



Solihull
METROPOLITAN
BOROUGH COUNCIL

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Growing up in Solihull

Director of Public Health Annual Report

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1.1 Foreword

I am delighted that the focus of this year's Director of Public Health Annual Report is on Growing Up Well in Solihull. Since 2022, working with all partners, Solihull has been on an improvement journey to put children at the heart of everything we do. Early this year, we marked an important milestone with Ofsted rating our children's services as good. But it does not stop there. We remain ambitious for all our children and in particularly the need to make sure that every child has the best possible chance to succeed in life, no matter where they are born.

At a time of significant change across education, the NHS, local government as well as wider social and economic challenges globally and nationally, we believe that the time is right to look at where we have, collectively made progress and what more need to be done to get the best for our children and young people across our communities and partnerships.

I would personally like to thank all the young people who have contributed to this report. In particularly, our thanks go to Hollie, Kai, Saanvi, Daniel, William, Rico, Keely, Tirien, and Gabriella who spent a week advising us on what matters most to their health and well-being and also surveying other young people on their views.



Councillor Karen Grinsell
Leader, Solihull Council

1.2 Director of Public Health & Director of Children's Services Introduction

Children and young people are at the heart of everything we do. Over recent years, we've taken rapid action to strengthen support for children who need it most, whilst building a robust preventative system that helps families as early as possible.

The foundations for lifelong health and wellbeing are laid in early childhood, particularly in the earliest years where experiences and relationships literally shape a baby's brain. Secure parent-child attachment supports a child, then later as an adult, to effectively manage their emotions and enjoy healthy relationships and progress through education and into employment. Early experiences where a child is living in ongoing stress, including neglect and abuse, impact on their risk for later addictions, ill health and becoming a perpetrator or victim of violence. Childhood is a critical opportunity to nurture children to grow into resilient young people who can achieve their aspirations, supporting their future health and happiness.

Many of today's children and young people were born during, or grew up through, the COVID-19 pandemic. We have seen some of the immediate impacts but are still learning what the longer-term effects will be. By looking at how key indicators change over time, we can understand what a short-term change may be and what might become a longer-lasting trend.

Data helps us build a clear picture of health, education and wellbeing in Solihull. But numbers on their own don't tell the whole story. That is why we also listen to children, young people and families directly to understand what helps them thrive, what gets in the way, and what would make the biggest difference to their lives.

This report comes at a time of significant change. Social care reform, developments in education and for children with additional needs, and new neighbourhood health approaches are moving us towards closer working across services and partners. These changes create real opportunities to reshape service delivery, so it works better for families and communities.

Now is the right moment to take stock. We will use the latest data, listen to children and young people's voices, and apply what we learn to strengthen local plans and decisions. Our aim is simple: to help every child and young person in Solihull get the best possible start, grow up well, and move confidently into thriving adulthood.



Ruth Tennant
Director of Public Health



Rasheed Pendry
Director of Children's Services

1.3 Executive Summary

This annual report sets out the health, wellbeing and life experiences of babies, children and young people in Solihull, alongside the action being taken to support them to thrive. Solihull performs well against many national benchmarks, with strong partnerships, high-quality services and improving outcomes in key areas. However, inequalities remain, particularly for children affected by deprivation, additional needs, and vulnerability.

Population and inequalities
Children and young people make up almost a quarter of Solihull's population. While the majority grow up in supportive environments, outcomes vary significantly across the borough, with poorer health and educational outcomes in lower-income communities. These inequalities begin early and widen over time.

Best start in life
Early years remain a critical foundation for lifelong health and wellbeing. Solihull performs well in areas such as early antenatal access, health visiting and school readiness. However, challenges remain including vaccination uptake and poorer birth outcomes linked to deprivation.

Growing up well (5–11 years)
Most children engage positively with education and achieve well, with attainment above regional averages. Health behaviours are generally positive, but concerns increase with age, including rising obesity levels, poorer diet, and increased screen use. Bullying, anxiety and body image concerns are reported by a notable minority. Attendance is broadly in line with national levels, though persistent absence and inequalities across schools remain challenging.

Adolescence and transition to adulthood
Educational attainment at GCSE is in line with or slightly above national averages. Attendance declines in secondary school, and the proportion of young people not in education, employment or training (NEET) is rising. Emotional wellbeing becomes more complex, with digital life bringing both opportunities and risks.



Strengths in the Local System
Solihull has strengthened early help and prevention through Family Hubs development and improved integration across services. Strong partnership working across the Council, NHS, schools and community organisations also contributed to a reduction in the number of children in care.

Key priorities going forward
To further improve outcomes, the report highlights the need to:

- Reduce inequalities by targeting support in areas of greatest need and ensuring equitable access to services.
- Strengthen early intervention, particularly before and during pregnancy and in the early years.
- Enhance transitions, including pathways into post-16 education, employment and training.
- Integrate services further, ensuring families receive coordinated, joined-up support.
- Embed trauma-informed, strengths-based approaches and amplify the voices of children and young people in shaping services.

Through this report we will:

- **Assess the current position** by reviewing key data sources and trends across health, education, and wider determinants of health.
- **Explore the broader context** by considering social, economic, and environmental factors that influence children's ability to flourish.
- **Place the voices of children and young people at the heart of this work**, ensuring their lived experiences and priorities shape our understanding and future plans.
- **Highlight local initiatives and partnerships** already in place to improve outcomes.
- **Set out practical recommendations** for local systems and partnership boards, guiding future action to support babies, children and young people to thrive.

1.4 Population Profile

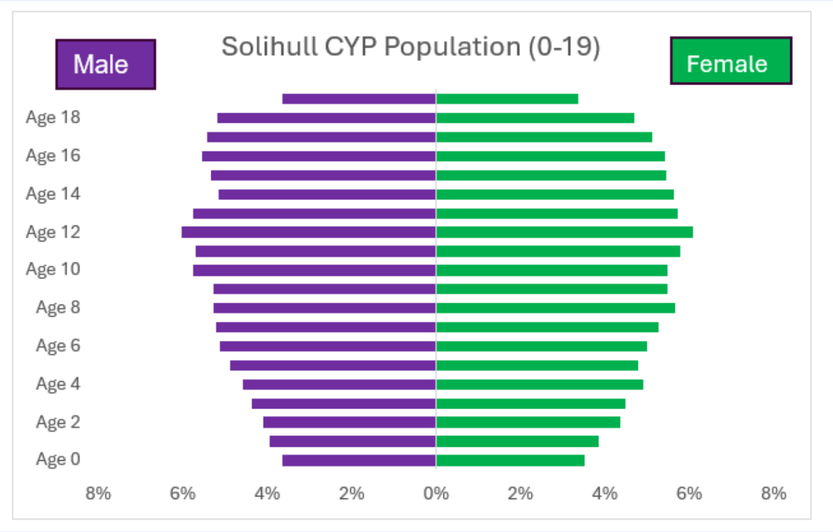
Age and Ethnic Diversity

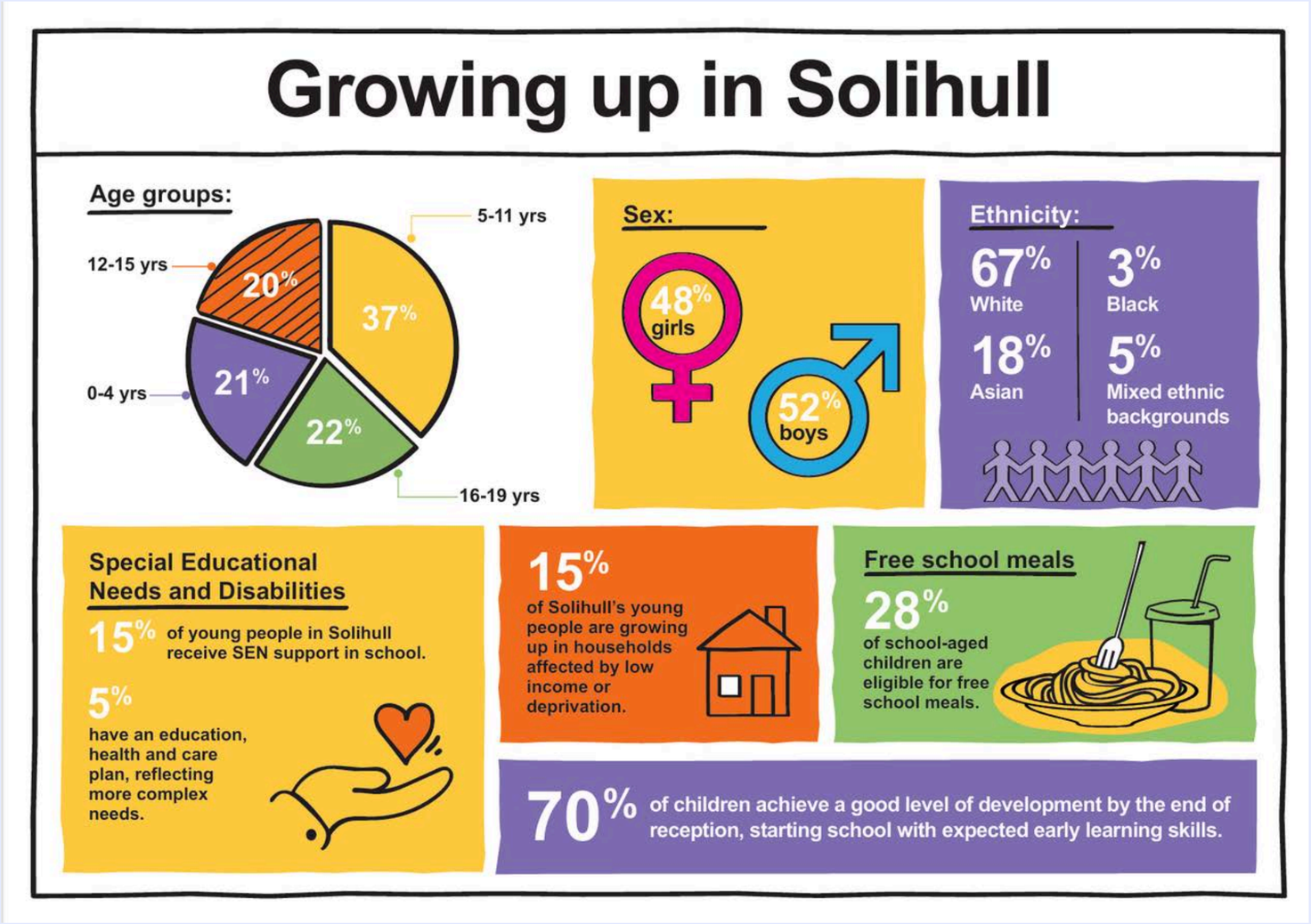
Children and young people make up a significant part of Solihull's population. Almost one in four residents are aged 0 to 19, and our largest group is primary school aged children. Compared with England, Solihull has fewer children under 3, but more children and young people aged 4 to 18, and a higher proportion aged 0 to 15 overall. Overall, the balance of boys and girls is broadly even.

North Solihull is younger than the rest of the borough (24% aged 0-15 vs 18%), and its three wards also have a younger profile than England.

The population pyramid helps us understand this distribution and plan services now and for the years ahead.

Age and gender distribution of children and young people (0–19)





Solihull is less diverse than many metropolitan areas, but people from ethnic minority backgrounds make up 18% of the population. This is up from 12% in 2011, with the largest increase in Asian communities, and close to the national average, but below the West Midlands. Diversity is greater among children and young people: in 2024 to 2025, around 63% of pupils were White British, almost one in five were from Asian backgrounds, and around one in twelve were from Mixed or Black ethnic backgrounds. This informs our focus on inclusive, culturally responsive services and communication.

Introduction

Health Inequalities

Where children live, family income, and access to support shape everyday life in ways that add up over time. We see this most clearly in the contrast between North and South Solihull. Around 30% of children in North Solihull live in low-income households, compared with less than 10% in the south.

We see gaps in school readiness, healthy weight, and emotional wellbeing. Financial pressure can limit choices about food, transport, housing, and activities, while increasing stress in ways that influence children's health and learning.



These differences are not about parenting effort or ambition, but about the conditions around families and the options that feel realistic in everyday life. Reducing these inequalities means we focus support where it is most needed, strengthen universal services, and remove practical barriers to early help.

It also means working together across the Council, the NHS, schools, and community organisations to build healthy, safe and supportive places for every child.

Most & Least Deprived Wards Comparison

Indicator	Most Deprived 20%	Least Deprived 20%
Babies born with low birth weight	7.1%	6.4%
Proportion of children achieving good level of development	66.3%	76.6%
Proportion of young people claiming unemployment benefits (16-24 year olds)	10.2%	2.4%
Life expectancy	Male - 73 (Chelmsely Wood) Female - 77 (Chelmsely Wood)	Male - 85 (Monkspath) Female - 89 (Monkspath)
Proportion of children overweight in Year 6	30.6% (Smith's Wood)	9% (Dorridge and Hockely Heath)
Proportion of women smoking at time of delivery	8.55%	6.31%

Introduction

Children & Young People with Additional Needs

Supporting children and young people with special educational needs and disabilities (SEND) is vital to building an inclusive Solihull. Some children and young people need tailored support to help them learn, communicate, take part in everyday activities, and achieve their potential.

The level of need in Solihull is significant and has grown in recent years. In 2024 to 2025, around 8,200 pupils in Solihull schools were identified as having SEND, around 18% more than five years ago. Most are supported in mainstream education: around 6,300 pupils receive SEN Support, and around 1,900 have an Education, Health and Care (EHC) plan, which usually reflects more complex or longer-term needs[1]. Schools recorded 1,646 pupils with an autistic spectrum condition, and in February 2026 there were 1,400 children waiting for an initial assessment for autism spectrum condition.

Many children and young people also need joined-up support beyond education. In health services, over 350 children in Solihull are recorded on the Learning Disability Register, which helps them access specialist support and annual health checks. Children's Social Care data identifies 163 children recorded as having a disability related to a learning disability, autism, or both.

Children in Need

A child is considered a 'Child in Need' when an assessment shows they need a coordinated package of support to meet their needs and improve their day-to-day experience.

In Solihull, this support is planned through a Child in Need Plan, which sets out what needs to change, what help will be provided, who will do what, and when progress will be reviewed.1,008 children were supported through Children in Need plans at some point during 2025[2].



We develop Child in Need Plans with children (where appropriate), parents and carers, and the professionals involved. Plans are reviewed regularly so that we can check whether support is making a difference and adjust it if circumstances change. For many families, the intention is that Children's Social Care involvement reduces as things improve, with most plans expected to end within around twelve months, although some children need longer-term support, including some children with disabilities.

Children in Care

Sometimes a child cannot safely remain at home and when that happens, we have a duty to step in and provide care, support and stability. A child is classed as being 'looked after' if they are in the care of the local authority, or accommodation, for more than 24 hours.

We aim to provide safe, stable homes and support that helps children feel secure, stay connected to the people and places that matter to them, and achieve their potential. As of March 2026, there were 445 children in care in Solihull. The number has reduced from a peak in 2023, reflecting focused work across the system to support children to safely leave care, as well as strengthen early help and family support[3].

We focus on keeping children close to home wherever it is right for them. This includes growing local fostering and residential provision, reviewing external placements, and strengthening permanence planning – such as reunification, special guardianship, or adoption - to achieve long-term stability.

How we act as corporate parents, and how our community helps

Corporate parenting is our collective responsibility to provide the best possible care and protection to children and young people in our care, and to support young adults who have experienced care. We take this responsibility across the Council extremely seriously and, with partners, we have a corporate parenting strategy where we listen to children and young people, shape their support offer, improve outcomes and promote high aspirations.

We also recognise that children in care and care experienced young adults benefit when the wider community plays a part. In Solihull, we have developed a community parenting approach that brings together local organisations and employers to offer practical support such as work experience, skills opportunities and help with setting up home. This work is coordinated through a Community Parenting Board that was established that is co-chaired by the Council and a care experienced young adult.

1.5 Strengthened support for families

We are delivering key transformation programmes to improve outcomes in early childhood. These include launching Family Hubs.

The Hubs bring together services and activities across 24 key areas, such as maternity services, health visiting, mental health sessions, support for families with special education needs and disabilities, domestic abuse support and debt and housing advice. Families are accessing, and returning for, support from 88 partner agencies across the NHS, local voluntary, community and social enterprise sector and the Council. Around 14,600 visits were made across the hubs between January and March 2026 and use of the Family Hub app continues to grow.

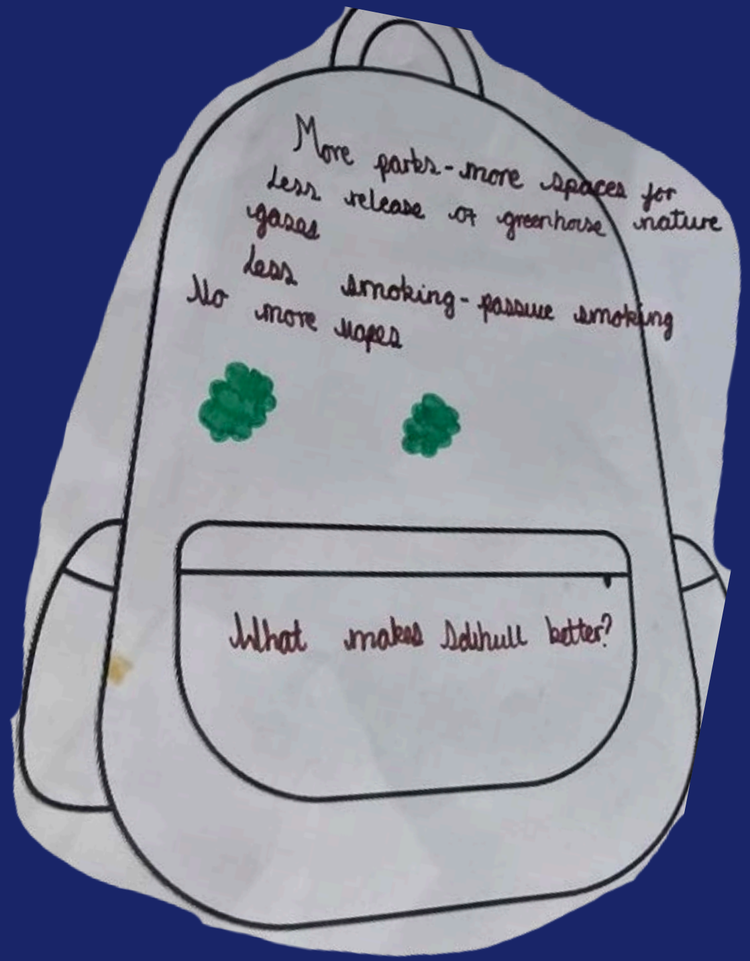




We have also published a Start for Life offer (online and as a booklet) with high-quality advice and support from NHS and wider partners for pre-conception to 2 years.
We have strengthened the early help model, eliminating waiting time and launching a helpline for families and professionals, reducing escalation of issues.

In parallel, there has been significant transformation of children's social care services, resulting in a reduction in children in care and a 'Good' Ofsted rating in October 2025. This work will be further developed through local implementation of the national Families First social care reform programme and 'Every Child Achieving and Thriving', the new national approach to supporting children and young people with SEND.

2. The Voice of Children and Young People



2.1 Capturing the Voice of Children and Young People.

It has been enormously important for this report to capture the voices of children and young people and their lived experience of growing up in Solihull. This section brings together the views and experiences of children and young people across the borough who were generous with their time and energy in sharing their views. Through a range of engagement activities and youth-led research, it highlights what matters most to them, the challenges they face, and their ideas for change. Their voices provide valuable insight into wellbeing, safety, and opportunity, helping to ensure that services and support are shaped around their needs and hopes for the future.



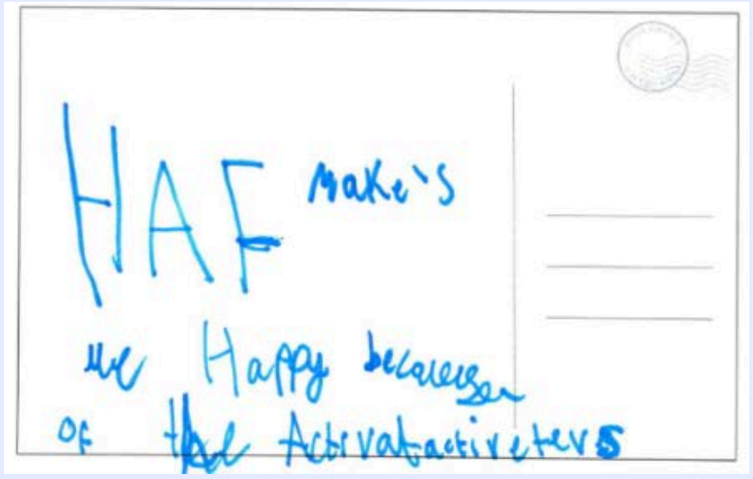
2.2 Holiday Activities and Food (HAF) Programme Engagement

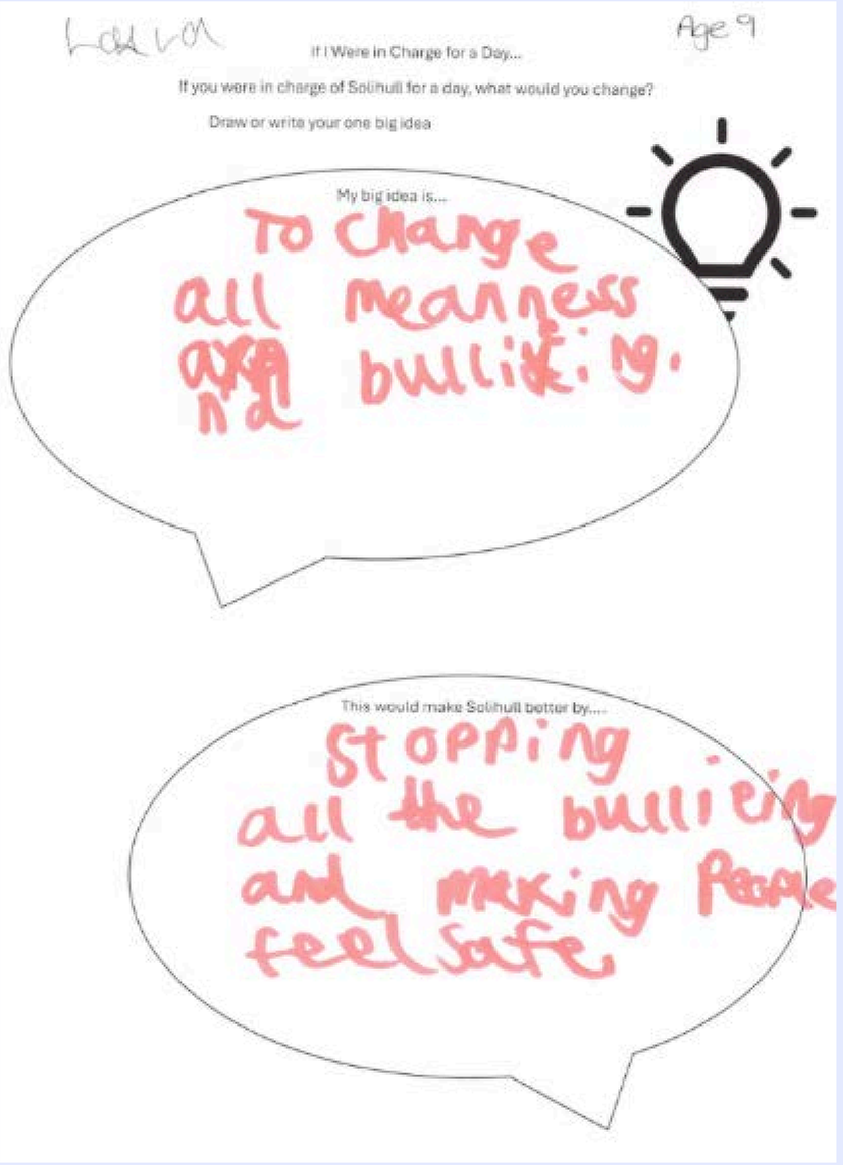
A series of creative engagement activities delivered through the Holiday Activities and Food (HAF) programme captured children's views on wellbeing, place and fairness in Solihull. Activities included imagining what children would take into the future to make Solihull better, creating postcards about what they love locally, and identifying one change they would make if they were in charge for the day.

Across all activities, children consistently prioritised relationships and kindness. Family, friendships and love were the most frequently cited themes, highlighting the central role of social connection in children's wellbeing. Children identified parks, playgrounds, sports facilities and places to be active as essential to happiness and growth. Requests included more parks and playgrounds, better football pitches, skate parks, bike tracks and parkour spaces and safe places to play without fear of older groups.

When asked what they would change if they were in charge, children focused strongly on preventing bullying, promoting kindness and creating environments where people feel safe and happy. Some also highlighted the importance of emotionally supportive schools and inclusive opportunities for enjoyment. Others mentioned more serious issues they were aware of including gun and knife crime, smoking and vaping, and people experiencing homelessness.

HAF itself was explicitly named by children as something they value and associate with happiness and positive experiences.





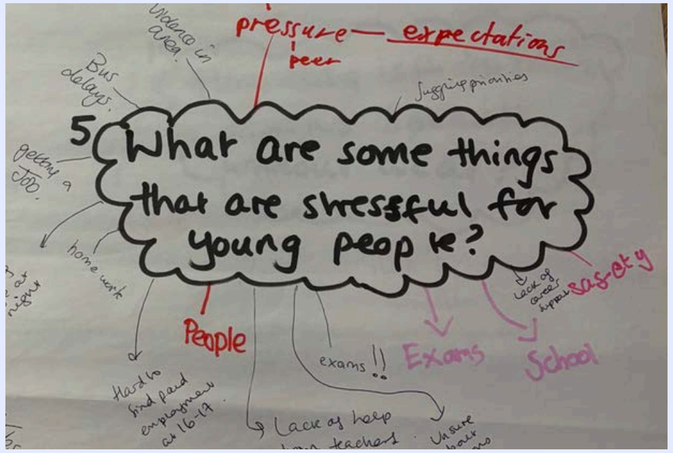
2.3 Youth Voice Engagement Project

The Youth Voice Network Public Health Project brought together ten young people aged 13-17 in Solihull to explore issues affecting their health and wellbeing. Working alongside public health professionals, they identified four key themes: screen time, mental health, employability, and substance misuse, and gathered feedback from 87 members of the public. The findings highlight both the challenges young people face and opportunities to better support them.

The research found strong links between screen time and mental health. Many young people reported having no limits on their screen use, yet still felt confident about their safety online, even where few safeguards were in place. Bullying was identified as a major concern, and a significant number of respondents said they would be unlikely to report it. While many knew where to seek support for mental health, there was still some uncertainty. Young people consistently emphasised the importance of being able to talk openly, having trusted adults to turn to, and access to safe spaces and support services.

In terms of employability, young people identified barriers such as a lack of work experience, limited opportunities, and uncertainty about how to find jobs. Despite this, many remained optimistic about their future. Findings on substance misuse showed that while awareness of drugs was moderate, access, particularly through social media, was seen as relatively easy. Nearly half of respondents did not know where to go for support, suggesting a need to improve awareness of available services.

Overall, the project highlights the importance of clearer information, accessible support, and stronger communication with young people. To address these issues, key recommendations include improving awareness of support services through schools and social media, expanding access to mental health support and safe spaces, and increasing opportunities for work experience and employment.



The findings also highlight the need to strengthen online safety education, address risks linked to digital platforms, and ensure services are designed with young people's input. The project demonstrates that engaging young people directly is vital for developing effective, responsive public health support.





3. Best Start in Life: Why It Matters

3.1 Best Start in Life: Why It Matters

The first 1,001 days, from conception to a child's second birthday, are a critical period in shaping children's health, development, and future opportunities. A healthy start begins before pregnancy, with support for maternal physical and mental health, good antenatal care, and timely support. This helps parents to feel confident, bond with their baby, and meet their child's needs in ways that promote healthy development. Families and communities provide foundations for children to thrive through everyday interactions, strong relationships, shared culture and safe environments. Our role is to build on these strengths by connecting families to support early, creating opportunities to share knowledge and experience, and listening to the voices of parents/carers and children themselves.

Not all children start life with the same advantages. Housing stability, income, childcare and early years provision access can influence how supported families feel. High-quality nursery provision and sufficient childcare places benefit both children's development and parent's wellbeing.

Some families face multiple challenges at the same time. This is sometimes described as a 'trio of vulnerabilities', where domestic abuse, parental mental health difficulties and substance misuse are present in the home. These overlapping pressures can create stressful and unsafe environments, affecting a child's ability to form secure attachments, develop language and social skills, and feel safe. The effects can continue beyond the early years, shaping emotional wellbeing, educational experiences and later life chances. Responding to these challenges requires coordinated, compassionate early help across all services.



3.2 Maternal health and wellbeing – what is the data telling us?

Pre-conception Health

Research[4] shows that most pregnant women (92%) have at least one pre-pregnancy risk factor, most commonly not taking folic acid, but also smoking, obesity, or pre-existing mental or physical health conditions. These risks are more common in deprived areas, where women may also face wider challenges such as unemployment, complex social factors, and higher rates of teenage pregnancy. Increasing awareness of pre-conception health, for prospective fathers as well as mothers, is essential so parents can give their child the very best start and improve outcomes in pregnancy and beyond.

Antenatal checks

National guidance recommends the first antenatal appointment before 10 weeks of pregnancy, allowing time for early screening and assessment of additional support needs. In Solihull, 77% of pregnant women book within the recommended 10 weeks, which is higher than both the regional (65%) and England (64%) averages[5]. However, those who book later are often the most vulnerable, making early access extremely important to reduce adverse outcomes and infant death.

Key risks for pre-conception health:

- not taking folic acid supplementation,
- obesity,
- complex social factors,
- living in the most deprived areas,
- smoking around the time of conception,
- being overweight,
- pre-existing mental or physical health condition,
- previous pregnancy loss,
- previous pregnancy/birth complication

Smoking

Smoking during pregnancy is a major avoidable risk. It increases the likelihood of miscarriage, stillbirth and premature birth. It is also linked to longer-term effects on children's health, including breathing problems, learning difficulties, obesity and diabetes.

In Solihull, 5% of women smoke at the time of delivery, which is lower than the England average of 6%. This has reduced steadily since 2019/2020. Around 10% smoke at the start of pregnancy, showing that many women successfully quit before giving birth[6].

Obesity in Early Pregnancy

Maintaining a healthy weight before and during pregnancy reduces the risk of complications such as gestational diabetes, high blood pressure, and difficulties during birth. In Solihull, one in four women (25%) have a body mass index in the obesity range at the start of pregnancy[7]. This is slightly lower than the England average of 26% but still represents a significant proportion of pregnancies.



Best Start in Life Birth outcomes and early health – what is the data is telling us?

Vaccinations

Vaccination during pregnancy helps protect both mothers and babies,with antibodies passed to the baby helping to protect them in the first weeks of life. Vaccines for the flu and whooping cough are routinely recommended, however, uptake in Solihull is lower than we would like.



In 2025 to 2026, 31.9% of pregnant women in Solihull received a flu vaccination, below both the England (38.4%) and Midlands averages (38.6%)[8]. Uptake has improved nationally, but remains relatively low, reflecting challenges related to awareness, access and confidence in vaccination.

Whooping cough (pertussis) is a lung infection that can be particularly serious for babies. The vaccine is around 90% effective at preventing infant death in the first eight weeks of life. Uptake is improving, with coverage in Solihull rising from 53.6% in 2023/2024 to 60.6% 2024/2025, in line with national trends (England coverage of 65.6% in 2024/ 2025). This progress is positive, but there remains further opportunity to increase uptake and ensure more babies are protected early in life.

For some families, the start to a child's life is complex. Many babies born early or at a low birth weight go on to thrive with the right care, but they are at higher risk of early health problems, developmental delays and longer-term health issues.

Premature birth

Premature birth, when a baby is born before 37 weeks of pregnancy, can have significant short- and long-term effects on health and development. In Solihull, 75.1 babies per 1,000 live births are born prematurely, slightly below the England average of 77 per 1,000 and lower than the Midlands rate of 82 per 1,000[9].



Infant Mortality and Low Birth Weight

Infant mortality (the number of babies dying before the age of 12 months for every 1,000 that were born alive) is a key measure of population health and is strongly linked to preterm birth, low birth weight, maternal health, and deprivation.

In Solihull, infant mortality[10] and low birth weight[11] rates have been worse than the England average, but have stabilised recently (to 3.4 deaths per every 1000 compared with a national average of 4.2).

Infant mortality in Solihull is mainly driven by factors operating before conception and during pregnancy, while post-neonatal deaths are fewer and typically related to infection, sudden infant death, safeguarding issues, accidents, and ongoing impacts of prematurity. Addressing the risk factors through early support for mothers, promoting healthy pregnancies, and maintaining access to high-quality maternity and postnatal care can help further reduce infant mortality and improve long-term outcomes for children.

In Solihull in 2023, 8.0% of all babies born had a birthweight under 2.5kg, higher than the England average of 7.4%. Rates are higher in low income areas, with 10.43% in Kingshurst and Fordbridge, 9.7% in Castle Bromwich, 8.78% in Chelmsley Wood, and 8.66% in Elmdon (2019-2023). These patterns reflect the wider impact of poverty, which underpins a range of risk factors. Smoking, obesity, ethnicity, maternal age all contribute and are higher in lower income areas in the borough.

3.3 Early years – what is the data telling us?

Hospital admissions of babies under 14 days

Hospital admissions in the days following birth can indicate challenges with early postnatal support or the transition home. Among newborns, dehydration and jaundice are common reasons for admission and are often linked to early feeding difficulties. In 2023/24, 140 babies under 14 days old were admitted to hospital in Solihull. This equates to a rate of 76.5 per 1,000 live births, which remains below the England average of 88.7 per 1,000[12].

Barriers to breastfeeding:

- not having support of a partner
- a previous difficult feeding experience,
- returning to work,
- being a smoker,
- lack of accurate advice and support
- social and cultural norms,
- being a young parent,
- living on low income,
- formula milk marketing

Breastfeeding

Breastfeeding offers babies important benefits, including optimal nutrition, protection against infection and support for early bonding. In Solihull, around 58% of babies receive breastmilk as their first feed, and 67% are breastfed at the point of discharge from hospital. As seen nationally, breastfeeding rates decline in the weeks following birth. By 6-8 weeks, 51% of babies are totally or partially breastfed, which is lower than the England average of 55.6%. In north Solihull, rates are lower at 35%, highlighting an important inequality. Young, White British women are the least likely to breastfeed[13]. Barriers to breastfeeding are summarised in the box to the left[14,15]

Breastfeeding rates in Solihull have improved steadily over the last decade, rising from 43.5% to current levels. However, further action is needed to educate and promote a breastfeeding-friendly culture in public places and across society.



Vaccinations in the early years

Most Solihull families continue to take up routine vaccinations, but coverage has fallen over the past decade and now sits below the national 95% target needed for strong community protection[16]. Across all vaccines, there is a clear dip during 2019/20 and 2020/21, linked to the COVID-19 pandemic and a raise in vaccine hesitancy and fatigue.

Coverage for the 6-in-1 vaccine (diphtheria, tetanus, whooping cough, polio, Haemophilus influenzae type b, and hepatitis B) by a child's first birthday has fallen from 96% in 2012/13 to 92% in 2024/25. Uptake of the MMR vaccine shows a similar trend, dropping from 94% to just below 90% by age two over the same period. By age five, booster coverage has also declined, with DTaP/IPV falling from 92% to 84%, and the second dose of MMR from 90% to 86%. The PCV (Pneumococcal Conjugate Vaccine) uptake by the first birthday remains relatively high at 94% but has also reduced over time.

An analysis of the 2023/24 vaccination data by GP practice revealed a wide range of coverage from 40% to 90% and the ICB is leading efforts to reduce this variation[19].

Solihull Infant Feeding Team

A professional referral received into Solihull Infant Feeding team by the Midwifery team, who recognised there was an issue with breast milk transfer and milk supply needed to be protected.

In the words of the mother:

> I am a mom of 3 and live in North Solihull. I was 18 when I had my first baby and breastfeeding wasn't anything I ever thought about, and I formula fed my baby. With my second baby I was determined to breastfeed as I had seen adverts about it on social media and on the TV. However, I developed an infection and couldn't breastfeed, and I was devastated. With my third baby I tried to learn as much as I could about breastfeeding. My baby fed from the breast after I delivered but then the ward was so busy I couldn't get the help I needed to feed my baby effectively as my babyhad a tongue tie. At day 5 I was bottle feeding. I received a phone call from Solihull Infant Feeding team, and they booked me an appointment at their lactation clinic where my baby had an oral assessment. They gave me a breast pump, managed to get my baby feeding back onto the breast and put a full plan in place about how to transition back from bottle feeding to breast feeding. A referral was sent for tongue tie, but due to the 4-week NHS waiting list we paid privately.
>
> I breastfed my baby exclusively for 6 weeks and I am so grateful for the support I received from Solihull Infant Feeding Team and Health Visiting Service. I am proud of myself as I can remember watching an advert of a mom covering up and feeding in public, and I can remember thinking if I ever get to do that I am not going to cover up, I am going to feed out and about and be proud….and I did. None of my family breastfed, and I am not sure where I got the thought of wanting to breastfeed, all I can remember is seeing it on posters, leaflets, and something inside me thought I wanted to try it. Since I have fed my baby, my friend has had a baby and has gone on to breastfeed her baby and I have supported her. It has been such a good experience, and I am happy I managed to do it after the rocky start, thank you to the team and professionals who supported me in being able to make it happen.

Reflections

This is a wonderful example of early intervention for support. There are three main objectives in the early weeks: feed the baby, maintain breast focus, and protect milk supply and along with mother we managed to put a plan in place to enable all three of these. Midwifery recognised the concerns and knew Solihull Infant Feeding Team could support to loan a breast pump and assess oral function. With effective support we effectively turned the journey around and helped support this mother towards her goal of breastfeeding her third baby. She is also an advocate for breastfeeding in public and making breastfeeding the biological norm, also providing support to her friends - she's amazing.

Best Start in Life

Skills development at 2 years old

The Ages and Stages Questionnaire (ASQ) is used at the 12 month and 2-year development checks to assesses development across five areas: communication, gross motor, fine motor, problem solving, and personal-social skills. The ASQ is completed by parents/carers and validated by a health professional during a face-to-face check.



Note: ASQ outcomes at age 2 are not directly comparable with Good Level of Development measures, as they assess different aspects of development.

In 2024–25, 88.3% of eligible 2-year-olds in Solihull (1,786 of 2,023 children) received an ASQ check, with 85.2% meeting expected level across all domains. This is higher than the national average of 81.4%.

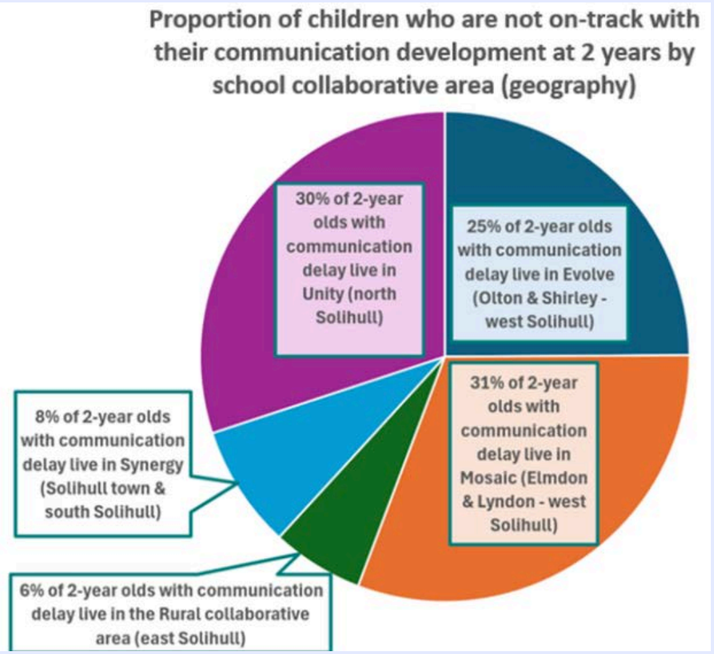


Most children who are not on track with communication development at age 2 live in the more deprived parts of the borough in north or west Solihull (86%). Evidence shows that children in lower-income households may experience fewer language-rich activities such as talking, playing and reading, particularly when parents/carers are managing difficult daily pressures. As a result, they may hear fewer words and develop a smaller vocabulary. Poor early communication skills are linked to longer-term negative outcomes, including reduced social skills, lower educational attainment, poorer emotional wellbeing, and lower employment prospects in adulthood. There is also a strong association between communication needs and youth justice involvement, with research indicating that 60–90% of young people in the youth justice system have speech, language or communication needs.

Developmental milestones and school readiness

The Early Years Foundation Stage Profile[17] measures children's development at the end of their reception year (between 4 and 5 years old). A Good Level of Development reflects progress across key early skills, including communication, emotional wellbeing, movement, and early literacy and numeracy.

In 2024/25, 69.8% of children in Solihull achieved a Good Level of Development. This is higher than both the West Midlands average (66.9%) and the England average (68.3%). These results suggest that, overall, children in Solihull are well prepared for the transition into the next stage of their education.



However, as seen nationally, outcomes are not equal for all children. In the most deprived areas, 61% of children achieved a Good Level of Development, compared with 79% in the least deprived areas. A similar gap is seen by free school meal eligibility (52% vs 74%). The largest differences are seen for children with special educational needs.

Over three-quarters of children without identified SEND achieve a Good Level of Development, compared with around one in five children with SEND, with outcomes particularly low for children with an Education, Health and Care Plan.

These differences matter because children who do not achieve a good level of development at the end of reception are more likely to face challenges later in school, including lower attainment and reduced confidence in learning.

3.4 What are we doing in Solihull?

Current service delivery and transformational programmes aimed at improving health and wellbeing outcomes in Solihull include:

Solihull Healthy Child Programme Service (0-19 years) incorporates Health Visiting, Family Nurse Partnership (for adolescent parents), Infant Feeding and School Nursing to deliver evidence-based early intervention and prevention. The service delivers a mix of mandated and non-mandated support, with a strong emphasis on responsive parenting and reducing health inequalities, often preventing escalation to specialist services.



Following universal contacts, the service provides timely, needs-led support and robust referrals through triaged pathways. We prioritise vulnerable and complex families with additional needs, while maintaining universal support for all. Service providers also act as key universal partners in multi-agency safeguarding arrangements.

Parenting support is central, including ongoing advice from pregnancy onwards to promote secure attachment and reduce later risk-taking behaviours. For the most vulnerable young parents (aged 19 and under and under 21 years if they are care experienced), the Family Nurse Partnership provides an intensive programme tailored to the higher-than-average complexity seen locally.

> "The best thing about the programme is when a new behaviour happens or returns I can ask if it is normal or okay or how best to deal with it and that I am not the only one to go thru it"
>
> -Mum on the Family Nurse Partnership Programme

Families can access the programme from early pregnancy up to the baby's second birthday (with some families graduating to the health visiting service from 12 months onwards).

> "thank you so much for everything honestly wouldn't have been able to be here without all your help x"
>
> -Mum on the Family Nurse Partnership Programme

The programme has consistently demonstrated positive outcomes in achieving child development milestones, responsive parenting, immunisation and child and maternal health and efficacy for adolescent parents/carers when compared with adolescent parent/carers who have not taken up the programme.

> "Still can't believe I'm writing this but my baby is 4 months old! Becoming a mother has been the most challenging journey but watching him grow everyday makes it all worth it! Being your mummy is by far the best feeling in the world and so lucky. Never thought I'd still be breastfeeding this far down the line but all I know is we've no where near finished - so proud of us both"
>
> -Mum on the Family Nurse Partnership Programme

Best Start in Life

Specialist Infant Feeding support is offered from the antenatal period onwards, including peer support for vulnerable families, community-based provision and targeted practical support such as free breast pump loans for families on low income, underpinned by high-quality clinical advice. The Solihull Healthy Child Programme Service achieved UNICEF Gold Baby Friendly accreditation which has been maintained since 2019, the first service in the Midlands to gain this status.

Additional support is available for families who need more targeted help for example with feeding, sleep, mental health, behaviour or developmental concerns. Families with more complex needs can access ongoing, multi-agency support through the specialist pathway. The service also provides flexible ways for parents to seek advice, including local phone lines and the ChatHealth text service, ensuring support is accessible when families need it most.

Health Visiting

The Solihull Health Visiting Service provides support for families from pregnancy until a child reaches the age of five. The team includes specialist public health nurses, community nursery nurses and infant-feeding experts who work together to help parents make informed decisions about their child's health and development.

There are five Health Visitor reviews from pregnancy through to age two, covering physical health, development, safeguarding, parental wellbeing and early identification of need. This includes enhanced use of the Ages and Stages Questionnaire (ASQ) locally at 12 months. Performance is strong, with higher reach for mandated checks than national and regional averages and positive outcomes across development, parenting and health.

Nationally mandated Healthy Child Programme checks for all families



In Solihull, 93.6% of new birth visits were completed within 14 days in 2024/25, well above the England average of 85.2%[18]. Solihull has consistently outperformed national rates since 2017/18, with the exception of 2021/22. Performance also compares favourably with our group of statistically similar local authorities, highlighting the strength and responsiveness of the local health visiting service.

Best Start in Life

Case Study - Solihull Health Visiting Service

Names changed to protect confidentiality

A Solihull mother shared the following feedback with her Health Visitor:

> I really appreciated the visits I had with yourself and really do want to thank you for the advice, support and pointers you were able to give me. Having struggled with anxiety and OCD in the past, I was very aware that a big life change such as a new baby could bring about new challenges. The information and exercises you provided have really helped me to stay on track and navigate the changes to my family. Having my second baby has brought about changes and whilst I knew what to expect with regards to birth and the immediate aftermath, the support you have provided me with has been extremely helpful and has helped with bonding with my baby and handling my 3-year-old. Alongside this, I have found the mindfulness exercises and meditation have helped me stay balanced and on track during a very unpredictable exhausting time. Thank you for listening to me without judgement and putting me at ease during the sessions. I am still practicing the mindfulness and behavioural activation (particularly making time to get into the garden) and we still do baby massage at bath time or when I read to my baby. Thank you again for all your help.

Health Visitor Reflection:

> I first met Jenna at 30 weeks pregnant with her second baby. As part of the Healthy Child Programme, an antenatal contact was offered to introduce the Health Visiting service, discuss key topics such as feeding and safe sleeping, and explore any concerns ahead of birth. During this visit, Jenna shared that breastfeeding was important to her. She also discussed previous struggles with anxiety and OCD, particularly following the birth of her first child (now 2.5 years old), and expressed concern about how she might feel emotionally after the birth of her second baby. Through active listening, I explored her concerns and outlined how the Health Visiting service could support her.

Best Start in Life

Parent-Infant Relationship Support (PAIRS)



PAIRS focuses on supporting parents and carers to build strong, secure relationships with their babies, recognising the critical role of early interactions in shaping brain development and emotional regulation. It is commissioned by the Council and delivered by Solar, the children and young person's emotional wellbeing and mental health service in Solihull.

Evidence shows that early attachment supports lifelong emotional resilience and reduces the risk of later problems such as poor mental health, substance misuse, violence and risk-taking behaviours. Early intervention offers significant long-term benefits and value for money, preventing escalation into mental health or social crises that require costly statutory or specialist services.

Healthy Babies Programme

The Healthy Babies Network, launched in June 2025, brings together partners from across the local system including health visiting, maternity services, mental health, lifestyle services, the NHS ICB and Family Hubs to coordinate delivery of the Healthy Babies Plan. It supports shared action through regular meetings, joint planning and a focus on priority outcomes.

Current activity focuses on risk factors such as smoking, substance misuse, mental health, infant feeding, safer sleeping, housing and transport. Activity in 2026–27 will continue to prioritise areas of highest need, embedding learning from Child Death Overview Panels, culturally sensitive approaches and partnership working. A project is underway to support young people in secondary schools prepare for healthy future pregnancies and Solihull is leading aspects of sub-regional work aimed at reducing infant mortality in temporary accommodation.

Oral Health

Good oral health in childhood is essential for eating, speaking, sleeping and overall wellbeing, and tooth decay remains largely preventable. In Solihull, levels of tooth decay among young children remain lower than regional and national averages, but there are clear inequalities, with around 25% of five-year-olds in North Solihull affected compared with 9% in the south. Dental extractions remain the leading cause of hospital admission for 5–9 year olds. In 2025, national investment enabled a supervised toothbrushing scheme to reach more than 1,000 children in low income areas. By March 2026, it had been introduced in nine primary schools, seven private nurseries and one Special School. The scheme trains school and early years setting staff to supervise daily toothbrushing in class/group settings for 3–5-year-olds and is an evidence-based means to reduce tooth decay. Toothbrushes and toothpaste are provided for the children for use both in school and at home, with oral health advice for parents/carers.



Best Start in Life

Solihull Best Start in LIfe Plan 2026-29

The Solihull Best Start Plan focuses on improving early childhood development and reducing inequalities.
It aims to:

- Support more children to achieve a good level of development by the end of reception
- reduce the gap for children from disadvantaged backgrounds
- strengthen parenting, home learning and early identification of additional needs
- build a confident, skilled and inclusive early years workforce



The plan places emphasis on identifying additional needs as early as possible, offering timely and effective support to families, and raising the quality of early education and childcare provision. We are doing this by:

- developing the Best Start Family Hub offer, including support for parenting and home learning
- increasing SEND support in Family Hubs through qualified practitioners
- improving the quality of early education and childcare through workforce development
- promoting national digital support platforms such as the Parenting Hub (including the Muddy Puddle Parenting channel with Peppa Pig) and the BBC CBeebies Parenting.



Progress is measured through the proportion of children achieving a good level of development (GLD) at the end of reception. Solihull has been set the following statutory targets for the proportion of children achieving a good level of development as follows:

Year (end of academic year)	GLD at the end of reception	GLD at the end of reception for children in receipt of free school meals
2023-24 (baseline)	70.5%	54.9%
2024-25 (actual)	69.8%	52.0%
2025-26 (projection to meet target)	73.5%	57.9%
2026-27 (projection to meet target)	76.5%	60.9%
2027/28 (target)	79.5%	63.9%

Vaccinations

Improving vaccination coverage remains a key priority to protect children and the wider community. Confidence in vaccines is influenced by a range of factors. Misinformation continues to play a role, including the long-disproven claim that the MMR vaccine is linked to autism. More recently, public debate during the COVID-19 pandemic has led to increased concerns about vaccine safety for some families. These messages are often shared online, making it harder for parents to know what information to trust. Community leaders have highlighted additional concerns, including ethical and religious issues, access difficulties for non-English speakers, and generic health messaging that does not always resonate with communities

What we are doing to improve uptake:

- Family Hubs and Start for Life programme provide trusted advice on vaccination, practical help with booking appointments and local campaigns to build confidence.
- Local teams are working with GP practices to improve invite and follow up with patients, review processes, and to share what works well.
- We are working with faith leaders and community organisations to share clear and culturally appropriate information, and to better understand and respond to concerns. The community engagement programme focused on Black African, Caribbean, Pakistani, and Bangladeshi communities, later expanding to Hong Kong and Indian groups.
- Dedicated MMR communications out to schools and early years settings, encouraging vaccination uptake and providing information on spotting signs and symptoms.
- Bringing vaccination services to traveller communities via mobile vans.



4. Growing up well in Solihull: 5-11 years

Many children in Solihull grow up surrounded by strong relationships, supportive schools and communities that value play, learning and creativity. Feeling safe, included and encouraged allows children to develop socially, emotionally and academically. As children grow older, worries about friendships, school and the wider world can emerge, and digital life becomes a more visible part of childhood. These experiences do not define children, but they do shape how much support they may need at different points.

Supporting children through these years means building on strengths, promoting healthy routines, relationships and resilience, and ensuring help is available when needed. Investing in middle childhood is about creating the conditions that allow all children to develop their strengths and carry them forward into adolescence and beyond.



Cameron Grant Memorial Trust winning postcard by Sarah (left)

Winning designs by pupils at Solihull schools Sarah, Charlie, and Xavier, from a borough-wide wellbeing postcard competition were shared across schools during Children's Mental Health Week. Delivered with the Cameron Grant Memorial Trust and supported by partners, the postcards help to spread a message of positivity and support to children and young people who might be struggling with their mental health and wellbeing.



4.1 Growing up well – what is the data telling us?

Entering Primary School and Patterns of Participation

Starting primary school is an important milestone that brings new routines, relationships and expectations, and provides opportunities to support learning, social development and emotional wellbeing. Most children in Solihull make a positive start to primary school, supported by families, early years settings and schools. However, children's experiences of education are not all the same, and participation can take different forms at different points in childhood.

Elective Home Education

Some children are educated outside mainstream school, including through elective home education. For families, this can reflect a wide range of circumstances, values and choices, as well as responses to a child's individual needs or experiences of school.

In Solihull, 558 children are currently registered as electively home educated across all year groups. Within the early years and primary phase, 198 children are electively home educated, showing that EHE is present from the start of statutory schooling but becomes more common as children move through the primary years.

Numbers are lowest at the point of entry to school, with 8 children of statutory school age educated at home in Reception. This increases across Key Stage 1, with 63 children in Reception to Year 2, and rises further in Key Stage 2, with 135 children in Years 3 to 6. This pattern suggests that for some families, decisions about education setting evolve over time in response to a child's developing needs, wellbeing or experience of school. The most commonly recorded reasons for EHE locally include lifestyle choice, mental health, philosophical or preferential reasons, and dissatisfaction with school, including dissatisfaction linked to special educational needs and disabilities. Lifestyle choices may reflect parents' decisions to educate their children outside of the traditional school system to align with family routines, values or preferred approaches to learning, and may change over time in response to a child's needs, wellbeing or experience of school. A small but important group of electively home educated children have additional vulnerabilities, such as additional needs or being known to social care.



Attendance and engagement with school

Regular attendance helps children build friendships, feel settled at school and keep up with learning. For some children, however, attending school consistently can be challenging. Difficulties with attendance may be linked to physical or mental health needs, neurodiversity, family circumstances or experiences of trauma. Emotionally based school avoidance is increasingly recognised as an important issue, requiring sensitive, coordinated support that focuses on understanding underlying causes rather than attendance alone.

In 2024 to 2025, attendance patterns in Solihull primary schools were broadly in line with the national picture[19].

Children in state funded primary schools missed an average of 5.18% of school time, similar to the England average of 5.2%. Despite relatively low overall absence, 12.46% of primary aged pupils were persistently absent, meaning they missed at least 10% of sessions. This is slightly below the England rate of 12.99%. Severe absence, defined as missing at least half of all sessions, affected 0.99% of primary pupils, similar to 0.93% nationally.

Absence is higher among children attending special schools, reflecting the more complex health, emotional and developmental needs within this group. In Solihull, pupils in special schools missed an average of 15.16% of school time, compared with 12.76% nationally. More than four in ten pupils in Solihull special schools were persistently absent, and 7.91% experienced severe absence. These patterns highlight the additional challenges many children with SEND face in sustaining regular attendance.

Attendance and engagement with school (cont'd)

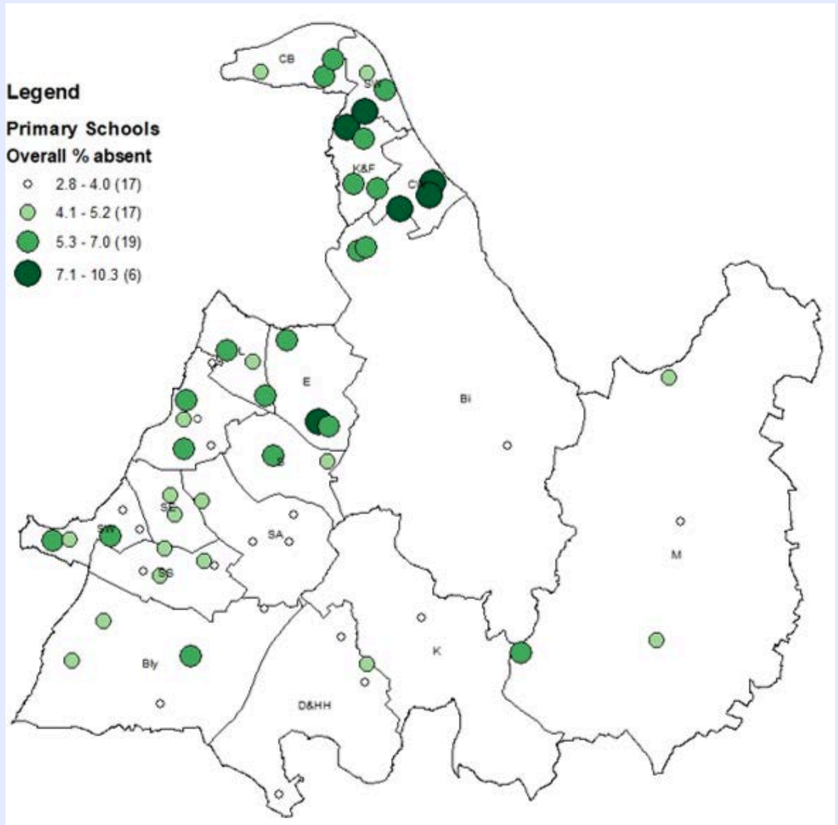
Across all school phases, the most common reason for absence in 2024 to 2025 was illness, accounting for 3.50% of all possible sessions missed. For some children, particularly those with long-term conditions or additional needs, illness related absence may be combined with anxiety or difficulties accessing appropriate support. There are geographical inequalities in primary school attendance, with six schools recording absence rates above 7%. Five of these schools are located in the north of the borough, where children are more likely to experience deprivation and wider social pressures that can affect consistent engagement with education.

Ensuring that all children are supported to engage in education - whether within school, at home, or through alternative provision - requires a joined-up approach across education, health, and social care. School Nursing services support school attendance by working closely with schools, families, and other professionals.

Each school has a named nurse who provides regular in-school support, advice, and assessments. Children can be referred (or self-refer) for help, including health needs assessments to identify and address barriers to attendance.

Children with SEND

The primary years are especially important for children with special educational needs. This is often the stage when needs are first identified and when early support can make the greatest difference. Provision in Solihull includes a mix of mainstream and specialist support. There are six special schools, alongside eight schools with additionally resourced provisions or specialist centres supporting children with more complex needs.



In 2024 to 2025, 20,852 pupils attended state funded primary schools in Solihull. Of these, 3,480 children (16.7%) were identified as having special educational needs[20]. Most received support through SEND Support within their school, while 518 children (2.5%) had an Education, Health and Care plan.

The overall level of identified learning need has remained relatively stable over time, but the profile of need has changed. The number of children identified with moderate learning disabilities has fallen, while the number identified with severe learning disabilities has increased. Interpreting this change is complex, as definitions vary and awareness, assessment practice and the impact of the pandemic may all influence identification. To support consistency, Solihull has developed clear local guidance to help schools apply learning disability criteria fairly.

Children with SEND (cont'd)

Autism is one of the most prevalent and increasingly identified needs across the primary years. Within the primary school years, the number of children identified with autism increases steadily as children progress through school.

In Reception, 36 children were identified as autistic. This rises through Key Stage 1 and Key Stage 2 and by Year 6, 138 children were identified as having autism, representing 8.4% of pupils in that year group. This gradual increase reflects a combination of factors, including improved awareness, better recognition of needs over time, and children experiencing greater social and learning demands as they grow older. It reinforces the importance of early planning, consistent support and smooth transitions between year groups.

Alongside mainstream provision, special schools support a smaller number of children with the most complex needs. In 2024 to 2025, 855 pupils attended state funded special schools in Solihull, and almost all had an Education, Health and Care plan, reflecting the level of specialist, long-term support required.

Educational attainment

Children's learning and development can be assessed against nationally expected standard. These assessments help to show not only academic progress, but also where children may benefit from additional support at key points in their education. At the end of Year 2 (Key Stage 1), assessments in reading, writing and mathematics offer an early indication of how children are developing following their transition into formal schooling.

As expectations increase and learning becomes more complex, attainment at the end of Year 6 (Key Stage 2) reflects both cumulative progress across the primary phase and readiness for the transition to secondary school.

"They helped me make new friends at my own pace."

A young boy with SEND, who often finds social situations overwhelming, visited the sensory room at Evergreen Family Hub. A Holiday, Activities and Food (HAF) session had just ended, but staff wanted to offer him the opportunity of being involved. To begin, they invited him to explore the larger activity room by himself, allowed him to regulate when he became overwhelmed, and then gradually introduced him to other young children. The next day, he returned and took part in an arts and crafts session. Again, he was able to relax in the sensory room when needed and then re-join the session when he wished. In following sessions, his confidence significantly increased, enjoying breakfast with familiar, friendly faces, and taking part in the full session from beginning to end. He has attended more sessions since, demonstrating how an encouraging yet gentle introduction in a nurturing environment can help children feel included and boost their confidence. His parent said: "Knowing he feels safe, settled, and included has made such a difference."

Key stage 1 phonics screening check

Phonics outcomes for children in Solihull are strong, consistently above regional averages, and broadly in line with national performance[21]. In 2024/25, 84% of pupils met the expected standard by the end of Year 1, rising to 93% by the end of Year 2,This pattern reflects effective early identification and support for children who require additional help with early reading, enabling most pupils to catch up by the end of Key Stage 1.

However, inequalities remain. By the end of Year 1, 70% of disadvantaged pupils in Solihull met the expected standard, in comparison with 88% of pupils not known to be disadvantaged. Positively, the gap narrows over time reflecting targeted phonics support and catch-up interventions. By the end of Year 2 81% of disadvantaged pupils met the expected standard, compared with 92% of pupils not known to be disadvantaged.

Outcomes were also lower for children with SEN, although improvement is also seen between Year 1 (44%) and the end of Year 2 (68%). Solihull's outcomes for pupils with SEN by the end of Year 2 are stronger than the West Midlands (60%) and England (61%), average rates suggesting relatively effective local early phonics support for this group.

Understanding key stages in education

Key Stage	School Years	Age Range	Key assessment
KS1	Year 1 - 2	Ages 5 - 7	Phonics screening check Optional tests in maths, English reading and grammar, punctuation and spelling. Optional teacher assessments in maths, science, and English reading and writing
KS2	Year 3 - 6	Ages 7 - 11	National tests in English reading, maths, and grammar, punctuation and spelling. Teacher assessments in English writing and science.
KS3	Year 7 - 9	Ages 11 - 14	Not applicable
KS4	Year 10 - 11	Ages 14 – 16 (GCSE years)	Most children take GCSEs or other national tests
KS5	Years 12 -13	Post 16	A range of academic and vocational qualifications, most commonly A levels, T Levels or other Level 3 qualifications, assessed through a combination of examinations and coursework

Key stage 2

By the end of primary school, attainment is strong overall, particularly for pupils without identified SEND, with around nine in ten meeting the expected standard in most subjects. Outcomes are consistently above both England and West Midlands averages, reflecting effective and sustained teaching through primary years[22]. Science teacher assessment outcomes are strong overall, with over 94% of pupils without SEN in Solihull meeting the expected standard.

However, as seen nationally, writing continues to be a relative area of weakness. While many pupils can demonstrate basic competence, fewer consistently meet the more demanding criteria required for higher-level judgements. The combined reading, writing and maths measure is also more challenging, with 80% of pupils without SEND meeting the expected standard, but only around 18% achieving the higher standard.

Inequalities in Key Stage 2 attainment

In Solihull, disadvantaged pupils were around 10-15 percentage points less likely to meet the expected standard than pupils not known to be disadvantaged. This gap is particularly pronounced for the combined RWM measure, where only around two-thirds of disadvantaged pupils met the expected standard.

Inequalities in Key Stage 2 attainment (cont'd)

Outcomes are also lower for pupils with SEND, especially those with an EHCP, where fewer than one in five meet the expected standard across reading, writing and maths. It is important to recognise that attainment measures do not fully capture progress for pupils with complex needs, for whom success may be better reflected through individual learning goals, independence and wellbeing. Despite these challenges, Solihull's outcomes for pupils with SEND support generally compare favourably with regional and national averages, suggesting that in-school support is effective for many pupils.

Overall, attainment for children with social care involvement remains significantly lower than for the wider pupil population. Around half of children in need met the expected standard in reading, maths, and science while four in ten met the expected standard in writing.This mirrors regional and national patterns and reflects the cumulative impact of adversity rather than school performance alone[23].

Outcomes in reading (57%), maths (52%) and science (61%) as well as the RWM measure (39%) for children looked after in Solihull are higher than both England and West Midlands benchmarks. Nationally, outcomes for children on child protection plans are the lowest of all social care categories, reflecting significant levels of vulnerabilities.

4.2 Health and wellbeing in primary-age children

We use a range of evidence to understand children's health and wellbeing in the primary years, including children's own views through the Health Related Behaviour Questionnaire, alongside objective measures such as the National Child Measurement Programme and oral health data.In 2024, over 4,700 Solihull pupils in Years 2, 4 and 6 participated, took part in the Health Related Behaviour Questionnaire, giving valuable insight into how experiences change between ages 6 and 11.

Overall, the data shows that as children grow older, independence increases, but so does exposure to risk and emotional pressure, making this an important stage for early intervention and prevention.



Self-esteem, worries and resilience

Levels of self-esteem are relatively consistent across the primary phase, with around one third of pupils reporting high self-esteem in both Year 2 (35%) and Years 4 and 6 (34%). However, this stability masks an important shift in the nature and intensity of children's worries.

In younger children, concerns are primarily centred on family relationships. By Years 4 and 6, worries broaden significantly to include school performance (39% worried about tests; 29% about keeping up with schoolwork), health (32%), and wider societal issues such as the environment (38%) and global events (42%). Concerns about body image and development also emerge, particularly among girls, with 28% reporting worries about how their bodies are changing. This reflects the early onset of puberty-related anxieties and highlights a growing need for support around self-image and emotional resilience.

Year 6 pupils demonstrate developing coping capacity, with 36% reporting high resilience. However, a notable minority (16%) report low resilience, indicating vulnerability within this age group.

Growing up well

Emotional wellbeing and school experience

Children's experiences of school have shown modest improvement. Just over half of Year 2 pupils (53%) said they like going to school, while 13% said they do not. Fewer children than in 2022 reported feeling scared to go to school because of other children (14%, down from 16%), although a further 24% said they sometimes feel scared. This highlights that while progress is being made, feelings of fear or anxiety at school continue to affect a significant number of children. 78% of older pupils agreeing that their school cares about their wellbeing.

However, bullying remains a persistent issue across the primary years. Nearly one in four pupils in Years 4 and 6 (23%) report having been bullied in the past year, with incidents most commonly occurring during unstructured times such as break and lunchtime. Around one third report feeling at least sometimes afraid to attend school due to bullying.

The drivers of bullying become more defined with age, including appearance (19%), weight (13%) and academic attainment (10%). While the majority of pupils feel that schools take bullying seriously (71%), a small but important proportion report not feeling safe at playtime.



Cameron Grant Memorial Trust winning postcard by Xavier

The drivers of bullying become more defined with age, including appearance (19%), weight (13%) and academic attainment (10%). While the majority of pupils feel that schools take bullying seriously (71%), a small but important proportion report not feeling safe at playtime.

Healthy weight and activity

Most children in Year 2 are physically active with around two-thirds (68%) reporting riding a bike at least sometimes, and 74% said they go swimming. Differences in activity preferences by gender remain, with boys more likely to play football and girls more likely to take part in dance or gymnastics. Across Year 4 and 6, 83% of pupils said they enjoy being active and 59% reported recent participation in physical activity. Most pupils (68%) perceive themselves as fit. However, there is a clear shift towards more sedentary behaviours with age. Screen use increases, with around 70% watching television after school and two thirds playing computer games. While participation in organised activities such as clubs also increases, this does not fully offset the growth in screen-based leisure.

The National Child Measurement Programme provides an objective measure of healthy weight at two key stages. In Reception, around 22% of Solihull pupils are classified as overweight or obese. By Year 6, this rises to around 32%, with around 20% living with obesity. Longitudinal analysis shows that although most children measured in Reception (2017/18) remained a healthy weight by Year 6 (2023/24), there is a clear shift towards higher BMI over time. Around three quarters (74.3%) of children maintained a healthy weight, with a small proportion (2.4%) improving to a healthy weight. However, 16.7% moved from a healthy weight in Reception to underweight or overweight by Year 6. Smaller proportions remained overweight (2.1%) or progressed to very overweight (1.6%).

Solihull performs better than the England average at both ages. However, levels of overweight and obesity are not evenly distributed. Children living in more deprived areas are more than twice as likely to be living with obesity than those in the least deprived areas, and differences are also seen between ethnic groups with higher prevalence seen among children from Black, Mixed and Other ethnic backgrounds. Among Year 6 pupils, early concerns are also evident, with 49% reporting worries about body changes and 42% concerned about their weight in their Year 6 (2026 data). Emerging concerns around body image are evident, with 30% of Year 6 pupils reporting they would like to lose weight.





#WeCareUK

Case Study – Food Pantry

“I felt embarrassed at first, but they reassured me - I felt respected.”

For only £2, the We Care UK mobile food pantry offers £25 worth of cupboard and fresh food for Solihull families. Local communities near Evergreen (Kingshurst), Hatchford Brook (Elmdon), and Riverside (Chelmsley Wood) Family Hubs have greatly benefited from the service every month since its local launch in January 2026, with every session being fully booked.

The food is both nutritious and affordable whilst the location is convenient for families who live close to the Hubs and/or nearby supermarkets, making it easy for parents or carers to make it part of their shopping trips. Crucially, families accessing the food pantry are also made aware of the support available for them at the Hubs, creating a two-way-street of signposting between the Hubs and the pantry.

Approximately 30% of families who attend the food pantry were not previously aware of the Hubs, meaning the food pantry is enabling further support for families beyond the initial food provision. The session has become a highly popular and relied-upon resource for families.

Diet and nutrition

Most younger children in Solihull have established positive daily routines around food. Very few children skip breakfast altogether, and the majority eat something before school. In Year 2, fruit consumption has increased slightly since 2022, with 60% of pupils eating fruit regularly. However, diet quality varies, and vegetable intake has declined, with only 43% of Year 2 pupils reporting that they eat vegetables regularly.
While most children eat staple foods such as cereals, bread, dairy products and pasta, a notable proportion regularly consume foods and drinks high in sugar. Among Year 2 pupils, 38% report eating sweets or chocolate frequently, 35% eat crisps regularly, and 22% drink fizzy drinks. By Years 4 and 6, only 29% of pupils report eating five or more portions of fruit and vegetables per day.

Oral health

Oral health behaviours strengthen with age, with 84% of pupils in Years 4 and 6 brushing their teeth twice daily, compared with 71% in Year 2. Despite this, around one in four pupils report needing a filling at their last dental visit. In 2023 to 2024, five year old children in Solihull had an average of around half a tooth affected by decay, missing or fillings.

This represents an increase from around a third of a tooth in 2018 to 2019, although Solihull continues to perform better than the West Midlands (~0.7 teeth) and England overall (~0.8 teeth).

Children living in more deprived areas experience higher levels of tooth decay and differences are also seen between ethnic groups, with higher average levels of tooth decay among Asian and Asian British children, compared with White and Mixed ethnic groups.

Internet use and online safety

Digital life is now a routine part of childhood and there are encouraging signs of improved protective factors in younger children. Fewer Year 2 pupils report going online without an adult present (39%, down from 44% in 2022), and parental oversight appears to be strengthening, with 68% reporting rules about internet use.

Most children (71%) say they have been taught how to stay safe online, and levels of risky behaviour remain relatively low, with 13% chatting to people they have not met and 5% receiving upsetting messages. However, digital autonomy increases sharply between Years 4 and 6, with smartphone ownership rising to 81% in Year 6. Parental engagement remains high but does not fully mitigate risk. Nearly three in ten pupils in Years 4 and 6 report communicating online with people they do not know, and 6% report receiving distressing messages.

Smoking, substance use and alcohol

There are encouraging improvements in children's attitudes towards smoking and alcohol, with more positive responses than in previous years. The proportion of Year 2 pupils who have tasted alcohol has fallen from 26% to 20%. While 5% of children say they think they will smoke in the future, over three-quarters (77%) say they will not.

By Year 6, almost all pupils report that they have never smoked, and only 1% believe they may smoke in the future, highlighting a positive shift in attitudes as children get older. At this age, 8–12% report that they have ever had a drink and very few report recent consumption.

Awareness of substance use is already well established by late primary school. Around two thirds of pupils report that they have received education about drugs from both parents and teachers, suggesting strong foundations for prevention. However, early exposure is evident, with 16% of pupils reporting that they know someone who uses drugs and a small proportion (2%) of Year 6 pupils reporting that they have been offered cannabis. Alongside this, emerging behaviours such as vaping (reported by 4–5% of pupils) indicate that children are beginning to encounter a wider range of substances before secondary school.

Children and Young People Living with Long-Term Conditions in Solihull

Long-term health conditions can have a significant impact on the lives of children, young people and their families. Conditions such as asthma, epilepsy and diabetes can affect physical health, emotional wellbeing, school attendance and participation in everyday activities. Supporting children and young people to manage these conditions well is an important part of improving health outcomes in Solihull.

Overall, Solihull performs comparatively well against national averages for hospital admissions related to these conditions. This suggests that local health services, schools and families are working together effectively to support many children and young people to manage their health outside hospital settings.

Asthma remains one of the most common long-term conditions and a leading cause of emergency hospital admission. There are currently 176.1 emergency admissions for asthma per 100,000 people aged under 19 in Solihull, which is slightly higher than the England rate of 148.6 per 100,000 (2023/24). Previous have shown periods where Solihull's rates were similar to or lower than the national average. Hospital admissions for asthma are highest among younger children.



Diabetes is a lifelong condition that requires ongoing daily management. For children and young people, balancing treatment alongside school, friendships and growing independence can be challenging.

There are currently 39.1 emergency admissions for diabetes per 100,000 people aged under 19 in Solihull, which is lower than the England rate of 49.8 per 100,000 (2023/24). Solihull's rates remain statistically similar to the national average, but recent trends suggest local rates may be falling more quickly than those seen nationally.

4.3 What are we doing in Solihull?

School Nursing (within the Solihull Healthy Child Programme Service (0-19 years)

The programme supports the health and wellbeing of children and young people aged 5–19, working across schools, communities and digital platforms to help them stay healthy and achieve their full potential. Led by specialist school nurses, the service offers support for all children, alongside specific help for those with identified needs. This includes delivering health assessments at key stages such as school entry, transition to secondary school and during the teenage years, as well as running the National Child Measurement Programme (NCMP) to monitor children's growth and support healthy weight. The service also promotes healthy lifestyles, provides health advice, and identifies any concerns early so the right support can be put in place.

School nurses also play an important role in supporting emotional wellbeing and helping young people navigate challenges such as mental health, relationships and growing up. They work closely with schools to create health-promoting environments, contribute to safeguarding, and provide targeted support to more vulnerable children and young people. Acting as a link between education, health and other services, they offer advice, guidance and signposting, and help families access the right support at the right time, ensuring children and young people are healthy, safe and ready to learn.

Solar Emotional Wellbeing and Mental Health Service

The Solar service provides emotional wellbeing and mental health support for children and young people aged 0–19 in Solihull. It is delivered through a partnership between the NHS, Barnardo's and Autism West Midlands, bringing together different organisations to offer joined-up care for children, young people and their families. Solar offers a range of support depending on need from early help through to more specialist mental health care. This includes assessment, advice and therapeutic support for issues such as anxiety, low mood, behavioural concerns and more complex mental health difficulties. The service aims to identify issues early and provide the right level of support to prevent problems from getting worse.

Children, young people and families can access Solar through a referral, and the service works closely with schools, GPs and other professionals to make sure support is coordinated. For those experiencing more urgent mental health difficulties, Solar also provides a crisis response, offering assessment and guidance when a young person is at risk or needs immediate help.

Family Hub Activities for School-aged Children

Across the Family Hub timetables, activities for school-aged children include a mix of after-school clubs, youth groups and informal social activities, such as after-school craft clubs, family fun sessions (games, quizzes and table tennis), and sports clubs. There are also structured creative opportunities, such as music and art clubs, alongside targeted groups for children with additional needs (e.g. autism/SEND groups and wellbeing-focused sessions). The hubs offer a range of inclusive activities and support sessions, helping school-aged children build confidence, social skills and wellbeing while giving families access to wider advice and support.

Holiday Activities and Food (HAF) Programme

The programme provides free holiday activities and healthy meals for children and young people in Reception to Year 11 who are eligible for benefits-related free school meals. It runs during the main school holidays (Easter, Summer, October, February and Christmas), offering safe, engaging activities that support children's health, wellbeing and development, while helping families with childcare during school breaks. Eligible children can attend a set number of free sessions each holiday period.

Growing up well

Healthy Weight

DDM has been commissioned as the healthy lifestyle provider in Solihull, with responsibility for delivering a healthy weight management service for families in target groups. The service provides support for those identified as overweight within higher-risk groups, offering tailored advice and interventions to promote healthier eating, increased physical activity, and sustainable lifestyle changes. Working with schools, health professionals, and community services, the programme aims to support families to make positive changes early, reduce the risk of longer-term health issues and contribute to improved outcomes for children and young people across the borough.

Fairer Futures Funded Projects

A range of projects have received Fairer Futures Funding and are being delivered to improve outcomes for children and young people in Solihull by strengthening parenting, promoting positive behaviours and supporting wellbeing. This includes the development of a borough-wide parenting offer to help parents build skills and confidence in supporting their children at different stages of development.

Alongside this, a campaign to support healthy smartphone use is being implemented, working with schools, Family Hubs and community settings. In addition, a Positive Masculinity project is being delivered to support young people to explore healthy relationships, challenge harmful gender stereotypes, and build empathy and respect.

Transformation Programmes: Additional Needs and Children's Social Care

The national SEND reforms aim to improve outcomes by ensuring children and young people receive earlier, more consistent support, with a stronger focus on prevention and inclusion. They also introduce clearer shared accountability across education, health and care partners, helping services work together more effectively.

The national Families First Partnership programme aims to strengthen support for families through earlier help and closer multi agency working, reducing the need for more intensive statutory intervention. It introduces Family Help services, embeds family group decision making and greater support for family networks, so families get the right support at the right time.



Domestic Abuse Support for children and young people

The Children and Young People's Project delivered by Birmingham and Solihull Women's Aid provides specialist therapeutic support for children and young people affected by domestic abuse.

The service offers a minimum of 10 tailored sessions in safe, supportive environments, using a mix of face-to-face and digital approaches to help children feel comfortable, build trust, and express their experiences. Support is personalised to each child's needs and uses creative, age-appropriate therapeutic activities to help them understand and cope with trauma, emotional distress and risky behaviours. The project also works closely with parents or carers, providing guidance and support so they can respond to their child's needs and help sustain recovery and wellbeing over time.

5. Adolescence & preparing for adulthood (11 to 25)

The teenage years mark an important period of growth and transition. The foundations laid in childhood remain important, including physical health, emotional resilience, supportive relationships and safe environments. However, the focus shifts towards preparing for life beyond home and school. Young people move towards greater independence, making choices about education, training, work and relationships that help shape their future. These years bring new freedoms and opportunities, alongside increasing expectations and responsibilities.

Preparing for adulthood is about more than reaching a particular age. It is about creating the conditions that allow every young person to build confidence, develop their strengths and move into adult life with hope and opportunity.



5.1 Preparing for adulthood – what data tells us?

Secondary age pupils with SEND

The secondary school years can be a more challenging time for many young people with special educational needs and disabilities. Schoolwork becomes more demanding, friendships and social pressures increase, and decisions about the future start to feel more important. For some pupils, needs that were previously well managed become harder to support, while for others unmet needs become clearer during this stage of adolescence.

In 2024/25, state-funded secondary schools in Solihull educated 17,923 pupils, with 3,438 (19.2%) identified as having special educational needs[24]. This is a higher proportion than in primary schools, showing that SEND becomes more common and often more complex as children grow older.

Among secondary-aged pupils, 448 (2.5%) had an Education, Health and Care (EHC) plan, while 2,990 (16.7%) were supported through SEN Support without a plan. Although the proportion of pupils with EHC plans is the same in primary and secondary schools (both 2.5%), the increase in SEND Support at secondary age suggests that more young people need additional help within mainstream schools as they move through adolescence.

This is consistent with Fingertips data showing that Solihull has a higher-than-average and rising number of pupils with social, emotional and mental health needs at secondary age, reflecting growing pressures on wellbeing, behaviour and engagement with learning.

Some pupils experience further escalation in need. Alternative provision (AP) schools are small but support a particularly vulnerable group of young people.
Among the 85 pupils attending state-funded AP schools, 34% have an EHC plan and a further 49% receive SEN Support. This high concentration of need highlights how learning difficulties, behaviour, mental health and attendance problems often overlap during the teenage years, particularly for young people facing wider family or social pressures.

Children's Social Care data also show the scale of need among young people with disabilities in Solihull. As of November 2025, there were 163 open cases for children recorded as having a learning disability, autism, or both. Of these, 125 children had autism, 55 had a learning disability, and 17 had both, showing a significant overlap in needs. Importantly for preparing for adulthood, 41 of these children (one quarter of all cases) were aged 16–17, with a further 95 aged 10–15, highlighting a large group of young people approaching key transition points into post-16 education, training or adult services.

For some young people with special educational needs and disabilities, education, health and care support continues beyond the age of 16 and can extend up to age 25. This reflects the longer timescales that may be needed to support learning, independence and transition into adulthood.



Elective home education (EHE), participation and secondary-age pathways

As young people progress through adolescence, patterns of participation in education change. In Solihull, elective home education is heavily concentrated in the secondary years. Of 558 children registered as electively home educated, 360 are in Years 7–11 (Key Stage 3 and Key Stage 4), with 174 in Years 7–9 and 186 in Years 10–11. This means that around two-thirds of all electively home educated children locally are of secondary school age, highlighting adolescence as a key period of transition.

Adolescence and Adulthood

The distribution by year group shows a marked rise through Key Stage 3 and a peak at Key Stage 4: Year 8 (64) and Year 9 (70) are notably higher than Year 7 (40), and numbers rise further in Year 10 (98) and Year 11 (88).

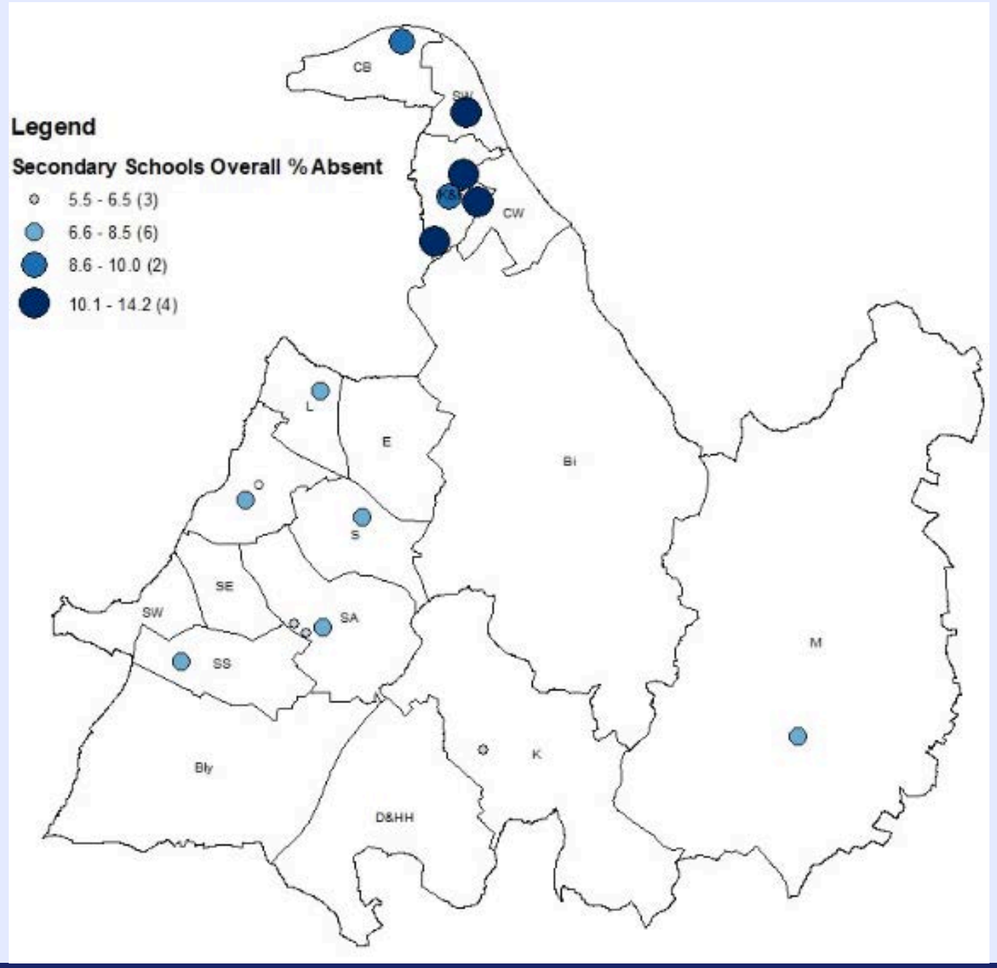
Local reasons recorded for EHE include mental health, dissatisfaction with school (including dissatisfaction linked to SEND), as well as lifestyle and philosophical/preferential reasons. Taken together, this indicates that while EHE is a positive and planned choice for some families, for others it may reflect unmet needs, challenges in school experience, or escalating emotional wellbeing concerns as young people move through adolescence.

Ensuring that electively home educated young people - particularly those with SEND or mental health needs - can access timely support, advice and clear routes into further education, training or employment is an important part of promoting equitable life chances across Solihull.

Attendance and absence in secondary education

Attendance challenges become more pronounced as children move into adolescence. In 2024/25, pupils attending state-funded secondary schools in Solihull missed an average of 8.52% of school time, closely aligned with the England average of 8.44%[25].

This higher level of absence compared with the primary phase reflects the increasing complexity of needs, pressures and risks experienced by young people during the secondary years. Nearly one in four secondary-aged pupils in Solihull (23.18%) were persistently absent, meaning they missed at least 10% of school sessions.



This mirrors the national picture, where 23.37% of secondary pupils were persistently absent. Persistent absence at this level represents a significant barrier to learning, attainment and wellbeing, and is associated with increased risks of disengagement, poor mental health and reduced post-16 opportunities.

A smaller but particularly vulnerable group experience severe absence, defined as missing at least half of all school sessions. In Solihull, 3.74% of secondary pupils fell into this category, comparable to 3.88% nationally.

There is variation between schools, with four secondary schools recording absence rates above 10%; all are in the north of the borough. This reflects both the absence pattern seen in the primary phase and the wider impact of cumulative disadvantage that continues to shape educational engagement and outcomes in these communities.

Adolescence and Adulthood

Young people who are not in education, employment or training (NEET)

Participation in education, training and employment during late adolescence is a key determinant of long-term health, wellbeing and economic security. In Solihull, available evidence indicates a gradual but sustained increase in the proportion of young people aged 16–18 who are not in education, employment or training (NEET), signalling growing risk at a critical life-course transition.

As at November, 4.3% of 16–18-year-olds in Solihull (208 young people) were recorded as NEET. This represents a rise from 3.1% three years earlier, with year-on-year increases observed despite expected seasonal variation linked to academic cycles. There is a clear geographical concentration, with 61% of NEET young people living in North Solihull, where levels of deprivation and child poverty are higher.

Health and additional needs are prominent within the NEET population. Nearly three in ten young people who are NEET (29%) have an Education, Health and Care Plan or SEN Support, reinforcing the strong link between special educational needs, disengagement and post-16 outcomes.

Young people who were ectively home educated during secondary school are also disproportionately represented, with 18% of young people in Years 12 and 13 who were electively home educated in Year 11 now NEET. Educational vulnerability is a consistent feature of non-participation. Among young people who are NEET, 11% previously attended alternative provision, 13% have a history of exclusions, and 17% experienced persistent or severe absence earlier in their education.

Overall, two-thirds (67%) present with multiple, overlapping vulnerabilities, demonstrating that NEET status rarely arises from a single factor, but instead reflects cumulative disadvantage over time.



Educational attainment key stage 4

Key Stage 4 outcomes reflect how well young people are supported to build on their learning through secondary school and how prepared they are for further education, employment or training. In 2024/25, pupils in Solihull achieved an average Attainment 8 score of 47.0, which is higher than the West Midlands average (44.6) and slightly above the England average (46.0). Just under half of pupils (47.6%) achieved grades 5 or above in both English and maths, and 67.4% achieved grades 4 or above[26].

Inequalities in Key Stage 4 attainment

As in primary years, clear inequalities remain at Key Stage 4. In Solihull, disadvantaged pupils achieved an average Attainment 8 score of 33.4, compared with 52.5 for pupils not known to be disadvantaged. Only 22% of disadvantaged pupils achieved grades 5 or above in English and maths, compared with 58% of non-disadvantaged pupils. A similar gap is seen at grade 4 and above (43% vs 77%).
Pupils with no identified SEND achieved an average Attainment 8 score of 50.9, compared with 37 for pupils with SEND support and 16.5 for pupils with an EHCP. 6.8% of pupils with an EHCP achieved grades 5 or above in English and maths, rising to 16% at grade 4 and above.

Children in need achieved an average Attainment 8 score of 20.2. One quarter achieved grades 4 or above in English and maths, and 14% achieved grades 5 or above.

5.2 Health and wellbeing in adolescence

The Health-Related Behaviour Questionnaire (HRBQ) highlights a continuation of the patterns first seen in the primary years. In 2024, over 3,000 pupils in Years 8 and 10 participated in the survey. While many young people report positive experiences, the data show widening gaps between groups and a growing minority experiencing multiple, overlapping challenges during this phase of life.

Young people taking part in work experience at the Council co-designed short surveys and engaged members of the public to explore views on mental health, screen use, employability and substance misuse. Responses reflected strong awareness of online pressures and bullying, growing anxiety about employment pathways, and concern about the accessibility of substances through social media. This engagement demonstrates the value of youth voice and supports a continued focus on confidence, prevention and accessible support.

Wellbeing and emotional health

Findings from the HRBQ indicate that secondary-aged pupils in Solihull report moderate levels of overall wellbeing, however, this is lower among girls and shows a slight decline by Year 10, coinciding with increasing academic pressure and concerns about future pathways.

While lower wellbeing does not necessarily indicate mental ill-health, it may affect confidence, resilience and engagement during key transition points into adulthood.

High self-esteem is reported by 37% of secondary pupils overall, similar to levels seen in Year 6. Among Year 10 pupils, 50% of boys record high self-esteem compared with just 28% of girls, showing a clear gender gap. Self-esteem declines steadily among girls through adolescence while remaining relatively stable for boys. Worries about schoolwork, exams and future pathways are prominent, particularly for girls, alongside persistently high concerns about appearance.

Around one quarter of pupils worry about their own mental health ‘quite a lot’ or ‘a lot’, with girls significantly more likely than boys to report this level of worry. Girls are also more likely to experience multiple, overlapping concerns, with over half worrying about more than five issues, compared with around one third of boys. This builds on vulnerabilities emerging in the later primary years and reinforces adolescence as a critical period for preventative and early-help mental health support, particularly for girls.

Self-harm and emotional distress are significant concerns for a minority of adolescents in Solihull. Around 13% of boys and 22% of girls report that they at least sometimes cut or hurt themselves when feeling stressed or experiencing a problem, highlighting a clear gender difference. Help-seeking behaviours are mixed.

While some young people talk to friends or family, formal disclosure remains limited, with only a small proportion reporting that they told an adult when self-harming. This underlines the importance of accessible, trusted routes for support and early intervention during adolescence.



This pattern is reflected in wider system data. While hospital admissions for mental health conditions among young people are broadly similar to England (around 82 per 100,000 locally), Fingertips data show that Solihull has a higher than average proportion of pupils identified with social, emotional and mental health needs, with numbers increasing yearly. Demand is primarily met through community provision, with relatively high rates of contact with community and outpatient mental health services (around 36,600 per 100,000 under-18s), alongside lower levels of inpatient care (around 31 per 100,000). Together, this suggests that while acute outcomes remain comparable to national benchmarks, the overall level of need and demand for support across the system continues to be significant.

Adolescence and Adulthood

What would help young people the most with their mental health?

- Talking to someone who they trust
- A safe space to talk and vent without feeling judged
- Knowing there is help out there
- More awareness and better access to support

Many respondents to youth-led street engagement, demonstrated a strong awareness of mental health, its triggers and the importance of talking openly about wellbeing. A significant proportion indicated that they believed support exists or knew where to go for help, although uncertainty remained for some, particularly younger respondents who were less confident about accessing support than older adolescents and adults.Young people most commonly identified exam stress and academic pressure as key triggers for poor mental health. When asked what would help, responses emphasised the value of talking to someone trusted, having safe, non-judgemental spaces, and improving awareness of and access to mental health services.
The Solihull School Nursing Health Needs Assessments in Year 9 for 2024 highlight a mixed picture of emotional wellbeing among children and young people. While 81% of Year 9 pupils report feeling happy or okay most days, a notable proportion are experiencing challenges linked to mental wellbeing. For example, 36% reported sleep difficulties, with many linked to nighttime screen use, and 28% said they would like support to reduce this.

Relationships, sexual health and consent

As young people move through adolescence, relationships and sexuality become an increasingly important part of everyday life. Unlike in primary school, where education focuses on body changes and emotions, secondary-aged young people are navigating romantic relationships, sexual health decisions and issues of consent, often alongside growing independence and online interaction.

Data from the Health Related Behaviour Questionnaire shows that, while some young people report knowing where to access support such as free contraception or advice, a significant proportion are unsure where to go if they have a concern. Knowledge and confidence increase with age, but gaps remain, particularly among boys, highlighting the importance of clear, accessible information and trusted routes into services.

The data also points to the emotional dimensions of adolescent relationships. A notable minority of pupils report experiences linked to controlling behaviour, jealousy or pressure within relationships, including pressure to engage in sexual activity. Although prevalence remains relatively low, these experiences are significant due to their impact on wellbeing, self-esteem and safety, and they underline the importance of early education around healthy relationships, boundaries and respect.

Cameron Grant Memorial Trust winning postcard by Charlie



Family Nurse Partnership - Supporting Young Parents - Case Study - Libby

Libby is a 20-year-old first-time mother with a history of significant childhood adversity, including parental substance misuse and domestic abuse. She left school without qualifications, has longstanding mental health needs including ADHD, and had a six-year history of cannabis use. At the time of pregnancy, Libby was not in education, employment or training (NEET), had limited family support, unstable relationships and experienced emotional vulnerability. Libby's pregnancy was unplanned. Engagement with services was initially challenging, and she was recruited to the Family Nurse Partnership (FNP) when she was 17 weeks' pregnant. The baby's father, Ryan, had limited involvement but wished to co-parent, although conflict was a feature of the relationship.

The FNP programme focuses on building a therapeutic relationship using trauma-informed care principles, recognising Libby's past experiences and prioritising safety, trust, choice and empowerment. Motivational interviewing techniques were used to support behaviour change, address substance use, improve sexual health awareness and promote future planning.

Despite inconsistent engagement, approximately 75% of the FNP pregnancy programme was delivered through flexible and creative approaches. Libby attended most antenatal appointments, accepted immunisations, engaged with specialist substance misuse support, completed a social care pre-birth assessment and agreed to family support. She demonstrated growing attachment to her unborn baby and made strong practical and emotional preparations for birth.

By the end of pregnancy, Libby had stopped using cannabis, was engaging with mental health services, secured all essential baby items, developed a clear birth plan, and reported increased confidence in caring for a newborn. Her relationship with Ryan had stabilised, with both expressing commitment to co-parenting. The therapeutic relationship and creative approaches taken by the Family Nurse was key in the positive progress Libby had made towards being securely attached to her baby.
FNP will continue postnatally to support Libby's wellbeing, maintain positive behaviour changes, and promote sensitive, responsive parenting up until Libby's baby's 2nd birthday.

Adolescence and Adulthood

Physical health, nutrition and hygiene

Overall, the physical health profile of secondary-aged pupils in Solihull remains broadly positive, reflecting strong foundations established in earlier childhood.

Over seven in ten pupils (71%) report enjoying physical activity quite a lot or a lot, indicating that most young people value being active and recognise its importance for wellbeing. Many continue to engage in regular activity through school and leisure time, providing a strong base for lifelong healthy behaviours.

Health-protective behaviours are also evident in daily routines. The majority of secondary pupils report regular tooth-brushing and maintaining basic hygiene practices, suggesting that positive habits around oral health and personal care are being carried forward as independence increases.

Dietary patterns show a mixed but generally resilient picture. While fewer secondary pupils meet recommended fruit and vegetable intake, most young people continue to eat breakfast and maintain regular meals.

School experience, attendance, safety and online safety

Feelings about school remain generally positive, but indicators of anxiety and disengagement increase through the secondary phase. Around three in ten secondary pupils report feeling afraid of going to school at least sometimes because of bullying, a proportion similar to that seen in Year 6 but now affecting older pupils amid more complex social dynamics.

Reported bullying is slightly lower than in primary school, with 19% of pupils experiencing bullying at school and a further 6% near school in the past year. Despite this, fear of bullying remains persistent, particularly among girls. Trend data show that 43% of Year 8 girls and 33% of Year 10 girls report feeling afraid of going to school at least sometimes because of bullying, compared with 24% and 18% of boys respectively.

Secondary school environments introduce new pressures, including heightened social comparison, online interaction and academic accountability. The most commonly reported reasons for bullying continue to mirror those seen in primary school – appearance, weight and academic performance – but are increasingly shaped by peer status and digital behaviour.

While the majority of pupils say that their school takes bullying seriously, a consistent minority continue to report not feeling safe, underlining the need for whole-school approaches that address both offline and online contexts.

The increase in digital autonomy that begins in upper primary school accelerates rapidly during adolescence. Nearly all secondary pupils report using the internet for chatting or social interaction, and around four in five use social media regularly. By Year 10, online activity is largely unsupervised and integrated into daily social life.

While high proportions of pupils report having received online safety education and parental interest remains evident, exposure to risk increases substantially. Over a quarter of secondary pupils (28%) report that an image of them has been shared online without their consent, causing them to feel unhappy. Around one in five report accidentally encountering sexual images online, with nearly one in five Year 10 boys reporting intentional searches for sexual content.

A small but significant minority report receiving online messages that made them feel scared or upset, highlighting how digital life intersects with emotional wellbeing, self-esteem and relationships. These findings point to the limits of awareness-raising alone and the importance of equipping young people with skills around consent, boundaries, reporting and help-seeking in digital spaces.

Adolescence and Adulthood

Examples of protective behaviours mentioned

- Private accounts
- Strong passwords
- Two-step verification
- Not sharing personal information
- Parent involvement

Youth-led street engagement provides additional insight into how digital life is experienced beyond the school setting. Social media was consistently identified as a key source of pressure, particularly in relation to comparison, body image and negative comments, with some describing online bullying as persistent and difficult to escape.

Despite these concerns, responses also reflected a level of confidence and resilience. Some young people recognised the value of boundaries, noting that while screen-time limits can feel frustrating, they can also be helpful.

Smoking, substance use and alcohol

Alcohol use remains relatively limited overall, but patterns shift with age. While 52% of secondary pupils report that they have never had an alcoholic drink, use increases significantly by Year 10, with 15% reporting that they had an alcoholic drink in the previous seven days. With age, more pupils report drinking in unsupervised or riskier contexts, including parties and public spaces, and 19% of Year 10 pupils state that their safety has been put at risk on at least one occasion when using alcohol.

Traditional cigarette smoking remains uncommon among secondary-aged pupils. The large majority report that they have never smoked, with 1% of Year 8 pupils and 3% of Year 10 pupils reporting smoking occasionally or regularly. In contrast, vaping represents a more prominent and emerging concern. Across the secondary phase, 13% of pupils report having tried e-cigarettes, and a further 5% say they use them occasionally or regularly, with prevalence rising sharply by Year 10. This represents a clear increase from primary-aged cohorts and aligns with national concerns about vaping as the most common form of nicotine exposure among adolescents.

Awareness of drugs is widespread and nearly one quarter of secondary-aged pupils (24%) say they are fairly sure or certain that they know someone who uses drugs. Direct experience remains less common but rises with age: around 1% of Year 8 pupils report recent drug use, increasing to 3% in Year 10, while 6% of Year 10 pupils report having ever used an illegal drug.

Exposure to drugs also increases sharply through adolescence. By Year 10, 23% of boys and 21% of girls report having been offered cannabis, highlighting a key transition point where preventative messages and refusal skills become particularly important.

During the youth led street engagement cannabis was identified as the drug young people believe to be most prevalent, with social media (particularly Snapchat) repeatedly cited as a key route through which substances are offered. While some respondents felt confident in their knowledge of drugs, others reported limited understanding and uncertainty about where to access local support. Alongside these survey findings, local service data highlights both the scale of need and the increasing focus on early intervention for children and young people

Adolescence and Adulthood

Between March 2025 and March 2026, 85 young people aged between 13 and 21 years were engaged in specialist substance misuse treatment in Solihull. The profile of young people in treatment shows that substance use is predominantly linked to non opiate substances.

Over 80% of young people in treatment report use of non opiate drugs, with comparatively smaller proportions linked to alcohol or combined alcohol and substance use. This aligns with wider local intelligence identifying cannabis as the most prevalent drug among young people and reinforces the need for age appropriateeducation on emerging substance use patterns.

Additional support is provided through targeted interventions such as Hidden Harm services (knowns as Safe and Sound), which reached around 80 young people over the year, supporting those affected by parental substance use and related vulnerabilities. This reflects a broader understanding of substance use risk, recognising the role of family context and adverse experiences.

Crime, safety and independence in adolescence

As young people move through secondary school, increased independence means spending more time in public spaces, often without adult supervision. The Health Related Behaviour Questionnaire provides reassurance that, for the vast majority of young people in Solihull, experiences of serious harm remain relatively uncommon, although a small minority face heightened risk.

In 2024, 8% of secondary-aged pupils reported being a victim of violence or aggression in their local area in the previous 12 months. This represents a slight improvement since 2022 (9%), and indicates that over nine in ten young people have not experienced violence in their community. Concerns about weapon carrying are also low overall.



Just 6% of pupils said they were fairly sure or certain that they or their friends carry weapons or other items for protection when out. While any weapon carrying is a concern, this finding suggests it remains limited to a small minority, rather than a widespread behaviour among adolescents in Solihull.

Importantly, these experiences sit alongside relatively positive perceptions of community safety. Although one in five pupils rate safety in their area after dark as poor or very poor, very few report feeling unsafe during the daytime. This suggests that fear of crime does not translate into frequent exposure for most young people, but may reflect growing awareness of risk as independence increases.

Solihull has a lower-than-average rate of first-time entrants to the youth justice system, suggesting that despite pockets of risk and vulnerability, most adolescents are not becoming involved in serious offending. An important point of note is the proportion of young people in the youth justice system that have a communication need, which is estimated at 60-90%.

Future pathways and aspirations

Secondary school is a formative period for shaping aspirations, confidence and future pathways and the Health-Related Behaviour Questionnaire provides important insight into how young people in Solihull view their futures.
Overall, aspirations remain high with 52% of pupils planning to continue in full-time education and a further 46% aspiring to move into training or skilled employment, such as apprenticeships.

However, the data also highlight a group of young people who feel less confident about their future options. Career uncertainty is particularly pronounced among boys, for whom career prospects and money are the first and second most common areas of worry, affecting more than a third of respondents. This suggests that while aspirations remain high overall, a significant minority may require additional guidance and reassurance at key transition points.
Youth-led street engagement adds depth to this picture. Alongside anxiety, many respondents expressed confidence, motivation and optimism, particularly in relation to work and adult life.

Importantly, young people did not only describe challenges but also offered practical and constructive ideas for improvement, especially around employability and access to opportunities.

When talking about finding work, many young people described the process as difficult and common barriers included lack of experience, age restrictions, low confidence and not knowing where to look for opportunities. Suggested solutions focused on more accessible work experience, clearer pathways into apprenticeships, better promotion of opportunities, and employers being more open to younger applicants. Responses reflected both frustration and realism, with young people highlighting the challenge of being expected to have experience before being given a chance.

Views on confidence and the future were mixed. Some young people described feeling pressured by exams and job prospects, while others recognised that opportunities may increase with age but felt uncertain about how to bridge the gap in the meantime. Young people consistently highlighted the need for clearer and more accessible routes into employment. Many suggested having a single, trusted place where opportunities suitable for young people are clearly advertised, including employers willing to recruit under 18s.



5.3 What are we doing in Solihull?

Solihull's Youth Offer provides a coordinated approach to supporting young people's wellbeing, development and participation during adolescence. Local authorities are required, as far as reasonably practicable, to secure sufficient services and activities to support the social, emotional and personal development of young people aged 13 to 18, and up to 25 for those with special educational needs and disabilities.

In Solihull, the Youth Offer plays a central role in meeting this duty and supporting young people to grow well and prepare for adulthood. The Youth Offer brings together a wide range of universal and targeted activities across the borough, including sports and physical activity, arts and cultural provision, volunteering, special interest clubs and residential opportunities.

Mapping undertaken in 2025 identified 209 organisations offering activities for young people aged 11+, including 19 universal youth groups, 18 SEND-specific organisations, 122 sports providers, 38 arts and cultural organisations, and 39 volunteering or employment-focused offers. Importantly, 75 activities are free to access, helping reduce financial barriers to participation.

Adolescence and Adulthood

Youth Offer

Alongside this broad community-led offer, Solihull Council commissions and supports targeted youth provision in partnership with voluntary, community, faith and social enterprise (VCFSE) organisations, the Violence Reduction Partnership and other statutory partners. Current provision includes open-access youth clubs, detached youth work, arts-based outreach, online and digital youth work, and holiday activities, with a focus on neighbourhoods experiencing higher levels of need, including North Solihull, Smith's Wood, Shirley and the Blythe Ward.

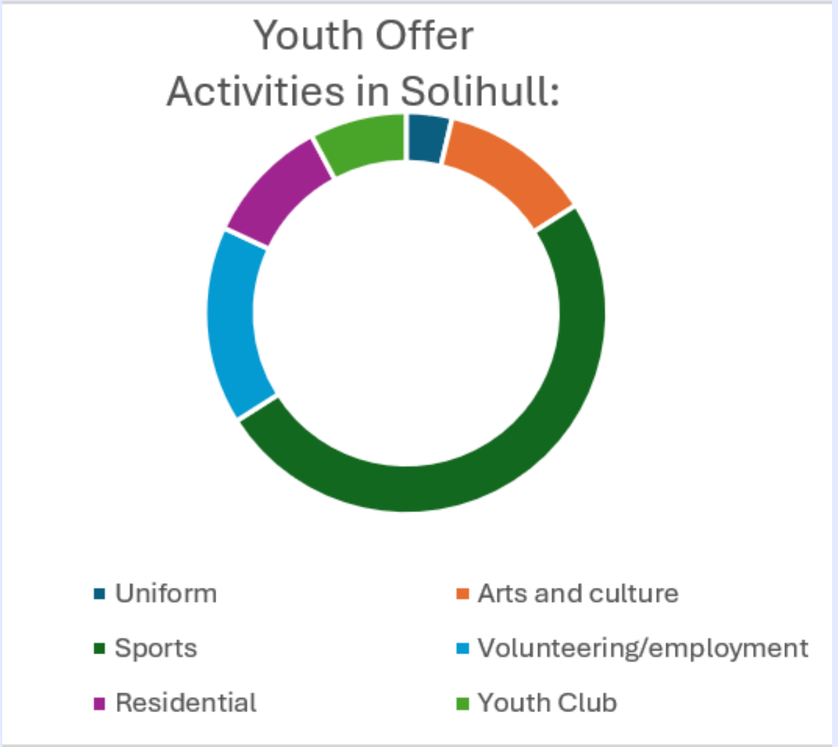
Targeted activity supports young people who are electively home educated, out of education or at risk of exclusion, not in education, employment or training, or experiencing safeguarding, wellbeing on social inclusion concerns.

Youth voice is a core element of the Youth Offer. The Youth Voice Network, co-produced with young people and delivered in partnership with Warwick University, provides structured opportunities for young people to influence local priorities through a work-experience style model. Participation to date has been strong, with high attendance and growing reach. The youth-led engagement surveys referenced throughout this chapter, including work on mental health, digital life, employability and substance misuse, were delivered through the Youth Voice Network, ensuring that insight is grounded in young people's lived experience and peer-to-peer engagement.

Ongoing work focuses on strengthening consistency across neighbourhoods, promoting inclusion for vulnerable groups, improving communication and visibility of the Youth Offer, and aligning local provision with emerging national youth policy and funding opportunities.

What young people told us would help with jobs and pathways

- a central website or database showing roles, placements and employers open to young people 'LinkedIn for young people'
- support with applications, including CVs and forms
- more visible job adverts on social media, using platforms young people already access



Young People Not in Employment, Education or Training (NEET)

Solihull has put stronger arrangements in place to support young people to stay in, or return to, education, training or work during the transition to adulthood. Our focus is on early help. This means identifying young people who may be at risk of becoming NEET while they are still at school, particularly those who have special educational needs, poor attendance, or other challenges.

Young People Not in Employment, Education or Training (NEET) (cont'd)

Schools and services are working more closely together to improve careers advice, planning for next steps, and support during important transition years. By improving planning for next steps and offering support sooner, we aim to reduce the number of young people becoming NEET in the first place.
We are also improving how quickly support is offered when young people drop out of education or training, helping them find alternatives sooner and avoid long gaps without learning or work. This includes working with providers to make it easier for young people to re-enter education where possible.
Because many young people who are NEET have additional needs or face multiple difficulties, support is tailored and flexible, recognising that young people may need time, encouragement and confidence-building to re-engage.

A Youth Coordinator role helps bring together schools, colleges, children's services and employment support so that young people receive timely and coordinated help, rather than fragmented support. They also ensure that young people's voices and experiences are heard and fed back into decision-making, working closely with Children's Services. We are also strengthening how we reach young people who are already NEET. Support teams proactively contact young people to understand their situation and offer help to re-engage.

Mental Health Support for Young People

Solihull has a range of mental health and emotional wellbeing support available for children and young people, providing help at different levels of need. This includes early intervention, school-based support, digital services, community provision and specialist care.

Together, these services aim to promote wellbeing, prevent escalation of need and improve access to timely support.



Our Director of Public Health Annual Report 2023-2024 focused on Skills, Work and Health can be found here.

Sexual Health Support for Young People

Solihull provides confidential and accessible sexual health support for teenagers, with a strong focus on prevention, early intervention and informed decision-making. Sexual health services for teenagers are delivered through Umbrella, the integrated sexual health service for the West Midlands.Umbrella offers free and confidential access to contraception, sexually transmitted infection (STI) testing and treatment, and advice on sexual health, relationships and consent. Services are available through community clinics, pharmacies, Family Hubs and online testing, helping to reduce barriers to access and support timely support for young people.

The offer aims to support teenagers to make informed choices about their sexual health, reduce the risk of unplanned pregnancy and STIs, and promote healthy relationships.

Improving awareness of services and ensuring young people know how to access confidential support remains a key priority.

Our Offer - Employment and Skills

- **Tracking Team** – regular contact with NEET young people (and their parents) via phone, email, text and door knock if can't be reached. Always offer support and refer as appropriate.
- **Employment Support Officers** – help young people assess skills and create action plans with 1:1 support, workshops, and training.
- **Skills for Success** – support for Year 11 - 13 pupils at risk of becoming NEET. Providing 1:1 guidance, workshops and access to employer-led opportunities.Support on results days and a programme of summer workshops is delivered across the borough
- **Solihull Careers Hub** – supports schools to develop and deliver quality careers programmes, linking with local employers, providing experiences of the workplace and promoting the variety of learning and careers pathways
- **Supported Internships** – working with local employers and training providers to create opportunities for young people with an EHCP
- **Solihull Apprenticeship and Pathways Shows** – flagship events, twice a year, in north and south Solihull. Promoting the breadth pf apprenticeship opportunities up to degree level
- **Youth Trailblazer** – creating opportunities for young people aged 18-21 to gain valuable skills and experience.

A range of expansionary and new measures to address the rising number of young people becoming NEET, including:

1. Pilot the Youth Trailblazer Employer Grants model on placements for 17-year-olds
2. Increase the capacity of Skills for Success to provide more targeted, one to one support and begin support in year 10
3. Door knocking to engage existing NEETS
4. Undertake focused reviews in the five Careers Hub priority schools, supporting our shared goal with Education of reducing NEET risk and improving post-16 outcomes

Adolescence and Adulthood

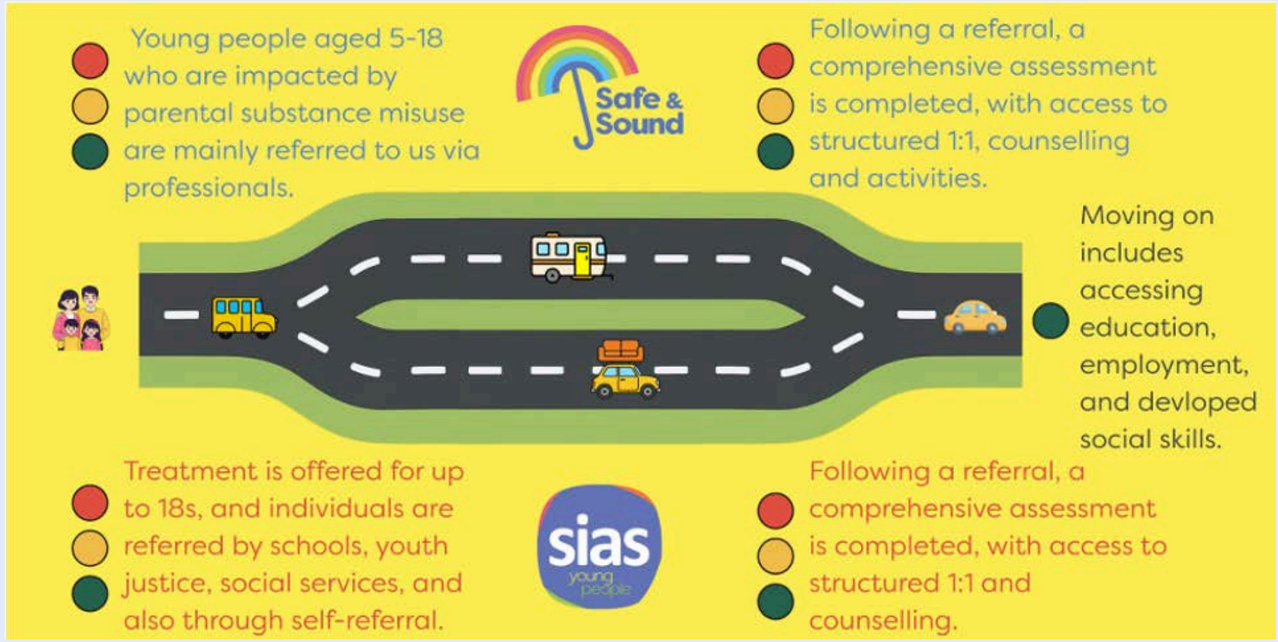
Addiction Support for Young People

Addiction support for children and young people in Solihull is provided through the Solihull Integrated Addiction Service (SIAS), with a focus on early intervention, harm reduction and preventing escalation of substance use.

There has been a significant expansion in preventative activity, with over 10,000 children and young people reached during 2025/26, reflecting a substantial increase in delivery across schools, community settings and targeted outreach. SIAS provides targeted, age-appropriate support for teenagers who are using alcohol or drugs, or who are at risk of harm.

This includes assessment, one-to-one interventions and support for families, recognising the strong links between substance use, mental health, safeguarding concerns and wider vulnerabilities. The service works closely with schools, youth services and health and social care partners to provide coordinated support.

The Young Person addiction support offer aims to reduce substance-related harm, improve wellbeing and support positive outcomes. Ongoing priorities include increasing awareness of support, reducing stigma and ensuring clear and timely pathways into services for young people who need help.



Care experienced young people

Some young people in Solihull move into adulthood after spending part of their childhood in the care of the Council. These care-experienced young people often face extra challenges as they grow up. They are more likely to have health needs, experience emotional difficulties, or need additional support in education, which can make the transition to adult life harder.

In Solihull, care-experienced young people can receive support up to the age of 25 through the Council's Local Offer for Care Experienced Young People[27]. This can include help from a personal adviser, practical help with finding a home, staying in education or work, and looking after their health. Some practical measures, such as Council Tax exemption up to age 25 and help with housing and skills, are in place to support independence and stability. Supporting young people leaving care is a responsibility shared across the whole Council. This corporate parenting approach means that Council services work together to support care-experienced young people, helping them feel valued, supported and able to move into adulthood with confidence and opportunity.



SIAS Family Service Feedback:

“Thank you for your support. Without your continuous support I would not have been here today. My journey started in 2024. Real rough waters. My daughter went AWOL & derailed herself. She suffers from Autism Aspergers, ADHD, Sleep Disorder, High Anxiety & unable to cope. As a frantic mother you helped guide me & got safeguarding for my daughter. Sign posted to various sectors for help- housing, metal health support, medical support. So much was going on & still not out of the woods. There are not many supports out there currently for this kind of issues. Having group support & 1to1 ongoing support I am able to cope on daily basis. Thank you.”

About the service:

The SIAS Family Service supports families affected by substance use, recognising the impact this can have on children and young people’s wellbeing, safety and development. The service offers flexible, holistic support to parents, carers and other family members, even where the individual using substances is not engaged with treatment. Between 2022/23 and 2025/26, the number of families engaged with the service increased from an average of 46 to around 100. During this period, the service expanded its group offer to increase engagement and access to one-to-one support.

Current support includes:

- Telephone and one-to-one support for family members
- Flexible appointments, including evening, home and community settings
- Guidance and signposting for housing, finances, domestic abuse and health services
- Liaison with other services and support to attend appointments
- Education around addiction, stress and anxiety
- Ongoing support for families even if the focal individual disengages
- Bereavement support
- Peer support groups, including Parents, Partners and Neurodivergence groups



6. Conclusion & Recommendations

6.1 Conclusion

Childhood presents a unique opportunity for sowing the seeds for lifelong health, wellbeing and confidence. It is our collective ambition to support every baby, child and young person to achieve their full potential to become healthy, happy and productive adults who, in turn contribute to thriving and resilient communities in our borough. We have an excellent opportunity to build on our strengths (including partnership working across our Family Hubs and robust service delivery) through national policy drivers and using data and insight to respond to locally-identified needs and complexities.

Babies, children and young people remain at the heart of everything we do as a Council, with our partners and for our communities, to foster the very best life chances for our youngest residents. We stand on a precipice of transformation with a robust commitment to designing and delivering the most effective and cost-effective support, enabling our future generations to flourish. Whilst we are aware of the complex challenges of this work, we strive to empower our communities to strengthen and thrive across the borough and beyond to maximise the opportunity for good health and happiness for all our families.

To enable babies, children and young people to flourish in Solihull, the following recommendations are key.

Items presented in italics denote recommendations made by young people through the Youth Voice Network programme.



6.2 Key Recommendations

1. The implementation of national transformation programmes, namely Best Start in Life, Families First, SEND Reforms and Integrated Neighbourhood working in health, should maximise the known benefits of genuine and meaningful partnership working. These programmes represent a once in a generation opportunity to improve health, wellbeing and life chances by enabling services to work together effectively, across the Council, NHS and community sector so families have robust, effective, co-ordinated support.

    a. **Deliverable**: programmes should be aligned to reduce duplication and maximise effective and integrated support for families with identified needs, to prevent problems from getting worse and to improve outcomes.

    b. **Board for oversight:** Solihull Health & Wellbeing Board

    c. **Boards to ensure delivery:**

    i. Families First Reforms Board
    ii. Joint Additional Needs Executive Board
    iiii. BSol Child Health Board/Locality Delivery Partnership

2. Ensure that the development of neighbourhood health includes a focus on CYP and enables improved integration of support for CYP across health, care and the VCSE including mental health and with a particular focus on SEN.

    a. **Deliverable:** ensure the MDT interfaces directly with Family Help, the Multi-agency Child Protection Team, Family Hubs, mental health support and SEND teams including co-locating service teams and enabling access into electronic systems across organisational boundaries where possible.

    b. **Governance:** BSol Child Health Board/Locality Delivery Partnership

3. Services should have fully integrated referral pathways, so families need to only tell their story once, with professionals communicating seamlessly to respond to identified needs. This could incorporate services delivered from the NHS, Solihull Council and VCFSE partners.

    a. **Deliverable:** development of integrated referral forms and systems where possible between services teams, across organisational boundaries.

    b. **Governance:** BSol Child Health Board/Locality Delivery Partnership

4. All programmes of work in this area and new interventions must adopt an inequalities lens, ensuring those communities at risk of poor outcomes receive more focused support. Service provision should be agile, needs-led and families should be able to access the right help at the right time and in the right place for them

    a. **Deliverable:** Fair Treatment Assessment and/or Health Equity Impact Assessments (HEAT) should be used to systematically understand and address inequality impacts of service developments and service delivery.

    b. **Boards to ensure oversight:**

    i. Families First Reforms Board
    ii. Joint Additional Needs Executive Board
    iii BSol Child Health Board/Locality Delivery Partnership

Conclusion and Recommendations

Key Recommendations

5. Communications for parents/carers, children and young people should be non-judgemental, empowering, strengths-based, relatable and targeted effectively, to engage families who have the most potential to benefit. Communications should also be culturally competent and available in multiple languages, reflecting needs where parents/carers may not have English as a first language.
    a. **Deliverable:** communication messaging should be co-designed with parent/carers, children and young people where possible, and be subject to ‘mystery shopping’ to ensure continual improvement and refreshment.
    b. **Responsible delivery leads:**
        i. Solihull Council Communication Leads
        ii. NHS Communications Leads
        iii. VCFSE leads

6. The collective approach for all agencies for families should be relational and trauma informed. This means that there is a focus on developing and maintaining trusting relationships between professionals and with families within a compassionate framework that recognises how deeply trauma impacts an individual's biology, psychology, and behaviour. Research shows that this approach effectively improves service engagement, reduces restrictive practices, and enhances staff and family well-being and outcomes.
    a. **Deliverable:** explore the provision of trauma-informed workforce development for system-wide partners.
    b. **Boards to ensure oversight:**
        i. Families First Reforms Board
        ii. Joint Additional Needs Executive Board
        iii. BSol Child Health Board/Locality Delivery Partnership

7. Action needs to begin before pregnancy for the very best opportunity to reduce vulnerability and a preventative approach should be delivered alongside a responsive and cohesive service offer for when families experience difficulties.
    a. **Deliverable:** collaborative delivery of the pre-conception elements in the Healthy Babies Programme.
    b. **Boards with oversight:** Solihull Health & Wellbeing Board/ Local Maternity and Neonatal System

Conclusion and Recommendations

Key Recommendations

8. Service delivery should be effectively monitored and evaluated to inform developments in a culture of continual improvement, enabling impact of investment to be measured and maximised throughout childhood. This should include a set of outcomes for that all partners sign up to and that reflect the aims of the Health and Wellbeing Strategy.
    a. **Deliverable:** All programmes should have clearly defined outcomes and should be robustly monitored and fully evaluated to inform future service and programme delivery.
    b. **Boards to ensure oversight:**
        i. Solihull Health & Wellbeing Board
        ii. Families First Reforms Board
        iii. Joint Additional Needs Executive Board
        iv. BSol Child Health Board/Locality Delivery Partnership

9. The findings of this report should be used to inform the development of the system-wide Mental Health Strategy and Delivery Plan.
    a. **Deliverable:** ensure that actions and outputs are needs-led prioritising those young people and families with the most complex needs and, thus, most potential to benefit.
    b. **Boards to ensure oversight:**
        i. Birmingham and Solihull Mental Health, Learning Disabilities and Autism Provider Collaborative
        ii. Locality Partnership Board

10. Improve awareness of and access to support and positive activities for children and young people across the system (particularly substance use support to address adverse social media messaging), including activities that promote good mental health, reduce the risk of substance misuse and offer employment support.

This should include increasing the visibility of services and activities through schools, social media and youth-friendly campaigns, and developing clear, centralised information about where to access support and local activities. It should also include creating more safe spaces where young people can talk freely and embedding mental health education and discussion in schools and other settings that support children and young people.

    a. **Deliverable:** ensure that services and opportunities are promoted widely to young people
    b. **Governance**
        i. Schools and education partners
        ii. Childrens Social Care Services
        iii. Employment and Skills Services
        iv. Health Services
        v. VCSFE Services

Conclusion and Recommendations

Key Recommendations

11. Ensure that children, young people, parents/carers and the workforce are supported to promote healthy digital habits, manage screen use positively, and respond to online risks affecting wellbeing and mental health. National screentime guidance for children and young people should be shared and promoted effectively with parents/carers and workforce teams in Solihull to encourage alternative activities and support positive digital behaviours.

This should include promoting healthy screen use rather than restriction-only approaches, strengthening online safety education and reporting mechanisms, and addressing risks such as bullying and exposure to substances online.

a. **Deliverable:** Raise awareness of digital health risks across the workforce and disseminate the screen time guidance for children and young people once it is published. Target areas are Family Hubs, School Nursing, social care professionals and other relevant services and effective communication with educational settings will be prioritised to share with parents/carers and upskill staff.

b. **Governance:** Families First Reforms Board

12. Promote the Employment and Skills offer for young people to help them overcome barriers to employment and prepare successfully for adulthood. Ensure that opportunities are prioritised for our most vulnerable young people, including care leavers, young people with SEND, and those in or at risk of contact with the youth justice system.

This should include increasing entry-level opportunities, apprenticeships and work experience placements, encouraging employers to recruit younger candidates, providing support with applications and interview preparation, improving access to youth-friendly job information and platforms.

a. **Deliverable:** Enable young people to access support and opportunities developed both locally and regionally through continued focus on youth coordination activity to link pathways between services, including Children's Services, Adult Social Care and Employment and Skills and hyper-local and individual engagement with young people who are NEET. Remain agile to explore and capitalise on opportunities to build on the NEET prevention offer including improved support for mental health and wellbeing barriers to engagement.

b. **Governance:**

i. Solihull Employment and Skills Board
ii. Corporate Parenting Board
iii. Youth Justice Board
iv. Joint Additional Needs and Disabilities Board

13. *Increase Youth Engagement and Voice. This should include continuing programmes like the Youth Voice Network and involving young people in service design, policy development and awareness campaigns.*



Director of Public Health Annual Report
Solihull Metropolitan Borough Council
May 2026

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