

# 5 – 25 years old Children and Young Person’s Needs Assessment for Dudley



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## 1: Summary

This Needs Assessment provides a snapshot of 5 – 25-year-old children and young people's health and wellbeing in Dudley. The data suggests the health and wellbeing of this group in Dudley is mixed with significant inequalities apparent.

### Population

- There are estimated to be 90,580 children and young people under the age of 25 years old (28.4% of the whole population living in Dudley in 2021), of which 14.5% are male and 13.9% female,
- At 3.4%, Dudley population growth from 2011 is lower than England (6.6%) and neighbouring Sandwell (11.0%) and Wolverhampton (5.7%) but greater than South Staffordshire (2.2%),
- In 2021 there were 39, 041 households with at least one dependent child in Dudley,
- Dudley Priory and Wrens Nest MSOA has the highest concentration of both households with dependent children and single parent families at 1,500 and 537 respectively,
- Life expectancy at birth for women in Dudley is 82.2 years, almost 1 year less than the England average of 83.1 years. For men in Dudley, life expectancy is 78.8 years, lower than their women and 0.6 years less than the England average,

### Socio-economic wellbeing

- In Dudley there are stark socio-economic disparities within the Borough,
- In 2020/21: - 25% (1 in 4) of children live in low-income households, broadly similar to the West Midlands region but significantly higher than the England average of 18.5%,
- 20% (1 in 5) of children live in absolute low-income families (12,604 children under 16). These trends are increasing and getting worse,
- Dudley is the least socioeconomically deprived borough in the Black Country however it is still ranked 104 most deprived out of 317 Local Authorities in England. However, 28.1% of Dudley Borough residents still live in areas in the 20% most deprived in England,
- Women who live in the most deprived areas of Dudley have live expectancy of just under 8 years less than the least deprived areas, the difference being almost a decade for men,

### Health and healthcare services

- In 2013/14, 13.2% of 15-year-olds in Dudley self-reported having a long-term illness, disability or medical condition diagnosed by a GP, lower than regional figure (13.6%) and England average (14.1%),
- A&E attendance for 5 – 25-year-olds averaged at 292.1/1,000 population, which varied from 218.3/1,000 to 483.9/1,000 between wards,
- In 2020/21 Dudley had 56.6/10,000 crude rate of hospital admissions for injuries in children aged under 15 years. This is significantly lower than the West Midlands region at 77.0/10,000 and England average of 75.7/10,000,
- For 15 – 24-year-olds, the crude rate was 92.7/10,000 population, lower than the West Midlands region at 95.6/10,000 and significantly lower than the England average of 112.4/10,000 population,
- Population vaccine coverage nationally has decreased recently due in part to the global pandemic however the decrease in Dudley was much less than the England average,

- Routine childhood vaccination uptake in Dudley is generally higher than the England average in all categories, for example the single dose HPV vaccine uptake in girls was 91.4% for Dudley compared to 76.4% in the West Midlands region and 76.7% in England,

### Crime and anti-social behaviour

- In 2020/21 Dudley had 37.3/1,000 crude rate of domestic abuse-related incidents and crimes reported to the Police, which is higher than West Midlands region at 33.7/1,000 and the England average of 30.3/1,000,
- There are distinct differences between wards for reported crime, Norton reporting 60.4/1,000 population whereas St James's over 4 times as much at 266.3/1,000 population, this is a similar picture for anti-social behaviour,

### Lifestyle

- In 2014/15, 16.6% of 15-year-olds in Dudley indicated they had 3 or more risky behaviours, significantly higher than the West Midlands region (13.2%) but closer to the England average rate of 15.9%. This including drinking alcohol, taking drugs, smoking, physically inactive and eating less than 5 portions of fruit/veg every day,
- During 2018/19 – 2020/21, in Dudley the rate of hospital admissions for substance misuse in 15 -24-year-olds was 46.0 per 100,000 population, significantly lower than the West Midlands region rate of 66.9/100,000 and nearly half that of the England average rate of 81.2/100,000 population,
- During the same period, hospital admissions for alcohol-specific conditions in under 18s was 19.2/100,000 for Dudley, lower than both the West Midlands and England rates of 24.9/100,000 and 29.3/100,000 respectively,
- In 2014/15, a survey indicated in England the average % of 15 years old who reported eating 5 portions of fruit and veg per day was 52.4%, higher than the West Midlands region (51.1%) and Dudley (48.0%),
- In Dudley the 2019/20 prevalence of obesity in Reception Year, was 12.3%. The trend in Dudley is increasing,
- By year 6 within Dudley. For 2019/20 the prevalence of obesity was 26.9% and excess weight 42.1%. All these obesity/excess weight figures significantly higher than the West Midlands region and statistically higher than the England average,

### Housing

- In 2020/21 12.3/1,000 households in Dudley were owed a duty to minimise homelessness, higher than both England (11.3/1,000) and West Midlands region (10.2/1,000), possibly linked to socioeconomic status and poverty issues,
- 3.1/1,000 of the main applicants in Dudley for this support were aged 16 - 24 years old,

### Education

- 61.9% of 5 years olds in Dudley achieved a Good Level of Development (GLD) in 2021/22. This is significantly below the national figure (65.2%)
- The percentage of pupils requiring SEN support in Dudley (14.1%) is above the national (12.2%) and regional (12.9%) average. This level has remained consistent since 2015/16,
- The percentage of pupils with EHCP has increased since 2015/16 both locally and nationally. The percentage in Dudley (4.2%) is above the national (3.7%) and regional (3.6%) average,

- The most common primary needs of SEN pupils are moderate learning difficulties (2,093) followed by speech, language, and communication needs (1,801) and then social, emotional, and mental health needs (1,114),
- Data suggests that the wards with the highest proportion of SEN pupils appear to be those with the highest levels of deprivation and a relationship can be seen with the proportion of pupils who are eligible for free school meals (FSM),
- In Dudley, according to the 2022 census, 25.5% of all pupils in Dudley are claiming FSM a significant increase from the last reported figures by OHID in 2018 (14.5%),
- There was a significant difference in ward level uptake of FSM ranging from 8.1% to 41.5%,
- In 2021/22, 44.5% of reception children in Dudley eligible for Free School Meals (FSM) achieved a Good Level of Development, compared to 61.9% of children not eligible for FSM, below the regional level (50.5%) and England average (49.1%),
- The pupil absence for Dudley was 4.9% in 2020/21, same as West Midlands region but higher than the England average of 4.6%. This equates to on average 4.75 days missed each school year by every pupil in Dudley,
- The % of eligible population in Dudley achieving an average attainment 8 score (measure of exam success) in 2020/21 was 48.8%, lower than the West Midlands region of 49.5% and statistically lower than England average of 50.9%,
- For children in care this figure was lower at 23.4%

### Vulnerable population

- In 2021, the average English Metropolitan Borough had 5.1% of the 16 – 17-year-old population Not in Education, Employment or Training (NEET), above the West Midlands average of 4.9%. However, Dudley figure of 8.6% population NEET was much higher and second only to Stoke in the West Midlands region. Given the 2020 figure in Dudley and West Midlands region was 5.7%, it appears as though Covid and the economic downturn has affected Dudley population greater,
- Teenage mothers - In Dudley 0.8% of all delivery episodes were to a mother aged under 18 years, same as the region and slightly higher than the England average of 0.6%,
- Dudley under 16 conception rate/1,000 population is 0.9, lower than both the region and England rates of 2.2/1,000 and 2.0/1,000 respectively, a trend that is decreasing and getting better,
- In Dudley the under 18s conception rate in 2020 was 15.3/1,000, slightly higher than the West Midlands region of 15.1/1,000 and higher than England average of 13.0/1,000, the trend decreasing and getting better,
- There were 245 Looked After Children (LAC) in Dudley in 2021 at a rate of 89/10,000 population, which is higher than both the West Midlands and England average,
- In 2021, Dudley the percentage of school pupils with social, emotional, and mental health needs recorded is 2.9%, higher than both West Midlands region and England average at 2.6% and 2.8% respectively. This trend increasing and getting worse,
- This is further demonstrated by the data suggesting there were 19,645 contacts with community and outpatient mental health services by individuals <18 years in 2019/20 within Dudley however the number of inpatient stays in secondary mental health services within the Dudley population is significantly lower than both the West Midlands region and England average,
- Although older data, in 2011 there were suggestions that more young people in Dudley were providing unpaid care than both the West Midlands region and England average.

## 2: Introduction

There is strong evidence linking experiences in the early years of a person's life to later health outcomes. The early years of a child's life are very important for their health and development. Healthy development means that children of all abilities, including those with special needs, can grow up in a home where their social, emotional, and educational needs are met.

Giving every child the best start in life is crucial to reducing health inequalities across the life course. The foundations for virtually every aspect of human development – physical, intellectual, and emotional – are laid in early childhood. What happens during these early years (starting in the womb) has lifelong effects on many aspects of health and well-being– from obesity, heart disease and mental health, to educational achievement and economic status.<sup>1</sup>

This start in life journey begins during the pre-birth and early years period (first 1001 days) and will influence how well they manage and cope with important transitions in their social lives, including as they move into education and develop relationships during their school years to higher education and employment. This extremely important stage of a child's life has been reviewed, documented and an “Early Years and Maternity” (EYM) needs assessment undertaken in 2022<sup>2</sup>. This needs assessment builds on this work.

Between the ages of 5 years and 25 years old children will experience transitions in all aspects of their lives, and these experiences will influence and shape their future. At age 5, children are still mostly dependent on their parents, guardians, or caregivers to provide for their needs. Thus, those factors that impact on these caregivers lives and ability to meet these needs indirectly affect children's experiences and hence shape their future. Parenting approaches are often heralded as key to children's development in the early years, but it is important to recognise that parenting is also more effective when social and economic circumstances are favourable and when stress and anxiety are lower. Although it is recognised that positive and negative parenting apply across the socio-economic gradient.<sup>3</sup>

This relationship and different parenting approach can often lead to a very complex situation when aiming to look at, and address, the needs of young people, resulting in several different initiatives or campaigns, looking at both individuals, society they live in and the wider determinants of health (see diagram 1 below).

However, if each of these initiatives are undertaken in isolation then the desired outcomes may not be achieved or as effective as if they were linked with other initiatives. This needs assessment makes references to some other of the public health initiatives currently undertaken nationally and within Dudley however specifically focusses on data that indicates the needs of individuals directly.

At an early age (5 – 9 years old), during the primary school years, a child's education has an increasing influence in addition to their family and home life. Children also experience physical development, acquisition of cognitive skills, social skills and exploring environments, developing independence, and experimenting with risk.

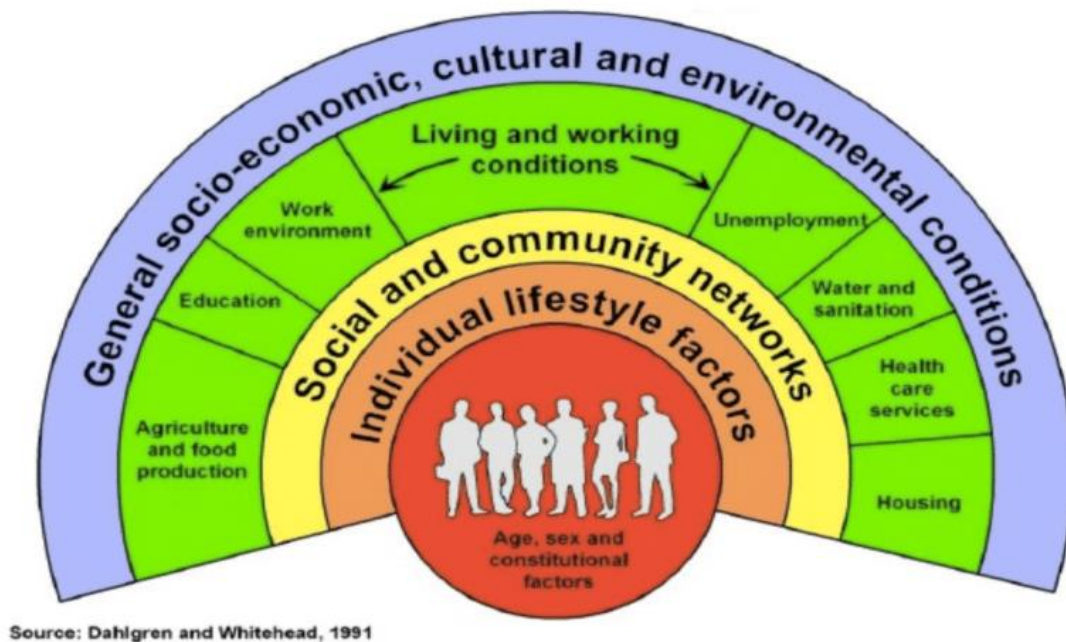
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<sup>1</sup> <https://sticerd.lse.ac.uk/dps/case/CP/CASEPaper88.pdf>

<sup>2</sup> Katherine Phillips, 2022, “Early Years and Maternity Needs Assessment for Dudley” Dudley MBC

<sup>3</sup> <https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report-pdf.pdf>

Figure 1: Dahlgren and Whitehead's model of determinants of health



At age 10 to 14 years old, during the early adolescent phase, behaviour patterns established help determine a young person's health status and their risk for developing chronic disease or ill health in adulthood.

Although early adolescence is generally a healthy time of life, several important public health, and social problems either peak or start during these years. Because adolescents are in development transition, early adolescents are particularly sensitive to environmental, contextual, or surrounding influences.

As demonstrated by Dahlgren and Whitehead model, environmental, wider determinants factors include family, peer groups, schools, neighbourhoods etc and can either support or challenge young people's health and well-being. Promoting the positive development of young people facilitates their adoption of healthy behaviours and thus helps to ensure a healthy and productive future population.

Later adolescence (15 to 25-years-old) is another crucial period for children and young people as they start making independent, important decisions in terms of their future education, employment, and relationships. They become increasingly responsible for their own health behaviours and their lifestyles, all of which have an impact on their adult life.



## Why are early years important?

For better health – good health, wellbeing and resilience are vital for all our children now and for the future of society<sup>3</sup>

Such is the strength of evidence linking experiences in the early years to later health outcomes that this was highlighted as a priority area for the Marmot review<sup>3</sup> back in 2010, for three main reasons: -

- inequalities in the early years have lifelong impacts,
- it is the period of life when interventions to disrupt inequalities, adopt positive behaviours and improve health are most effective,
- any interventions in the early years have been shown to be cost-effective and to yield significant returns on investment (ROI)<sup>2</sup>

For economy – A population in good health is the foundation of a thriving, productive society. This is crucial to improve health outcomes, close growing inequalities and to reduce the vast long-term pressure on NHS resources, staff and waiting lists. Interventions during the early years of an individual's life may have a lifelong impact on an individual's health and wellbeing thus such interventions are likely to have a beneficial ROI.

An example of this cost effectiveness is that failings to deal adequately with perinatal mental health problems comes at an estimated cost of £8.1 billion each year. Social ROI studies showed returns of between £1.37 and £9.20 for every £1 invested<sup>4</sup>. Although this report was published on 12 May 2016, given the recent pandemic and current cost of living crisis, the importance of prevention, reducing inequalities and early years investment are even more important.

Given the evidence on the importance and benefits of addressing the needs of children in early years, and to compliment the EYM needs assessment for Dudley, this needs assessment was undertaken focussing on children and young persons from 5 – 25 years old in Dudley.

## Needs assessment

A needs assessment is about identifying the needs of a local population. It is a systematic process for determining and addressing needs (or gaps) between current conditions and desired conditions (wants). Resources, services, and initiatives can then be planned and delivered to meet those needs.

Local needs assessments can help establish the extent and nature of the problem in the area, describe the socio-demographic profile of users and then used to inform part of the planning process for services, training, interventions etc<sup>5</sup>

By clearly identifying the problem, finite resources can be directed to addressing needs. Gathering appropriate and sufficient data inform this process. Given the target group (5 years to 25 years) and how susceptible this group are to external factors (as described above) as part of this need

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<sup>4</sup> <https://www.gov.uk/government/publications/health-matters-giving-every-child-the-best-start-in-life/health-matters-giving-every-child-the-best-start-in-life#why-the-early-years-are-so-crucial>

<sup>5</sup> <https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children/population-health-needs-assessment-a-guide-for-0-to-19-health-visiting-and-school-nursing-services#what-is-health-needs-assessment>

assessment process an initial scope of readily available data, along with gathering local historical insight data from wider members of the Public Health team was utilised to focus on broad areas and topics for the NA.

**Figure 2: - Simple Needs Assessment process**



Needs Assessment toolkit (ct.gov)<sup>6</sup>

### Rationale, aims and objectives

In 2019, Dudley was selected by the Early Intervention Foundation (EIF) to take part in the Early Years Transformation Academy (EYTA), a 12-month intensive, applied programme to develop the local maternity and early years system in the light of the latest information.<sup>2</sup>

Following this the Dudley Early Help Strategy 2021 -24 was refreshed, helping children, young people and their families thrive. It was a commitment for partnership ensuring most effective and co-ordinated working to support children and families as early as possible.<sup>7</sup>

It describes a focus on early years, the first 1001 days, and an emphasis on the importance of education in Dudley.

<sup>6</sup> <https://portal.ct.gov/SDE/Turnaround/Turnaround-Office/School-Improvement-Resources/Needs-Assessment-Toolkit>

<sup>7</sup> <https://www.dudley.gov.uk/residents/care-and-health/children-and-family-care/early-help-for-children-and-families/>

## Aims

For children (5 to 25 years old) and their families the aims are: -

1. To collate focussed information, identify gaps and provide in depth information around children 5 to 25 years and their families
2. To provide more in-depth profiles of the localities within Dudley
3. To identify any health inequalities that exist between groups
4. To produce a list of recommendations and findings which can contribute to a wider JSNA, strategies and commissioning plans,

in order that: -

- children and families in Dudley can survive and thrive
- children can build strong, loving, and protective relationships with families and others
- interventions and services support children's long-term health and development, support aspirations and goals
- improvements in health and live continue for all whilst addressing inequalities.

The objectives are: -

1. To gather data to describe
  - Population profile of Dudley,
  - Wider determinants with possible impacts on 5 to 25 years old and their families including poverty, crime, housing, employment, and health,
  - Primary and secondary school profiles including free school meals, achievements of a good level of development, absenteeism, academic achievement via exam scores,
2. To compare outcomes in Dudley with neighbouring authorities and national targets,
3. To review literature to identify examples of policy and guidance which will influence or impact on 5- to 25-year-olds and their families,
4. To provide a balanced discussion and narrative on the findings leading to a series of recommendations.

## National and local drivers

As detailed previously there is a plethora of policies and guidance that can or will impact on children and their families. An example of some of those more directly impacting on children are detailed below

### National drivers

- NHS Long Term Plan – first published in January 2019 – highlights NHS action on prevention and health inequalities. It details action by the NHS is a complement to, but cannot be a substitute for, the important role for local government and includes prevention programmes to, for example reduce obesity, cut smoking etc
- Health and Social Care Act 2022 – which states children (and pregnant women) must be a priority in the new NHS structure. Integrated Care Boards (ICBs) are required to set out steps they will take to address the needs of children and young people under the age of 25 years in their five-year forward plan, appoint an executive children’s lead and have a duty to safeguard children,
- Children’s and Families Act 2014 – makes provisions about children, families and people with special educational needs or disabilities,
- Early moments matter for every child (UNICEF 2017) – report on early childhood development and how to improve it,
- No child left behind (PHE 2020) – guidance to inform coordinated approaches to reduce the number of children who are vulnerable to poor health and wellbeing and to take action to mitigate risks of poor outcomes,
- Best start in life and beyond (PHE Feb 2021) – guidance for Local Authorities statutory responsibility for commissioning public health services for children and young persons aged 0 – 19 years,
- Child Health in 2030 in England (RCPCH Oct 2018) – noted that England/the UK currently have poorer outcomes than the average across EU 15+ and secondly inequalities observed are likely to widen over the next decade eg. Infant mortality and obesity,
- Reducing inequalities in early childhood: learning from a better start (National Children’s Bureau 2022) – this and all below focus on inequalities and the advantages to addressing them in early childhood,
- Best start for life: a vision for the 1001 critical days (HM Government 2021),
- Fair Society, Healthy Lives (The Marmot Review) (Institute of Health Equity 2010),
- Healthy Child Programme: 5 – 19 years old (department of Health 2009),
- Early adolescence: applying all our health (PHE 2019).

### Local drivers

- Funding family centres – part of the Early Help Services within Dudley Borough,
- Dudley Early Help Strategy 2021 – 2024: helping children, young people and families thrive,
- Child Friendly Dudley initiative – how the Council is working with partners, stakeholders, community groups, schools, and residents to build a new “child friendly Dudley”,
- Safer Dudley – Preventing and Reducing Serious Violence in Dudley Strategy for 2023-2026: aiming for a safe and healthy borough, where all, including children and their families, are protected from harm,
- Strategy to mitigate the impact of poverty – poverty and those living in lower socioeconomical status are known to have worse health outcomes, shorter life expectancy, additional stresses from being unable to meet basic needs and access to service eg. Food, heating their home etc

### 3: Background information

Located on the edge of the West Midlands conurbation, Dudley is at the heart of the Black Country, which also includes the neighbouring boroughs of Sandwell and Walsall and the city of Wolverhampton. Rather than one primary centre there are four main towns interspersed with smaller towns and urban villages. The main town centres being Dudley, Stourbridge, Halesowen, and Brierley Hill.<sup>8</sup>

Dudley is the fifth most densely populated of the West Midlands' 30 local authority areas with an estimated population of 323,500 residents of which approximately just under 91,000 are under the age of 25 years. Although a high percentage of the population are classed as white British, since 2001 census Dudley has become more ethnically diverse.

Compared to adjoining local authorities, Dudley is the least socio-economically deprived borough in the Black Country however 28.1% of the Dudley borough population still live in areas in the 20% most deprived in England.<sup>9</sup> This resulting in a bimodal distribution of wealth in Dudley where some areas in the borough are regarded as affluent however over a quarter of wards being in the 20% most deprived in England.

In terms of health, life expectancy at birth for females in Dudley is 82.2 years which is almost 1 year less than the England average of 83.1 years. Males in Dudley have a life expectancy of 78.8 years, lower than their female counterparts and 0.6 years less than England average. As with other indicators of health, deprived areas have much worse outcomes, when comparing the least deprived to most deprived decile there is a gap of just under 8 years for women and a decade for men in life expectancy.

**\*throughout the document reference is made to caregivers – this term will include parents, guardians and/or other caregivers as appropriate.**

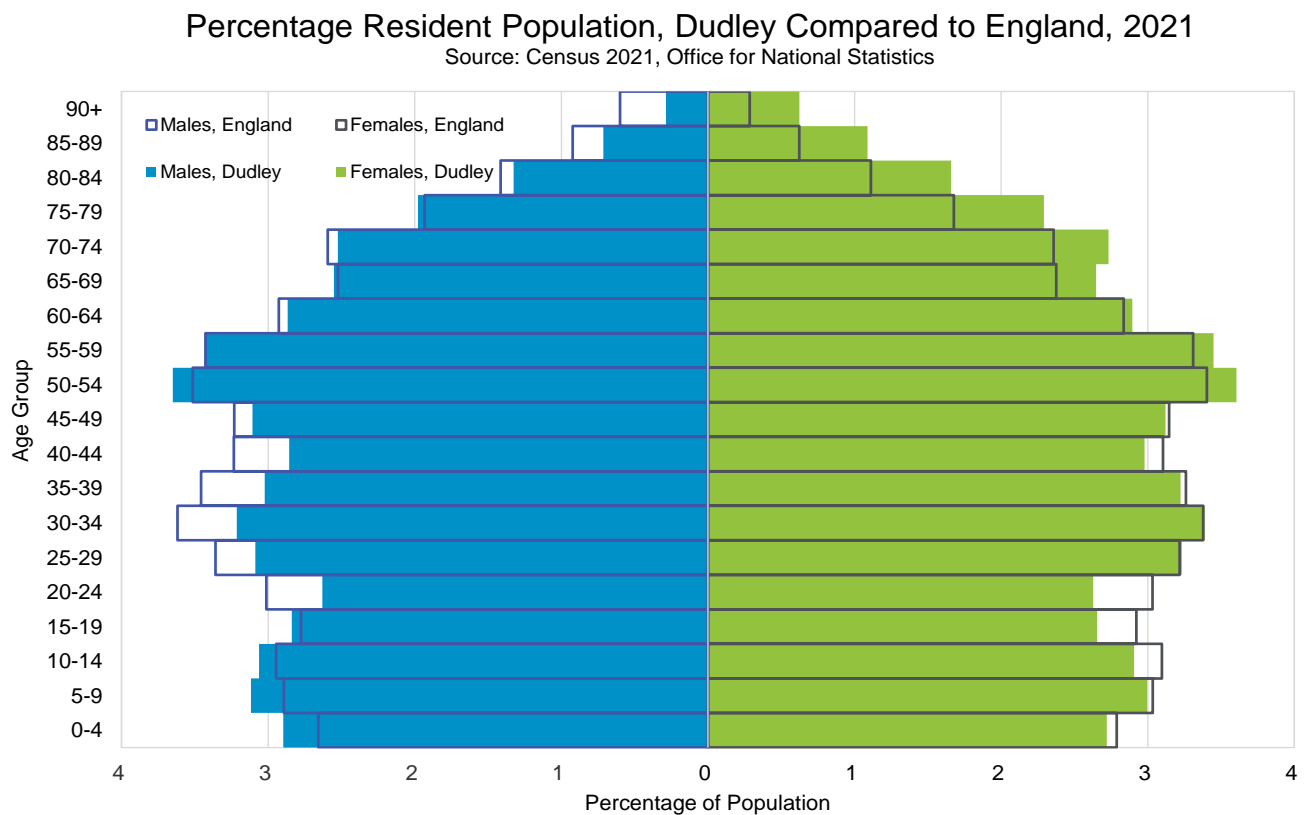
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<sup>8</sup> <https://www.allaboutdudley.info/home/the-borough/>

<sup>9</sup> <https://www.blackcountryandwestbirmccg.nhs.uk/about-us/our-places/dudley>

## Dudley population profile

**Figure 3: Dudley population profile (2021)**



According to the latest Census (March 2021) the estimated population of Dudley was 323, 500, an increase of 3.4%, from around 312,900 in 2011. This is lower than the overall increase for England (6.6%), where the population grew by nearly 3.5 million to 56,489,800. Nearby areas like Sandwell and Birmingham have seen their populations increase by around 11.0% and 6.7%, respectively, while others such as Wolverhampton saw an increase of 5.7% and South Staffordshire saw smaller growth (2.2%).

At 3.4%, Dudley's population increase is lower than the increase for the West Midlands (6.2%).

Of the 323, 500 population: -

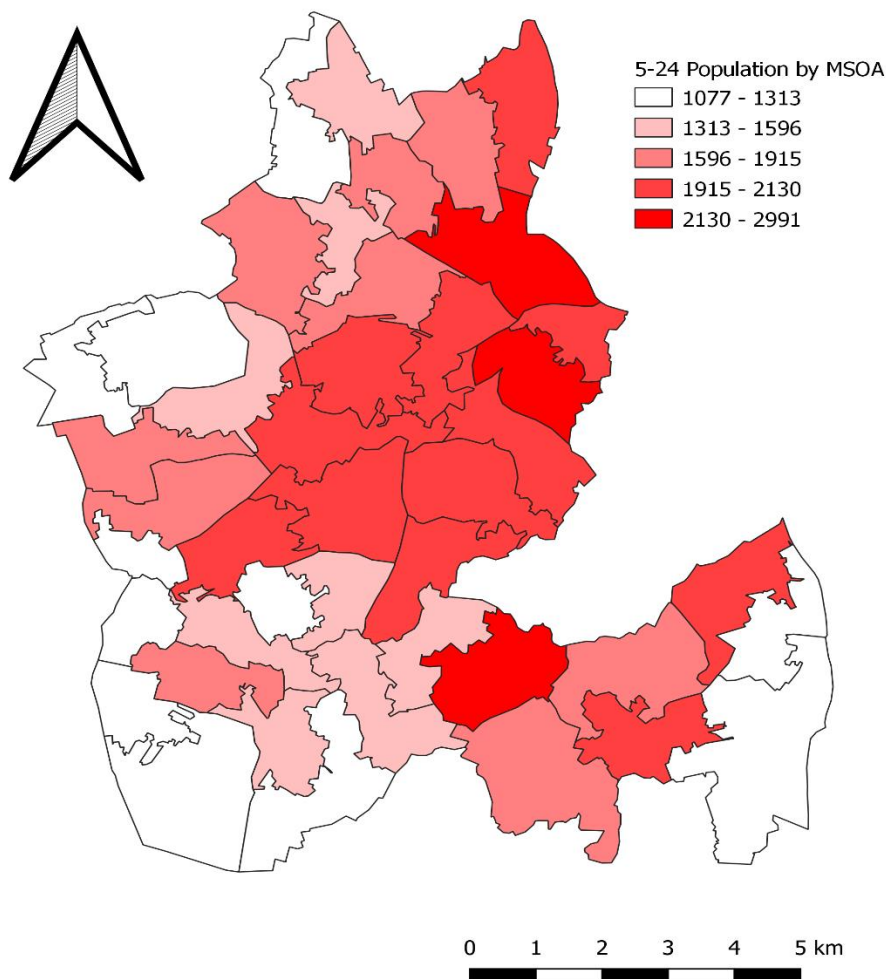
- 50.8% are female,
- 49.2% male.

28.4% (approximately 90, 580) of the population in Dudley are under the age of 25 years old, similar to England average of 29.0%. Although broadly a similar picture for the 0 – 19 population, Dudley appears to have a lower % population in the 20 – 24 age group when compared to England average. This appears to be replicated for all of the 25 -49 years age group. (see table 1)

Dudley has in all ages less male population (49.2%) compared to female (50.8%) which is opposite when compared to England (51% male v 49% female)

In 2021, there were 39,041 families with at least one dependent child in Dudley.

**Figure 4: 5 – 24 years population by MSOA**

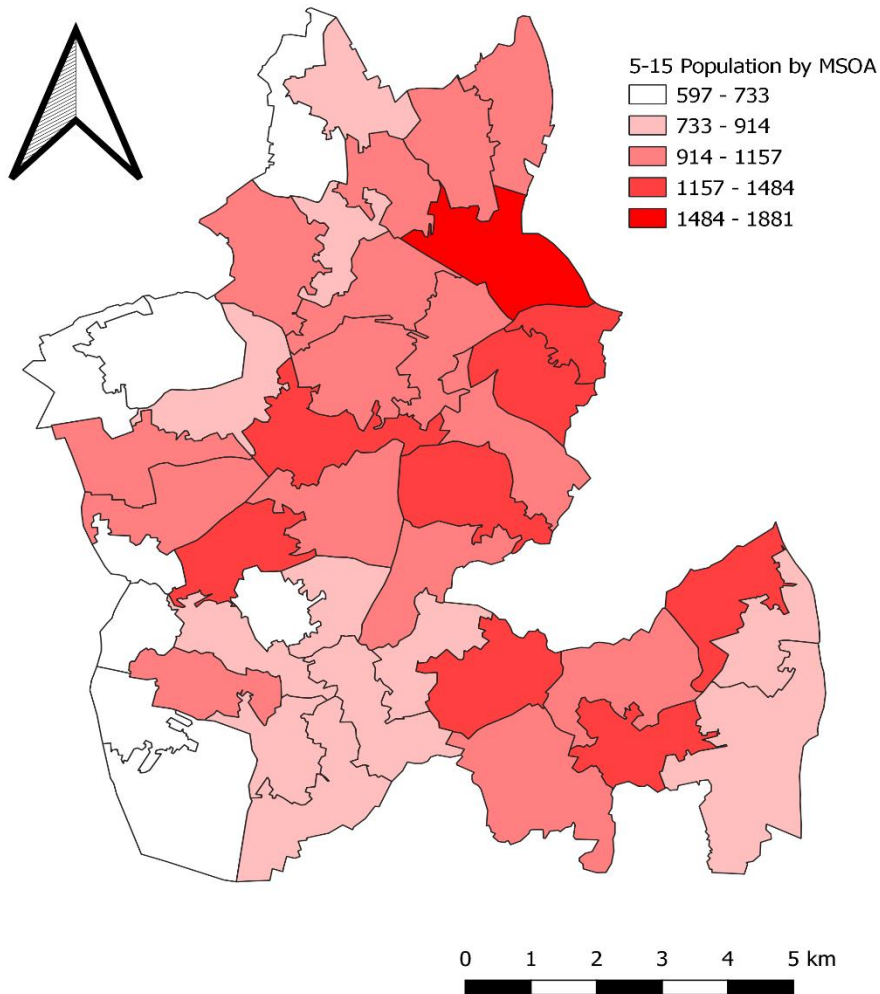


Source: Census 2021  
Produced by: Intelligence Team, Dudley MBC  
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This demonstrates visually the population aged 5 to 24 years. Can clearly see distinct areas of higher populations suggesting higher concentrations of families or housing. Those areas with lower 5 – 24 years population are generally where there are lower number of households with dependent children, more affluent and less concentrated population.

MSOA areas Wollaston, Ashwood, Withymoore Village and Norton South have the lowest 5 – 24 years population of circa 1,100. Areas such Dixon Green and Cradley East having more than double the population with circa 2,500 however Dudley Priory and Wrens Nest being most populated 5 – 24 years old at nearly 3,000 population.

**Figure 5: 5 – 15 years population by MSOA**



Source: Census 2021  
Produced by: Intelligence Team, Dudley MBC  
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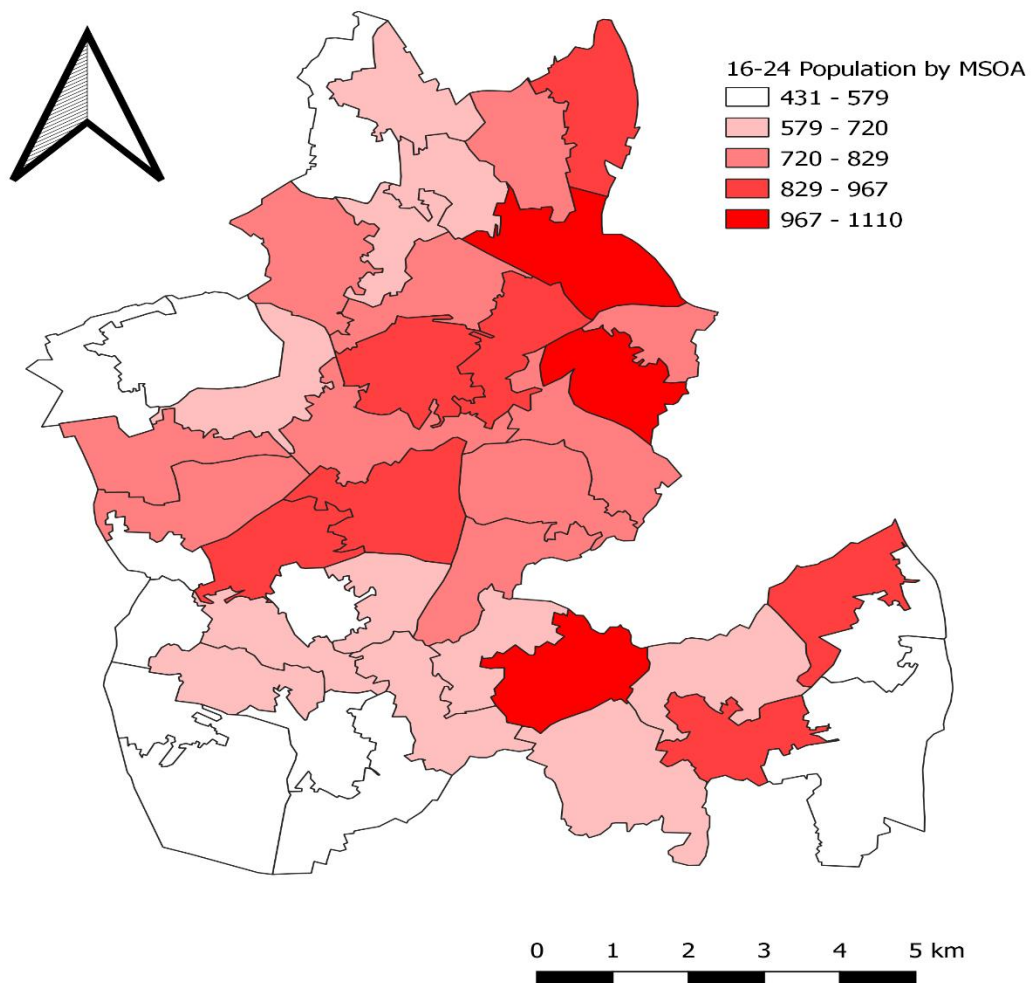
This age group (including 16-year-olds) are the group statutorily required to be in full-time education. This transition introducing new challenges and experiences allowing people to develop new social skills and relationships

Again, Withymoore Village, Ashwood and Woolaston are the MSOA areas with lowest population aged 5 -15 (circa 600)

Dixons Green, Cradley East have a population more than double the lowest areas with circa 1,400 population. Dudley Priory and Wrens Nest has the highest population with more than 3 times the lowest areas at circa 1,900 population.



**Figure 6: 16 - 24 years population by MSOA**



Source: Census 2021  
Produced by: Intelligence Team, Dudley MBC  
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This age group are children/young people who may have or be transitioning from formal full-time education to either further education, training or exploring the transition into employment.

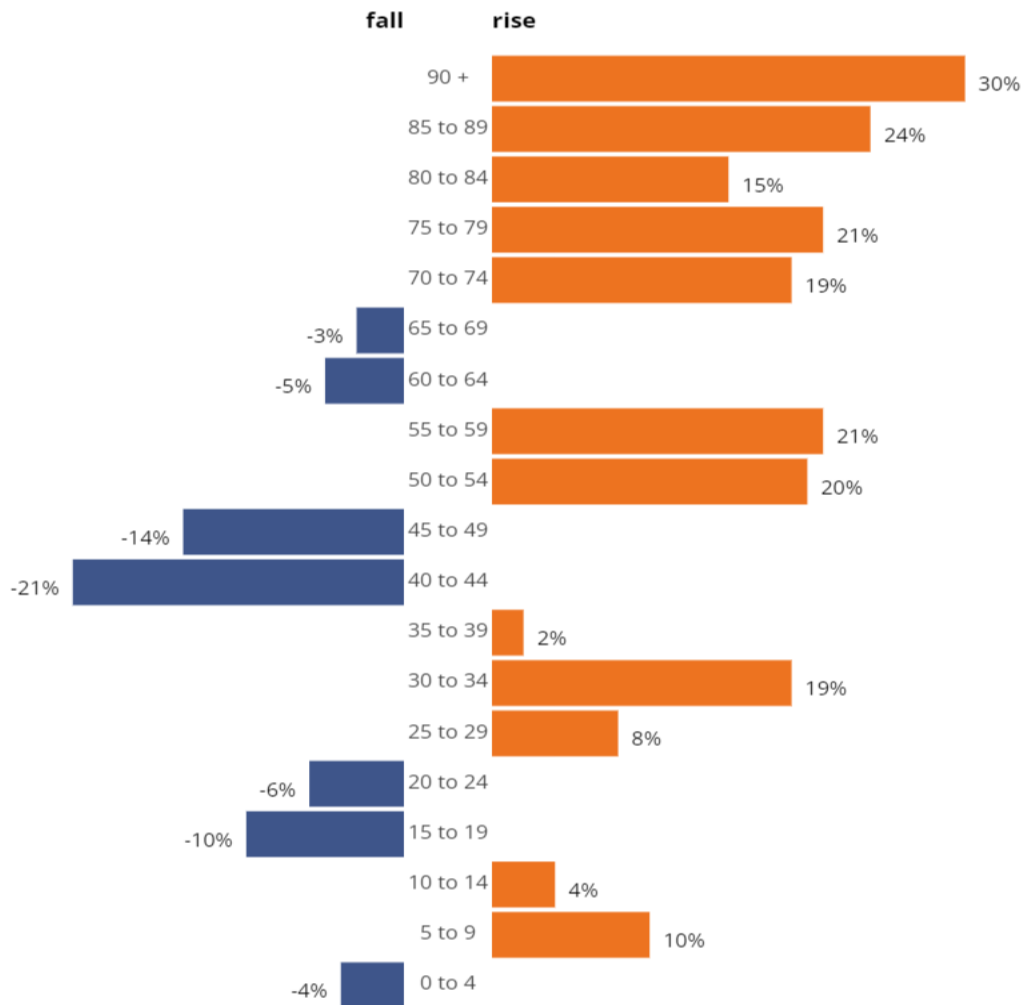
In this age group, Norton South, Woolaston and Kingswinford North have the lowest population with circa 450.

Dixons Green, Cradley East and Dudley Priory & Wrens Nest having the highest population with circa 1,050 population (more than double those in lowest MSOA population).

The use of data and population maps can help inform possible locations when planning any potential interventions or piloting any schemes as they indicate highest population of target group and therefore potentially largest cohort the intervention aimed at. It is also a useful reference to

indicate any possible association between different indicators measured and thus warrant further investigation.

**Figure 7: Population change by age group in Dudley, 2011 to 2021<sup>10</sup>**

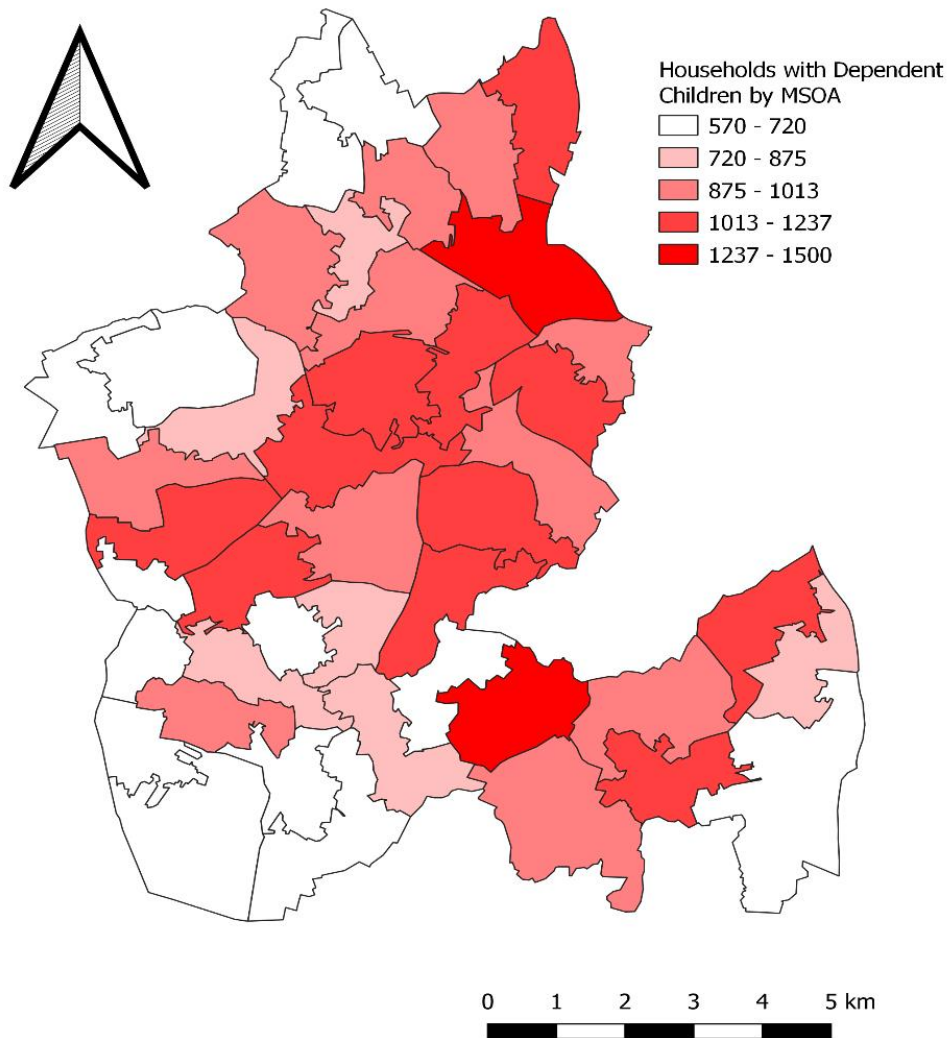


Population forecasts are difficult to accurately quantify however figures reported by the ONS in 2018 estimates that the population of Dudley is forecast to be 330,432 in 2025 and 336,516 in 2030. This however does not factor in any new migration to the area, significant housing/building projects or potential impacts such as completion of travel infrastructure (HS2 etc).

Notwithstanding this difficulty forecasts are important when planning any services, assets, or resources to address potential new demands, needs for services etc in order to offer the best start to life for children in Dudley.

<sup>10</sup> <https://www.ons.gov.uk/visualisations/censuspopulationchange/E08000027/>

**Figure 8: Households with Dependent Children by MSOA**



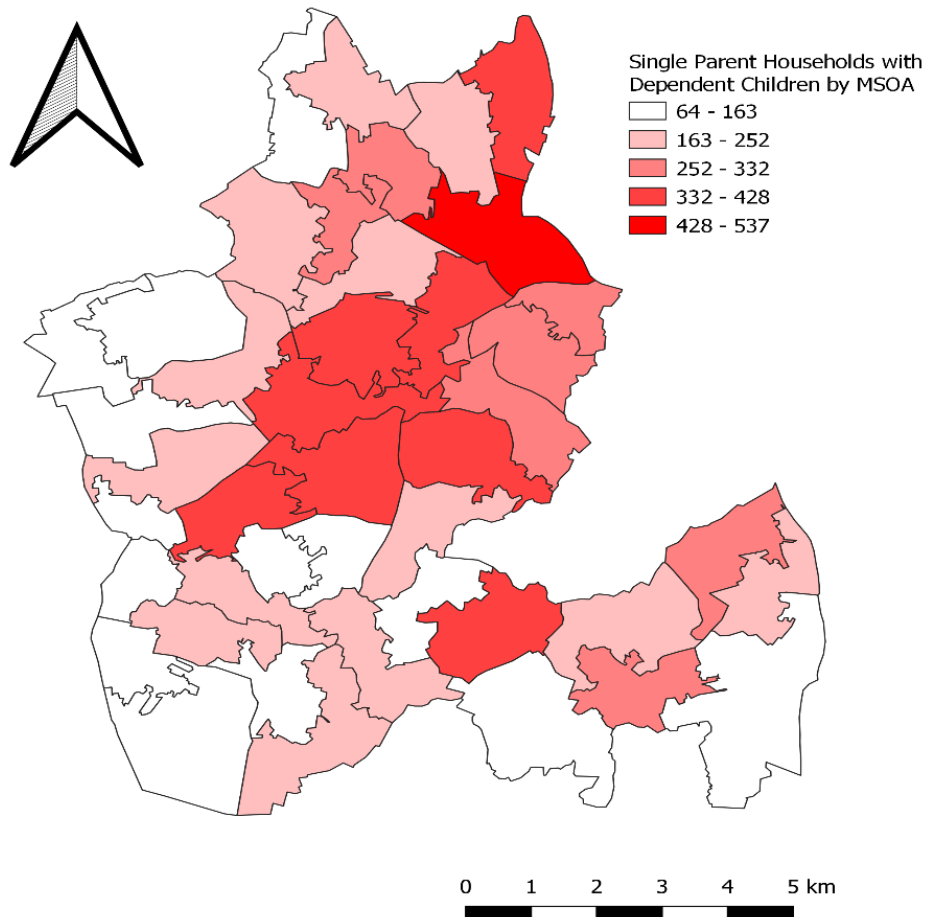
Source: Census 2021  
Produced by: Intelligence Team, Dudley MBC  
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Withymoor Village, Ashwood and Woolaston had the lowest number with circa 600 Households in each MSOA, with Hawbush and Cradley East circa 1,200 – 1,300 households and Dudley Priory & Wrens Nest with over 2 ½ times as many at 1,500 Households.

## Single Parent Households

Single parent families may be a result of many situations including unplanned pregnancy, choice, relationship breakdown, divorce, or bereavement. Single parent families may face significant challenges including poverty, isolation and loneliness, poor health or disability and judgemental attitudes. Most single parents are women, so gender inequality is a key issue. Single parents and their children face around twice the risk of poverty as couples.<sup>11</sup>

**Figure 9: Single parent households with dependent children by MSOA**



Source: Census 2021  
Produced by: Intelligence Team, Dudley MBC  
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Following similar patterns, Withymoor Village has the lowest number of single parent households with 64, and Dudley Priory & Wrens Nest MSOA the highest with nearly 9x as many single parent families at 537.

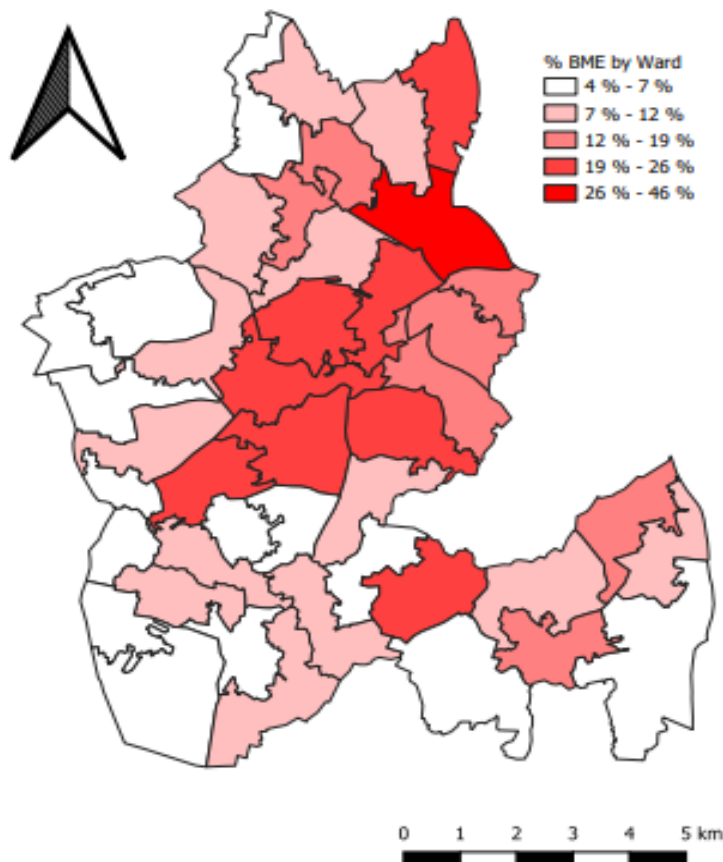
<sup>11</sup> [https://opfs.org.uk/wp-content/uploads/2020/10/OPFS-briefing-on-single-parents-lived-experience-july2020\\_edited.pdf](https://opfs.org.uk/wp-content/uploads/2020/10/OPFS-briefing-on-single-parents-lived-experience-july2020_edited.pdf)

## Ethnicity of children

In England, there are health inequalities between ethnic minority and white groups, and between different ethnic minority groups which has been exacerbated and highlighted during the Covid-19 pandemic. Unpicking the causes of ethnic inequalities in health is difficult. Available evidence suggests a complex interplay of deprivation, environmental, physiological, health-related behaviours and the 'healthy migrant effect'<sup>12</sup>. However, recognition of different groups, religion and social norms need to be understood before implementing any interventions in order to meet their needs.

**Figure 10: BME as percentage of population by Ward Age 5 - 24**

### BME as percentage of Population by Ward Age 5 - 24



Source: Census 2011  
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In Dudley, data from the 2022 census indicates there are circa 14,400 BAME population aged under 20 years, which is 18.9% of that age group.

The ward with the highest BAME population being Castle and Priory.

<sup>12</sup> <https://www.kingsfund.org.uk/publications/health-people-ethnic-minority-groups-england>

## 4: Social determinants of family wellbeing

Children and young people’s physical, emotional, and mental wellbeing are significantly shaped by the social determinants of health into which children and young people are born, live, learn and grow. There is a complex interrelationship between the experiences an individual child has in a family and those they experience in the wider community. Negative experiences, both at home and in the community, may mean that children are not only at greater risk of poorer outcomes because of these experiences but also of engaging in harmful activities as they grow up which increase their risks still further. This can perpetuate inequality throughout life and from one generation to the next. It emphasises the importance of addressing the risk factors which make children more vulnerable at an individual level but also in terms of the causes of wider risk factors in families and within a community.<sup>13</sup>

### Material well-being

Socio-economic disadvantage is one of the main causes of health inequalities in the UK. Factors such as income, employment, education, and community safety contribute around half of modifiable factors affecting health and life expectancy. This paper outlines the current picture of poverty in Dudley, the evidence to mitigate poverty, and the key role of economic development in levelling up across the borough.

Poverty can be easily defined as households where expenditure on necessities exceeds income. However, there are a variety of national definitions including relation to mean national income, fuel poverty and eligibility to means tested welfare benefits. Data from 2020/21 indicates that nationally

- 25% of children live in low-income households
- 70% of these children live with an adult who works
- 40% of people in receipt of Universal Credit are working adults
- 15% of older people live in low-income households

Dudley borough has a similar picture, with 1 in 4 children living in low-income families, and 1 in 5 children living in absolute low-income families. However, Dudley is the least socio-economically deprived borough in the Black Country. 16% of those over 65 years of age are living in low-income households and 17% of households have fuel poverty. Just over 9,000 people are currently unemployed and seeking work in the borough, slightly down from 2021.<sup>14</sup>

School attainment, employment opportunities and long-term health conditions all have an impact on socioeconomic status and mental wellbeing.

However, national data lags behind the real time experience of citizens. The current national picture is of increases in costs associated with energy, housing, and food at a time when wage rises have not kept up with inflation

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<sup>13</sup>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/913764/Public\\_health\\_approach\\_to\\_vulnerability\\_in\\_childhood.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/913764/Public_health_approach_to_vulnerability_in_childhood.pdf)

<sup>14</sup> Angela Cartwright, Nov 2022, “Senior Executive Board 17<sup>th</sup> November 2022: Report of the strategic mitigating poverty partnership: Poverty and economic development – the Dudley approach”

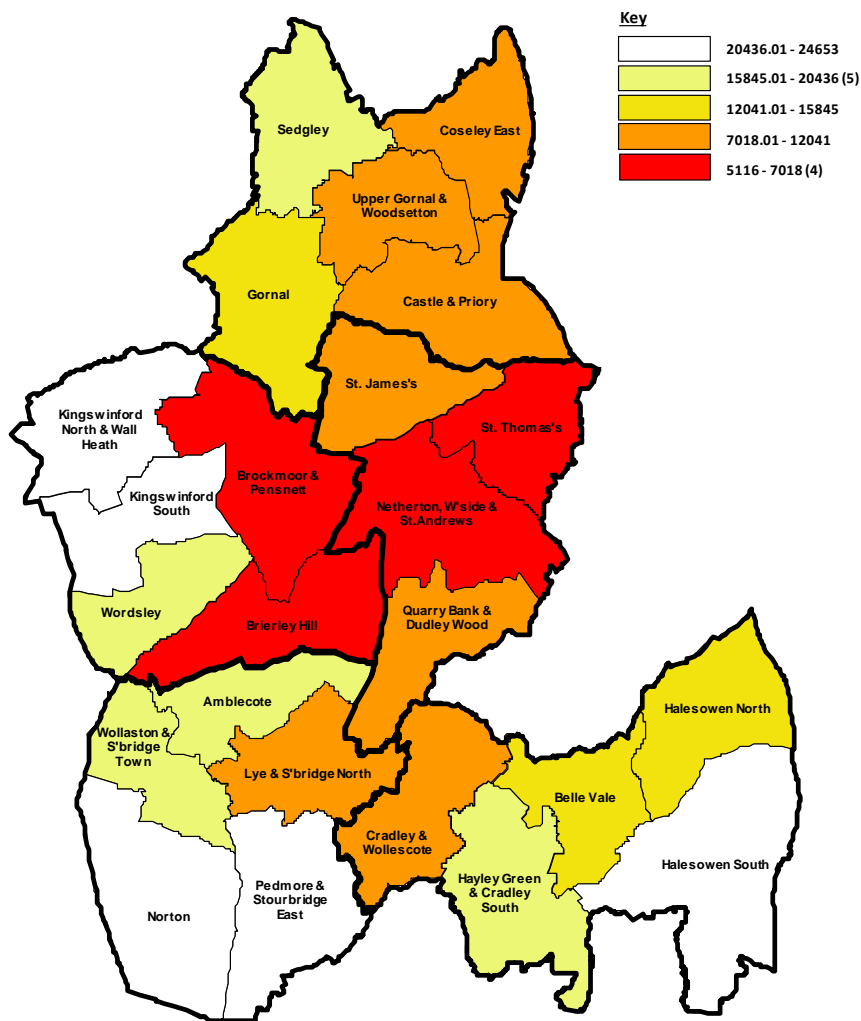
In Dudley, those living with the greatest socio-economic deprivation die on average five years earlier than their more affluent neighbours. Poverty reduces healthy life expectancy by 15 years, placing a toll on individual wellbeing and on both health and social services. The stress of poverty can hinder children's brain development with lifelong consequences for health and mental wellbeing into adulthood. Poor mental health is closely associated, with the impact being both causal and as a consequence of poverty.

Poverty is linked with higher infant mortality, low birthweight, and prematurity, with children from poorer households less likely to be ready for school at four, and lifelong impacts on educational attainment and employment opportunities.

Many of the key health behaviours significant to the development of chronic disease follow social gradient: smoking, obesity, lack of physical exercise, unhealthy diet etc.

The current cost of living crisis, coupled with recent Covid-19 pandemic is resulting in ever increasing social and economic inequalities.

**Figure 11: Average Index of Multiple Deprivation (IMD) ranking by ward.**



**Source: Local Insight**

The Index of Multiple Deprivation ranks each small area (LSOA) in England from most deprived to least (a lower rank means higher deprivation) based on 7 domains: income, employment, education, health, crime, barriers to housing and services, and living environment. The average of these ranks is calculated for each ward.

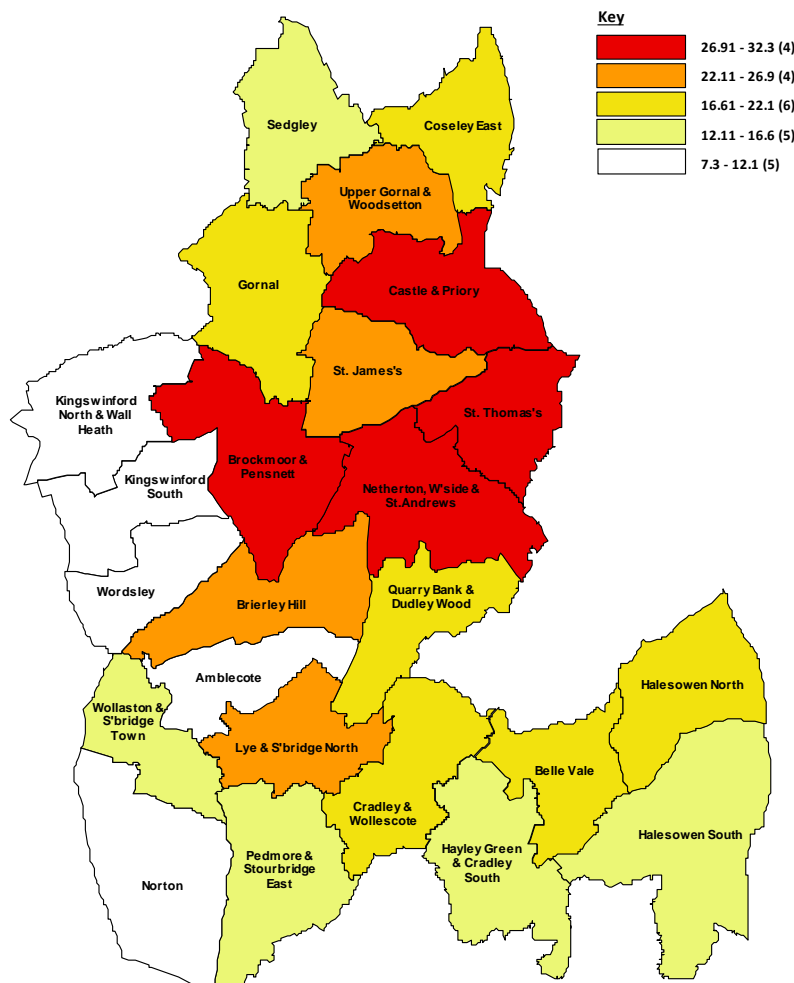
Compared to other areas in the Black Country, Dudley has the highest IMD rank (is the least deprived). It is ranked 104 most deprived out of 317 local authorities.

The most deprived ward is Netherton, Woodside & St Andrews and the least deprived is Kingswinford North & Wall Heath.

Dudley Central and North contain wards with higher average IMD ranks and Stourbridge and Halesowen contain wards with lower average IMD ranks. Brierley Hill has a mixture of high and low rankings.<sup>2</sup>



**Figure 12: Childhood deprivation in Dudley by ward: IDACI 2019**



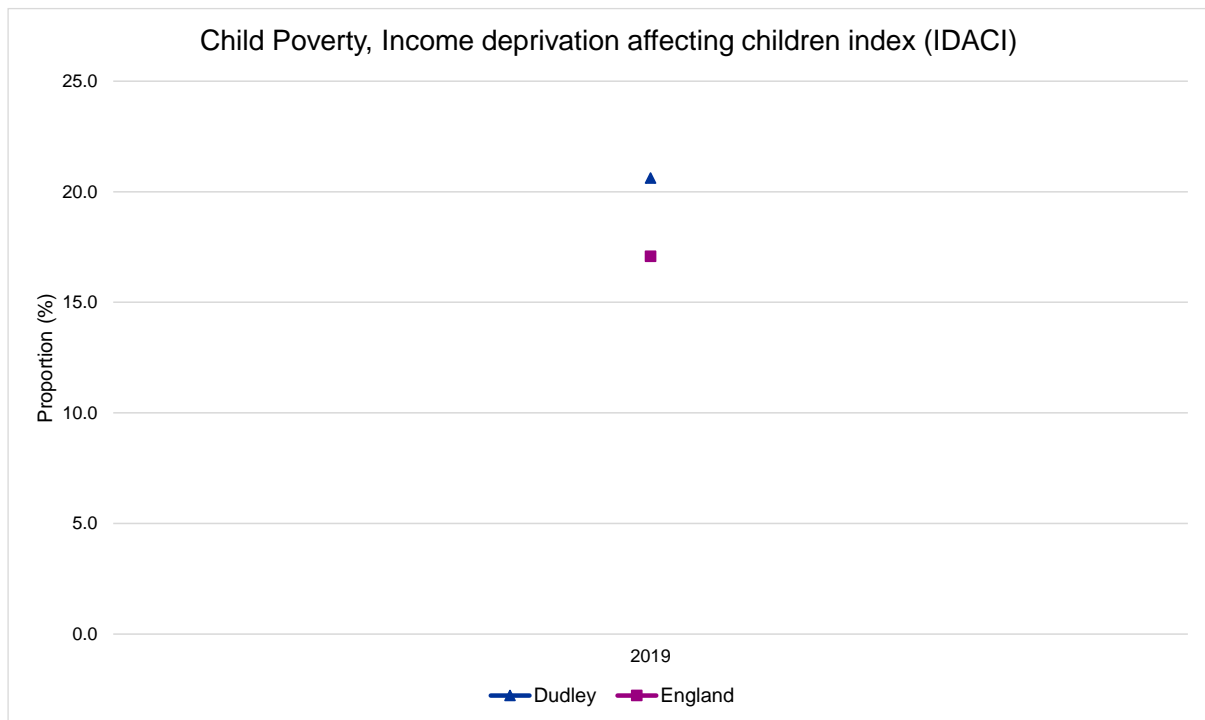
**Source: Local insight**

Income deprivation affecting children index (IDACI) measures the proportion of all children aged 0 – 15 living in income deprived families. A higher score indicates that an area is experiencing high levels of deprivation.

Compared to other areas in the Black Country, Dudley has the highest IDACI rank (is the least deprived) notwithstanding this there are 28 LSOAs in Dudley that fall within the 10% most deprived areas in England when ranked on the IDACI measure. Dudley is still ranked 72 most deprived out of 317 local authorities.

The ward with the highest IDACI score is Brockmoor & Pensnett and the ward with the lowest IDACI score is Kingswinford North & Wall Heath

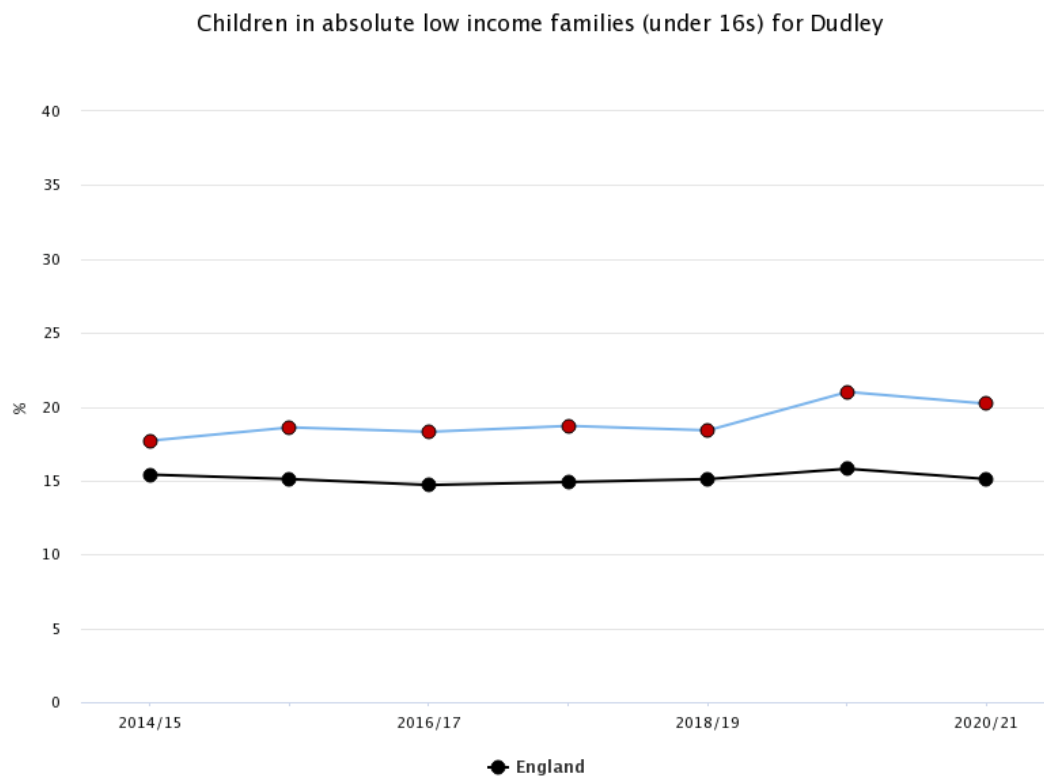
**Figure 13: Child Poverty, Income deprivation affecting children index (IDACI)**



This visually demonstrates the significant difference in proportion of child poverty in Dudley compared to England average.

Although from 2019, following which both the global pandemic and current cost of living crisis may have exacerbated the problem, data shows that 20.6% of all children aged 0 – 15 living in Dudley are living in income deprived families. This is significantly worse than the England average of 17.1%

**Figure 14: Children in absolute low-income families (under 16s) for Dudley**



The Marmot Review<sup>4</sup> suggests there is evidence that childhood poverty leads to premature mortality and poor health outcomes for adults. Reducing the numbers of children who experience poverty should improve these adult health outcomes and increase healthy life expectancy. There is also a wide variety of evidence to show that children who live in poverty are exposed to a range of risks that can have a serious impact on their mental health.

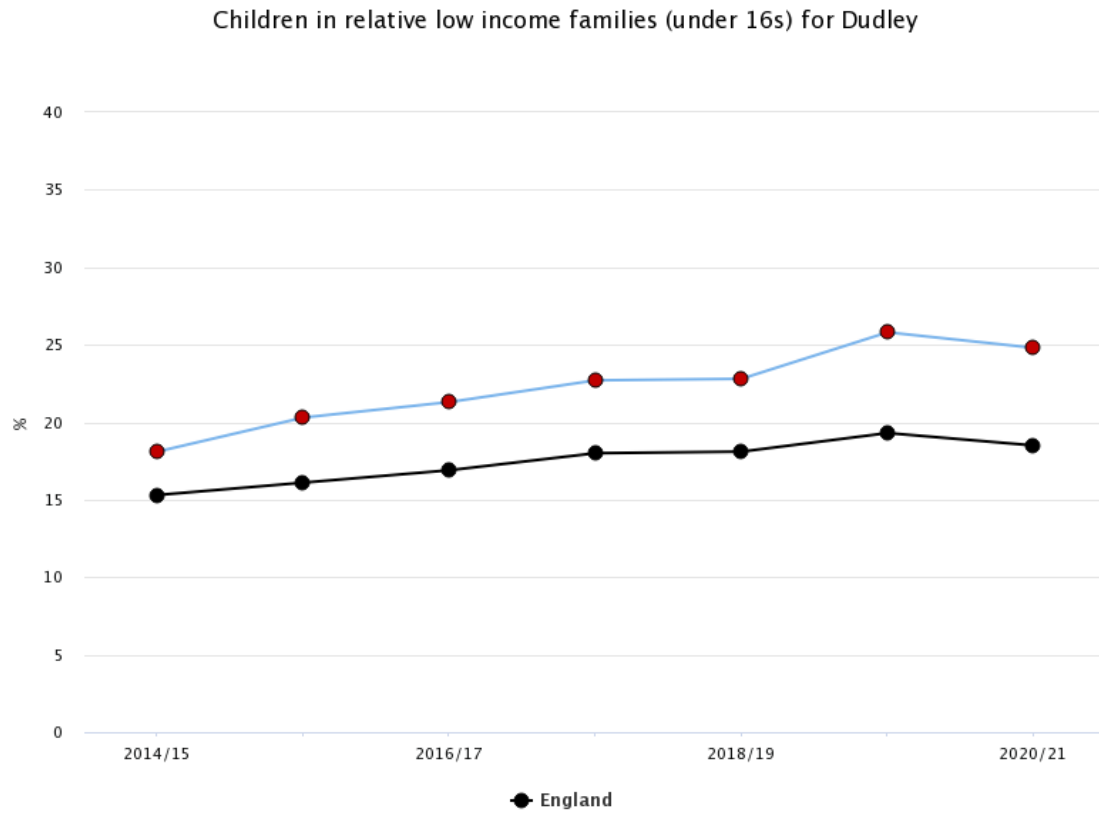
In 2020/21, 12,604 children under 16 years old were in families classed in absolute low income (20.2% of all families) compared to the West Midlands average of 20.0% and England 15.1%. Recent trend shows this % is increasing and getting worse, the gap between Dudley and England average getting wider. The lag in data does not take in to account the full effect of covid and recent cost of living crisis (which data suggests may have had a significant impact on Dudley children and their families).<sup>15</sup>

The trend in Dudley is increasing and getting worse.

15

<file:///C:/Users/Stephen.Barlow/Desktop/needs%20assessment/Impact%20of%20COVID%20on%20inequaliite%20in%20Dudley%20March%202021.pdf>

**Figure 15: Children in relative low-income families (under 16s) for Dudley.**



In 2020/21, 24.8% of children in Dudley were in families with relative low income, which is broadly similar to the West Midlands Region of 24.6%, however it is significantly higher than the England average of 18.5%

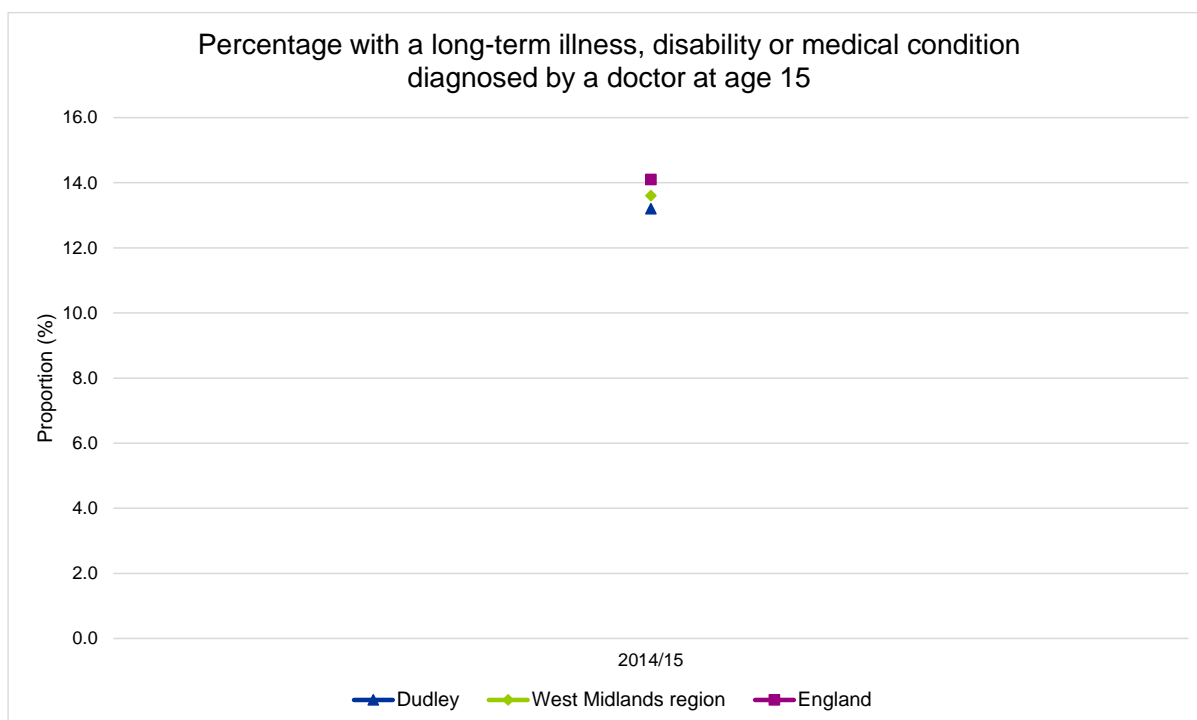
This trend is increasing and getting worse.

## 5: Health and healthcare services

Health is not just about living longer; it is also about living healthier for longer. Poor health in childhood and adolescence can have a significant impact on overall life chances, with certain unhealthy behaviours having medium to long-term impacts on health.

This section looks at the health of the 5 – 25 years population, indicators for better health e.g., vaccination uptake and access to healthcare services. There may be some overlap with data within the Education section of the Needs Assessment.

**Figure 16: Percentage with a long-term illness, disability or medical condition diagnosed by a doctor at age 15**

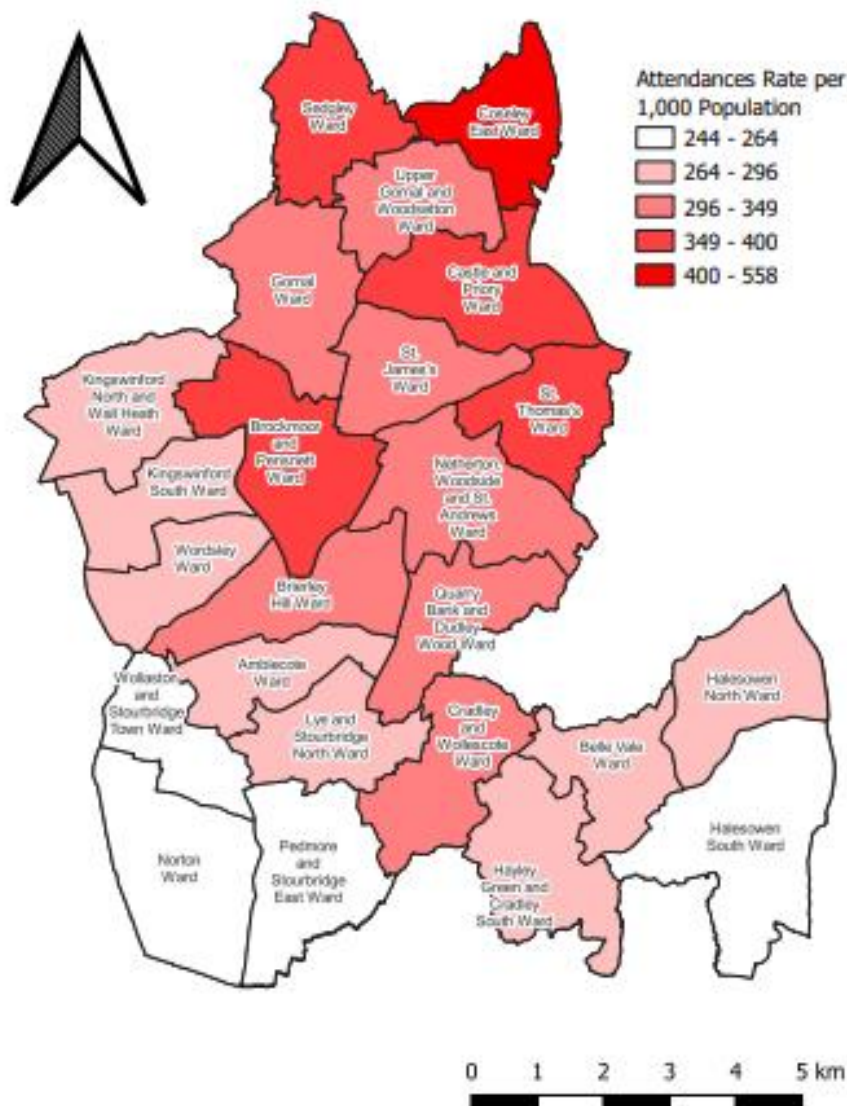


Better health (or more accurately lower % long-term illness, disability or medical condition diagnosed by a doctor at age 15) in young age can have significant benefits for later life.

Although this data is from 2014/15 and from a self-assessment "What About YOUth (WAY) survey) and therefore may introduce some bias, it is a useful indicator to self-rated health.

In 2014/15 In the WAY survey, 13.2% of 15-year-olds in Dudley reported having a long-term illness, disability or medical condition diagnosed by a doctor, lower than the West Midlands Region of 13.6% and England average of 14.1%.

Figure 17: A&E attendance rate (0 – 25 years old) – 2018/19

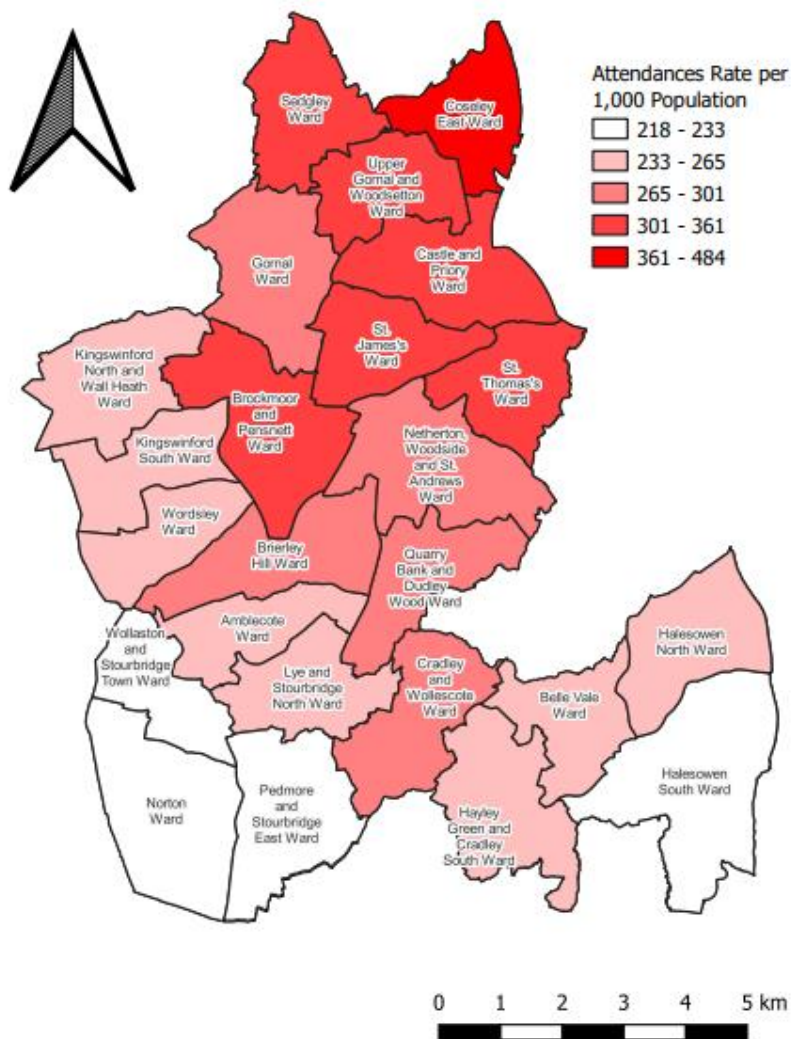


Source: HES NHS Digital  
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Data suggests that Norton was the lowest ward for A&E attendances with 767 attendances in the year at a rate of 243.7 per 1,000 population. Coseley East ward was the highest with 2,167 attendances at a rate of 557.6 per 1,000 population.

Given the main hospital for Dudley is positioned the southwest Corner of St James’s ward, proximity of A&E would not be considered one of the influencing factors. Other wider factors such as access to GP’s, walk in centres etc could be a factor. Further investigation would be required.

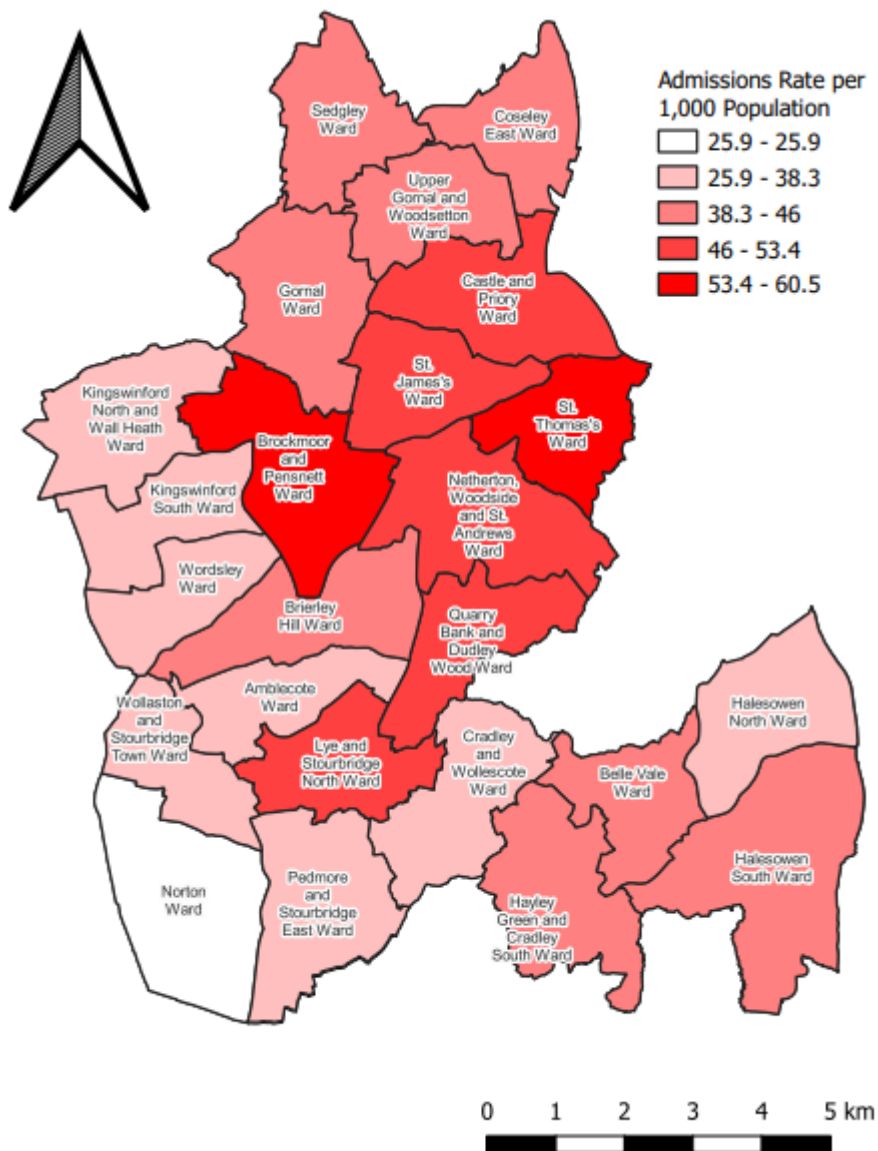
Figure 18: A&E attendances rate (5 – 25 years old) – 2018/19



Source: HES NHS Digital  
 Produced by: Intelligence Team, Dudley MBC  
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Again, Coseley East has the highest number of attendances for this age group (5 – 25 years old) at 1,533 or a rate of 483.9 per 1,000 population whereas Wollaston and Stourbridge Town were the lowest with 655 attendances at a rate of 218.3 per 1,000 population.

Figure 19: Emergency admissions (5 – 25 years old) - 2019/20

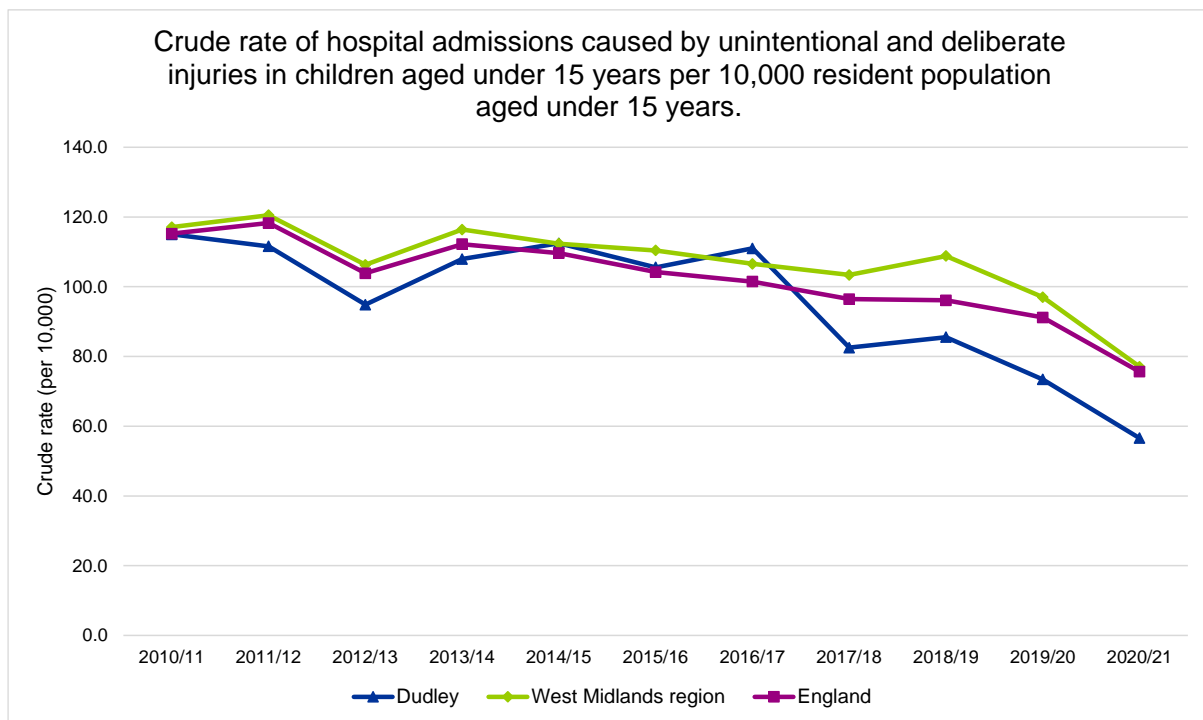


Source: HES NHS Digital  
 Produced by: Intelligence Team, Dudley MBC  
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The wards with the lowest rates of emergency admissions were Amblecote, Halesowen North and Kingswinford South (35.4/1,000, 36.8/1,000 & 36.8/1,000 respectively). Highest rates were observed in Brockmoor and Pensnett ward and St Thomas's at 60.5/1,000 and 57.3/1,000 respectively. Both these wards are near the A&E Hospital for the Borough which could be a factor in these rates.



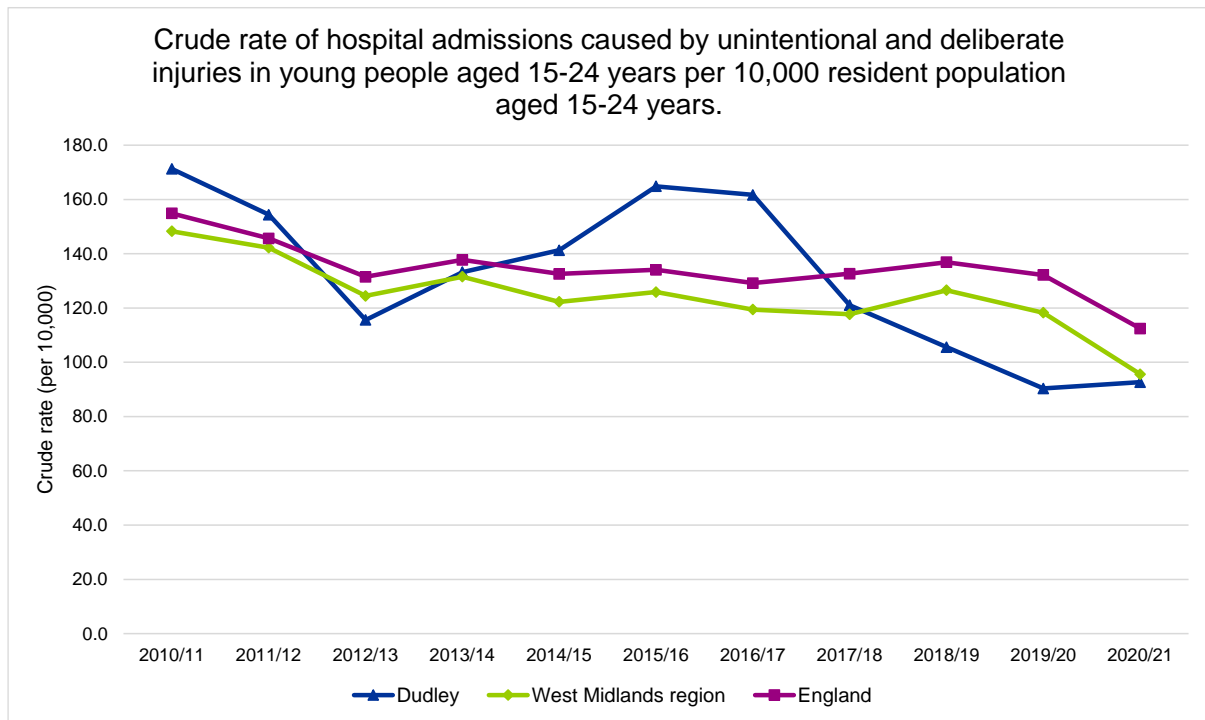
**Figure 20: crude rate of hospital admissions caused by unintentional and deliberate injuries in children aged under 15 years per 10,000 resident population aged under 15 years.**



In 2020/21 Dudley had 56.6/10,000 crude rate of hospital admissions for injuries in children aged under 15 years. This is significantly lower than the West Midlands region at 77.0/10,000 and England average of 75.7/10,000.

In Dudley this trend is decreasing and getting better.

**Figure 21: Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years)**



The crude rate of hospital admissions due to injuries in 15 – 24 years old in Dudley in 2020/21 was 92.7/10,000 population. This lower than the West Midlands region at 95.6/10,000 and significantly lower than the England average of 112.4/10,000 population.

In 2014/15 – 2016/17 there was a notable increase in hospital admissions in this age group. Possible reasons could include: -

- Data errors or differences,
- introduction of new services,
- withdrawal of other services,
- true increase in injuries.

This would require further investigation and clarification.

The trend in Dudley is decreasing and getting better.

## Vaccination uptake

Pre Covid, Dudley had a higher population vaccination coverage than the English average for all child and pre-school vaccinations. However, an impact of the covid pandemic was a decrease in uptake of childhood vaccinations across England. Dudley followed this trend however the latest data shows that the level of decrease in Dudley was much less than in England. Therefore, vaccination figures in Dudley are generally higher than England average for all childhood vaccinations.

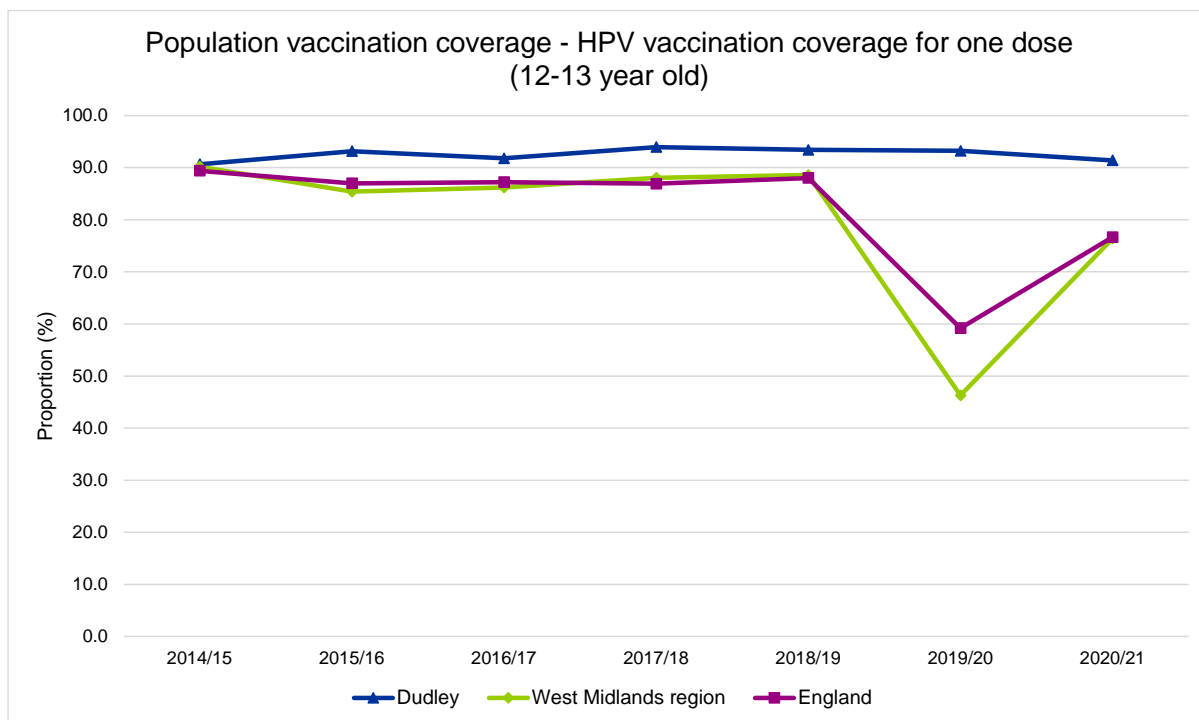
Whilst recovering from Covid-19 and returning to BAU vaccination levels should continue to be monitored.

**Table 1: Childhood vaccination uptake and trend in Dudley**

**Population vaccination coverage in Dudley and England (2021/22 unless stated)**

	Percentage (%) of children receiving vaccination in Dudley (in England) 2021/22 figures unless indicated	Recent trend in percentage of children receiving vaccination in Dudley
Population vaccination coverage- Dtap/ IPV/ Hib (1 year old)	94.6 (91.8)	Decreasing
Population vaccination coverage- Dtap/ IPV/ Hib (2 years old)	94.6 (93.0)	Decreasing
Population vaccination coverage- PCV	96.1 (93.2) – 2019/20	Similar
Population vaccination coverage- Hib/ MenC booster (2 years old)	92.3 (89.0)	Decreasing
Population vaccination coverage- PCV booster	92.3 (89.3)	Decreasing
Population vaccination coverage- MMR for one dose (2 years old)	92.8 (89.2)	Decreasing
Population vaccination coverage- MMR for one dose (5 years old)	95.6 (93.4)	Decreasing
Population vaccination coverage- MMR for two doses (5 years old)	90.4 (85.7)	Decreasing

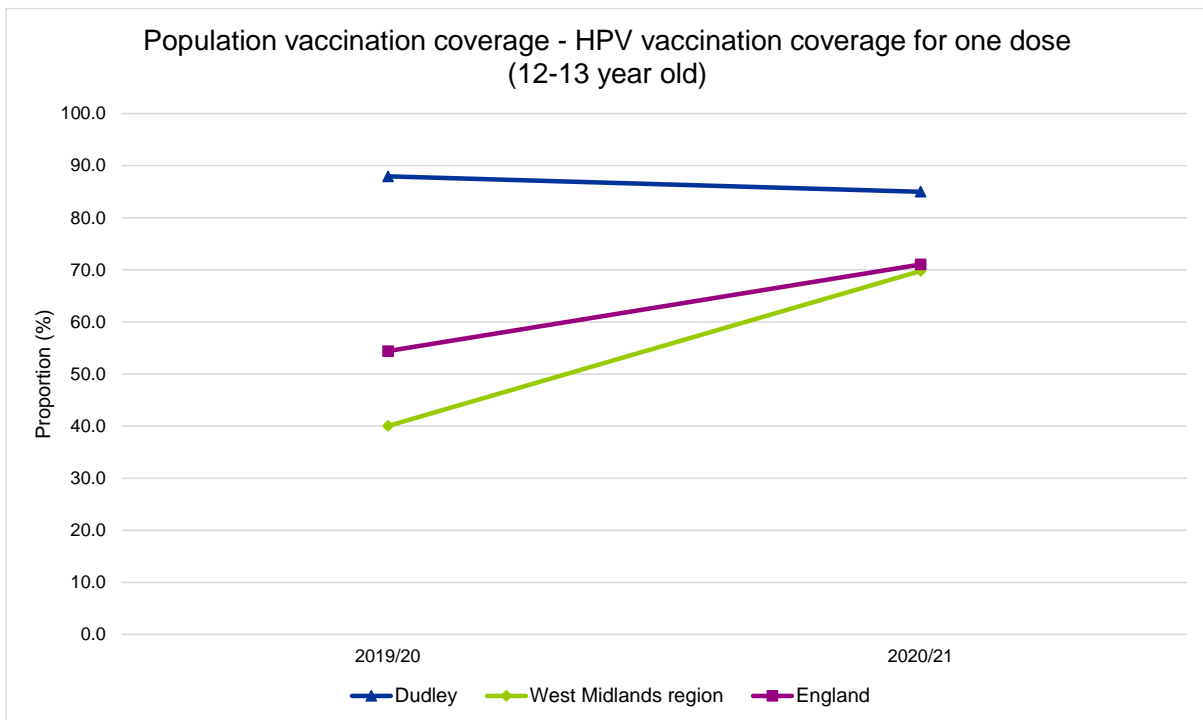
**Figure 22: HPV Vaccine Girls 12-13**



The national HPV vaccination programme for girls was introduced in 2008, its aim being to protect women against cervical cancer.

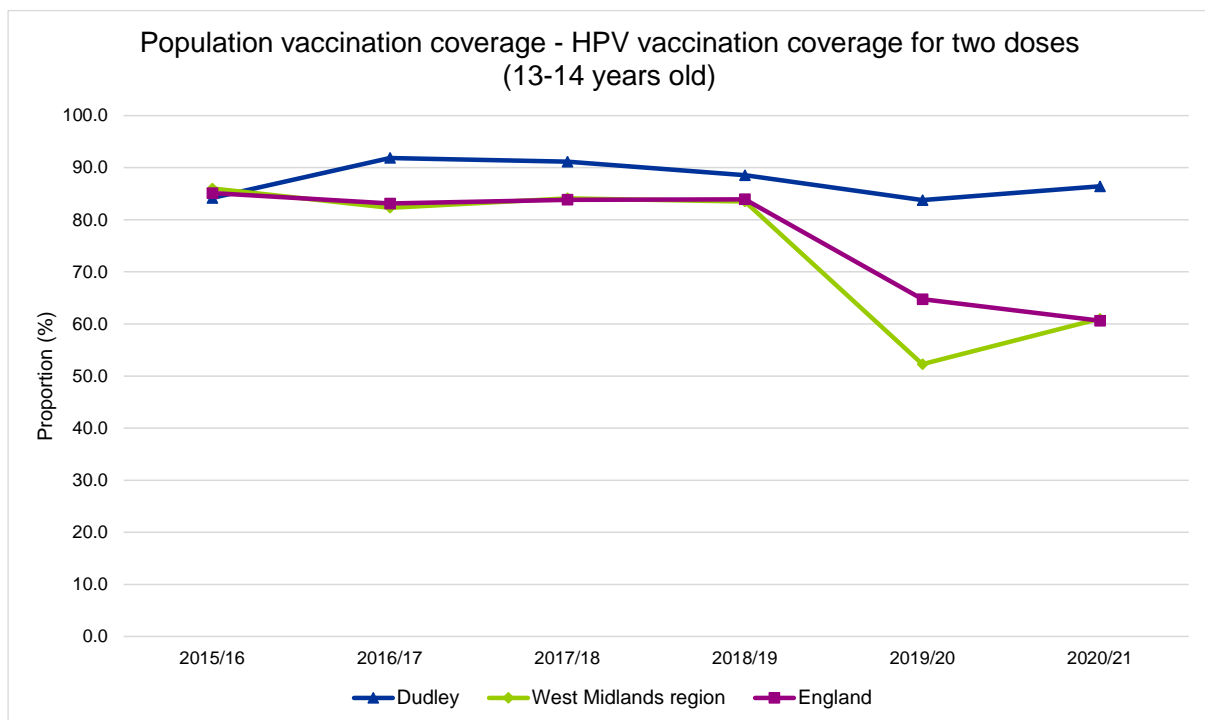
In 2020/21 Dudley achieved 91.4% vaccination uptake in eligible 12 – 13 years girls for single dose of HPV vaccine, significantly higher than the West Midlands region of 76.4% and England average of 76.7%

**Figure 23: HPV Vaccine Boys 12-13**



Following advice from the JCVI, in 2019 universal HPV vaccination was offered to 12 -13 year old boys. Dudley achieved an uptake of 85% significantly higher than the West Midlands region of 69.8% and England average of 71%

**Figure 24: HPV Vaccine girls 13-14**



In 2020/21 Dudley achieved an uptake of 86.4% for 2 doses of HPV vaccine, again significantly higher than the West Midlands and England average of 61.0% and 60.6% respectively.

## 6: Crime and Anti-Social Behaviour

From children to the elderly, violence affects the lives of everyone in the UK. Many survive serious violence but suffer long-lasting consequences of on-going physical, mental, or emotional health problems.

Interventions, especially those in early childhood, not only prevent individuals developing a propensity for violence but also improve educational outcomes, employment prospects and long-term health outcomes<sup>16</sup>. Tackling violence and its root causes can improve the health and well-being of individuals and communities and have wider positive implications for the economy and society.

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<sup>16</sup> HM Government (2018) Serious Violence Strategy

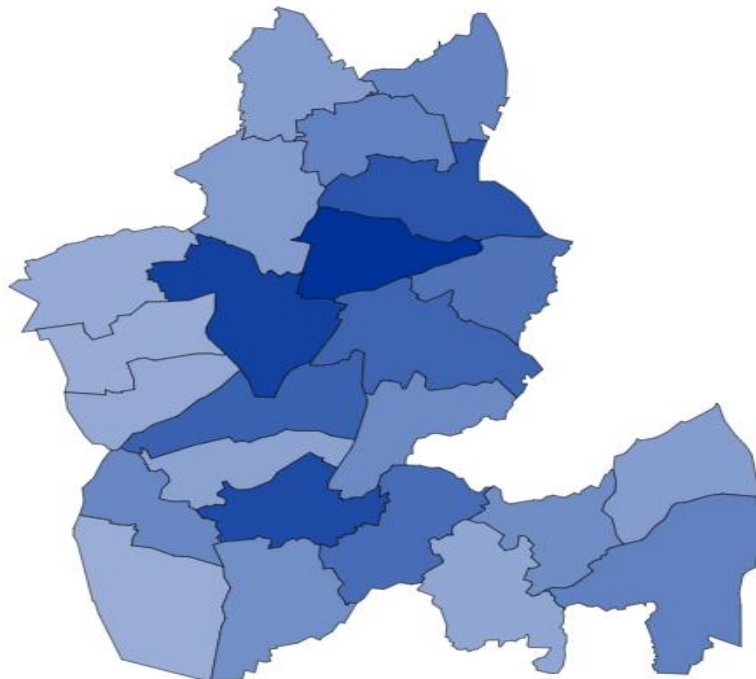
**Table 2: All Crime by Ward 2020/21**

Ward	Population	Crimes Count	Crime rate per 1,000 Population
St James's	15,764	4,198	266.3
Brockmoor and Pensnett	13,546	3,277	241.9
Lye and Stourbridge North	12,687	2,873	226.5
Castle and Priory	15,289	3,198	209.2
Brierley Hill	15,199	2,851	187.6
Netherton, Woodside and St Andrews	15,605	2,859	183.2
Cradley and Wollescote	13,534	2,285	168.8
St Thomas's	15,931	2,499	156.9
Halesowen South	12,370	1,661	134.3
Upper Gornal and Woodsetton	13,870	1,843	132.9
Coseley East	12,704	1,627	128.1
Wollaston and Stourbridge Town	13,046	1,623	124.4
Quarry Bank and Dudley Wood	13,897	1,649	118.7
Belle Vale	14,254	1,629	114.3
Pedmore and Stourbridge East	12,400	1,377	111.0
Gornal	13,291	1,186	89.2
Sedgley	11,981	1,052	87.8
Halesowen North	12,742	1,110	87.1
Amblecote	13,056	1,022	78.3
Hayley Green and Cradley South	12,161	861	70.8
Wordsley	12,730	855	67.2
Kingswinford North and Wall Heath	12,023	794	66.0
Kingswinford South	12,290	761	61.9
Norton	11,993	724	60.4
<b>Total</b>	<b>322,363</b>	<b>29,526</b>	<b>91.6</b>

Highest reported crime rate was noted in St James ward at 266.3 per 1,000 population whereas in the Norton ward the rate was under a ¼ of this at 60.4%

**Figure 25: Crime rate per 1,000 by Ward**

Crime Rate per 1,000 by Ward



Source: data.police.uk



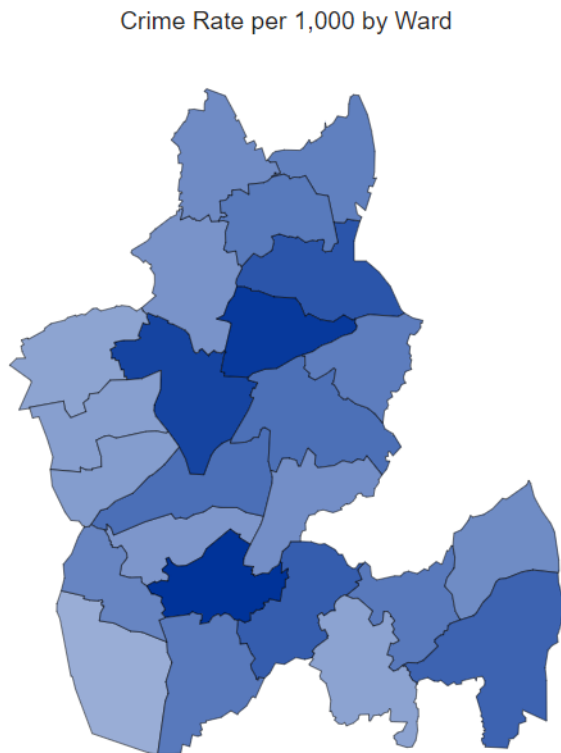
**Table 3: Anti-social Behaviour by Ward 2020/21**

Ward	Population	Crimes Count	Crime rate per 1,000 Population
Lye and Stourbridge North	12,687	592	46.7
St James's	15,764	708	44.9
Brockmoor and Pensnett	13,546	563	41.6
Castle and Priory	15,289	551	36.0
Cradley and Wollescote	13,534	456	33.7
Halesowen South	12,370	393	31.8
Brierley Hill	15,199	428	28.2
Netherton, Woodside and St Andrews	15,605	435	27.9
Belle Vale	14,254	358	25.1
Pedmore and Stourbridge East	12,400	310	25.0
Upper Gornal and Woodseton	13,870	346	24.9
St Thomas's	15,931	380	23.9
Coseley East	12,704	293	23.1
Wollaston and Stourbridge Town	13,046	279	21.4
Sedgley	11,981	233	19.4
Halesowen North	12,742	247	19.4
Quarry Bank and Dudley Wood	13,897	257	18.5
Gornal	13,291	226	17.0
Amblecote	13,056	210	16.1
Wordsley	12,730	180	14.1
Kingswinford South	12,290	166	13.5
Hayley Green and Cradley South	12,161	149	12.3
Kingswinford North and Wall Heath	12,023	144	12.0
Norton	11,993	109	9.1
<b>Total</b>	<b>322,363</b>	<b>5,339</b>	<b>16.6</b>

Anti-social behaviour is “behaviour by a person which causes, or is likely to cause, harassment, alarm or distress to persons not of the same household as the person” (Anti-Social Behaviour Act 2003/Police Reform and Social Responsibility Act 2011).

In 2020/21 – Lye and Stourbridge North had the highest reported rate of ASB at 46.7 per 1,000 population and Norton ward again the lowest at 9.1 per 1,000 population.

**Figure 26: ASB rate per 1,000 by ward**

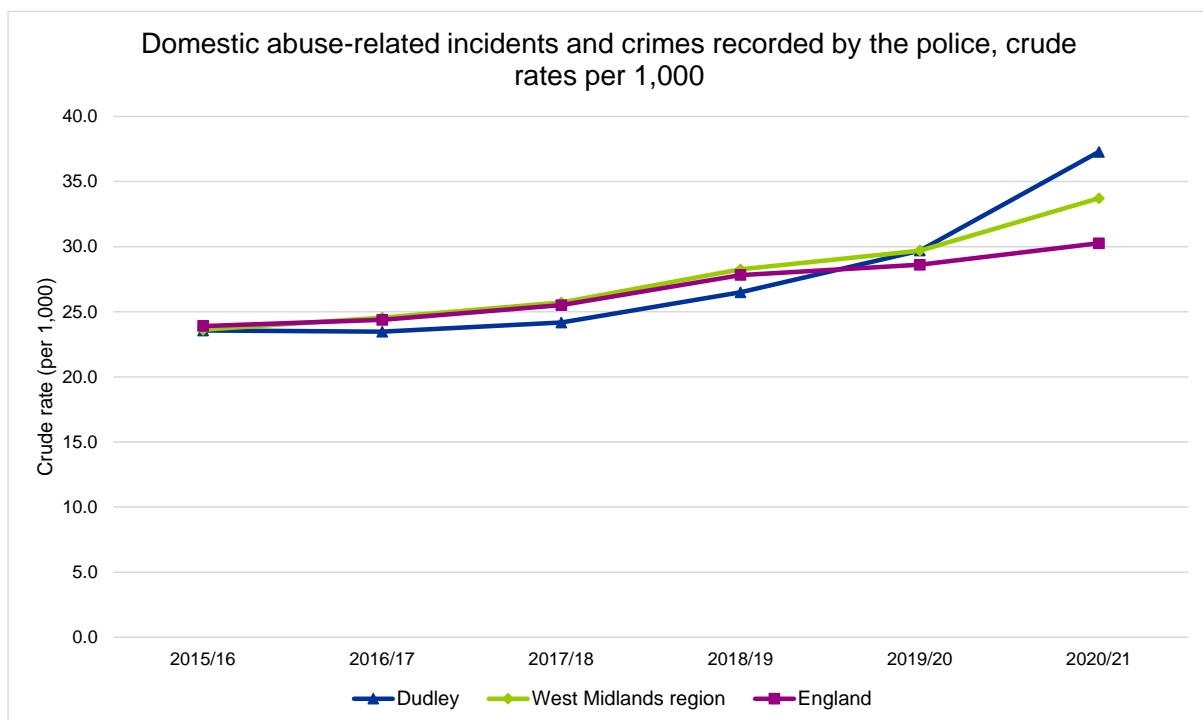


Source: data.police.uk

## Domestic abuse

Tackling domestic abuse as a public health issue is vital for ensuring that some of the most vulnerable people in our society receive the support, understanding and treatment they deserve. The more we can focus in on interventions that are effective, the more we can treat victims, tackle or support perpetrators and prevent future re-victimisation.

**Figure 27: Domestic abuse-related incidents and crimes recorded by the police, crude rates per 1,000**



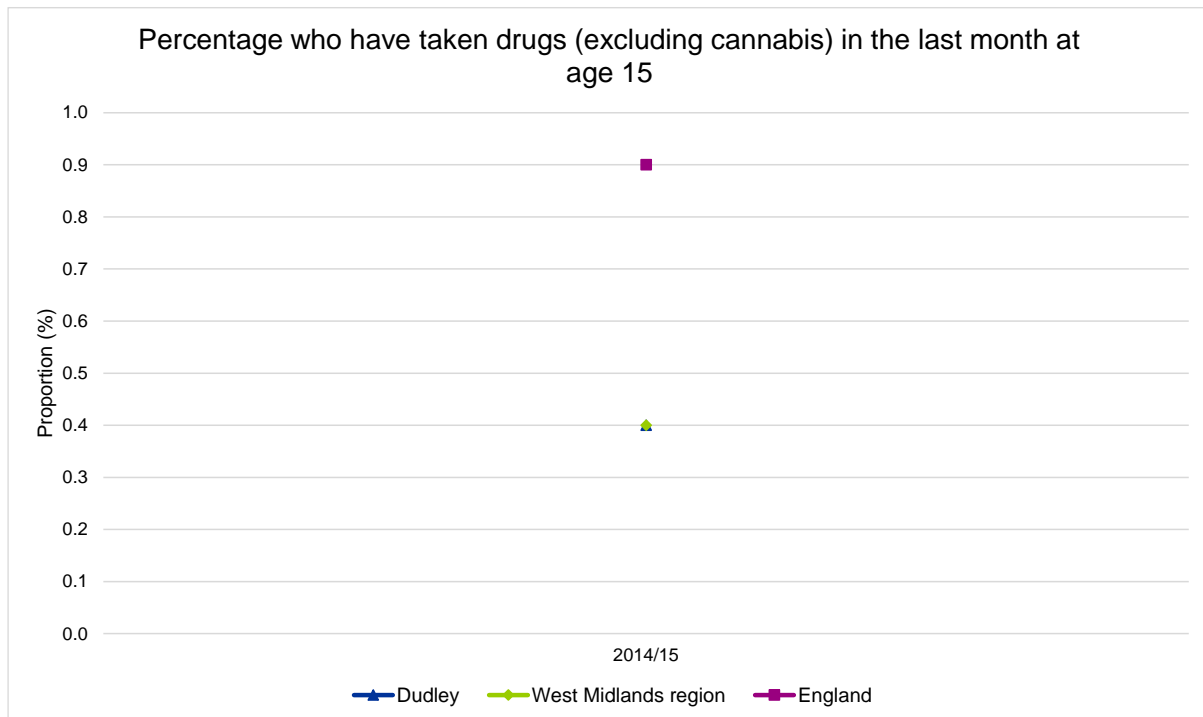
In 2020/21 Dudley had 37.3/1,000 crude rate of domestic abuse-related incidents and crimes reported to the Police, which is higher than West Midlands region at 33.7/1,000 and even higher than the England average of 30.3/1,000.

These rates appear to be increasing and getting worse, or alternatively the victims of such crimes are becoming more aware of the reporting of such incidents and the recording is getting better.

## Illicit drug use

Illicit drug use, particularly by young people, continues to be one of the most significant public health challenges in England and a key policy concern for the government. There have been several strategic initiatives in this area in recent years. The percentage of 15-year-olds who responded to Q37 in the What About YOUth survey ("When did you last use or take any drugs other than Cannabis?") with the answer "In the last month", out of a total base of all young people who were not being observed when completing the What About YOUth (WAY) survey online.

**Figure 28: Percentage who have taken drugs (excluding cannabis) in the last month at age 15**



**Source** Source: *What About YOUth (WAY) survey 2014/15*

Dudley and the West Midland region reported a 0.4% population had taken drugs in the last month, lower than the England average of 0.9%.

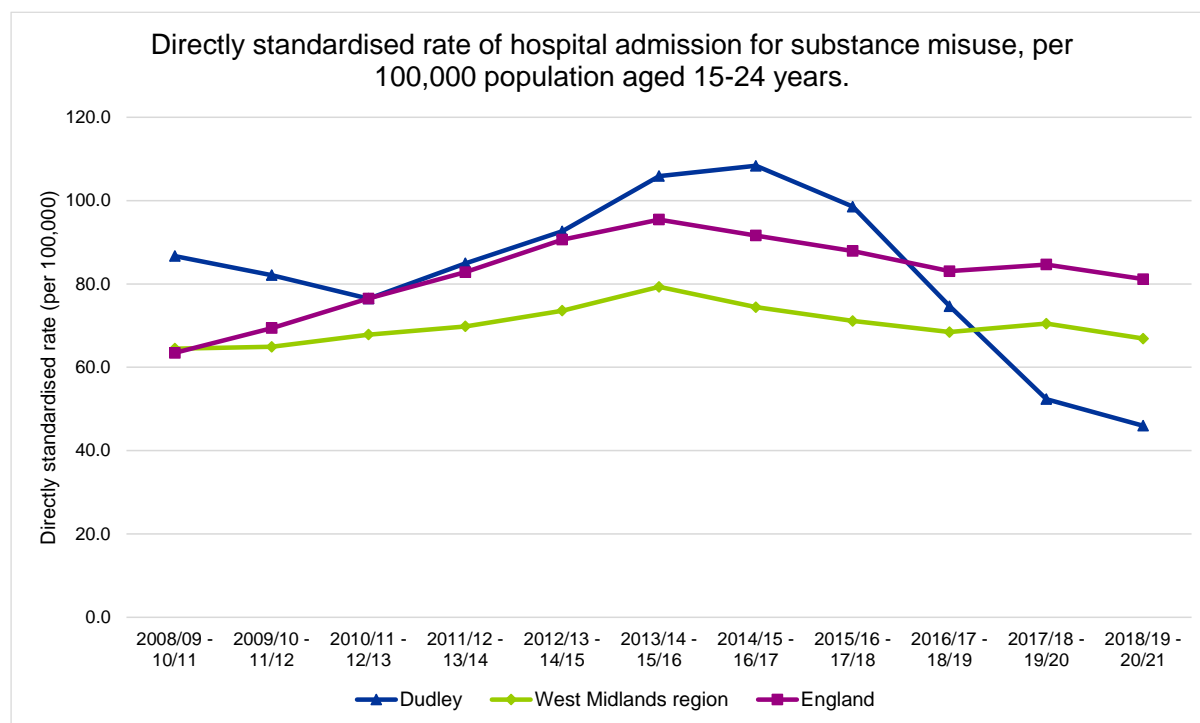
## 7: Lifestyle

In terms of population health there are modifiable and non-modifiable risk factors. Non-modifiable risk factors are those that individuals can not change such as age, sex, ethnicity, and genetics – however modifiable risk factors, such as smoking, drinking, drug taking, healthy eating, exercising (often known as lifestyle choices) are modifiable in that they can be influenced and modified, especially in the early years of a person’s life. ‘Diseases of lifestyle’ in which smoking, diet, alcohol and sedentary behaviours are contributory factors are the main causes of premature death in England among adults.

### Substance misuse

There is evidence to suggest that young people who use recreational drugs run the risk of damage to mental health including suicide, depression, and disruptive behaviour disorders. Regular use of cannabis or other drugs may also lead to dependence. Among 10- to 15-year-olds, an increased likelihood of drug use is linked to a range of adverse experiences and behaviour, including truancy, exclusion from school, homelessness, time in care, and serious or frequent offending.

**Figure 29: Directly standardised rate of hospital admission for substance misuse, per 100,000 population aged 15 – 24 years.**



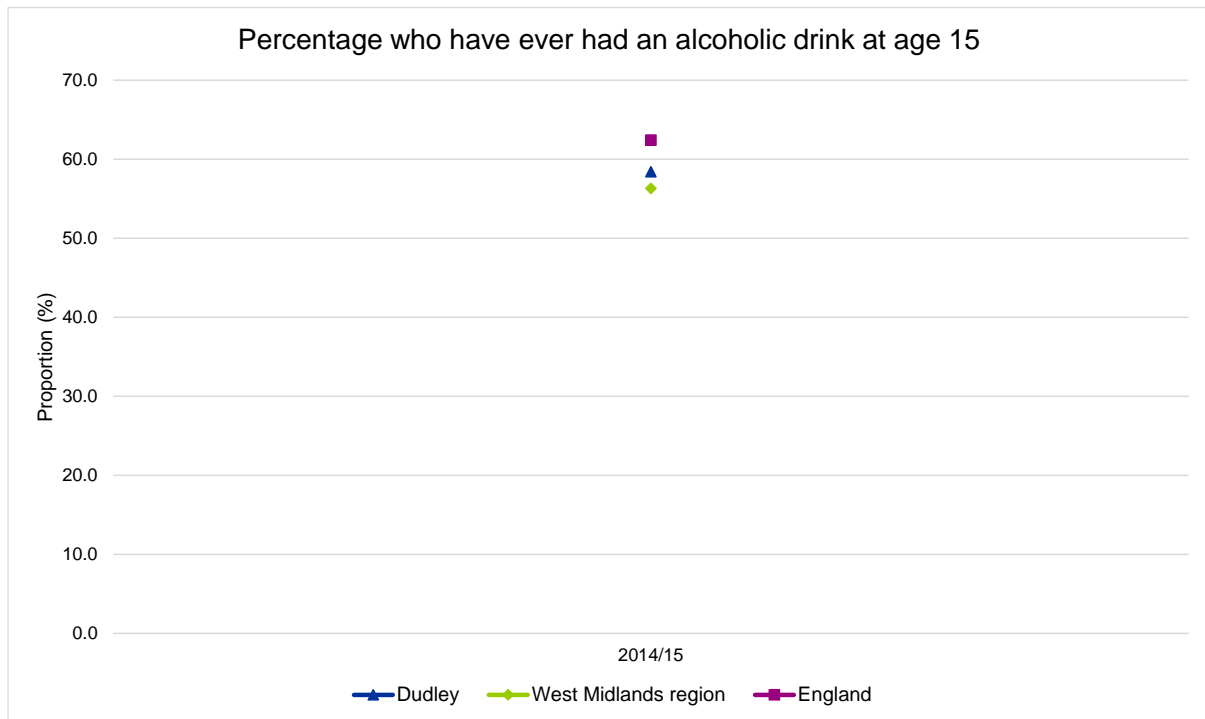
The directly standardised rate of hospital admissions for substance misuse in Dudley was 46.0 per 100,000 population, significantly lower than the West Midlands region rate of 66.9/100,000 and nearly half that of the England average rate of 81.2/100,000 population.

## Alcohol

Excessive alcohol consumption is a major health concern in England. Often regarded as a “social” event, not only does excessive drinking have a direct impact on health it also lowers people’s inhibitions and increases the likelihood of partaking in other risky activities such as violence, taking drugs, having unprotected sex.

Research has highlighted the fact that young people who start drinking alcohol at an early age tend to drink more frequently and more in total than those who start drinking later in their life; as a result, they are more likely to develop alcohol problems in adolescence and adulthood.

**Figure 30: Percentage who have ever had an alcoholic drink at age 15**

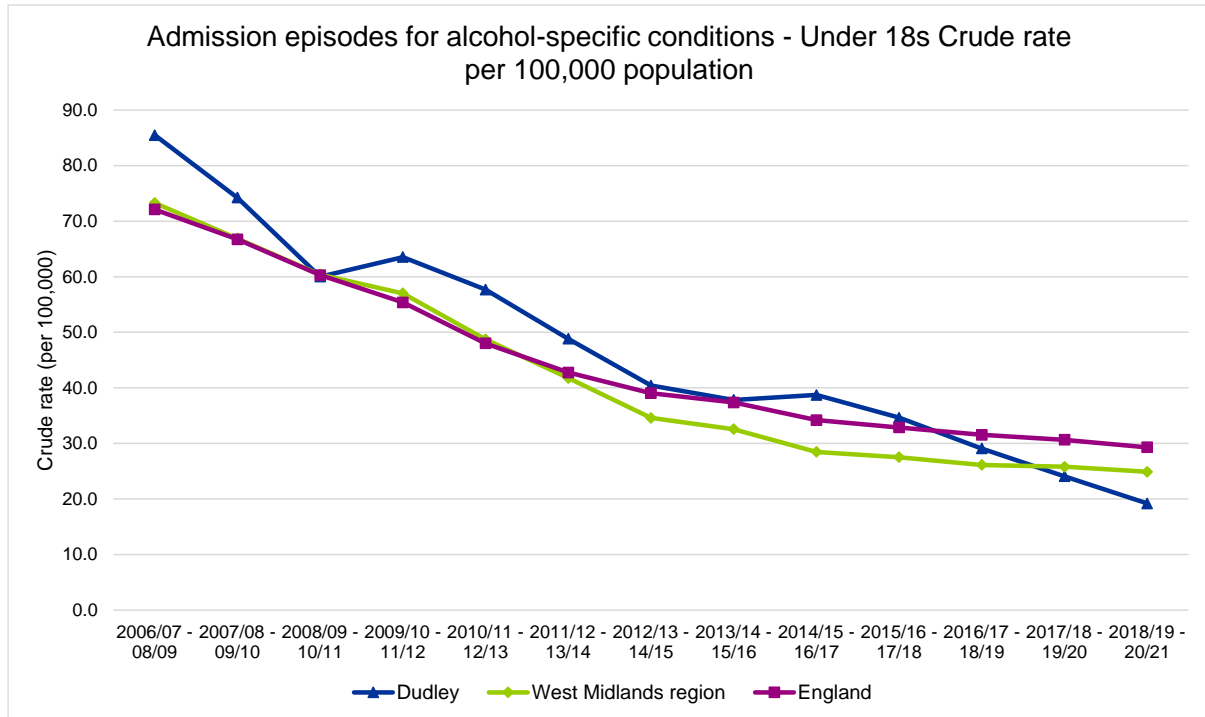


### WAY Survey

The WAY survey indicated in 2014/15 that 58.4% of 15 years olds in Dudley had ever had an alcoholic drink, slightly higher than the West Midlands region of 56.3% but lower than the England average rate of 62.4%.

Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions. Alcohol misuse is estimated to cost the NHS about £3.5 billion per year and wider society an estimated £21 billion annually.

**Figure 31: Admission episodes for alcohol-specific conditions – under 18s Crude rate per 100,000 population**

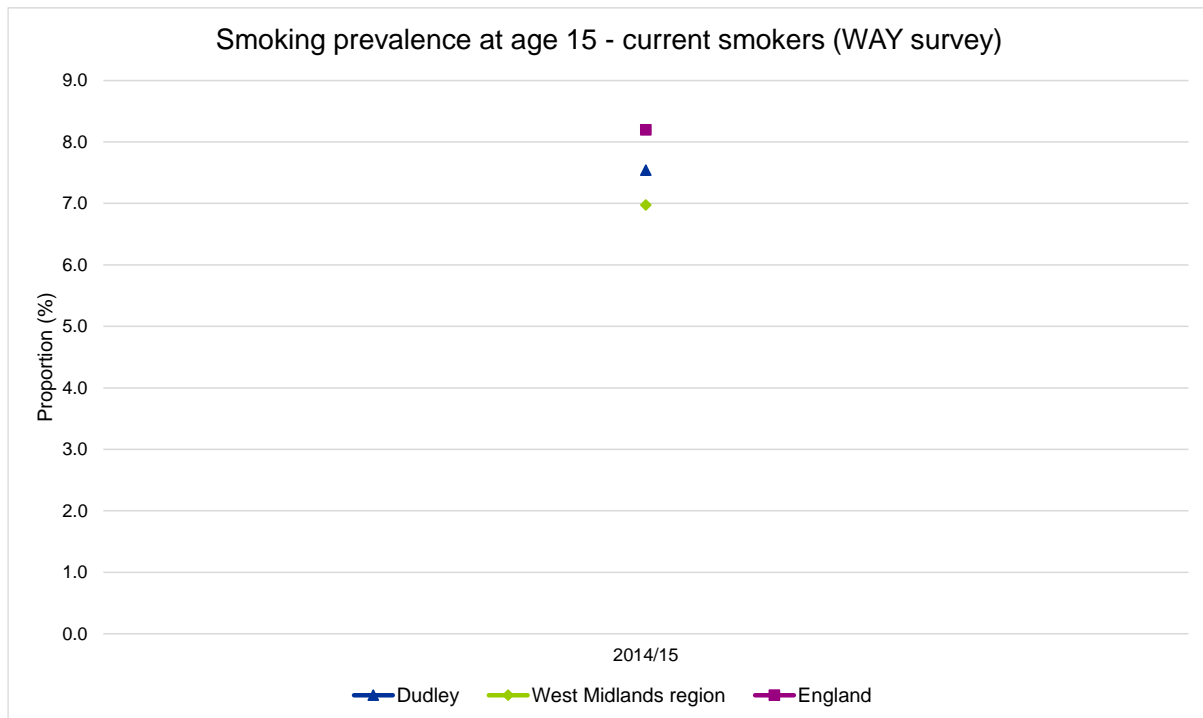


In Dudley there was a crude rate of 19.2/100,000 population hospital admissions for alcohol-specific conditions which was lower than both the West Midlands and England rates of 24.9/100,000 and 29.3/100,000 respectively.

## Smoking in children

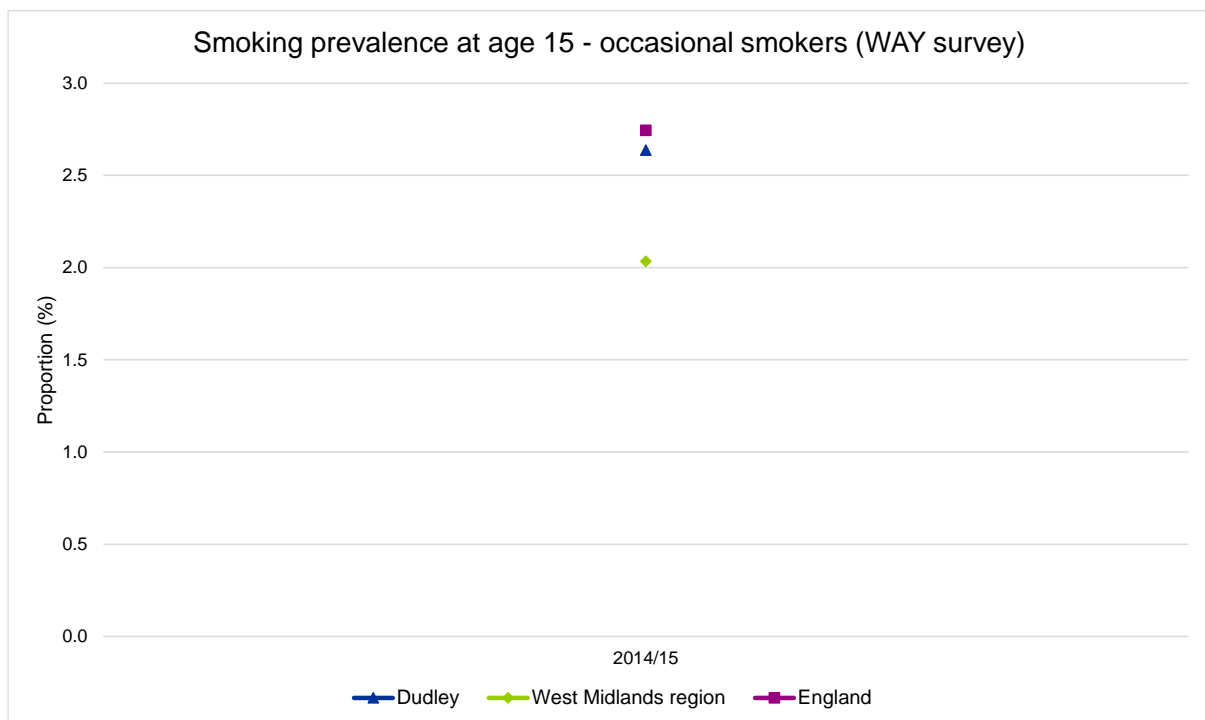
Smoking is a major cause of preventable morbidity and premature death. There is a large body of evidence showing that smoking behaviour in early adulthood affects health behaviours later in life. Major national interventions and legislation such as minimum age sales, clear packaging and the Health Act 2006 prohibiting smoking in substantially enclosed public spaces have all contributed to reducing the numbers of smokers in the UK.

**Figure 32: Smoking prevalence at age 15 - current smokers (WAY survey)**



Dudley, with a smoking prevalence of 7.5% is higher than the West Midlands region (7.0%) but lower than the England average rate of 8.2%.

**Figure 33: Smoking prevalence at age 15 - occasional smokers (WAY survey)**

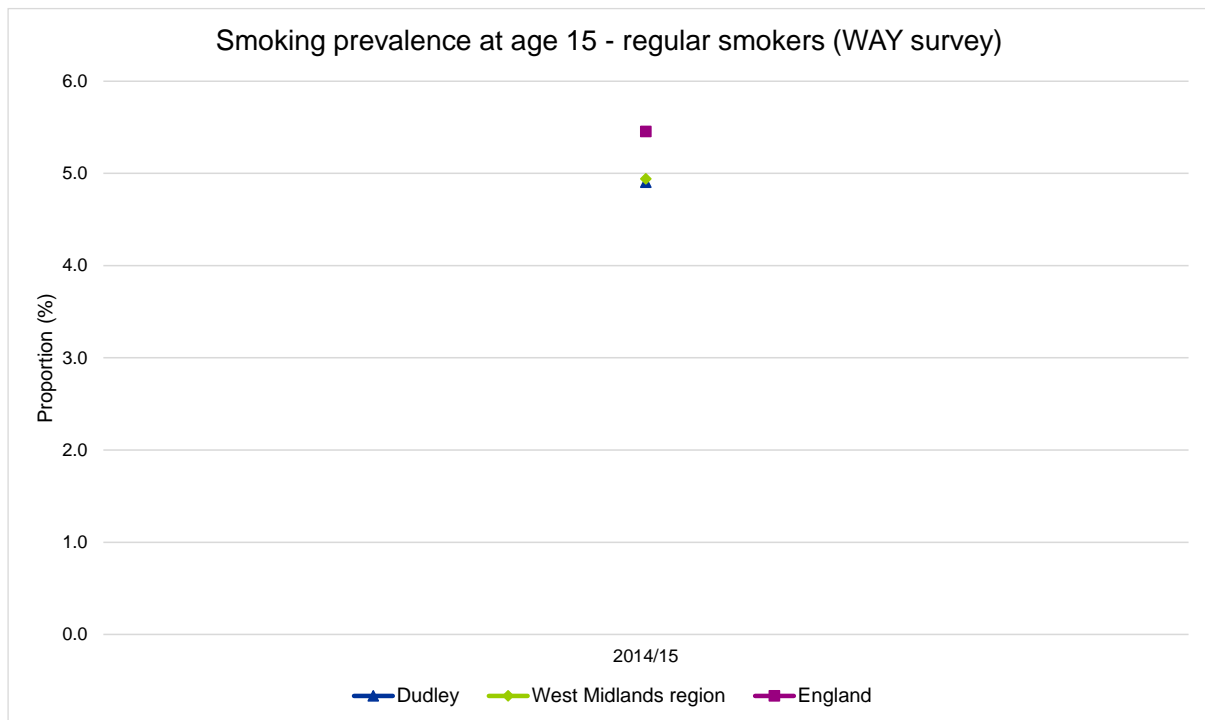


Occasional smokers were classed as between one and six cigarettes per week whereas regular smokers those who smoke more that six cigarettes per week.

Again Dudley, with a rate of 2.6% population was a higher rate than the West Midlands region (2.0%) but lower than the England rate (2.7%)



**Figure 34: Smoking prevalence at age 15 - regular smokers (WAY survey)**



In terms of regular smokers, both Dudley and West Midlands region had a rate of 4.9% population whereas England had a higher average rate of 5.5% population.

## Nutrition

Diet and nutrition are important for health and poor diet is a major risk factor for ill-health and premature death. Eating habits are established in childhood and adolescence, and therefore the diet and eating habits of young people are of concern to policy makers. Diet is one of the elements covered by Personal, Social and Health Education (PSHE) in secondary schools

**Figure 35: Percentage who eat 5 portions or more of fruit and veg per day at age 15**



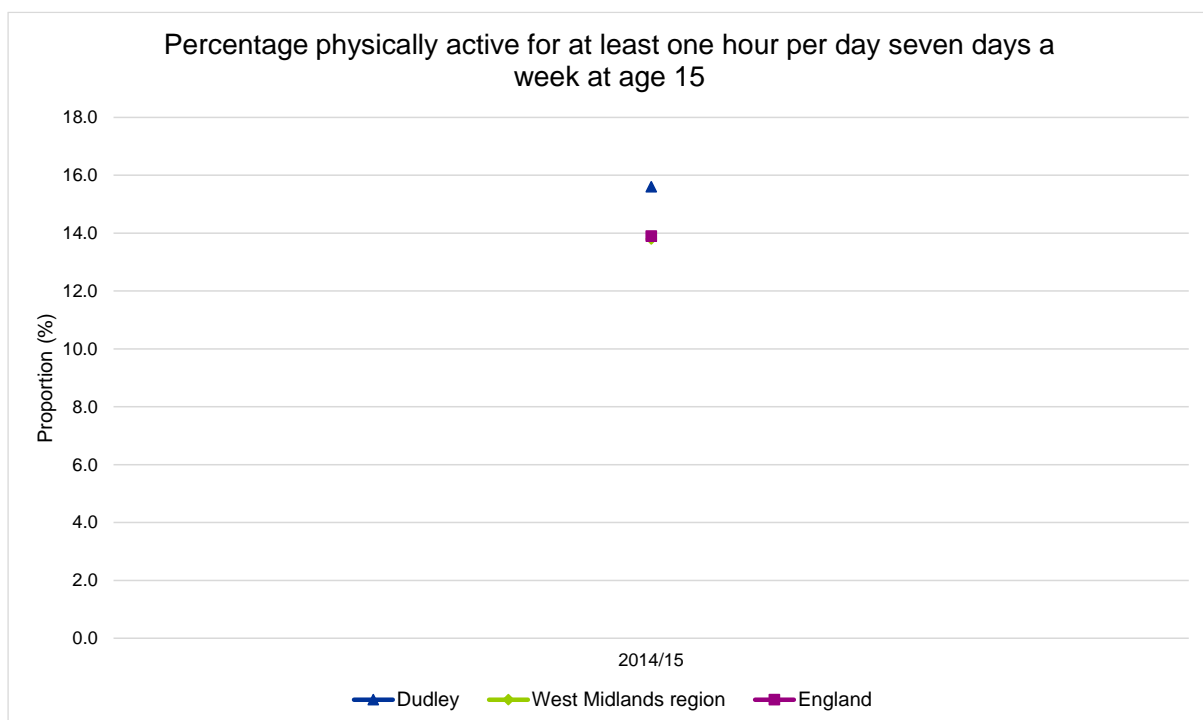
In England the average % of 15 years old who reported eating 5 portions of fruit and veg per day was 52.4%, higher than the West Midlands region (51.1%) and Dudley (48.0%)

## Physical activity

Regular moderate-to-vigorous physical activity has significant benefits to health: It is associated with increased musculoskeletal and cardiovascular health and has also been linked with psychological benefits, such as reduced anxiety and depression among children and adolescents.

Good physical activity habits established in childhood and adolescence are likely to be carried through into adulthood, while lower levels of activity are associated with obesity, a serious public health issue across the world.

**Figure 36: Percentage physically active for at least one hour per day seven days a week at age 15**



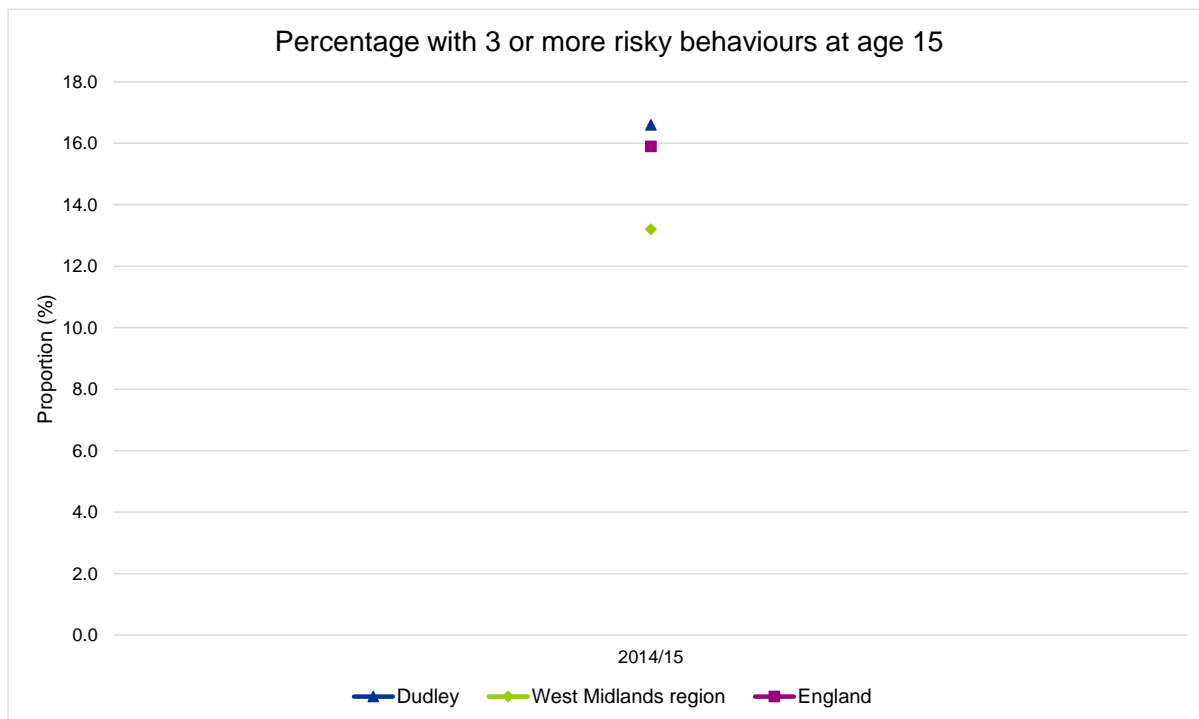
This measure, those 15-year-olds, who reported undertaking at least 60 minutes of physical activity every day in the last 7 days, indicated a rate in Dudley of 15.6%, higher than both the West Midlands region (13.8%) and England average (13.9%).

The WAY survey also indicated that of the 15-year-old population, 73.8% for Dudley, 70.9% in West Midlands region and 70.1% in England had a sedentary lifestyle, that is about "7 or more hours a day" doing sedentary behaviours on weekdays.

## Risk behaviours

Individual lifestyle behaviours, such as diet, exercise and smoking can have a significant impact on health and mortality. Little is known, however, about the interaction of multiple lifestyle behaviours. Risky behaviours include smoking, drinking, taking drugs, eating less than 5 portions of fruit/veg each day and physically inactive.

**Figure 37: Percentage with 3 or more risky behaviours at age 15**



WAY survey 2014

In Dudley 16.6% of 15-year-olds indicated they had 3 or more risky behaviours, significantly higher than the West Midlands region (13.2%) but closer to the England average rate of 15.9%.

## Obesity

Obesity is one of the biggest public health challenges facing our country – competing with tobacco for the leading cause of premature death<sup>17</sup>. as well as causing obvious physical changes, it can lead to several serious and potentially life-threatening conditions.

These include:

- type 2 diabetes
- coronary heart disease
- some types of cancer, such as breast and bowel
- stroke

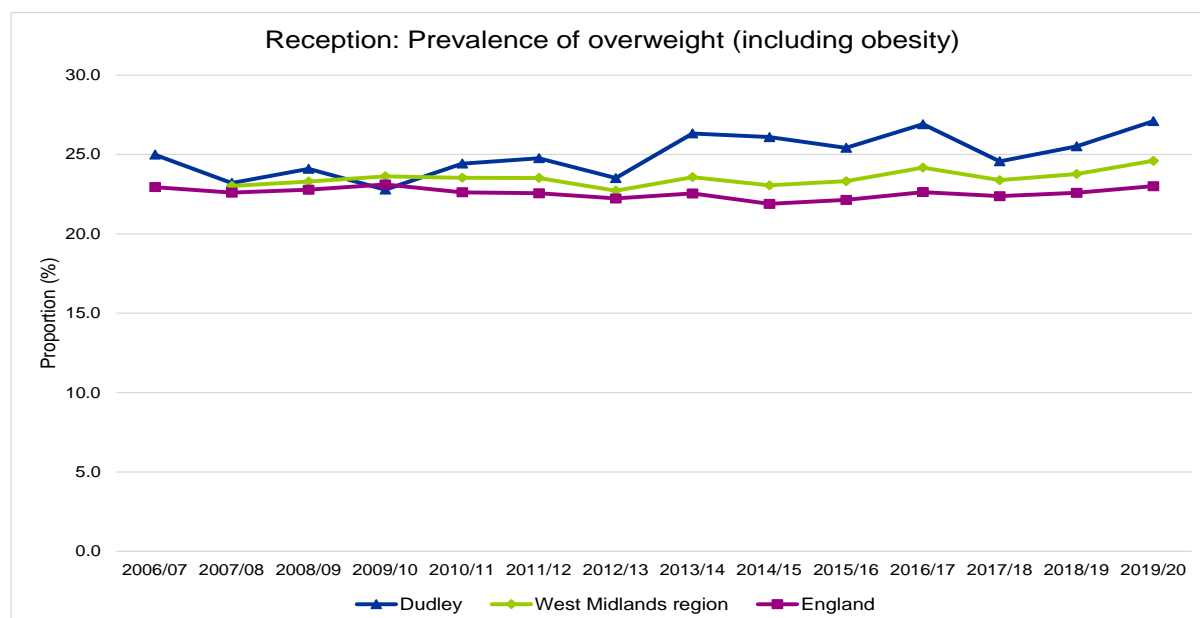
Obesity in children can also affect their quality of life and teasing from other children leading to psychological problems, such as depression, anxiety, and low self-esteem.

Prevention needs to be at the forefront of all national and local policies, weaved into plans for everything from health and social care to town planning, housing and transport.

Studies tracking child obesity have shown those overweight in reception are more likely to continue being overweight through year 6 into adulthood. The probability of children who are overweight or living with obesity becoming overweight or obese adults increases with age.

The National Child Measurement Programme (NCMP) measures the height and weight of children in reception class (aged 4 to 5) and year 6 (aged 10 to 11), to assess overweight and obesity levels in children within primary schools.

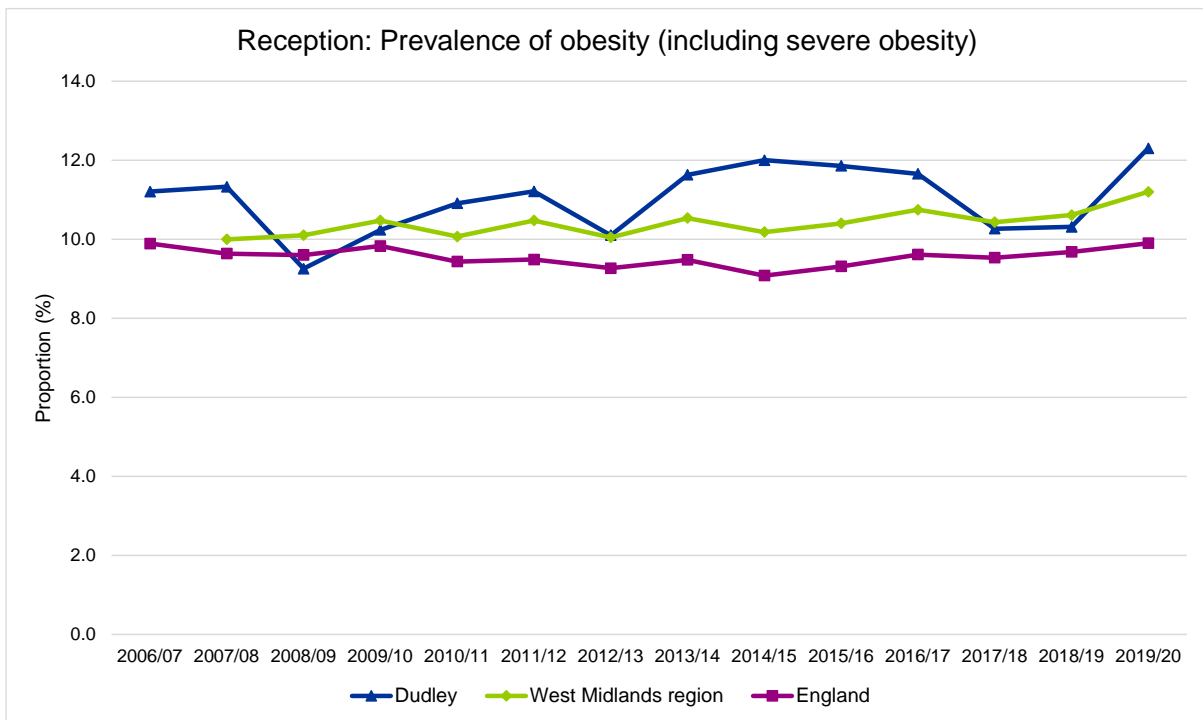
**Figure 38: Reception: Prevalence of Overweight or Obese children in Dudley by year**



In Dudley 27.1% of reception age children were overweight or obese, significantly higher than the West Midlands region (24.6%) and even higher than England average of 23.0%

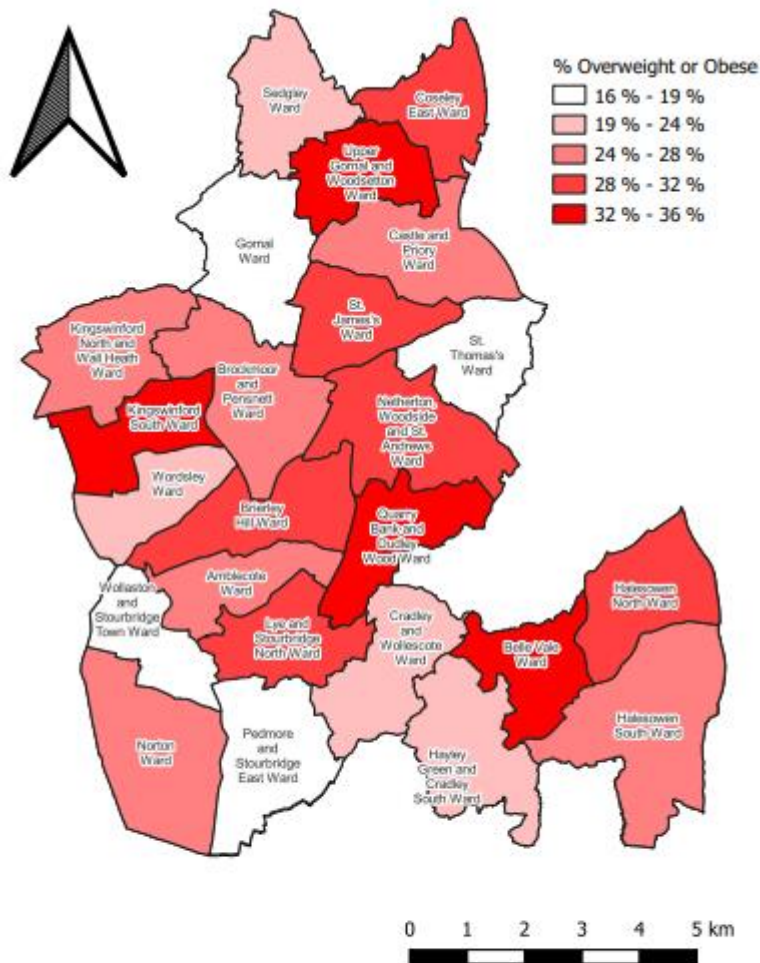
<sup>17</sup> <https://ukhsa.blog.gov.uk/2019/07/23/the-prevention-green-paper-a-chance-to-turn-talk-into-action/>

**Figure 39: Reception: Prevalence of Obese children in Dudley by year**



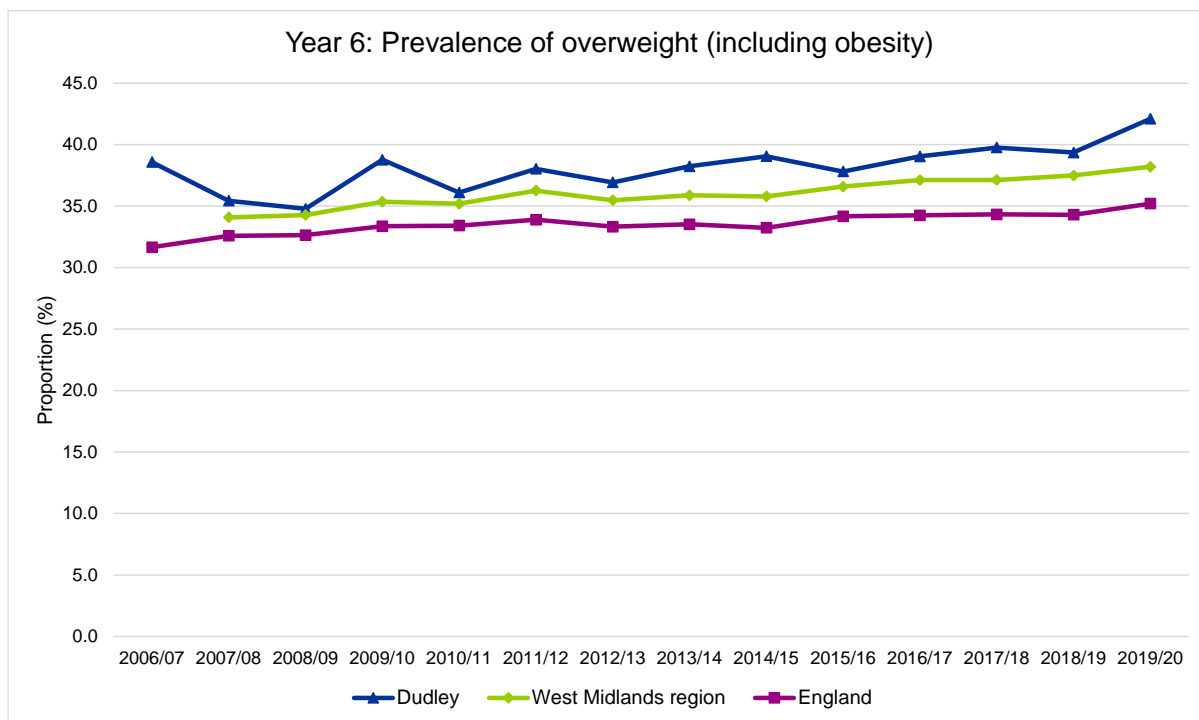
Based on the BMI measurement, in 2019/20 12.3% of Reception children in Dudley were classed as obese, higher than West Midlands region (11.2%) and significantly higher than England average (9.9%)

Figure 40: Reception age children - % overweight or obese 2019/20



Source: National Child Measurement Programme  
 Produced by: Intelligence Team, Dudley MBC  
 © Crown Copyright and database right 2022. Ordnance Survey 100019566.

**Figure 41: Year 6: prevalence of obese/overweight population in Dudley by year.**



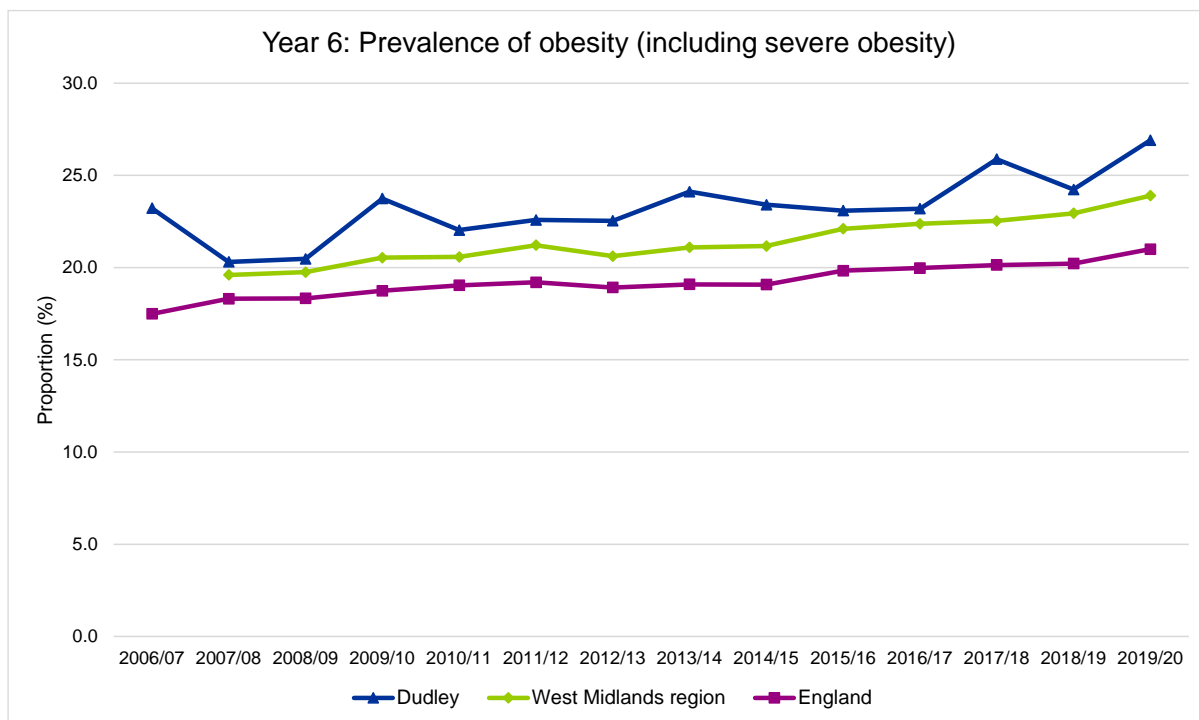
In Dudley 42.1% of year 6 age children were overweight or obese, significantly higher than the West Midlands region (38.2%) and even higher than England average of 35.2%

This trend in Dudley is increasing and getting worse.

It is also noted that this figure is much higher than reception age children

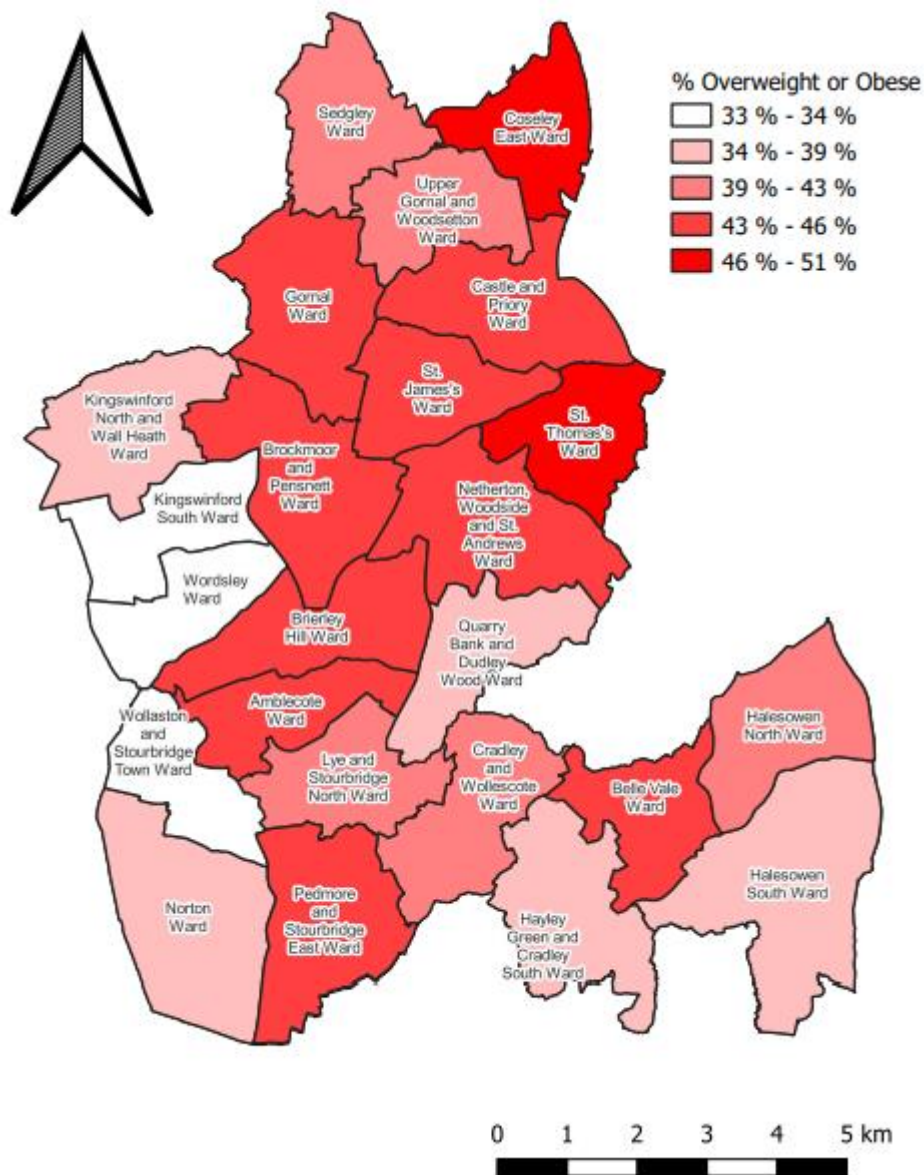


**Figure 42: Year 6: Prevalence of obesity in Dudley by year.**



Based on the BMI measurement, in 2019/20 26.9% of year 6 children in Dudley were classed as obese, higher than West Midlands region (23.9%) and significantly higher than England average (21.0%)

**Figure 43: Year 6 children - % Overweight or obese 2019/20**



The maps demonstrate that there are several wards that stand out in terms of obesity rates (St Thomas's being over half of the measured population (51%) being overweight or obese followed closely by Coseley East (47.5%).

1 ward (St James) had 5% of pupils being classed as underweight however this only relates to 7 pupils so may be a random variation.

Research by Nesta shows the cost benefits of implementing a national obesity strategy in full is estimated at a staggering £76 bn over the next 25 years. Therefore, not only health benefits to the population but also economic benefits.

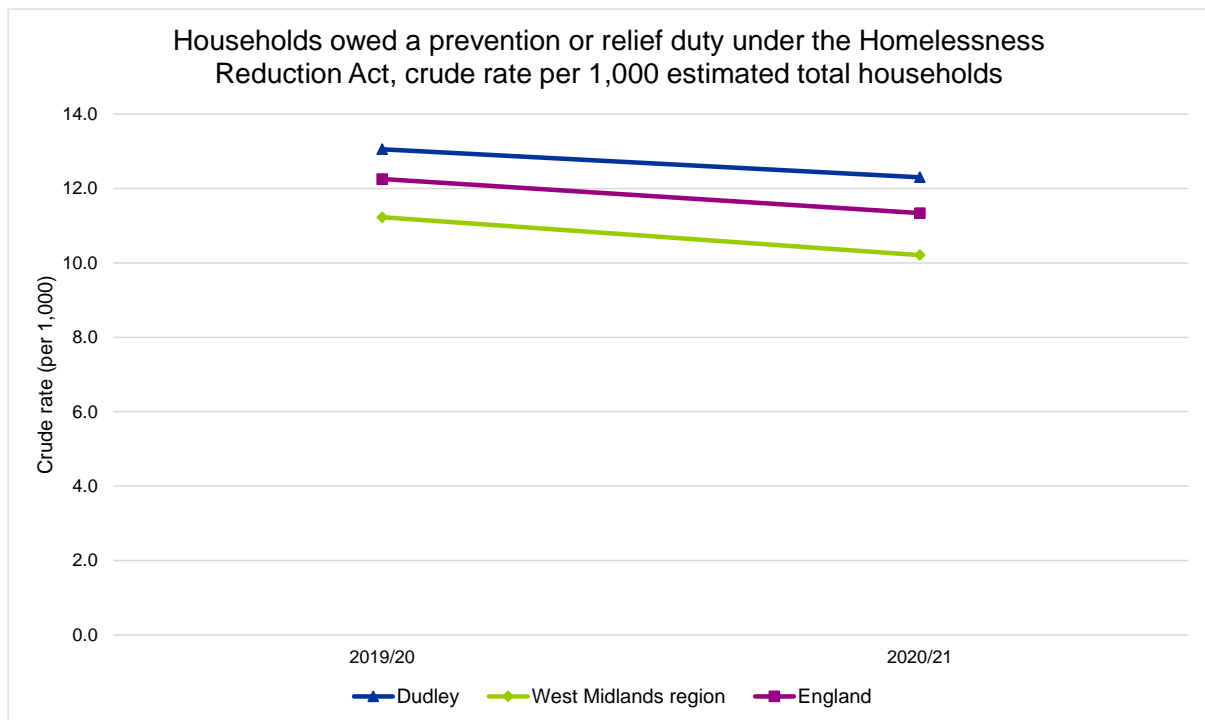
## 8: Housing

Having a safe and secure home is fundamental for individual's health, security, and mental wellbeing. Outside work/school environment it is regarded as the place where individuals time is spent.

Homelessness is associated with severe poverty and is a social determinant of health. It often results from a combination of events such as relationship breakdown, debt, adverse experiences in childhood and through ill health.

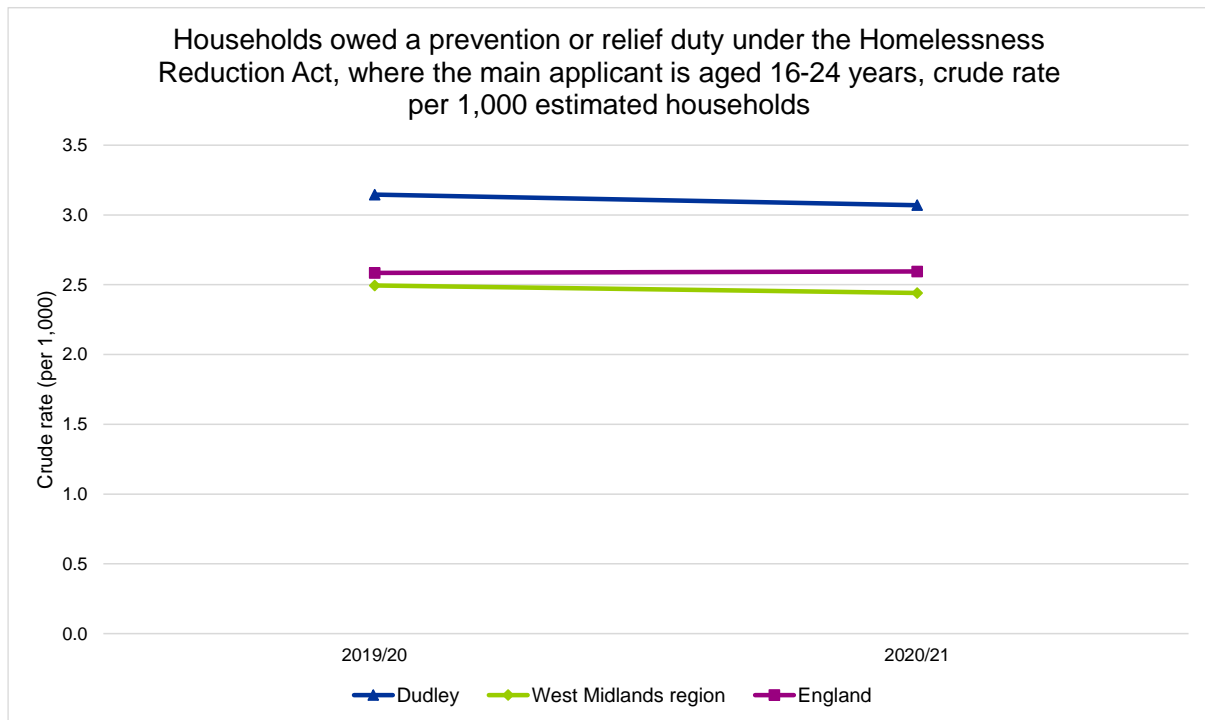
Homelessness is associated with poor health, education, and social outcomes, particularly for children

**Figure 44: Homelessness - households owed a duty under the Homelessness Reduction Act**



In 2020/21, within the West Midlands 10.2/1,000 household were owed prevention or relief intervention by the Local Authority under the Homelessness Reduction Act. This was lower than the England average rate of 11.3/1,000 and the Dudley rate of 12.3/1,000.

**Figure 45: Homelessness - households owed a duty under the Homelessness Reduction Act (main applicant 16-24 years)**

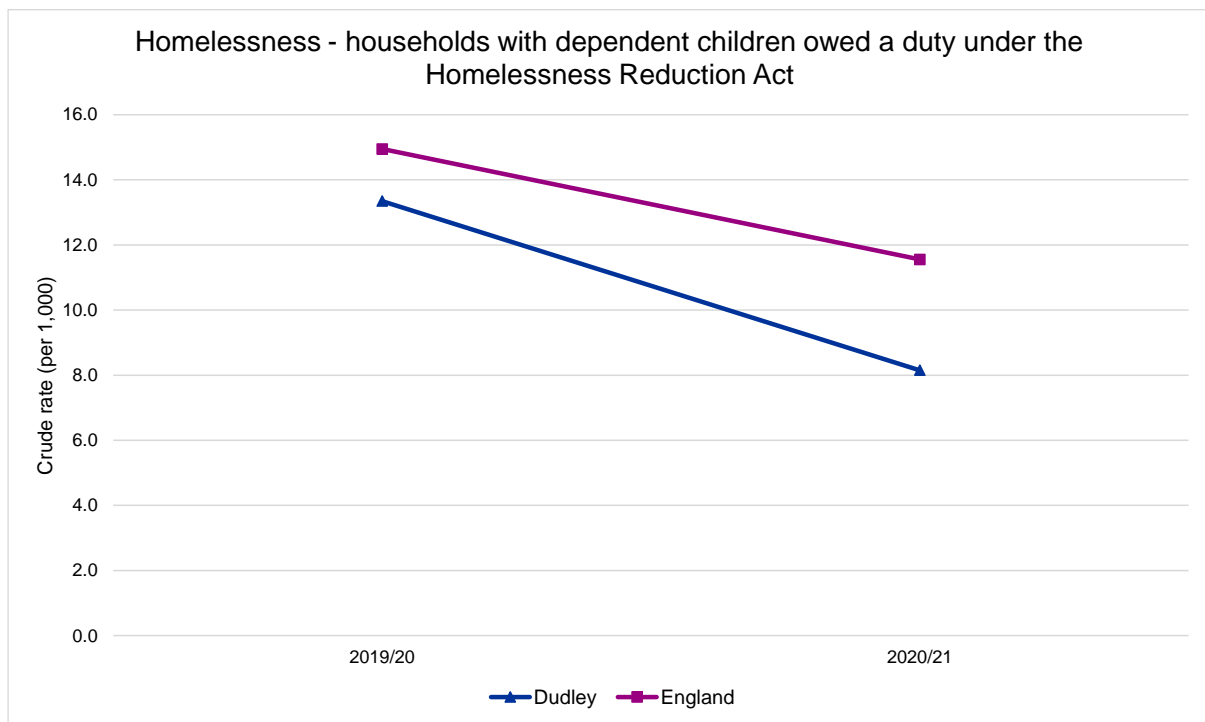


This relates to households where the main applicant was aged between 16 – 24 years. Again, the West Midlands region had the lowest rate (2.4/1,000 population) followed by England (2.6/1,000 population) and Dudley with the highest rate (3.1/1,000 population).

Homelessness is associated with severe poverty and is a social determinant of health. It often results from a combination of events such as relationship breakdown, debt, adverse experiences in childhood and through ill health.

Homelessness is associated with poor health, education, and social outcomes, particularly for children

**Figure 46: Homelessness - households with dependent children owed a duty under the Homelessness Reduction Act**



In 2020/21 Dudley had 8.2/1,000 households with dependent children owed a duty under the Act, with the West Midlands and England having a broadly similar rate of 11.8/1,000 population and 11.6/1,000 population respectively.

## 9: Parental Employment and Education

Parental employment and education have a significant impact on children's early years – social norms, social mobility etc

This is covered in more details in the EYM Needs Assessment<sup>2</sup> however the headlines are: -

In 2020, for 16 – 64 years old, in Dudley there are 136,900 in employment (71.6% of the population) – this figure is below the West Midlands average (73.7%) and Great Britain (75.4%). The overall level of unemployment in Dudley is 4.2%, which is significantly higher than the English average (1.9%). The ward with the lowest level of unemployment is Kingswinford North and Wall Heath (1.8% of the working age population claiming out of work benefits). The ward with the highest level of unemployment is St Thomas' (7.9% of the working age population claiming out of work benefits).

Higher levels of maternal education are correlated with numerous aspects of child health, behaviour, and cognitive development<sup>1</sup>. It is also associated with an increased likelihood of breastfeeding. In Dudley, according to the ONS national population survey 2018, a higher proportion of the population have no qualification than the English average. This is the third highest regionally, after Sandwell and Wolverhampton.

## 10: Education

Inequalities in educational outcomes affect physical and mental health, as well as income, employment, and quality of life. The graded relationship between socioeconomic position and educational outcome has significant implications for subsequent employment, income, living standards, behaviours, and mental and physical health. Success in education brings many advantages.<sup>3</sup> Differences in educational attainment emerge early in childhood and develop throughout an individual's lifetime. Even prior to beginning school, there are differences in children's cognitive and socio-emotional skills. During the school years, these educational inequalities crystallise; only 8% of young people who were not meeting expectations in reading, writing and maths at the end of primary school went on to achieve pass grades in GCSE English and maths.

People with lower levels of qualifications are also more exposed to slow earnings growth over their lives, with less opportunity for pay progression throughout their careers<sup>18</sup>

### Good Level of Development

The EYFS profile is a summary of a child's attainment at the end of reception. It measures attainment in the following domains: Communication and Language, Physical Development, Personal Social and Emotional Development, Literacy, Maths, Understanding of the world and Expressive arts and design. To be considered to have achieved a Good Level of Development (GLD), a child must have achieved at or above the expected level in Communication and Language, Physical Development, Personal Social and Emotional Development, Literacy and Maths.

Two thirds (67%) of 5 years olds in Dudley achieved a Good Level of Development (GLD) in 2019. This is significantly below the national figure (71.8%). Dudley has the second lowest achievement of GLD of its 15 CIPFA nearest neighbours and 12<sup>th</sup> out of 14 in the West Midlands region. Dudley performs below England in all areas of learning that contribute to the overall GLD.

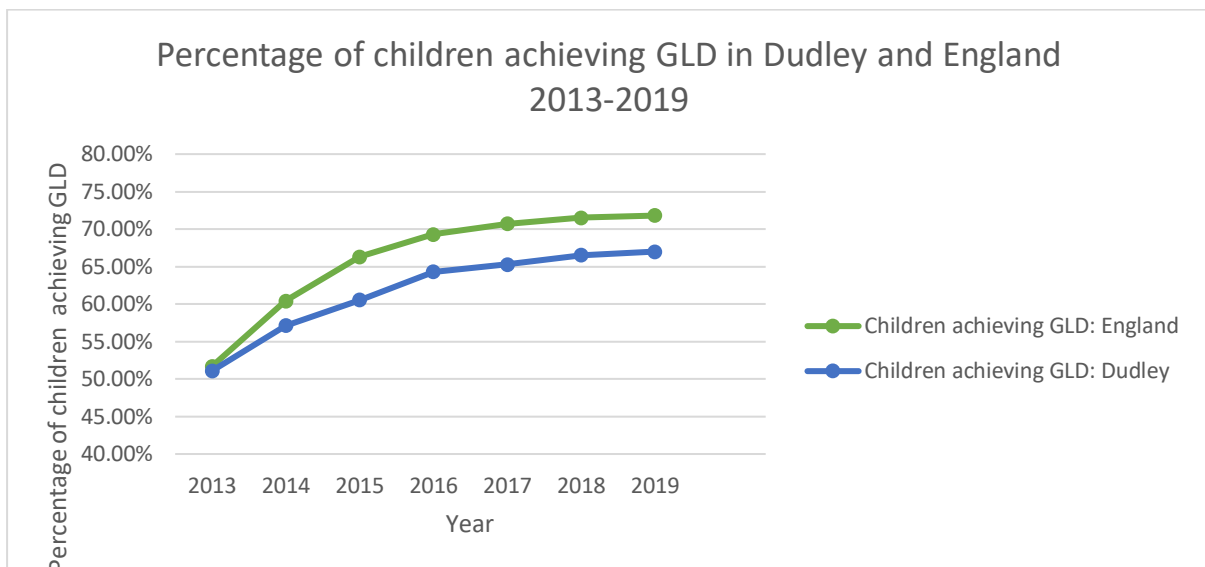
**Table 4: level of development within children in Dudley (2019)**

Areas of Learning	Percentage of children at or above the expected level in Dudley	Percentage of children at or above the expected level in England
Communication and Language	77.0%	82.2%
Physical Development	80.8%	87.1%
Personal Social and Emotional Development	80.0%	84.8%
Literacy	69.2%	73.4%
Maths	73.8%	78.5%
<b>Good Level of Development</b>	<b>67.0%</b>	<b>71.8%</b>

Source: Dudley Public Health Intelligence team

<sup>18</sup> <https://ifs.org.uk/inequality/education-inequalities/>

**Figure 47: Percentage of children achieving GLD in Dudley and England 2013 -2019**



Source: Dudley Public Health Intelligence Team

**Figure 48: School readiness: percentage of children achieving a good level of development at the end of reception (2018/19) – all West Midlands Region**

Areas: **All in West Midlands region** All in England Display: **Table** Table and chart

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↑	458,847	71.8	71.7	71.9
West Midlands region	↑	49,965	70.1	69.8	70.5
Herefordshire	↑	1,395	75.4	73.4	77.3
Staffordshire	↑	7,017	74.4	73.5	75.3
Solihull	↑	1,956	72.6	70.9	74.2
Shropshire	↑	2,123	72.6	70.9	74.1
Worcestershire	↑	4,493	72.0	70.9	73.1
Warwickshire	↑	4,634	71.8	70.7	72.9
Telford and Wrekin	↑	1,576	71.3	69.4	73.2
Wolverhampton	↑	2,422	69.5	67.9	71.0
Coventry	↑	3,004	69.0	67.6	70.4
Birmingham	↑	10,736	68.0	67.3	68.7
Walsall	↑	2,614	67.5	66.1	69.0
Dudley	↑	2,611	67.1	65.6	68.6
Stoke-on-Trent	↑	2,256	67.0	65.4	68.5
Sandwell	↑	3,128	66.8	65.4	68.1

Source: Department for Education (DfE), EYFS Profile: EYFS Profile statistical series



## Children with Special Educational Needs and Disabilities (SEND)

Special educational needs and disabilities (SEND) can affect a child or young person's ability to learn. They can affect their:

- behaviour or ability to socialise, for example they struggle to make friends
- reading and writing, for example because they have dyslexia
- ability to understand things
- concentration levels, for example because they have ADHD
- physical ability

Such children may be eligible for:

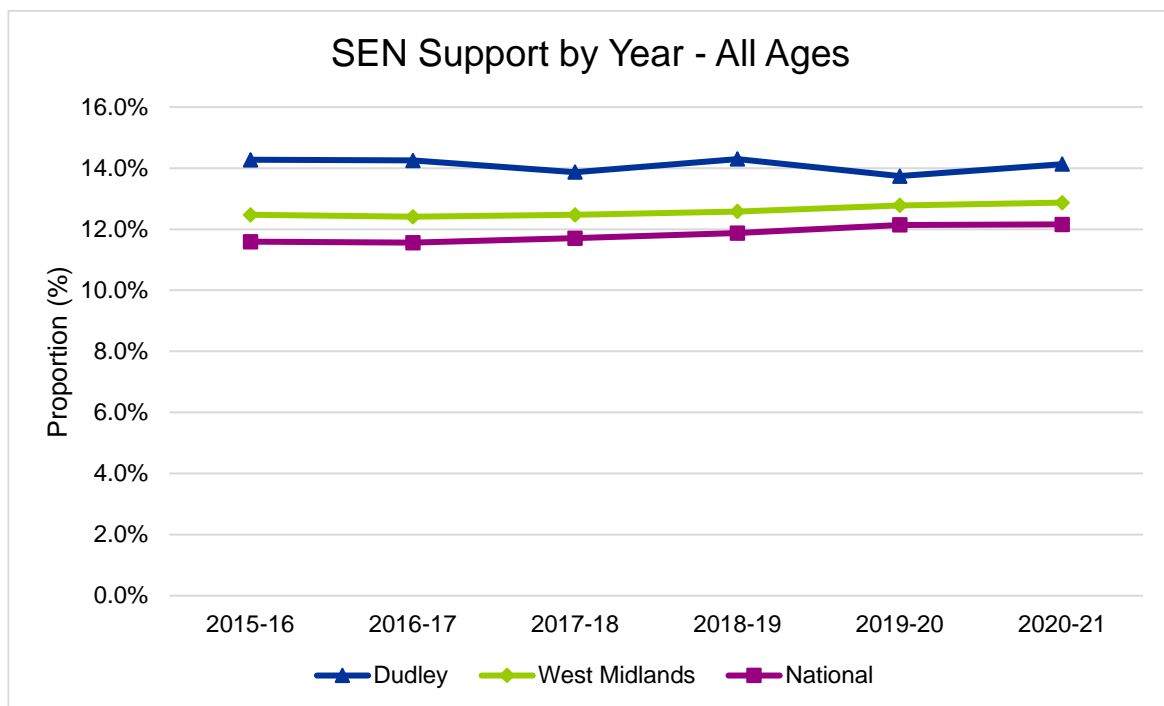
- SEN support in school, like speech therapy
- An education, health, and care (EHC) plan – a plan of care for children and young people aged up to 25 who have more complex needs

EHC plans are for children and young people aged up to 25 years who need more support than is available through SEN supports e.g., Personal 1:1 support

**Table 5: Children with SEN Support**

<b>Year</b>	<b>Dudley</b>	<b>West Midlands</b>	<b>National</b>
<b>2015-16</b>	<b>14.3%</b>	<b>12.5%</b>	<b>11.6%</b>
<b>2016-17</b>	<b>14.3%</b>	<b>12.4%</b>	<b>11.6%</b>
<b>2017-18</b>	<b>13.9%</b>	<b>12.5%</b>	<b>11.7%</b>
<b>2018-19</b>	<b>14.3%</b>	<b>12.6%</b>	<b>11.9%</b>
<b>2019-20</b>	<b>13.7%</b>	<b>12.8%</b>	<b>12.1%</b>
<b>2020-21</b>	<b>14.1%</b>	<b>12.9%</b>	<b>12.2%</b>

**Figure 49: SEN support by year – All Ages**

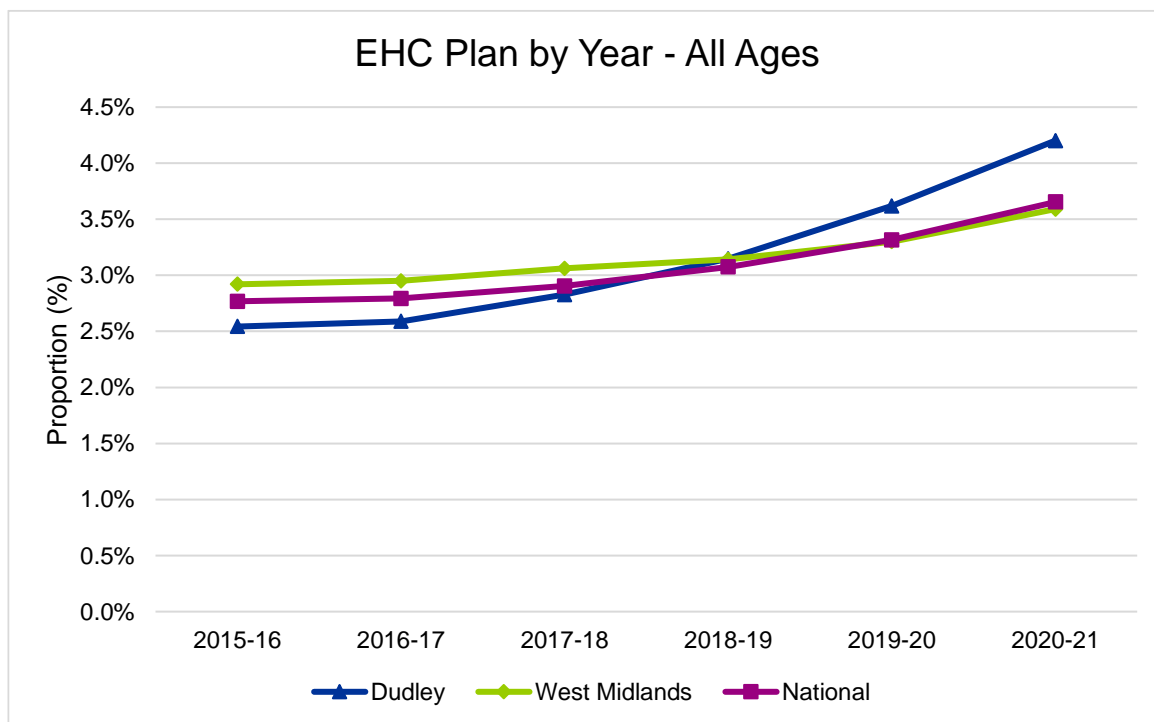


The percentage of pupils with SEN support has remained consistent since 2015/16 both locally and nationally. The percentage in Dudley (14.1%) is above the national (12.2%) and regional (12.9%) average.

**Table 6: Children with EHC Plans**

Year	Dudley	West Midlands	National
2015-16	2.5%	2.9%	2.8%
2016-17	2.6%	3.0%	2.8%
2017-18	2.8%	3.1%	2.9%
2018-19	3.1%	3.1%	3.1%
2019-20	3.6%	3.3%	3.3%
2020-21	4.2%	3.6%	3.7%

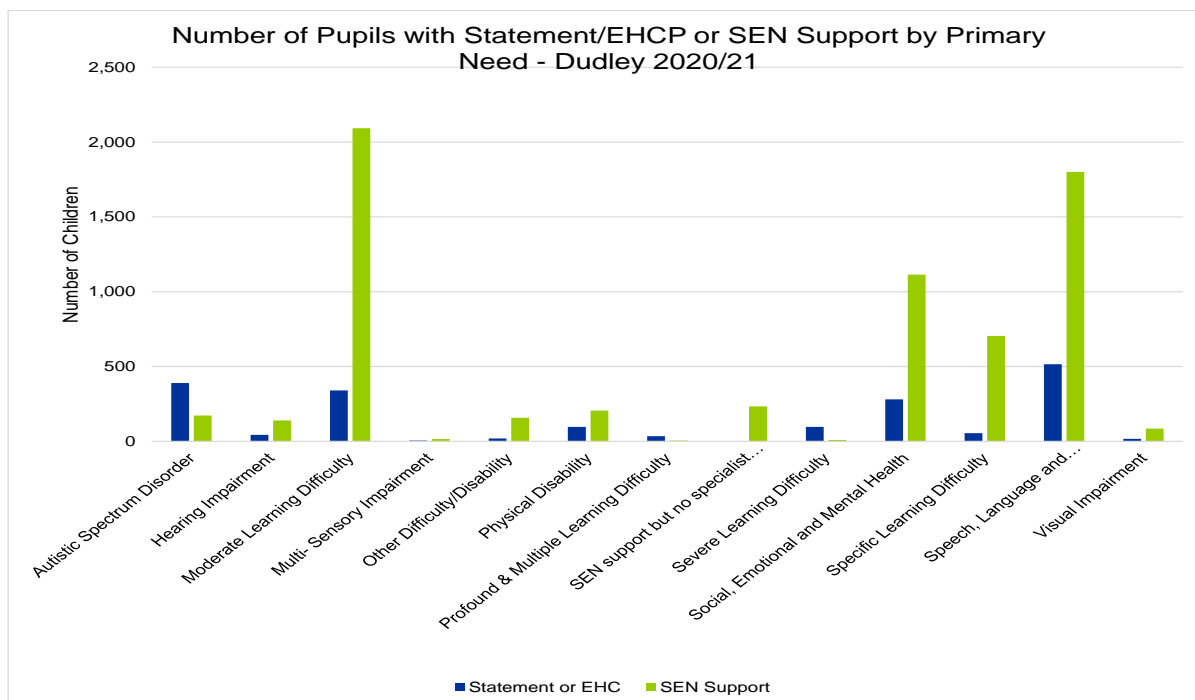
**Figure 50: EHC Plan by Year – All Ages**



Source: <https://explore-education-statistics.service.gov.uk/data-catalogue/special-educational-needs-in-england/2020-21> 01 - Pupils in all schools, by type of SEN provision - including independent schools and general hospital schools - 2016 to 2021

The percentage of pupils with EHCP has increased since 2015/16 both locally and nationally. The percentage in Dudley (4.2%) is above the national (3.7%) and regional (3.6%) average.

**Figure 51: Primary Need**



Source: <https://explore-education-statistics.service.gov.uk/data-catalogue/special-educational-needs-in-england/2020-21> 02 - Age and Gender, by type of SEN provision and type of need - 2016 to 2021

The most common primary needs of SEN pupils are moderate learning difficulties (2,093) followed by speech, language, and communication needs (1,801) and then social, emotional and mental health needs (1,114).

The wards with the highest proportion of SEN pupils appear to be those with the highest levels of deprivation and a relationship can be seen with the proportion of pupils who are eligible for free school meals.

**Table 7: %SEND and FSM by ward**

Ward	% SEND	% FSM
Amblecote	16.9%	16.1%
Belle Vale	17.4%	25.5%
Brierley Hill	22.2%	37.1%
Brockmoor and Pensnett	23.8%	38.0%
Castle and Priory	19.1%	37.5%
Coseley East	18.5%	30.8%
Cradley and Wollescote	18.5%	27.7%
Gornal	17.3%	20.0%
Halesowen North	15.8%	20.4%
Halesowen South	11.9%	8.9%
Hayley Green and Cradley South	12.2%	19.2%
Kingswinford North and Wall Heath	15.4%	8.1%
Kingswinford South	17.6%	11.1%
Lye and Stourbridge North	19.2%	29.6%
Netherton, Woodside and St Andrews	24.0%	41.5%
Norton	15.7%	12.4%
Pedmore and Stourbridge East	18.3%	19.0%
Quarry Bank and Dudley Wood	24.2%	33.0%
Sedgley	18.5%	14.3%
St James's	19.1%	27.0%
St Thomas's	19.9%	36.5%
Upper Gornal and Woodsetton	19.8%	25.3%
Wollaston and Stourbridge Town	15.4%	14.4%
Wordsley	16.6%	15.4%
<b>Grand Total</b>	<b>18.6%</b>	<b>25.5%</b>

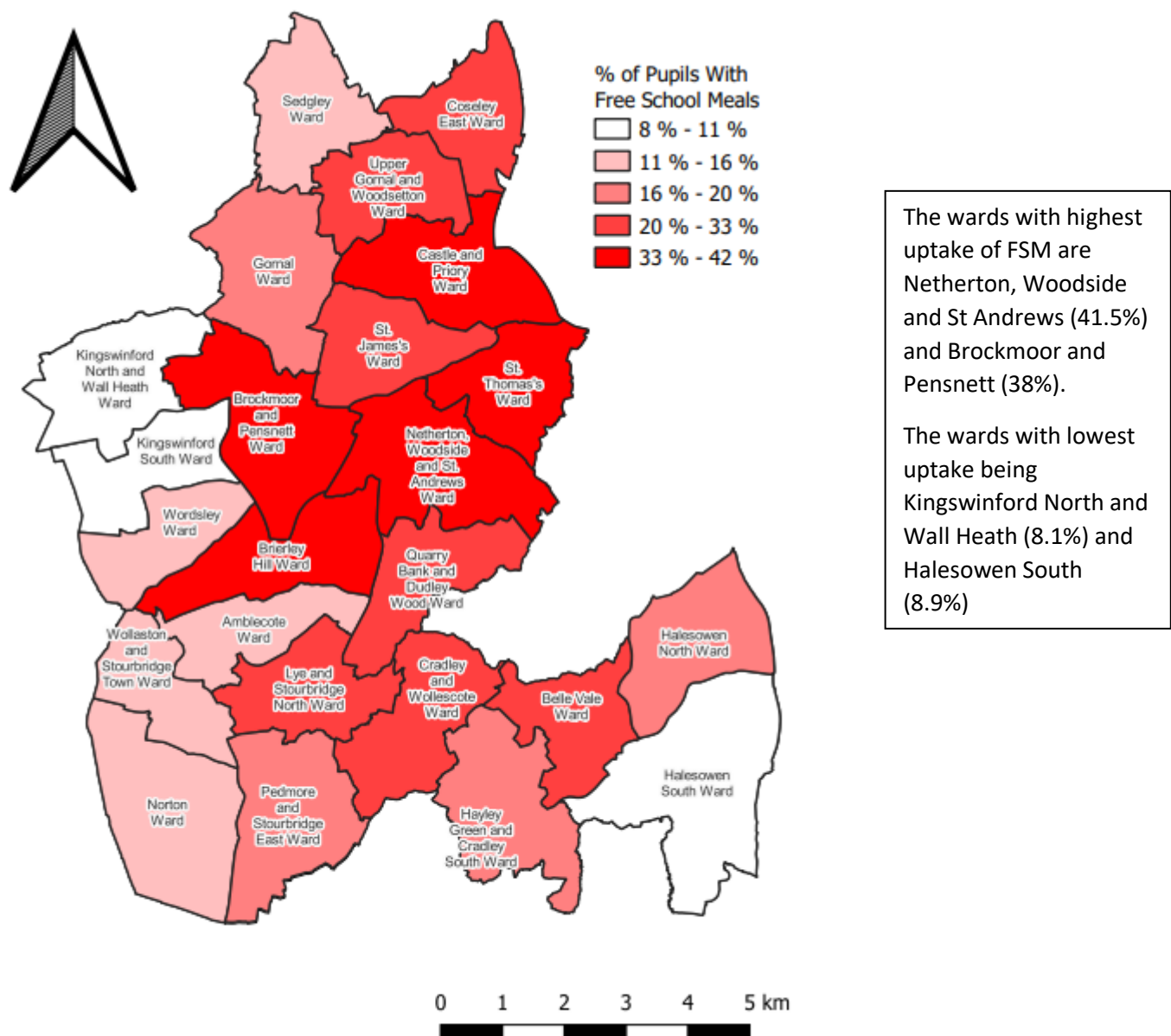
Source: Dudley School Census

## Free school meals.

Children, whose parents are in receipt of certain benefits and an annual net earned income of no more than £7,400 therefore generally of lower socioeconomic status, are eligible to apply for free school meals. Families and children benefit in that: -

- healthy balanced meal helps children to concentrate and learn better
- children have better results and grades when they have a full tummy and perform better in sport
- eating around a table at school helps children to socialise
- helps put more money into family pockets which also helps the local economy
- no need to worry about whether you have food in the house for school lunches
- encourages children to develop healthy eating habits and reduce levels of obesity

**Figure 52: Percentage of children with free school meals – January 2022**

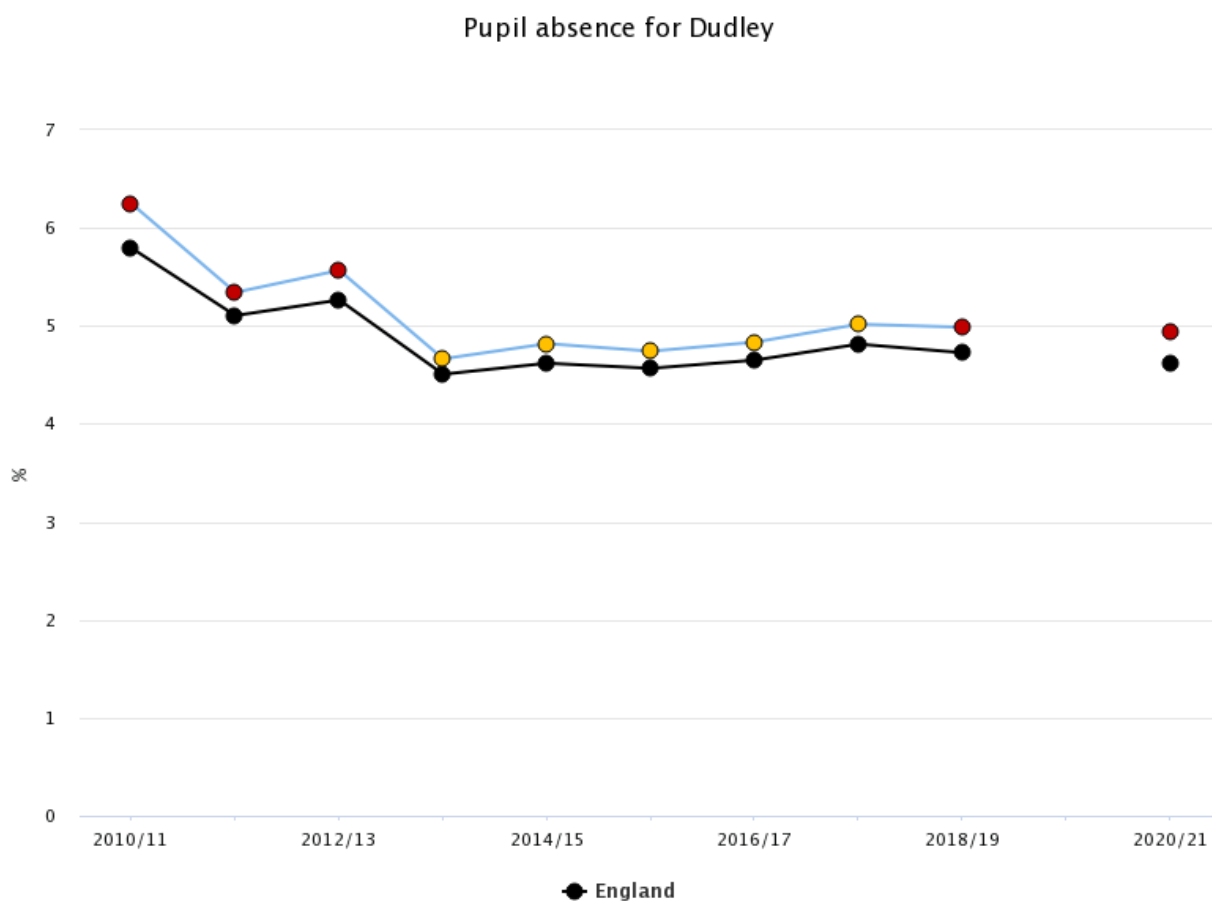


## Absenteeism

Parents of children of compulsory school age (aged 5 to 15 at the start of the school year) are required to ensure that they receive a suitable education by regular attendance at school or otherwise. Education attainment is influenced by both the quality of education they receive and their family socio economic circumstances. Educational qualifications are a determinant of an individual's labour market position, which in turn influences income, housing, and other material resources. These are related to health and health inequalities.

Regular attendance is not only a legal requirement but is essential for children and young people to maximise their educational opportunities, increase social mobility and ensure every child can meet their potential.

**Figure 53: Percentage pupil absence for Dudley 2010/11 – 2020/21**



**Table 8: Percentage pupil absence for Dudley 2010/11 – 2020/21**

Period		Dudley				West Midlands	England
		Count	Value	95% Lower CI	95% Upper CI		
2010/11	●	752,802	6.2%	6.0%	6.5%	5.9%	5.8%
2011/12	●	669,048	5.3%	5.1%	5.6%	5.1%	5.1%
2012/13	●	806,411	5.6%	5.3%	5.8%	5.4%	5.3%
2013/14	●	677,593	4.7%	4.5%	4.9%	4.5%	4.5%
2014/15	●	703,069	4.8%	4.6%	5.0%	4.6%	4.6%
2015/16	●	693,660	4.7%	4.5%	5.0%	4.6%	4.6%
2016/17	●	697,722	4.8%	4.6%	5.0%	4.7%	4.7%
2017/18	●	728,902	5.0%	4.8%	5.2%	4.9%	4.8%
2018/19	●	747,937	5.0%	4.8%	5.2%	4.8%	4.7%
2020/21	●	733,434	4.9%	4.7%	5.2%	4.9%	4.6%

Source: OHID, using DfE data

The pupil absence for Dudley was 4.9% in 2020/21, same as West Midlands region but higher than the England average of 4.6%.

Based on approximately 190 school days per year, with an absence rate of 5% for ½ day sessions this equates to 4.75 days missed on average for every school aged pupil in Dudley – significantly higher than the England average.

Pupil absenteeism levels in school have been dramatically affected by the recent covid pandemic and therefore there is limited recent data on long term exclusions or persistent absenteeism.

It should however be noted that whilst the benefits of being at school are clear (education, life/social skills, safeguarding etc) for some individuals it is a traumatic experience with mental anxiety etc. This needs to be considered and other options considered to ensure these vulnerable individuals do not miss out on their education.

## Attainment at end of secondary education

Children’s education and development of skills are important for their own wellbeing and for that of the nation.

Learning ensures that children develop the knowledge and understanding, skills, capabilities, and attributes that they need for mental, emotional, social, and physical wellbeing now and in the future.

Children with poorer mental health are more likely to have lower educational attainment and there is some evidence to suggest that the highest level of educational qualifications is a significant predictor of wellbeing in adult life; educational qualifications are a determinant of an individual's labour market position, which in turn influences income, housing and other material resources.

Educational attainment is influenced by both the quality of education children receive and their family socio-economic circumstances.

Total Attainment 8 scores pupils at the end of key stage 4 in all maintained secondary schools, academies, and free schools. Attainment 8 measures the achievement of a pupil across 8 qualifications including maths, English, science subjects and other DfE approved subjects.

**Figure 54: Attainment 8 score by West Midlands Local Authority 2020/21**

Areas **All in West Midlands region** All in England Display **Table** Table and chart

Area ▲▼	Recent Trend	Count ▲▼	Value ▲▼	95% Lower CI	95% Upper CI
England	–	29,278,221	50.9	50.8	51.0
West Midlands region	–	3,229,734	49.5	49.3	49.7
Solihull	–	123,098	53.3	52.5	54.1
Warwickshire	–	304,367	52.4	51.9	53.0
Herefordshire	–	84,983	50.4	49.5	51.3
Staffordshire	–	438,434	50.3	49.9	50.7
Shropshire	–	146,700	50.3	49.6	51.0
Worcestershire	–	292,258	50.1	49.6	50.6
Wolverhampton	–	156,720	49.3	48.6	50.0
Birmingham	–	717,403	49.2	48.9	49.5
Dudley	–	177,214	48.8	48.1	49.5
Telford and Wrekin	–	102,028	48.7	47.8	49.6
Sandwell	–	206,859	48.4	47.8	49.0
Coventry	–	183,980	48.3	47.6	49.0
Walsall	–	162,110	46.9	46.2	47.6
Stoke-on-Trent	–	133,583	45.2	44.5	45.9

Source: Department for Education

The % of eligible population in Dudley achieving an average attainment 8 score in 2020/21 was 48.8%, lower than the West Midlands region of 49.5% and statistically lower than England average of 50.9%.

Due to the Covid-19 pandemic and how GCSE grades were awarded being different to previous years there is no trend available as measurements are not comparable.

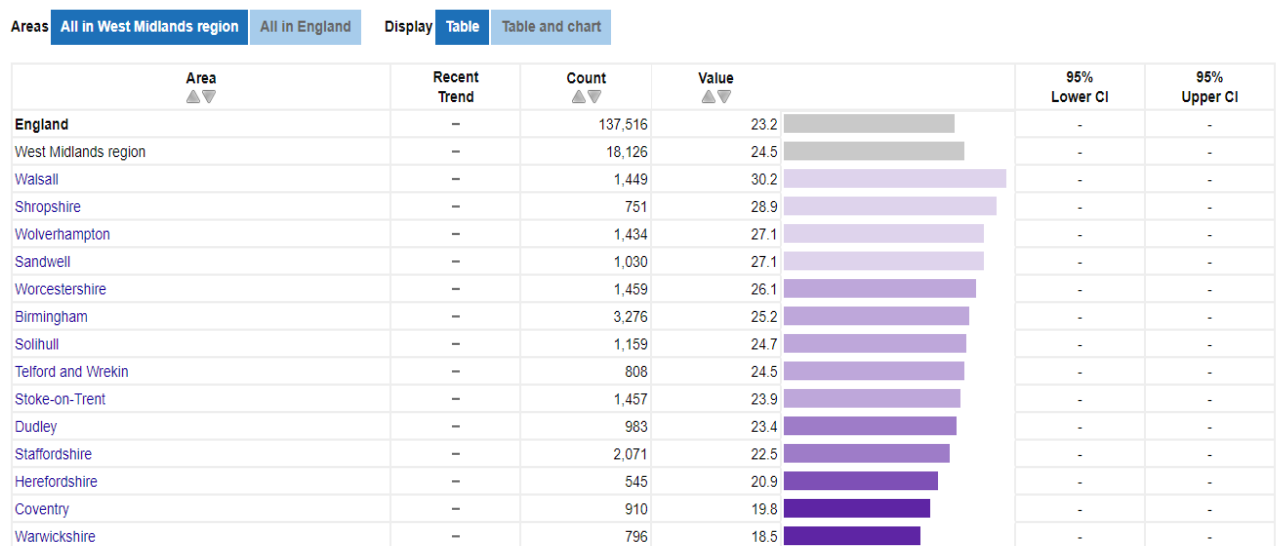


## 11: Vulnerable population

As an example of inequalities below is data of the Average Attainment 8 score for children in care. Whilst it is noted that this is a complex picture with many influencing factors, in Dudley 23.4% of Children in Care achieved the Average Attainment 8 score, comparable to England average (23.2%) and slightly lower than the West Midlands region (24.5%)

Whilst it is positive news that Dudley is comparable to other regions this figure is much lower than those individuals not in care.

**Figure 55: Attainment 8 score for children in care by West Midlands Local Authority 2020/21**



Source: Department for Education

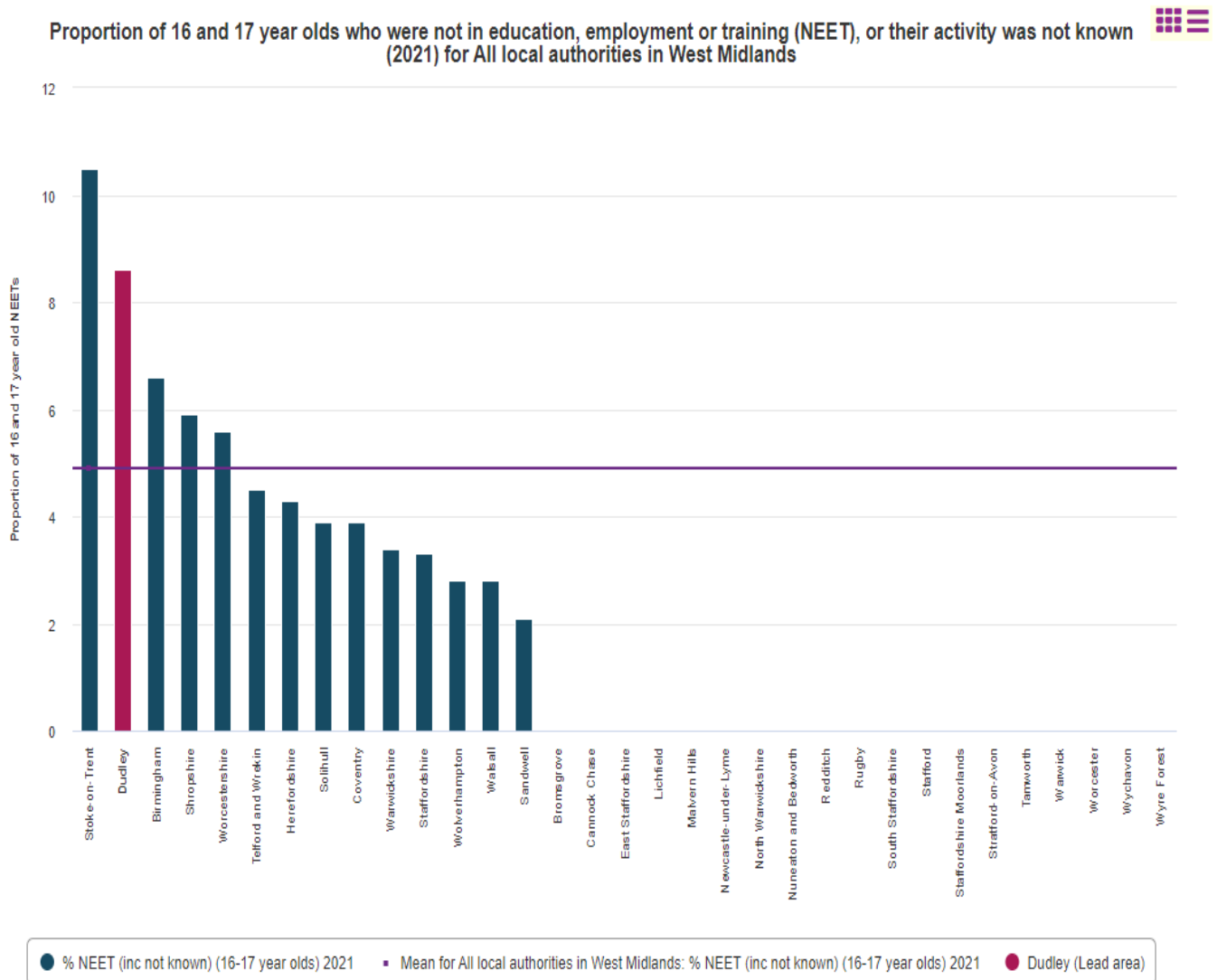
## Not in Education, Employment or Training

This is a measure of the proportion of 16- and 17-year-olds who were not in education, employment, or training (NEET), or their activity was not known. Young people who are not in education, employment, or training (NEET) are at greater risk of a range of negative outcomes, including poor health, depression, or early parenthood.

In 2021, the average English Metropolitan Borough had 5.1% population NEET, above the West Midlands average of 4.9%. However, Dudley figure of 8.6% population NEET was much higher and second only to Stoke in the West Midlands region.

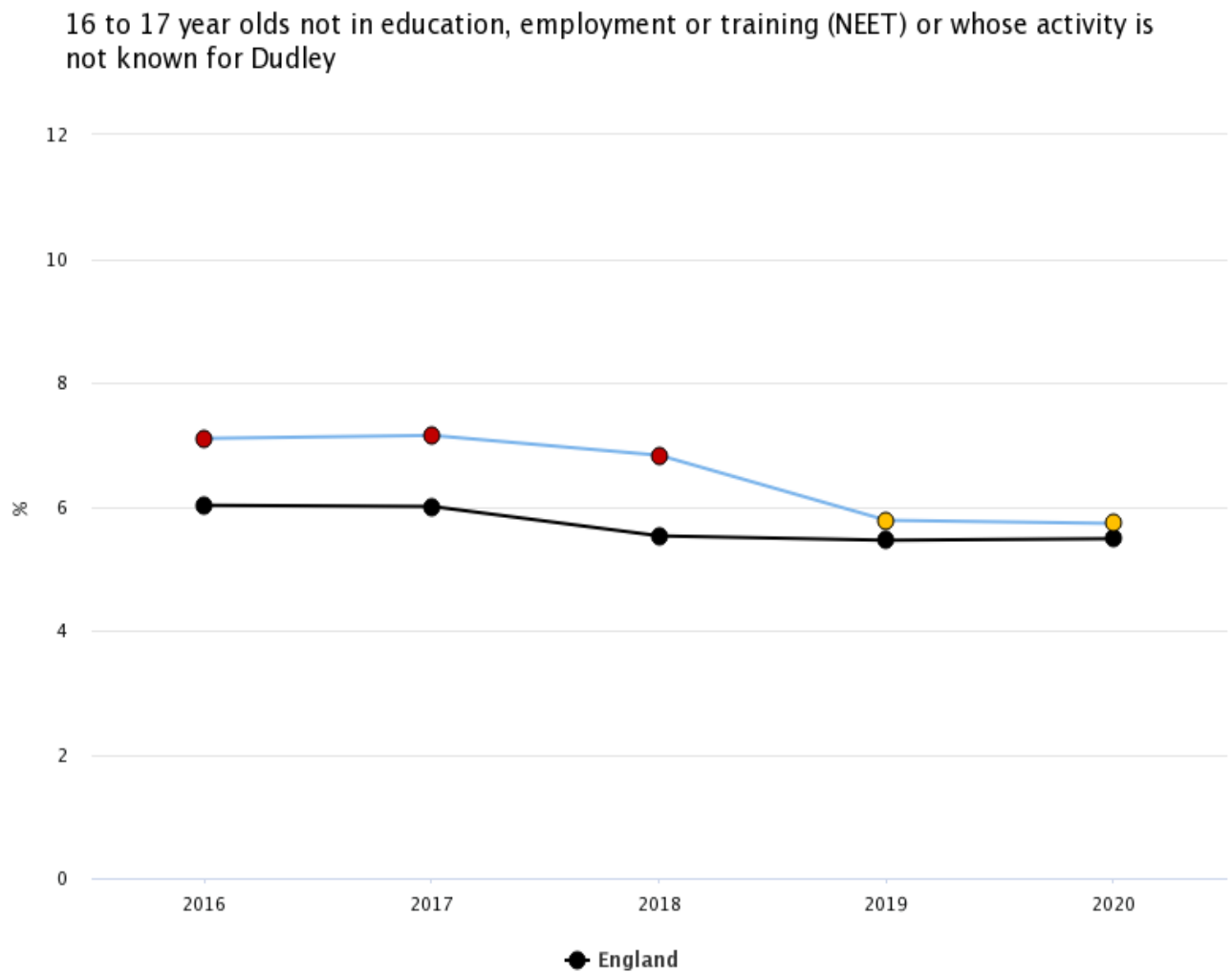
However, it is recognised these figures are obtained whilst the nation was in the middle of a pandemic and employment and further education opportunities were significantly impacted. Therefore, a trend of NEET pre 2021 is also included.

**Figure 56: Proportion of 16- and 17-years olds NEET for all Local Authorities in West Midlands (2021)**



Source:  
Department for Education

**Figure 57: 16- to 17-year-olds NEET for Dudley 2016 - 2020**



Source : OHID fingertips

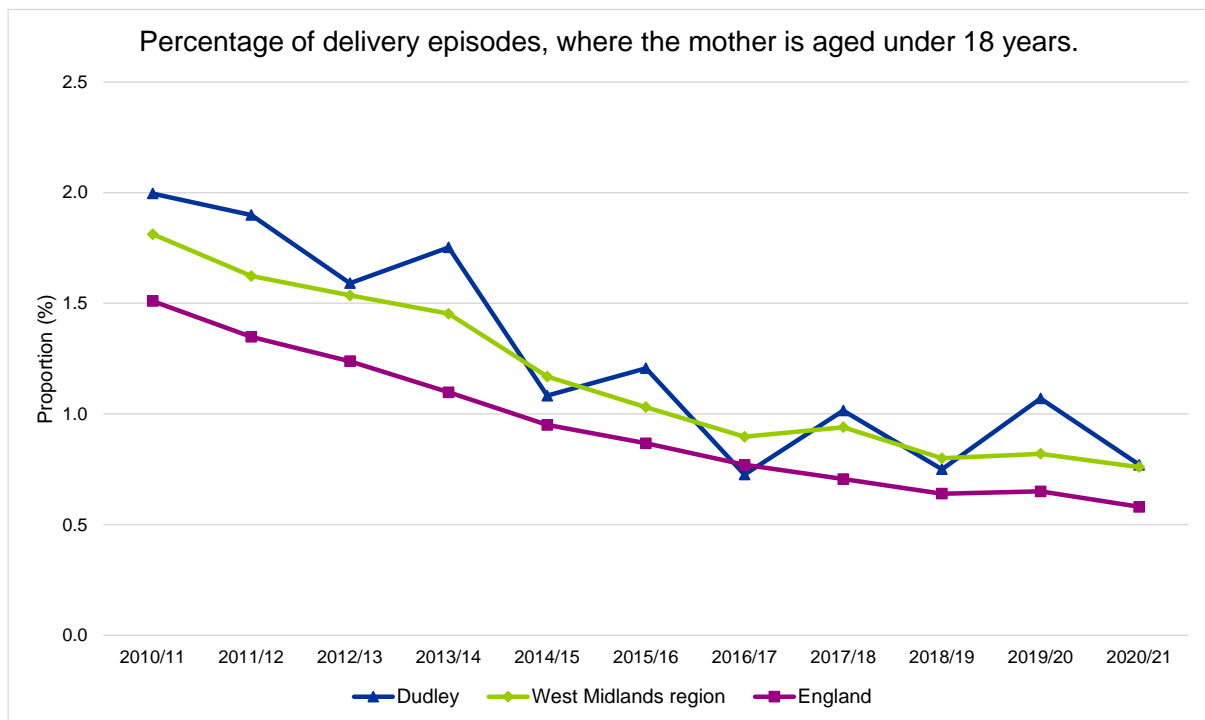
In 2020, both Dudley and the West Midlands region had 5.7% eligible population NEET, slightly above the English average of 5.5% eligible population NEET. This is still approximately one in every 17 children NEET for Dudley.

Therefore, the pandemic and economic downturn appears to have affected Dudley 16- to 17-year-olds more than other West Midland and England average areas.

## Teenage pregnancy

Children born to teenage mothers have 60% higher rates of infant mortality and are at increased risk of low birthweight which impacts on the child's long-term health. Teenage mothers are three times more likely to suffer from post-natal depression and experience poor mental health for up to three years after the birth. Teenage parents and their children are at increased risk of living in poverty.

**Figure 58: Percentage of delivery episodes, where the mother is aged under 18 years (2010/11 – 2020/21)**

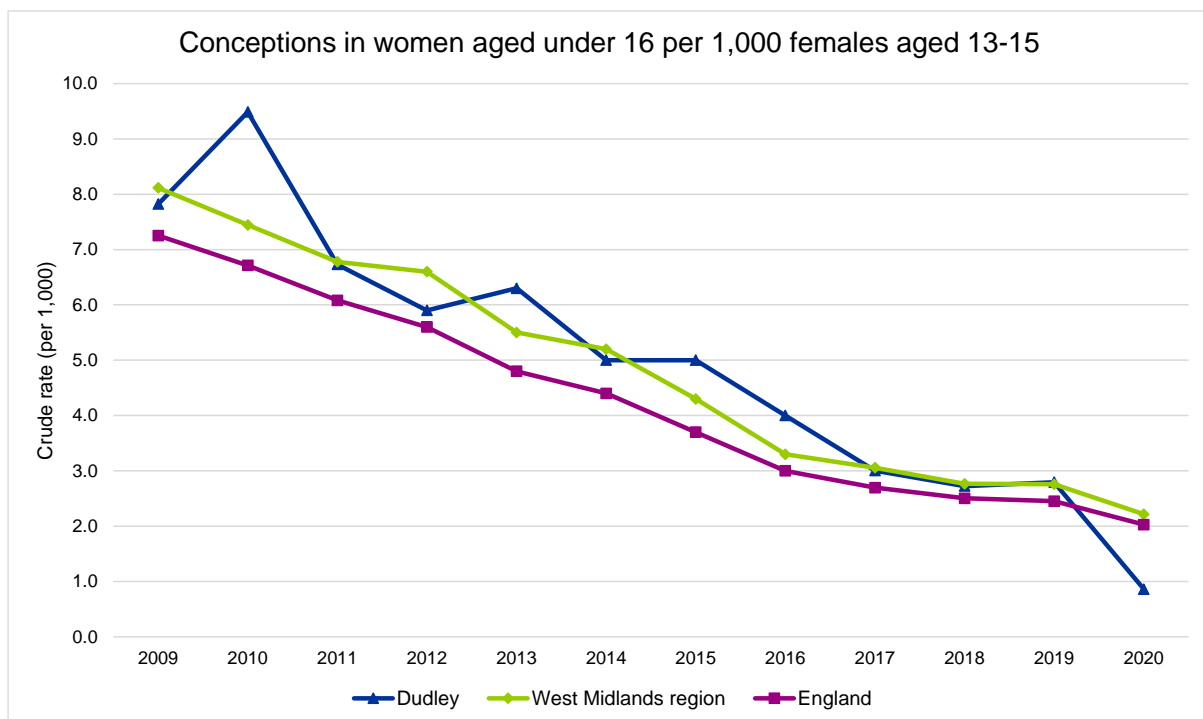


In Dudley 0.8% of all delivery episodes were to a mother aged under 18 years, same as the region and slightly higher than the England average of 0.6%.

Most teenage pregnancies are unplanned and around half end in an abortion. As well as it being an avoidable experience for the young woman, abortions represent an avoidable cost to the NHS. And while for some young women having a child when young can represent a positive turning point in their lives, for many more teenagers bringing up a child is extremely difficult and often results in poor outcomes for both the teenage parent and the child, in terms of the baby's health, the mother's emotional health and well-being and the likelihood of both the parent and child living in long-term poverty.

Evidence shows that teenage pregnancy is associated with poorer outcomes for both young parents and their children. Teenage mothers are less likely to finish their education, are more likely to bring up their child alone and in poverty and have a higher risk of poor mental health than older mothers. Infant mortality rates for babies born to teenage mothers are around 60% higher than for babies born to older mothers. The children of teenage mothers have an increased risk of living in poverty and poor-quality housing and are more likely to have accidents and behavioural problems.

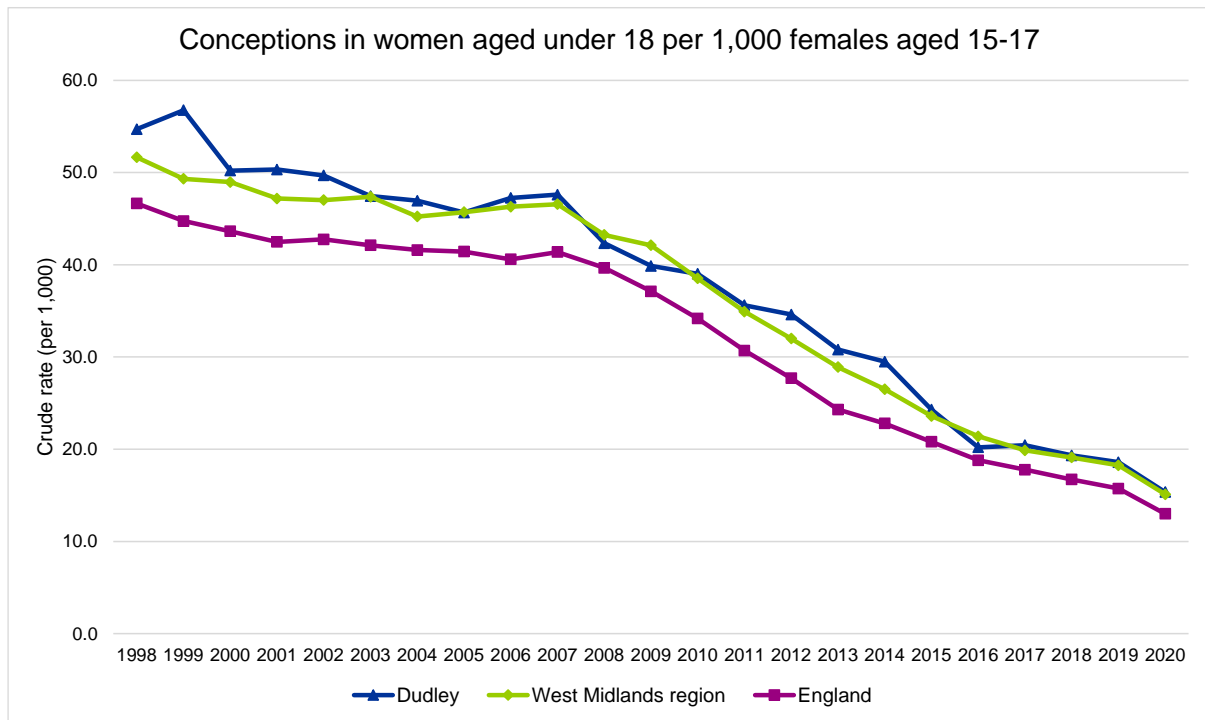
**Figure 59: Conceptions in women aged under 16 per 1,000 females aged 13 – 15 (2009 – 2020)**



Dudley under 16 conception rate/1,000 population is 0.9, lower than both the region and England rates of 2.2/1,000 and 2.0/1,000 respectively.

The trend in Dudley is decreasing and getting better.

**Figure 60: Conceptions in women aged under 18 per 1,000 females aged 15 – 17 (1998 – 2020)**



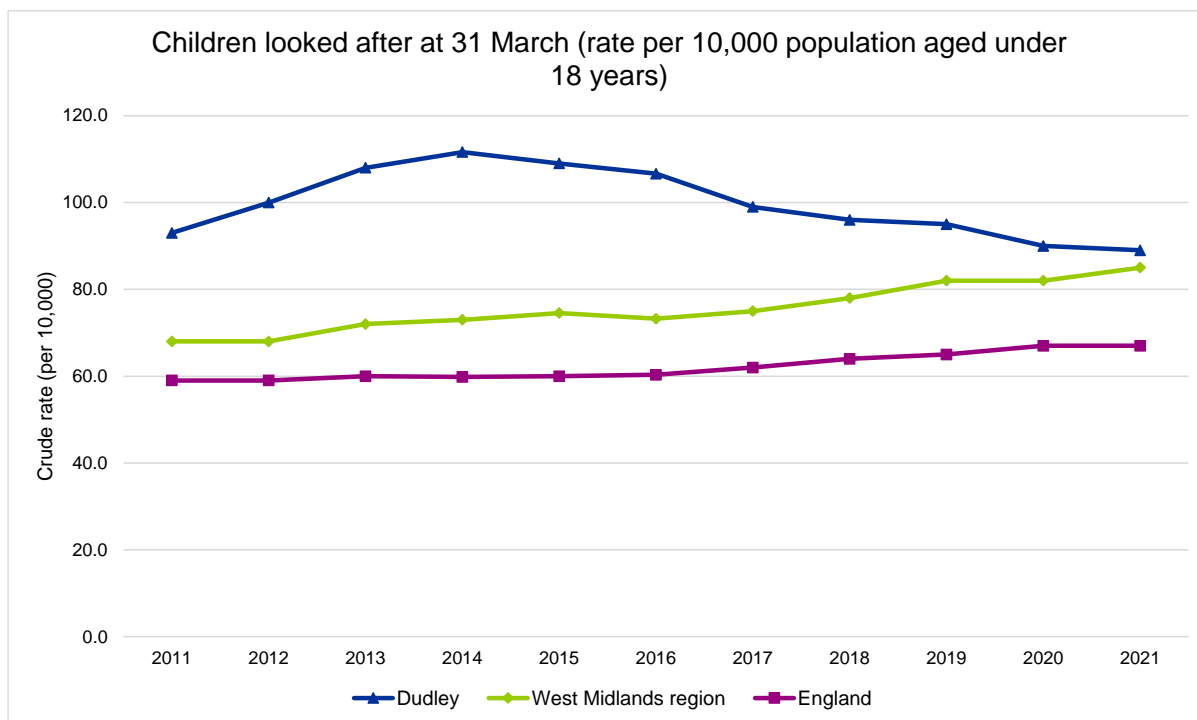
In Dudley the under 18s conception rate in 2020 was 15.3/1,000, slightly higher than the West Midlands region of 15.1/1,000 and higher than England average of 13.0/1,000.

The trend is decreasing and getting better.

## Children in care

Children and young people in care are among the most socially excluded in children in England. There are significant inequalities in health and social outcomes compared with all children and these contribute to poor health and social exclusion of care leavers later in life.

**Figure 61: Looked after children (rate per 10,000 population aged under 18 years) (2011 – 2021)**

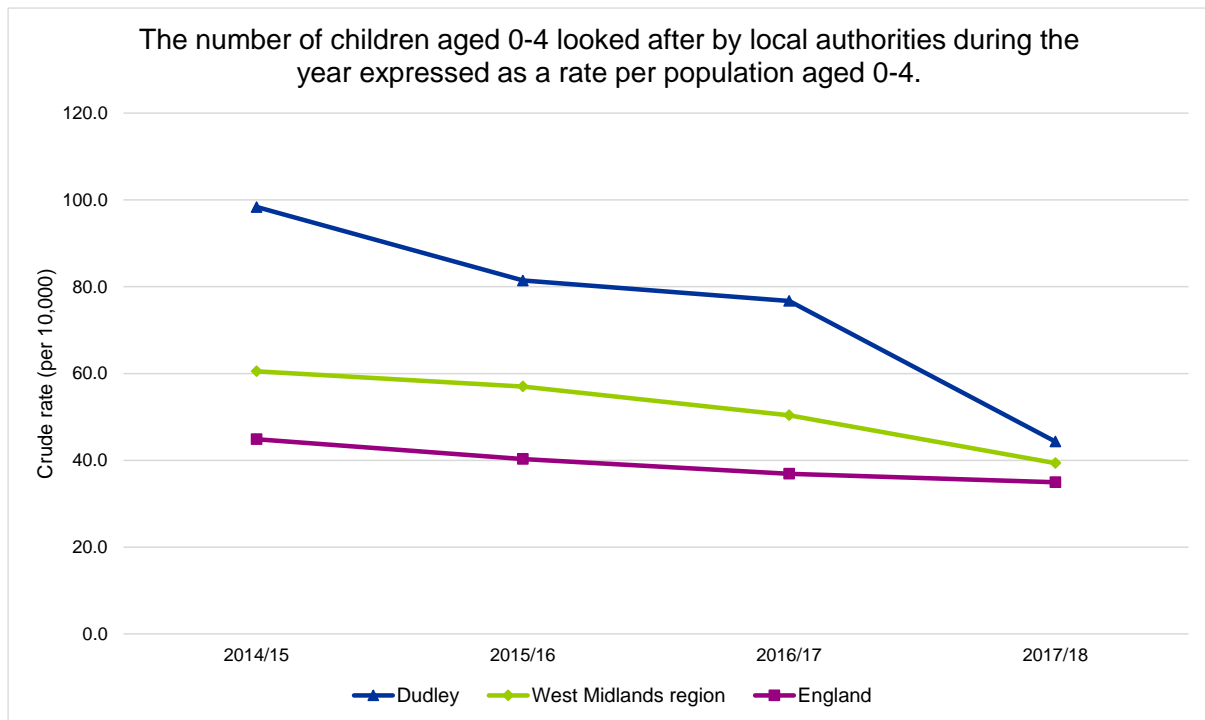


Source: OHID fingertips

The crude rate of children looked after in 2021 within Dudley was 89/10,000 population which is higher than the West Midlands region of 85/10,000 and significantly higher than the England average rate of 67/10,000 population. The trend remaining consistent in Dudley.

There are risks to babies’ and toddlers’ mental health associated with the experience of being in care, with frequent moves adversely affecting the ability of babies and very young children to form healthy attachments that lead to healthy emotional and physical development.

**Figure 62: the number of Looked after children aged <5: Rate per 10,000 population aged <5 by Local Authority (2014/15 – 2017/18)**



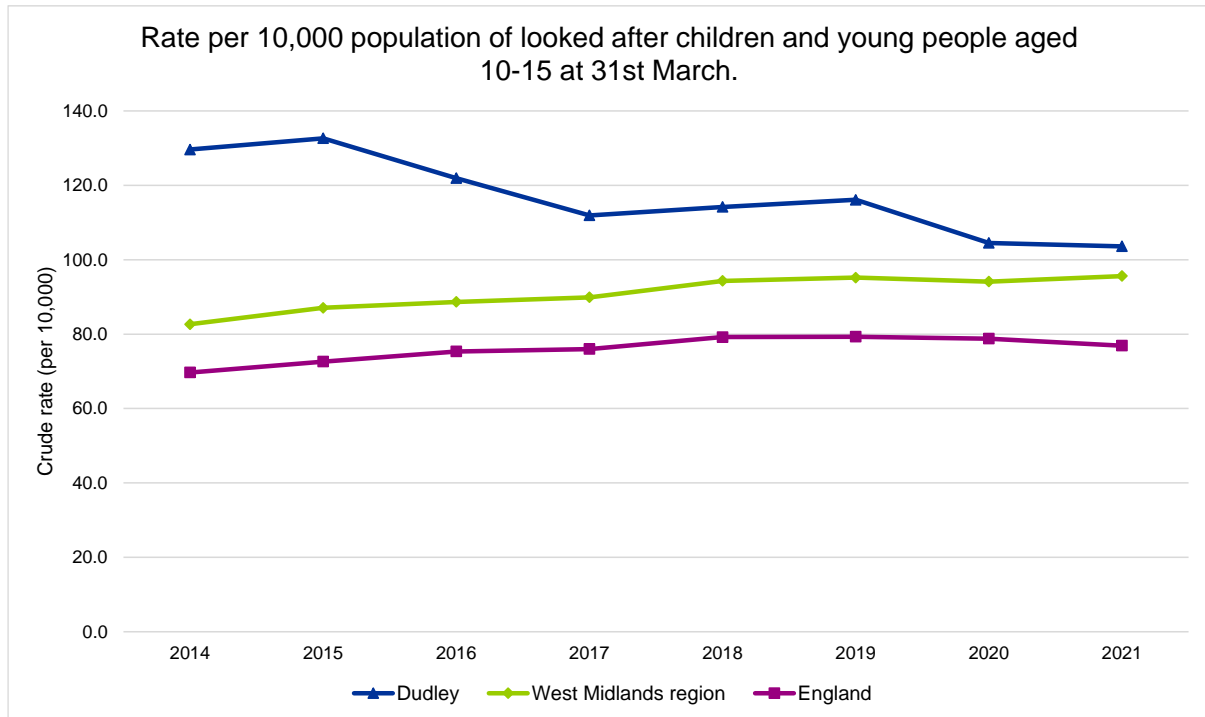
Source: OHID fingertips

In Dudley the crude rate of children 0 – 4 years looked after by the local authority was 44.3/10,000. This figure higher than the West Midlands region (39.4/10,000) and England (34.9/10,000)



Children and young people in care are among the most socially excluded in children in England. There are significant inequalities in health and social outcomes compared with all children and these contribute to poor health and social exclusion of care leavers later in life.

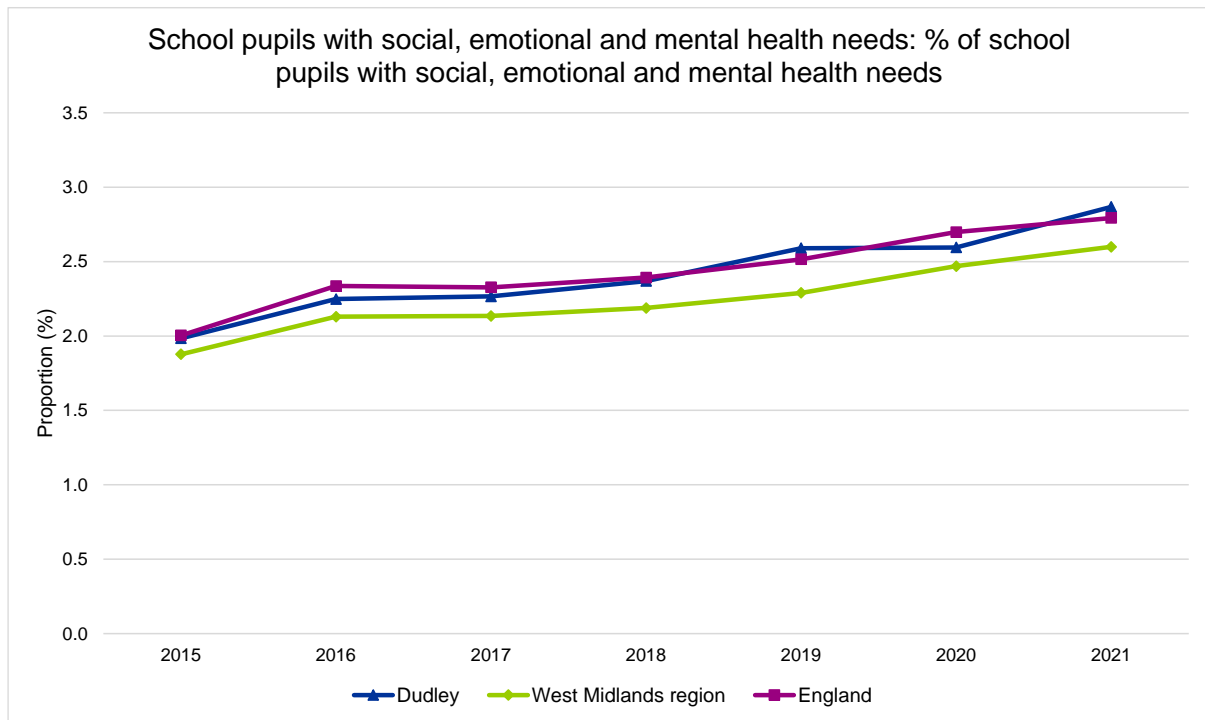
**Figure 63: Rate per 10,000 population of LAC aged 10 -15 years (2014 – 2021)**



Source: OHID fingertips

Dudley rate of 103.6/10,000 for looked after children and young people aged 10 – 15 years is higher than West Midlands region (95.6/10,000) and considerably higher than England (76.9/10,000)

**Figure 64: School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs**



Source: OHID fingertips

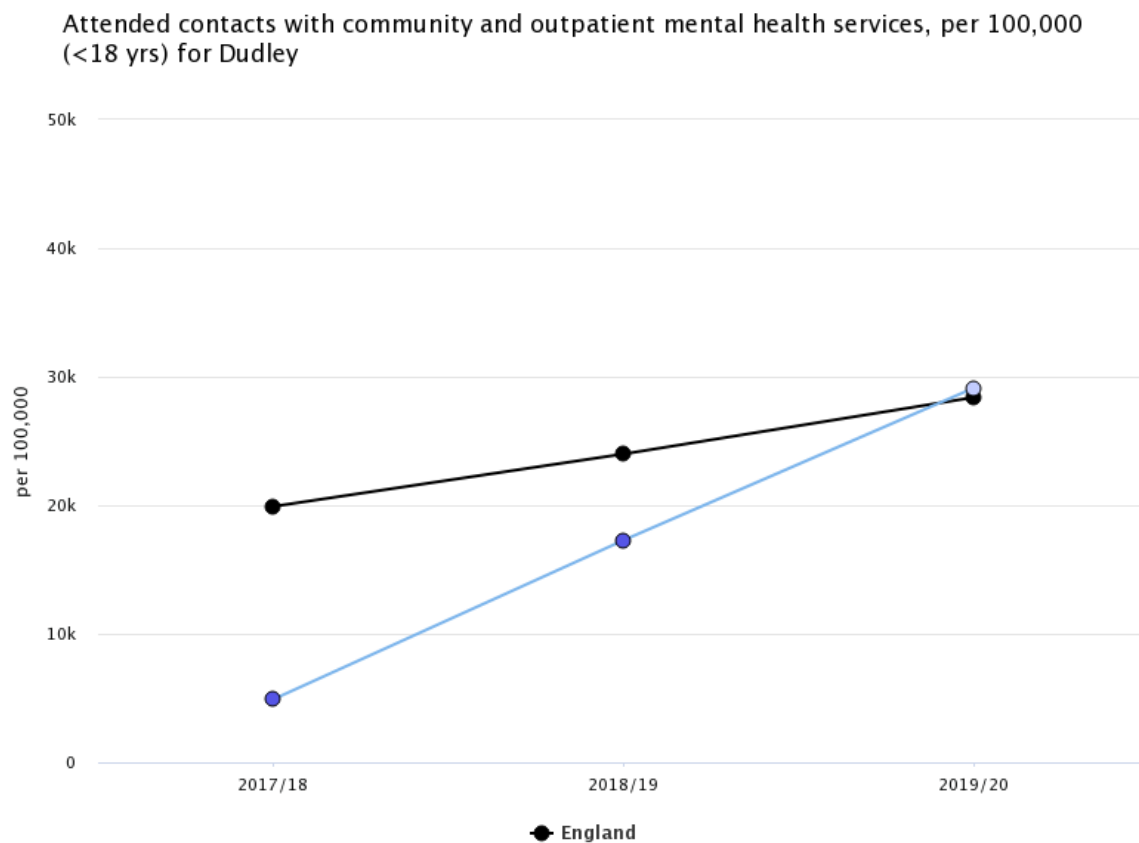
In 2021, Dudley the percentage of school pupils with social, emotional, and mental health needs recorded is 2.9%, higher than both West Midlands region and England average at 2.6% and 2.8% respectively.

This trend is increasing and getting worse, which may be exacerbated by the pandemic and cost of living crisis.

## Contacts with community and outpatient mental health services

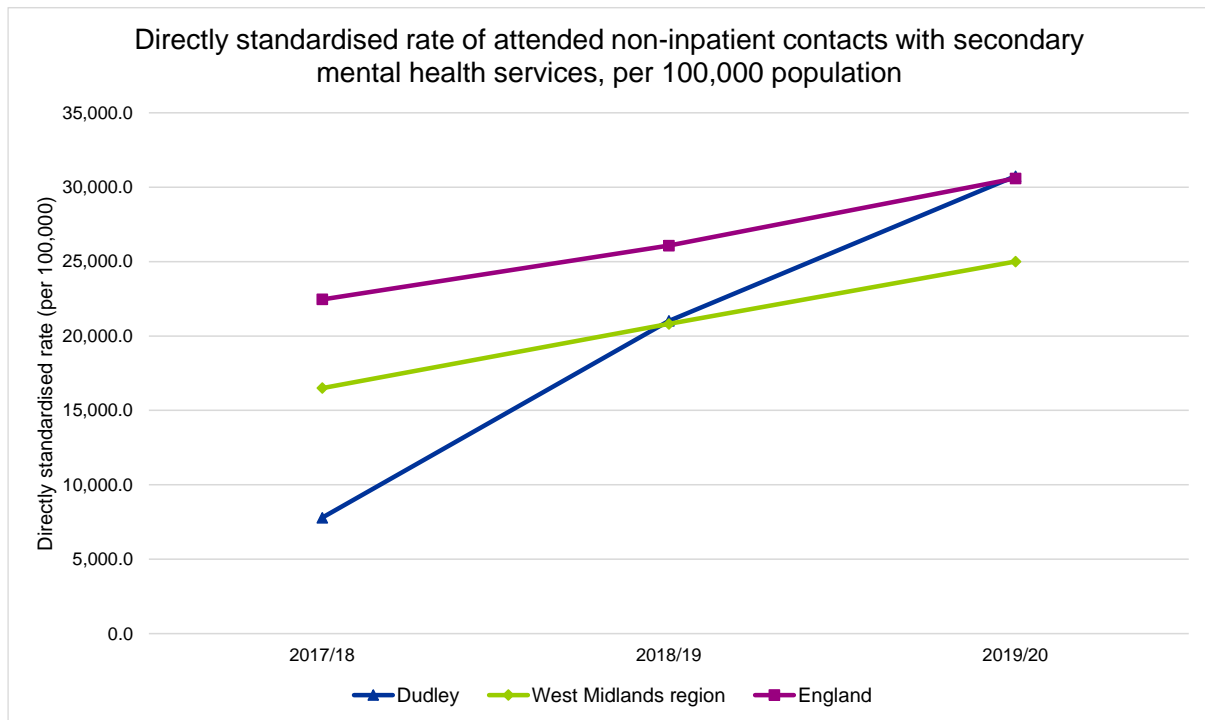
Mental ill health can affect anyone and have a significant effect on the lives of individuals, their families, communities, and wider society. Together with substance misuse, mental illness accounts for 21.3% of the total morbidity burden in England. Mental ill health is associated with many forms of inequalities, which people living with severe mental illness (SMI) are particularly vulnerable to experiencing and are largely driven by complex and interrelated factors.

**Figure 65: Attended contacts with community and outpatient mental health services, per 100,000 (<18 yrs) for Dudley (2017/18 – 2019/20)**



In 2019/20 within Dudley there were 19,645 contacts with community and outpatient mental health services by individuals <18 years (29,135/100,000 population) compared to West Midlands region of 21,238/100,000 population and England average of 28,395/100,000

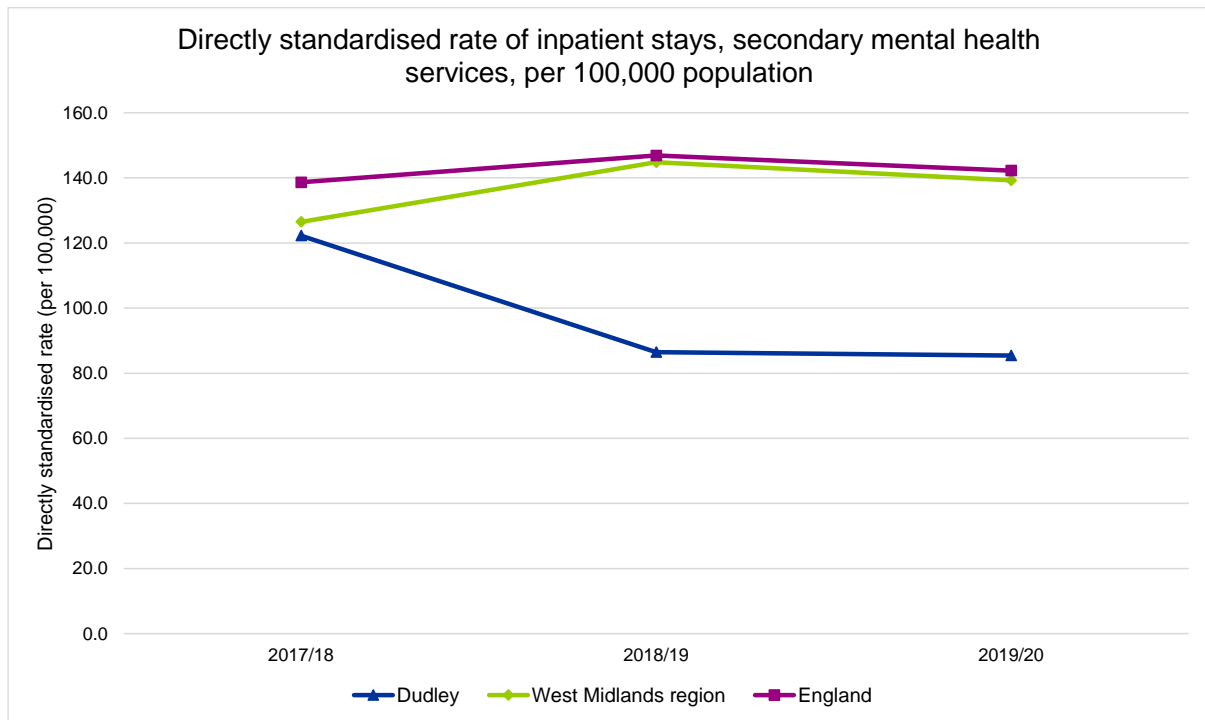
**Figure 66: Rate of attended non-patient contacts with secondary mental health services, per 100,000 population (2017/18 – 2019/20)**



Source: OHID fingertips

In 2019/20 Dudley the DSR of attended non-inpatient contacts with secondary mental health services was 30,731.3/100,000 population, similar to England (30,581.6/100,000) but higher than West Midlands region (25,000.1/100,000)

**Figure 67: Inpatient stays in secondary mental health services, per 100,000 (2017/18 – 2019/20)**



Source: OHID fingertips

Although not directly related to the age group 5 – 25 years this data demonstrates that the DSR for inpatient stays in secondary mental health services within Dudley is 85.5/100,000 which is significantly lower than both the West Midlands region and England average of 139.2/100,000 and 142.2/100,000 population.

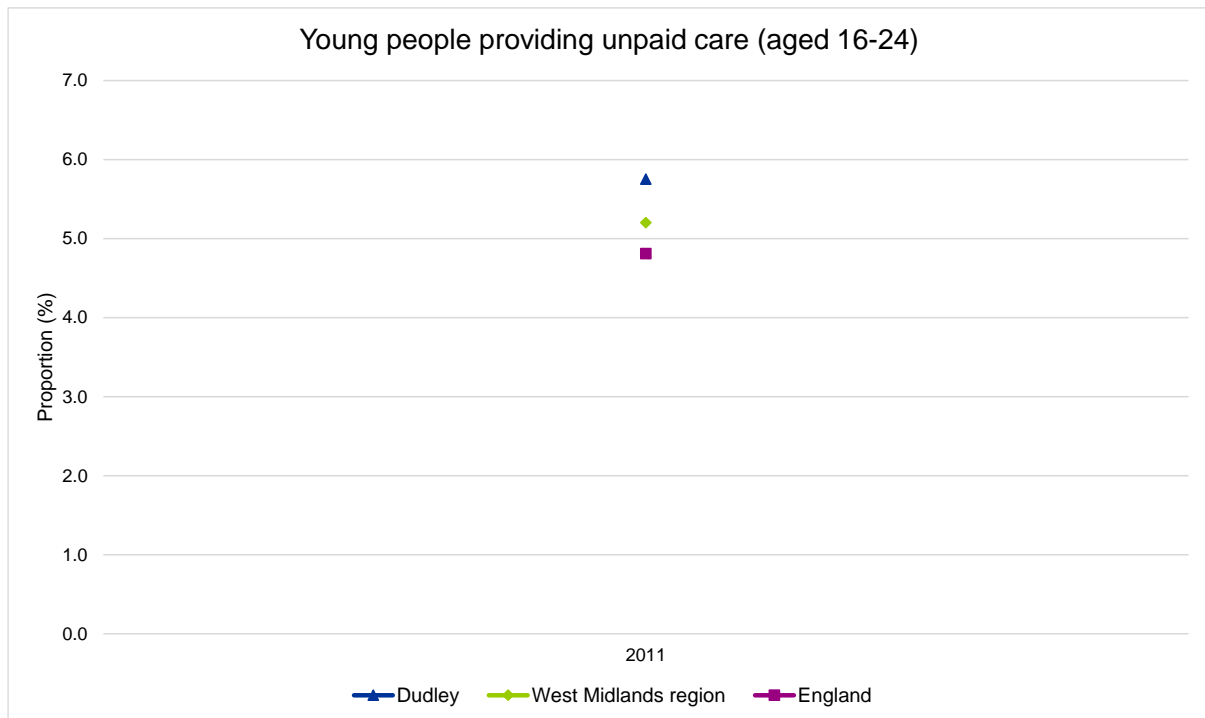
Given that the number of young persons and general population in Dudley having emotional, mental health needs and contacts with community /outpatient mental health services is increasing then further investigation is required to explain the information behind this data.

This data, when combined with general population data indicates a possible increase in demand for mental health services both locally, regionally, and nationally.

## Young carers

Young people providing care can lead to emotional and wellbeing issues, sense of responsibility in addition to feelings of isolation and lack of social interaction.

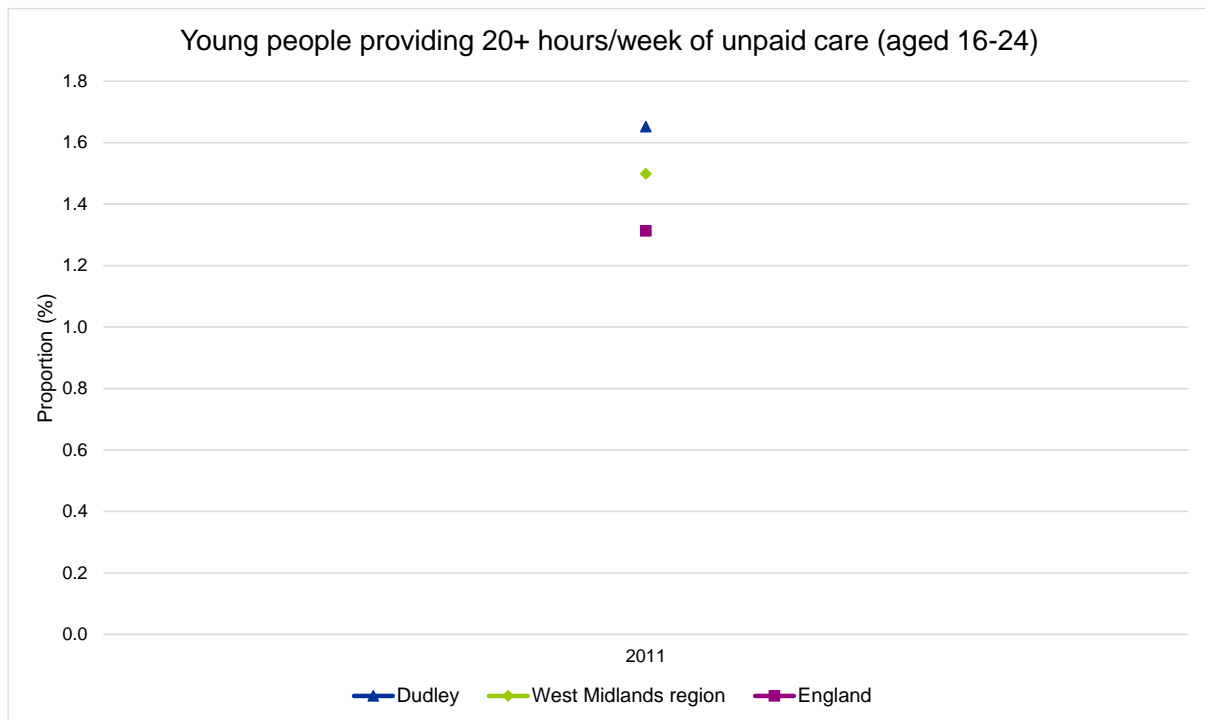
**Figure 68: Young people providing unpaid care (aged 16-24) (2011)**



Source Census 2011

According to the data 5.8% of 16 – 24-year-old in Dudley provided unpaid care in 2011. This is higher than both West Midlands region and England at 5.2% and 4.8% respectively.

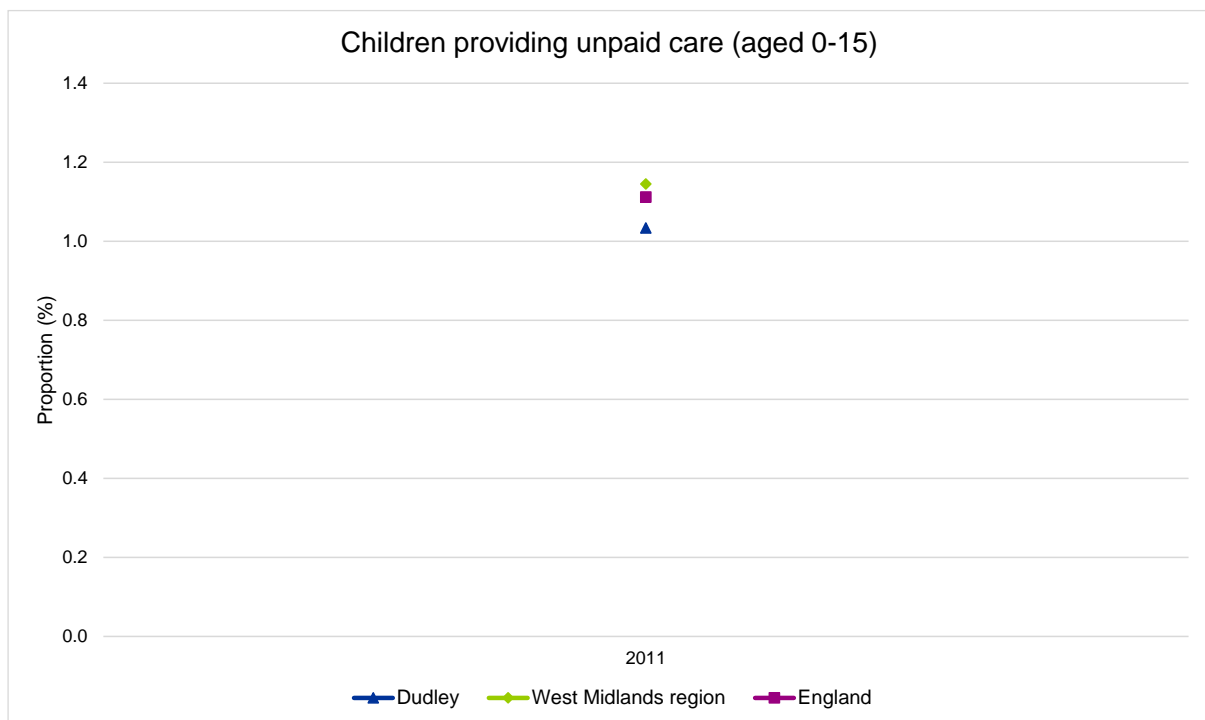
**Figure 69: Young people providing 20+ hours/week of unpaid care (aged 16-24) (2011)**



Source Census 2011

In Dudley 1.7% of young people provided 20+ hours/week of unpaid care, higher than West Midlands region (1.5%) and England (1.3%)

**Figure 70: Children providing unpaid care (aged 0-15) (2011)**

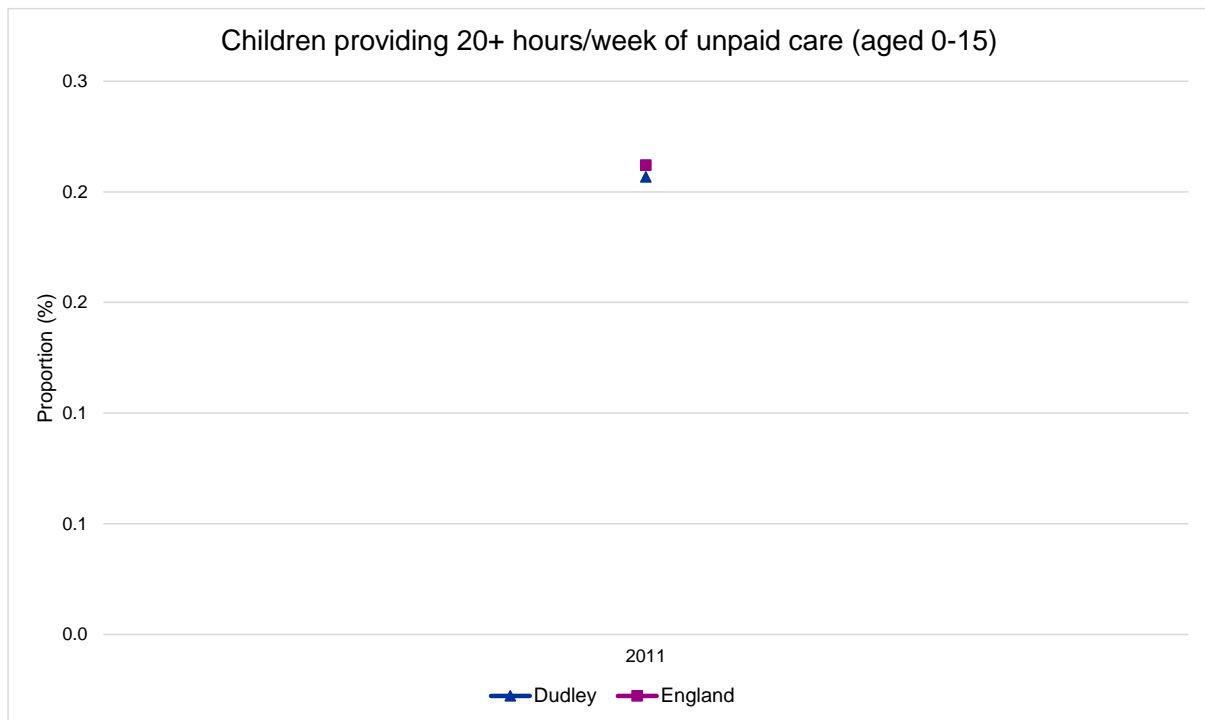


Source Census 2011

For the younger age group (0 – 15-year-old) there was very little difference in the percentage of them providing unpaid care (circa 1%)



**Figure 71: Children providing 20+ hours/week of unpaid care (aged 0-15) (2011)**



Source Census 2011

For the younger age group (0 – 15-year-old) there was very little difference in the percentage of them providing 20+ hours of unpaid care (circa 0.2%)

## 12: Discussion

The benefits for the best start to life are well documented, there are however barriers and risks that impact on this. As well as the risks that apply for the first 1001 days, there are specific factors that affect the health and wellbeing outcomes for 5 – 25 years old. These broadly include: -

### Education: school preparedness, environment, and educational achievement.

It has been shown that those pupils that have lower school readiness and lower level of attainment at reception often continue to not fulfil their potential throughout their educational journey whole educational journey, especially those from lower socioeconomical status.

For the ages 5 – 15 years old, the school social environment plays a significant role in their social, mental, and physical development. A safe and healthy school environment promotes student engagement, affects students' attendance, academic achievement and protects against risky behaviours. Academic success and achievement are strong predictors of overall adult health outcomes.

The data suggests: -

- In Dudley 61.9% of 5 years olds in Dudley achieved a Good Level of Development (GLD) in 2021/22. This is significantly below the national figure (65.2%)
- The percentage of pupils requiring SEN support in Dudley (14.1%) is above the national (12.2%) and regional (12.9%) average
- In 2021/22, 44.5% of reception children in Dudley eligible for Free School Meals (FSM) achieved a Good Level of Development, compared to 61.9% of children not eligible for FSM, below the regional level (50.5%) and England average (49.1%),
- The pupil absence for Dudley was 4.9% in 2020/21, same as West Midlands region but higher than the England average of 4.6%. This equates to on average 4.75 days missed each school year by every pupil in Dudley,
- The % of eligible population in Dudley achieving an average attainment 8 score (measure of exam success) in 2020/21 was 48.8%, lower than the West Midlands region of 49.5% and statistically lower than England average of 50.9%. For children in care this figure was lower at 23.4%

Whilst it is a complex picture schools, colleges, Local Authority, and health services should collaborate to: -

- Determine ways to increase school readiness of Dudley's children by targeting factors that affect their transition to school for example, addressing speech, language, and communication needs, Increase the uptake of funded early year's education for 2- and 3-year-olds in high quality facilities, promotion of Dudley Family centres,
- Build momentum to enable all children to achieve good education and personal outcomes that prepare them for adulthood, including a specific focus on reducing inequalities and reviewing learnings from the covid pandemic on use of technology for home teaching for those individuals who may have health issues limiting their attendance at school i.e., mental health/anxiety issues

## Family environment

Children and young people who perceive that they have good communication and are bonded with an adult are less likely to engage in risky behaviours. Parents who provide supervision and are involved with their adolescents' activities are promoting a safe environment in which to explore opportunities. In Dudley there is data indicating the differences in households, their location and factors such as socioeconomic status. Although a complex relationship in the current environment one overriding concern and issue is material wellbeing (poverty) – a strategy to mitigate such issue will help address some of the risks to children and young persons in the family setting.

## Lifestyle influences

Building from the school and family environment there are many factors that will influence 5 – 25-year-olds lifestyles.

However, data from Dudley indicates 2 areas of health issues currently in this age group, one current and one emerging, namely obesity and mental health.

### Obesity

- In 2019/20 prevalence of obesity in Reception Year, was 12.3%,
- the 2015/16-2017/18, prevalence of excess weight in Reception Year was 27.1%,
- Year 6 prevalence of obesity was 26.9% and excess weight was 42.1%

All these obesity/excess weight figures significantly higher than the West Midlands region and statistically higher than the England average with the trend increasing thus the situation getting worse.

Although not in the remit of this NA, if follow this trend then adult population obesity is or will become an issue in Dudley.

As many adverse health and wellbeing outcomes are associated with obesity, in addition increased demand on health services and economic costs, a system wide approach engaging with all partners and stakeholders is required to address this emerging crisis.

## Mental Health

Children with poorer mental health are more likely to have lower educational attainment and therefore can have an impact on their wellbeing in later adult life.

A report by Suzi McFall<sup>19</sup> indicated

- Self-reported mental health has declined in Dudley since the pandemic and there has been an increase in people reporting loneliness and isolation.
- The Mental Health of Children and Young People (MHCYP) survey 2020 found that 20.5% of children aged 5-16 in the West Midlands had a probable mental disorder. This is the higher than any other region in England and compares to 16% nationally. Parents of children with a probable mental disorder were more likely to report that their children had anxieties around catching and transmitting Covid, their friends and family catching Covid and missing school, than the parents of children without a probable mental disorder<sup>ii</sup>.

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<sup>19</sup> McFall S, An assessment of the impact of COVID-19 on Dudley's health and wellbeing. May 2021

- Despite this, the number of monthly referrals to the Dudley Child and Adolescent Mental Health Service (CAMHS) team dropped by 145 between February and April 2020, which equates to a 52% decrease. The number has since slowly increased, but still likely means there will be children in Dudley who could benefit from mental health support, but who are not known to the CAMHS team.

Furthermore, data indicated: -

- The most common primary needs of SEN pupils are moderate learning difficulties (2,093) followed by speech, language, and communication needs (1,801) and then social, emotional, and mental health needs (1,114)
- In 2021, the percentage of school pupils with social, emotional, and mental health needs recorded is 2.9%, higher than both West Midlands region and England average at 2.6% and 2.8% respectively. This trend increasing and getting worse,
- there were 19,645 contacts with community and outpatient mental health services by individuals <18 years in 2019/20 within Dudley however the number of inpatient stays in secondary mental health services within the Dudley population is significantly lower than both the West Midlands region and England average,

This need was further evidenced in a recent survey undertaken by Family Solutions – Youth Service within the Council. One of the top issues in 2022 for 11 – 18-year-olds in Dudley in the Make Your Mark survey was mental health and support.

As this is an increasing trend, further investigation is required to ensure that current services and provisions are adequate and sufficient to meet and address these needs. In addition, consideration given to development of a strategy to specifically address the causes of children and young person's mental health with the aim to address them earlier or provide interventions to help address these concerns.

### Access to quality health and wellbeing services

Data suggests that the healthcare provision in Dudley is performing better, or indeed there is less demand for services, than other regional and England areas. For example: -

- A&E attendance for 5 – 25-year-olds averaged at 292.1/1,000 population, which varied from 218.3/1,000 to 483.9/1,000 between wards,
- In 2020/21 the rate of hospital admissions for injuries in children aged under 15 years was 56.6/10,000. This is significantly lower than the West Midlands region at 77.0/10,000 and England average of 75.7/10,000,
- For 15 – 24-year-olds, this rate was 92.7/10,000 population, lower than the West Midlands region at 95.6/10,000 and significantly lower than the England average of 112.4/10,000 population,
- Vaccinations – whereas population vaccine coverage nationally has decreased recently due in part to the global pandemic the decrease in Dudley was much less than the England average,

- Routine childhood vaccination uptake in Dudley is generally higher than the England average in all categories, for example the single dose HPV vaccine uptake in females was 91.4% for Dudley compared to 76.4% in the West Midlands region and 76.7% in England,

These figures are very positive and indicate a cohesive and effective system that is working to meet the demands of the population. It is however recommended that these findings and the data behind them are investigated further, looking at pathways, systems, data accuracy, alternative provisions for healthcare etc.

If it is ascertained that the data is correct, then the findings should be shared and celebrated. The principles and learnings may then be applied to other groups (e.g. the elderly, pregnant women, marginalised groups, ethnic minority population etc) to see if improvements in health and healthcare services can also be achieved.

## Data

Underpinning this needs assessment is the use of data. The need assessment is based predominantly upon a wide range of secondary data sources including officially published national data sets and where possible locally available data sets. However, some of this data has its limitations, whether this be availability, timeliness of reporting, collection/coding errors etc however it does allow Dudley MBC the opportunity to focus finite resources. It is also noted that most data used in the assessment is quantitative.

In order to add value to future needs assessments and make the process more robust, and hence of value, it is recommended that a review into data be undertaken i.e. what data do the council, and indeed wider partners/stakeholders collect, why and how is it collected, how is it stored, who has access to it and could it be safely shared to help inform strategy and service planning going forward?

A more considered approach to the use of data collection, analysis and sharing will reap dividends, avoid unnecessary data collection, duplication, reduce wasted resources and thus become a more efficient and worthwhile process.

Another limitation of the data is it doesn't necessarily indicate nonusers of the services, those missed from the data or accessing services. It also measures use and not necessarily demand or people's perception/needs.

Also, many assessments can get embroiled in looking at more and more data – breaking data down by ward, towns, areas, sub dividing further by ethnicity, deprivation, age etc however if evidence demonstrating factors are intrinsically linked or associated i.e., poverty, FSM, poorer educational attainment etc is already available there shouldn't be a need for this in-depth further analysis

The analysis in this document is primarily based upon secondary data and it would be useful to incorporate more systematically the views of children, young people, and their families into the next needs assessment.

This need assessment has focussed on needs and data evidencing this, however what it hasn't necessarily focussed on is assets or interventions. A list of some are detailed below however for a more comprehensive process a more in depth mapping of local services (and gaps) should be undertaken: -

- Dudley family hubs,
- Solutions 4 Health,

- Public Health Nursing Service, including Health Visitors and school nurses
- Young Persons Substance misuse service
- Young Persons Sexual Health Service
- Here 4 YOUTH,
- Mental Health Support team,
- Corporate Parenting Board,
- CAMHS,
- Family Nurse Partnerships

Finally – as the importance of Best Start to Life is complex and spans many areas, consideration should be given to including Children and young persons in all council strategies where appropriate and these strategies should be centrally co-ordinated or held to ascertain where mutual aims, objectives and initiatives can achieve wider benefits. This may also reduce any duplication of workstreams. Current strategies in development within Public Health that will have an impact on children include the “Safer Dudley – Preventing and Reducing Serious Violence in Dudley” and the “Strategic Mitigating Poverty Partnership” paper

## 13: Conclusion

The best start to life is well evidenced and generally accepted as an important issue for the population to fulfil their potential, to secure positive health and wellbeing and live a long, healthy life.

Overall, comparing local indicators with Regional and England averages, the health and wellbeing of children in Dudley is mixed.

The data suggests that there are inequalities between wards in Dudley in terms of deprivation, crime, % SEND and Free school meals uptake. There appears to be a correlation between wards and each of these outcomes measured.

There are areas in which Dudley performs worse than its neighbours. Dudley has: -

- The 3<sup>rd</sup> lowest proportion of reception children achieving a Good Level of Development (GLD) in the West Midlands and the 2<sup>nd</sup> lowest proportion amongst its 16 CIPFA nearest neighbours
- A higher percentage of pupils with SEN support than regional and national figures
- Significantly higher levels of obese/overweight pupils in reception and year 6 compared to regional and England average
- Children achieving lower Average Attainment 8 score than both regional and national average with children in care scoring even lower
- The 2<sup>nd</sup> worst figures in the West Midlands for 16- & 17-year-olds NEET in 2021, it appears as though the pandemic had a more significant impact on this cohort in Dudley than in other regions
- An increasing trend for mental health needs in school pupils and it is currently marginally higher need than Regional and England average

However, on a positive note Dudley performed much better in: -

- Vaccination uptake whereas population vaccine coverage nationally has decreased recently due in part to the global pandemic the decrease in Dudley was much less than the England average,
- Routine childhood vaccination uptake in Dudley is generally higher than the England average in all categories
- Access and demand on healthcare services such as A&E, hospital admissions are lower than both regional and England averages

To achieve greatest benefit for the 0 -25-year-old population there needs to be more co-ordinated and on occasions targeted interventions to address their needs, however this cannot be done in isolation and would require a collaborative approach from the Local Authority, Health services, Education and wider stakeholders.

## 14: Recommendations

- 1) The Local Authority and partners in the should ensure that service planning for children and young people continues to reflect the growing numbers and increasing diversity of children living in the borough and their needs,
  - 2) Further investigation is undertaken into access and quality around health care and the findings shared with wider partners for possible learning and good practice,
  - 3) Dudley has been an outlier for looked after children although the rate has recently decreased. Education, the local authority, and health services should examine reasons for this, how the trend in Dudley differs from statistical neighbours, and implement evidence-based programmes to improve outcomes for these children.
  - 4) Dudley is an outlier for children requiring Education, Health, and Care Plans and this trend is accelerating. Education, the local authority, and health services should examine reasons for this, how the trend in Dudley differs from statistical neighbours, and implement evidence-based programmes to ensure positive outcomes for these children.
  - 5) Dudley is also an outlier for young people not in employment, education, or training. We suggest the Local Authority should investigate which young people are affected and how we can ensure more young people continue in employment education, or training.
  - 6) Determine ways to increase school readiness for children, particularly focusing on improving speech, language, and communication in the early years,
  - 7) Education, the local authority, and health services should collaborate to enable all children to achieve good educational and personal outcomes to prepare them for adulthood, including addressing absenteeism, school exclusions and increases in elective home education
  - 8) Develop and implement a strategy to address the increasing problem of obesity amongst children and young people
  - 9) Review the provisions for mental health services available to children and young people, considering the increasing demand when planning or commissioning future services
  - 10) Undertake a review of data collection, storage, use and sharing by and between the Local Authority, health partners, schools, and other stakeholders
  - 11) Gather qualitative information on the views and needs of children and young people in Dudley to help inform and further planning of services or initiatives
  - 12) Undertake further, more in depth, mapping of local services currently available, reviewing the evidence base behind these
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