



DARLINGTON
Borough Council



Growing up Healthy in Darlington

Director of Public Health Annual Report
2025-2026

Contents

Foreword.....4

Acknowledgements 5

Health of Our Children and Young People 6

Pregnancy and Birth.....8

Best Start and Early Years (0 – 5) 12

School Aged Children and Young People 20

Healthy Lifestyle Survey 25

Oral Health.....27

Substance Misuse.....30

Mental Health.....32

Vaccination 37

Recommendations.....38

References.....39





Welcome to my latest independent annual report. This is an opportunity to reflect on local efforts to promote and improve the health and wellbeing of people in Darlington, alongside identifying what the data tells us about local health needs and key issues of concern.

This year's annual report is focused on the health and wellbeing of children and young people. The scope of public health is very broad, and even after 26 years of working in this field of practice I am still passionate about the work I do. The health and wellbeing of children and young people is a great example of this, as if we can support strong foundations in early childhood and continue this as children grow there is a very real opportunity to make a difference which can last a lifetime.

As this report is about the health and wellbeing of children and young people in Darlington, I took the opportunity of this report to meet with some of them directly, so you will see and hear the voices of some of our children and young people throughout the report. Many of their questions were informed by the healthy lifestyle survey results for their school, but they also had the opportunity to ask me whatever they wanted! I am very grateful to the children and young people who took part, they were truly all amazing and took the filming in their stride, showing a lot of enthusiasm and interest and coming up with some great questions. I think there may also be some budding journalists amongst them!

A huge thank you must also go to the schools and their teachers, who embraced the whole process: Abbey Junior School, Hurworth School, Reid Street Primary School and St John's Church of England Academy.

I hope the videos and the narrative within this report provide a helpful opportunity to understand more about some of the services available in Darlington for children, young people and families, as well as highlighting some of the key challenges that need our attention to improve outcomes for children and young people .

In last year's annual report, I looked at health across the life course in Darlington, with the intention of focusing in more detail on different stages of the life course in future reports. It was therefore always the intention that this report would focus on children and young people, but this is even more timely given the publication in July 2025 of the government's strategy [Giving every child the best start in life](#), which is focused on improving child development and ensuring all children have the chance to achieve and thrive, and the expansion of Best Start Family Hubs to all local authorities, something which Darlington will benefit from.

To drive forward this work locally all local authorities have been tasked with developing Best Start in Life plans, setting out how local organisations will work together to make sure every child has the best start in life. The publication of the [Local Outcomes Framework](#) in February 2026 further strengthened the focus on best start in life and every child achieving and thriving, with national priority outcomes identified to drive delivery locally and ensure progress can be measured.

[The Darlington Best Start in Life plan](#) sets out the vision that ‘Darlington will be a place where families are valued, included, and supported from the very start, with seamless, high-quality services working together, to give every child the foundations for lifelong wellbeing, learning and success.’

The importance of this work is also reflected locally in the [Joint Local Health and Wellbeing Strategy](#), which sets out thematic priorities and local actions for partners in Darlington, including a focus on improving maternal and child outcomes and reducing health inequalities.

Now more than ever, the time is right for us to approach our joint efforts to improve health outcomes and life chances for our children and young people with a renewed energy and optimism for the future.

Lorraine

Lorraine Hughes
Director of
Public Health



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With thanks to:

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Health of Our Children and Young People



The population of Darlington is growing, with latest figures showing a population of 112, 489 people¹.
In Darlington²:



- a baby boy born today can expect to live on average for 78 years



- a baby girl born today can expect to live on average for 82 years

However, we know the number of years people live in poor health in Darlington is increasing, and this can have a big impact on people's lives every day, from reducing their ability to enjoy activities with family and friends, to no longer being able to work.

In Darlington:



- a baby boy born today could spend 20 years of their life in poor health



- a baby girl born today could spend 24 years of their life in poor health



What else does the data tell us about Darlington?

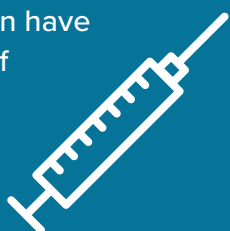
- The annual birth rate in Darlington is **1,056 live births** (this has been increasing slowly since 2022)
- **17.8%** of the population is **aged under 16 years** (22,771 people)
- **9 wards** in Darlington are in the **top 20%** most deprived in England
- **24.8%** of children in Darlington between the **ages of 0 to 15 years old live in poverty**; this represents 4,968 children³

- 10 out of the 20 wards in Darlington have levels of child poverty higher than the Darlington average of 24.8%



- **3.7% of babies** born at term have a **low birth weight** (England average is 3%)
- **8.4% of mothers** are known to be **smokers** at the time of having their baby (England average is 6.1%)
- **55.6% of babies** have **breastmilk** for their first feed (England average is 71.9%)

- Only 88.9% of children have received two doses of MMR vaccination at the age of 5 years



- 64.9% of children achieve a good level of development by the end of their reception year at school (England average is 68.3%), but this reduces to 44.7% for children with free school meal status (England average is 51.3%)



- **25.3% of 5-year-olds** have **dental decay** (England average is 22.4%)
- **26.9% of children** in reception class are **overweight or obese** (England average is 23.5%)
- **35.7% of children** in **year 6** are **overweight or obese** (England average is 36.2%)
- **For children aged 14 years and under** the rate of **hospital admissions** is **more than twice the rate of the England** average (149 per 10,000 population in Darlington, compared to 72.7 in England)

- The rate of hospital admissions in under 18s for alcohol-specific conditions is more than twice the rate of the England average (46.3 per 100,000 population in Darlington, compared to 22.6 in England)
- The rate of hospital admissions for self-harm among 10 to 24 year olds is reducing, but remains high at 382.1 per 100,000 population (England average is 266.6)



Pregnancy and Birth



Supporting women to be as healthy as they can during pregnancy (and before conception) and during the post-natal period is important for pregnancy outcomes and the lifelong health of their children. This includes the importance of taking vitamin D and folic acid supplements, increasing the uptake of vaccinations offered during pregnancy to protect the health of mothers and their babies, supporting pregnant women who smoke to give up and stay smoke free during their pregnancy and afterwards, promoting the importance of a healthy balanced diet, not drinking alcohol during pregnancy and access to contraception after having a baby⁴.

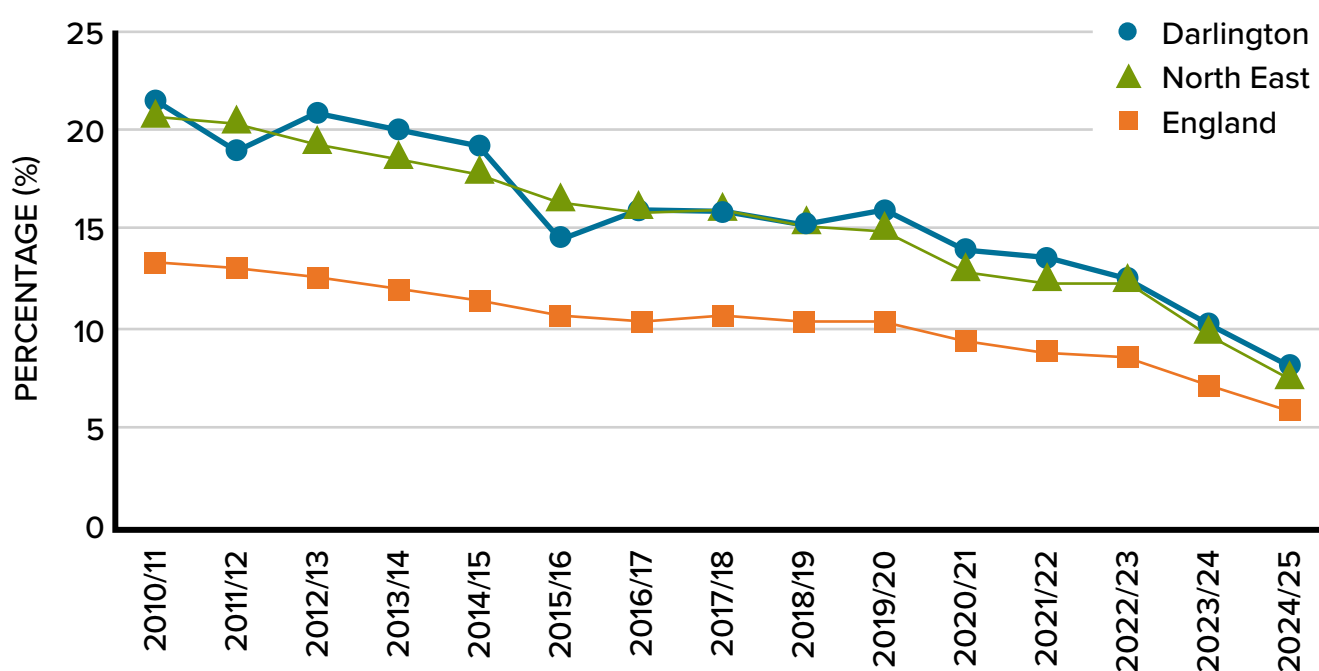
Primary care, maternity services and health visitors play a crucial role during this important time, and delivery of the [Best Start in Life plan](#) will help to drive an improvement in pregnancy and maternal outcomes.

Smoking During Pregnancy

Access to specialist support to stop smoking is available across Darlington, this includes for young people, adults and pregnant women and their partners. The levels of smoking during pregnancy, which is measured as the percentage of women who are smokers when they have their baby, continues to reduce in Darlington – but we must remain focused in our efforts to reduce this even further.

The percentage of mothers smoking at the time of delivery continues to decrease, reaching a low of 8.4% in Darlington. This is higher than the North East average (7.9%) and the England average (6.1%).

SMOKING STATUS AT TIME OF DELIVERY



Breastfeeding and the UNICEF UK Baby Friendly Initiative

Breastfeeding is widely recognised as the ideal food for babies, providing protection from illness and infection as well as reduced risk of sudden infant death syndrome. Breastfeeding also offers long term health benefits to both mother and baby.

In Darlington the most recent data shows that 55.6% of new mothers start breastfeeding and 46.7% continue to breastfeed at 6 to 8 weeks. Midwives and health visitors play a crucial role in promoting and supporting breastfeeding. There has been a strong focus on supporting breastfeeding in Darlington in recent years, including a 'Year of Breastfeeding' campaign three years ago and all health visitors are now fully trained in infant feeding. The borough also benefits from a Specialist Infant Feeding Team as part of the Growing Healthy Service, offering clinics, breastfeeding support groups and group sessions on topics such as colostrum harvesting and weaning.

The maternity services in Darlington achieved UNICEF UK Baby Friendly Initiative⁵ accreditation in 2017 and have since undergone revalidation in 2018, 2021 and 2024, ensuring high standards of breastfeeding support for mothers and babies.

Darlington's 0-19 service, Growing Healthy, is provided by Harrogate and District NHS Foundation Trust and was reaccredited with the UNICEF UK Baby Friendly Initiative in October 2025, once again achieving the UNICEF Baby Friendly Initiative Gold standard. This shows the continued commitment, improvements to infant feeding and relationship building which is evident in Darlington.

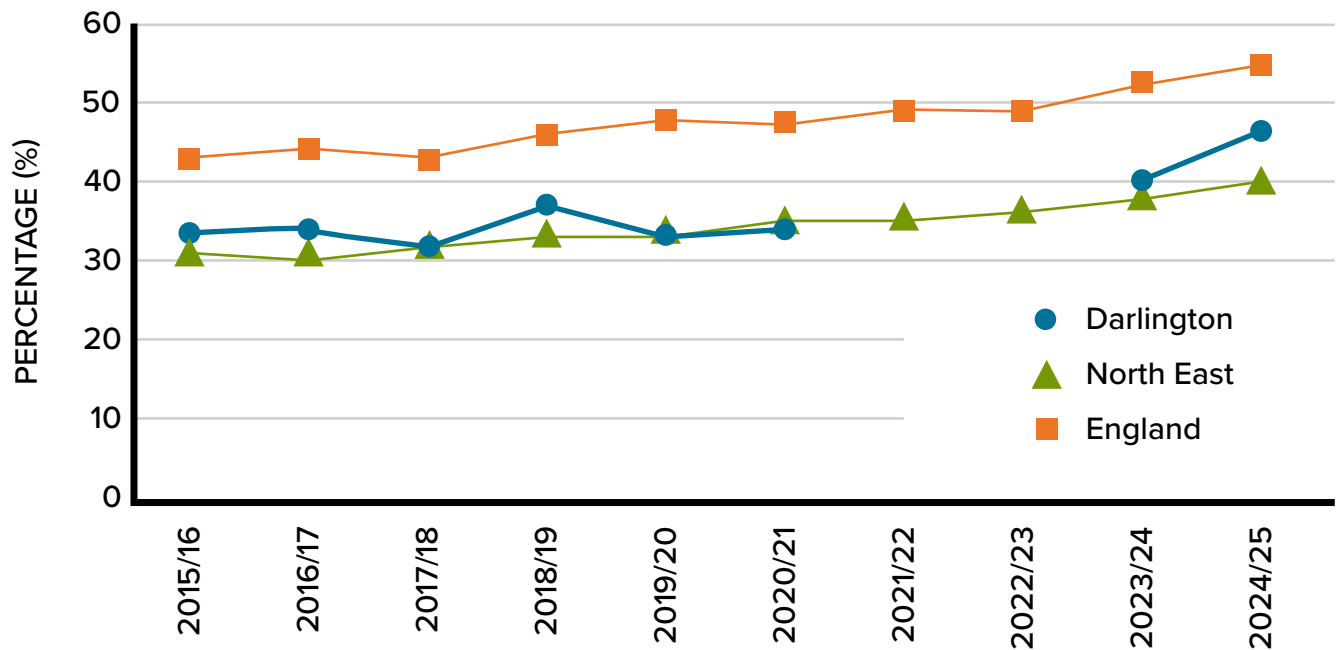
In a joint initiative the Local Authority and the Growing Healthy service work together to promote breastfeeding and support breastfeeding families in the community with the Breastfeeding Friendly Scheme Darlington. The scheme supports businesses to create a welcoming environment for breastfeeding mothers and their families to feel more confident feeding in public.

Further information about the Breastfeeding Friendly scheme, participating venues and how to get involved can be found at [Breastfeeding Friendly Scheme Darlington](#).

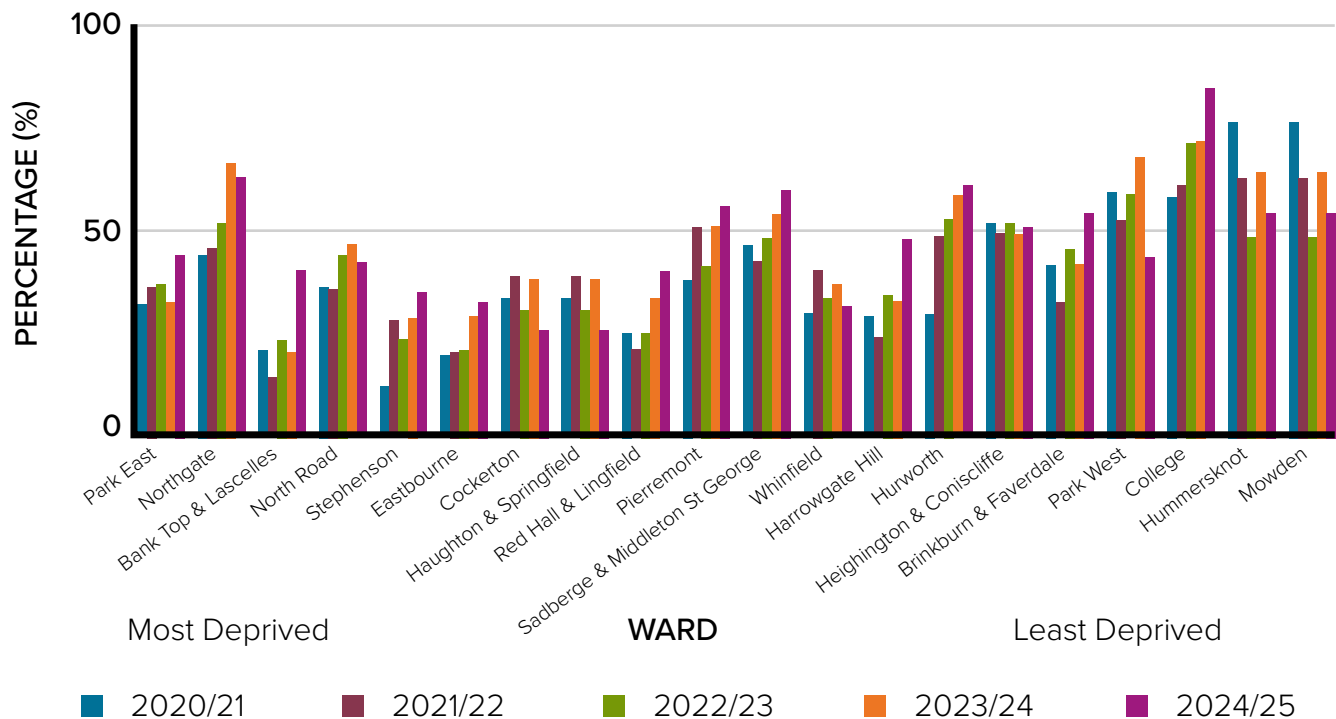
Whilst the proportion of mothers breastfeeding at 6 to 8 weeks in Darlington remains below the England average it is increasing, and has reached a high of 46.7%, which is statistically higher than the North East average. Within Darlington there are differences in levels of breastfeeding by ward, and whilst this generally follows a pattern of higher levels of breastfeeding in wards with less disadvantage, it is very encouraging to see that over the past five years there have been improvements in most wards.



BREASTFEEDING PREVALENCE AT 6 TO 8 WEEKS



BREASTFEEDING PREVALENCE AT 6 TO 8 WEEKS



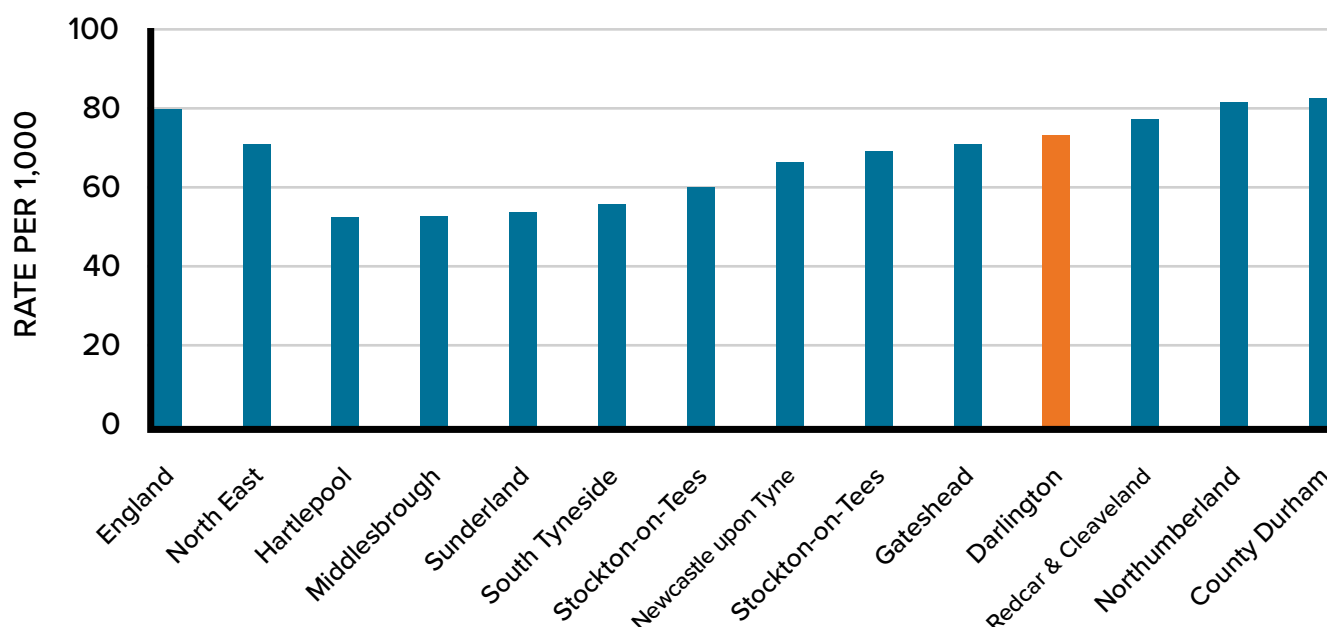
Perinatal Mental Health

Perinatal mental health (PMH) problems are those which occur during pregnancy, or in the first year following the birth of a child. Mental health issues, if left untreated, can have significant and long-lasting effects for the woman, child and the wider family and it is estimated that up to 27% of new and expectant mothers are affected. National investment in support for PMH has increased the availability of specialist PMH community services across England, including for up to 24 months after birth.⁶

Tees, Esk and Wear Valleys NHS Foundation Trust provide the community perinatal mental health service for Darlington, and further information can be found at [Perinatal mental health service in Darlington](#)

Data shows that the rate of females from Darlington accessing specialist perinatal mental health services has increased between the period of 2020/21 to 22/23, to 75 per 1,000 population. This is statistically similar to England (77.8 per 1,000) and the North East (69.9 per 1,000).

ACCESS RATE TO SPECIALIST MENTAL HEALTH SERVICES (FEMALE 15 - 54 YEARS)



Best start and Early Years (0 – 5)



The early years of a child's life provide the foundations for their childhood and beyond across a range of outcomes, including social and emotional development, health and education, and that is why it is so important that we do all we can to give every baby in Darlington the best start in life.^{7,8} Best start in life is a key theme of the [Darlington Joint Local Health and Wellbeing Strategy](#), which was developed by the Health and Wellbeing Board and partners, ensuring an ongoing focus on identified priorities and actions.

This work will be further strengthened through the establishment of the Best Start Family Hub and delivery of the [Best Start in Life plan](#), which has the following aims:

- maternal and early years health services
- home learning environment and parental interventions
- early childhood education and care access and quality
- special educational needs and disabilities (SEND) support
- transition to school and reception year

This includes early support using a 'think family' approach and listening to the voice of the child to achieve the best outcomes for children and young people growing up in Darlington.



Healthy Child Programme

The healthy child programme is a national framework for improving the health and wellbeing of children and young people. It sets out the evidence-based approaches to prevention, early intervention and family support and should be used by the NHS and local authorities to inform the commissioning and delivery of services.⁹

As Director of Public Health, I have responsibility for commissioning a public health nursing service, which includes the provision of health visitors and school nurses. Specifically, the following universal health and development reviews must be offered:

- an antenatal review from 28 weeks of pregnancy
- a new birth health and development review (between 1 day and 2 weeks old)
- a 6 to 8 week health and development review
- a 12 month health and development review (this can take place when the child is 9 to 15 months old)
- A 2 to 2 and a half year health and development review (this can take place when the child is 24 to 30 months old)

In addition to these reviews, the service in Darlington also offers a child health and development review to support school readiness and the transition to school, between the ages of 3 and 5 years of age.

The health and development reviews are all available face to face and provide an opportunity for:

- assessment of child development
- immunisation advice
- screening tests
- maternal and infant mental health support
- information and guidance to support parenting and healthy lifestyle choices
- tailored support for vulnerable infants and families

Darlington

Growing Healthy Service

All families with a child under five in Darlington have a named health visitor to deliver the healthy child programme, with care commencing during the antenatal period. The Growing Healthy Team consists of health visitors, screeners, early years practitioners, infant feeding specialists and an Inclusion Specialist Public Health Nurse. The team provide expert health assessments, advice, support and interventions for babies, children and families.

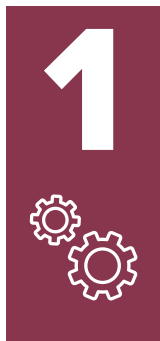
The team encourages and supports parents and carers to develop life-long skills to enable them to make informed choices that positively impact their family's future health and wellbeing.

The team is community-based and is accessible at a range of different venues including the family home, family hubs and community venues. The service works in partnership with other agencies to ensure all families receive individualised support to help build parents' confidence in their ability to give their child the best start in life.

Eyes on the Baby

The Darlington Safeguarding Partnership provides Eyes on the Baby as a package of training and resources designed to support multi agency working, to promote safer sleeping and prevent sudden infant death syndrome.

The training has been offered to staff who have contact with families, with over 400 frontline staff in Darlington trained so far. There are three different levels of training available to staff, depending on the nature of their job, which ensures the training is appropriate and can easily be put into practice. The training continues to be available and can be accessed through the [MeLearn](#) platform.



Staff who encounter vulnerable families occasionally as part of every-day work

e.g. working inside peoples' homes (maintenance workers/housing officers) or responding to a crisis (paramedics/police/domestic abuse staff)

What to see, what to say, and what to do

- keeping an eye open for babies in unsafe sleep scenarios
- mentioning sleep safety guidance to parents to check on their awareness
- signposting, referring or reporting to services as appropriate



Staff who provide direct support to vulnerable families

e.g. frequent contact with families (social workers/child minders) or support with infant care or family issues (early help practitioners/children's services)

Raise awareness of and reinforce SUDI prevention

- non-judgemental conversations and asking 'what if?' questions about unplanned scenarios.
- advocate on family's behalf for suitable equipment, housing and support
- refer or report to services as appropriate



Health Practitioners involved in routine or emergency care of vulnerable families

e.g. pre and postnatal support (mental health staff/pharmacists) or universal safer sleep information (midwives/health visitors/GP staff)

Offer universal messaging and targeted information for vulnerable families

- support families to follow safer sleep guidance by providing tailored advice.
- respond to other MASH services seeking guidance and/or referral

Great Start in Life Pathway

The Darlington 0-5 Growing Healthy team provide an enhanced single agency pathway, Great Start in Life, for babies and children with identified vulnerability which is identified in the antenatal period through to the age of 6 to 8 weeks. The enhanced pathway of support continues for the first two years of life, which is a time of rapid brain development, attachment formation and physical growth, making infants highly sensitive to their environment. Families experiencing challenges such as pre-term birth, poverty, parental mental-health difficulties, unstable housing or limited social support may struggle to meet their child's needs without additional help.

The enhanced pathway of health visiting for children aged 0–2 years offers a more responsive and intensive level of support during this crucial stage of early childhood, building on the universal provision all families are offered, by increasing the frequency of contacts. This approach supports earlier identification of developmental, emotional or environmental needs and ensures families receive timely, tailored interventions and support whilst also supporting the development of trusted relationships between health visitors and families.

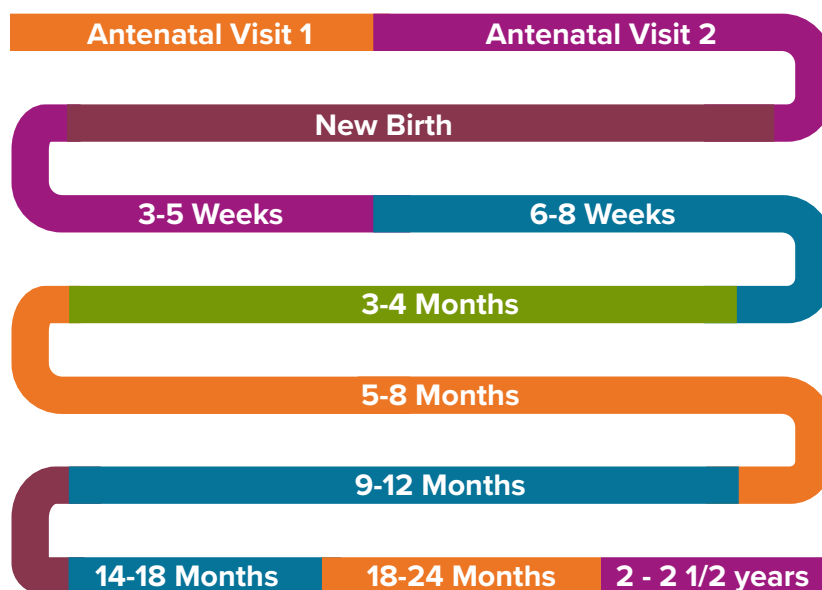
Through strengthened partnership working, personalised care planning and a focus on building parental confidence and capacity the aim of the enhanced pathway is to help create a safer and more nurturing start for infants, whilst also reducing the risk of unmet needs escalating over time.

The pathway has been developed by the Growing Healthy service and was introduced to Darlington in late 2025. Whilst it is still early days 91 families are already being supported through this pathway, with some positive outcomes already being seen. The impact will continue to be monitored.

HDFT Great Start in Life Pathway

Great Start in Life Focus

- Preparation for parenthood
- Infant Feeding and Family Nutrition
- Parent Infant Relationships
- SUDI
- ICON
- Positive Parenting
- Child Development
- Immunisations
- Play/Home Learning/Reading
- Reducing accidental Injuries
- Teething/Oral Health
- Separation Anxiety
- Home Safety



Graduate to universal pathway or continue to progress to school readiness pathway

Best Start Family Hub

The Best Start in Life and Family Hub programme aims to give early access to support and childcare, supporting the ambition of 75% of children starting school ready to learn by 2028.¹⁰

McNay Street is the main Family Hub, providing a one-stop shop of easily accessible services for families with young children. A programme of activities is offered to support children and families in Darlington with:

- preparing children for school
- parenting skills
- integrated child and family health services
- targeted early interventions
- information, advice, support and activities for families
- adult learning and employment support

Some services are also offered on an outreach basis at Red Hall Community Centre, Coleridge Centre (Skerne Park), Firthmoor Community Centre and Mount Pleasant.

Darlington Building Stronger Families Service

The Building Stronger Families Service is designed to coordinate the right timely support to children, their families and carers, prevent escalation of issues and promote resilience and independence. The service coordinates a multi-agency support offer for families, bringing together the agencies and services which are needed, so that families do not have to navigate the system alone. The needs of a family can be wide ranging, including health and wellbeing, child development and ensuring the safety of children. Families within the service are supported through an early help assessment and an offer of targeted support and interventions, including:

- help with challenging behaviour
- addressing health needs
- child or adult mental health difficulties,
- addressing substance and alcohol addiction
- domestic abuse
- reducing parental conflict help for families of children with autism spectrum disorder and additional needs
- employment, housing issues, anti-social behaviour and school attendance issues

In Darlington assessment and support for Disabled Children and Young Adults is provided by the Life Stages service. The service supports disabled children, young people and adults with a learning disability in Darlington using a Progression Model, which builds on strengths, skills and support networks, to encourage independence throughout life.

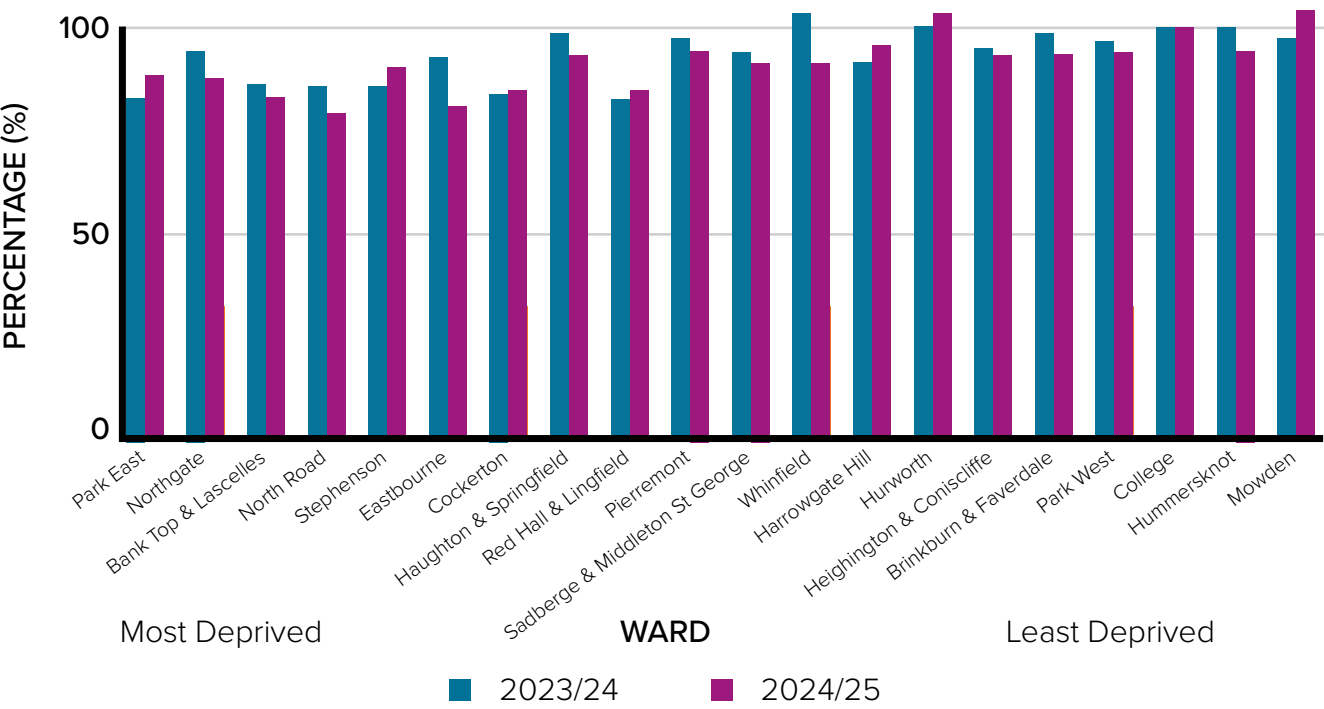
Child Development and the Ages and Stages Development Tool

As part of the child health and development review carried out by the health visiting service when a child is aged between 2 to 2 and a half years of age, the ages and stages questionnaire (ASQ) is completed, to help monitor child development in the areas of communication, gross motor skills, fine motor skills, problem solving and personal-social development. This can help to provide reassurance to parents but also means that if any delays in development are identified it will be possible to provide the right support earlier, which will be better for the child and family.

The data from this assessment shows that almost 90% of children in Darlington have a good level of development at the age of 2-to-2-and-a-half years, higher than the North East and England averages.

It is also possible to look at this data at ward level, which shows where there are differences and where more support may be needed. There is a slight correlation between higher levels of disadvantage and lower percentages of children achieving a good level of development.

CHILDREN ACHIEVING A GOOD LEVEL OF DEVELOPMENT AT 2 TO 2 AND A HALF YEARS

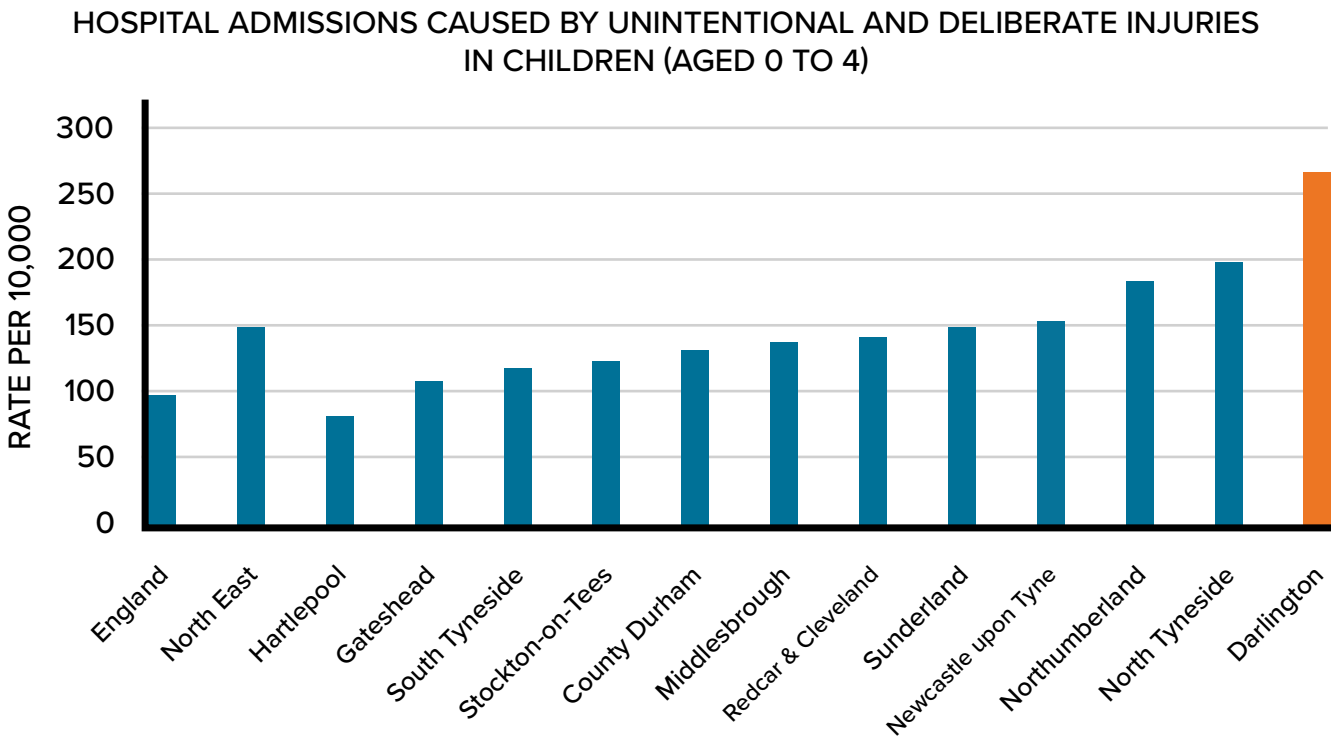


Although the ASQ tool is a different measurement of child development to the one used when children are at school (school readiness) there are many areas of commonality, and therefore it is striking that overall around 90% of children are developing as expected at this age, whilst only 65% of children are achieving a good level of development by the end of their reception year at school. This is something which should be explored further, to understand what is happening between the ages of 2-to-2-and-a-half years and when children are starting school.

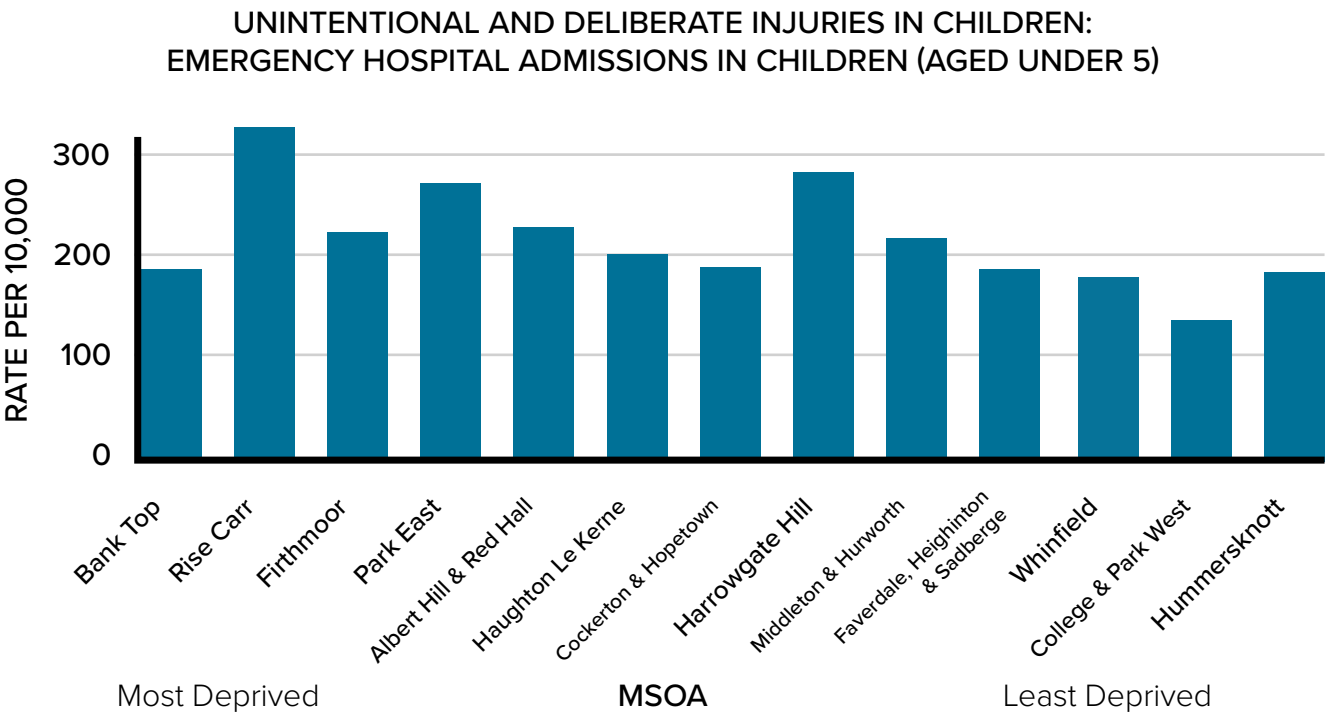
The new additional health visitor review, between the ages of 3 and 5 years, should help us to understand this in more detail, and allow local services to provide targeted help and advice. The Best Start Family Hub will be an amazing resource for helping families and services to work together to support this, and the Growing Healthy service has developed some online [Reception Ready](#) resources to offer advice and practical suggestions and they also offer weekly workshops which parents can access.

Hospital Admissions

Darlington has the highest rate of hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years) in the North East and England. In 2023/24 Darlington’s rate was 252.2 per 10,000 population, compared to a rate of 140.7 in the North East and 93.2 in England.



When the rates of hospital admission in Darlington are considered on a smaller area basis (a middle super output area (MSOA)), there is no strong correlation between hospital admissions and levels of disadvantage. However, the MSOA with the highest rate of hospital admissions for unintentional and deliberate injuries in children under the age of 5 includes areas which are in the top 20% most disadvantaged in Darlington.



In response to this some actions have already been taken by the public health team, the health visiting service and County Durham and Darlington NHS Foundation Trust. This includes:

- a more detailed look at the data, to understand the circumstances of the injury and build up a picture of the main risk factors
- establishment of a multi-agency injury prevention group across County Durham and Darlington, which has developed a detailed action plan, informed by what the data tells us

- a training programme delivered by the Child Accident Prevention Trust has been delivered to front line staff, and more training is planned
- development of an injury prevention awareness video, which will be used in different settings across Darlington

It is important that this work continues going forward and progress is monitored, using opportunities through the family hub and the health visitor contacts to support parents to have the knowledge, confidence and practical skills to keep their children safe and healthy.

School Aged Children and Young People



Healthy Child Programme

The healthy child programme is a national framework for improving the health and wellbeing of children and young people. It sets out the evidence-based approaches to prevention, early intervention and family support and should be used by the NHS and local authorities to inform the commissioning and delivery of services.¹¹

As Director of Public Health, I have responsibility for commissioning a public health nursing service, which includes the provision of health visitors and school nurses. This is the Growing Healthy service in Darlington, which is provided by Harrogate and District NHS Foundation Trust.

Darlington

Growing Healthy Service

The service works with children, young people and families to empower and enable them to make informed decisions about health and support them in transitioning safely and happily into adult life. The Growing Healthy 5-19 Team works in the home, school and community settings to deliver universal and targeted interventions.

For school aged children and young people this offer includes:

- named school nurses for each school
- vision screening for reception children
- height and weight checks for children in reception and year 6
- emotional health and wellbeing support
- advice and information on a range of health issues, including smoking, drug and alcohol use, relationships, sexual health and pregnancy and oral health
- support with parenting and behavioural problems
- lower level advice and support about enuresis (involuntary urination)
- supporting children and families with additional health needs or disability
- regular secondary school health drop ins
- promotion of healthy lifestyles, in person, online and through the Children's Health Service app

National Child Measurement Programme and Child Obesity

The National Child Measurement Programme (NCMP) is a mandated public health programme in England, established in 2006, and one of the public health responsibilities of local authorities. The height and weight of children in reception and year 6 are taken (with parental consent), providing data which allows us to monitor patterns and trends and the prevalence of underweight, healthy weight, overweight and obesity in children, as well as data on child height.

Nationally, the data continues to show that the number of children living with obesity doubles between reception and year 6, and that there is an inequality in child obesity, as year on year the data has shown that the proportion of children living with obesity in the most deprived 10% of areas in England is more than twice that of the least deprived 10% of areas – a gap that continues to widen for children in reception and year 6.¹²

Childhood obesity increases the risk of developing a range of health conditions in childhood and later life.¹³ Evidence shows that 55% of children living with obesity will continue to do so during adolescence, and the risk of then experiencing obesity as an adult is even greater, which brings significant health risks.^{14 15} Living with obesity in childhood can also lead to low self-esteem, poor mental health, bullying and school absence.

Worryingly, we now have some Darlington level data¹⁶ that shows:

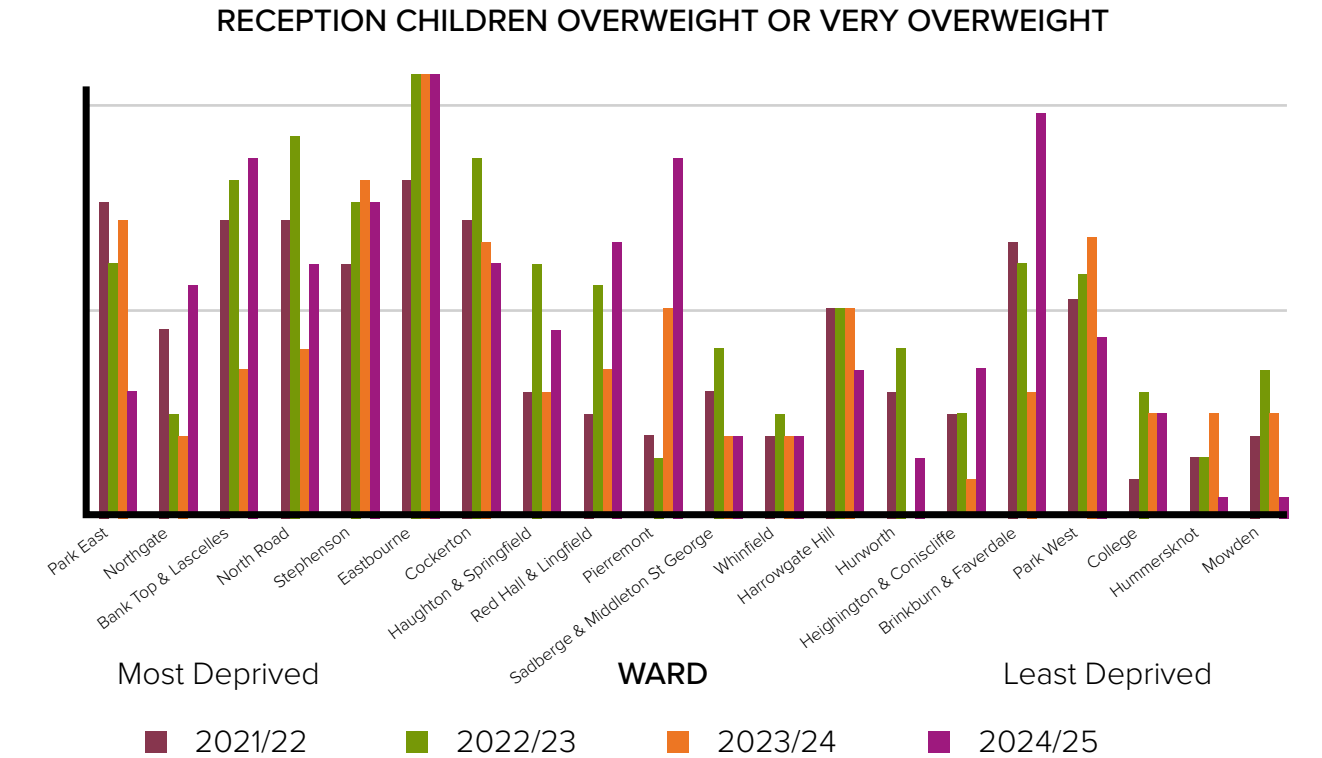
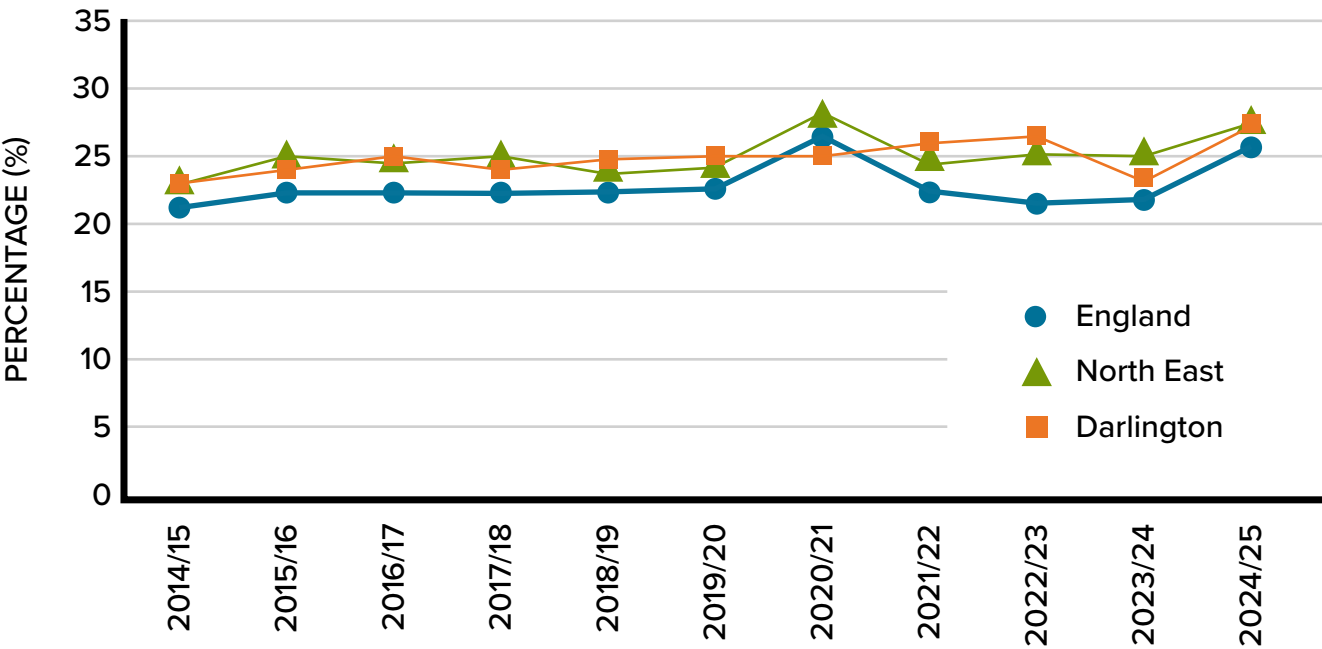
- 76.8% of children who were overweight (including obesity) in reception remained overweight in year 6 (the England average is 77.1%)
- 22% of children who were a healthy weight in reception were overweight (including obesity) in year 6 (the England average is 29.4%)



In Darlington the proportion of children in reception who were overweight (including obesity) has increased over the last 3 years and was 26.9% in 2024/25. This is similar to the North East average of 26.7% but statistically higher than the England average of 23.5%.

When the reception data for Darlington is considered at ward level there is a picture of inequality, as it shows that typically the areas which experience the greatest disadvantage have more overweight or very overweight children at reception age compared to the least disadvantaged wards.

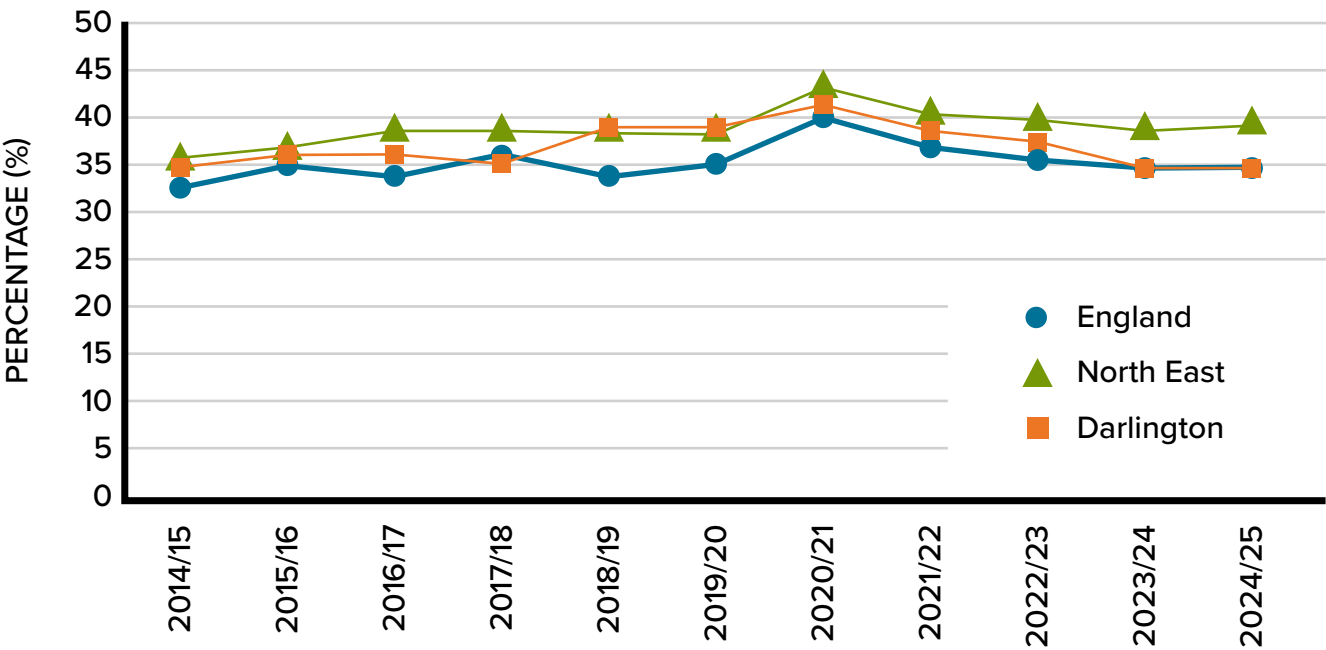
RECEPTION PREVALANCE OF OVERWEIGHT (INCLUDING OBESITY) (4 TO 5 YEARS OLD)



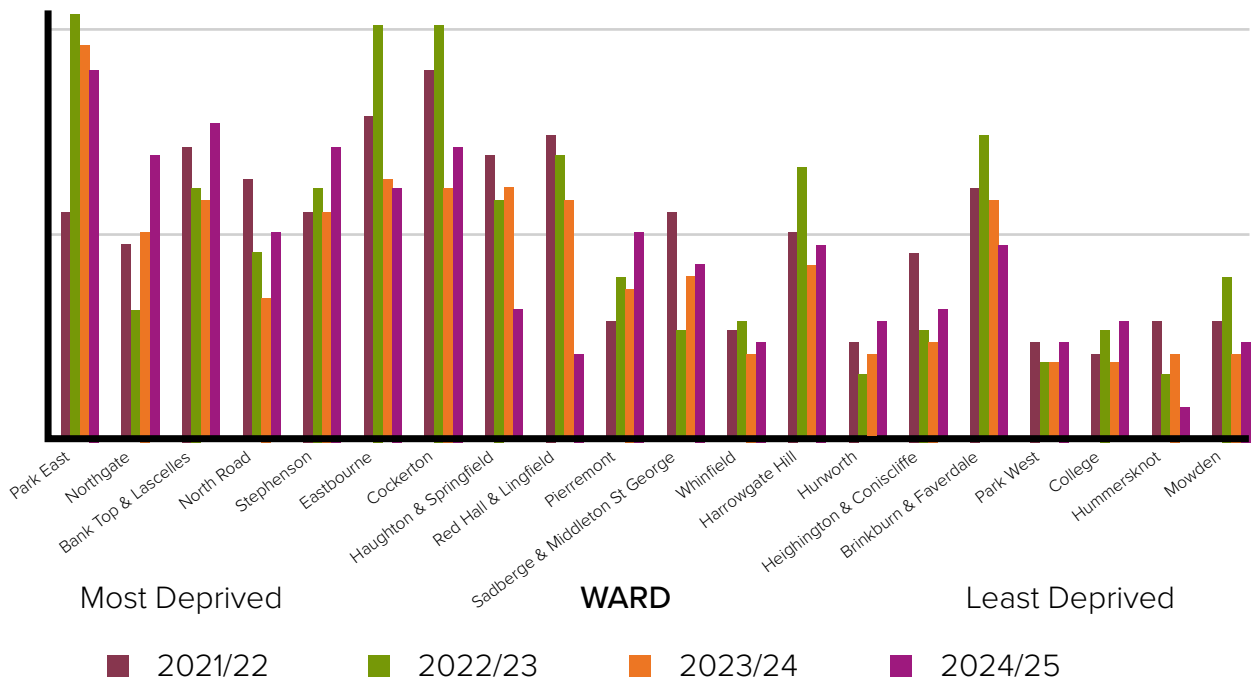
In Darlington the proportion of children in year 6 who were overweight (including obesity) has remained similar over the last 3 years and was 35.7% in 2024/25. This is statistically lower than the North East average of 39.1% but similar to the England average of 36.2%.

When the year 6 data for Darlington is considered at ward level there is a picture of inequality, as it shows that typically the areas which experience the greatest disadvantage have more overweight or very overweight children at reception age compared to the least disadvantaged wards. Comparing over time, most wards have shown a decrease since 2022/23.

YEAR 6 PREVALANCE OF OVERWEIGHT (INCLUDING OBESITY) (10 TO 11 YEARS OLD)



YEAR 6 CHILDREN OVERWEIGHT OR VERY OVERWEIGHT



The 10 Year Health Plan for England has identified addressing obesity as a priority, with a commitment to restrict junk food advertising targeted at children and banning the sale of high-caffeine energy drinks to under 16 year olds.¹⁷ Whilst these are positive steps we need to be bolder in our actions.

It has now been announced that the sugar tax (previously the soft drinks industry levy) will be extended to milk-based drinks from 2028. The tax was introduced in 2018 and already applies to most sugary and fizzy soft drinks. There is evidence that it has already had a positive impact in terms of leading to a 39.8% decline in the amount of sugar purchased from soft drinks,¹⁸ and a reduction in hospital admissions for dental caries related to tooth extractions in children.¹⁹

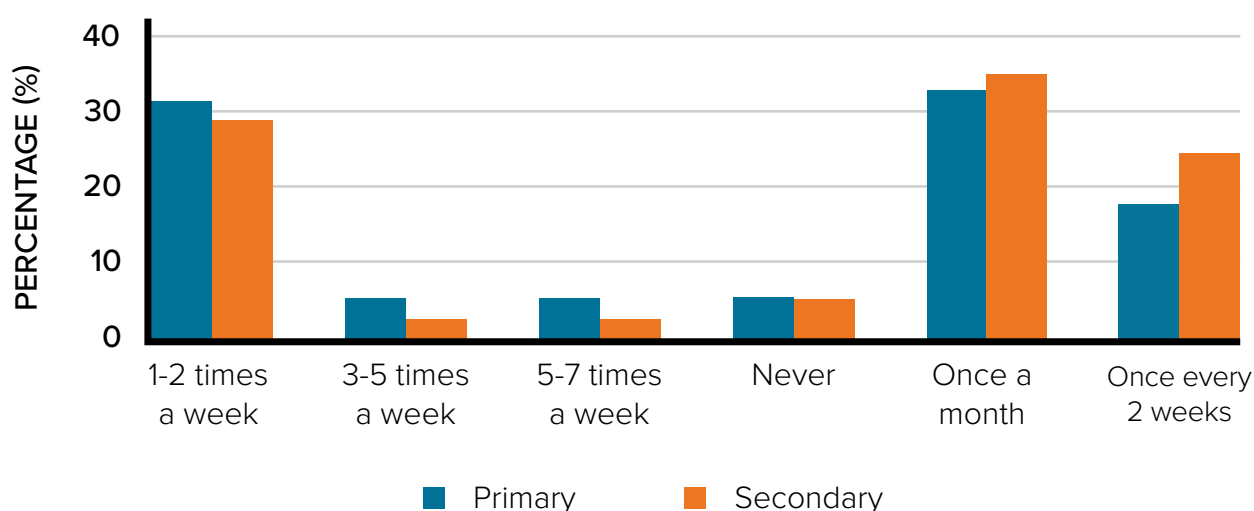
We know that the environment in which we live and work impacts our health and wellbeing, both positively and negatively. The ease of availability of fast food contributes to an obesogenic environment (an environment which makes unhealthy food choices easier, allows the advertising of unhealthy foods and does not support physical activity), and we know that fast food is much more readily available in areas with greater levels of disadvantage.

This is not right, and we should work together to ensure that the areas of Darlington which already experience higher levels of disadvantage and greater levels of child obesity are not further impacted by increasing numbers of fast food outlets, and limit the advertising of foods which are high in fat, sugar and salt and which we know appeal to children.

Data is now available at a local authority level to show the density of fast food outlets in an area, and Darlington has the second highest rate in the North East with 145 fast food outlets per 100,000 population. This is higher than the average rate for the North East (130) and England (116).

We also have local data from the healthy lifestyle survey which is carried out in many of our schools each year, with the latest data showing that 32% of primary school children and 30% of secondary school children eat a takeaway / fast food 1 to 2 times each week, and whilst the overall percentage is smaller some children are doing so even more regularly every week.

HOW FREQUENTLY DO YOU GET A TAKEAWAY/FAST FOOD?



Healthy Lifestyle Survey

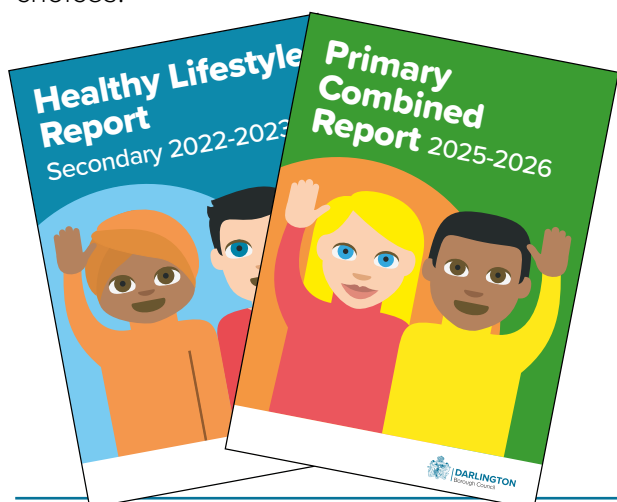


In 2025 we were able to celebrate 15 years of delivering the Healthy Lifestyle Survey in Darlington. Beginning as a small survey in secondary schools looking at two specific topics it has evolved over time and is now embedded as an annual survey of up to 6000 children and young people between the ages of 9 and 16 years.

The purpose of the survey is to understand children and young people's perceptions of their peer's health related behaviours and also their own behaviour, across a range of topics including mental health, oral health, physical activity, smoking and vaping, alcohol and relationships. The information gathered is used by public health and schools to deliver positive messages using a 'social norms' approach to challenge risk taking behaviour. For example, we know that very few young people try smoking a cigarette, however the perception amongst young people is that many young people have tried a cigarette or smoke. Using the data collected we are able to feedback that 95% of children and young people in Darlington have not tried smoking. Giving this positive messaging encourages our children and young people to question their perceptions, which can positively influence their own behaviour choices.

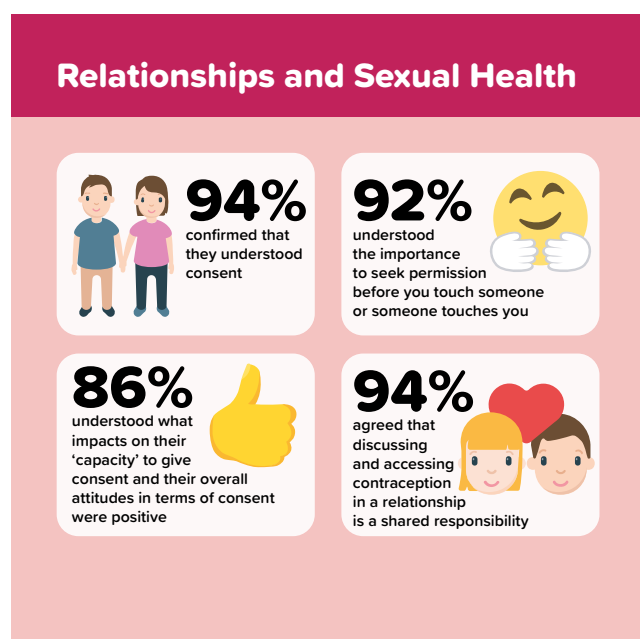
Over the years that we have been carrying out the survey we have seen changes in actual behaviours and perceptions. For example, within primary settings we have seen an increase in the number of children doing 60 active minutes daily and an increase in the number of children who understand the physical and emotional changes they will experience during puberty, showing therefore they are better prepared when they do begin to experience these changes. In secondary schools we have seen a reduction in the number of young people self-reporting that they drink alcohol or engage in sex before the age of 16.

Schools which participate in the programme consistently use the data with pupils, staff and parents and carers, including by adapting their PSHE (Personal, Social, Health Education) in school to meet the needs of the pupils and the local area. If there are areas of concern identified in the data schools will often create action plans to try and improve outcomes. Recent examples of this approach have included reviewing school meals, supporting healthy packed lunches, establishing or extending the supervised tooth brushing programme and delivering their own C Card scheme (secondary schools only).



We regularly review the questions asked in the survey, to make sure they stay relevant and can help us understand any emerging needs locally. Recent examples include asking questions about vaping, gambling and consent (some topics are only covered in the secondary school questionnaire). The public health team then use the data to inform work locally but also share key findings with other services to support their work.

This year we included questions about consent and use of contraception in the secondary school survey and overall, the findings were positive:



This is an example of how one of our secondary schools uses the tool:

Haughton

At Haughton, we make extensive use of the healthy lifestyle survey to gather vital data on pupil wellbeing and relationships and health. This information is pivotal in guiding and directing our curriculum, ensuring that what we teach is relevant and responsive to the needs of our pupils. The survey enables us, as specialist staff, to identify key areas of need so that our teaching is both proactive and reactive, addressing emerging issues as well as reinforcing positive behaviours. By analysing this data, we can evaluate the effectiveness and impact of our Personal Development, PSHE, and relationship and sex education programmes. We also cross-reference our findings with public health data to make sure that we are meeting the needs of both our pupils and the wider community. The survey plays an instrumental role in shaping the direction of personal development across the school, bringing together knowledge and priorities across assemblies, tutorials, and relevant curriculum areas. Additionally, we use Healthy Lifestyle Survey data from our primary feeder schools to ensure we are well-prepared for our incoming Year 7 cohort, allowing us to design an effective and responsive transition programme.

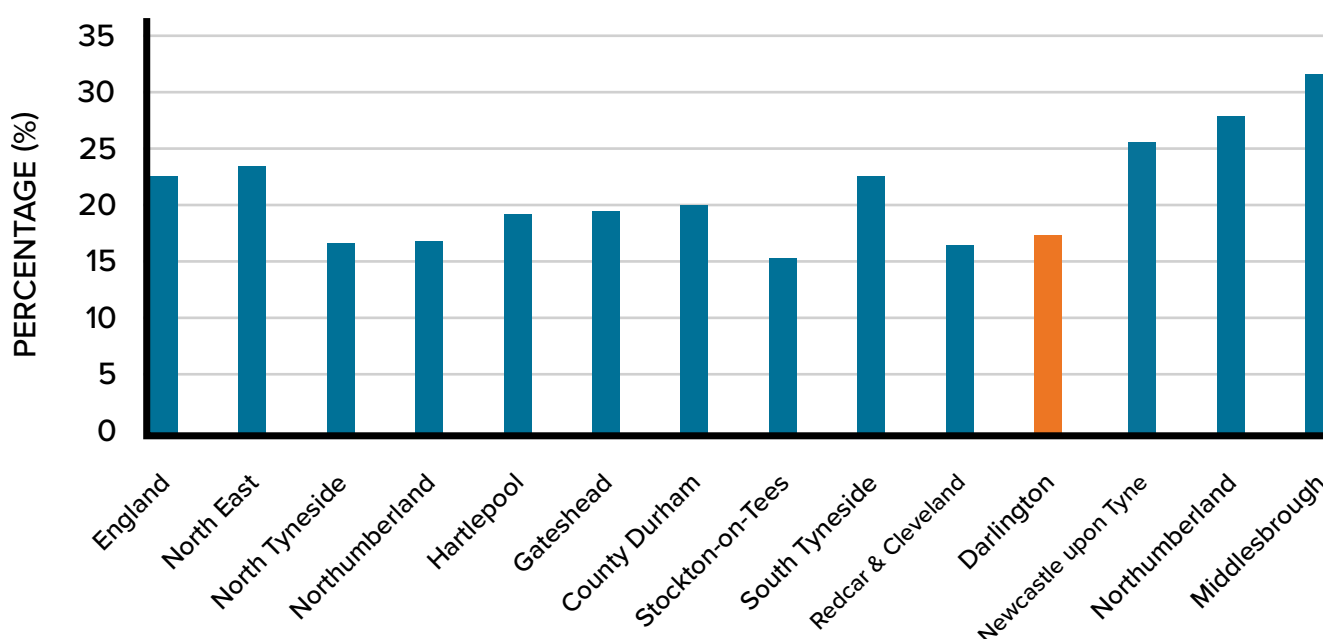


As was highlighted in last year's annual report levels of dental decay in children is a concern in Darlington. Local data is being used to inform the development of a oral health promotion strategy for Darlington, which will identify local actions to improve the oral health of our residents.²⁰ The work of the Integrated Care Board, as commissioners of NHS dental services, will also be vital to these efforts and will complement the oral health promotion work happening in Darlington.

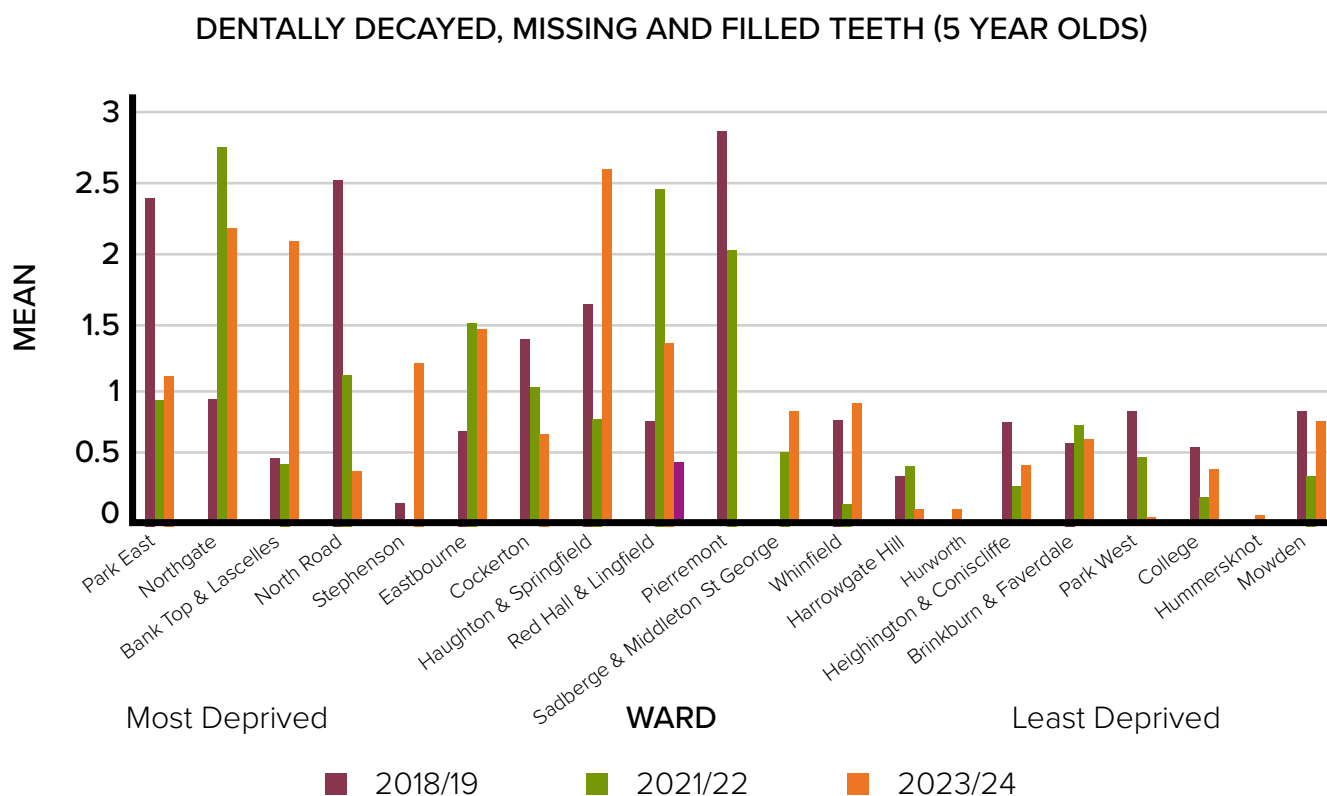
The proportion of 5 year olds with experience of visually obvious dental decay is now 25.3% in Darlington, equivalent to 1 in 4 children. This is statistically similar to the levels of dental decay in the North East (22.6%) and England average (22.4%).

We also know that one of the main reasons for hospital admission in children and young people in Darlington is poor oral health, with tooth extraction related to tooth decay the most performed surgery on children and young people. In most cases this is preventable.

PERCENTAGE OF 5 YEAR OLDS WITH EXPERIENCE OF VISUALLY OBVIOUS DENTAL DECAY



When the data on tooth decay is considered at ward level the average number of decayed, missing and filled teeth in 5 year olds is higher in the more deprived wards, across three time periods.



Our local Healthy Lifestyle Survey, delivered annually in an average of 28 schools with pupils from school years 5 to 11 (aged 9 to 16 years), asks about oral health care routines. The self-reported data (there were 1348 respondents) from 2024/25 tells us that for primary school children in years 5 and 6:

- only 69% brush their teeth the recommended twice a day
- 76% rinse after they brush (this is not recommended)
- 39% have a filling
- 28% have had a tooth extraction

For secondary schools, 3071 young people took part in the survey from across school years 7 to11. The self-reported data from 2024/25 tells us:

- only 75% brush their teeth twice a day
- 80% rinse after brushing (this is not recommended)
- 43% have had a filling
- 35% have had a tooth extraction

The oral health data from the healthy lifestyle survey is the combined averages, worryingly at a school level some schools have less than 50% of pupils self-reporting that they brush their teeth twice daily.

In March 2025 it was announced that a national programme of supervised toothbrushing would be rolled out to 3 to 5 year olds in early years settings, and at the same time the government also confirmed plans to expand community water fluoridation across the North East.²¹

The oral health team in Darlington already support settings to implement supervised toothbrushing, but over the last year the public health team have used this opportunity to work with our nurseries and schools and the oral health team to increase the number of settings offering supervised toothbrushing. Some settings have even extended the offer to other year groups, based on identified need.

The supervised toothbrushing scheme is not a replacement for brushing at home, but an evidence-based programme to improve oral health in children and give them the skills and knowledge to carry out this task at home.

Improving oral health locally across the life course is a priority for us and we will take this work forward with partners and services. How we will do this will be described in the oral health strategy, but the work has already started for children and you can find out more about this work in practice at [Darlington Xtra - Oral Health in Darlington](#)

Many of our schools have really embraced this work, as these case studies from Beaumont Hill Academy and Springfield Academy show.

Beaumont Hill Academy

Beaumont Hill Academy recognised the need for improved dental hygiene for our pupils. This view was further cemented by the facts and statistics shared during the Children's Health and Wellbeing Conference in 2024, which highlighted high levels of dental decay and tooth extractions which are 'preventable' in most cases with a good toothbrushing regime.

Toothbrushing can be a difficult task for some young people with SEND for multiple reasons including difficulties with hand-eye co-ordination and sensory considerations. To best support individuals and families in this area, Beaumont Hill Academy adopted the toothbrushing scheme across the school.

We have worked collaboratively with the local authority, oral health team and media company to develop promotional videos to showcase the positive impact of the initiative within a SEND setting.

Staff have engaged in toothbrush training organised by the local authority and acquired resources to successfully implement the toothbrushing programme and education as part of our daily curriculum offer. As the routine is becoming more established, our learners are making significant progress with their dental hygiene and levels of independence.

Collaborative working between the public health team in the local authority and Beaumont Hill Academy has also allowed us to facilitate training and awareness for parents, further supporting the initiative, overcoming barriers to good oral health and increasing positive dental hygiene among our pupils.

Springfield Academy

At Springfield Academy we have had concerns about our children's teeth for a long time. Class teachers from every class were reporting that children often complained of tooth ache and mouth pain. From our data, produced from The Healthy Lifestyle survey, we could see year after year, that some of our children didn't own toothbrushes and toothpaste, and they were not brushing their teeth twice a day. Children were missing school because of dental pain, and at least one child in every key stage needed teeth removing in hospital, every year. When we were offered the tooth brushing programme, we honestly couldn't wait to get started. Our children's health and attendance are our upmost priorities, as without these how can we possibly teach our children effectively, and set them up for a healthy, happy and successful life! We know that the toothbrushing programme is impacting directly on our children's health and this impact will continue to grow as time moves on. I consider it to be the 5 minutes of our school day, that has the biggest impact on our children's lives.

Substance Misuse



Darlington STRIDE (Support, Treatment and Recovery in Darlington through Empowerment) is an all age substance misuse service, which includes the dedicated young person's service for those under the age of 18. The young person's service plays a vital role in supporting children and young people to reduce substance related harm and improve their overall health and wellbeing.

The service provides young people with structured one to one support, harm reduction education, motivational interventions and relapse prevention work, provided by a team of experienced staff including people with lived experience. They will also work with the wider family if needed, as parents and carers play an important role in supporting young people to achieve a successful outcome.

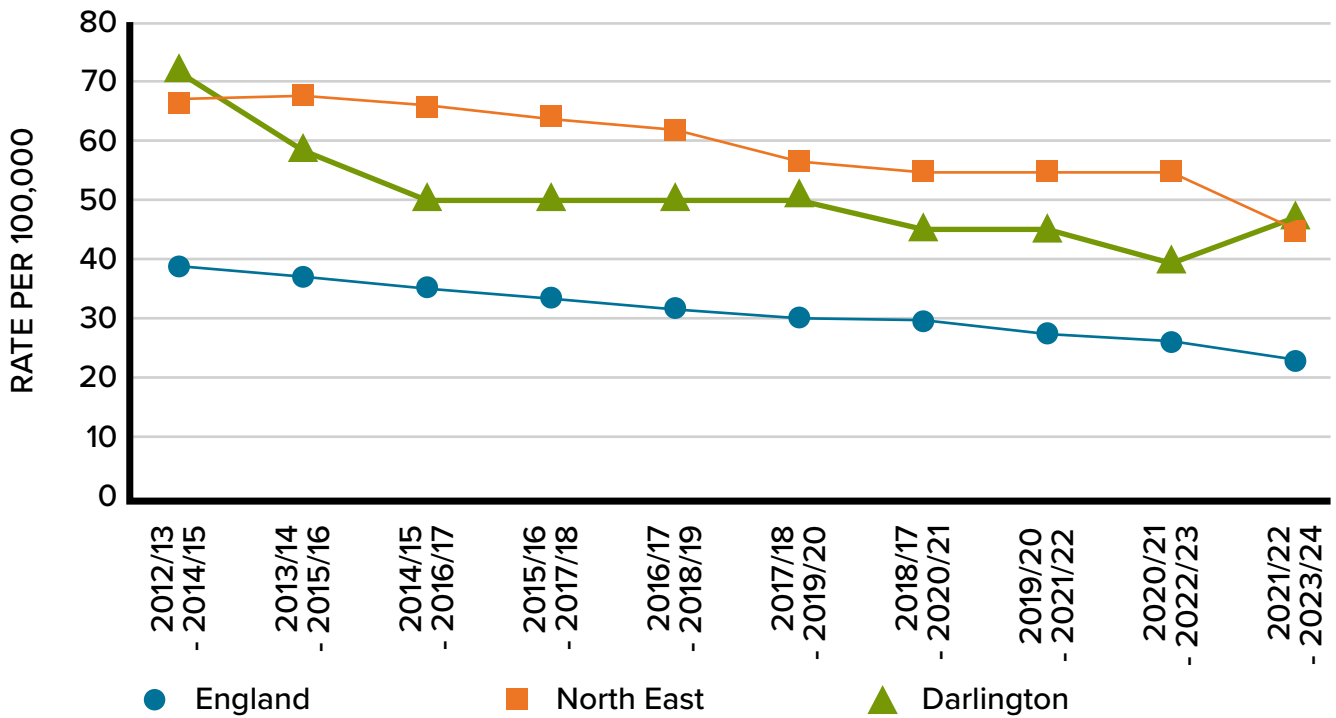
Outreach with schools and colleges in Darlington is also part of the offer, delivering interventions and education sessions to pupils and teachers, with a focus on raising awareness of substance misuse related harms, understanding risks and how to access the service if needed.

There is also a focus on multi-agency working, with strong links established with the youth justice service, voluntary sector and early help teams, including through regular drop-in sessions and hot desking to ensure the service maintains a visible presence in the community and support joined up care for young people.

Efforts continue to increase the numbers of young people with drug or alcohol addictions accessing the service for treatment, through establishing clear referral pathways including self-referral, strengthening partnerships with external agencies and ensuring young people have a positive experience when using the service. Awareness training is also available for other professionals. Further information about the service is available at [Drug and Alcohol Support for Young People and Families in Darlington](#)

Darlington has a similar rate of hospital admission episodes for alcohol-specific conditions in under 18's to the North East. Between 2021/22-23/24, the admission rate in Darlington was 46.3 per 100,000 population whilst the North East rate was 44.1 per 100,000 population. However, the rate in Darlington is significantly higher than the England average of 22.6 per 100,000 population and has increased in the most recent data release.

ADMISSION EPISODES FOR ALCOHOL-SPECIFIC CONDITIONS (UNDER 18 YEARS) (PERSONS)

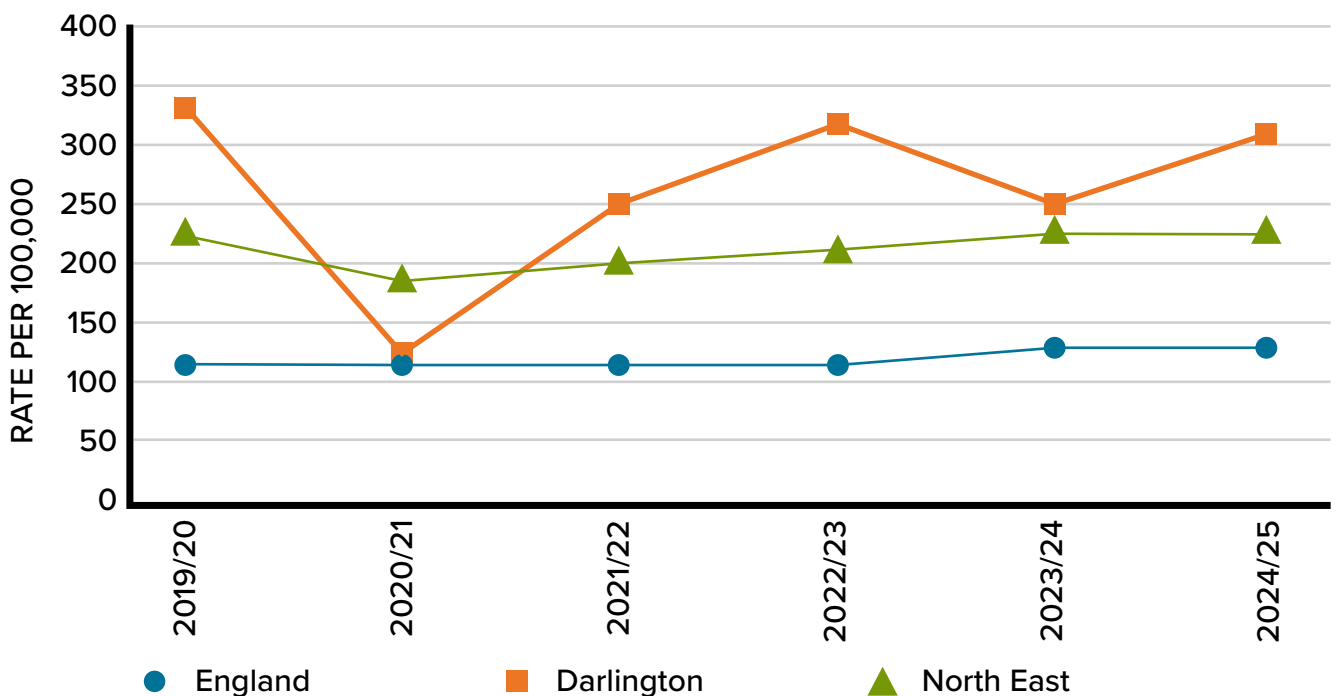


The rate of young people (under 18) in treatment locally did reduce significantly in 2020/21 but has increased to 312 per 100,000 population in 2024/25. Darlington's rate of young people in treatment is significantly higher than the rate for England (131 per 100,000 population) and the North East (219

per 100,000 population). This is reflective of high levels of need and good engagement of young people with services in Darlington.

The latest data (2024/25) shows that out of 45 discharges from structured treatment 89% (40) were successful in Darlington, compared to 85% nationally and 81% regionally.

YOUNG PEOPLE IN TREATMENT (END OF EACH FINANCIAL YEAR)





Most children and young people maintain good mental health and wellbeing throughout their childhood, often with support from the people and organisations around them to keep them well. Nationally, it is reported that 1 in 5 children or young people will experience a mental health problem at some point during their childhood²² and many face challenges in accessing timely and effective interventions. Mind report that new urgent referrals to crisis care teams for children and young people under the age of 18 each month have more than tripled since 2019.²³ Increased demand for mental health support places strain on already stretched services, and families report that children are unable to access early intervention as they do not meet thresholds for support, further increasing the risk of reaching crisis.

Children and Young People Mental Health Services in Darlington

Taking action to prevent poor mental health or to intervene with early effective support is key to reducing the risk of children and young people reaching crisis point or needing more intensive interventions. Access to early mental health support for children and young people has been identified as a key priority in Darlington's [Joint Local Health and Wellbeing Strategy](#).

Services available to children, young people and their families in Darlington are described below.

- Tees, Esk and Wear Valley Foundation Trust (TEWV) deliver the **Tees Valley Getting Help Mental Health and Wellbeing Service** ([Tees Valley Getting Help](#)) for Children and Young People. The service launched on 1st January 2026 and offers advice and support through a newly created website and 'digital front-door', and a range evidence-based mental health and trauma-focused interventions across communities and schools.
- TEWV also provide Darlington's **Mental Health Support Teams (MHST)** provision with the aim that providing support in school improves children and young people's access to early mental health support. TEWV reports that MHSTs have demonstrated a positive impact across the Tees Valley, and Darlington is the first local authority in the Tees Valley to achieve 100% coverage of MHSTs in all mainstream schools.

- Harrogate and District NHS Foundation Trust (HDFT) provide the Darlington 0-19 service, **Growing Healthy**. This includes an **Emotional Resilience Team** for the 5-19 age group, working with children, young people and families to empower and enable them to make informed decisions about their emotional health and support them in transitioning safely and happily into adult life. The team provide 1:1 support for low level short term emotional health concerns whilst offering a universal approach to schools with the Decider programme in year 6. Children and young people can directly access the service via school drop ins, phone or their website ([Growing Healthy 0-19 Darlington](#)).
- Darlington Borough Council's Building Stronger Families service ([Building Stronger Families Service](#)) supports children through their growth and development. Their Looking After Me Programme is a preventative and early intervention approach which equips children with essential life skills—such as building self-esteem, confidence, and resilience—by exploring topics like body image, relationships, problem-solving, and responsibility. This proactive approach helps reduce risk factors for poor mental health and promotes emotional wellbeing.
- All schools in Darlington have a Senior Mental Health Lead, and the Education Partnerships Team ([Darlington Education Partnerships](#)) support this programme through the Mental Health Leads Network. Many schools have invested in training staff in ELSA (Emotional Literacy Support Assistant) or have commissioned their own school counsellor.
- **Darlington Mind's** Children and Young People's service ([Darlington Mind](#)) receives referrals from ten Darlington secondary schools to support with specialist counselling in overcoming self-harm, suicidal ideation, self-esteem, anxiety, bullying, body image and social disconnection. Darlington Mind's team also collaborates closely with Mental Health Support teams in schools.

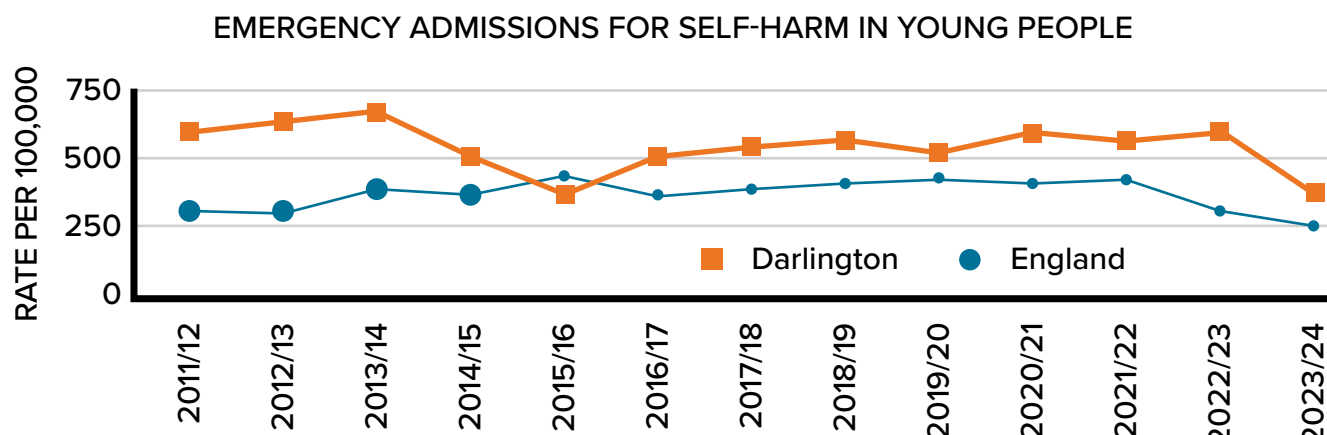
- In addition to commissioned services, there are a number of charities and community organisations, such as **The Listening Post**, offering school-based support.

While it is positive that there is a wide range of provision for mental health services for children and young people, provided both by statutory organisations and VCSE/ community providers, priorities include availability of appropriate early interventions as well as knowing how and when to access these services. System-wide work is underway to better understand and guide people through the mental health landscape, including the introduction of a young person's social prescribing service to support children and families to find the help they need at the point they need it.

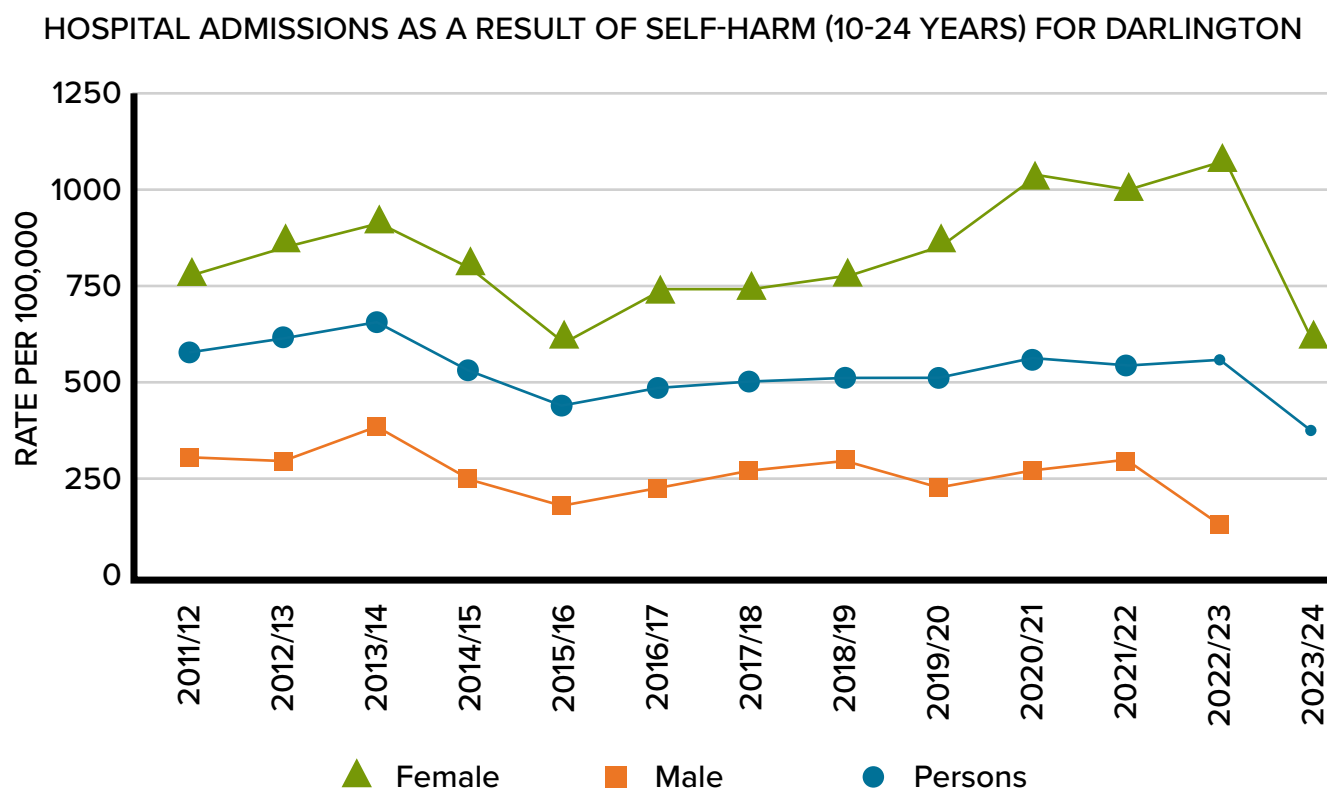


Hospital Admissions for Self-harm

Darlington's rate of emergency admissions for self-harm in children and young people per 100,000 population is higher than the England average, although encouragingly the gap is beginning to close. In the period 2023/24, the rate in children and young people in Darlington declined faster than the England rate. However, it has remained statistically higher than the rate across England and is similar to the average rate across the North East.



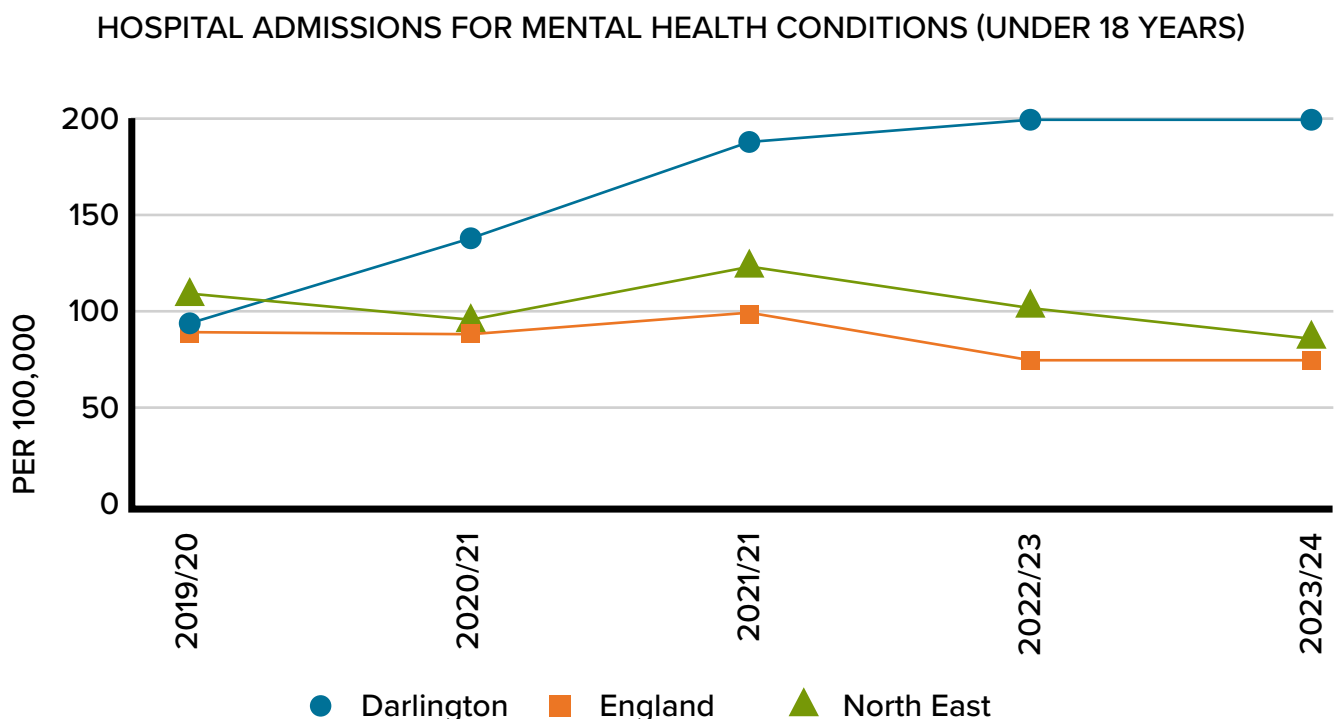
Rates in young women and girls have remained consistently higher than rates in boys and young men. The upward trend in young women and girls has halted, and in 2023/24 showed a significant reduction from 2022/23.



An audit has been undertaken by County Durham and Darlington NHS Foundation Trust (CDDFT) looking at hospital admissions for self-harm in children and young people. One key finding suggested that many of the young people had previously accessed, or were currently accessing, support services or had previous episodes of self-harm (not all requiring hospital admission). This offers potential opportunities for early intervention. The key findings from the audit have been shared with partner organisations through a number of partnership groups across in Darlington, to help inform their work on preventing self-harm.

Mental Health Admissions

Darlington has rates of hospital admissions for mental health conditions in those aged under 18 which are higher than the average rates for England and the North East average, particularly for girls and young women.

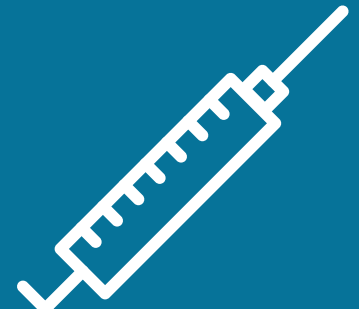


TEWV Child and Adolescent Mental Health Services (CAMHS) team offer a range of support in relation to admissions for self-harm and mental health for children and young people. All young people have immediate access to Crisis Teams via 111. The crisis teams triage calls and assess those young people who need an assessment urgently within 4 hours. The crisis teams liaise with families and any other service such as Local Authorities, Community CAMHS teams, schools, paediatric wards or other health teams as needed.

The crisis teams, with Mental Health Intensive Home Treatment teams, work with young people and families 2-3 times or more per week to reduce risks, keep young people close to home and promote connections that already exist as part of recovery.

There is a range of high-quality, effective services that support children and young people to maintain good mental health and wellbeing, but this needs to be more coordinated and shared widely so that children, families and providers can access, signpost or refer for the best outcomes.

Vaccination



Vaccination is the most important thing we can do to protect our children against infectious diseases. National evidence indicates that vaccination rates have declined across England in recent years, with coverage now falling below the recommended 95% threshold for all routine childhood vaccines. Despite this national downturn, Darlington continues to perform strongly at a population level, achieving some of the highest vaccination uptake levels in the country.

However, uptake within areas of Darlington is more variable, leaving some children without the full level of protection they require in some neighbourhoods. There are also some marked differences at a general practice level. These inequalities are particularly concerning, as achieving high coverage is essential for maintaining herd immunity and protecting the wider community, especially individuals who are not vaccinated. It is therefore important that all health professionals working with children and families communicate consistent messages about vaccination and use all opportunities to promote the importance of children receiving scheduled vaccinations on time.

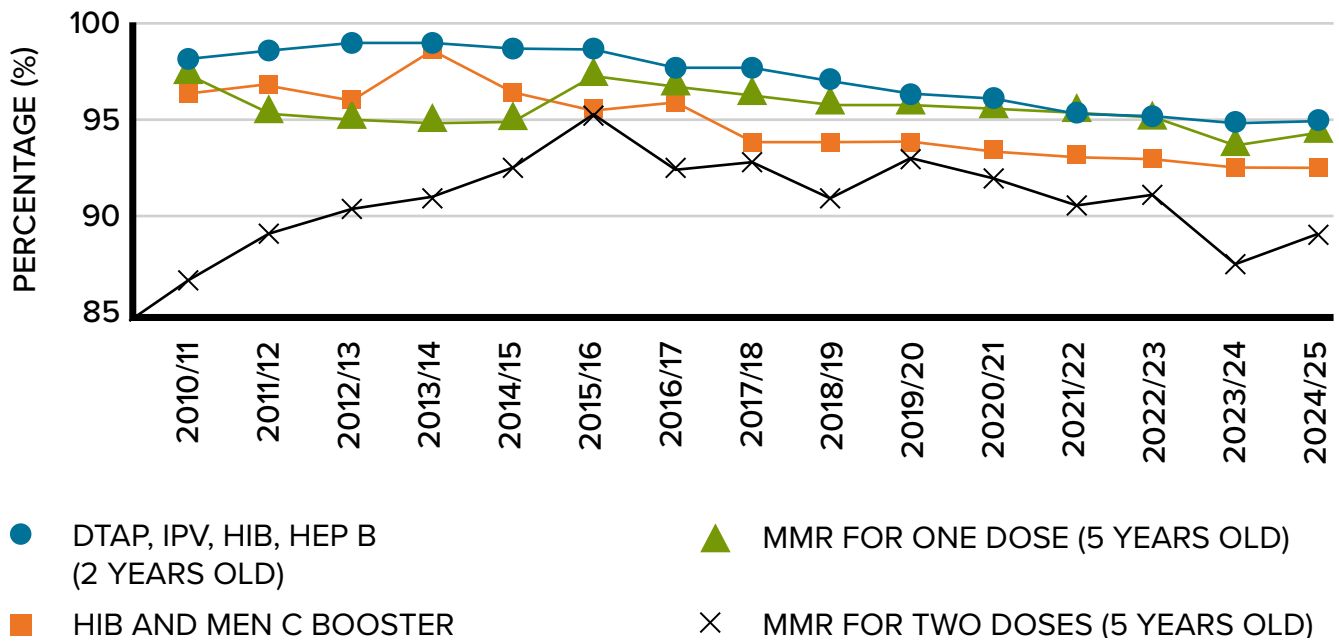
The reasons for lower uptake in Darlington are very similar to what is being identified elsewhere, for example many families struggle to secure convenient appointments or face inconsistent access to healthcare, which makes it harder to get children vaccinated on time. The spread of misinformation also influences some parents' decisions, creating uncertainty or worry about vaccines, and wider inequalities such as financial pressures, language barriers, or difficulty navigating services, mean some communities face more obstacles than others in keeping up with the vaccination schedule.

When compared with the wider North East region, Darlington is slightly below regional averages for several key vaccinations, mirroring the national decline in uptake. In response, Darlington's public health team is collaborating with general practices, schools, and the School Age Immunisation Service to make access to vaccination appointments easier, develop a more detailed understanding of neighbourhood-level differences in uptake and strengthen support for vulnerable groups, particularly children in care.

Darlington also works closely with the Tees Valley Immunisation Steering Group, which brings together public health teams, NHS partners and system leads to coordinate immunisation efforts across the region. This collaboration supports consistent messaging, shared best practice, and targeted action in areas of lower uptake. It also provides opportunities to carry out behavioural insights work and focused research to better understand what influences vaccination decisions, helping to inform more effective approaches to improving coverage in the future.

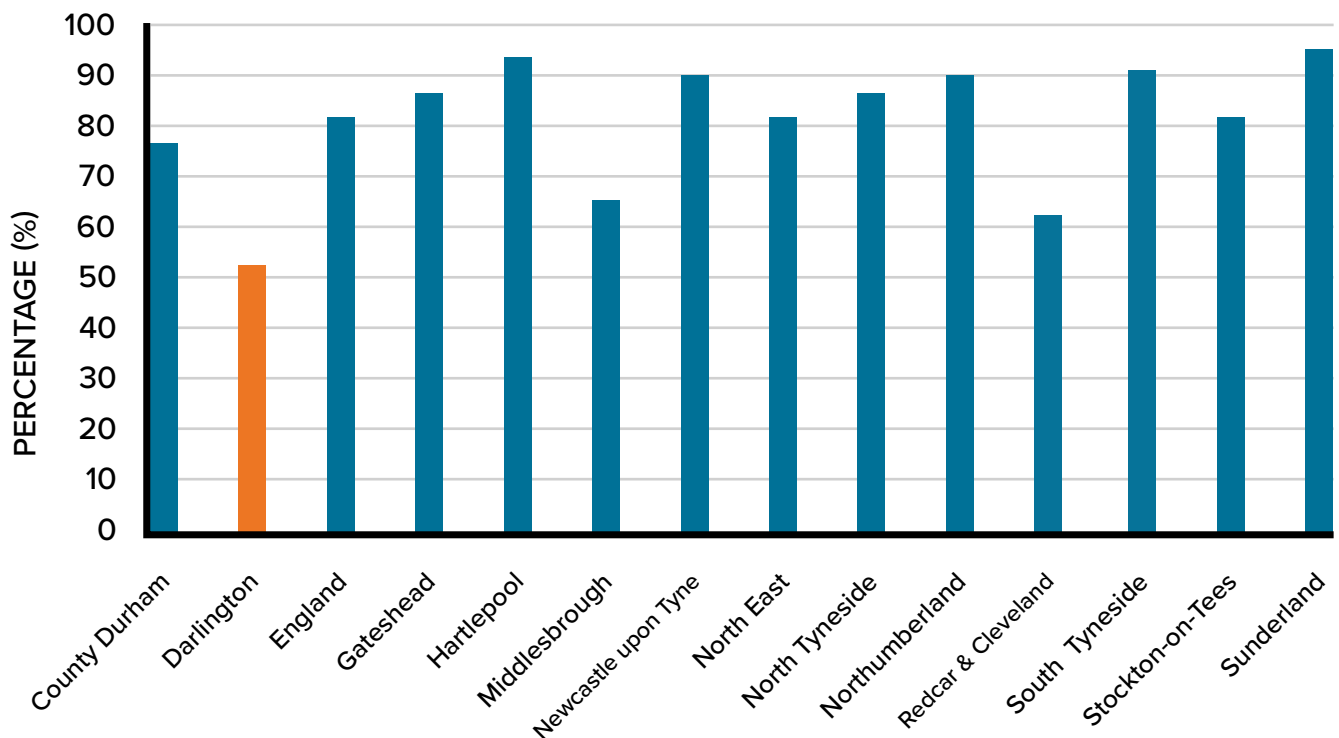


VACCINATION COVERAGE (DARLINGTON)



In last year's annual report, I highlighted that the proportion of children in care immunisations for Darlington has been decreasing since 2020/21, and was only 53% in 2023/24, compared to 82% uptake in both the North East and England. More recent data is not yet available but further investigations have suggested that the drop in uptake is in part a genuine reflection of the situation, but also potentially a data quality issue. This work needs to continue, to ensure all children who are looked-after are receiving their immunisations on time and data is being recorded correctly.

CHILDREN IN CARE IMMUNISATIONS



Recommendations



- Continue to promote the Breastfeeding Friendly scheme and deliver breastfeeding awareness training to frontline employees to promote the benefits of breastfeeding and how everyone in communities can support breastfeeding mothers
- Use ward level data to target activity to areas with the lowest breastfeeding rates, engaging with communities to identify and overcome barriers
- Maternity services, health visiting and the stop smoking service should work together to further reduce rates of smoking in pregnancy, with a focus on narrowing the inequalities in smoking rates which exist in Darlington
- Develop an injury prevention resource on the Making Every Contact Count (MECC) gateway
- Improve pathways between CDDFT and the 0-19 public health service to ensure the flow of information and better support families who experience the hospital admission of a child due to unintentional and deliberate injuries
- Partners should make the most of the opportunities through the delivery of the Best Start in Life Local Plan and Best Start Family Hub offer to work together in a more integrated way in communities to support families, improve outcomes and reduce inequalities
- Develop and implement a whole systems approach Healthy Weight Strategy for Darlington, using national evidence and local data and intelligence
- Take action to improve the nutritional content of food in early years and school settings and reduce sugar intake of children and young people in Darlington, to support healthy weight and good oral health
- Work with the planning team to influence the response and decision making on future take away applications, maximising opportunities within the refreshed National Planning Policy Framework
- Act locally to restrict the advertising of food which is high in fat, sugar and salt
- Deliver the action plan for the Darlington Physical Activity Strategy and the roll out of the Darlington place Partnership with Tees Valley Sport and Sport England, encouraging and enabling access to physical activity for all.
- Continue to raise the profile of the Supervised Toothbrushing Programme, working towards it being embedded in 100% of early years settings and extended into other year groups if there is an identified need
- Increase the number of children cleaning their teeth correctly twice daily through a range of communications and oral health interventions
- Develop an evidence based proposal for a targeted fluoride varnish programme to meet the needs of our community and reduce levels of tooth decay in children
- Follow up the findings of the self-harm audit and use these to further develop a collaborative, child-centred multiagency approach to mental health and self-harm support
- Support good mental health by seeking and using children's and families' voices in service development and evaluation, and provide shared system-wide learning, particularly in relation to identifying those most vulnerable to self-harm and mental health admission and readmission, and the pathways that they follow

References

- ¹ [Local indicators for Darlington](#) - ONS (2024 data)
- ² [Fingertips](#) | Department of Health and Social Care
- ³ [Households below average income: for financial years ending 1995 to 2025](#) - GOV.UK
- ⁴ [Health matters: reproductive health and pregnancy planning](#) - GOV.UK
- ⁵ [The UNICEF UK Baby Friendly Initiative](#)
- ⁶ [NHS England Perinatal mental health](#)
- ⁷ [Marmot Review 10 Years On](#)
- ⁸ [The best start for life a vision for the 1001critical days](#)
- ⁹ [Commissioning the Healthy Child Programme](#)
- ¹⁰ [Giving every child the best start in life](#) - GOV.UK
- ¹¹ [Commissioning the Healthy Child Programme](#)
- ¹² [National Child Measurement Programme: operational guidance 2025](#) - GOV.UK
- ¹³ [Malnutrition in children](#)
- ¹⁴ [Healthy weight](#) - RCPCH - State of Child Health
- ¹⁵ [Adult obesity: applying All Our Health](#)
- ¹⁶ [Obesity, physical activity and nutrition](#) | Fingertips | Department of Health and Social Care
- ¹⁷ [Fit for the future: 10 Year Health Plan for England](#)
- ¹⁸ [Sugar reduction in drinks: 2015 to 2024](#)
- ¹⁹ [Estimated impact of the UK soft drinks industry levy on childhood hospital admissions for carious tooth extractions](#) | BMJ Nutrition, Prevention & Health
- ²⁰ [North East and North Cumbria Oral Health and Dental Strategy](#)
- ²¹ [Supervised toothbrushing for children to prevent tooth decay](#) - GOV.UK
- ²² [Centre for Mental Health](#)
- ²³ [Care Before Crisis: report](#)



