



Suffolk
Through a
Child's Eyes

Annual Public Health Report 2019

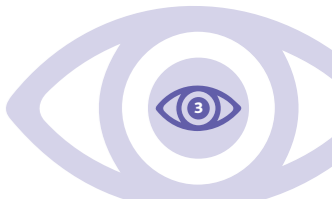


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Contents

Introduction	4
About this year's report	6
Acknowledgements.....	6
What children and young people told us.....	8
Family and friends	10
Fit and healthy	16
Feelings	22
Future hopes and dreams	28
Actions	34
What's happened since last year's report.....	37
References.....	38



Introduction

Each year the Director of Public Health is required to produce an independent annual report about a specific topic of local relevance. This year, the focus of the report is children and young people in Suffolk, **Suffolk through a child's eyes**. The written report captures some of the latest data and evidence related to children and young people (hereafter called children). However, the integral part of this year's report is the accompanying short film where we have tried to capture what Suffolk children think. We have listened to what they have to say about: **Friends and Family; Feelings; Fit and Healthy** and **Future Hopes and Dreams**. We have used what they told us, together with local and national evidence, to produce our recommendations.

One in every 5 people in Suffolk is aged 0-17, around 152,800 people in total. We know that for most of these children Suffolk is a great place to grow up. We have a natural environment that is the envy of many areas of the country with numerous options for friends and families to meet and spend time together. Dedicated teachers have improved outcomes for children in our schools and there are lots of further education and apprenticeship opportunities.

However, for some children life is more of a challenge. We know that children from the more deprived areas of Suffolk are more likely to have problems with their health and wellbeing, whether that is more tooth decay or a higher chance of hospital admission for self-harm. This increased risk continues as they develop into adults. In many areas of Suffolk there are low levels of social mobility compared to other areas of England, which means that children from more disadvantaged backgrounds are less likely to perform well in school or get a good job.

Some events in childhood can have a damaging effect on a child's health and wellbeing if children are repeatedly exposed to them. These are called adverse childhood experiences (ACEs) and can include experiencing or witnessing violence or abuse, neglect or living in a house with parents who misuse drugs and/or alcohol, or have poor mental health. A 2014 study found that nearly half of all individuals in England are exposed to at least one adverse experience during childhood, and 9% experience four or more¹. Children exposed to ACEs are less likely to be successful in education or employment and more likely to have poor mental and physical health and wellbeing¹. Exposure to an adverse experience will not necessarily mean poorer outcomes for a child's future, but by working together we can decrease the numbers of children experiencing these adverse events and reduce the detrimental impact for those children who are repeatedly exposed to them.

Through the Health and Wellbeing Board, organisations across Suffolk have committed to work together to give children in Suffolk the best start in life. To do this we need to understand our local population. We need to continue to boost skills and attainment and increase the amount of well-paid employment opportunities in Suffolk to support progression and development throughout life. However, children from more disadvantaged backgrounds need more support to achieve their potential and improve their health and wellbeing; the concept of "proportionate universalism" that was highlighted in the Marmot report². This approach ensures services are focused in proportion to needs and levels of disadvantage in a population. Many of our services, such as health visiting, now take this approach, although we need to do more if we are to improve health, wellbeing and social mobility for all our children but particularly those experiencing disadvantage. In this way we can move towards **all** Suffolk children having what they deserve, the best start in life.



Dr Amanda Jones
Director of Public Health
until September 2019



Stuart Keeble
Director of Public Health
from September 2019



About this year's report

This year's report is slightly different to previous reports. We wanted to understand the views of children and young people aged under 25 in relation to growing up in Suffolk. We did this by:

- Running a short online survey from 24 June 2019 - 2 August 2019. The anonymised feedback on the four theme areas of **Friends and Family**; **Feelings**; **Fit and Healthy** and **Future Hopes and Dreams** is included as 'soundbites' within this report. Although we can't generalise findings to all of Suffolk's children and young people from the 76 responses, they give us an insight into a range of views held and expressed by young people in Suffolk.
- Working with Signals (an arts and education charity) we ran educational workshops across Suffolk during summer 2019. Over 50 children and young people took part including young people in care, those with special educational needs, the traveller community and those attending Suffolk schools and holiday clubs. A short animated film was produced using the drawings produced at the workshops and this can be seen online at: www.healthysuffolk.org.uk/JSNA

The voice of local children is augmented by the published evidence and data. Whilst the report highlights those areas we need to focus upon to improve the lives of children, it also highlights the work already happening that will help Suffolk children reach their potential.

There is a small annual public health report fund which we plan to use to offer further workshops for the groups who worked with us on the report. We will provide an update in the 2020 annual public health report.

Acknowledgements

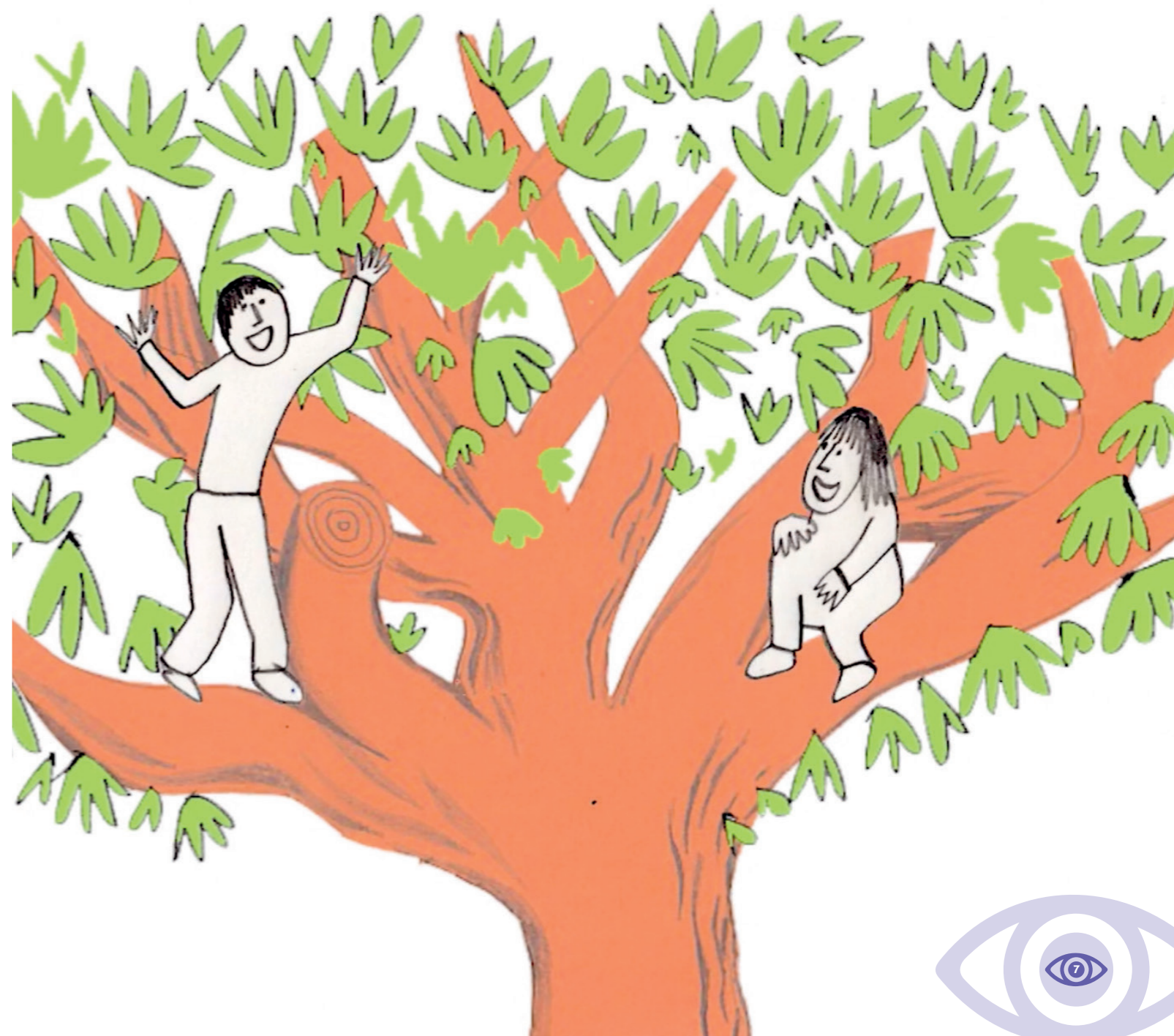
This report and video would not have been possible without the work of the **wider Public Health team**, as well as **Suffolk's Children's and Young People's Services**, other **council colleagues** and a range of **local Voluntary and Community Sector partners**. Particular thanks are due to:

Holly Alger
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Claire ProSSer

We would like to thank **Healthwatch Suffolk** who produced the 'My Health, Our Future' project (www.healthwatchesuffolk.co.uk/news/myhealthourfuture19/) which has influenced this report and also **Signals** for the work they did in producing our film. Thanks also to the schools, communities and groups across Suffolk who took part in the workshop events, as well as Suffolk County Council's Children and Young people's Engagement Hub.

We are especially grateful and give a **BIG thanks** to all the children and young people who gave their time to complete our survey and take part in the workshops!



Children and young people told us...

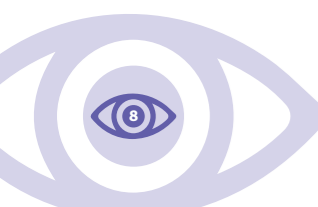
We asked: **What is really good about growing up in Suffolk?**



We asked: **What could be better about growing up in Suffolk?**



The survey highlights the varying experience different children and young people have within Suffolk. Many had a very positive experience and highlighted the benefits of rurality and the feeling of safety within Suffolk. However, others mentioned these same themes in a negative way highlighting the isolation, difficulties accessing facilities and limited transport options. The countryside, beaches and scenery and a sense of community were identified as positive aspects of growing up in Suffolk but the environment, including litter and waste, was an important cause for concern. Some specifically mentioned the issue of mental health and called for better recognition of problems and provision of more support.



Family and friends

We asked: **What does the word 'family' mean to you?**



Families come in different shapes and sizes, and Suffolk families are no different. Both the published evidence and our local survey feedback show that having a caring, supportive person to depend upon is crucial to a child's development,³⁻⁵ although that person does not have to be a blood relative. For many of our survey respondents, family meant having people that were 'there for them' and that they could rely on.

All families sometimes experience difficulties, and, for most, issues can be resolved early on with no long-lasting impacts. A stable home with a supportive family network, access to a good education, employment and low levels of participation in unhealthy or risky behaviours^{6,7} are all important and many families in Suffolk are equipped with the skills and resources to be resilient.

However, those who face the most adversity are often the least likely to have the resources necessary to build resilience⁶. Life can be particularly difficult for:

- Families with low incomes or who are in poverty
- Single parent families - dependent children living in lone parent households can face up to twice the risk of relative poverty compared to children in two parent households⁸
- Families in crisis who may be "chaotic"
- Families with insecure housing, or who are homeless
- Families where physical, emotional or mental abuse is present
- Families where a parent or parents are experiencing poor mental health, or misusing substances such as drugs and alcohol
- Families without a strong support network, or access to help that they need

Some of these events can be described as '**Adverse Childhood Experiences**' or '**ACEs**'. ACEs can be particularly damaging if children repeatedly experience several of them while growing up^{9,10}.

The evidence tells us that:

Family circumstances influence a child's physical and mental development and their future chances in life.

Children and young people cannot thrive alone. A strong network of family and friends can improve a child's mental wellbeing and give a sense of belonging and trust. A lack of stable and empowering relationships in a child's life can adversely affect their health and wellbeing¹¹.

Children **develop constantly**, and the development process leads to physical, social and emotional competence in adulthood. The first two years of life are particularly important for brain development; it is thought that from

birth to 18 months, brain connections are being made at the rate of 1 million per second. These connections are shaped by our very earliest experiences, be they positive or negative¹². Repeated exposure to ACEs during childhood, such as neglect, bereavement or separation from parents, domestic abuse, or parental substance misuse, can significantly impair brain development which can have long term consequences.

When **adults who experienced four or more ACEs** in childhood are compared to those with no ACEs they are significantly more likely to: smoke; be overweight; drink heavily; have low educational attainment and poor employment outcomes; have poorer mental wellbeing and life satisfaction; have been recently involved in violence; needed recent inpatient care; and suffer from chronic health conditions¹. Some of these poor outcomes are likely to reoccur in subsequent generations. Recent research from the NSPCC highlights that families associated with the military can experience higher anxiety and additional stressors compared with the general population¹³.

While **it may not be possible to completely mitigate the impacts of ACEs, it is possible to reduce them.**

Having one loving, sensitive and responsive relationship with an adult caregiver can reduce the impact of ACEs, as can: a sense of being treated fairly in your community; being given opportunities to use your abilities; having friends who stand by you; having a positive role model and knowing where to get help in your community⁴. A study where people looked back at their childhood found that the percentage of people reporting poor childhood health fell from 29.1% to 13.8% where a child had an adult available to support them; from 38.7% to 14.0% where a child had a role model; from 36.6% to 14.0% where they felt they were treated fairly and from 31.8% to 13.4% where they felt they had been given opportunities¹⁴.

Our Suffolk data tells us that:

- **Suffolk is home to a range of families from diverse backgrounds, and diversity is increasing over time.** 15.9% of school children in Suffolk were recorded as being of a non-White British ethnic group in 2018.
- **9.7% of primary school age children, and 6.8% of secondary school age children in Suffolk do not speak English as their first language**¹⁵. Speaking multiple languages enhances brain function and can improve academic performance in children¹⁶.
- The number of **lone parent families with dependent children in Suffolk was around 15,000 in 2017**¹⁷.
- Suffolk is home to a number of **armed forces personnel**, both currently serving and veterans. 2,044 children were eligible for Service Pupil Premium in 2018/19¹⁸. The demands of serving in the armed forces mean that these children may often be separated from one of their parents.
- **13.8% of children under 16 (almost 17,300) are living in families with low income** and by national definitions are described as living in poverty⁷. However a 2019 report suggests that 48,600 Suffolk children live in poverty after housing costs are taken into account and over 12,300 of these children live in Ipswich¹⁹.
- 11.2% of primary school pupils (6,482) and 9.6% of secondary school pupils (4,114) in Suffolk were **claiming free school meals in 2018**²⁰.
- Children from homeless households are some of the most vulnerable in society. Suffolk has a lower proportion of families who are homeless (1.4 families per 1,000 in 2017/18) compared to England (1.7 per 1,000)²¹, but this still equates to **448 families in Suffolk who were (unintentionally) homeless** in 2017/18.
- An estimated **22,000 children in Suffolk may currently be living with 4 or more ACEs**.
- The most prevalent 'primary reason for care' for children in care in Suffolk over the last three years has been 'abuse or neglect, family dysfunction and families in acute stress'. **There is a strong correlation between the numbers of children in care and deprivation**, with higher rates of children in care and children on protection plans occurring in the 10% most deprived areas of the county.

We asked: **What's your favourite thing to do with your friends?**



Respondents to our survey mentioned a range of activities and events that they enjoyed participating in from games, sports, walks, going to the beach and general socialising. Just spending time together was important. However, almost 1 in 10 of our responders (8%) indicated that they didn't have any friends to spend time with or felt they struggled to be accepted by others.

The evidence tells us that:

From childhood onwards, **friends provide someone to trust**, to spend time with, to learn from and to provide support. Some friendships formed in childhood last a lifetime, and most adults in the UK have at least one close friend - 97% in 2014/15²².

Having supportive friends is important in protecting against the impact of ACEs. In a study only 14% of people with supportive friends reported poor childhood health, compared to 38.6% of those without such a friendship group¹⁴. The same study suggests that the likelihood of protective factors being present in children's lives varies

with the number of ACEs they are exposed to – while 54.9% of children with no ACEs present reported having supportive friends, only 10% of children with four or more ACEs present were able to say the same¹⁴.

Recent national research indicates that **loneliness is experienced** more often and more intensely in the 16-24 age group compared to any other age group, even though it is often assumed that older people are more likely to be lonely²³.



Our Suffolk data tells us that:

- The Suffolk 'My Health, Our Future' report found that **friends were a key form of support when young people felt they couldn't cope with stress**²⁴. Friends were important across all ages but became more important than parents from age 15 onwards. However, **friends and family can also be a cause of stress to children**.
- **National research found that people who felt lonely have more 'online only' Facebook friends**²³. The interplay of social media and its impact on friendships, connectivity and wider health and wellbeing is hotly debated and we need to understand more. **38% of Suffolk young people spend over 4 hours a day on social media**²⁴.

What are we doing?

We are already working together in Suffolk to try to prevent children from experiencing ACEs, and to mitigate their impact for children who are exposed to them. Some examples include:

- Turning Point and Suffolk County Council Children's Services are providing additional support for **families experiencing alcohol misuse problems**, in addition to the support they already provide for people with drug and alcohol misuse problems.
- **Supporting families**, for example through Home-Start. Home-Start is a voluntary service that recruits and trains volunteers to visit families at home and offer them informal, friendly, trusted and confidential support²⁵.
- Providing **statutory children's services and early help** to support the most vulnerable children and families in our communities. Suffolk County Council's Children's Services have recently been rated '**Outstanding**' by Ofsted. These services work with children and families within a person centred, strength-based and solution focused framework known as **Signs of Safety and Wellbeing**, the training for which includes an understanding of developmental trauma associated with ACEs. A more in-depth understanding of working with children, young people and families experiencing ACEs is being implemented in some schools and in services for young offenders.

- Using a **family focused ethos** throughout services which understands that parents and carers, as well as their children, need a trusted relationship with their practitioner to enable them to work together to resolve presenting difficulties.
- The **multi-agency strategy to address urban street gangs and county lines** includes the SAGE (Suffolk Against Gangs Exploitation) Team, working with young people to divert them away from gang activity and serious organised crime, and a programme of awareness raising in schools and communities.
- The **Suffolk wide multi-agency ACE Steering Group** established in 2019 is working to raise awareness, gather evidence, and train the workforce to become more trauma aware.
- A wide range of partners, communities and volunteers provide young people with opportunities to get **advice on health and wellbeing** and to take part in fun activities. Examples include the Suffolk Young People's Health Project (4YP), The Mix in Stowmarket; Level 2 in Felixstowe; and Just 42 in Woodbridge.
- Using the **arts** to support children and young people, for example 'Noise Solution' which offers music mentoring programmes for young people in challenging circumstances.
- Services, delivered by our health visitors, school nurses and other trained staff and working in children's hubs, **support parents** through a wide range of evidence-based approaches, as appropriate to the needs of the child and their family. Parenting support includes group-based programmes such as Triple P and use of the Solihull model, helping parents to build strong, attachment-based relationships with their children. Evidence-based interventions for **families in crisis** and for those who care for our most vulnerable children, include services such as 'Positive Choices', 'You Can Be', 'Mockingbird Hubs', 'Family Solutions' and 'Stronger Families'^{26,27}.



Fit and healthy

We asked: **What do you do to keep fit and healthy in Suffolk?**



We asked: **What do you do to keep emotionally well in Suffolk?**



Our survey and workshops found that young people in Suffolk participate in a large range of activities that will help them keep fit and healthy such as walking, going to the gym, football, running, cycling and swimming. However, around 10% of survey respondents told us they did little exercise and their reasons included feeling too depressed, not being well enough, or not finding anything they felt comfortable doing.

Spending time with loved ones, family and friends were popular responses to keeping emotionally well. However, around 1 in 5 respondents to this question weren't sure what they could or did do to keep emotionally well.

The evidence tells us that:

The **first 1001 days of life**, from conception to age 2, are critical to good body and brain development, which will improve life chances²⁸. Many of our childhood behaviours and habits are critical precursors of adult behaviour. As previously stated, **ACEs have a clear impact on health and wellbeing in both childhood and adulthood.**

Children exposed to 4 or more ACEs are three times more likely to suffer from **common digestive problems**, and nearly three times as likely to suffer from **asthma and headaches** compared to children experiencing no ACEs. **Allergy** has been found to be twice as high in children exposed to 4 or more ACEs compared to those exposed to none, reflecting earlier research findings that children exposed to stressors in childhood are more likely to have allergic conditions¹⁴.

Living with high numbers of ACEs in childhood can have very serious consequences for health as an adult. Compared to those not exposed to ACEs, individuals exposed to four or more ACEs are¹:

- 4x** more likely to **smoke and drink heavily as adults**
- 3x** more likely to be **morbidly obese**
- 9x** more likely to have ever used **crack cocaine or heroin**
- 5-8x** more likely to have been involved in **violence** in the last 12 months.
- 30x** more likely to have been diagnosed with a **sexually transmitted infection**

Two thirds of adult smokers started smoking and became addicted to nicotine when they were under 18²⁹. Those whose parents or siblings smoke are around three times more likely to smoke than those living in non-smoking households³⁰. Children may be introduced to drug and alcohol misuse at an early age by the behaviour of the parents and the availability of the substances within the home^{31,32}. Smoking and drinking alcohol in pregnancy can affect the way a baby develops. The more a mother smokes or drinks the greater likelihood that it will affect the baby. Smoking can increase the risk of stillbirth and increase the risk of ill health such as asthma, chest and ear infections and ADHD³³. Alcohol can cause **Foetal Alcohol Spectrum Disorder (FASD)** with a range of physical, behavioural and learning problems in childhood that can have a major negative effect on health and wellbeing³⁴.

50% of lifetime mental ill-health is established by age 14 and 75% by age 24, so good emotional wellbeing and mental health support for children and young people is critical³⁵.

Sleep is important as it helps the body to heal and 'reset' for the next day. The amount of sleep a young person needs varies as they grow. A 5-year-old needs about 11 hours a night, while a 9-year-old needs roughly 10 hours³⁶. Most adolescents and adults generally need 8 hours sleep to keep them optimally well.

The World Health Organization (WHO) regards **childhood obesity** as one of the most serious global public health challenges for the 21st century. Obese children and adolescents are more likely to become obese adults³⁷, but are also at an increased risk of developing associated physical health problems and psychosocial conditions from an early age³⁸⁻⁴².

Regular participation in **physical activity** among children and young people provides immediate and long-term physical and psychological benefits⁴³. Nationally, only **1 in 6** (17.5%) children and young people aged 5-15 years meet the recommended guidelines for physical activity⁴⁴.

Only **38% of children and young people in England report eating five portions of fruit and vegetables every day⁴⁵.** Children are on average consuming more than double their maximum recommended allowance of **sugar⁴¹.**

Tooth decay is avoidable and causes problems with pain, eating, sleeping, communication and socialising. Nationally, at least 60,000 school days a year are missed for teeth extractions, the majority of which are due to avoidable decay⁴⁶.

There is a clear association between poor **sexual health** poverty and social exclusion⁴⁷.



Our Suffolk data tells us that:

- Only **half of young people aged 15 eat 5 portions of fruit and vegetables a day**⁴⁸ although this is better than the national average.
- **Tooth decay is the most common reason for planned admission to hospital** for 0-17 year olds' with 1,060 admissions over 3 years to 2017⁴⁹. Higher rates of admissions for tooth decay are found in those living in the most deprived areas.
- **Only 17.5% of Suffolk children are active for the recommended 60 minutes or more each day** which is similar to the national figure⁴⁴.
- The proportion of **children walking regularly to school** decreases from 49% in primary to 30% in secondary school; only 8% of primary school and 2% of secondary school children cycle to school⁵⁰.
- **1 in 5** children aged 4-5 years old and nearly **1 in 3** children aged 10-11 years old are **overweight or obese**. Although less than the England average, this equates to a high number⁵⁰. Both nationally and locally, children from minority ethnic groups and those living in the most deprived areas are more likely to be overweight or obese.
- The total number of children with a **Special Educational Need or Disability (SEND) in Suffolk has increased by 9.5%** between 2015 and 2017. Local analysis predicts that the number of children with SEND in Suffolk will increase by a further 18% between 2017-2020⁵¹.
- The proportion of children with SEND who are in a **learning environment** such as mainstream education has reduced from 84% to 80% in the last year. Children with SEND are more likely to be excluded from school, and may increasingly be home educated if provision does not meet their needs⁵²⁻⁵⁴.
- The **teenage conception rate** has increased in the last three years from 15.6 per 1,000 women aged 15-17 years in 2015 to 16.3 per 1,000 in 2017⁵⁵. Although not statistically significant, this needs close monitoring. There are higher teenage conception rates in Suffolk's more deprived communities compared to less deprived areas.
- On average, **1 in 10 mothers smoke in pregnancy in Suffolk** and this increases to nearly 1 in 5 in more deprived areas of Suffolk⁷.
- Estimates suggest that **80 babies born in Suffolk each year could have FASD**⁵⁶.

What are we doing?

- **Suffolk County Council is investing £45.6m in additional specialist education places for children with Special Educational Needs and Disabilities** and has an extensive programme of work to improve the support offered to children and their families. This will support the wide ranging inclusion strategies consisting of: increasing specialist provision, supporting the school system to be more inclusive and addressing concerns about children not accessing full time education. This work is being undertaken jointly between schools, families and children's services. The work sits as part of the Council's Raising the Bar programme's core aim of all children achieving their potential.
- **Targeting our interventions**, supported by strong evidence, to those who need them most. Examples include the Family Nurse Partnership service, which is part of our healthy child services and supports some of our youngest parents and their babies. The new county-wide healthy child service model supports all parents but provides additional targeted support to those children and families with the highest needs.
- In 2019, £1m was given to Suffolk by the Department of Education to fund initiatives providing activities, a nutritious lunch, and a safe place for children to go in the **school holidays**, with a focus on **supporting children and families in receipt of free school meals**.
- Encouraging children and families to improve their health and wellbeing through initiatives such as:
 - a **whole system approach to tackling childhood obesity**. Different organisations including the NHS, schools and the wider community are working together to reduce the prevalence of overweight and obesity. Good practice from elsewhere is being used such as the Amsterdam Healthy Weight Programme which has reported a 12% drop in childhood overweight and obesity within three years by focusing on promoting healthy food and drink, exercise, and sleep.

Public Health Suffolk has partnered with Suffolk Community Foundation to offer grant funding to support local projects which encourage a **reduction in sugar intake** and a healthier lifestyle for children and young people.

Over the last four years, Suffolk Public Health have led the '**Keep Suffolk Smiling**' project, aiming to improve parental knowledge about good oral hygiene and reduce dental decay in children.
 - Public Health Suffolk is working with service users and partner organisations across the county to **re-design sexual and reproductive health services**. A priority within this is improving access to good quality information and services for young people.
 - The NHS and Suffolk County Council's Public Health and Children's Services work together to provide advice to pregnant women about the effects of **smoking and alcohol in pregnancy**. OneLife Suffolk and maternity services support women to stop smoking in pregnancy and Turning Point offer support to those who need help to stop drinking.



Feelings

We asked: **What makes you most happy?**



We asked: **What makes you most sad, or worries you?**



Suffolk young people told us that spending time with friends and family was a very important part of feeling happy. A common concern was the future, including job opportunities and finances. This is explored more in the next section on future hopes and dreams. Seeing family members unwell or struggling also featured as an area of worry, alongside arguments with friends or family.

Many children and young people told us that they were afraid or anxious, particularly about crime. Suffolk is a comparatively safe place to live, with very low rates of recorded crime, including violent crime⁵⁷. However, in the last few years violence relating to urban street gangs (USG) and County Lines Networks (CLN) has emerged as part of a changing picture within Suffolk⁵⁰. The two groups are

discrete but members of these networks and gangs are likely to experience very complex issues, including poor mental health, high levels of vulnerability, and sexual or criminal exploitation.

Another commonly expressed concern was climate change and wider societal concerns; this has also been echoed in recent local media coverage⁵⁸.

"It's scary – I don't think the media concentrate on this issue enough – I mean species are going extinct and one day we are not going to be able live on the earth".

"I can't get my head around the fact that so many people are in denial. There are so many signs ... You cannot avoid climate change... it's a ticking time bomb".

"Global warming is a massive issue. It concerns me – the ice melting – the water rising – Felixstowe is just half an hour away, it will have an impact".

The evidence tells us that:

Around **9% of 5-16 year olds have a mental health disorder**, and a further 3.5% have an emotional disorder⁵⁹. Children and young people with poor mental health or emotional difficulties often **don't get the help they need as quickly as they should**. As a result, difficulties such as anxiety, low mood, depression, conduct disorders and eating disorders can stop some young people achieving what they want in life⁶⁰.

It is estimated that the number of children and young people recognising and reporting mental ill health will increase in the next 20 years⁵⁰, which could increase the gap between the demand for, and provision of, services, and potentially increase health inequalities⁶¹.

The prevalence of mental ill health is higher in certain groups. A survey of adults who are transgender found that 88% of respondents reported previous or current depression, 80% reported stress and 75% reported anxiety⁶². With the traditional view of gender as a binary classification changing and evolving⁶³ it is vital that young people can navigate their own experience and expression of gender in a supported and open manner.

ACEs have a clear impact on mental health and emotional wellbeing. People repeatedly exposed to four or more ACEs in childhood are nearly four times more likely to have low emotional wellbeing, and nearly five times as likely to report low levels of life satisfaction as adults, compared to people not exposed to ACEs in childhood¹.

In general, **younger people aged 16-24 are more likely to say they were victims of crime** in the previous 12 months than older people⁶⁴. Data from the Crime Survey for England and Wales estimates that 10% of children aged 10 to 15 years were victims of crime in the year ending March 2019⁶⁵.

The higher the number of ACEs experienced by young people, the greater the likelihood of their participation in youth offending⁶⁶. Adults exposed to four or more ACEs are nearly 9 times more likely to be incarcerated than adults not exposed to ACEs in childhood¹.

It is estimated that **1 in 5 children in England have been exposed to domestic abuse**. Exposure to domestic abuse is associated with adverse outcomes for children, and evidence suggests that a child's experience of domestic abuse can be related to a range of subsequent emotional, behavioural and social problems in the long term⁵⁰.

In rural areas, domestic abuse victims suffer for around 25% longer, and are less likely both to report abuse and to receive support⁶⁷. **Exposure to violence as a child makes individuals more likely to be involved in violence in later life⁶⁸**, and the risk of violence is shaped by childhood exposure and experience.

The groups of people **most likely to suffer violence are also the same groups of people who are most likely to be affected by other factors that cause illness or poor health⁶⁹**. Additionally, our **most vulnerable** young people can be at higher risk of exposure to violence and exploitation.

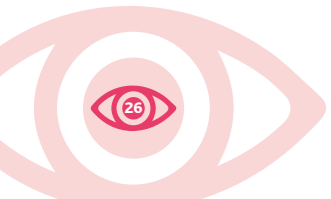
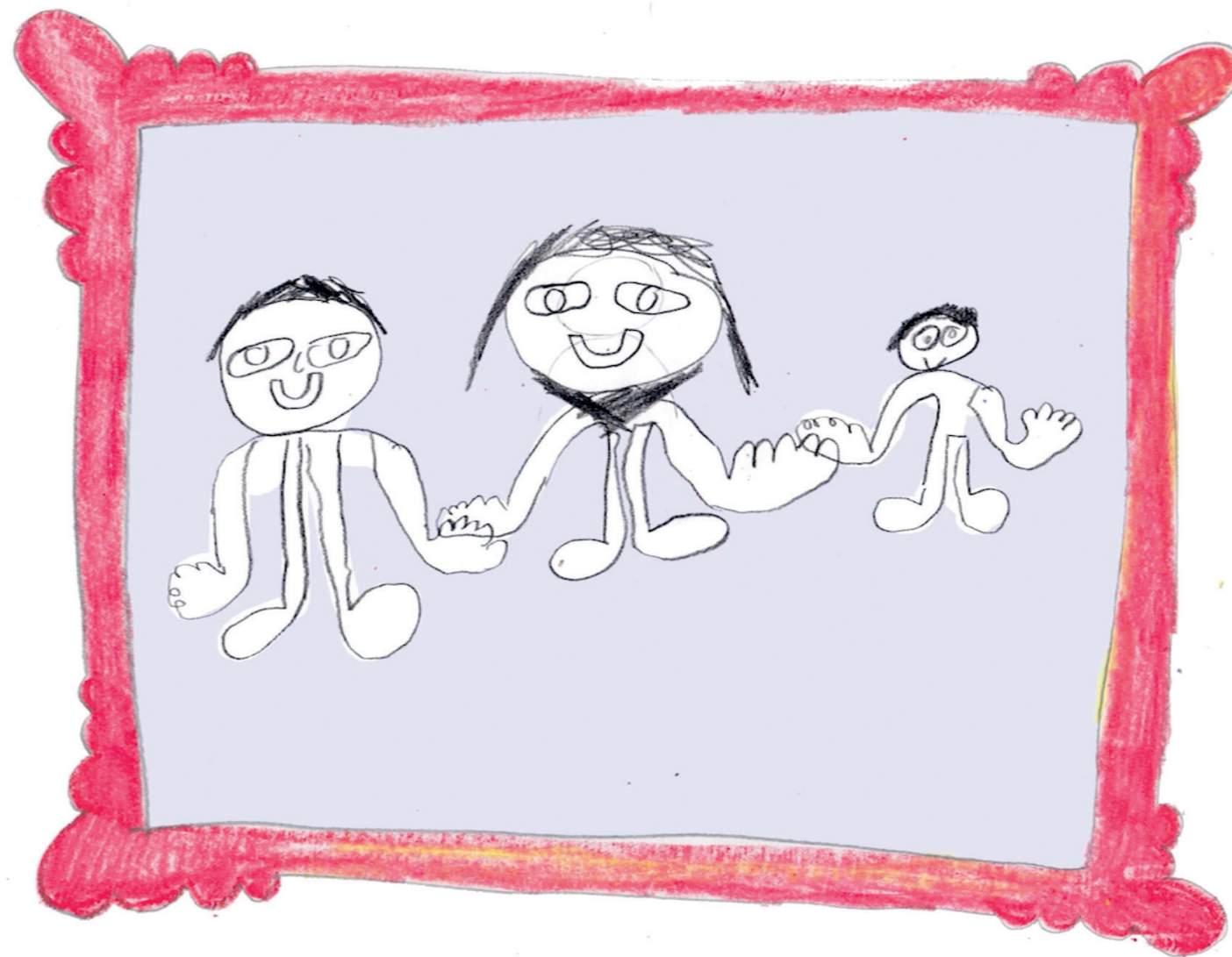
Our Suffolk data tells us that:

- Applying national estimates to Suffolk for children aged 5-19 suggests that **an estimated 2,700 will have depressive disorders; 9,200 will have anxiety disorders; and 5,900 will have conduct disorders⁷⁰**. In addition, an estimated 25,000 children and young people aged 11-15 in Suffolk have **sleep disorders⁷¹**.
- Hospital admissions due to intentional self-harm have increased in Suffolk in recent years; **in 2017/18 the all-age emergency admission rate in Suffolk was significantly higher than England⁵⁰**, as was the admission rate for those age 20-24 years. Areas of higher deprivation have higher rates, with the highest levels seen in Ipswich and among younger women⁶².
- Whilst numbers of deaths by suicide are low among people aged 15-25, there has been a **small increase in the number of deaths by suicide** in this age group between 2012 and 2017. This is an area that needs close monitoring. Nearly half of young people who die by suicide have a previous history of self-harm⁶².
- In the 'My Health, Our Future' Report, **almost one third (28%) of young people rated their self-esteem as low or very low**. Inequalities were also seen with double the number of females reporting low self-esteem compared to males.
- In the year ending March 2019, a total of **54,475 crimes were recorded by Suffolk Police**, a 2.6% increase from the year before⁷². The highest increase in total crimes within Suffolk was in Ipswich community partnership area, followed by West Suffolk. **There has been a statistically significant increase in all age violence in Suffolk since 2010/11**, from 11.1 offences per 1,000 people, rising to 22.3 in 2017/18⁷.
- **Fear of crime and knife crime were mentioned in our research as an area that worried children and young people**, and this echoes the findings of a recent report from the University of Suffolk⁷³. There was a 35% increase in incidents involving blades being reported to Suffolk Police in the twelve months to the end of March 2018 compared to the previous year⁵⁷.
- **Children and young people at risk of offending or within the youth justice system often have more unmet health needs than other children**. In Suffolk, there were 118 first time entrants to the youth justice system in 2018, equivalent to a rate of 177.5 per 100,000 10-17 year olds⁷.
- Over two-thirds of survey respondents in 'My Health, Our Future' indicated that they were being **taught about mental health and wellbeing at school** – higher than the previous year. They also suggested that **social media can also be a positive tool** (when used in the right way, and not excessively), for promoting and maintaining good mental health and emotional wellbeing amongst young people.



What are we doing?

- Plans to transform **mental health and emotional wellbeing services for children and young people in** both East and West Suffolk, and Norfolk and Waveney, are well advanced. Partners including the statutory and voluntary sector, parents, carers and service users, are working together to promote good emotional wellbeing and mental health, and improve the response of local services when problems do arise⁶⁸.
- In July 2019, the Home Secretary announced plans for a new legal duty on public bodies to **prevent and tackle serious violence**⁷⁶. In Suffolk this will build on the effective and innovative multi-agency approach already being taken to reduce the presence and impact of Urban Street Gangs and County Lines.
- **Youth justice work** including successful diversion and restorative justice programmes, which involves both victims and young offenders.
- Suffolk Family Young Carers work to ensure that **young carers across Suffolk get support**.
- The **Voluntary and Community Sector** across Suffolk have been given two years of grant funding, as part of the work to improve the emotional wellbeing and mental health of young people.
- The Suffolk Police and Crime Commissioner and Public Health Suffolk commission a range of **domestic abuse support services** to ensure victims and their children get support at the earliest opportunity, including three refuges and a countywide outreach service. The 'Caring Dads' programme, for fathers who have been perpetrators of domestic abuse, and the 'Helping Hands' programme, supporting children and young people who have been affected by domestic abuse are also provided county-wide.



Future hopes and dreams

We asked: **What do you want to do when you leave School/College in Suffolk?**



Thinking about the future can be daunting and put pressure on young people. It is clear that many young people in Suffolk have aspirations for further study at college or university and also had an idea of the job or profession they want to pursue. However, some were concerned about their lack of future plans which echoed the responses found in the 'what worries you' question.

Three in four of our respondents said that they felt they had the right support and opportunities to reach their goals sometimes or most of the time. Others considered additional advice and guidance (including financial advice) would be helpful.

We asked: **Do you feel you have the right support and opportunities to succeed in your goal?**



The evidence tells us that:

Education is fundamental in a young person's life. A solid, high quality education can give a person the skills, knowledge and confidence to look forward to a future in which they can thrive, and is a powerful driver for reducing poverty and improving health⁷⁷.

Educational attainment is influenced by both the **quality and quantity of education** children receive, as well as by factors such as socio-economic status. Being absent from school is a growing problem and is experienced more by children from vulnerable and difficult family circumstances⁷⁸. Children exposed to four or more ACEs are nearly five times as likely to have high rates of absenteeism from school compared to those not exposed to ACEs, and protective factors including increased opportunities and being treated fairly can help to mitigate this impact¹⁴.

Adults repeatedly exposed to four or more ACEs are over one and a half times more likely to have **no qualifications**, and nearly three times more likely to be **unemployed or not work due to long term sickness**, compared to adults who were not exposed to ACEs in childhood¹.

Poor emotional health is one of the most significant barriers to the progress of vulnerable children^{79,80}.

Our Suffolk data tells us that:

- The 'My Health, Our Future' Report found that the **majority of young people felt 'optimistic' about their future**; however 1 in 3 responded as 'rarely or never' feeling this way²⁴.
- **Suffolk's educational attainment has improved in recent years**, including amongst younger children and some of the most vulnerable groups, such as children in care⁸¹. However, Suffolk still has levels of attainment below the national average at Key Stage 2 and needs to make significant progress in ensuring that children and young people with special educational needs and disabilities receive appropriate and high quality education⁸¹.
- **72% of Suffolk children now achieve a good level of development in early years** - similar to England in 2018. However, this is lower for certain groups⁸²:
 - **Only 56% of children eligible for free school meals** achieve at least the expected level of development.
 - **Only 59% of children with a first language other than English** in Suffolk achieve at least the expected level of development.
- The **gender gap in school readiness** is notable both nationally and in Suffolk, with girls consistently performing better than boys. In Suffolk, around 65% of boys were considered school ready, compared to 78% of girls⁸².

- **Rates of absenteeism from state-funded schools in Suffolk are similar to the England average**, with 4.8% of sessions missed in England in 2017/18, and 4.9% missed in Suffolk. Suffolk has a persistent absence rate of 8.6% in primary schools, and 13.5% in secondary schools as of 2018. Whilst this is comparable to England, this will be having a significant negative effect on children's attainment⁸³.
- **Data for 16 and 17 year olds not in education employment or training (NEET) indicates that in Suffolk, 6.4% of individuals were NEET, higher than the England value of 5.5%**⁸⁴ (average for December 2018, January and February 2019). This data includes 3.1% where a young person's activity had not been confirmed within a set time period - 'activity not known' (2.9% of the England cohort were recorded as activity not known).
- Fewer Suffolk residents (23.8%) hold the **highest levels of qualifications** compared to East of England (27.8%) or England (31.1%)⁵⁰.
- The Social Mobility Index is a collection of indicators, from early years up to adulthood, which assess the likelihood of someone from a disadvantaged background overcoming that initial disadvantage through education, skills and employment. Out of 324 local authorities in England, **four out of Suffolk's seven districts and boroughs are in the lowest 20% nationally for social mobility** and Waveney is one of the least socially mobile areas in England⁵¹. Many of the factors influencing social mobility are national, but as this is a comparative index, it clearly shows that many Suffolk children are much less likely to overcome disadvantage than they would be if they lived elsewhere in England.



What are we doing?

- **Raising the Bar** is successfully **improving levels of educational attainment** across the Suffolk. The number of Suffolk schools being judged good or outstanding by Ofsted continues to be high at 87%, but there are plans to improve this further.
- Ipswich was selected as one of 12 '**Opportunity Areas**' in England to receive an equal share of a £72 million funding pot to deliver plans that will help build the knowledge and skills of local young people and provide them with the best advice and opportunities to progress.
- Suffolk's Public Sector Leaders committed additional funding to schools in Ipswich and Lowestoft to **support greater social mobility** and improve prospects for young people. Feedback from late 2018 indicated that the schools have reported a range of achievements including 93% of students in a small group teaching scheme making progress in English at Stoke High School in Ipswich, while homework completion in Key Stage Three improved to 80%⁸⁵.
- Many **innovative programmes supporting educational attainment and skills development** in Suffolk, including the Grandmentor scheme which pairs trained volunteers aged 50 and over with young care leavers⁸⁶; WASSUP (Women Against Sexual Exploitation and Violence Speak Up) – Youth Social Action supporting young people at risk of domestic abuse, sexual abuse, honour based violence, gang grooming and emotional wellbeing in Ipswich; the KEO programme which works with families who have English as an additional language; the We Are Patrick – Youth Social Action project, utilizing the tried and tested methodology of the WASSUP programme to engage young males at risk to tell their story and build a toolkit deliverable to their peers; and #iWill, a new programme being piloted in four wards across Ipswich to ensure that as many young people as possible benefit from participating in meaningful youth social action, including volunteering. Some of these projects are coordinated by Volunteering Matters⁸⁷.
- Suffolk County Council is a **Cornerstone employer** along with 9 other local organisations – BT at Adastral Park, East of England Co-operative, Ipswich Building Society, Ipswich Town Football Club, John Grose, Lloyds Banking Group, Morgan Sindall and Realise Futures – who are collaborating to improve social mobility locally⁸⁸.
- Suffolk County Council's Skills Team are working to develop and deliver the **Suffolk Apprenticeships Strategy**. This will provide support to potential apprentices, employers and providers to increase the quality and quantity of apprenticeship delivery and opportunities in Suffolk.
- Work is underway to deliver an effective Participation Service which effectively tracks Suffolk's year 11, 12 and 13 cohorts, **drives forward participation and reduces the proportion of those who are not in education, employment or training**. Suffolk County Council are also developing a youth employment programme alongside Suffolk district and borough authorities that addresses 16-24 youth unemployment on a place-based basis.
- Suffolk County Council are working in partnership across Norfolk and Suffolk to meet the objectives of the New Anglia Youth Pledge, looking to provide all young people with access to the right support and opportunities they need to get into education, training or employment. An example of this work is the investment made by Suffolk local authorities in the icanbea... website providing young people with information about local career opportunities.
- **Sam's Café run by Access Community Trust in Lowestoft** is working to promote social inclusion for the benefit of the community⁸⁹. The café is staffed by a team of young volunteers aged from 16 to 25 who have additional needs/disabilities. They receive comprehensive training, support and guidance to increase their opportunities for the future, raise their aspirations and build their confidence⁸⁹.
- **The University of Suffolk** is the 3rd most successful University in the UK for attracting students from low participation areas and offers flexible courses for mature students and students in work. These elements help to encourage inclusivity in education⁹⁰. The University states that its purpose is to transform the lives of individuals and communities for the better⁹¹.



Actions

The following actions have been drawn from the views of Suffolk children and young people and the national and local published evidence. The report shows how children value their families, friends and the opportunities available to them. However, it clearly demonstrates the different experiences children have within Suffolk and that more disadvantaged children tend to have poorer health and wellbeing and fewer opportunities. Organisations in Suffolk are already doing a lot to improve the lives of children with the highest level of needs. The actions focus on how families, practitioners and policy makers can continue to support all children in Suffolk to reach their full potential.

Actions for families:

- Feedback from children and young people in our workshops and survey told us that many of the things they value most are simple – including time with friends and family, and feeling that they have support. Supporting your child in making friends and providing opportunities to explore their interests will help them build their confidence and resilience.
- The evidence base, our survey and our workshops, highlighted the importance of trusted adults and role models in children's lives. Keeping communication open helps children deal with difficult issues and provides motivational and emotional support, helping young people achieve their potential and eventual autonomy.
- The evidence clearly shows that enough exercise, 5 portions of fruit or vegetables a day, less sugar and regular sleep will provide a strong foundation for your child's current and future health and wellbeing. Support is available to help your child to be fit and healthy. A family approach to a healthy lifestyle is effective. Look at the Healthy Suffolkⁱ website for information and ideas.
- The internet is a powerful tool but also has risks. You can maximise the benefits and minimize the risks for your child by taking an interest in their online life.

Actions for practitioners:

- It is important to understand the major short and long term effects of repeated Adverse Childhood Experiences. Practitioners should be aware of how to work with children and families in a trauma-informed way. Training is available and Suffolk young people have identified the qualities they look for in their "ideal worker"ⁱⁱ.
- Consider children's emotional wellbeing equally with their physical wellbeing. The link between being physically and emotionally fit and healthy is well recognised.
- Encourage and support young people and families to access online resources (such as The Sourceⁱⁱⁱ, Moodwise^{iv}, and the Emotional Wellbeing Gateway^v) which can help them to understand their own wellbeing.
- Take advantage of the opportunities available to support families to change their lifestyle and improve their health and wellbeing. Parental smoking and drinking excessive amounts of alcohol can have negative effects on a child's health from conception to adulthood. Making Every Contact Count training makes having conversation about smoking, weight and other lifestyle issues easier. Working to prevent ill health as a system maximises impact⁹² and OneLife Suffolk can also offer support.
- Keep in mind that a child's wider circumstances will affect their physical and mental wellbeing, and that disadvantage will increase their needs.

ⁱ www.healthysuffolk.org.uk

ⁱⁱ www.autism-alliance.org.uk/wp-content/uploads/2017/06/Suffolk.pdf

ⁱⁱⁱ www.thesource.me.uk/

^{iv} moodwise.co.uk/about-service/

^v <https://info.suffolk.gov.uk/kb5/suffolk/info/info.page?infochannel=2-1-1>



Actions for policy makers and decision makers:

- Putting the child at the centre of policy making will encourage organisations and services to understand the impact their decisions may have on children and families in Suffolk. Embedding the principle of proportionate universalism will give disadvantaged children and families the additional support they need to achieve similar outcomes to those who have greater opportunities.
- Ensure that the benefits to health and wellbeing of exercise, diet, sleep, stopping smoking and drinking alcohol sensibly are recognised and encouraged by organisations providing services to children and families. Practitioners should be given the training and tools to help them support children and families in moving to a healthier lifestyle.
- Robust, sustained workforce development and collaboration between the public sector, voluntary and community sector, young people, parents and carers is essential if organisations are to successfully improve outcomes for all children and families. This is the approach being taken for the current work to improve emotional health and wellbeing and the recognition and minimisation of the impact of Adverse Childhood Experiences by working in a more trauma informed way.
- The survey and workshops highlighted the concerns children in Suffolk have about transport and the environment, particularly issues related to waste and climate change. Whilst Suffolk's "Greenest County" initiative and cross county declarations of a climate emergency in 2019 address some of these concerns, policy makers should ensure that Suffolk children and young people have a voice in how the public sector responds to the climate change emergency, delivers its ambitions to be the 'Greenest County', and in how our natural environment, coastline and parks are managed.
- Social mobility in Suffolk needs to improve if our children are going to reach their full potential. There is a clear link between 'health' and 'wealth' as highlighted in the 2017 'Working for Wellbeing' Annual Public Health Report for Suffolk⁹³. We need to continue our strong focus on improving education and skills, and the creation of an inclusive economy, if we are to make social mobility a real prospect for children who are more disadvantaged.

What's happened since last year's report

In 2018, the annual report of the Director for Public Health was focused on the end of life. The report included quotes from local professionals and residents about their experiences.

We know that being able to talk about dying is essential when it comes to preparing ourselves for our own death. While the importance of writing a will is generally recognised it is much less common to think about our future care needs.

By putting plans in place earlier and thinking about what matters to us and our family, it may be possible to die 'well', and in the place of our choosing. This not only helps the individual but their loved ones as well.

We were able to offer small grants to organisations in Suffolk to help deliver the recommendations from the report. The grants supported the following projects:

Walton Parish Nursing

The Parish Nurse has undertaken an End of Life course and a good relationship has been established with the local GP surgery who are making referrals to Walton Parish Nursing. So far, the Parish Nurse has worked with 5 clients, but this is expected to rise with plans to bring in trained volunteers if required.

Headway Suffolk

The organisation has invited experts, such as undertakers, into a group setting to assist staff in discussions with clients about will writing and funeral planning. This allows participants of all ages to think about end of life care and bereavement in a safe supportive place. All clients will be involved in general group discussions and some will also receive individual advice to prepare end of life care.

Halesworth Dementia Carers

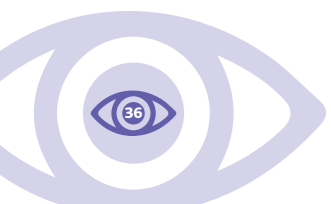
The chair of Halesworth Dementia Carers is an ex NHS palliative specialist care nurse who is working to integrate end of life care with those living with dementia and their carers. End of life care will also be embedded into the work of two other local charities.

Work at St Nicholas Hospice:

The hospice is developing "Hospice in a Care Home". This is a community-based model encouraging care homes to have a hospice health care assistant (HCA) or nurse assigned to them. This will be on a planned regular pattern to support enhanced death literacy, recognition of and planning for the end of life, and community connections.

Further to this, the hospice is exploring how to develop last responders (last aid). This looks at how community responders and other volunteers are equipped to support people dying at home.

All these initiatives encourage people to talk about death, dying, caring and grief, and enhance compassionate communities. Going forward, the Suffolk system is continuing to work to improve end of life care through the work of the End of Life Programme Board in Ipswich and East Suffolk, the newly formed End of Life Strategic Forum in West Suffolk, the Clinical Commissioning Groups, acute trusts, hospices and other partners in Suffolk.

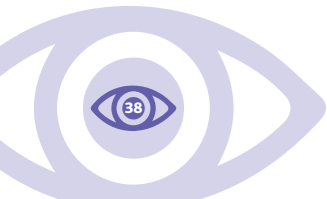


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