# Welcome!



We want people to participate but please use the 'raise hand' facility to ask questions and contribute when others are talking.

Please be considerate to others - together we want to create a safe, open and reflective space to learn.

You can turn on live captions on by clicking on the 3 dots at the top of your screen if you need this.

The link to the feedback form will be put in the chat.

Please do take the time to complete it after the session.

This session is being recorded and will be made available to wider audiences after practice week.

Thank you!



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# Exploring the impact of inequalities on Children and Young People's Opportunities

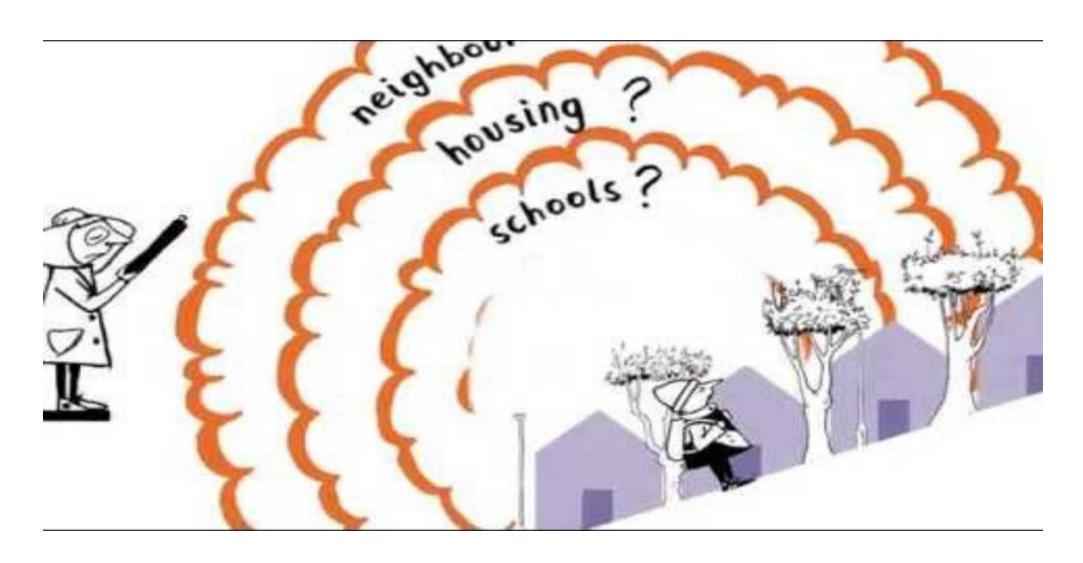
Everybody in this workshop will have experienced some form of inequality that impacted on an opportunity when they were growing up.

Anne-Louise Schofield: Public Health Principal Children and Young People

Kathy Lamacraft: Road Safety Coordinator

Laura Partridge: Road Safety Manager

# Inequalities in education



# Inequalities



# Protected characteristics

Age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation

# Socio-economic deprived population

Includes impact of wider determinants, for example: education, low-income, occupation, unemployment and housing

# Inclusion health and vulnerable groups

For example Gypsy, Roma, Travellers and Boater communities, people experiencing homelessness, offenders/former offenders and sex workers

# Geography

For example, population composition, built and natural environment, levels of social connectedness, and features of specific geographies such as urban, rural and coastal

Health disparities and health inequalities:

applying All Our
Health - GOV.UK

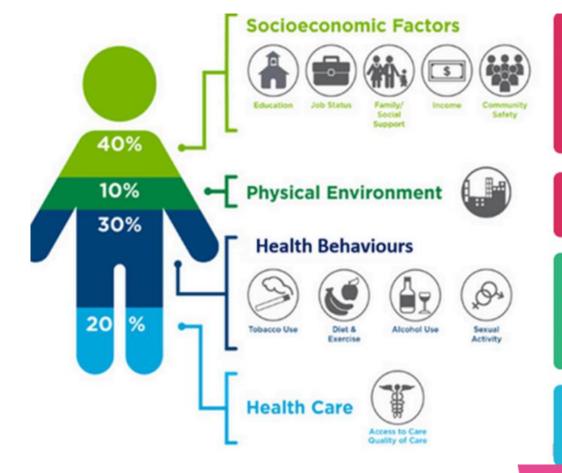
# What are health inequalities?

Health Inequalities - Norfolk & Waveney Integrated Care System (ICS (improvinglivesnw.org.uk)



Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. Health inequalities arise because of the conditions in which we are born, grow, live, work and age.

Addressing health inequalities is everybody's business. This is because our physical and mental health depends upon so many things, not just health and care services, but economic factors, such as whether we have decent work or enough money, our environment, if we have close family and friends, and of course our own lifestyles.



Education
Job status
Family/social support
Income
Community safety

Location Home

Tobacco use Diet and exercise Alcohol use Sexual activity

Access to Care Quality of Care Norfolk's Health Inequalities Strategic Framework for Action

# **Norfolk and Waveney Vision**

We will come together to tackle unfair and avoidable differences in health outcomes. We will do this by listening to communities, prioritising prevention, and taking action together, making health inequalities everybody's business.

# **Building Blocks**

Foundation

**Priority Action Areas** 

# conditions

Housing

Living & working

- Access to services
- Employment & Skills
- Education
- Welfare & Income
- Natural & Built Environment
- · Social Isolation

### **Lifestyle Factors**

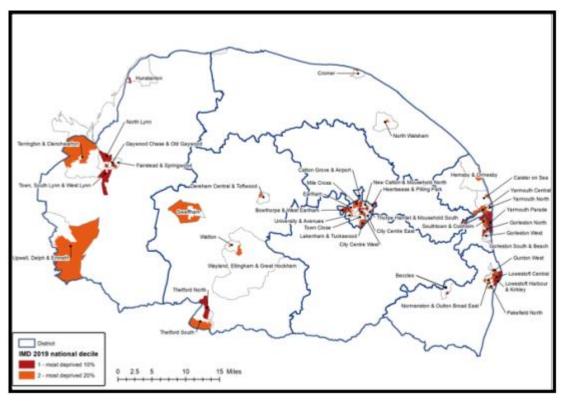
- Smoking
- Inactivity
- Food & Diet
- Alcohol
- Sexual Health

### Healthcare Inequalities

- Core20plus5
   Frameworks
- Access, quality, experience & trust
- NHSE Priority Actions
- Inclusion Health
   Framework

### Creating the Conditions for Success

- System, organisation, or locallyled approaches
- · Leadership & governance
- Community voice & coproduction
- · Intelligence & evaluation
- Policies, processes and procedures
- Resourcing



Core 20 plus communities

Norfolk and Waveney Health Inequalities

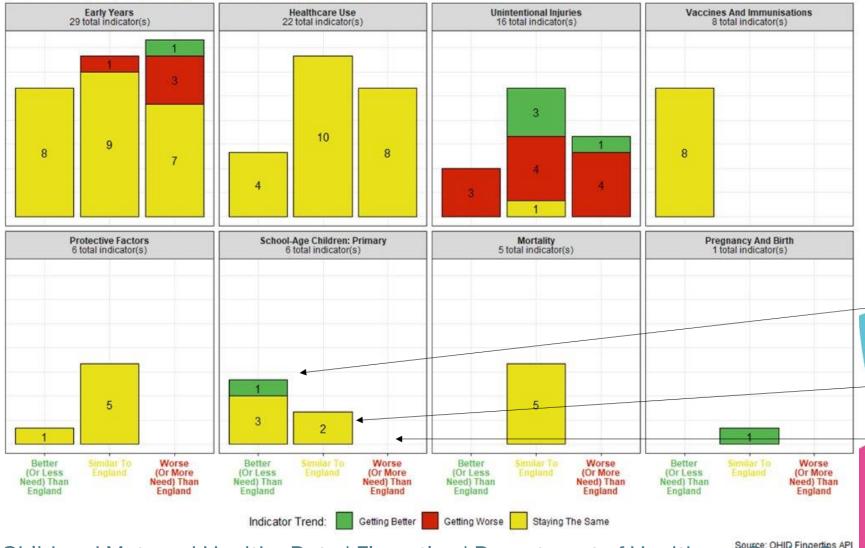
Strategic Framework (improvinglivesnw.org.uk)



# **CYP Health Inequalities in Norfolk**

How is Norfolk performing in different domains of child health?

The number of **child health indicators** in each domain that are better or **worse** compared to England, and whether they are getting better, getting **worse**, or staying the same



This chart compares OHID fingertips indicators relating to children for Norfolk with England (bar position) **flourish** with their trend compared to the recent year (colour of bar).

For the early year's domain, 11 indicators are significantly worse than England, and for 3 of those, the trend is also getting worse.

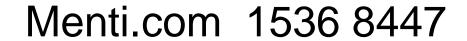
E.g in the School-Age Children: Primary child health domain, there are 6 indicators in total for 0-5 year olds.

4 are better (or have less need) than England, and based on their trend, 3 of them are staying the same, while 1 is getting better over time.

2 are similar to England, and both are staying the same over time.

0 are worse (or have moned) than England.

Child and Maternal Health - Data | Fingertips | Department of Health and Social Care (phe.org.uk)





# What does the word opportunity mean to you?

Opportunity - an <u>occasion</u> or <u>situation</u> that makes it <u>possible</u> to do something that you <u>want</u> to do or have to do, or the <u>possibility</u> of doing something.



# What impact do inequalities have on children's opportunities?



# What can you do in your role to support reducing inequalities of children in Norfolk?



# **Marmot Review report – 'Fair Society, Healthy Lives**

6 policy objectives and to the highest priority being given to the first objective:

- 1. giving every child the best start in life
- 2. enabling all children, young people and adults to maximize their capabilities and have control over their lives
- 3. creating fair employment and good work for all
- 4. ensuring a healthy standard of living for all
- 5. creating and developing sustainable places and communities
- 6. strengthening the role and impact of ill-health prevention.

<u>Marmot Review report – 'Fair Society, Healthy Lives | Local Government Association</u>



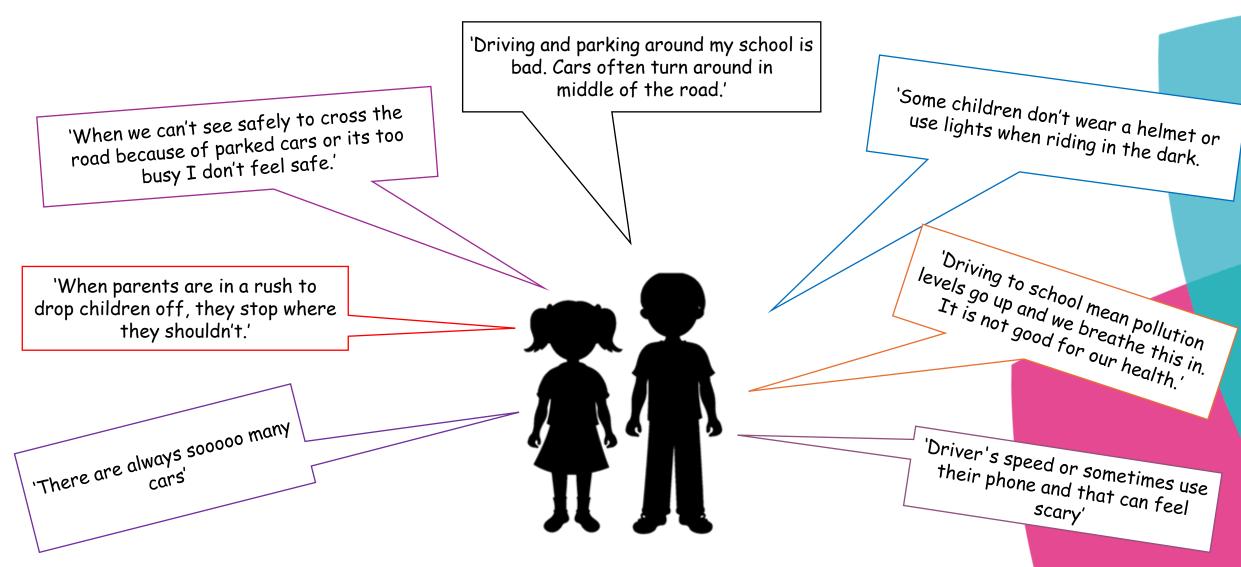


Click here to watch the video:

How Kids Make Things Fair | Oxfam GB - YouTube

# We asked some children how they felt about road safety outside their school. This is what they said.....







# Over the last 40 years the number of children walking or cycling to school as increased or decreased?

- a) Increased
- b) Decreased

# b) Decreased

# **Active Travel Survey**



Norfolk to be the place where everyone can start life well, live well and age well, and where no one is left behind.

Children have the right to safe roads when they travel.

Research and data demonstrates road risk inequalities increases across children particularly in areas of deprivation.

Interventions like the Active Travel Survey can:

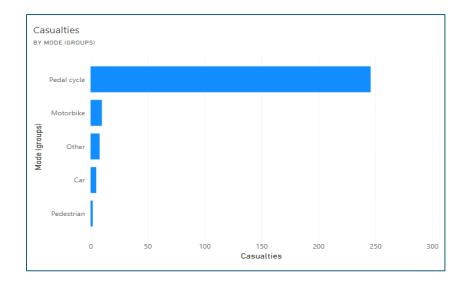
- 1. Offer all children the opportunity to understand and imbed safe travel habits.
- 2. Empower schools to be creative and include road safety and active travel across their policies, PSHE and curriculum lessons.
- 3. Enable schools to overcome barriers or attempt to reduce some inequalities with the opportunity of accessing a grant.
- 4. Includes voices of children, parents, staff and their local communities to create tail ored and needs led solutions.

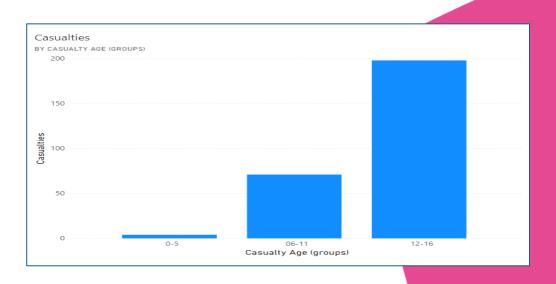
# 1. How many schools are not currently engaging in free cycle training across Norfolk?



- a) 166
- b) 66
- c) 366

# a) 166









**Gender:** Males

Mode of travel: Pedal cycles

**Age:** 12-16

**Accessibility**: 41% Norfolk schools fed back that children were unable to take part in cycle training due to not having access to a bike.

**Cultural and language barriers:** Different cultural backgrounds may not have access to information and education about active travel and road safety in their preferred language.

**Inclusive learning opportunities:** meeting the learning needs of all children so learning and practise can be adapted encouraging safe and independent travel.

# **Active Travel Survey**



- Primary and high schools invited to express their interest in this £5,000 grant opportunity. MI
  Sheet 36/24.
- 74 schools registered their motivation to improve active travel and road safety across their school environment.
- Secured funding enabling 17 schools the opportunity to engage in this intervention.
- Round one used a random selection and round two used a data led approach where schools in areas indicating higher than average health profiles. (deprivation, air quality, collision data).
- Power of a conversation to understand barriers, needs and translate them into an action plan of activities and solutions.
- Coaching and support offered.
- School has 6 months to spend the money.
- Pre and post data collection to understand impact and change.
- Plan to review sustainability in 12 months' time.

# Intended outcomes and opportunities for schools and pupils



# Promote travel independence within the school environment

### Outcomes.

Schools will have a clear action plan of solutions and strategies imbedded into their policies and academic plans.

Reduce obesity, improve mental and physical health by choosing to be more active.

Increase the number of families and children who choose to walk, wheel, cycle, or scoot to school.

Reduce carbon emissions and improve air quality outside the school gates.

Children will feel more skilled and confident at demonstrating safe travel behaviours.

### Outcomes translated into opportunities.

An opportunity to reflect and imbed active travel and road safety as part of a school's daily routine.

Accessibility to bikes, safety equipment and offers the opportunity to children so they can participate in learning to ride or an opportunity to choose to walk, cycle with appropriate clothing or safety equipment.

Inclusive opportunities for all children to participate in safe travel with tailored support that best meet their needs.

Data collected from the original 10 schools in phase one of the Active Travel Survey said they felt confident parents and carers were aware of the road safety and active travel initiatives being delivered in their child's school?

- a) 9 out of 10
- b) 8 out of 10
- c) 5 out of 10
- d) 2 out of 10

d) 2 out of 10

# Case study – John Grant School



### Schools' motivation to engage in this opportunity:

Our children are practicing independent travel e.g. safe road crossing, and catching a bus, to meet their needs and we wanted to develop a resource so all children can practice.

### **Activity and Impact:**

Installed a pedestrian crossing so children can practice safe road crossing behavior's, installed a bus stop near the road markings on the playground together with a bus sign and created a timetable to practice catching a bus. Also purchased high vis tabards to be bright when walking nearby the school.

Increased children's confidence in a safe and controlled learning environment.

## **Growth and Development:**

Children felt important whilst also learning about the green cross code, how to act as a pedestrian, understanding road signs and safe places to cross. As a school we now feel better equipped to go out into the community to travel together.

### **Inspiring others:**

This intervention has been very supportive, and the grant funding invaluable. It allowed us the opportunity to access resources to practice independent travel with our children.













# Why is travelling actively to and from school so important?

- a) Reduces stress and anxiety.
- b) Increases mental alertness.
- c) Teachers find pupils arrive more relaxed.
- d) Potentially reduces costs associated with school travel budgets.

# All of them

Road Safety and Active Travel resources created from a child's perspective.





flourish



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Where could you promote Road Safety and Active Travel within your roles?

# Please let us know what you think





https://forms.office.com/e/PqVNki3HUA

