

**Hartlepool Children and Young People Emotional
Mental Health and Emotional Mental Health and
Wellbeing
Needs Assessment 2023**

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1.0 Introduction

We all have mental health

Mental health, like physical health, is something that we all have. Our mental health can change from good to not so good to poor. In the same way that poor health can lead to a physical illness, poor mental health can lead to a mental illness.

The **World Health Organisation defines wellbeing** as¹:

"Mental health is not just the absence of mental disorder. It is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community."

There is acknowledgment that there are differences between mental health and emotional wellbeing however we know these are intrinsically linked. When thinking of 'mental health' we have daily mental health (stress, anxiety, changes in mood, etc.) that we all experience, and then we have mental health conditions like depression, BPD, PTSD, and bipolar, to name a few. When people talk about 'wellbeing', it's most likely that they're talking about the everyday sense of mental health, the things that people go through on a daily basis – such as workplace stress, feeling burnt out, or going through a difficult time emotionally. These are everyday things people can relate to and there are basic things people can do to support their wellbeing like; self-care, exercise, nutrition, connecting with people. However poor wellbeing can sometimes lead to the development of mental health problems if not prevented.

2.0 National and local context

National data from the **Mental Health of Children and Young People in England 2022² survey** stated that:

- In 2022, 18.0% of children aged 7 to 16 years and 22.0% of young people aged 17 to 24 years had a probable mental disorder.
- In children aged 7 to 16 years, rates rose from 1 in 9 (12.1%) in 2017 to 1 in 6 (16.7%) in 2020. Rates of probable mental disorder then remained stable between 2020, 2021 and 2022

- In young people aged 17 to 19 years, rates of a probable mental disorder rose from 1 in 10 (10.1%) in 2017 to 1 in 6 (17.7%) in 2020. Rates were stable between 2020 and 2021, but then increased from 1 in 6 (17.4%) in 2021 to 1 in 4 (25.7%) in 2022.
- 11 to 16 year olds with a probable mental disorder were less likely to feel safe at school (61.2%) than those unlikely to have a mental disorder (89.2%). They were also less likely to report enjoyment of learning or having a friend they could turn to for support.
- 1 in 8 (12.6%) 11 to 16 year old social media users reported that they had been bullied online. This was more than 1 in 4 (29.4%) among those with a probable mental disorder.
- 11 to 16 year old social media users with a probable mental disorder were less likely to report feeling safe online (48.4%) than those unlikely to have a disorder (66.5%).
- 1 in 5 (19.9%) 7 to 16 year olds lived in households that experienced a reduction in household income in the past year. This was more than 1 in 4 (28.6%) among children with a probable mental disorder.
- Among 17 to 22 year olds with a probable mental disorder, 14.8% reported living in a household that had experienced not being able to buy enough food or using a food bank in the past year, compared with 2.1% of young people unlikely to have a mental disorder

In Hartlepool

Factors contributing to poor mental health outcomes for children in Hartlepool:

- Hartlepool has the 10th highest proportion of LSOAs in the most deprived 10% in England. This is the 2nd highest position in both the North East and the Tees Valley.
- The level of children living in absolute low income families in Hartlepool has been significantly worse than the England average for the last eight years. Hartlepool's rate has been similar to the North East average during this period.
- When looking at increasing risk factors and adverse childhood experiences the data identifies children in Hartlepool who are at increased risk due to their socio economic disadvantage.
- A Wellbeing in Schools Report by Hartlepool Youth Service jointly with Hartlepool Youth Voice group survey stated that of 78% of students surveyed 58% of students said they were not aware of what mental health services their school or college offered. A further 22% cited exam stress and high expectations had a negative effect on their mental health.

3.0 Purpose/Aim of the needs assessment

This needs assessment collates existing data to better understand the social, economic and environmental factors that influence the mental health and wellbeing of children and young people and their families; to identify gaps in service provision across Hartlepool and make recommendations which will directly feed into the Children's Strategic Partnership.

4.0 Methodology of Needs Assessment

Multiple national and local data sources have been used for this needs assessment. Local data sources include:

- Health data
- Education data
- Social care data
- Fingertips data
- Census data
- Police and criminal justice data
- Local service providers data

5.0 National and local policy

National

The **NHS Long Term Plan**³ sets out a vision for the future of the NHS and new action in relation to children and young people aged 0-25. To deliver these, a Children and Young People Transformation programme was established, bringing together key partners and programmes responsible for the delivery of our Long Term Plan commitments.

NHS Long Term Plan Children and young people's mental health services⁴

Chapter 3.2 in the NHS Long Term Plan builds on The Five Year Forward view to make a new commitment that funding for CYP MH services will grow faster than overall NHS funding and total mental health spending focusing on; Expanding access to community-based mental health services for CYP via NHS or school or college-based Mental Health Support Teams to Boost investment in CYP eating disorder services; Expanding CYP age-appropriate crisis services; Embedding mental health support in schools and colleges; A new approach to young adult MH services for people aged 18-25 to support the transition to adulthood.

Implementing the Five Year Forward View for Mental Health⁵ has made a case for transforming mental health care in England. The plan set out priorities specifically it set out a children and young people's priority stating that By 2020/21, there will be a significant expansion in access to high-quality mental health care for children and young people. At least 70,000 additional children and young people each year will receive evidence-based treatment – representing an increase in access to NHS-funded community services to meet the needs of at least 35% of those with diagnosable mental health conditions.

Mental Health of Children and Young People in England 2021 - wave 2 follow up to the 2017 survey⁶ This report presents findings from the third (wave 3) in a series of follow up reports to the 2017 Mental Health of Children and Young People (MHCYP) survey, conducted in 2022. The sample includes 2,866 of the children and young people who took part in the MHCYP 2017 survey.

The mental health of children and young people aged 7 to 24 years living in England in 2022 is examined, as well as their household circumstances, and their experiences of education, employment and services and of life in their families and communities.

Comparisons are made with 2017, 2020 (wave 1) and 2021 (wave 2), where possible, to monitor changes over time.

The government's response to the **Health and Social Care Committee report: children and young people's mental health March 2022**⁷. The Committee's inquiry examined evidence relating to problems facing children and young people's mental health services; the impact that the pandemic has had on access to children and young people's mental health services; the role of inpatient care for children and young people; the mental health and wellbeing support currently available in education settings, setting out conclusions and recommendations.

The **NHS England New Mental Health support in schools and colleges and faster access to NHS care 2018**⁸ Sets out two main commitments from the NHS long term plan to improve mental health support in colleges include:

- Mental Health Support Teams – delivered jointly with the DfE
- Trialling a four week waiting time for specialist NHS CYP MH services

'Feeling heard': partner agencies working together to make a difference for children with mental ill health 2020⁹. A summary of findings from the governments joint targeted area inspections of how multi-agency partnerships identify and respond to children with mental ill health.

Family Hubs and Start for Life programme¹⁰ this programme aims to join up and enhance services delivered through transformed family hubs in local authority areas, ensuring all families can access the support they need.

The programme will:

- provide support to parents and carers so they are able to nurture their babies and children, improving health and education outcomes for all
- contribute to a reduction in inequalities in health and education outcomes for babies, children and families across England by ensuring that support provided is communicated to all parents and carers, including those who are hardest to reach and/or most in need of it
- build the evidence base for what works when it comes to improving health and education outcomes for babies, children and families in different delivery contexts

HeadStart¹¹ was a six-year, £67.4 million National Lottery funded programme set up by The National Lottery Community Fund. The final evaluation report published in May 2023¹² looked at evaluating the impact of a range of interventions aimed at improving the mental health and wellbeing of young people aged 10–16 and prevent serious mental health issues from developing.

Local

The Hartlepool **Health and Wellbeing Strategy**¹³ states that ‘All children and young people living in Hartlepool should have the best start in life’.

The **North East and North Cumbria ICS/ICB Strategic Plan**¹⁴ sets out four key goals one of which is to give children and young people the best start in life.

The **Director of Public Health Annual Report 2022**¹⁵ states that ‘Giving children the best start in life is vital, since experiences during pregnancy and in childhood can significantly affect wellbeing and opportunities over the whole of a person’s life and even in the next generation. Giving children the best start in life involves helping a child grow up healthy and reach their potential. It can include supporting healthy pregnancy, breastfeeding, play, learning, healthy food, good relationships with parents/carers and protecting children from harms (e.g. smoke, alcohol, drugs, serious illnesses and poverty)’.

The **Hartlepool Borough Council Plan 2021/22-2023/24**¹⁶ sets out a vision for Hartlepool to be a place where people are enabled to live healthy, independent and prosperous lives. In particular the plan makes reference to:

- There is improved mental, emotional and social wellbeing

Hartlepool Drug and Alcohol Strategy 2023-2028¹⁷ sets out a vision to “Work together to ensure Hartlepool communities are; safe from drug and alcohol related harms; have access to timely and effective support and treatment including supporting people’s physical and mental health and wellbeing and to support the work to tackle drug and alcohol related crime.

6.0 The impact of COVID-19 on CYP mental health and wellbeing

A COVID-19 mental health and wellbeing surveillance: report released in April 2022¹⁸ provided evidence which suggests that some children and young people’s mental health and wellbeing has been substantially impacted during the pandemic.

National data collected between February and March 2021 shows that rates of probable mental disorder in children and young people have increased between 2017 and 2021 (rates identified in 2020 were similar to 2021). In 6 to 16 year olds, rates had increased from 11.6% to 17.4%, among 17 to 19 year olds, rates had increased from 10.1% to 17.4%.

Additionally, the proportion of children and young people with possible eating problems also increased. Among 11 to 16 year olds, the proportion increased from 6.7% in 2017 to 13% in 2021, among 17 to 19 year olds the proportion increased from 44.6% in 2017 to 58.2%.

7.0 Data - Hartlepool Demographics

Hartlepool has a working aged population of 58% of the total population broken down into: children 0-15years, working age 16-64years and older population 65+years.

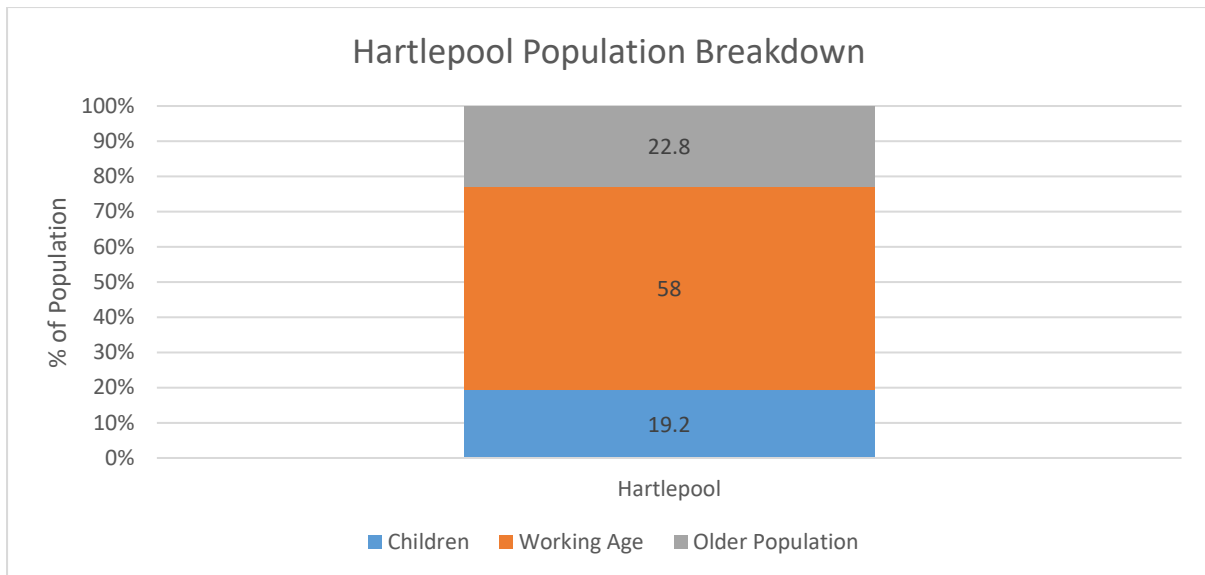


Figure 1 Hartlepool population breakdown. Source: ONS 2022 (2020 Estimate)

The remaining population is split with a slightly larger older population, 22.8% to 19.2% for children.

Within the individual wards in Hartlepool, Manor House has the largest proportion of children in its population, 24.2%, and Fens & Greatham the smallest, 13.8%.

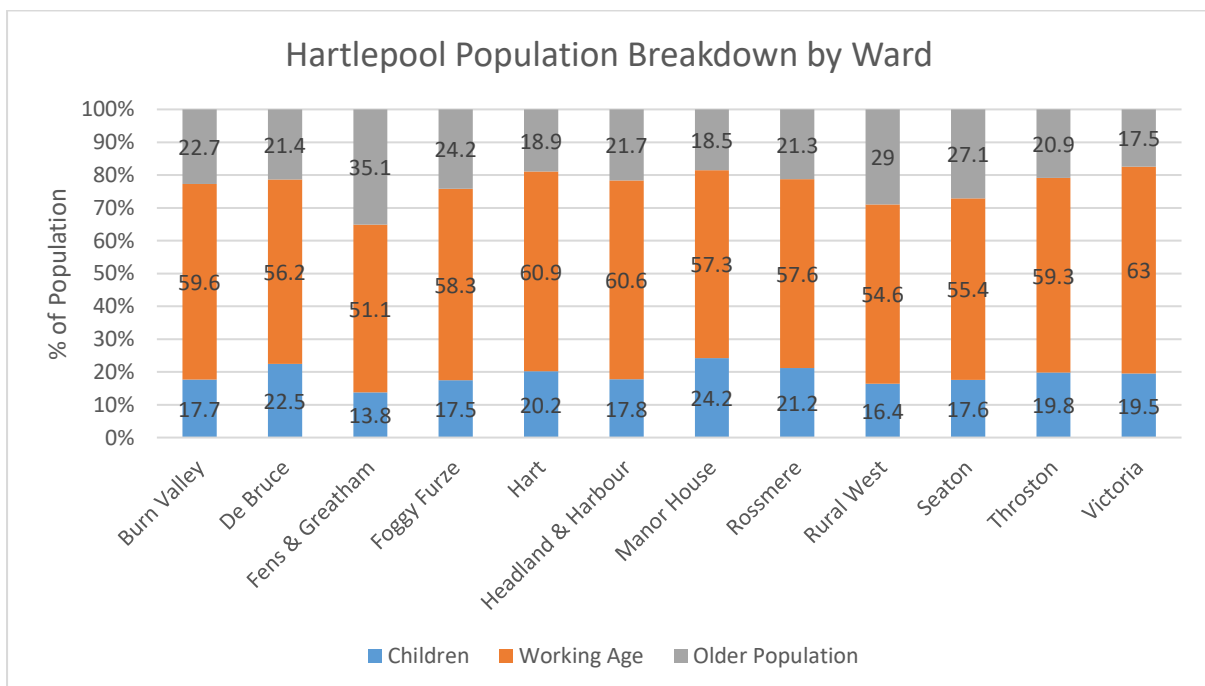


Figure 2 Hartlepool Population Breakdown by Ward. Source: ONS 2022 (2020 Estimate)

Hartlepool’s population is 51% female and 49% male in the latest population estimate.

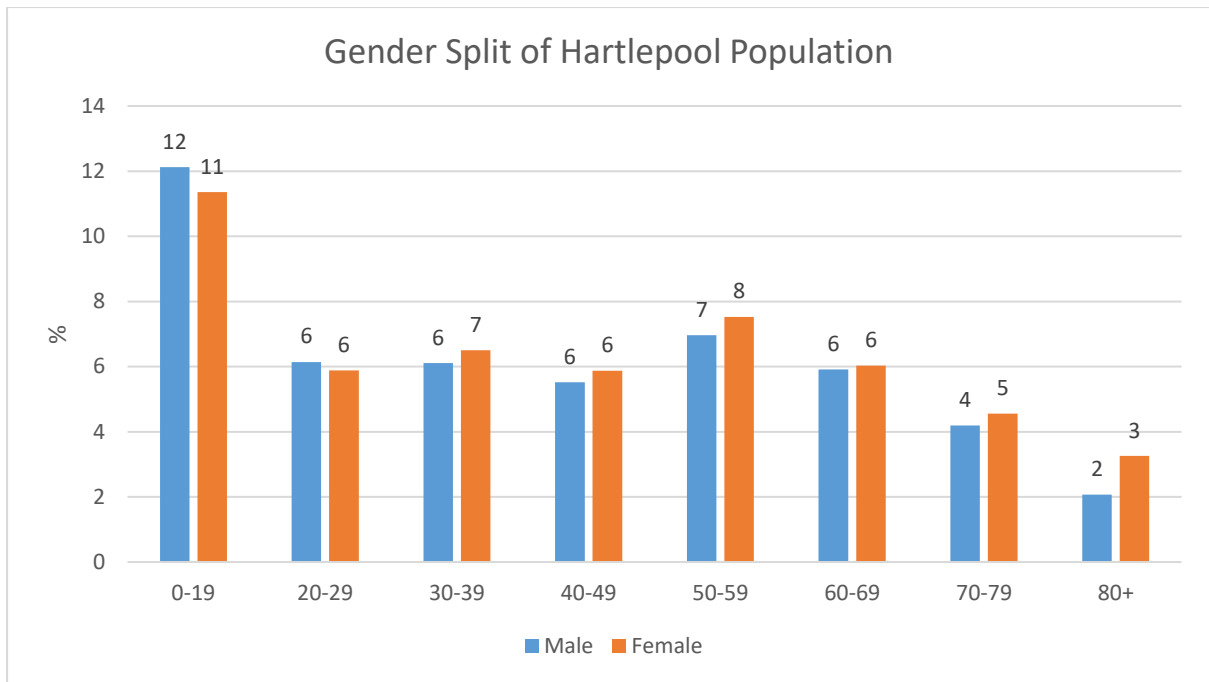


Figure 3 Gender Split of Hartlepool Population. Source: ONS 2022 (2020 Estimate)

The proportion for each gender is with 1% of each other for every age group.

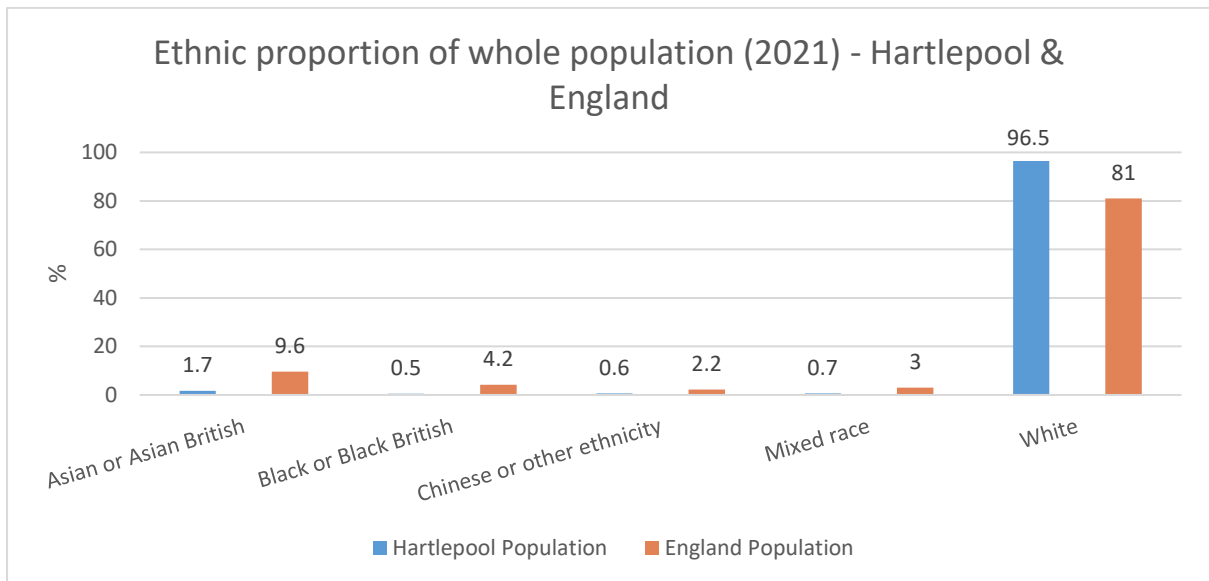


Figure 4 Ethnic proportion of whole population (2021) - Hartlepool & England. Source: Census 2021

Hartlepool's population identifies as white to a very large majority. Of the 3.5% of Hartlepool's population who don't identify as white, almost half identify as Asian or Asian British, with no other ethnicity accounting for even 1% of the Hartlepool population. This is in contrast to the England population as a whole, where each of the non-white ethnic categories, Asian and Asian British, Black or Black British, Chinese or other ethnicity, and mixed race, account for at least 2.2%, and up to 9.6% for Asian and Asian British.

Population changes

Population growth in Hartlepool in the time between the Census in 2011 and 2021 has seen an increase in the proportion of the population in Hartlepool within the older age groups, and a decrease in the children and young people aged populations.

Population change (%) by age group in Hartlepool, 2011 to 2021

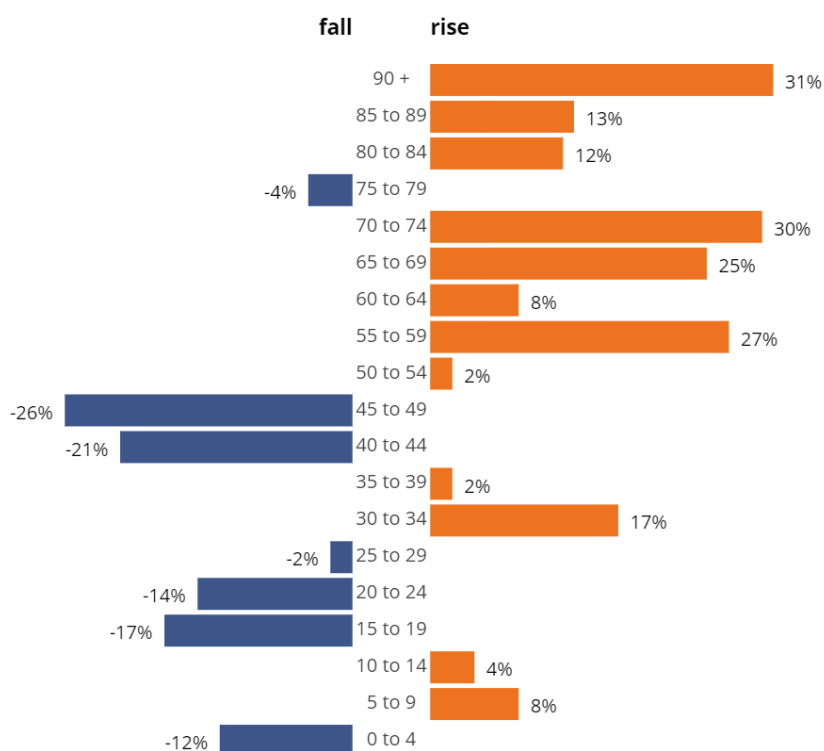
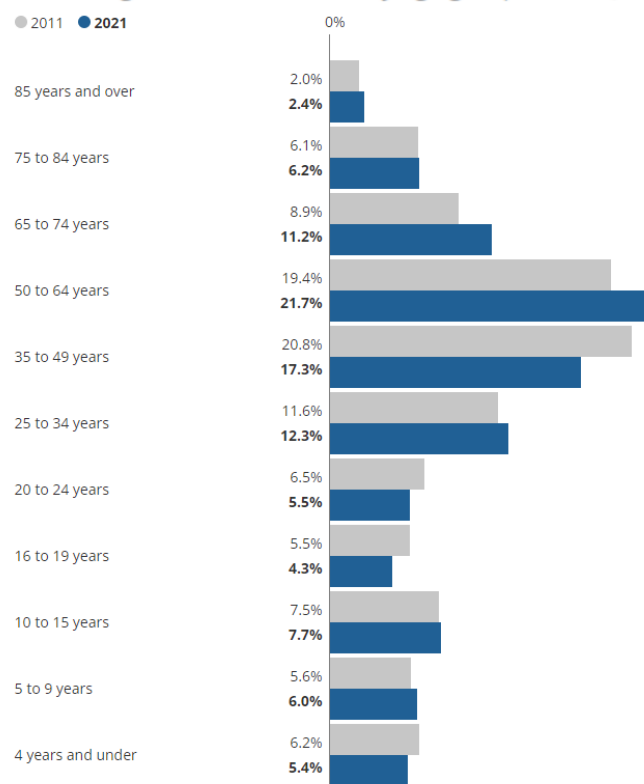


Figure 5 Population change (%) by age group in Hartlepool, 2011 - 2021. Source ONS, 2022

Percentage of usual residents by age group, Hartlepool



Source: Office for National Statistics – 2011 Census and Census 2021

Figure 6 Percentage of usual residents by age group, Hartlepool. Source ONS, 2022

In 2011 the population of Hartlepool aged below 25 was 31.1%, by 2021 this had fallen to 28.9% a fall of 7.7%. Only two of the 5 age brackets up to 24 years underwent an increase in proportion for the 2011 census to the 2021 census, 5-9 and 10-14 years. By contrast seven of the 8 oldest age categories increased their proportion of the population from 2011 to 2021, showing that Hartlepool has an ageing population compared to its 2011 figures.

Sexual Identity 16-24 years

The ONS Annual population survey asks for respondents to specify their sexuality, from choices of heterosexual or straight, gay or lesbian, bisexual, other, don't know or refuse. The data released in for 2020 had a breakdown for those aged 16-24 as follows:

Sexual Identity	2020
Heterosexual or straight	87.3
Gay or lesbian	2.7
Bisexual	5.3

Other	1.3
Don't know or refuse	3.4

Table 1 Sexual identity of those aged 16-24 in Hartlepool. Source ONS APS 2022

If this is used as a proxy measure to find the numbers as they would relate to Hartlepool, then this is how they would be:

Hartlepool Sexual Identity	2020
Heterosexual or straight	8028
Gay or lesbian	248
Bisexual	487
Other	120
Don't know or refuse	313

Table 2 Proxy Measures

This would give Hartlepool a population of 855 individuals aged 16-24 whose sexuality is not heterosexual, and a further 313 where their sexuality is unknown.

Deprivation

In the Index of Multiple Deprivation (IMD) 2019, Hartlepool has the 10th highest proportion of LSOAs in the most deprived 10% in England. This is the 2nd highest position in both the North East and the Tees Valley. Hartlepool is 10th nationally, for both the rank of average score and the rank of local concentration. Both of these are again the 2nd highest in North East and 2nd highest in Tees Valley. For the rank of extent Hartlepool is 14th nationally, which is again the 2nd highest in both the North East and the Tees Valley.

Ranks of Percentage of LA's LSOAs within most deprived 10% (out of 317 LAs)

	2010	2015	2019
Darlington	45	58	47
Hartlepool	10	10	10
Middlesbrough	1	1	1
Redcar & Cleveland	36	33	29
Stockton-on-Tees	57	47	39

Table 3 Ranks of Percentage of LA's LAOs within the most deprived 10%. Source: TVCA

Across the Tees Valley there has been a general increase in deprivation with each subsequent IMD.

	Rank of Average Score	Rank of Average Rank	Rank of Local Concentration	Rank of Extent
IMD 2019				
Darlington	77	103	32	66
Hartlepool	10	25	10	14
Middlesbrough	5	16	3	6
Redcar & Cleveland	40	62	11	43
Stockton-on-Tees	73	113	24	59
IMD 2015				
Darlington	97	122	50	84
Hartlepool	18	32	14	17
Middlesbrough	6	16	2	5
Redcar & Cleveland	49	78	15	48
Stockton-on-Tees	88	130	27	69
IMD 2010				
Darlington	75	104	34	65
Hartlepool	24	30	13	21
Middlesbrough	8	27	5	9
Redcar & Cleveland	48	71	17	49
Stockton-on-Tees	100	137	32	75

Table 4 IMD across Tees. Source: TVCA

The difference between the rankings for Rank of Average Score and Rank of Average Rank, and Rank of Local Concentration and Rank of Extent highlight that the Tees Valley is an area of highly polarised distribution of deprivation.

Distribution across the deprivation deciles in the Tees Valley shows alongside Middlesbrough, Hartlepool has a higher proportion of those in the most deprived deciles than the other areas of the Tees Valley.

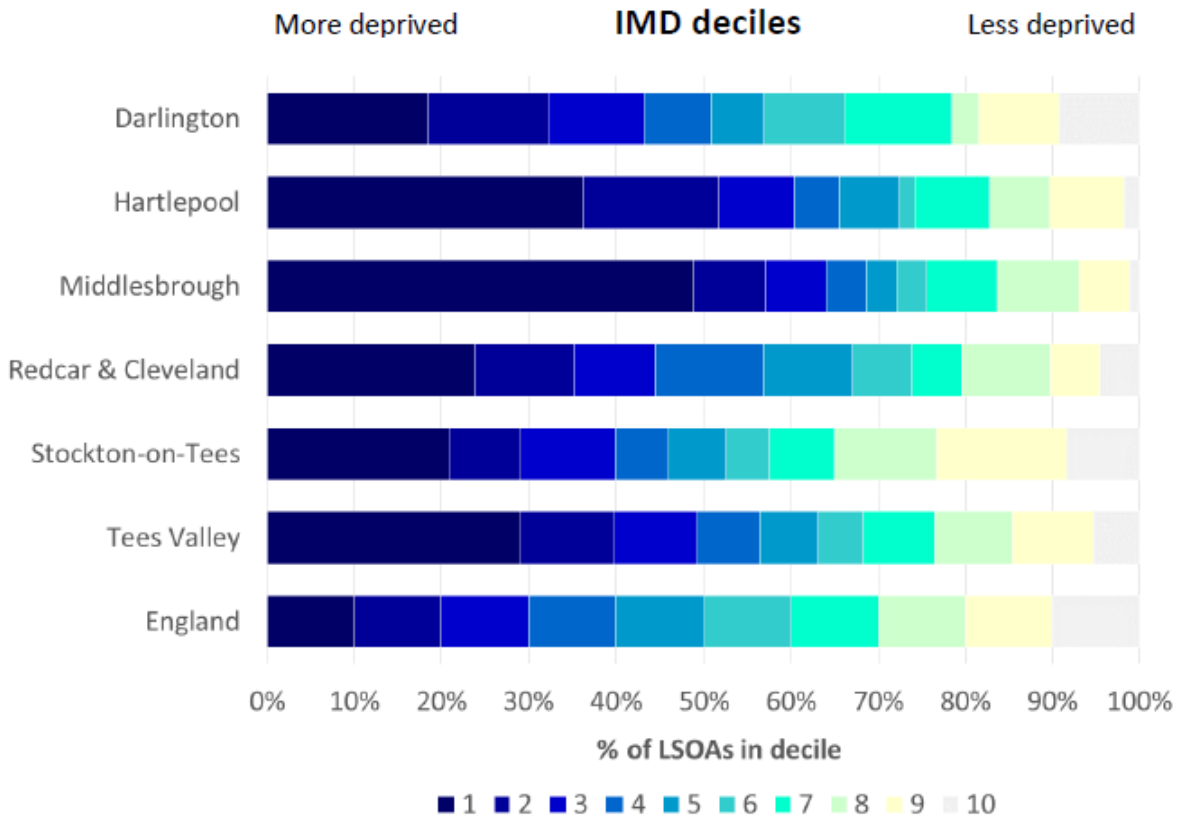


Figure 7 Percentage of LSOAs in Decile across Tees. Source: TVCA

The map below show the geographical distribution of the deprivation deciles in Hartlepool.

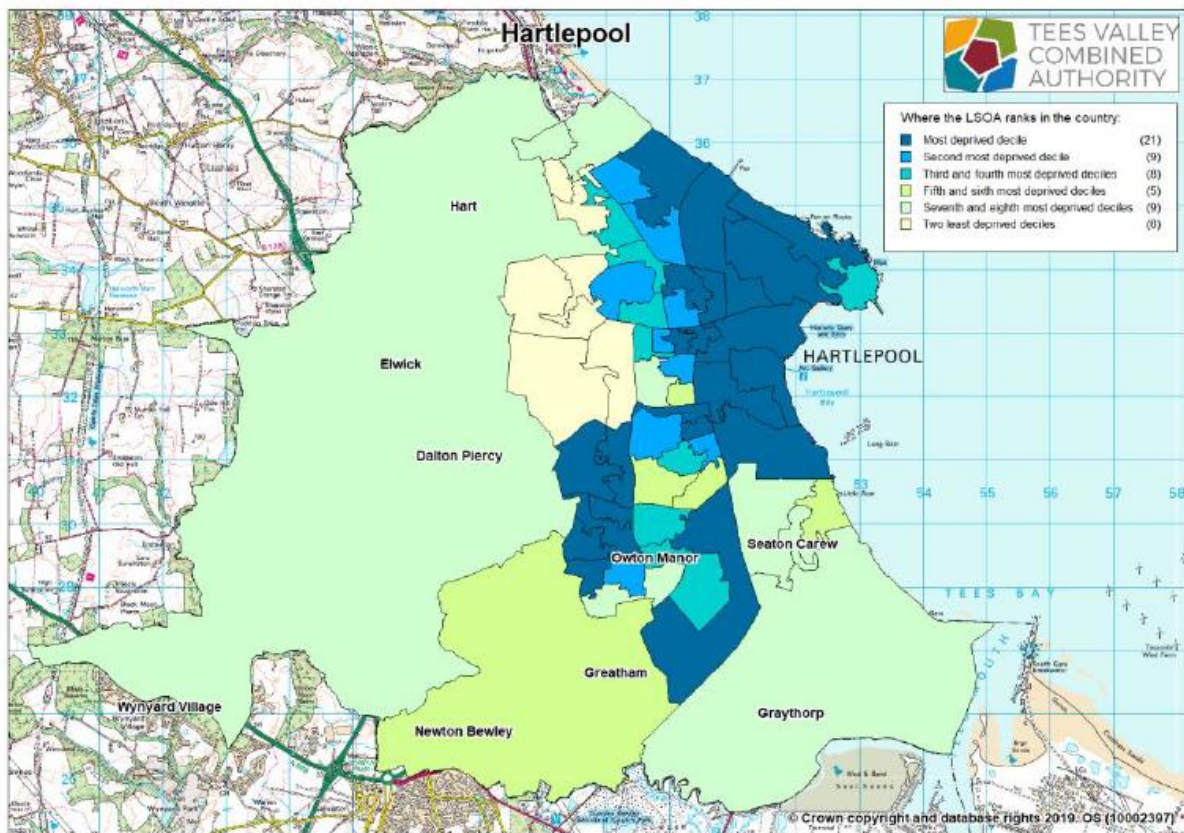


Figure 8 Map showing the geographical distribution of deciles in Hartlepool. Source; TVCA

For comparison, the geographical distribution of the deprivation deciles in the wider Tees Valley area is shown below.

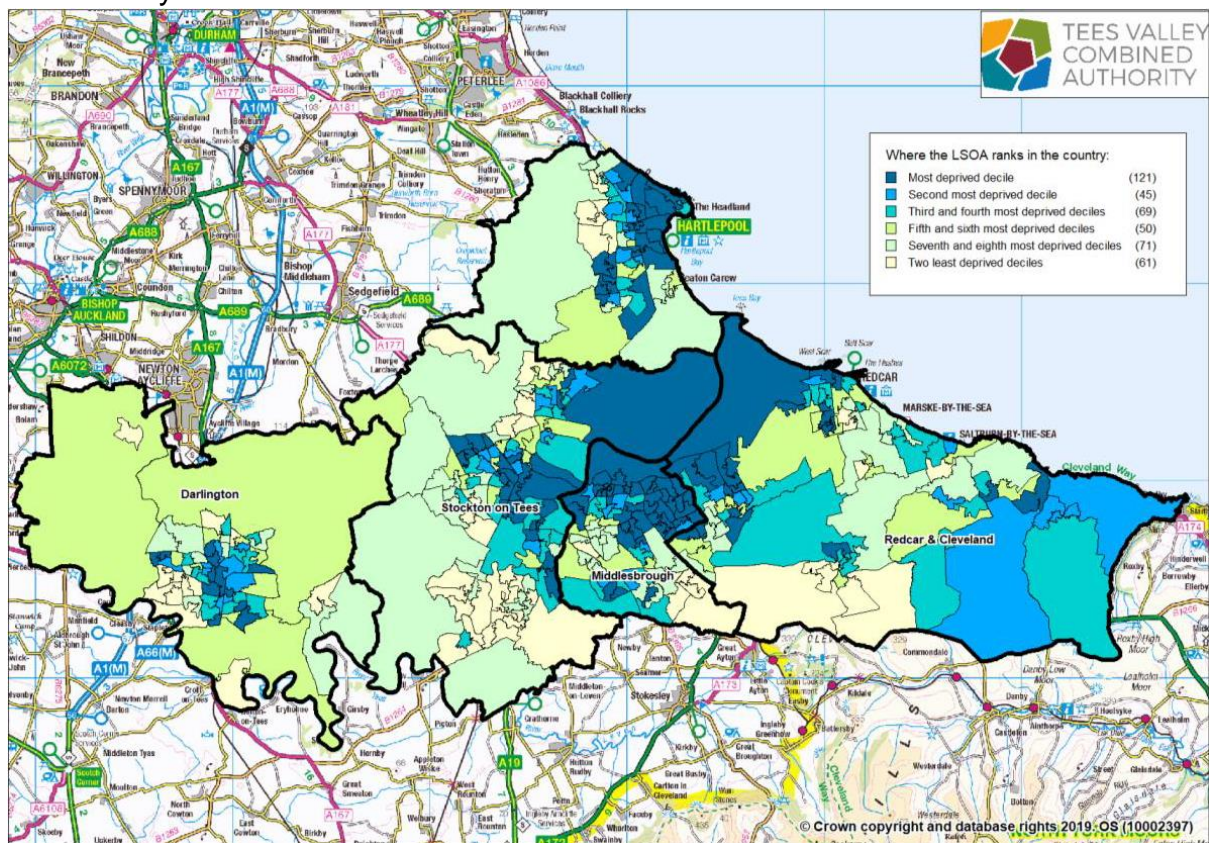


Figure 9 Map showing geographical distribution of deciles across the wider Tees Valley. Source: TVCA

Across the wider North East geography, Hartlepool is the 2nd most deprived local authority for five domains. These are overall, income, employment, health and crime. Hartlepool ranks as the 3rd most deprived local authority in the North East for education, and the 7th most deprived for barriers to housing and living environment. Within the wider North East geography a similar picture appears for Hartlepool as within the Tees Valley area. Hartlepool is the second most deprived local authority in the North East for both the Rank of Average Score and the proportion in the 10% most deprived. However for the % of LSOAs in the 10% least deprived there three North East local authorities who perform worse than Hartlepool, and for those in the 20% least deprived there are five North East local authorities who perform worse than Hartlepool. This again show that the level of inequality in Hartlepool is much more pronounced in Hartlepool.

North East Authorities	IMD Rank based on the proportion of the Local Authority in the most deprived 10% nationally (IMD 2019)	IMD Rank based on the average score (IMD 2019)	% of LSOAs in the Local Authority that are in the 10% most deprived nationally (IMD 2019)	% of LSOAs in the Local Authority that are in the 20% most deprived nationally (IMD 2019)	% of LSOAs in the Local Authority that are in the 10% least deprived nationally (IMD 2019)	% of LSOAs in the Local Authority that are in the 20% least deprived nationally (IMD 2019)
Sunderland	34th	35th	22.70%	40.54%	0.54%	4.32%
Middlesbrough	1st	5th	48.84%	56.98%	1.16%	6.98%
South Tyneside	26th	27th	24.51%	45.10%	0.98%	9.80%
Redcar	29th	40th	23.86%	35.23%	4.55%	10.23%
Gateshead	51st	47th	16.67%	31.75%	3.97%	10.32%
Hartlepool	10th	10th	36.21%	51.72%	1.72%	10.34%
Durham	71st	62nd	12.04%	33.33%	3.70%	10.80%
Newcastle	23rd	41st	25.71%	39.43%	9.71%	17.14%
Darlington	47th	77th	18.46%	32.31%	9.23%	18.46%
Northumberland	75th	116th	11.68%	20.30%	9.64%	20.30%
Stockton	39th	73rd	20.83%	29.17%	8.33%	23.33%
North Tyneside	85th	111th	9.16%	20.61%	13.74%	24.43%

Table 5 IMD across the North East Region. Source: LSOA

Analysis of the data at LSOA level shows that inequality is increasing within Hartlepool. In 2015 the most deprived and least deprived areas in Hartlepool were ranked 208th and 29,627th respectively. This give Hartlepool a range of 29,419 places from its most deprived to its least deprived. In 2019 the most deprived and least deprived were ranked, 111th and 30,400th, a range of 30,289 places.

Hartlepool has increased the percentage of LSOAs in the most deprived 10% nationally, from 33% in 2015 to 36% in 2019. Of Hartlepool's 58 LSOAs, 46 of them are relatively more deprived in 2019 than in 2015. An increase in relative deprivation of more than 1,000 places has occurred for 21 LSOAs, with the largest increase moving of 5,784 places. Conversely, of the 12 LSOAs that have improved their relative deprivation, four areas have improved by more than 1,000 places, with the largest improvement producing an uplift of 2,581 places. The domain which has produced the largest negative impact on relative deprivation is crime, where 55 of the 58 LSOAs have increased their relative deprivation. Here 51 of the 58 LSOAs have increased their relative deprivation by more than 1,000 places, with seven

areas increasing their relative deprivation by at least 10,000 places. The largest increase produced a movement of more than 13,000 places.

	Index of Multiple Deprivation (IMD)	Income	Employment	Education, Skills and Training	Health Deprivation and Disability	Crime	Barriers to Housing and Services	Living Environment
% of LSOAs improving	21	22	48	60	53	5	24	67
% of LSOAs declining	79	78	52	40	47	95	76	33
% of LSOAs in most deprived 10%	36	38	43	21	36	33	0	0

Table 6 Percentage of LSOAs improving and declining.

Across the domains only education, health and living environment saw more LSOAs improving their national standing than declining. Employment is the domain where Hartlepool has the largest proportion of areas in the most deprived 10% nationally. Barriers to housing and living environment both have 0 areas in the most deprived 10% nationally, though while living environment saw more LSOAs improve than decline, barriers to housing had three quarters of the LSOAs declining in their national rank.

The bottom 10 and top 10 deprived LSOAs in Hartlepool are shown below, with their decile for each of the domains, where decile 1 is in the 10% most deprived nationally:

(LSOA) Code	Name	IMD Rank	IMD	Income	Employment	Education	Health	Crime	Barriers	Living
E01011994	Headland & West View F	111	1	1	1	1	1	1	3	10
E01011973	Harbour & Victoria A	155	1	1	1	1	1	1	9	6
E01011978	Owton Manor D	194	1	1	1	1	1	1	8	9
E01012000	Old Town & Grange E	209	1	1	1	1	1	1	3	10
E01011999	Old Town & Grange D	430	1	1	1	1	1	1	9	3
E01011950	Foggy Furze A	527	1	1	1	1	1	1	10	3
E01011992	Headland & West View D	571	1	1	1	2	1	1	8	8
E01011976	Harbour & Victoria D	831	1	1	1	2	1	1	10	4
E01011955	Jesmond A	848	1	1	1	2	1	1	7	9
E01033466	Jesmond I	881	1	1	1	1	1	1	6	9
E01011960	The Fens, Elwick & Hart B	23195	8	7	5	8	4	9	8	10
E01011970	Clavering C	25000	8	8	6	9	5	8	5	10

E01011997	Seaton Carew C	25228	8	8	8	8	5	6	6	10
E01011965	Wooler Road A	25734	8	8	7	10	4	5	9	10
E01033465	Clavering F	26304	9	8	7	9	6	6	5	10
E01011983	Wooler Road C	27613	9	8	8	9	7	6	5	10
E01011971	Clavering D	27780	9	9	8	9	5	9	4	10
E01012003	The Fens, Elwick & Hart F	27990	9	9	8	9	5	8	7	10
E01011982	The Fens, Elwick & Hart E	28897	9	10	9	10	6	7	4	10
E01012005	The Fens, Elwick & Hart G	30400	10	10	8	9	8	8	6	10

Table 7. LSOA Breakdown

At these extreme ends of Hartlepool's deprivation it is clear that Hartlepool's deprivation inequality runs through the full spectrum of deciles. Of the most deprived 10 LSOAs in Hartlepool, seven are in the most deprived 10% nationally for income, employment, education, health and crime. Barriers to housing and living environment are very much outliers within Hartlepool's standings. In both of these areas which had predominantly been in the most or second most deprived decile are sitting in decile 10, the 10% least deprived nationally. For living environment five of the 10 most deprived areas are in the least deprived 20% nationally, and all 10 of Hartlepool's least deprived areas are in the least deprived 10% nationally, this is the only domain where all 10 of Hartlepool's least deprived areas are in the least deprived 10% nationally.

Children living in poverty

Employment status – 16+

Hartlepool has almost 50% (49.3%) of its population employed in some form, full time, part time or self-employed.

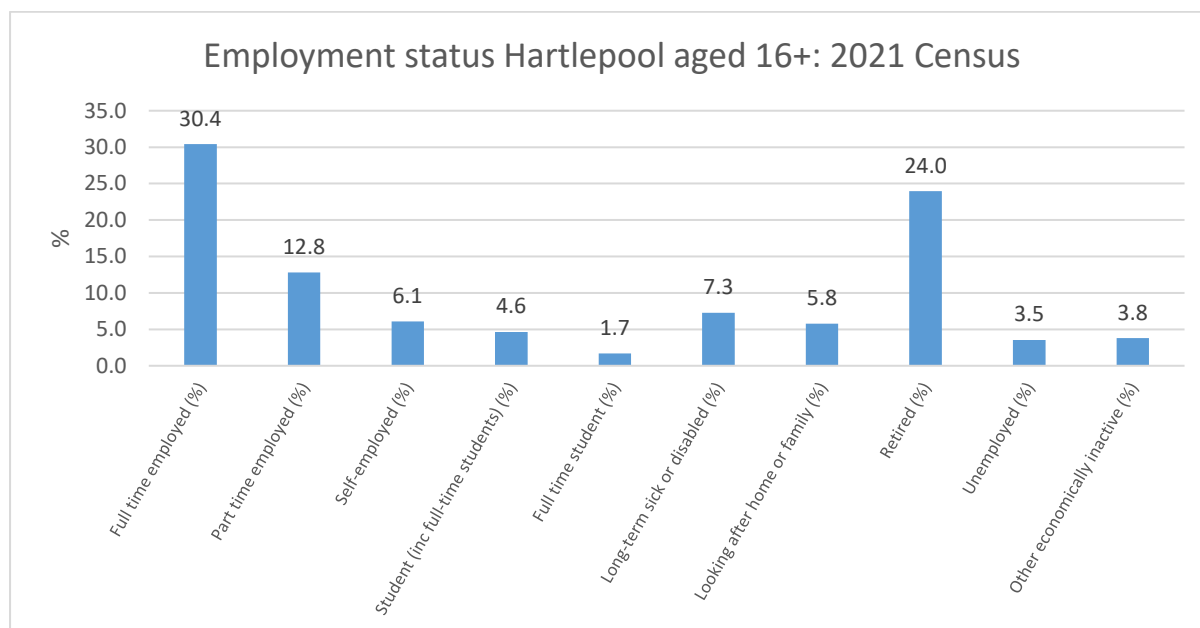


Figure 10 Employment status Hartlepool age 16+. Source: Census 2021

Almost a quarter of the population (24%) are retired, and almost 1 in 13 people (7.3%) are long term sick or disabled. Unemployment and economic inactivity accounts for 7.2% of the population, which is again roughly 1 in 13 people.

The level of children living in absolute low income families in Hartlepool has been significantly worse than the England average for the last eight years. Hartlepool's rate has been similar to the North East average during this period.

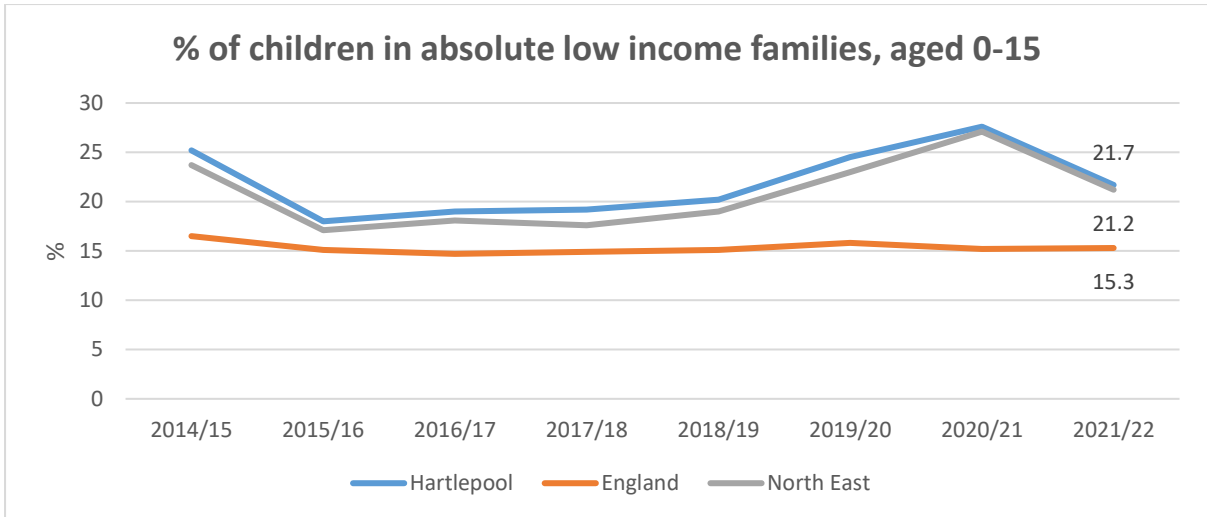


Figure 11 Percentage of children in absolute low income families aged 0-15. Source: Department for Work and Pensions, 2023

The data for 2021/22 shows the gap between Hartlepool and England is at its lowest since 2018/19, however this has followed, in 2020/21, the largest gap between Hartlepool and England.

For children in relative low income families, Hartlepool is again similar to the North East average, and worse than the England average, across an eight year period.

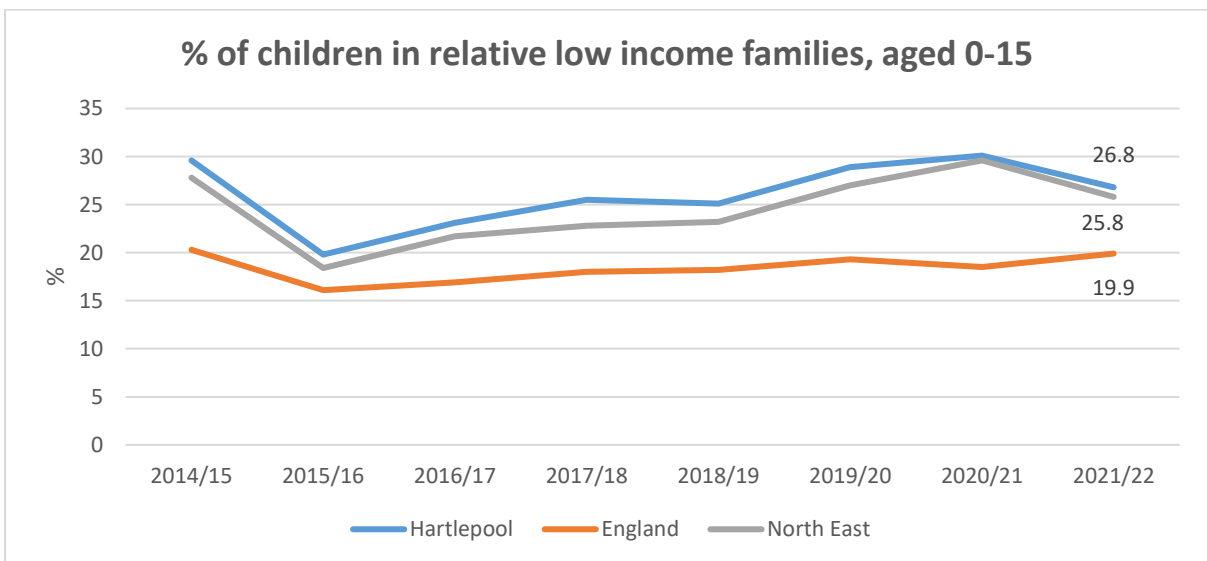


Figure 12 Percentage of Children in Relative low income families aged 0-15. Source: Department for Work and Pensions 2023

The gap between Hartlepool and England in 2021/22 is at its lowest level since 2015/16, but is still over a third higher than the England average.

Within Hartlepool the ward with the largest numbers of children living in low income families are Manor House, De Bruce Victoria and Rossmere, with each of these wards having more than 750 children living in some level of low income families. The difference between Manor House, the ward with the largest number of children in low

income families, and Rural west, the ward with the smallest number, is almost 8.5 times larger.

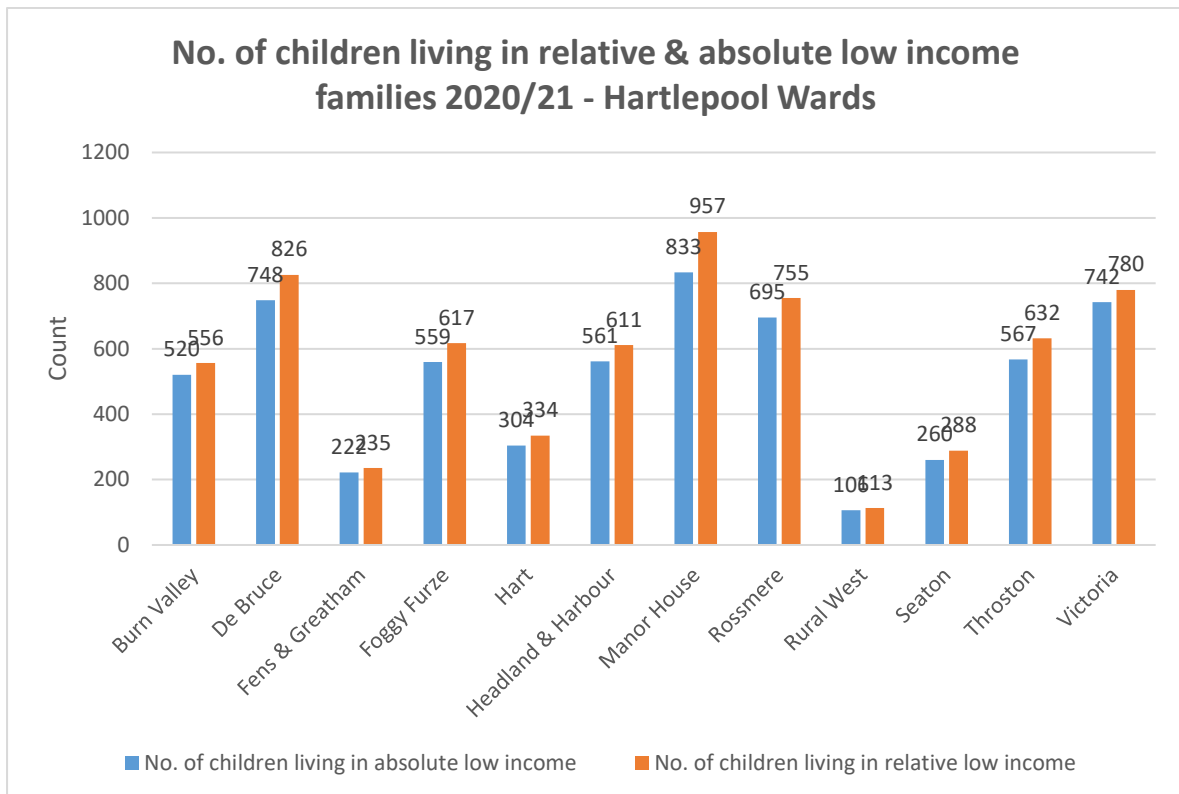


Figure 13 Number of Children living in relative and absolute low income families 2020/21 (Hartlepool Wards). Source: Department for work and pensions 2023

Within Hartlepool, the area with the largest proportion of parental unemployment or long term illness is Manor House, 17.6%, closely followed by De Bruce, 17.1%.

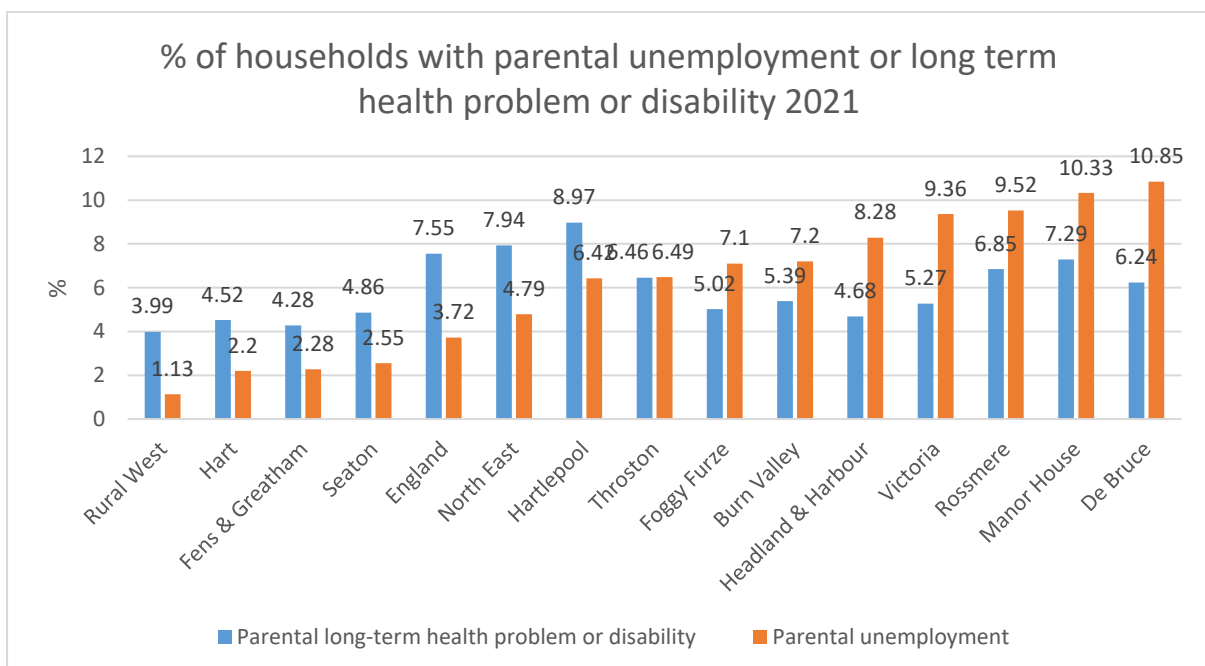


Figure 14 Percentage of households with parental unemployment or long-term health problem or disability 2021. Source: Census 2021

Rural West, Hart and Fens & Greatham are the wards with the lowest proportions of parental unemployment or long term illness. All of Hartlepool's wards have a smaller proportion of parental long term illness and the England and North East averages, but only four wards, Rural West, Hart, Fens & Greatham and Seaton, are below England or the North East for parental unemployment.

Children and Young People's Living Situation

Within Hartlepool, the area with the largest proportion of lone parent households is Manor House, where more than 1 in 5 household, 22.1%, are lone parent households.

Proportion of lone parent households - Wards of Hartlepool 2021

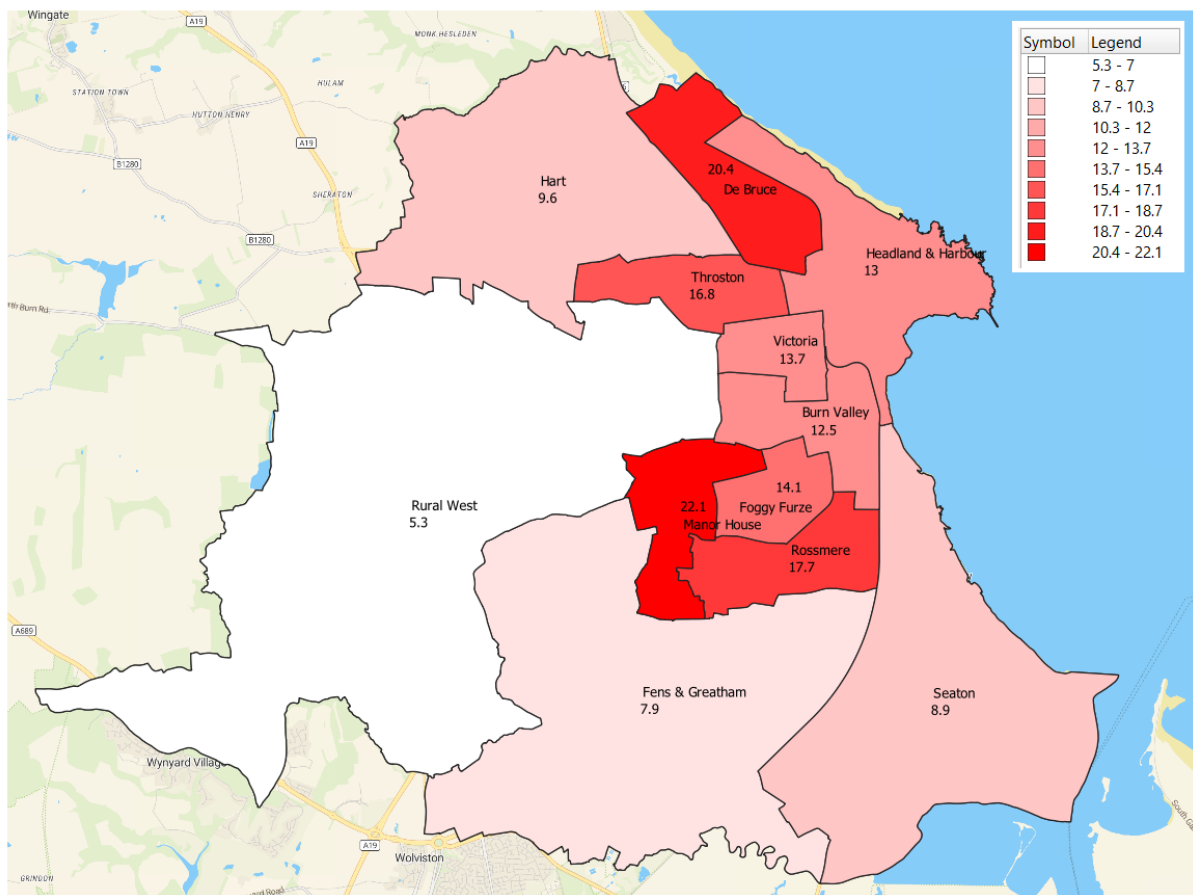


Figure 15: Proportion of lone parent households - Wards of Hartlepool 2021. Source: Census 2021

A further three wards, Rossmere, Throston and De Bruce have lone parent rates above 1 in 6. The ward with the lowest rate, Rural West, 5.3%, has a rate that is more than four times smaller than that of Manor House. The wards with the lowest levels of deprivation are also the wards with the lowest rates of lone parents.

Homelessness – with Dependent Children

Homelessness involving children and young people in Hartlepool is relatively low, with households with dependent children owed under the Homeless Reduction Act at 6.4 per 1,000 people in 2021/22, this is the 2nd lowest recorded rate in the North East and the 8th lowest recorded rate in England.

Homelessness - households with dependent children owed a duty under the Homelessness Reduction Act

Crude rate - per 1,000

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	-	93,310	14.4	14.3	14.4
North East region	-	3,890	12.8	12.4	13.2
Middlesbrough	-	101	6.0	4.9	7.3
Hartlepool	-	74	6.4	5.1	8.0
Newcastle upon Tyne	-	268	8.4	7.4	9.4
Redcar and Cleveland	-	174	10.8	9.3	12.6
Northumberland	-	406	11.7	10.6	12.8
Sunderland	-	371	11.8	10.6	13.0
North Tyneside	-	287	11.9	10.6	13.3
Stockton-on-Tees	-	509	20.6	18.9	22.4
Gateshead	-	541	23.9	22.0	26.0
County Durham	-	-	*	-	-
Darlington	-	-	*	-	-
South Tyneside	-	-	*	-	-

Table 8 Households with dependent children owed a duty under the homelessness reduction act. Source: Ministry of Housing, Communities and Local Government

Hartlepool's rate of looked after children has been generally increasing since 2015, though the latest data in 2022 has seen a decline.

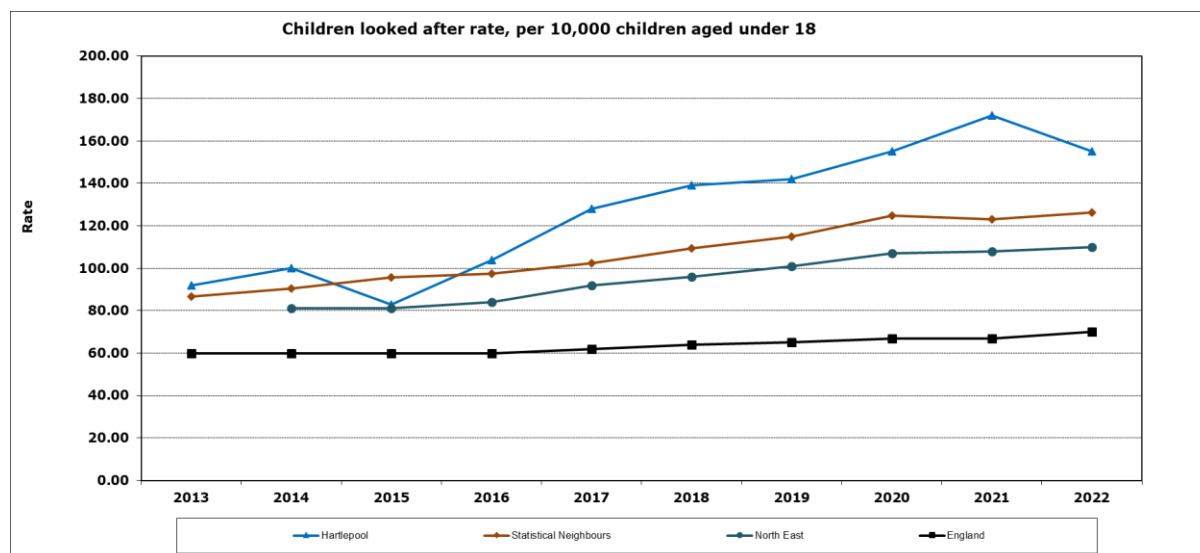


Figure 16 Children looked after rate. Source: Hartlepool Borough Council 2023

Hartlepool's rate of looked after children per 10,000 aged under 18 has been increasing at a faster rate than England, the North East and its statistical neighbours. However in 2022 Hartlepool's rate fell by 9.9%, from 172 to 155 per 10,000, while at the same time England, the North East and Hartlepool's statistical neighbours continued to increase their rate.

Children and Young people aged 16-24 years providing unpaid Care

Data from the Census in 2021 shows that in Hartlepool the areas with higher levels of unpaid care at 16-24 years old are generally the same as for 15 years and under.

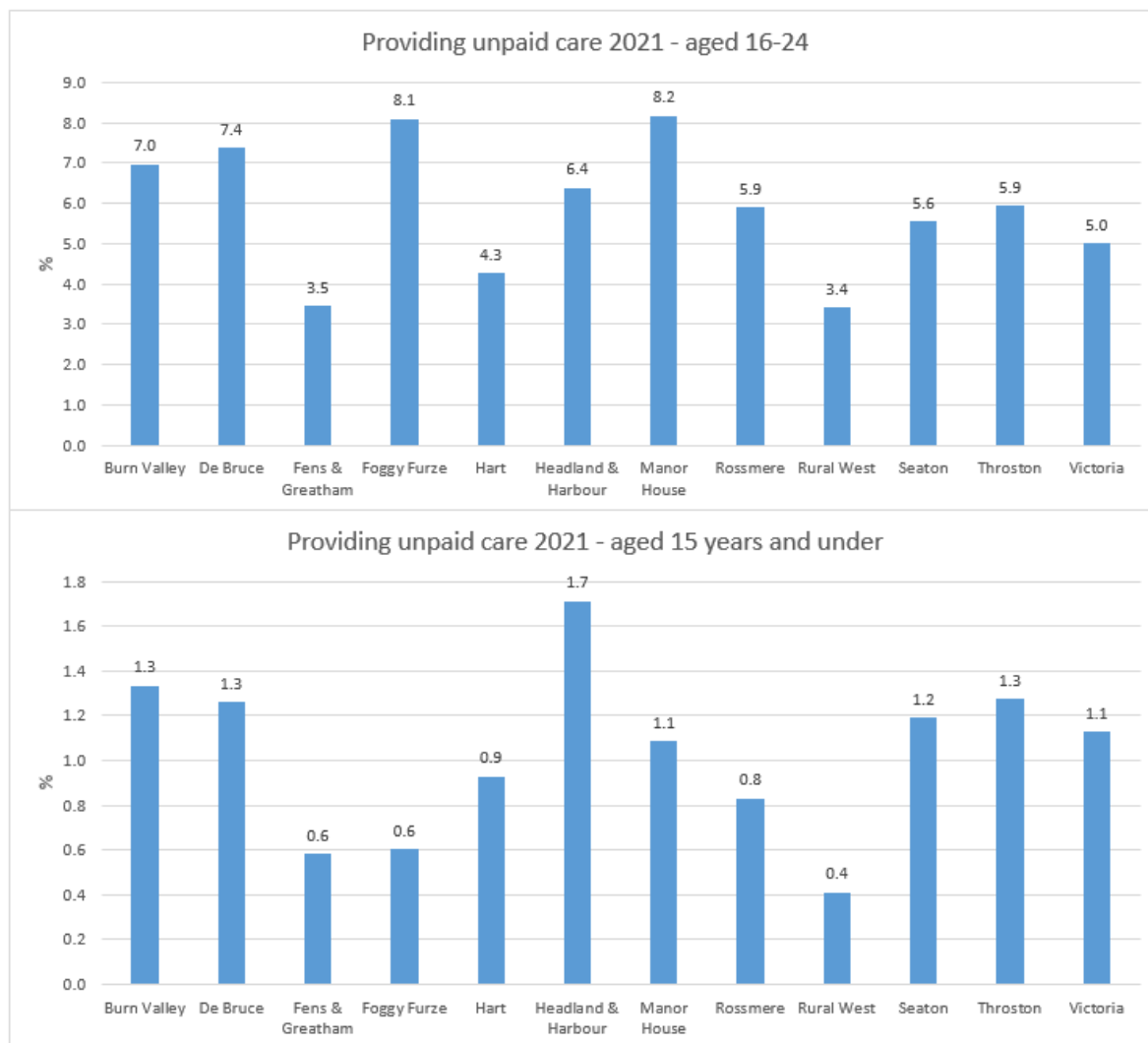


Figure 17 Graphs showing unpaid care (2021) for ages 16-24 and 15 and under. Source: Census 2021

The obvious exception to this is Foggy Furze which has a relatively low level of unpaid care for 15 years and under, 0.6%, but the 2nd highest level of the wards in Hartlepool for providing unpaid care at 16-24 years old. The ward with the lowest levels of unpaid care at both age groups is Rural West, which is the area of lowest deprivation in Hartlepool.

When the time spent on unpaid care is broken down, while at 15 years and under 0-19 hours a week is always the largest proportion, for 16-24 year olds in both Manor House and De Bruce, they are more likely to undertake 20-49 hours per week of unpaid care.

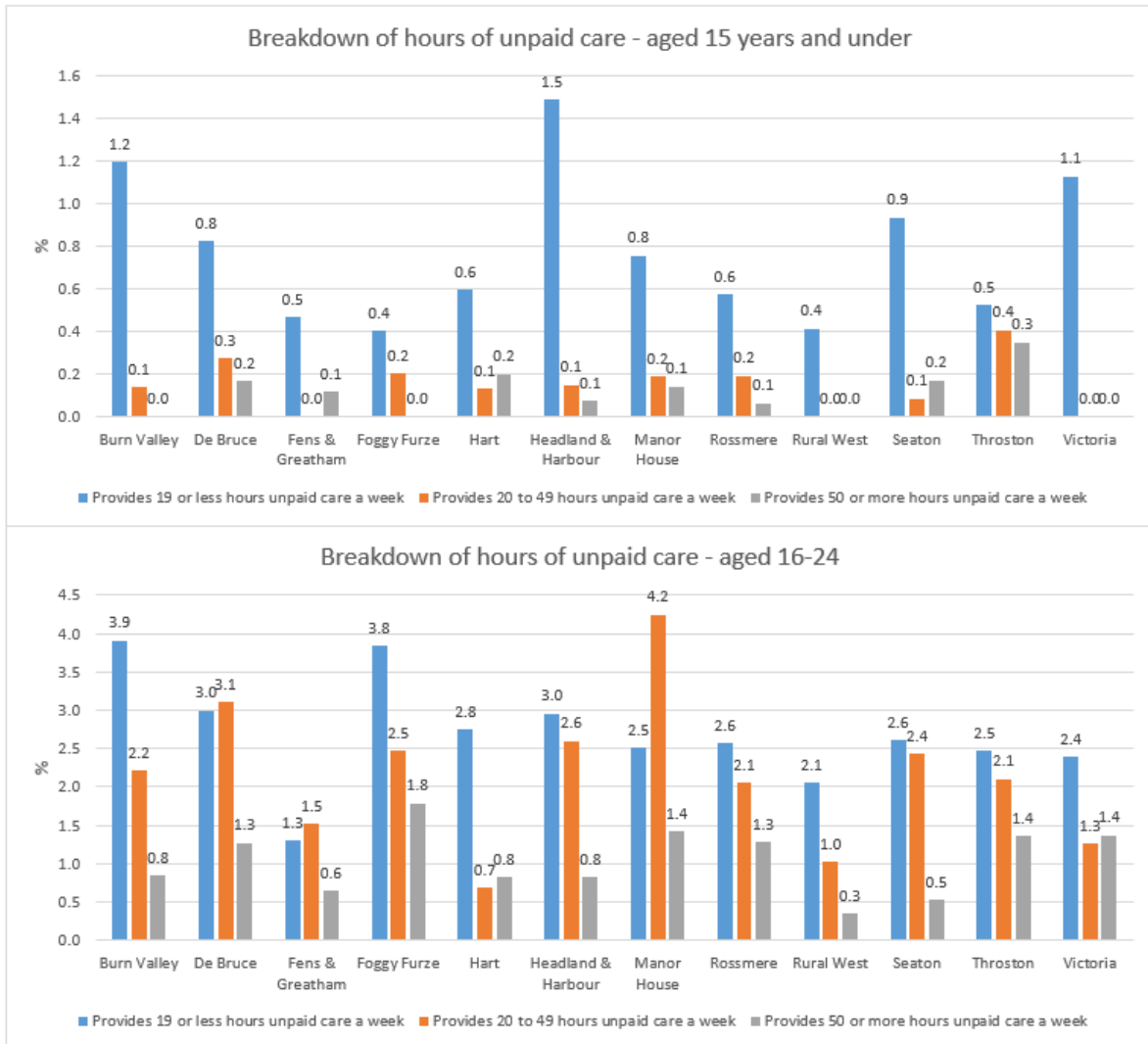


Figure 18 Graphs showing breakdown of hours of unpaid care ages 15 and under and 16-24. Source: Census 2021

Manor House is very much an outlier in how much larger its 20-49 hours unpaid care per week is for 16-24 year olds, compared to the rate for 0-19 hours. The rate for 20-49 hours per week in Manor house is just over two thirds larger than the 0-19 hours rate. Throston has the largest rate for 50 or more hours of unpaid care per week for both 15 years and under and 16-24 year olds.

Parental Mental Health

Referrals to Hartlepool's Children & Families service where mental health is an issue for either a parent or another member of the household, have generally increased since 2017/18.

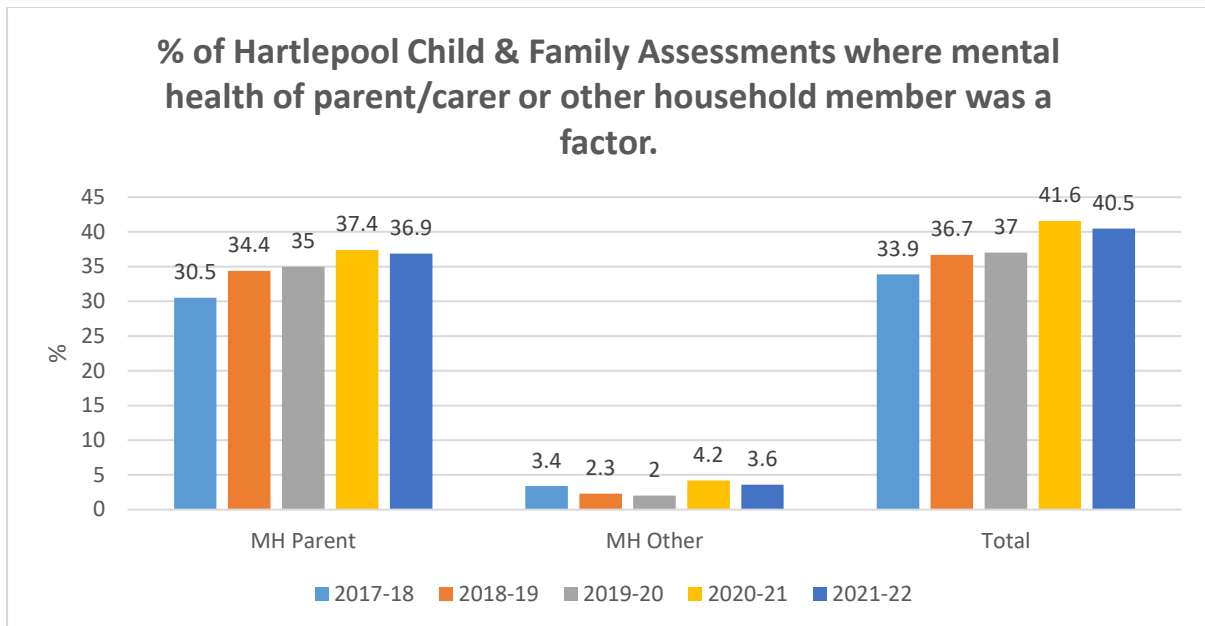


Figure 19 Percentage of Hartlepool Children and Family assessments where mental health of parent/carer or other household member was factor. Source: Hartlepool Borough Council 2023

Referrals for both mental health for parents and for other household members peaked in 2020/21, with the proportion for mental health issues for other family members increasing by more than 100% on its level the previous year. In 2021/22, four out of every 10 referrals had the mental health of a parent or another household member as a factor. The increase from the 2017/18 figure to that of 2021/22 is 19.5% for when both parent and other household members are combined, and 21% for just parental mental health.

Physical and sexual abuse

Referrals to the Child & family service where physical or sexual abuse was the reason have returned to a level of around 1 in 5 in 2022/23, after falling to as low as 1 in 10 in 2019/20.

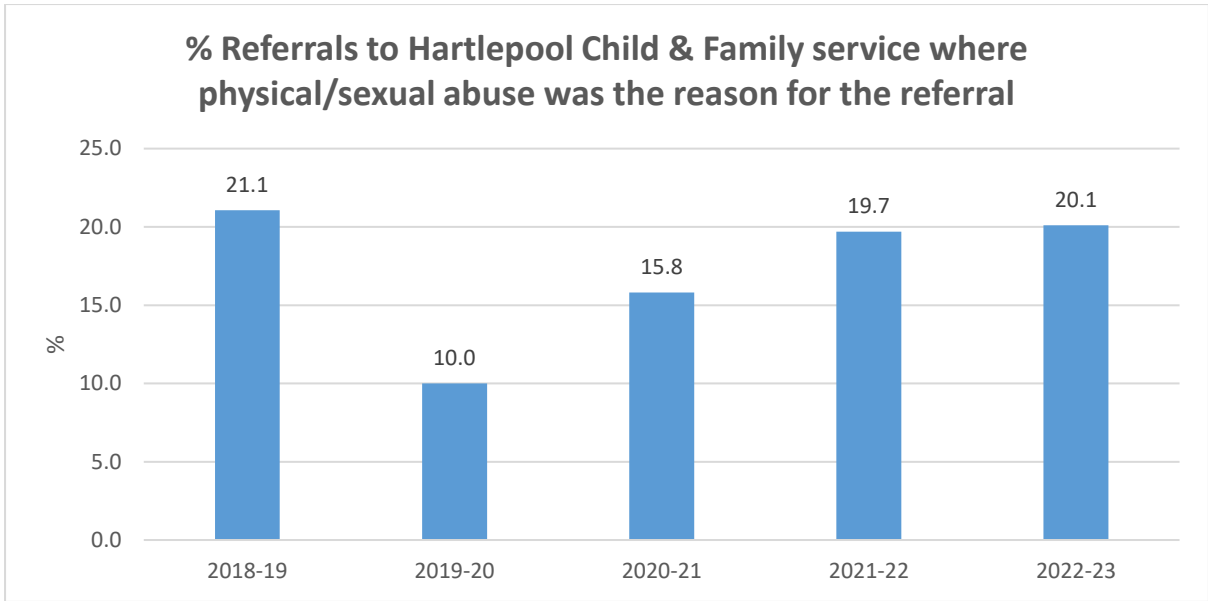


Figure 20 Percentage of referrals to Hartlepool Child and Family Service where Physical/sexual abuse was the reason for referral. Source: Hartlepool Borough Council 2023

After dipping during the period affected by Covid 19 lockdowns, the data for 2021/22 and 2022/23 have returned to pre-Covid levels of around 1 in 5 referrals.

Incidents of Domestic Violence in households with Children

Data from Cleveland Police shows that domestic violence in household with children in Hartlepool is at a similar level to the rest of Teesside.

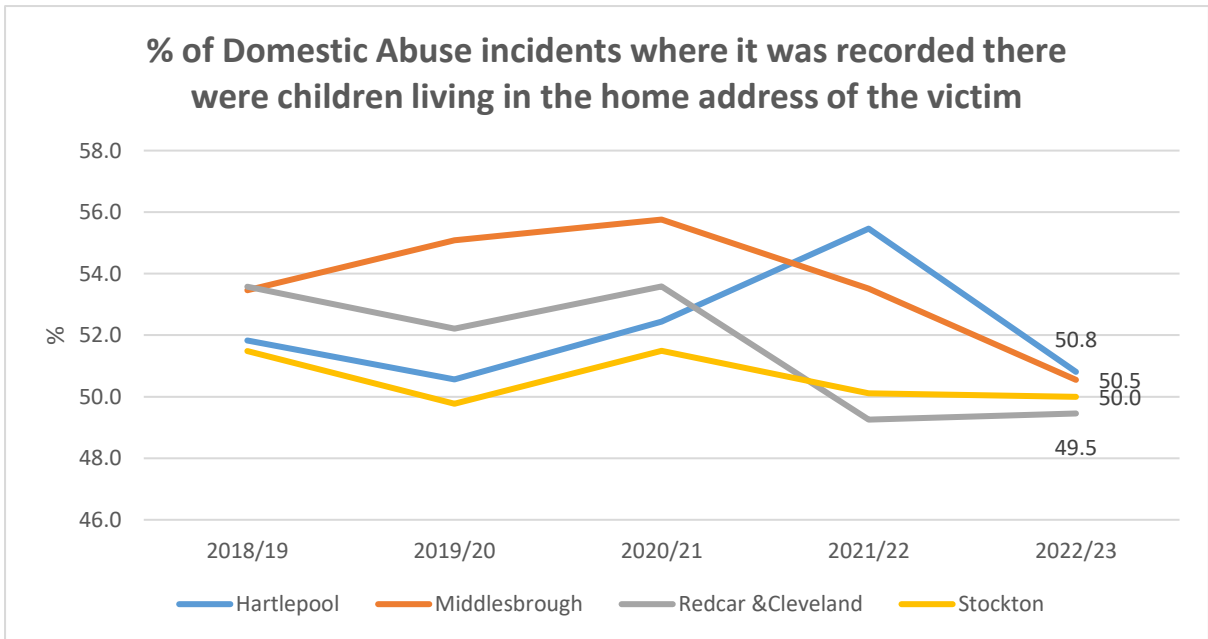


Figure 21 Percentage of Domestic Abuse incidents where it was recorded there were children living in the home address of the victim. Source: Cleveland Police 2023

All four Tees localities were within 3% of each other in 2022/23 for domestic abuse incidents at addresses where children live, though Hartlepool did remain for a second year as the highest rate in Teesside at 50.8%. For domestic violence incidents where a child was present, Hartlepool had the lowest rate in Teesside in 2022/23 with 24.7%.

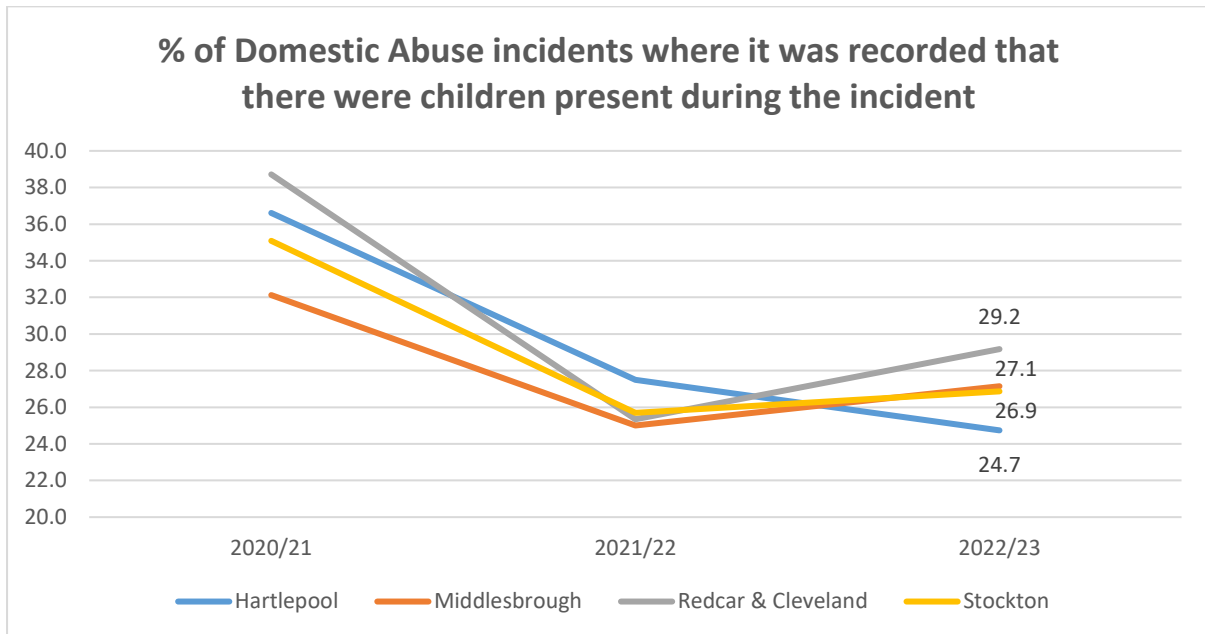


Figure 22 Percentage of domestic abuse incidents where it was recorded that children were present during the incident. Source: Cleveland Police 2023

Here the four Tees localities are spread much wider, there is a difference of 18.2% across the four rates. Hartlepool has seen year on year decreases from 2020/21 to 2022/23, falling from 36.6% to 24.7%, a decrease of 32.5%.

Within Hartlepool domestic violence incidents either at homes where children live or where children are present have their highest rate in the Fens & Greatham ward, 58.6% and 44.1% respectively.

% of Domestic Abuse incidents where it was recorded there were children living in the home address of the victim		% of Domestic Abuse incidents where it was recorded that there were children present during the incident	
	2022/23		2022/23
Fens & Greatham	58.6	Fens & Greatham	41.4
Rossmere	56.9	Manor House	35.5
Manor House	54.8	Hart	31.0
Headland & Harbour	52.8	Rossmere	30.4
Throston	51.8	Foggy Furze	28.8
De Bruce	50.0	Rural West	27.0
Burn Valley	49.1	Throston	26.1
Foggy Furze	49.0	Headland & Harbour	25.3

Rural West	48.6		De Bruce	23.5
Victoria	48.4		Burn Valley	18.8
Hart	43.7		Victoria	17.5
Seaton	31.9		Seaton	12.5

Table 9 Breakdown of Domestic Abuse incidents with Children present or living in the home address. Source: Cleveland Police 2023

Hart is the ward with the greatest disparity between its rank in Hartlepool for the two children and domestic violence metrics, 11th for domestic violence at a child's address, but 3rd for a child being present at the incident. These figures show that for both Hart and Fens & Greatham a child was present at the domestic violence incident more than 70% of the time if the incident was at a child's residence.

Parental Substance Misuse

The prevalence of adults with alcohol dependency who live with children in Hartlepool in 2019/20 was comparable to the England average for both the rate per 1,000 population and overall unmet treatment need. When unmet need is further broken down by gender, the unmet need for females in Hartlepool is 20% better than the England average.

Estimated number of adults with alcohol dependence living with children in Hartlepool, rates per 1,000 of the population and unmet treatment need.

Sex	Estimated number of alcohol dependent adults living with children (2018 to 2019)	Rate per 1,000 of the population		Number in treatment (2019 to 2020)	Unmet treatment need	
		Local	Benchmark		Local	Benchmark
Total	262	4	4	77	71%	79%
Male	178	5	6	39	78%	84%
Female	84	2	2	38	55%	68%

Figure 23: Estimated number of adults with alcohol dependence living with children in Hartlepool, rates per 1000 of the population and unmet treatment need.

Source: PHE 2020

For opiate dependency, the rate of prevalence amongst adults living with children in Hartlepool is also comparable to the England average.

Estimated number of adults with opiate dependence living with children in **Hartlepool**, rates per 1,000 of the population and unmet treatment need.

Sex	Estimated number of opiate dependent adults living with children (2014 to 2015)	Rate per 1,000 of the population		Number in treatment (2019 to 2020)	Unmet treatment need	
		Local	Benchmark		Local	Benchmark
Total	268	5	4	89	67%	54%
Male	175	6	5	46	74%	60%
Female	93	3	3	43	54%	41%

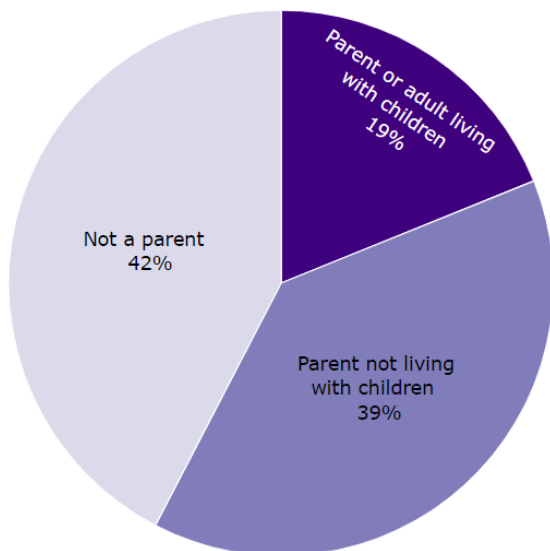
Figure 24: Estimated number of adults with opiate dependence living with children in Hartlepool, rates per 1000 of the population and unmet treatment need.

Source: PHE 2020

However Hartlepool’s unmet treatment need for adults with opiate dependence who live with children is 24% larger than the England average, when this is broken down by gender, male unmet need is 23% larger and female unmet need is 32% larger.

Within treatment populations, the overall proportion of parents is similar in Hartlepool and England.

Breakdown of parental groups for new presentations to treatment in **Hartlepool** in 2019 to 2020.



Breakdown of parental groups for new presentations to treatment in **benchmark areas** in 2019 to 2020.

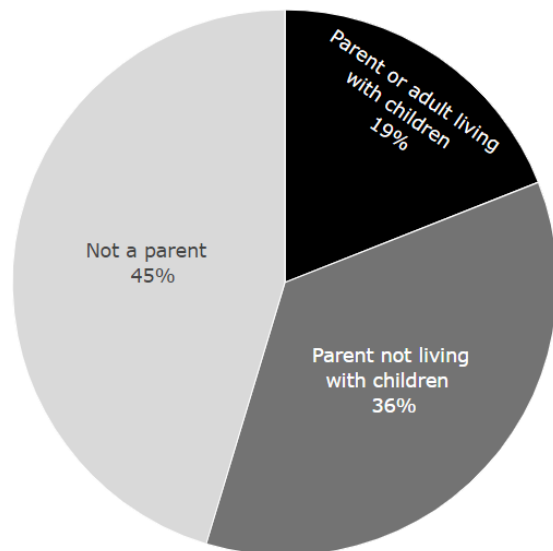


Figure 25: Breakdown of parental groups for new presentations to treatment in Hartlepool in 2019 to 2020 compared to benchmark areas

Source: PHE 2020

For both Hartlepool and England 19% of the new presentations into treatment in 2019/20 were adults living with children, and a further 39% for Hartlepool and 36% for England were parents who did not live with children.

Within Hartlepool’s treatment population who live with children in 2019/20, opiate use accounts for roughly 1 in 5 and is the smallest proportion of the three parental groups within opiate users.

Breakdown of substance groups for new presentations to treatment in Hartlepool.

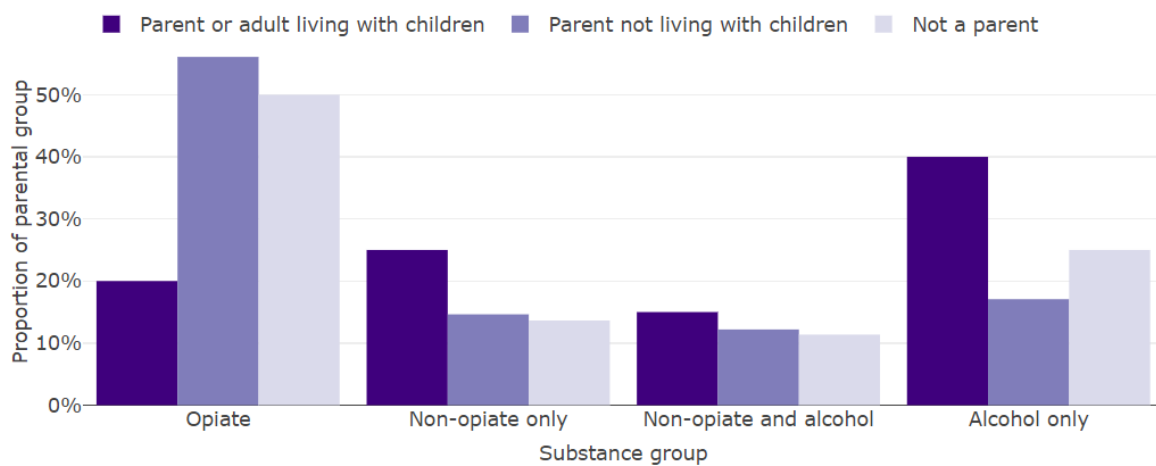


Figure 26: Breakdown of substance groups for new presentations to treatment in Hartlepool
Source: PHE 2020

The proportion of adults who live with children who are opiate users within the treatment population in Hartlepool 2019/20 was less than half the size of the proportion of parents who don’t live with children or those who are not a parent. However across the other three substance groups (non-opiate, non-opiate and alcohol and alcohol only), adults who live with children have a larger proportion of their total in each of them. For alcohol use the proportion for adults who live with children is at least 60% larger than for the other two parental groups.

Education

Education attainment at key stage 1 is down across the board in 2022, compared to pre-Covid levels. This is not just for Hartlepool, but also for England, the North East and statistical partners.

% of Pupils achieving Key Stage 1 Reading Expected Standard							
	2016	2017	2018	2019	2020	2021	2022
Hartlepool	73	74	75	74	-	-	67
Statistical Neighbours	72.2	73.2	73.2	73.1	-	-	64.6
North East	75.0	77.0	77.0	76.0	-	-	66.0
England	74.0	76.0	75.0	75.0	-	-	67.0

% of Pupils achieving Key Stage 1 Writing Expected Standard							
	2016	2017	2018	2019	2020	2021	2022
Hartlepool	65	69	72	70	-	-	60
Statistical Neighbours	64.7	66.7	68.3	68.2	-	-	55.8
North East	68.0	71.0	72.0	71.0	-	-	58.0
England	65.0	68.0	70.0	69.0	-	-	58.0

% of Pupils achieving Key Stage 1 Maths Expected Standard							
	2016	2017	2018	2019	2020	2021	2022
Hartlepool	71	75	77	75	-	-	67
Statistical Neighbours	71.4	73.8	74.2	74.1	-	-	66.0
North East	74.0	77.0	77.0	77.0	-	-	67.0
England	73.0	75.0	76.0	76.0	-	-	68.0

% of Pupils achieving Key Stage 1 Science Expected Standard							
	2016	2017	2018	2019	2020	2021	2022
Hartlepool	80	81	81	80	-	-	76
Statistical Neighbours	80.2	80.2	79.9	79.9	-	-	74.1
North East	83.0	83.0	83.0	82.0	-	-	76.0
England	82.0	83.0	83.0	82.0	-	-	77.0

% of pupils achieving expected level in Phonics decoding - all pupils							
	2016	2017	2018	2019	2020	2021	2022
Hartlepool	85	82	82	84	-	-	77
Statistical Neighbours	79.0	79.6	81.0	80.6	-	-	74.3
North East	82.0	82.0	83.0	82.0	-	-	75.0
England	81.0	81.0	82.0	82.0	-	-	75.0

Source:
<https://explore-education-statistics.service.gov.uk/find-statistics/key-stage-1-and-phonics-screening-check-attainment>
 Note that assessments did not take place in 2020 and 2021 due to Covid-19.

Table 10 Tables showing education breakdown at Key Stage 1

All 5 key stage 1 attainment metrics are at levels not seen since before 2016. Hartlepool's largest fall is seen in writing standards, which has fallen by 14.3% in 2022 compared with the 2019 figure.

For key stage 2, the reading indicator remained at its pre-Covid level, but the other four attainment indicators all fell in 2022 compared to their 2019 level.

Key Stage 2 - Percentage in reading, writing and mathematics - Expected standard All Pupils							
	2016	2017	2018	2019	2020	2021	2022
Hartlepool	53	65	67	68	-	-	63
Statistical Neighbours	53.1	61.8	65.1	65.3	-	-	58.9
North East	57.0	65.0	68.0	67.0	-	-	60.0
England	53.0	61.0	64.0	65.0	-	-	59.0

Key Stage 2 - Percentage reaching the Expected standard Reading - All Pupils							
	2016	2017	2018	2019	2020	2021	2022
Hartlepool	66	72	76	76	-	-	76
Statistical Neighbours	64.6	71.2	75.1	73.8	-	-	74.7
North East	68.0	74.0	78.0	75.0	-	-	75.0
England	66.0	72.0	75.0	73.0	-	-	75.0

Key Stage 2 - Percentage reaching the Expected standard Maths - All Pupils							
	2016	2017	2018	2019	2020	2021	2022
Hartlepool	72	81	78	82	-	-	72
Statistical Neighbours	71.6	76.3	77.0	80.0	-	-	71.3
North East	73.0	78.0	78.0	81.0	-	-	72.0
England	70.0	75.0	75.0	79.0	-	-	71.0

Key Stage 2 - Percentage reaching the Expected standard Grammar, Punctuation & Spelling - All Pupils							
	2016	2017	2018	2019	2020	2021	2022
Hartlepool	74	81	79	79	-	-	70
Statistical Neighbours	72.6	77.5	77.6	78.2	-	-	71.3
North East	74.0	79.0	80.0	79.0	-	-	72.0
England	73.0	77.0	78.0	78.0	-	-	72.0

Key Stage 2 teacher assessments - Percentage reaching the expected standard Writing All Pupils							
	2016	2017	2018	2019	2020	2021	2022
Hartlepool	76	81	82	81	-	-	71
Statistical Neighbours	75.6	77.2	79.0	78.6	-	-	69.5
North East	78.0	79.0	81.0	81.0	-	-	71.0
England	74.0	76.0	78.0	78.0	-	-	69.0

Source:
<https://www.gov.uk/government/collections/statistics-gcses-key-stage-4>
 Note that assessments did not take place in 2020 and 2021 due to Covid-19.

Table 11 Tables showing education breakdown at Key Stage 2

This is again not just for Hartlepool, but across all geographies. For key stage 2 both writing and maths attainment declined by around 12% compared to pre-Covid levels.

Key stage 4 has also seen widespread decline in attainment across indicators and geographies.

Percentage of pupils achieving 9-4 pass in English and Maths							Change from previous year
2017	2018	2019	2020	2021	2022		
Hartlepool	59.5	60.4	60.0	66.1	70.0	65.4	-4.6
Statistical Neighbours	55.8	56.4	55.2	62.1	64.3	59.6	-4.7
North East	59.9	62.2	61.6	68.6	70.8	65.8	-5.0
England	59.1	59.4	59.8	65.9	67.1	64.4	1.2

Percentage of pupils achieving the English Baccalaureate (inc 9-4 pass in English and maths)							Change from previous year
2017	2018	2019	2020	2021	2022		
Hartlepool	12.3	15.0	11.7	19.5	21.9	18.1	-3.8
Statistical Neighbours	17.26	16.89	16.63	20.70	20.26	18.59	-1.67
North East	20.40	21.00	20.20	25.10	25.70	24.40	-1.30
England	21.90	22.20	22.90	27.40	27.30	24.90	-2.40

Average Progress 8 score per pupil							
2016	2017	2018	2019	2020	2021	2022	
Hartlepool	-0.33	-0.27	-0.47	-0.34	-	-	-0.43
Statistical Neighbours	-0.28	-0.31	-0.37	-0.39	-	-	-0.48
North East	-0.16	-0.21	-0.23	-0.24	-	-	-0.27
England	-	-	-	-0.08	-	-	-0.06

English Baccalaureate Average Point Score						Change from previous year
2018	2019	2020	2021	2022		
Hartlepool	3.55	3.51	3.95	4.07	3.81	-0.26
Statistical Neighbours	3.50	3.46	3.77	3.83	3.67	-0.16
North East	3.82	3.78	4.13	4.21	4.03	-0.18
England	3.85	3.87	4.17	4.24	4.11	-0.13

Average Attainment 8 score per pupil							Change from previous year
2017	2018	2019	2020	2021	2022		
Hartlepool	44.0	42.3	43.0	46.8	47.4	45.0	-2.4
Statistical Neighbours	42.49	41.84	41.26	44.64	45.46	43.01	-2.45
North East	44.70	44.90	44.70	48.40	49.20	46.90	-2.30
England	44.60	44.50	44.70	48.10	48.90	47.20	-1.70

Source:
<https://www.gov.uk/government/collections/statistics-gcses-key-stage-4>

Table 12 Tables showing education breakdown at Key Stage 4

Hartlepool’s English Baccalaureate attainment has seen a larger decline than its statistical neighbours, the North East region and England, both for those who achieve the Baccalaureate and the average Baccalaureate point score. For attainment in English and maths, Progress 8 and Attainment 8, Hartlepool has seen a decline similar to its statistical neighbours.

Hartlepool’s level of school readiness, those achieving a good level of development at the end of reception, in 2021/22 was similar to the England average.

School readiness: percentage of children achieving a good level of development at the end of Reception

Proportion - %

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	-	-	65.2	65.1	65.3
North East region	-	-	64.1	63.5	64.7
Middlesbrough	-	-	56.5	54.3	58.7
North Tyneside	-	-	61.9	59.9	63.9
Newcastle upon Tyne	-	-	62.4	60.7	64.1
Gateshead	-	-	62.9	60.8	64.9
Sunderland	-	-	63.7	61.9	65.4
Hartlepool	-	-	64.4	61.5	67.3
County Durham	-	-	64.5	63.2	65.8
Redcar and Cleveland	-	-	64.8	62.4	67.2
Darlington	-	-	66.0	63.2	68.7
South Tyneside	-	-	66.1	63.7	68.4
Northumberland	-	-	67.5	65.8	69.1
Stockton-on-Tees	-	-	68.1	66.2	70.0

Table 13 Percentage of children achieving a good level of development at end of reception. Source: Department for education

Hartlepool’s rate of 64.4% is the 7th highest in the North East. Looking at specific areas of readiness, Hartlepool’s rate of children achieving at least the expected level of development in communication, language and literacy skills by the end of reception was also similar to the England average in 2021/22, 66.2% to England’s 67.1%.

School readiness: percentage of children achieving at least the expected level of development in communication, language and literacy skills at the end of Reception

Proportion - %

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	-	-	67.1	66.9	67.2
North East region	-	-	65.9	65.3	66.4
Middlesbrough	-	-	57.9	55.7	60.1
Newcastle upon Tyne	-	-	63.4	61.7	65.1
North Tyneside	-	-	64.6	62.6	66.6
Gateshead	-	-	65.3	63.2	67.3
Sunderland	-	-	65.6	63.9	67.3
Hartlepool	-	-	66.2	63.3	69.1
County Durham	-	-	66.3	65.0	67.6
Redcar and Cleveland	-	-	66.7	64.3	69.1
Darlington	-	-	67.1	64.3	69.8
South Tyneside	-	-	67.3	64.9	69.6
Northumberland	-	-	69.4	67.8	71.0
Stockton-on-Tees	-	-	69.8	67.9	71.6

Table 14 Percentage of children achieving at least the expected level of development in communication, language, literacy skills at the end of reception. Source: Department for Education

However for those achieving at least the expected level in communication and language skills at the end of reception, Hartlepool's rate of 75.25 in 2021/22 was significantly worse than the England average. Hartlepool have the second lowest rate in the North East and the 19th lowest in England.

School readiness: percentage of children achieving at least the expected level in communication and language skills at the end of Reception

Proportion - %

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	-	-	79.5	79.4	79.6
North East region	-	-	79.0	78.6	79.5
Middlesbrough	-	-	69.8	67.7	71.8
Hartlepool	-	-	75.2	72.5	77.8
Darlington	-	-	76.7	74.1	79.1
Redcar and Cleveland	-	-	76.9	74.8	79.0
Sunderland	-	-	77.2	75.7	78.7
County Durham	-	-	79.1	78.0	80.2
Newcastle upon Tyne	-	-	79.2	77.8	80.6
South Tyneside	-	-	79.3	77.3	81.3
North Tyneside	-	-	80.1	78.4	81.7
Stockton-on-Tees	-	-	81.7	80.1	83.2
Northumberland	-	-	82.2	80.9	83.6
Gateshead	-	-	85.5	84.0	87.0

Source: Department for Education

Table 15 Percentage of children achieving at least the expected level in communication and language skills at the end of Reception. Source: Department for Education

Deprivation and education

In secondary schools in Hartlepool, the proportion of pupils within the Core 20, the most deprived quintile in the country, ranges from 39% to 71%.

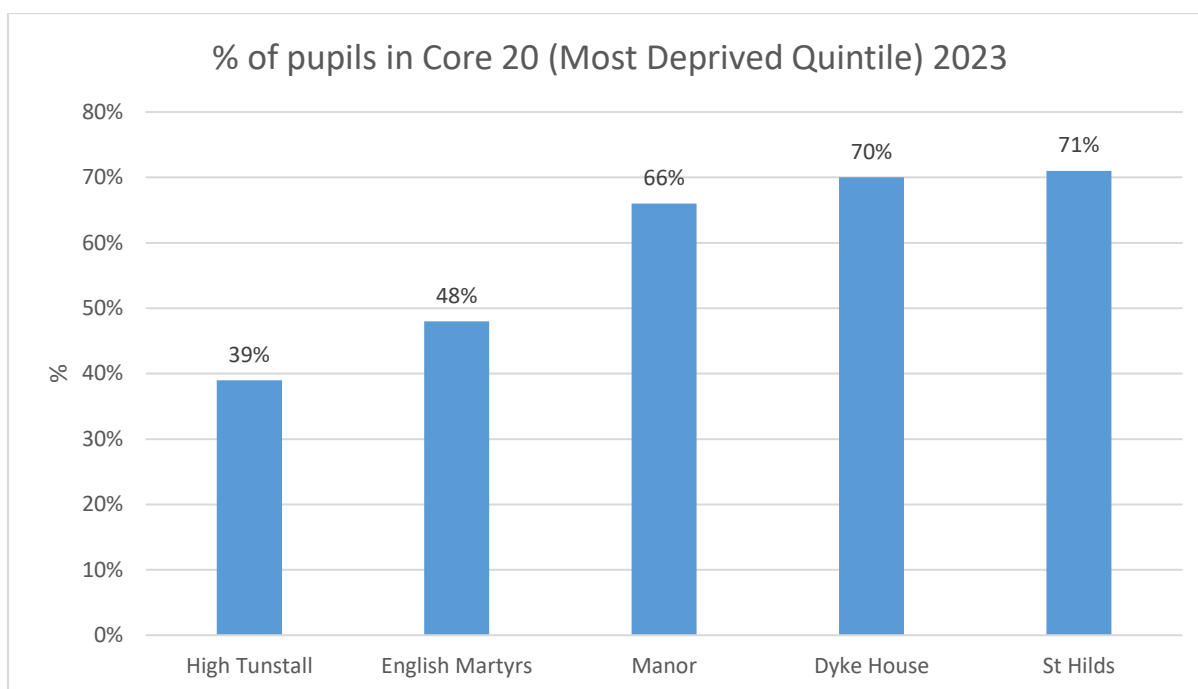


Table 16 Percentage of pupils in core 20 (most deprived quintile) 2023. Source: HBC 2023

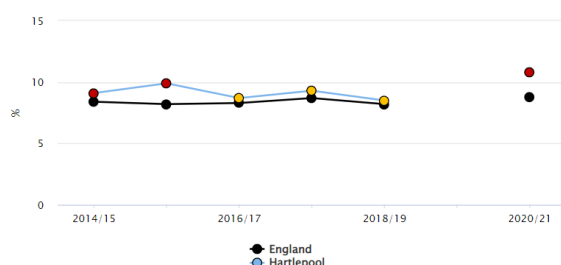
This means that at least 1 in 3 pupils in every secondary school in Hartlepool are in the most deprived quintile in England. For three schools, this rate is at least 2 in 3 pupils, and for two of the schools this is 7 in 10 pupils.

Persistent Absenteeism

Persistent absentees in both primary and secondary schools in Hartlepool have seen an increase in the first set of figures released since the Covid disruption to schools.

Persistent absentees - Primary school

Percentage point - %

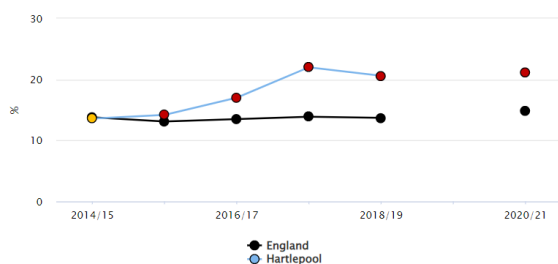


Recent trend: Could not be calculated

Period	Count	Value	Hartlepool		North East	England
			95% Lower CI	95% Upper CI		
2014/15	631	9.1%	8.4%	9.7%	9.0%	8.4%
2015/16	706	9.9%	9.3%	10.7%	8.7%	8.2%
2016/17	627	8.7%	8.1%	9.4%	8.8%	8.3%
2017/18	677	9.3%	8.7%	10.0%	9.1%	8.7%
2018/19	620	8.5%	7.9%	9.2%	8.5%	8.2%
2020/21	753	10.8%	10.1%	11.5%	8.4%	8.8%

Source: Department for Education (DfE)

Figure 27 Graph and Table showing persistent absentees (Primary School). Source: Department for Education



Recent trend: Could not be calculated

Period	Count	Value	Hartlepool		North East	England
			95% Lower CI	95% Upper CI		
2014/15	868	13.6%	12.8%	14.5%	15.2%	13.8%
2015/16	746	14.2%	13.2%	15.1%	13.8%	13.1%
2016/17	902	17.0%	16.0%	18.0%	14.7%	13.5%
2017/18	1,199	22.0%	20.9%	23.1%	15.4%	13.9%
2018/19	1,146	20.6%	19.5%	21.6%	15.6%	13.7%
2020/21	1,345	21.1%	20.1%	22.1%	16.9%	14.8%

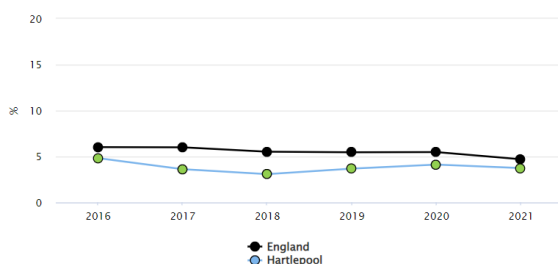
Source: Department for Education (DfE)

Figure 28 Graph and Table showing persistent absentees (Secondary School). Source: Department for Education

The increase for primary schools has seen Hartlepool move from a position of similarity to England to that of significantly worse than the England average. Hartlepool’s primary school absentee rate jumped by 27%, from 8.5% in 2018/19 to 10.8% in 2020/21. Hartlepool’s 2020/21 rate is the 2nd highest in the North East and the 17th highest in England. In secondary schools the increase was not as high, 20.6% in 2018/19 to 21.1% in 2020/21, an increase of 2.4%. Hartlepool had been significantly worse than England since 2015/16. Hartlepool’s secondary school absentee rate in 2020/21 is again the 2nd highest rate in the North East, but is also the 5th highest rate in England.

Not in Education, Employment or Training (NEET)

The rate of those aged 16 and 17 who are not in education, employment or training (NEET) in Hartlepool has been significantly better than the England average for the last six years.



Recent trend: No significant change

Period	Count	Value	Hartlepool		North East	England
			95% Lower CI	95% Upper CI		
2016	110	4.8%	4.1%	5.8%	5.4%	6.0%
2017	80	3.6%	3.0%	4.6%	6.2%	6.0%
2018	60	3.1%	2.2%	3.7%	6.5%	5.5%
2019	80	3.7%	3.1%	4.7%	5.9%	5.5%
2020	90	4.1%	3.4%	5.1%	5.7%	5.5%
2021	84	3.7%	3.0%	4.6%	5.4%	4.7%

Source: Department for Education

Figure 29 Graph and table showing 16-17 year olds not in education, employment or training, or activity not known. Source: Department for Education

Hartlepool’s rate in 2021 was 3.7%, a decrease of 22.1% in five years, though the current figure is above the 2018 rate of 3.1%. Hartlepool’s 2021 figure is the lowest in the North East.

Special Educational Needs (SEN)

Hartlepool's rate of pupils with special educational needs (SEN) has been generally increasing since 2016, during this period England, the North East and Hartlepool's statistical neighbours have seen a much more stable increase in their rate.

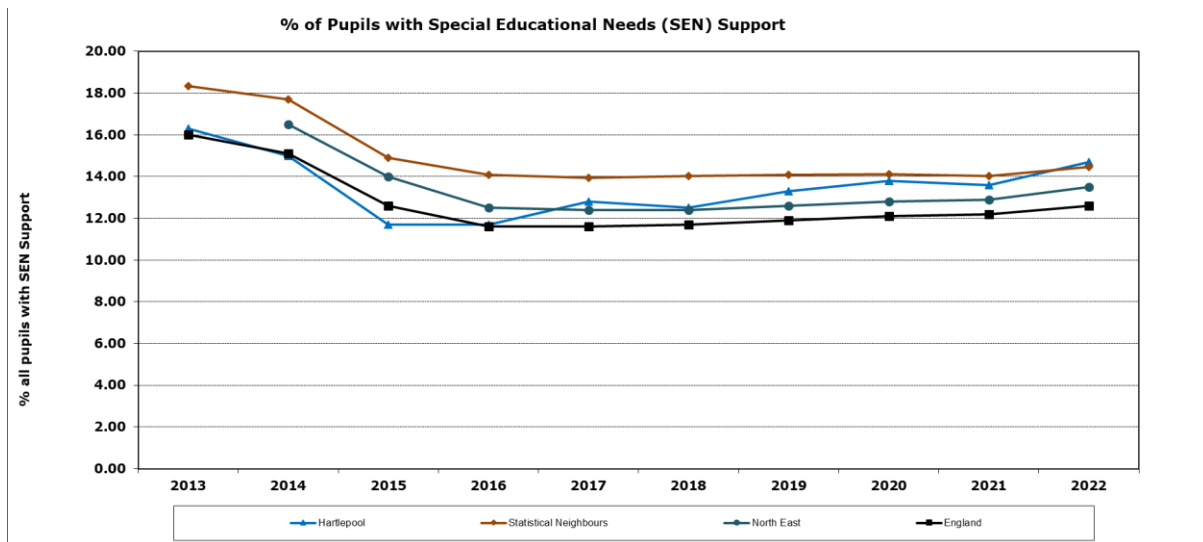


Figure 30 Percentage of pupils with special educational needs (SEN) support. Source: Hartlepool Borough Council 2023

Since 2016 England, the North East and Hartlepool's statistical neighbours have increased by 8.6%, 8% and 2.8% respectively, while Hartlepool has increased by 25.6%.

Hartlepool remains below England, the North East and its statistical neighbours for the proportion of pupils with a SEN statement or an education health, and care plan (EHCP).

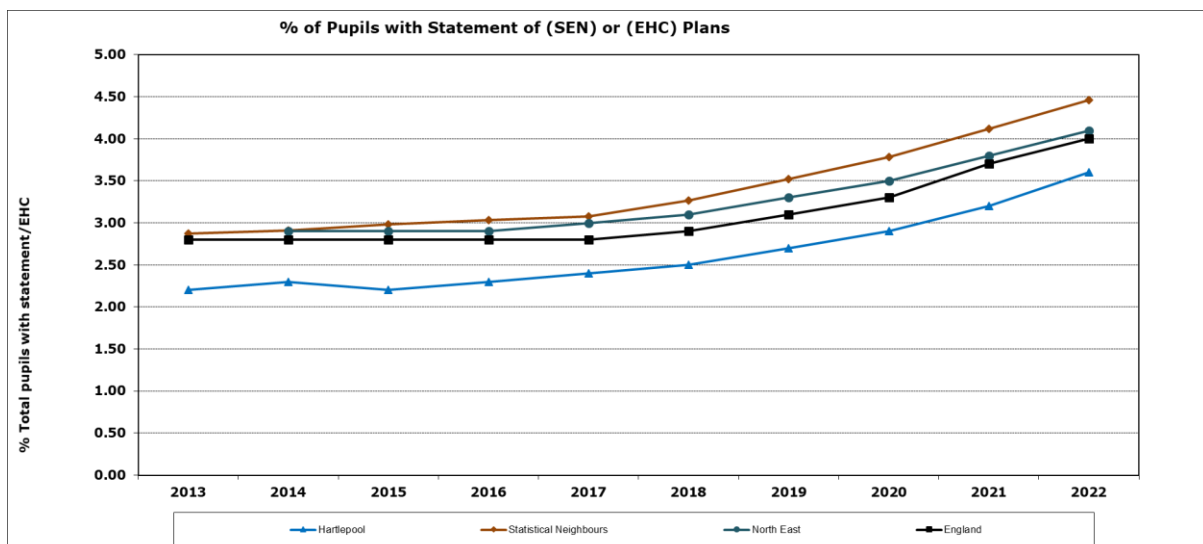


Figure 31 Percentage of pupils with statement of SEN or EHC plans. Source: Hartlepool Borough Council

Between 2013 and 2022 Hartlepool's proportion of pupils with SEN or EHCP increased by 63%, which is larger than the increase of England, the North East or the statistical neighbours, who increased by no more than 56%.

Maternal factors and Early Years (age 0 – 5)

Breastfeeding in Hartlepool has only recently produced data, but it shows very different result depending on which portion of a baby's life is observed. For a baby's first feed being breastmilk, the single year of data in 2020/21 shows Hartlepool with 97.1% of babies' breastfed for their first feed. Further work is needed to understand this data locally.

Baby's first feed breastmilk Proportion - %

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	269,625	71.7	71.6	71.8
North East region	–	11,055	63.9	63.2	64.6
Hartlepool	–	850	97.1	95.8	98.1
Stockton-on-Tees	–	1,660	92.5	91.1	93.5
Darlington	–	40	80.0	68.1	89.2
Northumberland	–	1,380	66.0	63.9	67.9
County Durham	–	755	65.7	62.9	68.4
Newcastle upon Tyne	–	1,265	63.7	61.4	65.7
North Tyneside	–	980	62.8	60.3	65.1
Gateshead	–	945	60.4	57.9	62.8
Middlesbrough	–	830	54.1	51.7	56.6
Redcar and Cleveland	–	575	53.0	50.3	56.2
South Tyneside	–	625	50.4	47.5	53.0
Sunderland	–	1,150	48.6	46.6	50.6

Table 17 Baby's first feed breastmilk. Source: Maternity Services Dataset

This is the highest rate in the North East and the third highest rate in England. However, for babies who are still being breastfed at 6-8 weeks, Hartlepool's rate is at 24.7% for 2020/21 and 24.9% for 2021/22.

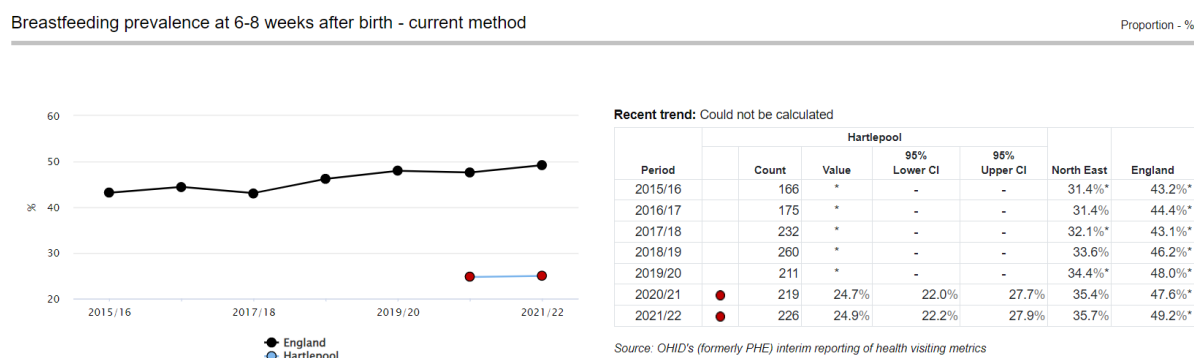


Figure 32 Graph and Table showing breastfeeding prevalence at 6-8 weeks after birth. Source: Office of Health inequalities and disparities

This is the lowest recorded rate for both England and the North East. This shows that many of the babies who begin on breast milk are no longer receiving the health benefits of breastmilk 6-8 weeks into their lives.

Childhood Obesity

The National Child Measurement Programme (NCMP) looks at the weight of pupils. In 2021/22 Hartlepool's reception cohort had a rate of 27.7% overweight.

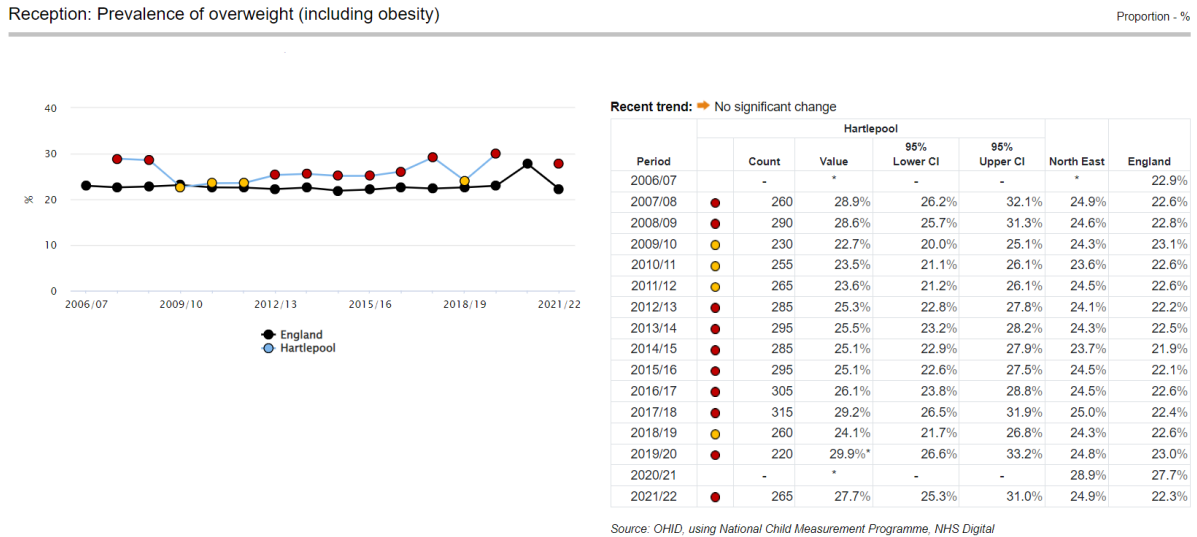


Figure 33 Graph and Table reception age showing Prevalence of overweight (including obesity). Source: Office of Health inequalities and disparities

This is significantly worse than the England average, a position Hartlepool have been in for eight of the last 9 recorded years. Hartlepool's 2021/22 rate was below the 29.9% in 2019/20, and was the first data released after Covid affected the 2020/21 collection. Hartlepool's rate of 27.7% in 2021/22 was the highest in the North East and the 4th highest in England. If looking specifically at those within the overweight category who are obese, then Hartlepool rate of 14.1% is again significantly worse than England, is again the highest rate in the North East and the 6th highest rate in England,.

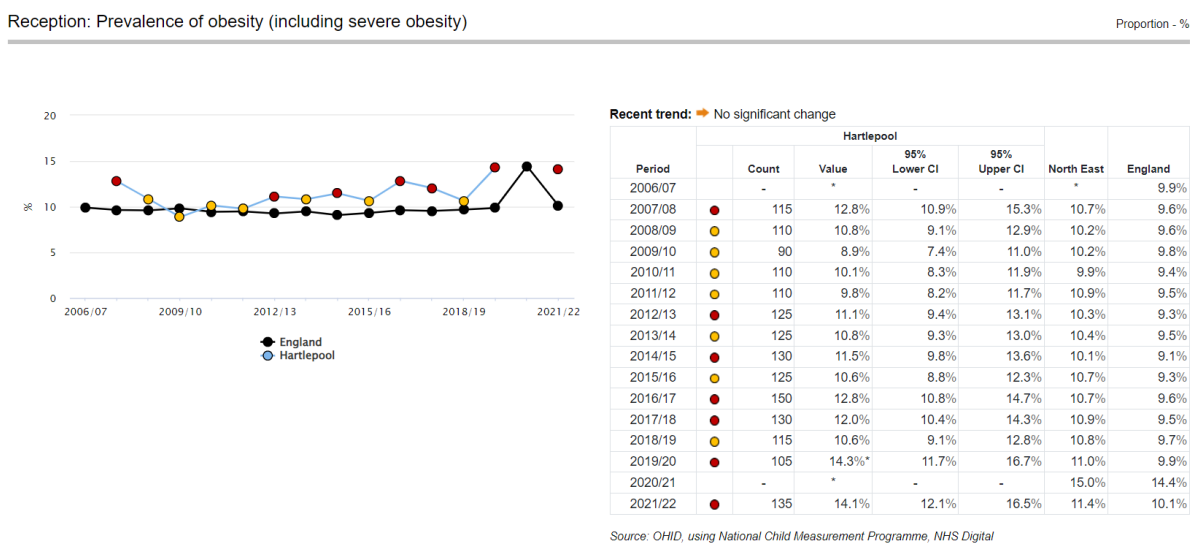
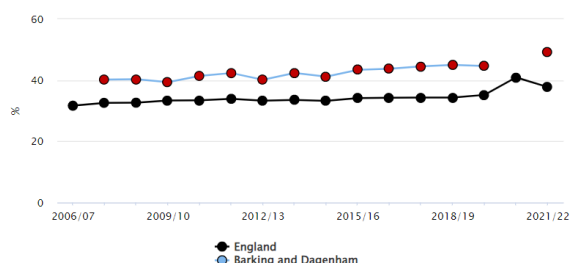


Figure 34 Graph and Table showing reception age Prevalence of overweight (including severe obesity). Source: Office of Health inequalities and disparities

The prevalence of overweight children in year 6 in Hartlepool is at the highest level of the current 15 year reporting period.

Year 6: Prevalence of overweight (including obesity)

Proportion - %



Recent trend: ↑ Increasing & getting worse

Period	Barking and Dagenham				England
	Count	Value	95% Lower CI	95% Upper CI	
2006/07	-	*	-	-	31.7%
2007/08	810	40.2%	38.2%	42.5%	32.6%
2008/09	800	40.3%	38.1%	42.4%	32.6%
2009/10	815	39.4%	37.3%	41.6%	33.4%
2010/11	890	41.4%	39.2%	43.4%	33.4%
2011/12	965	42.3%	40.3%	44.4%	33.9%
2012/13	965	40.1%	38.2%	42.1%	33.3%
2013/14	1,080	42.4%	40.5%	44.4%	33.5%
2014/15	1,120	41.2%	39.3%	43.0%	33.2%
2015/16	1,325	43.4%	41.6%	45.2%	34.2%
2016/17	1,400	43.8%	42.0%	45.5%	34.2%
2017/18	1,525	44.5%	42.8%	46.2%	34.3%
2018/19	1,635	45.0%	43.3%	46.5%	34.3%
2019/20	1,545	44.7%	43.0%	46.3%	35.2%
2020/21	-	*	-	-	40.9%
2021/22	1,720	49.1%	47.4%	50.7%	37.8%

Source: OHID, using National Child Measurement Programme, NHS Digital

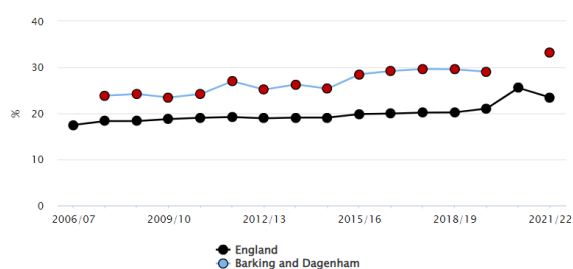
Figure 35 Prevalence of year 6 of overweight (including obesity). Source: Office of health inequalities and disparities

Throughout the reporting period Hartlepool has remained significantly worse than the England average. The current figures show that Hartlepool has a prevalence rate 30% larger than the England average. The 2021/22 data is the first post-covid data release, and it shows that Hartlepool's rate of overweight pupils in Year 6 increased by 10% in the two years from 44.7% in 2019/20 to 49.1% in 2021/22.

Looking more closely at the obese population in Year 6 in Hartlepool, the post-covid jump is even larger, 14.5%, though the overall pattern is very similar. Both show Hartlepool to be significantly higher than England throughout the reporting period, and both show a substantial jump in the pre and post-covid rates.

Year 6: Prevalence of obesity (including severe obesity)

Proportion - %



Recent trend: → No significant change

Period	Barking and Dagenham				England
	Count	Value	95% Lower CI	95% Upper CI	
2006/07	-	*	-	-	17.5%
2007/08	480	23.8%	22.1%	25.9%	18.3%
2008/09	480	24.2%	22.3%	26.1%	18.3%
2009/10	485	23.4%	21.5%	25.2%	18.7%
2010/11	520	24.2%	22.5%	26.1%	19.0%
2011/12	615	27.0%	25.1%	28.8%	19.2%
2012/13	605	25.2%	23.4%	26.9%	18.9%
2013/14	670	26.3%	24.6%	28.0%	19.1%
2014/15	690	25.4%	23.8%	27.1%	19.1%
2015/16	870	28.5%	26.9%	30.1%	19.8%
2016/17	935	29.2%	27.6%	30.8%	20.0%
2017/18	1,015	29.6%	28.2%	31.2%	20.1%
2018/19	1,075	29.6%	28.1%	31.1%	20.2%
2019/20	1,005	29.0%	27.5%	30.6%	21.0%
2020/21	-	*	-	-	25.5%
2021/22	1,165	33.2%	31.8%	34.9%	23.4%

Source: OHID, using National Child Measurement Programme, NHS Digital

Figure 36 Prevalence of year 6 of obesity (including severe obesity). Source: Office of health inequalities and disparities

Smoking in pregnancy

The Maternity Services Dataset (MSDS) looked at smoking in early pregnancy in 2018/19, and Hartlepool had the highest rate in the North East and the 3rd highest in England.

Smoking in early pregnancy

Proportion - %

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	-	-	12.8	12.7	12.9
North East region	-	-	18.6	18.1	19.1
Hartlepool	-	-	27.3	24.5	30.1
Sunderland	-	-	25.7	23.7	27.7
County Durham	-	-	21.4	20.2	22.5
Middlesbrough	-	-	20.0	18.2	21.7
Redcar and Cleveland	-	-	20.0	17.9	22.0
Darlington	-	-	19.8	17.4	22.2
South Tyneside	-	-	17.9	16.0	19.9
Gateshead	-	-	17.2	15.6	18.8
Stockton-on-Tees	-	-	16.1	14.5	17.6
Northumberland	-	-	15.7	14.3	17.0
Newcastle upon Tyne	-	-	13.9	12.7	15.1
North Tyneside	-	-	12.6	11.2	13.9

Source: Maternity Services Dataset (MSDS) v1.5

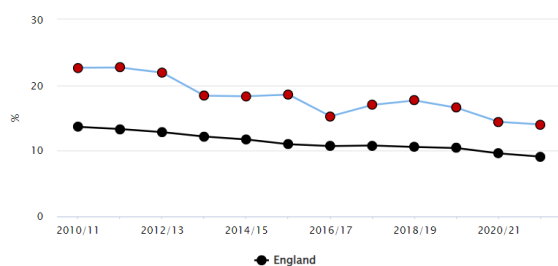
Table 18 table showing smoking in early pregnancy across the north east region. Source: Maternity services dataset

Hartlepool's rate of 27.3% is more than twice the England rate of 12.8% and almost 1.5 times the North East rate of 18.6%.

Hartlepool's rate of mothers who are smokers at the time of delivery of their baby has remained significantly worse than the England average throughout the last 12 years.

Smoking status at time of delivery

Proportion - %



Recent trend: No significant change

Period	Hartlepool				North East	England
	Count	Value	95% Lower CI	95% Upper CI		
2010/11	254	22.7%	20.3%	25.2%	21.1%	13.6%
2011/12	259	22.7%	20.4%	25.2%	20.7%	13.3%
2012/13	234	21.9%	19.5%	24.5%	19.7%	12.8%
2013/14	181	18.4%	16.1%	20.9%	18.9%	12.2%
2014/15	185	18.3%	16.0%	20.8%	18.0%	11.7%
2015/16	188	18.6%	16.3%	21.1%	16.8%	11.0%
2016/17	150	15.3%	13.1%	17.6%	16.1%	10.7%
2017/18	151	17.0%	14.7%	19.6%	16.3%	10.8%
2018/19	167	17.7%	15.4%	20.2%	15.7%*	10.6%
2019/20	146	16.5%	14.2%	19.1%	15.2%*	10.4%
2020/21	122	14.4%	12.2%	17.0%	13.3%	9.6%
2021/22	124	14.0%	11.9%	16.5%	12.6%	9.1%

Source: Calculated by PHE from the NHS Digital return on Smoking Status At Time of delivery (SATOD)

Figure 37 Graph and Table showing smoking status at time of delivery. Source: PHE and NHS Digital 2022

The rate for Hartlepool has fallen by 39% from 2010/11 to 2021/22, compared with a 33% decline for the England rate in the same period. Looking at the smoking status at time of delivery at a Middle Super Output Area (MSOA) level in Hartlepool from 2019/20 to 2021/22, every MSOA has reduced by at least 5.9%, though the largest reduction is Harbour, Victoria & Wooler Road, which has reduced by 79.4%.

Smoking at Time of Delivery – Hartlepool MSOA 2019/20 to 2021/22

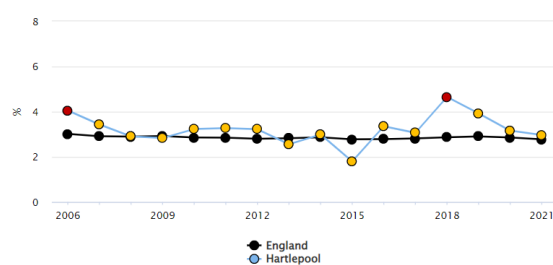
	2019/20	2020/21	2021/22	% Decrease from 2019/20 to 2021/22
Clavering	10.2	8.4	3.0	71.0
Headland & West View	38.3	22.0	19.2	49.8
Jesmond	34.3	35.2	19.5	43.2
Old Town & Grange	27.0	24.0	6.4	76.2
Foggy Furze	29.0	32.6	23.3	19.7
Rift House & Summerhill	41.2	22.1	9.2	77.7
Rossmere & Mill	11.1	11.3	10.5	5.9
Seaton Carew	1.5	1.7	0.8	46.1
Owton Manor	21.7	35.4	19.1	11.9
The Fens, Elwick & Hart	2.7	2.5	1.8	34.4
Harbour, Victoria & Wooler Road	24.6	20.7	5.1	79.4

Table 19 Smoking at time of delivery - Hartlepool MSOA 2019/20 to 2021/22. Source: NHS FT 2023

Low birth weight for full term babies in Hartlepool has seen a decline in each of the last three years, down from a high of 4.6% in 2018, to 3% in 2021.

Low birth weight of term babies

Proportion - %



Recent trend: ● No significant change

Period	Count	Value	Hartlepool		North East	England
			95% Lower CI	95% Upper CI		
2006	44	4.1%	3.0%	5.4%	3.1%	3.0%
2007	37	3.4%	2.5%	4.7%	2.8%	2.9%
2008	31	2.9%	2.1%	4.1%	2.9%	2.9%
2009	31	2.8%	2.0%	4.0%	2.6%	2.9%
2010	33	3.2%	2.3%	4.5%	2.8%	2.9%
2011	36	3.3%	2.4%	4.5%	2.7%	2.8%
2012	34	3.2%	2.3%	4.5%	2.7%	2.8%
2013	24	2.6%	1.7%	3.8%	3.0%	2.8%
2014	29	3.0%	2.1%	4.3%	3.0%	2.9%
2015	18	1.8%	1.1%	2.8%	2.8%	2.8%
2016	32	3.4%	2.4%	4.7%	3.0%	2.8%
2017	28	3.1%	2.1%	4.4%	3.1%	2.8%
2018	43	4.6%	3.5%	6.2%	3.3%	2.9%
2019	34	3.9%	2.8%	5.4%	3.1%	2.9%
2020	27	3.2%	2.2%	4.6%	3.2%	2.9%
2021	25	3.0%	2.0%	4.3%	2.7%	2.8%

Source: Office for National Statistics

Figure 38 Graph and Table showing low birth weight of term babies. Source: ONS

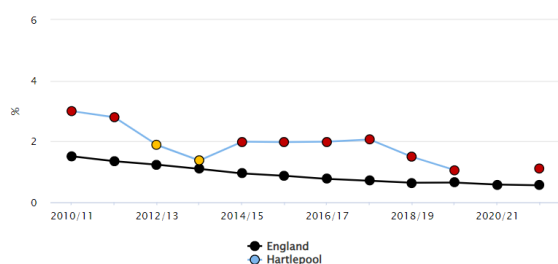
The 2018 rate was the highest for Hartlepool in 13 years and was almost 60% higher than the England rate for 2018. In 2021 Hartlepool is just 7% higher than the England average, and is back to a position of statistical similarity with the England rate.

Teenage pregnancy

The rate of teenage mothers in Hartlepool has fallen by almost two thirds in 11 years, from 3.0% in 2010/11 to 1.1% in 2021/22.

Teenage mothers

Proportion - %



Recent trend: ➔ No significant change

Period	Count	Value	Hartlepool		North East	England
			95% Lower CI	95% Upper CI		
2010/11	33	3.0%	2.1%	4.2%	2.4%	1.5%
2011/12	32	2.8%	2.0%	3.9%	2.3%	1.3%
2012/13	20	1.9%	1.2%	2.9%	2.1%	1.2%
2013/14	14	1.4%	0.8%	2.3%	1.7%	1.1%
2014/15	20	2.0%	1.3%	3.1%	1.7%	1.0%
2015/16	21	2.0%	1.3%	3.0%	1.6%	0.9%
2016/17	20	2.0%	1.3%	3.1%	1.4%	0.8%
2017/18	20	2.1%	1.3%	3.2%	1.3%	0.7%
2018/19	15	1.5%	0.9%	2.5%	1.2%	0.6%
2019/20	10	1.1%	0.7%	2.2%	1.2%	0.7%
2020/21	-	*	-	-	1.0%	0.6%
2021/22	10	1.1%	0.6%	2.1%	1.2%	0.6%

Source: Hospital Episode Statistics (HES)

Figure 39 Graph and table showing prevalence of teenage mothers. Source: Hospital Episode Statistics

This has largely mirrored the England rate which has also fallen by almost two thirds, from 1.5% to 0.6%. However, Hartlepool's falling rate is greater than that of the North East region, which only fallen by 50% across the same time period. Hartlepool's current rate is the 7th highest of the 12 local authorities in the North East.

The under 18 conception rate in Hartlepool has seen a general decline in recent years, falling every year, from a peak of 38 per 1,000 women under 18 in 2018, to 19.9 per 1,000 in 2021.

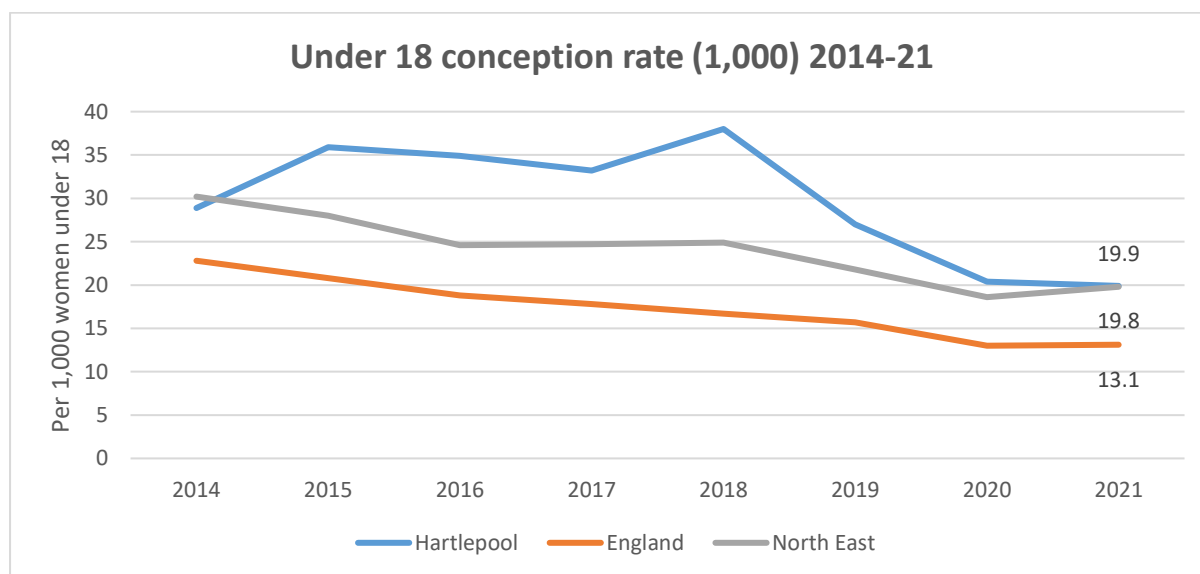


Figure 40 Graph showing under 18 conception rate (1,000) 2014-21. Source: ONS 2023

The 2021 rate for Hartlepool is similar to the North East rate, 19.8 per 1,000, and has almost halved since 2018.

The under 16 conception rate also saw a spike in 2018, up from 4.1 per 1,000 women under 16 in 2017 to 7.7 per 1,000 in 2018.

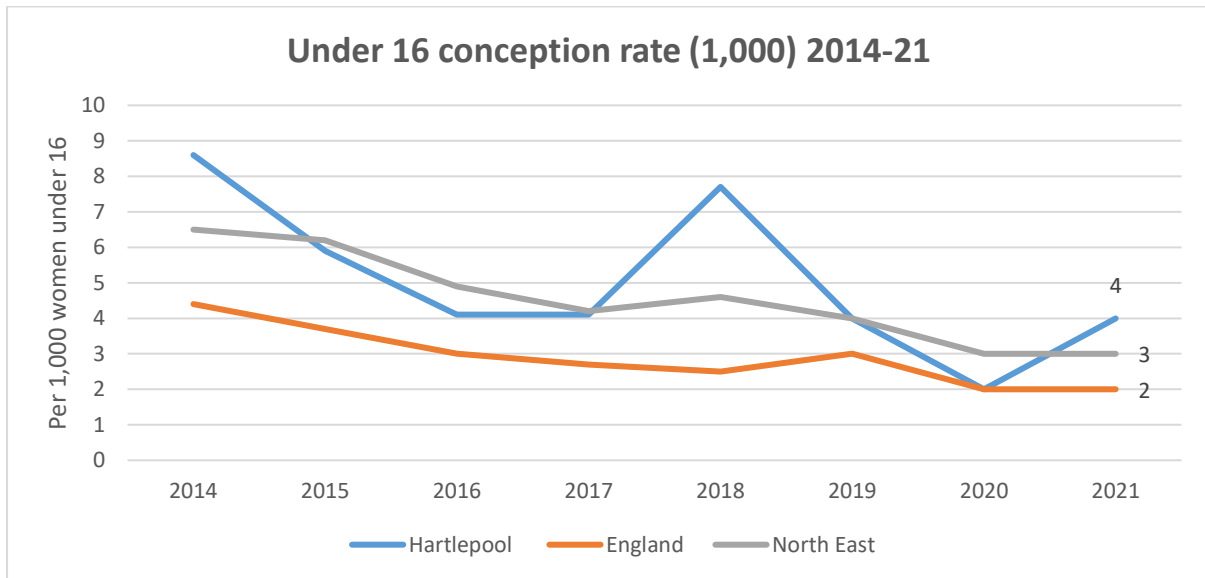


Figure 41 Graph showing under 16 conception rate (1,000) 2014-21. ONS 2023

Hartlepool's rate again saw a decline after 2018, though the latest figures in 2021 show an increase from 2 per 1,000 in 2020 to 4 per 1,000 in 2021. The 2021 figure for Hartlepool is 50% larger than the North East and twice the England average.

Children and Young People Mental Health Data

Anxiety and Depression

Data from Tees Valley CCG shows that for both anxiety and depression, the prevalence amongst Hartlepool's young female is greater than that for the male population, though the inverse is true for other mental health conditions.

Rate per 1000 CYP population with a Mental Health Condition Diagnosis recorded in Primary Care Record at January 2023 for all CYP registered with a GP in Hartlepool.

Anxiety	Female	Male	Grand Total
06 - 10	5.48	3.85	4.65
11-15	25.21	19.32	22.18
16-18	83.53	44.67	64.42
19-25	258.05	152.55	204.81
Grand Total	85.41	49.77	67.23

Depression	Female	Male	Grand Total
16-18	12.10	1.79	7.03
19-25	174.30	101.07	137.49
Grand Total	47.73	26.41	36.90

Psychosis	Female	Male	Grand Total
16-18		1.79	0.88
19-25	9.79	6.17	5.41
Grand Total		1.81	1.52

Schizophrenia	Female	Male	Grand Total
19-25	0	1.07	0.54
Grand Total	0	1.07	0.54

Bi Polar	Female	Male	Grand Total
19-25	1.36	1.34	1.35
Grand Total	1.36	1.34	1.35

Learning Disability	Female	Male	Grand Total
0-5	0.37	1.35	0.88
06 - 10	1.10	3.85	2.50
11-15	4.37	9.50	7.01
16-18	5.18	8.34	6.73
19-25	12.82	21.18	17.03
Grand Total	5.28	9.59	7.48

Autism	Female	Male	Grand Total
0-5	5.16	10.46	7.93
06 - 10	14.25	47.94	31.46
11-15	20.17	66.20	43.87
16-18	20.74	48.24	34.26
19-25	13.91	43.16	28.80
Grand Total	14.46	43.02	29.06

Table 20 Rate per 1000 CYP Population with a mental health condition diagnosis recorded in Primary Care Record at January 2023 for all CYP registered with a GP in Hartlepool. Source. NECS - Tees Valley CCG 2023

At every age bracket from 6-10 to 19-25 for depression and 16-18 and 19-25 for anxiety the female prevalence rate is larger than the male. For both 16-18 and 19-25 for anxiety, the female rate is around 50% larger than the male rate. For both males and females, the rate for depression vastly increases from the 16-18 age bracket to the 19-25 age bracket. The male rate is more than 50 times larger at 19-25 than 16-18, and the female rate is 14 times larger. For both Learning disabilities and autism, the male rate is higher than the female rate at every age group. For autism the male rate is at least twice the size of the female rate and for 6-10 to 19-25 the male rate is more than three times larger. Similarly for learning disabilities, every male rate is at least 50% larger than the female rate, with the 0-5 and 6-10 rates both more than three times larger than the female rate. In a similar pattern to depression, the rate for psychosis is much larger at 19-25 than at 16-18. While there is no female rate at 16-18, the male rate increase almost 3.5 times from 1.79 per 1,000 people to 6.17 per 1,000. The rate for bi polar is similar for both males and females at 19-25, and for schizophrenia there is no female rate, but the male rate is around 1 per 1,000 people at 19-25 years old.

Eating Disorders

Data from Tees, Esk and Wear Valley (TEWV) NHS Trust shows that within the NHS Tees Valley CCG geographical area, referrals to the eating disorder team have increased year on year from 2019-2022.

NHS Tees Valley CCG					
	Referrals	Urgent Referrals	% Urgent	Accepted Referrals	% Accepted
2019	199	11	5.5	176	88.4
2020	214	17	7.9	193	90.2
2021	270	31	11.5	254	94.1
2022	303	23	7.6	297	98.0

Table 21 Referrals to the eating disorder team. Source: Tees Esk and Wear Valley NHS Trust 2023

The increases range from 7-26%, with a general increase in urgent referrals across the same period. The proportion of referrals which are deemed valid and accepted into the service has also increased across this period, with only 2% of referrals for NHS Tees Valley CCG not accepted by the TEWV eating disorder team in 2022. The proportion of referrals accepted for NHS Tees Valley CCG increased by 10% from 2019 to 2022.

Emergency hospital admissions

For emergency hospital admissions based on mental health diagnosis codes, while female rates are higher for both 11-15 and 16-18, male rates are between 1.8 and 2.1 times the size of the female rate for those aged 0-5 and 6-10.

Rate per 1000 Emergency Admissions where Mental Health Diagnosis Code is present against the admission

Age Group	Female	Male	Grand Total
0-5	3.69	6.75	5.29
06-10	3.29	7.00	5.18
11-15	8.40	6.65	7.50
16-18	16.71	15.49	16.11
19-25	8.73	8.85	8.79
Grand Total	7.59	8.34	7.97

Table 22 Rate per 1000 emergency admissions where mental health diagnosis code is present against the admission. Source: NECS - Tees Valley CCG 2023

The difference in the rates between the genders aged 16-18 and 19-25 are with 10% of each other, it is only in the younger age groups where there is a noticeable difference between the two rates.

Self-harm and intentional injury

Hospital admissions for self-harm for children and young people in Hartlepool are at similar levels to England, across the age groups 10-14, 15-19 and 10-24.

Hospital admissions as a result of self-harm (10-14 yrs)

Crude rate - per 100,000

Area ▲▼	Recent Trend	Count ▲▼	Value ▲▼	95% Lower CI	95% Upper CI
England	-	-	307.1	301.3	313.0
North East region	-	-	404.1	373.1	437.1
North Tyneside	-	-	785.4	628.0	951.0
Northumberland	-	-	574.3	477.6	711.0
Gateshead	-	-	532.8	406.6	685.8
Sunderland	-	-	467.8	356.9	572.5
Newcastle upon Tyne	-	-	394.4	309.7	509.5
County Durham	-	-	355.4	293.7	433.9
South Tyneside	-	-	347.5	253.5	523.3
Darlington	-	-	300.7	207.2	500.8
Hartlepool	-	-	252.2	116.3	373.8
Middlesbrough	-	-	210.5	145.1	350.6
Redcar and Cleveland	-	-	186.9	104.5	308.3
Stockton-on-Tees	-	-	153.1	93.5	236.5

Table 23 Hospital admissions as a result of self-harm (10-14 years). Source: Hartlepool Episode Statistics

Hospital admissions as a result of self-harm (15-19 yrs)

Crude rate - per 100,000

Area ▲▼	Recent Trend	Count ▲▼	Value ▲▼	95% Lower CI	95% Upper CI
England	-	-	641.7	633.0	650.5
North East region	-	-	835.7	789.3	882.8
North Tyneside	-	-	1,359.7	1,147.4	1,599.9
Northumberland	-	-	1,217.0	1,052.2	1,400.3
County Durham	-	-	946.7	844.0	1,065.6
Darlington	-	-	755.7	551.1	1,011.2
Gateshead	-	-	741.6	583.3	929.6
Sunderland	-	-	714.6	578.3	857.6
Redcar and Cleveland	-	-	691.4	501.2	895.8
Hartlepool	-	-	662.5	493.1	965.4
Newcastle upon Tyne	-	-	657.5	548.8	770.8
Stockton-on-Tees	-	-	642.0	492.3	800.9
Middlesbrough	-	-	639.5	461.6	806.1
South Tyneside	-	-	527.7	399.3	749.0

Source: Hospital Episode Statistics (HES), Copyright © 2020, Re-used with the permission of NHS Digital. All rights reserved Copyright © 2020, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved.

Table 24 Hospital admissions as a result of self-harm (15-19 years). Source: Hartlepool Episode Statistics

Hospital admissions as a result of self-harm (10-24 years)

Directly standardised rate - per 100,000

Area ▲▼	Recent Trend	Count ▲▼	Value ▲▼	95% Lower CI	95% Upper CI
England	-	-	427.3	423.2	431.3
North East region	-	-	575.0	553.4	597.2
Northumberland	-	-	1,014.2	923.6	1,111.1
North Tyneside	-	-	1,009.2	901.4	1,126.3
County Durham	-	-	591.2	542.9	642.5
Gateshead	-	-	566.2	486.3	655.5
Darlington	-	-	536.3	433.2	656.4
Middlesbrough	-	-	497.7	418.0	588.0
Hartlepool	-	-	482.3	380.3	603.2
Sunderland	-	-	458.2	398.5	524.3
Redcar and Cleveland	-	-	457.6	370.6	558.8
Newcastle upon Tyne	-	-	437.4	388.1	491.0
South Tyneside	-	-	421.0	341.8	513.0
Stockton-on-Tees	-	-	368.7	305.2	441.5

Source: Hospital Episode Statistics (HES) Copyright © 2020, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved.

Table 25 Hospital admissions as a result of self-harm (10-24 years). Source: Hartlepool Episode Statistics

Within the North East region Hartlepool has the 4th lowest rate for emergency admissions for self-harm for 1-14 year olds, 5th lowest for 15-19 year olds and the 6th lowest for 10-14 year olds. Within Hartlepool, data from the Tees Valley CCG shows that females have a higher rate of A&E attendance per 1,000 people for 'self-inflicted' injuries and a higher rate of mental health referrals for 'self-harm behaviours' across almost all age groups.

Rate per 1000 A&E Attendances where Intent of Injury code is 'Self Inflicted'

Age Group	Female	Male	Grand Total
6-10	0.00	0.35	0.18
11-15	12.10	2.85	7.34
16-18	9.79	5.96	7.91
19-25	16.09	10.46	13.25
Grand Total	8.10	4.10	6.06

Rate per 1000 Mental Health Referrals for primary reason 'Self Harm Behaviours'

Age Group	Female	Male	Grand Total
6-10	2.9	2.8	2.9
11-15	35.6	9.8	22.5
16-18	35.1	18.5	27.2
19-25	48.3	30.0	39.2
Grand Total	25.5	12.7	19.0

Table 26 Rate per 1000 A&E attendances where intent of injury code is 'self-inflicted'/Rate per 1000 mental health referrals for primary reason 'self-harm behaviour'. Source NECS - Tees Valley CCG 2023

'Self-inflicted' injuries in 6-10 years olds is the only grouping where the male rate is above the female rate. In each age category above 6-10 the female rate is at least 1.5 times larger than the male rate, with the 11-15 age groups showing the largest disparity between the genders for both 'self-inflicted' injuries and 'self-harm behaviours', 4.2 times larger and 3.6 times larger respectively.

Suspected suicides

Across the period of October 2018 to February 2023, suspected suicides in Hartlepool aged between 0-25 have been overwhelmingly, 80%.

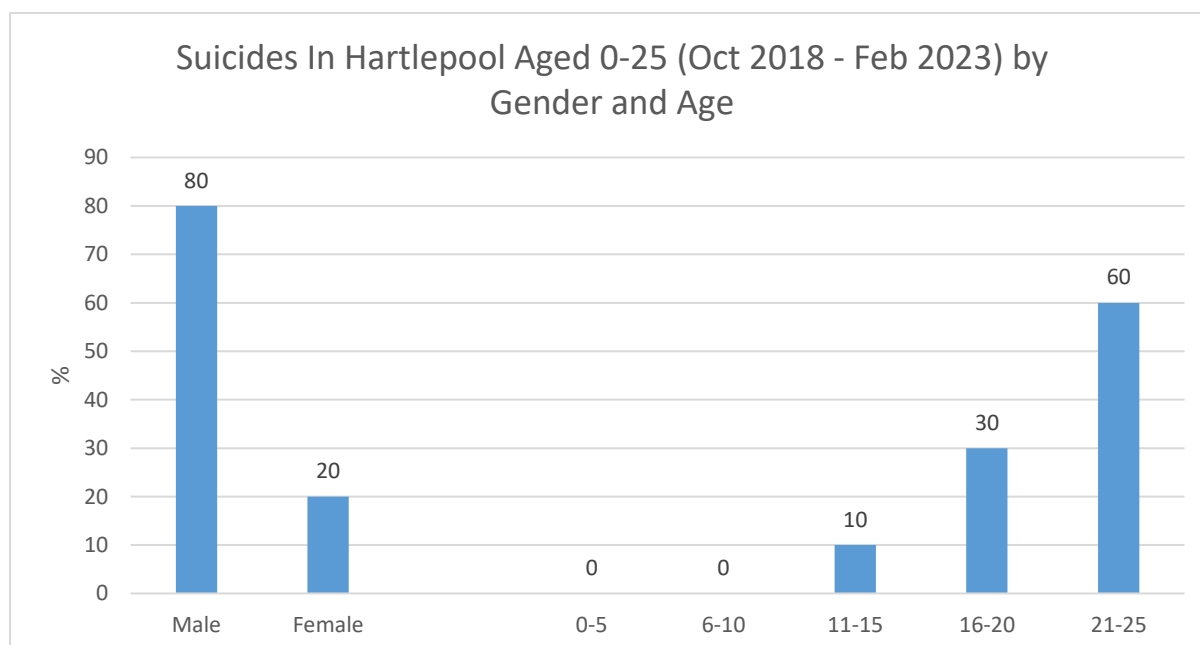


Figure 42 Suicides in Hartlepool aged 0-25 (Oct 2018-Feb 2023) by gender and age. Source Tees Valley Suicide Prevention 2023

Across the 53 month reporting period, 50% of the suicides occurred in the last 12 months, March 2022 – February 2023. 40% of suicides in the 0-25 age category during

this per were below the age of 20. The method utilised in 80% of these suicides was hanging/strangulation

Risk Factors

Substance Misuse in Children and young people

More than 50% of Hartlepool's young people's substance misuse caseload (under 18's) are aged 15 or under for each of the last five years.

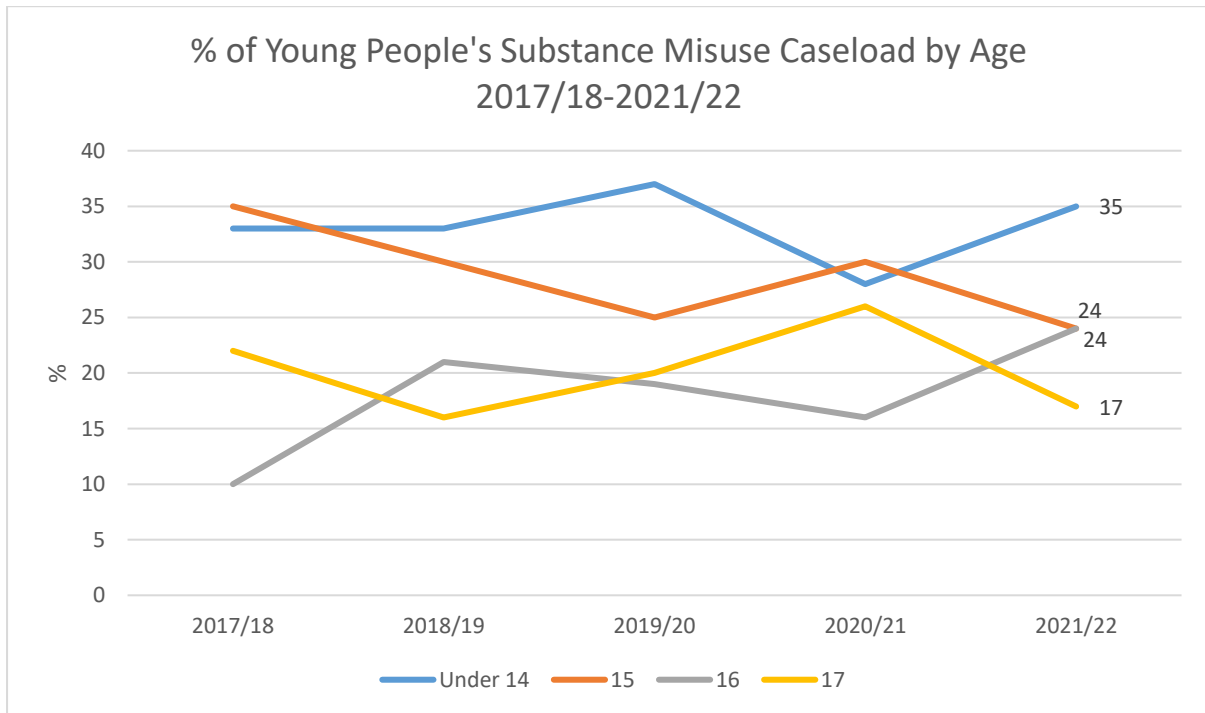


Figure 43 Percentage of young people's substance misuse caseload by age 2017/18 - 2021/22. Source NDTMS 2022

This trend is not found in the England figures for 2021/22, where the age breakdown is almost an equal four way split.

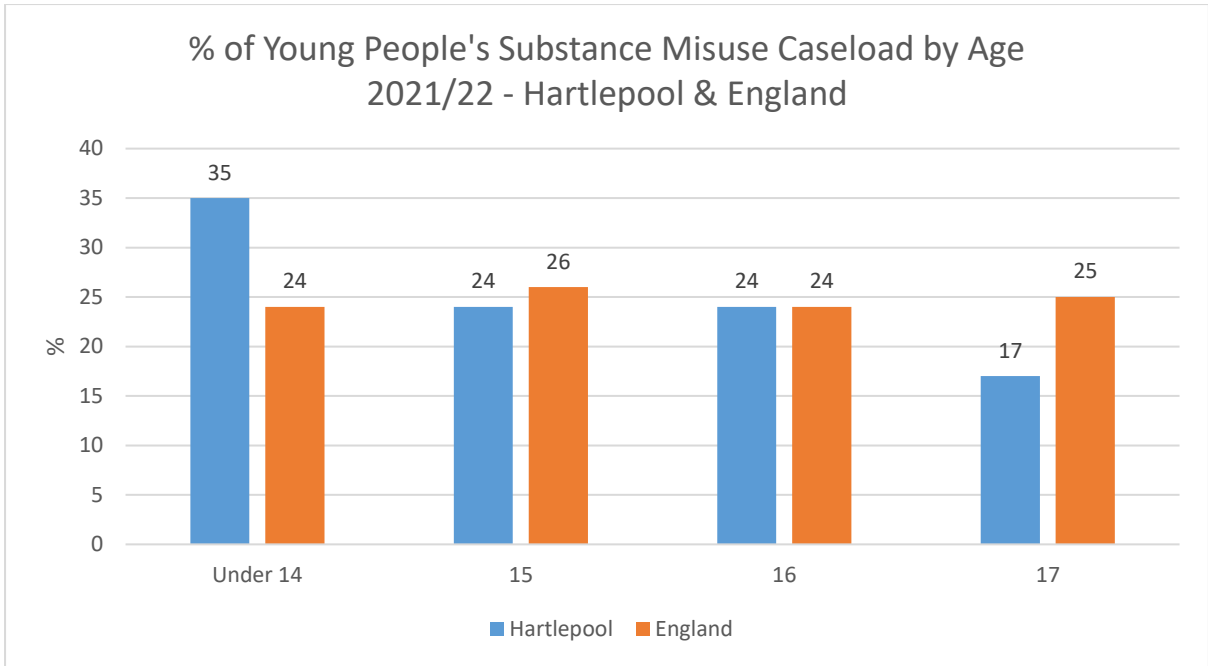


Figure 44 Percentage of young people's substance misuse caseload by age 2021/22 - Hartlepool % England. Source NDTMS 2022

Here the increased emphasis on the younger age groups in Hartlepool's caseload is clearly visible.

Hartlepool Young People's Substance Misuse Referrals 2011/21

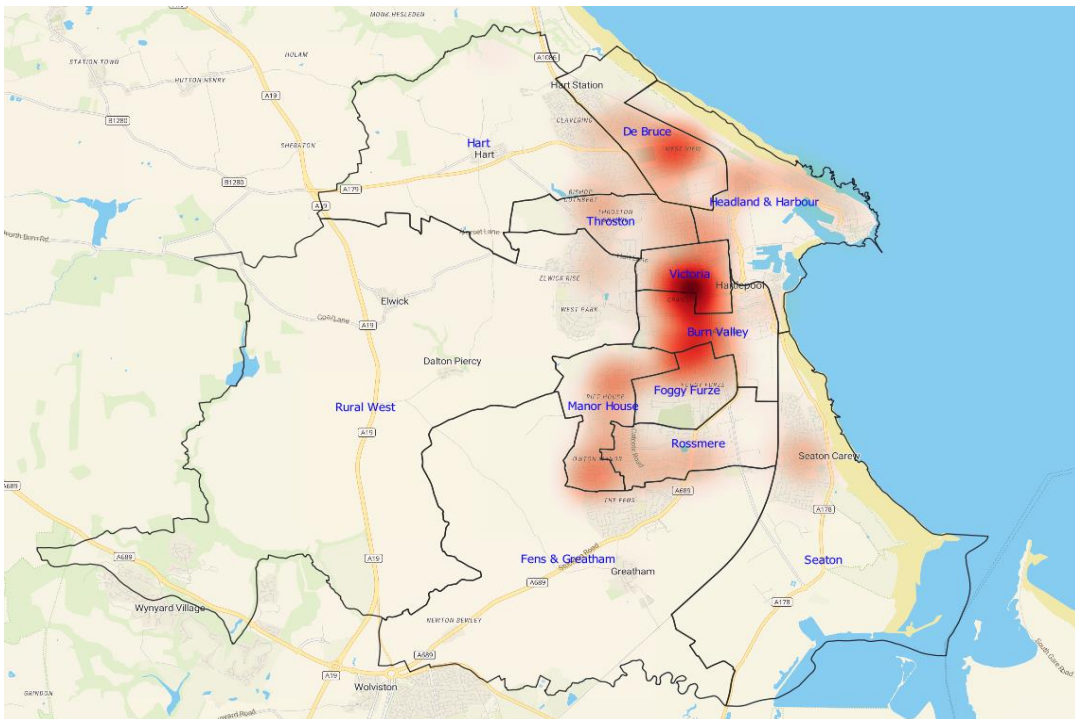


Figure 45 Heat map showing Hartlepool's Young Peoples Substance misuse referrals 2011/21. Source: Local Data 2022

Referrals for Hartlepool's young people's substance misuse treatment services from 2011-2021 have their largest concentration in the Victoria and Burn Valley area of the

town, though as a proportion of all referrals Manor House is larger than Burn Valley. Victoria ward accounts for 1 in 7 of the total referrals. And the five wards with 10% or more, Victoria, Manor House, Burn Valley, De Bruce and Headland & Harbour account for almost two thirds between them. Four of these five wards (Victoria, Manor House, De Bruce and Headland & Harbour) are in the most deprived decile in England, and the other, Burn Valley is in the 2nd most deprived quintile.

In young people’s substance misuse treatment in Hartlepool, cannabis has remained the most prominent substance, with as much as 98% of the caseload using cannabis.

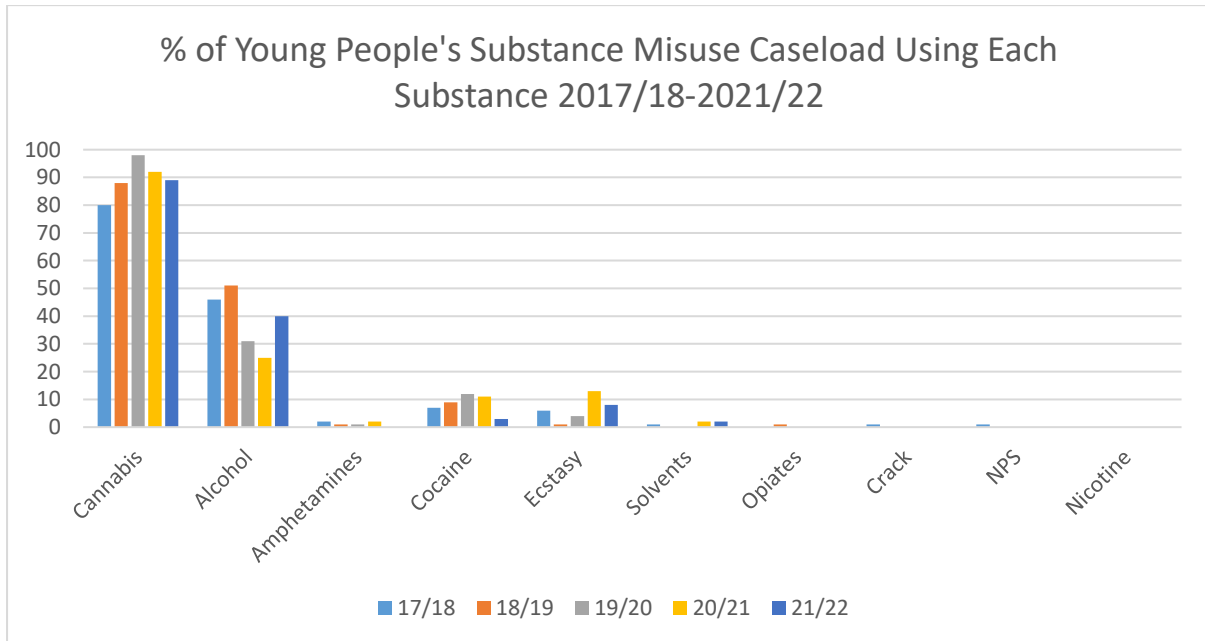


Figure 46 Percentage of young people’s substance misuse caseload using each substance 2017/18-2021/22. Source: NDTMS 2022

Alcohol is the only other substance to have a proportion above 15%, but has moved from a high of 51% in 2018/19 to a low of 25% in 2020/21. In 2021/22 alcohol was being used by 40% of Hartlepool’s young people’s caseload. Other than cannabis and alcohol, the only substance to reach above 2% of the caseload are cocaine and ecstasy.

When compared to the England average, Hartlepool’s young people’s caseload use of cannabis is comparable.

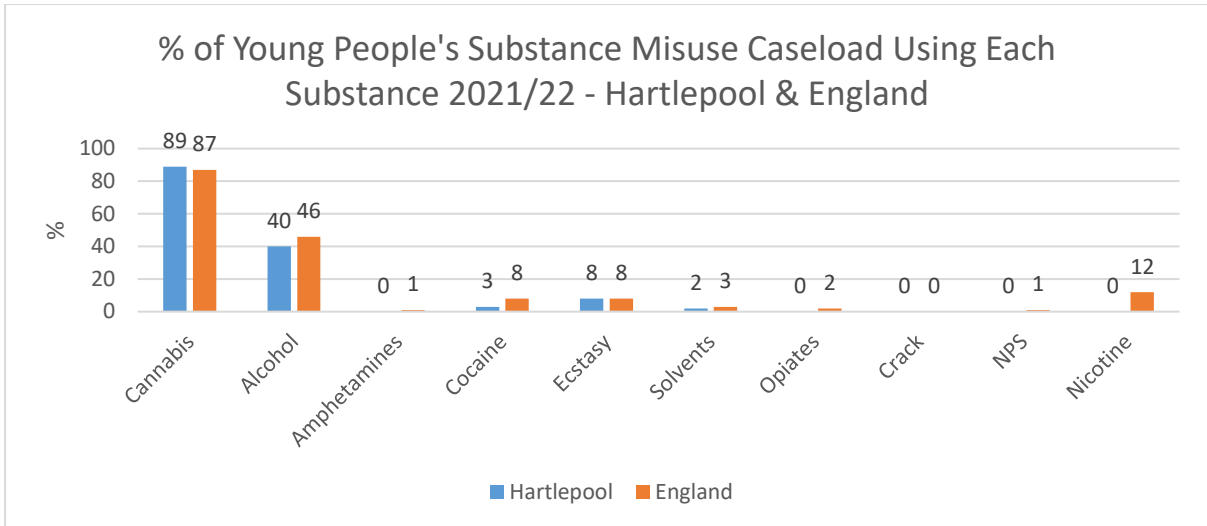


Figure 47 Percentage of young people's substance misuse caseload using each substance 2021/22 - Hartlepool and England. Source: NDTMS 2022

Within young people's substance misuse services in Hartlepool, the proportion of unplanned exits has been above the England average for the last three years, with unplanned exits being the majority of exits in 2020/21.

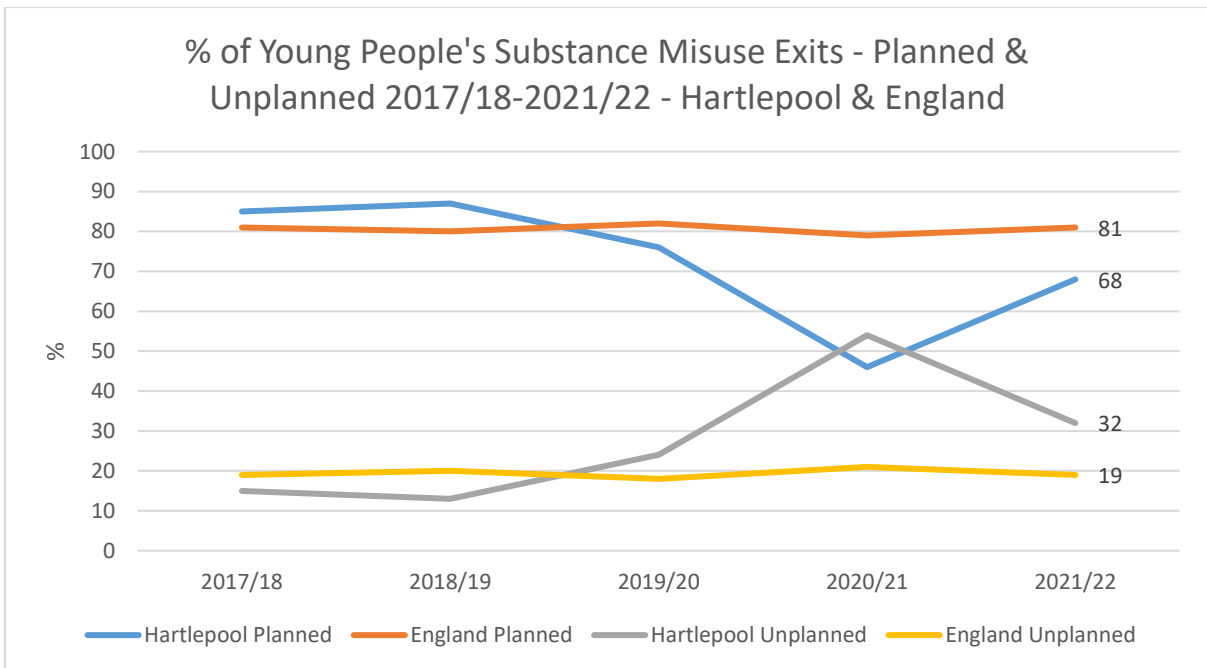


Figure 48 Percentage of young people's substance misuse exits - Planned and unplanned 2017/18-2021/22 - Hartlepool and England. Source: NDTMS 2022

Throughout the five year reporting period, the England rate has remained relatively stable, with rough 80% of exits planned and 20% unplanned. This has not been the case in Hartlepool, a two year increase in unplanned exits took the Hartlepool rate from 13% in 2018/19 to 54% in 2020/21.

Representations of successful completions within Hartlepool's young people's substance misuse service have been at least twice the England average on three of the last five years.

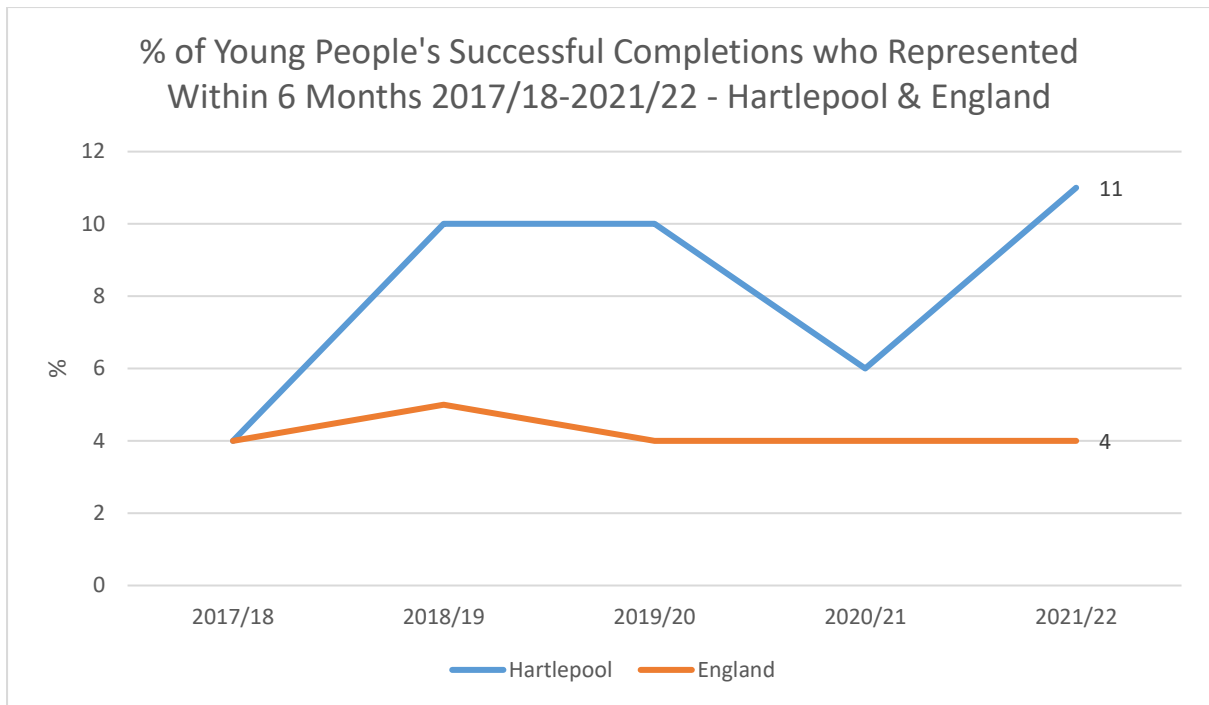


Figure 49 Percentage of young people's successful completions who represented within 6 months 2017/18-2021/22 - Hartlepool and England. Source NDTMS 2022

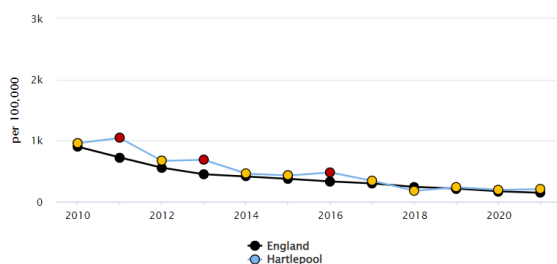
While the England representation rate has remained largely stable at around 4% across the five years, Hartlepool, whilst starting at the same 4% rate as England in 2017/18, increases up to a high of 11% in 2021/22.

Youth Justice

First time entrants in the youth justice system in Hartlepool have been at a similar rate to England since 2017.

First time entrants to the youth justice system

Crude rate - per 100,000



Recent trend: No significant change

Period	Count	Value	Hartlepool		North East	England
			95% Lower CI	95% Upper CI		
2010	95	959.9	776.3	1,173.7	935.3	902.8
2011	100	1,044.0	849.8	1,269.3	872.3	726.4
2012	63	670.4	515.4	857.4	738.5	557.3
2013	63	687.6	527.9	880.4	537.2	449.3
2014	41	461.7	331.3	626.5	478.3	413.7
2015	37	428.8	301.8	591.1	444.3	374.9
2016	41	479.9	344.2	651.4	417.0	332.4
2017	29	341.5	229.4	489.2	368.8	298.6
2018	16	178.7	101.2	292.2	334.1	242.7
2019	21	237.3	146.4	363.6	274.9	214.6
2020	17	195.0	114.3	310.8	142.9	171.2
2021	19	206.9	124.5	323.1	138.8	146.9

Source: Figures calculated by OHID's Population Health Analysis team using crime data supplied by the Ministry of Justice and population data supplied by Office for National Statistics (ONS).

Figure 50 Graph and table showing first time entrants to the youth justice system. Source: Office of Health inequalities and disparities

Both the Hartlepool and England rates have seen a gradual decline since 2010, though Hartlepool did increase its rate in 2011. While Hartlepool's rate, 206.9 per 100,000, is similar to the England average, it is also the 2nd highest recorded rate in the North East, more than twice the rate of Northumberland, 89.3 per 100,000.

Homelessness – aged 16-24 years

For homeless cases where the main applicant is aged 16-24 years, Hartlepool again has one of the lowest rates in the North East, 1.8 per 1,000 people.

Homelessness - households owed a duty under the Homelessness Reduction Act (main applicant 16-24 yrs)

Crude rate - per 1,000

Area ▲▼	Recent Trend	Count ▲▼	Value ▲▼	95% Lower CI	95% Upper CI
England	-	56,080	2.4	2.3	2.4
North East region	-	3,190	2.7	2.6	2.8
Northumberland	-	185	1.3	1.1	1.5
Redcar and Cleveland	-	108	1.7	1.4	2.1
Hartlepool	-	75	1.8	1.4	2.2
North Tyneside	-	203	2.1	1.8	2.4
Sunderland	-	306	2.5	2.2	2.8
Newcastle upon Tyne	-	365	2.9	2.6	3.2
Gateshead	-	318	3.5	3.1	3.9
Middlesbrough	-	234	4.1	3.6	4.7
Stockton-on-Tees	-	513	6.2	5.6	6.7
County Durham	-	-	*	-	-
Darlington	-	-	*	-	-
South Tyneside	-	-	*	-	-

Source: Ministry of Housing, Communities & Local Government

Table 27 Homelessness - house loads owed a duty under the homelessness reduction act (main applicant 16-24). Source: Ministry of Housing, Communities & Local Government

8.0 Current service mapped to THRIVE

The **THRIVE Framework**¹⁹ provides a set of principles for creating coherent and resource-efficient communities of mental health and wellbeing support for children, young people and families. It aims to talk about mental health and mental health support in a common language that everyone understands. The Framework is needs-led. This means that mental health needs are defined by children, young people and families alongside professionals through shared decision making. Needs are not based on severity, diagnosis or health care pathways. The THRIVE framework is for:

- all children and young people aged 0–25 within a specified locality
- all families and carers of children and young people aged 0–25 within a specified locality
- any professionals who seek to promote mental health awareness and help children and young people with mental health and wellbeing needs or those at risk of mental health difficulties (whether staff in educational settings, social care, voluntary or health sectors or others)

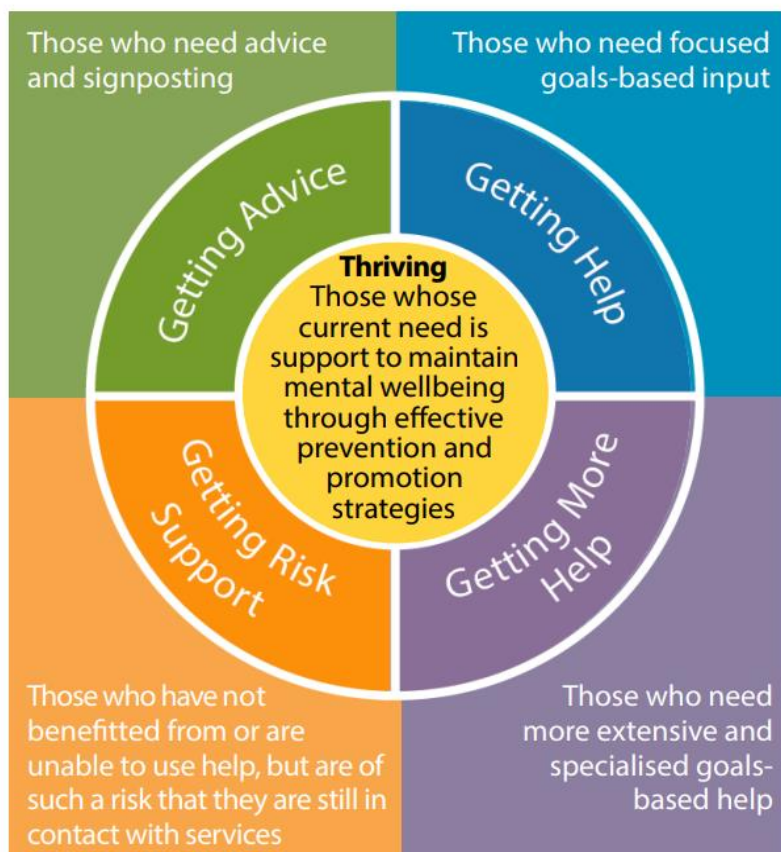


Figure 51 THRIVE framework

The **THRIVE framework** uses five main groupings to conceptualise the health and wellbeing needs of children, young people and families. More detail of each area is shown below.

The framework uses the following principles:

1. Common Language Common conceptual framework (five needs-based groupings: Thriving, Getting Advice, Getting Help, Getting More Help, Getting Risk Support) shared across all target groups.
2. Needs-Led Approach based on meeting need, not diagnosis or severity. Explicit about the definition of need (at any one point, what the plan is and everyone's role within that plan). Fundamental to this is a common understanding of the definitions of needs-based groupings across the local system.
3. Shared Decision Making Voice of children, young people and families is central. Shared decision-making processes are core to the selection of the needs-based groupings for a given child or young person
4. Proactive Prevention and Promotion Enabling the whole community in supporting mental health and wellbeing. Proactively working with the most vulnerable groups. Particular emphasis on how to help children, young people and their communities build on their own strengths including safety planning where relevant.

5. Partnership Working Effective cross-sector working, with shared responsibility, accountability, and mutual respect based on the five needs-based groupings.
6. Outcome-Informed Clarity and transparency from outset about children and young people's goals, measurement of progress movement and action plans, with explicit discussions if goals are not achieved. • Discuss the limits and ending of interventions. • Differentiate treatment and risk management. • Consider full range of options including self or community approaches.
7. Reducing Stigma Ensuring mental health and wellbeing is everyone's business including all target groups.
8. Accessibility Advice, help and risk support available in a timely way for the child, young person or family, where they are and in their community.

Hartlepool services mapped across i-THRIVE

For those aged between 5-17years the ICB applied the prevalence percentages estimates for mental health need/disorders to understand the demand for each i-THRIVE area could be.

	Stockton	Hartlepool	Middlesbrough	Redcar	Darlington	TOTAL
Approx 5-17 yr old population	31,076	14,321	23,526	17,421	15,764	102,108
Thriving 83.3%	25,886	11,929	19,597	14,511	13,131	85,055
1 in 6 Estimates of CYP	5,180	2,387	3,922	2,904	2,628	17,021
30% Getting Advice/Signposting	1554	716	1176	871	788	5,106
60% Getting Help	3108	1432	2353	1742	1577	10,212
5-10% Getting More Help	259-518	119-238	196-392	145-290	131-262	851-1702
5-10% Risk Support	259-518	119-238	196-392	145-290	131-262	851-1702

Table 28 prevalence percentages estimates for mental health need/disorders. Source: ICB

A piece of work has commenced mapping current Hartlepool service provision across the i-THRIVE framework. This work started in July 2022 and is being refreshed as part of this needs assessment. The work is anticipated to inform the

work across the ICB understanding the provision of services and communicating this effectively to partners, parents and young people (Appendix 1).

Online Support offers

Togetherall has been commissioned by Hartlepool Borough Council to provide an online resource for people living in Hartlepool aged 16 and upwards which offers a safe, anonymous, 24/7 online community, where people support each other to improve their mental health and wellbeing. The data below shows the numbers of people accessing the site (all age) since it launched in March 2023 and the top presenting issues. This is further broken down by age showing 10% of those registration on the site are between 16-24 years.

Togetherall in Hartlepool

Since launching on the 1st March 2023, Togetherall has supported **76 individuals from Hartlepool**

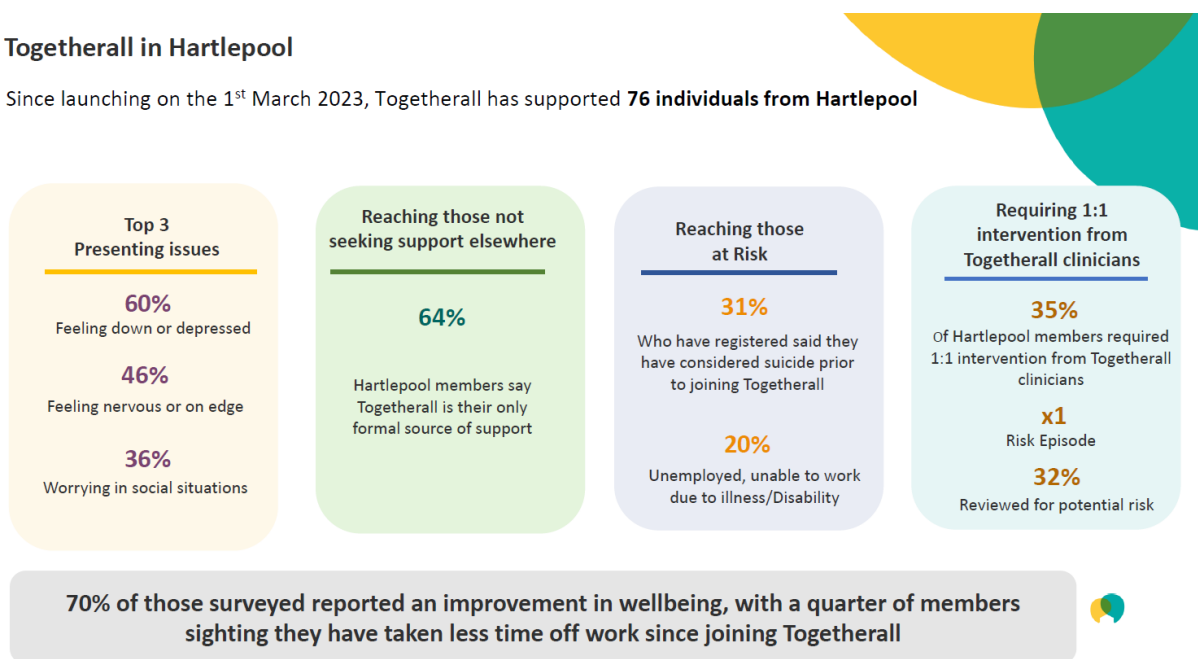
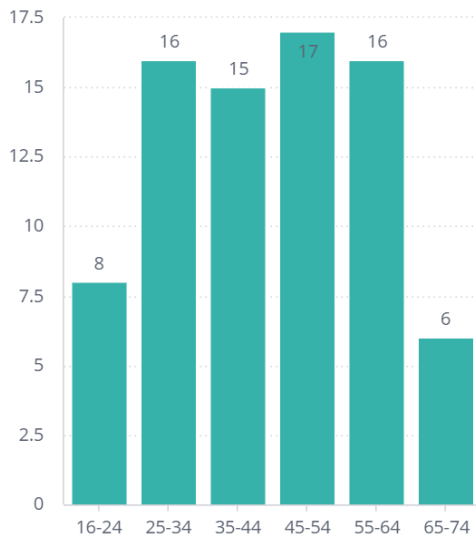


Figure 52 Togetherall Statistics. Source: Togetherall 2023

Age Range of Members by Registration date



Age Range of Members by Registration date

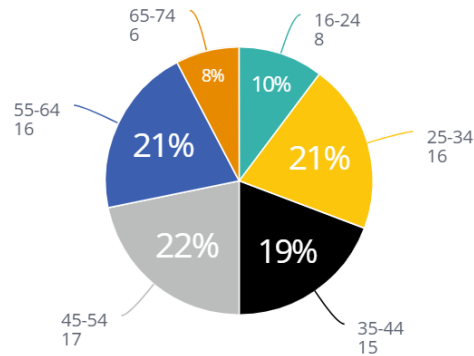


Figure 53 Togetherall Statistics by age. Source: Togetherall 2023

Kooth²⁰ is a transformational digital mental health platform that launched in 2004. It gives children and young people (CYPs) aged between 11-18 years immediate access to an online community of peers and a team of experienced, accredited counsellors. Access is free and there are no waiting times, no referrals, no thresholds to meet and complete anonymity. This is commissioned across Durham and Tees Valley.

The service is available 365 days per year, between 12pm-10pm on weekdays, and 6pm-10pm on weekends and holidays.

Kooth.com offers a wide range of support services:

- Online Magazine An online magazine with age appropriate, clinically moderated articles written by the Kooth content team.
- Forums Moderated peer-support communities for CYP's to connect and engage in a safe space.
- Asynchronous Messaging CYP's can send and receive messages to qualified counsellors and emotional wellbeing practitioners.
- Live Chat Sessions Our team of counsellors are on hand to provide safe and effective support 365 days a year. The sessions are up to 1 hour long and are available on a drop in basis or via booked chats.

Data

For the period 1st April 2022 to 28th February 2023 for Hartlepool there were

- Of registration (n=191) males accounted for 28% (n=54) females accounted for 66% and non-binary/other accounted for 6% (n=11).
- Age break down of registrations:
 - 10-12 years 22%
 - 13-16 years 58%

- 17-18 years 16%
- 19/24 years 4%

Most viewed topics and forums for this group showed the top three topics of support across all platforms were for support for self-harm (mental health), school (education) and anxiety/mental health support.

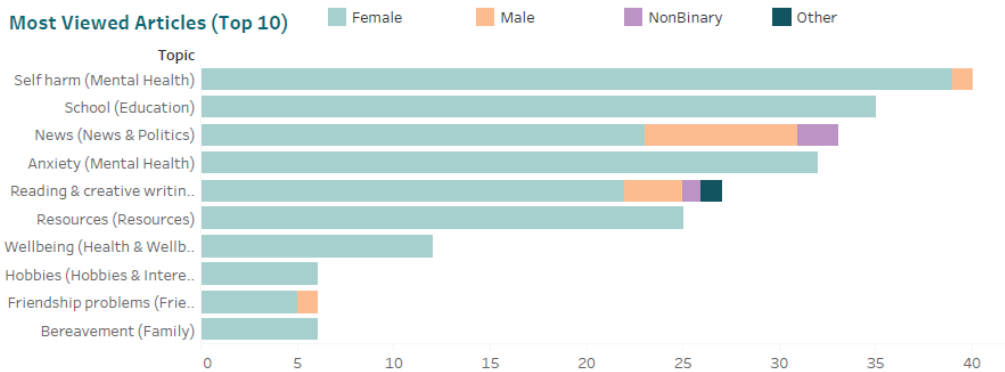


Figure 54 Kooth most viewed articles. Source: Kooth 2023

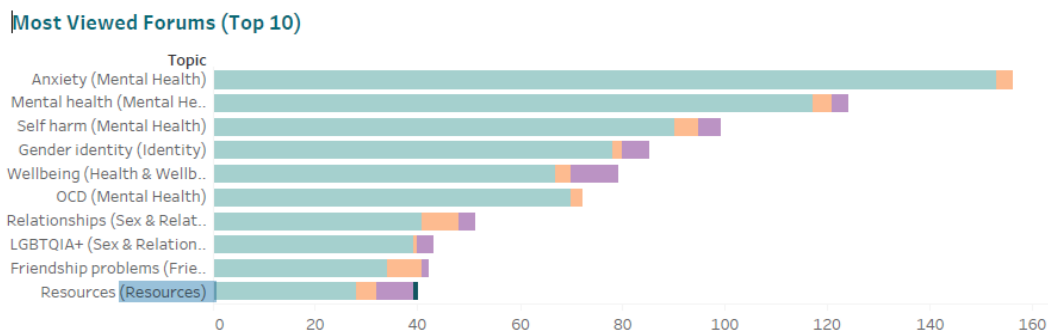


Figure 55 Kooth most visited forums. Source: Kooth 2023

QWELL²¹ Offers free, safe and anonymous mental wellbeing support for adults across Durham, Darlington and Teesside for people aged 18+.

QWELL offers a variety of anonymous support options including:

- Online messaging - a messaging feature allows you to reach out directly to a professional and use messages to connect with someone who may need additional support.
- Booked and drop-in chat – an online chat functionality allows you to receive professional support through booked or drop-in sessions as and when you need it.
- Therapeutic content - hundreds of pieces of therapeutic content created by the online community and professional content team.

- Community support - peer to peer forums are moderated to maximise safety and allow people to discuss issues together in a facilitated environment.
- Personal development tools – a suite of self-help tools offer the ability to create journals, track your mood and set goals.

Data

For those aged 18-25 (although QWELL does support those aged 18-65+) data FOR Hartlepool between 1st January 2022 and 28th February 2023 shows that:

- Of those accessing support 32% are aged 18-25years.
- Of registrations (n=192) males account for 21% (n=40) and females accounted for 79% (n=152).
- 66% of log ins were outside of office hours

Of those who contacted QWELL in this period the most common presenting issues were anxiety and stress this is across all age ranges

Top 10 Presenting Issues

Issues presented during any interaction with the service, including Chats, Messaging and Moderation processes.

Note: a service user can present with multiple issues in a period and can therefore sit within multiple issue labels, meaning the percentages will not sum to 100%. The % proportions are of the total SUs with presenting issues, not the total population of SUs.

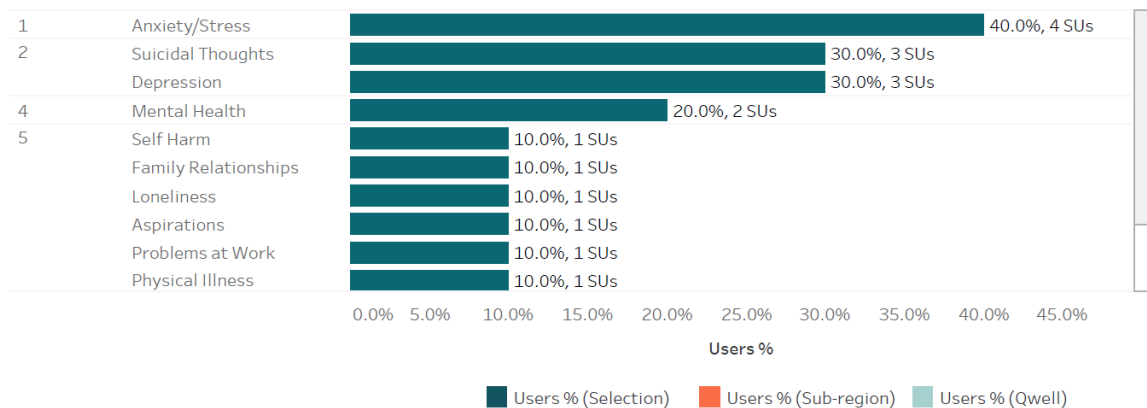


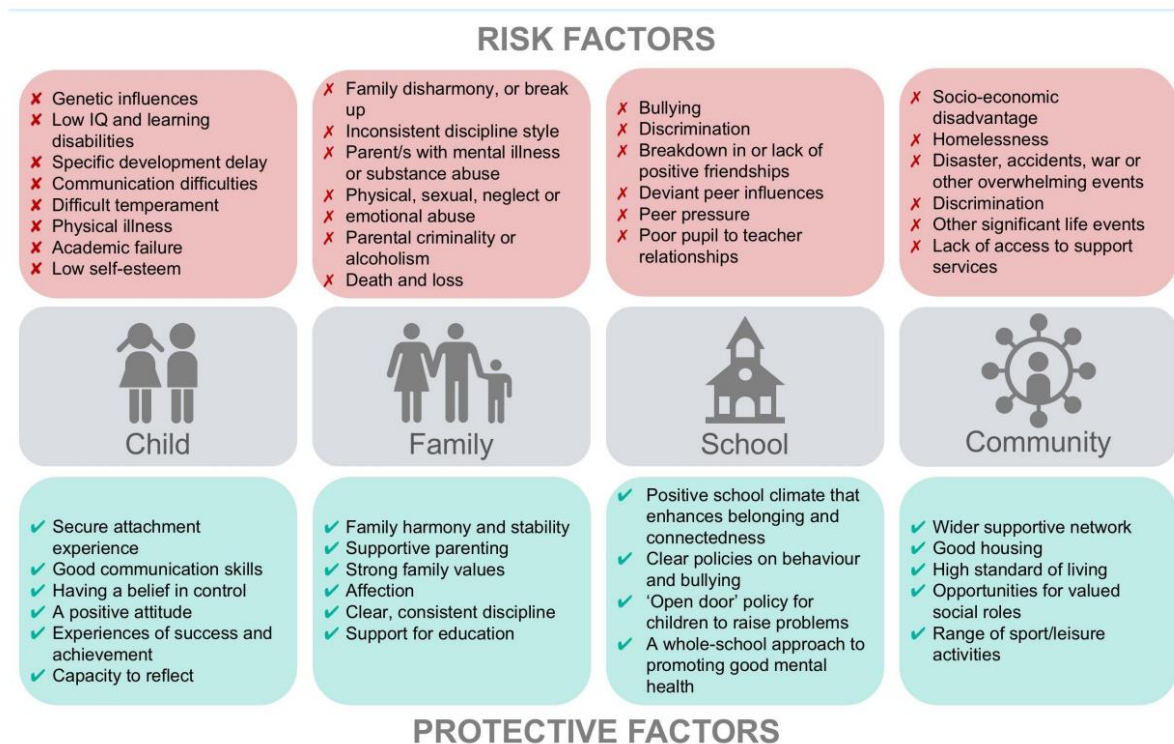
Figure 56 QWELL top 10 presenting issues. Source: QWELL 2023

9.0 Addressing Inequalities in groups with additional risk factors

Risk Factors

The relationship between risk factors and outcomes for young people’s mental health is complex, with the two influencing each other. The likelihood of a child experiencing mental health problems increases dramatically as the number of risk factors increases.

A combination of risk factors tends to increase their adverse effects, though this is not always the case for all children and young people. Not all children and young people experiencing the same risk factors will develop mental health disorders as some are more resilient, due to the protective factors.



5

Figure 57 Risk and Protective Factors for Mental Health at the Level of Child, Family, School and Community

Risk factor - Inequalities due to sociodemographic deprivation

Many of the risk factors for mental health and poor emotional wellbeing are associated with sociodemographic deprivation. Families who live in more geographically deprived communities are more likely to experience many of these simultaneous risk factors such as low household income, poor housing, parental unemployment, and lower educational attainment. Hartlepool has the 10th highest proportion of LSOAs in the most deprived 10% in England. This is the 2nd highest position in both the North East and the Tees Valley and the level of children living in absolute low income families in Hartlepool has been significantly worse than the England average for the last eight years.

Risk factor - Bereaved Children and Young People

The death of a parent or family member can impact a child in different ways. When someone they know dies, they might feel confused and overwhelmed by their emotions, and not know how to handle everything that's going on. This can have a profound impact on their mental health. It's vital that they receive the support and care that they need.

Information relating to bereavement of a child in Hartlepool is data not routinely collected however data from Winston's Wishes²² shows that in the UK:

- 46,300 children are bereaved of a parent before the age of 18.
- 1 in 20 children and young people have experienced the death of a parent by the age of 16
- 1 in 29 children and young people aged 5-16 have experienced the death of a parent or sibling – that's at least one in every classroom
- 5,583
- suicide deaths in England and Wales in 2021 – many of these will be parents or siblings leaving behind bereaved children
- 44,496 (estimated) children with SEND bereaved of a parent in the UK

Risk factor - Young Carers

Young carers are defined as children under the age of 18 years who look after a family member of friend and are sometimes a hidden group who sometimes miss out education and social interaction with peers due to their caring role. A report by The University of Nottingham Young Adult Carers at School: Experiences and Perceptions of Caring and Education²³ survey results of young adult carers (average age 15.5 years) who were still at school showed that:

- Two thirds were providing a high or very high level of care.
- Almost a third (29%) reported that their own physical health was 'just OK', and 38% reported having a mental health problem.
- Only half had received additional support from a member of staff at school. 42% said there was not a particular person at school who recognised them as a carer and helped them.
- Most (67%) young people informed school staff that they were a carer but the majority of those who did not felt that 'there was no point' in telling anyone.
- A quarter (26%) were bullied at school because of their caring role.
- Few (15%) had received a formal review or assessment of their needs, and only half felt that their family received good support and services.
- The majority of respondents who attended a young carer's project or a young adult carer's project (65%) felt that it had improved their confidence, and 54% thought that they had more friends as a result.

The needs assessment shows that some wards in Hartlepool have high numbers of unpaid carers for those aged 16-24years and is similar to those aged 15years and under. This number could be higher given that some children do not define themselves as carers.

Risk factor – Special Educational Needs (SEND)

A recent SEND needs assessment for Hartlepool noted that “The SEND Code of practice states that children with SEMH may display challenging, disruptive or disturbing behaviour or may be withdrawn or isolated. These behaviours may reflect underlying mental health difficulties such as anxiety or depression, self-harming, substance misuse, eating disorders or physical symptoms that are medically unexplained”.²⁴ Hartlepool’s rate of pupils with special educational needs (SEN) has been generally increasing since 2016, during this period England, the North East and Hartlepool’s statistical neighbours have seen a much more stable increase in their rate.

Risk factor Children and Young People with complex health needs

Further work is needed to better understand the needs of CYP who have a long term or life limiting medical condition. NICE guidance Disabled children and young people up to 25 with severe complex needs: integrated service delivery and organisation across health, social care and education²⁵ evidence reviews and experience of service users²⁶ cited the following from service users and their families:

“My son ended up suicidal and on Prozac aged ten, due to lack of understanding, lack of appropriate educational placement and no support. The SEN Tribunal Judge put his serious mental health difficulties down to his inadequate education and a lack of understanding of his needs, rather than his autism.” (National Autistic Society 2015)

Risk factor - Children and Young People who identify as Lesbian, Gay, Bisexual, Trans and or Queer+ (LGBTQ+)

Stonewall, a UK-based charity that stands for the freedom, equity and potential of all lesbian, gay, bi, trans, queer, questioning and ace (LGBTQ+) people²⁷ produced a LGBT in Britain Health Report 2018 key findings stated that:

- Half of LGBT people (52 per cent) said they’ve experienced depression in the last year.
- One in eight LGBT people aged 18-24 (13 per cent) said they’ve attempted to take their own life in the last year.
- Almost half of trans people (46 per cent) have thought about taking their own life in the last year, 31 per cent of LGB people who aren’t trans said the same.
- Forty-one per cent of non-binary people said they harmed themselves in the last year compared to 20 per cent of LGBT women and 12 per cent of GB men.
- One in six LGBT people (16 per cent) said they drank alcohol almost every day over the last year.

- One in eight LGBT people aged 18-24 (13 per cent) took drugs at least once a month.
- One in eight LGBT people (13 per cent) have experienced some form of unequal treatment from healthcare staff because they're LGBT.
- Almost one in four LGBT people (23 per cent) have witnessed discriminatory or negative remarks against LGBT people by healthcare staff. In the last year alone, six per cent of LGBT people – including 20 per cent of trans people – have witnessed these remarks.
- One in twenty LGBT people (five per cent) have been pressured to access services to question or change their sexual orientation when accessing healthcare services.
- One in five LGBT people (19 per cent) aren't out to any healthcare professional about their sexual orientation when seeking general medical care. This number rises to 40 per cent of bi men and 29 per cent of bi women.
- One in seven LGBT people (14 per cent) have avoided treatment for fear of discrimination because they're LGBT.

Risk factor - Looked after Children and Care Leavers

Nice Guidance²⁸ Looked- after children and young people stated that as of 31 March 2020, there are 80,080 looked-after children and young people in England, with the total number of children being looked after increasing yearly since 2010.

This figure included a mixture of setting with the majority in foster placements (72%), with 14% in connected care, and 13% in residential care, secure units or semi-independent living accommodation. In addition to these, 7% of looked-after children were placed with birth parents.

The most common reason for becoming looked after was abuse or neglect (65%). These are considered to be major adverse childhood events (ACEs). These can cause trauma and can lead to long-term damaging effects on children and young people's physical and mental health. Other adverse childhood events experienced by looked-after children and young people include physical abuse (48%), emotional abuse (37%) and sexual abuse (23%). Trauma can also include domestic abuse, serious harm, and exposure in the home or community to alcohol, drug misuse or violence. All looked-after children and young people will have experienced trauma in some way.

Looking at the data from the Hartlepool Substance Misuse Needs Assessment 2023²⁹ we know that the proportion of adults who live with children who are opiate users within the treatment population in Hartlepool 2019/20 was less than half the size of the proportion of parents who don't live with children or those who are not a parent. However across the other three substance groups (non-opiate, non-opiate and alcohol and alcohol only), adults who live with children have a larger proportion of their total in each of them. For alcohol use the proportion for adults who live with children is at least 60% larger than for the other two parental groups.

Breakdown of substance groups for new presentations to treatment in **Hartlepool**.

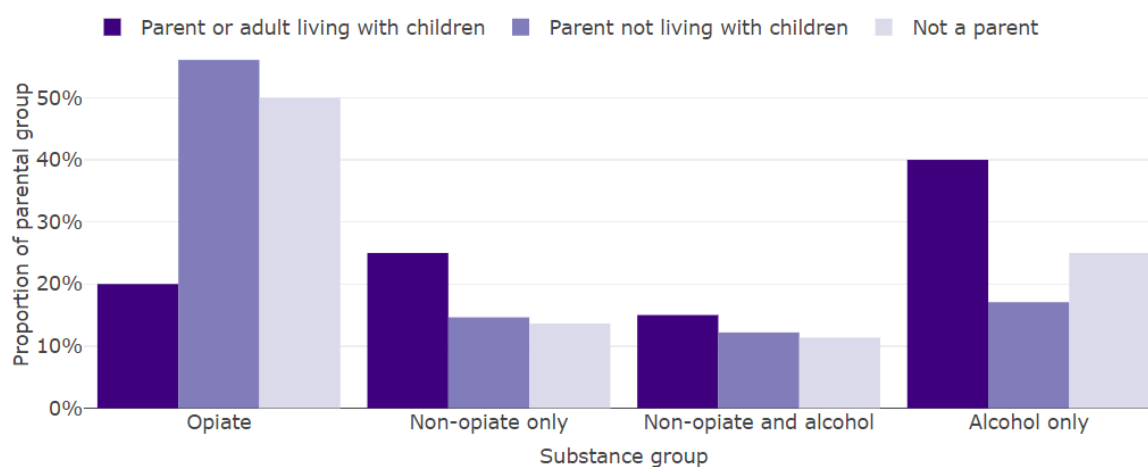


Figure 58 Breakdown of substance group for new presentations to treatment in Hartlepool

Risk factor – ACEs

Addressing the needs of children and young people we know from the evidence in particular work around Adverse Childhood Experiences (ACEs). ACEs focuses on the experiences in the early lives of children and how these experiences have a huge impact on children grow and develop and the impact on physical and mental health, feelings and behaviours³⁰.

The 10 original ACEs are:

- physical abuse
- sexual abuse
- psychological abuse
- physical neglect
- psychological neglect
- witnessing domestic abuse
- having a close family member who misused drugs or alcohol
- having a close family member with mental health problems
- having a close family member who served time in prison
- parental separation or divorce on account of relationship breakdown

In Hartlepool the rate of looked after children per 100,000 aged under 18 has been increasing at a faster rate than England

Parental mental health accounts for 4-10 referrals which had the mental health of a parent or other household member as a factor.

Referrals to the child and family service where physical or sexual abuse accounts for 1 in 5 referrals in 2022/23

Data from the police showed that incidence of domestic violence where it was recorded that there were children present was 24.7% in 2022/23

The below model was development of the findings of research which resulted in the development of the 'ACE Pyramid', which represents the conceptual framework for the ACEs Study and the study's findings identify a link between childhood experiences, and adult health and wellbeing outcomes:

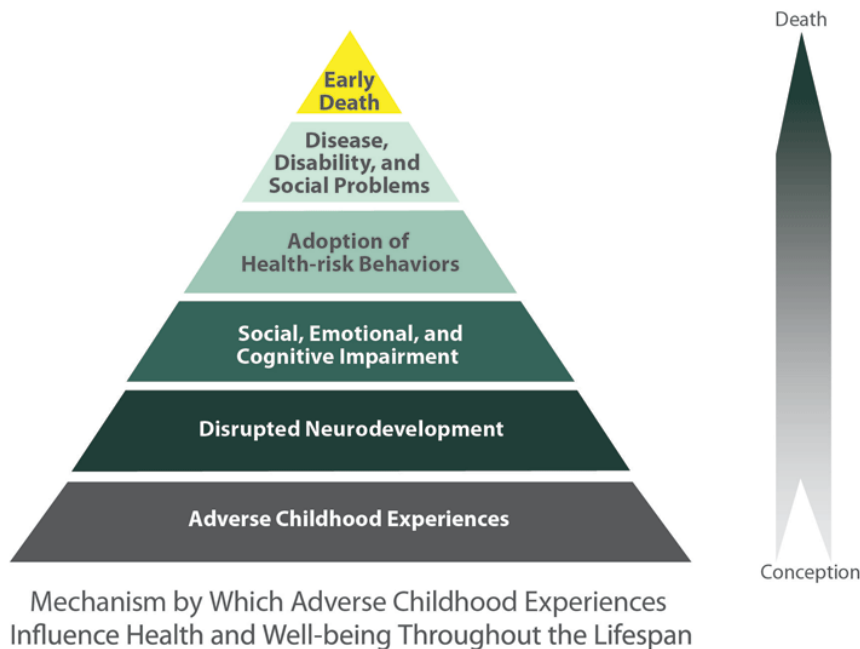


Figure 59 Adverse Childhood Experiences (ACEs): educational interventions

[Adverse Childhood Experiences \(ACEs\): educational interventions | Iriss](#)

It is there important when working with children and young people to consider **Risk and protective factors for children and young people's mental health**³¹ especially for children with special educational needs or disability (SEND) where these risk factors are more likely to be present.

Risk factor - Youth Offending

Children who end up in custody are three times more likely to have a mental health problem than those who do not. They are also more likely to have more than one mental health problem, to have a learning disability, to be dependent on drugs and alcohol³². A report by the Centre for Mental Health - You just get on and do it: healthcare provision in Youth Offending Teams³³, stated that the relationship between mental health difficulties and offending is complex. Data emerging from longitudinal studies suggest that young people with conduct disorder before the age

of 11 may be up to 70 times more likely to serve a custodial sentence in adult life and are more likely to be involved in violent crime and more at risk of other, multiple adverse outcomes. These include mental illness, suicide, substance misuse, homelessness, hospitalisation and premature death, and high school drop-out rates, long-term unemployment and financial difficulties.

11.0 Conclusions and recommendations

Based on the needs assessment the Children's Strategic Partnership should consider the development of a joint Children's and Young People's Emotional Health and Wellbeing Strategy for Hartlepool with a focus on the following:

Increasing access to effective interventions across i-THRIVE in particular increasing access to effective interventions, early intervention and prevention targeting specific higher risk groups

- Work has commenced in mapping support services across the i-THRIVE framework therefore a recommendations for the ICB to lead this work with an aim to understand the breadth of services available, identify gaps in provision and opportunities and to create an online interactive resource for staff, parents and young people.
- Schools are well placed to create environments where children and young people can thrive therefore we need to audit the provision of mental health and wellbeing approaches and services in schools and colleges based on the whole school or college approach to mental health and wellbeing³⁴ and to identify opportunities to work with schools in those areas where there are increased risked factors based on the data within this needs assessment.
- Improve the voice of CYP, parents and carers in the commissioning, development, delivery and review of efforts to promote emotional health and resilience and deliver prevention, early intervention and treatment.
- The NHS and Local Authority should look at opportunities to work together more with smaller organisations including those in the voluntary sector to support the work across the i-THRIVE framework specifically getting help and getting more help.

Workforce development

- To continue the development of a trauma informed system, based on the learning from ACEs and other traumas across universal provision including schools and adult services.

- Children and young people's resilience, emotional health and resilience needs to be the business of the whole children and young people's workforce
- The 0-19 service and its impact on emotional health and resilience needs be maximized to ensure that the resource is achieving the anticipated high impact and outcomes are being continuously improved

Further develop a targeted approach to address inequalities in higher risk groups

- Certain groups identified within this needs assessment are at higher risk of mental health problems and also face barriers when accessing services to meet their needs. Work needs to be done to consider these groups when assessing whether services are accessible.
- Reducing the impact of adversity and trauma on children and young people's emotional and mental health needs to be a key priority
- To ensure priorities identified through the SEND needs assessment and this needs assessment are jointly delivered.
- Further work is needed to understand the needs of young people who use substances (mainly cannabis) to self-medicate in relation to their ADHD diagnosis and lack of engagement with CAMHS. Data from the Leaving Care cohort showed the numbers that have reported that they are self-medicating with drugs due to ADHD/ mental health needs was 14% of the current cohort.

Use data, evidence, research and behavioural insight studies to better understand the needs of children and young people and their families specifically:

- To look at opportunities for recording mental health data through local services to provide more locally specific in-depth data including the potential use of a standardised scoring tools e.g. The Warwick Edinburgh Mental Wellbeing Scale (WEMWBS) which has been validated for use with children aged 13 and over.
- To use an Equality Impact Approach to identify opportunities to improve access for higher risk groups; LGBTQ+ young people, children and young people with disabilities, BME children and young people, children in care, and young people who are socially and economically deprived
- Continue to learn from the research study looking at the impact of the Young Person's Social Prescribing Link Worker.
- Further work is needed to understand the breastfeeding rates data specifically first feed breast rates from fingertips and how this may differ from locally collected data.
- There are opportunities to further understand the needs of children and young people through the currently commissioned behavioural insights projects

linked to families and substance misuse services. We will ensure that the studies include the needs of children and young people within higher risk groups.

12.0 References

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- ⁴ <https://www.longtermplan.nhs.uk/online-version/chapter-3-further-progress-on-care-quality-and-outcomes/a-strong-start-in-life-for-children-and-young-people/children-and-young-peoples-mental-health-services/>
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- ⁷ <https://www.gov.uk/government/publications/children-and-young-peoples-mental-health-government-response>
- ⁸ <https://www.england.nhs.uk/mental-health/cyp/trailblazers/>
- ⁹ <https://www.gov.uk/government/publications/feeling-heard-partner-agencies-working-together-to-make-a-difference-for-children-with-mental-ill-health>
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- ¹⁶ https://www.hartlepool.gov.uk/downloads/file/6941/council_plan_202122_-_202324
- ¹⁷ [Drug and Alcohol Strategy 2023 FINAL%20\(1\).pdf](https://www.hartlepool.gov.uk/downloads/file/6941/council_plan_202122_-_202324)
- ¹⁸ <https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-report>
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- ²² <https://www.winstonswish.org/about-us/facts-and-figures/>
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- ²⁴ [file:///C:/Users/cepecr/Downloads/FINAL_SEND_JSNA_PDF_VERSIONv_2.0_Feb_20.1%20\(3\).pdf](file:///C:/Users/cepecr/Downloads/FINAL_SEND_JSNA_PDF_VERSIONv_2.0_Feb_20.1%20(3).pdf)
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³³ [https://www.centreformentalhealth.org.uk/sites/default/files/2018-09/Centre for MH Healthcare provision YOTs.pdf](https://www.centreformentalhealth.org.uk/sites/default/files/2018-09/Centre%20for%20MH%20Healthcare%20provision%20YOTs.pdf)

³⁴ <https://www.gov.uk/guidance/mental-health-and-wellbeing-support-in-schools-and-colleges> .

Appendix 1

Service Mapping



THRIVE service
mapping.pptx