Director of Public Health Annual Report

2019

Growing up **in Norfolk**

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Contents

Acknowledgements

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Thanks are also due to the children and young people of Norfolk who completed the Norfolk Children and Young People Health and Wellbeing survey, and their schools who supported them, without whom this report could not have been written.

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Foreward

I am delighted to introduce the Director's Annual Report for 2019. This year's Annual Report is based on what our children and young people said to us and I would like to thank our schools and children for completing the survey.

It is so important to listen, and I am struck by how the voice of local children supports much of what the published evidence and data is also telling us.

As a council we want to ensure that all our children have the best start in life enjoying good health and increased wellbeing. We are committed to working together to deliver opportunities for all children, offering our help early to prevent and reduce demand for specialist services.

Cabinet member for Adult Social Care,
Public Health and Prevention

Norfolk County Council

Introduction

I am pleased to introduce my 2019 Director of Public Health's Annual Report: an independent report on the state of health and wellbeing of the population of Norfolk. In 2018 I examined what we know and can forecast about the health needs of adults in our county with a focus on our ageing population.

This year I am exploring what we know about growing up and the health needs of children in Norfolk. This report considers the health and wellbeing of children and young people aged 5-19 years, a critical stage in life, when children learn, develop and prepare for adulthood.Good health for children and young people is central to their wellbeing and forms the bedrock for good health in later life and adolescence is a time when risk taking behaviours begin and life-long health behaviours are set in place.

There is a significant body of research that illustrates the needs of children and young people and what can be done to improve their health. However, the real experts on this subject are the Norfolk children and young people and what makes this report different is the views of over 11,000 pupils who took part in the Norfolk Children and Young People Health and Wellbeing Survey in October 2017. This was one of the largest samples of similar surveys undertaken by a local authority in England.

Overall, the findings from the survey were very positive with a high percentage of children and young people reporting positive experiences growing up in Norfolk, with high levels of healthy behaviours such as diet and exercise in supportive families and communities.Most children perceive that their school cares about them and the report highlights the importance of supporting good mental health and wellbeing by working together to strengthen children's ability to adjust to challenges.

For some children life is more of a challenge. The survey illustrates the impact of the circumstances in which children live on their development, experiences and aspirations and how this differs in different parts of the county.

The findings also give an indication of the issues that we can investigate further and utilise to target our efforts over the coming years including how we can bolster resilience for older children as they become exposed to more social pressures and influences.

Norfolk County Council has placed inclusive growth and social mobility at the heart of our plan for Norfolk. It recognises that health inequalities are associated with deprivation, and the importance of creating healthy environments for children and young people to thrive in resilient, safe families. With our colleagues in Children's Services we will continue to develop early childhood and family services and the Healthy Child Programme to ensure that all families and children are given the best start in life with targeted services for the most vulnerable.

Dr Louise Smith,
Director of Public Health

01 Population and overall health

Key Messages:

- *190,000 children and young people live in Norfolk: 21% of the total population. This number is expected to steadily increase as our population grows*
- *Young people are tending to leave Norfolk when they finish school to take up opportunities for higher education or employment in other places*
- *Overall, Norfolk is performing relatively well in relation to the health and wellbeing outcomes of children and young people but there are some areas where we need to do better.*

Children and young people form a significant proportion of the national population, with a quarter of people (24% population) of England and Wales aged 0-19 years.

There are 190,000 children and young people living in Norfolk (aged 0-19), who make up 21% of our population (Figure 1), slightly lower than the national figure (24%). We expect this number to grow by 5% by 2037 and around 9,000 babies are born in Norfolk every year. A lower proportion of the children and young people in Norfolk (13.2%) belong to minority ethnic groups compared to England as a whole.[1]

Figure 1: *Norfolk population by age group in Norfolk 2018. Office for National Statistics, subnational population projections 2016*

The population of Norfolk is not static (Figure 2). Data on migration patterns from the Office of National Statistics indicate that after the age of 19-20 there is a flow of people out of Norfolk. This suggests that young people previously resident in Norfolk are leaving after finishing their education. The reasons for this trend are not known, but it might reflect limited higher education and employment opportunities and the attractiveness of the bigger metropolitan areas.

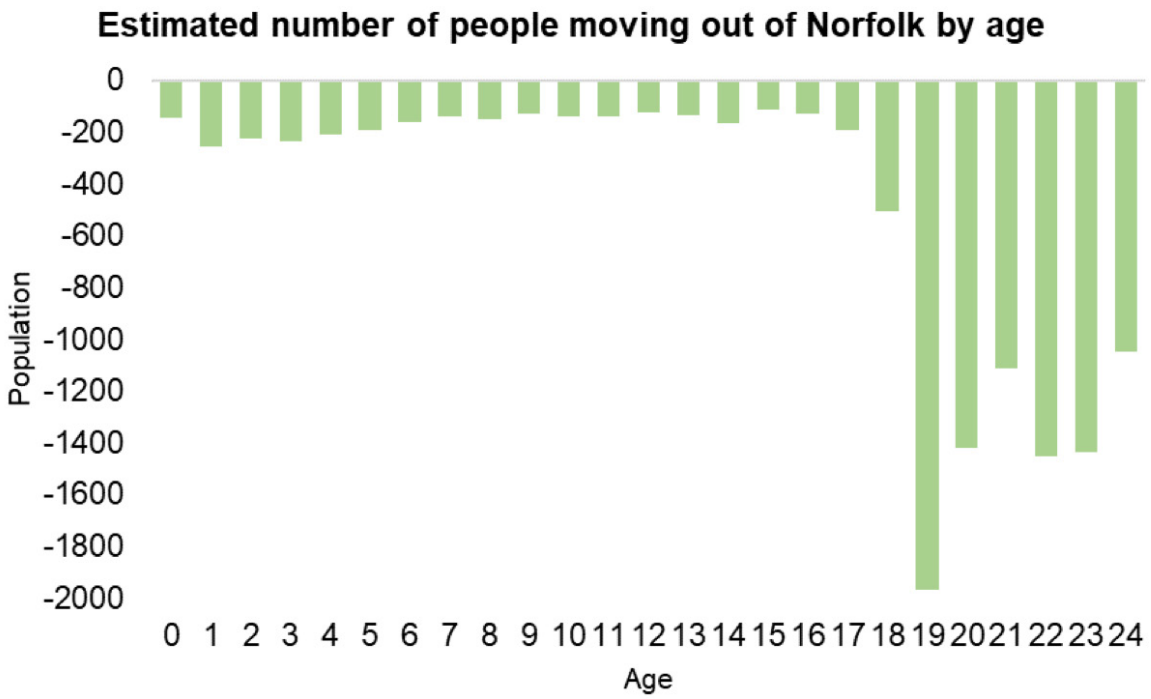


Figure 2: *Norfolk internal migration by age 2017. Office for National Statistics subnational population projections 2016-based.*

Health and wellbeing outcomes

The health of children and young people in England has steadily improved over the last 10-20 years. Overall, the health and wellbeing outcomes of Norfolk children and young people are better or similar to the England average (Table 1). Our outcomes are better for most health improvement and health protection issues such as immunisations, obesity in children and dental health.

In some outcomes, where we compare less favourably (such as the numbers of teenage mothers and smoking during pregnancy), we are showing an improvement over time. Work is being targeted in some specific domains (such as the rates of children in care and average GCSE attainment) where issues have already been identified.

Norfolk is performing better than the national average	Norfolk is similar to England as a a whole	Norfolk is performing worse than England as a whole
Children in care immunisations	Infant motality rate	Children in care
Children in low income families	MMR immunisation for one dose	Teenage mothers
The 6-in-1, 4-in-1 vaccine and Hib vaccine	Children achieving a good level of development at the end of reception	Smoking in pregnancy
Family homelessness	First time entrants to the youth justice system	GCSE average attainment
Low birth weight of term babies	Under 18 conceptions	
Hospital admissions caused by injuries (15-25 years)	Obese children (4-5 years)	
Not in education, employment or training (16-17 years)	Admission episodes for alcohol specific conditions- under 18s	
Children killed and seriously injured in road traffic accidents	Hospital admissions caused by injuries in children (0-14 years)	
Obese children (10-11 years)	Breastfeeding	
Children wih one or more decayed, missing or filled teeth	Child mortality rate (0-17 years)	
Hospital admissions due to substance misuse (15-24 years)		

Key

- Improving
- Stable
- Worsening
- Not available

Table 1: *Children's health, well-being and educational outcomes in Norfolk - selected indicators. Public health outcomes framework, Public Health England.*

Variations in outcomes

Although our health outcomes appear “average” the headline numbers often mask variation and inequalities across different geographical areas and socio-economic groups in Norfolk.

Where we see poorer health outcomes we also know that they often cluster together- with lower outcomes affecting the same geographical areas (e.g. areas of higher levels of socio-economic deprivation) and they can also cluster for individuals.

The influence of socio-economic inequalities on health outcomes are discussed in more detail in Chapter 3.

02 Healthy behaviours

Key Messages:

- *Prevention of future ill health by promoting healthy lifestyles is of paramount importance in childhood and adolescence*
- *Norfolk is either better or similar compared to England over the range of healthy behaviours for children and young people, including prevalence of overweight and obesity, oral health, physical activity, healthy diet, smoking and alcohol consumption*
- *Smoking during pregnancy remains a high priority to address*
- *Healthy behaviours decrease, and risky behaviours increase in adolescence.*

From the earliest stages in a child's development the evidence shows that physical activity, a healthy diet, good sleep, being smoke free and looking after your teeth positively impact on the health of children and young people. A loving, secure and reliable relationship with a parent or carer also supports emotional wellbeing, brain development, language development and the ability to learn.

In our survey, children gave us an insight into their health behaviours relating to physical activity, nutrition and obesity, smoking, drinking and drug use, and oral health. Overall, they reported higher than average levels of healthy behaviours.

Alcohol

Consumption of alcohol by young people is a serious concern because of the potential long-term health consequences and development of lifetime health habits.

The 2019 English Smoking, Drinking and Drug Use survey reported that 56% of those aged 11-15 said they have never drunk alcohol, but the majority had tried it by the time they were aged 15 (70%), and 23% of fifteen-year-olds had drunk it in the previous week.[2]

The Norfolk Children and Young People (CYP) Health and Wellbeing survey shows 61% of those aged 11-15 report they have never drunk alcohol (better than the national average). Alcohol consumption increases with age: in Norfolk 21% of twelve-year-olds report they have drunk alcohol (more than just a sip) to 90% of eighteen-year-olds (see figure 3).

In Norfolk 25% of fifteen-year-olds report drinking alcohol in the last week (in line with national average) and 300 students responded that they had been drunk in the last seven days although over half of these were aged 17-18 years.[3]

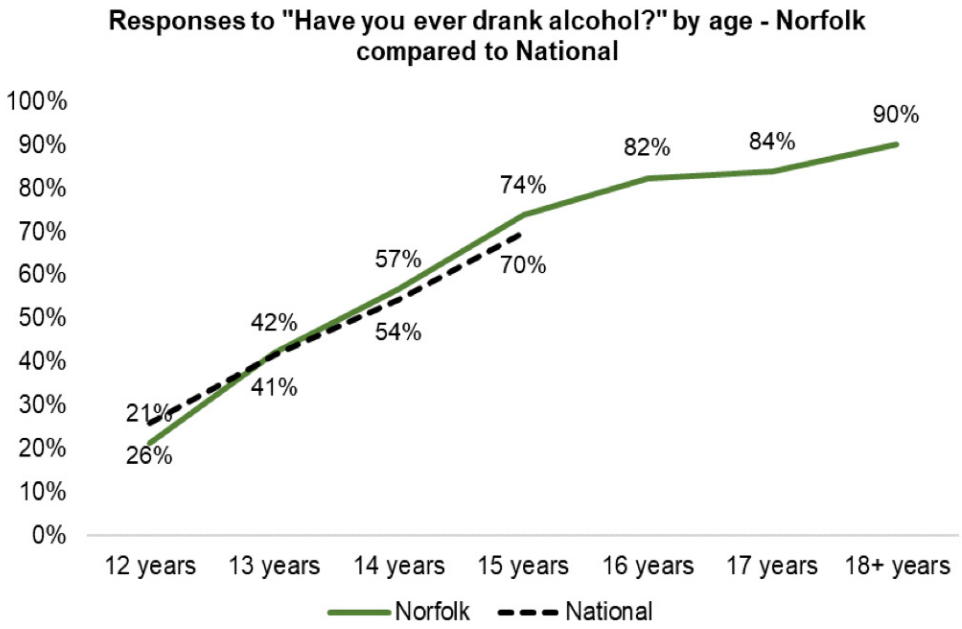


Figure 3: *Experience of drinking alcohol by age. Norfolk Children and Young People Health & Well-being Survey 2017. Norfolk County Council (9,762 respondents). National smoking, drinking & drug use survey, 11-15 years olds. 2018 (13,400 respondents)*

Smoking

Smoking causes long-term outcomes such as cancer, and also the short-term impacts such as asthma, respiratory infections and reduced physical fitness.

The Smoking, Drinking and Drug Use Survey in England showed that approximately one in six (16%) young people (age 11-15) try smoking at some point but regular smoking in this age group is less common (5%).[2]

In our survey (Figure 4), 11% of those aged 11-15 have tried smoking (below the national average) and 2.4% describe themselves as 'current smokers' (again below average). This increases with age with 14% of sixteen-year-olds saying they were 'current smokers'.

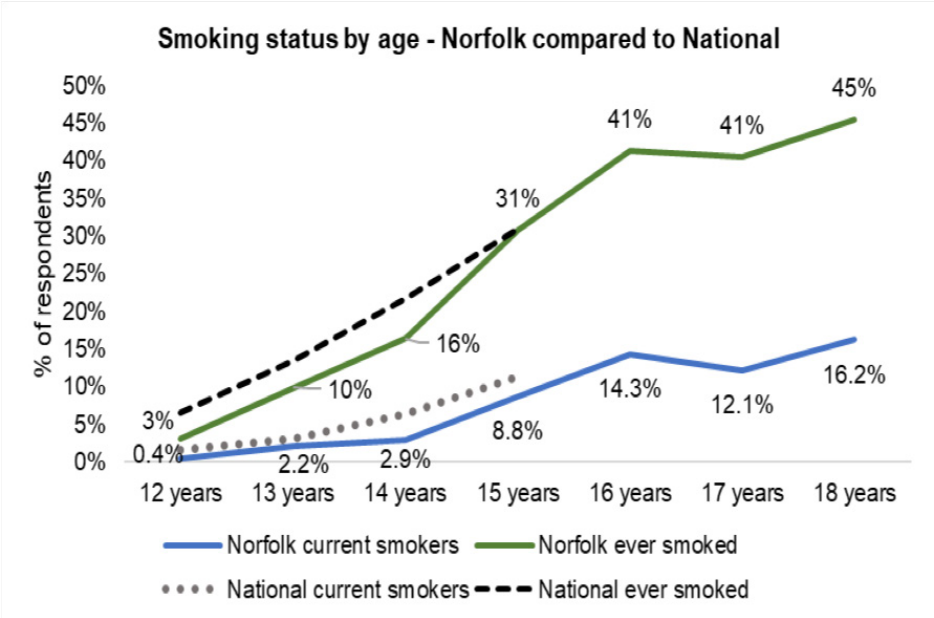


Figure 4: *Smoking & tobacco status by age. Norfolk Children and Young People Health & Well-being Survey 2017. Norfolk County Council. (9,666 respondents. National smoking, d rinking & drug use survey, 11-15 year olds. 2018 (13,400 respondents)*

More young people report having tried e-cigarettes than normal tobacco, but a lower proportion describe themselves as current users. Of all secondary school respondents 19% reported they have tried e-cigarettes (whereas 15% had tried tobacco), but just 1.9% describe themselves as current users (2.4% are current users of tobacco).[3]

Smoking in a car where a child is present was made illegal in 2015 but 9% of Norfolk children and y oung people reported that someone smokes in the car when they are in it.[3]

Drugs

The consumption of illicit drugs can have negative impacts on both physical health (cardiovascular disease and increased likelihood of suffering a stroke) and mental health (such as short-term memory loss and the ability to focus attention). Use of legal and illegal drugs is also related strongly with other risk-taking behaviours.

The Smoking, Drinking and Drug Use Survey in England shows that nationally, the proportion of the school aged population who had reported using illegal substances in the last year has seen a downward trend since 2001.[3] Cannabis is the drug that pupils are most likely to have taken in the last year, with 8% of those aged 11-15 saying they had done so in 2016.

In Norfolk, 6% of those aged 11-15 reported they have taken drugs to get high (not medicines, tobacco or alcohol) and the majority of these had taken cannabis. Reported drug use among young people in Norfolk is generally lower than the national average.[3]

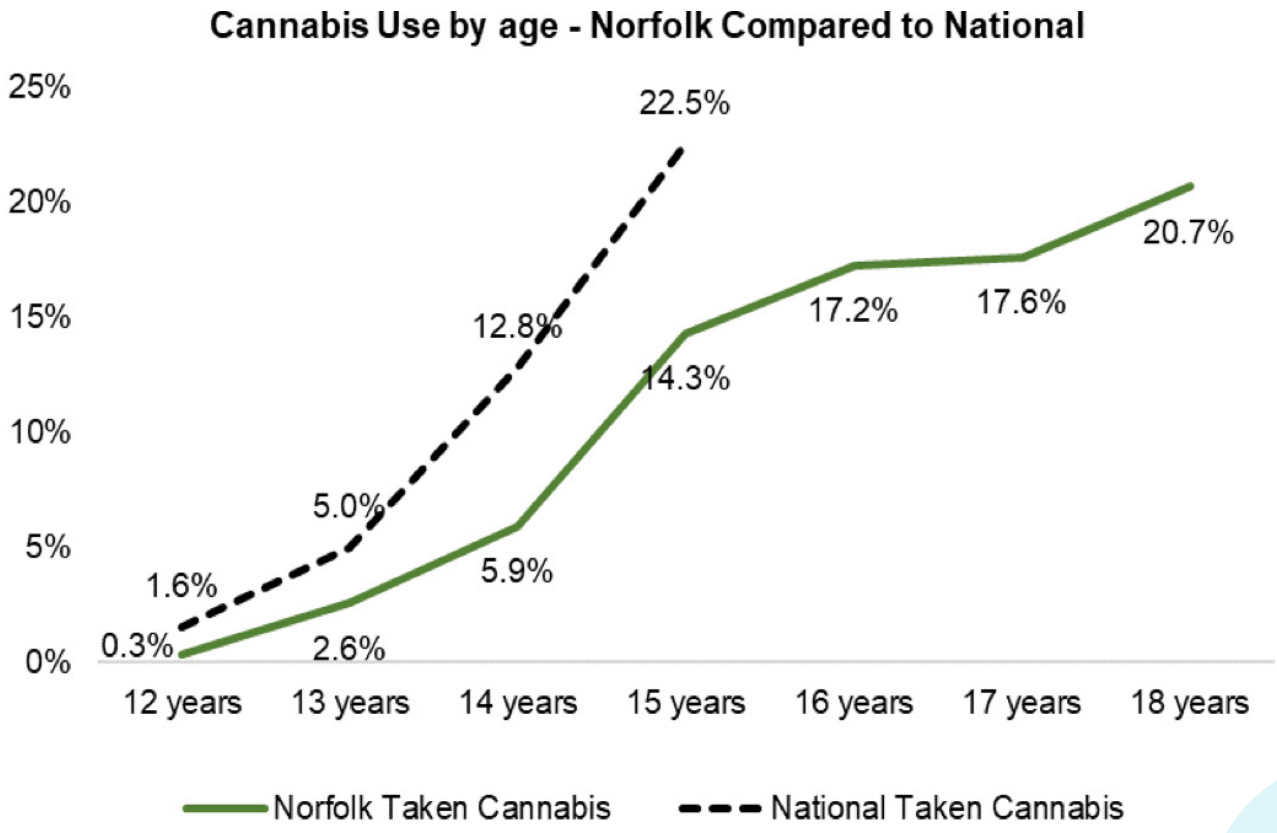


Figure 5: *Taking cannabis by age. Norfolk Children and Young People Health and Well-being Survey 2017. Norfolk County Council. National smoking, drinking and drug use survey, 11-15 year olds, 2018. (13,400 respondents)*

Our survey also shows that the use of tobacco, alcohol and illegal drugs are likely to cluster together - with the same young people often undertaking more than one risky behaviour.[3]

Healthy weight

Obese children are at a greater risk of developing diseases such as cardiovascular disease, high blood pressure, Type 2 diabetes and cancer as adults. In addition overweight and obese children are more likely to experience poorer psychological outcomes such as bullying, lower self-esteem and emotional wellbeing.

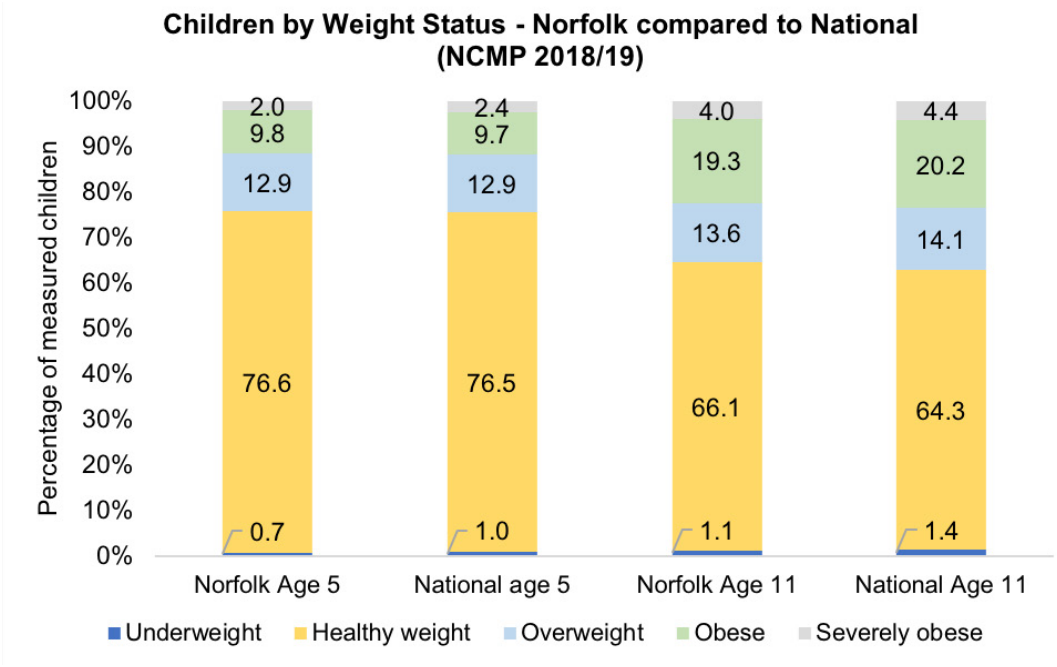


***Figure 6**: National Child Measurement Programme 2018-19. NHS Digital*

Childhood obesity in England is tracked through the National Child Measurement Programme (NCMP). The latest data (2018/19) shows that 12% of five-year-olds and 2 5% of eleven-year-olds are obese. [4]

The NCMP results for Norfolk show 12% of five-year-olds are obese (in line with national average) and 23% of eleven-year-olds (slightly below national average).[4] See figure 6.

In our survey, the majority (69%) of primary school pupils were happy with their weight (Figure 7) but this dropped to 49% for secondary school pupils. As girls grow older, their desire to lose weight increases at a higher rate than for boys, with almost double the proportion of Year 12 girls saying that they wanted to lose weight compared to Year 12 boys. [3]

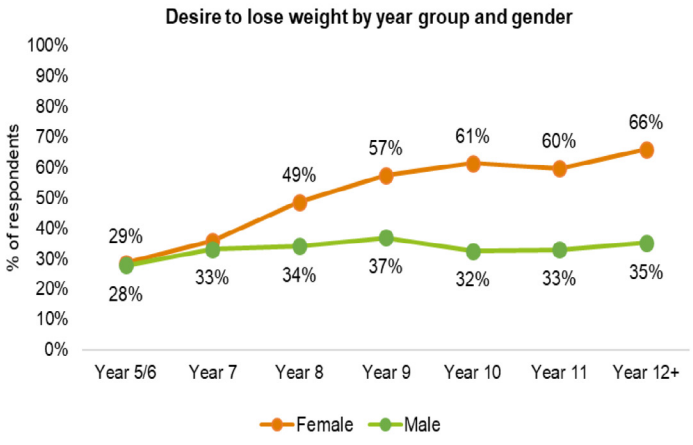


***Figure 7:** Percentage of pupils who would 'like to lose weight' by year, group and gender. Norfolk Children and Young People Health and Well-being Survey 2017. Norfolk County Council (11,128 respondents)*

Physical activity

Current Department of Health guidelines for children recommend at least one hour of physical activity every day. Children who engage in physical activity will realise multiple health benefits, including stronger bones and muscles, lower blood pressure and a reduction in risk of Type 2 diabetes. Generally, surveys show physical activity declining across adolescence and lower levels of activity particularly for young women. The Active Lives Survey shows that by Years 9-11, when they are age 14-16, relatively few young people are meeting the daily recommendations- 16% for boys and 10% for girls.[5]

Although comparable data is not available at a local level, in Norfolk we can say that 40% of secondary students spent time doing physical activity after school/college on the day before the survey.[3]

The survey also asked about enjoyment of physical activity and showed that although over 73% of students enjoyed physical activity outside of school "quite a lot or a lot" in Year 5, this reduced to 53% in Year 12 (Figure 8).[3]

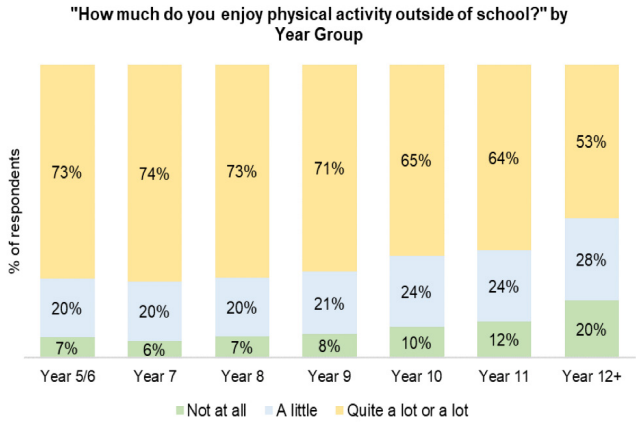


Figure 8: *Responses to the question "how much do you enjoy physical activity outside of school" by year group. Norfolk Children and Young People Health and Well-being Survey 2017. Norfolk County Council (10,545 respondents)*

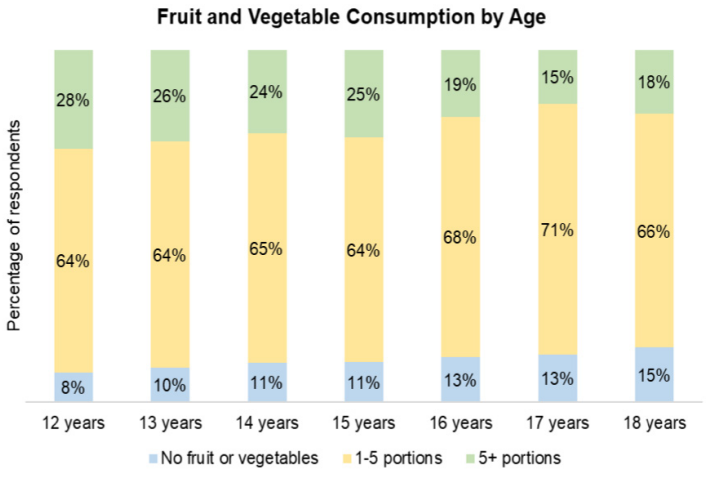


Figure 9: *Responses to the question "How many portions" of fruit and vegetables did you eat yesterday" by age. Norfolk Children and Young People Health and Well-being Survey 2017. Norfolk County Council. (9,436 respondents).*

Healthy eating

A balanced diet is very important to our overall health and consumption of five portions a day of fruit and vegetables has become a marker for good diet.

The average daily consumption of 'five a day' for young people aged 11-18 was reported to be 2.7 portions per day in the UK-wide National Diet and Nutrition Survey and only 8% ate five portions of fruit and vegetables every day. [6]

Our survey showed that 29% of secondary students ate at least five portions of fruit and vegetables the day before the survey which compares very well with national data. However, the survey did show that as our students grow older they are reporting that they eat fewer portions of fruit and vegetables (Figure 9), 8% of twelve-year-olds and 15% of eighteen-year-olds did not eat any portions of fruit or vegetables the day before the survey.[3]

Oral health

Poor oral health, most commonly tooth decay, can impact upon a child's ability to sleep, eat, speak, play and socialise with other children; it causes pain, infections and is a leading cause of hospital admissions in older children – and yet it is largely preventable.

The most recent national survey of five-year-old's oral health showed that overall, 77% had no experience of obvious dental decay.

This is the fourth consecutive survey which has shown improvement in the proportion of children who are free of decay. [7]

In Norfolk, 85% of five-year-olds show no signs of dental decay. This is better than the national average but still equates to nearly one in every five children showing some signs of dental decay at age five.[7]

Our survey showed that 80% of primary and 83% of secondary students usually clean their teeth at least twice a day (the recommended amount). It is also recommended that children visit the dentist at least once a year, this was 88% of primary children and 93% of secondary school children, however 12% of primary children and 7% of secondary children had not done so. [3]

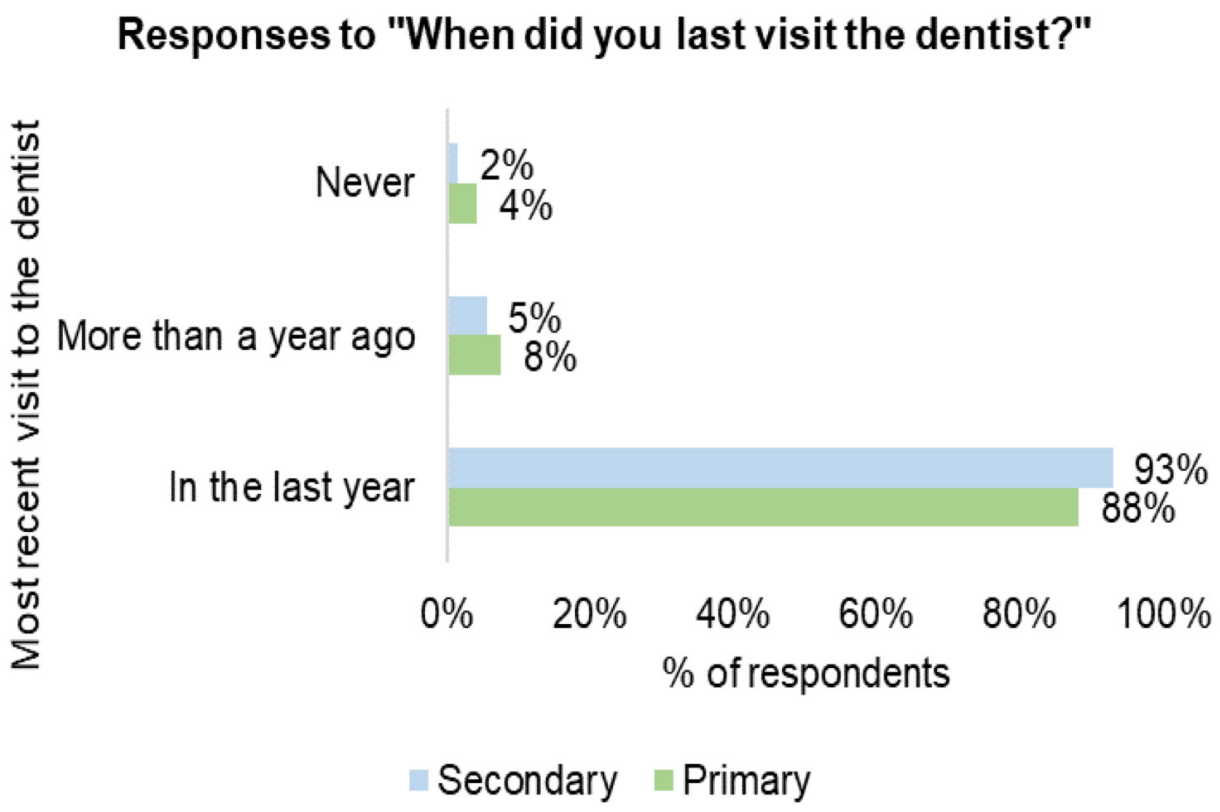


Figure 10: *Responses to the question "When did you last visit the dentist?" by school stage. Norfolk Children & Young People Health & Well-being Survey 2017. Norfolk County Council. (8,790 respondents)*

03 Living circumstances

Key Messages:

- *Some groups of children are more vulnerable and are at risk of poorer health outcomes: children with Special Educational Needs & Disabilities (SEND) and looked after children (LAC) are priorities for Norfolk*
- *Socio-economic deprivation and adversity in childhood are associated with worse health, educational and psychosocial outcomes for children and young people*
- *Norfolk is performing favourably compared to England with regards to a range of socio-economic indicators relevant to children, such as percentage of children in low income families, uptake of free school meals and income deprivation*
- *Similar to England, in Norfolk there is variation in outcomes between the most deprived and the least deprived areas, for example in infant mortality, school readiness, road traffic injuries, teenage pregnancy and obesity*
- *As we develop our inclusive growth ambitions for Norfolk there are real opportunities to support our early prevention approach and contribute to our future health and educational outcomes*

The majority of children have a positive experience growing up in Norfolk, but some need extra support. They may have special educational needs or disabilities, live in more challenging home environments such as in poor quality housing, grow up in families with a low income or be exposed to adverse childhood experiences (ACEs) such as physical or mental abuse, or where their parents experience poor mental health or misuse substances such as drugs or alcohol.

In England, the strongest drivers of child health are social, educational and economic factors.[9] It is also common for several of these factors to be found together in one family, and this multiplies the effect of their impact. This highlights the need to take a whole family approach to make a positive impact, addressing parents and children's needs together.

There is evidence from Norfolk of the impact of socio-economic deprivation over a range of other measures, with clear gradients in performance between the most and least deprived areas for example in:

- *Infant mortality*
- *School readiness*
- *Children killed and seriously injured on the roads*
- *Teenage pregnancies*
- *Obesity*
- *A&E attendances*

Special educational needs and disability (SEND)

There are around 19,000 children with special educational need and/or a disability in Norfolk. Many children with a disability will also have special educational needs.

Norfolk has a higher percentage of children with SEND than the National and regional averages. Overall 15.2% of children in state-funded schools in Norfolk have SEND where this is 14.4% nationally and 13.7% regionally. To put this in context, if Norfolk had 930 fewer children with SEND then Norfolk would be in line with the national average of 14.4%.[8]

This group of children are a priority when considering their health needs because they are more vulnerable and at risk of poorer health and educational outcomes if not supported to achieve their full potential.

Looked after children

Children and young people in care are among the most socially excluded in England. There are significant inequalities in health and social outcomes compared with all children and these contribute to poor health outcomes later in life.[10]

In 2018 there were 1,180 children in care in Norfolk. Over the last few years the numbers of looked after children (LAC) have been a concern and Norfolk has one of the highest rates per population: 69 per 10,000 children under eighteen years in Norfolk were LAC in 2018, compared to 49 per 10,000 in the East of England. [11]

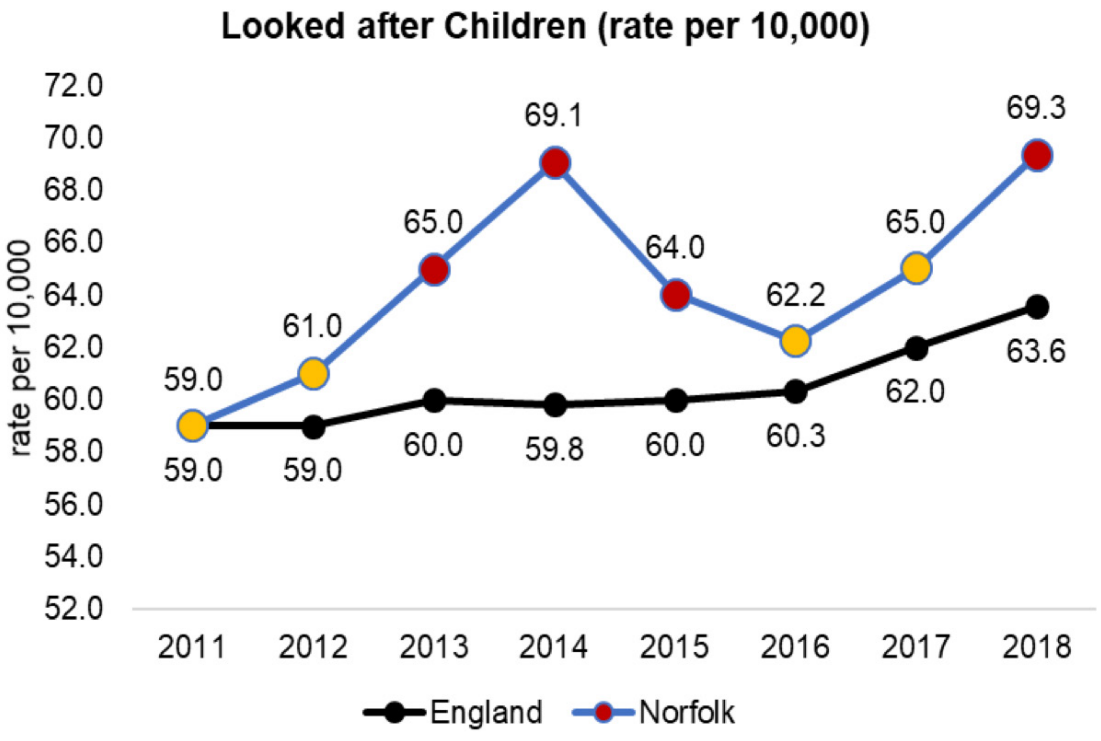


Figure 11: *Children in care, Norfolk 2011-18. (31st March - rate per 10,000 population under 18 years). Children looked after in England. Department for Education 2019. Note red data points – significantly worse than the national average. Yellow data points – not significantly different.*

Low income families

Evidence shows children growing up in low income households are more likely to live in smoking households, to have poor physical health outcomes, worse mental health and wellbeing, and to achieve lower grades at school. These effects have long-lasting implications into adulthood.[9]

Across England, 17% of children live in low income families. In Norfolk it is 15% (Figure 12). This is better than the England average.[12]

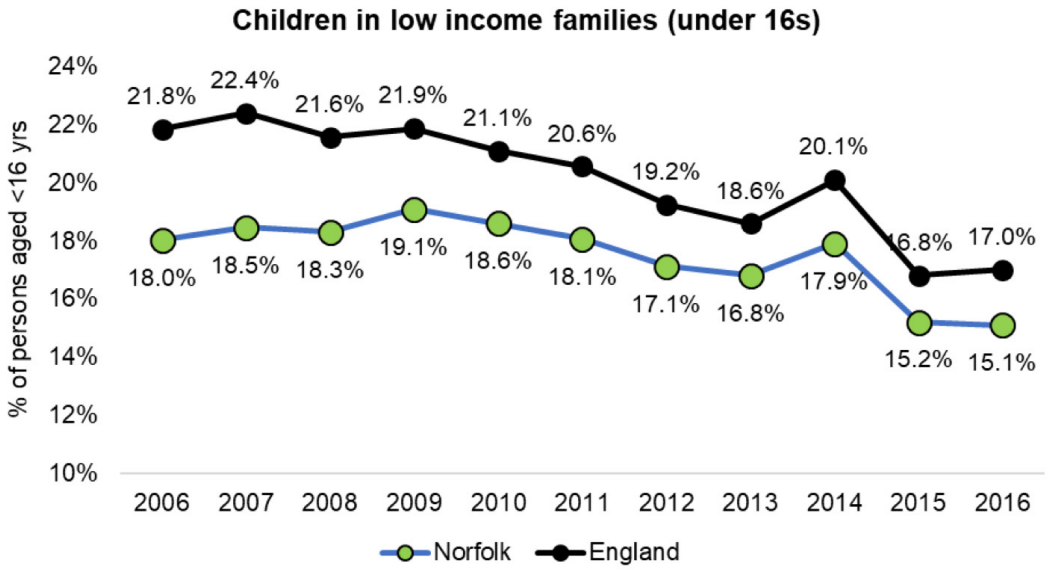


Figure 12: *Percentage of children in low income families (under 16 years) in Norfolk. (Children in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income). HM Revenue and Custom 2019*

There is significant variation across Norfolk districts, with Broadland and South Norfolk having the lowest rates of low-income families and Great Yarmouth and Norwich the highest.[12]

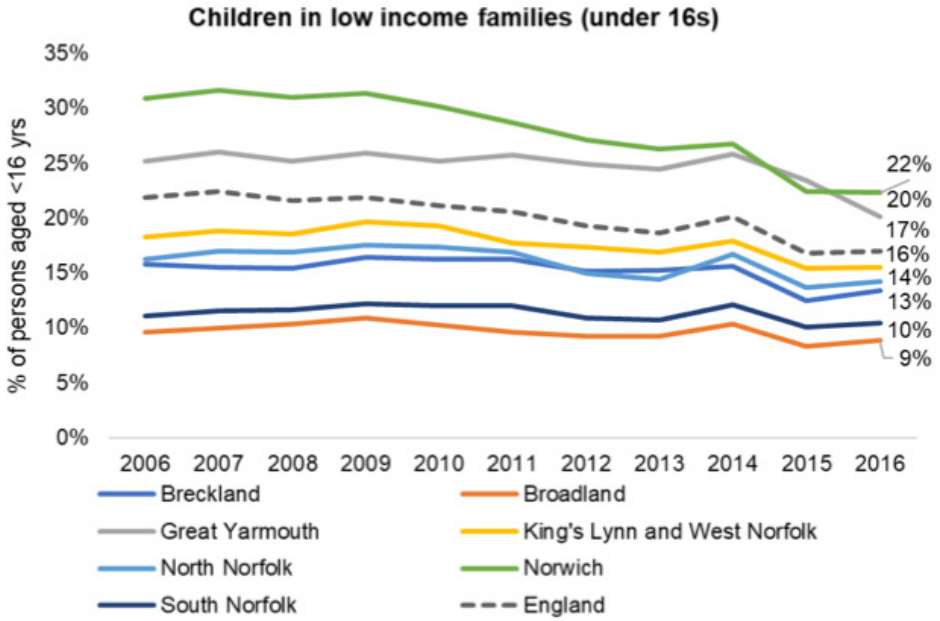


Figure 13: *Percentage of children in low income families (under 16 years) in Norfolk. (Children living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income. HM Revenue and Customs 2019*

In our survey, 12% of primary school children and 10% of secondary school children reported that they were receiving free school meals (and therefore likely to be those in low income families). These children who responded to the survey were also more likely to report:

- *They have a special educational need, disability or a long-standing illness*
- *They are carers for other members of their family*
- *They have difficulty getting to places or participating in sport or exercise due to costs*
- *Respond negatively to questions about wellbeing*
- *They have witnessed violence or abuse.*[3]

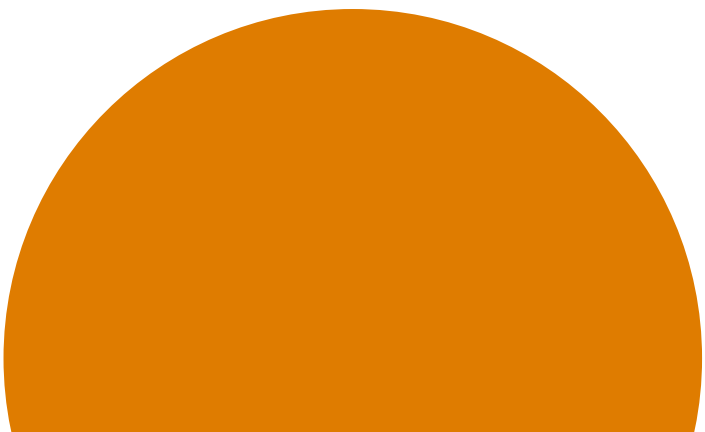
Adverse childhood experiences (ACES)

Evidence suggests one of the strongest predictors of poor health and social wellbeing across the life-course relates to things you experience before the age of eighteen.

Adverse Childhood Experiences (ACES) ranging from physical, emotional, or sexual abuse of the child, to bereavement, parental separation, parental mental illness or substance misuse, domestic violence, or imprisonment of a parent, are traumatic events that can have negative, lasting effects on health and wellbeing throughout adulthood.[13]

ACES	Prevalence
Child maltreatment - ***Verbal abuse***	***17.3%***
Child maltreatment - ***Physical abuse***	***14.3%***
Child maltreatment - ***Sexual abuse***	***6.2%***
Childhood household included - ***Parental seperation***	***22.6%***
Childhood household included - ***Domestic violence***	***12.1%***
Childhood household included - ***Mental abuse***	***12.1%***
Childhood household included - ***Alchohol abuse***	***9.1%***
Childhood household included - ***Drug use***	***3.9%***
Childhood household included - ***Incarceration***	***4.1%***

Table 2: *Defining adverse childhood experiences and their prevalence among adults in England. Bellis et al, 2014.*



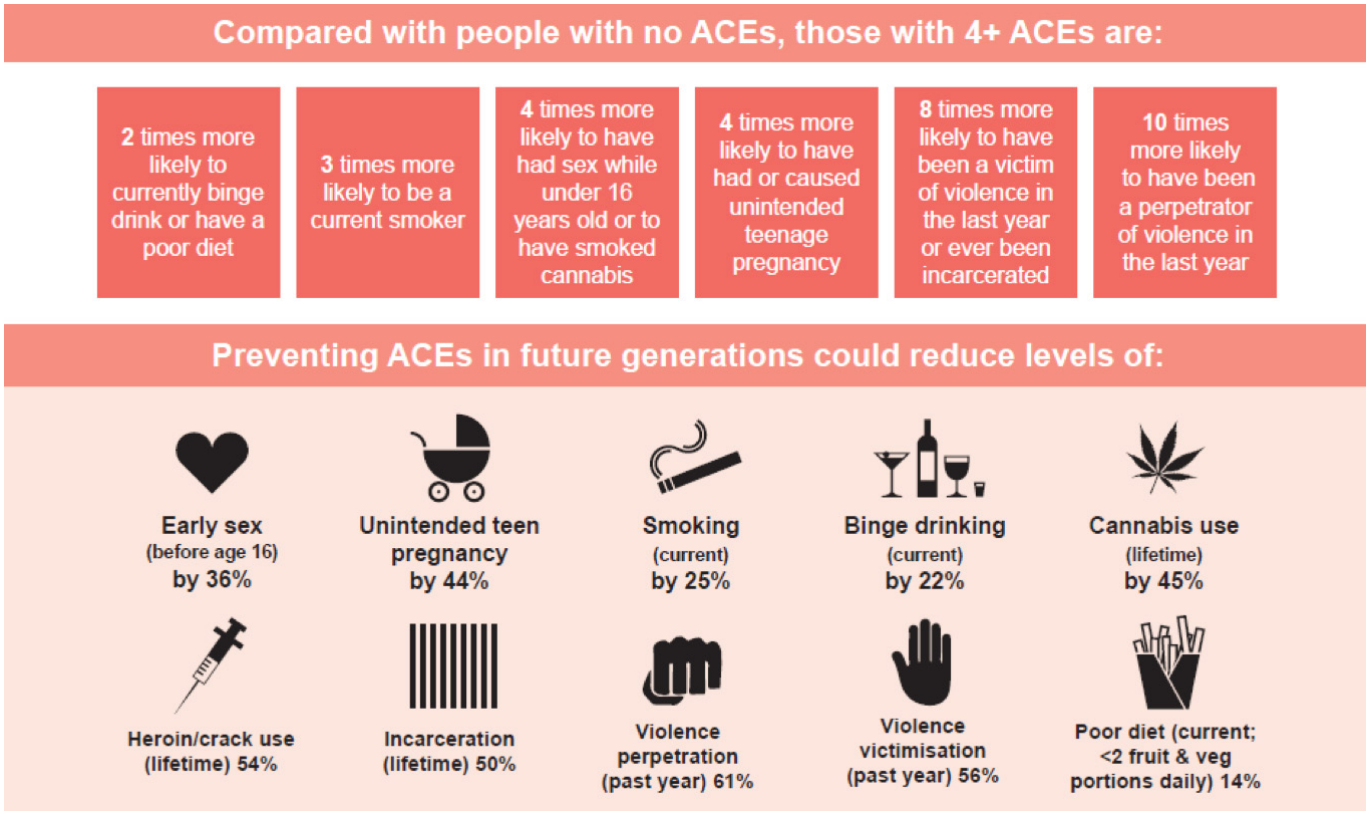


Table 3: *Introduction to Adverse Childhood Experience, Public Health England, East of England results 2018.*

If national research evidence holds for Norfolk then by age of eighteen, more than 17,000 young people will have experienced four or more ACEs and will be much more likely to develop high risk health behaviours and long-term health conditions.[14]

However, what is predictable is preventable and these negative impacts can be avoided. This supports a multi-agency focus on the prevention of ACEs and building resilience in both children and adults to manage the stress faced when experiencing adversity.[15]

Our survey in Norfolk found that:

- *1 in 3 children and young people have witnessed verbal or physical abuse at home*
- *32% of pupils responded that there has been shouting and arguing between adults at home at least 'once or twice' in the last month that has upset them; 4% said this has happened 'every day/almost every day'*
- *4% of pupils responded that there has been violence between adults at home at least 'once or twice' in the last month*
- *Exposure to domestic violence was also associated with worse reported wellbeing.*[3]

04 Mental health, wellbeing & resilience

Key Messages:

- *Mental health has been highlighted as a major area of concern for children and young people, particularly issues around self-esteem and self-confidence, and access to timely mental health services*
- *Demand for specialist health services could be reduced if we focus on building resilience and wellbeing within children and young people, their families and the communities they live in*
- *Our survey results show that the vast majority of school-aged children in Norfolk score high on indicators of wellbeing*
- *Where children have reported lower wellbeing, this is associated with adverse childhood experiences such as witnessing violence at home, being bullied and not feeling safe*
- *In our survey students reported a decline in resilience as they grow older – and this was much more for girls.*

Positive mental wellbeing in children lays the foundation for healthy behaviours, educational attainment, and thriving in adulthood. It also helps prevent physical and mental illness, substance misuse and anti-social behaviour later in life.

Concern around children and young people's mental health is growing. Academic and social pressures, especially from trying to fit in, create stress. Situations at home, tension between adults as well as world events and the future – with information more readily available than ever – can all create stress, anxiety and worries. This generation of children and young people are in a unique situation, the impacts of which are not yet fully understood.[9]

Building resilience gives our children and young people the capacity to 'bounce back' from stress, adversity, failure, challenges or trauma. Evidence shows that resilience could contribute to better mental well being as well as healthy behaviours, higher qualifications and skills, and better employment.

Things that support childhood resilience (Bellis et al 2018).

Community Help: knowing where to get help in a community

Trusted Adult: always having a trusted adult available to talk to

Role Model: having people to look up to

Supportive friends: having friends who stand by them in difficult times

Treated fairly: being treated fairly in the community

Given opportunities: having opportunities to develop skills to succeed in life

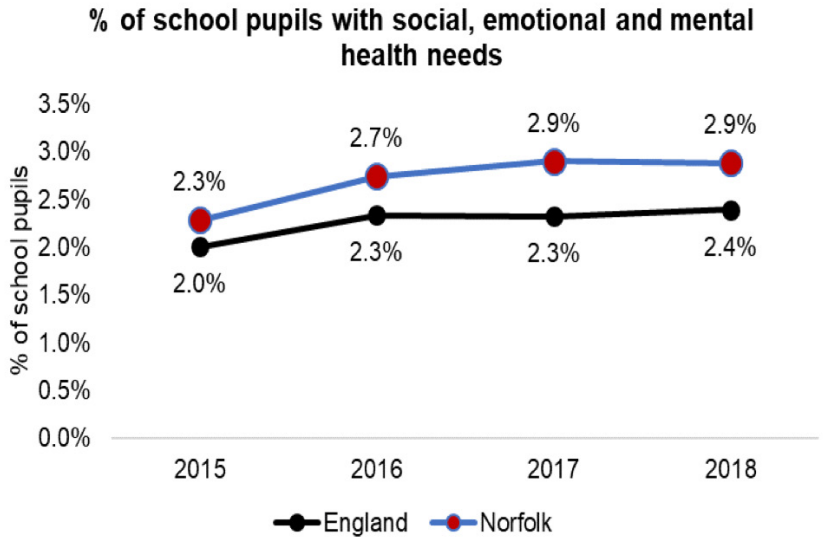
Culturally engaged: enjoying their community's culture and traditions

We know that those who face the most adversity are least likely to have the resources necessary to build resilience. This 'double burden' means that inequalities in resilience are likely to contribute to health inequalities and promoting resilience of parents has positive effects for their families too.[17]

Department of Education statistics show that the proportion of school age children identified with social, emotional and mental health needs in Norfolk is higher than the England average and increasing (Figure 14).[8]

A proportion of the demand for specialist health services could be preventable by building resilience and wellbeing within children and young people, their families and the communities they live in.

***Figure 14**: Percentage of school pupils having identified as having social, emotional and mental health needs. Department for Education special educational needs statistics 2018. Note red data points are statistically significantly worse and yellow where not significantly different.*



Wellbeing

The majority of students reported high or medium scores for wellbeing (better than their national peer reference group) which is very positive. Positive mental wellbeing is associated with positive health behaviours.

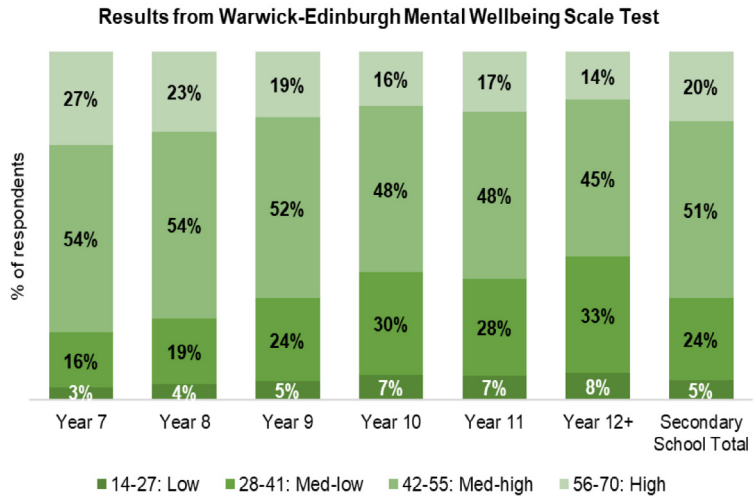


***Figure 15**: Responses to the Warwick-Edinburgh Mental Well-being Scale questions by year group. Norfolk Children & Young People Health & Well-being Survey 2017. Norfolk County Council. (8,511 respondents)*

However, 5% of primary and secondary school pupils scored low on the wellbeing scales (similar to the national average).[18]

School work and exams came out as the thing students worry about the most (more than their health or appearance) with 41% of secondary pupils saying they worry about this 'a lot' or 'quite a lot. 89% of young people say that if they are worried they know, or maybe know, an adult they can trust.[3]

An analysis of the survey responses showed that pupils were more likely to report lower levels of well being in association with:

- *Feeling unsafe at home, violence and shouting or arguing in the house*
- *Feeling unsafe at school and being bullied*
- *Drug use*
- *Identifying as gay/ lesbian, bisexual or other*
- *Their diet - such as not having lunch and not having breakfast and consumption of fruit and vegetables.* [3]

Resilience

Studies of resilience show that the number one factor is having at least one stable relationship with a supportive adult. In our survey, 69% of primary students and 63% of secondary students reported that they know an adult they trust that they can talk to if they are worried. 24% of primary students and 26% of secondary students 'maybe' know an adult they trust that they can talk to if they are worried.[3]

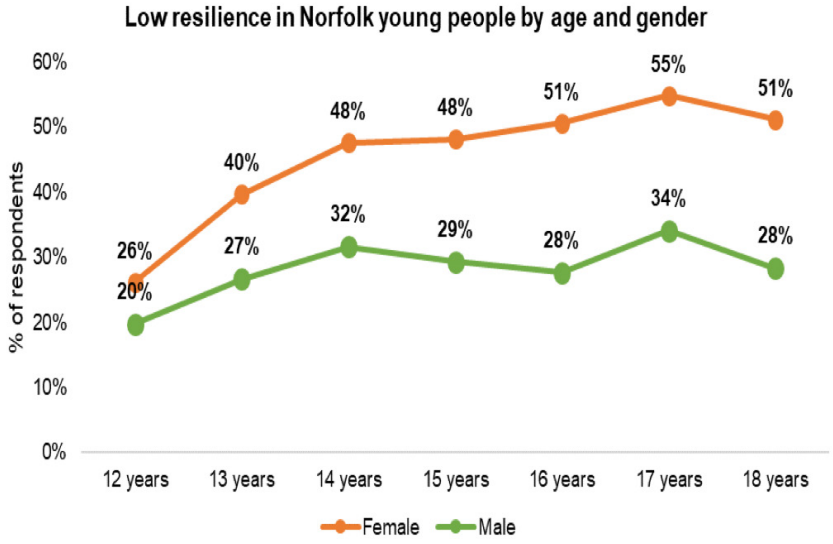


***Figure 16**: Respondents displaying low resilience by age and gender. Norfolk Children & Young People Health & Well-being Survey 2017. Norfolk County Council. (8,374 respondents. Note: Resilience score based on combined responses to a series of questions.*

Low resilience and self-esteem increased as pupils got older and this was more marked for girls than boys. Students with medium-high resilience scores in the survey reported they are less likely to smoke or drink alcohol and more likely to get their 5-a-day.[3]

Norfolk schools play a key role in building resilience among children and young people. In Norfolk, actions to increase resilience are being targeted at different levels:

- *Developing academic skills and increasing achievements of pupils*
- *Developing social skills for connecting to peers and promoting better interpersonal relationships with parents and carers*
- *Supporting self-efficacy for health-promoting behaviours*
- *Encouraging involvement in extracurricular and community activities*

Bullying

In Norfolk, 72% of Primary pupils and 65% of Secondary Pupils say that bullying is “not a problem in their school” or that “their school deals well with bullying”.

However, in our survey 37% of primary school, and 36% of secondary schools students in Norfolk said that they have been bullied in the last 12 months.

Bullied in the last 12 months		
Primary School	Norfolk **37%**	England **22%**
Secondary School	Norfolk **36%**	England **21%**

- *The majority of bullying is being teased or made fun of (14% of Primary pupils and 23% of secondary pupils experienced this last year).*
- *72% of Primary pupils and 65% of Secondary pupils say that bullying is “not a problem in their school” or that “their school deals well with bullying”.*
- *30% secondary students have experienced negative behaviours (like verbal abuse or jealousy) from their boyfriend/girlfriend*
- *95% of young people say they have not experienced cyber bullying*

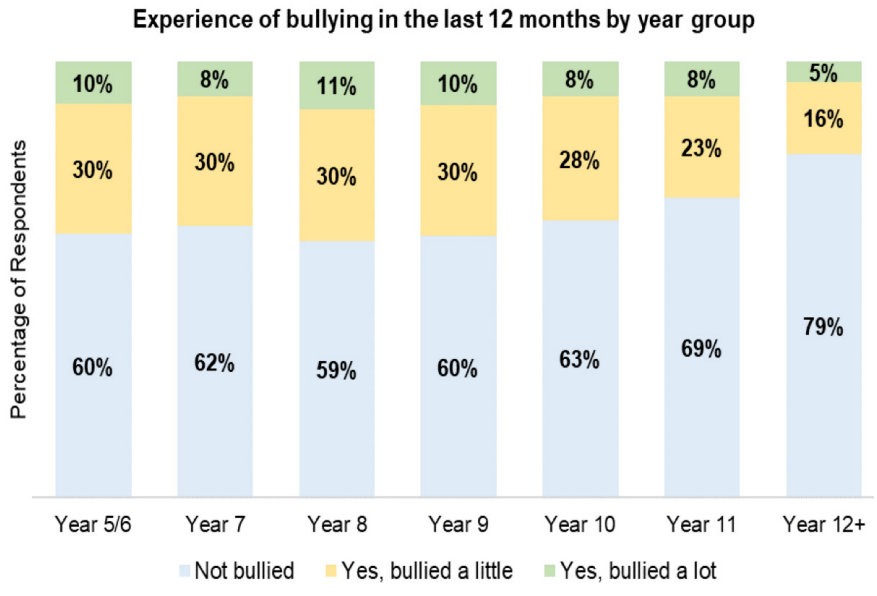


Figure 17: *Experience of bullying in the last 12 months. Norfolk Children & Young People Health & Well-being Survey 2017. Norfolk County Council. (11,425 respondents)*

Self harm

The vast majority of the participants in the Norfolk survey (88%) have not self-harmed. However, 5% of secondary school children in Norfolk responded that they “usually” or “always” cut or hurt themselves in response to stress and worry and an additional 12% responded that they “sometimes” do. Reports of self-harm increased with age and were more common in girls than boys.[3]

The rate of hospital admissions for self-harm (Figure 18) in children and young people (usually cutting and self-poisoning) is similar to the England average. This represents 105 admissions for 10-14 year olds, 323 admissions for 15-19 year olds and 174 admissions 20-24 year olds. Hospital admissions are higher for young women than for men.[19]

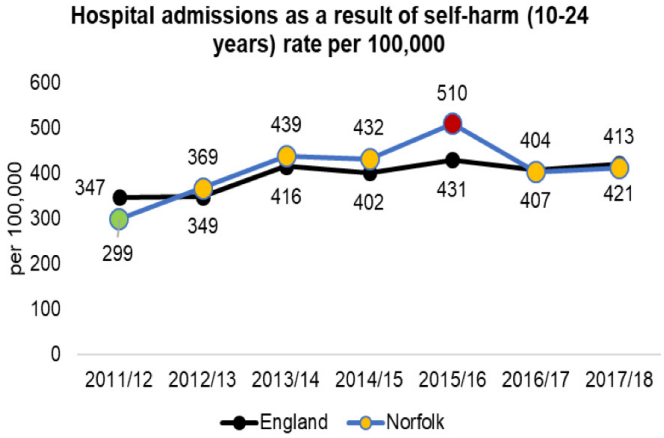


Figure 18: *Directly standardised rate of finished admission episodes for self-harm per 100,000 population aged 10-24 years. Hospital Episode Statistics. Re-used with the permission of the Health and Social Care Information Centre.*

Summary and conclusions

For young people to develop the skills they need to prosper they need to be given a good start, support to develop and to feel safe and protected in their families, schools and communities.

We have sought the views of over 11,000 Norfolk children and young people and linked these with the information we already had to form a picture of where our priorities should be moving forward.

Key findings were:

- *190,000 children and young people live in Norfolk, 21% of the total population. This number is expected to steadily increase as our population grows.*
- *We have sought the views of over 11,000 Norfolk children and young people and linked these with the information we already had to form a picture of where our priorities should be moving forward.*
- *Overall, the findings from the survey were very positive, with a high percentage of children and young people reporting positive experiences growing up in Norfolk.*
- *Generally, children report healthy childhoods with high levels of healthy behaviours including diet, exercise, supportive families and communities, but as might be expected, healthy behaviours decrease in adolescence.*
- *Statistically Norfolk is performing relatively well in relation to the health and wellbeing outcomes of children and young people and in most areas, our health outcomes compare well with those nationally.*
- *However, data and the results from the survey have identified areas for improvement such as the decline in emotional resilience and self-esteem as children got older.*
- *Poorer health outcomes tend to cluster together and there is a variation in outcomes between the most deprived and the least deprived areas, for example in infant mortality, school readiness, road traffic injuries, teenage pregnancy and obesity.*
- *Universal prevention services with targeted help for children and families experiencing poverty have the potential to mediate the adverse effects of deprivation on outcomes.*
- *Where children have reported lower wellbeing, this is often associated with adverse childhood experiences such as witnessing violence at home, being bullied and not feeling safe*

In most areas, our health outcomes compare well with those nationally. However, our aspirations for the future are to be better than 'average' and two key themes have emerged:

1. *The impact of socio-economic factors on childhood development, experiences and aspirations and how these manifest differently across the county (health inequalities)*

2. *Mental health and wellbeing and the importance of working together to build resilience*

Our Norfolk County Council plan "Together, for Norfolk" will be fundamental to addressing these - namely:

- *Following an inclusive growth agenda – working together to address the socio-economic impacts on families (such as low incomes and poor housing) and reducing health inequalities*
- *Championing the importance of prevention- working towards an increasingly upstream approach*
- *Targeting the right support where it will make the biggest difference (a holistic family approach targeted where risk factors are clustering)*
- *Working with communities to develop resilience*

Our findings suggest that by working together we have huge opportunities to make a big difference- for young people to build their self-esteem and confidence, to learn and develop, to be ambitious and proud to live in Norfolk, to be kind to each other and their communities and to make positive choices for their health – and to be our Norfolk leaders of the future.

Our finding also highlights the need to take a whole family approach to make a positive impact, addressing parents and children's needs together.

The more we can reduce socio-economic inequalities at an early age, the more likely young people will live long and healthy lives and maximise their potential. As we develop our inclusive growth ambitions for Norfolk there are real opportunities to contribute to early prevention and contribute to our health and educational attainment for the future.

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