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Welcome to this year’s Public Health Annual Report.

This year’s annual report is the second in a series of four life course themed reports. Last year’s Public Health Annual Report – Start Well, covered the first stage of the life course and looked at the first five years of life in Knowsley, including parents planning to start a family and pregnancy.

This year takes the second stage, Grow Well. Broadly speaking, this covers children and young people aged 5 to 19 years old. This is a critical stage in life when children and young people learn, develop and become increasingly independent to prepare them for adulthood. Development and choices made by children and young people during this stage can dictate their future prospects, behaviours and life chances in the long term.

This stage holds a number of challenges including childhood obesity, emotional and mental wellbeing, educational attainment and risk taking behaviours, such as drinking alcohol and smoking. Many children are also growing up in challenging home environments with child poverty remaining a real issue for many families in Knowsley and the implications of this are far reaching.

Knowsley has programmes and initiatives to support and work with children and young people to improve life chances, many of which are highlighted within this report. For example, there are programmes to improve young people’s mental health and wellbeing such as Headstart, whilst ENGAGE Knowsley works with young people who have substance misuse issues such as drugs and alcohol.

There are services working with families to help ensure children and young people have a healthy weight. Services and interventions are also in place to reduce the impact of child poverty and to improve home environments in which children are living.

A two minute health messages training programme which is aimed at frontline staff working with children, young people and their parents has been developed. This training, accredited by the Royal Society for Public Health was launched in January 2015 and provides valuable advice and directs people to information on making healthy lifestyle choices.
Although the primary focus of the report is ‘Grow Well’ it also contains some overall headline facts and figures for population health in Knowsley which can be found on pages 45 and 46.

Two years on from the implementation of the Health and Social Care Act, Public Health is fully embedded within the local authority and I now have a wider role with responsibility for leisure, culture, libraries and environmental health providing greater opportunities to address some of the issues contained within this report.

It is important to acknowledge that the financial climate and changes to the welfare system continue to create challenging times, particularly for the people of Knowsley. We must never forget that our role is to improve health and wellbeing for Knowsley people and we know that significant issues remain.

As usual, a full overview of health statistics for Knowsley can be found in the accompanying statistical compendium, available at: www.knowsley.gov.uk/publichealth, along with useful contact details for programmes and initiatives.

I hope you enjoy reading the report. I look forward to reporting on our work in the “Live Well” life stage next year.

Please do get in touch with any comments and suggestions; contact details can be found on page 47.

Matthew Ashton, FFPH
Director of Public Health/Assistant Executive Director
Public Health and Wellbeing
Knowsley Council
In Knowsley …

- Almost a third of children and young people are living in poverty, this equates to around 10,605 children (2012).
- Over 30 children aged 5 to 17 years are admitted to hospital each month due to falls.
- At least 3,200 children under the age of 18 have asthma.
- More than 1 in 3 children are overweight or obese by year 6.

According to the Knowsley Health Related Behaviour Survey for 2014:

- Just under half of secondary pupils, more girls (55%) than boys (41%) reported that they never take part in after school sports clubs.
- Slightly under 1 in 10 boys and girls in year 10/11 reported that they occasionally or regularly smoked.
- Slightly over 1 in 10 secondary aged pupils reported that they drank alcohol at least once a week.
- Over a quarter of primary school aged pupils reported that they sometimes felt afraid to go to school because of bullying.

A full overview of health statistics for Knowsley can be found at: www.knowsley.gov.uk/publichealth
If Knowsley were 100 people

In the last year ...

- 94 girls aged 12-13 had a **HPV vaccination**
- 6 girls aged 12-13 **did not**
- 35 pupils got **5+ A*-C GCSEs (inc Maths & Eng)**
- 65 pupils **did not**
- 30 children **live in poverty**
- 70 children **do not**
- 13 primary school pupils **eat 5 fruit & veg per day**
- 87 primary school pupils **do not**
- 5 secondary school pupils **smoke**
- 95 secondary school pupils **do not**
- 23 year 6 pupils would **be obese**
- 77 year 6 pupils **would not**
- 13 secondary school pupils will **have drunk alcohol in the last 7 days**
- 87 secondary school pupils **will not**
- 3 females under 18 became pregnant
- 97 females under 18 **did not**
Improving the mental health and wellbeing of children and young people in Knowsley is a priority. Many children and young people throughout their life are exposed to situations that cause them stress and anxiety. This includes pressures at school and in the home environment, relationship breakdowns, peer pressure, bullying and exposure to new experiences. Although this is part of the growing up process, additional pressures due to poverty, chaotic and sometimes dysfunctional personal or family circumstances and exposure to domestic abuse or other types of abuse make the problems much worse.

It is difficult to identify and measure levels of mental health and wellbeing in children and young people. However, nationally, rates of depression and anxiety have increased by 70% in the past 25 years. Nationally there has also been a rise in referrals to specialist Child and Adolescent Mental Health Services (CAMHS) and this is mirrored in Knowsley data. Insight from young people through the Knowsley Youth Mutual (KYM) has consistently highlighted addressing mental health and wellbeing and bullying as key priorities for young people.

Children have varying levels of emotional ill health and the extent to which they suffer from this is influenced by their level of resilience. Although the factors that influence children’s emotional health and happiness may differ slightly at different ages, it is believed that by age 10 a child’s emotional wellbeing is already a key indicator for determining mental health outcomes at age 16 and life chances at age 30. It is at this point that risk factors such as poverty, chaotic home environments, disabilities and non-standard family arrangements can be distinctive markers of difference. Psychologists have long recognised that some children and young people develop well despite growing up in high risk environments. This capacity to cope with adversity, and even be strengthened by it, is at the heart of resilience and mental toughness. Resilience has been defined as ‘normal development under difficult circumstances, or the human capacity to face, overcome and ultimately be strengthened by life’s adversities and challenges’.

There is strong evidence that emotional resilience built in childhood leads to lifelong benefits. Therefore, investing in children’s mental health and wellbeing now will pay off in the future, by better educational attainment, improved life chances and achievements, better health, greater community involvement, and less use of health services, social care and welfare benefits.

Emotional and mental wellbeing

“Just as schools and other organisations can play an important role in resilience, so too can they play an important role in wellbeing. There is a strong association between school connectedness or sense of belonging and wellbeing”

(Chief Medical Officer, 2012)
What are we doing to improve mental health and wellbeing?

Knowsley Headstart - a programme to improve resilience in children and young people

We know that for some young people, mental health problems in adolescence increase and that half of all lifetime cases of mental ill health start by age 14. Knowsley Headstart is a Big Lottery funded programme aimed at building resilience and improving wellbeing in children and young people aged 10 to 14 years.

Knowsley Headstart programme supports young people to develop resilience skills and become socially and emotionally competent to deal with adversity and other challenges in their life such as the transition from primary to secondary school, changes in their height, weight and appearance and changes to how they feel about themselves, towards others and the world around them.

The programme is trialling new ways of providing early support in the four domains of a child or young person’s life. These include; time and experiences at school, experiences outside of school such as how they access services within the community, home life and relationships with family members and interaction with digital media. There is a comprehensive local and national evaluation programme in place, and evidence will be gathered on the most effective methods of engagement, co-design and delivery of activities. This information will be used to develop and implement a more preventative and resilience promoting support system for the young people of Knowsley.

Joe’s story

Joe, aged 12, was a pupil at a school in Huyton and was on the brink of exclusion due to aggressive behaviour towards staff and other pupils. Joe was referred into the Knowsley Headstart programme and took part in Stop Gap Go® which is an innovative mindfulness and emotional learning programme aimed at equipping participants with life skills to better understand themselves, their emotions and relationships. This eight week programme involved a children’s group, a parent group and a teacher group. As the course progressed, Joe and the other participants began to notice how his thoughts triggered his emotions and he was taught a variety of mindfulness techniques to support and steady himself and his behaviour during times of heightened stress and anxiety.

At the end of the eight week programme many benefits were reported from all participant groups including feeling calmer, less reactive, more focussed with a greater sense of control, feeling happier and kinder towards self and others.

Joe’s behaviour had significantly improved and he was no longer at risk of exclusion. Joe commented “I learnt how to calm myself instead of just hitting out - Stop Gap Go".

One in ten children and young people aged 5 to 16 suffer from a diagnosable mental health disorder. That is around 3 children in every class³
Addressing the mental health and wellbeing needs of children and young people in Knowsley is a key priority. Prevention and early intervention are key to a system wide approach to reduce the levels of mental health and wellbeing issues in young people through both building emotional resilience skills and reducing exposure to stressful situations. It is also important that effective, specialist support services are in place to intervene early when children and young people first present with difficulties. Knowsley’s Child and Adolescent Mental Health Services (CAMHS) delivered by 5 Borough Partnership NHS Trust offer assessment and treatment when children and young people have emotional, behavioural or mental health difficulties. They also offer a brief intervention service which includes advice and training for school staff who are concerned about a child or young person’s emotional wellbeing.

Knowsley has a number of other services to help children and young people deal with and understand issues which have a negative impact on their emotional wellbeing such as bullying or difficulties at home.

Children and young people aged 6 to 17 years who have suffered from bereavement or loss can access the Butterflies programme delivered by Listening Ear. Therapy is offered through activity based one-to-one sessions.

Online counselling has become popular in recent years as it is anonymous, confidential and takes place in a non-threatening environment, as well as being accessible 24 hours a day with flexible appointment times. In Knowsley, Kooth provide counselling to children and young people up to age 18 (25 with a diagnosable learning disability) who live or attend school in Knowsley. One-to-one counselling is offered in secure online chat rooms as well as face-to-face counselling in schools and community settings.

Knowsley Public Health are working with education colleagues and other young people’s services to increase awareness of the issues associated with cyber bullying and staying safe online. The “Cyber Sense” resource developed by Ariel Trust aimed at 9 to 11 year olds has been promoted across the borough to all primary schools. This online educational resource promotes awareness and provides children with the skills to recognise, respond to and report cyber-bullying along with how to stay safe online. A health and wellbeing pilot has also been implemented in all Knowsley South schools with a specific emphasis to address bullying and is discussed on page 41.
Self-harm and suicide

Adolescence is a time of great change and challenge for young people, it combines many points of transition, from childhood to adulthood as well as changes in schools. These changes, along with the hormonal and physical changes may leave young people more susceptible to feeling stressed and overwhelmed, which can lead some particularly vulnerable young people to feel suicidal. They can feel very scared of the future, anxious about career and academic pressures, worried about personal relationships and sexuality and can feel pressured or bullied by others into taking part in risky behaviour including drug or alcohol misuse. With a lack of support and practical experience to deal with such issues, these feelings can lead to anxiety and severe depression and may become so intense that the young person may attempt to end his or her life.

During the past decade there has been a marked increase in reported incidents of self-harm in young people across the UK. Research suggests young people are using self-harm as a coping mechanism to deal with a specific experience which has happened to them in the past or is happening to them now such as bullying, abuse or depression and anxiety. Common ways of self-harm include cutting or burning, however, there can be less obvious ways such as drinking alcohol to excess, developing an eating disorder, over exercising or getting involved in risky situations.

What are we doing to reduce suicide and self-harm in young people?

Local consultation suggests that young people prefer using online services to tackle self-harm. Kooth were commissioned to deliver a blended service of online and face-to-face counselling alongside skills based dialectical behaviour therapy sessions which combines cognitive behaviour therapy with mindfulness to help young people to manage and control self-harming behaviours. Evaluation of the project has been positive, with young people engaging well and reporting learning new skills to manage their feelings and helping them to cope with triggers to avoid a self-harming behaviour.

Comments from young people include:

“It’s good because you don’t feel like you are being judged by anyone”

“Learning coping techniques that you can use when you feel stressed”

“Talking about things in safe places like this [the group] helps”
As well as Kooth, Knowsley CAMHS can work with young people to develop ways to support them to manage their feelings or in extreme cases a young person would be admitted for inpatient care.

CALM is a UK national charity aimed at young men aged 15 and over, focusing on the prevention of male suicide. Commissioned by a collaboration of Merseyside Local Authorities, and delivered locally by Liverpool Community Health NHS Trust, CALM offers online support via a website, as well as a telephone helpline service and has a presence on social media sites such as Twitter and Facebook. CALM works with a number of brands which are trusted by young men locally to get the message across that help and support is available. Young men making contact with the service are signposted into local services.

For more information visit: www.thecalmzone.net

Children, young people and digital media

Children and young people have access to and “live in” a digital world. The influence of this has become increasingly important with its potential to protect and enhance their mental health and wellbeing. Children and young people are increasingly using digital media to communicate in many ways that are often a step beyond those used by their parents and carers.

Digital media can be a positive influence in providing improved access to knowledge and information, and a greater connection to people beyond local friendship groups. However there are concerns about the potential negative effects, including the exposure of children and young people to harmful and inappropriate material such as pornography or websites which reinforce negative behaviours such as those encouraging excessive weight loss. There are also risks of cyber-bullying and the potential for grooming and exploitation.

The use of apps and other digital tools can support children and young people to access self-help care, thus empowering them to have more control over their health and wellbeing. Along with utilising online platforms for counselling support, Kooth also has blogs and online magazine articles for self-help. Listening Ear have recently developed a resilience app to support wellbeing in children and young people. Understanding how young people engage and use digital technologies is also a focus of the Knowsley Headstart programme. These developments build on the potential of technology to promote resilience and wellbeing, tackle inequalities and improve access to services as identified by the National Information Board4.
When she wrote the quote above, Florence Nightingale was thinking about things like cold and damp. For children to grow well, home needs to support their mental wellbeing too.

Many of our children and young people are growing up in challenging home environments such as living in poor quality and overcrowded housing, having chaotic families and experiencing poverty. All of this can have a negative impact on health and wellbeing and relationships. For example, in the home environment, some children experience issues including; physical, emotional, sexual abuse, witness domestic abuse, live with a parent who has a mental health problem and/or long term illness or disability. Some children and young people also live with parents who have substance misuse issues or have siblings with behavioural issues.

In December 2010, there were 120,000 troubled families in England. The report "Understanding Troubled Families" revealed how difficult life is for these families. On average, nine serious problems, such as those listed above, exist at any one time and issues are deep rooted within the family and extended family networks.

As children learn and grow through everyday experiences, research shows that the impact of these adverse childhood experiences significantly increases the risk of health harming behaviours in adulthood such as binge drinking, smoking, violence perpetration, drug misuse, teenage pregnancy and becoming involved in crime. These adverse childhood experiences also have a negative impact on the mental and physical development of the child or young person.

On the other hand, children and young people who grow up in positive and supportive households where their parents/carers have stable employment and are not experiencing poverty, have better life chances. Therefore activities and interventions to help support and improve these factors are important.

Child poverty

Growing up in poverty can affect every area of a child’s development and future life chances. Children from low income households are less likely to achieve their academic potential and secure employment as adults. They are more likely to suffer from health problems, live in poor quality housing and unsafe environments.
There are many contributing factors to child and family poverty. Recent aggravating factors include the financial impact of welfare reforms, slow wage growth, rising childcare costs and the rising cost of living. The result is that many families struggle to make ends meet. Poorer families are also being hit by a poverty premium by paying a higher price for goods and services.

There are an increasing number of families living just above the poverty line, with many families having less disposable income. These families are referred to as ‘living in hidden poverty’ and evidence suggests that a growing number contain at least one parent who is working.

**What are we doing to reduce child poverty and minimise its impacts?**

Knowsley is working with other City Region partners to reduce child and family poverty, maximise opportunities for children and young people and improve their life chances. This will be achieved through a dual strategy which ensures an ever growing proportion of children and young people are ready for school and life whilst maximising family resources.

The Liverpool City Region Child Poverty and Life Chances Commission was established in 2011 to guide the child and family poverty agenda across the Liverpool City Region. The Commission will launch a refreshed strategy this year which identifies five priority areas of focus over the next three years:

1. Fair employment
2. Birth and school readiness
3. School interventions, pupil premium and young people who are not in education, employment or training (NEET)
4. Health inequalities and lifestyle choices
5. Transport and accessibility.

These same priorities will be adopted in Knowsley through a new local Child and Family Poverty Plan. The plan will be published this year and will set out a shared partnership vision to reduce child and family poverty. Our Public Health focus on children and young people aged 5 to 19 (25 with a learning disability) for the forthcoming year is a crucial part of the partnership’s framework for delivering on these child poverty priorities.
Young carers

Children under the age of 18 who regularly care for a family member who is mentally or physically ill, has a disability, or drug or alcohol problems, are defined as young carers. Many young carers cope well with their responsibilities, but at times this can become very stressful and have a negative effect on their health in relation to depression, anxiety or low self-esteem. They may also feel neglected and have no time of their own to play, learn or develop. It can also have a direct impact on their relationships with their friends and a negative impact on educational attainment and future employment prospects. This may then lead to other risk-taking behaviours, such as self-harm, drug or alcohol misuse as a way to try and deal with their feelings.

A recent report from The Children’s Society (2011 Census data) estimated that Knowsley has 371 young carers. However, other national data suggests that it is likely to be four times more, which would put Knowsley’s figure closer to 1,400.

What are we doing to improve the lives of young carers?

The introduction of the Children and Families Act 2014 set out additional duties on Local Authorities to support all young carers under the age of 18. Knowsley provides individual assessments to young carers to look at their support needs. This includes a specific assessment prior to the young carer becoming an adult. Following assessment, young carers who are known to services and meet the child in need threshold are referred through Knowsley Access Team to Children’s Social Care for support. This includes them being allocated a social worker and family support worker who assess their caring role and needs.

Young carers can also be referred to the early help team directly by services following an early help assessment. Dependent upon identified needs, there are various universal services that young carers can be directed to. In addition, Knowsley Youth Mutual deliver targeted support for young carers and their families which includes one-to-one sessions, group work and online support and provides an opportunity to give young carers a voice.

Parental substance misuse

Children and young people’s exposure to parental substance misuse can have a significant impact on their lives, both at the time and long term. It can affect their wellbeing as they can be exposed to violence, unsafe environments and have to look after siblings, or take more control of their own lives at an early age. There is also an increased chance that they will become substance misusers themselves.

In Knowsley in 2013/14, over 800 children lived in households where clients were receiving treatment for substance misuse. In relation to children in need, almost 480 were identified as having a parent/carer in treatment for drug or alcohol misuse.
However, based on national prevalence, there could be as many as 2,175 children growing up in households where alcohol misuse is a problem and 1,972 children exposed to drug abuse in the home.

**What are we doing to address parental substance misuse and its impacts on children?**

Knowsley Integrated Recovery Service (KIRS) works closely with many partners to ensure that service users and their families receive all the support they need to recover from their substance misuse and become better parents. Partners include: Children’s and Adult Social Care, health professionals, police, probation, Family First, Stronger Families, education, the Youth Offending Service and Knowsley Youth Mutual (KYM). Service users with children are offered a range of specific interventions including parenting skills courses delivered by Stronger Families and referral for their children into the Interact Project delivered by KYM. This programme is aimed at children aged 10 to 14 years, giving them access to activities to build their life experiences and confidence.

During 2014, 29 young people from the Interact Project received an award to celebrate their achievements.

**George’s story**

George, aged 14, was referred to the Interact Project from Stronger Families. George’s mother was accessing treatment from Knowsley Integrated Recovery Service for alcohol misuse. George displayed characteristics of being introverted and had a limited circle of friends, preferring to stay at home despite efforts by his extended family to integrate him with his peers in outdoor activities. George was also known to self-harm.

George was encouraged to discuss his concerns and anxieties including self-harming to KYM project staff. The staff observed a gradual development in George’s confidence and in expressing himself within the group with his peers. George also began to act as a mentor to the younger members of the group and offered to assist the programme team during sessions.

Since participating with KYM, George has been encouraged and supported to complete a number of components towards a Mayor’s Award including rock climbing and swimming.

George was particularly proud of his swimming achievement as he had fears initially about how others may view him because of the marks on his body from self-harming. George was able to overcome this obstacle by talking his worries and anxieties through with his counsellor.

George continues to develop personally through the programme and is keen to make a positive impact with other young people by becoming a youth volunteer.
Domestic abuse

Domestic abuse is a significant public health issue having a major impact upon those directly affected and their families. Domestic abuse is not just physical violence, it can be emotional too, such as threats and controlling behaviour. Her Majesty’s Inspectorate of Constabulary (HMIC) found that in the UK one in four young people aged 10 to 24 reported that they experienced domestic violence and abuse during their childhood. Children and young people who see or suffer domestic abuse are the ‘hidden’ victims, but the impact on them is serious and the effects can be carried into adulthood. It has been found that 62% of children and young people exposed to domestic abuse are directly harmed. Nationally, evidence suggests that one in three women and one in six men have experienced domestic abuse since the age of 16. This translates to around 15,000 women and 6,800 men in Knowsley. However, this is likely to be an underestimate as often domestic abuse is hidden and unreported. It is estimated that 1,529 children across the borough may be exposed to domestic violence.

When a child or young person lives in a household where domestic abuse is common they may experience the following:

- Overhearing violent incidents
- Being abused themselves by their parent/carer or family member
- The victims and children being degraded and belittled by the perpetrator
- Neglect due to drug/alcohol misuse by their parent/carer
- The destruction of property or belongings
- Other family members being hurt or intimidated; abuse of siblings
- Forced participation in the abuse and degradation of their victim parent/carer
- Overseeing or being made to watch their victim parent being physically assaulted, raped or sexually assaulted by the perpetrator
- The aftermath; the injuries and distress of the victim parent
- Being deprived of family and social contacts which reduces the likelihood of disclosure
- Attempted suicide or death of their victim parent/carer
- Teenagers are also at risk of experiencing domestic abuse by their partner.
What are we doing to prevent domestic abuse and minimise its impacts on families?

A number of programmes and interventions are in place across the borough for both victim/survivors and their families. For example, for the most high risk cases there is a Multi Agency Risk Assessment Conference (MARAC) to support victim/survivors of domestic abuse and any children involved. This accounts for approximately 10% of all domestic abuse cases reported.

There are also programmes and initiatives in place to direct victims to advice and support.

The Freedom Programme helps women to understand what domestic abuse is and how perpetrators use a variety of different tactics to control them.

InPACT is a male perpetrator programme which uses the Domestic Violence Intervention Programme based on the Duluth model. The two basic aims are to empower women to increase their safety and to stop men’s use of violence and abuse.

The Knowsley Target Hardening Scheme enables families at risk of being declared homeless as a result of domestic abuse to remain in their own homes. Properties are surveyed and interventions ranging from safety chains and window locks through to CCTV cameras are provided.

Building on the national annual “White Ribbon” campaign, there have been a number of campaigns across Cheshire and Merseyside to raise awareness of the effects of domestic abuse and to pledge support to never commit, condone or remain silent about abuse.

A pilot campaign “Say no to injury time” took place in June 2014 to coincide with the first three England matches of the World Cup. Research shows that domestic abuse incidents increased by 37% if England lost and even when they won 26% more incidents were reported to the police. The aim of the campaign was to raise awareness of the effects of domestic abuse and how it is linked to increased drinking. Based on findings from the pilot campaign, a six week long awareness raising campaign took place early in 2015 across Cheshire and Merseyside to encourage people to help end domestic abuse by talking more about it. Called “Be a Lover, not a Fighter”, the campaign generated a great deal of discussion and support through social media.

Both men and women aged between 16 and 24 are at highest risk for domestic abuse compared to older age groups.

Both men and women aged between 16 and 24 are at highest risk for domestic abuse compared to older age groups.
To challenge attitudes towards healthy relationships, a range of Personal, Social, Health Education resources and associated training have been provided to universal staff and schools. These include resources from Ariel Trust called “Face Up”, which is a curriculum based DVD resource linked to literacy, and “Real Love Rocks” which was developed by Barnardo’s. Both resources raise awareness and interactive preventative tools support the development of healthy consensual relationships among children and young people.

Protecting and safeguarding children

Protecting and safeguarding children from emotional, physical and sexual abuse and neglect is essential. Neglect is the biggest cause of children needing protection and the primary reason why children come into care. Early identification and agencies working together are critical to addressing the impact. Knowsley Safeguarding Children Board is the key statutory body for agreeing how relevant organisations co-operate to safeguard and promote the welfare of children and ensure the effectiveness of what they do.

An area of strength in safeguarding children in Knowsley is Operation Encompass. This has been shared as an example of good practice, with it being adopted by other Merseyside Local Safeguarding Children Boards.

Operation Encompass\textsuperscript{16}

Imagine arriving at school the morning after you have heard and/or seen your mother being beaten by your father. You have not slept and have had no breakfast. Your home is in disarray. You don’t have all your school uniform or your PE kit and now you have to sit in class and learn about adverbs. You are worried about your mum and want to be with her but you are also very worried about what will happen when you do go home at the end of the day. You can’t tell anyone what has happened or how you feel.

This happens in our schools every day. Operation Encompass was created to ensure that the next day, following a police call out for a domestic abuse incident, the school is notified. This allows the school’s trained key adult to provide immediate early intervention through support dependent upon the needs and wishes of the child or young person. To date, over 1,200 children and young people in Knowsley have been supported by Operation Encompass.
Child Sexual Exploitation

An increase in collaborative working has led to the adoption of a Merseyside Child Sexual Exploitation (CSE) protocol. CSE involves exploitative situations, contexts and relationships where young people receive 'something' such as gifts, money or attention as a result of performing sexual activities and/or another performing sexual activities on them.

Technology is increasingly being seen as a means of access to young people for coercion, which often leads to abuse. This can occur through the use of social media, chat rooms, mobile phones, web cams and other technology without the child’s immediate recognition of risk. Violence, coercion and intimidation are common. Involvement in exploitative relationships is characterised in the main by the child or young person’s limited availability of choice\(^{17}\). In all cases of CSE there is a power imbalance and those responsible have control over their victims.

CSE exists within all layers of society. Boys as well as girls are sexually exploited, and they come from all ethnic backgrounds, religions and socio-economic groups. Similarly, the perpetrators can come from all walks of life.

What are we doing to prevent child exploitation?

A great deal of work has been undertaken to make children and young people aware of the dangers of CSE. This includes action within schools to make pupils aware of the offence and how to identify it. For example, in October 2014, Knowsley hosted a drama called “Chelsea’s Choice” as part of a co-ordinated campaign to raise awareness of CSE. This innovative drama was seen by over 4,000 young people. As part of the commissioned services provided by ‘Essential Safeguarding’ this work was extended to include drama performances and briefing sessions to over 1,000 front line staff, including elected members and youth service workers.

As more is understood about CSE and its forms, continued safeguarding training will be key in ensuring the entire workforce is confident in dealing with the issue. Additional resources have been made available to schools to promote positive relationships as discussed earlier in this report.
Children with disabilities and complex health needs can be defined as having one or more of the following conditions; physical, mental or sensory impairment, learning disability, long term medical condition or a social disorder. They have poorer health, wellbeing and social outcomes compared to their peers, they also suffer from significant inequalities in health, employment, education and the wider society.

Children with disabilities are more likely to live in poverty because their parents are often unable to work or work limited hours due to caring responsibilities for the child. Families with low incomes or lone parents are likely to experience further poverty due to the additional costs of their disability such as keeping the home warmer or associated travel costs to hospital appointments. Children with disabilities are also less likely to engage in ordinary social activities that other children take for granted. This is due to accessibility issues including staff ratios and experience and the lack of differentiated activities, or financial barriers. This leads to social isolation for both the child and their parent/carer. Poor quality housing can also exacerbate issues for children with disabilities or complex health conditions through mobility restrictions due to hazards in the home or respiratory conditions made worse by damp.

To reach their full potential and make a positive contribution to society, children and young people with disabilities and their families need effective support from health, education, social care and voluntary services at the appropriate stages of their lives. Without this children with disabilities are more likely to live in poverty and suffer mental health conditions. They will miss more school and are more likely to underachieve educationally than non-disabled children resulting in barriers to employment in the future. Children with disabilities and complex health needs often face a range of issues that can be unique to the individual and may require tailored specialist services.

Estimating the number of children with disabilities and complex health needs is difficult because different definitions are used to classify disability and not all young people with a disability are known to services. National estimates suggest that between 3% and 7% of all children have a disability, which locally would equate to between 1,100 and 2,700 under 18’s living in Knowsley with a disability. However, given Knowsley’s population characteristics, such as deprivation and levels of ill health, it is likely that the number of disabled children will be high compared to national estimates.

It is also important to recognise the complexity of disability, as clearly the more complex the greater the needs of the child and their parents/carers.
Number of pupils with special educational needs (SEN)

<table>
<thead>
<tr>
<th>Knowsley</th>
<th>Nationally</th>
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<tr>
<td>26%</td>
<td>17.9%</td>
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</table>

It is estimated that there are around 470 children living with severe disabilities in Knowsley.

One nationally recognised measure estimated that 5% of children are disabled, with 1.2% being the most severely disabled.

Research suggests an increase in the number of children with a disability or complex health needs is because more children are being diagnosed at an early age.

What are we doing to improve the lives of families that have a child with complex needs?

Public Health commission the Knowsley Specialist School Nursing Service delivered by 5 Boroughs Partnership NHS Trust to provide care and support to children and their parents/carers to enable them to reach their full potential.

Specialist support is available in the form of activities, short breaks or respite care. Different types and levels of short breaks are available depending on need. These may last a few hours or days and can happen at home, an approved foster carer’s home or residential setting.

Short breaks are a positive experience for children and families. A short break allows children to take part in fun, accessible activities away from their normal routine and can provide parents with a break from caring responsibilities. This prevents families with a disabled child reaching crisis point and needing high cost interventions. They provide children with an opportunity to make friends, join activities, promote independence and take a break from their family. They also support parents in their caring role so that the whole family can enjoy activities together. Families have reported improved behaviour and social skills in their child which have had a positive impact on family life.

There are also a number of parental support groups in Knowsley who meet up on a regular basis enabling parents to peer support each other and exchange information and advice.
Grace’s story

Our daughter, Grace, has several complex health needs including autistic spectrum disorder. This has a severe impact on our family life, leaving us socially and emotionally isolated.

Grace’s behaviour can be very rigid and obsessional. She has great difficulty in being corrected and accepting another person’s point of view. She also does not want to do activities or engage in days out and family holidays, but instead wants her own independence. This has taken a toll on our family as we struggle to offer alternatives appropriate to her needs and vulnerabilities.

Grace accessed short break provision which helped to improve her confidence, make new friends and gave her the independence she craved. Afterwards, Grace was more relaxed with the rest of the family and it opened up conversations about her trip for several days after.
Accidents are the leading cause of preventable deaths, injuries and hospital admissions in children and young people in the country. Knowsley has higher levels of accident related hospital admissions involving children under 18 years old compared to the North West and England (2010/11). Most accidents can be prevented, as they often happen as a result of non-deliberate actions or a lack of prevention.

The most common causes of accidental injuries and deaths for 5 to 17 year olds are falls, poisonings, burns and scalds, road traffic incidents, suffocation, choking and strangulation, and drowning. The risk of injury or deaths from road traffic incidents, being struck by blunt or sharp objects, stings and bites also increases within this age group.

In Knowsley in 2013/14, for children aged 5 to 17 years, there were on average over 30 admissions each month due to falls and every other month at least one admission had sustained a serious head injury. A further 30 admissions each month were due to unintended poisonings.

Despite significant reductions over recent years, deaths and serious injuries arising from road traffic collisions remains one of the leading causes of preventable death and ill health among children and young people. The latest casualty figures reported for 2013 show that 1,980 children under the age of 16 were killed or seriously injured on Britain’s roads. Of these, 48 children were killed and 1,932 were seriously injured.

When do accidents happen?

- Most accidents happen between late afternoon and early evening, in the summer, during school holidays and at weekends
- Factors such as stress, death in the family, chronic illness, homelessness or moving home increase the likelihood of the child or young person having an accident
- Some accidents happen when the usual routine is changed or when people are in a hurry
- Distractions and inadequate supervision are often the cause of accidents
- Poor housing and overcrowded conditions lead to increased numbers of accidents
- Some accidents are caused by lack of familiarity with surroundings, for example, when visiting friends or relatives, or in holiday accommodation.

Children and young people from our poorest and most vulnerable households are more likely to be killed, seriously injured or admitted to hospital due to preventable accidents, compared to children from more affluent households.
Children from our poorest homes are:

- Around 20 times more likely to die as a pedestrian
- Almost 30 times more likely to die as a cyclist
- Almost 40 times more likely to die in a household fire.

What are we doing to prevent accidents in children and young people?

Accident prevention is everyone’s responsibility. Within Public Health, there are various programmes that successfully help prevent accidents, such as school cycling schemes and healthy homes. The healthy homes initiative targets areas of poor quality housing with the aim to improve both the living conditions and health and wellbeing of residents including children and young people.

Public Health are leading on a multi-agency approach to accident prevention across the borough. This work aims to ensure local accident prevention priorities are collectively being addressed by community stakeholders through a joined up approach.

A Knowsley Accident Prevention Task (KAPT) group is scheduled to meet in Spring 2015, to agree the strategic aims and implementation of the local action plan. This plan will include training frontline staff to provide brief messages to the public, for example on safely storing medicines. The KAPT group will work with other local professionals to engage with parents/carers, providing top tips and advice on how they can reduce the risk of injury or harm.

Despite Knowsley being one of the poorest areas, performance in recent years has been very good.

To help further reduce the number of road traffic accidents, Knowsley’s Road Safety Team has introduced a comprehensive age appropriate programme of education and training to every school in the borough. The programme includes several schemes that aim to engage with the parents of young children and provide them with the knowledge and skills to improve their child’s road safety awareness.

One such scheme is Knowsley’s training and assessment programme offering roadside pedestrian assessments for children. Every child in year 1 (aged 5-6) at participating schools is taken to the roadside and assessed on their road safety knowledge and understanding.

The number of children killed or seriously injured on Knowsley’s roads has reduced by more than half in the last ten years.
This is assessed using a child-led approach and through observing the actions and behaviour of each child at the roadside. A copy of each child’s personalised assessment is then sent home to parents/carers along with guidance in the form of a DVD which shows them how to improve their child’s ability to be safe on and around roads. Evaluation of this scheme has demonstrated that this practical roadside training can accelerate a child’s understanding of road dangers and their ability to keep themselves safe near roads.

In April 2014, an assessment of collisions around all the schools in Knowsley was undertaken to prioritise where engineering measures could be implemented near to schools. The aim was to reduce the number of collisions near schools and improve pedestrian access to encourage more people to walk their children to school. This has resulted in the installation of speed cushions and/or advisory 20mph speed limits placed on roads near to some primary schools. Further similar measures across the borough will be implemented during 2015.

Jade’s story

Jade had a six year old daughter who loved playing out in the front garden of their home. However, she kept falling over because the garden was very uneven with a steep drop which was not guarded. On several occasions Jade had to visit the local walk-in centre for staff to look over her daughter’s cuts and bruises and on one occasion a visit to Accident and Emergency for a head injury. Not long after the latest incident, Jade received a letter from the healthy homes team who were visiting properties in her area and she arranged for them to visit. The Healthy Homes advocate identified the hazards in the garden and acted quickly to inform Knowsley Housing Trust who remedied the unevenness and installed a railing along the steep slope. Jade can now allow her daughter to play out without fear of further trip hazards.
“Vaccines have reduced and, in some cases, eliminated many diseases that killed or severely disabled people just a few generations ago”

(UNICEF, 2014)

Vaccination is a safe, quick and effective way of protecting children and young people against a variety of serious infectious diseases and conditions. The NHS Childhood Immunisation Programme protects against diseases such as measles, mumps and rubella (MMR), flu (influenza), HPV, and meningitis.

**Influenza**

For the majority of children, flu is just an illness that limits what they do for a short period of time and is an unpleasant experience. They have the same symptoms as adults, including fever, chills, aching muscles, headache, stuffy nose, dry cough and a sore throat. However, some children can develop very high fevers or complications such as bronchitis, pneumonia and painful middle ear infections. For children with long term conditions, such as asthma or diabetes, getting flu can be more serious as they are more at risk of developing complications. Historically these children are routinely offered flu vaccinations.

Uptake of flu vaccination is monitored closely for all children aged 6 months to 16 years in at risk groups and the current uptake of 46.4% (2013/2014) falls way below the target of 75%. The reason for this is not entirely understood.

**What are we doing to promote influenza vaccinations?**

Building on national communications to encourage parents to take up the vaccination, a comprehensive local communications plan is linked to the flu programme each year which includes contact with under 16s via schools and other relevant settings.

A staggered programme to vaccinate all children aged 2 to 16 years annually for seasonal flu is being rolled out nationally. This is based on evidence that vaccinating children, including those not at risk, helps reduce the population spread of flu and can provide further protection for both children and adults at risk of complications.

The national roll out of universal flu vaccination for all children and young people over the coming years may help improve uptake rates in at risk children as vaccination becomes normalised. In 2015, all children in school years 1 and 2 will be offered the vaccine through their schools.
**HPV**

Since 2008, as part of the NHS Childhood Immunisation programme, all girls aged 12 to 13 years are routinely offered the human papilloma virus (HPV) vaccine. HPV is a group of viruses which cause a variety of minor skin infections such as warts, (including genital warts) and verrucas. Some viruses have also been linked to an increased risk of cervical cancer. HPV is passed via sexual contact, therefore the vaccine is given early in life to girls who have not yet had their first sexual experience so they are offered protection. This does not mean that those girls who receive the vaccine will not need cervical cancer screening when they are aged 25 but it will significantly reduce their risk of developing the disease in later life.

The vaccine is given in school by two injections over a 12 month period. (Prior to September 2014 it was given as three injections.) The national target of 90% uptake has been exceeded locally with 94% being vaccinated.

**MMR**

MMR vaccine offers protection against measles, mumps and rubella. These infectious diseases are easily passed between people. Uptake rate is good in Knowsley but children who miss out on the course, which is usually given at around age 1 and again before starting school can receive the vaccine at any time during their childhood.

**What are we doing to promote MMR immunisation?**

Following a local and larger national outbreak of measles in England, a targeted MMR ‘catch up’ campaign was delivered in Knowsley between September 2013 and March 2014. This was an extension to the routine adolescent immunisations offered in year 10 (age 14 to 15). It also complemented the GP-based national campaign targeting this age group.

Part of the campaign was a data check of immunisation history including MMR. Following this, children and their parents/carer were invited to catch up on their immunisations, mainly MMR. The campaign resulted in a further 33% being immunised and the MMR vaccine was given to 10 children aged 5 to 11 years and 157 children aged 12 to 16 years.

Following on from the ‘catch up’ campaign, the immunisation team in Knowsley continue to review MMR coverage during routine contacts with secondary school-aged children. For example during HPV vaccination for year 8 girls and during other school-aged boosters to build on the good work and optimise the coverage of these important vaccines.
Meningococcal vaccination

Meningitis (inflammation of the lining of the brain) and septicaemia (blood poisoning) are life threatening diseases that are caused by a number of bacteria and viruses. Bacterial meningitis is very serious and should be treated as a medical emergency. If the bacterial infection is left untreated, it can cause severe brain damage, deafness and infect the blood which may lead to a loss of limbs. In some cases it can also cause death.

Viral meningitis is the most common, and less serious type of meningitis; symptoms are often so mild that they are mistaken for flu. This is very common in children and more widespread during the summer.

Of current concern are Meningococcal group C (MenC) bacteria, which mainly affects young children and young adults. Whilst not all meningitis is caused by MenC there is an effective vaccination against this strain which is currently given routinely to babies and teenagers. More recently there has been a national increase in disease caused by Meningococcal group W (MenW) bacteria also which is affecting all age groups including young children and students.

Facts for young people:

- One in four 15 to 19 year olds carry meningococcal bacteria in the back of their throats that can cause meningitis. Increased social interaction in this age group means that the bacteria can be passed on more easily
- You can be a carrier without becoming ill and in most cases it will help boost your natural immunity
- Meningococcal bacteria are passed from person to person by coughing, sneezing and intimate kissing
- There is an increased risk for young people just after starting university, when they are mixing closely with lots of new people.

What are we doing to promote Meningococcal vaccination?

An awareness raising campaign about meningitis and septicaemia was launched in the summer term of 2014 for freshers/students and they were invited to have the MenC booster in advance of the new academic year. The aim was to reduce the risk of developing these diseases before they started university.

Prospective students were informed through UCAS and GP practices were also able to offer the vaccine opportunistically to those young people expecting to go to university.

There are also plans to introduce a MenW vaccination programme for 14 to 18 year olds in 2015.
Asthma can start at any age, but it most commonly starts in childhood. It is not clear exactly what causes asthma but it is likely to be a combination of factors. Certain circumstances may increase the likelihood of developing asthma, such as a child being exposed to tobacco smoke, particularly if the child’s mother smokes during pregnancy. Genetics can also play a part; asthma can run in some families, but many people with asthma have no other family members that are affected. There are some things that may make asthma worse and more difficult to control such as pollen, house dust mites, exposure to secondhand smoke, air pollution, mould or damp. The introduction of Smokefree Legislation in public places has resulted in a marked reduction in secondhand smoke exposure and has had a positive impact on children affected by asthma related conditions.

Nationally, at least 1 in 10 children have asthma. If this is the case in Knowsley, there are at least 3,200 children under the age of 18 that have asthma. Knowsley has significant levels of Accident and Emergency (A&E) attendances and admissions for childhood asthma, and this is putting pressure on hospital services. Whilst the number of children that are admitted due to asthma is decreasing, the number of patients attending A&E for asthma-related causes is increasing. Almost three quarters of children over recent years were discharged with only advice given.

What are we doing to prevent asthma and improve the lives of those with asthma?

Asthma cannot be cured, but can be managed. One of the best ways to support children, young people and their families is to provide education and support to help them self-manage and control their asthma well. With an annual asthma review and a written personal asthma plan, people are four times less likely to go to hospital for their asthma and yet only 30% of people across the UK have one. To address this, a pharmacy inhaler technique project was launched in December 2014 involving 26 local pharmacies. The aim was to undertake inhaler technique reviews and provide a written asthma action plan if the patient was under 18.

In January 2015, a Respiratory Community of Practice (also referred to as Clinical Reference Group) was formed. Members of the group include GPs, practice nurses, pharmacists, public health professionals and members of the public. They meet on a regular basis to consider how to improve the quality of care and services for residents with a respiratory condition, with childhood asthma being a priority for this group. Over the coming year, the group will look at the options available to raise awareness of the importance of an annual asthma review and the use of an asthma action plan.
Research has shown that 4 out of 5 children who are overweight or obese in their early teens are more likely to become obese adults and have a higher risk of illness, disability and premature death in adulthood. The most serious consequences may not become apparent until adulthood, but the effects of obesity including, raised blood pressure, fatty changes to the arterial linings and hormonal and chemical changes such as raised cholesterol can be identified in obese children and young people.

Childhood obesity can impact on a child’s self-esteem, anxiety and depression and can have a negative association with educational attainment. Some obesity-related conditions can also develop during childhood for example type 2 diabetes, early puberty, eating disorders such as anorexia and bulimia, skin infections, asthma and other respiratory problems.

**National Child Measurement Programme**

Since 2005/06, Knowsley has participated in the National Child Measurement Programme (NCMP) which is delivered by the School Nursing Service (5 Boroughs Partnership NHS Trust). This programme measures the height and weight of children in reception (aged 4 to 5 years) and year 6 (aged 10 to 11 years) to assess the levels of overweight and obese children within primary schools. Latest figures for Knowsley show that 11.3% of reception year children are classed as obese and 15.7% are overweight, meaning over 1 in 4 children are overweight or obese. By year 6, more than 1 in 3 children are overweight or obese (23.5% are obese and 13.6% are overweight). Knowsley is ranked 3rd highest for childhood obesity in the North West after Manchester and Liverpool. The Knowsley NCMP data for both reception and year 6 shows that obesity levels are higher in the most deprived areas compared to more affluent areas of the borough.

The reasons behind childhood obesity are complex, but the following factors indicate increasing risk of childhood obesity:

<table>
<thead>
<tr>
<th>Parental factors</th>
<th>Infant factors</th>
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<tbody>
<tr>
<td>• Maternal BMI</td>
<td>• Birth weight</td>
</tr>
<tr>
<td>• Paternal/partner BMI</td>
<td>• Early weight gain</td>
</tr>
<tr>
<td>• Ethnicity</td>
<td>• Bottle feeding</td>
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<tr>
<td>• Teenage pregnancy</td>
<td>• Time of weaning</td>
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<td>• Maternal education</td>
<td>• Sleep pattern</td>
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<tr>
<td>• Smoking in pregnancy</td>
<td></td>
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<tr>
<td>• Gestational diabetes</td>
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Only 11.5% of year 8 children eat 5 fruit and veg a day

2013/14 proportion of year 6 children classified as obese

<table>
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<th></th>
<th>Knowsley</th>
<th>North West</th>
<th>Nationally</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of obesity</td>
<td>23.5%</td>
<td>19.8%</td>
<td>19.0%</td>
</tr>
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</table>

Healthy weight strategy

The Obesity Plan for Knowsley 2014-2017 has the main aim of stabilising obesity levels and reducing the incidence of new onset of obesity with the longer-term goal of reducing obesity rates overall. The plan is underpinned by a physical activity plan. These plans prioritise actions to promote healthy weight among children and young people by creating health-promoting environments including reducing access to unhealthy food and drink and helping to support an active lifestyle.

Healthy diet

The food and drink choices children make everyday are crucial in helping them to make healthier choices in the future. There are factors in both the home and school environments that are not conducive to adopting healthy eating habits.

A local study suggests there is a perception that making healthier meals or snacks is not easy and is expensive. A parent’s lack of understanding of calories and fat content affects their choices and refusing children an unhealthy treat is difficult.

The 2014 Health Related Behaviour Survey for Knowsley schools shows an increase in children eating 5 fruit and/or vegetables a day since 2004, although rates are still low with 2014 figures for year 6 at 13% and 11.5% for years 8 and 10. The proportion of children in year 6 who eat junk food on a regular basis has declined since 2004.

Rates in 2014 show 32% of year 6 girls and 32% of boys reported eating sweets and chocolate on a regular basis compared to 44% year 6 girls and 51% boys in 2004. One in five children also reported having fizzy drinks regularly.

What are we doing to promote a healthy diet among children and young people?

The food and drink choices that children make at school are crucial in helping them to make healthier choices for the future. The Knowsley School Meals Service serves around two million meals a year in all primary, secondary and special schools in the borough. This includes the Universal Infant Free School Meals Programme which has been successfully implemented across Knowsley in 2014/15. The service has recently introduced a new menu which offers a wide range of healthy food options prepared using fresh, locally sourced produce, whilst maintaining the price of a primary school meal at £1.70 and a secondary school meal at £1.75, the lowest priced school meals in Merseyside.
Menu planning is undertaken in consultation with pupils and catering staff and includes a three weekly menu cycle, designed to positively contribute to a young person’s nutritional requirements. In line with industry best practice, cashless payment systems incorporating biometric technology was introduced in all schools during the 2014/15 academic year. As a result of these improvements, school meal uptake within Knowsley has increased consistently over the past three years and the service was recently shortlisted as a finalist for the ‘Best Catering Service Team’ at the Association of Public Service Excellence National Catering Awards.

In addition, all carbonated drinks, confectionery and vending machines have been removed from school premises thereby reducing the availability of these products during the school day.

**Physical activity**

Physical activity plays a significant role in weight gain and obesity throughout life. Children and young people who have positive experiences of being physically active are more likely to become active adults. Being physically active on a daily basis can be a key factor in maintaining a healthy body weight. Children and young people should engage in moderate intensity activity such as cycling or playground activities and vigorous intensity activity such as football or gymnastics for at least 60 minutes a day. However, despite all the opportunities, in Knowsley beyond the age of 16, participation in sport at least once a week is 29.6%. This is lower than the North West at 35.9% and England at 35.8%.

According to the annual Health Related Behaviour Survey there has been an increase in activity levels since 2004, though it remains that boys are more likely to be active than girls and rates decline for both genders with increasing age. The 2014 survey showed that 64% of year 8 boys reported exercising three or more times a week declining to 52% in year 10 and 50% of girls achieved this in year 8 declining significantly to 37% in year 10.

The Physical Activity Plan for Knowsley 2015-2018 includes action to increase physical activity opportunities for children and young people. Actions include the delivery of a youth sports programme to increase participation of children and young people in physical activity sessions, the development of activities aimed at improving participation levels among young girls, and specific actions around tackling the lack of activity and access to facilities for disabled young people.

**What are we doing to promote physical activity?**

**Promoting physical activity among teenage girls**

To address the decline in the number of teenage girls taking part in physical activity, Public Health has worked with Knowsley Youth Mutual to consult with teenage girls from across the borough to understand the barriers to taking part.
A total of 53 girls aged 14 to 19 years took part in the consultation via a survey or focus group. Barriers to participation were identified as expense, lack of choice and girls only activities. However, poor body image was an underlying theme which prevented them from taking part. The survey also highlighted that teenage girls were not aware of the recommended daily activity guidelines.

The findings from the report are being used to inform the commissioning of interventions to encourage and increase participation in young girls.

**Improving access to Green Spaces**

Green spaces play an essential role in the provision of free and accessible open space for both children and young people, particularly where urban environments are restricted by traffic and a lack of large gardens. Green spaces are the primary outdoor environment for children and young people to meet and play in a sociable, safe and informal setting.

Knowsley has a number of safe and accessible green spaces whose effective use could contribute to increasing physical activity levels to reduce obesity and improve general physical health and mental wellbeing in children and adults. Existing facilities include parks and gardens, skate parks, a BMX track, natural woodlands, as well as playing fields and sports pitches to be used for structured and organised activities and informal play sessions.

To increase participation in physical activity, Public Health have worked with the Council’s Green Spaces team to commission activities to promote the use of Knowsley’s award winning green spaces for health and exercise. This includes plans to install green gym equipment across the borough during summer 2015 and offering more Ranger led activities to encourage families to get out more in their local environment. Free to use gym equipment in green spaces provides people of all ages with opportunities to take part in physical activity in the natural environment which is associated with positive mental health and wellbeing. Exercise sessions for young people and adults will be offered to encourage use of the equipment.

**What are we doing to reduce childhood obesity?**

Targeting children and families is key to achieving the longer-term goal of reducing obesity rates overall in Knowsley.

Public Health has worked with a variety of partners including 5 Boroughs Partnership NHS Trust, Public Health Midwives and Knowsley Leisure and Culture Services, to support families to achieve a healthy weight. Universal interventions include taking part in activities at Knowsley’s leisure centres, family bike rides/
walks, and family cookery courses. These services/programmes have been developed to address barriers to a healthy weight that have been identified by the community. They also support a range of local and national public health campaigns aimed at reinforcing the behaviour change messages in relation to healthy eating and physical activity.

**Family Futures**
Family Futures is a free community based programme for families with children aged 4 to 16 who are above their ideal weight. Family Futures offers a fun way to learn about how to achieve a healthier lifestyle such as community cookery and activity sessions along with practical hints and tips.

**Schools for Health (Primary School Healthy Weight Programme)**
Schools for Health is a three year evidence based support service delivered by 5 Boroughs Partnership NHS Trust to enable children to make lifelong choices to achieve a healthy weight. The service supports Knowsley primary schools to adopt health promoting cultures and environments that encourage healthy eating and physical activity for the whole school community. The service is currently delivering the targeted phase of the programme in Kirkby and it will subsequently move to other areas of the borough.

In some schools, the service has engaged with pupils via the breakfast club to determine how healthy behaviours could be incorporated. As a result the breakfast club replaced ‘chocolate Friday’ with ‘fruity Friday’ where a chocolate based breakfast cereal has been replaced with fruit smoothies made by the children themselves.

Another school identified that children were not as active as they could be at break times and highlighted this as an area for improvement. The service trained a group of year 5 pupils to act as playground mentors to encourage younger children to participate in active play.

The service has also delivered healthy cooking classes in several schools. Pupils learned about the importance of a healthy diet as well as learning about food hygiene and practical food preparation techniques. One year 6 pupil reported preparing a healthy meal for her family after taking part in the course. The recipes used in the course have also been used as part of literacy lessons within one of the schools.

Lunchtime facilities within the schools have been identified as a key component in influencing healthy behaviours. Schools identified that health messages were not highlighted in dining rooms and therefore all Kirkby schools have been provided with bright, eye catching displays promoting healthy eating messages.

**Family Weight Management Services**
For children who are identified as overweight and therefore at risk of becoming obese, services are available to support children and their families to enable them to make long-term lifestyle changes in order to achieve and maintain a healthy weight and prevent them from becoming obese.

Knowsley’s Specialist Obesity Service delivered by 5 Boroughs Partnership NHS Trust is for children who have been identified as obese. This multi-disciplinary service provides long term support to children and their families to help them achieve weight loss through medical input and advanced behavioural support.
It is a commonly held view that taking risks is part of growing up. It is therefore necessary to steer young people towards healthy activities that involve different risks, such as participating in sports or artistic and creative activities such as theatre, dance and music.

Unhealthy risk taking behaviour for young people includes having unprotected sex, drinking alcohol, smoking tobacco or cannabis, using other drugs, gambling or having an eating disorder.

Young people who become involved in criminal activity including gangs often find it difficult to stop re-offending. Risk factors, which increase the likelihood of being involved in crime or anti-social behaviour include; low educational attainment, not in education, employment or training, poor parental supervision or living in a deprived area. Drug, alcohol misuse or poor mental health and wellbeing also increases the risk of offending which can have adverse long term effects.

Peer pressure can have both a positive and negative influence on young people. Whilst peer pressure can encourage unhealthy risk taking behaviour it can also encourage positive risk taking.

It is difficult to stop young people being negatively influenced by their peers. However, we do know that young people with stable healthy relationships with their parents/carers are less likely to be influenced by negative peer pressure. Discussion and awareness raising of risk taking behaviour with young people enables them to evaluate risks and learn about the consequences of their choices.

What are we doing to reduce risk taking behaviours in young people and reduce its impacts?

Building on work already taking place within the borough, Knowsley Youth Mutual (KYM) has developed a campaign focusing on risk taking behaviour under the banner of Teenage Health in Knowsley (THinK). Features of the campaign include, production of publicity materials, development of a website, training and outreach work for both young people and their parents/carers. Some of the behaviours being addressed include; alcohol and drug misuse (including new psychoactive substances commonly referred to as legal highs), sexual health, staying safe including online safety, gambling, child sexual exploitation and self-harm.

Young people who are involved in criminal activity are referred to Knowsley Youth Offending Service who provide support to the young person to address the root cause of their offending behaviour to help prevent
re-offending. Young people who are assessed as having mental health issues are often referred to Child and Adolescent Mental Health Services for support. The Youth Offending Service works with Engage Knowsley to provide a service to young people who offend and have substance misuse issues.

There are lots of activities being undertaken in the borough to reduce and prevent risk taking behaviour and support those that want to change their habits. Some of the initiatives and services available are discussed below.

**Under age sales**

Preventing the sale of age restricted products can significantly reduce risk taking behaviour of young people. Knowsley Trading Standards are working with local retailers in the borough to reduce the number of underage sales of products such as alcohol, tobacco, fireworks, solvents and knives. By working with local retailers to inform them of their legal obligations and the importance of preventing minors from obtaining age restricted products including the links to anti-social behaviour and alcohol misuse, formal action by Trading Standards can hopefully be avoided. However where information is received that age restricted products are being sold from a business within Knowsley, Trading Standards work with Merseyside Police to take appropriate enforcement action which may include for example test purchasing which can lead to issuing the retailer with a formal warning or prosecution.

**Young Person’s Stop Smoking Service**

Smoking is often started in early teenage years and can have negative short term effects on health such as asthma and shortness of breath. Children who are not smoking regularly in their teens are unlikely to smoke in adult life, while those who take up smoking when they are young and smoke more heavily are likely to continue during adulthood. The long term impact of this is that they are three times more likely to die of cancer due to smoking than someone who started smoking in their twenties.

During 2013/14 over **280 young people** accessed the service compared to **91** in 2012/13

What young people said about the service:

“I thought it would be hard to stop but with help and support from the smoking people I could do it”

Year 11 - All Saints Catholic High School

“Didn’t realise how much I was spending ‘til the smoking team pointed it out ... how many pairs of shoes could I have bought, how many festivals could I have gone to???”

Year 11 - St Edmund Arrowsmith Catholic Centre for Learning
The service has a presence on social networking sites such as Facebook and Twitter. It also offers telephone support and advice to parents and carers and acts as a signposting reference point to ensure that there is a family focused response to need.

ENGAGE Knowsley - Young Person’s Substance Misuse Service

Young people who smoke are also more likely to engage in other risk taking behaviours such as drug or alcohol misuse. These risk taking behaviours are associated with truancy, poor educational attainment, unprotected sex, anti-social behaviour and alcohol related hospital admissions as well as leading to dependence in later life. Long term impacts include poor mental health and an increased likelihood of long term health conditions such as cardiovascular disease or cirrhosis of the liver.

ENGAGE Knowsley is a drug and alcohol support service for young people aged 10 to 18 years. During 2014, 52 young people accessed the service, which offers bespoke psychosocial interventions delivered in an outreach setting within the local community. The service also works closely with a number of partners to address issues linked to the young person’s substance misuse such as housing, mental health, sexual health, education, training or employment issues.

Jack’s story

Jack, aged 16, was referred into the ENGAGE Service by the family social worker. He had been consuming a significant amount of cannabis on a daily basis which had led to a number of concerns with regards to his mental health and debt issues. With the support of a Substance Misuse Worker, Jack engaged in motivational interviewing and cognitive behavioural interventions. With continuing support, Jack began to make positive lifestyle choices including re-joining a local football team, which he had previously enjoyed but had given up due to his cannabis use. Jack also gained confidence to sign up for a course in construction at Knowsley Community College.
Knowsley Sexual Health Service

Risky sexual behaviour in young people can lead to sexually transmitted infections (STIs) and unplanned pregnancy. THInK sexual health clinics support young people aged 19 and under to access a range of sexual health services such as contraception advice, STI testing, relationship advice and signposting to other services. Clinics take place in a variety of community or school based settings at convenient times.

Opportunistic screening for STIs, such as Chlamydia, is necessary for sexually active young people. The aim of the National Chlamydia Screening Programme is to control Chlamydia through early detection and treatment of the infection, so reducing onward transmission and the consequences of untreated infection. Left untreated, Chlamydia can have serious health consequences including pelvic inflammatory disease, ectopic pregnancy and tubal factor infertility which often has no symptoms and lies undetected. In 2013, 6,228 tests were undertaken in Knowsley. This represents 31.5% of the population aged 15 to 24 and of these tests 413 were positive (6.6%).

In 2014, approximately 1,000 young people accessed THInK service for the first time.

Improving sexual health services for young people

Knowsley Youth Mutual (KYM) ensures that sexual health and relationship education, advice, information and support is provided equitably across the borough. It also supports the school health nursing team in delivering sessions to schools as well as outreach work in the community and supporting specific health promotion activities.

A consultation was recently undertaken by KYM with young people to assess the best way to deliver sexual health services. The results of this consultation will inform changes and improvements to services in the coming year.

KYM along with its young advisors has developed a support group for Lesbian, Gay, Bisexual and Transgender young people, including support for those young people questioning their sexuality.
“Once at school, it is important that children and young people are able to develop skills for life and for work as well as attain qualifications”

(Marmot, 2010)

In Knowsley, children have a good level of early development and are ready to start school. As reported in the 2013/14 Public Health Annual Report - Start Well, early positive childhood experiences can help to encourage children in communication and language skills, their ability to interact with others and form positive relationships, all of which are vital in their readiness to start school.

The value of a good education cannot be underestimated. Giving children the best possible start in life helps them fulfil their true potential. Children who achieve a good level of educational attainment have better employment prospects and are therefore less likely to live in poverty as adults. Education is linked to mental and physical health and also has an impact on life expectancy.

Over recent years there has been significant variation in achievement between the different phases of education. In the Infants, (Key Stage 1), the percentage of pupils at the level 2 benchmark remains below the national average, with the gap narrowing by the end of the Juniors (Key Stage 2), although in the last year this has dropped to just below the national average. In Knowsley, for the academic year 2013/14, 77% of pupils achieved level 4 at Key Stage 2 in reading, writing and maths compared to 79% nationally. However, a larger gap remains for pupils leaving primary school with the highest grades (level 5 or above) with 19% in Knowsley and 24% nationally. In 2014, 35.4% of pupils achieved 5 or more A*-Cs including English and Maths, however this is significantly below the national average of 53.4%.

Some 11% of pupils in Knowsley with a special educational need (SEN) achieved a level 4 in reading, writing and maths, compared to 15% nationally. Unfortunately the number of Key Stage 4 pupils with a SEN achieving 5 A*-C including English and Maths is extremely low.

In Knowsley, on average 6.8% of 16 to 19 year olds leave school without qualifications, which greatly increases the likelihood of them not being in education, employment or training (NEET).

In Knowsley, 7.9% of young people are NEET compared to the national average of 4.7%. However, some young people are unable to sustain long term education, employment or training due to physical or mental health issues or caring responsibilities.

The long term impact of not being in education, employment or training as a young adult may lead to further mental health and wellbeing issues, being more likely to commit a criminal offence or be involved in risk taking behaviours. Combined with other factors such as substance misuse or poor physical health this can also lead to shorter life expectancy.
What are we doing to prepare children for adulthood?

Evidence shows that interventions taking a whole school approach to wellbeing have a positive impact on both physical health and mental wellbeing. Public Health have piloted a range of interventions across the borough to identify what works best for children and young people. For example, all Knowsley schools in the south of the borough have been offered the opportunity to participate in a health and wellbeing pilot which commenced in March 2015. Participating schools will focus on compulsory interventions around bullying, e-safety and physical activity with optional interventions such as healthy relationships, healthy eating, drugs and alcohol. The pilot will be evaluated later in the year.

To improve educational attainment and the numbers in training and employment an Education Improvement Strategy for Knowsley is being implemented to improve educational outcomes across all schools. In addition, Knowsley has a young apprenticeship programme which, since 2008, has successfully supported more than 700 young people into employment.

Fire Fit

A number of Knowsley Primary Schools are taking part in Merseyside Fire and Rescue Service’s (MFRS) Fire Fit programme. A Fire Fit Officer works with year 5 children in school for 1½ hours a week during term time delivering physical education sessions. This supports the school by increasing physical activity opportunities and improving wellbeing as well as delivering the MFRS prevention message. Year 5 children were chosen ahead of the National Child Measurement Programme at year 6.

Fire safety education is key to preventing household fires as children are encouraged to pass this information on to their parents/carers. Fire Fit also raises the issue of antisocial behaviour in relation to lighting fires in the community and abuse on the emergency services.

Other objectives for Fire Fit include; develop community cohesion, improve confidence, self-esteem and instil a sense of achievement, improve social capital and increase attendance and behaviour at school.

The Reader Organisation

The gap in educational attainment becomes wider during the transition from primary to secondary school. In addition, a poor transition can further widen the health inequalities suffered by many children in Knowsley. To address this, Knowsley Public Health has recently commissioned The Reader Organisation to deliver bespoke activities supporting the transition from primary to secondary school. These activities will help children to build a relationship with their new environment and make new social connections prior to the new school year, ensuring a successful transition. The programme will also link in with the Knowsley Headstart programme.
Understanding what is important to children and young people with regards to their health and wellbeing is essential in providing effective and responsive services. Public Health has been working closely with Knowsley Youth Mutual (KYM) to ensure quality services which meet the needs of children and young people are delivered in a way that improves their life chances and raises aspirations.

This is achieved by actively engaging young people of all ages and abilities in a range of services and activities such as personal and social development, indoor and outdoor education, award schemes and by participation in a variety of consultations.

Evidence suggests that developing services or programmes without engagement or involvement with children and young people will result in services which do not meet their needs and therefore will have limited uptake. Further work is in development to ensure young people are involved in the commissioning of services where they are the recipients through co-production and involvement in evaluation.

An example is a consultation conducted by Knowsley Young Advisors which included developing a survey to gather young people’s views and experiences of sexual health clinics in the borough. Key areas highlighted that more females (75%) appeared to access services than males and 96% rated their experience as ‘good’ or ‘better than expected’. It was also commented that evening and weekend services should be provided to make services accessible to young people.

Mystery shop

A mystery shop was also carried out in relation to The Arch Sexual Health Service, based in Huyton. The Young Advisors felt the service met all of the prescribed criteria in relation to accessibility, provision of a welcoming environment, appropriate service delivery and the involvement of young people in developing the service. The Young Advisors concluded the service provided was to a ‘good’ or ‘very good’ standard, with three areas of strong practice particularly praised in relation to the sensitive nature of the nurse approached, the knowledge of a particular scenario used and the provision of accessible information.
Knowsley Youth Parliament

Knowsley Youth Parliament is an open forum giving young people aged 11 to 20 a voice in their local community. It is committed to championing the issue of improved mental health services and provision of better health information for children and young people. A member of the Youth Parliament sits on the Mental Health Strategic Advisory Board and recently reviewed documents and information produced by the Board to ensure the needs and concerns of children and young people had been addressed.

Big Love Little Sista

Big Love Little Sista, is an innovative programme which combines creative art and best practice youth work to build resilience, promote positive mental health and wellbeing and supports young women to learn skills to make a positive transition into adulthood. The programme, funded by Knowsley Public Health, was delivered during Summer 2014 in collaboration with Big Love Sista and KYM. The programme engaged with 106 young women (aged 8 to 19 years or aged 25 with a learning disability) from diverse groups across the borough including young carers, children looked after, Youth Offending Service and Stronger Families. A ‘Little Sista Summit’, which attracted over 300 young women from across the borough, was held to celebrate female wellbeing and empowerment, whilst highlighting the importance of creating safe spaces for young women to boost their self-esteem and confidence. At the heart of the programme was promoting public health messages around prevention and intervention. The summit showcased six foot tall goddess self-portraits of each of the young women who had taken part in the programme. Using skills and knowledge gained from taking part, the young women are able to support others and pass on this learning to their peers.

An evaluation of the programme found that participants reported a significant improvement in their wellbeing with one of the most positive aspects being new friendships made.

Sandra Richardson, Chief Executive Officer for KYM commented:

“Our original aim was to put girls’ work back on the map within KYM. The project has gone beyond that. Watching the girls grow and develop in self-esteem and confidence has been really important but the ultimate value for me has been the connections and friendships they have developed as a result of the project. I am really looking forward to where this journey takes us next in terms of legacy and sustainability”.

The Big Love Little Sista Festival 2014 - a spectacular celebration of young women
Recommendations

1. Ensure the learning from the Headstart programme for 2015/16 contributes to the re-design of future mental health and wellbeing provision for children and young people, including the review of Tier 2 Young Person’s Mental Health Services.

2. Support the implementation of the relevant elements of Priorities 2 and 4 of the 2015-2018 Knowsley Child and Family Poverty Plan.

3. To continue during 2015 with the promotion of the “Be a Lover Not a Fighter” campaign to end domestic abuse.

4. To develop and implement a week of action in relation to Child Sexual Exploitation during Autumn 2015.

5. To agree the local accident prevention action plan and start implementation through 2015/16.

6. To implement a series of engineering measures during 2015, with the aim of reducing traffic collisions around Knowsley schools.

7. To develop and implement a campaign aimed at increasing participation in physical activity in teenage girls and women during 2015.

8. Monitor and evaluate late 2015 the healthy schools pilot implemented in participating Knowsley South Schools.

9. To continue to work with Knowsley Youth Mutual to develop and implement the risk taking behaviour campaign during 2015/16 into a holistic Teenage Health Campaign under the THinK banner.

10. To continue to deliver brief intervention 2 Minute Messages training (children and young people) to frontline staff during 2015/16.

For an update on recommendations from 2013/14 visit: www.knowsley.gov.uk/publichealth
Life expectancy continues to rise for both males and females in Knowsley, but still remains lower than North West and national levels. However the gap for both males and females has decreased.

The mortality (death) rate for all causes continues to fall and is now in line with most similar areas of the country to Knowsley. However, mortality remains significantly lower than the North West and England.

Cancer was the main cause of death in Knowsley during 2013, 439 deaths in total. This represents 29% of all deaths. There were 135 deaths due to lung cancer in Knowsley in 2013, 30% of all cancer deaths.

Cardiovascular disease (heart disease and stroke) was the 2nd biggest cause of death in Knowsley during 2013, 349 deaths in total (23% of all deaths).

Respiratory disease is the 3rd biggest cause of death which accounted for 19% of all deaths during 2013, 286 deaths in total.

Smoking prevalence in 2014 was 17.9%, the highest across Merseyside. (Merseyside Fire and Rescue Service Home Fire Safety Checks.)

Alcohol related hospital admissions remain significantly higher than across the whole of England and the North West region. However, unlike England and the North West, rates are falling in Knowsley and in 2013/14 it was estimated that there were 2,804 hospital admissions related to alcohol per 100,000 population.

Knowsley had the 5th highest levels of deprivation in 2010 out of 326 local authority areas in the country. Deprivation in Knowsley is widespread across the borough with some hotspots containing high concentrations of deprivation.

Average mental wellbeing of the Knowsley population is below that of the North West region with 1 in 4 adults reporting that they have low levels of wellbeing. In contrast, 16% of Knowsley adults reported high levels of wellbeing. (North West Wellbeing Survey 2012/13.)
Main causes of death in Knowsley - 2013
An electronic version of this report and the accompanying Statistical Compendium is available at www.knowsley.gov.uk/publichealth

You can also get this information in other formats. Please phone Customer Services on (0151) 443 4031 or email: customerservices@knowsley.gov.uk

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