands are healthy, safe, successful and free from the effects of poverty.

## West Midlands Priorities for Action

- Advocate measures which reduce child poverty, regionally and sub-regionally
- Reduce the infant mortality rate within the Region with a particular focus on those areas with high rates
- Ensure that the issues relating to safeguarding children are integral to regional and local strategies and delivery
- Reduce teenage pregnancy rates by supporting local action and ensure there is a focus on tackling the underlying socio-economic determinants of teenage pregnancy
- Promote sexual health priorities in planning and delivery systems across agencies
- Meet the national targets for extended and healthy schools
- Reduce childhood obesity.



## Key Facts: In the West Midlands

- The West Midlands has one of the highest percentages of child poverty. In 2005, Birmingham, Coventry, Telford and Wrekin, Dudley, Sandwell, Stoke on Trent, Walsall and Wolverhampton had a percentage of children on benefits at least twice the national average<sup>1</sup>
- Young people, in particular females under the age of 20, bear the burden of sexually transmitted infections (STIs). Chlamydia is the most common STI seen in GUM (genito-urinary medicine) clinics<sup>2</sup>
- West Midlands has the highest infant mortality rate and perinatal mortality rate of any English Region. A child born in Wychavon has an expectation of living five years longer than one born in Stoke on Trent<sup>3</sup>.

## Background

Children's health and well-being is determined by a complex interaction of social, economic, psychological and family factors. Poverty has an adverse effect on the health and well-being of children. Examples are infant mortality, teenage conceptions, educational attainment and breastfeeding. "Every Child Matters"<sup>4</sup> which is to help all children and young people provides a good framework for looking at a broad range of connected issues.

- stay safe
- be healthy
- enjoy and achieve
- make a positive contribution to society and
- achieve economic well-being

Partnership working is key to the children's agenda and through the development of Children's Trusts and Local Area Agreements there is increasing inter-agency working and enhanced understanding of the important issues affecting children's lives in the Region. Access to services is key and the Regional Health Partnership would want to work closely with NHS West Midlands to ensure that issues around access to services are addressed in the strategic framework for the NHS as in the strategy scoping exercise, this was an area of concern.



## Safeguarding

Safeguarding the welfare of our children and young people is crucial to the future well-being of our Region. Abuse and neglect in childhood can cause long lasting damage. There are a range of measures that need to be in place to safeguard children. Under the "Children Act 2004", Local Authorities have a duty to promote the educational achievement of looked-after children as well as safeguarding and promoting their welfare. Developing a shared understanding of safeguarding issues is an essential step to effective prevention e.g. preventing accidents might involve partnership between Local Authorities, PCTs, the Fire Service and the Voluntary Sector. The Healthy Care Programme provides a tried and tested model of multi-agency partnership working to promote and effect change for looked after children and young people<sup>5</sup>.

## Sexual Health

The sexual health of adolescents (11 to 19 year olds) in the region is poor<sup>6</sup>. It is likely that an increase in risky sexual behaviour has contributed to sexual health outcomes such as sexually transmitted infections and unwanted pregnancies amongst young people<sup>7</sup>. Regional work must continue with the Strategic Health Authority, the Health Protection Agency, the Teenage Pregnancy Programme, other government departments and other agencies to promote the sexual health of children and young people. At a local level, action to promote good sexual health, in particular to target those children and young people who experience a disproportionate burden of poor sexual health should be enhanced through: strengthening local needs assessment and commissioning arrangements for sexual health services; roll out of the Chlamydia Screening programme and working with GUM services and schools to increase awareness.

## Teenage Pregnancy

Teenage pregnancy has been highlighted as a significant public health and inequalities issue in the Region. Teenage pregnancy is often both a cause and consequence of social exclusion<sup>8</sup>. Teenage parents are more likely to live in poverty or be unemployed than other teenagers. They are prone to poor antenatal health, lower birth weight babies and higher infant mortality rates. Their health, and that of their children, is worse than average. Educational attainment and engagement in school, low ambition and self-esteem are all factors increasing the risk of teenage pregnancy. Partnerships and interagency work are essential in reducing the number of teenage pregnancies.



## Infant Mortality

The West Midlands has the highest infant and perinatal mortality rate in England. The links associated with inequalities and social deprivation have been well described suggesting that broader social policies aimed at reducing poverty play an important role in reducing infant and perinatal mortality<sup>9</sup>. Efforts should focus on women in disadvantaged social groups and include measures to reduce known risk factors including: smoking, poor nutrition, reducing teenage pregnancy (with its associated high rates of infant mortality), increased uptake and duration of breastfeeding, early antenatal booking and effective antenatal care, improving the quality of obstetric and neonatal services and effective education about promoting health.

## Healthy Schools

### 'Healthier Living and Learning'



A healthy school promotes physical and emotional health by providing accessible and relevant information and equipping pupils with the skills and attitudes to make informed decisions about their health. It understands the importance of investing in health to assist in raising levels of pupil achievement and improving standards. It also recognises the need to provide both a physical and social environment that is conducive to learning. The National Healthy School Programme provides a model of partnership working between health services and children's services by promoting a coherent and holistic message about the importance of a healthy lifestyle and its impact on achievement. By using the whole school model, schools are able to provide a healthy learning environment where children and staff can learn, thrive and achieve. Health promoting schools involve all pupils, staff, parents and members of the wider community in a whole-school approach to health education and health improvement<sup>10</sup>.

## Extended Schools

An extended school works with local providers, agencies and other schools to provide access to a core offer of extended services. These are "wraparound childcare"; parenting and family support; a varied range of activities, swift and easy referral to specialist services and community use of facilities.

Schools offering extended activities and services have already seen major benefits. These include for pupils and schools higher levels of pupil achievement, increased pupil motivation and self-esteem, specialist support to meet pupils' wider needs, additional facilities and equipment, greater opportunities for staff for flexible working and career development, enhanced partnership working with the community, better school security and easier access to essential services for staff, helping staff recruitment and retention.

Benefits for families include improvements in child behaviour and social skills, greater parental involvement in children's learning, more opportunities for local adult education and family learning and greater availability of specialist support for families. Benefits for communities include better access to essential services, improved local availability of sports, arts and other facilities, local career development opportunities, better supervision of children outside school hours and closer relationships with the school<sup>11</sup>.

## Childhood Obesity

The number of children in the Region who are obese is 17.4%<sup>12</sup>. Strategies to reduce overweight and obesity must be based on promoting healthy eating patterns and encouraging physical activity. The high rate of obesity in the children is of concern across the Region and the report "Size Matters"<sup>13</sup> sets out the context and many of the issues. A partnership approach is needed both at local level through schools, extended schools, children's centres, county sports partnerships plus many others and at a regional level if the number of children who are obese is to decrease.

## Case Study - The Bellevue Project

The Bellevue project based in Birmingham addresses the issues of pregnant women living in deprived inner city areas. It has demonstrated that enhanced community midwifery support is easily implemented over a relatively short time period and results in improved care and support. There has been a substantial increase in parents attending parent education sessions, increased breastfeeding rates and increased overall user satisfaction.

Primary Care and Integrated Maternity Services (PC-AIMS): Report of the Bellevue Project. West Midlands Perinatal Institute.

<http://www.perinatal.nhs.uk/pc-aims/>



## Main Partners and Related Strategies

DFES / GOWM  
Extended Schools  
Health Protection Agency  
Local Authorities  
NHS West Midlands  
Voluntary and Community Sector

Healthy Care  
Teenage Pregnancy Unit  
CSIP  
Sport England  
WMRA Partnerships  
Culture West Midlands

Healthy Schools  
West Midlands Perinatal Institute  
NHS Trusts  
WMLGA  
Play England

## Weblinks

- [http://www.hmtreasury.gov.uk/spending\\_review/spend\\_sr04/associated\\_documents/spending\\_sr04\\_childpoverty.cfm](http://www.hmtreasury.gov.uk/spending_review/spend_sr04/associated_documents/spending_sr04_childpoverty.cfm)
- <http://www.dfes.gov.uk/publications/childrenactreport/>
- <http://www.ncb.org.uk/Page.asp?sve=783>
- [http://www.dfes.gov.uk/teenagepregnancy/dsp\\_content.cfm?pagelid=96](http://www.dfes.gov.uk/teenagepregnancy/dsp_content.cfm?pagelid=96)
- [http://www.dfes.gov.uk/teenagepregnancy/dsp\\_content.cfm?pageid=245](http://www.dfes.gov.uk/teenagepregnancy/dsp_content.cfm?pageid=245)
- <http://www.dh.gov.uk/assetRoot/04/06/55/43/04065543.pdf>
- <http://www.perinatal.nhs.uk/>
- <http://www.wiredforhealth.gov.uk/cat.php?catid=842>
- <http://www.tda.gov.uk/remodelling/extendedschools.aspx>
- <http://www.continyou.org.uk/content.php?CategoryID=270>