



# Redcar and Cleveland

## Family Hubs Local Needs Assessment

July 2023

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\*\* Given the recent impact of the pandemic the decision was taken to use the past three to five years data to get a fairer picture of referral numbers

# EXECUTIVE SUMMARY

The borough of Redcar and Cleveland is located on the northeast coast of England, south of the River Tees. At 93 square miles, it is the largest of the borough's which make up the Tees Valley region. The geography of Redcar and Cleveland is diverse with a multitude of towns and villages, a beautiful coastline and countryside including a section of the North York Moors National Park, making it an attractive destination for visitors. In total contrast to this the borough is home to one of the largest industrial complexes in the country, inclusive of world class petrochemical and Teesworks the UK's largest freeport and home to diverse sustainable and low carbon industry. Redcar and Cleveland is one of the 7 Unitaries of North East. It has an area of 24,490 hectares which represents 2.86% of the total area of North East region.

The communities in the borough are varied like its geography. Although some of the towns and villages in Redcar and Cleveland are thriving, some are experiencing extreme levels of deprivation, with low housing demand, high levels of crime and unemployment, poor health, and low educational attainment. The 2019 Indices of Deprivation, a measure of deprivation at lower super output area level (LSOA), small geographical areas of approximately 1600 people, assessed 18 of the 79 LSOAs in the borough to be amongst the 10% most deprived nationally. In stark contrast to this there are 7 LSOAs amongst the 10% least deprived nationally.

Data suggests the gap between the most deprived and least deprived wards is widening. The health of people in Redcar and Cleveland is generally worse than the England average. Life expectancy for both men and women is lower than the England average.

There are currently 11 Family Hub centres across the borough and 9 youth and community centres. Universal Health Visitor drop ins, Stay and Play sessions, HENRY healthy eating programmes and Breast Feeding support groups also take place in the Family Hubs on a weekly basis.

## Key facts:

- The resident population in Redcar in Cleveland is 136,661 (2021 Census)
- 97.7% are White British (2021 LG Inform Plus)
- 22% (29,813) are aged 0-19 year old.
- 5% (6,747) are aged 0- 4 years old.

The Public Health England, Child Health Profile, March 2023 states that the health and wellbeing of children in Redcar and Cleveland is generally worse than the England average. However, the rate of households with children that are homeless or at risk of homelessness is better than England.

For every 100 children and young people:

- There are 14 babies whose mothers are still smoking at time of delivery.
- 53 newborn babies receive breastmilk, but this drops to 32 babies receiving breastmilk at 6-8 weeks.
- 11 children aged 4-5 years are classified as obese.
- 27 children aged 10 – 11 years old are obese.
- 31 children under the age of 16 are living in poverty.
- 6 young people between the ages of 16 to 18 will not be in education, employment or training.
- At age two 96 children have had Dtap/IPV/Hib vaccinations.

There is a greater level of diversity in the school-aged child population than suggested by the Census data (2011). As at June 2021, 7.89% of children attending state-funded secondary schools and 5.43% of children attending a state-funded primary school in Redcar and Cleveland were from a BME background. <https://explore-education-statistics.service.gov.uk/find-statistics/school-pupils-and-their-characteristics>

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# POPULATION

This section looks at the following indicators to inform services by concentrating mainly on 0-19 years old but up to 25 years for SEND data.

## Local Authority vs National Picture

Table 1: Population						
Indicator	Period	Trend	Estimated count	Proportions and rates	England	
Total population	Mid year estimate 2021		136,616	100%		
Total population 0-19			29,813	22%		
Male 0 -19 yrs.			15,338	11%		
Female 0 -19			14,475	11%		
Male 0 - 4			3,402	2%		
5 - 9			4,029	3%		
10 -14			4,123	3%		
15 -19			3,784	3%		
Female 0 - 4			3,345	2%		
5 - 9			3,780	3%		
10 -14			3,902	3%		
15 -19			3,448	3%		
Ethnic minorities (All ages)		2021		3,142	2.3%	19.0%
General fertility rate – live births in females aged 15 to 44 yrs.		2016 - 2020		6,734	59/1,000	59.2/1,000
Births	2021		1,281	56.5/1,000	54.3/1,000	
Low birth weight of all babies	2021	→	75	5.9%	6.8%	
Under 18 birth rates	2020	→	57	27.5/1,000	13.0/1,000	
Deliveries to mothers from BME groups	2020/21	→	50	4.4%	21.6%	
Proportion of children who received a 2-2.5 year review	2021/22	→	1,268	94.6%	74.0%	
Pupils with special educational needs (SEN)	2018	↓	3,824	17.4%	14.4%	
School pupils with social, emotional and mental health needs.	2021/22	→		3.4%	3.0%	
Children with autism known to schools	2020	→	344	15.8/1,000	18.0/1,000	
Children on child protection plans	2020/21	↑	255	92.4/10,000	41.4/10,000	
Number of children with an EHCP	2021/22		1,437			





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Table 1: Population continued					
Indicator	Period	Trend	Estimated count	Proportions and rates	England
Life expectancy at birth (years)– Male	2018/20	↓	77.5	-	79.4
Healthy life expectancy at birth (years) Male	2018/20	↓	56.9	-	63.1
Life expectancy at birth (years) - Female	2018/20	→	81.5	-	83.1
Healthy life expectancy at birth (years) Female	2018/20	↓	58.5	-	63.9
Neonatal mortality and still birth rate	2020	→	6	5.1/1,000	6.5/1,000
Infant mortality (Under 1 yr.)	2019/21	→	12	3.2/1,000	3.9/1,000
Child mortality (1-17 yrs.)	2018/20	→	10	13.3/100,000	10.3/100,000

Source: Fingertips and ONS.

#### KEY compared to England

 No significant change,  Decreasing & getting better,  Decreasing  Decreasing & getting worse
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See Appendix for the age and gender split by ward and totals for all ages male and females.

- In 2011 the Redcar & Cleveland population was 135,177 it has increased very slightly to a population of 136,616 people in 2021, there are 29,813 aged 0-19 years old, which is 22% of the population. There are 6,747 (5%) who are aged 0-4 years old.
- In 2021 the ethnic minorities made up 2.3% of the population compared to 19% for England.
- In 2020 the fertility rate was slightly lower than the England value and in 2021 there were 1,281 babies born in Redcar and Cleveland equivalent to 106 per month.
- During 2021/22 there were 1,268 children who received a 2-2.5 year review.
- During 2021/22 there were 3.2% school pupils with social, emotional and mental health needs.
- In 2020 there were 344 pupils known to schools to have autism.
- Latest data for SEN is 2018 and shows 3,824 children with special educational needs.
- 255 children are on child protection plans.
- Life expectancy at birth in males has decreased to 77.5 years and stayed the same for females at 81.5 years. Whilst healthy life expectancy has decreased for both males (56.9 years) and females (58.5 years).
- In 2020 there were 6 neonatal mortalities and stillbirths in total, 12 child deaths (aged under 1) and 10 deaths aged 1 – 17 years.

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# DEPRIVATION PROFILE

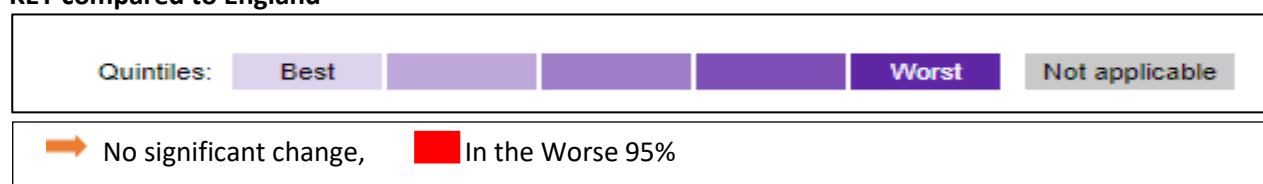
This section looks at the following indicators relating to deprivation. Ordered by count.

## Local Authority vs National Picture

Indicator	Period	Trend	Estimated count	Proportion (%)	England
No of households	2021		61,600	Increase of 3.3% on 2011	
People in employment (16-64yrs)	2021/22	→	53,300	66.9%	75.4%
Households in fuel poverty	2020		9,031	14.3%	13.2%
Children in relative low income families (under 16s)	2020/21	↑	7,595	30.7%	18.5%
Unemployment - working age population (16-64yr) claiming out of work benefits*	2021/22		4,499	5.5%	5.0%
Free school meals uptake among all pupils	2018		3,936	17.9%	13.5%
Weekly earnings	2021		£425.2		£496.0
IMD 2019 score	2019		29.8		21.7

\*Number of people claiming Jobseeker's Allowance plus those who claim Universal Credit and are required to seek work and be available for work.

## KEY compared to England



- Out of a Redcar and Cleveland total population of 136,616 we have 56,300 people in employment with weekly earnings of £425 which is below the England average of £496. Whilst 4,499 people of working age are unemployed and receiving benefits.
- There are 61,600 households in Redcar and Cleveland and 9,031 households are in fuel poverty.
- 7,595 children (under 16) are living in poverty and 3,936 receive free school meals.
- This gives Redcar & Cleveland a poor Index of Multiple Deprivation score of 29.8 compared to England of 21.7.

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# OUR KEY AREAS OF FOCUS

## Parenting

Parenting matters for babies' and children's well-being and early development, especially during pregnancy and early childhood. Parental sensitivity and responsiveness, appropriate boundaries, and a positive home environment all support better outcomes for children. We know that all parents and carers need help and support from time to time in their parenting role and - advice and guidance from family and friends is often required. For those that require more intensive support, high-quality evidence-based parenting programmes can improve both parent and child outcomes across different areas of need and development.

The Family Hubs Transformation programme focuses very specifically on parenting support for all local expectant parents and those with babies **from conception to two years old**. The vision is that all families will be eligible for universal parenting support in this key stage of a child's development (including peer support groups), but those parents/carers who could do with more intensive support will also be able to access targeted evidence-based parenting programmes and interventions (either via referral pathways or by self-referral)

## Local Authority vs National Picture

Table three below shows that parental health in the borough is generally poor when completed to the rest of the England. Smoking in early pregnancy, obesity, and smoking at time of delivery are all above the national average, and the same applies to the hospital admissions and the dental measures, which is a concern. We know that there are long-term detrimental health impacts on babies born to parents who have poor health, particularly smoking during pregnancy which is still the biggest cause of infant mortality. Therefore, it is important that antenatal parenting programmes and interventions are available to support better health in pregnancy and early years.

The data also shows us that Redcar and Cleveland have significantly higher referral rates (661.2 per 10,000) when compared to social care when compared to the to England average of 552.3 per 10,000.

The percentage of children who are ready for school is similar the England average, however the gap between the most disadvantaged pupils and the rest of the cohort is over 20% (the average meeting expectations is 64% and the disadvantaged cohort is only 46.4%). Redcar and Cleveland have higher vaccinations rates than the England average.

Indicator	Period	Trend	Estimated count	Proportions and rates	England
Drug misuse in early pregnancy	2018/19	-	-	-	1.4%
Smoking in early pregnancy	2018/19	-	-	20.0%	12.8%
Obesity in early pregnancy	2018/19	-	-	30.4%	22.1%

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Smoking status at time of delivery	2020/21	↓	174	14.4%	9.6%
Hospital admissions caused by unintentional and deliberate injuries (aged 0-4)	2020/21	→	80	115/10,000	108.7/10,000
<b>Indicator</b>	<b>Period</b>	<b>Trend</b>	<b>Estimated count</b>	<b>Proportions and rates</b>	<b>England</b>
Children with one or more decayed, missing, filled teeth	2016/17	↓	-	24.9%	23.3%
Hospital admissions for dental caries (0 - 5yrs)	2018/19 to 2020/21	↓	70	267/100,000	221/100,000
School readiness – percentage of children achieving a good level of development at the end of reception	2021/22	↓		64.8%	65.2%
<b>Vaccinations</b>					
PCV (under 1yr)	2019/20	→	1,248	95.3%	93.2%
PCV booster - 2yr old	2020/21	→	1,275	95.3%	90.1%
Dtap/IPV/Hib - 1 yr old	2020/21	→	1,242	94.4%	92.0%
Dtap/IPV/Hib - 2 yr old	2020/21	→	1,286	96.1%	93.8%
Hib/MenC booster - 2yr	2020/21	→	1,274	95.2%	89.8%
MMR for one dose – 2yr old	2020/21	↓	1,270	94.9%	90.3%
Social Care Referrals (rate per 10,000 population under 18)	2021/22	-	1802	661.2	552.3
New CP Plans (rate per 10,000 population under 18)	2021/22	-	331	121.4	54.7
New CioC (rate per 10,000 population under 18)	2021/22	-	160	58.7	26.3

#### KEY compared to England

→ No significant change, ↓ Decreasing & getting better, ↓ Decreasing, ↓ Decreasing & getting worse

#### Ward level data

Local ward-level data has been included to give an understanding of the challenges in the local area. Table four shows our Social care data in 2021/22 with the largest number of contacts and referrals to children's

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social care coming from Grangetown ward, followed by Eston and Kirkleatham ward in Redcar. These wards are also in the top 5 most deprived within our borough, as well as within the top 5 for number of children living in poverty.

<b>Table 4: Parenting</b>						
<b>Wards</b>	<b>Contacts to social care (2021/22)</b>	<b>Referrals to social care (2021/22)</b>	<b>New Child Protection Plans (2021/22)</b>	<b>New Children in our Care plans (2021/22)</b>	<b>Low birth weight of live babies, five year pooled (2016-20)</b>	<b>Percentage of delivery episodes where the mother is aged under 18 years (2016/17 to 20/21)</b>
<b>England</b>					<b>6.8</b>	<b>0.7</b>
<b>North East</b>						
<b>RCBC</b>	<b>10843</b>	<b>1586</b>	<b>304</b>	<b>133</b>	<b>7.1</b>	<b>1.9</b>
Belmont	155	36	1	1	5.6	*
Brotton	722	89	16	13	4.8	4.5
Coatham	429	61	16	8	7.0	*
Dormanstown	586	87	15	3	6.8	3.8
Eston	918	185	51	13	8.1	3.9
Grangetown	1424	227	48	24	11.1	2.5
Guisborough	475	54	7	8	7.2	3.0
Hutton	239	26	0	0	7.0	*
Kirkleatham	947	134	35	11	8.9	2.5
Lockwood	125	23	1	0	8.0	*
Loftus	751	108	24	13	7.7	*
Longbeck	195	29	3	2	6.1	0.0
Newcomen	706	85	6	4	4.6	*
Normanby	335	51	13	6	10.6	*
Ormesby	380	55	12	1	5.1	*
Saltburn	256	18	5	0	7.1	*
Skelton East	427	65	19	6	4.7	*
Skelton West	255	36	2	0	4.4	*
South Bank	710	115	24	11	7.7	*

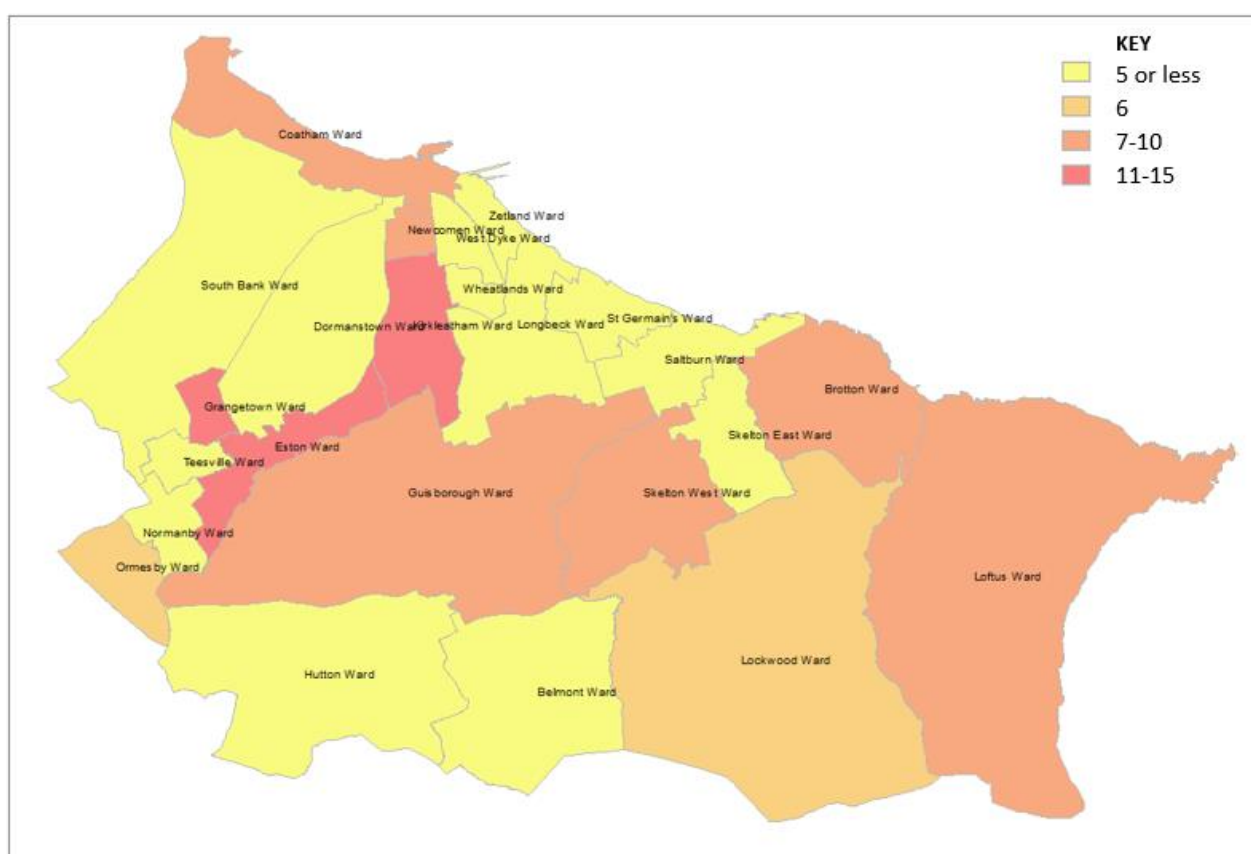
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St Germain's	311	46	1	4	3.6	*
Teesville	497	56	5	5	8.3	*
West Dyke	305	33	1	2	6.9	*
Wheatlands	223	25	2	1	4.5	*
Zetland	309	37	0	0	5.0	*
					Fingertips ward data	Fingertips - Small area data

There is very little data regarding the number of women taking up an antenatal parenting programme, as due to COVID this delivery moved to a virtual workshop provided by Midwifery. There were 206 women who took part in this between April 2021- March 2022, compared to 1284 new births over the same period. Health Visitors have only just started to deliver a targeted face-to-face group again through the Family Hubs, due to COVID. In our Family Hubs, 73 individual families attended a new parents' group through the family hubs from Sept-Dec 2021. This is fairly low numbers because these face-to-face groups only re-started in Sept 2021 due to COVID restrictions. 38 families completed the HENRY 8-week nutrition/exercise-focused parenting programme within the COVID period April 2020 – March 2021.

**Map 1: To show the number of women (n=133) smoking at time of delivery (SATOD) during 2021/22**



Wards with the highest level of SATOD are Grangetown (15), Eston (13), Kirkleatham (11), Brotton and Loftus (10 each).

**Current Service delivery**

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- Health Visitors offer a face to face 'Preparation for Parenthood' group for targeted parents (first time Mums and any with identified vulnerabilities)
- Midwifery service provide a universal online antenatal workshop which includes advice about infant feeding.
- New Parents groups run across some of the Family Hubs providing opportunities for peer support and facilitated by trained early years staff who can offer advice and information on being a new parent.
- Health Visitors deliver the Solihull parenting programme on a one-to-one basis for those they identify as requiring additional support in the parent's homes from birth.
- Family Hub staff undertake home visits to parents referred by Health Visitors who need parenting advice around routines and boundaries for their pre-school aged children, which is based on the Family Links Parenting Puzzle programme.
- Early Years SEND Practitioners provide one to one support to parents of children with complex SEND needs in the family home to give them individualised support and advice about meeting their child's specific needs. They also invite them to attend portage family groups which provides peer support and opportunities to play and receive therapy from SALT and physiotherapy teams.
- Health Visitors and Family Hubs staff deliver a HENRY 8-week parenting programme to help tackle childhood obesity and promote healthy eating and exercise messages for parents of pre-school aged children. This is on a group and one to one basis currently.
- There is an online Reducing Parental Conflict programme which Health Visitors and Family Hubs staff can refer families to (and issue them logins for).

### **Gaps**

- The face-to-face antenatal group programme is in its infancy, following a hiatus during COVID so needs to be further developed.
- There is no universal online parenting programme or easily accessible resources.
- Whilst we do offer universal new parents' groups in some of our hubs, they are not available in every family hub, every week, due to limited staffing resources.
- There is no evidence-based group programme running through the hubs for parents of babies in the post-natal period.
- There has been a reduction in community/volunteer-led parent and toddler groups since the pandemic, and although the Families' Information Service have started mapping this provision, it is unclear whether we have an accurate picture of these groups.

### **Aspirations**

The vision is that all families will be eligible for universal parenting support in this key stage of a child's development (including peer support groups). In addition, for those parents/carers who could do with more intensive support access to targeted evidence-based parenting programmes and interventions will be available either via referral pathways or by self-referral. These could be delivered 1:1 in the home by practitioners who are supporting the family with this or wider needs, but also through a range of parenting group programmes delivered in the Family Hubs.

In terms of Universal Support, we will therefore:

- Extend the opening hours of some of our family hubs to increase accessibility for working families; to enable them to build social networks and attend universal groups.
- Make more connections with VCS groups and volunteers; this will enable VCS and ourselves to work more effectively together to help parents.

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- Establish a new peer support service to support universal new parents' groups and provide stay and play sessions too.
- Invest in a multi-user universal online Solihull parenting programme which includes an antenatal to birth parenting programme and postnatal 0-2 years parenting support programme,

In terms of Targeted Support, we will therefore:

- Invest in the Solihull Parenting programme across LA services, to align offer with the existing Health Visiting service offer and provide an evidenced-based offer to parents who need more specialist support. Several key staff will be identified to undertake the train the trainer programme for Solihull 0-1 years postnatal parenting programme so they can deliver the foundation training for Solihull which is required for both 1:1 and group delivery. This will ensure we have a sustainable model for the Solihull approach locally.
- Train three Enhanced Maternity Support Workers, three Early Years Senior Practitioners and three Early Years Practitioners in the HENRY preparation for parenthood (antenatal) programme to deliver from family hubs alongside the health visiting team, to ensure equality of access across the borough.

### Our key indicators

1. The number of parents accessing the Universal online parenting programme.
2. The number of parents accessing the HENRY antenatal group parenting programme in the Family Hubs.
3. The number of parents with a child aged 0-2 years old, accessing the targeted Solihull post-natal parenting group programme **in the Family Hubs**.
4. The number of parents with a child aged 0-2 years old, receiving a 1:1 Solihull parenting intervention **in the family home** via Health Visitors or other Family Hub network practitioners.
5. The percentage of parents who report a positive change/outcome from the parenting intervention for HENRY and Solihull group and 1:1 parenting programmes.
6. The number of New Parents Groups available across the Family Hubs (Practitioner and Peer support).
7. The number of attendances at New Parents Groups across the Family Hubs (Practitioner and Peer support).
8. The number of Family Hub Practitioners.

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## Parent infant relationships and perinatal mental health

Babies develop better in a happy, calm environment. In pregnancy emotions like stress and anxiety can increase hormones the body that effect the baby’s developing body and brain. During early years it’s vital that a child’s exposure to toxic stress (strong, frequent, and/or prolonged adversity—such as physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship) is minimised as this type of stress has a lasting negative impact on their life.

It’s important to understand that both partners can experience mental health conditions during the pregnancy (the 'antenatal' period), as well as after the birth (the 'postnatal' period). For many, pregnancy and the early years of their child’s life is a very stressful time and can be a trigger for conditions such as:

- Depression
- Anxiety
- Bipolar disorder

Up to 1 in 10 females and 1 in 20 males experience antenatal depression. Antenatal anxiety is also common during this period, and many people experience anxiety and depression at the same time. Certain factors can put people at greater risk of developing anxiety and depression, these are:

- A previous mental health condition
- Lack of social networks and/ or support
- Going through challenging times in life, such as relationship problems
- Past or current abuse
- Drugs and/or alcohol use

Therefore during pregnancy and early years it is vital that parents and careers get quality support from services involved in antenatal and postnatal care. To do this professionals should offer attentive listening, good advice, support positive lifestyle and behaviour choices and offer swift access to specialist support when needed.

### Local Authority vs National Picture

Indicator	Period	Trend	Count	Proportions and rates	England
Specialist Perinatal mental health referrals	April 2019 to Sept 2022	↑	497	14.3/1,000 female pop (15 -55yrs)	-

The data for referrals to the local specialist Perinatal Mental Health service show that parents in Redcar and Cleveland is shows that the service received 497 referrals in the 42 months between April 2019 and September 2022 – this equates to 12 referrals a month\*\*.

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**Table 6: Ward level data**

<b>Specialist Perinatal Referrals (April 2019 – Sept 2022)</b>	
<b>Wards</b>	<b>Count</b>
Grangetown	49
Eston	48
Kirkleatham	36
Dormanstown	31
Guisborough	28
Coatham	27
Loftus	26
Brotton	24
Newcomen	24
Skelton West	21
South Bank	21
Normanby	20
West Dyke	18
Skelton East	17
Teesville	15
Hutton	13
Longbeck	11
Ormesby	11
Saltburn	11
Belmont	10
Lockwood	10
St Germain's	10
Wheatlands	8
Zetland	8

The table above shows that Grangetown, Eston and Kirkleatham wards have the highest numbers of specialist perinatal referrals.

The data is from April 2019 – September 2022, which is approximately 42 months. Grangetown and Eston have the highest number of referrals at 49 and 48 respectively. This works out at just over **one** referral to specialist perinatal mental health services per month. Prevalence estimates highlight that 1 in 5 women experience a mental health condition in pregnancy. What this shows is that referral for perinatal mental health support is grossly under expected levels. Overall there are approximately 12 referrals per month across the borough to perinatal mental health services.

We do not have GP referral data or data from the mild/moderate IAPT therapeutic service they refer women to (as they do not currently differentiate between those adults that are parents, and other adults referred). However, our current data tells us that there is high demand for support which has only increased since COVID, and some women are not choosing to access formal support from their health visitor. We also do not have any data relating to the mental health needs of new dads.

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### **Current Service delivery**

Antenatal workshops are offered by the local midwifery service to support parents to prepare them for pregnancy and early parenthood. The service also has a small team of Enhanced Maternity Support Workers who deliver antenatal sessions in the community as well as supporting low-level mental health needs during pregnancy by organising walking groups and coffee morning meet-ups for vulnerable women.

Health Visitors screen all women at antenatal visit and all mandated contacts using the Whooley screening tool. Emotional Wellbeing 'listening' visits are offered to low/moderate level women for six weeks and onward referral to other services (GP, IMPACT or Perinatal mental health service) if needed. Health Visitors are based in our Family Hubs and also offer advice to those who require support, as well as by telephone.

There are group session offers in community for parents in the borough. HENRY 'Preparation for Parenthood' is an antenatal programme that is offered to first-time parents and those with vulnerabilities as a face-to-face group in Hubs. Family Hub new parent groups, 'breastfriends' groups, Infant Massage courses and Stay & Play sessions are facilitated by trained Early Years Practitioners who can identify mental health concerns and offer advice about building strong parent-infant relationships or refer to additional services. The People's Information Network (PIN) website is promoted to parents. In the borough we place an emphasis in the impact of groups and social networks for parents as we know it supports their mental health.

There is a specialist perinatal mental health service (high need) for the top 5% of women experiencing high level mental health issues, including those with an existing diagnosis/disorder from pregnancy up to baby aged 12 months. One-to-one and groups sessions are currently delivered in a GP practice but are limited to one specific town of the borough.

Health Visiting data highlights that were 157 women referred to the specialist perinatal mental health service during 2021/22 which is based in Stockton and the service itself reports there is a high 'Did Not Attend' rate.

The Health Visiting team also identify low/moderate perinatal mental health needs and offered supportive 'listening visits' to 263 women between April 2021- March 2022. Interestingly, 111 of those took up this offer (42%) and 85 declined (32%).

There is a specialist Talking Therapies service (low/ moderate need) for women experiencing mild to moderate mental health issues in the perinatal period e.g. anxiety, depression, OCD etc. This offers assessment, follow up calls and online group interventions and is delivered mainly through GP practices.

A multi-disciplinary working group has been established by the Tees Integrated Care Board to develop the perinatal mental health and infant-child relationship support strategy.

### **Gaps**

- There is no overarching local perinatal mental health strategy.
- Professional development opportunities; although midwives ask structured questions about women's feelings around pregnancy during antenatal appointments, they are not trained with specific evidence-based tools to screen for vulnerability (e.g. GAD 7 & PHQ9).
- There is no low-level mental health support specialist role from midwives to support women identified as needing support with their mental health following antenatal appointments.

\* The last data available is from 2019 as this is the last publically available comparative data vs national average.

\*\* Given the recent impact of the pandemic the decision was taken to use the past three to five years data to get a fairer picture of referral numbers

- Equitable access to services; there is no localised delivery of the Specialist Mental Health service. The service is 25 miles away from East Cleveland residents and would take 40 mins by car or 1.5 hours to travel to on public transport.
- Peer support; support available is limited and needs extending to include more activities for parents with low mood e.g. craft for wellbeing and walking groups.

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## Early language and home environment

*Why?* Speech and language communication enables children to build positive relationships, form friendships and learn by listening, talking and questioning. Speech, language and communication skills have a positive impact on confidence and self-esteem.




Speech is vitally important for a variety of reasons. Speech helps us as a society to resolve issues without tensions; it helps us get important points across and convey messages, it also helps us structure our ways of communicating. The importance of speech is giving us the ability to make situations more easy and simple.

We use our speech and language skills throughout our daily lives; to communicate with our family, friends and colleagues, to be able to read and write, to be able to make and maintain friends and communicate appropriately with a range of people that we encounter daily, to find a good job and to be successful and happy in life.

Speech, language and communication skills are built in early years and home life plays a major role in their development. Evidence tells us that what happens at home in children’s earliest years, before they start school, has a significant influence on them in later life<sup>1</sup>. We know that children from disadvantaged backgrounds are generally having poorer speech, language and communication when entering school and the COVID-19 pandemic has further exasperated these issues. Early years support is critical to provide equality for every child, regardless of background or where they live.

### Local Authority vs National Picture

Indicator	Period	Trend	Estimated count	Proportions and rates	England
School readiness – percentage of children achieving a good level of development at the end of reception	2018/19	↑	1,132	71.1%	71.8%
Speech and Language referrals (SALT)	Apr 2018 to Dec 2022		1,727	57.9/1,000 of the 0-19 population	N/A

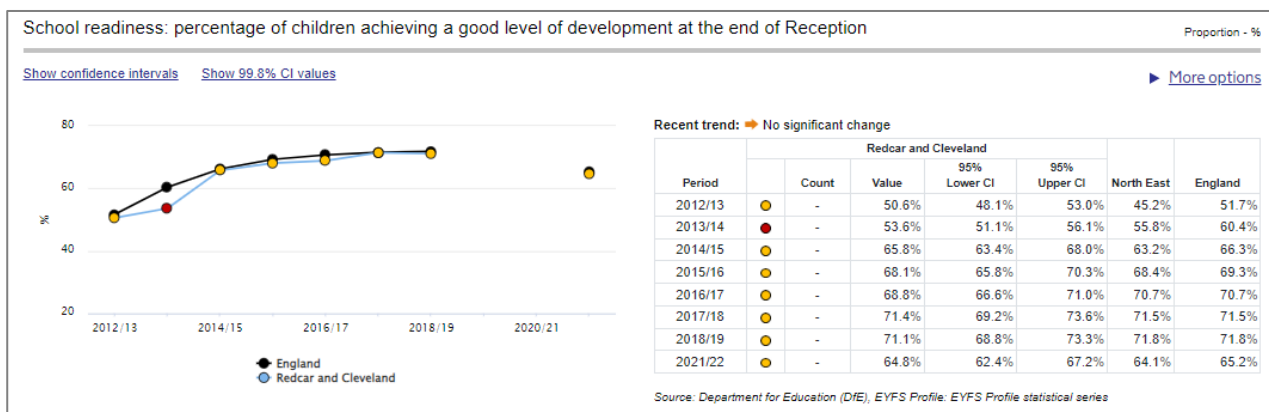
 No significant change  
  Increasing & getting better  
  Decreasing & getting worse

<sup>1</sup> [Best start in speech, language and communication: Guidance to support local commissioners and service leads \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

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**Graph 1: To show school readiness in Redcar & Cleveland over time.**



At around five years of age children are measured in school to assess their level of development. Those achieving the marker of a Good Level of Development (GLD) are termed ‘School Ready’. School Readiness is generally defined as ‘the broad range of knowledge and skills that provide the right foundation for good future progress through school and life’ (Statutory Framework for the EYFS 2014).

The local authority data for ‘School Readiness’ in Redcar and Cleveland is shows that overall the borough fairs pretty well at 71.1% when compared to the rest of the country (England Average of 71.8%). However we do know that the data masks wide inequalities with the highest rate of Good Level of Development (GLD) at 89.6% in the ward of Saltburn and the lowest in Grangetown at 41.5%\*.

The South Tees Speech and Language Service provides specialist support for children and young people under 19 years of age. As speech and language therapists, they work with children and young people who have difficulties with communication or with eating, drinking and swallowing. In the 57 months from April 2018 to December 2022 the service received 1,727 referrals for children from Redcar and Cleveland Borough – this equates to 30 referrals a month\*\*.

## Our localities (wards)

### **Before school**

Local data shows that 82% of eligible three and four year-olds take up their early years education place within the borough (with more no doubt using day nurseries in bordering Middlesbrough or North Yorkshire). The vast majority of these (82.4% in 2021) take up their universal place in our school nurseries.

### **Good Level of Development at Early Years Foundation Stage**

Children are defined as having reached a Good Level of Development (GLD) at the end of the EYFS if they have achieved in the prime areas of learning and the specific areas of mathematics and literacy. This helps teachers and parents to understand broadly what a child can do in relation to national expectations<sup>2</sup>

<sup>2</sup> [Early years foundation stage profile handbook 2023 \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

\* The last data available is from 2019 as this is the last publically available comparative data vs national average.

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**Table 8: To show school readiness at ward level in 2018/19.**

<b>Wards</b>	<b>School readiness - % of children achieving a good level of development at end of reception (2018/19)</b>
Saltburn	89.6
West Dyke	82.5
Wheatlands	75.9
Teesville	74.6
Skelton East	74.1
Dormanstown	72.9
Ormesby	72.4
Belmont	70.7
Brotton	70.7
Newcomen	69.8
Longbeck	67.7
Normanby	67.2
Loftus	66.7
Skelton West	65.9
St Germain's	64.5
Hutton	64.4
Guisborough	61.3
Kirkleatham	59.8
Lockwood	58.8
Coatham	56.8
South Bank	56.5
Zetland	56.4
Eston	50.5
Grangetown	41.5

In 2018/19 school readiness at ward level is highest in Saltburn with 7 of the borough's 24 wards being above the national average of 71.8%. Grangetown has the lowest at 41.5% and is one of 17 wards that sit below the national average of 71.8%.

What the data shows is massive inequalities within the borough relating to development with a gap of 48.1% between the best and worst ward. The equality gap of 48.1% is actually more than the value of the lowest area in the Borough (41.5%).

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Table 9: To show the good level of development in numbers 2018/19.

	Wards	School readiness - % of children achieving a good level of development at end of reception (2018/19)	School readiness Number of children who <i>don't</i> achieve a good level of development at end of reception (2018/19)	School readiness Number of children who <i>do</i> achieve a good level of development at end of reception (2018/19)	Number of five year olds in ward 2019	
Wards above national average of 71.8%	Saltburn	89.6	6	53	59	
	West Dyke	82.5	10	48	58	
	Wheatlands	75.9	18	55	73	
	Teesville	74.6	11	31	42	
	Skelton East	74.1	13	36	49	
	Dormanstown	72.9	17	45	62	
	Ormesby	72.4	18	48	66	
						317 Number of children above national average of 71.8%
						92 Number of children below national average of 71.8%
Wards below national average of 71.8%	Belmont	70.7	12	28	40	
	Brotton	70.7	25	61	86	
	Newcomen	69.8	20	45	65	
	Longbeck	67.7	13	26	39	
	Normanby	67.2	24	50	74	
	Loftus	66.7	28	56	84	
	Skelton West	65.9	21	42	63	
	St Germain's	64.5	22	40	62	
	Hutton	64.4	22	40	62	
	Guisborough	61.3	31	50	81	
	Kirkleatham	59.8	39	57	96	
	Lockwood	58.8	9	13	22	
	Coatham	56.8	20	27	47	
	South Bank	56.5	35	45	80	
	Zetland	56.4	25	32	57	
	Eston	50.5	45	46	91	
	Grangetown	41.5	77	54	131	
						712 Number of children above national average of 71.8%
						468 Number of children below national average of 71.8%
	Total Children (number)				1589	
	Total with GLD (number)				1029	
	Total without GLD (number)				560	

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Table 9 shows that when looking specifically at the numbers of children with Good Level of Development (GLD) in the borough we see that:

1. 991 of 1,589 five year olds in the borough have a good level of development
2. Positively, in the 17 wards below the national average, there are still more children with a good level of development (712) than without (468).
3. Eston and Grangetown are the two wards with the most five years olds who do not meet GLD. They amount for 222 of the 560 children who do not meet GLD - as a percentage this is 22%. In these two wards they have 14% of the boroughs total five year old population but contribute 22% of the five years olds who do not meet GLD.
4. Eston, Grangetown plus Kirkleatham are the three wards with the most five years olds who do not meet GLD. They amount for 318 of the 560 children who do not meet GLD - as a percentage this is 29%. In these three wards they have 20% of the boroughs total five year old population but contribute 29% of the five years olds who do not meet GLD.

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**Table 10: To show\_South Tees Speech and Language Service First appointments per ward for children and young people aged 19 and below.**

Local Authority Ward	Total First Appointments	Population ages 0-18	Rate per 1,000 population
Kirkleatham	130	1,707	76.2
Grangetown	124	2,161	57.4
West Dyke	112	1,767	63.4
Newcomen	108	1,374	78.6
Guisborough	102	1,467	69.5
Loftus	97	1,407	68.9
South Bank	93	1,371	67.8
Eston	91	1,450	62.8
Dormanstown	85	1,043	81.5
Teesville	77	1,290	59.7
Skelton West	77	1,296	59.4
St Germain's	66	1,183	55.8
Hutton	61	1,018	59.9
Normanby	61	1,318	46.3
Brotton	61	1,475	41.4
Ormesby	57	1,232	46.3
Belmont	56	1,050	53.3
Zetland	49	879	55.7
Skelton East	46	792	58.1
Wheatlands	46	1,105	41.6
Coatham	42	782	53.7
Saltburn	42	958	43.8
Longbeck	23	558	41.2
Lockwood	21	309	68.0

*Highlighted in Red - three wards highest number of five years olds not meeting GLD.*

The data highlights that Kirkleatham had the highest number of referrals with Grangetown second. Grangetown also has the lowest number of Children achieving a GLD. Again Eston also features highly in the data.

However, when looking at the rate per ward Dormanstown is the highest. The top three wards where referrals come from are Kirkleatham, Grangetown and West Dyke. However it must be noted that these wards also have higher numbers of children and young pole in their ward.

Specifically, during 2021/22, there were 486 Speech and Language specialist referrals made for children aged 0-5 years old; of which 257 were for three and four year olds. The largest proportion of referrals to the service were for the 0-2 year olds in the borough and most of these come from Health Visitors. In terms of referrals for three and four year olds, they mostly come from Educational settings in the borough.

It is difficult to triangulate GLD data with SALT appointment data as this data is based on 0-19 population and GLD is based on five year olds. This is a gap that needs to be addressed locally if we are to use the data for

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meaningful action. We also don't know the nature of the appointment (communication or eating, drinking and swallowing specialist support), therefore referrals could be for specialist support that is not linked to development.

### **Current Service delivery**

Family Hub staff currently deliver a Chat, Sing and Read at home; a six-week programme to parents of children under two years. It is targeted at those under twos need more support with early language and literacy and the home learning environment. The intervention also promotes bonding and attachment and is based on the National Literacy's Trust's 'Early Words Together at Two'. During 2021, 48 families completed or were taking part in the Family Hubs Chat, Sing and Read at home programme to support the HLE and the child's early language and communication needs. 87% of families reported an increase in confidence with playing and reading to their children. 97% reported an increase in sharing books, singing songs and spending time outdoors.

On average 65% of children screened by our Health Visitors were meeting expected level of development in early language and communication skills at the age of 27 months according to the ASQ3 data in 2021. Conversely, 35% were not meeting the expected levels of development for their age. Parents can receive one-to-one support in their home by Family Hub Early Years Practitioners and 0-19 Healthy Child Programme Practitioners and this includes advice about the importance of home learning environment. These are delivered usually as follow-up interventions after the ASQ assessment scores, should it be identified that a child is falling below average level of development.

Little Explorers parent and toddler groups delivered in the Family Hubs provide an opportunity to play in a safe and stimulating environment and qualified early years practitioners model appropriate early learning and play activities for parents to also undertake at home.

Wriggle, Read and Rhyme is a targeted five-week group programme for children aged 2-3 years old who are struggling with their communication and language skills which is offered in the Family Hubs. Families are provided with activities to take home as 'homework' to bring back in the following week which will enhance the home learning environment. Book Start Packs are also introduced to families through this session and they are encouraged to join their local library. From July 2021 – December 2021, 20 families took part in Wriggle, Read and Rhyme and 80% reported an increase in confidence to help support their child's communication and language development.

### **Gaps and issues**

1. There is no evidence-based HLE programme aimed at parents of 3 & 4 year olds, the only programmes that run from hubs are aimed at parents of two year olds (these are based on the National Literacy Trust's 'Early Words Together at Two' programme).
2. In the early years system, there is limited availability for families requiring support around speech and language development needs.
3. Currently there is a 12-week waiting list for an initial assessment with a Specialist Speech and Language Therapist and a further 12 weeks for therapy, so it is really important for us to identify issues earlier and address needs as they first emerge.
4. We need to develop and embed our graduated response pathway for speech and language; this will support the speech and language service by offering parents support at the earliest possible point before they need specialist support,

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5. There are pressures in terms of a lack of Speech and Language Therapists in the local system.
6. Day nurseries and schools in the borough are reporting an increase in speech and language delay for children starting their nursery education at three years old, especially since COVID. We therefore feel there is a need for further in-depth assessment at this age to help earlier identification of needs.

## Aspirations

### A timeline

1. **July 2023**; a clear graduated response pathway in place which outlines the support for identifying and responding to children's early language and development needs, including the Speech and Language Therapy Team (SALT) delivering further interventions within the family hub setting.
2. **December 2023**; a new evidenced-based HLE programme will be available to parents of three and four year olds and will be delivered through the hubs.
3. **April 2024**, there will be more information and resources available online to parents/carers, through our digital and online platforms.
4. **March 2025**, a reduction in the gap in attainment between the most disadvantaged pupils (FSM/ Pupil Premium) and the general cohort within the EYFS baseline scores at the end of Reception. (Currently this is 20% across the borough and 48% between children residing in the best and worst wards).
5. **March 2025**; a 10% reduction in referrals to the specialist SALT service due to children's needs being met earlier in the integrated family hubs speech, language and communication pathway.

## Our key indicators

1. School readiness – the percentage of children achieving a good level of development at the end of reception The percentage of GLD, by continuing to monitor our good level of development rates to help understand our needs by locality.
2. The number of referrals for under-fives, by working with our local Speech and language service to establish baselines for referral rates for under-fives and in doing this, we will triangulate with GLD data.
3. The percentage of GLD and ASQ scores, by the existence of 'language rich' environments in the borough's homes and early years settings, which will support an increase in the % GLD (C&L) and ASQ scores.
4. The number of children who have accessed the graduated response pathway, prior to a specialist SALT referral.

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## Infant feeding

Within Redcar and Cleveland, we recognise the difference that early experiences and responsive parenting can make to an infant and young person's health, well-being, and future life chances. The evidence suggests that children who are breastfed are more likely to develop more secure attachments and develop positive relationships with their parents and others later in life.

The benefits of breastfeeding extend beyond nutritional benefits, with breastfeeding protecting the health of mothers and their children. Babies who are breastfed have a lower risk of developing obesity, diabetes, gastroenteritis, respiratory infections, sudden infant death syndrome, allergies, and many other conditions. Women who breastfeed also have a reduced risk of breast and ovarian cancers. The relationship developed between mother and baby promotes positive long-term health and wellbeing.

### Local Authority vs National Picture

Indicator	Period	Trend	Estimated count	Proportions and rates	England
Babies first breastmilk	2020/21		575	53.0 %	71.7 %
Breastfeeding at 6-8 weeks	2021/22	↑	407	31.5%	49.3%

#### **KEY compared to England**

 Increasing & getting better
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Despite the evidence to support breastfeeding, initiation rates and breastfeeding at 6–8-week rates across Redcar and Cleveland are both lower than the England average. In 2020/21, 53.0 % of babies received breastmilk after delivery, compared to 71.7 % in England. The 2021/22 data for the 6–8-week check shows the local rate falls to 31.5 % compared to 49.3 % for England.

As well as low breastfeeding rates, there is a strong bottle (formula) fed culture in the UK, which is also evident across several wards in Redcar and Cleveland.

Local data provided by maternity and health visiting services allows comparisons at ward level for women breastfeeding at birth and then at home at 10-14 days and at 6-8 weeks in 2021/22. There are significant variations across the wards of Redcar and Cleveland for breastfeeding at birth. In Guisborough, 54 women breastfed at birth compared to only 16 women in Grangetown.

The table below shows the ward level data for breastfeeding rates at initiation, primary visit at 10-14 days and breastfeeding at 6-8 weeks. There are significant drop off rates across several wards, including Eston, Brotton, Coatham, Guisborough, Normanby and West Dyke. The Eston ward has 38 women breastfeeding at birth; however, this figure then reduces to 24 women at the 10–14-day check and a further reduction to 18 women at the 6–8-week check. This highlights that less than half of the women in the ward have continued to breastfeed at 6-8 weeks.

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In Brotton, 36 women were breastfeeding at birth, with just over half continuing to breastfeed at 6-8 weeks. In Guisborough, between breastfeeding at birth and the 6–8-week check, there is a reduction of 35% of women continuing to breastfeed.

The wards highlighted above are those which show a greater need of support to increase and sustain breastfeeding rates.

There is also a drop in rates between primary visit and 6-8 weeks in Newcomen, Teesville, Saltburn, Kirkleatham, Normanby and Skelton East, these wards will need to be focused upon to reduce the drop-in rates from the time of the primary visit.

The wards of Longbeck, Ormesby, Skelton West and South Bank display stable levels of breastfeeding rates between breastfeeding at birth, primary visit and the 6–8-week check. We must learn from these wards on initiatives and support which are working well, and which are having a greater impact on sustaining breastfeeding levels at a ward level.

The wards of Belmont, Dormanstown, Grangetown, Hutton and Loftus show increases between initiation and primary visit at 10-14 days. This can occur due to re-establishing breastfeeding and movement of families between wards.

**Table 12: Ward level data Ranked by the highest number of babies receiving breastmilk at initiation.**

<b>Wards</b>	<b>Number babies receiving breastmilk BF initiation (2021/22)</b>	<b>Number babies receiving breastmilk BF PV 10 days (2021/22)</b>	<b>Number babies receiving breastmilk BF 6-8 weeks (2021/22)</b>
<b>RCBC</b>	<b>608</b>	<b>547</b>	<b>454</b>
Guisborough	55	35	36
West Dyke	47	36	33
Eston	38	24	18
Brotton	36	28	20
Teesville	36	35	23
South Bank	32	31	30
Newcomen	30	29	22
Kirkleatham	29	26	18
Coatham	28	19	17
Normanby	27	18	12
Zetland	25	23	27
St Germain's	24	16	17
Longbeck	22	17	17
Ormesby	21	20	18
Skelton West	21	16	16
Wheatlands	21	16	12
Belmont	20	26	24
Loftus	20	28	11
Skelton East	20	18	14
Saltburn	17	15	10
Grangetown	16	20	14
Dormanstown	11	20	15
Lockwood	7	4	3
Hutton	5	27	27

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The transformation programme for Redcar and Cleveland will support infant feeding through various initiatives and key areas of work, including: -

- Co-developing a survey with parents from the South Tees Maternity Voices partnership to understand breastfeeding experience/awareness of the support available, to inform service development.
- Support our integrated Family Hub and Health Visiting teams to achieve UNICEF Gold award accreditation (they have already jointly achieved UNICEF Baby Friendly full accreditation).
- Expand the existing Infant Feeding support service to provide an increased out of hours offer from peer supporters, midwives, and health visitors, including text service (Chat Health).
- Through the Infant Feeding steering group of the Best Start Partnership, develop a Breastfeeding Borough action plan. Objectives include:
  - Commitment from local authority HR leads to act as a best practice employer for breastfeeding.
  - Supporting other employees to become breastfeeding friendly workplaces.
  - Embedding breastfeeding in education from an early age through workforce training.

### **Current Service delivery**

The South Tees Infant Feeding steering group of the Best Start Partnership, provides strategic direction for organisations and professional groups charged with improving support for breastfeeding mothers and their families. The group is focusing its efforts on areas of work that will break down the barriers to breastfeeding so that all mothers can give their child the best start in life.

The current services and initiatives being delivered include: -

- Family Hub Leads are represented within the Infant Feeding steering group, which co-developed the Infant Feeding Strategy to improve breastfeeding rates.
- Weekly 'Breastfriends' peer support groups run from 4 Family Hubs where UNICEF trained staff offer support.
- All Family Hubs are 'Breastfeeding welcome' venues.
- Health Visitors and Family Hub teams collaboratively achieved UNICEF 'Baby-friendly' full accreditation (January 2022) - the only local authority in the Northeast to have jointly achieved this prestigious award. Health Visitors are going for Gold in 2023.
- Family Hubs, Health Visiting and Midwifery services have Infant Feeding Leads who directly support women with complex infant feeding needs - one of these leads is a qualified Lactation Consultant.
- Midwives offer direct infant feeding support to women from their stay in the maternity ward through to community after-care, with a 24-hour telephone helpline.
- There is an existing breast-feeding welcome scheme in the borough in which local businesses can sign up to a set of standards to provide welcoming venues for breastfeeding mothers.
- Maternity Services provide online information about infant feeding on their website.
- Health Visiting are currently offering proactive support calls to breastfeeding parents from around 10 days up until 6 weeks in two wards of the borough, which at the time showed the biggest drop off from 10 days to the 6–8-week check. Further work is being planned to increase the delivery of this service to further targeted wards.
- Health Visiting teams have identified breastfeeding champions. Direct breastfeeding support is provided by Health Visitors with parents and carers. For more complex breastfeeding issues, Health

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Visitors can refer families to their internal Infant Feeding Lead who is a qualified Lactation Consultant for additional direct support. A breast pump loan scheme is available within the Midwifery and Health Visiting service.

- All women in Redcar and Cleveland have the option to attend the Friarage hospital 24/7 for breastfeeding support out of hours if they would like/need to, up to 28 days/Midwife discharge.
- All women are offered online infant feeding antenatal sessions that have been shown to significantly improve breastfeeding initiation and sustained breastfeeding at hospital discharge (96% amongst attendee's initiation vs 58% in the wider South Tees population, and 90% at hospital discharge vs 49% of wider population).
- Family Hubs across Redcar and Cleveland distribute both women's and children's Healthy Start Vitamins, which are free of charge.
- The Health Visiting teams promote the breastfeeding helpline to families along with the C4L breastfeeding app.

## **Gaps**

We know that breastfeeding is influenced by many factors – some positive, others negative. These factors can include personal experiences and beliefs, the availability of support from professionals, peers and family members, the marketing of formula milk and the wider attitudes of society.

The Infant Feeding steering group acknowledges the many factors which are barriers to breastfeeding in the current day and these factors are very evident in Redcar and Cleveland.

Overcoming these factors will not be achieved overnight and requires significant commitment from partners and key staff groups across the borough.

There are a range of services and initiatives already established that protect and promote breastfeeding across Redcar and Cleveland, but there are still gaps and limitations.

These include: -

- We need to build on the out of hours service and make support more accessible to women whenever they need it, to increase our relatively low breastfeeding rates.
- There is no local tongue-tie service with women and babies having to travel to Durham (Durham & Darlington NHS Trust) or Newcastle to access assessment and division services. There is also a waiting list of up to 6-10 weeks currently, which needs to be reduced to provide a timely service.
- There is no pro-active targeted outreach support for all new mothers in wards where we know that breastfeeding rates drop off significantly from initiation to 6 weeks old. (There is currently a pilot service being delivered within two wards). Support relies on referral at the moment.
- There is no in person antenatal appointment that focuses specifically on infant feeding choices and the benefits of this.
- Peer support groups are limited to 4 hubs and would benefit from including a volunteer element.
- There is a bottle-feeding culture in Redcar and Cleveland, especially in our most deprived wards and no public health style campaigns to promote and normalise breastfeeding.
- Utilising the existing Family Hub social media pages to provide and promote information and advice on infant feeding such as helpful videos on positioning and attachment and where to access support.
- Embedding breastfeeding into education settings to normalise breastfeeding across the borough from an early age.

\* The last data available is from 2019 as this is the last publically available comparative data vs national average.

\*\* Given the recent impact of the pandemic the decision was taken to use the past three to five years data to get a fairer picture of referral numbers

## Aspirations

Our vision is to increase breastfeeding rates across Redcar and Cleveland so that they are in line with those nationally.

To do this locally, we need to: -

- Our integrated Family Hub and Health Visiting teams will have achieved UNICEF Gold accreditation and build upon existing infant feeding support services.
- We will deliver the Breastfeeding Boroughs action plan, to normalise breastfeeding so that working parents receive more support from their employers and young people in schools will receive breastfeeding education as part of the curriculum.
- We will reduce the waiting time for babies to access tongue tie treatment from the average waiting time of 6 weeks down to 2 weeks, including the introduction of tongue tie assessment clinics in the community.
- We will increase breastfeeding rates at initiation from our current average of 58% to 65% and at 6-8 weeks from 33% to 35%.
- We will deliver campaigns each year, including a “Baby Week,” which will promote the Family Hub offer and services which families can access for support.

## Our key indicators

The plans for Redcar and Cleveland are ambitious but we must improve the local culture and the environment if we want to increase the number of mothers breastfeeding. If we can achieve these aims and get it right, the health and wellbeing of children in Redcar and Cleveland will improve, along with the health of the mothers and the development of better relationships between mother and child.

Mothers and families will receive seamless and consistent support (including specialist) throughout their infant feeding journey. Redcar and Cleveland will be a breastfeeding friendly borough by March 2025, and this will be evidenced by an improvement in our breastfeeding rates across the borough at both initiation and 6-8 weeks.

These key areas which we want to focus on, will be used as benchmarks throughout the transformation programme are set out in the table below.

**Table 13: Key areas of focus**

Key Indicators	Current data (2020/21)
The breastfeeding rates at birth	61.1 %
The breastfeeding rates at 10-14 days	New indicators (in development)
The breastfeeding rates at 6-8 weeks	31.5 %

\* The last data available is from 2019 as this is the last publicly available comparative data vs national average.

\*\* Given the recent impact of the pandemic the decision was taken to use the past three to five years data to get a fairer picture of referral numbers

# 5-19 YEARS

This section looks at school years (5-19) and covers the following relevant measures.

## Local Authority vs National Picture

Table 14: 5-19 years					
Indicator	Period	Trend	Estimated count	Proportions and rates	England
Reception – Prevalence of obesity (including severe obesity)	2021/22	→	155	10.6%	10.1%
Year 6 - Prevalence of obesity (including severe obesity)	2021/22	↑	425	26.8%	23.4%
School pupils with social, emotional and mental health needs (%)	2021/22	→	-	3.4%	3.0%
Hospital admissions caused by unintentional and deliberate injuries in children (0-14 yrs)	2021/22		230	101.9/10,000	84.3/10,000
Asthma – hospital admissions under 19 yrs	2021/22		55	192.3/100,000	131.5/100,000
Education - Average attainment 8 score (mean score)	2021/22	-	71,480	46.2	48.7
Average attainment 8 score children in Care	2021	-	764	25.5	23.2
Persistent absentees Secondary schools	2020/21	-	1,475	17.8%	14.8%
Pupil absence	2020/21	→	302,613	4.6%	4.6%
16-17 yr olds not in education, employment or training (NEET) whose activity is not known	2021	→	179	5.8%	4.7%
First time entrants into the youth offending system	2021	→	24	194.8/100.000	146.9/100,000

\* The last data available is from 2019 as this is the last publically available comparative data vs national average.

\*\* Given the recent impact of the pandemic the decision was taken to use the past three to five years data to get a fairer picture of referral numbers

Table 14 continued: 5-19 years					
Indicator	Period	Trend	Estimated count	Proportions and rates	England
Alcohol – admission episodes for alcohol specific conditions – under 18 yrs	2018/19 to 2020/21	-	30	36.2/100,000	29.3/100,000
Substance misuse number in treatment (young people) from NDTMS	2021/22	-	125		
<b>Immunisations</b>					
Hib/MenC booster -5yr	2017/18	→	1,537	95.3%	92.4%
MMR for one dose – 5yr old	2021/22	→	1,468	97.0%	93.4%
MMR for two dose – 5yr old	2021/22	→	1,405	92.8%	85.7%
HPV one dose – 12 to 13 yr old females	2020/21	↓	418	49.9%	76.7%

**KEY compared to England**

→	No significant change	↑	Increasing & getting worse	↗	Increasing	↓	Decreasing & getting worse
↓	Decreasing & getting better						

**What does the data highlight?**

National datasets for children five years and above highlight that most indicators are slightly worse than the national average. Key areas to highlight are as follows:

- 1 in 10 children start reception obese and this climbs dramatically to one in four children starting secondary school obese
- The prevalence of school pupils with social, emotional and mental health needs is above the national average
- HPV vaccinations rates are poor
- Admissions for Asthmas in under 19s is particularly high

It is worth noting that there are established work streams and programmes that aim to tackle the above areas for concern. Whilst these are not areas of the Start for Life programme we will ensure that progress is monitored.

\* The last data available is from 2019 as this is the last publically available comparative data vs national average.

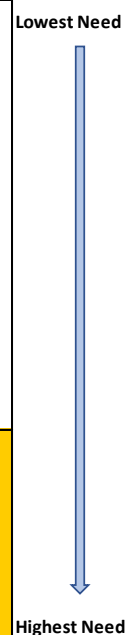
\*\* Given the recent impact of the pandemic the decision was taken to use the past three to five years data to get a fairer picture of referral numbers

# WHAT DO WE KNOW ABOUT OUR LOCALITIES?

The following table summarises some of the key indicators of need across the borough using published data around the economy, child development, health of children, health of adults and social needs. Ranking each ward according to these needs, has enabled us to identify the wards where we need to focus our Family Hub services over the next few years, with the highest needs in Grangetown and lowest in Belmont:

**Table 15: To show wards of greatest need**

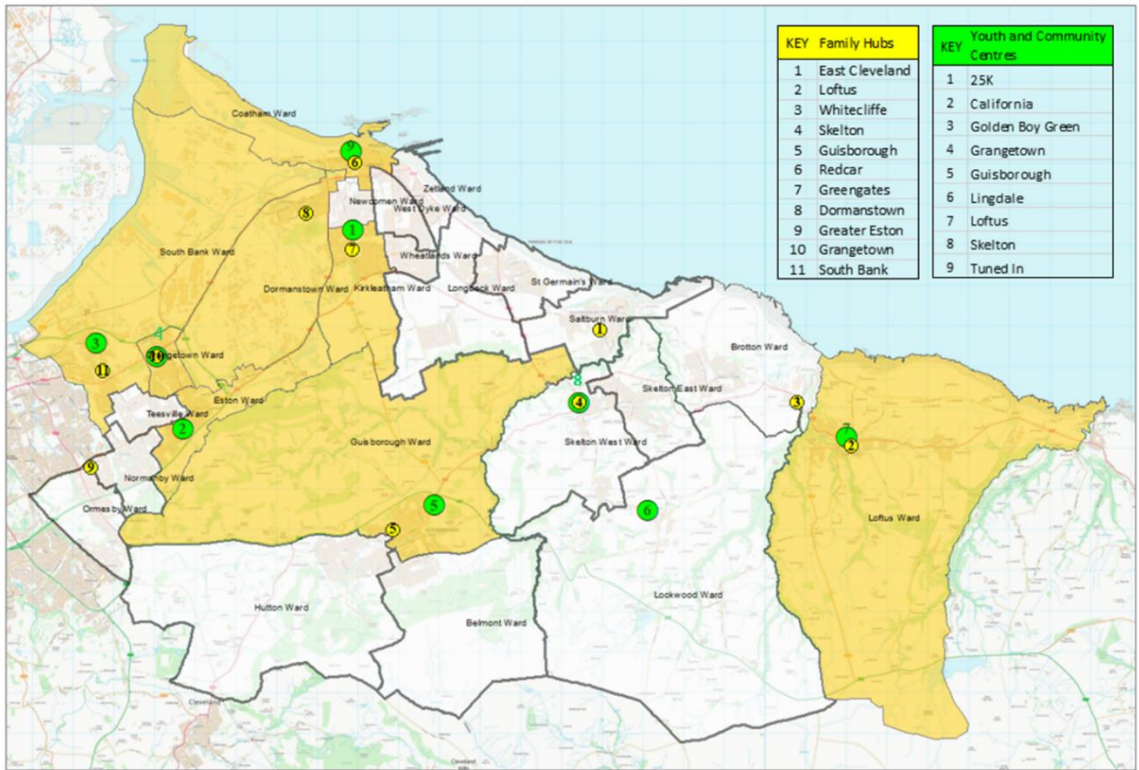
Wards (2019)	Economy	Child Development	Health Child	Health Adult	Social Needs	Sum of ranks	Score for sorting area of need for Family Hub	Family hub
Belmont	24	20	23	24	21	112		
Wheatlands	23	23	13	22	22	103		
Saltburn	18	24	21	15	17	95	0	East Cleveland
Longbeck	21	11	24	14	22	92		
Hutton	22	10	20	20	19	91		
St Germain's	19	18	17	22	15	91		
Lockwood	9	21	16	16	24	86		
West Dyke	20	16	15	18	16	85		
Zetland	17	3	22	21	20	83		
Skelton West	11	14	18	17	18	78	0	Skelton
Ormesby	14	19	9	12	14	68	0	Greater Eston
Skelton East	16	8	13	19	11	67		
Teesville	13	17	8	13	13	64		
Newcomen	12	22	7	11	10	62		
Normanby	15	11	12	10	12	60		
Brotton	10	15	9	9	5	48	0	Whitecliffe
<b>Coatham</b>	<b>7</b>	<b>6</b>	<b>19</b>	<b>8</b>	<b>7</b>	<b>47</b>	<b>1</b>	<b>Redcar</b>
<b>Guisborough</b>	<b>8</b>	<b>9</b>	<b>11</b>	<b>7</b>	<b>9</b>	<b>44</b>	<b>2</b>	<b>Guisborough</b>
<b>Loftus</b>	<b>6</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>6</b>	<b>27</b>	<b>3</b>	<b>Loftus</b>
<b>Dormanstown</b>	<b>5</b>	<b>2</b>	<b>6</b>	<b>5</b>	<b>7</b>	<b>25</b>	<b>4</b>	<b>Dormanstown</b>
<b>Eston</b>	<b>4</b>	<b>13</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>23</b>	<b>5</b>	
<b>South Bank</b>	<b>2</b>	<b>6</b>	<b>3</b>	<b>4</b>	<b>4</b>	<b>19</b>	<b>6</b>	<b>South Bank</b>
<b>Kirkleatham</b>	<b>3</b>	<b>1</b>	<b>4</b>	<b>3</b>	<b>3</b>	<b>14</b>	<b>7</b>	<b>Greengates</b>
<b>Grangetown</b>	<b>1</b>	<b>5</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>9</b>	<b>8</b>	<b>Grangetown</b>



**Map 2: To show areas of greatest need and location of the Family Hubs**

\* The last data available is from 2019 as this is the last publically available comparative data vs national average.

\*\* Given the recent impact of the pandemic the decision was taken to use the past three to five years data to get a fairer picture of referral numbers



\* The last data available is from 2019 as this is the last publicly available comparative data vs national average.

\*\* Given the recent impact of the pandemic the decision was taken to use the past three to five years data to get a fairer picture of referral numbers



# OUR BENCHMARK INDICATORS

**Table 16: Our benchmark indicators**

Indicator	Source
<b>Parenting</b>	
1. The number of parents accessing the Universal online parenting programme.	Local measure
2. The number of parents accessing the HENRY antenatal group parenting programme in the Family Hubs.	Local measure
3. The number of parents with a child aged 0-2 years old, accessing the targeted Solihull post-natal parenting group programme <b>in the Family Hubs.</b>	Local measure
4. The number of parents with a child aged 0-2 years old, receiving a 1:1 Solihull parenting intervention in the family home via Health Visitors or other Family Hub network practitioners.	Local Measure
5. The percentage of parents who report a positive change/outcome from the parenting intervention for HENRY and Solihull group and 1:1 parenting programmes.	Local measure
6. The number of New Parents Groups available across the Family Hubs (Practitioner and Peer support).	Local measure
7. The number of attendances at New Parents Groups across the Family Hubs (Practitioner and Peer support).	Local measure
8. The number of Family Hub Practitioners.	Local Measure
<b>Parent infant relationships and perinatal mental health</b>	
9. The number of referrals to our specialist perinatal mental health services.	Local measure
10. To establish proxy measures which indicate anxieties and need amongst parents by working with maternity services and health visiting services.	Local Measures
11. The number of parents receiving support from Family Action and Best Start Peer support service for low/moderate level mental health issues.	Local measure
12. The number of 'listening visits' undertaken by Health Visitors to new parents.	Local Measure
<b>Early language and home environment</b>	
13. School readiness – the percentage of children achieving a good level of development at the end of reception to help understand our needs by locality.	National measure
14. The number of referrals for under-fives, by working with our local Speech and language service to establish baselines for referral rates for under-fives and in doing this, we will triangulate with GLD data.	Local measure
15. The percentage of GLD and ASQ scores, by the existence of 'language rich' environments in the borough's homes and early years settings, which will support an increase in the % GLD (C&L) and ASQ scores.	Local Measure
16. The number of children who have accessed the graduated response pathway, prior to a specialist SALT referral.	Local Measure
<b>Infant feeding</b>	
17. The breastfeeding rates at birth.	National measure
18. The breastfeeding rates at 10-14 days.	National measure
19. The breastfeeding rates at 6-8 weeks.	National measure

\* The last data available is from 2019 as this is the last publicly available comparative data vs national average.

\*\* Given the recent impact of the pandemic the decision was taken to use the past three to five years data to get a fairer picture of referral numbers



# APPENDIX

## Age/gender split by ward (0-19)

**Table 1: To show male population in Redcar & Cleveland aged 0-19 per ward as at 2020.**

(Data not currently available at ward level for 2021 so totals vary slightly from the population data 2021 in the main body of the text).

Ward Name	MALES - Age (years)																			Age 0-19	All Ages	
	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18			19
Belmont	15	13	16	18	11	21	23	17	22	26	26	26	13	21	21	21	22	11	20	12	375	2,067
Brotton	42	28	30	28	23	35	34	37	48	55	46	43	35	54	46	51	39	26	44	29	773	3,446
Coatham	24	25	30	21	24	32	20	36	18	34	13	18	18	22	20	29	30	18	36	27	495	2,605
Dormanstown	26	20	24	37	47	29	22	34	28	36	38	30	36	38	45	32	29	25	26	24	626	2,256
Eston	29	41	38	35	37	46	39	52	43	50	48	64	54	38	48	46	50	33	32	37	860	3,628
Grangetown	55	63	59	57	67	58	70	74	75	71	65	57	60	41	61	35	38	48	48	36	1,138	3,144
Guisborough	43	34	48	41	37	34	39	48	55	42	40	46	42	43	42	41	42	39	33	45	834	3,904
Hutton	16	24	29	43	24	35	33	39	45	32	31	44	41	48	34	36	34	28	34	16	666	3,067
Kirkleatham	27	42	35	44	48	35	52	64	47	47	45	48	57	60	41	51	49	46	41	34	913	3,582
Lockwood	15	10	8	6	4	12	13	9	11	13	4	9	15	15	13	13	13	7	9	9	208	1,151
Loftus	32	44	44	40	26	49	48	53	65	52	43	38	47	37	41	33	35	26	27	30	810	3,251
Longbeck	17	17	12	13	12	15	29	18	22	21	24	24	20	19	14	18	21	28	29	13	386	1,948
Newcomen	29	32	36	46	33	44	42	35	40	34	36	36	32	24	36	45	24	40	39	27	710	2,461
Normanby	39	25	20	26	29	37	34	33	36	39	28	40	35	36	34	41	36	37	37	39	681	3,346
Ormesby	27	27	38	39	32	30	44	45	30	37	37	26	41	30	45	38	42	39	34	37	718	3,021
St Germain's	23	18	27	31	43	27	28	32	44	33	35	34	51	31	47	27	35	34	18	28	646	3,403
Saltburn	21	17	6	28	29	20	30	20	29	29	25	27	25	23	30	28	39	31	40	17	514	3,003
Skelton East	24	33	22	25	27	29	29	26	29	22	29	27	22	24	33	19	30	25	14	18	507	2,093
Skelton West	17	23	24	25	21	29	30	30	38	28	30	23	41	23	31	31	28	25	22	24	543	2,283
South Bank	45	43	43	52	35	50	45	47	56	47	33	43	47	37	34	37	37	29	31	22	813	2,616
Teesville	21	29	20	28	29	25	16	24	23	24	33	25	23	29	30	30	28	26	35	24	522	2,764
West Dyke	30	23	23	35	29	22	35	23	32	43	34	18	33	34	32	27	29	27	33	28	590	2,857
Wheatlands	31	31	28	37	38	36	35	41	50	46	46	43	46	41	45	32	51	43	30	29	779	2,627
Zetland	16	19	29	22	24	23	28	34	25	17	22	17	24	26	35	22	22	21	19	21	466	2,083
<b>Total</b>	<b>664</b>	<b>681</b>	<b>689</b>	<b>777</b>	<b>729</b>	<b>773</b>	<b>818</b>	<b>871</b>	<b>911</b>	<b>878</b>	<b>811</b>	<b>806</b>	<b>858</b>	<b>794</b>	<b>858</b>	<b>783</b>	<b>803</b>	<b>712</b>	<b>731</b>	<b>626</b>	<b>15,573</b>	<b>66,606</b>

Source:

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/wardlevelmidyearpopulationestimatesexperimental>

In 2020, the table shows there are 15,573 (23.4%) males in Redcar & Cleveland aged between 0 -19 years old out of a total population of males of 66,606.

\* The last data available is from 2019 as this is the last publically available comparative data vs national average.

\*\* Given the recent impact of the pandemic the decision was taken to use the past three to five years data to get a fairer picture of referral numbers

**Table 2: To show female population in Redcar & Cleveland aged 0-19 per ward as at 2020.**

Ward Name	FEMALES - Age (years)																			Total 0-19	All Ages	
	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18			19
Belmont	11	13	16	24	14	23	16	28	30	34	21	24	20	25	20	25	22	26	21	15	428	2,225
Brotton	27	41	29	29	49	36	40	36	49	41	48	38	40	46	49	31	32	40	30	26	757	3,459
Coatham	22	26	22	21	22	26	21	28	21	28	35	22	31	18	27	27	27	20	29	23	496	2,518
Dormanstown	27	30	30	22	24	28	39	31	34	29	22	22	20	22	27	26	26	37	19	21	536	2,423
Eston	40	37	42	52	38	47	42	43	46	51	39	37	37	41	35	37	49	33	43	36	825	3,950
Grangetown	51	65	64	80	48	53	62	57	52	82	60	43	48	52	54	51	47	46	44	42	1,101	3,475
Guisborough	29	26	26	39	42	35	45	36	40	43	37	29	33	42	43	28	37	38	30	39	717	4,159
Hutton	30	37	31	26	31	36	31	39	36	32	34	37	30	39	46	28	31	34	34	19	661	3,353
Kirkleatham	35	33	37	37	42	52	43	53	51	58	51	43	55	53	48	33	40	35	32	27	858	3,876
Lockwood	7	8	7	10	10	12	11	11	15	13	12	8	7	9	15	13	14	14	11	7	214	1,216
Loftus	22	28	26	32	31	42	31	37	47	40	24	37	27	35	35	37	31	35	30	35	662	3,221
Longbeck	14	16	15	14	16	18	13	23	24	22	16	28	32	19	15	16	13	9	18	17	358	2,078
Newcomen	48	26	41	33	41	27	31	29	33	40	35	39	28	40	32	31	34	24	23	19	654	2,738
Normanby	20	23	23	31	21	30	43	38	39	40	33	45	39	34	38	34	40	27	29	24	651	3,378
Ormesby	17	8	32	32	45	33	22	34	26	34	42	36	47	33	32	35	28	31	33	15	615	3,304
St Germain's	24	13	28	30	24	23	39	52	37	38	29	27	20	30	32	28	25	34	32	31	596	3,712
Saltburn	15	15	18	22	16	28	23	21	19	24	33	24	31	30	33	26	29	25	29	18	479	3,057
Skelton East	24	19	28	24	15	21	26	27	32	38	19	28	38	38	33	22	21	20	15	17	505	2,119
Skelton West	23	20	19	27	21	30	33	23	25	29	28	38	22	26	26	33	26	26	20	20	515	2,456
South Bank	40	31	40	41	39	40	41	43	26	42	43	36	40	39	36	15	30	34	26	20	702	2,737
Teesville	22	29	35	35	34	23	30	46	26	28	31	13	20	29	21	28	25	24	29	24	552	3,062
West Dyke	24	26	20	37	25	29	32	29	20	47	28	38	33	36	27	23	23	28	19	26	570	3,090
Wheatlands	33	49	34	35	38	39	40	40	31	25	36	29	39	31	47	38	22	35	39	25	705	2,740
Zetland	17	26	24	17	24	22	26	28	30	26	16	36	16	19	24	24	21	19	19	21	455	2,276
<b>Total</b>	<b>622</b>	<b>645</b>	<b>687</b>	<b>750</b>	<b>710</b>	<b>753</b>	<b>780</b>	<b>832</b>	<b>789</b>	<b>884</b>	<b>772</b>	<b>757</b>	<b>753</b>	<b>786</b>	<b>795</b>	<b>689</b>	<b>693</b>	<b>694</b>	<b>654</b>	<b>567</b>	<b>14,612</b>	<b>70,622</b>

Source:

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/wardlevelmidyearpopulationestimatesexperimental>

In 2020, the table shows there are 14,612 (20.7%) females in Redcar & Cleveland aged between 0 -19 years old out of a total population of females of 70,622.

# REFERENCES

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## **Population mid year 2021**

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland>

## **Age gender by ward**

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/wardlevelmidyearpopulationestimatesexperimental>

## **Ethnicity by Local Authority (Dec 2019 as at 2016)**

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationcharacteristicsresearchtables>

## **Population estimates by ethnic group (2019) Regions only**

<https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/ethnicity/datasets/populationestimatesbyethnicgroupenglandandwales>

## **Ethnicity – LGInform Plus BME population**

<https://developertools.esd.org.uk/data?metricType=3294%2C3296&area=E06000003%2CE92000001%2CE06000002&period=latest&rowGrouping=area>

## **Births (2021)**

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/datasets/birthsummarytables>

## **Number of households (2021)**

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/populationandhouseholdestimatesenglandandwales/census2021>