# Blackpool Council Team – Improving health outcomes for young people with dyslexia

Blackpool Council
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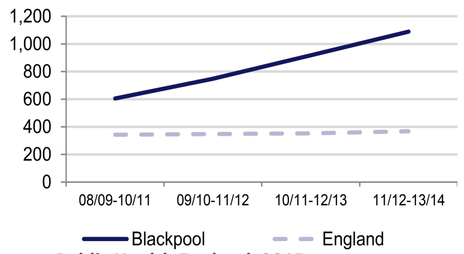
## An Introduction to Blackpool

Blackpool has the highest proportion of neighbourhoods in the most deprived 1 per cent nationally (Department for Communities and Local Government, 2015). Poor health and inequalities in health are highly evident in Blackpool, with indicators consistently demonstrating that Blackpool has significantly worse health than the national average. Inequalities in child health are of particular concern, a brief overview of the key facts is provided below.

***Key facts – Inequalities for children in Blackpool***

- There are approximately 29,000 children in Blackpool with an estimated increase to 33,000 by 2033 (Blackpool Council, 2015)
- Almost 30 per cent of children in Blackpool are living in relative poverty compared to the England % of 18.6 (HM Revenue and Customs, 2012)
- Blackpool has the highest rate of 'looked after children' in the country with a rate of 152 per 10,000 (Blackpool Council, 2015)
- Hospital admissions as a result of self-harm for young people aged 10-25 in Blackpool occur at more than 3 times the rate of the national average and are the highest in the country (Public Health England, 2015). The rate of admissions is increasing in Blackpool whilst the England rates appear to be stable (Figure 1)
- Hospital admissions for substance misuse and for alcohol related illness are also the highest in the country (Public Health England, 2015)
- Attainment for GCSEs achieved (5 A*-C including English and maths) is significantly worse than the national average
- Blackpool has an extensive pupil referral unit with over 260 children in alternative provision in 2015
- Teenage conceptions are 39.9 (rate per 1,000) compared to 21.9 for England (Q3 2014)
- 6.5 % of 16-19 year olds are NEET (above national percentage)

**Figure 1. Hospital admissions as a result of self harm**




***Source: Public Health England, 2015***

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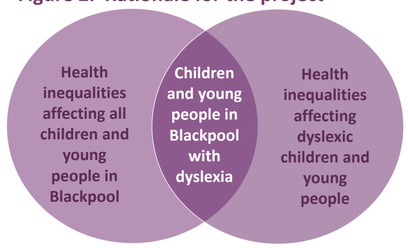
## Poor Outcomes Associated with Dyslexia

There is a plethora of evidence that demonstrates young people with dyslexia are more likely to have poor outcomes than those without. Young people with dyslexia suffer a number of 'comorbidities' such as withdrawal, somatic complaints, anxiety/depression, social problems, thought problems, aggression and delinquent behaviour in addition to dyslexia (Eissa, 2010). Dyslexic young people often have lower self esteem than their none dyslexic counterparts with an early diagnosis of dyslexia essential for creating a positive self-image (Glazzard, 2010). Furthermore, Alexander-Passe (2006), noted that teenage girls with dyslexia tended to have lower self-esteem than dyslexic boys and often deployed avoidance based coping strategies such as absence from school.

In addition to poor health outcomes there is a well evidenced link between offending behaviour and specific reading difficulties such as dyslexia. In 2012, it was reported that dyslexia is significantly more common in young people who offend (43-57 per cent) than in the wider population (10 per cent) (Children's Commissioner, 2012). Similarly, a study by Yates (2013) found that dyslexia prevalence in drug treatment populations is approximately 40 per cent, 30 per cent higher than the wider population.

In light of the health inequalities faced by young people in Blackpool and those faced by people with dyslexia (identified or unidentified), we reasoned that both factors together would create a more complex suite of inequalities that we should attempt to mitigate against (Figure 2).

**Figure 2. Rationale for the project**




***Source: Authors***

## Evidence for Change Project

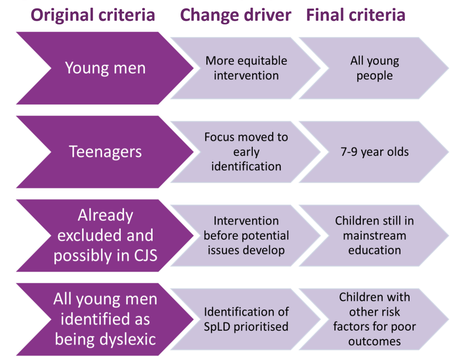
The Evidence for Change Project provided the opportunity to explore ways in which health outcomes for young people with dyslexia could be improved. The team initially focused on improving self esteem in boys with dyslexia who had offended or were at risk of offending. During the workshops and throughout the team's work outside of the workshops the project evolved and became more defined (Figure 3). We concluded that early identification of children with dyslexia was key to ensure that support was in place as early as possible. This would enable children to learn coping strategies and mitigate some of the anxiety and loss of self esteem associated with dyslexia. To apply the intervention more effectively we identified our target group as children aged 7-9 who already had risk factors for poor outcomes (e.g. adverse childhood experiences).

## Barriers to progress

Progress was difficult with the project and changes to the approach taken by the Blackpool Educational Psychology Service resulted in the project, as it was defined, being unnecessary. A summary of the barriers we identified are listed below;

- Evolution of the project delayed progression
- Identification of a suitable tool to identify vulnerability - ACE adult based
- Lack of a Blackpool wide approach to Dyslexia and SpLD
- Difficulty engaging stakeholders
- Lack of resources – both time and financial
- The project was over ambitious within the time scale

**Figure 3. Evolution of the project**




***Source: Authors***

## Group Learning and Future Work

Despite the project not progressing as the team had hoped, it has resulted in valuable learning for the organisation and for the individual team members. Areas of learning have including planning and execution of research projects, searching for and evaluating literature, the importance of engaging stakeholders early, the management of change and how health inequalities affect our own areas of work. Furthermore, the project has been a catalyst for future research and continued collaboration between departments around improving health for young people with dyslexia. Members of the team will be part of a new SpLD steering group ensuring public health themes are considered and that any new developments are evidence based. Also, discussions are planned with other organisations, such as The Reader Organisation, about how we can further our work.

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