

“Giving Every Child an Equal Chance”

**Sunderland Child Poverty Strategy
Needs Assessment**

DRAFT

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1. Foreword

- 1.1 We have a history in Sunderland of pushing the boundaries of our services to support our most needy families. We were one of the first authorities to make nursery education available for all children and one of the first to have all of our Sure Start Children's Centres up and running in the city, providing family centred services.
- 1.2 However, 25.4% of our children and young people, aged 0- 19, are living in relative poverty, in workless families or families in work, with low incomes and claiming the maximum working tax credit.
- 1.3 You will see that lots of work is currently going on across a range of agencies and the voluntary and community sector to support families in poverty. This Needs Assessment builds on this work, but presents a major challenge to us all to do more, if we are successfully going to reduce the unacceptable levels of child poverty in Sunderland.
- 1.4 This challenge is all the more greater given the current economic downturn, but we are all committed to target our efforts to break the devastating cycle of poverty whereby poor children miss out on a whole range of opportunities and subsequently grow up to be impoverished parents of poor children.
- 1.5 This Needs Assessment represents Phase Two of Sunderland Partnership's commitment to close the equity gap, support the poorest members of our communities and improve outcomes for all children living in the city by enabling all partners and service providers to enhance current understanding of strategic objectives.

2. Introduction

- 2.1 On 25th March 2010 the Child Poverty Act 2010 received Royal Assent. The Act enshrined the Government's commitment to eradicate child poverty in the United Kingdom by the year 2020. The Act holds a framework for monitoring progress and defines success in eradicating child poverty at a national and local level. The Act places a new duty on the Secretary of State to meet the following four UK-wide income poverty targets by the end of the financial year 2020:
- A relative low income target
 - A combined low income and material deprivation target
 - An absolute low income target
 - A persistent poverty target
- 2.2 The government currently monitors child poverty against these measures with a specific target attached to the relative low income measure of halving the number of children in child poverty by 2010-11 and seeking to eradicate poverty by 2020.
- 2.3 The Act contains new duties for local authorities; local authorities will be required to produce a local child poverty strategy. As well as having a duty to work more closely and coherently with local partners including the Jobcentre Plus, the NHS and Police in delivering solutions to tackle child poverty at a local level.
- 2.4 Local authorities must also include arrangements to prepare and publish an assessment of the needs of children living in poverty in its area: "A Local Child Poverty Needs Assessment". This needs assessment is Sunderland's first opportunity to develop such a document.
- 2.5 As with all Needs Assessments the analysis is limited by the quality and quantity of the data, information and local intelligence that is supplied. The interpretation of that data is always a subjective process and this needs to be born in mind by the reader.

3. Methodology – The Sunderland Model

- 3.1 The methodology used to develop the needs assessment has taken into account the requirements set out in the Child Poverty Act, for the City Council and its partners to work collectively to reduce child poverty in Sunderland. The approach recognises the need to plan strategically for the long term to 2025, and also the unlikelihood of additional resources being made available to take this complex agenda forward. The Sunderland approach therefore represents a strong commitment to reduce the levels of child poverty through a smarter way of working, a better understanding of children and families in need, and improved effectiveness in achieving better outcomes.
- 3.2 **The key components of our strategic approach include:**
A three-phased approach to tackling the complex issues relating to child poverty, namely:
- 3.3 **Phase 1 (2010-2011):** to put in place a broad-based strategy which provides a national and local context, identifies the major challenges, acknowledges existing work and sets out a clear vision and top-level objectives to take the agenda forward. This strategy represents the first phase, provides an initial assessment of needs, responds to the first tier of engagement with stakeholders and partners, and sets out our immediate priorities.
- 3.4 **Phase 2 (2011-2013):** will take into consideration further guidance from Government on how to take this agenda forward. The needs assessment will enable partners and service providers to carry out a refined assessment of the information collected to date which will lead to focusing on strategic priorities and, with further customer engagement, will enable the development of a transformation agenda on child poverty. This phase will enable the links to other strategic plans such as the Children and Young Peoples Plan, Economic Masterplan and Working Neighbourhoods Strategy to be strengthened.
- 3.5 **Phase 3:** would move us to implementing the transformation agenda relating to reducing child poverty.
- 3.6 This Needs Assessment reflects a portion of the work required within phase 2 of the strategic approach. The aim is through the engagement of partners and service providers the Child Poverty Needs Assessment will gather information to establish a broader understanding of the level and effects of child poverty in Sunderland.

4. Child Poverty in Context

4.1 There are three measures set out in '*Measuring Child Poverty*' (DWP 2003):

- Relative low income
- Absolute low income
- Combine low income and material deprivation

4.2 Relative Low Income Target

This relates to children who live in households that have low incomes compared to the rest of society. The Act sets a target of less than 10% of children living in households with an equivalised net income below 60% of the median equalised net household income for the financial year.

4.3 Combined Low Income and Material Deprivation Target

Less than 5% of children to live in households that have an equivalised net income below 70% of the median income before housing costs and experience material deprivation. This target focuses on those children who live in households that experience both a low income and a low standard of living. Children are materially deprived if they live in households that cannot afford basic activities such as school trips, or able to celebrate special activities e.g. birthdays, or if they are unable to afford basic material goods such as the ability to keep their home warm.

4.4 The vast majority of data that is available describes relative poverty and is related to means-tested benefits. The main caveat to be applied to this kind of measure is that benefits often need to be applied for; and if a family is living in poverty but there are barriers to them applying for the relevant benefits then they will not appear in the statistics.

4.5 There is little or no data available around material or absolute poverty.

4.6 Children who are eligible for Free School Meals is a recognised proxy measure for children living in poverty. This measure has also been used throughout this document; in particular to demonstrate the poorer outcomes of those living in poverty.

4.7 Any measures which relate solely to household income or means-tested benefits cannot describe the actual conditions in which children live or their quality of life. A low income household may not necessarily provide children with a low standard of living (undeclared income and savings may supplement earnings). Conversely a higher income household may in fact have a low standard of living if the needs of children are not prioritised above other household spending.

4.8 The Child Wellbeing Index (CWI) is perhaps the closest approximation of material deprivation available to us. The CWI is composed of seven individual measures covering the circumstances and conditions in which children are living. It extends beyond household income and includes measures of crime and the quality of the immediate environment, as well as outcome measures such as education.

4.9 The Effect of living in Child Poverty

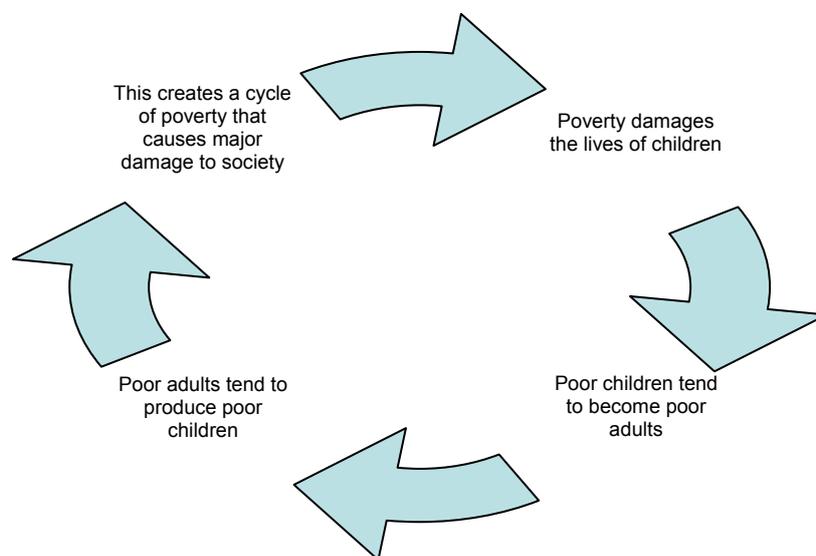
Childhood experience lays the foundations for later life. Growing up in poverty can damage physical, cognitive, social and emotional development, which are all of

outcomes in adult life. While some children who grow up in low income households will go on to achieve their full potential, many others will not.

4.10 Child Poverty means growing up in a low income household. When children and families experience poverty and deprivation, they have a standard of living that is well below average and which most people would consider unacceptable in Britain today.

4.11 Poverty blights children's lives and prevents them fulfilling their potential leading to intergenerational cycles of poverty and disadvantage. This creates a cycle of poverty that causes major damage to society. Poverty blights local communities and places an increased strain on local service

4.12 Why Child Poverty Matters – the cycle



4.13 Impact of Child Poverty

What does this cycle mean to children? Local and National data tells us that children who grow up in poverty are:

- Less likely to succeed at school
- More likely to suffer from poor health
- Less likely to secure a good job as an adult
- More likely to offend
- Less likely to access cultural and leisure activities
- More likely to be taken into care

5 The Child Poverty Strategy in Sunderland 2010-2011

5.1 The Strategy represents the first phase of the Sunderland Strategic Partnership's commitment to close the equity gap, support the poorest members of our communities and improve outcomes for all children living in the city.

5.2 Sunderland's Child Poverty Strategy is based around the following vision:

5.3 **To ensure that all City Council services and local partners are working collectively to do everything possible to reduce child poverty in Sunderland, mitigate its effects in the city, and therefore, ensure that today's children don't become the parents of poor children in 2025.**

5.4 The vision will be delivered via five key objectives and related priorities reflecting the four building blocks expressed in Ending Child Poverty: Making it Happen, 2008. They are:

5.5 **Objective 1:** To ensure that the child poverty agenda informs and is informed by the higher level strategic planning of the city, e.g. the Sunderland Partnership, Area Committees, the Sunderland Way of Working and Community Leadership and the Health Economy.

Priorities:

- To embed child poverty in the work of the Sunderland Partnership and Thematic Groups
- To localise the Child Poverty agenda within the Area Committee structure.
- Through the Sunderland Way of Working form service delivery which will reflect the needs of the communities and address, where possible, matters relating to child poverty

5.6 **Objective 2:** To target education, health and family support services to meet the needs of children and families in poverty.

Priorities:

- Reducing the attainment gap
- Targeting child and family service to families most in need, particularly lone parents
- Improving parenting and life skills across the city
- Reducing health inequalities in the most deprived areas of the city
- Reducing teenage conceptions
- Improving access to sustained quality housing and increasing housing support for our most impoverished families

5.7 **Objective 3:** To remove the barriers to employment, education and training and increasing the numbers in work.

Priorities:

- Identifying particular needs of unemployed parents with a view to offering targeted support to getting more unemployed parents into work
- Putting in place a targeted approach to reduce the number of young people not in employment, education or training (NEET)
- Engaging the hardest to reach young people in our most deprived communities

- Engaging key employers to create an understanding of the Child Poverty Agenda and developing their role as current or future employers in reducing Child Poverty

5.8 **Objective 4:** To improve financial inclusion in the city and maximise family income.

Priorities:

- Developing a Financial Inclusion Strategy for the city
- Improving money management
- Maximising the take-up of benefits

5.9 **Objective 5:** To raise aspirations and encourage individuals to have a 'Pride of Place' in order to break the cycle of poverty.

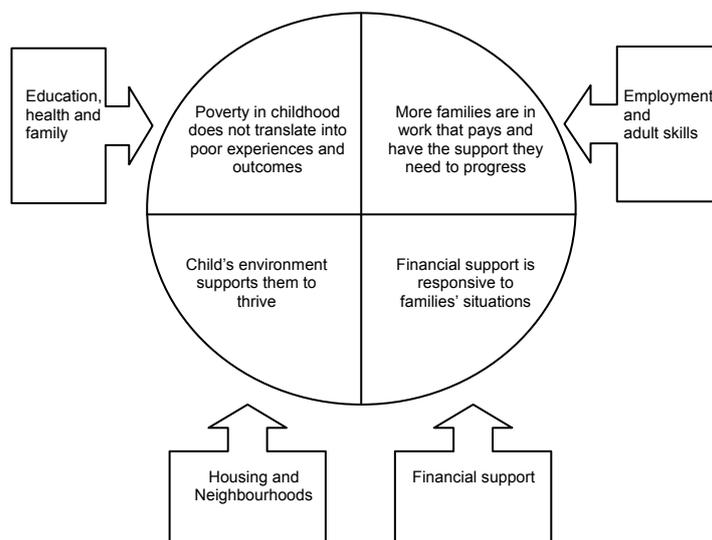
Priorities:

- Working with the people in the most deprived neighbourhoods to develop the model of 'Pride of Place'
- Improving community capacity in targeted communities
- Improving the environment in our most deprived areas

6. Child Poverty Needs Assessment

6.1 Initial Needs Assessment 2008-2009

The Sunderland Partnership leads on the reduction of child poverty in Sunderland. In addition to this strategic commitment, named partners have come together to form a Child Poverty Board and a Child Poverty Working Group. These comprise of senior managers from a wide range of partners and stakeholders overseeing the Needs Assessment, the aim is to determine the scope of current activities addressing the four building blocks necessary to reduce child poverty.



***2020 Building Blocks, Ending Child Poverty: Making it Happen, 2008**

6.2 The Needs Assessment 2010-2011

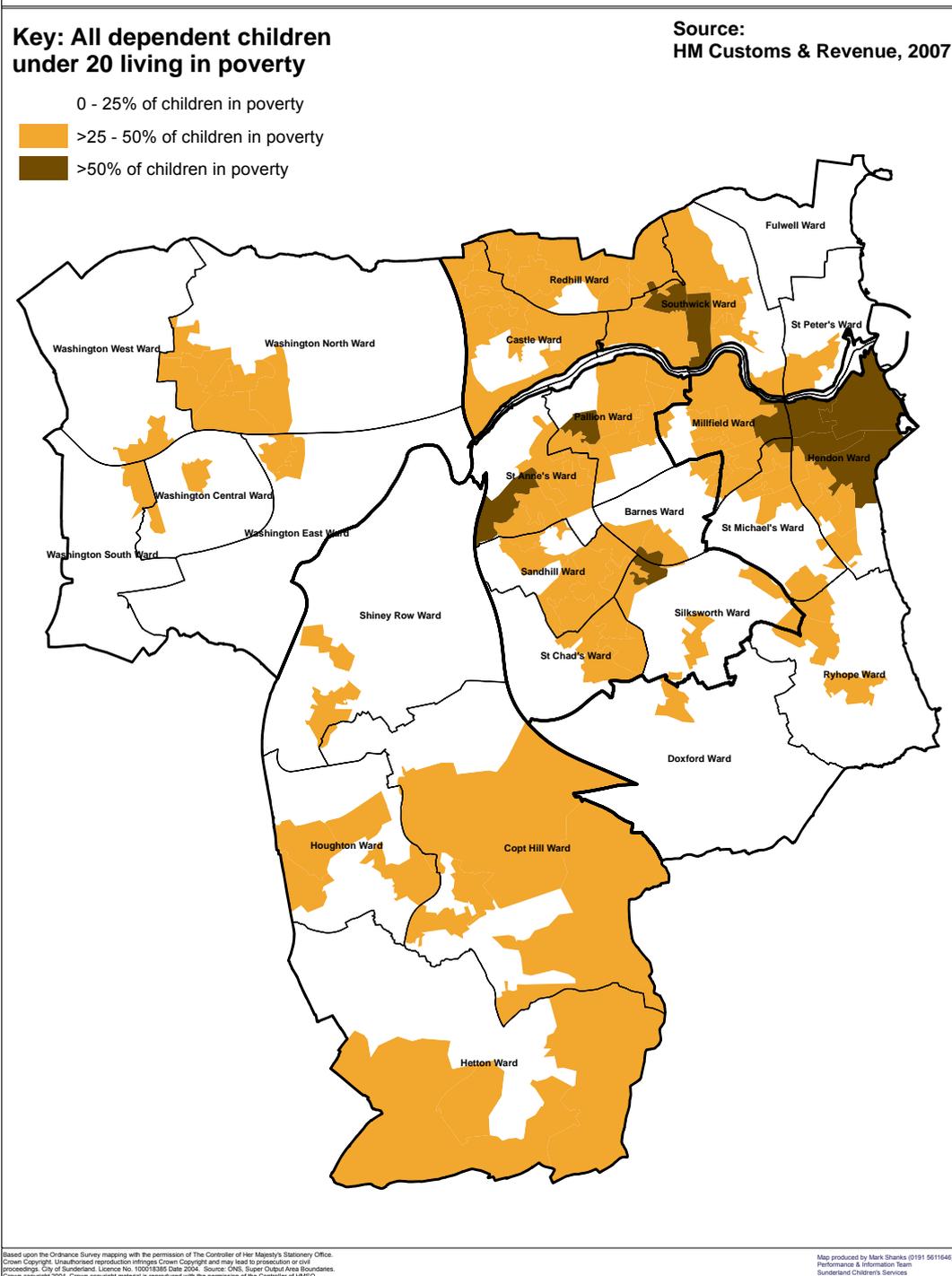
The purpose of the needs assessment is to help the local authority and partners to collaboratively tackle child poverty in a way that reflects the local conditions and experiences of families living in poverty showing the risk factors that contribute to child poverty in the local area. Child poverty covers a wide range of areas, from housing, health through to educational attainment.

- Provide a formal, visible and robust evidence base for subsequent and future planning
- Builds the understanding and knowledge of the nature, drivers and characteristics of child poverty in the area
- Improve our understanding of whether child poverty is a driver or underlying cause of other factors in the local authority area (low educational attainment, health inequalities), and where appropriate what are the factors
- Will provide an evidence base that underpins the subsequent child poverty strategy and shows the strategy is fit for purpose
- Demonstrate how issues relating to child poverty/poverty are understood locally and how in turn these have been or will be translated into the strategy to meet needs of children and families in the area

7. What does child poverty look like in Sunderland?

7.1 This Needs Assessment is based upon the current definition of child poverty as determined by Her Majesty Revenue and Customs (HMRC) in National Indicator (NI) 116. HMRC have defined children living in poverty (NI 116) as the number of children in families in receipt of either out of work benefits, or in receipt of tax credits where their reported income is less than 60% median income. This enables identification of varying levels of child poverty within Sunderland at lower super output area level in a national context.

NI 116: Proportion of Children in Poverty by Super Output Area in Sunderland, identifying SOAs with more than 25% of children living in poverty



The evidence base for Sunderland using the latest available data from HMRC (2007) shows:

Government Office Region	Children in families in receipt of CTC (<60% median income) or IS/JSA		% of Children in "Poverty"	
	Under 16	All Children	Under 16	All Children
England	2,141,690	2,397,645	22.4%	21.6%
North East	117,125	131,235	25.3%	24.3%
Sunderland	13,460	15,140	26.5%	25.4%

Source: HMRC, 31st August 2007

The locality picture for Sunderland using the same data set is as follows:

Sunderland Locality	Children in families in receipt of CTC (<60% median income) or IS/JSA		% of Children in "Poverty"	
	Under 16	All Children	Under 16	All Children
Coalfields	2,135	2,395	22.2%	22.2%
East	2,425	2,730	31.3%	28.4%
North	2,770	3,160	26.9%	26.6%
Washington	2,255	2,485	22.1%	21.1%
West	3,865	4,390	29.0%	28.5%
Sunderland	13,460	15,140	26.5%	25.4%

Source: HMRC, 31st August 2007

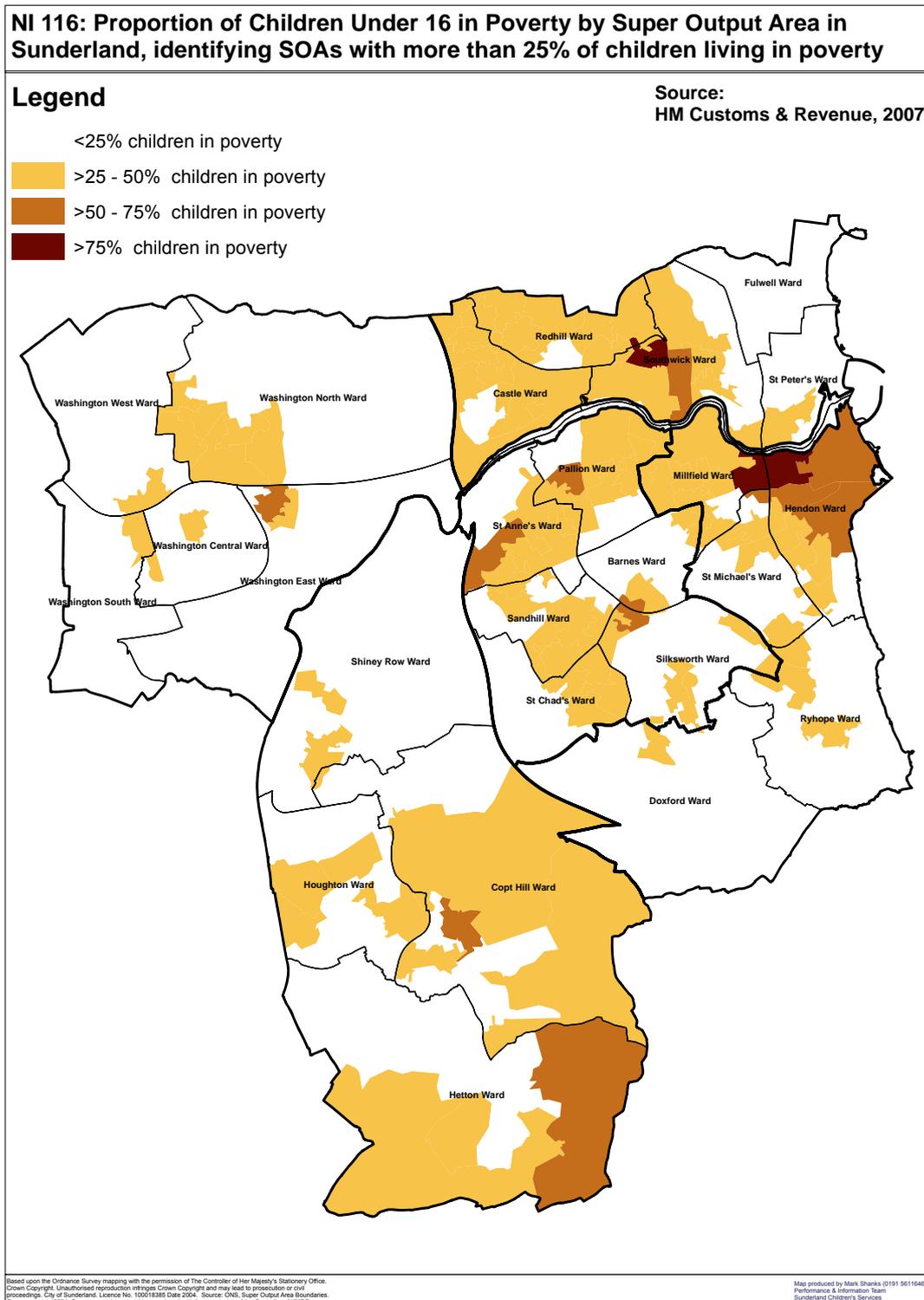
7.2 Presenting the Child Poverty dataset at LSOA shows that the levels of Child Poverty, for those aged 0-19, across Sunderland, varies from 1.9% to 73.8%. The below table demonstrates 15 LSOAs with the highest proportions of Children in Poverty which equates to 20% of those in poverty across Sunderland.

LSOA Name	Locality	Ward	% of All Children in "Poverty"
Sunderland 013B	East	Millfield	73.8%
Sunderland 004B	North	Southwick	72.2%
Sunderland 012D	West	Pallion	68.8%
Sunderland 016C	East	Hendon	66.7%
Sunderland 016F	East	St Michael's	59.0%
Sunderland 021B	West	St Anne's	58.3%
Sunderland 005E	North	Southwick	57.3%
Sunderland 016A	East	Hendon	56.0%
Sunderland 023F	West	Silksworth	50.7%
Sunderland 034A	Coalfields	Copt Hill	50.0%
Sunderland 005B	North	Southwick	48.9%
Sunderland 017B	Washington	Washington East	48.8%
Sunderland 012E	West	St Anne's	48.5%
Sunderland 036D	Coalfields	Hetton	48.4%
Sunderland 036A	Coalfields	Hetton	48.0%

7.3 What do the families in Poverty look like?

- 64% of the Children living in Poverty are in a Lone Parent family compared to 36% living in a couple family
- 75% of the families have more than one child in the household
- 60% of the children in Poverty are under the age of 10

7.4 The following map identifies at lower super output area (LSOA) level the areas of Sunderland where more than 25% of the child population (age under 16) are classed as living in poverty (HMRC 2007)



- 7.5 From this we can determine that for the 188 LSOAs in Sunderland:
- 2 (1%) LSOAs in Sunderland have more than 75% of children in poverty (under 16 year olds)
 - 12 (6%) LSOAs in Sunderland have more than 50% of children in poverty
 - 91 (48%) LSOAs in Sunderland have more than 25% of children in poverty
- 7.6 Within Sunderland, there are areas of high child poverty, particularly Hendon, Southwick, Pallion, St Anne's, Redhill and Millfield wards. There are also areas of high child poverty within certain wards, such as Washington East and Hetton.
- 7.7 Analysis of the level of child poverty (under 16) in Sunderland compared to other local authorities across England shows that although Sunderland is ranked as the having the 61st highest level of child poverty in England (61 / 354 LAs), with 26.5% children in poverty, compared to 22.4% in England and 25.3% in the North East, there are significant areas of relatively high child poverty within the city; there are areas in Sunderland which are among the highest concentrations of child poverty in England. Four of the LSOAs within Sunderland are within the 1% highest for child poverty nationally, in Hendon / Millfield, Southwick and Pallion; an area of Southwick has the third highest level of child poverty (84%) for any LSOA in England.
- 7.8 Ranking all LSOAs in England according to percentage child poverty shows:
- Sunderland has 24 (13%) LSOAs within the top 10% of LSOAs nationally according to child poverty levels
 - Sunderland has 60 (32%) LSOAs in the top 20% of LSOAs nationally
 - Sunderland has 86 (46%) LSOAs in the top 30% of LSOAs nationally
- 7.9 **Therefore NI 116 answers some fundamental questions**
- What is the level of child poverty in my local area?
 - How does that compare to other areas, where do we fit in nationally?
 - Is deprivation uniform across the authority or are there pockets of deprivation?

8. Children in Low Income Families

- 8.1 In Sunderland, when we refer to child poverty we are considering poverty relating to the child and family as a whole. A child in poverty lives in a family with resources that are far lower than the average, with the result that they cannot fully participate in society. It can also mean that the family experiences poorer access to services and other disadvantages such as poorer quality housing and neighbourhoods or lower levels of financial assets.
- 8.2 It is recognised, however, that other factors relating to health, housing or education would provide a broader picture in Sunderland. It is anticipated that further guidance due from Local Government Data Unit (LGDU) will help us to establish a clearer view for Sunderland.

Number of children in families claiming Child Benefit	Children in Families out of Work	Children in IS/JSA families	Children in families receiving WTC and CTC		Children in families receiving CTC only		Children in Low Income Families	Children in families in receipt of CTC (<60% median income) or IS/JSA Children in "Poverty"
				income <60% median income		income <60% median income		
59,465	13,910	11,285	16,825	1,990	13,835	1,865	30,735	15,140
	23%	19%	28%	3%	N/A	3%	51.7%	25.4%

Source: HMRC August 2007

- 51% of children in Sunderland are in low income families compared with 49% across the North East and 42% across England as a whole. This means that 30,735 children in Sunderland are living in low income families compared to 15,140 children living in Poverty (25.4%).
- Between 2003 and 2008 there has been a 21% reduction in the number of children living in families dependent on income support in Sunderland. This compares to a 20% reduction across the North East and a 15% reduction across England as a whole.
- Wards where the proportion of children living in poverty and children in low income families is highest in Hendon, Southwick, Redhill, Castle, Pallion, St Annes and Sandhill. These areas are concentrated in Sunderland East, Sunderland North and Sunderland West Area Regeneration Framework (ARF) areas. There are also small communities in Hetton and Washington where the proportion of children living in poverty and low income families is high.

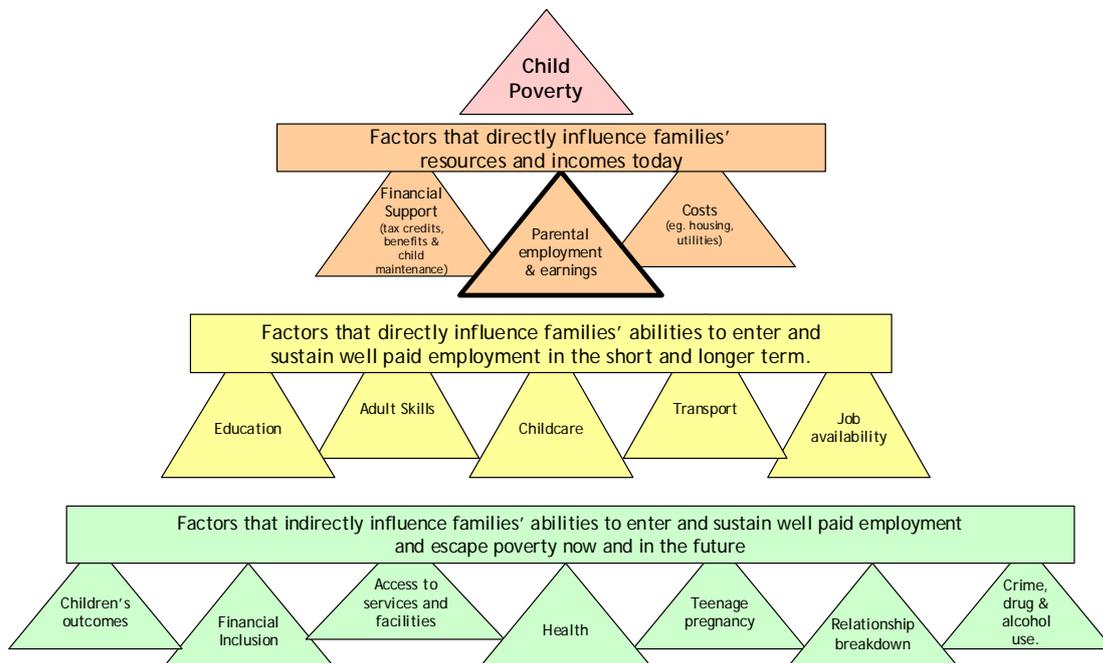
8.3 Children living in Low Income Families over time

Using Information available from HRMC it can be shown that the number of Children in Sunderland living in low income families is increasing on a yearly basis by 3%. With this in mind it can be predicted the proportion of children living in poverty may also have increased.

Source: HRMC 2007-2010 Statistical Releases

9. A wider view of child poverty

9.1 To broaden our understanding of child poverty it is important to look beyond the current NI 116 definition as discussed already. The child poverty pyramid represents our understanding of the factors that impact on Child Poverty.



9.2 The above diagram shows those indicators which most closely reflect the drivers of child poverty that can be influenced by the local authority and its partners. The Sunderland Child Poverty Strategy has been informed by the above and the needs assessment has attempted with the guidance of the Child Poverty Board and Working Group to identify key areas within its own objectives and priorities for further analysis.

9.2 The next section of the assessment therefore looks at each of these key areas in turn and tries to broaden and colour our understanding, how areas as diverse as well being, financial inclusion and early years education have such a fundamental influence on child poverty.

9.3 We hope that we have been able to use data held locally and local intelligence to supplement some of our analysis, whilst recognising that in doing so we have probably created more questions than answers and continued on a journey already started rather than reflect on a path already travelled.

10. Education, Health and Family Support Services

Health Inequalities

“Reducing health inequalities is a matter of fairness and social justice. Action on health inequalities requires action across all the key agencies concerted action is needed across central and local government NHS, 3rd and private sectors and community groups. Reducing health inequalities is vital for the economy the cost of inaction is enormous.”

Dr Mike Grady, Marmont Review Team.
Speaking to the Sunderland Partnership Delivery Improvement Board, September 2010

- 10.1 The 2008/9 Director of Public Health’s report for Sunderland described the position on health inequalities in Sunderland. The key issues were life expectancy is increasing, mortality from heart disease and cancer has decreased significantly over the last 15 years, a reduction in teenage pregnancy rate since 1998 has been maintained. Unfortunately the life expectancy gap between Sunderland and England as a whole is not decreasing; for men life expectancy at birth reduced this year for the first time in 15 years. In 2008 the teenage pregnancy had fallen by 16% since 1998, a reduction of 37 conceptions, yet the target for 2010 is a 55% reduction.
- 10.2 Inequalities are unfair and there are unnecessary differences in experience of health and illness as a result of differences in opportunity from birth onwards, of accessibility and uptake of services and of lifestyle choices or coping strategies in which individuals engage. Our challenge is to continue to improve the health of the whole population to narrow the gap between Sunderland and the average for England, while narrowing internal inequalities between the most disadvantaged and least disadvantaged areas and groups of people.
- 10.3 Recent data shows that the gap in life expectancy across natural neighbourhoods is almost 20 years (Wetherwack and Fatfield and Mount Pleasant or Seaburn and South Dents), an unacceptable degree of variation across the city. Using statistical analysis can give very robust figures for considering life expectancy at ward level. We know though that within and across these wards, the level of variation can be even greater. Inequalities are caused by differences from birth (or even from 9 months before birth) in opportunity, in access to services and material resources, as well as differences in the lifestyle choices or coping strategies adopted by individuals.
- 10.4 Sustainably addressing those differences requires a focus on children and families in the neighbourhoods where they live and a different approach around engagement and service design and delivery. The adding of years to life and life to years requires a broad range of action by the Local Strategic Partnership Partners both collectively and individually.
- 10.5 The 2009 Refresh of the Sunderland Joint Strategic Needs Assessment noted the following in regards to, the health and well being of children and young people. There are 68,300 children and young people in Sunderland between the ages of 0 - 19 years living in Sunderland and health determinants in the city generally have a significant impact on outcomes for children.

10.6 **Infant mortality, smoking in pregnancy and breastfeeding**

The infant mortality rate is lower than the North East and England rate. However the proportion of mothers not smoking at time of delivery has not increased (75.9% 2007/08 compared to 76.7% in 2006/07) and although breastfeeding has increased within 48 hours of delivery from 38.9% in 2006/07 to 40.3% in 2007/08 Sunderland still lags behind the North East (52.4%) and England (70%). These remain key health issues for the city.

10.7 **Immunisation**

While the majority of immunisation rates are high, Sunderland has seen a reduction in the uptake of Measles Mumps and Rubella to 84.5% at 24 months. However there are areas of Sunderland where the uptake rate drops to between 74.1% to 81.7% which will have an impact on immunity from these childhood diseases.

10.8 **MMR Uptake**

Even more worrying is the uptake rate for MMR immunisation 1st and 2nd dose at 5 years which drops to between 59.5% to 78 % in five wards across Sunderland (Castletown, Pallion, Millfield, Hendon and Washington West).

10.9 **Chlamydia Screening Programme**

Sunderland has now been monitoring uptake of the local Chlamydia screening programme for two years among the target population of young people aged 15-24 years. In 2008/09 uptake was 9% above the target and the population screened represented 19% of the total population between 15 and 24 years of age. In 2009/10 there is a more challenging target to achieve an uptake which represents 25% of young people in the target age range.

10.10 **Young People with Specific Needs**

About 13,000 children and young people will need some additional support during their 0 - 19 journey from the educational, health or caring professions. Specific groups within this cohort include:

- The number of children and young people with a special educational need has also fallen from 9,525 (2008 School Census) to 8,963 (2009 School Census)
- The number of children in need, who will require some form of direct support and intervention to secure their well-being from targeted and specialist services, has risen to 2,251 (January 2009) compared to 2,017 in March 2008
- The number of children in care, and therefore looked after by the Council, is 392 (January 2009) compared with 398 in March 2008. The number has remained stable and below the average for both England and Sunderland's peer group;
- The number of children and young people who are subject of a Child Protection Plan is 249 (January 2009) compared with 198 in March 2008

10.11 **What do young people tell us?**

In October 2008, the Children's Trust established *Citizenship Week*, to actively participate, to explore and discuss local issues and needs, and to offer their possible solutions. The Children's Trust identified a theme, which was "Sunderland – The Child and Young Person Friendly City: 2025".

Key themes identified by children were:

- The importance of family
- Being safe
- Leisure activities

- Looking after others including the homeless, refugees and the elderly
- Improving the environment

10.12 In addition the city asked children and young people locally what was important to them across each of the five outcome areas for Every Child Matters. They told us that being healthy was important to them and that they would like:

- To learn more about how to have a long and happy life, to do more sport and eat well
- Their friends and family not to smoke or drink too much or take drugs
- Easier access to health services and information in a range of venues and formats
- Locally provide services so they can get there unaccompanied

10.13 A School Survey was conducted in July 2009 as part of the Children's Trust needs assessment. Children and young people;

- Want more local accessible and affordable opportunities for play and physical activity
- Want to feel safe in their schools, homes and communities
- Fear and worry about crime
- Want to enjoy school as well as achieve at school
- Worry about anti-social behaviour
- Are concerned about the negative perception of children and young people
- Want to have a say in their future
- Are concerned about the environment its cleanliness and the impact of global warming

10.14 **Healthy Weight**

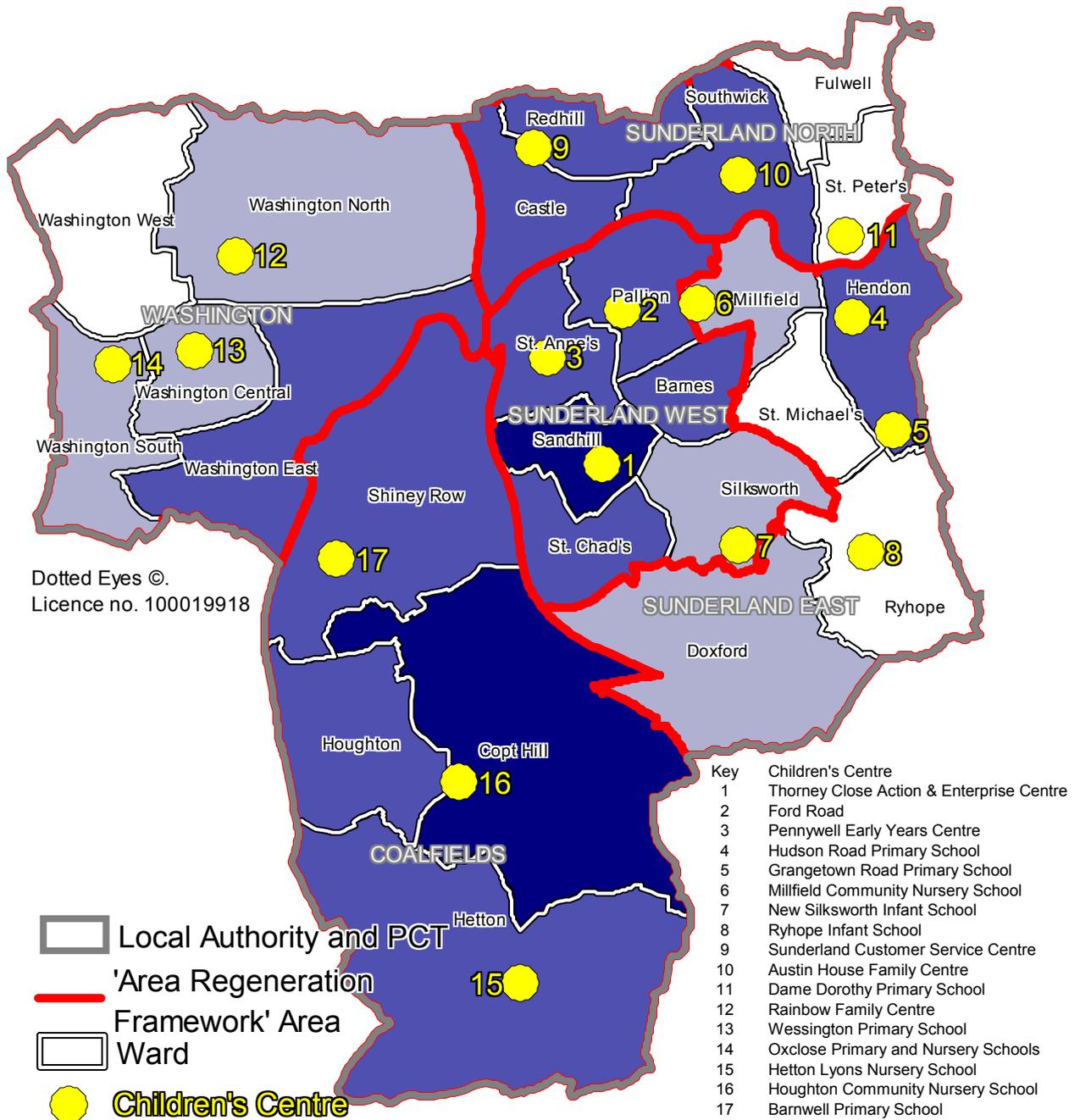
Overweight and obesity levels among children and young people are still higher than the England prevalence, however Sunderland is one of the few areas where they have decreased in the last year among reception age children and remained steady at year six (10.3 and 21.2%). While the evidence of what works to combat child obesity is still developing we need to use the local information to plan services, and gain a greater understanding of young peoples views and feelings about their weight.

10.15 Obesity at Year 6 has reduced from 21.2% to 20.2% this year and the Ofsted Profile places Sunderland in bottom quartile nationally. However, the proportion of Year 6 children classed as overweight / obese has improved from 36.8% to 34.3% in the last two years.

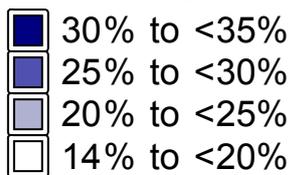
10.16 Across England, there has been a steady rise in the proportion of the population that are overweight or obese since the early 1990s, with the proportion of adults who are obese rising from 15% to 25%. Since 2000 the rate of increase has slowed down but, up to 2008 the proportion that is obese has continued to show a small annual increase in most years. This increase in the prevalence of obesity among adults across England has also been evident in Sunderland with local health surveys showing an increase in prevalence between 2004 and 2008. The lower proportion of adults known as obese in Sunderland is likely to be due to different methods of implementing surveys. Results from the Health Survey for England are based on measurements taken by trained staff. Results from local health surveys have been obtained by postal questionnaire or telephone survey. Self-reporting of obesity using these methods is likely to underestimate the true prevalence of obesity.

10.17 Analysis of variations in the proportion of adults who are obese within Sunderland show that prevalence is high in North and West Washington, Redhill, Castle, Millfield, Pallion, Hendon and Silksworth wards. The risk of obesity by population group derived from the national Health Survey for England, when applied to the populations of areas of Sunderland also suggest that there is a high proportion of obese adults in Houghton and Hetton.

Proportion of children in Reception Year (4 and 5 years of age) who are overweight or obese by ward of residence and location of Children's Centres



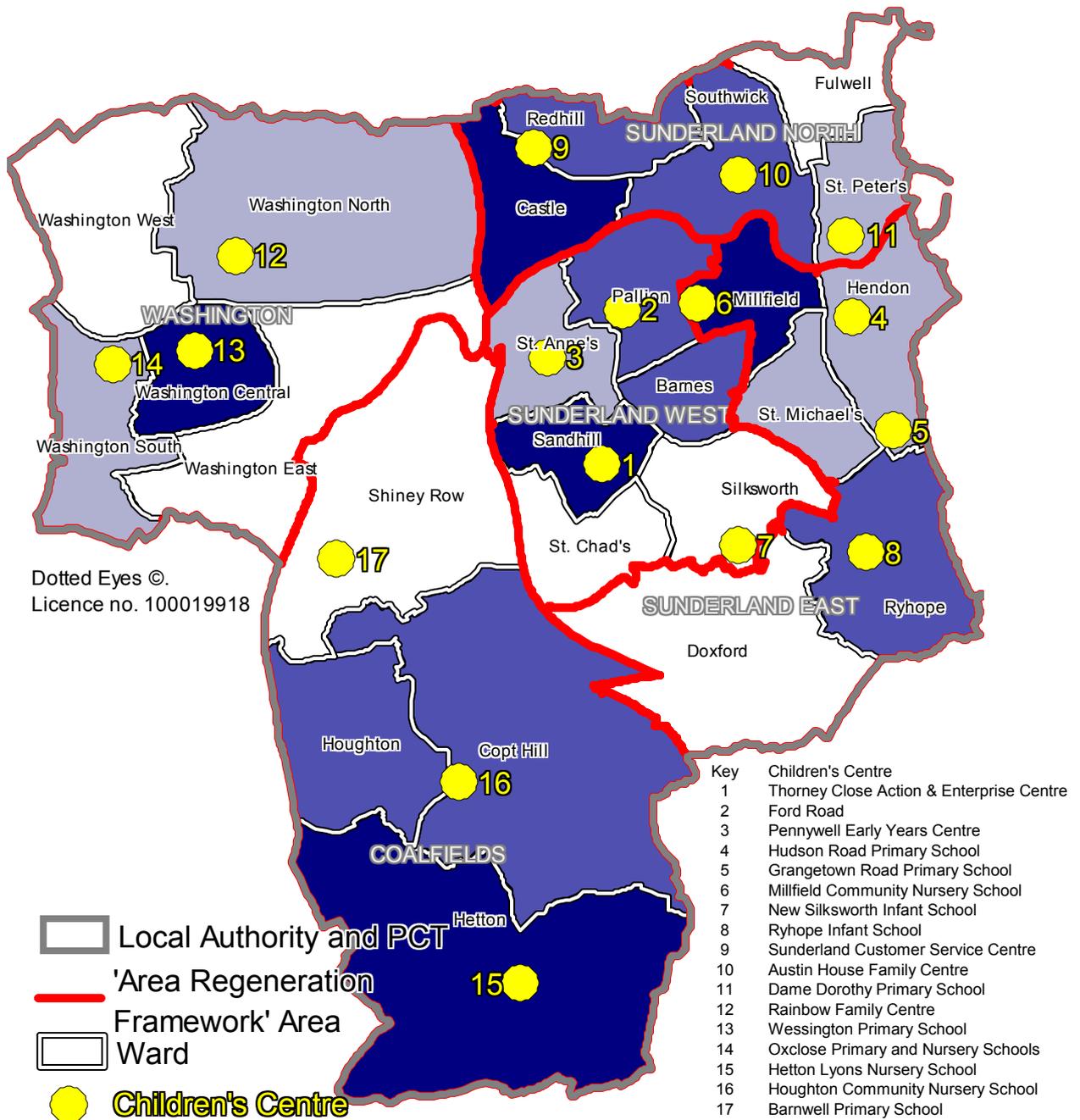
Percentage of Reception Year children who are overweight or obese by ward of residence - 2007/08 to 2008/09



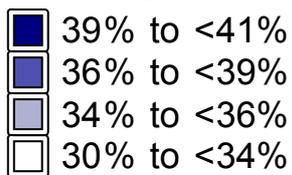
Sandhill is the only ward where the proportion of children who are overweight or obese is significantly higher than the Sunderland average (25%) at a 95% level of confidence

Source: NHS South of Tyne and Wear, based on data collected for the National Childhood Measurement Programme

Proportion of children in Year 6 (10 and 11 years of age) who are overweight or obese by ward of residence and location of Children's Centres



Percentage of Year 6 children (10 or 11 years) who are overweight or obese by ward of residence - 2007/08 to 2008/09



There are no wards where the proportion of children who are overweight or obese is significantly higher than the Sunderland average (36%) at a 95% level of confidence

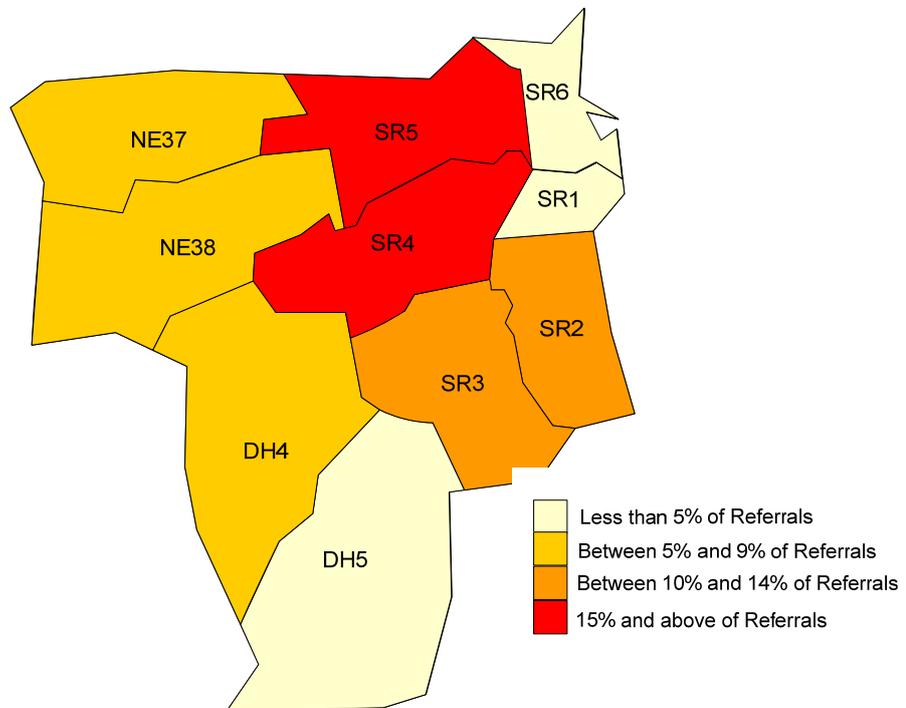
Source: NHS South of Tyne and Wear, based on data collected for the National Childhood Measurement Programme

- 10.18 Because the prevalence of obesity has been increasing among children as well as adults over the 1990's and 2000's a National Childhood Measurement Programme was established in 2005 and the heights and weights of every child in Reception Year and Year 6 are now recorded within each academic year. Results from the Programme for the population of Reception and Year 6 children in Sunderland are encouraging and show that the proportion that are classed as obese has fallen between 2006/07 and 2008/09; Reception decreased from 12.6 to 11.0 and Year 6 decreased from 21.4 to 20.2. Analysis of variations in the proportion of children who are overweight or obese between wards show that the proportion is highest in the Sunderland North, Sunderland West and Coalfields areas.
- 10.19 It is worthwhile noting that, as at December 2009, three quarters of all Sunderland Schools had achieved the National Healthy Schools Standard, which is evidence of schools actively working to improve the health of their pupils including initiatives to provide healthy school meals and incorporate physical activity into curriculum and extra-curricular activities.
- 10.20 The commissioning process for Children's Obesity will continue into 2010/11 with evaluation of the services needed to ensure delivery is achieving the desired impact. There is a need to focus attention on Reception year and the role of the Early Years settings in preventing obesity – a family based approach.

10.21 Addictions: Smoking, Drugs and Alcohol

The following is a summary of the Sunderland Young People's Drug and Alcohol (YPDA) Needs Analysis, January 2009. Its purpose was to assess the current trends of substance misuse treatment for young people in Sunderland.

Referrals made to YPDA from April 2008 to October 2008 can be represented as follows:

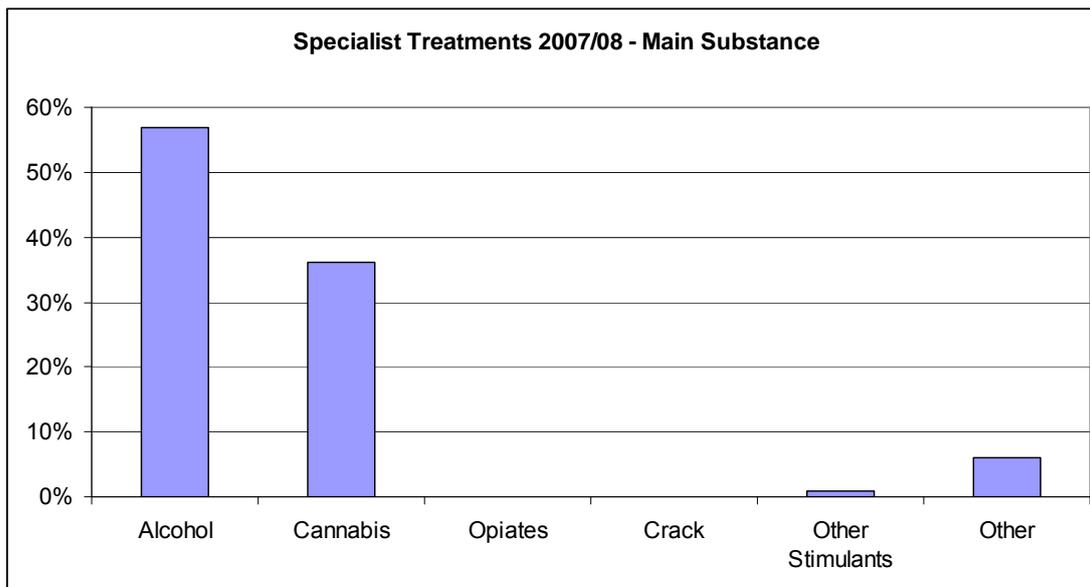


SR1	Sunderland City Centre
SR2	Ashbrooke, Ryhope, Grangetown, Hendon, Hillview, Thornhill
SR3	Doxford Park, Farringdon, Gilley Law, Herrington, Plains Farm, Silksworth, Springwell, Thorney Close, Tunstall
SR4	Ayres Quay, Barnes, Deptford, Ford Estate, Grindon, Humbledon, Millfield, Pallion, Pennywell, South Hylton, Hylton Lane Estate
SR5	Carley Hill, Castletown, Downhill, Hylton Castle, Hylton Red House, Marley Pots, Southwick, Town End Farm, Witherwack
SR6	Fulwell, Monkwearmouth, Roker, Seaburn
DH4	Houghton le Spring (West of A690)
DH5	Houghton le Spring (East of A690), Hetton-le-Hole
NE37	Usworth, Sulgrave & Albany
NE38	Washington Town Centre, Oxclose & Fatfield

10.22 It should be noted that although a high number of young people referred reside in the SR5 area, Children's Homes such as Colombo Road, Cotswold Road, Wendover Close and Revelstoke Road are all in this area. Over the period from April to October, there were 10 young people from Residential Homes in the SR5 area who are open to YDAP.

10.23 Substances

The below table is a representation of main substances for young people in treatment during the 2007/08 period. Alcohol and cannabis make up a combined 93% of main substances.



10.24 Treatment figures for the 2007/08 period show that there were no young people referred for opiate use. When this is cross-referenced with the Bulls Eye Data available from the NDTMS Website^[8], the information on the website shows that there were 638 opiate users in Sunderland as of 31st March 2008. 116 of these (18%) fall within the 15-24 age category. The trend would suggest that heroin use is particularly more widespread amongst older adults (82% of users in Sunderland are aged 25 and above). Additional data would be helpful to determine if the heroin users in the 15-24 age category are older users and not young people, although it is anticipated that heroin use is prevalent amongst adults and not young people.

10.25 Alcohol

In October 2008, an Alcohol Survey was conducted with service users of YDAP and Young People's Services. The survey attempted to research young people's drinking habits, such as how much and how often they consumed alcohol, how the alcohol was obtained and how their drinking habits were funded. Here's a summary of the responses:

- 83% of the young people surveyed advised they drank cider or lager. Lambrini / Bella (50%) and vodka (42%) were also popular choices. Alcopops was the least consumed drink, with just 13% drinking this.
- The majority of young people indicated they drank indoors - 50% advised they went to a friend's house to drink. 38% indicated they drank in their own house.
- Drinking outdoors was not as popular as drinking indoors, with 29% advising they drank in parks and 38% drinking in the street.
- The average units consumed per session is 19.

- The young people surveyed drank alcohol on average 3 times per week. Saturday was the most popular night, when 96% drink alcohol.
- Only 25% of young people buy the alcohol themselves.
- 47% of young people aged under 18 advised they are not asked for proof of age.

10.26 Although the numbers of people who took part were small, the responses provide useful information, and argues against the suggestion that young people prefer to drink in parks or on street corners. The majority of young people advised they drink alcohol indoors, and as bottles of wines and spirits are available cheaply, these are often their preferred drinks.

10.27 Analysis from Alcohol Concern show that the average consumption of 11-15 year olds who drink alcohol has doubled from 5 units a week in the early 1990s to 10 units in 2004. The YDAP Alcohol Survey supports that alcohol use among young people is an increasing issue, although it should be noted that the majority of young people interviewed were service users, and therefore there is a reflectively higher indicator of the level of alcohol consumed by young people – a significantly higher level than with most 13 to 19 year old's.

10.28 Figures from the North West Public Health Observatory show that Sunderland is performing significantly worse than the national and regional averages, particularly in relation to alcohol related hospital admissions and binge drinking. In August 2008, Sunderland Youth Offending Service conducted analysis from information recorded when assessments were conducted by workers. The study found that from January to March 2008, 86% of young people were using substances where a family member / carer was also involved in drug or alcohol abuse. In the majority of cases, the same substance types were used by the young person and the family member / carer. In 38% of cases, it was the young person's father who was the family member with heavy drug or alcohol use.

10.29 **Alcohol Related Hospital Admissions**

In April 2008, research was conducted on Alcohol related Hospital Admissions for young people aged between the ages of 13 and 19. The information provided by Sunderland Royal Hospital showed 203 individual admissions listed. The data did not give names of young people, but listed postcodes and ages, which were then matched to the information held for young people known to YDAP over the corresponding period. It was found that there were 6% cases who had postcodes and ages matching with YDAP referrals over the same 12-month period, although only 2% of the young people known to YDAP were referred within a few weeks of the hospital admission date.

10.30 This information would suggest that although a young person attends hospital for an alcohol related reason, there is no referral made to YDAP in the majority of situations. It can be seen that the opportunity is being missed for young people to be screened and offered an immediate brief intervention, or where relevant to be supported into treatment.

10.31 **Analysis of Gender Ratio**

Referrals into Treatment for the 2007/08 period show a higher number of males than females, with 60% males and 40% females being treated. As the majority of referrals are from Youth Offending, this has a strong influence over the gender ratio

of young people referred for treatment – 70% of YOS referrals are males and 30% females.

10.32 When YOS clients are disregarded from the figures, there are 47% males and 53% females – showing a higher female percentage than expected, considering the gender ratio from Census information. Northumbria Police recently reported that Drunk and Disorderly arrests of females have risen 48% in the past 5 years - from 1,414 to 2,101. Although this seems high, there have been larger increases elsewhere in the country. This would also indicate that young females drinking alcohol has become an increasing issue. It should be seen as a positive that Sunderland's Drug and Alcohol Services are engaging with young women.

10.33 Analysis of Ethnicity

NDTMS data shows that there is a BME percentage of 1.2% of young people starting specialist treatment with YDAP in 2008. As this is lower than the current percentage of young black and minority ethnics in Sunderland, further research is required to determine if this figure is a representative proportion of young BME's within Sunderland.

10.34 Analysis of Service Users with Disabilities

The NDTMS database does not currently capture any disability information so it is therefore difficult to determine the number of disabled service users there are, and also how agencies perform in meeting the needs of the disabled population. Disability information is currently held on case files for young people who are assessed by the service, although at present, this information is not used for any analysis. It is not known if service access is an issue, and how this can be improved upon.

10.35 The following information summarises the profile of Sunderland:

- Information from the Tell Us 3 survey shows that Sunderland have a higher than national average number of young people who have drunk three or more times in the last four weeks.
- Sunderland is significantly worse than the regional and national averages with regard to alcohol related harm, particularly in relation to alcohol related hospital admissions and binge drinking.
- Information conducted by Youth Offending Services shows a high proportion of young people involved in heavy drug or alcohol use where a family member/carer was also involved in heavy substance use.

10.36 **Wellbeing**

In 2009 the following needs assessment was published; *Mental Health Needs Assessment of the Population of NHS South of Tyne and Wear: Gateshead, South Tyneside and Sunderland* by NHS South of Tyne and Wear (SoTW) in order to

- provide a robust evidence base of the links between mental health and illness and the wider determinants of health
- provide information on current and future mental health and wellbeing needs of the people of the SoTW area, that is the population of Gateshead, South Tyneside and Sunderland, in order to improve mental health and well-being;
- inform the SoTW commissioners and others about where services and interventions need to be focused to achieve better mental health and wellbeing outcomes; and
- inform public mental health strategies for each locality and SoTW as a whole.

10.37 It provides the background evidence for the Mental Health Needs Assessment (MHNA). Data was used from the Joint Strategic Needs Assessments (JSNAs) already carried out by the public health department for each locality. These provided the statistical information and commentary on the figures relevant to the health of the population.

10.38 The MHNA is a working document, developing as more information is collected and collated. This will include epidemiological information and evidence for current and potential interventions, as it becomes available. The *Mental Health Needs Assessment* relates to adults. The mental health needs of children are addressed through the Public Health Children's Leads, in conjunction with the locality Children's Trust Boards.

10.39 The general picture of wellbeing is however still of interest to our understanding of child poverty as adults have a considerable influence over the lives of children.

10.40 **Defining Wellbeing**

The terms mental health, mental wellbeing, and emotional wellbeing are often used interchangeably. Indeed, 'mental health' is often used instead of 'mental illness'. Mental health however is a positive state, not just an absence of mental disease or illness.

Mental health is described by the World Health Organization as:

"... a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community."

10.41 Wellbeing has been defined as:

"A dynamic state, in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others, and contribute to their community. It is enhanced when an individual is able to fulfil their personal and social goals and achieve a sense of purpose in society." (Foresight, 2008).

10.42 Wellbeing is concerned with positive functioning, which includes the skills or attributes associated with emotion (feeling) and cognition (thinking) and their influence on social function (relating).

10.43 Currently, there is very little information about population wellbeing. There is a certain amount of evidence about the prevalence of mental illness, but it has deficiencies. For example, rates of depression are usually measured through subjective accounts in surveys, and the seriously depressed are unlikely to answer such questions, although some surveys rely on relatives' perceptions. Alternatively, surveys may rely on GPs' diagnoses, which themselves depend on patients attending surgery and responding to questions from the GP

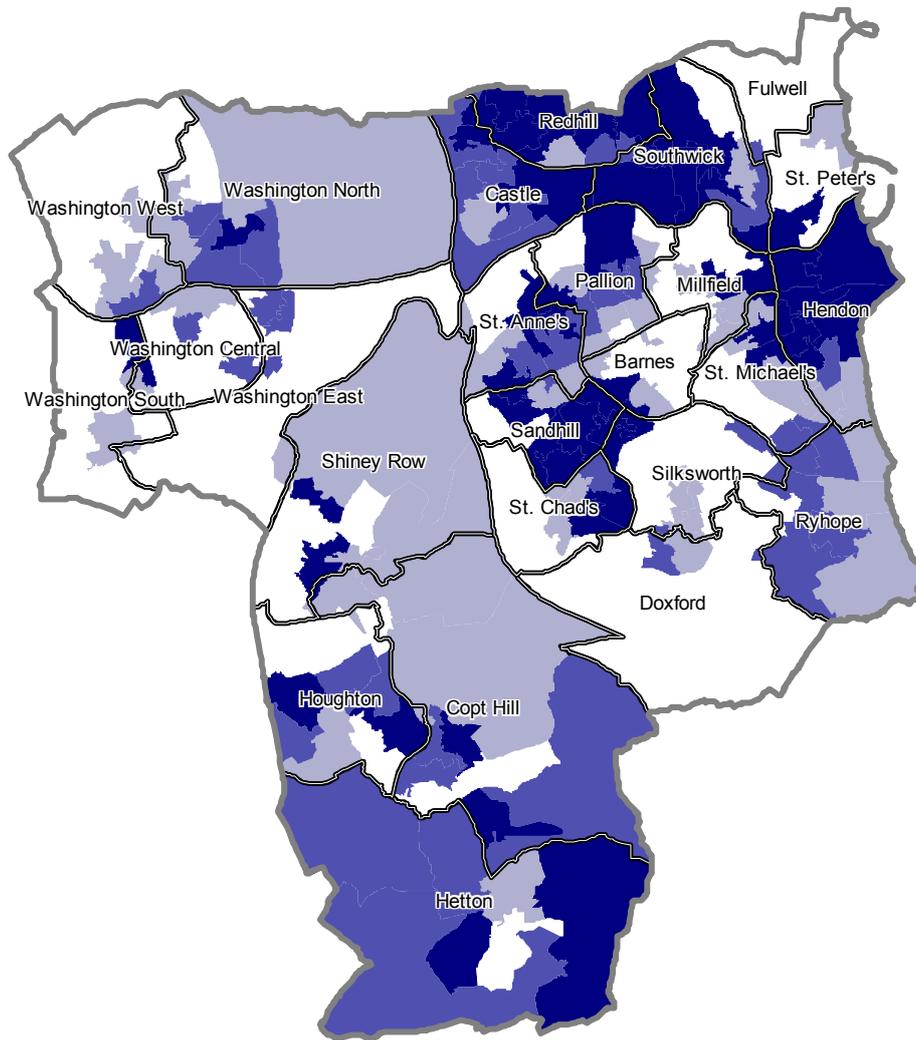
10.44 **Deprivation and Wellbeing**

It has been recognised for a long time that wider economic, environmental, and social determinants of health have a major impact on morbidity and mortality (DH 1998, Wilkinson 2005). Inequality has a spill-over effect, being associated with:

- Increased crime rates
- Poor productivity and economic growth
- Decreased engagement in representational democracy (Wilkinson 2005)

10.45 The relationship between high levels of deprivation and high rates of mental ill-health is well established (Payne 2000). Studies have found an association between mental health and socio-economic status, showing higher rates of psychiatric admissions and suicides in areas of high deprivation and unemployment (Kammerling and O'Connor 1993, Gunnell et al 1995, Boardman et al 1997, Croudace et al 2000). People living in 'economic hardship' on a long-term basis have been found to more likely to be suffering from clinical depression, anxiety and phobias (Lynch et al 1997, Meltzer et al 1995b). Regardless of age or gender, there is an increased risk of mental ill-health for the poor when compared with the non-poor (Payne 2000). As Weich and Lewis (1998) comment: 'financial strain is a powerful independent predictor of both the onset and maintenance of episodes of common mental disorders, even after adjusting for more objective measures of standard of living' (p118).

Rate of claiming benefits due to mental or behavioural problems per 1,000 adults of working age at November 2008 by Sunderland lower tier super output area



Rate of benefit claimants due to mental and behavioural problems per 1,000 adults of working age, November 2008

- Signif. higher than PCT average (95% confidence, 57 to <170 per 1,000 adults)
- Higher than PCT average (42 to <57)
- Lower than PCT average (29 to <42 per 1,000 adults)
- Signif. lower than PCT average (95% confidence, 0 to <29 per 1,000 adults)

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Source: Map by NHS South of Tyne and Wear based on estimates published by the Mental Health Observatory, part of the North East Public Health Observatory at www.nepho.org.uk

10.46 The 1999 Poverty and Social Exclusion Survey found that;

- Adults living in family units with children had a higher risk of depression than those without children
- Lone parents were more likely than any other groups to suffer from depression. This is related to poverty and social exclusion (Brown and Moran 1997), but these factors do not explain the full extent of depression found in this group (Hope et al 1999)

- 10.47 This study found that certain items in a list of basic necessities were more associated with poor mental health than others. For example, over 70% of people with poor mental health had no access to fresh fruit and vegetables, while more than 65% did not have a warm waterproof coat.
- 10.48 The links between poor health and deprivation have been shown to be strong, but it is *relative* poverty that causes many problems in Western societies, rather than absolute poverty. Groups with the lowest incomes in the most unequal societies are thus likely to be the most at risk of consequent health problems (Wilkinson 2005). Societies in which income differentials between the rich and poor are smallest have greater social cohesion and trust. There are lower levels of hostility, violence and homicide, and this is in turn linked with lower rates of poor mental health and decreased susceptibility to heart disease (Cooper et al 1999). A strong correlation between reported levels of social trust and measures of wellbeing is evident (Kawachi et al 1997).
- 10.49 The relationship between deprivation and mental health is further complicated when subjective wellbeing is measured against income. US studies have shown that increasing wealth is not reflected in ever increasing happiness. Once a certain level of material wealth is obtained, wellbeing remains surprisingly stable. Reasons suggested for this include family breakdown, increasing TV viewing, changing working patterns.
- 10.50 The *Mental Health Needs Assessment* relates to adults. The mental health needs of children are addressed through the Children's Leads within Public Health, in conjunction with the Local Authorities Children's Trusts. However, children live with adults in families and communities and the two are intimately linked. Any attempt to address the mental health needs of adults will need to work in partnership with Children's Services.
- 10.51 **Lifestyle Behaviours**
The city carried out a Health Related Behaviour Questionnaire in 2008 to provide an additional insight into our children and young people's lifestyles. A total of 1323 pupils took part in 7 primary schools and 5 secondary schools. Key health issues which emerged included
- 10.52 **For 8-11 year olds it was found that:-**
- 31% said they had been bullied in the last year at or near school with this rising to 35% for girls
 - 31% of young people reported they thought they were bullied for the way they looked, or because of their size or weight
 - 5% of young people reported being scared to go to school because of bullying often or very often and 27% sometimes
 - Our young people were more likely to spend their own money on sweets and snacks than the wider sample (a country wide sample)
 - Sunderland young people are more likely to say they want to lose weight than the wider sample – 55% of girls compared to 40% in the wider sample
 - 40% of young people had been approached by an adult who scared them or made them upset
 - 58% of young people reported never or almost never wearing a cycle helmet

- 45% of young people reported being treated by a doctor for an accident in the past year

10.53 **For 12 – 15 year olds it was found that:**

- 49% of young people reported that there is someone who smokes within their home, including themselves, on most days
- Smoking in our younger women with 10% of year 8(12 and 13 year olds against a national average of 6%
- 34% of young people bought their lunch from a take away or shop compared to only 6% in the wider sample
- Young people are more likely to say they have eaten chip/roast potatoes on most days – 24% compared to 11% in the wider sample
- Almost a quarter of 14 and 15 year old girls do not eat breakfast
- 51% of older boys considered themselves fit or very fit compared to only 26% of girls
- 57% of young people said they hardly ever or never wore a cycling helmet
- 24% said they had been offered cannabis compared to 19% in the wider sample
- 34% said they were treated for an accident by a doctor or at hospital in the last year
- 40% of 11 and 12 year olds and 23% of 14/15 year olds said they feel afraid of going to school sometimes because of bullying

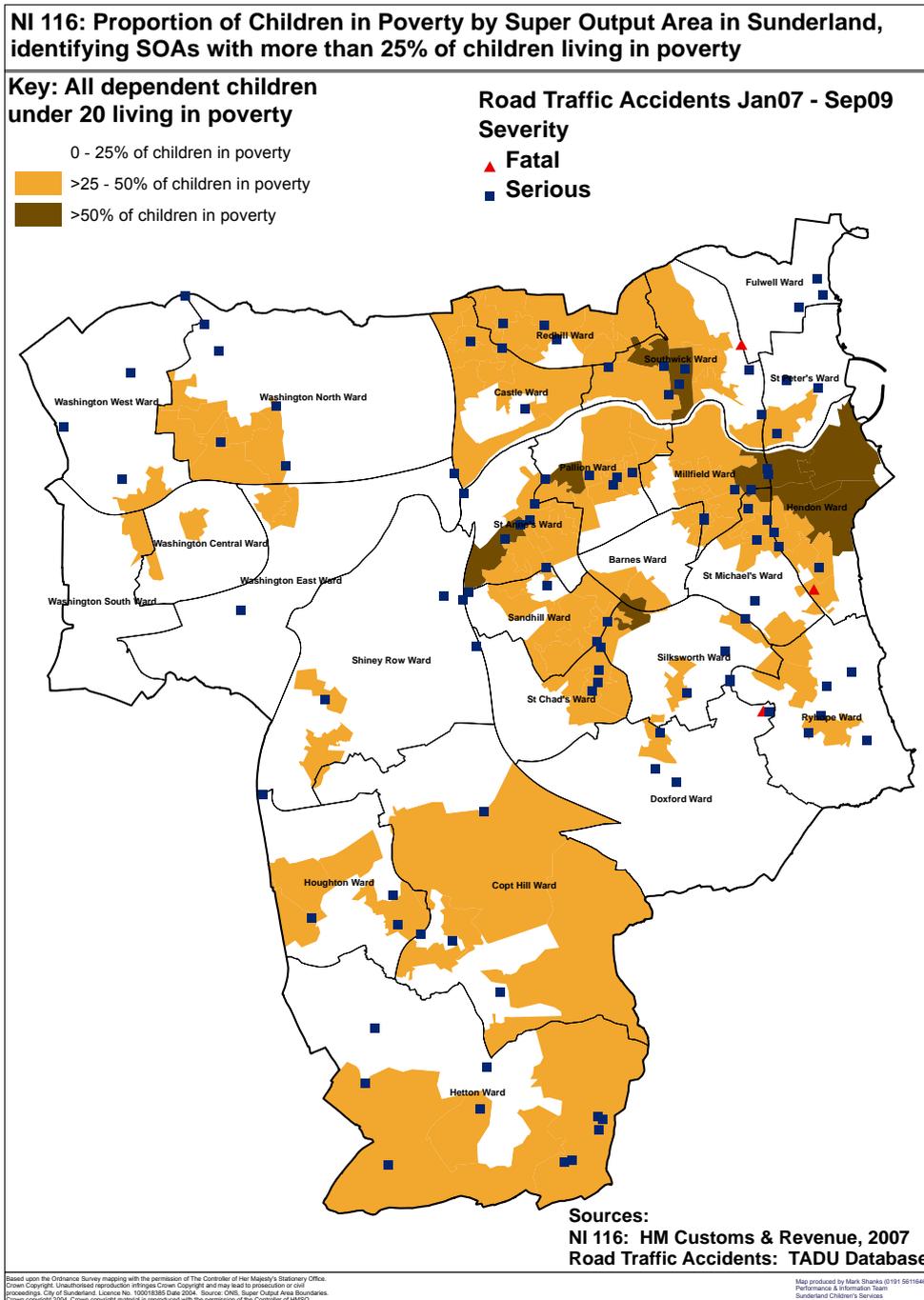
10.54 Key issues of bullying, food nutrition, physical activity, safety and the percentage of young people still living in a house with someone who smokes have emerged, as well as the rate of people claiming benefits or allowances due to mental or behavioural problems.

10.55 Several issues identified in 2008 remain important for the city to address to improve health outcomes for children, young people and their families namely smoking in pregnancy, breastfeeding. Higher than national average levels of young people being overweight or obese, is compounded by young people worried about their weight, poor nutrition levels and gender differences in relation to physical activity. Although educational attainment is increasing, teenage conception remain stubbornly above the national average. Safety is also an increasingly important health issue. Bullying is also very important across the age groups. Child poverty is a key issue. In addition the low level of certain childhood immunisation requires concerted action. Young people have been consulted widely and are clear what they want. The issues important to young people should also not be treated in isolation, but in the context of families and local communities.

10.56 **Road Traffic Accidents and Child Poverty**

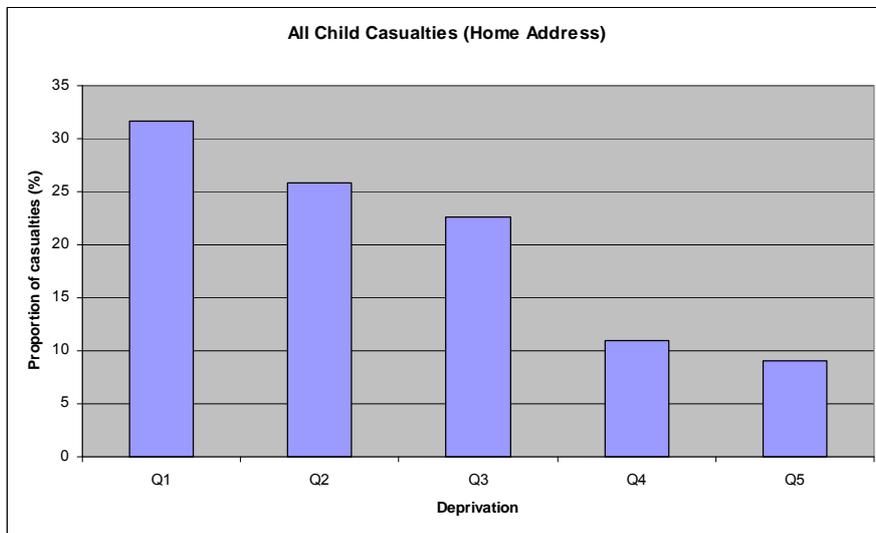
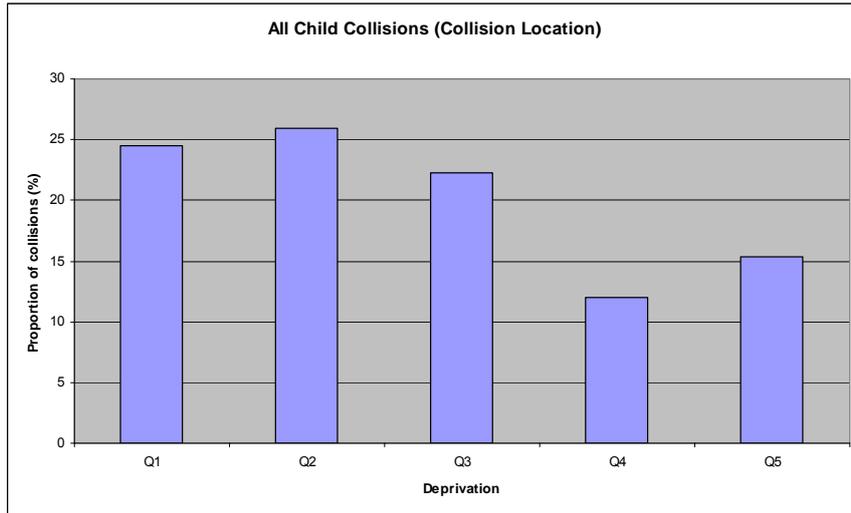
Studies and information over time have indicated a trend toward correlation between levels of deprivation in an area and the numbers of road fatalities, in particular the number of road traffic accidents (RTAs) involving children and young people. Following significant improvements in this area during recent years Sunderland, for the period 2004 – 2008, was ranked 28th highest out of 408 areas in Great Britain whereby it was deemed 306 children had been injured on our roads; the average GB rate for this time period was 427 (Source: Child Casualties Report 2010, Road safety Analysis Ltd).

10.57 The subsequent map outlays location of fatal and serious RTAs involving all children between January 2007 and September 2009.



10.58 Further analysis by Sunderland City Council looking at areas of multiple deprivation at super output level, where those areas are split into 5 groupings Q1 to Q5, Q1 being the 20% most deprived areas and Q5 being the 20% least deprived areas. Using the percentages of child casualties (under 16) recorded on STATS 19 crash records for three full years between 01/01/07 and 31/12/09, two sets of analysis have been done: These initially linked the areas of deprivation to crash location for total child collisions, child KSI collisions, child pedestrian and cycle collisions; and then by home address for total child casualties and child pedestrian casualties.

10.59 The graphs show that the most deprived areas are clearly overrepresented but that the over representation varies slightly when looking at crash locations. The imbalance is much clearer when the home address of the casualty is used, both for total casualties and pedestrian casualties.



10.60 **Education and Skills**

The highly influential Marmot Review of health inequalities identified in 2010 that birth weight, postnatal depression, being read to every day, and having a regular bed time at age 3 – are all likely to relate to a child's chance of doing well in school. These predictors and subsequent attainment of children and young people are strongly influenced by parental income, education and socioeconomic status. The social position of parents accounts for a large proportion of the difference in educational attainment between higher and lower achievers. These differences emerge in early childhood and tend to increase as children get older.

10.61 Children from disadvantaged backgrounds are more likely to begin primary school with lower personal, social and emotional development and communication, language and literacy skills than their peers. These children are also at significantly increased risk of developing conduct disorders that could lead to difficulties in all areas of their lives, including educational attainment, relationships and longer-term mental health.

10.62 The opportunity therefore to break the links in the cycle of child poverty come early and quickly. If a child does not succeed at school in the foundation years the impact will be felt throughout their life. Impacting on their ability to avoid early pregnancy, gain employment stay, healthy and not pass on the attributes of poverty to their next generation. The need therefore to address this through delivering the fundamental skills, of communication, reading and writing is at the very heart of dealing with child poverty in Sunderland.

10.63 **Early Years Foundation Stage Profile EYFSP five year olds**

EYFSP assesses children aged five. Children are assessed across 13 different EYFSP elements and receive a score between 0 – 9 for each. Children who achieve a score of 6+ are classed as working securely within early learning goals. The national indicator NI 72 measures the percentage of children who achieve at least 78 points and also 6 scale points in each assessment of Communication, Language & Literacy and Personal, Social & Emotional Development, which is classed as a 'good level of development'.

10.64 EYFSP results have improved significantly over the last three years, taking Sunderland above national results in 2009. There are differences across the city, notably lower proportions of pupils achieving NI 73 in Hendon, Redhill and Southwick, although Southwick has shown strong progress 2009 - 2010. EYFSP results for those pupils living in areas of high child poverty (representing the top 10% LSOAs nationally for child poverty) have improved over the last three years, from 35% to 43% to 48% of pupils achieving NI72, 2008 – 2010. However, results across the whole of Sunderland have also improved and so the gap between those pupils and the rest has not narrowed, remaining at around 12% points in 2010.

10.65 The map shows EYFSP results across three years at LSOA level, identifying performance in those LSOAs that are in the top 20% highest for child poverty nationally, identifying areas in Washington, Redhill, Southwick, Hendon wards and areas of Coalfields with relatively lower levels of pupils achieving NI 72. Three years' data is used to establish LSOA pupil cohorts larger than ten pupils. It should be noted, that results in 2010 have shown strong improvement in Southwick and Hendon.

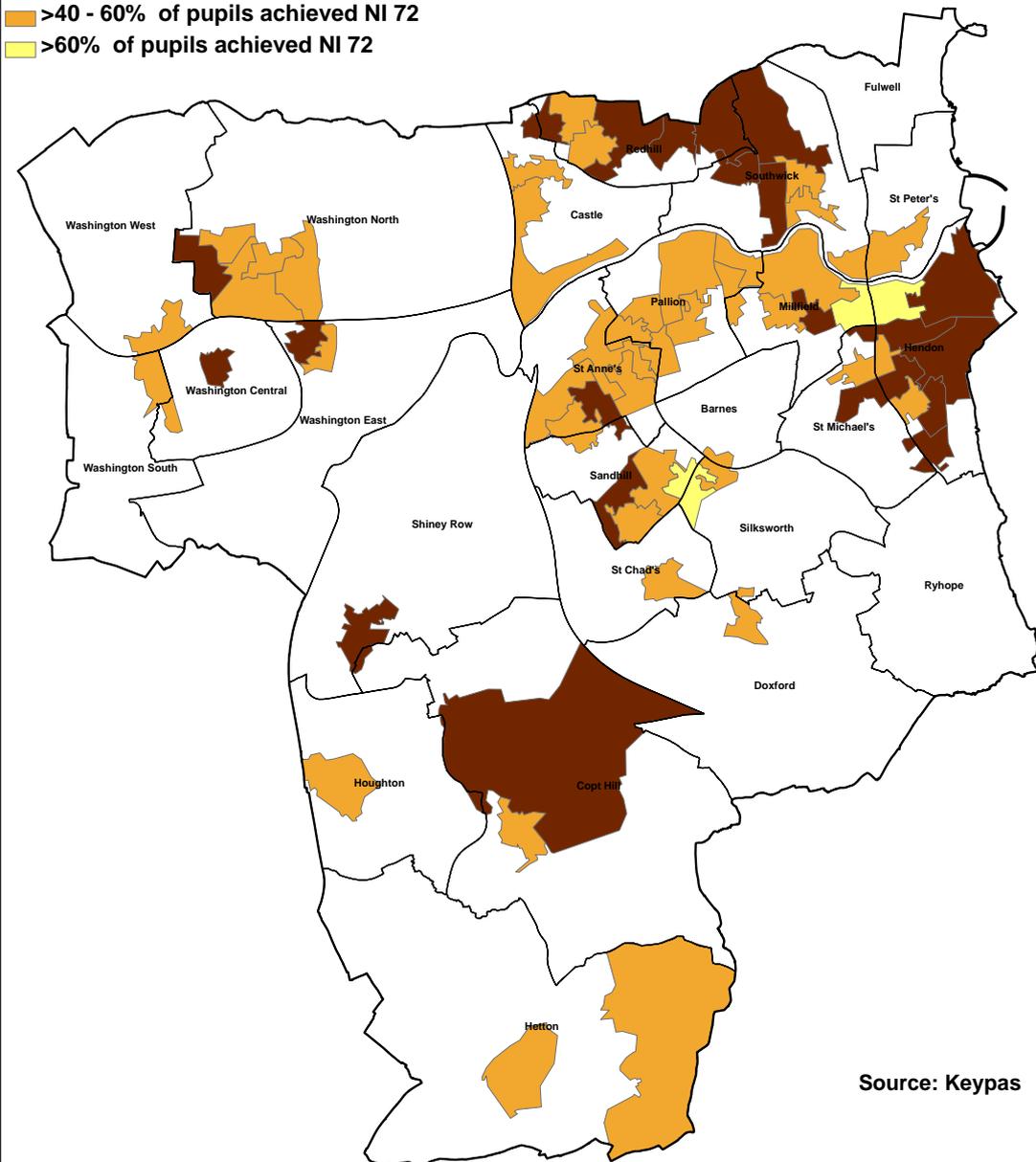
Map showing Sunderland Super Output Areas with relatively high Child Poverty and the Foundation Stage Profile results for children who live in those SOAs

Definition:

Super Output Areas represent those ranked within the top 20% nationally according to percentage child poverty
 Foundation Stage Profile results show % of pupils achieving NI72 (2008 – 2010 results combined)

KEY: Percentage of pupils achieving NI 72 (2008 - 2010)

- <40% of pupils achieved NI 72
- >40 - 60% of pupils achieved NI 72
- >60% of pupils achieved NI 72



Source: Keypas

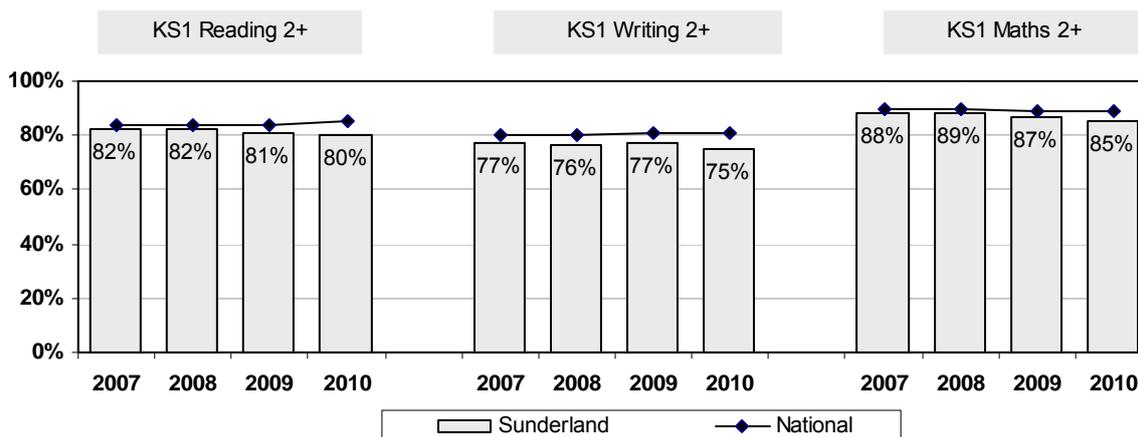
NI72: measures the percentage 5 year olds who achieve at least 78 points and also 6 scale points in each assessment of Communication, Language & Literacy and Personal, Social & Emotional Development.

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10.66 Attainment at age 7: Key Stage 1 results

Children are teacher assessed at Key Stage 1 in reading, writing and maths at age seven. The nationally expected level of achievement at this age is level 2, and the highest assessment is level 3. Key Stage 1 results at level 2+ have declined slightly at reading, writing and maths. There has been a similar pattern for percentage of pupils achieving level 3+, with reading declining from 21% to 19%, writing from 10% to 8% and maths from 18% to 16%, 2009 – 2010.

Key Stage 1 Results: % pupils achieving level 2+



10.67 Attainment at age 11: Key Stage 2 results

Children sit Key Stage 2 tests at the end of primary school in English and maths. Pupils also receive a Key Stage 2 teacher assessment level in English, maths and science. The nationally expected level of achievement at this age is level 4, and the highest is level 5. Citywide results at Key Stage 2 this year are incomplete. Following industrial action by the NAHT and NUT teaching unions regarding administering the Key Stage 2 tests, 49 out of 79 (62%) schools participated in the tests this year, representing 1,976 (66%) of Year 6 pupils. However, all Sunderland pupils have been formally teacher assessed in English, maths and science.

10.68 Key Stage 2 Teacher Assessment results show an improvement from last year. The percentage of pupils' teacher assessed at level 4 or higher in both English and maths has improved from 70% to 73%, 2009 to 2010. Based on teacher assessment in both English and maths, Sunderland has closed the gap to the national average this year.

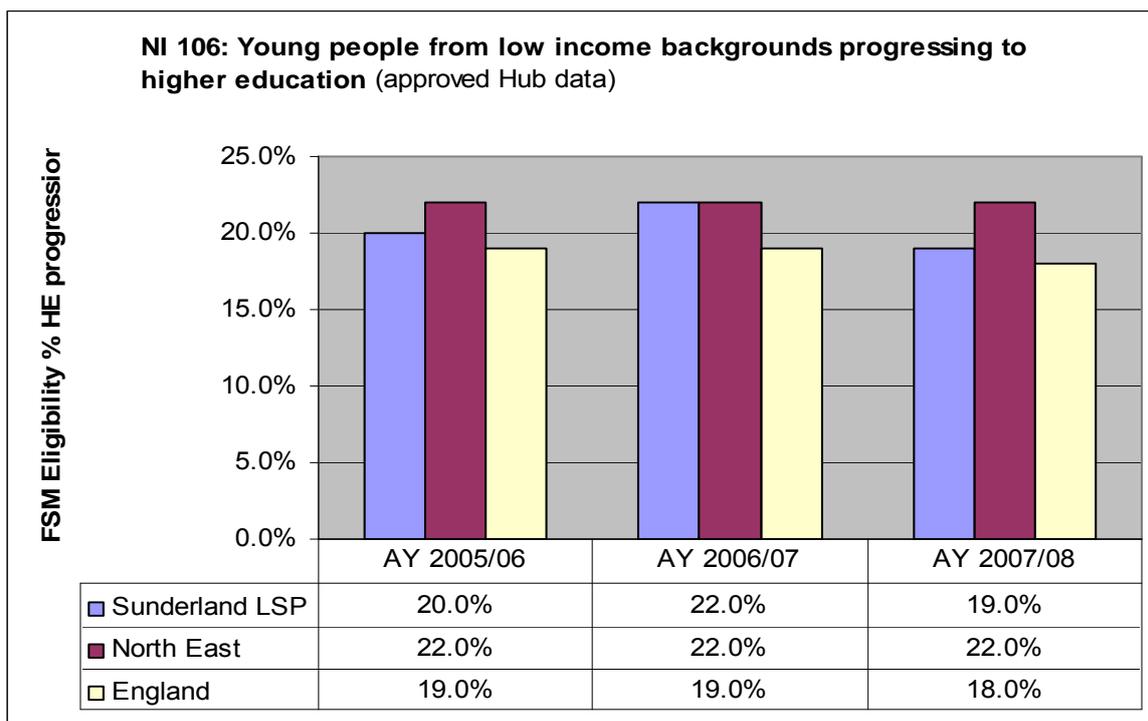
10.69 However, across the city, performance for LSOAs with high child poverty (top 10% child poverty nationally) has not improved over the last three years (62% to 58% to 57%, 2007 – 2009), and the gap between those pupils and the rest has also widened over the period, from 10% in 2007 to 15% in 2009. Children in care reaching level 4 in English and level 4 in maths at Key Stage 2 were substantially lower than previous year due to exceptional performance of children in 2008.

10.70 **Pupils achieving 5 or more A*-C grades including GCSE English and Maths**
The government's gold standard measure requires sixteen year olds to achieve at least five GCSEs or equivalent at grade A*-C including a least grade C in both GCSE English and maths. Sunderland's results this year are the highest achieved and also the highest year on year improvement since the measure was introduced.

10.71 Sunderland's 5+ A*-C including English and maths has improved from 45% to 52%, 2009 – 10, representing a 7% point improvement this year and an 18% point improvement over five years. There has been a strong rate of improvement for both boys and girls this year; girls have improved by 9% points, from 47% to 56%; boys have improved by 5% points, from 43% to 48%. More pupils are achieving the higher A*-C grades in both English and maths subjects. 61% of pupils achieved A*-C grade in English compared to 52% last year. In maths, the proportion of pupils achieving an A*-C grade increased from 49% to 58. Results continue to improve year on year, representing a 21% point improvement over the last five years.

10.72 Using Free School Meals as a proxy for child poverty we can see that the Sunderland FSM cohort improved from 38% to 56% from 04/05 to 08/09 academic years; an increase of 17.6% points. Sunderland is now performing better than NE average and is within 1% point of national average.

10.73 However the performance of young people from low income backgrounds progressing to higher education is reducing in line with national average although queries continue regarding reliable data source of up-to-date information (published minimum 2 years out of date).



10.74 Fixed Term Exclusions

Clearly if you are not a school you can not succeed academically, there is an apparent link between those neighbourhoods with high levels of poverty and higher levels of exclusion. Fixed term exclusions from school for statutory school age pupils has increased in Sunderland year on year between 2006/7 and 2008/9 academic years. Across the five localities, fixed term exclusions have remained relatively stable in Coalfield and Sunderland North; while there have been increases in Sunderland East and Washington, and a substantial increase in Sunderland West. Analysis by ward shows substantial increases in St. Anne's, Pallion and Hendon.

10.75 Increases in pupils excluded fixed term becomes more marked when comparing those super output areas in Sunderland that are within the top ten highest child poverty areas nationally with the rest of Sunderland LSOAs, increasing from 4.7% to 5.5% to 12.8% over the three academic years 2007 - 2009; however, the figures are skewed by substantial increases in exclusions in St Anne's and Pallion wards. Hendon exclusion rate also continues to increase year on year. Exclusions in areas not within top 10% child poverty nationally have also increased from 2.9% to 3.4% to 4.7% over the same period.

- 10.76 Persistent absence represents those statutory age pupils at secondary school who were absent for 52 sessions or more. Persistent absence is improving in Sunderland but there remain differences in rates across the city. Areas of relatively high proportions of PA pupils are Hendon, Pallion, St Anne's, Southwick and Redhill. There have been notable increases in PA rates in St Anne's and Pallion wards, while Washington North, St Chad's and Doxford wards have shown notable reductions in PA across 2007 - 2009 academic years.
- 10.77 Analysis according to those areas of high child poverty (LSOAs in the 10% highest child poverty nationally) shows that the PA rate has increased over a three year period, from 8.3% in 2007 to 8.6% in 2009, widening the gap between those pupils and the rest. Within this group there have been declining rates particularly in Hendon and St Anne's wards while Southwick PA has improved year on year, 2007 - 2009.

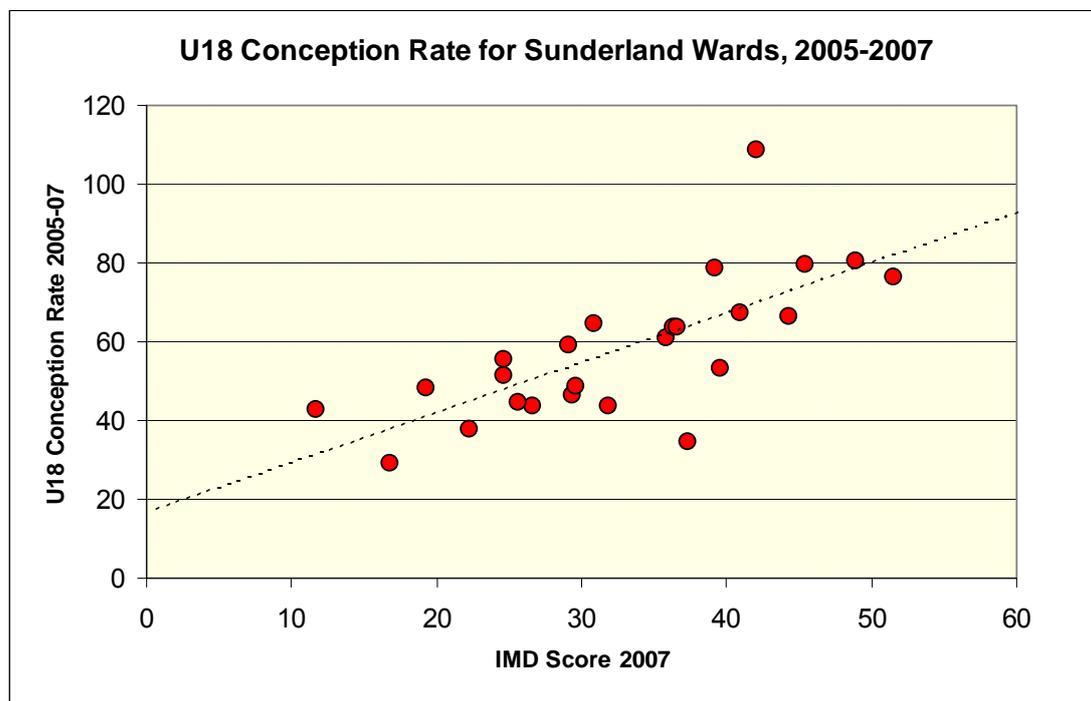
10.78 Teenage Pregnancy

Teenage pregnancy is a significant public health and social exclusion issue. It is recognised nationally that having children at a young age places young women and their children at risk of poor outcomes.

10.79 The under 18 conceptions rate in Sunderland has reduced from 59.2 per 1,000 in 2007 to 53.3 per 1,000 at March 2009. This represents a reduction of 15.5% from the 1998 baseline, compared to a 6% reduction in 2007. The actual number of under 18 conceptions has reduced from 327 in 2007 to 290 in 2008. The latest 4 quarters' data to March 2009 shows 78, 75, 74, 66 conceptions each quarter.

10.80 The story within these figures is that teenagers who become parents are known to experience greater educational, health, social and economic difficulties than young people who are not parents. There is evidence that teenage pregnancy often results in poor outcomes for both the teenage parent and the child. Babies of teenage mothers have a 60% higher risk of dying in their first year and have a significantly increased risk of living in poverty, achieving less at school and being unemployed in later life.

10.81 The following chart takes the under-18 conception rate and compares this to the Indices of Multiple Deprivation Score, which demonstrates that the under-18 conception rate increases as the deprivation score increases. The chart shows a positive correlation between deprivation and under-18 conception rates in Sunderland, suggesting a relationship between the two.



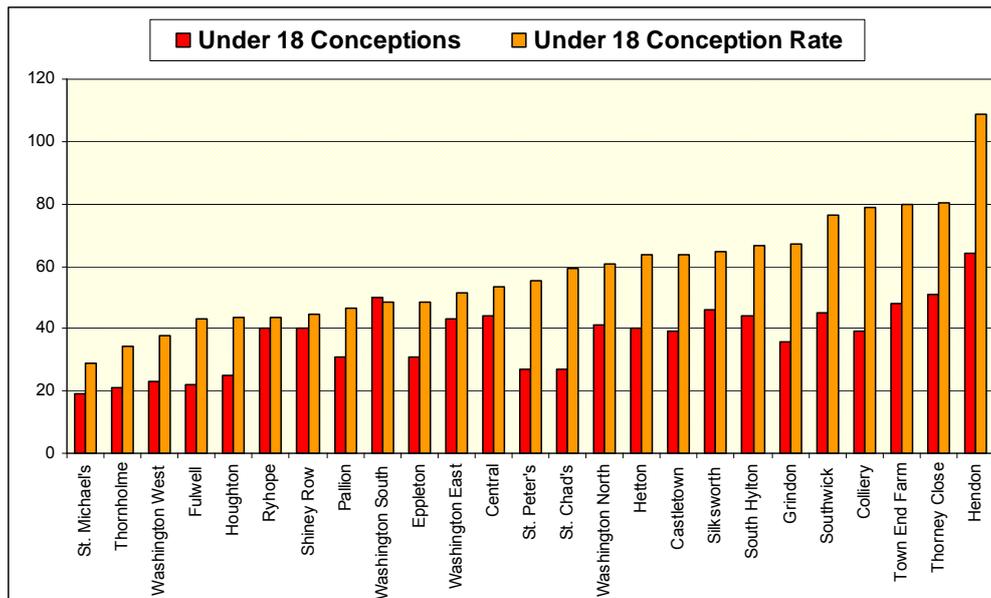
Under-18 conception rates correlated with deprivation

10.82 Following the release of the National Teenage Pregnancy Strategy a local target was set to obtain a 55% reduction in the under 18 conception rate by 2010. The under-18 conception rate in Sunderland has followed a downward trend overall from 1998 to 2008 – despite a 16% reduction over this period, this has fallen short of the required target.

10.83 Significant work is now underway to address this issue, including a very detailed Needs Assessment of which this is only a summary focused mainly on the links with child poverty. The full needs assessment has therefore been compiled to provide detail on the teenage pregnancy picture in Sunderland, and to assist the planning and actions being put in place to address the issue of teenage pregnancy by making recommendations and highlighting gaps in service based on the evidence available.

10.84 **The main findings of the assessment were:**

- Since 2005, Sunderland has had the highest under-18 conception rate within Tyne and Wear.



Number of conceptions and rate per ward

10.85 The above shows that Hendon has both the highest number of under-18 conceptions and conception rate between 2005-2007. Despite Washington South having a one of the highest numbers of under-18 conceptions, the rate is lower due to having the highest population of girls aged 15 to 17. Wards with a relatively low population tend to show a greater difference between number of conceptions and rate of conceptions.

- The rate of under-16 conceptions in Sunderland has increased from 10.8 in 2001-03 to 11.9 in 2005-07. An increase has been seen within the North East over the same period, and nationally since 2003-5.
- The percentage of under-18 conceptions leading to terminations in 2008 is less in Sunderland (41%) than the regional (43%) and national figure (50%).
- In 2009, 11 young women in care or leaving care became pregnant. A national study by Berrington A, Diamond I, Ingham R Stevenson J *et al* (2005) has shown that by the age of 20 a quarter of children who had been in care were young parents, and 40% were mothers. The prevalence of teenage motherhood among looked after girls under-18 is around three times higher than the prevalence among all girls under-18 in England.

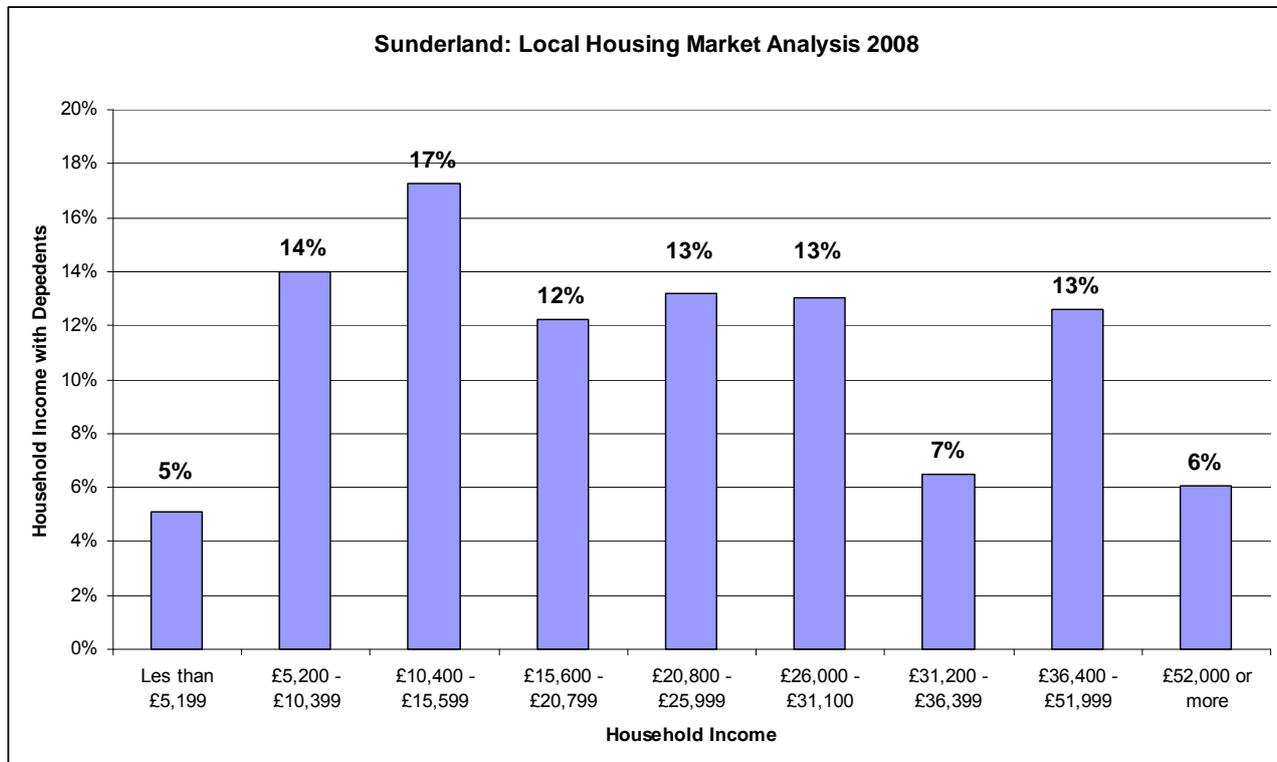
10.86 Young people affected by teenage conception in Sunderland were consulted within 2009 to understand their decision making process about their pregnancy. Young women who continued with their pregnancy said that they felt abortion was morally

wrong. In addition, the majority of young people who continued with their pregnancy did not regularly attend school. Additionally research found that, young people who were likely to continue with their pregnancy had fewer aspirations, tended to live alone or with partners and less likely to be with the partner of their child. Young people who opted for a termination were more likely to live with both parents, have aspirations to go on to further education and likely to still be in a relationship with their partner.

11. Housing

11.1 Affordability

The Local Housing Market Analysis 2008 identifies that within Sunderland there are some 97,064 households; 25,074 are households with dependents.



Sources: Land Registry and ONS Annual Survey of Hours and Earnings.

11.2 Increasing house prices have affected overall affordability levels. The proportion of properties which could be afforded based on lower quartile and median incomes over the period 2002 to 2006 (excluding savings / existing equity) show a consistent and worrying decline in the proportion of properties sold at an affordable price (i.e. no more than 3.5x lower quartile and median incomes):

- In 2006, only 5.3% of property sales were affordable to people on a lower quartile income (£4,550 per annum) compared with 33.7% in 2002;
- In 2006, only 13.8% of property sales were affordable to people on a median income (£19,931.60 per annum) compared with 48.9% in 2002.

11.3 To further illustrate the impact of house price increase on relative affordability in 2002, a household income of £16,321 would have been needed to buy an average-priced home in Sunderland. By 2007, a household income of £30,536 would be required to buy an averaged-priced home in Sunderland.

11.4 The Mortgage Rescue Scheme, operating in English local authorities since 2008, was introduced in response to economic downturn. Of those residents whom are home-owners in Sunderland, 177 people have approached the City Council in mortgage difficulty during the last 12 months. In Sunderland, 35 cases are ongoing, 65 have been prevented from possibly becoming homeless of which 2 have completed the mortgage rescue process. Of the 35 ongoing cases a further 10 are

being considered for mortgage rescue. 73 people have been given advice and assistance with 2 families being accepted as statutory homeless.

11.5 The three priority need categories are that the homeowner must be (a) a person with whom dependent children reside or might reasonably be expected to reside, (b) a pregnant woman or a person with whom she resides or might reasonably be expected to reside, or (c) a person who is vulnerable as a result of old age, mental illness or handicap or physical disability or other special reason, or with whom such a person resides or might reasonably be expected to reside (see section 189(1)(a)-(c) of the Housing Act 1996).

11.6 Homelessness

Over the last five years there has been a decrease in the number of households accepted as unintentionally homeless and in priority need, primarily due to the increasing effectiveness of preventative measures. Between 2008/9 and 2009/10 this trend continued, with a reduction of 40 cases year on year. Geographically, the number of homeless acceptances cases is higher in the Sunderland East, Sunderland North and Washington Area Regeneration Framework (ARF) areas. Within these ARFs there is tendency for one or two wards to have a disproportionately higher number of cases. Notable examples are the Hendon ward in the Sunderland East ARF area and Washington Central in the Washington ARF area.

ARF	2008/2009	2009/2010
Coalfields	24	32
Sunderland East	50	42
Sunderland North	36	31
Sunderland West	53	27
Washington	40	34
Not in Sunderland	15	12
Total	218	178

11.7 Lone parent households accounted for the majority of accepted homeless cases. They accounted for 52.3% of all cases in 2008/8 and 49.4% of all cases in 2009/10. The highest numbers of lone parent households are from the Hendon Ward within the Sunderland East ARF area. Single person households accounted for the second largest number of cases and, in contrast to other household types, is the only household type that has not seen a reduction in the number of cases year on year. Couples with dependents are the third largest group but there has been a reduction in the number of cases of 39.5% year on year.

11.8 Historically the main causes of homelessness in Sunderland are parents no longer willing or able to accommodate and violence from partners / associated persons. The number of cases that are caused due to parents unable to accommodate has been reducing over the last five years and reduced further by 15% between 2008/9 and 2009/10. There is very little variance between the ARF areas. Homelessness caused by domestic violence has seen a reduction in the number of cases over the last five years but it now accounts for 25% of all homeless cases. Previously it only accounted for 15%. The geographical distribution of cases is less uniform, with more cases from the Sunderland East, Coalfield and Washington ARF areas. There is a fairly large variance between the different household types. The majority of cases were single person households with 29 (64%), followed by lone parent

households with 13 (29%). Homelessness caused by domestic violence has seen a reduction in the number of cases over the last five years but it now accounts for 25% of all homeless cases. In 2009/10 lone parent households accounted for 71% of all domestic violence cases and single person households accounted for 27% of cases.

- 11.9 In 2009/10 a quarter of households that were accepted as unintentionally homeless spent a period of time in B&B accommodation. Nearly 50% of couples with dependent children households were placed in B&B, the highest proportion of all household types. This high rate can be explained by the relatively low number of cases that were classed as couple with dependent households; in 2009/10 there were only 23 cases. Overall the largest number of households that spent any time in B&B accommodation was lone parent households in 2008/9 and 2009/10. Although the number of households did decrease between 2008/9 and 2009/10, they still accounted for the largest number of all household types in B&B. Over half of all cases that were placed in B&B were placed in accommodation in other local authority areas.

House Type	2008/09		2009/10	
	% of all cases	Total Cases	% of all cases	Total Cases
Couple Dependent Children	18.4%	38	47.8%	23
Lone Parents	20.2%	114	13.6%	88
Single	31.7%	60	36.7%	60
Other	0.0%	6	14.3%	7
Total	22.5%	218	25.8%	178

11.10 Non-Decent Housing

Poor housing conditions within the City are associated with households in social and economic disadvantage. The Decent Home standard measures the quality of dwellings; it should be considered as a minimum standard rather than an aspiration target. The current statutory minimum standard for housing was introduced in the 2004 Housing Act. It is a risk assessment approach known as the Housing Health and Safety Rating System (HHSRS). The key principle of the system is that a dwelling, including the structure and associated outbuildings and garden, yard and / or other amenity space, and means of access, should provide a safe and healthy environment for the occupants and, by implication, for any visitors.

- 11.11 In 2001 the government set a target that 100% of households in social housing should live in a decent home by 2010. In the social housing sector 34,000 properties (99%) in Sunderland meet the decent homes standard in 2007/8. The decent homes standard also applies to the private sector. Unlike the social sector the target is not for all houses to meet the standard, only for those households that are classed as vulnerable. The Public Service Agreement (PSA) target for 2011 is for 70% of vulnerable households to live in a decent home.

- 11.12 According to the 2007 private sector stock condition survey of the 34,464 households that were classed as vulnerable 72% lived in a home that met the standard. Overall there were 19,496 households living in non decent homes. Economically vulnerable households are over-represented in poor condition dwellings. 9,308 economically vulnerable households live in non-Decent dwellings representing 47.7% of all households in non decent dwellings.

Household Type	Decent Homes Standard (HHSRS)				Total	
	Compliant		Non-Compliant		Hhds	%
	Hhds	%	Hhds	%		
Single person non-pensioner	5,100	7.8	3,004	15.4	8,104	9.6
Single parent family	4,132	6.4	1,059	5.4	5,191	6.1
Two person adult non-pensioner	13,487	20.8	2,435	12.5	15,922	18.9
Small family	15,696	24.2	4,111	21.1	19,807	23.4
Large family	1,965	3.0	1,759	9.0	3,725	4.4
Large Adult	2,202	3.4	551	2.8	2,753	3.3
Elderly	21,815	33.6	6,576	33.7	28,391	33.6
Unobtainable	573	0.9	0	0.0	573	0.7
Total	64,970	100.0	19,496	100.0	84,465	100.0

Source: 2007 Private Sector Stock Condition Survey

11.13 Variations in progress towards decent homes for vulnerable people exist both geographically and by housing sector. Key groups remaining below the 2011 PSA target threshold of 70% include the town centre / Deptford, Low Moorsley / Easington Lane and Hendon / East End.

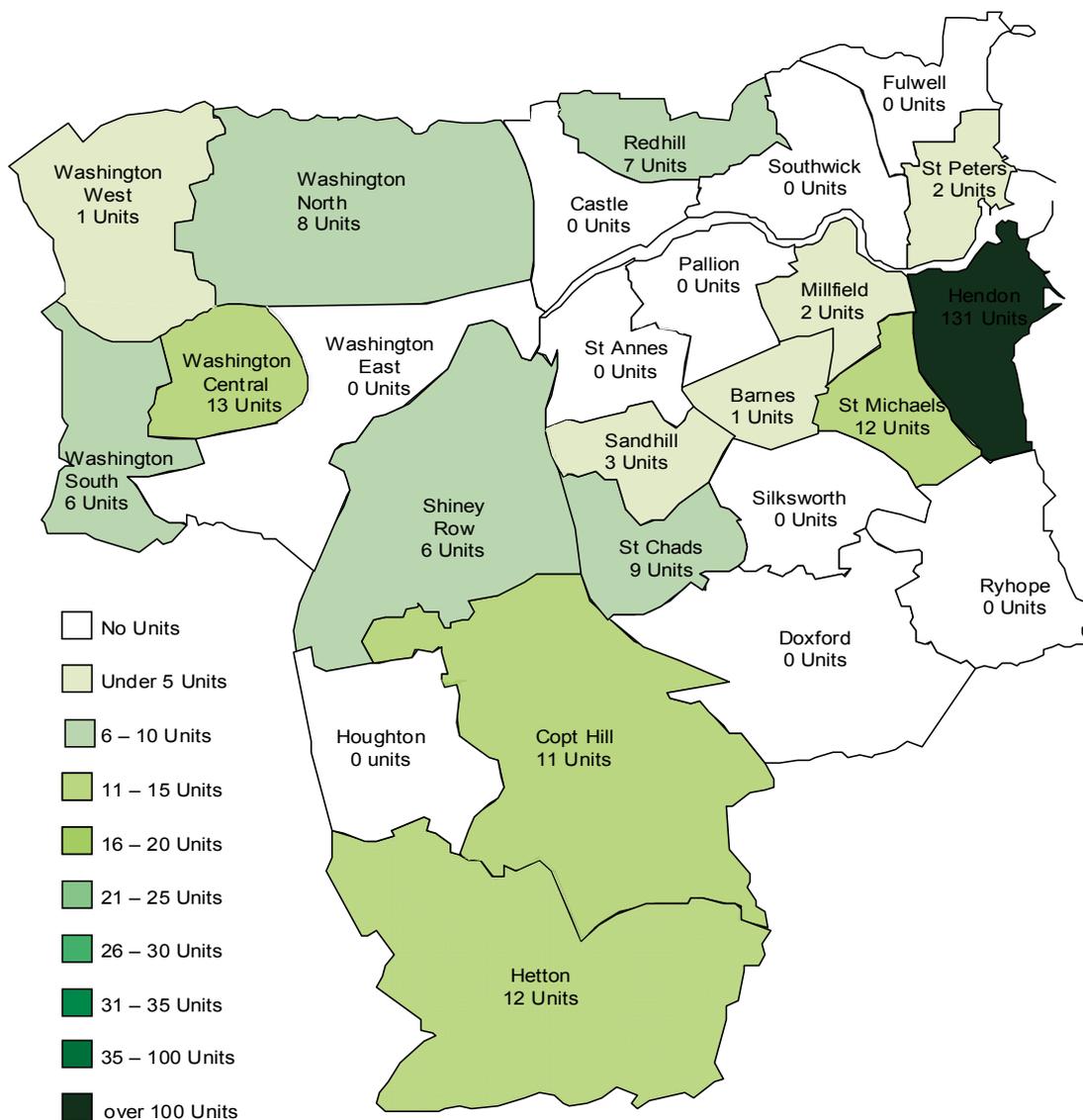
11.14 Social Exclusion

A significant function was the commissioning of the young person's immediate access project which brought another 15 accommodation units onto the market aimed at those in highest need of support. The sector has expanded the floating support services and significantly expanded 1 project to deliver a 200% higher volume for the same money and at the same time increased its BME market share from 2% in 2003 to over 60% in 2009 assist primarily picks up refugees who were former asylum seekers. Additional units were added for young parents and single homeless and homeless families within the outlined period.

11.15 The Social Exclusion sector within Sunderland had over a 25% growth in the number of units from 444 to 575 between 2003 and 2009 with a rise in the investment in this sector from £2.4m to £4.1m in the same period. This saw an increase in the number of services from 16 to 23. The key areas that have seen growth in this area are Drug and alcohol support services (8 units to 44 units), Domestic Violence Services saw the commissioning of a new 10-bed refuge, Offenders has seen an increase in the number of available units from 27 to 44 an increase of 70% from the 2003 baseline figure.

11.16 The majority of units of support in the social exclusion are floating support services; as such service users can be supported in any property in the city. The distribution of floating support units will change over time, as different service users pass through the services. The remaining units are classified as accommodation based

and the distribution of these services is shown below; 58% of all accommodation based units in this sector are located in Hendon. This concentration of services will reduce slightly with the relocation of the Centrepoint hostel, when it moves from its temporary location.



Number of all accommodation based units per ward (based on all service user addresses listed, on 1/2/09)

11.17 The concentration of services causes a number of issues. Removing service users from their local area removes them from potential support structures within their local community. For some client groups this could be an intended outcome of moving to an accommodation based service, removing the service user from negative influences.

11.18 One of the distinguishing features of Social Exclusion services is that service users stay with each service for a relatively short amount of time. This is particularly acute when compared to the other sectors, where service users stay for a number of years. 16% of all service users entering a service will leave within a week; as a guideline Supporting People consider that a service user must remain with a service for at least three months to be considered as engaging with a support plan. It has been

identified that approximately 55% of service users entering a service will leave before fully engaging with a support plan.

- 11.19 For accommodation based services the length of stay may be dependant on client group. Those from the drug & alcohol and offenders client groups stay with their service the longest. Single homeless and those fleeing domestic violence stay the shortest amount of time. It also appears that service users spend longer in floating support services.

12. Barriers to employment, education and training

A key objective in Sunderland's current Child Poverty strategy involves "removing the barriers to employment, education and training and increasing the numbers in work". To be able to support this objective Sunderland City Council and its partners must:

- Identify particular needs of unemployed parents with a view of offering targeted support to getting more unemployed parents into work
- Put in place a targeted approach to reduce the number of young people not in employment, education or training (NEET)
- Engage the hardest to reach young people in the most deprived communities
- Engage key employers to create an understanding of the child poverty agenda and developing their role as current or future employers in reducing child poverty

12.1 The table below shows the numbers and rates of lone parents of working age who are not working and not in full-time education or training in Sunderland over the period 2005 to 2009 compared with the North East as a whole and Great Britain. The figures show that there has been a modest decrease over the period in the numbers of lone parents in all areas. It can also be seen that the rate in Sunderland is very similar to that for the North East but notably higher than Great Britain. As one would expect, supporting data confirm that the vast majority of the numbers of lone parents are female.

Lone Parents 2005-2009						
Date	Sunderland		North East		Great Britain	
	Number	Rate	Number	Rate	Number	Rate
Nov-05	4,170	2.4%	37,660	2.4%	778,520	2.1%
Nov-06	4,160	2.4%	37,600	2.4%	775,520	2.1%
Nov-07	4,050	2.3%	36,460	2.3%	741,790	2.0%
Nov-08	4,040	2.3%	36,380	2.3%	728,910	2.0%
Feb-09	4,160	2.4%	36,940	2.3%	735,990	2.0%
May-09	4,050	2.3%	35,940	2.2%	720,420	1.9%
Aug-09	4,050	2.3%	35,690	2.2%	715,680	1.9%
Nov-09	3,920	2.2%	34,700	2.2%	695,670	1.9%

Notes:

1. The figures are the quarterly averages for the month shown, the month immediately previous and immediately after.
2. Rates from 2009 onwards are calculated using the mid-2009 resident working age population

Source: DWP (via NOMIS)

12.2 The Annual Population Survey 2008 provides information on skills and qualifications of residents aged 16 and above. The latest survey shows that the percentage of the working population holding NVQ2 or above in Sunderland increased significantly between 2005 and 2007, overtaking the national rate in the process before disappointingly slipping back in 2008, although still remaining above the 2005 and 2006 levels.

12.3 The percentage of the working population in Sunderland holding NVQ2, 3 and 4 was lower than the comparative areas. However, perhaps surprisingly, the percentage holding NVQ1 or above was higher than both the North East as a whole

and Great Britain whereas the percentage without any qualifications was lower than the North East but higher than Great Britain.

- 12.4 Connexions Sunderland offers advice and guidance to all young people aged 13 to 19 (up to 25 years of age for young people with special needs) on issues range from education, employment, and training (EET) as well as lifestyle, health and personal development opportunities. Connexions Sunderland and its partners work with young people aged 16 to 18 years to support them in their transition from compulsory education to education, employment and training.
- 12.5 Between 2006 and 2009, there was a substantial reduction in the number of 16 to 18 year olds not in education, employment or training (NEET) in Sunderland notably between 2008 and 2009. Despite this welcome improvement, the rate for the City is still marginally higher than that for the region and significantly higher than the national rate.

16 - 18 Year Olds NEET 2006-2009						
Date	Sunderland		North East		England	
	Number	Rate	Number	Rate	Number	Rate
2006	1,320	13.3%	10,300	11.3%	126,150	7.7%
2007	1,260	12.8%	9,120	10.0%	109,300	6.7%
2008	1,300	13.2%	9,010	9.8%	110,890	6.7%
2009	900	9.5%	8,090	9.0%	104,120	6.4%

Notes:

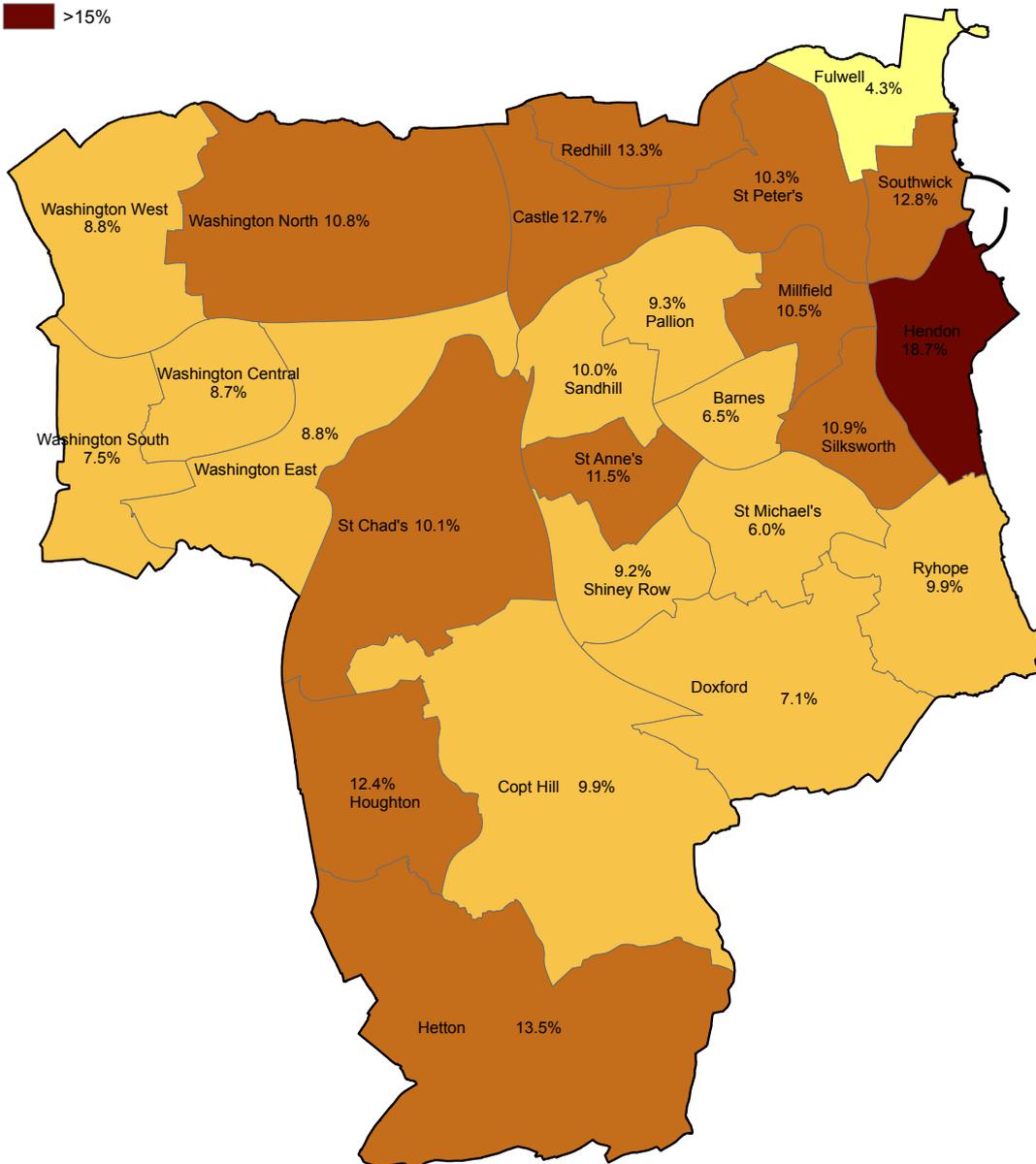
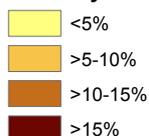
1. The data for each year are an average of the figures at the end of November and December of the year in question and January in the year following. They include all people known to Connexions who were aged 16, 17 or 18 at that time.
2. The figures exclude 16 to 18 year olds known to be undertaking a gap year or in custody.
3. The numbers have been adjusted to assume a proportion of those whose current activity is not known.
4. The figures above cannot be compared with the DfE estimate of the proportion of young people NEET (SFR 20/2010). The DfE figures use a range of data from different sources to estimate the proportion of the population that is NEET, and relate to the young person's academic age

Source: DCSF 14 - 19 Website

- 12.6 The city rate of 16-18 year olds NEET 2009 was 9.5%, the following map indicates the variation by ward for this time period.

Proportion of 16 - 18 year olds Not in Education, Employment or Training (NEET)

16 - 18 year olds (NEET) (November 09 - January 10 NEET Adjusted Average)



Source: Connexions

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Map produced by Mark Sheeks (0191 5611646) Performance & Information Team Sunderland Children's Services

12.7 Positive Activities

100% of schools in Sunderland provide access to the full Core Offer of extended services includes nursery, primary, secondary and special schools and academies. Extended schools provide access to a wide range of services from 8am to 6pm, 48 weeks a year including schools holidays. The Core Offer comprises of a varied menu of activities (including study support), childcare for primary school pupils, parenting support including family learning, swift and easy access to specialist services, and community access to specialist facilities in schools.

- 12.8 In 2009, this included 1900 study support activities across Sunderland with 39,715 places for Children and Young People, of which 83% of the places available were taken up. The types of Study Support activities range from academic subjects, arts / crafts, media (music, video / photography), health, sports & fitness, religion and faith, and accredited youth awards. Parents of school age children may choose to use study support activities to fulfil their childcare needs at the beginning and end of a school day.
- 12.9 The Safer Sunderland Partnership, during 2008, introduced XL Youth Villages to Sunderland which offer activities to young people aged 13 to 19 on Friday and Saturday evenings in a variety of locations. They are staffed and controlled by a large team of Qualified Youth Workers and the whole event is fenced off with a wide variety of activities taking place inside. During the summer of 2009, 1,230 young people attended events that included activities such as playing sports, music and computer games, and dancing. A caravan for youth information which focuses on sexual health issues, drug and alcohol advice as well as career aspirations is also on hand during the events.
- 12.10 **Employer Engagement**
Employer engagement throughout the city and its surrounding neighbourhoods is vital to the city as it strives to combat the challenge around child poverty, that is employers and employees alike are to have a fair understanding of each others needs and capabilities.
- 12.11 Employer demand in relation to skills level and type, as well as necessary required working patterns of their staff is to be linked to employee travel and childcare provision. This will allow identification of opportunities and entry points, available for workless individuals. It will also help to map current and future skills needs, future trends, and identify any potential mismatches between supply and demand.
- 12.12 Data available on job vacancies notified to JobCentre Plus shows the numbers of vacancies notified in Sunderland over the period 2005 to 2009 compared with the North East as a whole and Great Britain. These figures show a substantial increase in all areas in the total number of vacancies notified during the period up to late 2008 /early 2009, followed by a sharp reduction in 2009, the latter providing further evidence of the effects of the world wide economic recession. It is interesting to note, however, that the decline in vacancies notified started earlier in the comparative areas and that the recovery also started earlier in those areas than in Sunderland, where the November 2009 figures showed a continuing reduction. It can also be seen that changes in full time vacancies have been more marked in Sunderland than elsewhere, with the numbers notified in November 2009 being less than half of that a year previously.

Notified Vacancies 2005-2009									
Date	Sunderland			North East			Great Britain		
	Full Time	Part Time	Total	Full Time	Part Time	Total	Full Time	Part Time	Total
Nov-05	1,263	321	1,602	8,212	4,114	12,483	172,970	80,186	255,986
Nov-06	1,821	266	2,167	10,922	3,800	14,999	212,789	75,014	293,982
Nov-07	3,131	1,191	4,368	14,772	5,306	20,311	283,936	92,474	381,463
Nov-08	4,029	737	4,801	13,597	6,304	20,613	260,829	105,228	379,627
Feb-09	3,581	641	4,400	13,146	4,876	19,703	208,586	84,898	309,573
May-09	2,771	340	3,207	9,765	4,127	15,500	183,396	75,646	274,445
Aug-09	2,054	728	2,860	11,584	5,126	17,484	239,873	86,915	341,538
Nov-09	1,980	675	2,719	11,658	5,963	17,960	256,078	102,579	374,380

Notes:

1 Total figure includes "self-employed" vacancies

2 The totals for Sunderland for February 2009 and May 2009 have been arbitrarily reduced to take account of a disproportionately high number of self employed vacancies included in the original figures

12.13 There was a much more marked reduction in the number of claimants per notified vacancy in Sunderland between 2005 and 2008 than the comparative areas and, despite a gradual increase since then, the rate is now lower in the City than the North East as a whole and Great Britain.

Out of Work Benefit Claimants Per Notified Vacancy 2005-2009						
Date	Sunderland		North East		Great Britain	
	Notified Vacancies	Claimants per Notified Vacancy	Notified Vacancies	Claimants per Notified Vacancy	Notified Vacancies	Claimants per Notified Vacancy
Nov-05	1,602	19.8	12,483	21.2	255,986	17.5
Nov-06	2,167	14.6	14,999	17.5	293,982	15.2
Nov-07	4,368	7.0	20,311	12.4	381,463	11.2
Nov-08	4,801	6.6	20,613	12.8	379,627	12.0
Feb-09	4,400	8.0	19,703	14.3	309,573	15.9
May-09	3,207	10.9	15,500	18.2	274,445	18.1
Aug-09	2,860	12.1	17,484	16.1	341,538	14.7
Nov-09	2,719	12.6	17,960	15.6	374,380	13.3

Notes:

1. Notified vacancies include part-time and self-employed vacancies

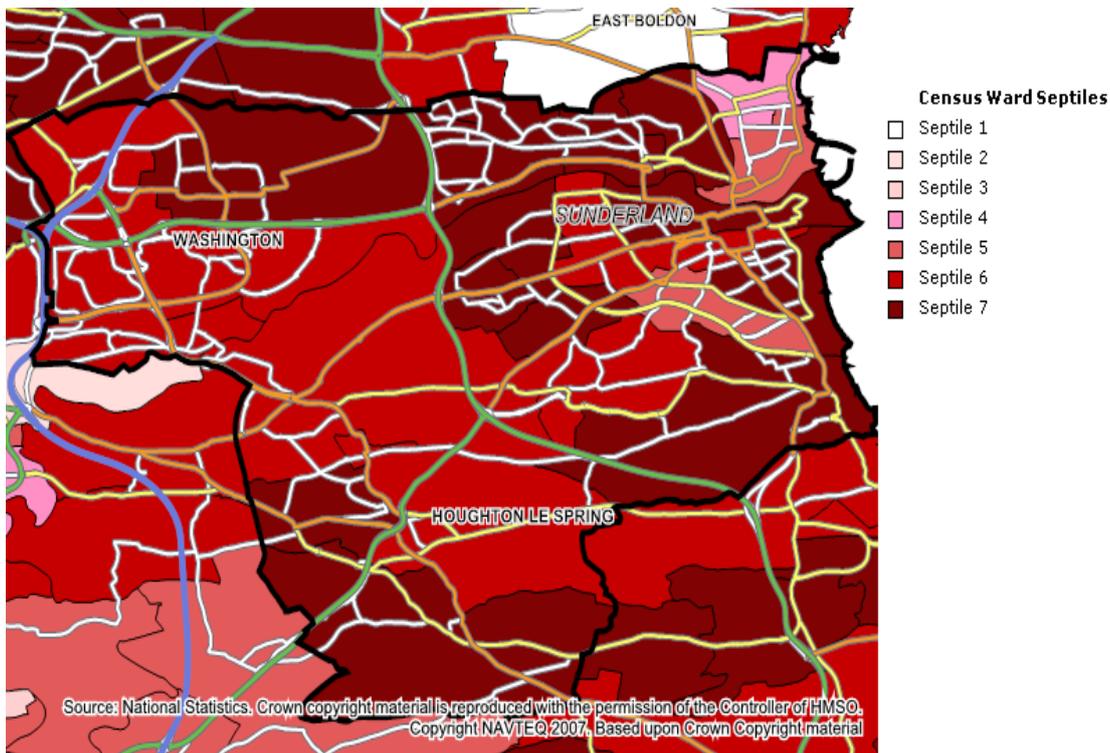
2. Changes to Jobcentre Plus vacancy handling procedures have led to a major discontinuity in the vacancy statistics pre and post May 2006. A more detailed explanation is available on the Nomis web site.

Source: DWP (via NOMIS)

13. Financial Inclusion

One of the four key aspirations set out in the Government's vision for eradicating child poverty is; to have financial support that is responsive to families' situations, so that those families that can't work receive the practical and financial support they need in order to lift them out of poverty.

- 13.1 Poverty and financial inclusion issues also affect families in working households (and therefore children living in these families). A financial inclusion strategy is currently being developed to improve outcomes in Sunderland in five key FI areas:
- Providing access to and promoting affordable credit
 - Providing access to and promoting a savings culture
 - Increasing access to welfare rights advice - especially debt and income maximisation services
 - Increasing take up of appropriate financial products and services
 - Increasing peoples financial capability and understanding
- 13.2 Some benchmarking has already being undertaken that identifies financial exclusion predictors.
- 13.3 HM Treasury commissioned some work to investigate the levels of financial inclusion across the Country. Working with the Tyne & Wear Financial Inclusion Champions and using the data provided by Experian, they were able to assess the overall levels of financial exclusion, likely to prevail within each census ward in Sunderland. This recently published Experian study used data from 2007. It defined financial exclusion by identifying those people, households and communities which display behavioural, attitudinal and demographic characteristics that collectively indicate a requirement for, and exclusion from, mainstream financial services. Such indicators include; financial products holdings, outstanding borrowings and proportion of disposable income spent on household fuel. That is, those indicators that the financial inclusion strategy will be seeking to address.
- 13.4 Each census ward was placed in one of seven categories (septiles) and ranked between one and 10,000 based on their likely levels of financial exclusion (with Septile 7 being the most excluded from mainstream financial services). Out of 25 census wards, over half (13) were ranked in the highest septile for financial exclusion with a further nine ranked at Septile 6. Within the National Rankings, ten census wards were ranked in the top 10% for financial exclusion. The following map shows the levels of financial exclusion within Sunderland.



13.5 **Basic Bank Account (BBA) Management Information (MI)**

It is likely that people without a BBA (as a minimum) will be paying higher charges for essential items such as gas and electric supplies - many will either receive a quarterly bill or have payment meters which are more expensive to maintain than payments adhered to the Direct Debit scheme. It is also the case that people without an account of this type may find it more difficult to find employment as many employers now pay wages directly into bank accounts.

13.6 In 2009, approximately 58% of the population in Sunderland, aged 18 years and above, had a personal income of less than £15,000. Of these, 32% had a Basic Bank Account (BBA) and 18% had Returned Items on their account. Returned Items include 'bounced' Direct Debits or Standing Orders. While the banking status of the other 68% has not been identified within the study, it may be assumed that low-income groups are less likely to be able to take advantage of banking facilities than higher income groups - and, therefore may have no other bank accounts (rather than having more functional accounts).

13.7 In Sunderland, the fifteen most deprived lower-level super output areas (LSOAs) in respect of the percentage of all children in poverty fall within the following wards; Barnes (1), Copt Hill (1), Hendon (4), Hetton (2), Pallion (2), Southwick (3), St Anne's (1), and Washington East (1). The SOA with greatest level of child poverty for all children (73.8%) is within Hendon. Of the population in this LSOA, 82% have a personal income less than £15k, of which 50% have a BBA and 12% have had returned items on their BBA.

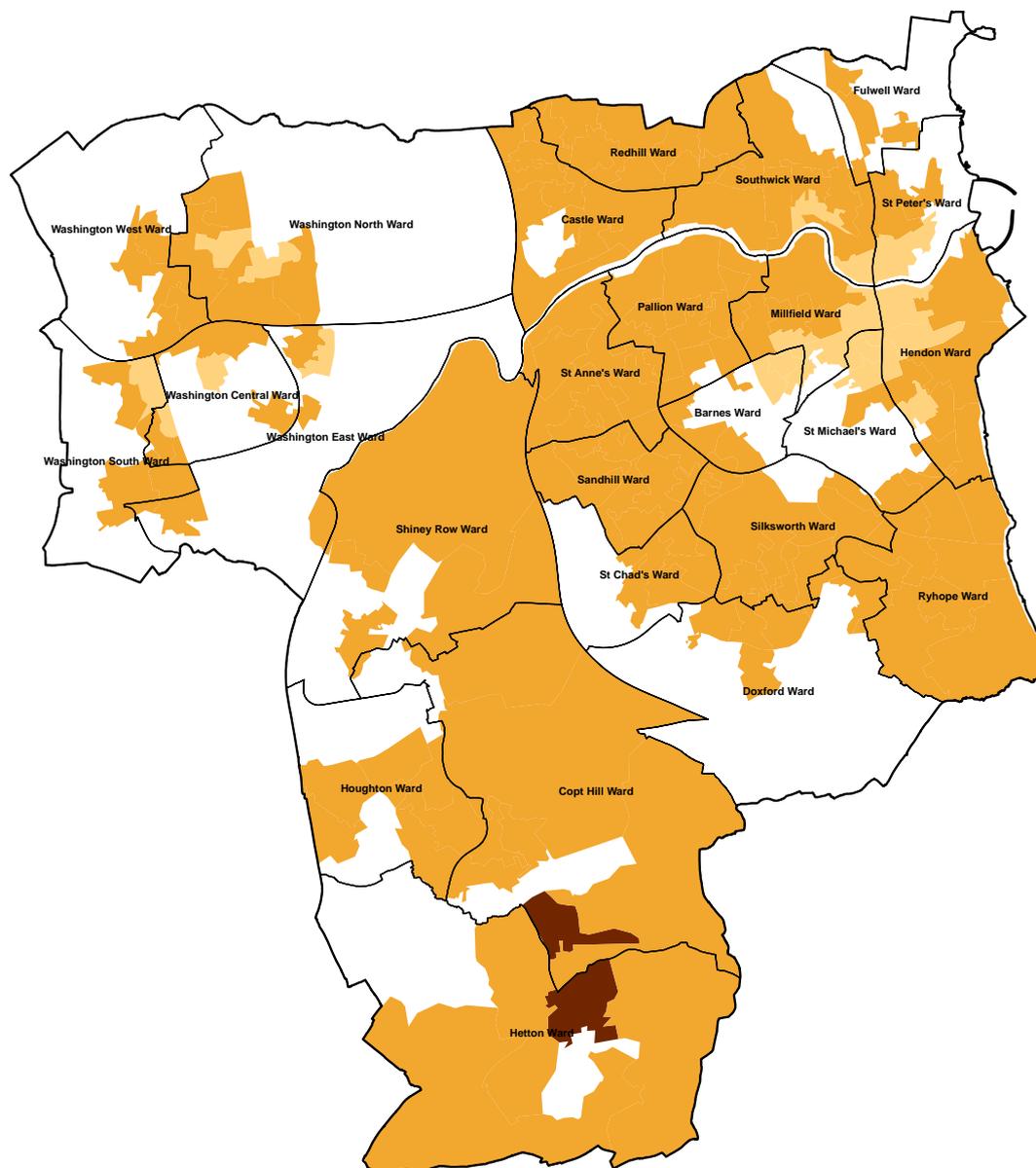
13.8 A LSOA that forms part of Washington Central has the greatest proportion of BBA Holders with returned items (34%) yet only 47% of population in this area are in receipt of personal income less than £15K that have a BBA. This seems to indicate that people living in this area with access to a BBA are more likely to need support to manage those accounts.

- 13.9 A SOA that forms part of Washington Central has the greatest proportion of BBA Holders with returned items (34%) yet only 47% of population in this area are in receipt of personal income less than £15K that have a BBA. This indicates that those whom have a Basic Bank Account in this area are more likely to need further support and guidance once their accounts have been set up regarding viable money management so as to not warrant additional charges for late payments that are associated with Returned Items.
- 13.10 Pallion (73%) is the ward with greatest level of population who have an income less than £15,000. Of these, 26% have Basic bank Accounts – and 19% have had returned items on their accounts.
- 13.11 The following map of Sunderland gives an indication, as at end 2009, of those areas where more than 50% of the population had a personal income of less than £15,000 with a Basic Bank Account. The information indicates that there are two SOAs in Sunderland that have more than 50% of a populated area whose personal income is less than £15,000 yet less than 20% of those persons have a BBA; one in Hetton and one in Copt Hill.

**Super Output Areas where more than 50% of population have a personal income less than £15,000
Colours show for those areas the proportion of population who have a basic bank account**

KEY: SOAs where >50% of population earn <£15,000 and:

- <20% of pop have basic bank account
- >20 - 40% of pop have basic bank account
- >40% of pop have basic bank account



Source:
Basic Bank Account Management Information (BBA MI) at 31/12/2009 provided by DWP and Experian

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Map produced by Mark Shanks (0191 5611646)
Performance & Information Team
Sunderland Children's Services

13.11 Work has already been undertaken in Sunderland using the model outlined in the councils strategic plan for welfare rights advice, to improve access to welfare rights and information services (including debt advice) for all Sunderland residents. This activity should help to address FI (and child poverty issues) and help begin to change these improvements have included better marketing of services and information, the development of websites and self help materials so that a wider range of people can be reached/ helped.

- 13.12 In addition, service delivery locations for a number of contracted Welfare Rights Services have been reviewed through new contract arrangements with the council. These contracts will improve access to advice for families with children, and the providers are required to provide at least 30% of their activity within the most disadvantaged LSOAs.
- 13.13 Information provided by these providers (for the part of the period covered by the council's previous advice contracts) showed that during 2009-2010, they helped 17,145 customers, primarily with welfare benefits and debt issues.
- 13.14 Sunderland East (23.7%) had the greatest proportion of residents seeking advice and information. Within Sunderland East the ward with the largest number of customers was Ryhope (5.4%). However, on a ward by ward basis, Shiney Row (7.1%) had the greatest proportion of residents seeking advice and information, followed by Washington North (5.9%) and Castle (5.7%).
- 13.15 Worklessness within the working age population is a strong indication toward the number and proportion of adults and families affected by the need for financial support. Low income and material deprivation are pivotal to the associated outcomes of child poverty. In order to identify and ensure that residents are supported to become financially included across the city and maximise the take-up of applicable benefits partner agencies co-operate resources and intelligence to identify appropriate source of help for customers; focusing on alternate methods of maximising income.
- 13.16 A general accepted measure of worklessness is the proportion of out of work benefit claimants. The numbers claiming out of work benefits remained fairly stable between 2005 and 2007 then rose sharply until February 2009, due mainly to the worldwide recession, before gradually falling over the next three quarters. The recent reduction, though needing to be treated with caution due to the relatively short time-span, is a welcome step. Both the numbers and the rates of out of work benefit claimants are, much higher than the more conventional measures of unemployment. For example in November 2009, the total number of people claiming out of work benefits in Sunderland was 34,270 (19.5%) compared with only 9,870 (5.6%) claiming Jobseekers Allowance and 14,400 (10.4%) as measured by the International Labour Organisation (ILO) survey. It can also be seen; however, that this measure is not as high as the Economically Inactive figures includes some people who, for various reasons, are not considered as part of the workless population.

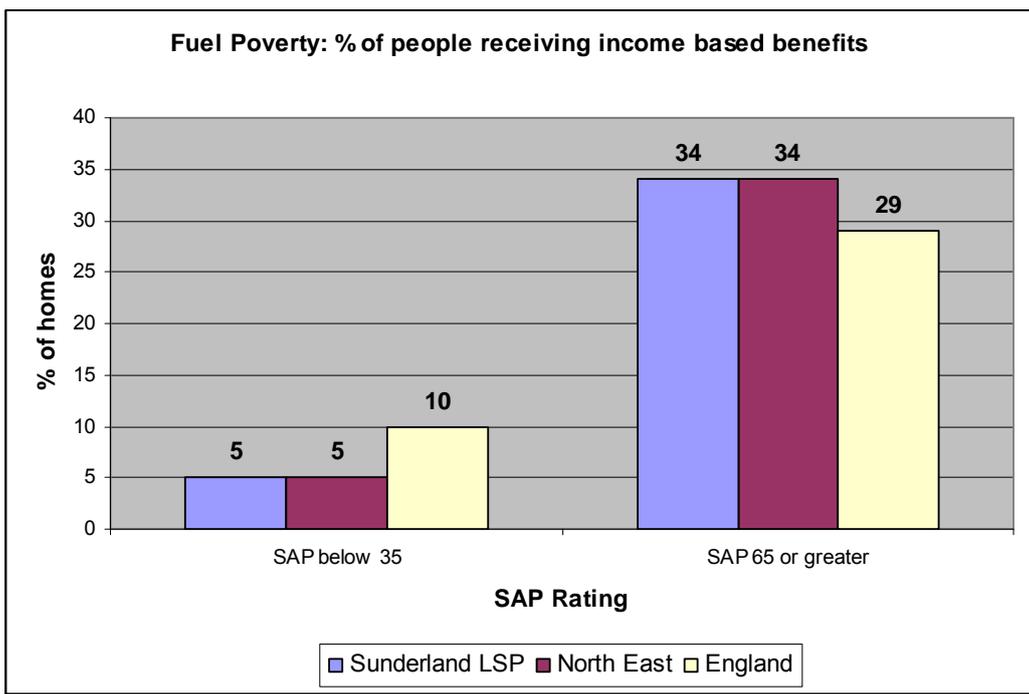
Out of Work Benefit Claimants 2005-2009						
Date	Sunderland		North East		Great Britain	
	Number	Rate	Number	Rate	Number	Rate
Nov-05	31,760	18.1%	264,280	16.7%	4,469,230	12.3%
Nov-06	31,690	18.0%	261,790	16.5%	4,457,170	12.2%
Nov-07	30,460	17.3%	250,860	15.8%	4,279,840	11.6%
Nov-08	31,690	18.0%	263,020	16.5%	4,537,990	12.3%
Feb-09	35,100	20.0%	282,730	17.7%	4,931,330	13.3%
May-09	35,060	19.9%	282,120	17.7%	4,956,630	13.4%
Aug-09	34,520	19.6%	281,400	17.6%	5,006,970	13.5%
Nov-09	34,270	19.5%	279,620	17.5%	4,961,170	13.4%

Source: DWP (via NOMIS)

- 13.17 The Annual Population Survey (APS) provides a breakdown of unemployment and economic inactivity by age, gender, and ethnicity. It is also possible to look at the reason for being economically inactive, which includes being retired, a student, long-term sick, a carer or discouraged worker, someone who has given up searching for a job due to lack of suitable employment or lack of success when applying. The APS also provides information on the proportion of the economically inactive population who want a job, which can be used to measure the level of 'hidden unemployment' in an area. It should be noted, however, that at local authority level and below, APS data must be interpreted with caution when looking at sub-groups as data may be unreliable due to small sample sizes.
- 13.18 An indicator of financial inclusion is the proportion of disposable income available to spend on household fuel. The Standard Assessment Procedure (SAP) is the Government's measure of energy performance of any domestic dwelling on a scale of one to 100 (where a score of 100 represents a zero energy cost). A dwelling can score more than 100 where it is a net exporter of energy (that is, it generates more energy than it uses). The Affordable Warmth Strategy aims to improve the SAP of all vulnerable households in Sunderland to a minimum of 65; citywide it aims to achieve an average SAP of more than 65.
- 13.19 During 2008/09, 5% of Sunderland's population (compared to 10% nationally) was in receipt of income-based benefits and living in a property with a SAP below 35; and 34% of Sunderland's population (compared to 29% nationally) was in receipt of income-based benefits and living in a property with a SAP of 65 or above.
- 13.20 The Energy Saving Trust has collected data showing that the citywide average SAP is improving. In 2008/09, 4.7% of households were given a SAP score of less than 35 and 61.5% scored between 35 and 64; 33.7% had a SAP of 65 or above. In 2009/10, this improved so that only 4.1% of households scored below 35; 57.1% between 35 and 64; and 38.8% with 65 or above.
- 13.21 Fuel poverty is usually defined as an annual expenditure on fuel in excess of 10% of household income. By this definition, 10,398 households, 12.3%, are in fuel poverty as at 2007. Geographically, highest rates of fuel poverty are associated with the Thorney Close / Plains Farm / Springwell, Ford / Pallion and Hendon / East-End areas. Rates of fuel poverty are also above average for households living

in converted flats, in the private-rented sector and in dwellings constructed pre-1919. Rates of fuel poverty are also significantly higher for households in dwellings failing Decent Homes energy criterion.

13.22 At a household level rates of fuel poverty are above average for young single and older households, for the economically inactive and the economically vulnerable. Energy efficiency levels within the City are above the national average but nevertheless local issues remain. 7,940 dwellings or 8.9% fail the energy requirements of the Decent Homes Standard offering an average SAP Rating of 47 compared to the City-wide average of 57. Targeting those dwellings failing Decent Homes energy requirements indicates the Town Centre / Deptford and City Remainder areas.



Appendix 1

A1 National Indicator (NI) 116 Analysis

A1.1 This Needs Assessment is based upon the current definition of child poverty as determined by Her Majesty Revenue and Customs (HMRC) in National Indicator (NI) 116. The HMRC NI 116 statistics have more stringent qualification criteria, these are detailed below.

A1.2 Among families on out-of-work benefits, only the children of those in receipt of the means-tested benefits of income support and income-related JSA (not purely JSA based on an unemployed claimant's national insurance contribution record and not incapacity benefit alone, for example) are included in the count. This reduces the number of children taken into account here by about one-third. Moving to those children in families in work and claiming child tax credits, only those whose family income - after taking their tax credit into account also - is still below 60% of the equivalised (adjusted for the number and age of persons in the household) national median income are taken into account

A1.3 The HMRC NI 116 figures are intended to reflect child poverty as it is strictly defined. But we recognise it's not a perfect measure as there are several issues such as:

- Incomplete income information for the IS/JSA claimants, so can't apply the 60% median income threshold
- Tax Credits are assessed on taxable income, which doesn't include non-taxable benefits administered by local authorities such as Housing Benefit and Council Tax Benefit
- Not everyone takes up the tax credits they are entitled to
- Income threshold is based on national medium income not on a local basis

A1.4 To try and balance these issues we have used other sources of information and local intelligence to colour our understanding.

A1.5 What does child poverty look like in Sunderland?

The evidence base for Sunderland using the latest available data from HMRC (2007) shows the proportion of children living in families who are in receipt of out of work benefits or tax credits, where their reported income is less than 60% of the median income as at 31st August 2007 is 25.4%

Government Office Region	Children in families in receipt of CTC (<60% median income) or IS/JSA		% of Children in "Poverty"	
	Under 16	All Children	Under 16	All Children
England	2,141,690	2,397,645	22.4%	21.6%
North East	117,125	131,235	25.3%	24.3%
Sunderland	13,460	15,140	26.5%	25.4%

Source: HMRC, 31st August 2007

The locality picture for Sunderland using the same data set is as follows:

Sunderland Locality	Children in families in receipt of CTC (<60% median income) or IS/JSA		% of Children in "Poverty"	
	Under 16	All Children	Under 16	All Children
Coalfields	2,135	2,395	22.2%	22.2%
East	2,425	2,730	31.3%	28.4%
North	2,770	3,160	26.9%	26.6%
Washington	2,255	2,485	22.1%	21.1%
West	3,865	4,390	29.0%	28.5%
Sunderland	13,460	15,140	26.5%	25.4%

A1.6 It will be important to look at other indicators and proxies to take a wider view of poverty and families on low income within Sunderland.

A1.7 How is the % of Child in "Poverty" calculated?

Her Majesty's Revenue and Customs (HMRC) produced the recent Child Poverty dataset with administrative data held by themselves and the Department for Work and Pensions (DWP) using the following

A1.8 All Children

The % of Child Poverty includes children under the age of 20. A dependent child is defined as an individual aged under 16. A person will also be defined as a child if they are 16 to 19-years old and they are: not married nor in a Civil Partnership nor living with a partner, living with parents, in full-time non-advanced education or in unwaged government training

A1.9 This is the same definition as used within tax credits, Child Benefit and Income Support and Jobseekers Allowance.

A1.10 Children in families in receipt of out of work benefits-

- Income Support (IS)
- Income-Based Jobseekers Allowance (JSA)

A1.11 Parents in receipt of IS or JSA receive their child support through Child Tax Credit rather than a dependent child allowance (family/lone parent premium) via DWP. New IS and JSA claimants automatically enter the Tax Credits System, however families who were claiming these benefits prior to the introduction of tax credits in April 2003 may still receive a child allowance paid through their DWP benefits. This is an ever decreasing number, as families migrate on to tax credits when there is a change to their family or employment circumstances and lone parents are in the process of being migrated automatically.

A1.12 Children in Families in receipt of Working Tax Credit and Child Tax Credit, Child Tax Credit Only

Tax credits are based on household circumstances and can be claimed jointly by members of a couple, or by singles. Entitlement is based on age, income, hours worked, number and age of children, childcare costs and disabilities.

A1.13 Tax credits are part of wider government policy to provide support to parents returning to work, reduce child poverty and increase financial support for all families. Tax credits are made up of:

A1.14 **Child Tax Credit (CTC)**

Brings together income-related support for children and for qualifying young people aged 16-19 who are in full time non-advanced education or approved training into a single tax credit, payable to the main carer. Families can claim whether or not the adults are in work. CTC is made up of the following elements:

- **Family element:** which is the basic element for families responsible for one or more children or qualifying young people, with a higher rate of family element known as baby element to families with one or more children under one year old
- **Child element:** which is paid for each child or qualifying young person the claimant is responsible for
- **Disability element:** for each child or qualifying young person the claimant is responsible for if they get Disability Living Allowance for them or if the child or qualifying young person is registered blind or removed from the blind register within 28 weeks before the date of claim
- **Severe disability element:** for each child or qualifying young person the claimant is responsible for if they get Disability Living Allowance (Highest Care Component) for the child

A1.15 **Working Tax Credit (WTC)**

Provides in-work support for people on low incomes, with or without children. It extends eligibility to in-work support to people who work 16 hours or more a week and;

- are aged at least 16 and are responsible for a child or qualifying young person
- are aged at least 16 and are receiving or have recently received a qualifying sickness or disability related benefit and have a disability that puts them at a disadvantage of getting a job, or
- are over 50 and going back to work after being on a qualifying out of work benefit for at least six months

A1.16 It contains a childcare element in recognition of extra costs faced by working parents with childcare needs. The childcare element is extended to include childcare by a registered or approved home carer providing care in the child's own home.

A1.17 WTC is made up of the following elements,

- **Basic element:** which is paid to any working person who meets the basic eligibility conditions
- **Lone Parent element:** for lone parents
- **Second adult element:** for couples
- **30 hour element:** for individuals who work at least 30 hours a week, couples where one person works at least 30 hours a week or couples who have a child and work a total of 30 hours or more a week between them where one of them works at least 16 hours a week
- **Disability element:** for people who work at least 16 hours a week and who have a disability that puts them at a disadvantage in getting a job and who are receiving or have recently received a qualifying sickness or disability related benefit

- **Severe disability element:** for people who are in receipt of Disability Living Allowance (Highest Care Component) or Attendance Allowance at the highest rate
- **50 plus element:** for people aged 50 or over who are starting work at least 16 hours a week after being on qualifying out of work benefits for at least 6 months
- **Childcare element:** for single people who work at least 16 hours a week or couples who both work at least 16 hours a week and who spend money on registered or approved childcare

A1.18 Children in families whose income is less than 60% of median income

Children in poverty in families who aren't receiving their child support through IS or JSA are then selected by applying the relative low income threshold, below 60 per cent of median income, to the rest of the Child Tax Credit population.

A1.19 The income used in the Child Poverty dataset is Before Housing Costs and has been equivalised to take account of family size and composition. This is aligned with the relative poverty measure.

A1.20 The median income divides the population of individuals, when ranked by equivalised family income, into two equal sized groups. The 60 per cent of median threshold is applied to focus on the gap between the poorest and typical families. The mean income is not used as this can be driven by the highest incomes therefore measuring changes in inequality rather than poverty. The income threshold used in the 2007 dataset is £208 per week.

A1.21 As this local indicator uses only the income elements described above, the threshold was produced to reflect this income.

A1.22 The threshold was not applied to children in families in receipt of out of work means-tested benefits as the necessary income information is not available. Children living in these families are included because they are known to have a high risk of low income poverty and are often used as a proxy measure for income deprivation.

Appendix 2

A2. Using the Child Poverty data at Lower Super Output Levels

A2.1 The Lower Super Output Areas (LSOAs) are a stable base for the presentation of statistics based on small area geography. LSOAs have between 1,000 and 3,000 people living in them with an average population of 1500 people. In most cases, these are smaller than wards, thus allowing the identification of small pockets of area's with high percentages of children living in poverty. There are 32,482 LSOAs in England, of which 188 are in Sunderland.

A2.2 Presenting the Child Poverty dataset at LSOA shows that the levels of Child Poverty across Sunderland, varies from 1.9% to 73.8%. The below table demonstrates 15 LSOAs with the highest proportions of Children in Poverty which equates to 20% of those in poverty across Sunderland.

LSOA Name	Locality	Ward	Number of children in families claiming Child Benefit	Children in Families out of Work	Children in IS/JSA families	Children in families receiving WTC and CTC		Children in families receiving CTC only		Children in families in receipt of CTC (<60% median income) or IS/JSA	% of Children in "Poverty"
						All Children	income <60% median income	All Children	income <60% median income		
Sunderland 013B	East	Millfield	65	45	45	10	5	-	-	50	73.8%
Sunderland 004B	North	Southwick	365	245	210	100	20	5	35	265	72.2%
Sunderland 012D	West	Pallion	185	120	100	35	10	10	20	130	68.8%
Sunderland 016C	East	Hendon	350	230	205	75	5	20	20	235	66.7%
Sunderland 016F	East	St Michael's	305	110	95	155	75	10	15	180	59.0%
Sunderland 021B	West	St Anne's	510	255	230	165	45	30	20	300	58.3%
Sunderland 005E	North	Southwick	220	115	110	65	10	15	5	125	57.3%
Sunderland 016A	East	Hendon	285	160	140	85	5	10	10	160	56.0%
Sunderland 023F	West	Silkworth	475	210	175	155	35	30	30	240	50.7%
Sunderland 034A	Coalfields	Copt Hill	360	160	145	105	25	30	15	180	50.0%
Sunderland 005B	North	Southwick	370	155	130	135	30	30	20	180	48.9%
Sunderland 017B	Washington	Washington East	410	180	160	155	25	35	15	200	48.8%
Sunderland 012E	West	St Anne's	370	160	145	150	25	10	10	180	48.5%
Sunderland 036D	Coalfields	Hetton	430	185	150	130	30	45	30	210	48.4%
Sunderland 036A	Coalfields	Hetton	485	210	170	170	25	50	35	230	48.0%

Appendix 3

A3. What do the families in Poverty look like?

- 64% of the Children living in Poverty are in a Lone Parent family compared to 36% living in a couple family
- 75% of the families have more than one child in the household
- 60% of the children in Poverty are under the age of 10

