

Children & Young People (CYP) Supporting Information

1. Aim

The aim of this document is to help support the CYP Inequalities Map (which is a children and young people-focused version of the Place Partnership (PP) map) and also to help inform wider discussion around the issues facing CYP within the East Riding area. The document has not been written to make specific recommendations, but to highlight some potential areas of further investigation.

The document is divided into a number of components, which include:

- the introduction of an interactive LSOA map and associated tables (see sections 3-7);
- an insight from the Public Health lead regarding mental health and current interventions in place (section 8);
- a series of CYP indicators about the East Riding and highlighting some inequalities that exist (sections 9 and 10);
- and finally some examples of existing strategies and JSNA work (section 11).

In relation to the interactive map, youth-specific data layers have been taken from the PP map and put into a new map, where a similar ranking process has taken place to rank each East Riding lower super output area (LSOA) based on its individual indicator scores (where a score of 1 indicates lowest inequalities and 10 indicates highest). Also, where this document refers to “high CYP inequalities”, it is referring to a high ranking in the [Overall Rank](#) layer, not an official definition of high CYP inequalities.

2. Key points and areas for further discussion

2.1 Mental Health

The Public Health England (PHE) child health profile (section 10) has already indicated the East Riding as an outlier regarding a significantly higher rate of hospital admissions in children (0-17 years) than the England average, during 2019/20. Since then, of course, there has also been the COVID-19 pandemic which will be more thoroughly investigated within the JSNA for 2021/22.

However, mental health inequalities were already in existence pre-COVID, with rates of hospital admissions due to self-harm within our most deprived communities significantly higher than the East Riding average and other less deprived communities. Section 9.5 highlights that self-harm admissions in 10-19 year olds within Bridlington South were 9 times higher than Willerby and Kirk Ella.

2.2. Inequalities persist across the early stages of the life course

The East Riding Health & Wellbeing Strategy 2019-22 (section 11.1 and Appendix D) has adopted a life course approach, where a person's physical and mental health and wellbeing are influenced throughout life by the wider determinants of health. However, stubborn and persistent inequalities exist within the very earliest stages of the life course ('Start Well' and 'Develop Well'). Section 9 is nowhere near a definitive list, but highlights a number of

indicators suggesting those in the most deprived areas are more likely to endure poorer health outcomes, including:

- more likely to conceive under the age of 18 (section 9.1)
- a significantly higher rates of low birth weight (section 9.2)
- lower rates of breast feeding (9.3)
- a higher chance of childhood obesity (9.4)
- more likely to self-harm (9.5)
- more likely not to be not in education, employment or training (NEET) (9.6)
- significantly higher rates of A&E attendances (9.7) and hospital admissions due to injury (9.8)

This highlights that the environment where the child is raised in has a significant impact on their life chances; the unequal distribution of wealth, education quality and employment opportunity result in poorer environments. These poorer environments result in the poor health and wellbeing outcomes for our young people, translating in increase demand for services.

2.3 Correlations

Section 7.1 suggested that the 11 worst-ranked LSOAs (with regards to CYP Inequalities) had a very high number of households in arrears/bailiffs sent round, claimant counts, employment deprivation, and health deprivation. However, it was found that there were not always a higher rate of drug crimes or high barriers to housing deprivation.

2.4 Geographical Hotspots

The highest ranked LSOAs (section 5) are found exclusively in Beverley, Bridlington, Driffield, Goole and Withernsea.

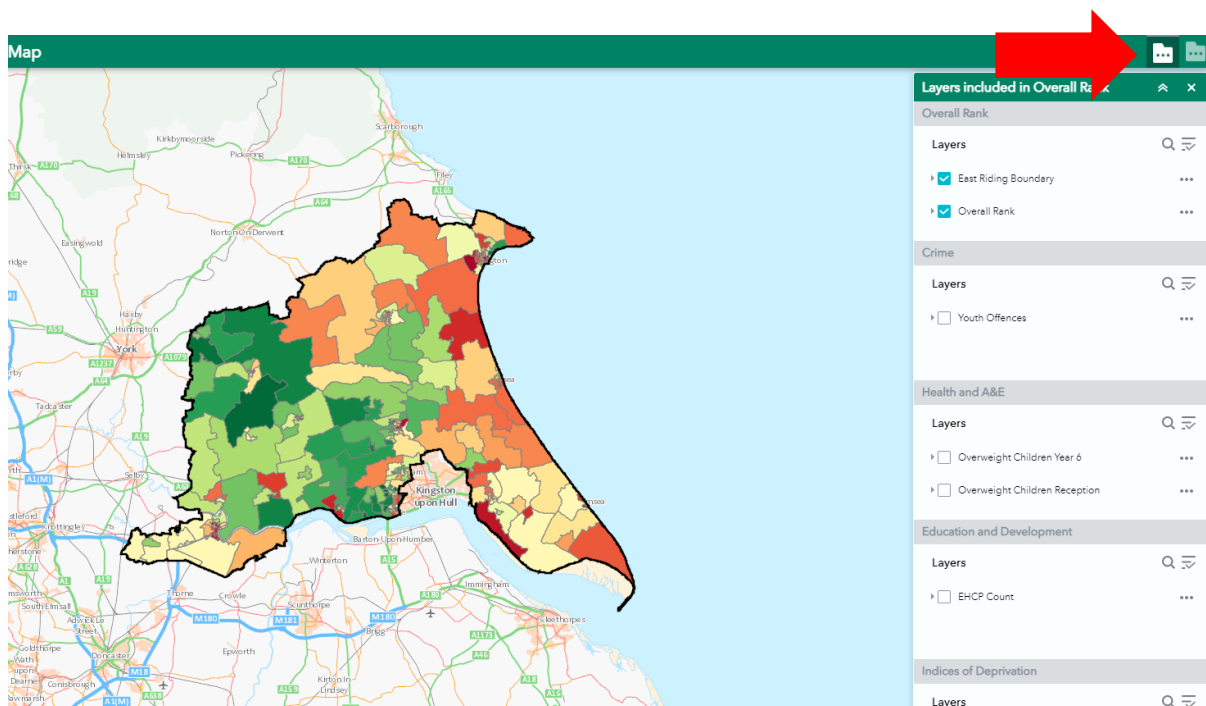
3. Lower Super Output Area (LSOA) interactive map

We have provided an interactive map to show the spatial trends of inequalities affecting young people across the East Riding. The main feature of the map is the Overall Rank layer, which ranks each LSOA by its overall score, the score being based on individual scores from other data layers. Other layers are included in the map which aren't in the overall rank layer; these are listed in [Appendix A](#).

The link to the map is:

<https://eastriding.maps.arcgis.com/apps/webappviewer/index.html?id=f0115978d773472fb885a5947b511bbc>

You can select between “CYP Layers” and “Other Layers” by clicking the two buttons at the top right of the map. See the screenshot:



Overall Rank

In order to understand overall youth inequalities in the East Riding we have created a ranking system from 1 to 210 (210 being the area with the most inequalities). The overall rank layer aggregates the following LSOA level CYP-related data indicators with equal weighting:

- Crime
 - Youth offences
- Health and A&E
 - Overweight reception aged children
 - Overweight year 6 aged children
- Education and Development
 - Education and Health Care Plans (EHCP)

- Indices of Deprivation (IoD)
 - Income deprivation affecting children (IDACI)
 - Children and young people's education, skills and training

Each LSOA is given a score between 1 and 10 (10 being highest demand) for each indicator, the mean of the 8 indicators listed above is then taken. The LSOAs were then ranked from 1 to 210 depending on their mean score value (the Excel function RANK.AVG was used, meaning LSOAs with equal mean scores will have equal ranks).

Information on the Indices of deprivation can be found here:

<https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>

Note that for consistency throughout the indicators, our IoD scoring system is reversed, so a score of 10 means most deprived, rather than 1 being most deprived. The IoD scores were obtained from the LSOA ranks rather than deciles, so the scores may not simply be the reversed version of the official IoD decile.

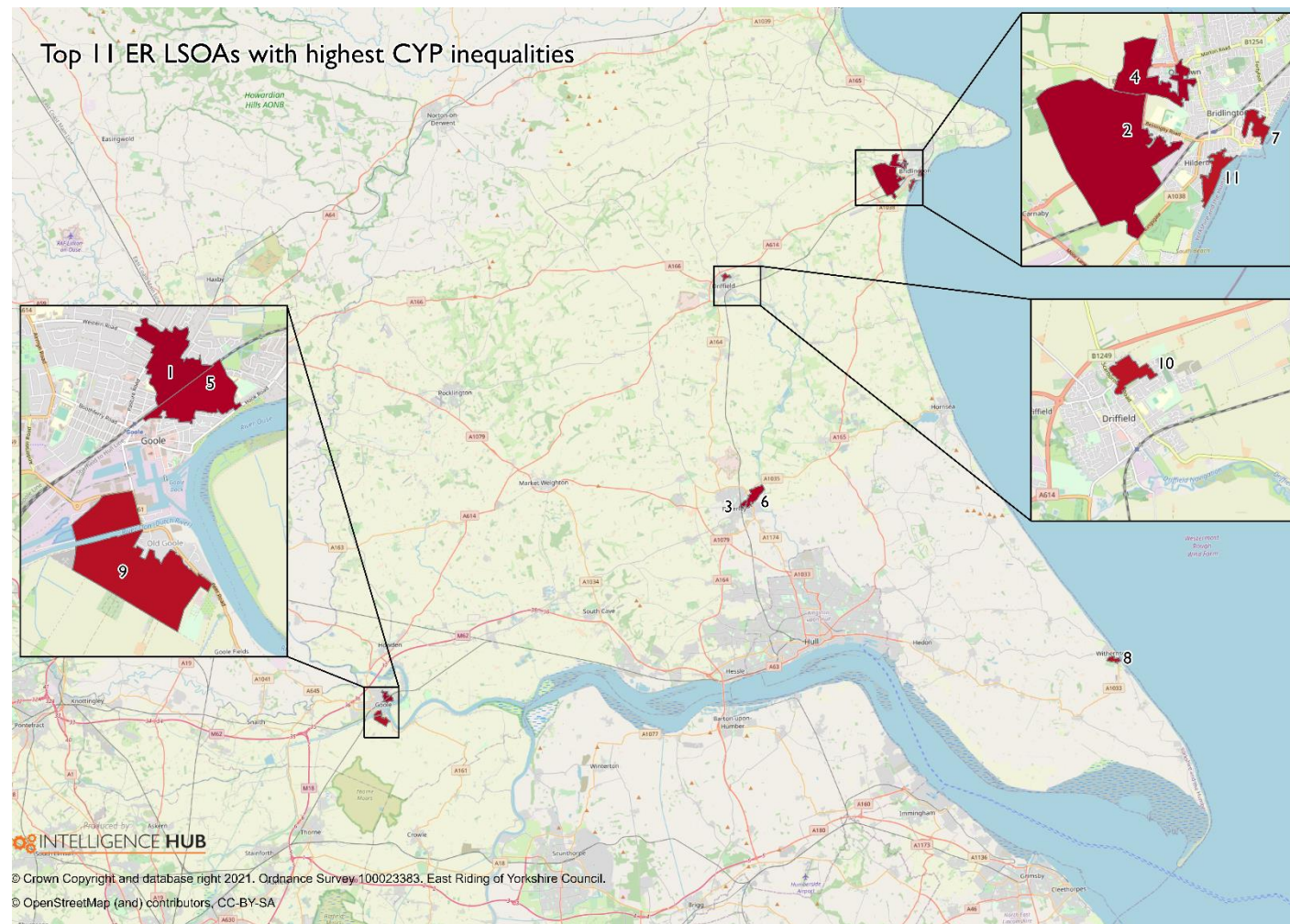
There are layers in the map that are not included in the overall rank layer and this is because the data is not available at LSOA layer. All layers are discussed in [Appendix A](#).

4. What are the limitations?

- If counts do not exist at LSOA, or if the data does not have a postcode location it cannot be mapped or used in the overall rank layer. For this reason, there are some ward-level layers in the map whose data do not appear in the overall rank layer.
- As there are so many wider determinants that interact with one another and cause shifts in inequality, it is unlikely there will be a single project or service change that will address the overall problem.
- Some data indicators (in particular drug offence and youth offences) have low numbers across many locations. These should be interpreted with caution, particularly when considering the Spearman's rank tests.

5. Areas of the East Riding with high CYP Inequalities

There are 11 LSOAs ranked greater than or equal to 200, highlighted in this map and table. There are repeated ranks due to the use of the RANK.AVG function in Excel.



Label	Code	Towns/ Villages	Overall Rank
1	E01012995	Goole	210
2	E01012946	Bridlington	209
3	E01013038	Beverley (east)	207.5
4	E01012932	Bridlington	207.5
5	E01013004	Goole	205.5
6	E01013045	Beverley (east)	205.5
7	E01012944	Bridlington	203
8	E01013084	Withernsea	203
9	E01013002	Goole	203
10	E01012976	Driffield	201
11	E01012951	Bridlington	200

6. ER LSOAs with highest CYP inequalities – further detail

Label	Code	Towns/ Villages	Ward	Overall Rank	Free School Meal Score	IDACI Score	CYP Skills & Training Deprivation Score	Youth Offences Score	Overweight Yr 6 Score	Overweight Reception Score	EHCP Score	Mean Score
1	E01012995	Goole	Goole North	210	5	8	10	10	5	6	8	7.4
2	E01012946	Bridlington	Bridlington South	209	9	10	10	3	6	5	7	7.1
3	E01013038	Beverley (east)	Minster and Woodmansey	207.5	7	10	10	3	7	4	7	6.9
4	E01012932	Bridlington	Bridlington Central and Old Town	207.5	10	10	9	2	3	4	10	6.9
5	E01013004	Goole	Goole South	205.5	6	9	10	6	3	5	8	6.7
6	E01013045	Beverley (east)	Minster and Woodmansey	205.5	7	10	10	1	5	7	7	6.7
7	E01012944	Bridlington	Bridlington South	203	6	10	10	6	4	4	6	6.6
8	E01013084	Withernsea	South East Holderness	203	6	10	10	3	6	6	5	6.6
9	E01013002	Goole	Goole South	203	7	10	10	5	3	4	7	6.6
10	E01012976	Drifffield	Drifffield and Rural	201	7	10	10	3	7	3	5	6.4
11	E01012951	Bridlington	Bridlington South	200	4	10	8	8	4	4	6	6.3
	ER Average	-	-	-	2.2	5.5	5.5	1.6	4.2	3.7	3.8	3.8

The table above shows the supporting information for the 11 highest ranked LSOAs in terms of CYP inequalities. Each column shows the LSOA score for the corresponding indicator. If the cell is coloured blue, then the indicator score is higher than the average of all East Riding LSOAs (which appears in the bottom row of the table).

All top 11 LSOAs in the table lie within towns. Goole appears 3 times in the list, 1 of which is the highest ranking LSOA. The LSOA ranked 210th has a higher-than-ER-average score for every indicator that appears in the table and is the only LSOA in the East Riding with a score of 10 for youth offences.

7. Comparing LSOAs to Non-CYP-Related Data

The table below shows how these areas rank with regards to non-CYP-related data. The red colouring comes from conditional formatting in Excel, whereby the higher ranks (relative to all 210 LSOAs) are coloured a darker red.

Label	Code	Towns/ Villages	Ward	Overall Rank	Arrears Rank	Bailiff Rank	Avg Crime rank	Drug Crime Rank	Claimant Rank	Fuel Pov Rank	BB Rank	SFBB Rank	UFBB Rank	Employment Deprivation Rank	Health Deprivation Deprivation Rank	Barriers to Housing Deprivation Rank
1	E01012995	Goole	Goole North	210	193	191.5	173	46.5	191	142.5	51	18.5	202.5	163	126	43
2	E01012946	Bridlington	Bridlington South	209	200	203	191	118.5	199	135.5	151	148	163	175	159	32
3	E01013038	Beverley (east)	Minster and Woodmansey	207.5	184	145	196	177.5	197.5	157.5	51	18.5	8	203	208	176
4	E01012932	Bridlington	Bridlington Central and Old	207.5	163.5	163.5	126.5	46.5	159.5	69.5	51	49	21	199	167	86
5	E01013004	Goole	Goole South	205.5	201	197.5	199	118.5	203	132	118	95	65	204	205	118
6	E01013045	Beverley (east)	Minster and Woodmansey	205.5	209	210	208	206	210	210	51	63	173	209	209	123
7	E01012944	Bridlington	Bridlington South	203	188.5	176.5	184.5	202	189.5	129	51	48	20	208	207	136
8	E01013084	Withernsea	South East Holderness	203	187	199	188	157	194	203.5	163	161	202.5	191	188	90
9	E01013002	Goole	Goole South	203	205	206	180	198	207	208.5	51	92	132	189	154	61
10	E01012976	Driffield	Driffield and Rural	201	159	145	124	46.5	171	116.5	112	67	202.5	195	198	65
11	E01012951	Bridlington	Bridlington South	200	190	200.5	181	46.5	192	185.5	51	18.5	104	206	202	150

As expected, most indicators rank highly. However, there are some exceptions such as drug crime, broadband availability and barriers to housing deprivation.

7.1 Spearman Rank Tests

Spearman's rank correlation coefficients were calculated to assess the strengths of correlations between the CYP Overall Rank and non-CYP related indicators (those found in Appendix B). The correlation coefficient always lies between -1 and +1, where -1 indicates a strong negative correlation, 0 indicates no correlation, and +1 indicates a strong positive correlation.

(For further information see https://en.wikipedia.org/wiki/Spearman%27s_rank_correlation_coefficient)

Note that correlation does not imply causation and correlation coefficients close to -1 or 1 only suggest there are similar relationships between two variables and does not imply that a change in one variable is a contributing factor or causes changes in another variable. The table below shows the correlation coefficients calculated for non-CYP indicators, showing the strength of correlations with CYP inequalities data.

Indicator	Correlation Coefficient	Correlation Strength
Arrears	0.69	Strong
Bailiff	0.68	Strong
Avg Crime	0.56	Moderate
Drug Crime	0.23	Weak
Claimant Count	0.77	Strong
Fuel Poverty	0.40	Moderate
Broadband	-0.07	Very weak
Superfast Broadband	-0.12	Very weak
Ultrafast Broadband	0.12	Very weak
Employment Deprivation	0.78	Strong
Health Deprivation	0.70	Strong
Barriers to Housing Deprivation	-0.02	Very weak

Correlation Coefficient	Correlation Strength
0	No correlation
0 to 0.2	Very weak
0.2 to 0.4	Weak
0.4 to 0.6	Moderate
0.6 to 0.8	Strong
0.8 to 1	Very strong
1	Monotonic correlation

Non-CYP data with strong degrees of correlation include: Arrears, Bailiffs, Claimant Count, Employment Deprivation, and Health Deprivation. Fuel poverty and Average Crime have a moderate degree of correlation with CYP inequalities data, whereas Drug Crime, Broadband (BB), Super-Fast Broadband (SFBB), Ultra-Fast Broadband (UFBB), and Barriers to Housing Deprivation have weak or very weak correlations.

Note that a negative correlation coefficient simply denotes that two variables move in opposite directions (e.g. for variables X and Y, an increase in X is associated with a decrease in Y) while a positive coefficient means that the variables move in the same direction (an increase in X is associated with an increase in Y).

This suggests statistical relationships in Arrears, Bailiffs, Claimant Count, Employment Deprivation, and Health Deprivation move in a similar way as CYP Overall Rank, however this is not evidence to propose a causal relationship between these two sets of data.

8. Mental Health focus by the East Riding Public Health Mental Health Lead

This section was written by the previous Public Health Mental Health lead (Lindsay Hudson) who has since left East Riding of Yorkshire Council.

In 2020 we saw an increase in suspected suicides in under 25's. This is reflected across the HCV area.

All of these were hangings. Due to the Small numbers, until they have been to coroners we cannot share location information but there is a summary below:

- 15YO Male Nov 2019 Public woods
- 21YO Male May 2020 Private location
- 19YO Male June 2020 Private location
- 21YO Female August 2020 Private location
- 20YO Female August 2020 Public
- 17YO Male Sept 2020 Public location
- 23YO Male Sept 2020 Private location
- 13YO Female June 2021 Private location
- In June 2020 attempted suicide of a 19YO male at Hessle train station.

Due to the way data is coded we do not have routine data on all attempted suicide.

There has been an increase in suspected suicides at the Humber Bridge this year - most of the deaths in this under 25 age group.

Staff at Hull Royal are reporting an increase in the severity of self-harm admissions and an increase in attempted suicides. It is not clear what is causing the increase in self-harm and suicidal activity in this age group, until the coroner has ruled a suicide and we have information on risk factors / causes we cannot determine this.

However, it is felt that issues associated with the pandemic have had a catastrophic impact on our children and young people. Issues relating to job loss and job insecurity, associated debt and relationship problems. On top of reduced access to support, both formal and informal in the shape of friendships and ad hoc conversations. Changes to daily routines such as access to schools and colleges are likely to have had an impact too.

It is key to note that case is different and the issues these young people are carrying around will vary from one person to the next.

The Healthy Minds in East Riding campaign provides a framework for targeting information and advice to our young people. It includes training and awareness raising as well as various programmes of work to reduce stigma and encourage people to seek support early rather than waiting for crisis.

The Mental Health and Emotional Wellbeing Service (MHEW) was created in 2017 following feedback from schools about a lack of early support for Children & Young people who were starting to show signs they were struggling emotionally. Alongside this development the C&YP Improving Access to Psychological Therapies (IAPT) was launched nationally, this sought to improve the quality of children and young people's mental health services across the country. Underpinning the initiative was the desire to create a collaborative approach across the NHS,

local authority and voluntary sector, building a system without tiers developed around the changing needs of Children & Young people and their families.

The MHEW Service has been a key delivery partner of CYP IAPT in the East Riding for the past 3 years and is integral to the delivery of local transformation plans to increase provision of evidence-based and outcomes-informed intervention.

To meet the increasing demand for Mental Health & Emotional Well-Being support in primary schools, services are currently working in partnership with leaders from health to develop a comprehensive offer of support for younger children. This includes the provision of universal support, Parent-Led CBT, 1:1 sessions, counselling and targeted group work as examples.

Feedback from parents and communication from designated safeguarding leads in schools have highlighted a need for further support, information and advice for parents around adolescent issues, such as substance misuse, self - harm and e-safety.

9. Other Children and Young people indicators produced by the Public Health Intelligence Team

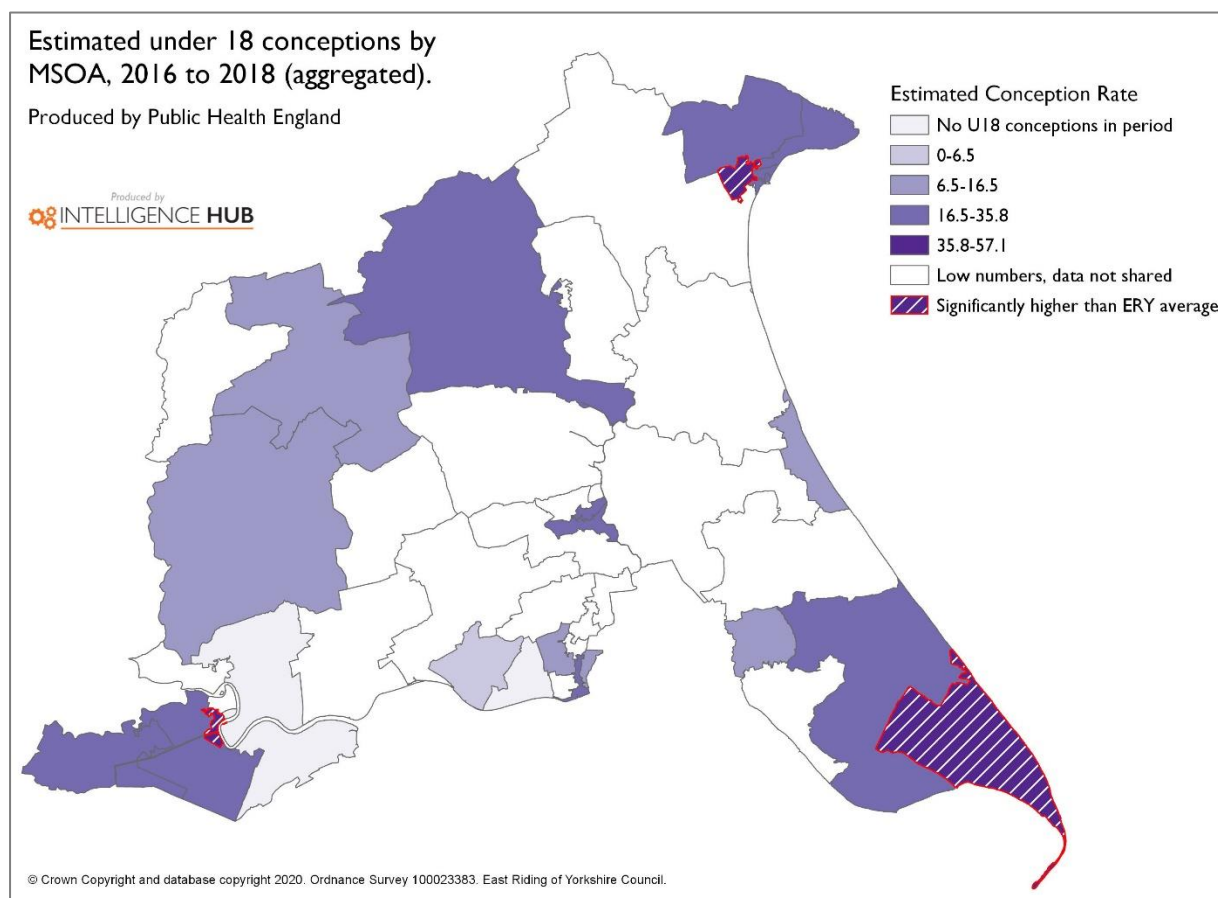
This section utilises previous work relating to children and young people produced by the Public Health Intelligence Team and highlights some inequalities that exist within the East Riding. The work had previously focussed on Bridlington, which is why the area is frequently mentioned in the commentary.

9.1 Conceptions to women aged under 18 years

Most teenage pregnancies are unplanned and approximately half result in termination. For some women, having a child can represent a positive turning point in their lives but for many teenagers bringing up a child is extremely difficult and can often result in poor outcomes for both the teenage mother and child in terms of the baby's health, the mother's emotional health and wellbeing and the likelihood of both the parent and child living in long term poverty. Teenage mothers are less likely to finish their education, 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.

Statistics produced for this indicator are 'estimated' at ward level and so the rates for MSOA (middle super output area) have been used instead as these are 'actual' numbers. Map 9.1 shows the MSOA 'Bridlington West' (also known as E02002686) as being one of 3 MSOAs areas in the East Riding with significantly higher rates than the local authority average. The Bridlington MSOA had 19 'under 18' conceptions between 2016 and 2018, this highest count of any MSOA in the East Riding. As a rate per 1,000 population, it was 4 times higher than the local authority average (57.1 compared to 14.2 respectively).

Map 9.1 Under 18 conceptions by MSOA area, 2016-18 (3 years pooled) (crude rate per 1,000 population). Source: ONS



It is important to note that not all teenage pregnancies are unplanned nor lead to negative health and wellbeing outcomes however ensuring young people, particularly young women, can make an informed choice to conceive is vitally important. Further information pertaining to teenage pregnancy and abortion rates, see the Sexual Health in the East Riding: Intelligence Support Document, accessible [here](#).

9.2 Low birth weight

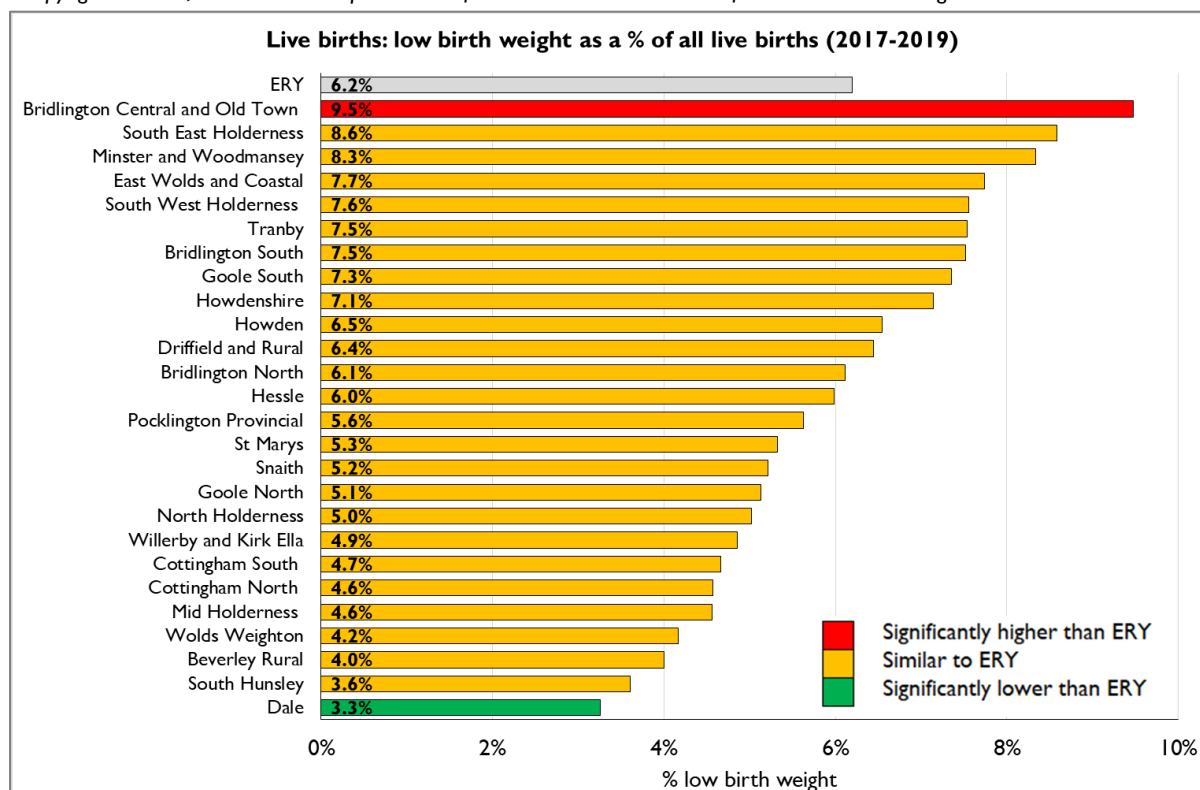
Low birth weight increases the risk of childhood mortality and of developmental problems for the child and is associated with poorer health in later life. At a population level there are inequalities in low birth weight and a high proportion of low birth weight births could indicate lifestyle issues of the mothers and/or issues with the maternity services. These inequalities are likely to affect childhood and adult health inequalities in the future. Indicators relating to low birth weight are in line with the Government's direction for public health on starting well through early intervention and prevention. Indicators are also included in the Department of Health Business Plan within the context of addressing issues of premature mortality, avoidable ill health, and inequalities in health, particularly in relation to child poverty.

This particular indicator calculates the number of all births (live and still births) with a recorded birth weight under 2500g as a percentage of all live births with stated birth weight.

Other low birth weight indicators exist with slightly different definitions. Chart 9.2 displays this for East Riding wards for the 3 year pooled period 2017-19.

Chart 9.2 Low birth weight of all live babies, 2017-19 (3 years inclusive). Source: NHS Digital

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In this period, there is only 1 ward within the East Riding with a significantly higher percent of low birth weight, compared with the local authority average (6.2%). That ward is Bridlington Central and Old Town with 9.5% (n=34) of births classified as a low birth weight, this is almost 3 times the amount recorded for the Dale ward at 3.3%.

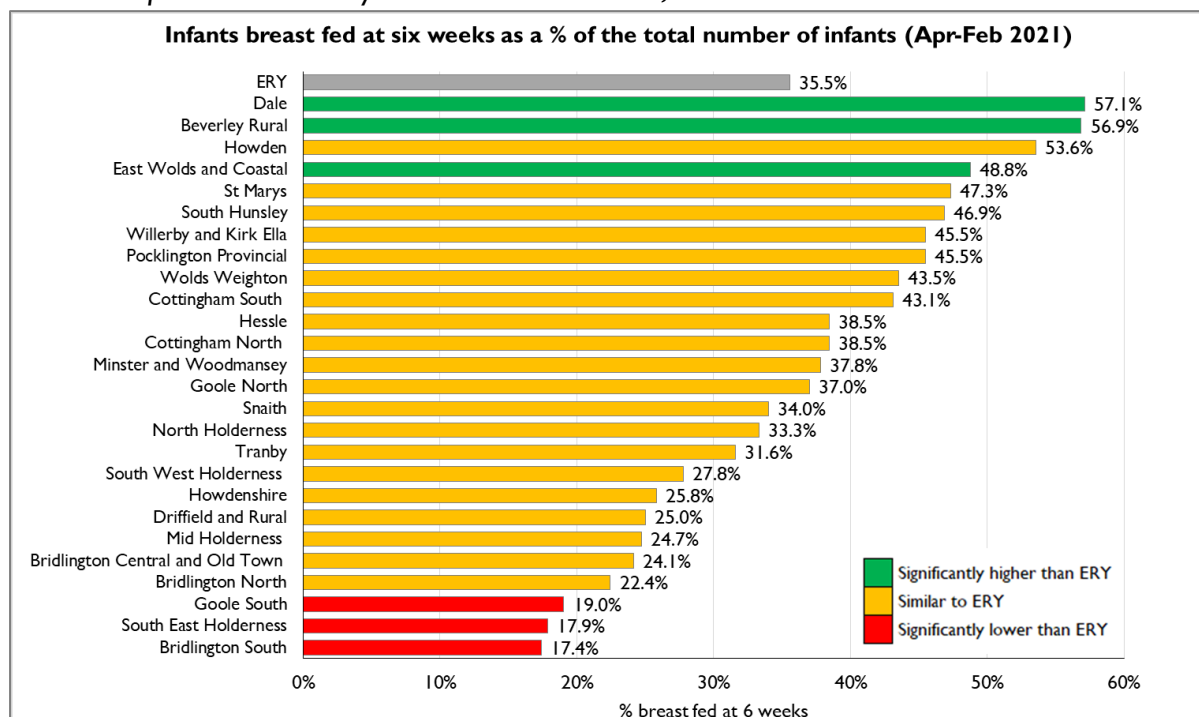
9.3 Breastfeeding

Breastfeeding is included in the Public Health Outcomes Framework (PHOF) as it is judged to be a valid and an important measure of public health. Increases in breastfeeding are expected to reduce illness in young children, have health benefits for the infant and the mother.

PHE states that breastfeeding provides an ideal nutrition for infants in the first stages of life, reducing hospital admissions for the treatment of infection in infants (particularly gastro-intestinal and respiratory infections) and reducing the risk of child obesity. They also state mothers who do not breastfeed have an increased risk of breast and ovarian cancers and may find it more difficult to return to their pre-pregnancy weight.

The indicator below (in chart 9.3) shows the percentage of infants breast fed at 6 weeks, for the period April 2020 to February 2021 (with March data currently unavailable). This is similar to the PHOF indicator 'breastfeeding prevalence at 6-8 weeks after birth' but not identical and so should not be directly compared.

Chart 9.3 April 2020-February 2021. Source: BI Team, ERYC



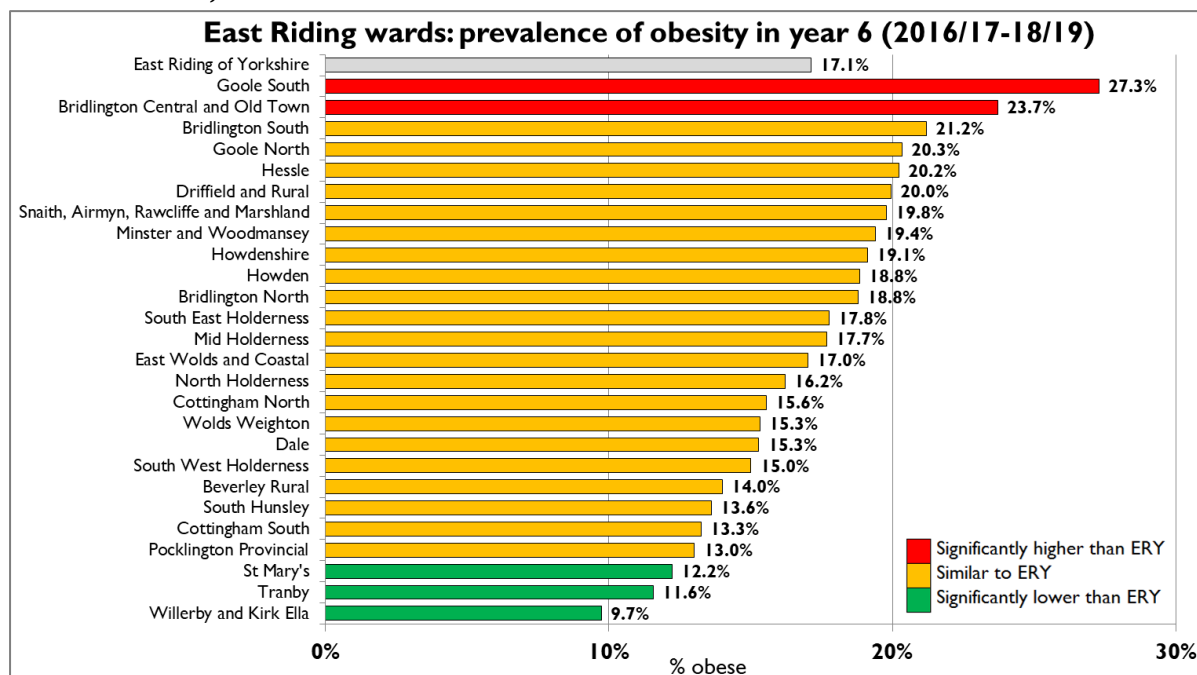
There were 3 wards with a significantly lower prevalence when compared to the East Riding average (including Bridlington South) and these are highlighted by the red bars. The prevalence of breastfeeding in Bridlington South (17.4%) is the lowest ward value within the East Riding and half the prevalence of the local authority average (35.5%). Compared to other areas, Bridlington South is over 3 times lower than the prevalence in Dale (one of the least deprived ward). To achieve the 57.1% prevalence of Dale in Bridlington South, there would have to be an additional 43 infants in the ward breastfeeding.

9.4 Childhood obesity (year 6)

There is concern about the rise of childhood obesity and the implications of such obesity persisting into adulthood. The risk of obesity in adulthood and risk of future obesity-related ill health are greater as children get older. Studies tracking child obesity into adulthood have found that the probability of overweight and obese children becoming overweight or obese adults increases with age. The health consequences of childhood obesity include: increased blood lipids, glucose intolerance, Type 2 diabetes, hypertension, increases in liver enzymes associated with fatty liver, exacerbation of conditions such as asthma and psychological problems such as social isolation, low self-esteem, teasing and bullying.

Chart 9.4 below displays the prevalence of obesity in year 6 children, by ward, for the 3 school years between 2016/17 and 2018/19. There are 2 wards with a significantly higher prevalence of obesity than the East Riding average (17.1%): Goole South (27.3%) and Bridlington Central and Old Town (23.7%). In Bridlington Central and Old Town there were 88 children classified as obese over the 3 year period and the obesity prevalence of the ward was 2.5 times greater than Willerby and Kirk Ella which recorded the lowest at 9.7%. To achieve the same prevalence of Willerby and Kirk Ella, Bridlington Central and Old town would have had to have 52 less obese children during this period.

Chart 9.4 NCMP, ERY PHI Team



By actual count of obese Year 6 children, Bridlington South had the highest number of all East Riding wards at 103 and the 3 Bridlington wards combined totalled 241.

For further information about this subject in the East Riding, please refer to the 'Needs Assessments and intelligence documents' of the East Riding JSNA website (link below) where there is a document titled 'National Child Measurement Programme (NCMP) 2018/19 Intelligence Support Document update'.

<https://intel-hub.eastriding.gov.uk/jsna-needs-assessments-and-intelligence-documents>.

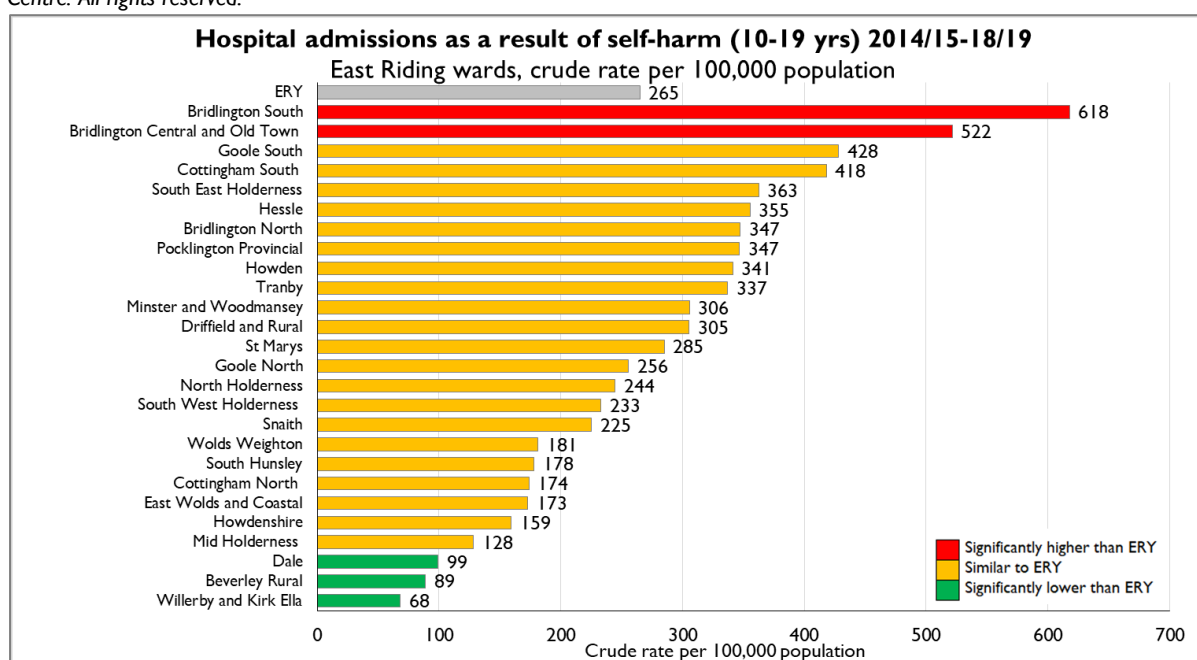
9.5 Hospital admissions as a result of self-harm (residents aged 10-19 years)

According to the Global Burden of Disease Study, 0.11% of all years-lived-with-disability are due to self-harm and 0.73% of all deaths are a result of self-harm (including suicide). Research shows that 1 in 15 young people in the UK have harmed themselves and that most people who self-harm are aged 11-25. It is often misbelieved that self-harm is linked to suicide; however the vast majority of young people who self-harm are not trying to end their life but cope with feelings and circumstances.

There are many reasons why individuals self-harm, with young people linking it with: being bullied, poor relationships with parents or family members, school-related stress, feeling isolated, bereavement, unwanted pregnancy, ACEs, low self-esteem, self-harm or suicide of someone close to them or problems to do with their own identity. Nationally, women are reported to be twice as likely as men to self-harm.

Chart 9.5 below displays the rate of hospital admissions as a result of self-harm by ward, in persons aged 10-19 years, during the 5 year period 2014/15-18/19. This indicator should not be seen as an overall assessment of need, as it only counts those persons who are admitted to hospital. There will be many more instances of self-harm that go unreported.

Chart 9.5 Source: NHS Digital *Copyright © 2021, re-used with the permission of The Health & Social Care Information Centre. All rights reserved.



The 2 wards displayed as having a significantly higher rate of admissions due to self-harm than the East Riding average (265 per 100,000 population), are Bridlington South (618, based on a count of 49 admissions) and Bridlington Central and Old Town (522, based on 31 admissions). Bridlington South's rate is over twice the rate of the local authority average and over 9 times the ward with the lowest rate (Willerby and Kirk Ella, 68 per 100,000). For Bridlington South to achieve the same rate as the East Riding average there would have to have been 22 fewer admissions within the ward and for it to achieve the same rate as Willerby and Kirk Ella there would have had to have been 44 fewer self-harm admissions.

Of the 49 admissions for self-harm in Bridlington South, 41 (84%) were women. The numbers of women admitted due to self-harm for Bridlington Central and Old Town accounted for 94% (n=29) of self-harm admissions and 75% (n=12) in Bridlington North.

Whilst the indicator in this instance is limited to 10-19 years (mirroring an age group used by PHE Fingertips), other age groups can also be extracted.

9.6 Not in education, employment or training (NEET)

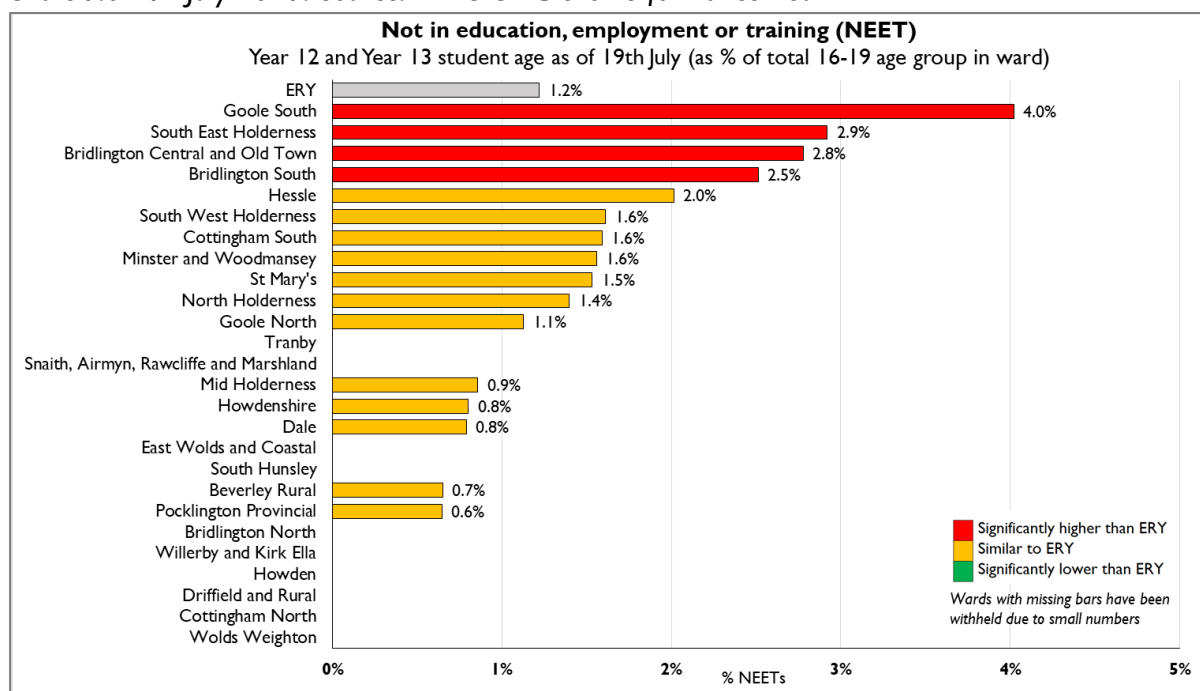
Young people who are not in education, employment or training are at greater risk of a range of negative outcomes, including poor health, depression or early parenthood. The indicator is included to encourage services to work together to support young people, particularly the most vulnerable, to engage in education, training and work.

The Government recognises that increasing the participation of young people in learning and employment not only makes a lasting difference to individual lives, but is also central to the Government's ambitions to improve social mobility and stimulate economic growth.

To support more young people to study and gain the skills and qualifications that lead to sustainable jobs and reduce the risk of young people becoming NEET, legislation was included in 2013 to raise the participation age as contained within the Education and Skills Act 2008. This required that from 2013 all young people remain in some form of education or training until the end of the academic year in which they turn 17.

Chart 9.6 shows the prevalence of NEETs within the wards of the East Riding as of July 2019; this chart uses a denominator of a wider age band of 16-19 year olds (to take account of all possible ages in school years 12 and 13) and does not count "whose activity is not known". Bridlington Central and Old Town and Bridlington South are 2 of 4 wards with a significantly higher prevalence of NEETs than the East Riding average (1.2%), at 2.8% and 2.5% respectively.

Chart 9.6 19th July 2019. Source: ERYC Childrens Performance Team



9.7 Accidents involving children

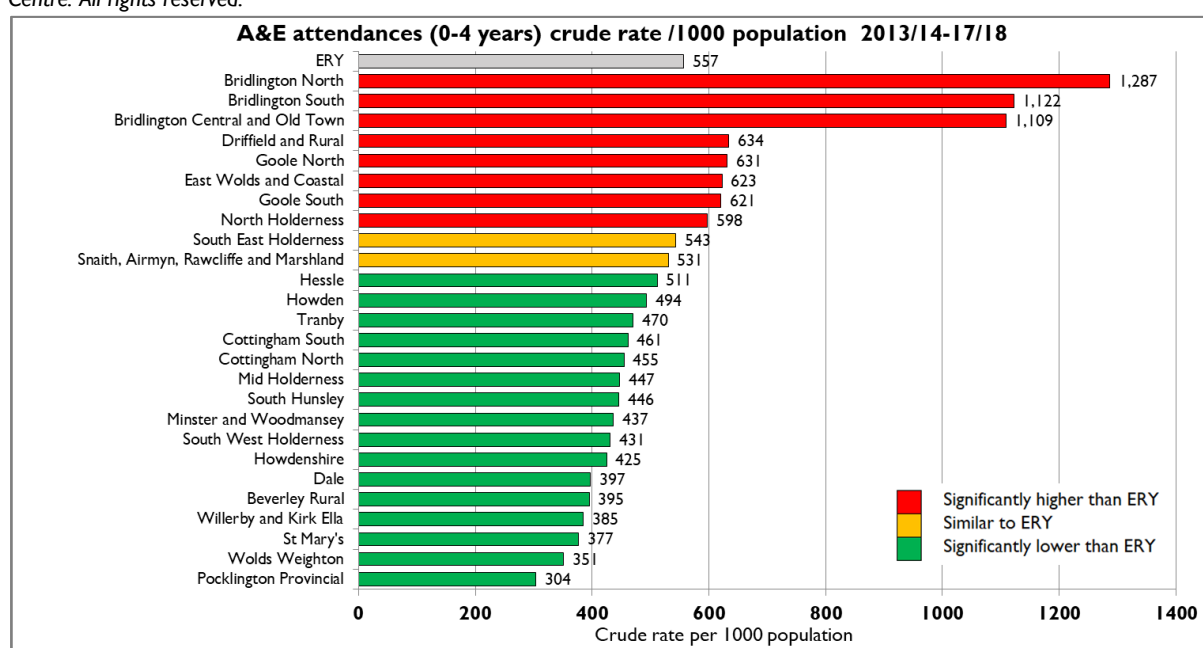
A&E attendances in children under 5 years old are often preventable and commonly caused by accidental injury or by minor illnesses which could have been treated in primary care.

A&E attendances are significantly more common in children from the most deprived quintiles of the ERY. From 2014/15-2018/19, the rate of A&E attendances from the most deprived quintiles was twice as high as the rate for the least deprived quintiles.

Within the ERY, there are a number of wards which have a significantly higher rate of A&E attendances (0-4 years) compared to the ERY average (chart 9.7), Bridlington North, Bridlington South and Bridlington Central and Old Town have the highest rate of A&E attendances compared to Pocklington Provincial, South Hunsley and Snaith which have the lowest.

For the 3 Bridlington wards combined there was on average 1,920 A&E attendances per year between 213/14 and 2017/18, involving 0-4 year olds.

Chart 9.7 Source: NHS Digital *Copyright © 2021, re-used with the permission of The Health & Social Care Information Centre. All rights reserved.



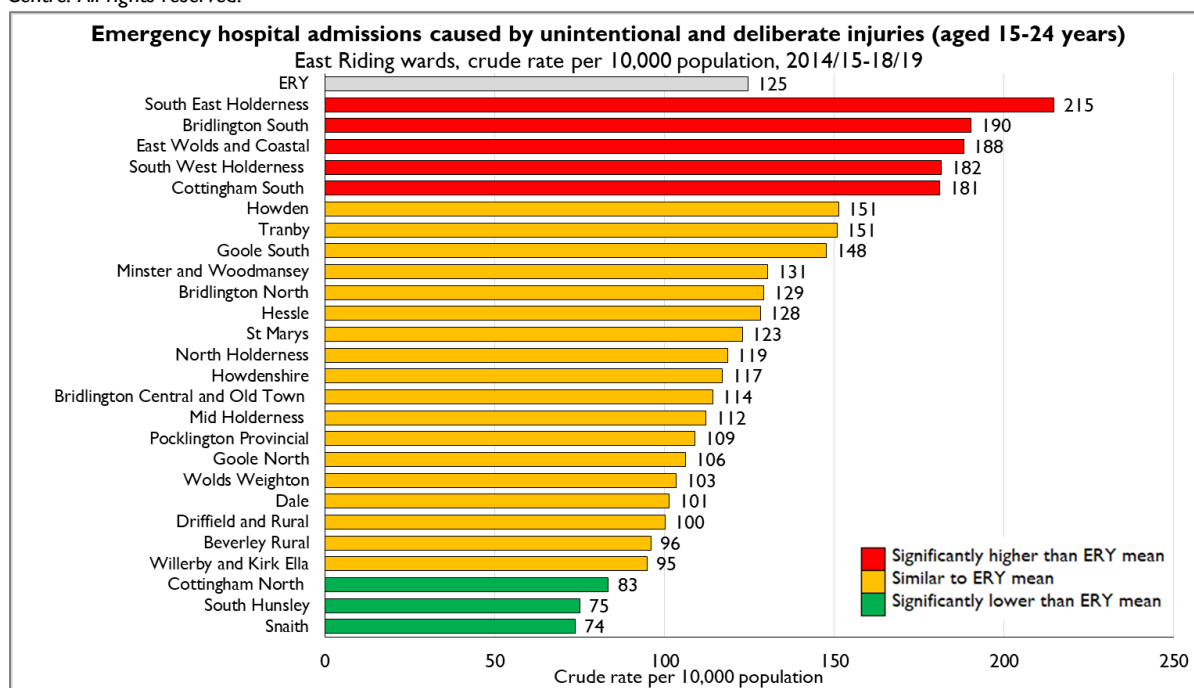
9.8 Emergency hospital admissions caused by unintentional and deliberate injuries in young people aged 15-24

Injuries are a leading cause of hospitalisation and represent a major cause of premature mortality for children and young people. They are also a source of long-term health issues, including mental health related to experiences.

Chart 9.8 shows the crude rate per 10,000 population of hospital admissions caused by unintentional and deliberate injuries in young people aged 15-24, but other ages ranges can be provided.

Bridlington South (190 per 10,000 population) is one of 5 wards shown to have a significantly higher rate of admissions compared to the East Riding average (125 per 10,000) in the 5 year period shown on the chart. During this time there were almost 150 admissions featuring Bridlington South residents aged 15-24 years. South East Holderness was the ward which had the highest rate.

Chart 9.8 Source: NHS Digital *Copyright © 2021, re-used with the permission of The Health & Social Care Information Centre. All rights reserved.



10. Public Health England (PHE) Child Health Profiles

PHE produce child health profiles each year, which presents data on a range of factors related to the health and wellbeing of pregnant women, children and young people. The latest version (2021) can be accessed from the East Riding JSNA website, by [clicking this link](#).

One of the pages within the profile features a number of indicators and can be viewed on the next page.

Indicator 31 highlights the East Riding as an outlier for mental health hospital admissions involving residents aged 0-17 (during 2019/20). The East Riding crude rate (per 100,000 population) of 150.7 was significantly higher (i.e. worse) than the national average of 89.5. PHE also highlighted that the recent trend for this indicator is increasing and getting worse.

Other indicators on the profile which have been calculated to have had an increasing (worse) trend in the East Riding, include:

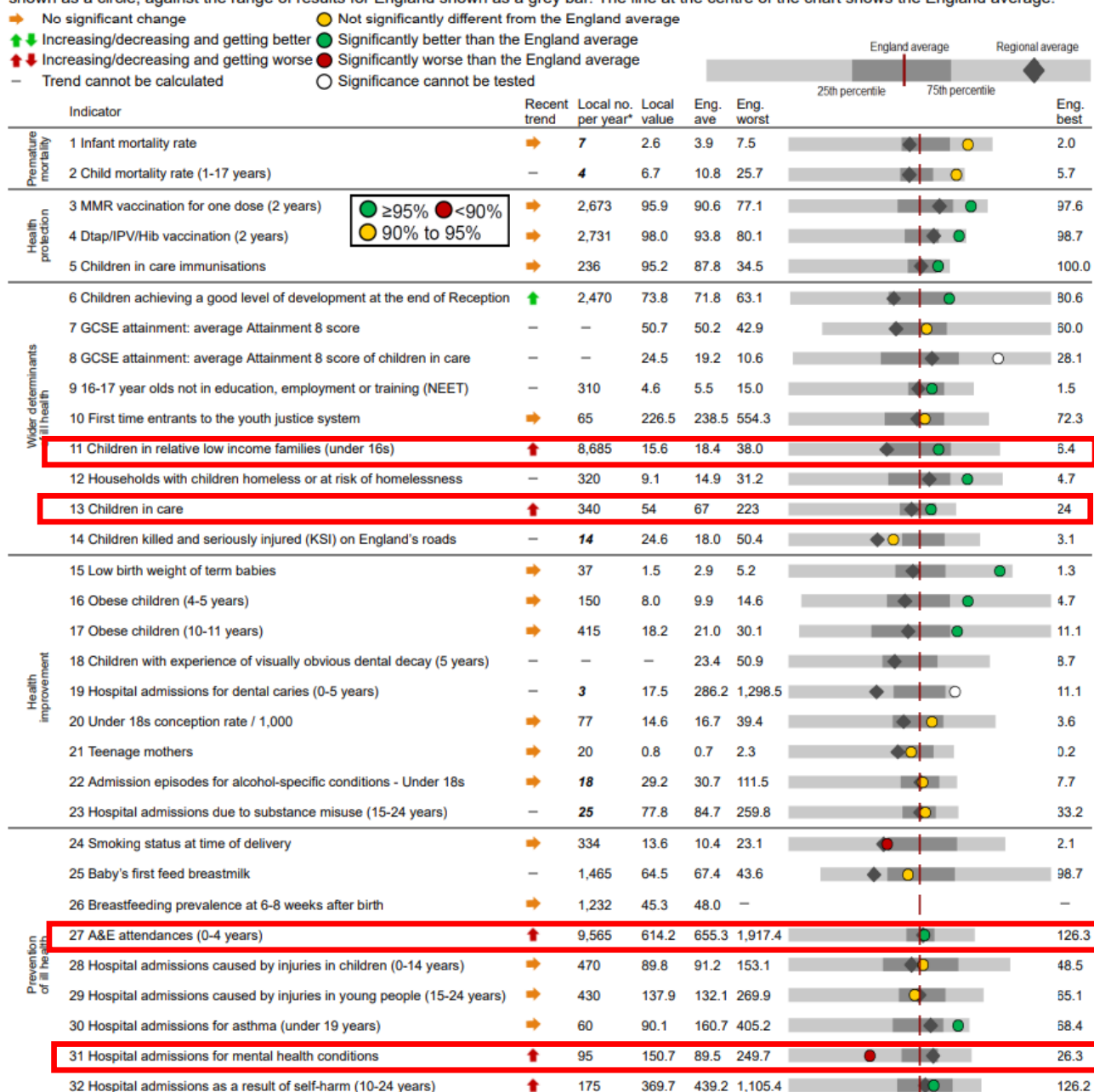
- Children in relative low income families
- Children in care
- A&E Attendances (0-4 years)
- Hospital admissions as a result of self-harm (10-24 years)

Image 10.1 East Riding of Yorkshire PHE Child Health Profile 2021

East Riding of Yorkshire Child Health Profile

March 2021

The chart below shows how children's health and wellbeing in this area compares with the rest of England. The local result for each indicator is shown as a circle, against the range of results for England shown as a grey bar. The line at the centre of the chart shows the England average.



11. Children and Young people in the East Riding – wider context

Children and young people naturally feature heavily within the strategies and plans of East Riding of Yorkshire Council, NHS East Riding of Yorkshire CCG and wider system partners. We have provided a couple examples below, of where the spotlight has been placed on children and young people in the East Riding but of course there are many others.

11.1 Health and wellbeing strategy and the Joint Strategic Needs Assessment (JSNA)

The most recent Health & Wellbeing (HWB) Strategy (2019-2022) has adopted a life course approach, where a person's physical and mental health and wellbeing are influenced throughout life by the wider determinants of health. These are a diverse range of social, economic and environmental factors, alongside behavioural risk factors which often cluster in the population, reflecting real lives. All these factors can be categorised as protective factors or risk factors.

The strategy explicitly identified as a priority the need for children and young people in the East Riding to enjoy good health and wellbeing. To achieve this, the strategy suggested taking an asset-based approach, utilising the skills and knowledge of individuals, communities and organisations, rather than focusing specifically on problems or gaps. The approach aimed to empower individuals, enabling them to rely less on public services and to be able to turn to their community for support in the first instance.

Appendix C within this document provides a snapshot of the strategy's plan for children and shows the 2 pages of infographics related to children and young people indicators. Whilst the latter have been superseded with more up to date information, the indicators themselves are still relevant. Access to the full strategy document can be accessed from [this link](#).

JSNA work has frequently concentrated on children and young people, and has been produced in a number of ways, 2 examples are illustrated below:

- Specific pieces of work on health and wellbeing. One such example is the analysis of healthy child weight data, obtained via the National Child Measurement Programme (NCMP) process. The latest document is [accessible here](#).
- Part of the Public Health, commissioning cycle, where intelligence documents are produced to highlight the need in an area based on the evidence gathered. A document produced for the Integrated Specialist Public Health Nursing Service (ISPHNS) will soon be uploaded to the JSNA website. The ISPHNS service provides specialist health support which starts at the point of pregnancy and continues throughout the child's life until they reach the age of 19 or up to the age of 25 for people with special educational needs and/or disabilities.

Readers are invited to visit the needs assessments and intelligence documents page of the JSNA website ([accessible here](#)), consult other pages of the JSNA website and the Intelligence Hub as a whole.

It is envisaged that the JSNA for 2021/22 onwards, will predominantly concentrate on the impact of the COVID-19 pandemic on our communities, including children and young people.

11.2 The East Riding Children and Families Partnership Board

The East Riding Children and Families Partnership Board (formerly the Children's Trust Board) are in the process of developing a new Children and Families Plan. Whilst this is being developed, they have drafted a new Children and Families Plan on a Page (based on the previous Children and Young People's Plan on a Page). This shows the key areas that the partnership have agreed as key priorities and challenges faced. Each partner will also have their own individual and more specific priorities relating to their business, but the over-arching ones that have been agreed through the partnership have been put on the plan.

Please refer to Appendix D.

Appendix A – “CYP Layers” Indicator List

This section describes the layers found in the “CYP Layers” part of the interactive map.

Indicator name | publishing schedule (source)

Youth Offences | Upon request (Police, 2020)

This layer shows a score per LSOA based on counts of youth offence cases occurring between 13/08/2018 and 26/08/2020. The counts for most LSOAs are very low (the data only shows 117 cases for the East Riding in the approx. 2-year period) hence there are only a few LSOA with a high score. The areas with the highest counts in youth offences include Drifffield, Bridlington and Goole.

MSOA U18 Conception Rate | Annually (PHE, 2018)

This layer provides a rate of conceptions for women aged under 18 per MSOA. If the value for an MSOA is “c” then the value has been suppressed due to low numbers of females aged 15 to 17 in that MSOA. The region with the highest U18 conception rates is Bridlington.

Smoking prevalence at age 15 – regular or occasional smokers (modelled estimates) | Unknown (PHE Fingertips, 2014)

This layer shows the proportion of children aged 15 who are regular or occasional smokers, by ward. Highest proportions of regular and occasional smokers occur in a number of wards: South West Holderness, Hessle, Willerby and Kirk Ella, South Hunsley, Dale, Cottingham North, Beverley Rural, St. Mary’s, Wolds Weighton, Pocklington Provincial and Howden.

Smoking prevalence at age 15 – regular smokers (modelled estimates) | Unknown (PHE Fingertips, 2014)

This layer shows the proportion of children aged 15 who are regular smokers, by ward. The ward with the highest proportions of regular smokers include Pocklington, Howden, Beverley, Willerby, South Cave, Cottingham, Brough, Swanland and Hedon.

Overweight Children Year 6 | Unknown (PHE Fingertips, 2020)

This layer shows the proportion of overweight children at year 6 (aged 10 to 11) by ward for the time period of 2017/18-2019/20. High rates occur in Pocklington, Drifffield, Beverley, Hessle, Brough and wards such as Mid Holderness and Wolds Weighton.

Overweight Children Reception | Unknown (PHE Fingertips, 2020)

This layer shows the proportion of overweight children at reception (aged 4 to 5) by ward for the time period of 2017/18-2019/20. High rates occur in Goole, Kirk Ella, Willerby, Cottingham, Beverley and East Wolds and Coastal ward.

EHCP Count

This layer shows a count of children with an Education and Health Care Plan per LSOA. The highest numbers occur in Goole, Dale, Market Weighton, Elloughton, Beverley, Hedon, Keyingham, Hornsea and Bridlington.

Child Development at age 5 (%) | Unknown (PHE Fingertips, 2013)

This layer shows the percentage of children at age 5 achieving a good level of development by ward. This indicator has now been changed to 'Child Development at age 2-2.5' for subsequent years. The highest incidences of Child Development at age 5 occur across Willerby and Kirk Ella and St. Mary's, South Hunsley, Dale and Beverley Rural wards

GCSE Achievement (5A*-C including English & Maths) | Unknown (DfE, 2013-14)

This layer shows the proportion of children achieving 5A-C grades including English and Maths for their GCSEs by ward. The wards with the highest proportions include Wolds Weighton, Howdenshire, Howden, South Hunsley, Beverley Rural, Minster and Woodmansey, Cottingham North, Dale, Willerby and Kirk Ella and Hessle.*

Income Deprivation Affecting Children | 4-yearly (MHCLG, 2019)

Income deprivation affecting children is a sub-domain of the income domain which constitutes the indices of deprivation. This layer shows the national deciles that each LSOA falls within, with 1 being most deprived and 10 being least deprived. Towns and wards belonging the highest deciles occur in Bridlington, Driffield, Pocklington Provincial (ward), Market Weighton, Goole, Howdenshire (ward), Dale (ward), South Hunsley (ward), Willerby and Kirk Ella (ward), Tranby (ward), Hessle, Cottingham, Beverley Rural (ward), Minster and Woodmansey (ward), St. Mary's (ward) along with Mid and South West Holderness.

CYP's Education, Skills and Training Deprivation | 4-yearly (MHCLG, 2019)

Children and young people's education, skills and training is a sub-domain of the education, skills and training domain which constitutes the indices of deprivation. This layer shows the national deciles that each LSOA falls within, with 1 being most deprived and 10 being least deprived. High deciles are located in Beverley, Dale (ward), Cottingham, Swanland and Kirk Ella.

Free School Meals | (Census, 2021)

This layer shows the number of free school meals (FSM) by LSOA as recorded by East Riding Schools for the May 21 Census. Regions with the highest number of FSMs include Goole, Beverley, Driffield, Withernsea and Bridlington.

Appendix B – “Other Layers” Indicator List

This section describes the layers found in the “Other Layers” part of the interactive map.

Indicator name | publishing schedule (source)

A&E Attendances rate per 1000 | Upon request (NHS, 2020)

This layer shows the number of A&E attendances per 1000 population per LSOA. LSOAs with the highest attendance rates are located in Bridlington, Beverley, Goole and Hessle.

A&E Frequent Users | Upon request (NHS, 2020)

This layer shows the count of A&E frequent users by LSOA. LSOAs with the highest frequent users occur in Goole, Market Weighton, Willerby and Hessle.

Total ASB (Personal, Nuisance & Environmental) | Upon request (ERYC, 2020)

Of the three types of ASB listed in the title, Nuisance is by far the most common, followed by Environmental and then by Personal. High incidences occur in Beverley and Bridlington. The following definitions are from the Met Police website:

- *Personal antisocial behaviour is when a person targets a specific individual or group.*
- *Nuisance antisocial behaviour is when a person causes trouble, annoyance or suffering to a community.*
- *Environmental antisocial behaviour is when a person’s actions affect the wider environment, such as public spaces or buildings.*

Drug Crime – Monthly Avg Mar 20 to Feb 21 | Monthly (Police, 2021)

This layer shows the average monthly number of drug offences by LSOA between March 2020 and February 2021. The highest incidences take place in Goole and Bridlington

Avg. Monthly Crime Apr to Aug 2020 | Monthly (Police, 2021)

This layer shows the average number of crimes of any type by LSOA between April 2020 and August 2020. The highest incidences occur in Goole.

Population - % Aged 0 to 15 | Annually (ONS, 2019)

This layer shows the proportion of each LSOA’s population that is aged 0 to 15. Areas with the highest youth aged 0 to 15 occur in Goole, South Hunsley, Tranby, Beverley, Withernsea, Drifffield and Bridlington.

Population - % Aged 16 to 24 | Annually (ONS, 2019)

This layer shows the proportion of each LSOA’s population that is aged 16 to 24. The highest proportions of people aged 16 to 24 are particularly concentrated in Cottingham.

LSOA Fuel Poverty (BEIS, 2019)

This layer shows the percentage of households in each LSOA that is “fuel poor”. A household is considered fuel poor if they are living in a property with a fuel poverty energy efficiency rating of D

or below and when they spend the required amount to heat their home, they are left with a residual income below the official poverty line. The highest incidence of fuel poverty is concentrated in Bridlington, however there is a significant portion of household with fuel poverty across a number of wards.

Claimant Count Age 16-24 - % of LSOA Population 2020 | Annually (ONS, 2020)

This layer shows the monthly average % of the LSOA's 16-24 population that claims benefits (JSA or UC) between April and August 2020. High claimant counts among those aged 16 to 24 occur in Goole, Beverley and Bridlington.

Claimant Count Apr-Aug 20 Avg as % of LSOA Population | Annually (ONS, 2020)

This layer shows the monthly average % of the LSOA's population that claim benefits (JSA or UC) between April and August 2020. High incidences occur in Bridlington, Beverley, Withernsea and Goole

Claimant Count % Increase Apr-Aug 19 to Apr-Aug 20 | Annually (ONS, 2020)

This layer shows the % increase in claimant count between the monthly average of Apr-Aug 19 and the monthly average of Apr-Aug 2020, in order to see the impact of the pandemic. The highest increases occur in Willerby, Dale (ward) and Beverley.

Indices of Deprivation – IMD | 4-yearly (MHCLG, 2019)

The Index of Multiple Deprivation (IMD) aggregates various indicators of deprivation into one index, comparing LSOAs nationally. The LSOAs are scored, ranked and then split into deciles, where decile 1 is the most deprived 10% of LSOAs, and decile 10 is the least deprived 10% of LSOAs. High deciles are located in Driffild, Pocklington, Beverley, Leven and Dale/South Hunsley/Willerby and Kirk Ella wards. More information about IMD can be found here:

<https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>

Arrears | Upon request (ERYC, 2020)

This layer shows the number of households in arrears by LSOA. Large numbers of households in arrears are situated in Goole, Driffild and Bridlington.

Bailiff | Upon request (ERYC, 2020)

This layer shows the number of bailiffs sent to households per LSOA. The highest occurrences take place in Bridlington and Goole.

Appendix C – The Health & Wellbeing Strategy 2019-22 on a page (children and young people section) and 2 pages of infographics from the strategy document

Priority outcomes	Stages of the life course and key events	How Prevention is Embedded	How resilience is increased
1. Children and young people in the East Riding enjoy good health and wellbeing	Start Well (<i>Pregnancy & the Early Years</i>) Includes beginning childcare, the start of pre-school/nursery and primary school	<ul style="list-style-type: none"> • Reduce smoking in pregnancy • Increase protection against a range of serious and potentially fatal diseases through increased vaccine take up 	<ul style="list-style-type: none"> • Promote Breast Feeding • Improve school readiness • Improve the timeliness of autism assessments and associated service provision • Deliver the SEND Strategy
	Develop Well (<i>Childhood through to Adolescence</i>) Includes puberty; secondary school; entering or leaving care; starting work or being unemployed; negotiating relationships; driving; drinking alcohol and using drugs; starting further or higher education; leaving home and homelessness.	<ul style="list-style-type: none"> • Encourage and support adopting healthy behaviours with a particular focus on reducing childhood obesity and alcohol & drug? misuse 	<ul style="list-style-type: none"> • Improve adolescent mental health through the 'Futures in Mind' Plan (CAMHS) to transform young people's mental health services • Raise the attainment of disadvantaged pupils

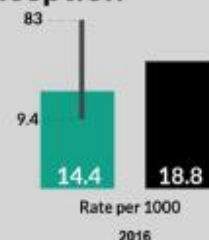
Start Well

Pregnancy and the Early Years



Prevention and **Resilience** within the first few years of life

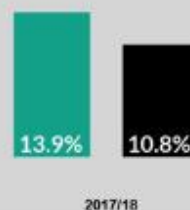
Under 18s Conception



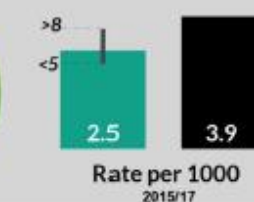
Breastfeeding (6-8 weeks)



Smoking at Delivery



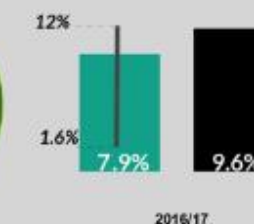
Infant Mortality (Under 1 year)



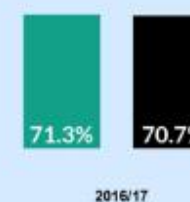
Vaccine Coverage - MMR



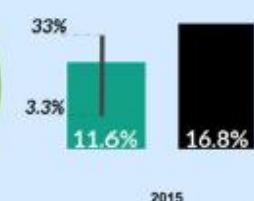
Obesity (4-5 years)



School Readiness - Reception



Under 16s Poverty



Children in Care



Key: Compared to England, East Riding is statistically: ○ Better ○ Similar ○ Worse

Prevention Indicator: Resilience Indicator:

Indicator value for East Riding of Yorkshire: Indicator value for England:

Bars show inequalities within ERY: Inequalities derived from local data where possible.

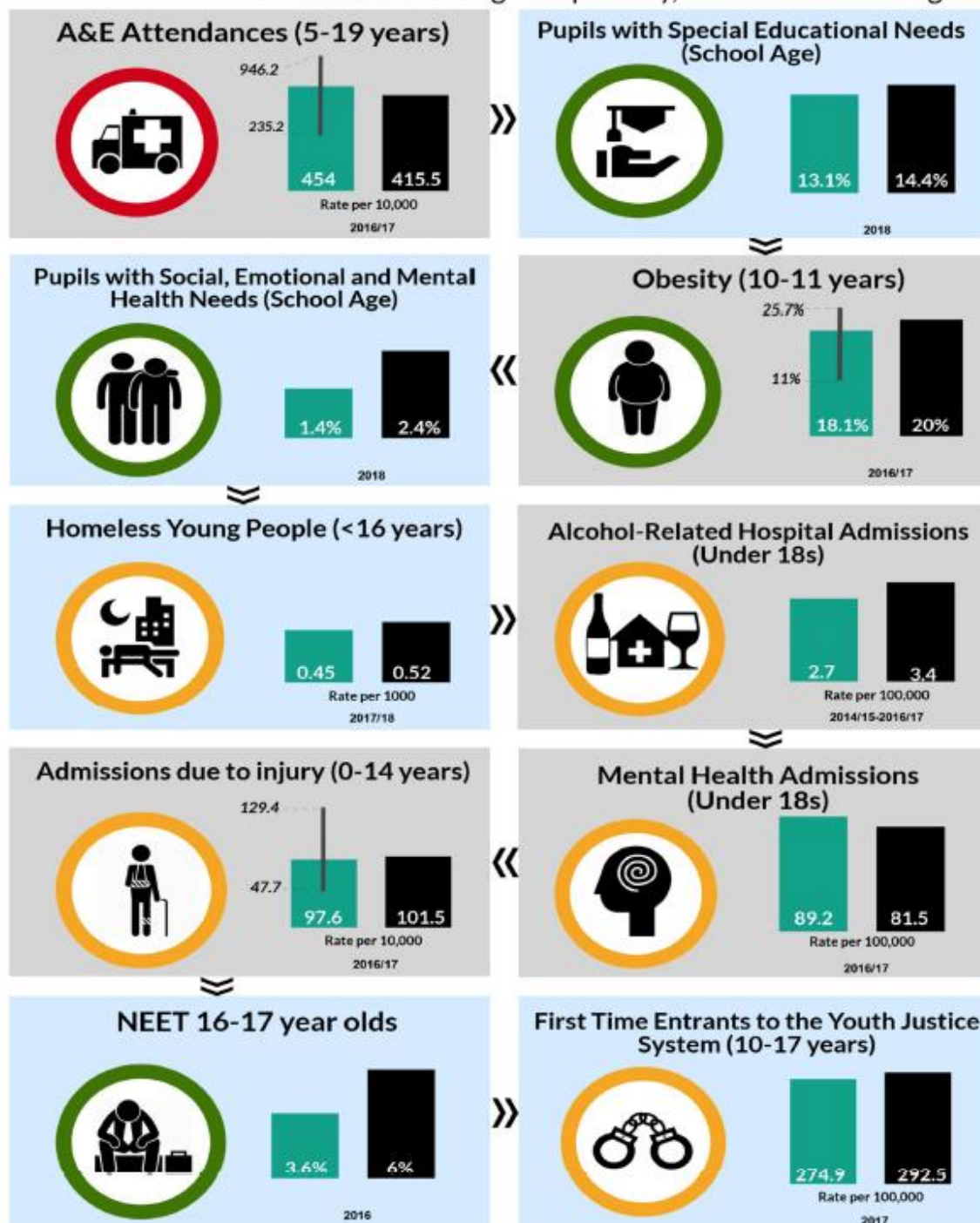
Public Health England Fingertips, 2018

Develop Well

Childhood through to Adolescence



Prevention and **Resilience** throughout puberty, school and maturing



Key: Compared to England, East Riding is statistically: ● Better ● Similar ● Worse

Prevention Indicator: Resilience Indicator:

Indicator value for East Riding of Yorkshire: Indicator value for England:

Bars show inequalities within ERY: Inequalities derived from local data where possible.

Public Health England Fingertips, 2018

Appendix D – Children & Families Plan on a Page 2021-25 (draft)

THE EAST RIDING STRATEGIC PLAN FOR CHILDREN AND FAMILIES 2021-25

Our shared ambition is for all children and young people in the East Riding to be happy, healthy, confident and safe

OUR SHARED PRIORITIES	Support our children and young by promoting their social, emotional, mental and physical health	Encourage and enable high aspirations and achievements for all by delivering an excellent educational experience	Work in partnership to remove barriers and create imaginative integrated services to provide holistic support to families	Ensure we work together to keep children and young people safe
Immediate challenges for 2021-22	<ul style="list-style-type: none"> To assess the full impact of the Covid-19 pandemic on our children, young people, and their families and continue to transform our services at speed to respond to what is needed. To embed the voice of the child across our partnership arrangements and key work streams to ensure we fully understand the current issues and concerns facing children and young people 			
Immediate actions for 2021-22	Work across partners to ensure clarity regarding current and emerging support at universal, targeted, and specialist service and how those services work together	Work with schools and partners to assess the impact of lost opportunities caused by the pandemic and the actions required to address this	Map current partnership arrangements to identify gaps and barriers to joint working	Work with schools, partners and young people to identify the extent of concerns and issues relating to possible pupil on pupil sexual harassment
Longer term challenges for 2021-25	Transform Young People's Mental Health Services in East Riding	Improve outcomes for the most vulnerable, especially those with SEND	Rapidly identify new opportunities for joint commissioning, integrated services and early intervention	Respond to young people's request to help them safely navigate the digital world
Longer term actions for 2021-25	<p>Implement the 'Futures in Mind' East Riding Transformation Plan</p> <p>Support vulnerable families by developing capacity in communities to increase resilience</p> <p>Deliver the East Riding Healthy Weight Strategy</p> <p>Ensure children and young people receive support for their caring role</p>	<p>Deliver the SEND Strategy to ensure children and young people aged 0-25 years with SEND are supported to achieve their full potential</p> <p>Consolidate and embed the common understanding of vulnerability and how services should respond</p> <p>Challenge and support all schools and childcare settings to get to Good or Outstanding, as judged by Ofsted</p>	<p>Take a collaborative approach to providing evidence-based parenting education</p> <p>Embed the approach from the Police early intervention project across the East Riding</p>	<p>Support all young people to maintain respectful emotional and sexual behaviour boundaries, particularly within schools</p> <p>Increase digital resilience to cyber bullying, trolling and grooming</p> <p>Reduce digital inequalities by improving access for all</p>

Contacts

Business Intelligence:

- Katie Norfolk (Principal Business Intelligence Officer)
Email: katie.norfolk@eastriding.gov.uk

Public Health Intelligence Team

- Owen Morgan (Principal Public Health Intelligence Analyst)
Email: owen.morgan@eastriding.gov.uk

East Riding of Yorkshire CCG:

- Russell Wenn (Assistant Director of Planning and Performance Delivery)
Email: r.wenn@nhs.net