

- Opportunities at school are also restricted by an inability to pay for resources and social activities including study guides and exam materials and school trips. Inability to pay for compulsory items, such as uniforms, could also lead to conflict with teachers and disciplinary action.
- A lack of the same material goods and clothes as their peers, and an inability to take part in the same social and leisure activities mean that many children experienced bullying and are worried about stigma and social isolation.

Comments from children in Newcastle closely reflect these findings:

It's hard to buy your stationary, to do your homework, and [buy] all the paper. (Girl, 11, Fenham)

It's hard to have money for dinner and the bus. (Boy, 11, Cowgate)

Everybody else would be wearing flash stuff and you would be wearing the same old boring stuff. (Boy, 12, Cowgate)

It's harder to make friends. (Boy, 9, Walker)

If you haven't got the clothes that other people have got they get bullied. (Boy, 8, Fenham)

Poor families get picked on because they can't go on trips, like a girl in my class, she is dead poor and a dickie nut [has head lice]. (Boy, 9, Cowgate)

It's cos most people in my school come in with ripped pants and that. Sometimes children get bullied for that. It's not really your fault if you haven't got the right clothes it's your parents. Its harder to make friends because they smell and that and people don't want to go with them. (Boy, 12, Cowgate)

It's harder to make friends cos people don't like ones who wear different stuff to them. (Boy, 11, Cowgate)

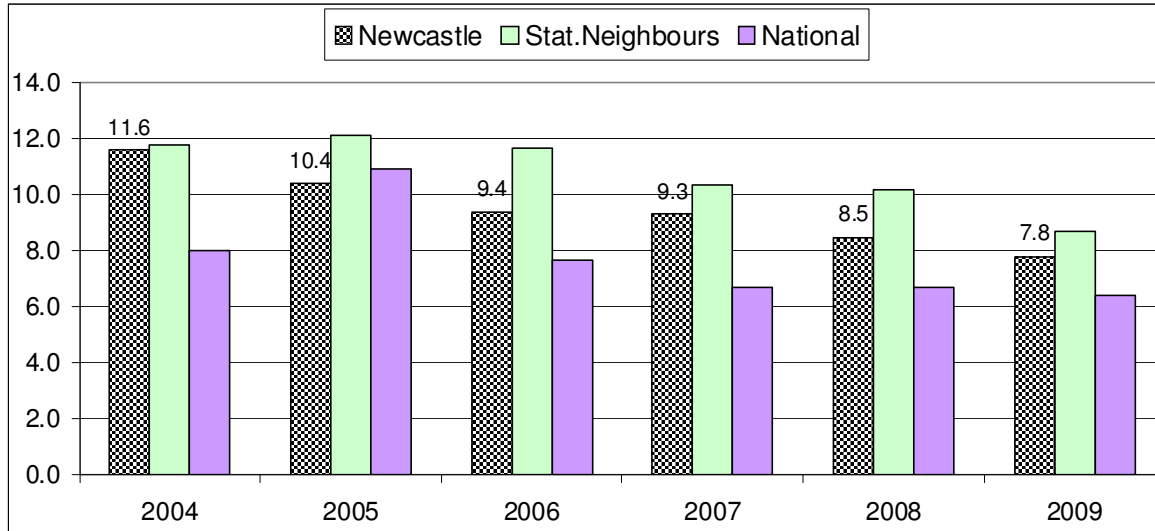
They might feel left out and think everyone is against them. (Boy, 12 Cowgate)

### **Children from the most deprived areas of the city are more likely to be not in education, employment or training.**

Newcastle's rate of young people classed as not in education, employment or training (NEET) has steadily decreased from 12% in 2004 to 8% in 2009. Over the same period the national rate of NEET decreased from 8% to 6%. This is illustrated in **figure 35** below.

**Figure 35: 16-17 year olds known to Connexions who are Not in Education Employment or Training (2004-2009)**

**National Indicator 117: 16 - 18 year olds known to "Connexions" that are Not in Education, Employment or Training (November) (2004-2009) (Newcastle, statistical neighbours and national)**



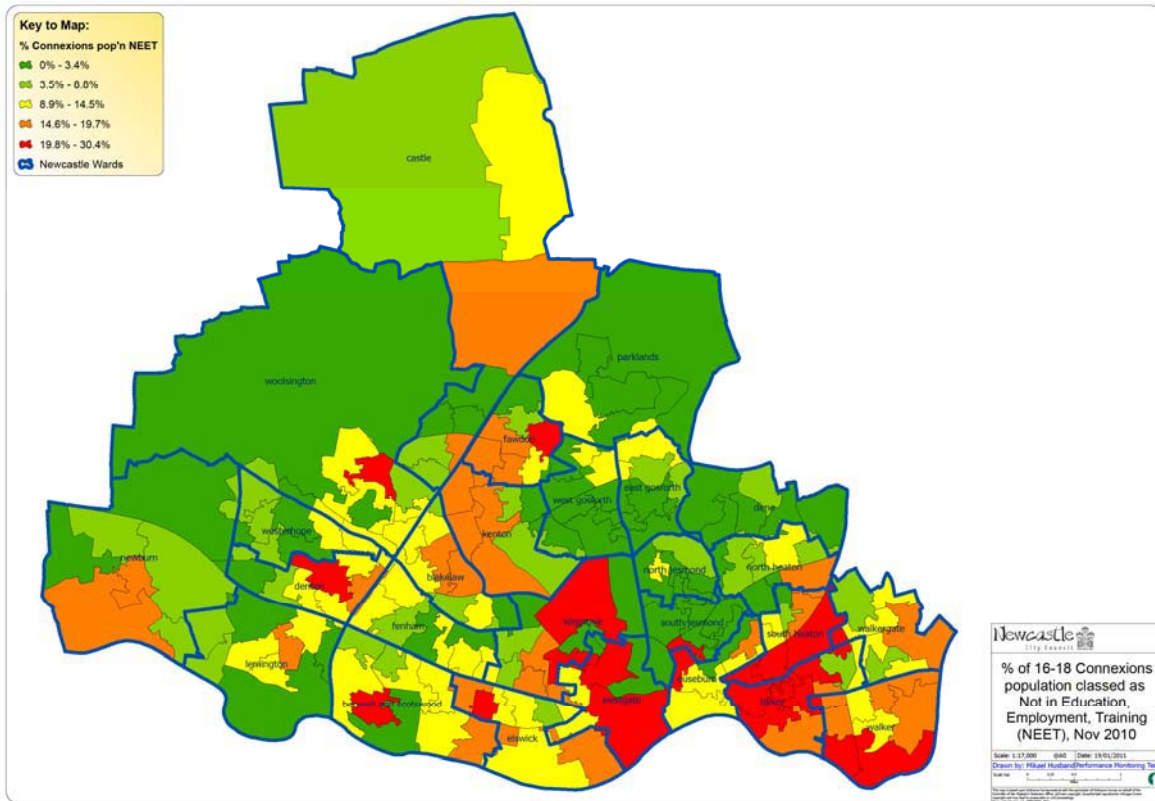
Source: NCCIS website and Connexions Tyne & Wear Hub Services, 25th February 2010

Young people living in the most deprived areas of the city are more likely to be NEET (snapshot as at November 2010). The rate of young people who are NEET in the 10% most deprived areas of Newcastle stood at 17% which is six percentage points greater than the citywide unadjusted figure (11%). This rate again increased to 20% for young people coming from the 1% most deprived areas – nine percentage points higher than the citywide unadjusted figure. The rate of NEET amongst Black and ethnic minority teenagers (5%) in 2010 was lower than the NEET rate amongst White British teenagers (12%).

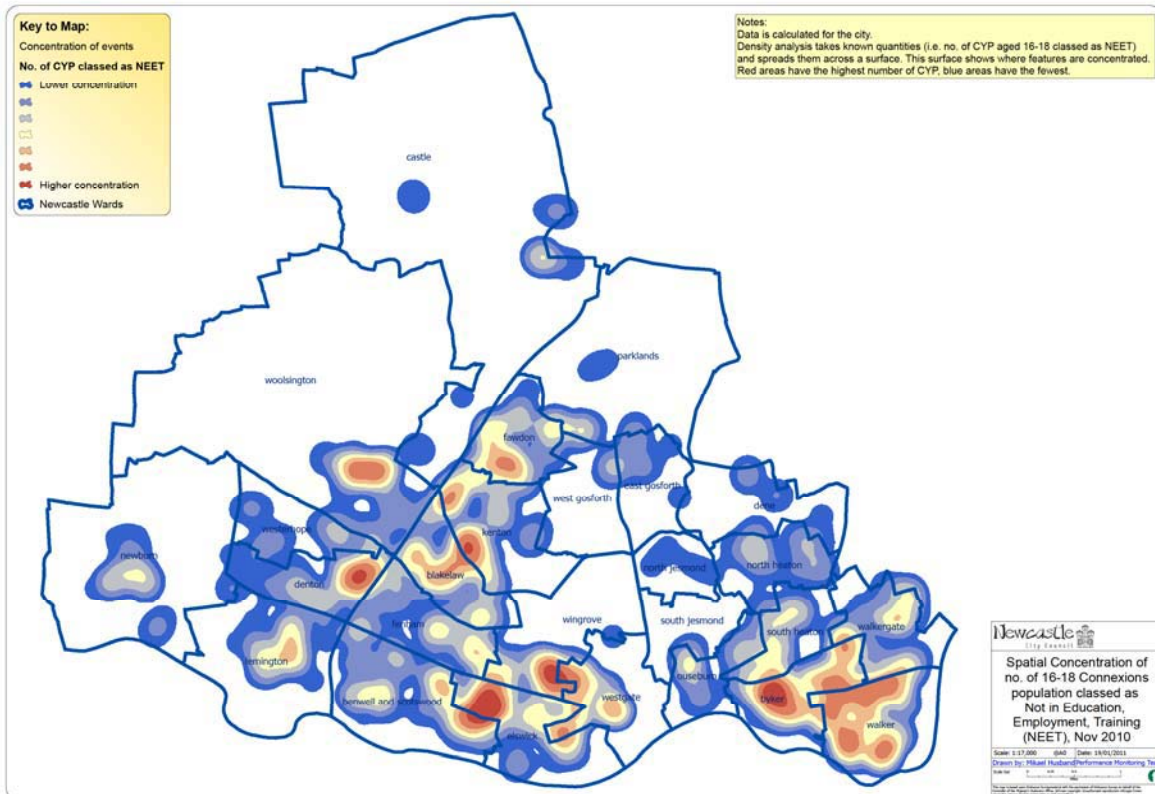
Thirteen of the twenty six Newcastle wards had a NEET rate greater than the unadjusted citywide average. Walker, Byker and Westgate had populations with a NEET rate greater than 18%. Areas with the highest rates of young people who are NEET are highlighted in **figure 36** on the next page.

**Figure 37** shows that the localised ‘hotspots’ with high concentrations of 16-18 year olds classed as NEET are within some of the most deprived areas of the city including Elswick, Wingrove, Byker, Walker, Denton, Kenton and Blakelaw.

**Figure 36: Percentage of 16-18 year olds that are NEET (November 2010)**



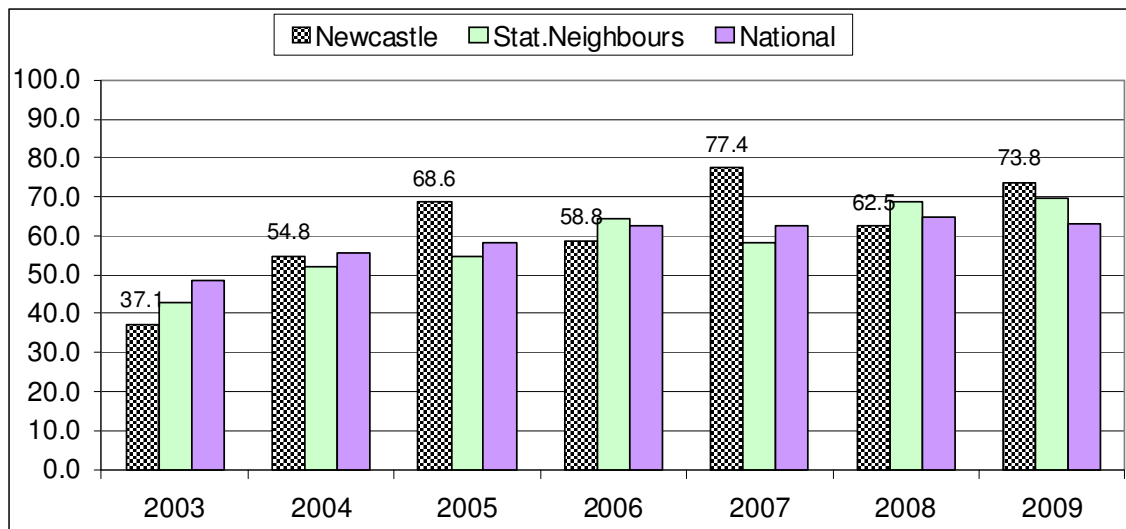
**Figure 37: Spatial concentration of 16-18 year olds that are NEET (November 2010)**



One group at particular risk of unemployment, homelessness and poverty are young care leavers. However, Newcastle has made good progress on increasing the percentage of care leavers in education, employment or training over the last six years and is above national and similar areas' averages. Newcastle has improved by 37 percentage points compared with 14 percentage points nationally and 27 percentage points for similar areas (see figure 38).

**Figure 38: Care leavers at 19 in Education, Employment or Training (2003-2009)**

**National Indicator 148: Care Leavers at 19 - Education, Employment or Training (2003 to 2009) (Newcastle, statistical neighbours and national)**



Source: Local Communities website <http://www.fti.communities.gov.uk/fti/DataDownload.aspx> for NI 148 (30th October 2009)

### **The ending of the Education Maintenance Allowance will affect a significant number of young people in Newcastle.**

The Education Maintenance Allowance (EMA) is a payment made to young people from low income households aged 16-18 who remain in education. The scheme incentivises young people from low-income families to further their education beyond compulsory school leaving age. The EMA scheme is being phased out and will not be available after the 2010/11 academic year.

Research by the Institute of Fiscal Studies<sup>64</sup> (IFS) found that the EMA increased participation rates in post-16 education among young adults who were eligible to receive it. The research showed an increase in the proportion of eligible 16-year-olds staying in education from 65% to 69%, and an increase from 54% to 61% in the proportion of eligible 17-year-olds staying in education.

It is likely that the loss of EMA will impact on a significant number of young people in the city. For example, Newcastle College is the largest further education establishment in the city. There are 1,940 Newcastle College students aged 16 – 18

<sup>64</sup> Dearden et al. (2009) *Conditional Cash Transfers and School Dropout Rates*, Journal of Human Resources, 44: 827- 857.

years old who live in Newcastle. 63% of these students (1,229 students) currently receive EMA<sup>65</sup>.

## **Children and young people in ‘vulnerable groups’ are more likely to use drugs and alcohol.**

According to the Drug and Alcohol Young Persons Need Assessment (November 2009) 8,000 young people in Newcastle aged 10-18 were classified as vulnerable. This includes Looked After Children, children requiring Child Protection, those excluded from school, those who truant and young people who are NEET. As we have already seen, children are more likely to fall into one or more of these vulnerable groups if they live in the most deprived areas of the city.

Around 1,926 (24%) of children and young people in vulnerable groups will engage in frequent drug use, compared to 5% of those who are not classed as vulnerable. Around 1,290 (16%) will have used Class A drugs in the last 12 months, compared to just 4% of those who are not vulnerable.

There are around 1,532 persistent truants (unauthorised absentees) in Newcastle and statistically 23% (352) will have lifetime Class A drug use. No new figures relating to this have been made available.

According to estimates, 15% of Youth Offending Team (YOT) clients are at risk of drug problems. There has been a significant increase in referrals to drug and alcohol services from the YOT over the last year, reaching 112 in 2008/09.

Those in multiple vulnerable groups are at greater risk of drug use compared to those in no or just one vulnerable group. It is estimated that 39% of 16 -18 year olds in Newcastle will have frequent drug use in the last year, compared to 5% of those in no vulnerable group.

## **Areas of high deprivation tend to have higher levels of domestic violence; and experiencing domestic violence can increase the risk of poverty.**

2,892 victims of domestic abuse have been recorded by Northumbria Police over a two and a half year period (April 2006 to October 2009). 84% (2,417) of all recorded victims of domestic violence are female with research showing that 32% of those will have experienced four or more incidents<sup>66</sup> and the majority of abusers are a current or previous partner, husband or boyfriend of the victim<sup>67</sup>. There is a peak in the 20-29 age group and this is the age group most likely to have very young and school-aged children living with them.

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<sup>65</sup> Newcastle College pupil data, February 2010.

<sup>66</sup> Women's Aid Domestic Violence Frequently Asked Questions Factsheet 2009, [www.womansaid.org.uk](http://www.womansaid.org.uk)

<sup>67</sup> Northumbria Police, November 2009.

The British Crime Survey found that poverty increased the risk of domestic violence.<sup>68</sup> However, the correlation between poverty and domestic violence does not mean that domestic violence is not found in better-off households as well.

Domestic violence can also lead to poverty as it makes it more difficult for women to hold down jobs and can increase ill-health. Furthermore, unemployment and lack of economic resources may make it harder for women to leave a violent partner.

In general, areas of high deprivation tend to have high numbers of reports of domestic violence incidents and this is also the case in Newcastle. Wards which are amongst the most deprived in the city have the highest number of reported domestic violence incidents.

From October 2008 to October 2009, 53.5% (2,731) of recorded domestic abuse incidents in Newcastle were marked as involving one or more children. This could be that the child was present at the time of the incident, or that the victim or offender has a child, or that a child is living in the home. Children do not have to witness the incident to be considered as involved. Data from Children's Services show that 63% of the Child Protection conferences in 2008/09 had domestic abuse as a significant factor.<sup>69</sup>

The Safeguarding Analysis of Serious Case Reviews carried out by Government Office for the North East (GONE) in February 2009 concluded that substance misuse, mental ill health and domestic violence frequently co-exist and are risk factors for the purpose of assessment. They also found that the needs of adults frequently overshadowed those of the children, with staff not always being alert to the effects of adult behaviour on children in the household.

### **Poverty is associated with a higher risk of mental health disorders in children and young people.**

A 2004 ONS survey<sup>70</sup> on the mental health of children and young people in Great Britain identified a number of risk factors associated with increased prevalence rates of mental disorders. This included:

- Lone parent families
- Reconstituted families
- Parent with no qualification
- Parents not working
- Low income
- Receipt of disability benefit
- Household reference person in routine occupational group

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<sup>68</sup> Women's Aid Domestic Violence Frequently Asked Questions *Factsheet* 2009, [www.womansaid.org.uk](http://www.womansaid.org.uk)

<sup>69</sup> Children's Services Directorate, Newcastle City Council

<sup>70</sup> Green, H et al. (2004) *Mental health of children and young people in Great Britain*, National Statistics ([www.statistics.gov.uk](http://www.statistics.gov.uk))

- Living in social or privately rented accommodation
- Living in 'hard-pressed' areas

**Figure 39** indicates the prevalence rate of mental health disorders amongst children and young people experiencing the above risk factors compared to those without these risk factors. It suggests, for example, that children in lone parent families are twice as likely (16% prevalence rate) to have a mental disorder than children living with both parents (8% prevalence rate).

<b>Figure 39: Association of socio-demographic risk factors with prevalence rates of Mental Disorders among Children and Young People</b>		
	Prevalence rate – risk factor present	Prevalence rate – comparator group
Lone parent families compared with two parent families.	16%	8%
Reconstituted families compared with families containing no stepchildren.	14%	9%
Parent had no qualification compared with those who had a degree.	17%	4%
Families with neither parent working compared to families with both working.	20%	8%
Families with gross weekly income less than £100 compared with those with an income of £600 or more.	16%	5%
Families which received disability benefit compared with those that did not receive disability benefit.	24%	8%
Household reference person in routine occupational group compared with those with a reference person in the higher professional	15%	4%
Living in social or privately rented sector compared with those who owned	17%, 14%	7%
Living in 'Hard pressed areas' compared to living in areas classed as 'wealthy achievers' or 'urban prosperity'.	15%	6%, 7%
Source: <i>Mental health of children and young people in Great Britain</i> , National Statistics, 2004 (www.statistics.gov.uk)		

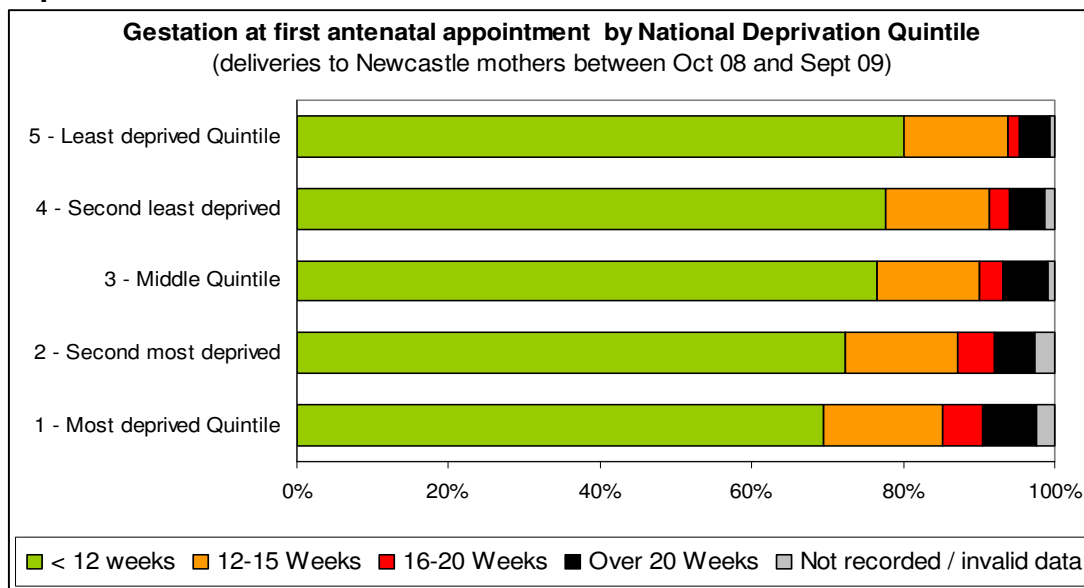
### **Early take up of antenatal services is less likely in the more deprived areas of the city.**

Early antenatal booking and effective use of high quality health care are likely to have a positive impact on both mother and baby. Data for Newcastle during the period between October 2008 and September 2009 shows that almost three-quarters of

women in Newcastle had their first appointment at less than 12 weeks gestation. Unfortunately, data quality problems resulted in missing data for 2% of women.

Although a high proportion of women are being seen early (at less than 12 weeks gestation), this is not uniformly the case across all socio-economic groups. The proportion of women booking early decreases with increasing levels of deprivation (as indicated in **figure 40**). The proportion seen for their first antenatal appointment at less than 12 weeks gestation ranged from 69% in the most deprived areas to 80% in the least deprived.

**Figure 40: Gestation at first antenatal appointment by National Deprivation Quintile for Newcastle mothers with births between October 2008 and September 2009**



Source: Inpatient Commissioning Data Set

### **Breastfeeding levels are lower in the most deprived areas of the city.**

Breastfeeding has many major health benefits, both in the short and longer term, for both mother and baby, and is a key health intervention in reducing health inequalities.

It is vital to increase the number of women who breastfeed and to encourage them to exclusively breastfeed for longer. There are many factors that influence feeding choices and changing the culture around breastfeeding is a significant challenge. Breastfeeding rates vary by geographical area and are strongly linked to deprivation and maternal age.

As the Newcastle data in **figures 41** and **42** shows, there are generally decreasing levels of breastfeeding with increasing levels of deprivation. The percentage of babies being exclusively breastfed is almost three times higher in the least deprived parts of the city compared with the most deprived.

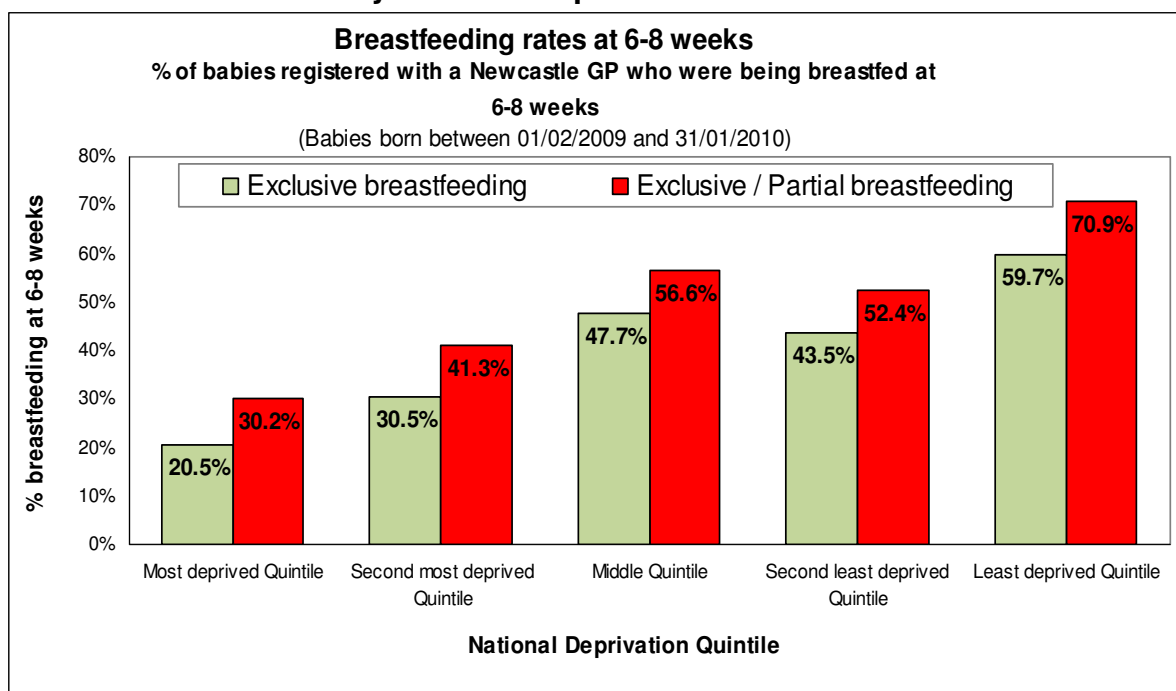
**Figure 41: Percentage of babies registered with a Newcastle GP who were being breastfed at 6-8 weeks (Babies born between 01/02/2009 and 31/01/2010)**

National Quintile	Number of infants due 6-8 Week Check	Infants being exclusively breastfed at 6-8 Weeks		Infants being partially or exclusively breastfed at 6-8 Weeks	
	No.	No.	%	No.	%
Most deprived Quintile	1,770	362	20.5%	535	30.2%
Second most deprived Quintile	584	178	30.5%	241	41.3%
Middle Quintile	394	188	47.7%	223	56.6%
Second least deprived Quintile	246	107	43.5%	129	52.4%
Least deprived Quintile	313	187	59.7%	222	70.9%
Newcastle <sup>1</sup>	3,310	1,023	30.9%	1,352	40.8%

<sup>1</sup> Includes a small number of mothers and babies who could not be assigned to a deprivation quintile due to invalid postcode

Source: Newcastle PCT Child Health System

**Figure 42: Percentage of babies registered with a Newcastle GP who were being breastfed at 6-8 weeks by National Deprivation Quintile**



Source: Newcastle PCT Child Health System

The term 'partial/exclusive breastfeeding' refers to infants that are being exclusively breastfed plus those receiving both breast and formula milk.

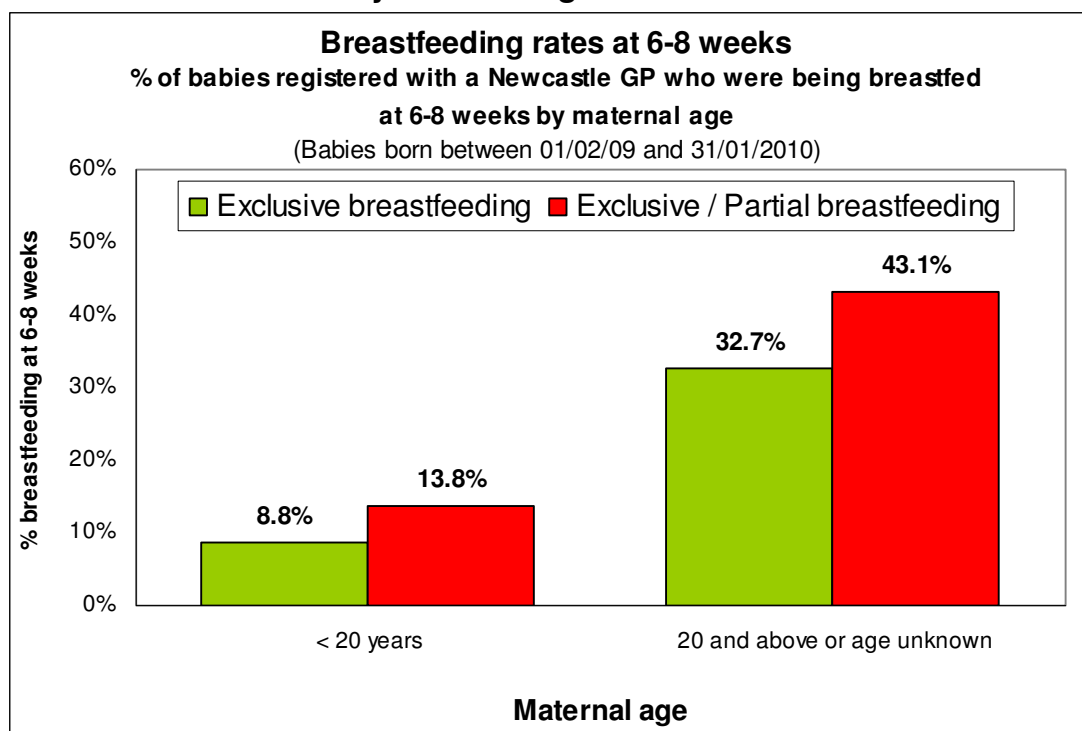
Newcastle data also shows that the percentage of babies being breastfeed is more than three times higher amongst those born to women aged 20 and above compared to those aged less than 20 years. This is shown in **figures 43 and 44** on the next page.

**Figure 43: Percentage of babies registered with a Newcastle GP who were being breastfed at 6-8 weeks by Maternal Age (Babies born between 01/02/2009 and 31/01/2010)**

Maternal age	Number of infants due 6-8 Week Check	Infants being exclusively breastfed at 6-8 Weeks		Infants being partially or exclusively breastfed at 6-8 Weeks	
	No.	No.	%	No.	%
Less than 20 years	261	23	8.8%	36	13.8%
aged 20 and above or age unknown	3,065	1,001	32.7%	1,320	43.1%
All ages	3,326	1,024	30.8%	1,356	40.8%

Source: Newcastle PCT Child Health System

**Figure 44: Percentage of babies registered with a Newcastle GP who were being breastfed at 6-8 weeks by maternal age**



Source: Newcastle PCT Child Health System

Health visitors have identified that teenage pregnancy, poor uptake of antenatal and maternity services, premature babies and poor uptake of immunisations are specific areas of need within the Roma communities in Newcastle.

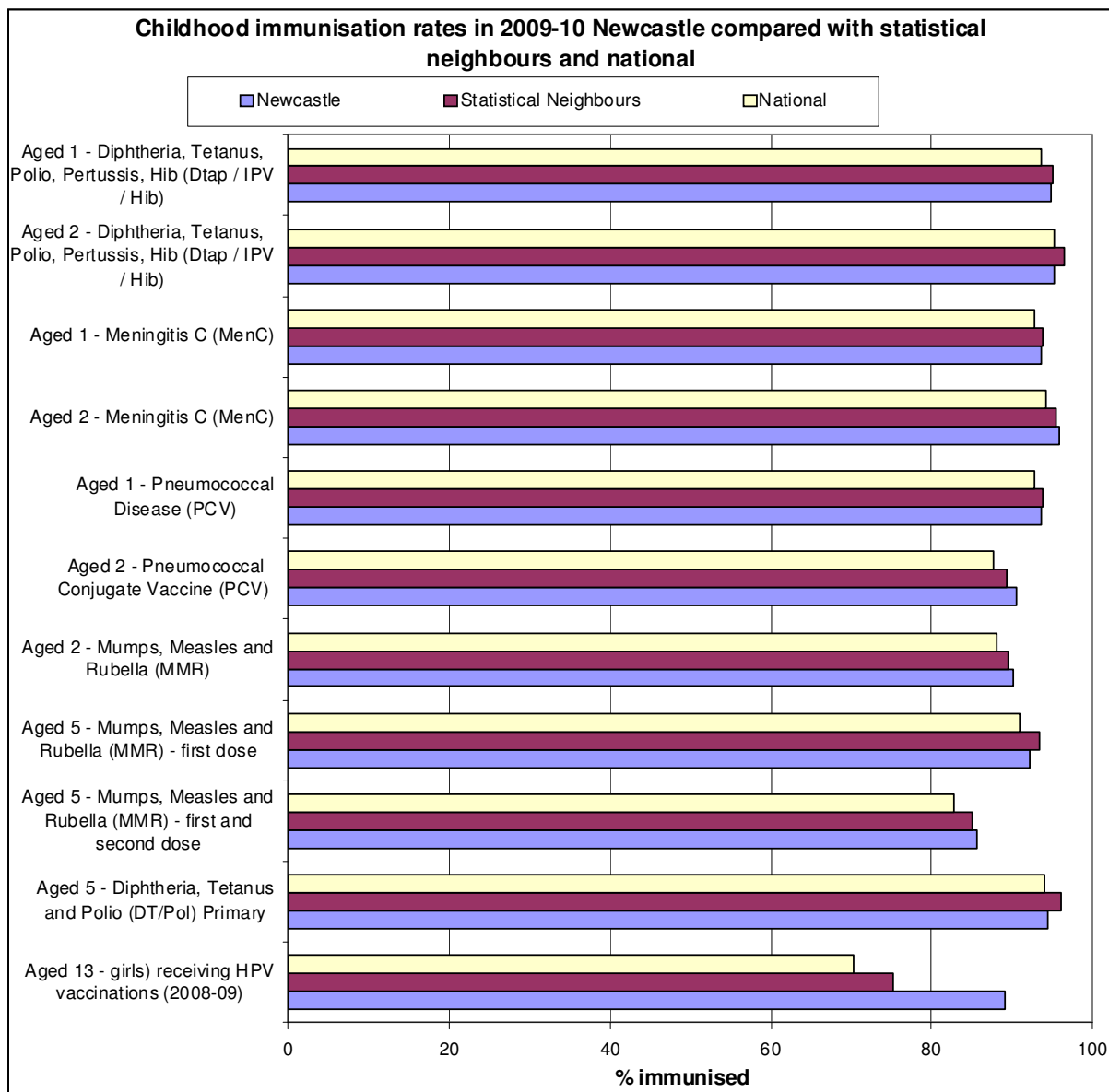
**Childhood immunisation rates in Newcastle are relatively good, but we do not know enough about the relationship between deprivation and immunisation rates.**

After clean water, immunisation is the most effective public health intervention in the world for saving lives and promoting good health.

The uptake of childhood vaccines in Newcastle is relatively high when compared with the national average, as shown in the table below (**figure 45**). However, when the data are examined by GP practice, there is considerable variation across the city. This reflects a national picture where differences in uptake are associated with a range of social, economic, maternal and infant-related factors.

Unfortunately, data are not currently available to enable us to develop a better understanding of the picture in Newcastle (for example, how uptake varies by level of deprivation or geographical area). Further work is required to ensure that these data become available in the future.

**Figure 45: Childhood immunisation rates 2009/10**



Source: COVER NHS Immunisation Statistics England 2009-10: 30th November 2010

Evidence demonstrates the following groups of children and young people may be at particular risk of not completing their immunisations:

- Vulnerable children, such as those whose families are travellers, asylum seekers, or who are homeless
- Looked-after children
- Those with physical or learning disabilities
- Children of teenage or lone parents
- Those not registered with a GP
- Younger children from large families
- Children who are hospitalised or have a chronic illness
- Those from minority ethnic groups
- Those from non-English speaking families
- Children who have missed a previous vaccination (either through parental choice or for other reasons)

## **Dental decay is strongly related to deprivation**

Variation in dental disease experience is strongly related to deprivation<sup>71</sup>.

People living in the more deprived areas across the North of Tyne area (Newcastle, North Tyneside and Northumberland) are more likely to suffer from poorer oral health which is worsened by poor access to dental care and poor use of services.

Survey data<sup>72</sup> suggests that in Newcastle, 47% of children aged under five are free from obvious dental decay. 53% have at least one decayed, missing or filled tooth. At a national level there are significantly more children (69%) who are free from obvious dental decay than those who have at least one decayed, missing or filled tooth (31%). However, although a greater proportion of children in Newcastle than nationally have some dental decay, the extent of the decay is less.

Mapping suggests that in Newcastle higher numbers of dental practitioners tend to be located in the areas of least deprivation.

The proportion of children in care having dental checks in Newcastle increased from 87% in 2008 to 91% in 2009. Newcastle is above national (86%) and similar areas' (89%) rates in 2009.

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<sup>71</sup> NHS North of Tyne Dental Strategy 2009-2014

<sup>72</sup> The British Association for the Study of Community Dentistry (BASCD), 2007/08

## Teenagers who become pregnant are more likely to live in the most deprived areas of the city.

A national study<sup>73</sup> examined the characteristics of 18 year olds who have been pregnant. There is a noticeable trend between attainment at Year 11 and instances of pregnancy by age 18. A third (33%) of those with between one and four GCSEs at grades D to G had been pregnant at least once, compared with 6% of those with eight or more GCSEs at grades A\* to C. Young females attaining between one and four GCSEs at grades D to G were also the group most likely to have been pregnant two or more times (10%).

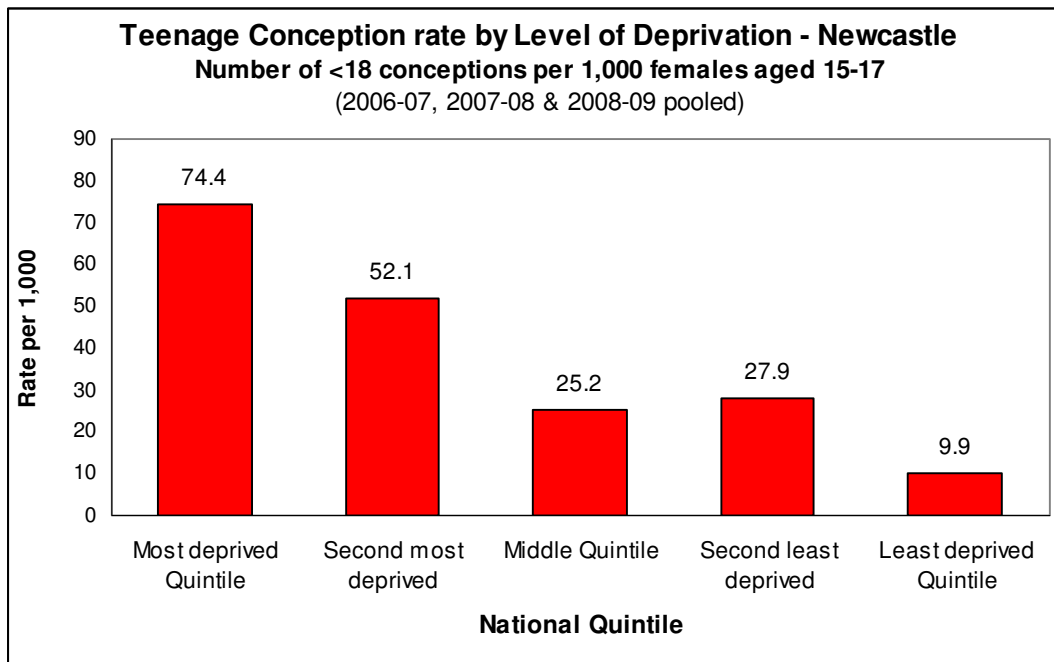
Other factors which appear to be associated with increased likelihood of pregnancy were being eligible for free school meals at age 16, having parents who are in more routine occupations and having parents who had lower educational attainment. Variations in teenage pregnancy rates largely mirror the pattern of deprivation across England, with high teenage pregnancy rates overwhelmingly concentrated in areas of high deprivation.

Local data confirms the national evidence. It shows that there is a high correlation between conception rates and levels of deprivation in Newcastle. In the three year period from 2006-07 to 2008-09, under-18 conception rates were almost eight times higher in areas that rank amongst the most deprived fifth of areas in England, than in areas that rank amongst the fifth least deprived. This is illustrated in **figures 46** and **47**. **Figure 48** shows that the areas of the city with the highest teenage conception rates include parts of Byker, Cowgate, Fenham and Newburn.

<b>Figure 46: Teenage conception rate by level of deprivation</b>			
Number of under-18 conceptions per 1,000 females aged 15-17 years (2006-07, 2007-08 & 2008-09 pooled)			
National Quintile (IMD 2007)	Number of under-18 conceptions <sup>1</sup>	Females population aged 15-17 years <sup>2</sup>	No. of conceptions per 1,000 females aged 15-17
Most deprived Quintile	503	2,253	74.4
Second most deprived	136	870	52.1
Middle Quintile	49	648	25.2
Second least deprived	42	503	27.9
Least deprived Quintile	16	539	9.9
Newcastle Total	746	4,812	51.7
1. Source: Hospital Inpatient Contract Data Set			
2. Source: GP registered population			

<sup>73</sup> *Youth Cohort Study and Longitudinal Study of Young People in England: The Activities and Experiences of 18 year olds*: England 2009, Department of Education.

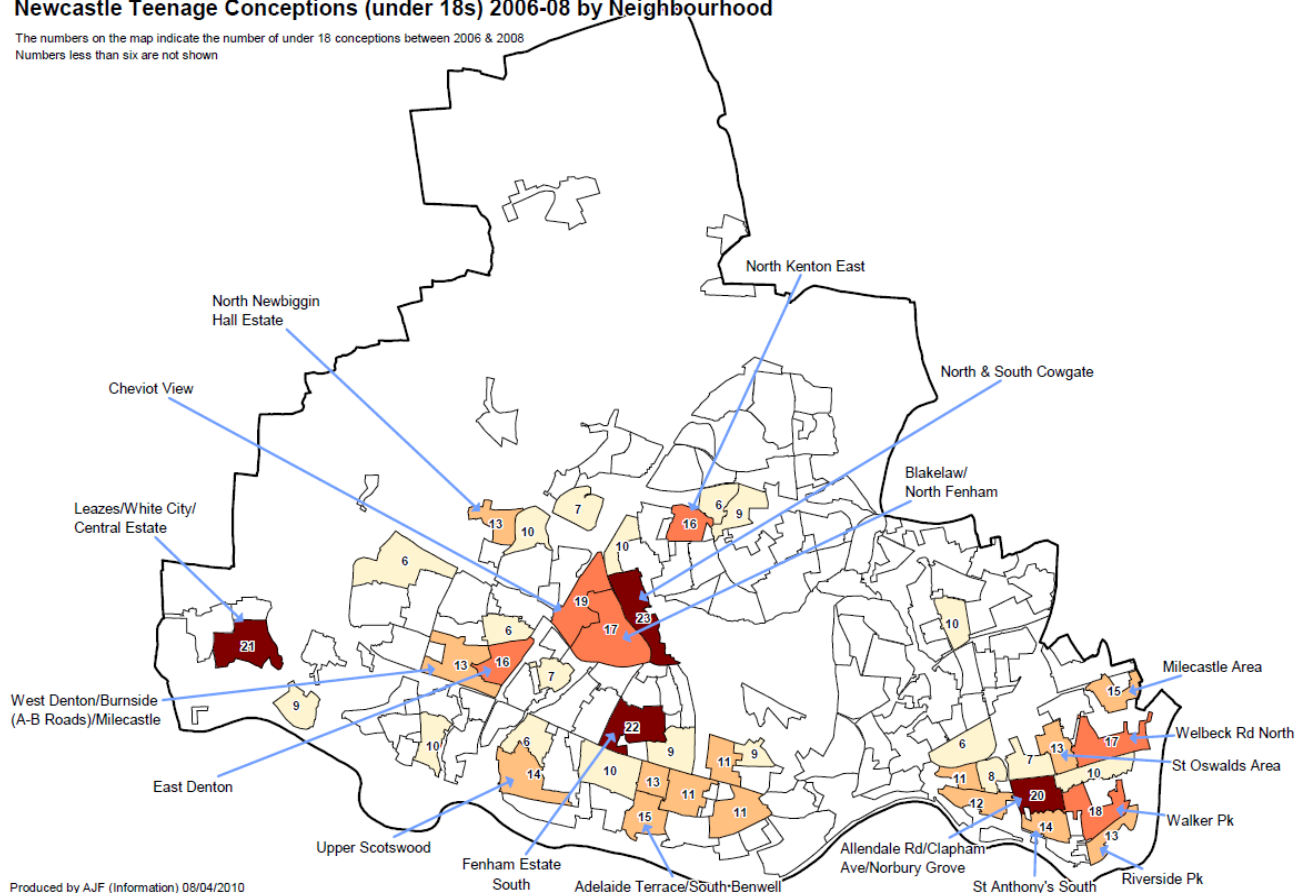
**Figure 47: Teenage conception rate by level of deprivation in Newcastle**



**Figure 48: Teenage conceptions (under 18s) in Newcastle by neighbourhood (2006-08)**

**Newcastle Teenage Conceptions (under 18s) 2006-08 by Neighbourhood**

The numbers on the map indicate the number of under 18 conceptions between 2006 & 2008  
 Numbers less than six are not shown



## **There is a strong relationship between deprivation and childhood obesity, but there is not an obvious link between being overweight and deprivation<sup>74</sup>.**

National analysis by the NHS Information Centre and the National Obesity Observatory demonstrates a “very strong relationship between obesity prevalence and socio-economic deprivation ...In both Reception and Year 6, the prevalence of obesity is known to increase with greater socio-economic deprivation.”<sup>75</sup> However the latest Information Centre analysis suggests there is not an obvious link in children between being overweight and deprivation.<sup>76</sup>

In summary, analysis of the National Child Measurement Programme (NCMP) data has concluded that socio-economic deprivation does not in itself produce a greater chance of a child being overweight but does produce a definite increased likelihood of a child being obese.

Analysis of NCMP data for children attending Newcastle schools also indicates a clear relationship between socio-economic deprivation and obesity amongst children. This difference between the lowest and highest social groups appears at least as large in Newcastle as in the national data. The same relationship does not appear to exist between socio-economic deprivation and the overweight category of children, as with the national data. This is illustrated in **figures 49 and 50**.

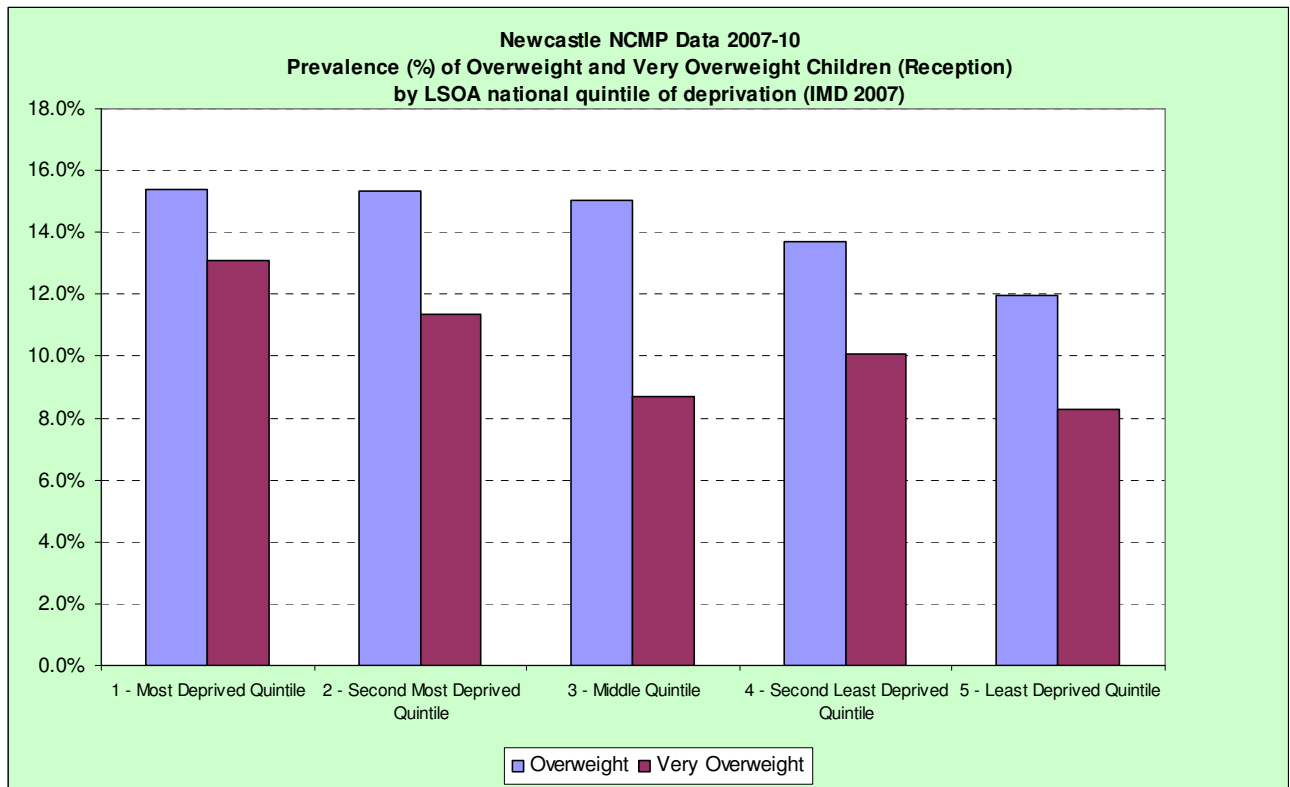
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<sup>74</sup> The definitions for ‘overweight’ and ‘obese’ used here are those used within the National Child Measurement Programme. They utilise the 1990 UK Growth files so each child’s BMI (Body Mass Index) is referenced back to their age / sex specific 1990 distribution and their percentile position calculated. Those categorised as ‘overweight’ are those over and above the 85<sup>th</sup> centile and below the 95<sup>th</sup> centile. Those categorised as ‘obese’ are those over and above the 95<sup>th</sup> centile. The term ‘obese’ has now been replaced by ‘very overweight’.

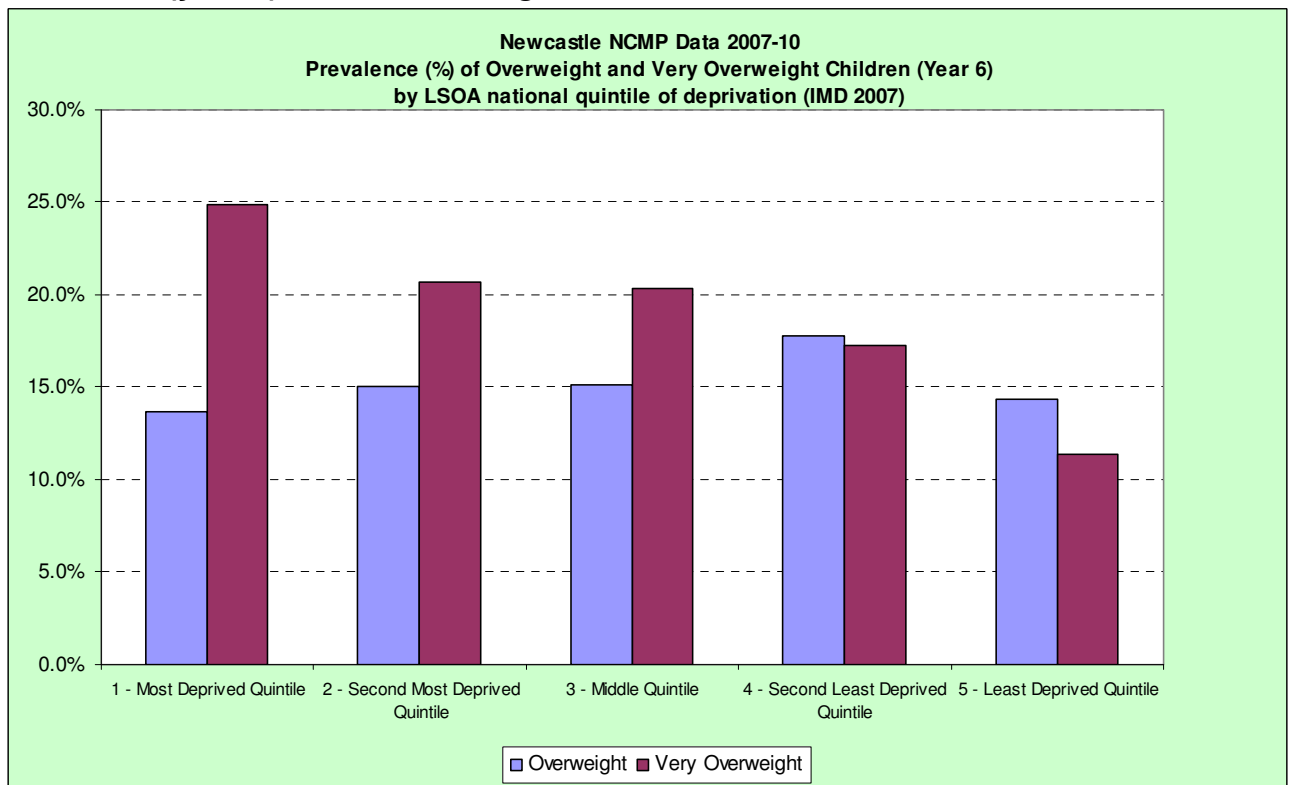
<sup>75</sup> NCMP, *Changes in children’s body mass index between 2006/07 and 2008/09*, National Obesity Observatory, June 2010, p22.

<sup>76</sup> NCMP: England, 2008/09 School Year, published December 2009, The Information Centre, p28.

**Figure 49: Prevalence (%) of overweight and very overweight (obese) children in Newcastle (reception) 2007-2010 using IMD**



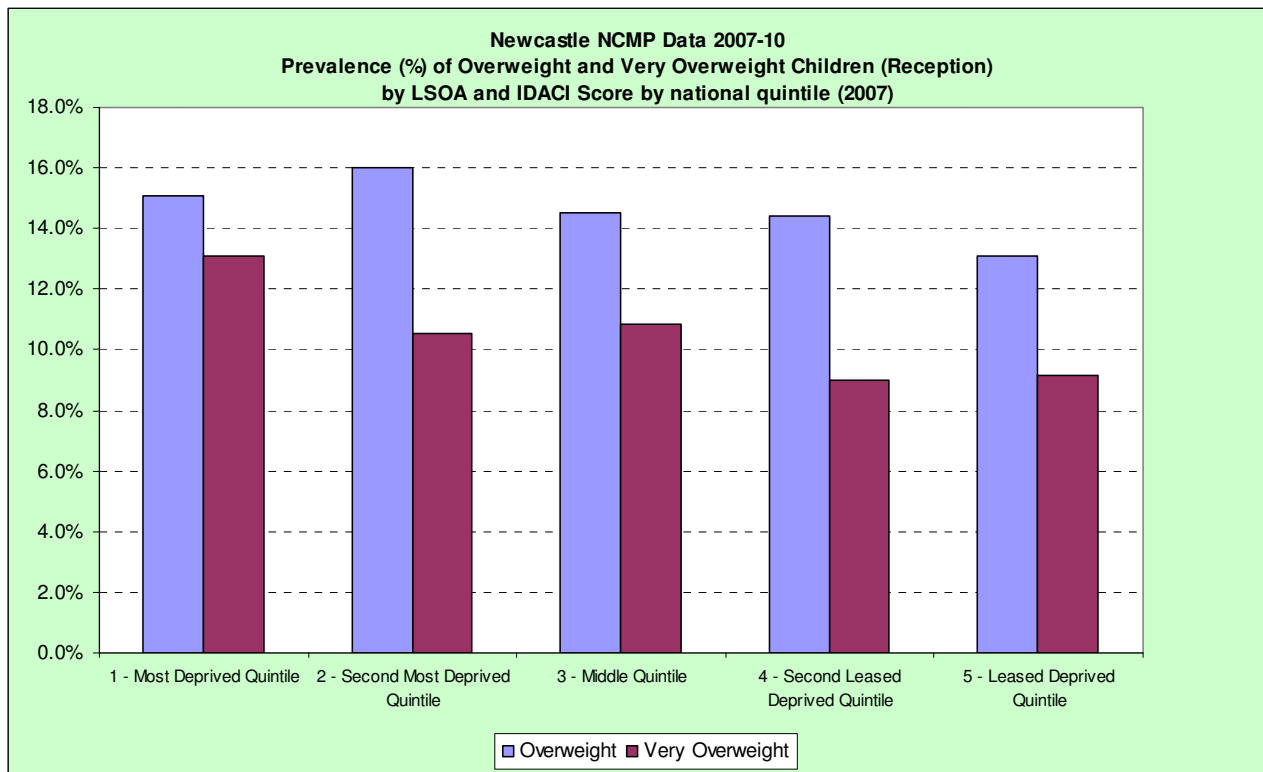
**Figure 50: Prevalence (%) of overweight and very overweight (obese) children in Newcastle (year 6) 2007-2010 using IMD**



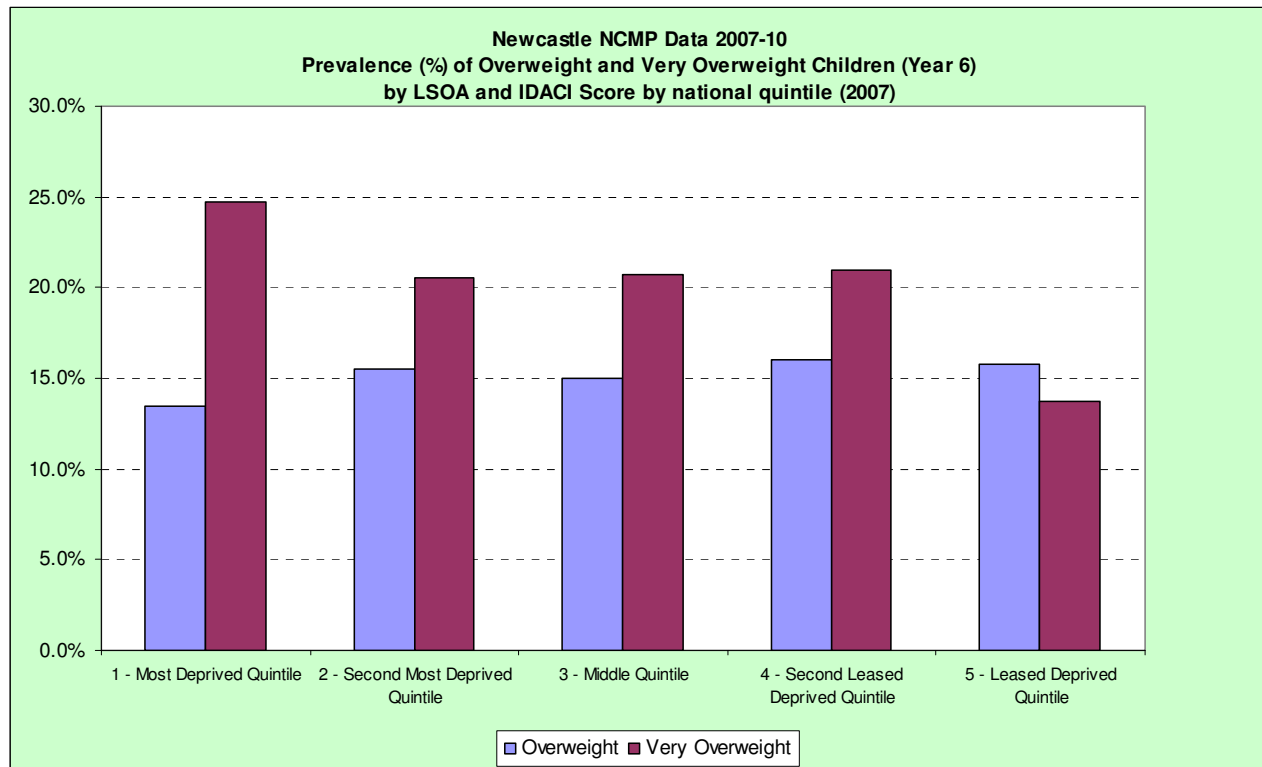
As well as analysing the data using the overall ranking from the Index of Multiple Deprivation (2007) – we have also analysed the data using the IDACI score (Income Deprivation Affecting Children Index). IMD 2007 uses six different domains and is a broad measure of socio-economic deprivation. The IDACI score is a measure much more specifically focussed upon income deprivation and gives a measure for a particular Lower Super Output Area of the percentage of children (under 16 years) living in families reliant on various means tested benefits.

**Figures 51 and 52** were produced using the IDACI national rankings for the Newcastle data:

**Figure 51: Prevalence (%) of overweight and very overweight (obese) children in Newcastle (reception) 2007-2010 using IDACI score**



**Figure 52: Prevalence (%) of overweight and very overweight (obese) children in Newcastle (year 6) 2007-2010 using IDACI score**



The analysis of the data using the IDACI score produces a very similar distribution to using the IMD 2007 scores, particularly in the three most deprived quintiles. However, for Year 6 children in the two least-deprived quintiles, there is evidence of higher levels of childhood obesity than that using IMD 2007.

### **Children growing up in deprivation are at greater risk of health conditions resulting from exposure to secondhand smoke.**

Smoking is one of the most important risk factors for preventable death, ill-health and health inequalities in Newcastle. In general, smoking prevalence tends to be higher in areas of deprivation and it is estimated that up to half the difference in life expectancy between the most and least affluent groups is associated with smoking.

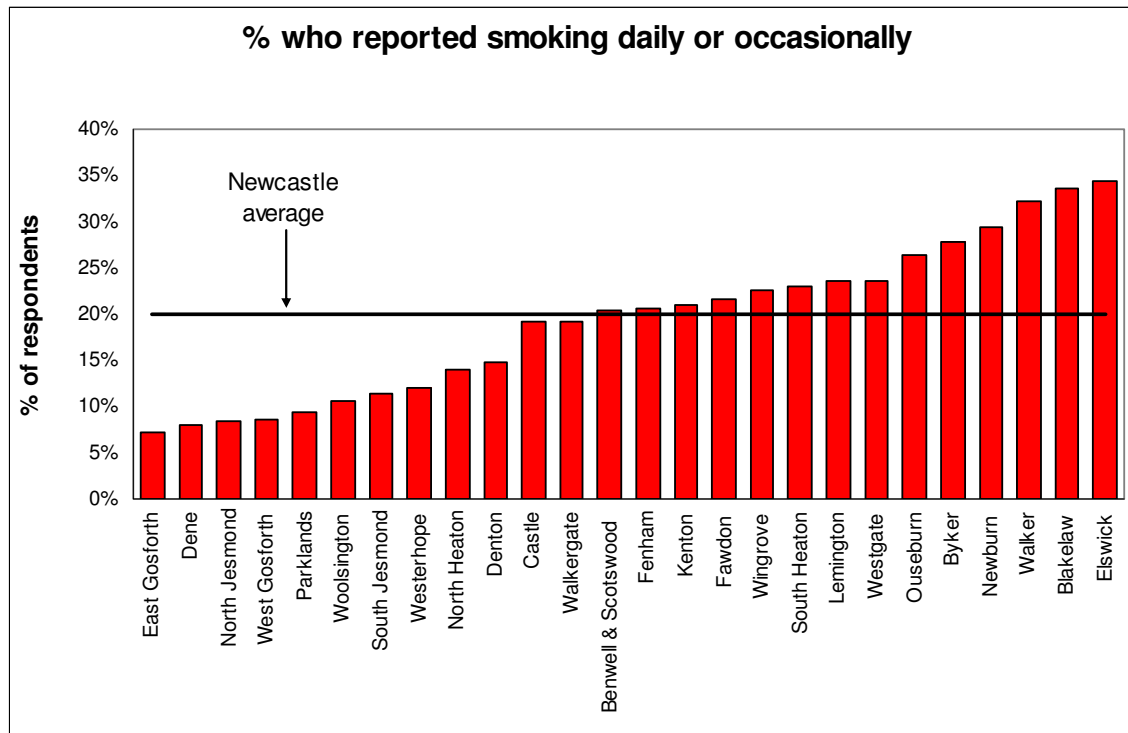
There is no single source of data on smoking prevalence. One estimate suggests that prevalence is around 29%.<sup>77</sup> Another, from the 2009/10 Newcastle Residents' Survey, suggests a prevalence of only 20% (16% of respondents smoking daily and 4% smoking occasionally). It is unlikely that the true prevalence is as low as 20%, and probable that this low figure is due to the fact that survey respondents are more likely to have healthier lifestyles than non-respondents,<sup>78</sup> which would lead to a lower estimate for Newcastle using this data source.

<sup>77</sup> Source: APHO and Department of Health, 2010.

<sup>78</sup> Hill A et al. (1997) *Non-response bias in a lifestyle survey*, Journal of Public Health Medicine, 19(2), 203-207.

Nevertheless, the Resident’s Survey data demonstrate the considerable variation in smoking prevalence across the city (as indicated in **figure 53** below), with smoking rates almost five times higher in the ward with the highest reported prevalence (Elswick) compared to the ward with the lowest (East Gosforth). It follows that children in disadvantaged areas are therefore more at risk from exposure to secondhand smoke than those in more affluent households.

**Figure 53: Percentage of respondents to the 2009/10 Newcastle Residents’ Survey who reported smoking daily or occasionally, by ward**



Source: Newcastle Residents’ Survey 2009/10

Secondhand smoke is of particular concern in relation to children’s health. Smoke in enclosed spaces is extremely toxic for anyone, but children and young people whose lungs are still developing are the most vulnerable.<sup>79</sup> Children who live in households where someone smokes on most days are exposed to about seven times more smoke than children who live in smoke free homes.<sup>80</sup>

Exposure to secondhand smoke increases the risk of lower respiratory illness such as bronchitis, sudden infant death syndrome (cot death), wheeze, and middle ear disease<sup>81</sup> and therefore increases the likelihood of children needing to visit doctors or hospital and therefore missing days at school. Children growing up with parents or siblings who smoke are about 90% more likely to become smokers themselves.<sup>82</sup>

<sup>79</sup> Fresh – Smoke Free North East, Secondhand Smoke Campaign (SHS) 2010 - Take 7 Steps Out briefing.

<sup>80</sup> Royal College of Physicians, *Passive Smoking and Children*, March 2010.

<sup>81</sup> Ibid.

<sup>82</sup> Ibid.

## 6.5 Place

### Summary

- Poor housing and fuel poverty are closely associated with poor physical and psychological health in children and adversely affect their ability to learn, study and play.
- Young people living independently are at risk of poverty and homelessness amongst young people is associated with factors linked to growing up in poverty.
- Young people growing up in deprived areas of the city suffer from a lack of safe places to play and socialise. These areas are also characterised by high rates of accidents, anti-social behaviour and negative perceptions of children and young people from local residents.
- The numbers of children requiring protection or being looked after in Newcastle are high and these children are more likely to live in the most deprived areas.
- The cost of public transport is a barrier to learning and leisure opportunities for some young people.

### **Living in poor housing and living in fuel poverty can have a negative impact on children's health and wellbeing, educational attainment and play.**

A 2008 YouGov poll for Save the Children estimates that nearly one in five households with children under the age of 17 have suffered from cold homes because of the cost of energy<sup>83</sup>. 15% of households have cut back on food, and the same proportion has had to cut back on essential clothing in order to pay fuel bills<sup>84</sup>.

Fuel poverty has an adverse impact on children in relation to<sup>85</sup>:

- Physical ill health (there are proven links to respiratory disease such as severe asthma and increased accident risk)
- Psychological health (cold damp homes are linked with depression, fatigue and nervousness)
- Educational attainment (cold damp housing is not conducive to study and resulting ailments lead to missed school attendance)
- Social exclusion (the home does not provide a welcoming environment for friends to visit)

<sup>83</sup> Source: [http://www.savethechildren.org.uk/en/41\\_1-in-5-uk-families-cant-afford-heating-new-survey-reveals.htm](http://www.savethechildren.org.uk/en/41_1-in-5-uk-families-cant-afford-heating-new-survey-reveals.htm), 5 February 2008 (accessed 1 February 2011).

<sup>84</sup> Ibid.

<sup>85</sup> *Children in Fuel Poverty*, NEA Policy Briefing, February 2008.

6,029 homes with a child under 16 which have been assessed by Warm Zone are in fuel poverty. Over one third of these were in four wards – Walker, Elswick, Benwell & Scotswood and Kenton - 2,257 homes. Half of those assessed were in six wards (the four above plus Blakelaw and Fawdon): 3,036 homes.<sup>86</sup>

Newcastle does not perform well in relation to measures of the percentage of council homes that meet the government's Decent Homes<sup>87</sup> standard. In 2008/09 50% of Newcastle homes did not meet this standard (compared to a national average of 22%). This improved to 30% in 2009/10, but still remains well behind the national average (16% in 2009/10).

Newcastle is also one of the worst performing authorities in the North East in terms of meeting the Decent Homes Standard. However the Modern Homes Programme is in place with the aim of bringing all council homes in the Newcastle area up to the Decent Homes standard by 2011/12, and across the city 10,593 council homes have benefited from cavity wall or loft insulation through the Warm Zone scheme.

Shelter<sup>88</sup> estimates that one in seven children in the UK are growing up homeless or in bad housing. Unfit or overcrowded housing exposes children to danger, affects their mental and physical health and affects their ability to learn and study and to play and make friends.

Certain communities in Newcastle may be at particular risk of overcrowding. For example, some studies estimate that Roma families have an average of four children per family. However, health visitors, other agencies and members of the Roma community in Newcastle have raised concerns about poor housing conditions and overcrowding, with some homes having up to 20 children in them.

The latest information available<sup>89</sup> suggests that there are 88,480 private homes in the city, of which 20,750 (23%) fail the decency standard. Approximately 27,760 of the private homes in the city are private rented properties. 8,790 of these private rented properties fail the decency standard, which is 33% of all private rented stock. We do not know how many of these properties are occupied by low income families, but we do know that many private rented properties house the city's large student population. Around 4,000 households in the private rented sector are in receipt of Housing Benefit, but not all of these households contain children.

Earlier estimates of the condition of private sector housing stock were produced using models which combine national data from the English House Condition Survey 2001 with local census data<sup>90</sup>. This study concluded that 6,835 of the 23,697 homes in Newcastle which would fail the Decent Homes Standard were occupied by 'vulnerable groups'. 'Vulnerable groups' was defined as those in receipt of at least one of the principal means-tested or disability-related benefits.

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<sup>86</sup> Warm Zone data as at July 2010.

<sup>87</sup> A 'decent home' as defined by the Department for Communities and Local Government "meets the current statutory minimum standard for housing, is in a reasonable state of repair, has reasonably modern facilities and services and provides a reasonable degree of thermal comfort".

<sup>88</sup> *Child Poverty and Housing, Briefing* by Shelter for the Campaign to End Child Poverty, 2006.

<sup>89</sup> Private Sector House Conditions Survey 2010, Draft report, January 2011, Newcastle City Council

<sup>90</sup> Newcastle City Council: Housing Stock Projections (2006), Building Research Establishment.

This report did not indicate that non-decent private sector properties are more likely to be found in the most deprived parts of the city. Non-decent homes tend to be found in the areas with older housing stock which includes some of the more affluent areas such as Jesmond. However, if we consider those households classed as 'vulnerable' living in properties which do not meet the Decent Homes Standard, we find that the percentage of these properties in the deprived areas of the city are slightly higher than the city average.

It should be noted that this earlier study was based on 2001 data and therefore does not take into account improvements that have been made since then. The analysis is also based on 2001 'statistical wards' so does not reflect the current political ward boundaries referred to elsewhere in this needs assessment.

### **The majority of homeless cases seen by Newcastle Housing Advice Centre are lone parent families.**

The main reasons for homelessness inquiries are:

- leaving the home of parents and friends
- violence
- loss of private rented accommodation
- non-violent relationship breakdown
- rent arrears

In 2008/09, 1,042 families contacted the Newcastle Housing Advice Centre (HAC) for advice and support related to the potential threat of homelessness. Of these, 192 families (18%) were placed in temporary accommodation. A further 82 single people and couples under 18 years were also placed in temporary accommodation. Full details of how this compares to previous years are shown in **figure 54**. Details of the types of households involved are shown in **figure 55** on the next page. This shows that the majority of homeless cases seen by Newcastle Housing Advice Centre are lone parent families. It is not possible to infer from this whether lone parent families are at greater risk of homelessness than other household types.

In Newcastle, Black and Minority Ethnic (BME) households account for around 20% of homeless applications from families with children, and a quarter of these applications have three or more children.

**Figure 54: Newcastle Housing Advice Centre cases 2005/06 – 2008/09**

Number	2005/06	2006/07	2007/08	2008/09
Families contacting Newcastle Housing Advice Centre	1,039	942	1,097	1,042
Families placed in Temporary Accommodation	195	211	182	192
Number of singles/ couples placements in temporary accommodation under 18 years	74	106	75	82

Source: Housing Advice Centre, Newcastle City Council.

**Figure 55: Newcastle Housing Advice Centre cases by family type (2008/09 and 2009/10)**

	2009-10	Percentage	2008-09	Percentage
<b>Single parent households</b>				
Pregnant with no other dependent children	81		98	
1 child	311		361	
2 children	233		235	
3 or more children	121		137	
<b>Total single parent households</b>	<b>746</b>	<b>67%</b>	<b>831</b>	<b>68%</b>
<b>Two parent households</b>				
Pregnant with no other dependent children	58		66	
1 child	119		118	
2 children	95		117	
3 or more children	76		71	
<b>Total two parent households</b>	<b>348</b>	<b>31%</b>	<b>372</b>	<b>30%</b>
<b>Other households</b>				
Pregnant with no other dependent children	0		1	
1 child	13		15	
2 children	1		4	
3 or more children	4		1	
<b>Total other households</b>	<b>18</b>	<b>2%</b>	<b>21</b>	<b>2%</b>
<b>Total</b>	<b>1112</b>	<b>100</b>	<b>1224</b>	<b>100</b>

Source: Housing Advice Centre, Newcastle City Council

(Percentages shown are percentages of total cases per year by family type)

**Young people living independently are at risk of poverty and homelessness amongst young people is associated with factors linked to growing up in poverty.**

Young people experiencing homelessness remain a group of concern as they are likely to have a range of other problems, including offending, experience of violence or other abuse, problems relating to teenage pregnancy, drug use or a history of being in care.

The *Young People's Drug and Alcohol Services Local Needs Assessment in Newcastle* (November 2009) suggested the main reason young people are seeking accommodation is due to the breakdown in their relationship with the parent or relative they are living with. This was the reason given in over 48% of the cases covered by the assessment.

The Your Homes Newcastle's (YHN) Young People's Service provides support and advice to young people under 25 who are homeless or at risk of homelessness. The data in **figure 56** is based on the average for the quarter year July – September 2010 as young people move in and out of the service.

**Figure 56: YHN Young People's Service cases (average for July – September 2010)**

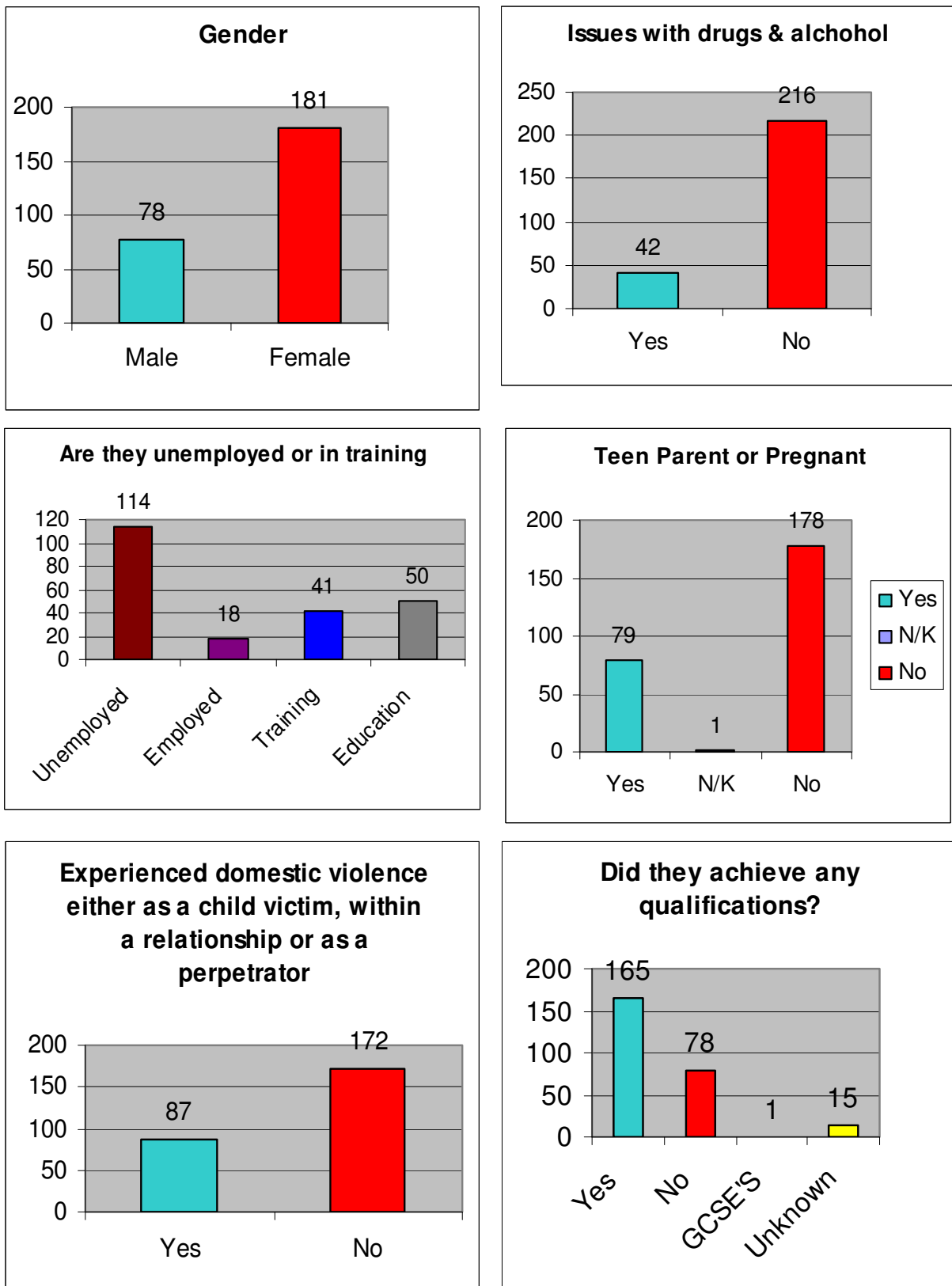
<b>Your Homes Newcastle - Young Peoples Service (16-25 year olds)</b>						
	<b>Average in a qtr</b>	<b>Single Parent</b>	<b>Education</b>	<b>Training</b>	<b>Employment</b>	<b>NEETS</b>
<b>Homeless Prevention</b> (for 16 / 17 year olds)	89 assessed	13%				
<b>Floating Support</b>	113 supported	40%	10%	14%	4%	72%
<b>Supported Accommodation</b>	16 supported	0	26%	11%	0	64%
<b>Hostel</b>	10 supported	30%	0	70%	0	30%

Information collected by the YHN Young People's Service suggests that of those coming into contact with the service, large numbers fall into one or more of the following groups:

- female
- pregnant or a parent
- have had some experience of domestic violence
- not in Education, Employment or Training
- have no qualifications

Young people living independently remain at risk of poverty because young people are entitled to lower benefit rates and have a lower minimum wage than older adults. The charts on the next page (**figure 57**) provide more details about the young people who used this service. The results are based on evaluations completed by the young people using the service.

**Figure 57: YHN Young People's Service evaluation findings 2009/10**



Source: Inline Young People's Service Evaluation Forms 2009/10

## **The numbers of children requiring protection or being looked after in Newcastle are high and these children are more likely to live in the most deprived areas.**

There are 526 looked-after children in Newcastle (March 2010), increasing from 457 in March 2008<sup>91</sup>. Of these:

- 18% lived in areas which are among the 1% most deprived areas nationally
- Over half (54.5%) live in the 10% most deprived areas
- 85.0% lived in the 30% most deprived areas

In 2010, the majority of looked-after children whose parents' address was still in Newcastle came from six wards:

- Byker (15% of the total)
- Benwell and Scotswood (12%)
- Elswick (10%)
- Kenton (10%)
- Walker (9%)
- Westgate (7%).

The largest percentage of looked after children entering care was due to 'abuse or neglect' (62%; 328 children). This was followed by 'family acute stress' (11%) and 'absent parenting' (9%).

311 children had a Child Protection Plan (CPP) in 2010 (compared to 360 in 2009 and 390 in 2007). Emotional abuse and neglect were the main reasons (2009)<sup>92</sup>.

More children and young people with a CPP live in deprived areas:

- 16% live in areas which are among the 1% most deprived areas nationally
- 66% live in areas which are among the 10% most deprived areas
- 93% live in areas which are among the 30% most deprived areas

Of the 26 wards in Newcastle, five wards accounted for the majority of children and young people who were subject to a CPP:

- Byker (14%)
- Walker (13%)
- Elswick (11%)

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<sup>91</sup> Source: Children's Services Directorate, Newcastle City Council.

<sup>92</sup> Ibid.

- Benwell and Scotswood (10%)
- Kenton (8%)

In East Gosforth, North Jesmond, North Heaton, Parklands and Newburn no children were subject to a CPP. These are wards with fewer deprived areas.

In 2010, 86% (266) of the 311 children with a CPP were White British. Of the remaining 15%, 13% were from an ethnic minority, with the highest proportions being of-Bangladeshi (8%) and Black African origin (1%).

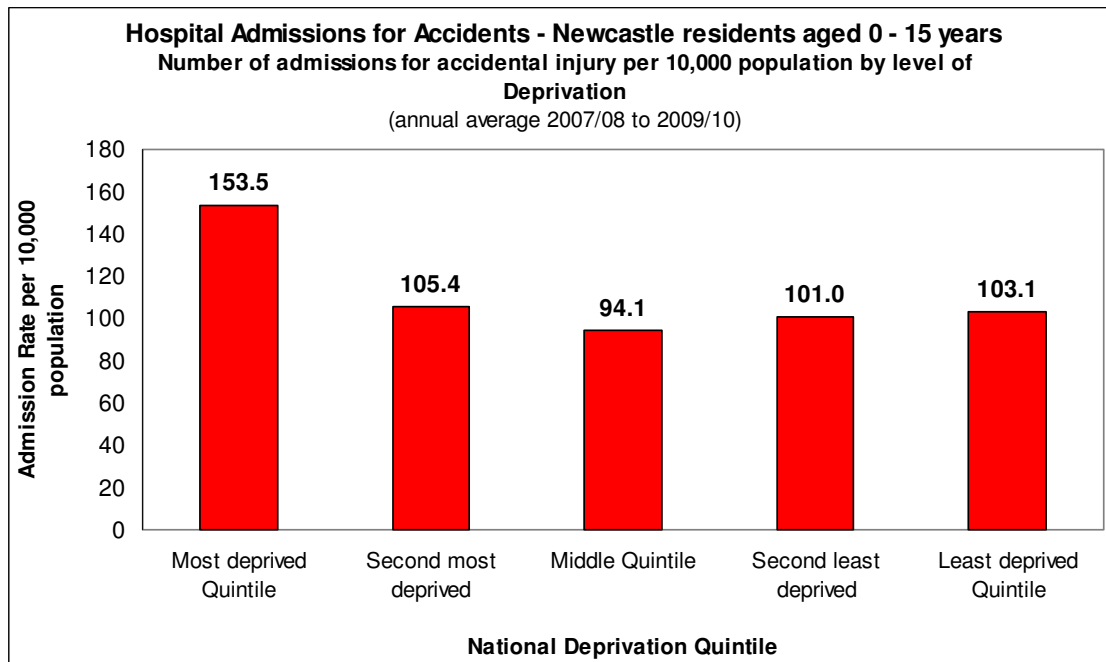
### **There are more accidents involving children in the most deprived areas of the city.**

In the three-year period from 2007/08 to 2009/10 hospital admission rates for accidental injury in children were approximately 50% higher in those areas of Newcastle that rank amongst the most deprived fifth of areas (quintile) in England, than in the rest of the city, which had a very similar rate irrespective of level of deprivation (**figures 58 and 59**).

<b>Figure 58: Hospital Admissions rate for accidental injury by level of deprivation, 2007/08 to 2009/10, Newcastle Residents aged 0-15 years</b>			
<b>National Deprivation Quintile (IMD 2007)</b>	<b>No. of Admissions for ages 0-15 years<sup>1</sup> (2007/08 – 2009/10)</b>	<b>Population<sup>2</sup> aged 0-15 years</b>	<b>Admission Rate per 10,000 population</b>
Most deprived Quintile	1,004	21,805	153.5
Second most deprived	256	8,097	105.4
Middle Quintile	168	5,952	94.1
Second least deprived	133	4,391	101.0
Least Deprived Quintile	167	5,399	103.1
Newcastle	1,728	45,644	126.2

1. Source: Commissioning Dataset - Hospital Inpatients  
 2. Source: Lower Layer Super Output Area population estimates for England and Wales, mid-2007 (experimental statistics).

**Figure 59: Number of hospital admissions for accidents by level of deprivation – Newcastle residents aged 0-15 years (2007/08 – 2009/10)**

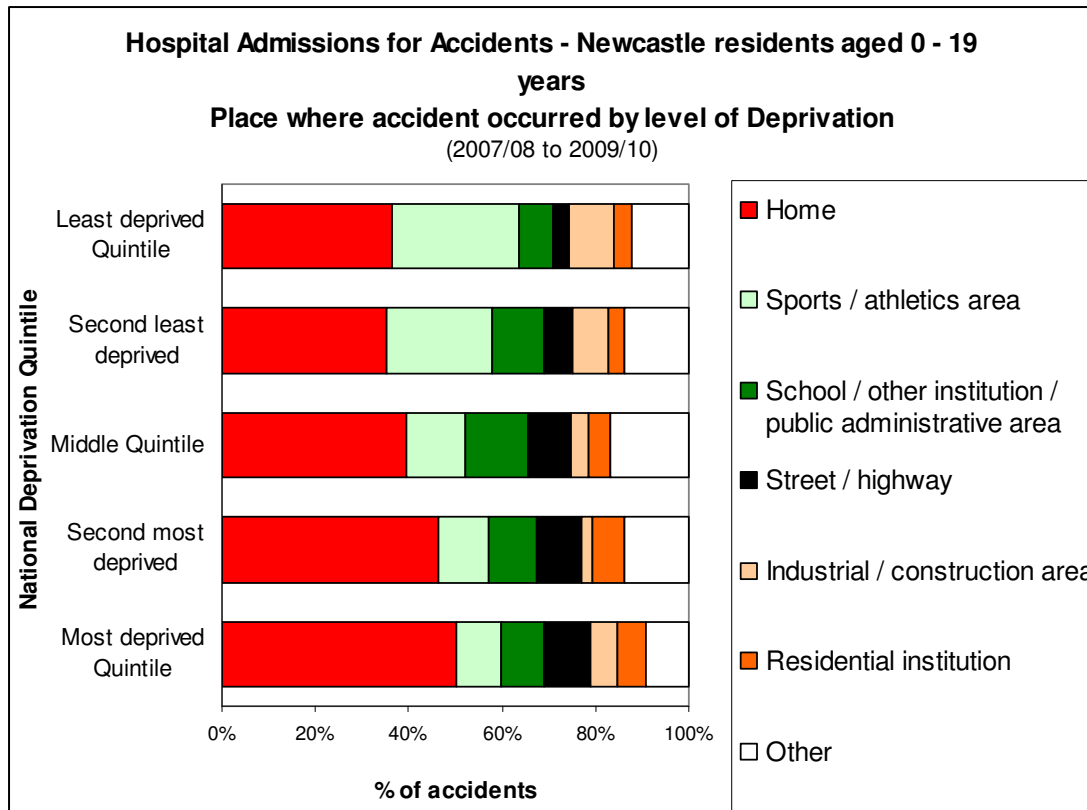


Source: Commissioning Dataset - Hospital Inpatients and Lower Layer Super Output Area population estimates for England and Wales, mid-2007 (experimental statistics).

Unfortunately data quality problems prevent an accurate assessment of where accidents resulting in hospital admission are occurring. In the period between 2007/08 and 2009/10 approximately 40% of hospital admissions for accidental injury had inadequate coding, and did not specify the place of occurrence. Where place of occurrence was specified, by far the highest proportion occurred in the home.

When the admissions that had place of occurrence information coded were analysed by level of deprivation, the results (**figure 60**) showed that the proportion occurring in the home appeared to increase with increasing levels of deprivation. In contrast, the proportion occurring in sports / athletics areas increased with increasing levels of affluence. However, caution is needed in interpreting these data due to the very high percentage of admissions that were uncoded.

**Figure 60: Hospital admissions for accidents by place where accident occurred and level of deprivation – Newcastle residents aged 0-19 years (2007/08 – 2009/10)**



Across the UK there is evidence that higher rates of traffic accidents involving young people occur in deprived areas than in other areas. National research<sup>93</sup> suggests that children from the lowest social class are five times more likely to die in road accidents than those from the highest social class, and that more than a quarter of child pedestrian casualties happen in the most deprived 10% of wards.

In Newcastle the total number of traffic accidents involving children under 16 has reduced since 1994. The low level of traffic accidents which occur in Newcastle means there is not enough data to demonstrate whether children living in deprived areas of the city are at a greater risk of traffic accidents.

The three-year rolling average for Newcastle children killed or seriously injured in road traffic accidents (RTAs) has reduced from its baseline of 35.2 (1994 -1998 average) to 15 in 2008. Newcastle's "killed or seriously injured" rate in 2008 is below the national rate (16.2) and similar areas' rate (16.4). Accordingly, Newcastle's reduction rate (2006-08) is 7.1% and is above both the national average (6.8%) and similar areas' average (6.2%). Full detail is shown in **figure 61**.

<sup>93</sup> *Making the Connections. Final Report on Transport and Social Exclusion* (2003), Social Exclusion Unit.

**Figure 61: Number of children killed or seriously injured in road traffic accidents (2003 – 2008)**

<b>National indicator 48: Number of children killed or seriously injured in road traffic accidents (2003-2008)</b>								
Place Name	1994-98 ave	2003	2004	2005	2006	2007	2008	Rank order (out of 150)
Hartlepool	11.6	15	10	5	11	13	3	13
Gateshead	27.4	16	17	9	12	12	9	45
Halton	32.8	15	13	13	4	11	11	58
Middlesbrough	21.8	13	12	12	12	3	13	74
South Tyneside	16.4	9	15	13	12	11	13	74
Salford	25.0	24	10	13	13	13	13	74
Sunderland	46.2	34	25	21	24	29	13	74
<b>Newcastle</b>	<b>35.2</b>	<b>18</b>	<b>22</b>	<b>19</b>	<b>24</b>	<b>13</b>	<b>15</b>	<b>90</b>
Sheffield	55.8	51	45	42	38	33	24	124
Liverpool	88.6	67	64	62	43	39	31	130
Leeds	90.6	57	51	39	51	43	35	136
Statistical neighbours (ave.)	41.6	30.1	26.2	22.9	22.0	20.7	16.4	
England (ave/ LA)	38.2	23.2	22.4	21.9	18.5	17.8	16.2	
Gap (Newcastle - National)	3.0	5.2	0.4	2.9	-5.5	4.8	1.2	
Gap (Newcastle - Statistical Neighbours)	6.4	12.1	4.2	3.9	-2.0	7.7	1.4	

Source: Local Communities website <http://www.fti.communities.gov.uk/fti/DataDownload.aspx> for NI 48 (15th February 2010)

## **The cost of public transport is a barrier to learning and leisure opportunities for some young people.**

Problems with transport can prevent people from accessing local services and activities including jobs, healthcare, learning, food shopping and leisure. National research<sup>94</sup> has identified five potential barriers to public transport use:

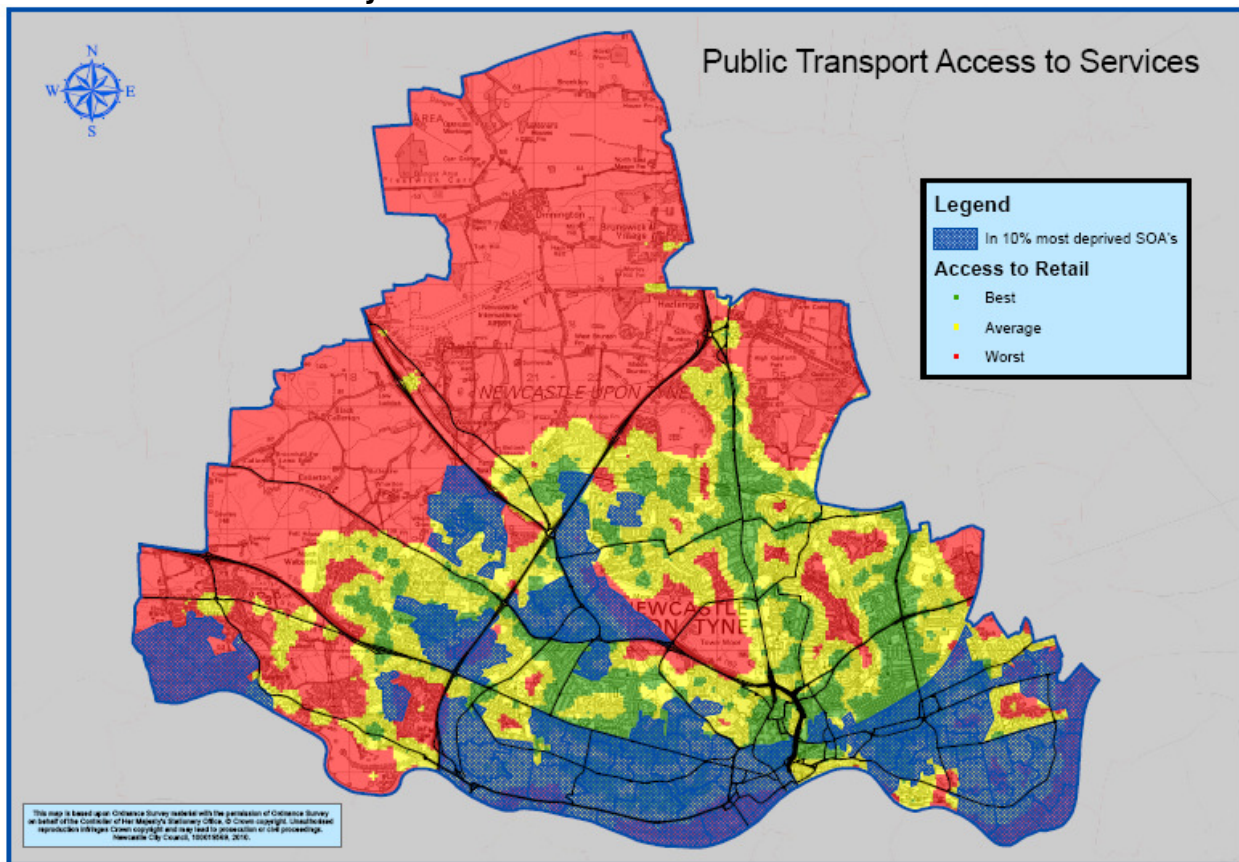
- The availability and physical accessibility of public transport
- The cost of transport
- The location of services
- Safety and security while travelling
- Poor information and individuals' limited travel horizons (reluctance to make journeys)

<sup>94</sup> *Making the Connections. Final report on Transport and Social Exclusion (2003)*, Social Exclusion Unit.

The most frequent forms of transport for people on low incomes are walking, buses, taxis and lifts from family and friends. People on low incomes travel less than better off households and make fewer and shorter trips.

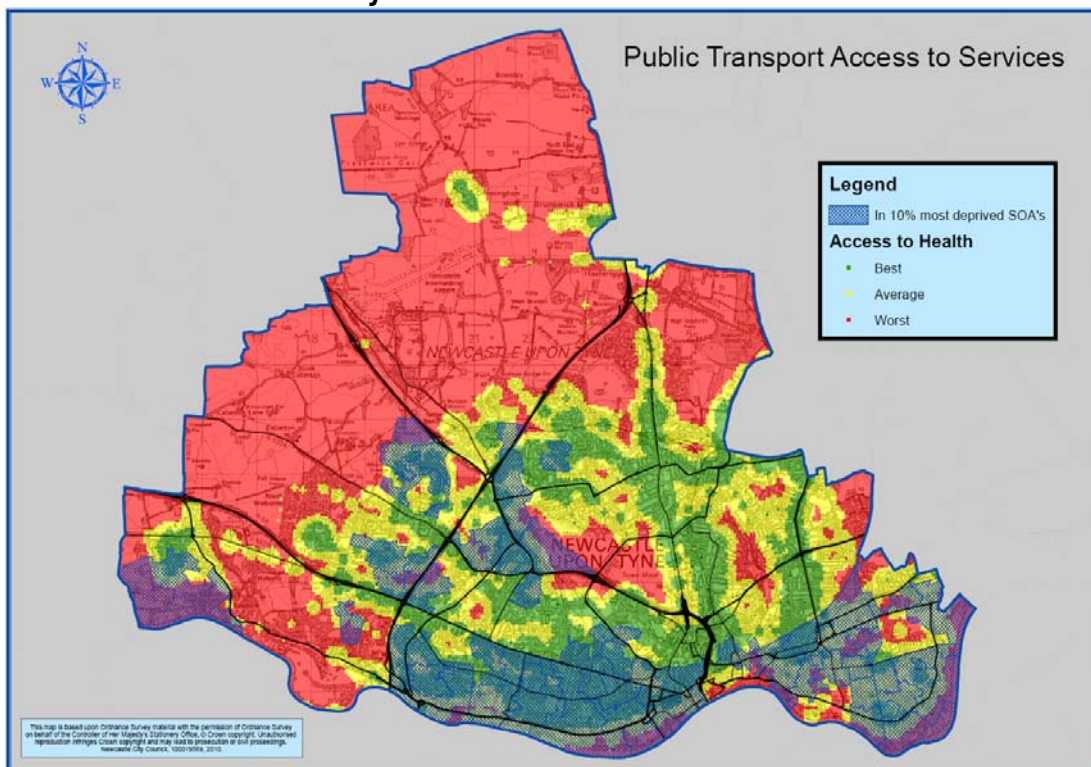
Car ownership in certain wards of Newcastle is particularly low compared to the national average, with Westgate having 0.35 cars per household and Elswick only 0.41. Consequently, residents within these areas are more likely to depend upon public transport than those living elsewhere. The national research highlighted above suggests that people who do not have access to a car have more difficulty visiting supermarkets, seeing family and friends and getting to leisure centres and libraries.

**Figure 62: Access to retail services in Newcastle by public transport from different areas of the city**



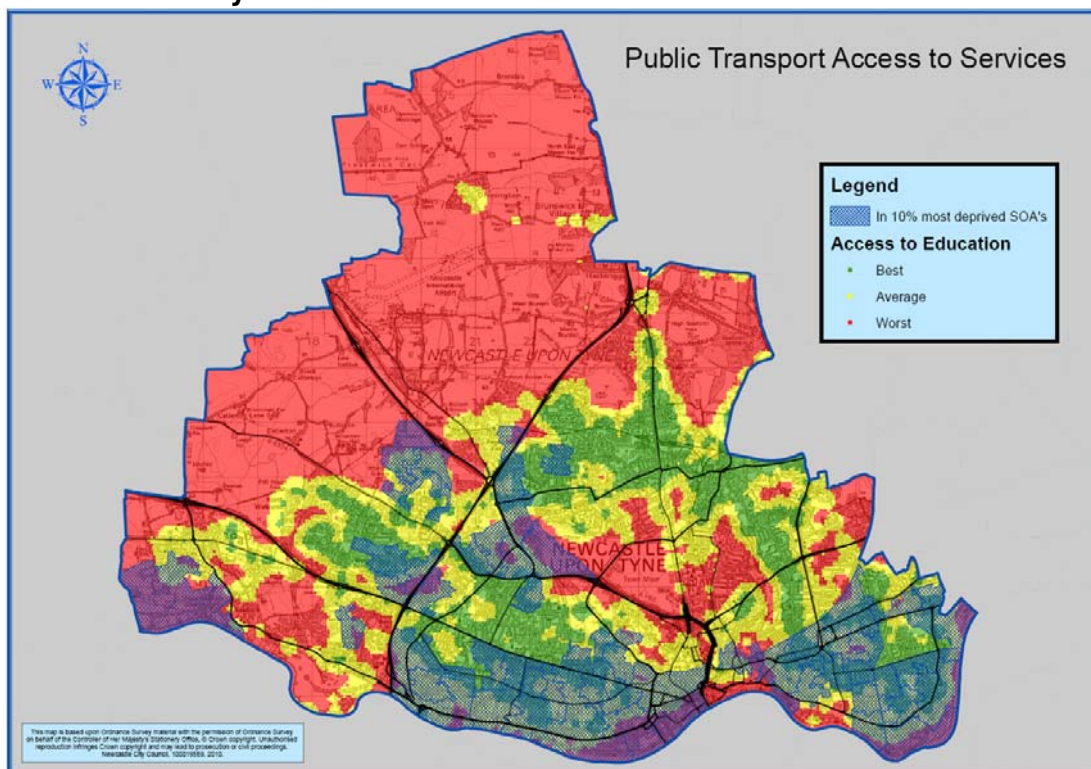
**Figure 62** demonstrates access to retail facilities from different areas of the city. The dark blue areas are amongst the 10% most deprived areas nationally. The map shows there are small pockets in the outer west and the outer east areas of the city, where residents are living in the most deprived areas (so are less likely to have access to a car), and public transport access to retail facilities is limited. Therefore, people living in these areas may suffer disadvantages compared to those living in less deprived areas, for example, restricted access to affordable food.

**Figure 63: Access to health services in Newcastle by public transport from different areas of the city**



**Figure 63** illustrates access to health services, based around access to a GP, a dentist and a hospital. Again, it suggests that the worst levels of access are located on the fringes of the city. This includes some small pockets of deprivation.

**Figure 64: Access to education in Newcastle by public transport from different areas of the city**



In terms of education the picture is similar; there are pockets on the fringes of the city where poor access is combined with high levels of deprivation (**figure 64**).

However, in terms of the areas of 'worst' access, Newcastle fares relatively well compared to other cities. There is a relatively high level of satisfaction with transport services, and even from Newburn and Walker access to the city centre is better than the worst-served areas of comparable cities.

Local research suggests that the ability to travel late in the evening is of particular importance to young people. The Metro service does not cover all areas of the city and there are a number of areas where bus provision after 7pm is relatively limited. Newcastle does not generally fare any worse than comparable cities. However both the universities in the city and local representatives of the UK Youth Parliament have expressed concern at the absence of late services.

The main concern raised by the local representatives of the UK Youth Parliament is the affordability of transport services for young people. This is particularly the case for 16 -18 year olds in full-time education who are required to pay full fare. Many young people say they are unable to afford this, especially for leisure trips, and public transport fares in Newcastle take up a large proportion of the Education Maintenance Allowance (EMA).

National research<sup>95</sup> indicates that 16–18 year old students spend on average £370 a year on education related transport, and nearly half of them experience difficulty with this cost. 6% of all 16–24 year olds turn down training or further education opportunities because of problems with transport.<sup>96</sup>

There is some local evidence that there is low awareness amongst young people of many of the ticketing schemes available and this may result in low take-up.

### **Children who get into trouble with the police are more likely to live in the most deprived areas of the city.**

There were 751 first time entrants to the youth justice system between 1 April 2008 and 31 March 2009. The Newcastle rate has decreased since 2001/02, but is higher than the national rate and similar areas' rates (**figure 65**). **Figure 66** shows the areas with the higher incidences of first time entrants to the youth justice system. Higher incidences are in the following wards: Byker, Elswick, Kenton, Benwell and Scotswood, Blakelaw and Walker.

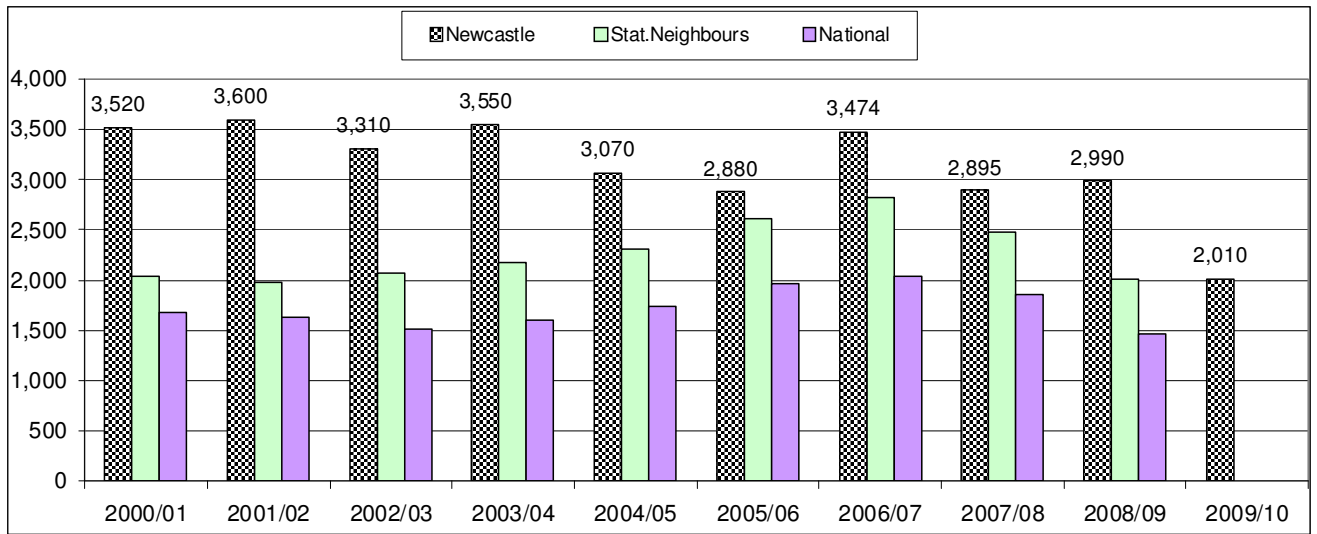
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<sup>95</sup> *Making the Connections. Final report on Transport and Social Exclusion* (2003), Social Exclusion Unit.

<sup>96</sup> *Ibid.*

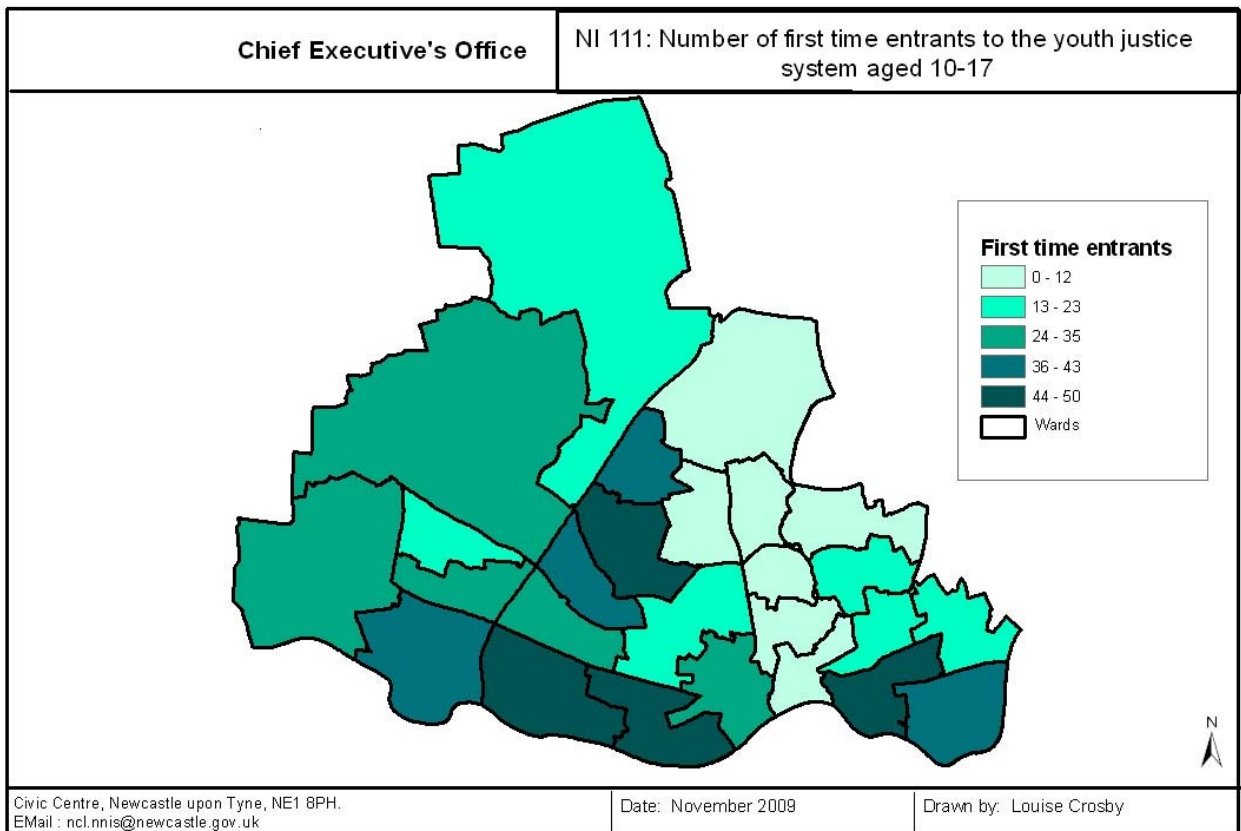
**Figure 65: Rates of first time entrants aged 10-17 to the youth justice system per 100,000 (2000/01 – 2009/10)**

**National Indicator 111: Rates of first-time entrants aged 10-17 to the Criminal Justice System per 100,000 10-17 Year Olds (2000/01-2009/10) (Newcastle, statistical neighbours and national)**



Source: DCSF: Youth Crime: Young people aged 10-17 receiving their first reprimand, warning or conviction, England, 2008-09; 26th November 2009

**Figure 66: Number of first time entrants to the youth justice system aged 10-17**

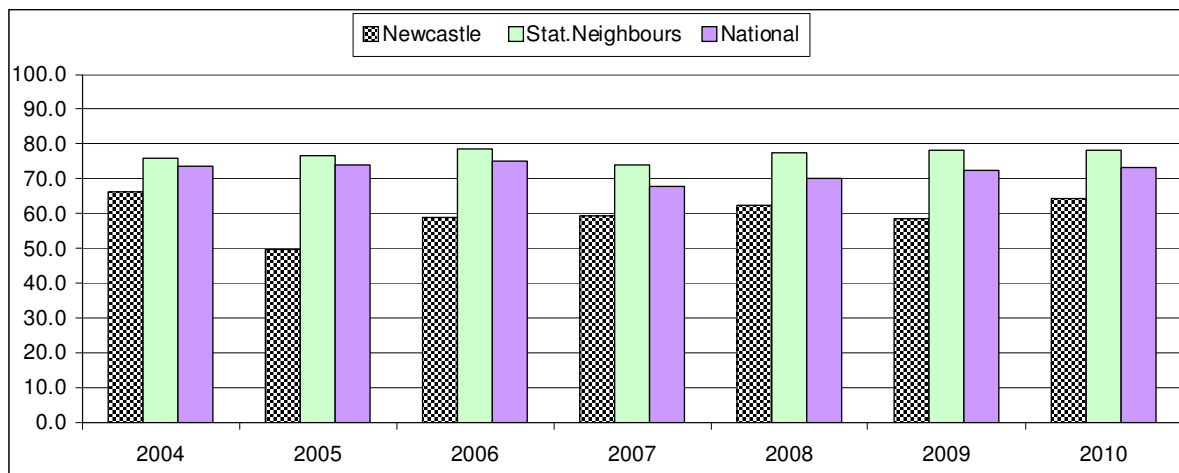


The percentage of young people (aged 10-17 years old) within the Youth Justice System receiving a custodial sentence is low in Newcastle (2% in 2009/10) compared to the national average (6%) and similar areas' average (5%).

However the proportion of young offenders who are engaged in employment, education or training (EET) has consistently been below the national rate and similar areas' rate between 2004 and 2010 (although rates have varied).

**Figure 67: Engagement by young people aged 10-17 years who offend in suitable education, training and employment (2003/04 – 2009/10)**

**National indicator 45: Engagement by young people who offend in suitable education, training and employment (EET) (2003/04 to 2009/10) (aged 10-17 year old) (Newcastle, statistical neighbours and national)**



Source: LAIT 16th July 2010

**Re-offending rates in Newcastle are higher than national rates, but the employment rate of adult offenders is improving.**

Poverty is also positively related to offending in adults. Offenders are likely to be from deprived neighbourhoods, NEET and in danger of re-offending. At 17%, Newcastle has the second highest rate of re-offending in England and Wales. The Probation Service has a role to play in mitigating the impacts of poverty by working with offenders to stop the cycle of offending and rehabilitate them. Reducing reoffending rates can reduce the risk of poverty for the offender's family as well as benefiting the local community.

The employment rate of offenders in Newcastle has increased in recent years from 25% in 2005/06 to 48% in 2008/09, which is in line with the national average of 48%. Re-offending rates have also recently shown an improvement against quarterly targets.

## **Children and young people living in deprived areas of Newcastle have highlighted problems with safety and a lack of things to do in their local community.**

Research with young people in Newcastle reveal a mixture of views about their local community. Those children from more affluent areas tended to speak positively about their local area, saying that people were friendly and there were things for children and young people to do. There was a greater range of responses from children who lived in deprived areas. Some spoke positively about where they lived, but others highlighted problems with safety and a lack of things to do.

### **Comments from children living in more affluent areas of Newcastle:**

Brunton Park has loads of children friendly things like the playing fields with goalposts, the park, loads of nature in Great Park, it's a grassy bank where you can walk the dogs and there are reeds growing. There's a golf course. (Boy, 11, Brunton Park)

It's just a good community, because everyone works together, we've got some nice neighbours, it's just a nice place. (Boy, 12, Gosforth)

At weekends I'll have a walk around, play on the fields and things, its fun. (Boy, 11, Brunton Park)

### **Comments from children living in less affluent areas of Newcastle:**

If someone follows you, you leg it. (Girl, 11 Fenham)

Some people get picked on by people who live round the corner and they don't have many friends and some people be nasty... 'cause they look trampy and they beat them up. (Girl, 9, Walker)

We do usually feel safe because we only play in our street. (Boys, 9 & 10, Walker)

It's just where I live, and I like it. I'd rather live here than a big flash estate. [Why?] Because on a big flash estate everyone has the most expensive stuff. (Boy, 12, Cowgate)

I don't play out because the radgies [violent or aggressive people] all drink and have fires and smash all the bottles and that. (Girl, 12, Cowgate)

My friends come to the house and sleep over. I don't play out, I'd like to have a leisure centre, there's nothing for kids to do but hang around on the streets round our area. (Girl, 12, Cowgate)

In the olden day people asked for pennies for the guy.... I used to do that when I was little but people tell you to go and do it somewhere else. It's not safe because the nasty men hang around. (Girl, 9, Walker)

Talking to very young children revealed a range of things which affected their safety and enjoyment of their local area. Nurseries in the Sure Start Armstrong area of Newcastle, which includes parts of Elswick and Benwell & Scotswood, carried out sensory walks with three and four year olds in the area. Children photographed and talked about what they liked and disliked about the area. The findings are recorded in a report called '*Walking with Children.*' The greatest concerns highlighted by the children were:

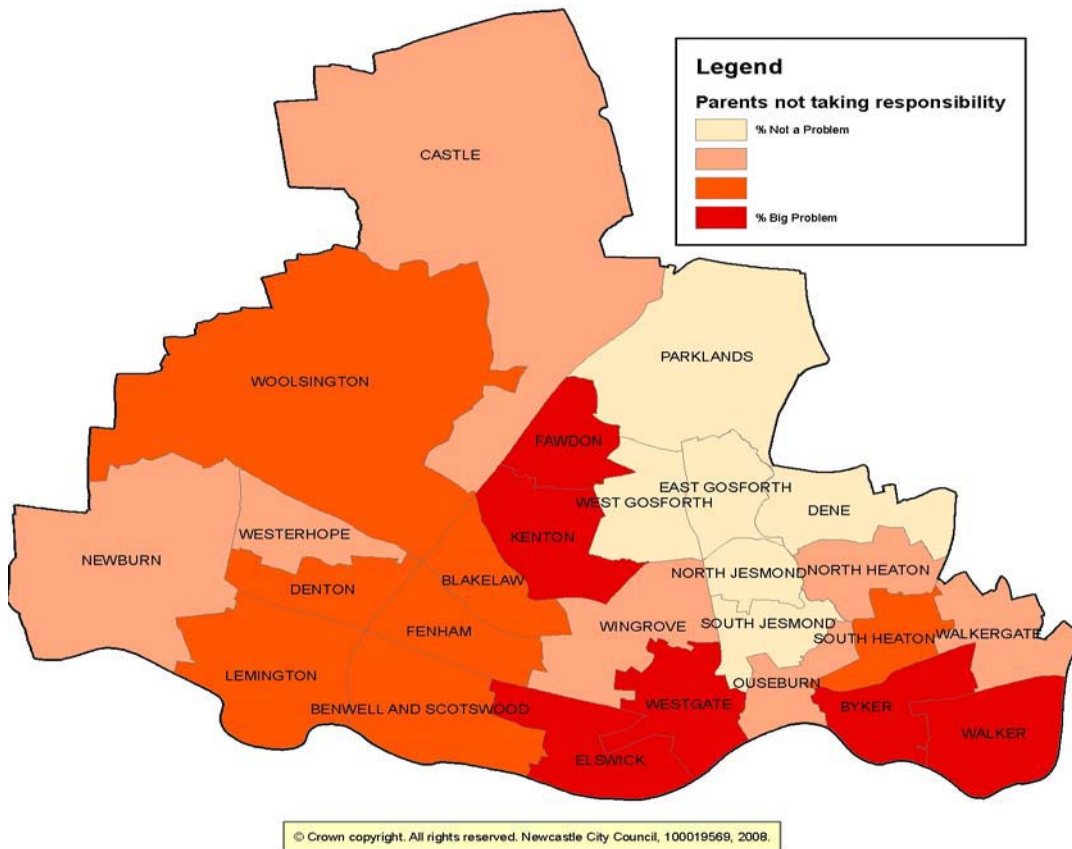
1. **Rubbish** – large amounts prevented children walking on pavements
2. **Derelict housing** – frightened the children
3. **Road safety** – cars sometimes prevented children from playing outside
4. **Glass** – glass in playgrounds could hurt the children and prevent them from playing
5. **Mud** – often surrounds demolition sites. Children disliked mud because they would be told off for getting dirty
6. **Dirty tables and chairs in public spaces** – children liked tables and chairs in parks but disliked them when they were dirty and vandalised
7. **Swings being wound up** – swings were often wound around the bars in parks meant children could not use them
8. **Graffiti** – most children did not like graffiti
9. **Broken bikes** – broken and abandoned bikes often blocked pathways for children
10. **Nettles** – could hurt children and were often found in overgrown areas

According to Newcastle's Residents Survey (2009) 53% of residents reported that there was a problem with parents not taking responsibility for their children (down from 66% in the previous year). People living in deprived areas of the city are more likely to say this is a problem. For example, in Walker, 84% of people felt this was a problem in their area, compared to 21% in Parklands<sup>97</sup>. This is illustrated in **figure 68** on the next page.

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<sup>97</sup> Newcastle Resident's Survey, 2009.

**Figure 68: Perceptions by respondents to Newcastle Residents Survey that parents not taking responsibility for their children is a problem (2009)**



## 7. What works?

This section of the Needs Assessment is not a comprehensive evaluation of programmes and services which are currently addressing child poverty in Newcastle. Rather it is an attempt to highlight some examples of approaches which are addressing the needs highlighted in this assessment and which we should seek to build on.

An important caveat is that the process of gathering information for this Needs Assessment has highlighted that in many cases there is often a lack of robust evaluation which can demonstrate ‘what works.’ In particular it is often difficult to identify the long term impacts of interventions.

There is currently uncertainty about the future funding of several of the programmes mentioned here.

## 7.1 Maximising household incomes

### Debt advice services

Research carried out by the Legal Services Research Centre<sup>98</sup> suggests that debt advice services have a clear positive impact on the circumstances of those who use them. Participants in the study saw an improvement in their financial circumstances following advice, and the random control trial demonstrated that this improvement was greater than would have been the case had no advice been provided.

There was also a significant improvement in how people receiving debt advice perceived their circumstances. And there was evidence that advice improves people's understanding of their personal finances and, seemingly, helps them to better target 'priority' debts. The project indicated, although the evidence was not conclusive, that people's levels of anxiety, general health, relationships and housing stability benefited from advice.

In Newcastle the Citizens Advice Bureau (CAB) and Newcastle Welfare Rights Service (NWRS) provide advice which helps people to understand and make choices about benefit entitlement, debt management and further action needed to help with their problems.

CAB provide a Face to Face debt advice project and over 10% of the total debts that clients presented with (£1.3 million) have been written off through the use of insolvency measures or successful challenges to the client's liability for the debt. CAB negotiated payment arrangements for 26% of clients in 2009/10, and 24% took action themselves following advice. In these cases the advice often involves assistance with dealing with creditors.

Over 75% of cases are closed when the work is complete as agreed with the client. Positive outcomes can include referrals to other services, the use of various insolvency measures, and assistance with budgeting, income maximisation, the use of manageable credit to avoid a debt crisis, a request for the debts to be frozen or written off or a successful outcome to court representation.

In February 2010 the National Audit Office described the Face to Face project as "delivering good value for money" and stated that "the project is helping more people than planned, at slightly less than the planned cost per person, and the advice given is well regarded by those who have received it."

Client feedback about the CAB Face to Face debt advice service has been overwhelmingly positive. 87% reported that they were very satisfied with the service and 8% were fairly satisfied while only 5% expressed dissatisfaction.

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<sup>98</sup> *A Helping Hand. The Impact of Debt Advice on People's Lives*, Legal Services Research Centre, 2007.

## **Awareness raising and benefit take up campaigns**

Newcastle Welfare Rights Service (NWRS) runs a number of benefit take up campaigns, some of which are targeted at particular groups. In total, NWRS helped clients to claim £10,696,566 from January to December 2009. This includes £9,821,330 in new claims and £875,236 in arrears. From January to December 2010 NWRS helped clients to claim a total of £15,995,138, including £14,612,754 in new claims and £1,382,384 in arrears.

A number of these take up campaigns specifically support low-income families. For example, "Quids for Kids" is a campaign run by NWRS to increase the uptake of benefits for children and their families. This involves visiting families in their homes, providing stalls and road-shows across the city and also training and briefing staff in other services to raise awareness and increase referrals. In 2010, this campaign helped clients to claim a total of £3,463,083. The Service also helped people to claim £1,880,192 in Tax Credits (including Child Tax Credit).

A NWRS project which aims to increase benefit take up among Black and ethnic minority communities (where there is evidence of under-claiming) helped clients to claim £1,880,192 in 2010.

Advice agencies have also successfully engaged with parents through local schools. Newcastle CAB attend school events and hold 'advice days' to assist families with children to access advice services. They have found parents are more comfortable with engaging with them in this setting and have handed out large number of information leaflets which may be leading to new referrals.

## **Newcastle Advice Compact**

The Newcastle Advice Compact was established in January 2010. Newcastle Welfare Rights Service provides strategic leadership for the Compact which includes agencies from the public and voluntary sector and other professional organisations such as local solicitor's firms. The Compact has enabled member organisations to formalise and strengthen their referral processes, improving the referral of clients between agencies. It also provides a central point for the members to share their performance monitoring information. Compact members have also undertaken joint marketing work to raise awareness of the advice services that are available in the city.

## **Horizons: financial literacy support for lone parents**

Horizons is a Barclaycard-funded project which aims to provide financial literacy support and advice to lone parents. Over the past two years, the Horizons project in Newcastle has seen 333 individual lone parents, with training sessions being run for service users of organisations such as Sure Start, Action for Children, YouthINC and Banardo's.

Sessions have also been delivered in schools across the city. These have been attended by a further 150 participants and subjects covered have included:

- Budgeting

- Dealing with debts
- Accessing good credit and savings
- Identifying banking issues

Organisers of the programme in Newcastle feel that the ability of the project to work with other agencies to target groups of lone parents who were in need of financial literacy support contributed to its success.

In a national survey of programme participants<sup>99</sup>, feedback from service users was positive. Before the course, 40% of participants classed themselves as ‘unconfident’ about managing money, whereas afterwards, only 6% said that they remained unconfident. Following the course, 47% of people said they would set up a budget to improve their financial management. One of the most striking figures in the national report is that 64% of lone parents aged under-18 said that they would set up a bank account or savings account. This indicates the programme may be particularly useful in promoting financial literacy amongst young parents, who are at particular risk of poverty.

The report also highlighted:

- Over two-thirds of participants had changed their behaviour in handling money
- Three-quarters of participants identified important lessons which they had taken from the training
- Two-thirds of participants had passed on the information they had gained to friends and family.

As indicated in the evaluation, longer-term monitoring would be required to understand whether the initial attitude change and behaviour change is sustained or whether barriers prevent participants from realising the aspirations of the programme.

## 7.2 Raising aspiration and achievement

### Early intervention

The Independent Review of Poverty and Life Chances<sup>100</sup> found “overwhelming evidence that children’s life chances are most heavily predicated on their development in the first five years of life”<sup>101</sup>. The review highlights the work of Leon Feinstein<sup>102</sup> which suggests that a person’s final educational success can be predicted by pre-school cognitive skills measured as early as 22 months of age. Feinstein also found that large social factors continue to impact on children’s development after they have

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<sup>99</sup> *Barclaycard Horizons, Your Money Programme Survey of Participants*, Bob Widowson Research and Consultancy, 2010.

<sup>100</sup> Field, F (2010), *The Foundation Years: preventing poor children becoming poor adults*, HM Government.

<sup>101</sup> *Ibid.*

<sup>102</sup> For example: Feinstein, L. (2003) *How early can we predict future education achievement*, LSE Centre Piece Summer 2003.

entered school. This means that the brightest children from poorer homes are often overtaken by the progress of their less gifted but richer peers.

The implication of this research is that to address the 'attainment gap', early intervention programmes such as Sure Start are required alongside programmes which address the disadvantage faced by children from low income backgrounds after they have entered school.

An independent report by Graham Allen MP<sup>103</sup> into early intervention also recommends greater focus on the pre-school years arguing that influencing social and emotional capabilities becomes both more difficult, and more expensive, as a child gets older. The report recommends:

- The wider use of the best Early Intervention programmes
- Early Intervention Places, run by local councils and the voluntary sector, to pioneer the programmes.
- An independently-funded Early Intervention Foundation to champion the programmes, work with pioneering places and raise long-term finance. This should be led and funded from non-central government sources; including local government, charities, philanthropic trusts and investors.

The Marmot Review into health inequalities in England<sup>104</sup> also recommends a focus on early intervention. The report concluded that to break the links between early disadvantage and poor outcomes throughout life, action to reduce health inequalities must start before birth and be followed through the life of the child. Giving every child the best start in life is the highest priority recommendation of the report which recommends:

- Increasing expenditure on the early years
- Ensuring expenditure on early years development is focused progressively across the social gradient
- Supporting families to improve their child's development
- Providing routine support to families through parenting programmes, children's centres and key workers
- Action should follow the principle of 'proportionate universalism,' (actions should be universal but with a scale and intensity that is proportionate to the level of disadvantage)

## **Family Nurse Partnerships**

Examples of good practice in early intervention programmes include Family Nurse Partnerships (FNP). These are programmes for first time mothers, delivered through home visiting to achieve three outcomes:

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<sup>103</sup> Allen, G (2010) *Early Intervention: the next steps*, HM Government.

<sup>104</sup> *Fair Society, Healthy Lives* (2010), The Marmot Review.

- Improved pregnancy outcome
- Improved child health and development
- Improved parental economic self-sufficiency

The Department of Health<sup>105</sup> cites short, medium and long-term benefits of the programme over a 30-year period, highlighting research from the University of Colorado. The research found positive results in facilitating behaviour change and improved performance across a wide range of outcomes. These include:

- Improvements in antenatal health
- Reductions in children's injuries, neglect and abuse
- Improved parenting practices and behaviour
- Fewer subsequent pregnancies and greater intervals between births
- Increased maternal employment and reduced welfare use
- Increases in fathers' involvement
- Reduced arrests and criminal behaviour for both children and mothers

In the USA, cost savings ranged from \$17,000 per child to \$34,000 per child, until they reached the age of 15 with a \$3 - \$5 return for every \$1 invested<sup>106</sup>. Family Nurse Partnerships have been tested in England since April 2007 and are often delivered through Sure Start Children's Centres.

### **Improving outcomes through Sure Start Children's Centres**

Sure Start Children's Centres deliver integrated early childhood services in partnership with the local authority, Health, Job Centre Plus, and the voluntary, community, private and independent sectors. The offer includes:

- Integrated early learning and childcare
- Child and family health services
- Family support
- Information, advice and guidance
- Support for parents to move into training and employment

Sure Start Children's Centres delivery is inspected by Ofsted and performance is measured against six key national indicators providing evidence of improving the wellbeing of young children and their families. In summary, current performance across the city against these indicators is outlined below.

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<sup>105</sup> Department of Health:  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_118530](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_118530) (accessed: 9 February 2011)

<sup>106</sup> Ibid.

In addition to the universal entitlement provided by midwifery and health visiting services, and those children accessing the integrated early learning and childcare element of the Sure Start core offer, a total of 6554 individual children were seen in 2009/10, an increase of 37% on the previous year. From an estimated 12,030 children under five years old living in the phase one and phase two<sup>107</sup> Sure Start Children's Centre areas, a total of 9414 children were registered at the end March 2010. Health visitors, the community midwife, outreach and family support workers provide timely support to new parents, making contact with them within 48 hours of leaving hospital. These close links with partners, and the appointment of additional peer support co-ordinators, are already showing early signs of impact on breastfeeding. Parents told an Ofsted inspector that "they appreciate the breast-feeding peer-supporters who are helping an increasing number of them to sustain breastfeeding beyond six weeks."

In user satisfaction surveys and evaluations, parents identified baby cafés and breastfeeding peer supporters as their primary reason for breastfeeding for longer than they would have done without support.

Partnerships with leisure services and family health services were identified through parent evaluations as having positive benefits. 70% of parents in one evaluation reported having sustained positive feelings about being healthy following physical activity sessions held at a Sure Start Children's Centre.

Activities with a focus on healthy eating and physical activity that empower parents to make healthier choices were also identified by parents as having a positive impact on the whole family.

Parents say that they feel more aware of risks and better able to cope in an emergency, for example, as a result of activities promoting sun safety and chip pan awareness. Families are also supported with information and advice on how to make their homes safer. Following one event, thirty seven families requested a fire safety check and were visited by the Fire Service.

The attainment of children in the Foundation Stage improved from 2008 – 2010 with Newcastle attaining its target in 2010. Children and their parents are supported through a variety of ways including:

- Speech and language support
- Library support
- Toy libraries open during out of work hours
- Activities that help parents to support their children's learning
- High quality early years settings and child care (for example, childminders, play groups and nurseries)

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<sup>107</sup> Phase 1 and 2 development of Sure Start Children's Centres concentrated on the most disadvantaged areas of the city. Phase 1 began in April 2006 and phase 2 in April 2008.

Several volunteers achieve formal qualifications or employment. Seven of the twelve volunteers in one Sure Start Children's Centre who completed an evaluation had moved into paid employment.

Early indications are that a partnership working with Citizens Advice Bureau, Job Centre Plus and Newcastle Futures has led to an increase in parents accessing advice and support in relation to benefits and employment.

Ofsted inspectors have judged that all of the centres that have been inspected have achieved "outstanding" for the quality of care, guidance and support for families, particularly those most in need.

In relation to parenting support, Ofsted said: "Parents who have faced significant challenges in their lives speak about their appreciation for the timeliness and quality of support provided. They describe the positive difference support is making to their relationships with their children and their self-confidence and self-esteem."

### **Positive parenting**

Academic evidence suggests that positive parental involvement and support in the home is linked to academic achievement. Research<sup>108</sup> into the impact of parental involvement, parental support and family education on pupil achievement looked at 'spontaneous' parental involvement and at attempts to intervene and promote this type of parental involvement (for example through parent training and family education programmes). The research highlighted the positive relationship between 'at home' parenting and children's achievement suggesting that:

- Parental involvement takes many forms including:
  - good parenting in the home, (the provision of a secure and stable environment, intellectual stimulation, parent-child discussion, having high aspirations)
  - contact with schools to share information
  - participation in school events and in school governance.
- The extent and form of parental involvement is strongly influenced by:
  - family social class
  - maternal level of education
  - material deprivation
  - maternal psycho-social health and single parent status and, to a lesser degree, by family ethnicity.
- The lower the social class and level of maternal educational attainment, the lesser the extent of involvement.
- The extent of parental involvement diminishes as the child gets older.

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<sup>108</sup> Desforges, C with Abouchaar, A (2003) *The Impact of Parental Involvement, Parental Support and Family Education on Pupil Achievements and Adjustment: A Literature Review*, DfES research report RR433.

- Parental involvement is strongly positively influenced by the child's level of attainment: the higher the level of attainment, the more parents get involved.
- The most important finding from the point of view of this review is that parental involvement in the form of 'at-home good parenting' has a significant positive effect on children's achievement and adjustment even after all other factors shaping attainment have been taken out of the equation. In the primary age range the impact caused by different levels of parental involvement is much bigger than differences associated with variations in the quality of schools. The scale of the impact is evident across all social classes and all ethnic groups.
- Other forms of parental involvement do not appear to contribute to the scale of the impact of 'at-home' parenting.
- Differences between parents in their level of involvement are associated with social class, poverty, health, and also with parental perception of their role and their levels of confidence in fulfilling it. Some parents are put off by feeling put down by schools and teachers.
- Research affords a clear model of how parental involvement works. In essence parenting has its influence indirectly through shaping the child's self concept as a learner and through setting high aspirations.
- There is a lack of robust evaluation of programmes which aim to promote parental involvement and therefore it is difficult to demonstrate the impact of these programmes on pupil achievement. This is not to suggest that this type of intervention does not work.

The researchers conclude:

"Research consistently shows that what parents do with their children at home is far more important to their achievement than their social class or level of education. It would seem that if the parenting involvement practices of most working class parents could be raised to the levels of the best working class parents in these terms, very significant advances in school achievement might reasonably be expected."<sup>109</sup>

The research also suggests, based on evidence from the United States, that promoting parental involvement is a whole school / community issue which needs to be built into school development plans.

### **Parenting skills**

In Newcastle, the Parenting Early Intervention Programme (PEIP) aims to support parents to improve their parenting skills through evidence-based programmes. Three programmes are running in the city:

- Strengthening Families
- Incredible Years
- Triple P

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<sup>109</sup> Ibid.

Participants are the parents of children and young people (aged 8–13 years old), who are at risk of negative outcomes.

The PEIP is delivered via a partnership approach between organisations including the local authority, the voluntary sector, Your Homes Newcastle, social care and health workers. Strengthening Families and Incredible Years are delivered as group-based programmes, whereas Triple P involves 1:1 sessions. Half of the families completing parenting programmes come from areas which are amongst the 10% most deprived in the country.

Strengthening Families courses consist of seven two-hour sessions. The emphasis of the workshops is on:

- Building nurturing skills
- Placing boundaries
- Reinforcing messages that all behaviour has consequences
- Developing positive relationships
- Enabling communication
- Supporting young people in developing skills to enable them to cope with stress and peer pressure
- Helping to protect against substance misuse

Those participating in Strengthening Families have shown significantly lower usage of alcohol, tobacco and marijuana compared to a control group. Conduct problems eased and parental skills improved. Differences between programme participants and the control group increased over time indicating that parent – child relationships have strengthened as a result of the programme and that the benefits of the programme have been maintained over a longer period of time.

Triple P works with parents to prevent and manage severe behavioural, emotional and developmental problems in children. The programme is run over 10 sessions which aim to enhance the knowledge, skills and confidence of parents. Participants receive general training and are also able to self-select specific skills to practice. Sessions also cover identifying high-risk situations, developing routines and dealing with relapses. The programme is a one-to-one service tailored to the needs of families.

Parenting programmes in Newcastle can demonstrate successful outputs and outcomes, through parental feedback and cost benefit analysis. Between January 2009 and August 2010, 160 families attended a parenting programme in the city, of which 104 successfully completed the course. Of these families, 60% contained single parents and 15% included children known to the police.

77% of parents who participated in a programme reported an improvement in their child's problems and 81% said they had fewer problems at the end of the course than at the start. Over 80% of participants' parenting skills and mental wellbeing improved.

Over 90% of parents reported that the programme had helped them to cope with their problems and to deal with their child's behaviour.

Early Intervention may also bring cost savings to the council, partners and society. The cost of a Strengthening Families programme is £630 per person. The cost of an Incredible Years programme is £605 per person. The Department for Education uses a Family Savings Calculator to estimate the costs of services / activities which could be avoided as a result of participation in a parenting programme. They estimate the following costs which could be saved through the use of Early Intervention:

- costs of truancy are estimated at £44,468 over a lifetime
- costs of lack of qualifications at 16 are estimated at £40 per week
- costs to the Police of an Anti-Social Behaviour Order are estimated at £5,350
- costs of the involvement of a Social Workers are estimated at £116 per hour

## **Family Learning**

There are several local examples of approaches to helping parents to support their children's learning. Newcastle Family Learning Service ran a 60-hour family finance course for parents, carers and family members, with Reception aged children, based at a school in the West End of Newcastle. The course aimed to develop the skills that parents need to support their child's development in literacy, language, numeracy and wider skills whilst raising awareness of the benefits of parents and children working together. The course was called 'Money Makes the World Go Round' and covered numeracy skills, budgeting and making informed choices and savings. Joint activities with children included role play, making smoothies and budgeting for bedroom accessories.

The course attracted eight learners: seven mothers and one father. Learners achieved Level 1 and Entry Level 3 Numeracy accreditation. All of the children were assessed using the foundation stage profile levels in the areas of: numeracy, numbers as labels, calculating, shape, space and measure. All children made progress in some or all of these areas. The summary report from the school stated:

"The children have developed their mathematical ideas and can now use simple methods to solve practical problems."

"The children are able to talk about and draw on their own experiences of money. The whole group of children is now able to identify all of the coins that they use. The more able children can use the lower value coins in simple shopping problems."

"The School Development Plan aims to raise standards in Numeracy across the school. By attending the course the parents have gained knowledge of how to help their children in the use of money, and have been encouraged to let the children handle money when shopping with them."

"The opportunity for the children to work in a small group has greatly benefitted their progress."

Newcastle Family Learning Service has also run courses to support language and literacy skills and help parents to support their child's early reading. A 30-hour programme for Early Years and Foundation Stage involved parents working with a family learning tutor whilst their children worked in a small group supported by a teacher before joining together to work with their family. The course was based in the local school which had concerns about the level of language development in children who attend nursery/ Reception class. A large proportion of children entering school have language skills significantly lower than expected at ages 3 - 4.

The course aimed to give parents the skills to support their children's language development through activities and games. Nine learners enrolled with their children: eight mothers and one father. Some of the parents were under 25 and had not been part of the school setting before.

Many of the sessions were delivered with partner agencies including:

- A family fitness session to show the value of physical play in developing language skills for both literacy and numeracy.
- A session with Newcastle Nutrition about healthy eating for the whole family and the value of eating together as a family in developing speaking and listening skills.
- Information and guidance about accessible activities for families, and how to apply for family related benefits, provided by the Sure Start children's centre.
- Information from a local training provider, Futures East, about training opportunities in Newcastle and opportunities to gain a Level 1 literacy qualification on a future course.

All the learners presented at Entry level. Learners were entered for E3 literacy accreditation at the end of the course and seven learners achieved success. Three of these learners continued with family learning on a numeracy course the following term.

Learner feedback included:

"The whole course was brilliant"

"The teacher was brilliant; very friendly"

"Great ideas to share with my children"

"Made fun games for my daughter to play with and things to help my daughter enjoy her reading"

The school reported that the children seemed more confident and able to work with adults and other children.

## **Tyneview Primary School**

Tyneview Primary School in Walker was given a Notice to Improve after an Ofsted inspection report in 2006. Since then, the school has made significant progress as evidenced by their next report in 2010. This has been due in part to a greater understanding of the holistic needs of pupils. A key feature of this work has been parental engagement. For example, Family Learning Workshops have been introduced, encouraging parents to support their children's learning.

The 'Every Child a Reader' (ECAR) programme runs for 16 weeks. Children spend 45 minutes each day engaged in one-to-one teaching and intensive reading. Parents are invited into the school so that they can observe a model lesson and see what teachers do, and also so that they can fully understand homework activities. Children's progress is measured on a monthly basis, and evidence suggests that impacts are sustained beyond the programme, with the addition of stronger relationships with parents and greater dialogue between home and school.

The school also highlights improved outcomes for children as a result of engagement with the Family Intervention Project (FIP). The FIP worker at Tyneview has worked with six families. The school reports that this has resulted in tangible benefits for children both at home and in the classroom.

The school also believes that improved engagement with parents has led to some important outcomes being achieved for Tyneview's children, including an overall increase in attendance and prevention of children joining the Special Educational Needs (SEN) register.

## **Raising aspiration - Science Families and Liquid Science**

Newcastle Science City aims to attract people and investment to the city in Science, Technology and Engineering. A number of initiatives have taken place, involving private sector organisations, to provide children in the city with an opportunity to find out about careers in science. For every one job requiring a science qualification, 3.6 jobs are created in support work.

These initiatives aim to broadening children's horizons and promote possibilities in the sciences. Examples include Science Families, an initiative which is specifically targeted at young people aged 3 to 13 and their parents and carers, living in deprived neighbourhoods in Newcastle. The project aims to help to remove barriers and to make science more accessible and is delivered by the Northern Learning Trust. The project commenced in April 2008 and was officially launched in the summer holidays.

Science Families has worked with 2380 children. To date they have delivered 169 workshops with a total of 3065 participants; and 85 courses with a total of 920 participants. These have been delivered across 79 different venues.

Activities aim to be innovative, engaging, resourceful and practical, providing parents and carers with the skills and knowledge to support their children's learning. The project uses dedicated outreach in deprived neighbourhoods to target families who

would not otherwise participate in science-related activities or formal learning. The project is delivered from community venues to minimise barriers to participation.

Feedback from participants and local residents has been positive. Courses have been popular with several community organisations reporting a waiting list. In a sample of 250 course participants in 2009/10, 40% of people said that they had changed something in their lives because of the science course. Examples of comments included:

“We have been looking at the moon and taking note of what it looks like.”

“More energy efficient.”

“My girl loves to play more in the garden now.”

A total of 51% of adults reported being more confident in supporting their children’s science-related learning and 80% of course participants said that they had more skills and knowledge to help their children with science-related learning. 587 adult learners accessed more than one course or workshop suggesting a desire to progress onto other science learning opportunities.

Liquid Science works with young people in Newcastle to educate them about the effects of alcohol, drugs and smoking in an innovative way. The project takes people aged 13-14 to a nightclub during the day, where workshops teach about the biological effects of substance use and misuse. Dancers perform and have their heart rates taken with the benefits of exercise explained, whilst sound and recording equipment forms a workshop looking at the skills involved in new technologies.

### **Improving access to leisure**

The Council’s FUSION scheme offers free access to sport and physical activities to young people aged 5 -18. Currently, over 30,000 children and young people living in Newcastle have signed up as FUSION card holders. 12 swimming pools and activity centres across the city deliver sessions including football, badminton, street games, climbing, swimming, youth gym, cheerleading, judo and indoor golf.

The uptake of this initiative is relatively well spread across the city’s wards and there are high take up numbers in deprived areas of the city including Walker (1905), followed by Byker (1661), Denton (1405), Benwell & Scotswood (1256) and Elswick (1205).

### **Child Poverty Innovation Pilots**

Local Authority Child Poverty Innovation Pilots (LAIPs) were launched in ten local authority areas in 2009 to trial innovative local approaches to addressing child poverty. Pilots are expected to address at least one of the following themes:

- Increasing parental employment

- Raising family income, including through the improved take-up of tax credits and benefits
- Narrowing the outcome gap between children in low income families and their peers
- Promoting economic regeneration focused on families and tackling regeneration at a community wide level
- Building the capacity of communities to address child poverty

Whilst it is too early to evaluate these pilots rigorously, initial evaluation suggests they demonstrate how place-based working can enable a more joined-up approach to tackling child poverty. In the case of the Tyne Gateway project (described below), work has taken place at different geographies and across local authority boundaries.

### **Tyne Gateway**

The Tyne Gateway pilot was a joint venture between North Tyneside and South Tyneside councils. It was the only LAIP to involve a partnership between different local authorities. Both of the boroughs are characterised by a considerable diversity of levels of poverty between neighbourhoods; with some of the most deprived communities nationally sitting in close proximity to some of the least deprived. The joint pilot is informed by the 'barefoot professional' model, often used in developing countries. This approach trains local people to undertake developmental work in their own communities.

The pilot is informed by previous work in Tyneside which involved utilising community capacity to build emotional resilience and to inspire communities. The pilot targeted families who were at risk of poverty with characteristics such as worklessness, a disabled family member, BME parents, young offenders and large families of four or more children.

There were two main strands to the pilot. Phase 1 involved the recruitment and training of twenty 'Community Entrepreneurs' from disadvantaged neighbourhoods. Their role involves working in one of these neighbourhoods to develop community projects as part of Phase 2. These projects are designed by the worker in collaboration with sponsoring partners from the public, private and voluntary sectors. Sponsoring partners have agreed to provide a number of guaranteed employment opportunities, acting as pathways into sustainable employment for parents in poverty.

Community Entrepreneurs (CE) work with ten parents each, aiming to help a total of 200 families out of poverty in the two boroughs. It is expected that the CE's posts will be mainstreamed into the local authorities, at the end of the pilot. Training was provided through an eight week training course. Of the twenty six participants who successfully completed the course, twenty five applied to become CEs and twenty were subsequently appointed. CEs will complete a Foundation Degree in Community Entrepreneurship whilst in post.

Feedback from the training course highlighted the raised skills and confidence levels of participants. Further funding was secured to train additional participants to work

alongside the CEs as volunteers. Four projects are now in delivery including a project to recruit and train childminders and support workers for families with disabled children and a scheme for young people to support other young people to sustain a housing tenancy.

## **Supporting families**

Some families have complex needs which require targeted, and often intensive, support. By supporting these families and challenging certain behaviour and actions, we can prevent the escalation of problems or reduce the risk of more serious or expensive interventions in the future.

## **Families at Risk Intensive Support Service**

The Families at Risk Intensive Support Service (FRISS) works with the most challenging families and tackles some major causes and symptoms of child poverty. This includes issues such as anti-social behaviour, youth crime, school absenteeism, drug and alcohol addiction, domestic violence, poor mental health and inter-generational disadvantage. 66% of families working with FRISS are living in areas which are among the 10% most deprived areas in the country. FRISS brings together the Family Intervention Project (FIP) which is delivered by Your Homes Newcastle, and Changing Trax (a project which works with families where there are child protection issues relating to parental substance misuse). In Newcastle the service has worked with 126 families and 518 individuals. 67% of the families were headed by lone parents<sup>110</sup>. Families are supported by a dedicated 'key worker' who coordinates a multi-agency package of support and works directly with family members.

Families who have engaged with the FRISS service have seen improved outcomes in a number of areas. There were significant reductions in the risk of eviction, child protection and children becoming Looked After for families who engaged with Changing Trax. 27 child protection plans (47% of all children with plans) were discontinued during or following the families' involvement with Changing Trax and 24 children were returned home. There was also an increase in families becoming involved in education, employment or training and other positive activities.

Evidence suggests that this holistic approach to solving families' problems creates savings for local services. Analysis by the Department for Education suggests average savings of £40,341 to a local authority alone, and average savings of £81,624 per family and £17,648 per individual. These figures are based on savings made, for example, by preventing children from becoming Looked After and preventing anti-social behaviour and evictions and therefore reducing the costs associated with legal action and enforcement, homelessness and rehousing.

## **Family Intervention Project**

The Family Intervention Project (FIP) started in August 2007 as a programme to deliver intensive support and challenge to families who, due to their anti-social behaviour (ASB), were at-risk of being evicted from their home. There are now two

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<sup>110</sup> Source: FRISS service monitoring data, Children's Services Directorate, Newcastle City Council

more FIPs: a Child Poverty FIP and a Youth Crime Action Plan FIP. These FIPs aim to break cycles of poor behaviour, homelessness and intergenerational disadvantage and bring families back into mainstream housing and help children and young people back into education, training or employment.

Since 2007 the FIP has worked intensively with 35 families and independent evaluation<sup>111</sup> found that the FIP had resulted in:

- Maintenance of tenancies and avoidance of evictions
- A reduction in the number of children being looked-after
- A significant reduction in crime, disorder and anti-social behaviour by the families with whom the FIP worked
- A reduction in costs to partner agencies
- Increased effectiveness in the work carried out by partner agencies
- A reduction in re-offending and prevention of future offending in children
- A reduction in fixed term exclusions from school
- A retention of children and progression of adults in Education, Employment or Training (EET)

**Minimum annual cost savings attributed to FIP in 2008/09**

<b>Agency</b>	<b>Description</b>	<b>Cost saving</b>
<b>Newcastle City Council</b>	Reduction in looked-after children costs for three months	£192,000
<b>Northumbria Police</b>	Reduction in crime and disorder associated with 16 families over one year = equivalent to saving one Sergeant's* annual salary	£35,000
<b>Safe Newcastle</b>	Reduction in RCCTV costs	£2,500
<b>Savings in custodial sentences</b>	Equivalent to one place in a Young Offender's Institute for one year	£32,799
<b>YHN</b>	Reduction in anti-social behaviour associated with 16 families over one year = equivalent to saving one Housing Officer's annual salary equivalent (£26,524) plus rent arrear recovery and clean and clear savings (£12,800) plus court costs (£3,920 – paid by HASBET)	£43,244
<b>Total</b>		<b>£305,543</b>

\* This is taken as a mid point and includes CSO, Police Constable, Sergeant and Inspector time.

<sup>111</sup> *Evaluation of Newcastle Family Intervention Project 2007 to 2010*, Barefoot Research and Evaluation.

The above estimations do not include the costs of crime and disorder or the cost savings to Children's Services, the Education Welfare Service or HASBET (Housing Anti Social Behaviour Enforcement Team) in reduced time with clients.

### **Prevention and early intervention: Youth Offending Team**

The Newcastle Youth Offending Team (YOT) is a statutory service that works with young people when they have entered the youth justice system. The YOT are also responsible for reducing the number of young people who get involved in criminal activity. In Newcastle, YOT initiatives are delivered either in-house or in partnership with other agencies. These initiatives are the Youth Inclusion and Support Panel (YISP) and the Junior and Senior Youth Inclusion Programmes (YIP).

The YOT also operates an Intensive Supervision and Surveillance Programme (ISSP) which is an alternative to custody. Young people who are given and accept this alternative will be electronically tagged and will usually be involved in some work within the community.

The work of the YOT recognises that young people will have a range of needs including drug and alcohol problems, anger and conflict issues, literacy and numeracy problems, mental health issues, poor school attendance and behavioural problems. For this reason the YOT team includes staff from a range of agencies who will work together to meet the needs of individual young people. The YOT also has a parenting support strand that works with parents to enable them to better manage their child's behaviour. Referrals come from a range of agencies and the Common Assessment Framework (CAF) is an important tool in this process.

The YISP is a citywide early intervention and prevention programme provided by YOT. It works with children and young people aged 8-13 years old identified as being involved in, or at risk of being involved in, anti-social behaviour or criminal activity. The programme also offers parenting support. Partners in this process include:

- Northumbria Police
- Education
- Housing Anti-Social Behaviour and Enforcement Team
- Child and Adolescent Mental Health Service
- Children's Social Care Services
- Connexions
- Youth Service
- Play Service
- Family Support

The YISP reports it has been successful in influencing the thinking and behaviour of the young people who engage with the programme, reporting that work with individuals on a one-to-one basis and in small groups have been most successful.

Engagement with the programme is on a voluntary basis for the children and their families. Many young people find that they are given new opportunities to improve their communication skills and levels of confidence, and that their relationships both at home and in the community improve significantly. This targeted support makes a significant difference. A case study from September 2010 highlights improvements achieved through intervention:

The 9-year-old boy in the case study had been referred to YISP after displaying significant anti-social behaviour and relationship problems. These included being found in public carrying a kitchen knife, spending £200 on his mother's credit card and joining a casino under a fake name. After a period of intervention including one-to-one support and re-integration with community groups and peers, the boy showed significant improvement. The child's mother also reported that the influence of a positive male role-mode, who could mediate with different agencies and groups, had been very beneficial for her son.

The Youth Inclusion Programmes (YIP) are targeted at a core group of children (and their peers) who are deemed most at risk of anti-social behaviour and criminal activity at neighbourhood level. The YIPs work with young people on citizenship and conflict resolution and are funded to work in some of the areas of the city with the highest levels of crime, anti-social behaviour and deprivation.

Young people are referred into Youth Inclusion Programme by a range of agencies. The Junior Youth Inclusion Programme is available for young people aged 8-13, and the Senior Youth Inclusion Programme is available for young people aged 13-19.

Research carried out in the United States to consider benefit-cost ratios of prevention and early intervention programmes for young people concluded that "there is credible evidence that certain well implemented programs can achieve significantly more benefits than costs."<sup>112</sup> The findings suggest that investment in effective programs for juvenile offenders have the highest net benefit, resulting in a net benefit of between \$1,900 and \$31,200 per youth.<sup>113</sup>

### **Multidisciplinary Scan Clinic for Teenage Parents**

A multidisciplinary scan clinic, operating from Newcastle's Royal Victoria Infirmary, provides an opportunity for a range of professionals to assess the needs, concerns and risks of young people using the service. The aim is to look holistically at the needs of young people and to address risks and prevent problems from arising or escalating. Those involved in the assessment include a teenage pregnancy advisor, mental health workers and Connexions. The clinic signposts new parents to other partner agencies who can help with benefits advice, employability and skills, and health and wellbeing. The service was developed with input from young people and in 2009 the clinic received a certificate of recognition through a government initiative to make places young person friendly.

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<sup>112</sup> Aos, S (2004) *Benefits and Costs of Prevention and Early Intervention Programs for Youth*, Washington State Institute for Public Policy.

<sup>113</sup> Ibid.

## **Supporting Teenage Fathers - Barnardos**

Evidence obtained by the Teenage Pregnancy Support Team in Newcastle indicated that young men who are prospective fathers often feel excluded by health professionals. Newcastle Teenage Pregnancy Support Team has had a dedicated young fathers' worker for two years. The worker currently sees around ten to twelve young fathers each week at the Newcastle RVI scan clinic.

The young fathers' worker provides a safe environment for the young dads to talk and takes a holistic approach to the young person's needs. The advice and support offered could include signposting to courses in English and maths or assisting with access arrangements in the event of family breakdown.

The young fathers' worker also liaises with other agencies to share information about the needs of young dads in the city. This has helped to identify gaps and improve services.

## **Breastfeeding Sessions - Barnardos**

Teenage pregnancy midwives from Barnardos run breastfeeding education sessions for young people in Newcastle who are expecting a child. The sessions focus on providing information so that young people can make informed choices about breastfeeding. A recent evaluation of the sessions showed that culture was a very important factor in the uptake of breastfeeding, and that how information is presented makes a significant difference to how receptive people are to making lifestyle changes.

The midwives feel it is important to include the whole family in education around breastfeeding as the young parents' decision is often influenced by her support network. Family and friends are invited to attend the sessions to increase awareness and encourage support for the parents.

Barnardos also run a ten-week 'Being a Parent' course for boys and girls in Walker and Slatyford. This is in association with the Northern Learning Trust. These courses help young people to care for themselves and their baby, both during and after pregnancy, and to make healthy lifestyle choices. The courses also promote a positive relationship with support services such as midwives.

## **7.3 A place-based approach**

### **The Cowgate Strategy**

The Cowgate Strategy aims to tackle problems associated with deprivation by enabling public and voluntary and community sector agencies and the community to work together. In particular the strategy aims to utilise the capacity of Cowgate residents to help each other.

Action for Children are leading a specific project which uses an evidence-based approach to social regeneration. The project is based on a similar peer support

approach in other areas.

In Newcastle ten volunteers have been recruited locally to help 30 local families with domestic chores including getting children ready for school and helping parents with everyday tasks. The project helps parents to learn new skills and facilitates skill swaps and communication between Cowgate residents. Examples of success have included residents sharing cookery skills and recipes, and reducing the social exclusion of parents through making new friends and having someone else to talk to.

Closer multi-agency working is another important strand of the Cowgate Strategy. One example of this is the approach to dealing with neighbourhood issues including anti-social behaviour and problems between landlords and tenants. Two 'Cowgate Fortnights' have been held on the estate which involved concentrated action from the Police, Fire Service and a range of council services to target issues which the estate faces. This provided not only a short-term boost to tackling problems (such as housing enforcement and environmental concerns), but also involved a concerted drive to engage residents.

During the Cowgate Fortnights the Neighbourhood Policing team spent time speaking to residents and going on walkabouts with Environmental Enforcement Officers and the Area Based Regeneration team to identify issues of mutual concern around the estate and to begin to build trust, confidence and cooperation with residents.

There have also been examples of services aligning and pooling budgets to address shared priorities. Northumbria Police allocated £53,000 to fund activities for children and young people and the decision on how the money was spent was taken by young residents using 'Udecide' participatory budgeting methods. Northumbria Police have also provided Friday night activities in Cowgate Neighbourhood Centre.

## **8. Gaps in the data**

This needs assessment contains the most recent data and information wherever possible. However, there are limitations to the availability of some data at a local level, and gaps in our knowledge and understanding have inevitably been identified. In particular the following gaps have been highlighted:

- Reliable local area level information about the number and proportion of children living in poverty in households where someone is working would be useful.
- It would also be useful to identify local area level information about the number and proportion of children living in households experiencing severe poverty, persistent poverty and recurrent poverty.
- There are gaps in our knowledge and understanding about the risk of poverty amongst certain migrant groups. There is not sufficient quantitative information about this and this needs assessment therefore relies on qualitative information.

- More work is required to understand how debt affects some BME communities including the risk of debt.
- It has been difficult to find accurate local information about the scale of illegal money lending in the city due to the hidden nature of this activity.
- Take-up levels of benefits are not available at a local area level and therefore this needs assessment includes only national estimates.
- Information about the number of Newcastle children affected by the imprisonment of a parent is not available and this has prevented any assessment of whether this is likely to be a significant issue locally.
- Data on the take-up of immunisations is not available at a local area level preventing an assessment of whether there are variations in take-up by area linked to deprivation.
- Data quality problems prevent an accurate assessment of where accidents resulting in hospital admissions occur.
- There is not enough information to establish whether deprivation increases the risk of children being involved in road traffic accidents.

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