

# Worcestershire Health and Wellbeing Board

## Joint Strategic Needs Assessment (JSNA)

### Adolescent Health Profile

May 2022

[www.worcestershire.gov.uk/jsna](http://www.worcestershire.gov.uk/jsna)

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## Acknowledgements

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## Executive Summary

Adolescence is a unique time in life when the foundations of good health are developed.

Young people aged 11 to 19 years make up 10% of the Worcestershire population with a projected increase of 8000 young people in the next 10 years. The health and wellbeing of Worcestershire's young people overall is better than the England average. However, there are pockets of deprivation across the county where young people experience poorer health as a result of the impact of the wider and social determinants of health.

Wychavon and Worcester City have the largest numbers of 11 to 19 years old however, as a proportion of their populations Worcester City and Redditch have highest proportions of 11 to 19 year olds.

Younger age groups have the highest proportion of non-White British ethnicities with the greatest numbers being in Redditch.

Rurality influences access to services and opportunities for young people. Worcestershire has a higher proportion of 11-19 year olds who live in rural areas (24.3%) when compared to England (16.3%). In Worcester City no children live in a rural area whereas in Wychavon over half of young people live in a rural location.

Redditch, Wyre Forest and Worcester have the greatest proportions of Worcestershire's young people living in the most deprived quintiles (31%, 29% and 26% respectively), with over 2000 11 to 19 year olds in each district living in these most deprived quintiles.

In terms of educational attainment at GCSE Worcestershire's disadvantaged young people are doing less well than their counterparts nationally.

National estimates indicate that the percentage of children with a 'probable' mental health disorder has increased significantly since 2017. It is estimated that 27.2% of young women and 13.3% of young men aged 17-22 years were identified as having a probable mental disorder in 2020. It is recognised nationally and locally that young people have been disproportionately impacted by the pandemic, in particular their mental health.

Young people in rural areas are 26% more likely to be obese than those in urban areas and there is a 10% difference in childhood obesity between those children living in the most deprived compared to the least deprived by Year 6. Children and young people who are overweight or obese are more likely to become overweight or obese adults.

The U18 conception rate in Worcestershire is lower than the England average and has been for a number of years. However, U18 conceptions in the most deprived communities in Worcestershire have statistically significantly higher rates than the average in England.

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In Worcestershire the rate of new STI diagnoses (excluding chlamydia) for the under 25s is significantly lower than the West Midlands and national average. Chlamydia detection rates are also lower than the West Midlands and England averages except in Worcester and Redditch.

A summary of health behaviours of young people includes:

- Smoking prevalence has fallen but young people are more likely to become smokers if their friends smoke, they use e-cigarettes, use drugs or their family do not dissuade smoking.
- Alcohol consumption has fallen but young people are more likely to consume alcohol if they use drugs, their family do not discourage alcohol consumption and if influenced by older young people/pupils.
- Drug use is a concern with regards to the mental health of young people. Young people are more likely to be drug users if they are smokers, consumer alcohol or if their family does not discourage drug use.
- Physical activity declines through adolescence, particularly in girls. There is an association of better physiological, psychological and psychosocial health and improved educational attainment with increased physical activity. Separately there is a relationship between reduced sedentary activity and educational attainment. Young people from less affluent families, black and mixed ethnic minority families were likely to be less active, in particular girls.
- Young people living in the more deprived communities in Worcestershire, who identify as gay or bisexual, are black, African, Caribbean, black British or white are more likely to be eating less than five portions of fruit and vegetables a day. Sugar and saturated fat consumption in excess of government guidelines is greatest for 11 to 18 year olds.
- Sexually transmitted diseases are more common in young people aged 15 to 25 and are associated with more deprived communities. Likewise under 18 conception is associated with the more deprived communities. Sustained messaging from professionals working with young people, ease of parental communication and welcoming accessible sexual health services are factors that can contribute to reduced STIs and under 18 conceptions.
- Rates of 'probably mental disorder' had increased in boys and girls since 2017, while the likelihood of a 'probably mental disorder' also increased with age. Certain groups of young people may be significantly more at risk of self-harm or suicide.
- Young people at risk of criminal exploitation are particularly vulnerable, lead complex lives and are often not identified, or engage with support. Youth workers have an important role in supporting young people and tackling child criminal exploitation.
- Challenges for young carers include an increased risk of anxiety, stress, tiredness, strain within family relationships, restrictions in social activities and relationships and under-engagement in education. However, caring was also seen to be a very rewarding role by the majority of the young carers. Formal or informal support is key to supporting young carers and has been shown to reduce the extent of their responsibilities.
- Children with intellectual disability and behavioural needs (challenging behaviour) are vulnerable to exclusion from services and communities. Parents will remove their children from situations or services to avoid exclusion. Negative experiences of community integration and services lead parents away from traditional models of service and leisure provision.

## COVID-19

- COVID-19 had a greater impact on the mental health and wellbeing of children and young people who were disadvantaged economically and with pre-existing mental health problems. Population groups such as young carers, LGBT young people and young people from some BAME backgrounds were also more likely to have experienced poorer

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mental health throughout the pandemic. There is emerging evidence to suggest an increased prevalence of symptoms of post-traumatic stress disorder (PTSD), depression and anxiety.

- The increased reliance of online delivery focused the risks associated with a digital divide. Young people in low income families, had less access to technology, were more likely to have lost routines and sleep.
- Health, advice and support was primarily available online during lockdown. Some reports have suggested that young people had a lack of confidence in knowing where and how to access good quality support for their health and wellbeing, during the pandemic

In summary, young people living in Worcestershire's most deprived communities are likely to experience poorer health and life outcomes compared with those living in our more affluent communities. The districts where young people are less likely to fare well are Redditch, Worcester City and Wyre Forest. The aspects of health, for young people in our more deprived communities that are most likely to be impacted are; mental health, life chances through educational qualifications and obesity including in deprived rural communities.

## Introduction

The World Health Organisation (WHO) defines adolescence as ‘a phase of life between childhood and adulthood, from ages 10 to 19.’ It is a unique stage of human development and an important time for laying the foundations of good health.

The WHO definition of adolescence is based primarily upon elements of biological growth and social role transitions. It is evident that in the modern world the timings surrounding each of these elements is changing. In nearly all populations, earlier puberty has accelerated the onset of adolescence, while delayed timing of social role transitions (i.e. completion of education, marriage and parenthood) has led to suggestions that adolescence also ends later. As such, it has been proposed that the definition of adolescence is more accurately stated as 10-24 years<sup>1</sup>. Adolescence, the transition period from childhood to adulthood, now occupies a greater portion of the life course than ever before, at a time when unprecedented social forces, including marketing and digital media, are affecting health and wellbeing across these years. Although it is generally a healthy life stage, it is also a key age for developing health behaviours and for the start of long-term health conditions. As an age defined by transitions, it offers unique levers for change

During adolescence there are significant milestones that are unique to this phase of life. It is understood that many potentially harmful behaviours, such as alcohol and tobacco use, begin during adolescence<sup>2</sup> and the consequences of poor health and wellbeing in this period have the potential to last a lifetime. Interventions which support improvements in adolescent health have the potential to have a significant positive impact upon population health now, into future adult life and future generations of children.

Adolescence presents an opportunity for conversations about nutrition, exercise, mental health, relationships, drug use, smoking and vaping, alcohol consumption, domestic and gang violence, positive sexuality, and active and engaged citizenship. Supporting the health and wellbeing of adolescents has historically been perceived to be the responsibility of health professionals. A broader approach, which aims to reduce health inequalities and ensures all young people have the opportunity for a healthy adolescence, should effectively encompass a wider range of services, professionals and families.

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<sup>1</sup> Sawyer SM, Azzopardi PS, Wickremarathne D, Patton GC. The age of adolescence. *Lancet Child Adolesc Health*. 2018 Mar;2(3):223-228. doi: 10.1016/S2352-4642(18)30022-1. Epub 2018 Jan 30. PMID: 30169257.

<sup>2</sup> Weiss, H.A. and Ferrand, R.A., 2019. Improving adolescent health: an evidence-based call to action. *The Lancet*, 393(10176), pp.1073-1075.

## Local Picture

### The Worcestershire Population

There are estimated to be 57,620 children and young people aged 11-19 living in Worcestershire, which is almost 10% of the population. In England the proportion of the population aged 11-19 is 10.2%. When planning service provision for any age group it is helpful to consider future population projections. The 10-19<sup>3</sup> year old population in Worcestershire is projected to increase by 8,000 people over the next 10 years to 72,569 by 2029, although as a percentage of the Worcestershire population it is only a slight increase.

There is considerable variation by district council area. Worcester City has a slightly larger percentage of 11-19 year olds than England and Wyre Forest has the smallest percentage in the County. In terms of absolute numbers, Wychavon (as the largest district) has the highest number accounting for 21% of the 11-19 population in Worcestershire.

Table 1 shows child and young person population estimates in 2019 by age band. Although this needs assessment is primarily aimed at the 11-19 age group, it is useful to know the estimated number of children in younger and older age bands.

**Table 1. Estimated numbers of Children and Young People (2019)**

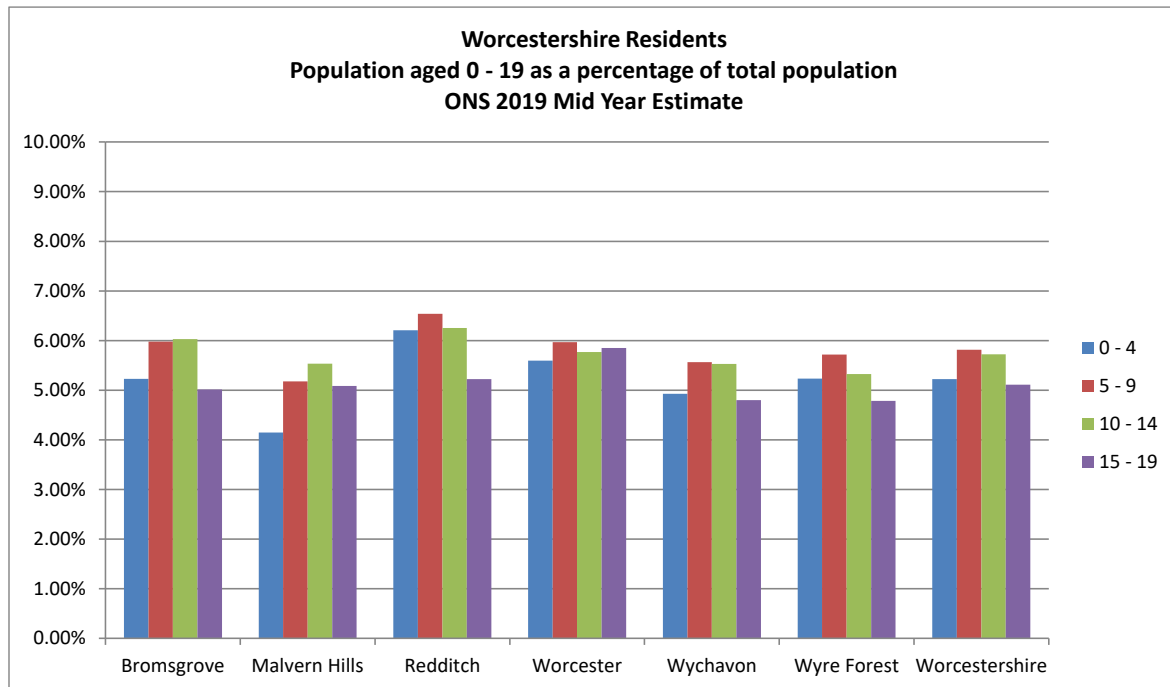
Age Group	Bromsgrove	Malvern Hills	Redditch	Worcester	Wychavon	Wyre Forest	Worcs.
0-4	5,222	3,263	5,292	5,661	6,375	5,301	31,114
5-9	5,973	4,075	5,573	6,038	7,204	5,792	34,655
10-14	6,021	4,354	5,331	5,841	7,158	5,396	34,101
15-19	5,007	4,001	4,454	5,923	6,211	4,844	30,440
0-19	22,223	15,693	20,650	23,463	26,948	21,333	130,310
11-19	9,793	7,491	8,730	10,546	11,930	9,130	57,620
20 - 24	4,316	3,158	4,314	7,863	5,698	4,774	30,123
Total (all ages)	99,881	78,698	85,261	101,222	129,433	101,291	595,786

Source: 2019 Office of National Statistics (ONS) Mid-Year Estimates of Population

While Table 1 gives an overview of the number of adolescents in each district area, Figure 1 compares the age profile in each district. As a proportion of their local populations, Redditch and Bromsgrove have the highest proportion of 10–14-year-olds, while Redditch, Malvern and Bromsgrove have the highest proportion of 15–19-year-olds.

<sup>3</sup> Population projection data are only available as quinary age band estimates, so this section comments on the increase in the 10-19 years age group

**Figure 1. Population aged 0-19 as proportion of the total population, 2019 Mid Year Estimate**



Source: 2019 Office of National Statistics (ONS) Mid-Year Estimates of Population

### Ethnicity

Worcestershire has a Black, Asian and Minority Ethnic (BAME) population of 4.3% in 2011 for all ages, which is defined as the ethnic groups other than White (it is also noted that there are a further 3.4% of the population who described themselves as being from any other White background whilst British). This has increased from 2.5% in 2001, but remains substantially lower than the England and Wales average of 14.6%. The largest non White British ethnic groups were White Other (2.6%), Asian (2.4%), Mixed (1.2%) and Black (0.4%). The white Gypsy or Traveler population is approximately 0.2%. Younger age groups have the highest proportion of ethnic minorities.

The 2011 census data indicated that in Worcestershire 90.9% of children aged 10 – 19 are White British. This is much higher than England and Wales which was 77.6% and West Midlands 74.5%. Redditch has the lowest proportion of adolescent children who are White British (86.7%) than other local districts in Worcestershire with the highest proportion in Wychavon (94.8%).



## 11-19's Living in Rural Areas

There is research to suggest that access to support services can vary dependent upon whether a young person lives in an urban or rural geographical area. Data from 2019<sup>4</sup> shows that Worcestershire has a higher proportion of 11-19 year olds who live in rural areas (24.3%) when compared to England (16.3%).

There are variations across Worcestershire districts with Wychavon having the highest proportion of children aged 11-19 living in rural areas (56.1%) compared to none in Worcester City District. The high numbers of 11-19's living in rural areas locally adds complexity to the Worcestershire provision of positive activities provision.

**Table 2. The number and percentage of 11-19 year olds living in urban and rural areas in Worcestershire compared to England (2019 ONS Mid Year Estimates)**

Area	Urban (number)	Urban (%)	Rural (number)	Rural (%)
Bromsgrove	8,132	83.0%	1,661	17.0%
Malvern Hills	3,894	52.0%	3,597	48.0%
Redditch	8,605	98.6%	125	1.4%
Worcester	10,546	100.0%	0	0.0%
Wychavon	5,234	43.9%	6,696	56.1%
Wyre Forest	7,211	79.0%	1,919	21.0%
Worcestershire	43,622	75.7%	13,998	24.3%
England	4,814,814	83.7%	939,931	16.3%

Source: Worcestershire Public Health Evidence Team using 2019 Office of National Statistics (ONS) Mid-Year Estimates of Population

## Living in Worcestershire – The Wider/Social Determinants of Health

A diverse range of social, economic, and environmental factors impact on people's health. Collectively these are known as the wider determinants of health or as social determinants of health.

Young people experience huge physical, psychological and behavioural changes as they mature from children to adults which allow unique opportunities for social determinants to affect health<sup>5</sup>

The World Health Organisation (WHO) identifies a range of transitions which occur during adolescence linked to the social determinants of health. The social determinants are particularly powerful at times of transition and experiences of these transitions vary amongst young people. Each of these transitions could impact health and wellbeing, positively or negatively, in the long term

- Education: transition from secondary school into some form of higher education

<sup>4</sup> 2019 Office of National Statistics (ONS) Mid-Year Estimates of Population

<sup>5</sup> The Health Foundation (2018) The social determinants of young people's health Identifying the key issues and assessing how young people are doing in the 2010s

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- Work: Transition from education into the workforce (or to being unemployed)
- Health: Transition to responsibility for their own health and from paediatric to adult health services
- Family: Transition from family living to autonomy (housing and relationships)
- Citizenship: Transition to responsible citizenship:

Young people living in the most deprived areas are two times more likely to be obese, twice as likely to report that they smoke regularly, two times more likely to conceive under the age of 18 and more likely to be admitted to hospital with asthma, compared to young people living in the least deprived areas (The Health Foundation 2018).

## Children and young people living in poverty

Low income is a most significant disadvantage and a clear associate of poor health. Although Worcestershire is relatively less deprived than the national average (based on the IMD score 2019), there are pockets of deprivation in all of the urban areas of the county, including larger areas in Worcester, Kidderminster and Redditch. There are some deprived rural areas, most notably in the north of Wyre Forest and in Wychavon district, to the north of Evesham.

The Income Deprivation Affecting Children Index (IDACI) measures the proportion of all children aged 0 to 15 living in income deprived families<sup>6</sup>.

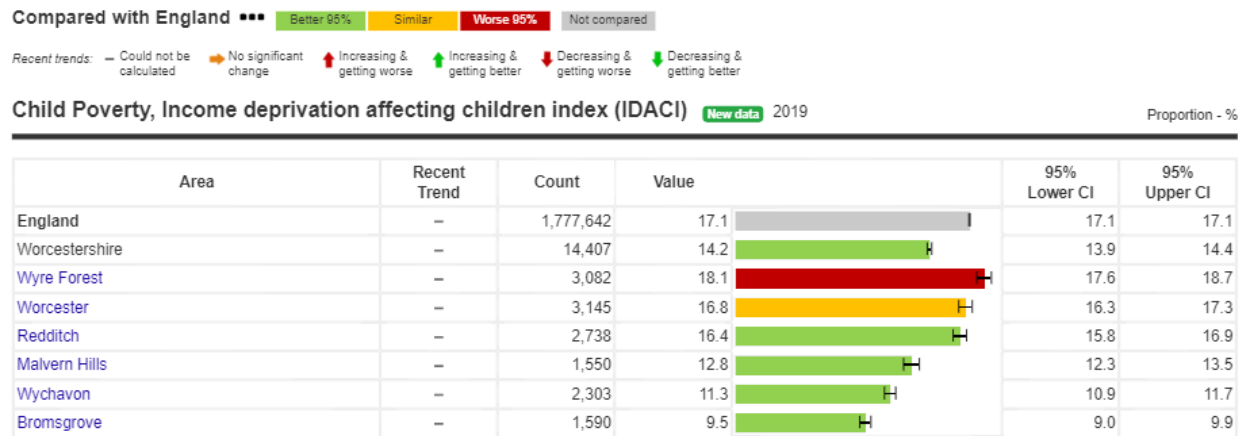
There are approximately 14,400 (14.2%) children aged 0-15 who live in relative poverty<sup>7</sup>. Worcestershire has a significantly lower proportion of children in low-income families in comparison to England. This is true for all districts across Worcestershire, apart from:

- Worcester (16.8%, 3145 children), where the proportion is similar to the England average
- Wyre Forest (18.1%, 3082 children), where the proportion is significantly above the England average.

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<sup>6</sup> Income deprived families are defined as families that either receive Income Support or income-based Jobseekers Allowance or income-based Employment and Support Allowance or Pension Credit (Guarantee) or families not in receipt of these benefits but in receipt of Working Tax Credit or Child Tax Credit with an equivalised income (excluding housing benefit) below 60 per cent of the national median before housing costs

<sup>7</sup> Living in households where income is less than 60 per cent of median household income before housing costs

**Figure 2. Child Poverty: Income deprivation affecting children index (IDACI)**

 Source: [PHE Fingertips](#)

The IDACI at LSOA level<sup>8</sup> is shown in the map below highlighting LSOAs in the top two tiers of income deprivation (higher than the England average).

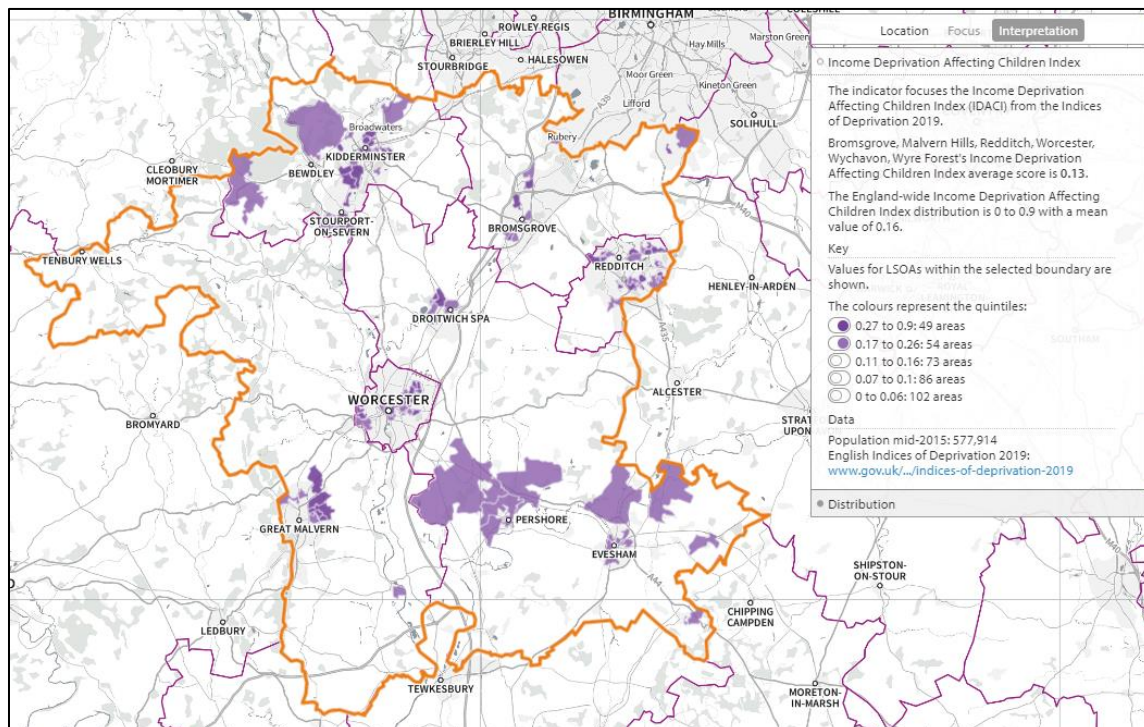
**Figure 3. Income Deprivation Affecting Children Index**

<sup>8</sup> Lower Super Output areas have a population of 1,500-2000 – there are 364 of them in Worcestershire

Table 3 below shows age breakdowns illustrating the districts with the highest proportion of Worcestershire's 11-19 year olds and those young people aged 11-19 years living in the top 20% of deprived areas in England. This is a clearer identifier of need across Worcestershire.

**Table 3. Numbers and percentages of 11-19's in Quintile 1**

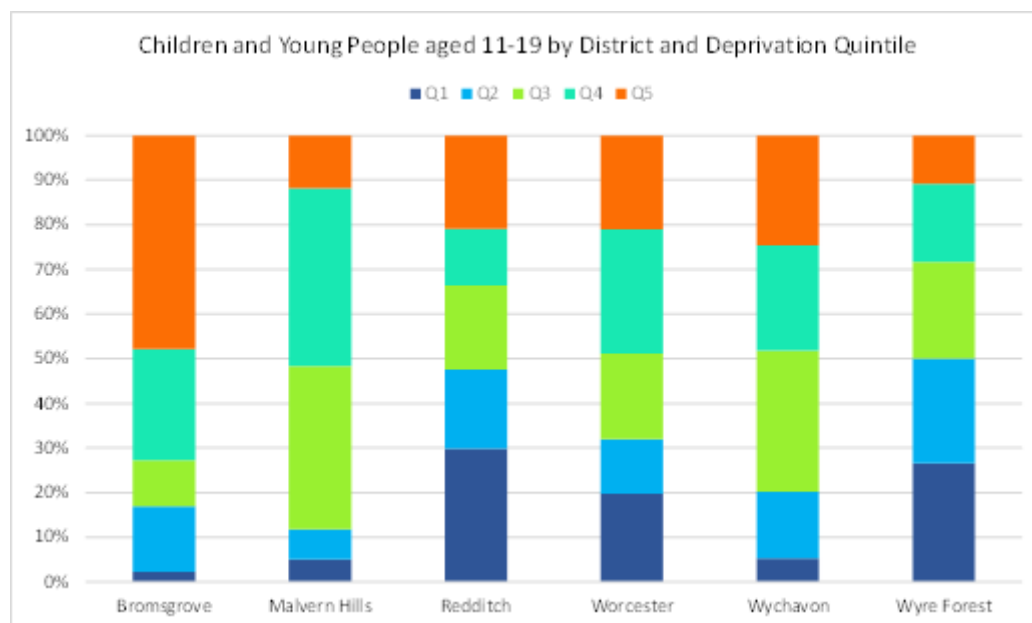
District	Population aged 11-19 (number)	Population age 11-19 (%)	Number of 11-19s living in most deprived quintile	% of 11-19s living in most deprived quintile
<b>Bromsgrove</b>	9793	17%	220	2.6%
<b>Malvern Hills</b>	7491	13%	377	4.5%
<b>Redditch</b>	8730	15%	2605	31.2%
<b>Worcester</b>	10546	18%	2082	25.0%
<b>Wychavon</b>	11930	21%	629	7.5%
<b>Wyre Forest</b>	9130	16%	2427	29.1%
<b>Total</b>	57620		8340	<b>100%</b>

Source: WCC Public Health Evidence Team using 2019 ONS Mid-Year Estimates of Population

When Worcestershire's population of 11-19 year olds is examined, 21% of these live within Wychavon, 18% in Worcester City and 17% in Bromsgrove. This picture varies considerably when the IMD status is reviewed. 31% of the most deprived 11-19 year olds live in Redditch, 29% in Wyre Forest and 25% are in Worcester. As evidence indicates that poorer health and wellbeing outcomes are associated with quintile 1, this is a stronger indicator of need for positive activities provision in Worcestershire.

Children in poor housing are more likely to have mental health problems, respiratory problems, experience long-term ill health and disability, experience slow physical growth and have delayed cognitive development<sup>9</sup>.

<sup>9</sup> The Health Foundation (2018) The social determinants of young people's health Identifying the key issues and assessing how young people are doing in the 2010s

**Figure 4. 11-19 populations by deprivation quintile and district (2019 MYE)**


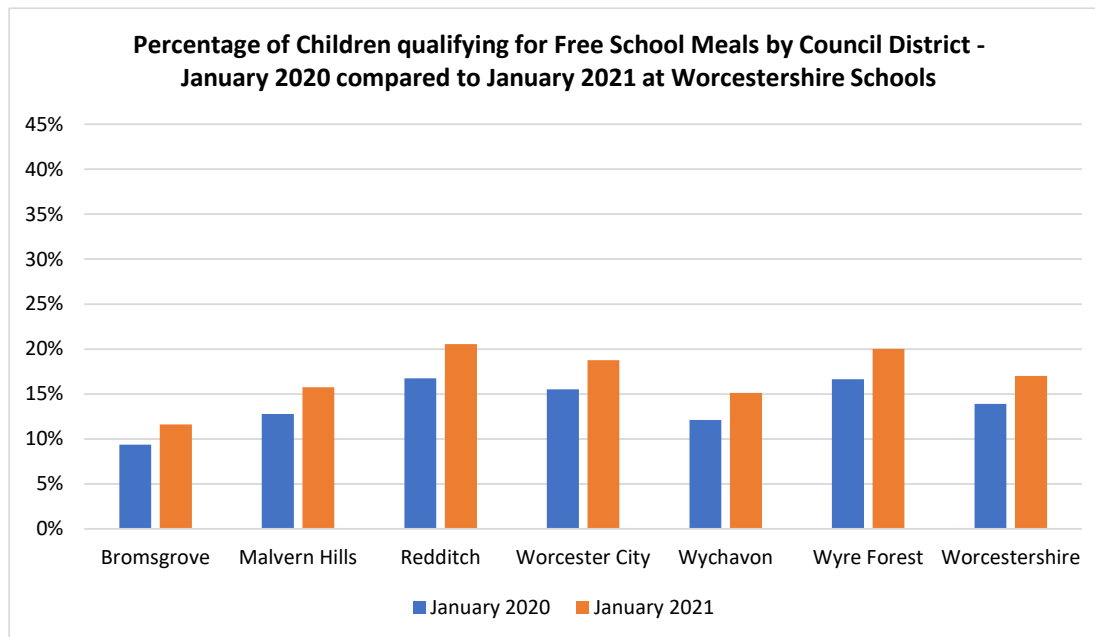
Source: Worcestershire Public Health Evidence Team using 2019 Office of National Statistics (ONS) Mid-Year Estimates of Population

### Free School Meals

Children eligible for free school meals (FSM) is another marker of deprivation and used in conjunction with other deprivation models is a useful indicator. The following two graphs shows the percentage of children who were eligible for FSM by council district and deprivation decile as of January 2020 and 2021. They demonstrate the increase in numbers over the course of the pandemic and the increasing inequality between areas of low and high deprivation.

Figure 5 shows the council district split with Redditch, Wyre Forest and Worcester City having the highest percentages of children eligible for FSM in January 2020. However, by January 2021 they are also seeing the highest rises in the numbers of children who are now eligible. The figure in Redditch rose from 17% to 21%.

**Figure 5. Percentage of children qualifying for FSM by Council District of Residence – January 2020 compared to January 2021 at Worcestershire Schools**



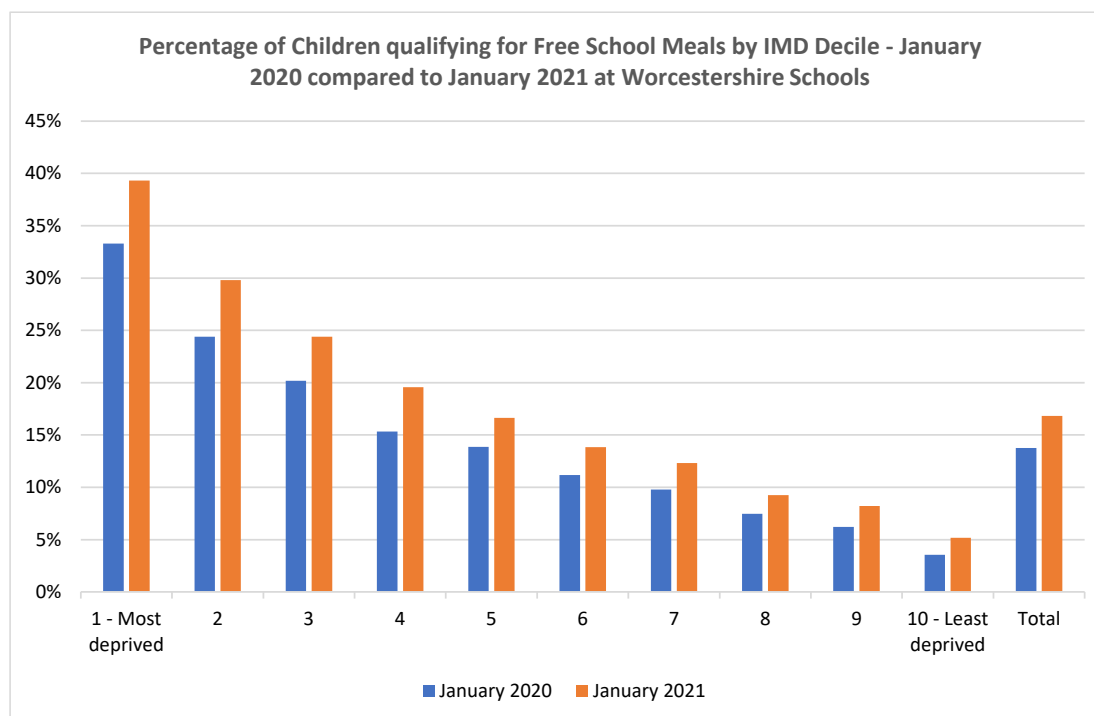
Source: Worcestershire Public Health Evidence Team using Free School Meal data from Worcestershire County Council Education Team

Figure 6 below shows the deprivation decile split and demonstrates that whilst the percentage of children who have qualified for FSM between the two time periods has risen across all deprivation deciles, the largest increases have occurred in the more deprived areas. By January 2021, 39% of children who live in the most deprived areas of the county were in receipt of free school meals. This has risen from 33% in January 2020.

It is important to recognise that although there is relationship between deprivation and access to free school meals, there are children living in the more affluent areas of Worcestershire who are in receipt of FSM who should not be overlooked

The impact of the COVID-19 pandemic upon the population will be discussed in more detail later in this report, however the data relating to FSM gives an indication of how the pandemic has exacerbated existing health inequalities.

**Figure 6. Percentage of children qualifying for FSM by IMD Decile – January 2020 compared to January 2021 at Worcestershire Schools**



Source: Worcestershire Public Health Evidence Team using Free School Meal data from Worcestershire County Council Education Team

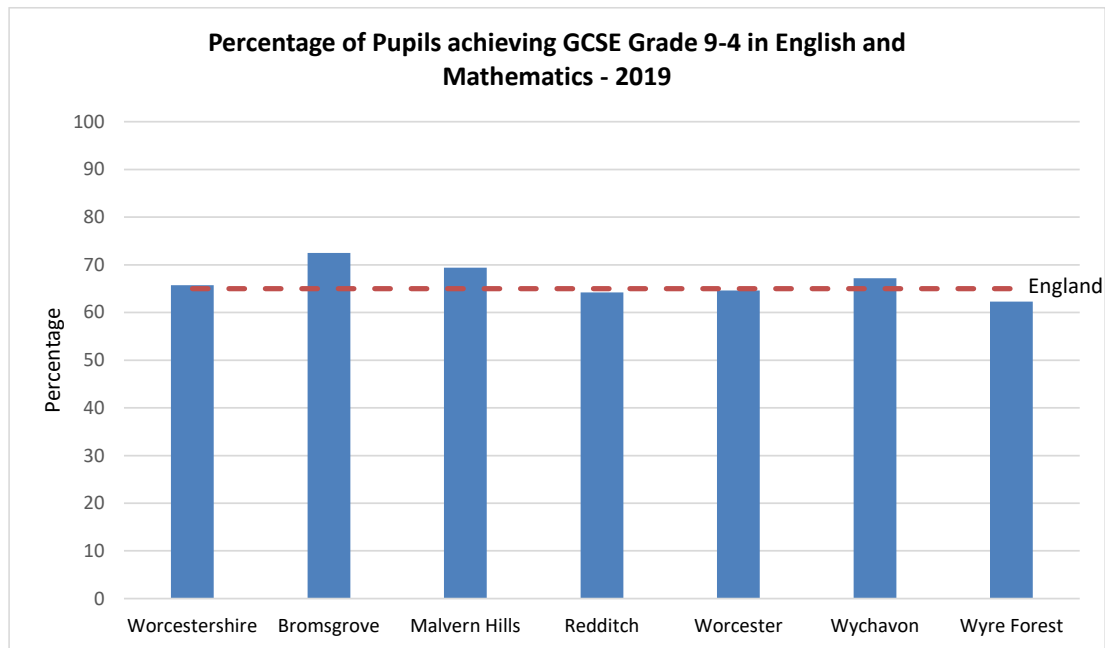
## Educational Outcomes

Educational attainment is one of the most influential factors that increases the risk of a child in poverty becoming an adult in poverty. Pupils who achieve five A\*-C grades at GCSE earn around 10% more than those who do not and are more likely to be employed.

Across the general population in Worcestershire a higher percentage achieved a grade 4 or above in English and Mathematics GCSEs than the average across England in 2019. Pupils are graded 9 (highest) to 1 (lowest) where a grade 4 is equivalent to a 'C' in the previous scale.

The Worcestershire wide figure masks the inequalities across the County and significant variance is noticeable once the figures are broken down by District Council area. In Figure 7 it is notable that the least deprived districts are achieving percentages higher than the England average and the three districts with higher rates of deprived communities all have a percentage which is lower than England percentages.

**Figure 7. Key stage 4 results in English and Mathematics by District (2019)**



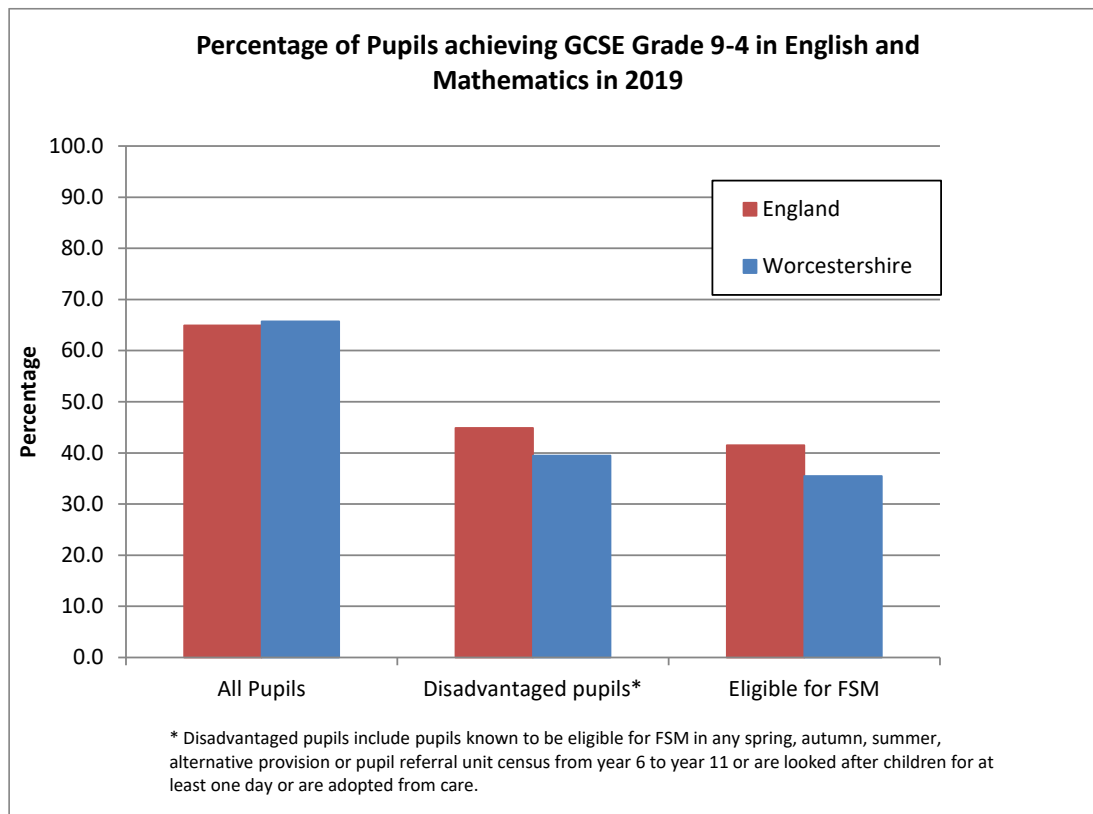
Source: Department for Education – Key Stage 4 performance results, 2019

Inequalities are further demonstrated in Figure 8 which shows the proportion of children achieving grades 9-4, with further analysis for those in receipt of free school meals or who are identified as disadvantaged<sup>10</sup>. The percentage of these children who achieve a grade 9-4 in Worcestershire are substantially lower than the non-disadvantaged children in Worcestershire and when compared to the same cohort of children in England, Worcestershire’s disadvantaged children are doing less well than their counterparts nationally.

<sup>10</sup> These are children who are both eligible for FSM in the last 6 years or are looked after children for at least one day or are adopted from care.



**Figure 8. Key Stage 4 (GCSE) results for disadvantaged pupils (2019)**



Source: Department for Education – Key Stage 4 performance results, 2019

### Vulnerable Children and Young People in Worcestershire

The Children’s Commissioner’s 2019 Childhood Vulnerability report examined the scale of rates in childhood vulnerability across England. The report estimated the total number of children in England currently receiving statutory support or intervention or those who are ‘in the system’, based on the latest available data, was estimated at 723,000 children aged 0-17.

It was estimated that 2.3 million children were living with risk because of a vulnerable family background. Within this group it is estimated that more than a third (829,000) are ‘invisible’ (i.e. not known to services) and therefore not getting any support.

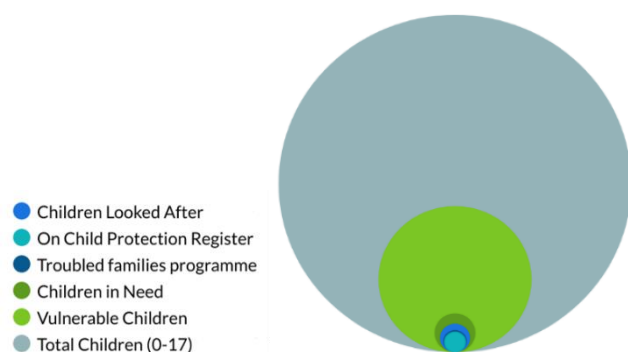
Another 761,000 children are known to services, but their level of support is unclear. Adding these two groups together, means that there are 1.6 million children living in England from a vulnerable family background for whom the support is either patchy or non-existent.

Using the methodology used by the Children’s Commissioner, these figures have been modelled for Worcestershire. Figure 9 provides an estimate that the number of potentially vulnerable children and young people in Worcestershire, who are not currently receiving statutory social care support or care. This estimate is 18,912 (ages 0-17) as of March 2021.

**Figure 9. Estimated numbers of vulnerable children in Worcestershire**

Vulnerability type	2021	%
Children Looked After (CLA) *	861	0.7%
On Child Protection Register *	449	0.4%
Children in Need *	1592	1.3%
Troubled families programme*	521	0.4%
Estimate of vulnerable children (not currently identified)	18,912	15.9%
Total vulnerable	22,335	18.8%
Total children aged 0-17 (2019 estimate)	118,860	Not given

\*Actual figures



Source: Worcestershire Public Health Evidence Team calculated based on national percentages contained in Children’s Commissioner – Trends in childhood Vulnerability – July 2019 report

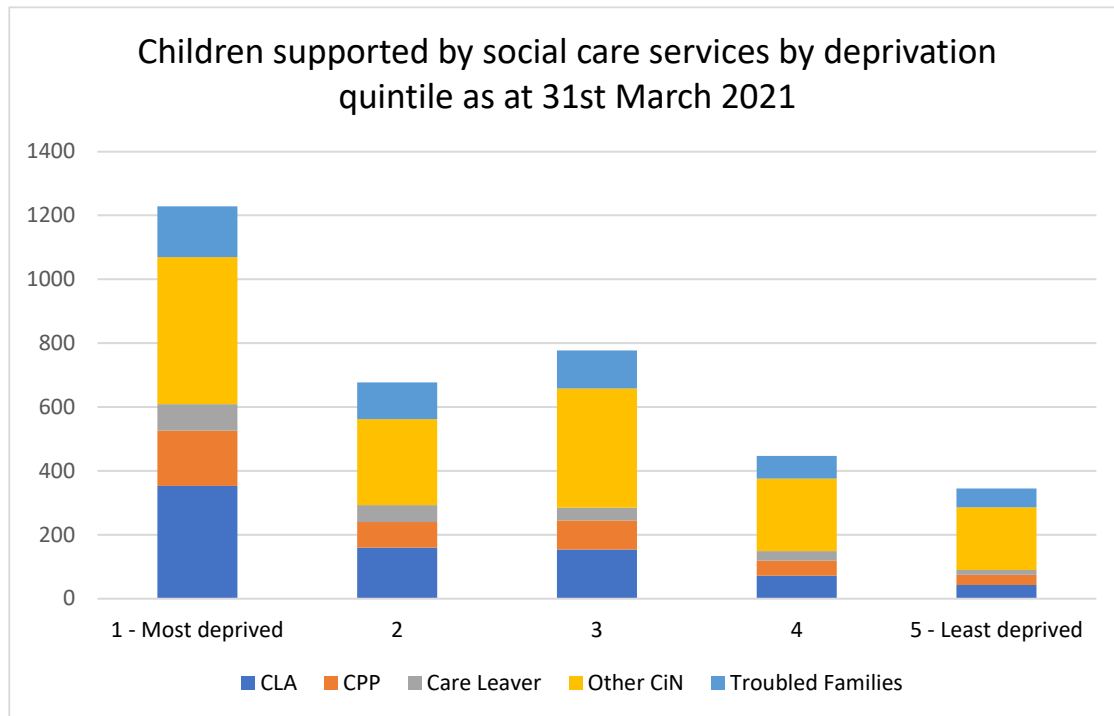
There are currently 3,790 children<sup>11</sup> in Worcestershire who are being helped by a formal programme of support. This varies from intensive provision, child protection plans to assistance, as part of the troubled families programme.

The Children’s Commissioner report estimated that there may be as many as 19,000 children in Worcestershire who are vulnerable and in need of additional support to give them the best outcomes in later life.

There is a strong relationship with deprivation for children in receipt of formal social care support. Figure 10 below shows the number of children supported by social care services by deprivation quintile. This graph clearly shows that quintile 1 (children living in the 20% most deprived areas in England), has a much higher number of children receiving help. Access to social care services is highest in Wyre Forest, Worcester City and Redditch. Therefore, as expected, numbers are higher in the more deprived district council areas (Wyre Forest, Worcester City and Redditch).

<sup>11</sup> As at 31<sup>st</sup> March 2021

**Figure 10. Graph to show the Number of Children Supported by Social Care services by deprivation quintile**



Source: Worcestershire Public Health Evidence Team using data collected by Worcestershire Children First

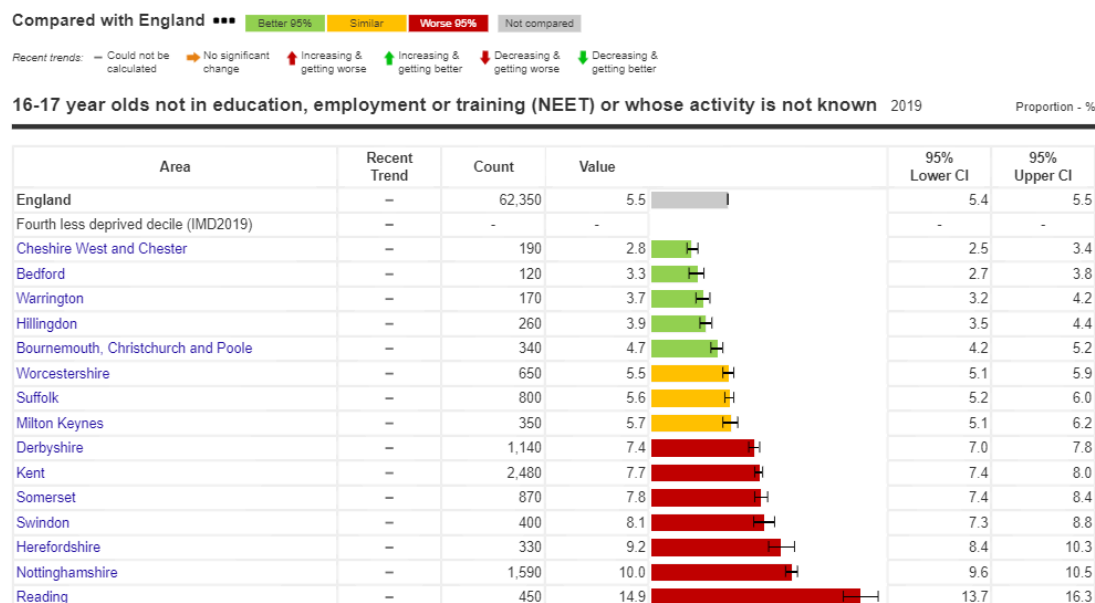
### Young people who are not in Employment, Education or Training (NEET)

Any young person who is not in any form of education or training and not in employment is considered to be NEET. Consequently, a person identified as NEET will always be either unemployed or economically inactive.

Data published by PHE Fingertips and taken from the Department of Education in Figure 11 suggested that in 2019 the proportion of 16-17 year olds classified as NEET in was 5.5%. In Worcestershire, the proportion was also 5.5% which meant that 650 young people aged 16-17 were NEET. This is similar to the West Midlands where the value is 5.3%.

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**Figure 11. Chart to show the Number of 16-17 year olds not in education, employment or training (NEET)**



Source: PHE Fingertips

Nationally<sup>12</sup> young people in the Pakistani ethnic group were more likely to be NEET (14.3%) than those in the Chinese and Indian ethnic groups.

Among White young people, women were more likely to be NEET and economically inactive (8.6%) than men (5.6%), but men were more likely to be NEET and unemployed (5.5%) than women (3.7%).

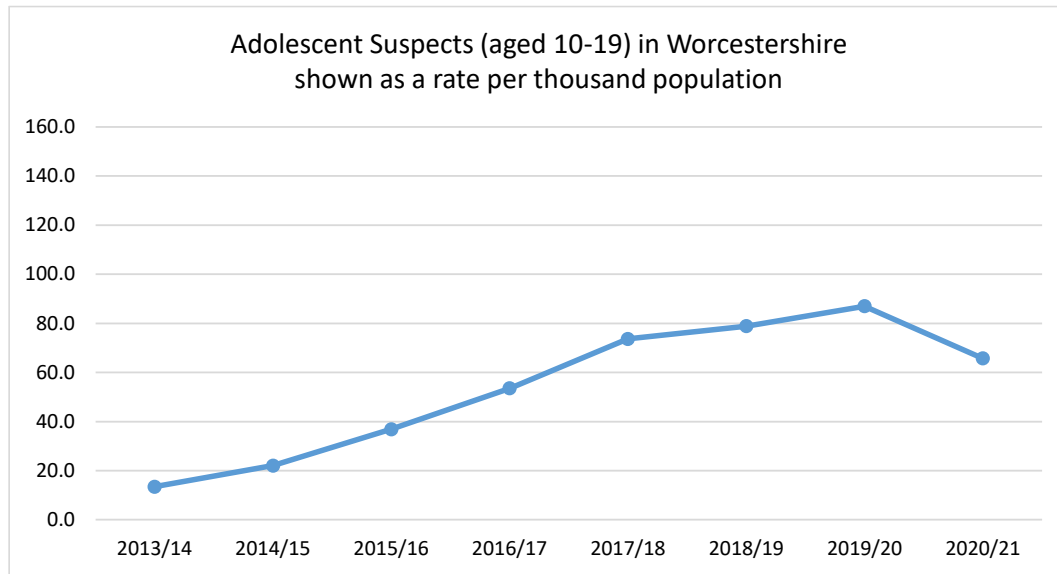
## Crime

In the adolescent population, high levels of crime and low perception of safety in the local neighbourhood are associated with increased levels of mental ill-health, cannabis use, decreased physical activity and increased body mass index.

Figure 12 shows the Worcestershire rate of crime involving adolescents. In 2019/20 this was 87.0 per thousand population, which represents an increase from 22.1 in 2014. This increase is likely linked to an increase in the volume of recorded crime. A contributing factor might be emerging threats that disproportionately involve young people both as victims and offenders, for example the County Lines drug model. Another contributing factor to increasing rates could be changes in policing methods, the operating environment and the recording of crime which could impact the data. Further, the ONS report that nationally, reporting levels for offences are much improved, this is suggested to be because of improved public confidence in reporting.

<sup>12</sup> [https://www.ethnicity-facts-figures.service.gov.uk/work-pay-and-benefits/unemployment-and-economic-inactivity/young-people-not-in-employment-education-or-training-need/latest#:~:text=economic%20activity%20Summary-.The%20data%20shows%20that%3A,%25\)%20than%20women%20\(3.7%25\)](https://www.ethnicity-facts-figures.service.gov.uk/work-pay-and-benefits/unemployment-and-economic-inactivity/young-people-not-in-employment-education-or-training-need/latest#:~:text=economic%20activity%20Summary-.The%20data%20shows%20that%3A,%25)%20than%20women%20(3.7%25))

**Figure 12. Chart to show the Rate of Adolescent Suspects (aged 10-19) in Worcestershire**

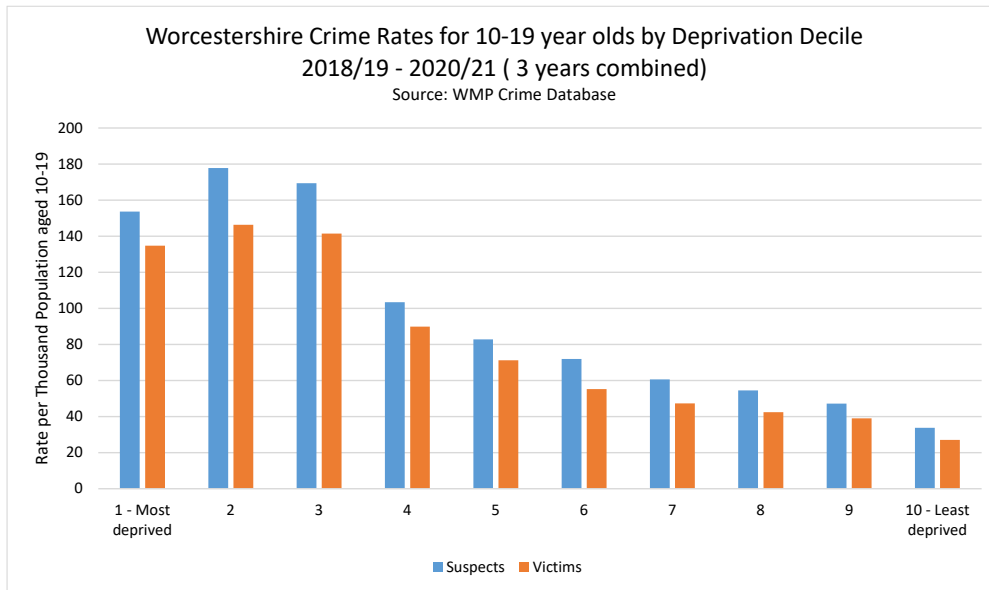


Source: Worcestershire Public Health Evidence Team using CRIME data supplied by West Mercia Police

Regardless of the reasons for this increase, females are considerably more likely to be a victim of crime than a suspect. In 2019/20, if you were a 15 to 19 year old female you were 50% more likely to be a victim of crime than a perpetrator. This situation is reversed for males, where in 2019/20, over twice as many males were suspects than victims.

Across Worcestershire deprivation appears to have a considerable impact upon the likelihood of an adolescent being either a victim or perpetrator of crime. Figure 13 below shows that broadly, as deprivation increases so does the rate of both victimisation and offending among young people.

**Figure 13. Worcestershire Crime Rates for 10-19 year olds by Deprivation Decile 2018/19 to 202/21**



Source: Worcestershire Public Health Evidence Team using CRIME data supplied by West Mercia Police

Those people included in decile 1 are Worcestershire residents living in the most deprived 10% areas in England. Decile 1 has a lower rate of adolescent offending and victimisation than decile 2 and 3. There are many theories as to why this may be, including whether people in very deprived areas are less likely to report crime to the Police. There may also be reduced public confidence in these areas to report certain crime types and obstacles to reporting may come into play. For example, County Lines typically operate in the most vulnerable communities and involve victimisation and offending of young people, in this scenario community reporting can be low due to fear of retribution.

Worcester City, Redditch and Wyre Forest, the district council areas with a greater concentration of deprived areas, have tended to have an increased rate of suspects and victims across the 8 year period.

Table 4 below shows a comparison of the percentage of all crimes for the age group/gender for the 8 years combined, this demonstrates the shift in the type of crime committed as the age of the offender increases. For example, crimes reported for males aged 10-14 are 11% of the crimes reported in this age group for theft but by the age of 15-19, theft accounted for nearly 20% of the crimes reported.

**Table 4. A comparison of the types of crime committed in Worcestershire in relation to age and gender**
**Males**

<b>Crime Group</b>	<b>10 - 14</b>	<b>15-19</b>
Criminal damage & arson	13%	12%
Drug Offences	1%	7%
Misc crimes against society	3%	3%
Possession of weapons	2%	2%
Public order offences	5%	6%
Sexual	13%	9%
Theft	11%	19%
Vehicle offences	1%	3%
Violence with/without injury	51%	39%

**Females**

<b>Crime Group</b>	<b>10 - 14</b>	<b>15-19</b>
Criminal damage & arson	7%	9%
Drug Offences	1%	2%
Misc crimes against society	9%	4%
Possession of weapons	1%	0%
Public order offences	5%	6%
Sexual	4%	2%
Theft	9%	16%
Vehicle offences	0%	1%
Violence with/without injury	65%	60%

Source: Worcestershire Public Health Evidence Team using CRIME data supplied by West Mercia Police

During this time period there were 3,500 suspects who were suspects in crimes and who live in areas classed as 'rural' compared to over 24,000 in urban areas. The breakdown of crimes are similar with 'violence against the person' accounting for the highest percentage (nearly 50%).

Considering that the rates are lower due to the lockdown/pandemic, there are some slight differences in 2020/21 between the urban and rural geographies, with rural areas seeing slightly higher levels of drug offences (primarily cannabis possession), knife possession, rape and personal robbery than the previous year.

In urban areas in 2020, crimes in the category of vehicle offences (interfering with and theft from a vehicle) and obscene publications were slightly up from the previous year. However, these are small numbers and are slightly hidden by the overall lower crime rate during 2020/21.

Nationally, almost all types of crime fell during the first lockdown in 2020. The only recorded rise in crime rates were in anti-social behaviour which included breaking COVID restrictions and drug offences.

Amongst the 10-19 age group in Worcestershire, there was a similar pattern with the number of recorded crime 'suspects' dropping initially during the lockdowns, but rising again to almost previous levels once lockdowns were lifted. Figure 14 below shows the number of suspects in 2020/21 compared to 2019/20.

**Figure 14. Worcestershire Recorded Crime for Suspects aged 10-19 years old, 2019/20 to 2020/21.**


Source: Worcestershire Public Health Evidence Team using CRIME data supplied by West Mercia Police

## Living in Worcestershire – Health and Wellbeing

Worcestershire generally has good health and wellbeing outcomes across the population and performs better than the national average on many measures. Nevertheless, persistent and enduring health inequalities continue to impact upon the population.

### Mental Health

Nationally it is estimated that 50% of those with a lifetime mental illness will experience symptoms by the age of 14 and 75% of those will experience symptoms by the age of 24. There are differences by gender, boys aged 11-15 are 1.3 times more likely to have a mental illness compared to girls at the same age. Around 10% of children aged 5-16 suffer from a clinically significant mental health illness and just 25% of children who need treatment, go on to receive it<sup>13</sup>.

<sup>13</sup> Public Health England (2016) The Mental Health of Children and Young People in England. [Online], Available from: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/575632/Mental\\_health\\_of\\_children\\_in\\_England.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/575632/Mental_health_of_children_in_England.pdf)



The COVID-19 pandemic continues to have an impact upon the mental health and wellbeing of the population and in particular for children and young people it is a challenging and unsettling time. The following section shows the estimated prevalence of mental health and behavioural problems in Worcestershire both pre and during the pandemic

### Estimated Prevalence in Worcestershire for Mental Health and Behavioural Problems

The prevalence estimates shown below in Table 5 were published by NHS Digital following their survey of the mental health of children and young people. This survey was conducted in 1999, 2004 and 2017 and provides England's official statistics on trends in child mental health. The Table shows the estimated national prevalence both in 2017 and the follow up in 2020 and applied to ONS local mid-year population estimates to identify how many individuals may be living with a particular type of condition in Worcestershire. These figures are provided to give an indication of numbers.

Based on national prevalence estimates, in Worcestershire there are estimated to be:

- 3990 Children aged 5-15 who are living with Anxiety Disorders
- 4140 Children aged 5-15 who living with Behavioural Disorders
- 1430 Children aged 5-15 who are living with Hyperactivity Disorders
- 903 Children aged 5-15 who are living with Depressive Disorders
- 1581 Children aged 5-15 who have any other mental health disorder

(It should be noted that a child may fall into more than one category).

**Table 5. National Prevalence Estimates for Common Mental Health Disorders and Estimated Number of Children in Worcestershire as at 2019**

Type	National Prevalence Estimate % 5-10 years old	National Prevalence Estimate % 11-15 years old	National Prevalence Estimate % 5-15 years old	Estimated Numbers of Children in Worcestershire by Age (2019 population) 5-10 years old	Estimated Numbers of Children in Worcestershire by Age (2019 population) 11-15 years old	Estimated Numbers of Children in Worcestershire by Age (2019 population) 5-15 years old
Anxiety Disorders	3.9	7.1	5.3	1621	2393	3990
Behavioural Disorders	5.0	6.3	5.5	2079	2123	4140
Hyperactivity Disorder	1.7	2.1	1.9	707	708	1430
Depressive Disorders	0.3	2.5	1.2	125	843	903
Other Disorders	2.2	2.0	2.1	915	674	1581
Any Disorder	12.2	13.6	11.2	5072	4584	8431

Source: [NHS Digital 2017](#)<sup>1</sup>, ONS 2019 Mid-year population estimates

Following the 2017 survey, a series of reports were commissioned to look at specific areas of children's mental health. The first report in the series was undertaken in 2020; exploring the mental health of children and young people during the pandemic and to document any changes

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since 2017. It cannot be used to estimate prevalence in the same way as the 2017 survey due to a difference in the methodology, however, the mean Strengths and Difficulties Questionnaire<sup>14</sup> scores can be used to determine there has been a worsening in the levels of mental health in children and young people.

Table 6 shows a comparison of 2017 vs 2020 estimated mean SDQ scores. Please note, however, this survey was based on a much smaller cohort of children and unlike the 2017 version, was carried out online, so results should be treated with caution. It does, however, show an increase in the mean scores for all age groups in all mental health categories with the exception of the Prosocial behaviour score. It highlights that the percentage of children with a 'probable' disorder has increased significantly since 2017.

One in six (16%) 5 to 16 year olds were identified as having a probable mental health disorder. The likelihood increases with age and although not shown in the table below, 27.2% of young women and 13.3% of young men aged 17-22 years were identified as having a probable mental disorder in 2020.

**Table 6. Mean SDQ Score split by mental health and age of child**

Mean score of mental health area	2017 age* 5-10 years old	2017 age* 11-16 years old	2017 age* 5-16 years old	2017 age* 17-22 years old	2020 age 5-10 years old	2020 age 11-16 years old	2020 age 5-16 years old	2020 age 17-22 years old
Total difficulties score	8.2	7.9	8.0	:	9.2	9.4	9.3	12.3
Impact score	0.6	0.8	0.7	:	0.7	0.9	0.8	1.4
Emotional problems score	2.0	2.2	2.1	:	2.2	2.5	2.3	4.0
Conduct problems score	1.5	1.3	1.4	:	1.6	1.3	1.5	1.8
Hyperactivity problems score	3.5	2.8	3.1	:	4.0	3.5	3.7	4.1
Peer problems score	1.2	1.7	1.4	:	1.5	2.0	1.8	2.4
Prosocial behaviour score	8.7	8.6	8.7	:	8.4	8.0	8.2	8.0

**Table 6.1 Percentage of age group with chance of a disorder**

Percentages with a disorder (%)	2017 age* 5-10	2017 age* 11-16	2017 age* 5-16	2017 age* 17-22	2020 age 5-10	2020 age 11-16	2020 age 5-16	2020 age 17-22
Unlikely to have a disorder	77.1	73.5	75.4	:	77.0	71.6	74.4	66.7
Possible disorder	13.5	14.0	13.7	:	8.6	10.8	9.6	13.3
Probable disorder	9.4	12.6	10.8	:	14.4	17.6	16.0	20.0

<sup>14</sup> SDQ is a globally recognised instrument for assessing the mental health status for children and young people

*\*Please note, the 2017 sample did not contain a comparable age group of 17 to 22 year olds.*  
Source: NHS Digital – Mental Health of Children and Young People in England

## Obesity

Tackling obesity is a key national public health priority and there is significant concern about the increasing levels of children who are overweight or obese. Evidence from Public Health England shows that children who were overweight or obese in Reception year (aged 4 and 5 years) were more likely to be overweight or obese in Year 6 (age 10 to 11 years) and more likely to go on to be overweight or obese adults. Adolescents in rural areas have a 26% greater chance of being obese, compared to adolescents in urban areas<sup>15</sup>.

Health issues related to childhood obesity include glucose intolerance, Type 2 Diabetes, exacerbation of asthma and psychological issues relating to social isolation and low self-esteem from bullying and teasing.

In England, the height and weight of children is measured in Reception and Year 6 via the National Child Measurement Programme (NCMP) when Body Mass Index [BMI] is calculated.

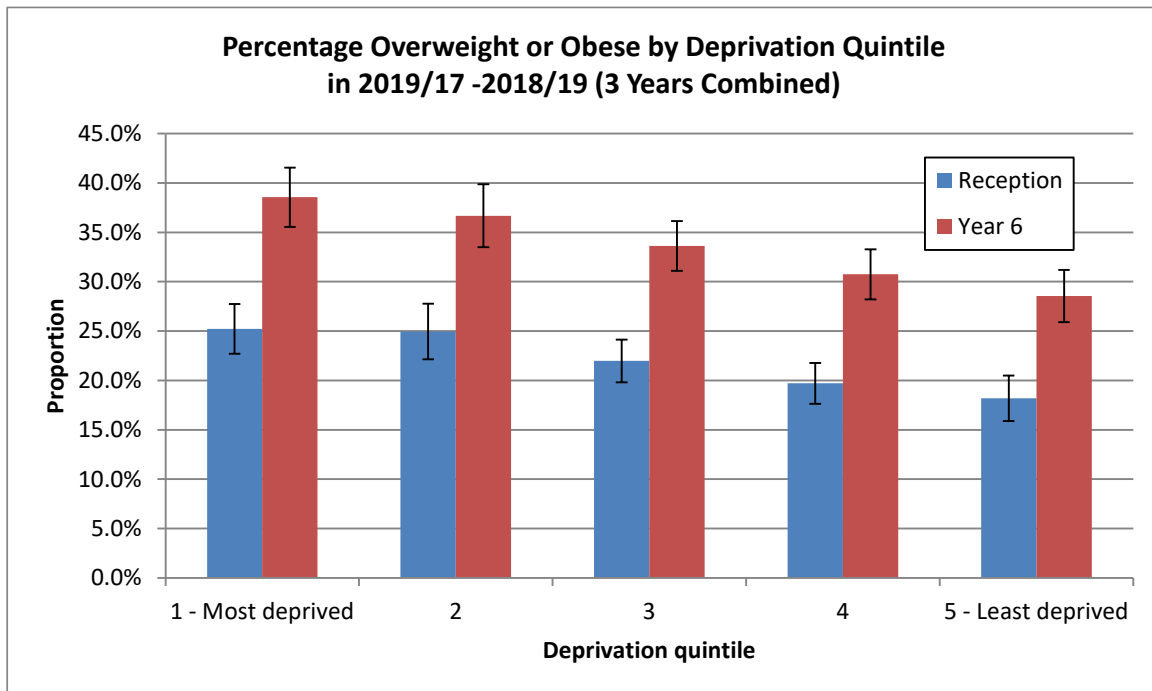
In the academic year 2018/19, 34.3% of 10 to 11 year olds in England were overweight or obese. In Worcestershire, the same figure has consistently remained lower than the England average and in 2018/19 it was 32.9%.

Excess weight (overweight or obese) also varies widely between areas and districts. Like many other indicators relating to early child health, children living in more deprived areas of the county are more likely to have poor outcomes. Figure 15 below shows the clear increase in childhood obesity with the more deprived areas with 10% difference between those children living in the most deprived compared to the least deprived by Year 6.

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<sup>15</sup> The Health Foundation (2018) The social determinants of young people's health Identifying the key issues and assessing how young people are doing in the 2010s

**Figure 15. 3 year combined percentage of Reception and Year 6 children who were classed as overweight or obese by deprivation quintile**



Source: Worcestershire Public Health Evidence Team using National Child Measurement Programme data

## **Sexual and Reproductive Health**

### **Teenage Pregnancy**

Early parenthood carries a number of risks for both mother and child. The baby is more likely to:

- have a low birth weight at term and
- have a higher risk of infant mortality.

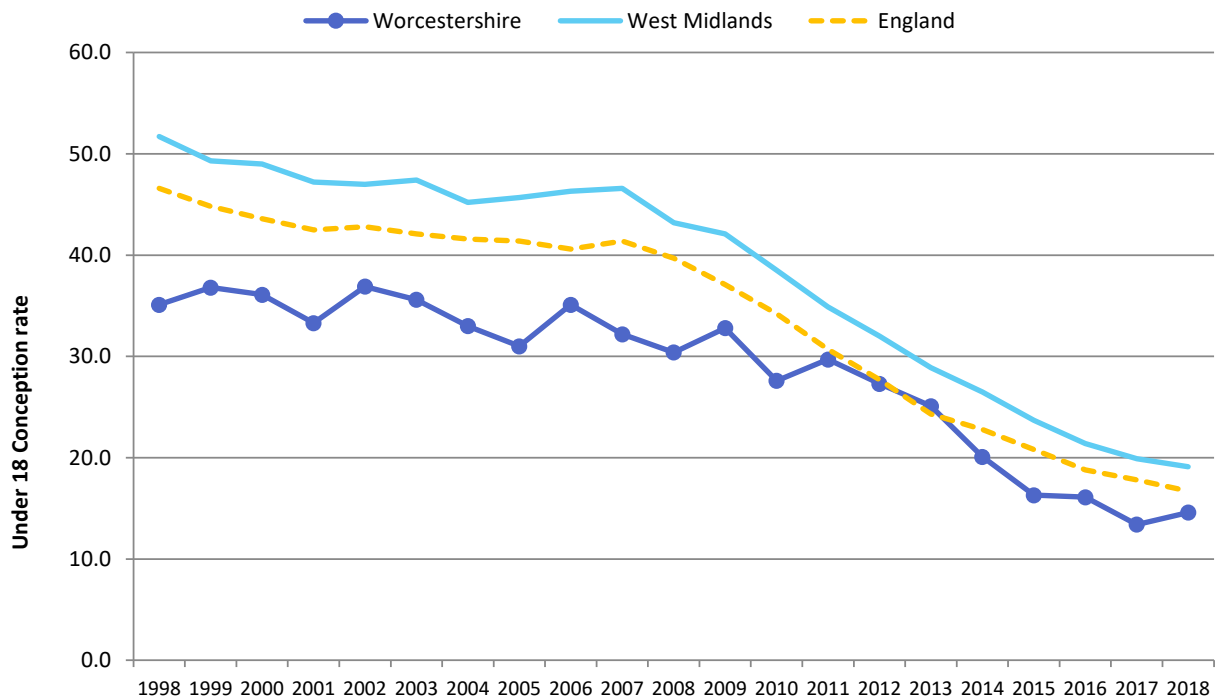
Due to parenting responsibilities, young mothers are:

- less likely to complete education
- may be further economically disadvantaged by a failure to enter employment
- more likely to smoke during pregnancy than older mothers.

Most teenage pregnancies are unplanned and around 50% end in an abortion.

The teenage conception rate nationally has more than halved over the last two decades and is currently at its lowest. The rate in Worcestershire was slower to reduce although started at a much lower rate than England, although it has also significantly decreased in the last 5 years. Figure 16 compares the under 18 conception rate for Worcestershire with England and West Midlands and provides a guide as to relative performance. The rate in Worcestershire was statistically significantly lower than England until 2010. Although the rate in Worcestershire remains lower than England, as the rates converge the chance that they are statistically significantly different becomes more unlikely.

**Figure 16. Under 18 Conception Rate per 1000 females aged 15 – 17 (1998 -2018)**



Source: ONS Conception Statistics, 2018

Source: Office for National Statistics, Conception Statistics 2018

Nationally teenage conception rates are more prevalent in areas of higher deprivation. This is also the case in Worcestershire. Between 2016-2018, there were five areas in Worcestershire that had statistically significantly higher rates of under 18 conceptions than the England average. This includes the top 4 of the most deprived MSOAs in Worcestershire and all 5 MSOAs identified are within the top 15% of deprived areas in Worcestershire based on the Index of Multiple Deprivation 2019.

Though the figures are variable from one year to another, there is generally an upward trend in the percentage of teenagers opting for an abortion as an outcome across all areas. The last data release which covered 2018 showed Worcestershire with a slightly higher teenage abortion rate than England and the West Midlands Region.

**Sexually Transmitted Infections (STI)**

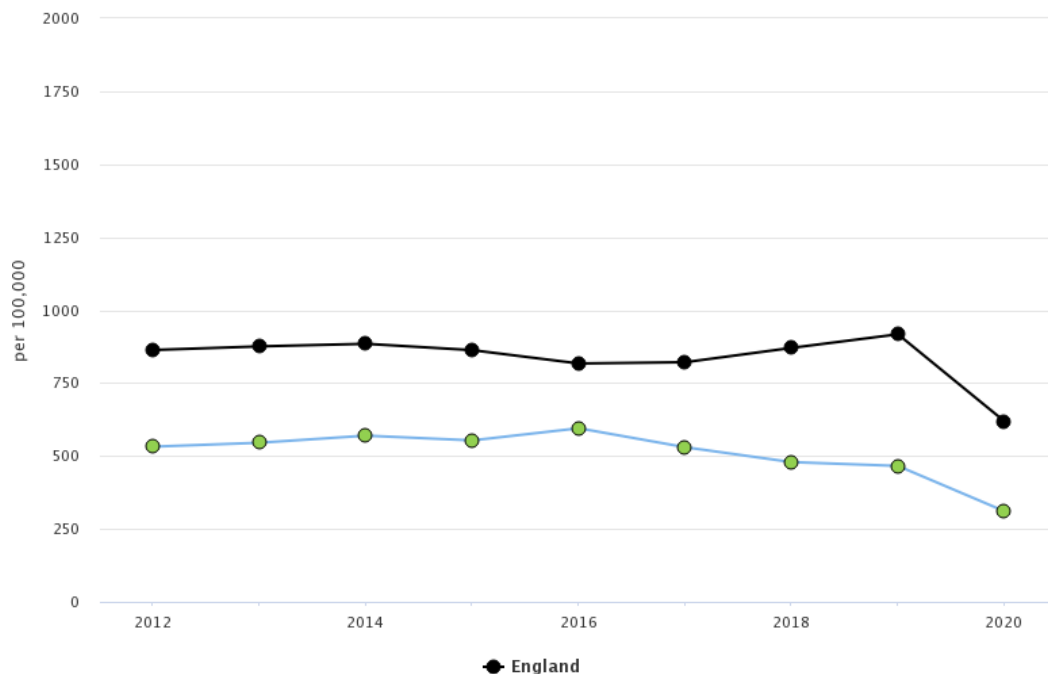
In general, young people experience the highest diagnosis rates of the most common STIs and this is likely to be due to higher rates of partner change among 16 to 24 year olds. Young women are more likely to be diagnosed with an STI than their male counterparts, this is likely to be due to a higher chlamydia testing coverage of women through the National Chlamydia Screening Programme (NCSP), which targets 15 to 24 year olds.

Figure 17 shows that in Worcestershire the rate of new STI diagnoses (excluding chlamydia) is significantly lower than the West Midlands and national average. In both 2019 and 2020, the

## Adolescent Health Profile

rate of new STI's was also lower in each individual Worcestershire district than the England and West Midlands. In both years, the highest rates were in Worcester City and Redditch.

**Figure 17. New STI diagnoses in Worcestershire (exc Chlamydia) aged <25 per 100,000 populations.**



Source: Public Health England

The most diagnosed STI amongst young people is Chlamydia. The NCSP promotes opportunistic screening to sexually active young people aged under 25. In 2021, the focus of this program was modified to enable a greater focus on reducing the reproductive harm of untreated infection through opportunistic screening to young women

The chlamydia detection rate in Worcestershire in 2020 was 1,097 (per 100,000 of 15-24 year olds screened) which is lower than the national (1,408) and West Midlands average (1,187). As for overall STI diagnoses, the districts in Worcestershire with the highest chlamydia detection rates are Worcester City (1,346) and Redditch (1,480).

## Health Behaviours of Young People

Health behaviours such as smoking, excessive alcohol consumption, drug use, unhealthy diet and unprotected sexual intercourse contribute to poor health and health inequalities and these behaviours are often initiated in adolescence.<sup>16</sup>

### Smoking

Tobacco use remains one of the most significant public health challenges in the UK. One of the national ambitions in the government's tobacco control plan, published in 2017, was to reduce the number of 15-year-olds who regularly smoke to 3% or less by 2022.

Smoking, Drinking and Drug Use Among Young People in England<sup>17</sup> is a survey conducted once every two years by NHS Digital. It focuses on smoking, drinking and drug use amongst secondary school pupils in England in years 7 to 11 (mostly aged 11 to 15).

Information from the survey suggests that nationally the proportion of young people who had ever smoked has been declining since the mid-1990s. In 2018, the survey identified that 16% of young people had ever smoked cigarettes down from 19% in 2016 and 49% in 1996. The 16% of pupils who had ever smoked consisted of regular smokers (2% of pupils), occasional smokers (3%), and those who used to smoke (3%), and those who have tried smoking (8%). The likelihood of a young person reporting to be a regular smoker increased with age, from less than 1% of 11 to 12-year-olds to 5% of 15-year-olds

Supported by responses to the survey, several factors have been identified as being associated with young people who smoke. It should be remembered that an association does not necessarily mean the factor is a causative one. The four characteristics, in order of significance, which were most associated with a young person who smoked were:

- Uses e-cigarettes
- Takes drugs
- Have friends who smoke
- Family don't discourage smoking

The predominant factor that increases that likelihood of a young person becoming a smoker is having parents or siblings who smoke.

Programmes that reduce the prevalence of smoking for young people include:

- The ASSIST (A Stop Smoking in Schools Trial) programme

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<sup>16</sup> Tinner, L., Caldwell, D., Hickman, M. and Campbell, R., 2021. Understanding adolescent health risk behaviour and socioeconomic position: A grounded theory study of UK young adults. *Sociology of Health & Illness*.

<sup>17</sup> <https://digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england/2018/part-5-alcohol-drinking-prevalence-and-consumption>



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- INTENT smoking prevention reaching approach.
- Smoking prevention interventions that are part of a whole school approach linked to the school's smokefree policy, integrated into the curriculum and evidence based.<sup>18</sup>

## Alcohol

The Chief Medical Officer recommendations outline that the healthiest and safest option was for children to remain alcohol free up to age 18. This guidance was based on a body of evidence that drinking at a young age, and particularly heavy or regular drinking, can result in physical or mental health problems, impair brain development, and put children at risk of alcohol-related accident or injury. More broadly it is also associated with missing or falling behind at school, violent and antisocial behaviour, and unsafe sexual behaviour

The 2018 NHS digital survey suggests that nationally between 2003 and 2014 there was a decline in the proportion of pupils who had ever had an alcoholic drink. Cultural shifts in socialising as well as greater publicity of the side effects of alcohol could all play a role in this reduced prevalence.

In the 2016 and 2018 versions of the survey, the alcohol consumption question was modified meaning the findings from these editions are not comparable to previous years. In 2018, 44% of pupils said they had ever had an alcoholic drink, this was similar to 2016.

Prevalence of having ever had an alcoholic drink was the same for boys and girls. Similarly to smoking, there was considerable variance by age and the likelihood of ever having had an alcoholic drink increased from 14% of 11-year-olds to 70% of 15-year-olds.

As with smoking, the survey identified characteristics associated with alcohol consumption in young people. The most significant factors were:

- Parents don't discourage drinking
- Older pupils
- Recent drug use

An evidence based programme to reduce the onset on alcohol consumption delivered by teaching staff or youth workers includes a programme delivered by the Alcohol Education Trust.

## Drugs

Drug use is of particular concern to young people's mental health. There is evidence to suggest that young people who use recreational drugs run the risk of damage to mental health including suicide, depression, psychotic symptoms and disruptive behaviour disorders. Addressing the use of drugs amongst young people has been a focus of government policy for a long time.

In 2018, 24% of pupils reported they had ever taken drugs, the same as 2016. The difference between boys and girls who had ever taken drugs was not statistically significant, 25% of boys and 22% of girls. The likelihood of having ever taken drugs increased with age, from 9% of 11-year-olds to 38% of 15-year-olds.

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<sup>18</sup> [Recommendations on preventing uptake | Tobacco: preventing uptake, promoting quitting and treating dependence | Guidance | NICE](#)

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With regards to the characteristics associated with drug use, responses suggested the largest associations were found with young people who were:

- smokers
- drinking alcohol
- those with families who don't discourage drug use.

## Physical Activity

The UK Chief Medical Officers' (CMO) guidelines on physical activity for children and young people are:

- Children and young people should engage in Moderate to Vigorous Physical Activity (MVPA) for an average of at least 60 minutes per day across the week. This can include all forms of activity such as physical education, active travel, after-school activities, play and sports.
- Children and young people should engage in a variety of types and intensities of physical activity across the week to develop movement skills, muscular fitness, and bone strength.
- Children and young people should aim to minimise the amount of time spent being sedentary, and when physically possible should break up long periods of not moving with at least light physical activity.

<sup>19</sup>Physical activity is associated with better physiological, psychological and psychosocial health among children and young people. Children and young people who are more active have more confidence, higher self-esteem, less anxiety and stress and better social skills – attributes that can help them deal with the challenges they face in daily life.

<sup>20</sup>Evidence suggests an association between regular exercise on academic performance and a positive long-term association with moderate to vigorous physical activity on academic attainment in some subjects.

There is also evidence that increased physical activity is associated with; happiness, individual development such as tenacity, trust in people their own age and positive attitudes.

With as little as 5 minutes of regular physical activity, positive results in academic behaviours (for example, attention, concentration and remaining 'on task') were observed and evidence indicates that this would be even more effective with at least 10 to 30 minutes of regular physical activity.

In recent years, there has been increasing awareness of the impact that inactivity and sedentary behaviour may have on health. Sedentary behaviour is not simply the absence of moderate or vigorous physical activity. It includes behaviours such as watching television, reading, working with a computer, sitting while playing video games, or travelling in a motor vehicle. For young people, evidence suggests that higher levels of sedentary behaviour are weakly associated with greater levels of obesity and lower physical fitness.

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<sup>19</sup> UK Chief Medical Officers' Physical Activity Guidelines September 2019

<sup>20</sup> What works in schools and colleges to increase physical activity? A resource for head teachers, college principals, staff working in education settings, school nurses, directors of public health, Active Partnerships and wider partners. PHE, 2020

Physical activity declines across adolescence, particularly for young women from the age of 13/14 years.<sup>21</sup> Associations between physical activity/sedentary behaviour and GCSE results found an inverse relationship between time spent being sedentary at age 14 years and GCSE results by age 17 years.

### How many young people take part in physical activity?

Boys are more active than girls at all ages and physical activity levels decline through childhood into adolescence particularly for young women from the age of 13/14 years.<sup>22</sup> There is also some evidence to suggest that physical activity levels track from childhood into adulthood.

The Active Lives Children and Young People Survey for the 2019/20 academic year, showed nationally:

- 44.9% of children and young people met the Chief Medical Officer (CMO) guidelines for MVPA for an average of 60 minutes or more a day. This is a decrease of 1.9% compared to the same period 12 months earlier. The impact of schools teaching virtually for a substantial part of the year accounts for some of this decrease. In Herefordshire and Worcestershire between 48-52% of children and young people undertake on average at least 60 minutes MVPA<sup>23</sup>.
- Some 31.3% did less than an average of 30 minutes a day, with an increase of 2.4% in the proportion who were less active over the last year.
- Activity levels for 11 to 13 year olds stabilised and for 13 to 16 year olds continued to increase by 3.9% in 2019/20.
- Boys continued to be more active (47%) than girls (43%). COVID-19 impacted boys' activity levels compared with girls' who were generally able to maintain physical activity levels.
- The gap between boys' and girls' physical activity levels narrows with age. Young people aged 13 to 16 increased physical activity levels by 2.5% for boys and 6% for girls in 2019/20 compared with the previous 12 months.
- Young people from the least affluent families are generally less active than those from medium and most affluent families. Activity levels decreased for young people from the least affluent families.
- There is little difference in activity levels between young people with no long-term limiting disability, special need or illness compared with those with one or more long term limiting impairment.
- Children and young people from White Other backgrounds are most likely to be active than all other ethnic groups.

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<sup>21</sup> Improving young people's health and wellbeing: a framework for public health (Public Health England, 2015).

<sup>22</sup> Improving young people's health and wellbeing: a framework for public health (Public Health England, 2015).

<sup>23</sup> [https://sportengland-production-files.s3.eu-west-2.amazonaws.com/s3fs-public/2021-01/Active%20Lives%20Children%20Survey%20Academic%20Year%2019-20%20report.pdf?VersionId=4Ti\\_0V0m9sYy5HwQjSiJN7Xj.VInpjV6](https://sportengland-production-files.s3.eu-west-2.amazonaws.com/s3fs-public/2021-01/Active%20Lives%20Children%20Survey%20Academic%20Year%2019-20%20report.pdf?VersionId=4Ti_0V0m9sYy5HwQjSiJN7Xj.VInpjV6)

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- Decreases in activity levels were driven by children and young people of Mixed and Black ethnicities.
- The gender gap in activity levels is widest amongst Asian and Black children and young people, with boys being more likely to be active than girls.
- Of all groups Black girls were least likely to meet the CMO guidelines for an average of at least 60 minutes of MVPA a day.

## Healthy Eating

There are no healthy eating guidelines that specifically relate to adolescents. The guidance is for all age groups over 5 years old, a summary is as follows:

- Eat at least 5 portions of a variety of fruit and vegetables every day. A portion is 80g. Over a third of the diet should come from fruit and vegetables.
- Base meals on potatoes, bread, rice, pasta or other starchy carbohydrates; choosing wholegrain versions where possible.
- Choose lower fat and lower sugar dairy options.
- Eat some beans, pulses, fish, eggs, meat and other proteins (including 2 portions of fish every week, one of which should be oily). On average eat no more than 70g red and processed meat a day. Processed meat includes sausages, bacon, cured meats and reformed meat products.
- Choose unsaturated oils and spreads and eat in small amounts.
- Eat foods high in fat, salt and sugar less often and in small amounts
- Aim to drink 6-8 glasses of fluid every day, this includes water, lower fat milk and sugar-free drinks including tea and coffee.

The best available data for the proportion of young people who eat at least five portions of fruit and vegetables each day is from 2014/15. In the West Midlands region 51.1% of 15 year olds were estimated to eat 5 portions or more fruit and vegetables per day. This was worse than the England average of 52.4%.

<sup>24</sup>National data indicates that for young people (11-18 years old):

- Consumption of sugar-sweetened soft drinks has reduced but, of all age groups, was greatest amongst 11-18 year olds. Boys' had not reduced their consumption as much as girls.
- Free sugar consumption had significantly reduced but was still in excess of government recommendations.
- Saturated fat consumption was in excess of government recommendations and there was no trend in reduction.
- Fibre intake was below the government recommendations with no change in the pattern of consumption.

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<sup>24</sup> PHE National Diet and Nutrition Survey Rolling programme Years 9 to 11 (2016/2017 to 2018/2019) 2020

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/943114/NDNS\\_UK\\_Y9-11\\_report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/943114/NDNS_UK_Y9-11_report.pdf)

## Adolescent Health Profile

- 17% of 11 to 18 years olds were at risk of anaemia and 53% of all 11 to 18 years had folate concentrations indicative of possible deficiency and nearly 10% were indicative of clinical deficiency. Folate deficiency has increased for 11-18 year olds.
- 19% of 11 to 18 years olds had vitamin D concentrations presenting an increased risk of poor musculoskeletal health.
- In 2018 10.4% of CYP in Worcestershire were receiving Free School Meals (FSM), this compares with 14.5% for the West Midlands and 12.4% for England.

Young people living in the more deprived communities in Worcestershire, who identify as gay or bisexual, are black, African, Caribbean, black British or white are more likely to be eating less than five portions of fruit and vegetables a day compared with their counterparts and the England average.

During adolescence young people have more autonomy to make their own decisions about their diet. This along with peer pressure and the general obesogenic environment may account for the increases in the consumption of some less healthy food choices. Normalising behaviours around choosing healthier foods and creating features supporting this within environments where young people gather will be important.

## Sexual and Reproductive Health

Adolescence is a period of sexual exploration and exposure to related health risks. Rates of sexually transmitted infections in those aged 15-24 are much higher than in all other age groups.

COVID-19 had a considerable impact upon chlamydia screening. The volume of testing for chlamydia was largely consistent from 2016-2019, however in 2020 the number of chlamydia tests carried out in England through the NCSP reduced by 29.6% (to 954,636). The number of diagnoses reduced by 30.9% from 135,361 to 93,545). Despite this, test positivity was 9.8% in 2020 and 2019, suggesting there was continued transmission of chlamydia within this age group despite the restrictions introduced to control COVID-19<sup>25</sup>.

Testing and diagnoses of chlamydia vary considerably across different groups in the population. The number of chlamydia tests and diagnoses was higher among young women compared to young men, with tests among women accounting for 71.8% of all tests and 65.1% of all diagnoses in 2020. The majority of testing occurs in those of White ethnicity, accounting for more than 57% of all tests and 58.8% of diagnoses. However, positivity rates are highest amongst those of Black ethnicity at 13.8%.

Socioeconomic status also appears to have a considerable impact in testing and diagnoses. In 2020, the chlamydia detection rate was highest amongst those from the most deprived quintile and lowest amongst those from the least deprived quintile.

It is important that health promotion and service access messages are sustained and reinforced by professionals supporting young people. The key messages related to STI prevention include:

- using condoms consistently and correctly protects against HIV, other STIs such as chlamydia, gonorrhoea and syphilis, and unplanned pregnancy

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<sup>25</sup> Sexually transmitted infections and screening for chlamydia in England (Public Health England 2020)

## Adolescent Health Profile

- sexual health services offer free and confidential HIV and STI testing, condoms, PrEP<sup>26</sup>, vaccination, and contraception advice
- regular testing for HIV and STIs is essential for good sexual health and everyone should have an STI screen, including an HIV test, annually if having unprotected sex with new or casual partners

Despite the significant reductions in teenage pregnancy in recent years, young people in England still experience higher teenage birth rates than their peers in Western European countries and inequalities persist.

The evidence for reducing teenage pregnancy is clear. Building the knowledge, skills, resilience and aspirations of young people and providing easy access to welcoming services, helps them to delay sex until they are ready to enjoy healthy, consensual relationships and to use contraception to prevent unplanned pregnancy. An open culture and ease of parental communication around sexual issues are also associated with lower teenage pregnancy rates<sup>27</sup>

Effective partnership working is central to supporting sustained reductions in rates of teenage pregnancy. For effective local delivery, health, education, social care and safeguarding agencies need to understand the relevance of healthy relationships and teenage pregnancy to their own priorities, and how they can contribute to the solution.

The implementation of the statutory duty to deliver Relationships and Sex Education in schools provides a significant opportunity to further strengthen support for young people to develop healthy relationships and prevent early unplanned pregnancy.

## Mental Health and Wellbeing of Young People

Poor adolescent mental health underlies many causes of death in adolescence, most obviously suicide, but also for many injuries and other conditions including substance use.<sup>28</sup> Young people in the poorest households are three times more likely to have poor mental health than those in wealthier homes.

Anxiety disorders are among the most prevalent mental ill health problems affecting adolescents. Helping young people manage crises by bolstering resilience, promoting wellbeing and access to a range of talking therapies can reduce anxiety. Certain groups of young people may be significantly more at risk of self-harm or suicide, including lesbian, gay, bisexual, transgender and questioning young people.<sup>29</sup>

In July 2020, during the Covid-19 pandemic, a follow up report to the NHS Mental Health and Young People Survey 2017, explored the mental health of children and young people.<sup>30</sup> The survey was completed by young people, but also drew on information collected from parents

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<sup>26</sup> PrEP – Pre Exposure Prophylaxis

<sup>27</sup> Teenage Pregnancy Prevention Framework: Supporting young people to prevent unplanned pregnancy and develop healthy relationships (Public Health England 2018)

<sup>28</sup> Cheung, R., Shah, R., McKeown, R. and Viner, R.M., 2021. State of child health: how is the UK doing?. *Archives of Disease in Childhood*, 106(4), pp.313-314.

<sup>29</sup> Improving young people's health and wellbeing: a framework for public health (Public Health England, 2015).

<sup>30</sup> NHS Digital. October 2020. Mental Health of Children and Young People in England, 2020: Wave 1 follow up to the 2017 survey. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up>

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The survey indicated that rates of 'probably mental disorder' had increased in boys and girls since 2017, while the likelihood of a 'probably mental disorder' also increased with age. The impact of COVID-19 on young people will be explored in greater detail later in this report, however it is notable that this survey suggested that children and young people with a probable mental disorder were more likely to say that lockdown had made their life worse (54.1% of 11 to 16 year olds, and 59.0% of 17 to 22 year olds), than those unlikely to have a mental disorder (39.2% and 37.3% respectively)

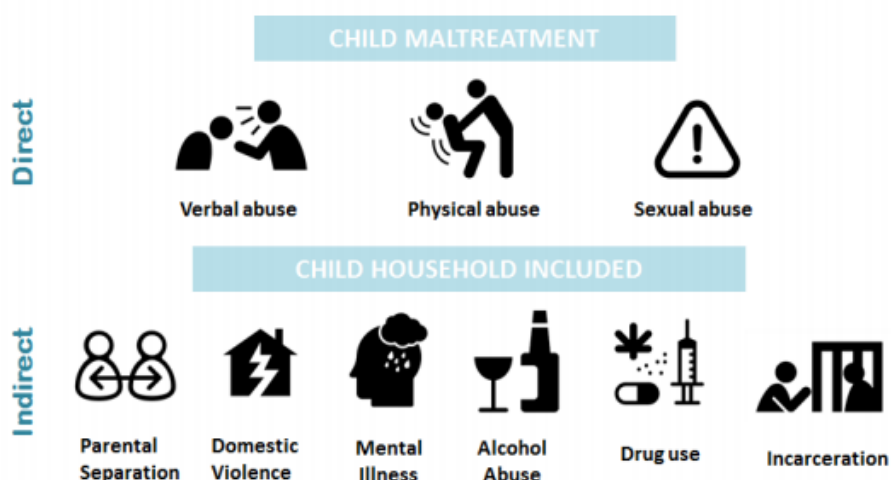
The survey highlights the importance of the family unit and potentially the protective impact this has upon children and young people's mental health. Probable mental disorders were more common amongst those young people who had seen or heard arguments in the home or were living in a home which reported problems with family functioning. Further, young people with a probable mental disorder were more than twice as likely to live in a household that had fallen behind with payments (16.3%) than children unlikely to have a mental disorder (6.4%)

# Young People Experiencing Additional Challenges

## Adverse Childhood Experience's (ACE's)

Adverse Childhood Experiences (ACEs) can significantly affect physical, mental and personal well-being throughout life. They can be categorised into three direct and six indirect experiences that have an impact on a child.

**Figure 19. Categories of Adverse Childhood Experiences**



Source: Adapted from 'An introduction to Adverse Childhood Experiences', Presentation, Public Health England, 2018

Increasing numbers of ACEs are strongly related to adverse behavioural, health and social outcomes throughout life. Compared to individuals who have no ACEs, those who have experienced 4 or more ACEs were more likely to smoke, be a heavy drinker, greater risk of poor educational and employment outcomes, low mental well-being and life satisfaction, involvement in violence, recent inpatient hospital care, chronic health conditions. Higher ACEs were also associated with being intentionally pregnant aged under 18 years. Higher ACE counts were also associated with deprivation. Those with 4+ ACEs were more likely to live in deprived areas, be unemployed/on long-term sickness and have no qualifications.<sup>31</sup>

Adverse childhood experiences (ACEs) are common but not everyone who experiences adversity in childhood experiences the same harmful outcomes. Building resilience across the life course can help people avoid and overcome many of the problems arising from childhood adversity.

ACEs can affect children's trust, communication skills and self-esteem and such effects may hamper their ability to form positive relationships with both adults and peers. Support from a

<sup>31</sup> Bellis, M., Lowey, H., Leckenby, N., Hughes, K. and Harrison, D. (2013). Adverse childhood experiences: retrospective study to determine their impact on adult health behaviours and health outcomes in a UK population. *Journal of Public Health*, [online] 36(1), pp.81-91. Available at: <https://academic.oup.com/jpubhealth/article/36/1/81/1571104>



## Adolescent Health Profile

family member or from elsewhere in the community can prove the critical difference between ACEs pushing an individual into a harmful life course or, with a little help, finding a way to stay on one offering better health and prosperity.

Schools and communities have essential roles in creating opportunities for children affected by ACEs to develop personal and relationship skills as well as positive friendships.

Public sector support for social and emotional skills development, activities that create connectedness to schools, sign-posting children to available help, opportunities for creating friendship networks, and occasions to engage in cultural traditions should be considered investments in children's lifelong mental health.

It must also be acknowledged that those who require the most help may be the hardest to reach.<sup>32</sup>

## Child Criminal Exploitation (CCE)

Young people experiencing exploitation are particularly vulnerable, lead complex lives and are often not identified, or engage with support. Those who do present to agencies do so with a range of issues, often originating many years before criminal exploitation began. In the year ending March 2019, the Crime Survey for England and Wales estimated that approximately 3.1 million adults aged 18 to 74 years experienced sexual abuse before the age of 16 years (7.5% of the population).

The 'Between the Lines' report by the National Youth Agency published in March 2021 illustrated an increasing trend for gangs to target vulnerable children and young people in county-towns, as well as moving young people across county lines. This has been supported by increased use of diversification of social media platforms to groom different types of young people in-county and across county lines. It is acknowledged that nationally there is a lack of sufficient youth services and support for young people in many county towns and rural areas, with concentrations of diversionary projects in the urban cities where gangs operate from.

Children as young as 12 years old are being exploited across county-lines, while 15-16 years is the most common age range. A notable risk is that when vulnerable people reach 18, the availability of support often reduces significantly. The number of potential child victims of criminal exploitation has overtaken adults for the first time driven, in part, by an identification of county lines.

A needs assessment completed by West Mercia Police and Crime Commissioner endorsed taking a Public Health approach to CCE and included both universal and targeted intentions to improve outcomes for all children and young people. Interventions should plan for the long-term and focus on achieving sustainable changes rather than quick-fixes that will not last.

The report advocated strongly for the role that youth workers can play in supporting young people and tackling CCE, and highlighted that programmes of work should include individual case work and mentoring approaches. In addition, it was felt that there needs to be a range of youth focussed activities which include opportunities that young people can fully engage with and be involved in rather than being on the streets or without meaningful purpose.

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<sup>32</sup> A Worcestershire Joint Strategic Needs Assessment briefing on ACES is available at: [https://www.worcestershire.gov.uk/info/20122/joint\\_strategic\\_needs\\_assessment/1473/jsna\\_publications\\_by\\_category/2](https://www.worcestershire.gov.uk/info/20122/joint_strategic_needs_assessment/1473/jsna_publications_by_category/2)

## Young Carers

A young carer is a person under the age of 18 who carries out caring tasks and assumes a level of responsibility for another person.<sup>33</sup> Children can become carers for many different reasons and not all children in a family will have the same experience, often it may be that the oldest child in a family becomes the main care giver. Young carers may feel differently about their circumstances. For example, caring for a sibling may feel very different to caring for a parent.

Young carers provide care that is relied upon in maintaining the health, safety or day to day wellbeing of the person receiving support or care. This does not include children and young people who provide occasional or daily help that may occur in most families. Young carers may have to deal with things that most people don't until they reach adulthood.

As with older carers there are a high percentage of unidentified young carers. Young carers value peer support but they may also want to have support to be part of a group of children or young people who do not have caring responsibilities. It may take a long time for young carers to build a trusted relationship with service providers. Further, young people have cited that feeling a sense of stigma and being unable to access transport also acts as barriers to them accessing services

A report published by the Department for Education<sup>34</sup>, 'The lives of young carers in England' highlighted that school holiday periods were particularly challenging for young carers due to an increase in their caring responsibilities at home and reduced opportunities to engage in other activities both inside and outside the home as compared to term-time.

There are a range of challenges associated to being a young carer, including an increased risk of anxiety, stress, tiredness, strain within family relationships, restrictions in social activities and relationships and under-engagement in education. A Children's Society report<sup>35</sup> which analysed the findings of the Department for Education's Longitudinal Study of Young People in England found that young carers were more likely to miss school as a result of caring responsibilities, had significantly lower educational attainment and were more likely to be not in education, employment or training (NEET) between the ages of 16 and 19.

The report also showed that caring was seen to be a very rewarding role by the majority of the young carers – regardless of age or length of time caring - bringing with it a range of positive emotional and psychological benefits.

Formal or informal support is key to supporting young carers and has been shown to reduce the extent of their responsibilities. Department for Education research (January 2017) reported that fewer than one in five (19%) parents of young carers helping within the household reported that their child had received an assessment of the child's needs by the local authority. It is understood that not all parents are comfortable disclosing their condition to health and social care professionals due to a fear of the potential repercussions for their family. Further barriers to young carers receiving support include the fear of being bullied and a lack of recognition for the child's caring role.

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<sup>33</sup> In Worcestershire the young carers service provides support for young people up to the age of 25.

<sup>34</sup> Department for Education (2016). The lives of young carers in England. Available at: <https://www.gov.uk/government/publications/the-lives-of-young-carers-in-england>

<sup>35</sup> Children's Society (2013).

## **The Needs of Children and Young People with Special Educational Needs and Disabilities (SEND)**

A child of compulsory school age, or a young person, has a learning difficulty or disability if he or she:

- has a significantly greater difficulty in learning than most others of the same age, or
- has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 up to the age of 25 years

For children aged two or more, special educational provision is educational or training provision that is additional to or different from that made generally for other children or young people of the same age by mainstream schools, maintained nursery schools, mainstream post-16 institutions or by relevant early years providers. Post-16 institutions often use the term Learning Difficulties and Disabilities (LDD).<sup>36</sup>

Every local area must identify which children and young people have SEND so that it can plan how it will go about meeting their needs.

Children and young people with SEND will be identified in many ways. Some may have their SEND identified by a health worker or a pediatrician in the early life, and some children and young people's needs may become evident later in life, for example when they enter a certain stage of education.

In some children, SEND can be predicted at an early age. For example, certain conditions may mean it is more likely that they will require more support to learn and develop. In all situations the families of children under the age of 16 must be told about their child's main needs and families of young people over the age of 16 should ordinarily be involved in the process as well.<sup>37</sup>

Children with intellectual disability and behavioural needs (challenging behaviour) are vulnerable to exclusion from services and communities. The situation is exacerbated by difficulties in accessing appropriate support and services to effectively meet the needs of children and carers. Family perspectives on the 'lived experience' of children can provide insight into how behavioural needs can affect their ability to access everyday experiences.

In 2017, a research study by Manchester Metropolitan University, interviewed mothers with children who had behavioural needs and learning difficulties. Ten mothers from across the country were interviewed.

Mothers described how their children experienced multiple layers of stigma. They regularly removed their children from situations or services to avoid exclusion, particularly considering a lack of provision to meet their child's needs. This was particularly discussed in relation to education when parents were aware that their options for their child were limited and articulated that their fears that the child would be left with no resources if they did not manage the situation to avoid formal exclusion. Mothers articulated that they were concerned about the lack of support for their child's needs.

Negative experiences of community integration and services lead parents away from traditional models of service and leisure provision. The perceived vulnerability and protective needs of

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<sup>36</sup> Worcestershire Joint Strategic Needs Assessment briefing on SEND is available at:  
[https://www.worcestershire.gov.uk/info/20122/joint\\_strategic\\_needs\\_assessment/1473/jsna\\_publications\\_by\\_category/2](https://www.worcestershire.gov.uk/info/20122/joint_strategic_needs_assessment/1473/jsna_publications_by_category/2)

<sup>37</sup> <https://www.mencap.org.uk/advice-and-support/children-and-young-people/send-system>

## Adolescent Health Profile

their child led families to develop their own forms of support that would meet their child's and similar children's needs

### The Impact of COVID-19 on Young People

Young people have been less impacted by the COVID-19 virus, when compared to other age groups, however they have been disproportionately impacted by the social, educational and economic impacts of the pandemic. It appears particularly evident that young people already facing challenges in their lives (such as those living in poverty, living with a disability or in challenging family situations) seem likely to have been hardest hit. Of particular concern is the role the pandemic continues play in exacerbating existing health inequalities.

The experiences of young people throughout the pandemic appears to be largely influenced by the starting point they were at beforehand. Conditions such as, access to outside space, having parents that are managing and having digital access seem to be linked to supporting young people to successfully manage lockdown and have environment which enables them to bounce back. Conversely there are greater concerns for young people in families living in cramped conditions, with pre-existing health, social or financial difficulties or living under other stresses.

A range of organisations have published reports which offer an insight into the impact of COVID-19 on young people. It should be noted that much of the research has been qualitative in nature and may not include a representative sample. The themes to emerge from the research are varying and wide reaching, some of the more prominent themes are summarised here.

## Mental health and wellbeing

NHS Digital's Mental Health of Children and Young People in England Report<sup>38</sup> concluded that children and young people who were disadvantaged economically and those with pre-existing mental health problems were associated with worse effects on their mental health and wellbeing. Population groups such as young carers, LGBT young people and young people from some BAME backgrounds are also understood to be more likely to have experienced poorer mental health throughout the pandemic. The NHS Digital report detailed that there is emerging evidence to suggest an increased prevalence of symptoms of post-traumatic stress disorder (PTSD), depression and anxiety.

It is notable that the prevalence of anxiety amongst young adults after easing of COVID-19 restrictions has remained high and almost double pre-pandemic levels. Young adults, already at higher risk of experiencing loneliness before the pandemic, were now at even higher risk<sup>39</sup>. The theme of loneliness is further emphasised in research by Street games<sup>40</sup> and TeenCovidLife, where approximately 75% of young people reported feeling lonelier during lockdown, compared to pre-pandemic. Young people surveyed by Barnardos noted that the most difficult aspect of lockdown was not being able to see friends. Longitudinal evidence suggests that social isolation and loneliness in adolescents can increase the risk of depression in adult life. Young people who contributed to research published by Healthwatch Worcestershire regarding the impact of COVID-19 suggested that social isolation, a loss of freedom, changes and uncertainty in education and the fear of family members contracting COVID-19 all had an adverse impact on their mental and physical health.

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<sup>38</sup> <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up>

<sup>39</sup> Barnardos (2020) Supporting the hidden victims of COVID-19: Lessons from the first wave

<sup>40</sup> Street Games (2020) Wales COVID-19 [Impact report](#)

Prevalence data published by NHS Digital (2020) suggested an increase in probable mental health disorders amongst adolescents, compared to pre pandemic levels. It should be noted however, that this was related to a wide range of age groups and an array of disorder types and may reflect a continuation of an established trend for rising prevalence. Overall, it is important to set any discussions of mental health impacts on young people in the broader context of pre-existing concerns about increasing prevalence.

## Vulnerable Young People

It has already been articulated how COVID-19 has exacerbated existing health inequalities and that vulnerable young people, particularly those disadvantaged economically were at an increased risk of the worst effects. Kooth, the online mental health service, reported significant increases in the volume of reports related to child abuse, sexual exploitation and neglect during lockdown.

Reports of physical abuse to the NSPCC rose by 53% during lockdown, while police-recorded offences indicated a particular increase in incidents against adolescents. Prior to the pandemic, domestic abuse was the most common reason for children and young people to be classed as 'in need', and allocated a social worker. Throughout the pandemic, contacts to the National Domestic Abuse Helpline increased by 77 per cent, visits to the website increased 800%, while requests for refuge spaces also increased.

## Access to services

As a result of the restrictions surrounding COVID-19, many services accessed by young people shifted their delivery to online. For young people this meant that day to day activities, such as education and social activities such as youth clubs were now available online, in the first instance. During this time many services, particularly those where access was voluntary, reported a reduction in the number of young people accessing services. Online fatigue has been cited a considerable driver behind this reduction.

Research by The Institute for Fiscal Studies suggested that there was already a gap of 45 minutes in learning time per day between the richest and poorest children before lockdown, and this increased by 15 minutes during the first lockdown. It highlighted that while everyone's learning time has been affected, those in the poorest groups were increasingly getting less than others.

The increased reliance of online delivery brings into focus the risks associated with a digital divide, where some families may not have access to laptops or the internet. Young people in low income families, who have had less access to technology, are more likely to have lost routines and sleep. These groups are also more likely to have experienced mental health problems than other families

Health, advice and support was primarily available online during lockdown and some reports have suggested that young people had a lack of confidence in knowing where and how to access good quality support for their health and wellbeing, during the pandemic<sup>41</sup>. The Healthwatch Worcestershire report discussed previously noted that many young people felt they 'didn't know where to turn' for advice and support, particularly when schools were primarily accessible online.

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<sup>41</sup> National youth Agency (2020) [Inside Out](#): Young peoples health and wellbeing – A response to COVID-19

## Appendices

### Appendix 1 – Numbers & Percentage of 10-19s in Worcestershire by ethnicity

<b>Ethnic Group</b>	<b>Number</b>	<b>% of 10-19 year olds</b>
White: Total	62,463	93.2%
White: English/Welsh/Scottish/Northern Irish/British	60,902	90.9%
White: Irish	138	0.2%
White: Gypsy or Irish Traveller	218	0.3%
White: Other White	1,205	1.8%
Mixed/multiple ethnic group: Total	1,799	2.7%
Mixed/multiple ethnic group: White and Black Caribbean	890	1.3%
Mixed/multiple ethnic group: White and Black African	131	0.2%
Mixed/multiple ethnic group: White and Asian	520	0.8%
Mixed/multiple ethnic group: Other Mixed	258	0.4%
Asian/Asian British: Total	2,304	3.4%
Asian/Asian British: Indian	418	0.6%
Asian/Asian British: Pakistani	777	1.2%
Asian/Asian British: Bangladeshi	327	0.5%
Asian/Asian British: Chinese	463	0.7%
Asian/Asian British: Other Asian	319	0.5%
Black/African/Caribbean/Black British: Total	308	0.5%
Black/African/Caribbean/Black British: African	128	0.2%
Black/African/Caribbean/Black British: Caribbean	123	0.2%
Black/African/Caribbean/Black British: Other Black	57	0.1%
Other ethnic group: Total	113	0.2%
Other ethnic group: Arab	24	0.0%
Other ethnic group: Any other ethnic group	89	0.1%
All categories: Ethnic group	66,987	

Source: NOMIS – Ethnicity by age and sex (2011)

## Appendix 2 - Glossary

**Child Protection Register (CPR)** – A confidential list of all children in the area who have been identified at a child protection conference as being at significant risk of harm

**Children in Need (CiN)** - A child defined as ‘in need’ under section 17 of the Children Act 1989, where: they are unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for them of services by a local authority their health or development is likely to be significantly impaired, or further impaired, without the provision for them of such services; or they are disabled.

**County Lines** - Where illegal drugs are transported from one area to another, often across police and local authority boundaries (although not exclusively), usually by children or vulnerable people who are coerced into it by gangs. The ‘County Line’ is the mobile phone line used to take the orders of drugs.

**Deprivation quintile/decile** – The relative deprivation for small, fixed geographic areas is classified by IMD, split into five quintiles based on relative disadvantage, with quintile 1 being the most deprived and quintile 5 being the least deprived. Deciles are split into 10 groups, 1 being most deprived and 10 being least deprived.

**Detection Rate** - The proportion of individuals with a particular condition who test positive for that condition when measured by a gold-standard methodology.

**Economically inactive:** Not actively looking for work in the 4 weeks before being surveyed, not waiting to start a job, or caring for family.

**Ethnicity**- the fact or state of belonging to a social group that has a common national or cultural tradition.

**Glucose Intolerance** - An umbrella term for metabolic conditions which result in higher than normal blood glucose levels – hyperglycemia.

**Health Inequalities** – The avoidable and unfair differences in health status between groups of people or communities.

**Income Deprivation Affecting Children Index (IDACI)** – a measure of the proportion of all children aged 0 to 15 living in income deprived families. It is a subset of the Income Deprivation Domain which measures the proportion of the population in an area experiencing deprivation relating to low income

**Index of Multiple Deprivation (IMD)** - . The official measure of relative deprivation for small areas (or neighbourhoods) in England. All LSOAs are ranked using the IMD.

**Looked After Children/Children Looked After (LAC/CLA)** - children in public care, who are placed with foster carers, in residential homes or with parents or other relatives. Children become looked after when their parents are unable to provide ongoing care in either a temporary or permanent capacity.

**Lower Super Output Area (LSOA)** –. Small areas designed to be of a similar population size, with an average of approximately 1,500 residents or 650 households. There are 32,844 Lower-layer Super Output Areas (LSOAs) in England.

**Middle Super Output Area (MSOA)** –. An area built from groups of contiguous Lower Layer Super Output Areas. The minimum population is 5000 and the mean is 7200

**ONS** - Office for National Statistics

**Opportunistic Screening** - A check or test is offered by a doctor or health professional and not part of an organised screening programme eg the breast, bowel, cervical cancer screening programmes.

**Statistically Significant** - That a result from data generated by testing or experimentation is not likely to occur randomly or by chance.

**Troubled Families Programme** - A programme of targeted intervention for families with multiple problems, including crime, anti-social behaviour, truancy, unemployment, mental health problems and domestic abuse.

**Vulnerable children and young people** - Vulnerable children and young people for the purposes of continued attendance during the coronavirus (COVID-19) outbreak are those across all year groups who are assessed as being in need under section 17 of the Children Act 1989, including children and young people who have a child in need plan, a child protection plan or who are a looked-after child, have an education, health and care (EHC) plan.



## Further Information and Feedback

This report has been written by Worcestershire County Council's Public Health Team with guidance and support from the Joint Strategic Needs Assessment Working Group.

We welcome your comments and questions - please do contact us.

Organisations who carried out the original collection and analysis of the data bear no responsibility for its further analysis or interpretation.

This document can be provided in alternative formats such as large print, audio recording or Braille.

Contact for comments, questions and alternative formats: Cameron Russell, Tel: 01905 846957, Email: [crussell2@worcestershire.gov.uk](mailto:crussell2@worcestershire.gov.uk)

If you or someone you know are affected by the issues raised in this publication, the following organisations may be able to offer advice and support:

### Adults:

Qwell <https://www.qwell.io/>

Wellbeing Hub (16+) <http://worcestershire.wellbeinghub.org.uk/>

Your GP

### Young people

Kooth <https://www.kooth.com/>

Your School Nurse <https://www.startingwellworcs.nhs.uk/youngpeople> or via ChatHealth 0750733170 (Mon – Fri 9am – 4.30pm)

Your GP or Mental Health Lead in school