



Walsall Council

DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

2020

CHILDREN AND YOUNG PEOPLE'S HEALTH IN WALSALL





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Introduction

Welcome to my annual report for 2019-20.

This year, I have focused our attention on children and young people. We have over sixty thousand children and young people in the borough and the majority of children meet their potential, supported by families, communities and those who are significant in their lives. However, there are some children in our borough that do not meet their potential and this report focuses on action we can take together to ensure all children in our borough maximise their potential and we reduce inequalities.

I felt it important to hear some children's experiences in their own words, and so we commissioned a small study to ask a representative sample of young people aged between 11 and 18 years for their views about, 'What is it like to grow up in Walsall?'

The study focused on the young person's experience of growing up in Walsall, their challenges, hopes, dreams and fears, what support they access in comparison to what they need, and their recommendations to help make Walsall a better place to grow up.

This report uses the voice of the children to illustrate first hand their views. These are presented along-side quantitative analysis throughout the report, providing the wider picture of the issues some children face in our borough.

The Covid-19 pandemic has made this a difficult year for us all, and our young people have been greatly affected in terms of missing out on education and increased impact on their wellbeing.

Our young residents are one of our most valuable assets. Their future is in our hands.

We must all pull together to make their future a better one so all children in our borough maximise their potential.

Chapter 1 – About me

Alex: “I have lived in Walsall all my life. We have moved houses twice, we used to live in private rent, but we are now living in social housing in Bloxwich, North Walsall. I live with my mum, older brother (22 years) and our dog. We are a single parent family and there are no other adults in my life. My mum, brother and I all suffer from autism. I would describe our family as loving as we all care about each other. In my spare time, I like to play computer games with my brother. We also watch a lot of Marvel films together. “

Children in Walsall

We have an estimated 67,200 children aged 0-17 living in Walsall¹. This represents just under a quarter (24%) of our population.

Most of our children do well and meet their potential, however many face challenges of poverty and deprivation, exacerbated by the coronavirus pandemic. Walsall is the 27th most deprived local authority in the country¹. In Walsall, over 1 in 4 children live in a low income household (25%). This is more than the English (17%) and the West Midlands average (20.3%)². Just under a third (32.5%) of children live in poverty before housing costs, rising to two-fifths (41%) after housing costs. Significantly more Walsall children (18.8%) receive free school meals than their counterparts in the West Midlands (15.9%) overall, and in England (13.5%)².

We know that poverty and deprivation can have a detrimental effect on health and wellbeing. In chapter 3, our high infant mortality rate is discussed, which is higher than the Regional and English averages.

Walsall does however have some indicators which are positive in comparison with other areas. Our hospital admissions for accidental or deliberate injury 0-14 years in 2019/20 are 82.9 per 10,000 as opposed to higher figures regionally (97.0) and in England (91.2)³. Our numbers of young people 16-19 not in education, employment or training in 2019 is lower than the national and regional averages (3.5% as opposed to 5.3% regionally and 5.5% in England)⁴.

Chapter 2 - My Health

Alex: “I have been worried about several things whilst I have been growing up in Walsall. The main one was education as I missed school and college for 7 years. This has been impacted further by the COVID-19 outbreak.”

“I have been worried about my health in particular my teeth and bones. I am due to see a Paediatrician soon for a full health MOT, but it has taken a number of years for me to be referred.”

“There is nothing to do in Walsall. I would like to go swimming at Bloxwich Leisure centre, but it is too expensive. I would also like somewhere to play football. I used to play on the green near where we live, but the Council have put up signs which say ‘no ball games’. I do not feel comfortable playing in my own garden as the neighbours will just stick a knife in the ball if it goes over the fence.”

“I have [...] tried to get help from CAHMS [Child and Adolescent Mental Health Services], but the assessment room was double booked. They told me they would contact me to book another appointment but never did.”

1	Population estimates for the UK: mid-2019, Office for National Statistics
2	Income Deprivation Affecting Children Index (IDACI) 2019, Ministry for Housing, Communities and Local Government
3	Personal Tax Credits: Related Statistics - Child Poverty Statistics, HM Revenue and Customs
4	School Census, Department for Education
5	Hospital Episode Statistics, NHS Digital
6	NEET and participation: Local Authority figures, Department for Education

Growing up healthy

The Royal College of Paediatrics and Child Health (RCPCH) conducted a study to collect the views of 3,757 young people aged 6-25 across the UK⁷. When asked the question: “what keeps you healthy, happy and well?” The top three responses were:

- Food and drink
- Emotional health/wellbeing
- Places to go and things to do

Similar issues were raised by our study participants locally in Walsall. In this section of the report, we consider what enables young people in Walsall to grow up healthy. We have focused on mental wellbeing and achieving a healthy weight, as we believe these are key components of future health and social outcomes. Chapter 5 looks at making sure places young people go to feel safe and attractive.

As children get older, obesity and mental wellbeing problems become associated with each other, and are likely to be negatively influenced by social problems and low income⁸. Qualitative research from hundreds of young people across the UK demonstrates that obesity can lead to a “stigmatising and abusive social world”⁹.

UK research participant: “When I cry I eat, but then I eat because I’m crying, but I’m crying because I’m getting bigger, and it’s just a vicious circle.”

Mental Wellbeing

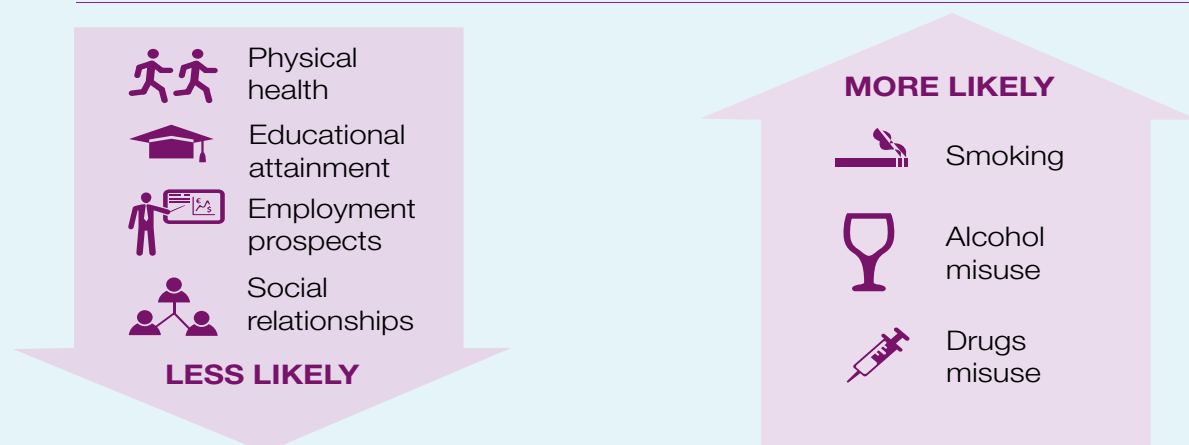
The most frequently mentioned issue in the “Growing up in Walsall” report was mental wellbeing (particularly since the Covid-19 outbreak). Mental illnesses in young people represent a significant burden on health and is associated with adverse and long-lasting consequences for educational attainment, employment and social relationships¹⁰.

Roman: *“I am concerned about my mental health as it can affect my education. For example, in the past I have lost concentration and motivation to do school work. I have also been worried about COVID-19. I have concerns that I will do badly in my exams if I miss any more school. When I was going through a hard time a while ago, I spoke to CAMHS about my anxiety, depression and Autism diagnosis. They have been really good and given me all the support I needed but I would have liked to have had more regular appointments. I often found that there were large gaps between them. I was typically seeing them once a month, but I would like to have seen them once every two weeks or even weekly.”*

Good mental wellbeing supports positive outcomes such as good physical health, doing well at school, and the ability to make and maintain nourishing social relationships. These are the building blocks to flourish as an adult. Conversely, without these protective factors, young people with poor mental and emotional wellbeing are more likely to be drawn into negative behaviours such as smoking, alcohol and drug misuse. These behaviours are subsequently associated with poorer outcomes for adults; such as crime, homelessness and unemployment.

7	State of Child Health, Royal College of Paediatrics and Child Health, 2020.
8	Patalay and Hardman. Comorbidity, Co development, and Temporal Associations Between Body Mass Index and Internalizing Symptoms From Early Childhood to Adolescence. JAMA Psychiatry. 2019
9	Rees et al. ‘It’s on your conscience all the time’: a systematic review of qualitative studies examining views on obesity among young people aged 12–18 years in the UK. BMJ, 2014.
10	The Mental Health of Children and Young People in England, Public Health England, 2016.

Mental health illnesses are a leading cause of health-related disabilities in CYP and have adverse and long-lasting effects



We know that mental illnesses in adults have their start in childhood, with 50% of problems in adulthood starting before the age of 14, and 75% of problems starting before the age of 25. Therefore, there is an imperative to focus on providing supportive environments for all, and working with younger children, when problems first arise.

Over the past few years, the rate of mental distress in children and young people has increased. The nationwide Mental Health in Children and Young People survey¹¹ shows an increase in the rates of probable mental disorder in 5-16 year olds. This survey examines the experiences of a sample of the population, and so is not reliant on a medical diagnosis or help seeking. In 2020 1 in 6 (16%) of young people were identified as having a probable mental disorder, compared to 1 in 9 (10.8%) in 2017¹¹. These represent hundreds of thousands of children suffering with poor mental wellbeing as they go about their daily lives.

It is important to take a step back and look at how the social context of people's lives, such as their homes, jobs and communities, contribute to mental distress and mental illnesses. Children with a probable mental disorder were more than twice as likely to live in a household that were affected by factors such as poverty or housing concerns. Other social and environmental risk factors for young people's mental wellbeing includes parents with mental illness or using substances, homelessness, socio-economic disadvantage, disaster and overwhelming events such as accidents and flooding and lack of access to support services.

The Children's Society⁸ set out that the following need to be in place to support young people's mental wellbeing and prevent issues emerging;

- The right conditions to learn and develop.
- A positive view of themselves and a respect for their identity.
- Enough of the support and experiences that matter to them.
- Positive relationships with their family and friends.
- A safe and suitable home environment and local area.
- The opportunity to take part in positive activities that help young people thrive

All of the above will require action from a wide partnership across Walsall to support young people's mental wellbeing. This will be co-ordinated and recognised in the long-term strategy to maximise the potential of the children of Walsall.

The Covid-19 pandemic has caused a sharp rise young people's reported mental distress. The Royal College of Paediatrics and Child Health (RCPCH) collected the views of over 61,000 young people from several different qualitative research studies¹². They found children as young as four reporting negative thoughts as a result of the pandemic. In some studies, as much as 85% of respondents reported a drop in their mental health.

Walsall has high levels of deprivation, which is likely to contribute to mental distress in our young people, however there are strong community connections which provides some resilience.

11	Mental Health of Children and Young People in England Survey, NHS Digital, 2020
12	Young People's Wellbeing, The Children's Society, 2020.

What is happening in Walsall?

It can be difficult to obtain an accurate picture of the mental wellbeing of our young people from routine data. Our hospital admissions for young people are low compared to the West Midlands and England average, however we know that historically we have had low provisions of local specialist mental health services¹³. Over recent years, there has been a large amount of work to reduce waiting lists. The Covid-19 pandemic has however put additional pressure on these services. Following the onset of national lockdowns, there has been an increased demand on services helping young people with their mental wellbeing.

Jade: “I suffered from panic attacks during COVID. I was worried my family would catch it. I have an older brother who has Cerebral Palsy so he would be really ill if he caught it. During COVID, I also suffered with my mental health as I was not seeing my friends. I went from seeing them every day to not seeing them at all. I got all the help I needed from my parents during this time.”

We know that for every admission to hospital for a mental illness, there are many more children who are suffering but haven't made contact with services. Public Health England (PHE) estimate that only 25% of children who need treatment receive it. In order to help us understand the magnitude of mental health problems in our area, a survey to understand the needs of our school children is required.



15 per 100,000
alcohol-related
hospital admissions
in under 18s in Walsall
West Midlands 26, England 31



89 per 100,000
hospital admissions due
to substance misuse in
15-24 year olds in Walsall
West Midlands 69, England 83



424 per 100,000
10-24 year olds in Walsall
have been admitted to
hospital for self-harm
West Midlands 467, England 444

13 | Emotional Wellbeing and Mental Health Needs Assessment, Walsall Council, 2015.

What we could do better

Local and national research tells us that setting protective measures in place and intervening early is a powerful way to reduce the burden of mental ill health on our young people. Unfortunately, our young people have told us that early attempts to seek help for mental distress can be haphazard, uncoordinated and ineffective. This picture mimics experiences across the country¹⁴.

Our goal in Walsall is to focus on intervening early, supporting our young people to start well and stay well. If problems start, we will pay attention to those who may be most vulnerable and work to maximise the factors which are protective of mental wellbeing. This involves coordinating work across the landscape of children's lives, such as supporting good parenting (Chapter 3), ensuring that all children attend a healthy school and reducing bullying (Chapter 4) and embed the child's voice in planning their local area (Chapter 5).

We will achieve this by working with partners in regular contact with young people, namely schools and the places where young people go. The introduction of mandatory school based health education in September 2020 is an opportunity to engage meaningfully with schools around the mental wellbeing agenda. Across Walsall, the Walsall Healthy Schools Programme embeds emotional wellbeing into the school curriculum. Our goal is to ensure that all young people in Walsall attend a healthy school by ensuring that all Walsall schools are signed up to the Walsall Healthy Schools programme.

Walsall is currently supporting students returning to school after the Covid-19 lockdown and piloting school-based Mental Health Support Teams in 15 schools across the borough. Findings from this pilot will help us understand whether such models can promote mental wellbeing amongst students and help prevent and reduce mental illness at early stages.

It is important the children and young people are not financially excluded from wider activities and experiences that will help them grow and develop. However, many youth centres have experienced reduced funding in recent times. Given the financial challenges that many families face in Walsall, there is ongoing work to map current youth provision in Walsall. The aim is to look at how remaining services can be supported and promoted to help young people make the most of the services available.

Stephen: "I think there is a lack of things to do for young people – I do not know one Youth Club in Walsall now, I think most of them have closed."

Over the coming months and years, we can expect an increase in the demand for mental wellbeing support and services as a result of the burden posed by the Covid-19 pandemic on mental health. Anecdotally, our mental health teams are reporting that mental wellbeing issues in children have become more complex since the first lockdown. In addition, children are presenting later when problems have become more entrenched. We can prepare for this by reviewing our current service provision at all levels, from prevention to early help to more specialist intervention. This could be an opportunity to work with partners to develop new local joined up services with the young person at the centre, ensuring that the needs of the most vulnerable are met, for example ensuring that debt advice services are an integral part of mental health services or social care links on a regular basis with housing teams.

14	Review of Children and young people's mental health services: phase 1 report. Care Quality Commission, 2019.
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Case Study

School Nursing Support for Young Carers

Amanda Street, Specialist Practitioner School Nurse & Young Carers Champion.

Young carers are children and young people who live in families where a parent or sibling has a physical or mental wellbeing problem or is perhaps battling drug or alcohol problems. They take on caring responsibilities for that parent or sibling and often forego opportunities to take part in activities that others, of their own age enjoy because the family circumstances don't allow to do so. The Children's Society identified that Young Carers are one and a half times more likely to require support for their emotional health and wellbeing due to isolation¹⁵.

Locally 194 young carers are supported within the Walsall young carers group provided by Walsall Borough Council. The group is their chance to be children, giving them opportunity to meet with others with similar experiences, who understand and can do the things that other children and young people enjoy.

Sophie's Story (name changed)

Sophie is a young carer, caring for her mother who has mental health issues. Sophie also suffers with her own emotional well-being. Research indicates that children whose parents suffer with depression and other psychopathology history are predisposed to increased rates of mental ill health when compared to children of parents who do not have any affective illness¹⁶. Sophie was unable to see the positives in life which resulted in her isolating herself from her friends and family, which impacted upon her school attendance therefore affecting her academically.

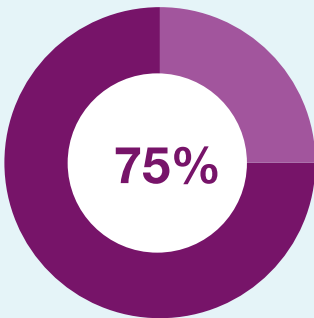
As a young Carer, Sophie attends the youth group every fortnight where she receives support from other young carers, youth workers and school nurses. Links with the school nursing service enabled Sophie to access support when in crisis, ensuring that she had access to the right mental health support in the right place at the right time. Sophie attended for a full health assessment with the school nurse lead for young carers, which she felt enabled her to feel in control and comfortable with a known member of staff. After discussing possible options, Sophie felt Teen FRIENDS, which is an evidenced based programme for anxiety and low self-esteem and adult reliance, offered by the School Nurses, would best suit her needs. She attended this at My Place which some of her fellow young Carers also attended. Sophie stated this made her feel less singled out and more accepting that she isn't the only person who suffers with their own emotional wellbeing.



1 in 10 children will have a clinically diagnosed mental disorder at any one point during childhood



50% of all mental disorders emerge before the **age of 14**



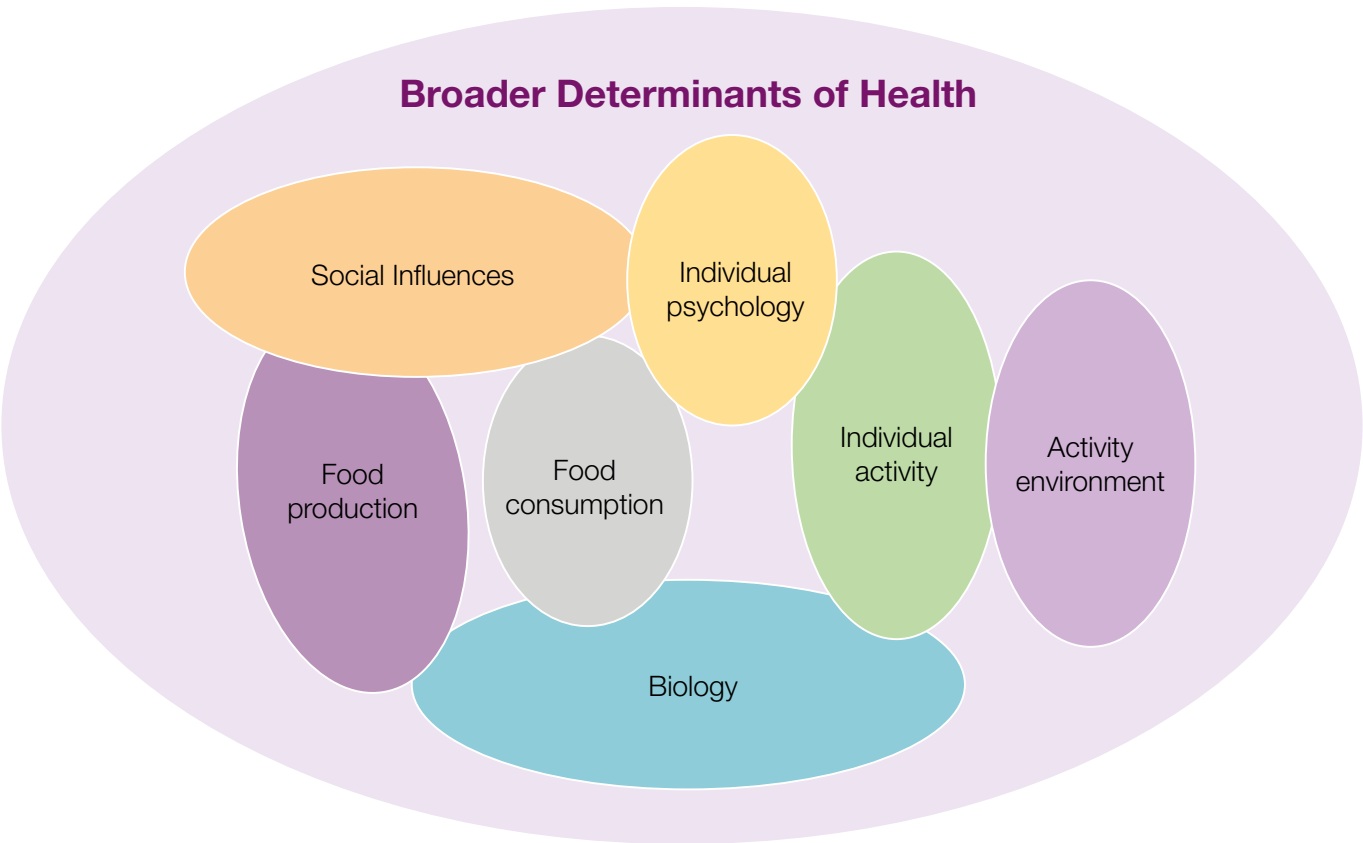
75% of all mental disorders emerge before the **age of 25**

15	Hidden from View: the experiences of young carers London, The Children's Society, 2013.
16	WR Avison, Family Structure and Mental Health, Journal of Family and Mental Health, 2002.

Healthy weight

Childhood obesity is a complex problem, and we are all still learning about the levers at our disposal to help resolve the problem. From the Foresight report¹⁷, the five key factors that affect weight are access to healthy food, physical activity, social networks, mental wellbeing and biology, with the council and partners able to influence all but the individual's biology. We need to take action on the changeable factors that have a sustainable impact on the fundamental determinants of health including for example, physical activity by creating easily accessible environments that support active travel and sporting activities and supporting communities to create a healthy environments where it is easy to be active and eat well.

The figure below illustrates the broader determinants of health (adapted from *The Foresight Project Report*)¹⁷:



17 | Foresight Project Report - Tackling Obesities: future choices, Department for Health and Social Care, 2007.

What is happening in Walsall?

In Walsall, the majority of children are a healthy weight, however fewer than in the majority of areas in the rest of England. At age 5 years, 73 out of every 100 children are a healthy weight in Walsall, compared to 77 out of every 100 children in England¹⁸. This means that children are entering school overweight having had no influence themselves on what they eat and the amount of activity they do. The environment that families and young people live in has a direct impact on their ability to maintain a healthy weight.

In the United Kingdom, inequalities in resources and power have left certain communities especially densely populated and distressed urban environments with the following obesity-promoting characteristics:

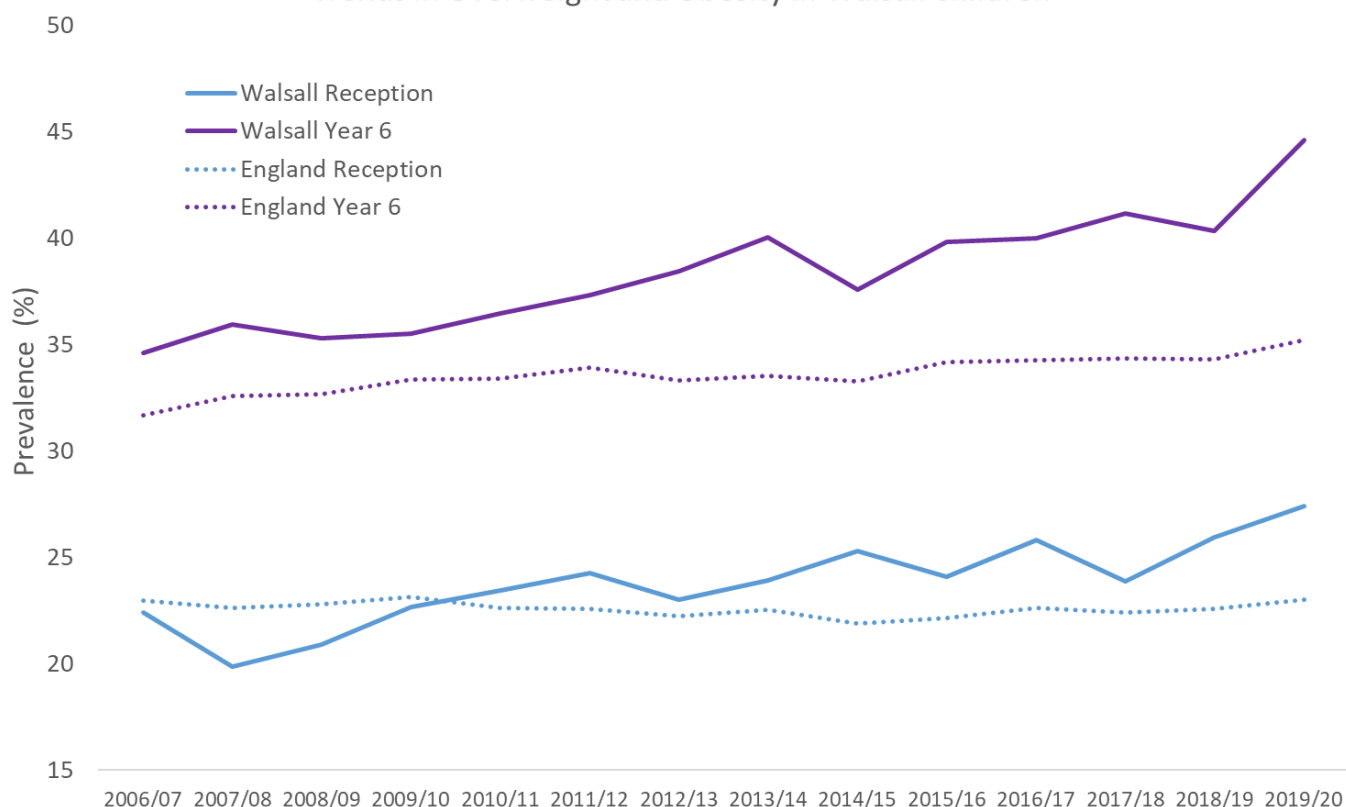
- Cheap, high-calorie, high-fat, high-sugar foods are the most readily available, which makes people more likely to adopt unhealthy dietary habits.
- No easy, affordable access to an efficient public transportation network, and a lack of safe pavements, green spaces or cycle paths, which makes people much less likely to walk or cycle.

Some social conditions may act as barriers to making health a priority. For example, pressing financial problems or long work hours could generate chronic psychological pressure and take up so much space in people's lives that it becomes almost impossible for them to prioritise health and healthy eating¹⁹.

Unless these inequalities are reduced and the communities that families live in are supported to eat well and be active balancing energy demands, the weight of children will continue to rise.

At age 11 years, 58 out of every 100 children is of a healthy weight in Walsall, compared to 64 out of every 100 children in England¹⁸. We know that rates of childhood obesity in Walsall have been climbing for over a decade.

Trends in Overweight and Obesity in Walsall Children



18 National Child Measurement Programme, Public Health England, 2020.

19 Communicating about Obesity, The FrameWorks Institute, 2021.



Figure Legend: In Reception,
7 in 10 Children are a
Healthy Weight.



Figure Legend: In Year 6,
6 in 10 Children are a
Healthy Weight

Healthy eating starts at birth. Children who are breastfeed are less likely to become overweight and obese when they are older. Just as healthy weight and ensuring access to healthy foods needs to be a whole borough focus, in order to increase breastfeeding rates Walsall needs to ensure that breastfeeding is supported in any facility, that workplaces become breastfeeding friendly and it becomes the cultural norm to breastfeed. Walsall has lower rates of initiating breastfeeding at birth²⁰ and exclusive breastfeeding at 6-8 weeks²¹ compared to other parts of England and the West Midlands. Our rates are not improving, or indeed being maintained, as is happening in other parts of the country.

We know that children who are overweight or obese are more likely to have problems with tooth decay. The rate of admissions for dental caries in Walsall is substantially lower than in England: 71.0 admissions per 100,000 children aged 0-5 years in Walsall, compared to 307.2 per 100,000 in 2016-195. This is due to the water fluoridation programme in Walsall. Although low, tooth decay is an avoidable disease and one which is the cause of greatest hospital admissions in under 5s having caused pain and education being missed and is an indicator of malnutrition.

Our goal is to ensure that all communities are supported through their environment to support their wellbeing, making the healthier choice the easier choice, focusing on areas of greater need.

We know that children are less active overall in Walsall than the rest of the country²²

Roman: "I think Walsall has enough to do if you like sporting activities."

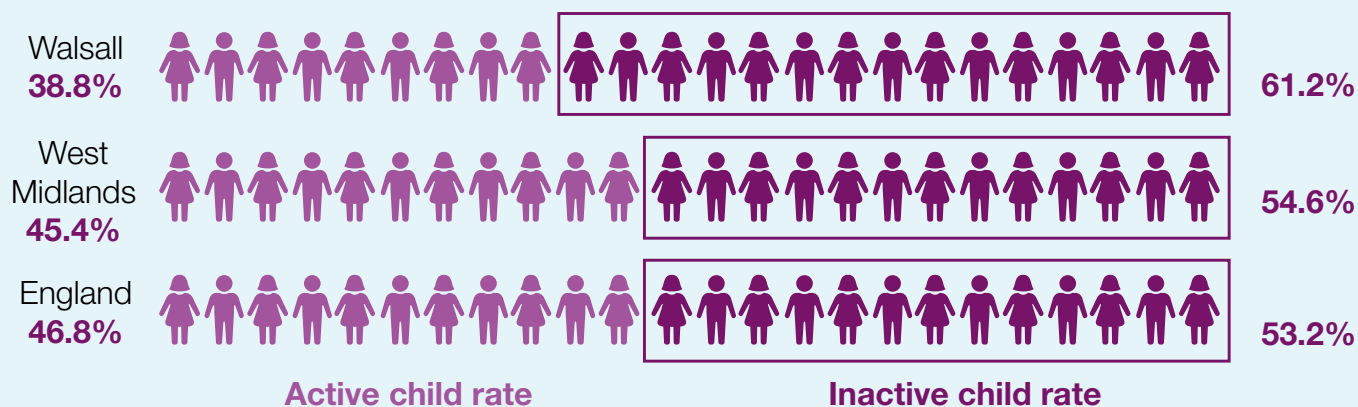
By working with communities to create more attractive environments where active travel and movement is the norm and easy choice, we can increase physical activity in the whole family

56% of Walsall
babies have a first
feed of breastmilk*
England 72%



31% of Walsall babies
are breastfed by 6
weeks of age*
England 48%

20	Maternity Services Dataset, NHS Digital, 2020.
21	Public Health England Life Course Intelligence team, 2019.
22	Active Lives Children and Young People Survey, Sport England, 2019.



What we could do better

As for mental wellbeing, our goal in Walsall to support healthy weight is to focus on intervening early, supporting our young people to start well and stay well.

To improve our low breastfeeding rates, there is lots of work happening to support breastfeeding and baby led weaning but more needs to be done to support communities to create a culture where breastfeeding is accepted and women actively supported to breastfeed during a child's early months. Consideration should be given on how to encourage a greater network of breastfeeding support groups in Walsall, including those that are peer led or delivered by the voluntary and community sector.



Support is offered in early year's settings and schools to create a culture of growing and accessing good food as well as improving the dining experience through our Food for life team as detailed in the case study below. While this work is taken forward with families as part of the school community, we would seek to work with partners to encourage spaces to grow food and ensure access to good food.

Fullbrook Nursery School: Birmingham & the Black County's first Food for Life Early Years Award



In March 2018 Fullbrook Nursery School became the **first** early years setting in Birmingham and the Black Country (Walsall, Sandwell, Dudley and Wolverhampton) to achieve a Food for Life Early Years Award!

Food quality and where food comes from...

Fullbrook demonstrated that they use free range eggs and through their Snack Shack they ensure that food complies with national standards or guidelines on food and nutrition by serving fresh fruit, vegetables milk or water to the children.

"Our Food for Life award is an integral part of us being an Outstanding Nursery School, as children's health and wellbeing is paramount to early development and future life style choices"

Andrina, Headteacher

Food leadership and food culture...

they have been able to demonstrate that they have a food policy which describes how they work with children, parents, carers and staff to grow, cook and enjoy fresh, healthy food. They have been able to demonstrate that they signpost families to oral health improvement programmes and offer oral health advice by hosting a tooth care week. They invite the mobile dental van, oral hygienist and a local dentist and also provide parents with a dental care routine and tooth brush for each child.



Community, partnerships and parent engagement...

they engage families through growing sessions and plan to introduce family taste and talk sessions throughout the year.



Food Education... they have been able to demonstrate that they take part in cooking sessions with their children regularly using the vegetables that they have grown on site. They have cooked soup, samosas and quiches with the children and sent recipes home to parents.

Food for Life Walsall

The young people who contributed their views would like to see more opportunities for physical activity, especially for people with disabilities.

Ava: "It would also be good if the Council could look into the price of activities/sports as it varies across primary schools. For example at [one school] you have to pay around £4.60 a time (and you have to pay for it all at once). At other schools [...] it is only £1. I think things like this need to change so it is fair for everyone as some parents cannot afford to pay it all at once or even to pay that amount. I think this would also help make children and young people healthier too."

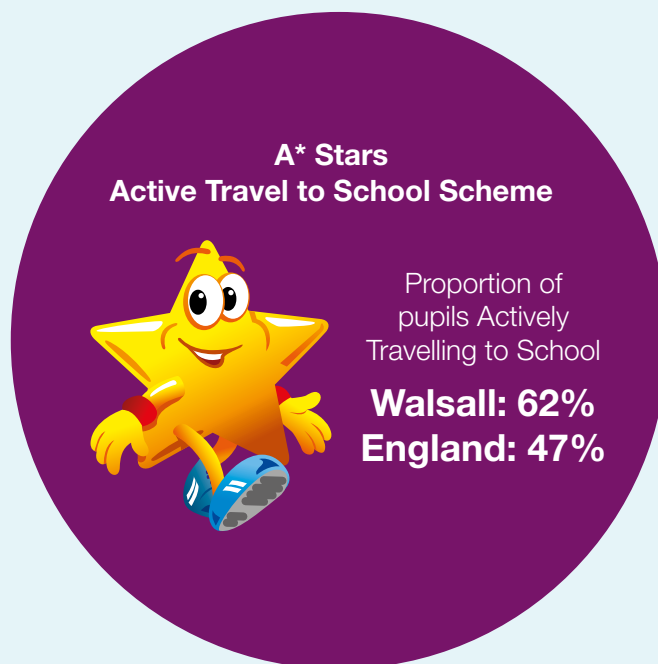
Natalie: "I would also like to see less gates in parks as they block access to walking paths. It makes it difficult for my sister to go to the parks as she is in a wheelchair."

Walsall has a large number of green spaces. Through planning and future investment, we wish to work with all to ensure all have access and make them feel safe. We would also look to encourage the development of more pocket parks in urban areas where access to green space is limited to increase their attractiveness to future residents and to seek future investment so that all can enjoy and access green space.

Ava: "I think the Council and other organisations could help to reduce the number of gangs in the streets and parks and ensure that Walsall as a whole is better maintained as some parks are very dirty."

Case Study – A* Stars

Extensive work is happening in schools to encourage activity during the day and support the community to actively travel to school. A*Stars is a programme run by Walsall Council that works with local schools to support their pupils in walking, cycling and scooting to school and reduce barriers to active travel²³.



Walsall Council is already tackling barriers to physical activity. As part of the COVID-19 announcements on 9th May 2020²⁴, **Emergency Active Travel Tranche 1 Funding (EATF T1)** was released in Summer 2020 to help local authorities install temporary interventions, to create a safer environment for both cycling and walking (Active Travel). Walsall Council's overall EATF T1 projects which could benefit children include closing Wolverhampton Street in Walsall Town Centre to motorised vehicles, using temporary Traffic Management measures in order to create a new 'pedestrian and cyclist friendly zone', and car free zones to improve pedestrian safety and encourage more residents to make 'local journeys' in and around the town centre on foot or by bike.

In August 2020, Walsall Council applied for Tranche 2 of Active Travel Funding (ATF T2). This funding was aimed at permanent cycling and walking projects, which would take a longer amount of time to implement than the temporary schemes proposed for Tranche 1 funding. All ATF T2 schemes must be delivered by March 2022 at the latest. Walsall Council's ATF T2 projects include a shared cycle and pedestrian route in Bentley. More information on the Walsall Council Cycling Strategy, Starley Network and West Midlands Local Cycling and Walking Infrastructure Plan (LCWIP) is here: <https://go.walsall.gov.uk/cycling>.

As part of the School Streets programme, Walsall Council has provided safer walking and cycling routes for school pupils by closing roads near local schools to all motorised traffic at certain times of the school day. This encourages active travel (walking and cycling). School Streets have been successfully implemented at the following educational establishments in Walsall, using EATF T1 funding:

- Brownhills West Primary,
- Manor Primary,
- Pool Hayes Primary,
- Whetstone Field Primary
- Palfrey Junior.

In School Streets Phase II, Walsall Council, local schools and communities will identify additional 'school streets' for the following schools: County Bridge, Lodge Farm, Holy Trinity, Pinfold Street and Old Church.

Walsall Town Centre now has additional 'aesthetically pleasing' cycle parking, and existing cycle infrastructure across Walsall has been renewed, including road markings and signage.

23	Walsall A*STARS - Active Travel and Road Safety, www.astarswalsall.co.uk
24	Transport Secretary's statement on coronavirus (COVID-19), 2020

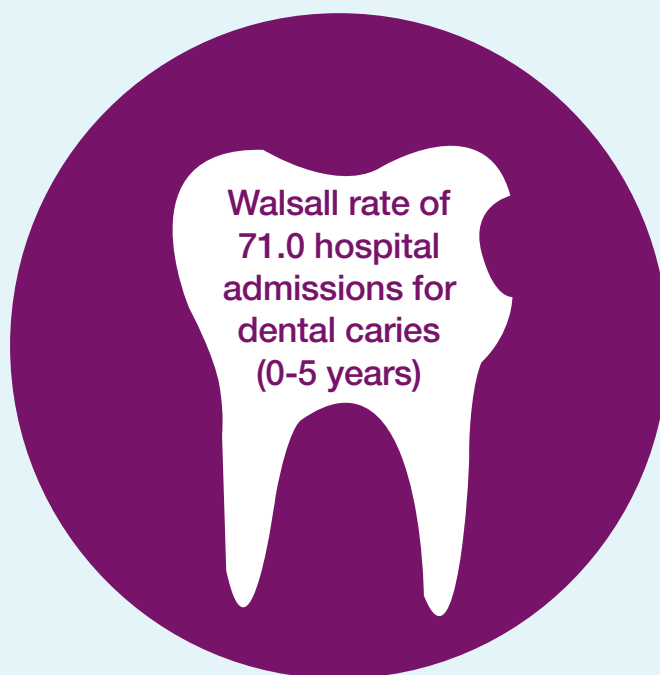
Walsall Council has been awarded funding from the WMCA Better Streets Fund. This fund is community led and is aimed at improving cycling and pedestrian facilities for local communities, with a focus on improving accessibility to cycle networks. Walsall Council have received a funding allocation to develop and deliver two schemes (NCN5 and Hawes Road) in 2020/21. One of Walsall's Better Streets schemes is focused on delivering improvements on and around the National Cycle Network Route 5 (NCN5), to improve the cycle route between Pelsall and Walsall Town Centre utilising parts of the NCN5 cycle route. Other recently completed projects include extensive canal towpath improvements through the National Productivity Investment Fund (NPIF) in 2018/19 & 2019/20.

Along with cost barriers in low-income families, the pandemic has also greatly reduced access to swimming pools. The **PE and sport premium for primary schools** will support schools to develop and implement these activities in schools. We will be able to prioritise this funding in Walsall schools based on the current levels of obesity in schools and the rate of increase from Reception to Year 6.

20 mph zones are now common in many UK cities. With low speeds, activities such as walking, cycling and outdoor play will become more attractive to and safer for children. In Walsall a number of residential estates have been selected to trial 20mph speed limit areas. The 20mph speed limit areas were installed across Broadway Estate (Sandringham Ave), Summer Hayes (The Hayes), and Pheasey Estate Rushall (Barns Lane).

In the short to medium term these schemes could be extended and accelerated. We will provide the teams involved with local data to identify high priority localities and schools.

Our medium term steps involve working collectively with partners across Walsall to develop a food and physical activity plan and with internal, and external, teams in planning, housing and regeneration to shape a healthier built environment. We will also work with our Resilient Communities to increase community assets and support networks in the community so that the protective factors that increase young people's mental health and make healthy choices easier to make can be set in place. Alongside the council's Healthy Spaces team, we will embed green space, growing and safe walking and cycling routes into all regeneration proposals including the town centre. Areas with poor access to green space or where greater barriers exist should be prioritised for investment so that all areas of Walsall meet Natural England's standards for access to green space and use of green space. A key focus however is to reduce the inequalities that are the underlying barrier to young people's wellbeing.



Recommendations

Our principles are to build upon existing work and strategies within the council such as Walsall Right 4 Children, augment the assets of our communities through existing and new groups and partnerships, and raise whole Borough aspirations of what can be achieved. We will develop a young person's strategy which will connect the aims of improving mental wellbeing, healthy eating and educational outcomes with the aim to create an environment that our communities can be proud of and work closely with those agencies that support the most vulnerable so that their needs are at the forefront of our activity.

To support this, Walsall will develop a dedicated food plan, developed alongside food providers, community organisations, schools and licensing teams which will improve desirability, access and affordability of balanced diets which reduce sugar, fat and salt consumption. This can be complemented by a physical activity plan which utilises policy to increase opportunities to add physical activity to everyday life, and supports individuals to be more confident in reaching towards healthier lives.

We will develop these plans in close partnership with the Resilient Community initiative to make the most of the assets, activities and opportunities available within our communities

Immediate

- Advocate for Walsall's Health and Wellbeing Board members to prioritise mental wellbeing in young people.
- Ensure that all Walsall schools are signed up to the Walsall Healthy Schools programme.
- Design and implement a Walsall Food Plan and a Walsall Physical Activity Plan as part of Walsall's young person's strategy informed by young people's views
- Ensure the benefits of the Town Deal Fund are extended to other parts of the Borough in order to create vibrant, colourful gateways into district centres, working to improve play areas and create biodiversity programmes.

Longterm

- Work with internal partners to develop an action plan to further develop youth engagement that will support young people participation in the recommendations listed in this Annual Report
- Build in the promotion of good mental wellbeing into the work of all organisations that influence the lives of young people
- Ensure that the protective factors which impact on a healthy weight and mental wellbeing are set in place incorporating the contributions of the community, young people, the police, education and teams supporting parenting with choices maximised in the areas where there is greater need

Chapter 3 - My Family

Alex: "I would describe my family as loving as we all care about each other."

Isobel: "I live with my mum, dad and dog. I also see my nan and grand-dad frequently. I would describe my family as really kind, caring and fun."

Ava: "I live with my mum, little brother (who is 9 years old) and my 8 month-old daughter...I would say we are a very close family. My mum is very hard working. She works as a cleaner but also does voluntary care as well. She does not earn a lot, but she gives us everything we need."

Growing up together

Family environments have far reaching effects on the lives of young people and have an impact on diverse outcomes such as mental health, infant mortality, accidents in the home, domestic violence, success at school and the adoption of unhealthy behaviours in adulthood. A young person's family environment is shaped by their parents' parenting style, and heavily influenced by factors such as inequalities in their community as discussed in chapter 2, family income, geographic location and local services.

Childhood poverty is linked to worse health and social outcomes for children. For example, it is estimated that a third of the increase in infant mortality can be attributed to rising poverty²⁵.

We want to ensure that all children grow up in loving supportive families with parents feeling they are supported themselves to parent. In order to achieve this we will work with agencies such as the Department of Work and Pensions or housing agencies to ensure that issues which impact on a family such as debt or insecure housing are reduced. We will also work with parents to support them in their parenting role.

Parent: "[The course] made me feel better in myself, I know what to do for my baby. More alert, responsive to me, know who I am, interacts with me. The group helped me trust people better and feel more confident with parenting. I learnt to understand my child, what they want and how to manage their needs. I feel more confident, I know more than I realise. I would be interested in other courses. I am to attend mellow parenting in September and I am attending a fathers group. I will be accessing holiday programme and parenting stay and play sessions. I would recommend this to others parents to be."

Participant in the Mellow Bumps for fathers pilot session run by the Health in Pregnancy Service and Early Help.



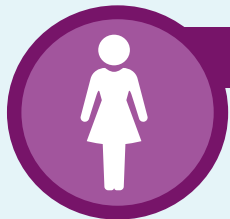
What is happening in Walsall?

Births and babies

Infant mortality

Walsall has one of the worst infant mortality rates in the country. We have the fifth highest rate of children dying before their first birthday (infant mortality) in all local authorities England²⁵. In 2020, 28 children died in Walsall before their first birthday²⁶.

There is good evidence showing which specific interventions work to reduce infant mortality before, during and after pregnancy²⁷. We know that the following can help to reduce infant mortality rates (NPEU):



Pre-conception

- reducing maternal smoking
- reducing maternal obesity



During Pregnancy

- reducing maternal smoking
- reducing maternal obesity
- early access to antenatal classes

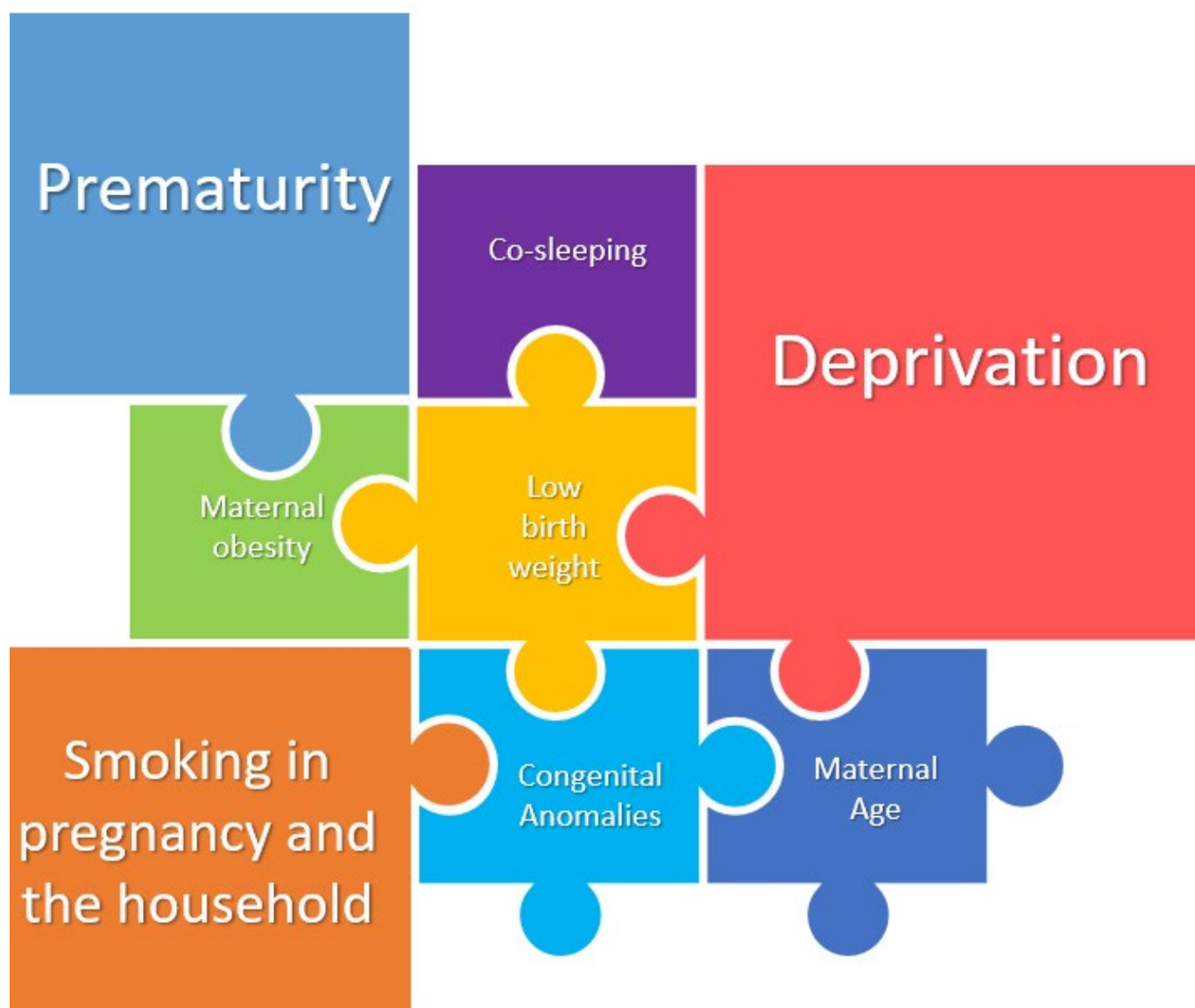


Post-pregnancy

- childhood immunisations
- consistent 'back to sleep' and other safer sleep messaging
- targeting support for vulnerable women in the perinatal period, including those with complex lives

25	Taylor-Robinson, Assessing the impact of rising child poverty on the unprecedented rise in infant mortality in England, 2000–2017: time trend analysis, British Medical Journal, 2019.
26	Mortality Statistics for England and Wales, Office for National Statistics 2020
27	The effectiveness of interventions targeting infant mortality: a user's guide, National Perinatal Epidemiology Unit, 2009.

In addition to the above interventions, we know that reducing deprivation, improving housing and supporting strong stable and healthy families can help reduce the risk factors for infant mortality.



Risk Factors for Infant Mortality

In Walsall, the prevalence of many of these risk factors; such as smoking while pregnant, maternal obesity and premature birth are worse than the English average²⁸.

In Walsall relatively few parents currently access antenatal classes. Given how critical the first months of life are for bonding and attachment, this is a gap in the current pathway that needs review. We will work to find out what the barriers are to accessing antenatal classes in our different communities and set work in place to reduce these.

At its most extreme, abusive or neglectful parenting can result in a child being taken into care. In Walsall in 2020, 97 children in every 10, 000 were looked after which is higher than the West Midlands regional rate (82) and the national rate for England (67²⁹).

Walsall had
614 LAC in 2019



26 children ceased to
be LAC during 2019

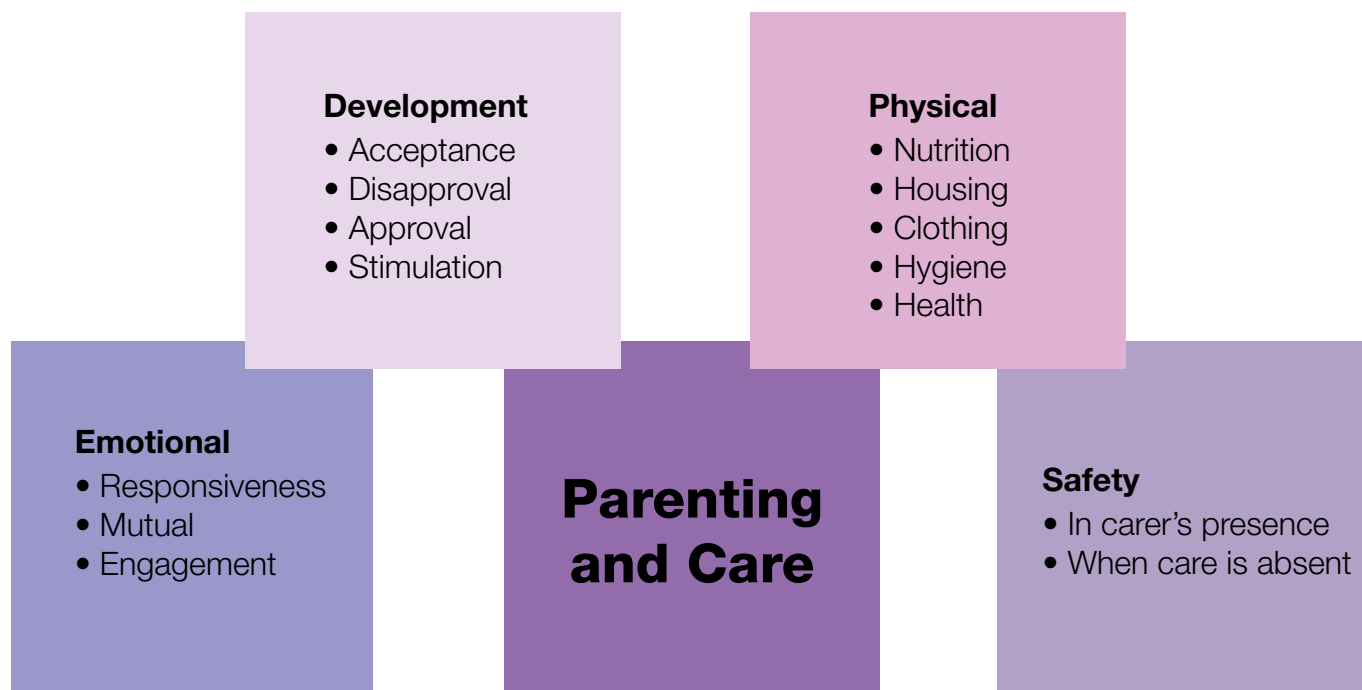
There were **5,135** referrals to Walsall
children's social services in 2019 – that
was 93 less than in 2018



Supporting Parents

Most children in Walsall grow up in positive environments with good quality parent-child relationships; with parents responsive to their needs and regularly practicing positive parenting. This 'good quality parenting' has a positive impact on a whole range of outcomes for children, including education, young person's wellbeing.

Good quality parenting is hard to define. The NSPCC has listed the below as making up the building blocks which ensure a child can thrive throughout their life course³⁰



However, not all children grow up in positive environments with strong parent-child relationships. Many factors affect a parent's ability to positively parent their children including their income, their own education, complex or difficult family structures and histories, relationship conflict between parents and co-parents, parental stress and parental mental wellbeing. Many parents are also dealing with their own past trauma and their own adverse childhood experiences. For some children the environments they grow up in, the people they relate to, and the experiences they have, result in a potentially traumatic and lifelong impact on their development, education, physical and mental health, and ultimately their way of life³¹. We want to work with partners to reduce the impact of the above issues and with parents to support them cope with their own issues and break the intergenerational cycle.

28	Pregnancy and Birth Profile, Public Health England Fingertips, 2020
29	Children Looked After in England, Department for Education, 2020.
30	Graded Care Profile 2, National Society for the Prevention of Cruelty to Children, 2018.
31	M. A Bellis, et.al. Adverse childhood experiences: retrospective study to determine their impact on adult health behaviours and health outcomes in a UK population, Journal of Public Health, 2014.

Universal parenting support

One of the most effective times to support and influence parenting behaviours begins in the antenatal period. A parent's own mental wellbeing, poverty, family conflict and unstable housing can affect their ability to parent well. There is a role to play for organisations such as housing providers, employers, and the Department for Work and Pensions in reducing our borough's high infant mortality rate by improving those foundations which impact on the home.

In Walsall, the Health in Pregnancy and midwifery teams offer regular one-off classes around parenting newborn babies. They also offer vulnerable parents bespoke support. However, the number of parents attending these groups is very low. We want to find out what the barriers are to accessing parenting courses and work to reduce the barriers, optimising support to families.

Although universal face to face support is limited across the borough, parents can access a range of online Solihull Approach parenting courses, currently funded by Walsall Children's Services. Numbers remain fairly low for online parenting uptake but these slowly increased during 2020, with extensive promotion.

There are a small number of open-access face-to-face group or virtual parenting courses, run by the School Nursing Service, Early Help and other partners for older children.

Targeted parenting support

Ava: "I have received help from Teenage Pregnancy. They have helped me not to feel scared about having a baby and explained things (such as breast feeding, how to apply/access benefits and contraception after the baby was born.) They also helped to ensure I carried on with my schooling by making sure I had the learning resources/materials I needed at home.... My school were also very supportive in this situation too."

There is a wider range of targeted parenting programmes running in Walsall for parents with specific health and social care needs. These are delivered by healthcare workers, Local Authority Early Help parenting group workers and family support workers. Targeted parenting support is designed to help parents or children who have additional needs. The borough has programmes for children on child protection plans, open to Early Help or whose parents tend not to engage with services. There are dedicated programmes for teenage mothers, women with an experience of domestic abuse or unhealthy relationship and families who have separated or have destructive conflict. There are also programmes supporting parents of children with autism and other disabilities.

In addition, there are a wide range of professionals who may be able to offer more targeted advice and support on an ad hoc basis, for example midwives, health visitors, school nurses, and early help workers. The Teenage pregnancy team offer additional support for young parents and also offer evidence based Teens and Toddlers programmes for young people at risk of becoming teen parents.

Walsall has been successful in gaining funding for the Strengthening Families programme, which is a multi-disciplinary approach to working with families with substance misuse problems, with mental health issues or experiencing domestic abuse.

Programme facilitators report positive feedback from parents from all the programmes running. However, formal evaluation remains low for many of the parenting programmes. There are limited resources available for collating and evaluating programmes across the borough. Going forward, it would help to advocate for funding for evaluation. Timely evaluation is essential for ensuring all services offered as achieving their intended impacts, and allows for modification and or disinvestment if needed.

What we could we do better?

Reduce family poverty

Family poverty has a large impact on so many aspects of children's lives. The council and its partners must pull together to reduce rising levels of poverty within the borough. Employment, income, housing and access to services is affected by the work of private employers and the community sector as well as the public sector across the West Midlands. Often the link between the work of one sector, for example private landlords, to child health outcomes is not directly clear but has a great impact.

In order to make the most out of our collective effort, we would welcome a single, comprehensive, Borough-wide economic strategy with a core aim to mitigate the effects of poverty on families.

Work across all departments and organisations that impact on parenting

Although there is lots of good work happening in the Borough, there is not a clear Borough-wide parenting pathway across all organisations. There is a need to look strategically at how the offer is taken up, delivered and evaluated to ensure it is meeting the needs of a wide range of parents.

To ensure that all Walsall's children flourish, a partnership response is needed so that parenting support is delivered by a wider range of agencies and is part of a universal offer to all families.

We need to ensure that all practitioners supporting parents deliver consistent, effective messages and to those with the most need. Despite a wide variety of professional training on this topic, there is not currently common or agreed training across all professional groups. Common training, agreed by all organisations could form part of our Borough-wide parenting strategy. Parents would benefit from consistency regardless of how they come into contact with services.

Training parents to become parenting advisors improves the effectiveness and sustainability for the long term and builds community resilience. We would encourage the development of pathways for parents to become trained parenting advisors and deliver parenting support within their own communities. However in order to build community support, communities need to be supported in order to have the resilience to reach out to members.

Increase uptake and effectiveness of existing services

We have described many services across the borough to support families and improve outcomes for children. We have also identified the wider teams who have a huge impact on the infrastructure which can make a community and family healthy. We need to ensure that all work together to understand their contribution and set the measures in place that will promote the wellbeing of children and young people.

Services such as antenatal classes and smoking cessation support are supported by compelling national and local evidence of their effectiveness. Despite this, uptake of these existing services can be low. We believe it is imperative to understand the reasons for this. We must commit to prioritising work to understand our local population. We must ensure that the offer of services makes sense to the user, and is coordinated across different providers. It is a wasted opportunity if a family or young person reaches out for help, but is met by a confusing, empty, or uncoordinated response.

Recommendations

There is still room to maximise the uptake of already available support. We need to understand and reduce the barriers to uptake for both for both universal services and targeted support.

As outlined above, there is a link between social deprivation, poverty and poor child health outcomes, including infant mortality. Action is required at the strategic and policy level to engage all partners whose work influences the resilience of parents and their children. These strategies and policies must pull in the same direction and link across organisations. Existing strategies must be updated taking into account the added stresses caused by the COVID-19 pandemic.

Immediate

- The parenting team and those delivering parenting courses to understand the barriers to accessing parenting courses; update the borough-wide parenting strategy to reduce these barriers and create a unified message and offer of support to parents to maximise uptake of these courses
- Work with primary care and midwifery to understand the barriers to women quitting smoking both before and during pregnancy, maximise uptake of cessation services and thereby reduce the prevalence of smoking at birth

Longterm

- Childrens Services to evaluate how effective the services targeted at families with specific needs are and whether the groups we most want to reach access these.
- Develop and implement a borough/council-wide family poverty strategy, linking with the Walsall Strategic Economic Plan
- Identify the wider teams who have an impact on community wellbeing; support them to understand their contribution and set the measures in place that will promote the wellbeing of children and young people ensuring that young people are part of the planning process

Education and skills

Investing in education and skills is investing in health

By the age of 30 those with the highest levels of education are expected to live four years longer than those with the lowest levels of education.

A good education helps build strong foundations for:

- Supportive social connections
- Accessing good work
- Life-long learning and problem solving
- Feeling empowered and valued

These foundations support healthier lives by increasing our opportunity to:

- Develop life-long healthy habits
- Manage and limit exposure to life's challenges
- Afford a good quality of life
- Live and work in safe and healthy environments

The Health Foundation

References available at www.health.org.uk/healthy-lives-infographics
© 2019 The Health Foundation.

Chapter 4 – My Education

Alex: “I was happy at my nursery school as they were very SEND aware. I then moved to primary school which I hated; as I was often bullied. In year 7, I left education. My mum asked for help from the Council several times, but I just got turned away as they said I was already enrolled at [an] academy.” “In September 2019 I started [back] in education after 7 years. I only managed a few weeks as I just sat in the library due to staff shortages. My mum had to drive a 64-mile round trip 4 days a week to take me there.” “I have... had some concerns about meeting friends as I have not been at school/college much.”

“I just feel that schools and college in Walsall discriminate against young people with disabilities. It has taken from Year 3 to Year 11 to be given an Education Health and Care Plan (EHCP) to make sure I can get all the support I need. My brother had a similar experience. He wanted to do a Health Administration course at Walsall College but was told it was not possible as he suffers from Autism. Instead, he was told, he could only do a Painting and Decorating course.”

“SENDIAS have helped me with putting together a revised Education, Health and Care (EHCP) plan. It is a free service and they have been awesome so far. It has taken a lot of discussions with the council to get to this point though.”

Growing up ready

The majority of the children we spoke with in our recent study enjoyed school at some point in their lives. Sadly, stories of feeling failed by education were common, as were reflections on being bullied and struggling to keep up with school work after disruptive life events. Many expressed their disappointment in the quality of their education, and felt that their school or colleges had failed them.

Jade, 17: “Our Maths teacher was off sick for a long time which affected my learning. I am now re-taking GCSE Maths at [...]college. Our ICT course also got changed at short notice. We had to forget what we learnt for two years and then start learning something new. I think it would have been good if the school offered extra online courses at home to help us catch up.”

In our study, the young people we spoke to highlighted occurrences of bullying in schools. We were told that there were instances where teachers quickly intervened, but some young people we spoke to felt it was ignored or they were expected to sort out their own problems. Feeling ‘accepted’ and having friends to have fun with or speak to about things was one of the main things that made them happy. A few young people also reported some sadness and anxiety when moving schools. A few participants said they initially struggled to make new friends when they joined secondary school (particularly if their friends were going to different schools).

The Covid-19 pandemic has had a massive impact on the education of children across the country. In the report ‘Build Back Fairer’³² we are reminded that the pandemic has arrived on the heels of a decade of stagnation of health improvement that was the second worst in Europe, and by widening health inequalities.

The persistent inequalities in attainment and reduction in school funding in England have not provided a sound footing to support early year’s development and educational attainment through the Covid-19 lockdowns in an equitable way. Unless we take urgent action, existing educational inequalities are set to widen.

A good education is an important route for success in later life. Evidence shows that education has a critical impact on health outcomes in later life³³.

The foundation of a child’s educational outcome is laid at the very beginning. The ability to learn and develop starts with good parental attachment, leading to the ability to gain motor skills, communication skills, cognitive development and emotional regulation. Any problems with sight and hearing must also be recognised and addressed early. Children who start school behind their peers may never catch up³⁴.

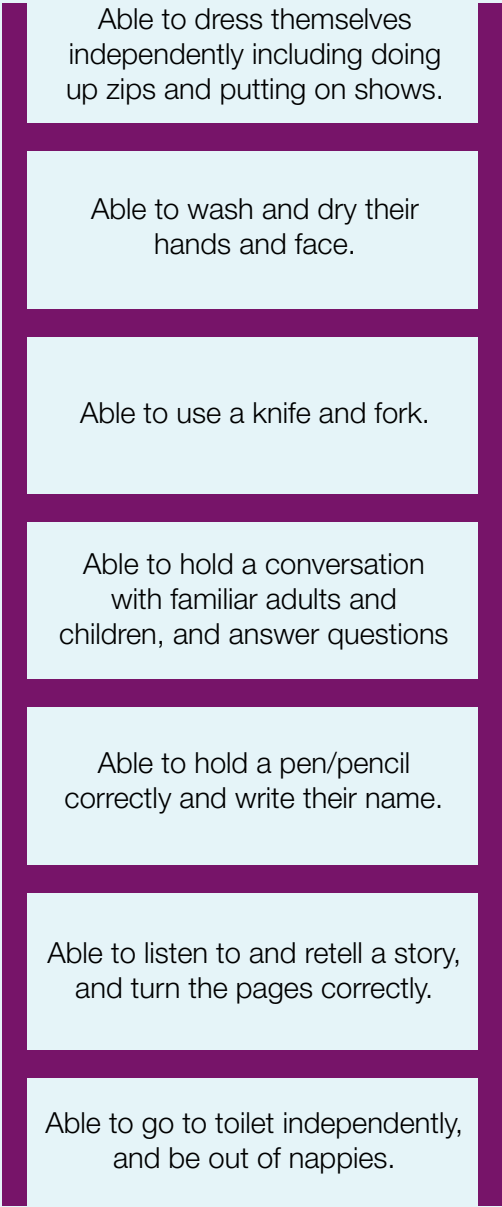
Young people in the UK often have to navigate many obstacles along their educational journey. They can be tripped up by lack of resources, bullying, poor mental and physical health, disruptive life events such as illness, and parental discord. They may also have special educational needs that are not adequately met. Unfortunately, not all children benefit from the same level of resources and support.

32	Build Back Fairer, Institute of Health Equity, 2020.
33	Investing in Education and Skills is investing in health, The Health Foundation, 2019.
34	Are you ready? Good practice in school readiness, Ofsted, 2014

What is happening in Walsall?

School readiness

Our data suggests that many children in Walsall fall behind early, and then struggle to catch up³⁵. “School readiness” relates to a child’s readiness to learn and enter school.



35 | Early Years Foundation Stage (EYFS) Profile, Department for Education, 2019

Indicator	Walsall	West Midlands	England
Children achieving at least the expected level in communication and languages (%)	77.3	78.3	81.9
Children achieving at least the expected level of development in communication, language and literacy skills (%)	68.2	70.9	72.6

Overall development score at the end of Reception for children in Walsall 2019

Achievement and attainment

As Walsall's children progress in their educational journeys this gap persists, and for some indicators, widens.

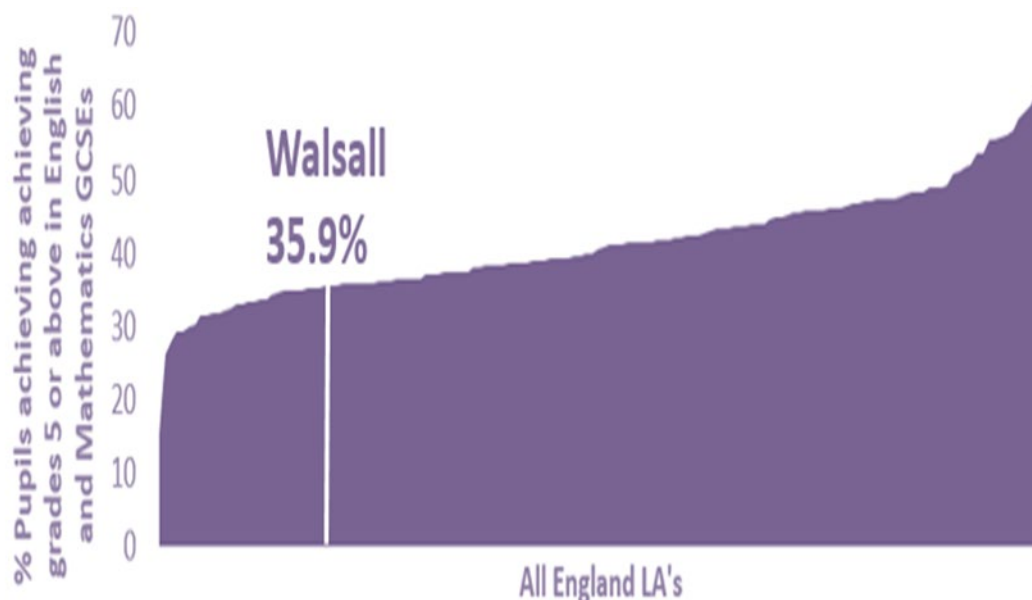
At Key Stage 1, school attainment in Walsall is slightly lower in all core topics apart from Mathematics than the national average in both primary and secondary school. However, this has been improving in recent years³⁴.

Key Stage One Trends- Walsall and National						
Subject	% At the expected standard	2016	2017	2018	2019	Commentary
Reading	Walsall	72	71	73	73	Reading outcomes in Walsall have improved by 1% since 2016 with no change from 2018
	National	74	76	75	75	Although still below national, the gap has closed since 2017 from 5% to a 2% gap
	Gap to National	-2	-5	-2	-2	
Writing	Walsall	62	63	65	67	Writing in Walsall shows an upward trajectory rising by 5% from 2016 to 2019
	National	65	68	70	69	The gap to national closed a further 3% in 2019
	Gap to National	-3	-5	-5	-2	
Maths	Walsall	71	73	74	75	Maths show a year on year improvement
	National	73	75	76	76	Although below national the gap is closing and this has narrowed to 1% in 2019
	Gap to National	-2	-2	-2	-1	

By Key Stage 2, slightly fewer of Walsall's children achieve the expected standard in reading, writing and maths, compared to the West Midlands and England average. In 2019, 61% of students reach the expected standard in reading, writing and maths, compared to 63% in the West Midlands and 65% in England³⁶.

By GCSE, Walsall's pupils are ranked in the lower end of achievement across all local authorities in England.

36 Local Authority Interactive Tool, Department for Education 2020.



We have significant inequalities in educational outcomes. Girls consistently perform better than boys, and children who receive free school meals do much worse than those who don't. In addition, the academic achievement of children with special educational needs is far behind that of their peers³⁴.

National research shows us that such inequalities have their roots in poverty and differing access to support and services. These inequalities have only been made worse by the Covid-19 pandemic³⁷. Reductions in welfare support to families with children, reduction in education spending and the closure of Children's Centres have all contributed to worse outcomes for the least well-off.

We know that high quality preschool education can support school readiness³⁸. In Walsall, there are 153 early years' registered (EYR) education providers. In 2020, 94.7% of inspected Early Years school provision was judged good or outstanding, compared to 88.6% nationally³⁵. Similarly, 96.9 % of Private, Voluntary or Independent (PVI) settings were rated good or outstanding settings compared to 96% nationally. In many cases these providers support children to reach their expected milestones.

Attendance

Missing classes at school is a very powerful predictor of lower levels of achievement. The Department for Education (DfE⁴⁰) report that Key Stage 2, pupils with no absences are 4.7 times more likely to achieve a level 5 or above compared to pupils that miss 15-20% of their lessons. Similarly, at Key Stage 4, pupils with no absences are 1.5 times more likely to achieve 5+ GCSEs A*-C or equivalent, compared to pupils missing 15-20% of their lessons. This rises to rising to 2.8 times more likely to achieve 5+ GCSEs A*-C when English and Mathematics are included (DfE 2016⁴¹). Children who are excluded from school, particularly those who are permanently excluded, have very poor educational outcomes³⁹.

Walsall has similar absenteeism rates to the West Midlands average, and these tend to be slightly higher than the English average. We know that a wide range of factors can lie behind short term, persistent and permanent absences. These include mental and physical illness, unmet educational needs, parental and other family problems.

A multiagency team has been set up to support schools in reducing fixed term exclusions and children missing education by widening the knowledge base and skill set of School Leaders, Staff Teams, Governors, Parents and Carers and offering bespoke support to young people and staff in hotspot schools.

37	Education in England, Annual Report 2020, Education Policy Institute, 2020.
38	Untangling the Evidence on Preschool Effectiveness Insights for Policymakers, Learning Policy Institute (2019).
39	Timpson Review of School Exclusion, 2019
40	Department for Education (2016). The link between absence and attainment at KS2 and KS4 2013/14 academic year. Available from: https://www.gov.uk/government/publications/absence-and-attainment-at-key-stages-2-and-4-2013-to-2014

What could we do better?

Respondents in our local study have described how multiple disadvantages can compound each other. For example, poor mental health, special educational needs, disruption to provision by schools, bullying and time out of school can negatively impact each other and create vicious cycles.

To help break such cycles, we can focus on the following:

- Improve school readiness
- Improve childhood mental health
- Reduce bullying in schools
- Reduce persistent absence, fixed exclusions and permanent exclusions
- Identify and respond early to children requiring SEN support

What works to improve school readiness?



- Good maternal mental health
- Lantern activities, including speaking to your baby and reading to your child
- Enhancing physical activity
- Parenting support programmes
- High-quality early education

We must recognise the role of rising poverty in Walsall on educational outcomes, and prepare for the detrimental effects of Covid-19 and its containment measures. The report *Build Back Fairer*, details the stark predicament facing many schools and young people. As outlined in the report, key actions to support our children, now and for the future, include providing catch-up tuition, laptops, online classes and parenting support. In addition, local government must work with central government to do more to reduce the effects of widening social inequalities.

Ava: "One thing that could be improved at school is the mental health support. My school are not very good at speaking to people about issues and taking time out to listen to young people."

In addition, we can support schools to address childhood mental health and bullying and achieve the actions described in the 'My Health' chapter above.

Recommendations

Immediate

- All those working with young children to actively promote access to early years education settings
- Education partners to continue to prioritise good educational outcomes for all Walsall's children; pledging to not leave behind those with the least access to resources and those adversely impacted by the Covid-19 lockdowns.
- Partners supporting children to continue to ensure that Educational Health and Care Plans are not unduly delayed
- Use the political process to lobby central government for additional resources to support children with special educational needs including those with Social Emotional and Mental Health (SEMH) Needs based on their needs.

Longterm

- Support the children's services team to reduce all types of school absence, with particular attention to absences caused by poor mental health using understanding gained from young people who are missing school

Chapter 5 – My Community

Alex: "I think growing up in Walsall is a bit 'rubbish'. I live in Bloxwich which is a really rough area." "I never go out (unless my mum takes me in the car) as I worry about getting attacked or assaulted. I like my house, but my neighbours spoil it as they are abusive. For example, this summer they sprayed red paint over our new garden furniture and have thrown bricks at my brother and I. The council and the police never seem to do anything to help us feel safe in our garden. Walsall also has too many gangs. There are also joy riders who often cause car crashes in the area."

I also think Walsall is a mess, there is rubbish everywhere. The area has some nice parks – people travel for miles to go to the Arboretum, but it can be quite dirty. We live close to Leamore Park but it's horrible; it's often full of 'junkies'."

Isobel: "The main thing that concerns me whilst growing up in Walsall is the gangs. Sometimes when I go into town, I see lots of 'dodgy' people. This makes me nervous as I think they may follow me and something bad might happen to me. I don't really feel safe walking somewhere on my own as there can be big groups of children."

Jade: "Walsall has a good community – everyone seems to know each other and get on with their neighbours. It is also very multicultural. I have seen lots of weddings in different cultures and religions taking place – hearing the music and seeing all the colourful outfits makes me happy."

The young people we spoke to talked about their desires to have more opportunities to engage in their local communities. They wanted opportunities to take part in a variety of activities, meet people their own age, give back and help others. Several of the respondents noted barriers for people with disabilities to participate.

Many of the children were dismayed at the appearance of the city, and commented on litter and lack of green spaces.

Jade: "I think Walsall is quite dirty. I have seen empty beer cans, syringes and empty condom wrappers in Silverdale Park but I think the Arboretum is much cleaner and safer."

Several participants mentioned they had concerns about crime and safety in Walsall. There were frequent mentions of drug taking and dealing, knife crime, violence and gangs in several parts of the Borough. The Palfrey, Bloxwich and Leamore areas were frequently mentioned as unsafe areas. There were also some reports of anti-social behaviour with neighbours throwing bricks or damaging other people's property and joy riders in some areas. A number of participants mentioned that Walsall needed more indoor places for young people to go to keep them off the streets and out of trouble. Several mentioned that they used to go to youth clubs, but many had closed down.

Growing up connected

Where we live matters. Our local community can improve or blight our lives.

Violence is a public health issue. The experience of violence is linked to adverse outcomes. In the West Midlands, young people aged 10-24 are the age group most likely to victims of violence.

"I really don't like the area where I live (...close to Palfrey) as it no longer feels safe. It was fine when we first moved to the area 7 years ago but there have been lots of stabbings and robberies recently. It is quite scary as a lot of them happened on our road. I used to stay out till 10pm with my friends, but I don't do that now as it no longer feels safe."

Violence should not be the norm in our society neither should it be tolerated. Violence and the fear of violence is a major cause of ill health and poor wellbeing. In addition, it is a drain upon health services, the criminal justice system and the wider economy. Violence impacts dramatically upon those who experience it. Violence is strongly related to inequalities, with the poorest fifth of our society suffering rates of hospital admissions for violence five times higher than those of the most affluent fifth.

Research conducted by PHE shows that there is an overlap between specific groups who require intensive intervention from both the criminal justice system and the health system, namely:

- children who are maltreated
- women exposed to abusive relationships
- gang related youth violence
- violence involving alcohol or drug use

These groups therefore also impose a considerable financial burden not only across the criminal justice system, but also across the wider health economy.

Jade: "I would like to see more police patrols particularly in areas where there are schools. This would help to reduce the stabbings and fights between school kids."

Savannah: "I think crime stems from high school. Young people go from being innocent to developing bad habits in secondary school I think teachers need to be more aware and trained to spot these things."

What is happening in Walsall?

Ensuring that children live in a supportive environment with access to a range of experiences is critical. Most protective factors for mental wellbeing relate to aspects of children's lives that are not related to mental health services.

Walsall Council continue to develop programmes with the community at its centre. Resilient Communities, launched in 2018, aims to identify and build on the strengths of local communities. The focus is on prevention, and discovering ways in which health and social care professionals along with community groups and volunteers can work together to ensure people are provided with the right advice, support and opportunities needed to live an independent, healthy and active life. The Public Health team is an active partner in this initiative.

Walsall is part of the West Midlands Violence Prevention Network. Research suggests that Emergency Departments (EDs) are uniquely placed to offer early support to victims of violence. The ED can be a setting for partner organisations to intervene early and put in place interventions to reduce the risk of further violence⁴⁰. Sharing ED information with the police and other partners can contribute to effective violence prevention. Similar approaches taken elsewhere (such as Cardiff) have seen a significant reduction in hospital admissions for violence.

"As I don't have a male role model in my life, it would be great if Walsall Council could put me in touch with a Community Mentor who can take me out and help me with 'life skills (such as paying cash into my bank account etc.)"

40	Protecting people and promoting healthy lives in the West Midlands. An evidence based public health response to support violence reduction across West Midlands police force area, Public Health England, 2015.
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What we could do better

We have a duty to ensure that young people have an opportunity to contribute to their community and local area which can support in offering them a positive view of themselves and a respect for their identity and supports ensuring that their home environment is suitable and safe¹².

The Town Centre Masterplan and other planning developments help to create a safe, welcoming environment where children and young people can play, grow and learn. Currently, there has not been much engagement with children and young people to gain their views around the Town Centre Masterplan.

Recommendations:

Immediate

- Complete a self-assessment based on the National Youth Agency Hear by Right framework and work with partners including young people to develop an action plan to increase youth engagement.
- To work with young people, the Youth Justice service, Street Teams and the police to understand the real life impact of crime on our young people and identify actions which will reduce its impact.

Longterm

- Foster a culture of participation with young people, using their views to help shape the decisions made by organisations both within and outside of the Council whose actions affect their health and wellbeing.



Chapter 6 – My Future

Alex: “In the future, I would like to pass my Level 3 Sports course and my GCSE Maths and English. After this, I would like to become a Sports Development Officer or PE teacher. In order to achieve these things, I would like some work experience (as getting a job is very important to me). I am worried about putting together my CV and going for interviews (due to my Autism) so it would be good if Walsall Council could give me a chance without having to jump through ‘hoops’ to get there. I think the council should give kids more opportunities to get work experience, real work experience that gets you a job.”

When asked about what concerned young people in the future, the most frequently mentioned topics were doing well at school, passing exams and securing future employment. Children and young people with Special Educational Needs or Disability (SEND) or other complex needs appeared to be the most concerned. A few young people with SEND needs mentioned delays with setting up their Education, Health and Care (EHCP) plans.

On a positive note, the majority of young people were keen to do well at school, college or University and pass their exams. To help with this, some young people suggested that schools and colleges should offer more tuition or online support to help young people that were struggling in class or needed to catch up after sickness or other issues, such as course syllabus changes.

Ava: I would really like to go on University visits but only the top performing classes are allowed on these. I think if the school gave the other classes the opportunity too, more kids (including me) would feel more inspired to work harder and get better grades.”

Most young people had clear ideas about what they wanted to do in the future. This ranged from becoming a zoo vet, a social worker, opening a hair salon, to working in the medical profession as an operating department assistant. Interestingly, most of the jobs mentioned related to helping others or giving back to society. This was particularly the case amongst young people who had relied heavily on children’s services, or wanted to share their positive experiences with others such as going into foster care.

Ava: “I am currently studying A Level Sociology and English at Bloxwich Academy. After I finish this, I would like to train to become a support worker which specialises in young children or teenagers. I do not think young people always get the help they need whilst they are growing up.”

Roman: “I would like to go to university to study Psychology. I would like to do a PhD as well...After this, I would like to work in a school setting to help children with emotional needs or get a job in mental health nursing.”

Participants also recognised that in order to increase their chances of getting a job in their chosen field, work experience would be invaluable to them. Some young people also mentioned that they would like to see more careers advice in schools and colleges.

Young people also mentioned they would like their school or college to provide ‘life’ lessons to help with financial management, setting up a new business and buying a house.

What is happening in Walsall?

Destinations for Walsall students who leave school and college aged 16-18 years are similar to data at a national level, with around 80% of school leavers enter further or higher education or employment. Of those:



51% enter
further or
higher education



18% enter
employment



11% enter an
apprenticeship

Our numbers of young people 16-19 not in Education, employment or training in 2019 is lower than the national and regional averages (3.5% as opposed to 5.3% regionally and 5.5% in England).

Recommendations

Immediate

- Maximise the uptake of the Department of Work & Pensions (DWP) Kickstart scheme which is developing a number of high quality 6-month work placements for young people aged 16 to 24 claiming Universal Credit benefit and at risk of long term unemployment.
- To work with Education providers and young people to ensure that life lessons are offered in schools and that these meet the needs of young people.

Long Term

- To work with young people, employers and providers of further education to ensure that young people are given relevant and appropriate work experience with particular priority on children in and leaving care

What we will do next

Ava: "Finally, I would like the Council to listen to young people and involve teenagers in decision making going forward."

We have listened carefully to the comments, views and suggestions from some of our young people and compared this to what our local data has told us. Their responses have given us an insight into what it's really like to grow up in Walsall. We have considered what they have told us in light of what we already know about our population, the challenges the country as a whole are facing and the evidence for what works in improving health and wellbeing.

We have found that many of the challenges young people face are connected and interrelated. To improve outcomes for children as diverse as health and wellbeing, education, community connection and future employment involves working together on the same few root causes such as poverty and access to opportunities.

There has been ongoing good work by several teams working to improve young people's outcomes, such as Children's Services, School Nursing, Health Visiting and Early Help. Walsall's children have benefited from the delivery of well-received services and targeted interventions.

However, there is more work to be done.

Our overall aspiration is to work together across council teams and partners to **support all children in Walsall to have the best possible start and are safe from harm, happy, healthy and learning well and feel able to contribute to society as they leave education.**

To achieve this, we will focus on the following areas of action:

- **Ensure the child's voice is heard when making council decisions**
- **Improve the wellbeing of children and young people**
- **Respond to the Covid-19 pandemic with immediate and long term plans for support and recovery**
- **Ensure families are offered services that are effective, easy to access, and reach those who need it most**
- **Work collaboratively to mitigate effects of poverty and social deprivation on families and young people**



Summary of our recommendations:

Ensure the child's voice is heard when making council decisions

Immediate

- Complete a self-assessment based on the National Youth Agency Hear by Right framework and work with partners including young people to develop an action plan to increase youth engagement.
- Work with internal partners to develop an action plan to further develop youth engagement that will support young people participation in the recommendations listed in this Annual Report
- To work with young people, the Youth Justice service, Street Teams and the police to understand the real life impact of crime on our young people and identify actions which can reduce the impact

Longterm

- Foster a culture of participation with young people, using their views to help shape the decisions made by organisations both within and outside of the Council whose actions affect their health and wellbeing

Improve the wellbeing of children and young people

Immediate

- Advocate for Walsall's Health and Wellbeing Board members to prioritise mental wellbeing in young people.

Longterm

- Ensure the benefits of the Town Deal Fund are extended to other parts of the Borough in order to create vibrant, colourful gateways into district centres, working to improve play areas and create biodiversity programmes.
- Build in the promotion of good mental wellbeing into the work of all organisations that influence the lives of young people
- Ensure that the protective factors which impact on a healthy weight and mental wellbeing are set in place incorporating the contributions of the community, young people, the police, education and teams supporting parenting with choices maximised in the areas where there is greater need.
- Identify the wider teams who have an impact on community wellbeing; support them to understand their contribution and set the measures in place that will promote the wellbeing of children and young people ensuring that young people are part of the planning process

Respond to the Covid-19 pandemic with immediate and long term plans for support and recovery and support

Immediate

- Education partners to continue to prioritise good educational outcomes for all Walsall's children; pledging to not leave behind those with the least access to resources and those adversely impacted by the Covid-19 lockdowns.
- Partners supporting children to continue to ensure that Educational Health and Care Plans are not unduly delayed
- Use the political process to lobby central government for additional resources to support children with special educational needs including those with Social Emotional and Mental Health (SEMH) Needs based on their needs.

Longterm

- Support the children's services team to reduce all types of school absence, with particular attention to absences caused by poor mental health using understanding gained from young people who are missing school

Ensure families are offered services that are effective, easy to access, and reach those who need it most

Immediate

- The parenting team and those delivering parenting courses to understand the barriers to accessing parenting courses; update the borough-wide parenting strategy to reduce these barriers and create a unified message and offer of support to parents to maximise uptake of these courses
- Work with primary care and midwifery to understand the barriers to women quitting smoking both before and during pregnancy, maximise uptake of cessation services and thereby reduce the prevalence of smoking at birth
- Childrens Services to evaluate how effective the services targeted at families with specific needs are and whether the groups we most want to reach access these.

Work collaboratively to mitigate effects of poverty and social deprivation on families and young people

Immediate

- All those working with young children to actively promote access to early years education settings
- Design and implement a Walsall Food Plan and a Walsall Physical Activity Plan as part of Walsall's young person's strategy informed by young people's views

Longterm

- To work with Education providers and young people to ensure that life lessons are offered in schools and that these meet the needs of young people
- Ensure that all Walsall schools are signed up to the Walsall Healthy Schools programme.
- To work with young people, employers and providers of further education to ensure that young people are given relevant and appropriate work experience with particular priority on children in and leaving care
- Develop and implement a borough/ council-wide family poverty strategy, linking with the Walsall Strategic Economic Plan.
- Maximise the uptake of the Department of Work & Pensions (DWP) Kickstart scheme which is developing a number of high quality 6-month work placements for young people aged 16 to 24 claiming Universal Credit benefit and at risk of long term unemployment

Alex: *"I would like the Council and other organisations to make Walsall a more enjoyable place to grow up."*



Acknowledgments

I would like to thank both Jake and Courtney from Walsall College for their winning designs as front and back pieces for this annual report and their tutors for support in submission of designs

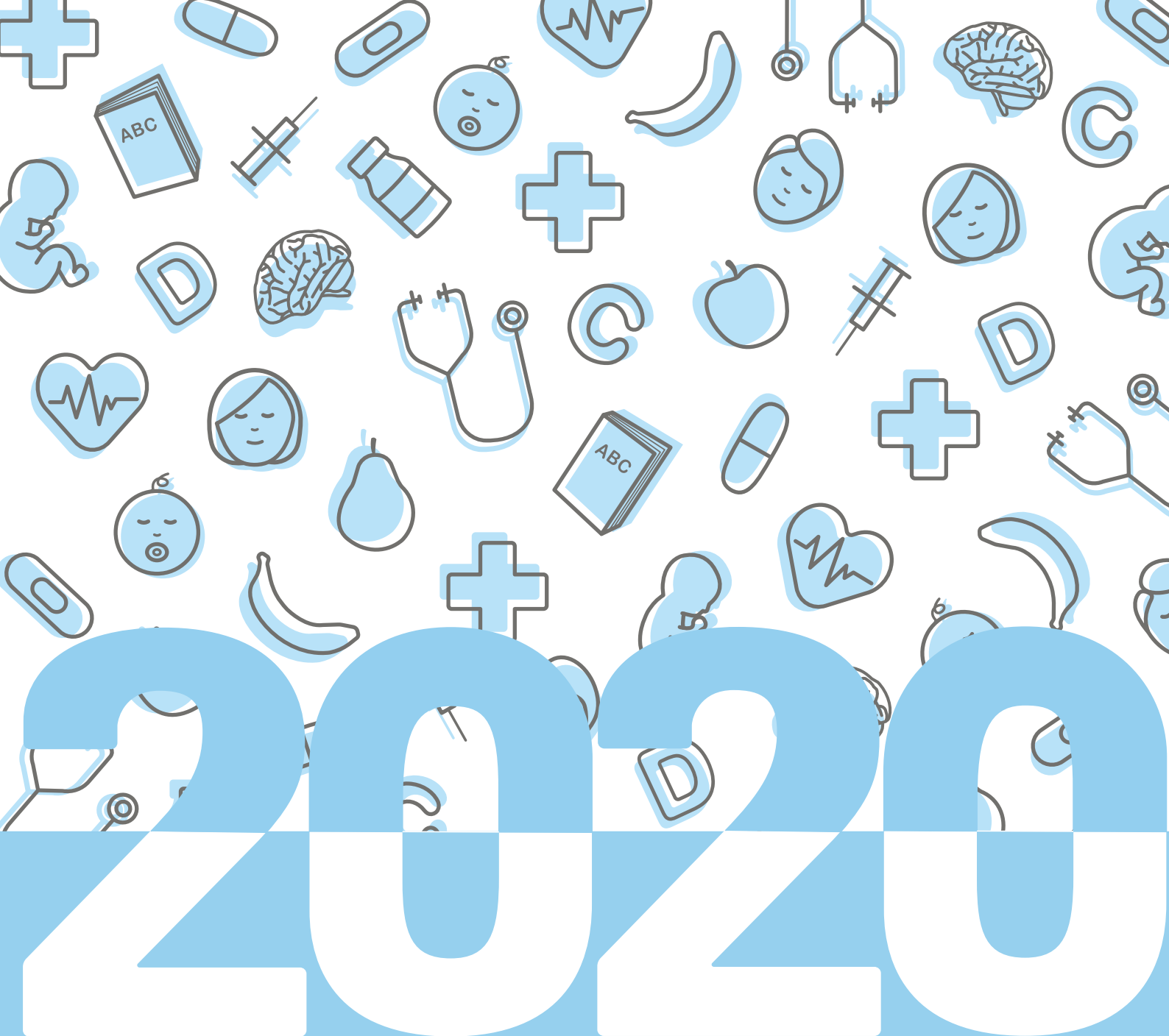
I would also like to thank the young people of Walsall who gave up their time over the summer and autumn of 2020 to undertake the research with MEL Research into what it is like to Grow up Walsall.

Finally I would like to thank my colleagues in Walsall Childrens Services for reading and supporting this report.

Runner up design-Courtney Stanley

Website is: <https://courtneystanley.myportfolio.com/>

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Children and Young People's Health in Walsall

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