Herefordshire Council

Understanding Herefordshire
People and places

Children's integrated needs assessment 2019: Overview report

Version 1.1

Herefordshire Council Intelligence Unit

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CONTENTS

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INTRODUCTION

The 2019 children's integrated needs assessment (ChINA) was jointly commissioned by Herefordshire Council and Herefordshire Clinical Commissioning Group, and forms part of an evidence base for 'Giving children and young people a great start in life: the children and young people's plan for Herefordshire 2019 – 2024', which details the Children and Young People's Partnership's strategic approach to improving the lives of the county's younger residents.

Much is already known about children and young people in Herefordshire, including through the joint strategic needs assessment process ('Understanding Herefordshire'). Generally, children in the county have a good start in life. Babies born here can expect to live longer, and in better health, than those elsewhere. Overall educational attainment is above average, and the county experiences relatively low levels of overall deprivation and of deprivation specifically affecting children. Nevertheless, a significant minority face issues that make their lives more of a challenge – for example because of particular personal or family circumstances that mean they need help from outside; or because they are disadvantaged by background or where they live.

Recognising this, the 2019 ChINA focused on specific topics that were prioritised by commissioners and service managers as requiring an improved understanding. These ranged from those topics that needed an overview, a closer look, and a more in depth 'deep dive' into Herefordshire's provision of 'early help' services -designed to help children and young people and their families before the need for more formal social care intervention. See figure 1 below.

The outputs have therefore been designed as a suite of thematic reports, allowing the addition of further reports as new topics are prioritised and identified as needing a closer look. This approach was favoured over a larger profile of everything we know about children and young people in Herefordshire. The thematic reports in the 2019 ChINA are:

- Review of early help
- Children and young people with special educational needs and disabilities (SEND) and education, health and care plans (EHCPs)
- Emergency and elective hospital admissions of those under 19

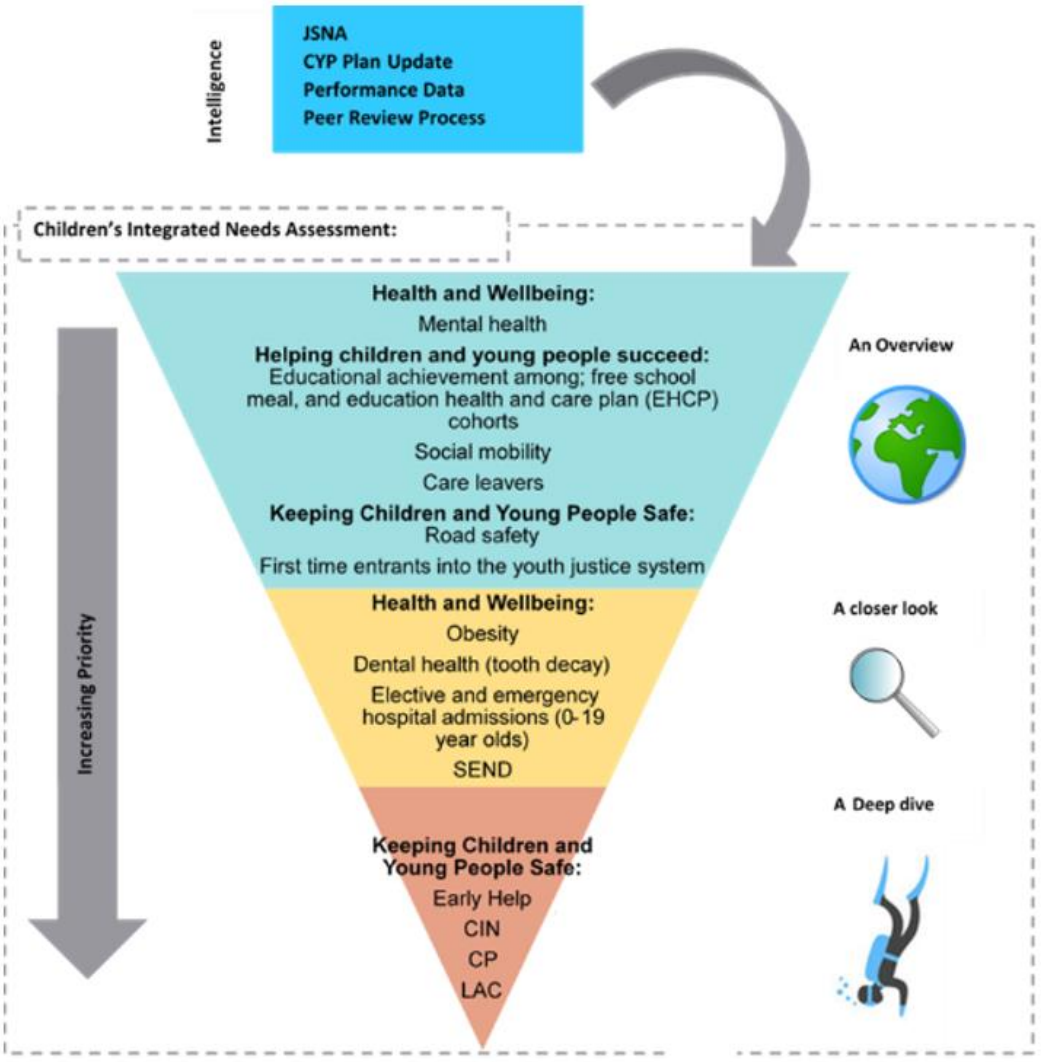
This overview report draws together the key findings and recommendations[1] from those detailed pieces of work, as well as providing an outline of other topics that were identified as being of particular interest this year. It can be read as a whole, or browsed by topic using the table of contents to assist with navigation. A separate executive summary detailing the key findings for each topic is also available.

[1] With the exception of some of the detailed recommendations regarding the Early Help service, which can be found in the thematic report.

Whilst mainly of interest to health and social care commissioners, managers and professionals, the children's integrated needs assessment will also be of interest to:

- education providers
- voluntary and community groups and organisations
- local employers
- children and young people and their families, as well as other members of the public

Figure 1: Scope of children's integrated needs assessment 2019



SUMMARY OF RECOMMENDATIONS ACROSS ALL TOPICS

Topic Area	Intelligence or policy related?	Recommendation	Page relevant discussion commences on
Social mobility	Service / policy	Take a coordinated and strategic approach to tackling poverty and poor social mobility within the county. Give consideration to the most appropriate mechanisms to drive improvement, examples for consideration might include: the development of a multiagency strategy and/or the nomination of poverty and social mobility "champions".	p. 24
	Service / policy	Continue to take steps to develop the local economy as outlined in Invest Herefordshire: Herefordshire's Economic Vision.	p. 24
	Service / policy	Foster links between schools and business in order to ensure that curriculum and careers development advice reflect the ambitions of children and young people and the needs of developing sectors and local employers.	p. 24
	Service / policy	Consider implementing initiatives to support and encourage local children and young people from disadvantaged backgrounds to contribute to and take advantage of the developing local economy. Examples of such an initiative might be the targeted offering of the "Young Enterprise" scheme.	p. 24
The voice of children and young people	Service / policy	Seek children and young people's views on local issues and service developments.	p.27
	Intelligence / analysis	Consider undertaking a survey to gather comprehensive data on the quality of life of children and young people in the county, with the inclusion of questions aimed at improving understanding of how they interact with their local communities.	p.27
	Service / policy	Ensure that children and young people are active participants in local community engagement and participation initiatives.	p.27

Topic Area	Intelligence or policy related?	Recommendation	Page relevant discussion commences on
Mental health	Service/ policy	Raise awareness of the adverse impact of poor mental health on children and young people. Ensure that ***poor parental mental health*** is also acknowledged as having adverse effects on children and young people.	p.39
	Service/ policy	Take action to enhance the mental wellbeing of individuals and communities, recognising its protective effects against poor outcomes for children, young people and their families.	p.39
	Intelligence / analysis	Consider the need for further intelligence regarding mental health needs – in recognition of the fragmented understanding of the mental health of people of all ages in Herefordshire, and the overarching importance of good mental health for children and young people, and their families.	p.39
	Intelligence / analysis	When it becomes available, use national outcome data to compare the effectiveness of the mental health support provided to children and young people in Herefordshire with England and nearest statistical neighbours.	p.40
	Intelligence / analysis	Use outcome data to evaluate the effectiveness of the mental health support provided to children and young people in Herefordshire. Particular focus should be placed on the effectiveness of interventions for children and young people requiring urgent crisis support.	p.40
Gaps in educational attainment	Intelligence / analysis	Undertake further analysis as more years of data become available under the latest government assessment regime, giving particular consideration to pooling several years' worth to smooth out the effects of small cohort numbers.	p.48
	Intelligence / analysis	Consider undertaking an analysis to explore how levels of attainment among disadvantaged children vary throughout their academic careers (by following groups of children over time). Analyse the data at pupil level to identify if there are any local factors associated with improvement or deterioration in attainment.	p.48

Topic Area	Intelligence or policy related?	Recommendation	Page relevant discussion commences on
Youth Offending	Intelligence / analysis	Consider matching of individual youth offending records across data systems and organisations (subject to appropriate data sharing protocols) in order to improve the understanding of the cohort, its needs, and effective interventions.	p.55
Road safety	Intelligence / analysis	Continue to take actions to support children and young people to safely cycle and walk to/from school-as outlined in the Sustainable Modes of Travel to School Strategy.	p.62
	Intelligence / analysis	Consider including questions on road safety in a survey to gather information on the quality of life of children and young people in Herefordshire, with specific wording determined through follow-up with those who participated in the children and young people's plan 2019-24 engagement activities. To understand uptake of walking and cycling, the inclusion of content regarding mode of travel to/from school should be prioritised.	p.62
	Service / policy	Continue to take actions to support children and young people to safely cycle and walk to/from school-as outlined in the Sustainable Modes of Travel to School Strategy.	p.62
	Service / policy	The council should continue to identify opportunities to work in partnership with other organisations to better understand the key factors affecting road safety among children and young people, and to identify and implement effective approaches to prevent injury.	p.62
Care leavers	Intelligence / analysis	Undertake longitudinal analyses of the education, training and employment status and suitability of accommodation data for care leavers.	p.64
Special Educational Needs and Disabilities	Intelligence / analysis	Undertake analysis of historical data to determine differences in the numbers of children identified as having special educational needs and disabilities (SEND) before and after the implementation of education, health and care plans (EHCPs) in 2015 - in order to explore factors which may be driving recent increases in demand locally.	p.74

Topic Area	Intelligence or policy related?	Recommendation	Page relevant discussion commences on
Special Educational Needs and Disabilities	Intelligence / analysis	Carry out a case audit to explore how levels of funding (measured by tariff) have changed as individual children and young people's identified needs have changed from the beginning to the end of their service provision.	
	Intelligence / analysis	Consider whether it is possible to analyse trends in the 'education, employment and NEET status of those with SEND and EHCPs in order to improve understanding of the outcomes for these children and young people.	p.74
	Intelligence / analysis	Improve local service planning, and understanding of outcomes for children with needs related to ASD by ensuring the local authority has access to data about children and young people with a medical diagnosis of ASD from local NHS services (Wye Valley NHS Trust and 2gether NHS Trust).	p.74
	Intelligence / analysis	Examine exclusion rates among children with SEN across educational settings in Herefordshire. Respond to recent research findings by exploring the local exclusion rates among children with ASD in mainstream schools, giving consideration to whether there have been changes in the rates over time. If appropriate, take reasonable action to ensure that mainstream schools are well equipped to meet the needs of children living with ASD.	p.74
Emergency and elective hospital admissions	Service / policy	Undertake a review of local protocols used to determine whether a child or young person is admitted to hospital, with the aim of reducing elective admissions and delivering care in the most appropriate setting, giving consideration to available resource. Particular focus should be placed on the care of children under the age of one.	p.81
	Intelligence / analysis	Seek to better understand motivations for attendance at A&E to identify the underlying drivers of A&E demand among children and young people, and whether their needs could be addressed in a more appropriate setting.	p.81

Topic Area	Intelligence or policy related?	Recommendation	Page relevant discussion commences on
Emergency and elective hospital admissions	Service / policy	Undertake a review of the provision of phlebotomy services for children and young people to determine capacity and also to assess whether current provision is based in the most appropriate settings.	p.81
	Intelligence / analysis	Undertake a detailed analysis of emergency admissions for ambulatory care sensitive conditions to determine whether A&E is the appropriate setting for care and identify if service capacity is lacking in primary and community care setting – specifically for support with the management of asthma, epilepsy and diabetes.	p.81
Oral health	Both	Give consideration to the recommendations made by the 2019 Herefordshire Oral Health Needs Assessment, specifically: ○ Support the delivery of NICE recommended interventions to improve oral health. Examples include: supervised brushing and targeted fluoride varnishing. ○ Consider exploring the feasibility and cost-effectiveness of local water fluoridation.	p.85
Healthy weight	Intelligence / analysis	Undertake further intelligence activities to support targeted interventions by improving the understanding of childhood obesity in Herefordshire and the interactions with other factors, such as oral health. Specific recommendations include: ○ Taking steps to ensure that in future NCMP surveys NHS numbers are included to allow further analysis and better understanding of how childhood obesity progresses over time, and the identification of factors which influence obesity at a local level. ○ Undertaking a large-scale survey of the lifestyles and behaviours of children and young people in Herefordshire, to include measures related to diet and physical activity.	p.103
	Service / policy	Reflect on the combination of excess weight, access to fast food outlets and level of deprivation and how this could be used to inform policy decisions regarding healthy weight.	p.103

Topic Area	Intelligence or policy related?	Recommendation	Page relevant discussion commences on
Safeguarding children: trends in demand	Both	Give consideration to how changes in one area of the wider safeguarding children system can impact on other areas, particularly when attempting to predict future need. Specific consideration should also be given to the legacy of high numbers of children who are under local authority care, and the support and services they will need as they grow up.	p.128
Safeguarding children: needs of families	Service / policy	Consider ways in which commissioners and providers can best ensure that the needs of family units are taken into account. Adult services should not only address the immediate impact of issues upon adults, but also give consideration to their impact upon families and specifically, the welfare of children. Similarly, children's services need to identify parental issues and ensure that appropriate referrals are made in order that these are addressed. Both adults and children's services should seek to minimise risks and develop strengths within communities in order to create healthy environments in which families can thrive.	p.128
	Service / policy	Focus on enhancing the protective factors that reduce the risk of social care interventions, as outlined in the Family Model. As well as taking a strengths-based approach to working with individual families, use geographic intelligence to support an asset-based approach in "high intervention areas" identifying what resources are missing and build on what is already there at a community level.	p. 130
Early help (demand for)	Service / policy	Take action to ensure early help has adequate human resource and appropriate infrastructure to meet the anticipated increase in demand for the service. Ensure that the number of new early help cases is frequently monitored in order to identify and respond to changes in service demand. Consider how activities in other areas of the safeguarding children system might impact on demand for early help.	See early help report

Topic Area	Intelligence or policy related?	Recommendation	Page relevant discussion commences on
Early help (needs)	Intelligence / analysis	Further investigate the observed year on year decline in the percentage of domestic violence and abuse outcomes identified in initial early help assessments. To gain practical insights, seek the views of providers and early help support staff. Consider whether it is possible to re-establish intelligence sharing with the police in order to ensure that needs relating to domestic violence and abuse are identified and addressed.	p.129
Early help (outcomes)	Service / policy	Continue to improve the follow-up of early help cases in order to further reduce the instances where data regarding the outcome of early help intervention is not available.	See early help report
	Service / policy	Implement planned safeguarding children pathway redesigns in order to ensure that children and their families receive the right type of support in a timely fashion, and to improve integration of all components of the safeguarding children system.	See early help report
	Intelligence / analysis	Undertake regular service evaluation including further exploration of cases where early help has been ineffective, to improve understanding of these circumstances and drive continuous quality improvement.	See early help report
Early help (geographical patterns of need)	Service / policy	Continue to take steps to enhance awareness of early help services and to make early help "everyone's business". Give consideration to improving engagement with referring partners and the community to enhance referral numbers, using the Weobley area as a successful case example.	p.130

Topic Area	Intelligence or policy related?	Recommendation	Page relevant discussion commences on
Early help (deprivation and inequality)	Intelligence / analysis	Reflect on national evidence demonstrating that deprivation and social inequalities are a key factor driving demand for and spend on children's social care interventions. Consider taking a holistic approach to addressing poverty and social inequalities in Herefordshire, engaging with departments across the council and wider partners in order to develop longer-term strategic solutions. Give specific consideration to access to services, housing quality, and skills, education and training for children and young people as these are identified by the Index of Multiple Deprivation 2015 as categories of deprivation which are a particular issue in the county.	p.130
	Intelligence / analysis	Consider evaluating access to practical financial advice and services, and whether they are available to the communities with greatest need in the county. If required, take steps to improve availability and access.	p.130
	Both	When it is published* (anticipated in late 2018), review new evidence into inequities in children's social care and consider how to implement practice recommendations locally.	p.130
Early help (effectiveness)	Intelligence / analysis	Undertake further evaluation of intervention success rates among young people 10 to 15 years of age (specifically 12 year olds), and if indicated, make service improvements.	See early help report
	Intelligence / analysis	Consider undertaking further evaluation to better understand the effectiveness of the various early help interventions offered.	See early help report

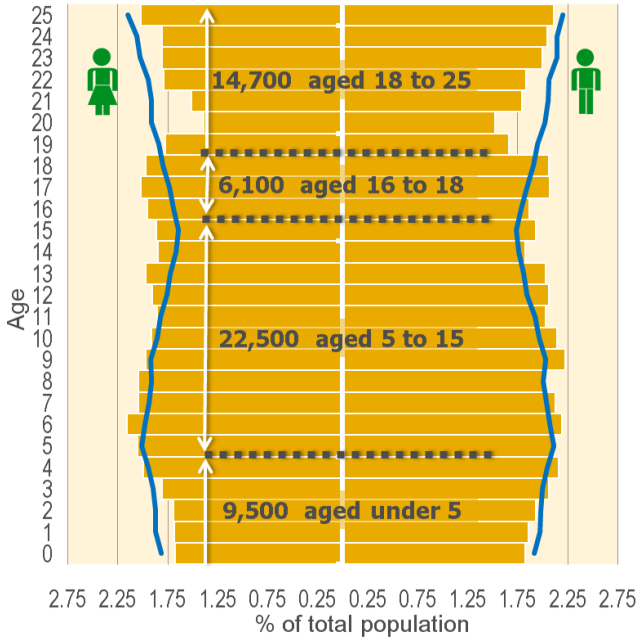
*Identifying and Understanding Inequalities in Child Welfare Intervention Rates.

SETTING THE SCENE: CHARACTERISTICS OF CHILDREN AND YOUNG PEOPLE IN HEREFORDSHIRE

NUMBERS OF CHILDREN

Herefordshire is home to 35,900 under 17 year-olds and a further 12,700 18 to 25 year-olds, who together make up just over a quarter of the county's population (19% and 6% respectively). Whilst this is a similar overall proportion to England and Wales as a whole, Herefordshire has a slightly higher proportion of teenagers, but fewer under 5s, and notably fewer young adults (Figure 2).

Figure 2: Age distribution of children and young people in Herefordshire (bars) compared to England & Wales (lines), 2017



Source: Office for National Statistics' mid-year estimates of population, 2017

POPULATION CHANGE

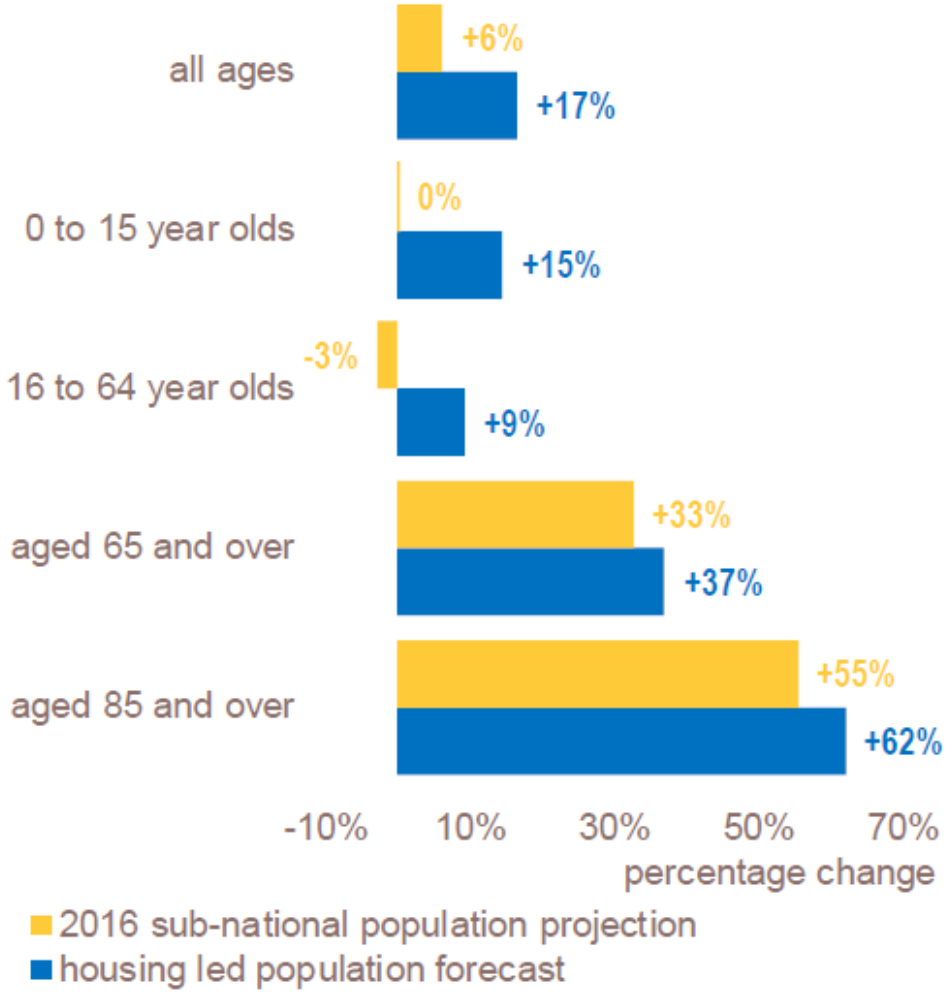
The population of under 18s has remained fairly constant since 2011, but is projected to increase by around 4% (to 37,000) between 2017 and 2025, before falling back to current levels by 2031. The number of young adults (18 to 25) increased between 2007 and 2014 due to previously unseen migration from eastern Europe, but has since returned to pre-2006 levels and is expected to stay that way.

Having been relatively high - almost 1,900 a year - between 2009 and 2012, numbers of births have fallen to around 1,750 a year more recently. Reflecting the unprecedented migration from Eastern Europe during the last decade, ever increasing numbers of babies are born to Lithuanian

or Polish mothers. Consequently, children and young people are becoming increasingly diverse. In 2018, almost 1,900 pupils in county schools had a first language other than English – with over 50 different languages spoken.

Although the overall population of Herefordshire is expected to increase by 6% over the next 15 years; if the recent trends in births, deaths and migration were to continue, the numbers of children are expected to remain relatively static and the working age population is predicted to decrease slightly, while the numbers of people aged 65 and over are set to increase. However, the ensuing increase in levels of net inward migration to meet extra housing supply over this 15 year period is expected to have a greater impact on the future numbers of children and working age people, with forecast increases of 15% and 9% respectively (Figure 3).

Figure 3: Projected and forecast percentage change in population by broad age group, 2016 to 2031

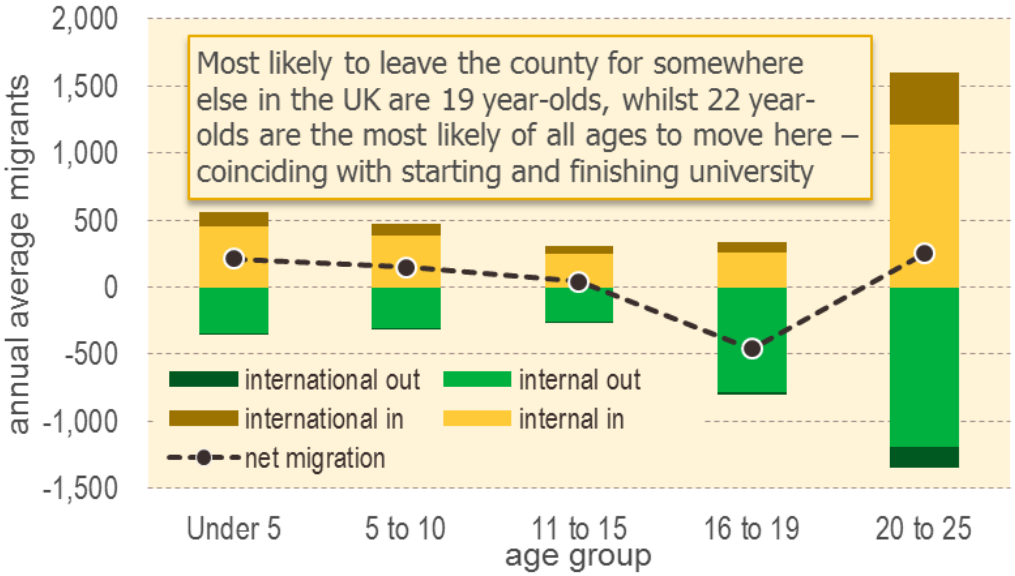


Source: Edge Analytics, February 2019

Source: Edge Analytics, February 2019.

There is annual net in-migration of people of all ages except 16 to19 year-olds, with the biggest flows out of the county those aged 19 and the biggest flows in of 22 year-olds – which coincide with the ages that many young people start and finish university. Little is known about the number of young people who go on to subsequently return to the county they grew up in (Figure 4).

Figure 4: Migration in and out of Herefordshire among children and young people, 2017



Source: 2017 mid-year estimates. Office for National Statistics © Crown Copyright 2018

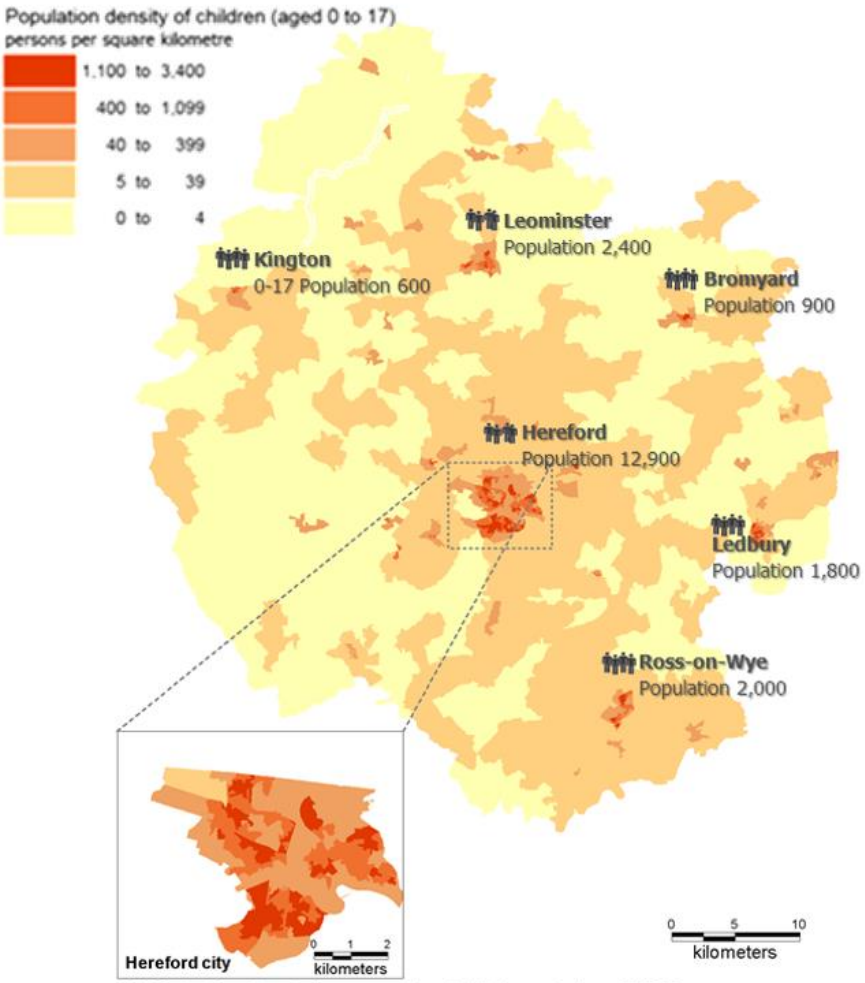
POPULATION AROUND THE COUNTY

Figure 5 shows the population density of children (aged 0 to17) for individual output areas in Herefordshire. The most densely populated areas (the darkest shading) are mainly in the city and market towns.

The greatest proportions of very young children (under 5s) and young adults are in the city.

The greatest proportions of older children and teens are in rural village & dispersed areas.

Figure 5: Map illustrating the population density of children (aged 0-17) by Herefordshire output areas



ETHNICITY

As migration increased, the ethnic composition of Herefordshire's population changed dramatically during the last decade. The largest growth was in the number of 'white other' (i.e. not British, Irish, Gypsy or Irish Traveller).

7.3% of under 25s were of an ethnic group other than 'white British' (i.e. Black and Asian Minority Ethnic (BAME)) in 2011 - only slightly higher than in the total population (6.4%) and much lower than the proportion of under 25s nationally (24.5%).

According to the 2011 census, 7% of under 16s and 12% of 16 to 29 year-olds were of an ethnic origin other than 'white British'. This is the only official estimate covering all ages, but the school census gives a useful picture for school-age children. It indicates that the number of children of BAME origin continues to increase steadily, with almost 12% of pupils at Herefordshire schools in June 2018 of BAME origin.

Almost 1,900 (8%) pupils speak English as an additional language, with over 50 languages spoken in county schools. Almost half (over 800) speak Polish, followed by Lithuanian (150) and Romanian (130).

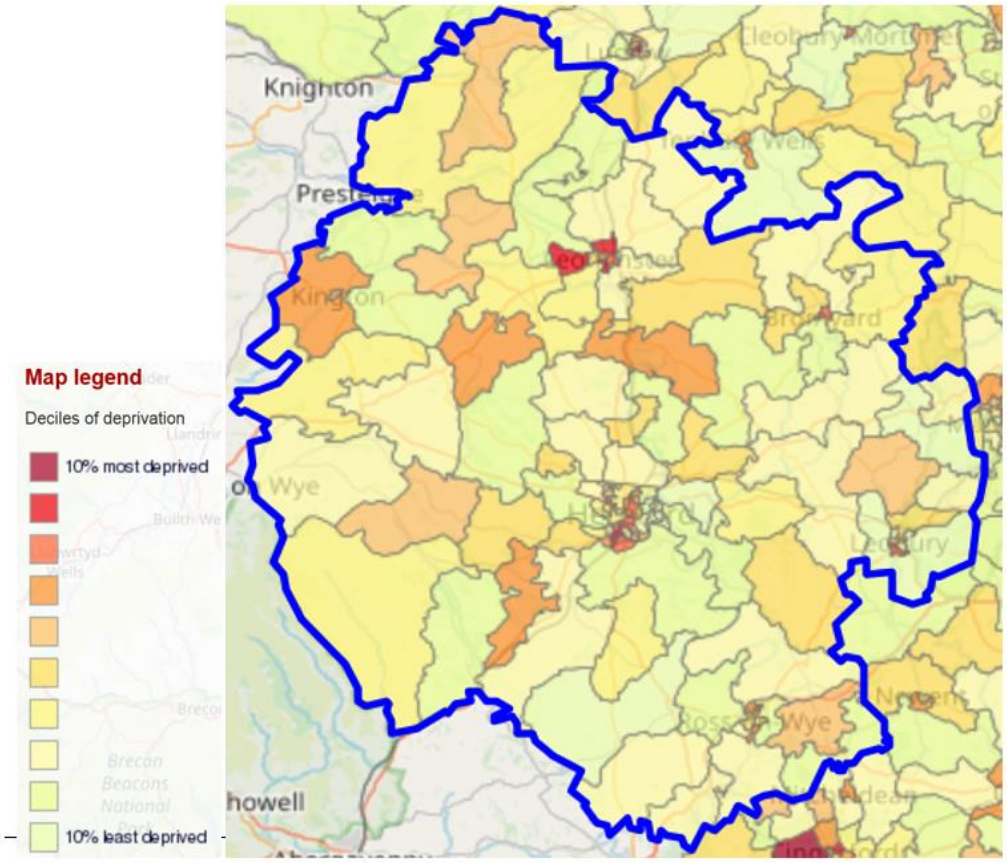
DEPRIVATION AFFECTING CHILDREN AND YOUNG PEOPLE

Herefordshire has, on average, relatively low levels of overall, multiple deprivation and a relatively low proportion of children living in income deprived households (14% compared to 20%) across England) - but this still equates to 4,300 children living in poverty across the county. Around 1,900 county school children are eligible for free school meals[2].

It's widely understood that the most deprived areas are concentrated in Hereford and the market towns. In some areas of south Hereford and Leominster, as many as one in three under 16s live in income deprived households – double the overall county rate. However, this focus can hide the fact that children are affected in every area of Herefordshire; the rural areas in and around the parishes of Kingstone, Wormbridge, Weobley, Dinmore and Bodenham have child poverty rates of at least the national level (Figure 6).

'Education and skills' of both children and young people and adults are the biggest issues affecting the county in terms of all people-related types of deprivation (i.e. excluding barriers to services and indoor living environment). These include measures of attainment and qualifications, truancy, further and higher education and language proficiency. Income deprived families in rural areas within the county are likely to have difficulty accessing services.

Figure 6: Relative levels of income deprivation affecting children in Herefordshire compared to rest of England, 2015



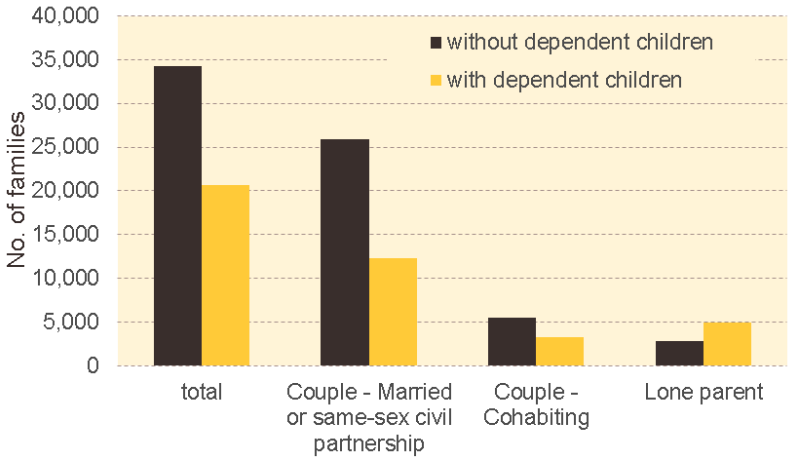
[2] This figure refers to all pupils who are eligible for and claiming free school meals based on household income and benefit receipt. It does not include pupils claiming a free school meal under the Universal Infant Free School Meals programme, where free school meals are available to all infant pupils regardless of household income or benefit claims.

DEPENDENT CHILDREN

At the time of the 2011 Census, the 36,200 dependent children[3] in Herefordshire lived in 20,600 families across the county. A further 1,900 non-dependent 16 to 18 year-olds (those not in full-time education) lived with their parents.

As is the case nationally, most families with dependent children were couples (76%), with fewer lone parent families (24%) (Figure 7). Of the 4,991 lone parent families with dependent children, 87% of parents were female and 13% were male. Lone parent families were most likely to have one child (62%), whereas couple families were most likely to have two children (43%).

Figure 7: Number of families with dependent and without dependent children by parental relationship status

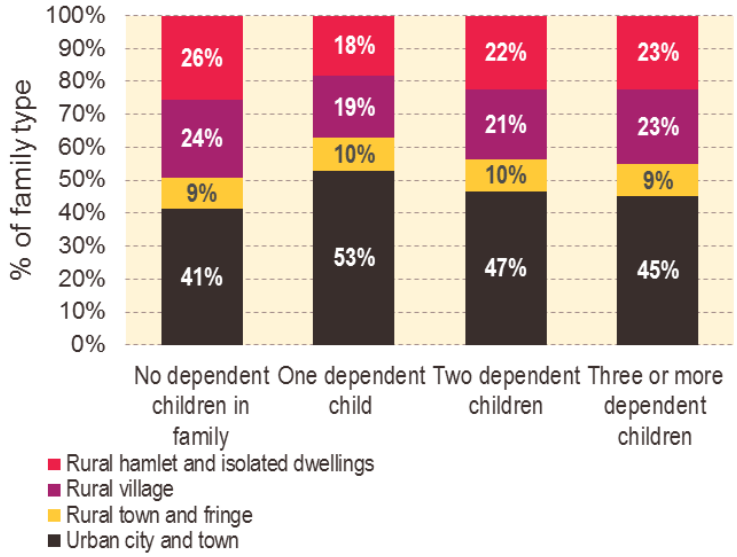


Source: 2011 Census, ONS Crown Copyright.

Families who live in more rural areas of the county are less likely to have dependent children. While the proportions of families with two children and three or more children are similar in all types of area, the urban areas have a greater proportion of one dependent child compared with the rural areas (Figure 8).

[3] A dependent child is a person aged 0 to 15 in a household (whether or not in a family) or aged 16 to 18 in full-time education and living in a family with his or her parent(s). It does not include any children who have a spouse, partner or child living in the household. A *non*-dependent child is a son or daughter, aged 18 or over who lives in a family.

Figure 8: Proportion of families with dependent children by urban rural classification



Source: 2011 Census, ONS Crown Copyright.

CONCEALED FAMILIES

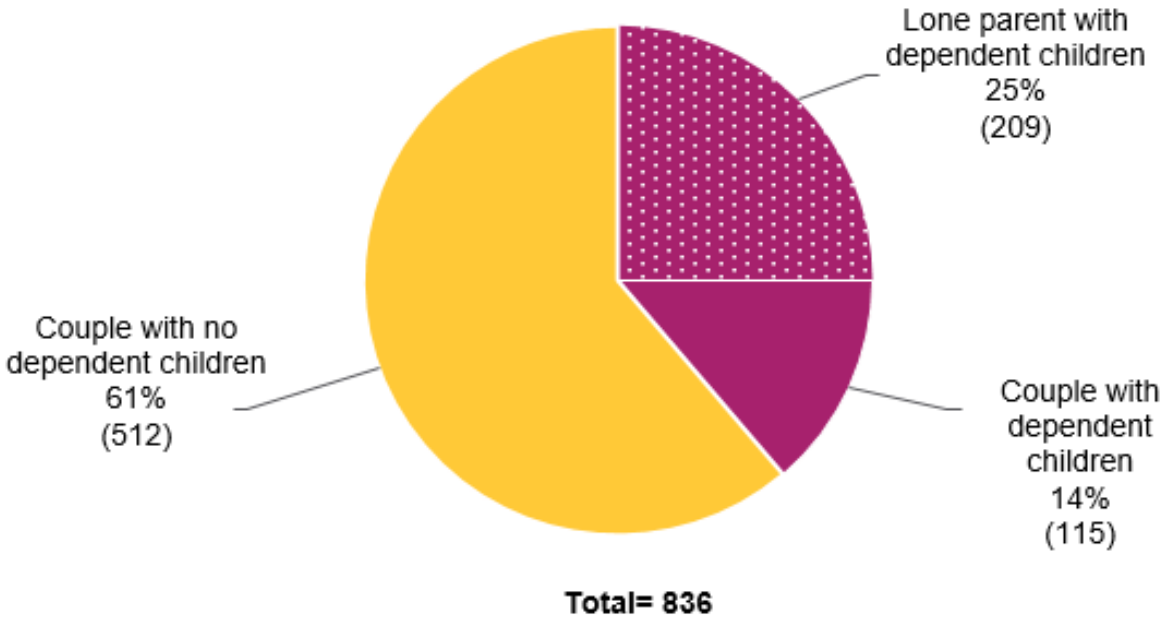
Concealed families are families who live in a household which contains more than one family. At the time of the 2011 Census there were a total of 836 concealed families in Herefordshire, this is an increase of 87% over the ten year period between censuses which is a greater increase than was seen nationally (70%). Over the same time period there was a 4.9% increase in unconcealed families in Herefordshire.

The Office for National Statistics identified housing availability, lack of affordable homes and cultural preferences as they key factors driving the increase in concealed families in England. Herefordshire has poor housing affordability, with the average house costing 8.9 times average earnings compared to 7.7 nationally[4]. While there are likely to be numerous factors driving the increase in concealed families, similar to nationally, local housing affordability has been worsening, suggesting that this issue may be an important driver in Herefordshire.

Of the 836 concealed families in the county, 324 (39%) contained dependent children, of which just over a third were lone parent families and just under two-thirds were couple families. A breakdown of the characteristics of concealed families is presented in Figure 9.

[4] Housing affordability in England and Wales: 2016, ONS. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/housing/bulletins/housingaffordabilityinenglandandwales/1997to2016

Figure 9: Characteristics of concealed families in Herefordshire



Data source: 2011 Census (DC1110EWla), ONS Crown Copyright.

SECTION A: OVERVIEW TOPICS

SOCIAL MOBILITY

CONTEXT

According to the government's commission for the topic, social mobility is "*the link between a person's occupation or income and the occupation or income of their parents. Where there is a strong link, there is a lower level of social mobility. Where there is a weak link, there is a higher level of social mobility*."[5] High levels of social mobility indicate that people from all backgrounds have more equal opportunities to do well in life, rather than those from the poorest backgrounds remaining as low earners.

ANALYSIS

First published in 2016, the Social Mobility Index compares the chances that a child from a disadvantaged background (i.e. those eligible for a free school meal[6]) will do well at school[7], and obtain a good job[8] and secure housing across each of the 324 local authority district areas in England. The index combines data on sixteen indicators across four life stages (early years, school, youth, and adulthood), providing insight into the places in England where young people from poorer backgrounds have the best and worst chances of excelling.

According to the latest index (November 2017), Herefordshire ranks 271 out of the 324 local authority district areas in England. This places it in the bottom 20% of local authorities, and classified as a social mobility "cold spot" (Figure 10).

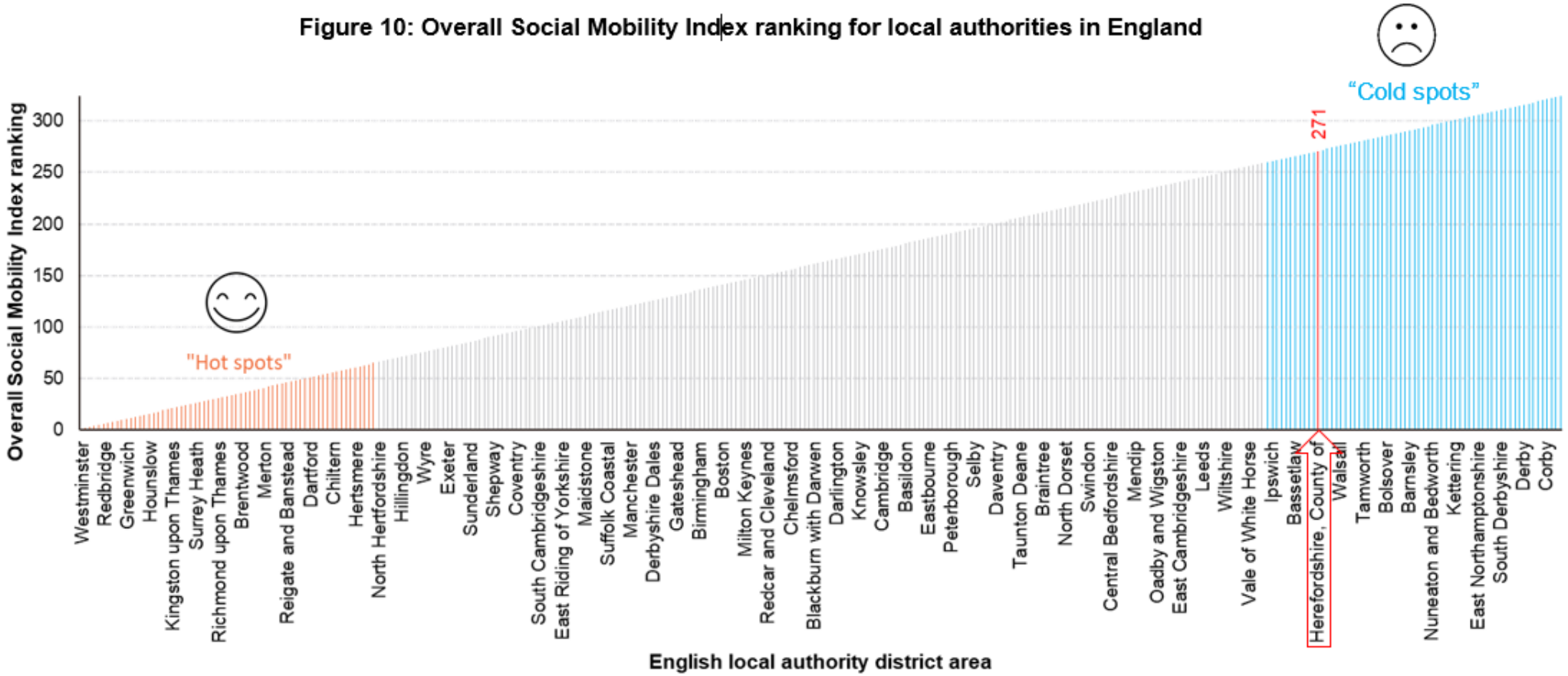
[5] Social Mobility Index, Social Mobility Commission, 2017.

[6] The most disadvantaged 15 to 20% of children.

[7] The social mobility index assessed children's performance at school by looking at the percentage of children with free school meals who; achieved level four at key stage two across all outcomes, achieved five GCSEs including English and Maths, achieved two or more A levels, went on to higher education, went onto higher education at the most selective universities.

[8] The social mobility index defines a "good job" one that pays the national average income or higher, and/or is a managerial or professional role.

Figure 10: Overall Social Mobility Index ranking for local authorities in England



Data Source: Social Mobility Index, Social Mobility Commission, 2017.

In general, cold spots are concentrated in remote rural or coastal areas of England and in former industrial areas, especially in the Midlands. There is no direct correlation between the affluence of an area and its ability to sustain high levels of social mobility. While affluent areas tend to outperform deprived areas in the index, some of the most deprived areas in England are hot spots, including most of the London boroughs at the top of the index. Conversely, some affluent areas are among the worst for offering good education and employment opportunities to their most disadvantaged residents**Error! Bookmark not defined.**.

A closer look at the indicators which make up the overall index suggests that the key driver of Herefordshire's poor social mobility rating is low wages: in 2017, 31% county jobs paid less than the living wage of £8.75 an hour and the average salary of residents is just over £350 per week – amongst the lowest 10% in England.

The level of development of disadvantaged children at the end of their first year at school was also highlighted (only 41% had a good level of development as they finished reception year in 2014-16), but more recent data suggests this has improved (to 56% in 2018[9]).

THE VOICE OF CHILDREN AND YOUNG PEOPLE

An engagement activity with children and young people helped to shape the focus of the draft children and young people's plan for Herefordshire 2019-24.

Through these engagement activities children expressed that they want to be better prepared for adult life, including being given more opportunities to experience work, and better chances to realise their ambitions.

DISCUSSION AND RECOMMENDATIONS

IMPACT OF DEPRIVATION AND INEQUALITY

From 2013 to 2018 inclusive, the percentage of pupils eligible for and claiming free school meals in Herefordshire has been lower than the average for England and our statistical neighbours[10]. This is in line with income deprivation affecting children data which indicates that a relatively small proportion of local children[11] live in households that are income deprived (14%) compared to regionally (23%) and nationally (20%)[12]. While this suggests that a smaller proportion of children in Herefordshire come from a deprived background than nationally, the local overall Social Mobility Index score suggests that the children in Herefordshire who do, feel the effects of disadvantage acutely, with the resulting social inequalities making it difficult for them to achieve upward social mobility.

[9] Source: Department for Education: www.gov.uk/government/publications/local-authority-interactive-tool-lait
[10] Source: Department for Education: www.gov.uk/government/publications/local-authority-interactive-tool-lait
[11] 0-15 years of age
[12] Source: www.gov.uk/government/statistics/english-indices-of-deprivation-2015

LOCAL CHALLENGES: SKILLS AND EDUCATION AND THE LOW WAGE ECONOMY

Among the indicators which contributed to the overall social mobility index in 2017, Herefordshire performed particularly poorly in terms of the wages paid by local jobs, and the earnings of local residents. Also highlighted was the level of development of disadvantaged children at the end of their first year at school – although more recent data suggests this has improved.

What the overall index suggests is that, although young people from disadvantaged backgrounds in Herefordshire don't do too badly at school compared to other areas, there are limited opportunities for them to turn their educational attainment and qualifications into well-paying jobs within the local economy.

The government's 2017 State of the Nation report[13] highlighted how transport links can play a part in this – being further away from good jobs means that people either need to relocate or commute, both of which have costs that may prove a barrier, particularly for those from poorer backgrounds. This is undoubtedly an issue in Herefordshire, with more than half of the county – home to 20,000 under 18s – being classified as amongst the worst in England in terms of geographical access to services.[14]

LOCAL ACTION

- Invest Herefordshire: Herefordshire's Economic Vision lays out a 15 year strategy for the county from 2016 to 2031. The report identifies that the low-wage economy poses a challenge to local economic development and has set an objective of increasing local average weekly pay by 9.5% by 2031. This is to be achieved by supporting the development of a higher value, knowledge based economy through the creation of conditions and infrastructure that enable higher wage sectors to thrive. Example initiatives include:
  - The establishment of the *Cyber Security Centre of Excellence*-The Department for Communities and Local Government has awarded £2.82 million to The Marches Local Enterprise Partnership (LEP) to support the development of a new Centre for Cyber Security in Hereford, which will create 185 jobs.
  - The development of *Incubation Centres*-in order to support home-grown businesses the development of a suite of "incubation" centres for small and early start-up businesses has been proposed. Incubation centres will provide flexible, affordable workspace, accompanied with a wraparound offer of meeting rooms, reception facilities, postal and ICT services. Plans are currently being made for the first incubation centre through the renovation of the Shell Store in the Hereford Enterprise Zone. Development of additional incubation centres will be focussed on the key market towns, with a concerted effort made to target areas with a shortage of business accommodation or where known demand exists.
  - There plans to improve the relationship between business demand and the local supply of an appropriately skilled and qualified workforce. The most notable example of such

[13] State of the Nation, Social Mobility Commission, 2017.
[14] Geographical barriers to services, Understanding Herefordshire website.

activities is increasing the range of Higher Education provision through the establishment of *The New Model in Technology & Engineering (NMITE) University* in Hereford.

OPPORTUNITIES FOR CHILDREN AND YOUNG PEOPLE FROM DISADVANTAGED BACKGROUNDS

Plans are underway to develop specific business sectors in the county with the aim of fostering a higher wage economy. However, with greater opportunity to access higher wage jobs in the county, it is not yet clear how local children and young people will capitalise on these opportunities. The social mobility index highlights that young people from disadvantaged backgrounds in Herefordshire face particular challenges in accessing well paid jobs. Alongside the development of the local economy, there are opportunities to support disadvantaged children in Herefordshire to ensure that they are able to benefit.

RECOMMENDATIONS:

- Take a coordinated and strategic approach to tackling poverty and poor social mobility within the county. Give consideration to the most appropriate mechanisms to drive improvement, examples for consideration might include: the development of a multiagency strategy and/or the nomination of poverty and social mobility "champions".
- Continue to take steps to develop the local economy as outlined in Invest Herefordshire: Herefordshire's Economic Vision.
- Foster links between schools and business in order to ensure that curriculum and careers development advice reflect the ambitions of children and young people and the needs of developing sectors and local employers.
- Consider implementing initiatives to support and encourage local children and young people from disadvantaged backgrounds to contribute to and take advantage of the developing local economy. Examples of such an initiative might be the targeted offering of the "Young Enterprise" scheme.

THE VOICE OF CHILDREN AND YOUNG PEOPLE

CONTEXT

Public Health England highlights the protective effect community involvement has on health and wellbeing, and how having a voice in local decisions is an important factor in feeling part of a community[15].

DISCUSSION AND RECOMMENDATIONS

Relatively llittle is known about the how Herefordshire's children and young people relate and contribute to their local communities. For example, it has been a decade since the last local survey to understand the quality of life of children and young people was undertaken (2009 Every Child Matters survey). Many who took part in this survey are now into their adulthood.

While many services who work with children and young people regularly consult and engage with them to inform key decisions and service improvements, this practice was not widespread – especially among services who cater for all ages, pointing to opportunities to expand this practice and embed it as routine.

There are ongoing initiatives to help strengthen community engagement within the county, presenting opportunities to enable children and young people's voices to be heard and considered on a range of important local issues.

RECOMMENDATIONS:

- Seek children and young people's views on local issues and service developments.
- Consider undertaking a survey to gather comprehensive data on the quality of life of children and young people in the county, with the inclusion of questions aimed at improving understanding of how they interact with their local communities.
- Ensure that children and young people are active participants in local community engagement and participation initiatives.

[15] A guide to community-centred approaches for health and wellbeing, Public Health England 2015.

MENTAL HEALTH

CONTEXT

Improved mental health and wellbeing is associated with many positive aspects of the lives of people of all ages and backgrounds, including children and young people. These include:

- improved physical health and life expectancy,
- better educational attainment, skills and employment rates,
- reduced anti-social behaviour and criminality,
- higher levels of social interaction and participation[16].

Good parental mental health can also be an important factor in determining a family's ability to cope with adversity. Poor parental mental health increases the likelihood of their children experiencing poor mental health, and requiring social care input.

It is estimated that half of mental health problems are established by the age of 14 and three quarters of lifelong mental health conditions are established by the age 24[17]. Therefore, the identification of poor mental health among young people and the availability of appropriate support is vital.

NATIONAL CONTEXT

According to the most recent national survey[18], in 2017 approximately one in eight children and young people aged five to 19 years old had a clinically diagnosed mental health disorder. The survey found that the most common mental health conditions among this age group were:

- conduct disorders[19] (4.6%),
- emotional disorders[20] (8.1%),
- hyperkinetic disorders[21] (1.6%),
- other type of disorder (2.1%).

[17] Mental Health Foundation - Mental health statistics: children and young people. Available at: https://www.mentalhealth.org.uk/statistics/mental-health-statistics-children-and-young-people

[18] Mental Health of Children and Young People in England, 2017 Available at: https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017

[19] Conduct disorders are characterised by awkward, troublesome, aggressive and antisocial behaviours.

[20] Emotional disorders include conditions such as anxiety or depression

[21] Hyperactivity disorders involve inattention and overactivity, an example being severe Attention Deficit Hyperactivity Disorder (ADHD).

Other key finding from the survey are presented below:

- There has been a gradual increase in the prevalence of mental health disorders in children and young people since 1999. This increase is largely due to a rise in the prevalence of emotional disorders, particularly among girls.

- Young people aged 17 to 19 are 3 times more likely to have a mental disorder than preschool aged children (two to four year olds).

- The survey was not designed to identify the number of children and young people who have lower levels of mental health need which would benefit from support and advice from non-specialists. Therefore, data on children requiring lower levels of mental health support is lacking.

In 2015, it was estimated that 2.6% of those aged 5 to 17 years across England received treatment from Child and Adolescent Mental Health Services (CAMHS), a figure which corresponds to between an estimated 1 in 4 and 1 in 5 of children with a mental health condition[22]. Although it has been reported that the number of referrals to CAMHS in England has increased by one quarter since 2013/14[23] analysis undertaken by the National Audit Office[24], suggests that there is likely to be significant unmet need for mental health services amongst young people. The report also suggested that that programmes to improve access to mental health services may also uncover previously unidentified further demand.

[22] Children's Commissioner. Briefing: Children's Mental Healthcare in England. October 2017. Available at: https://www.childrenscommissioner.gov.uk/publication/briefing-childrens-mental-healthcare-in-england/

[23] Access to children and young people's mental health services – 2018. Education Policy Unit, October 2018. Available at: https://epi.org.uk/publications-and-research/access-to-camhs-2018/

[24] Improving children and young people's mental health services. National Audit Office. October 2018. Available at: https://www.nao.org.uk/wp-content/uploads/2018/10/Improving-children-and-young-peoples-mental-health-services.pdf

Research has shown that boys are more likely to have a mental disorder than girls and that specific groups are at higher risk of developing mental ill-health than others[25]. Factors or circumstances associated with the risk of children experiencing poor mental health include family structure (such as lone parent, reconstituted families, large families); educational attainment of parents, poverty and low socioeconomic status. Groups particularly at risk of poor mental health outcomes identified in previous studies in Herefordshire include those experiencing domestic violence or homelessness and Gypsy travellers; other groups known to have increased vulnerability for mental health illnesses include:

- children who are looked after
- children with disability
- young offenders
- young carers
- lesbian, gay, bisexual and transgender young people
- children with long-term conditions
- sexually exploited children

LOCAL CONTEXT

In 2014, Herefordshire Clinical Commissioning Group undertook an all age mental health needs assessment[26]. This needs assessment continues to act as a local evidence base from which local service improvement plans are devised. Chapter eight of the report focussed on the mental health of children and young people, this chapter:

- explores the prevalence of mental health conditions,
- benchmarks local provision against accepted good practice,
- presents feedback from children, young people and in their parents and carers.

ANALYSIS

LOCAL PREVALENCE

It should be noted that while prevalence data is useful in estimating the disease burden in a population to inform service planning, the defining of mental health conditions in children and young people can be challenging due to a variety of factors such as changes in definition of conditions, identifying what is 'normal behaviour', the level of training and knowledge of clinicians. In addition, not all affected individuals will seek treatment. Therefore, a prevalence figure does not provide a comprehensive picture of need. Any assessment of need based on the data presented below should be treated with caution.

[25] Mental Health of Children and Young People in England, 2017 Available at: https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017

[26] Mental Health Needs Assessment, Herefordshire Clinical Commissioning Group, 2014.

In 2015 over 2,100 children and young people aged 5 to 16 were estimated to have a clinically diagnosed mental health disorder in Herefordshire[27]. This equates to 8.9% of this age-group, which, although slightly below the national rate (9.2%), is the second highest amongst comparator authorities. Table 1 provides a summary of the prevalence of a variety of mental health disorders in children. The data indicates that observed prevalence figures for Herefordshire are similar to those reported across England as a whole.

There are, however, some caveats attached to this data as the estimates are based on prevalence estimates reported in 2004[28] which, while being adjusted for age, sex and socio-economic status (social class), do not take into account differences in other factors which may influence prevalence particularly newly emerging threats to children and young people's mental health such as social media, and cyberbullying.

Table 1: Prevalence of mental health conditions in those aged 5 to 16.

Mental health prevalence indicator	Herefordshire %, number	England %
Estimated prevalence of mental health disorders in children and young people aged 5-16 (2015)	8.9%	9.2%
	2,139	-
Primary school pupils with social, emotional and mental health needs (2018)	2.4%	2.2%
	323	-
Secondary school pupils with social, emotional and mental health needs (2018)	2.9%	2.3%
	284	-
Estimated prevalence of emotional disorders in children and young people aged 5-16 (2015)	*3.4%*	3.6%
	823	-
Estimated prevalence of conduct disorders in children and young people aged 5-16 (2015)	5.4%	5.6%
	1,292	-
Estimated prevalence of hyperkinetic disorders in children and young people aged 5-16 (2015)	1.4%	1.5%
	342	-

Source: PHE Fingertips Children and Young People's Mental Health and Wellbeing

[27] PHE Fingertips Children and Young People's Mental Health and Wellbeing, Public Health England.
[28] Mental health of children and young people in Great Britain (2004).

While it is recognised that there is a lack of evidence regarding the prevalence of mental ill health in children younger than the age of five[29], the 2014 Herefordshire Mental Health Needs assessment estimated that there were approximately 1,500 children under five with mental health issues in Herefordshire in 2014.

SERVICE MODEL AND LOCAL DEMAND

Mental Health Services in England are delivered through a four-tiered system which spans health promotion and primary prevention, through to specialist and inpatient care. However, this four tiered model has been criticised in that it requires that children and young people have to fit the services, rather than the services fitting the changing needs of the child or young person. Further criticism has stated that the model can create barriers between services and fragment care, whereby children or young people can fall in gaps between tiers and experience poor transitions between different services[30].

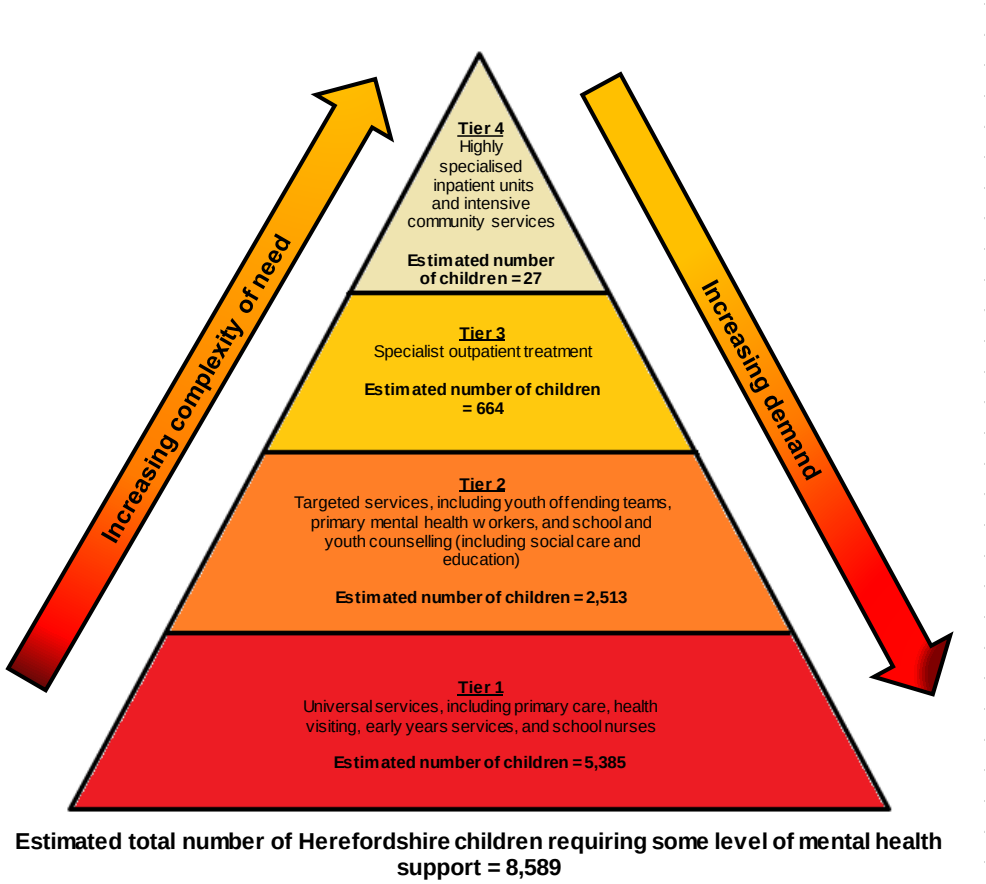
There are currently an estimated 8,590 CYP requiring support for mental health or emotional resilience in Herefordshire[31]. Figure 10 presents the number of children and young people who are likely to need each of the four tiers of mental health support in Herefordshire based on modelled data. The underlying data used in these estimates is quite old. Therefore, this data should be used with caution.

[29] Herefordshire Mental Health Needs Assessment. Herefordshire CCG, 2014.

[30] Future in mind. Promoting, protecting and improving our children and young people's mental health and wellbeing. Department of Health, 2015.

[31] Calculated using 2017 mid-year population data and a model developed by and Kurtz, Z. (1996) - Treating children well: a guide to using the evidence base in commissioning and managing services for the mental health of children and young people. London. Mental Health Foundation.

Figure 10: Mental health service model and estimated local demand



Data source: Estimates calculated using 2017 mid-year population data for Herefordshire and a model developed by and Kurtz, Z. (1996) - Treating children well: a guide to using the evidence base in commissioning and managing services for the mental health of children and young people. London. Mental Health Foundation.

LOCAL SERVICE DATA

In 2017/18 there were 1,073[32] referrals received by Herefordshire CAMHS compared to 1,113 and 1,074 in 2016/17 and 2015/16 respectively.

In 2017/18 there were 875 individual CYP aged under 18 receiving treatment by NHS funded community CAMHS[33]. Over the same time period, Herefordshire Clinical Commissioning Group spent £2.2m on CYP mental health (excluding learning disabilities and eating disorders) and £127k on treatment for eating disorders[34].

[32] Herefordshire Children and Young People Mental Health and Emotional Wellbeing Transformation Plan 2015-2020. Refreshed October 2018.

[33] Data from: Number of children and young people accessing NHS funded community mental health services in England.

[34] Mental Health Five Year Forward View Dashboard. Available at: https://www.england.nhs.uk/publication/mental-health-five-year-forward-view-dashboard/

HOSPITAL ADMISSIONS

ADMISSION RATES

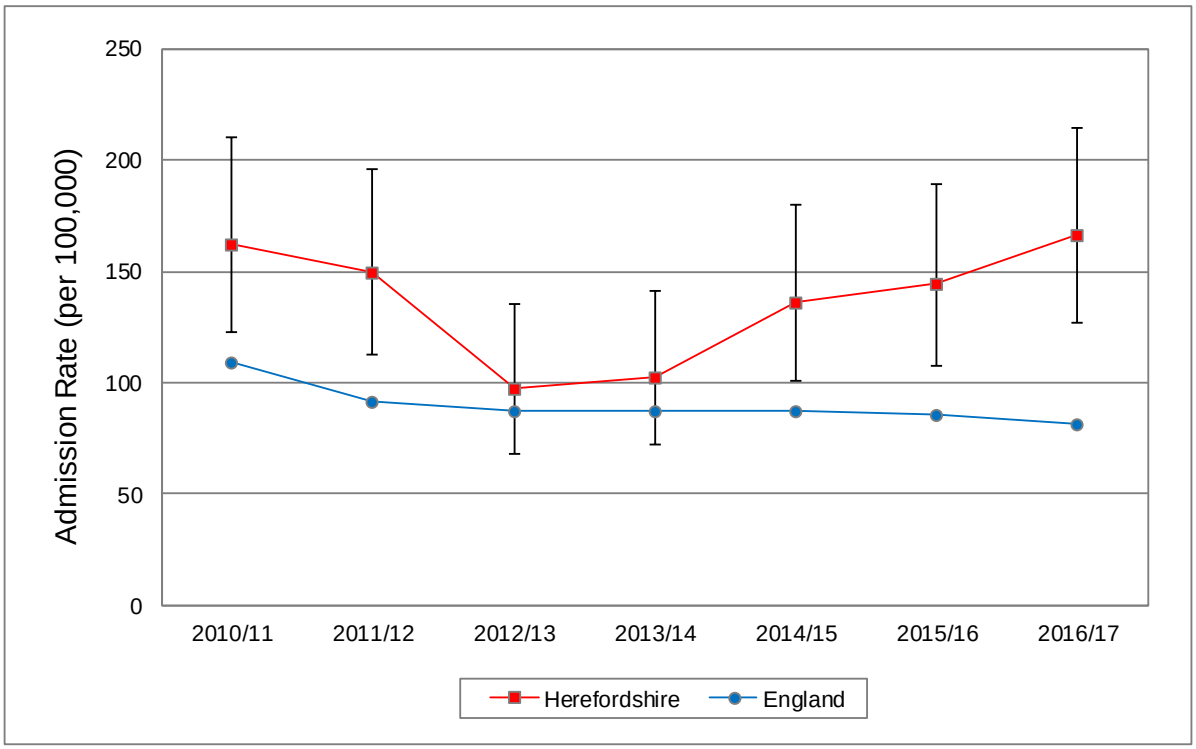
Public Health England's Fingertips profiles have indicated that for most years since 2010/11 the rate of hospital admissions for mental health conditions amongst under 18s in Herefordshire have been significantly higher than the England equivalent. Since 2013/14 the local rate has shown a steady increase, while the national figure has remained relatively stable (Figure 11).

In 2016/17 the published admission rate for Herefordshire was 167 per 100,000, the fourth highest out of 147 county and unitary authorities for which data was available, and the highest amongst Herefordshire's nearest statistical neighbours.

However, local intelligence would urge caution in the use of these indicators to compare Herefordshire with other areas. Local care pathways promote use of hospital admissions, where similar hospital presentations and care in other areas would take place in the community, and not be counted as such.

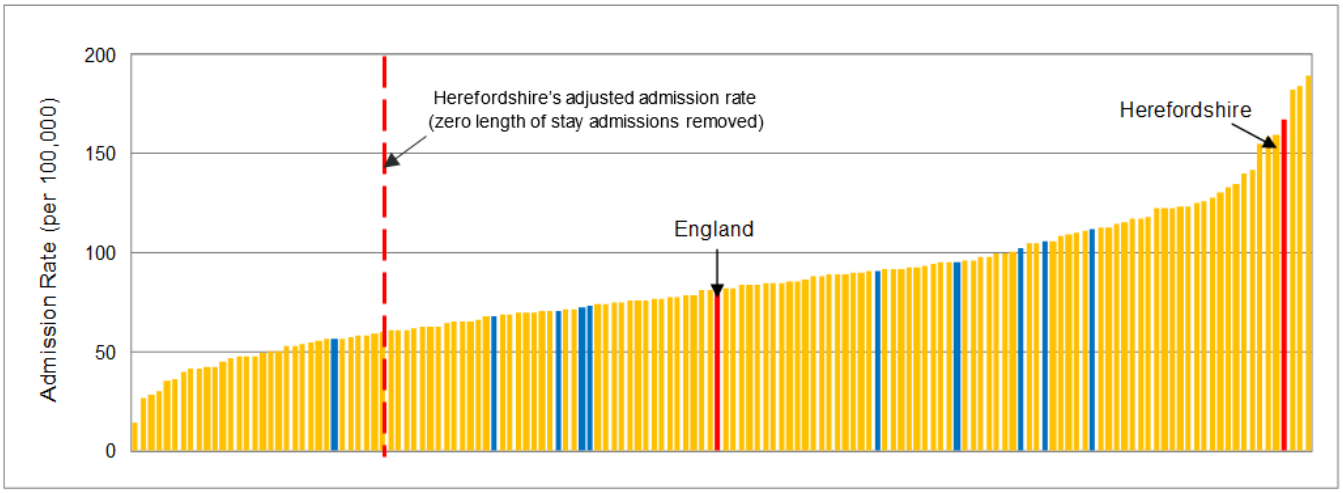
A detailed analysis of the 2016/17 hospital admission data, identified that in over half of admissions (30), patients were admitted and discharged on the same day. These admissions are likely to represent contacts which would take place outside of the hospital setting in other local authorities. If these "zero day stays" are removed from the admissions rate calculation, the resulting rate is 75 per 100,000, a figure significantly lower than the national figure of 82 per 100,000 (Figure 12). Consequently, it is considered that the official admission rate figures for Herefordshire reflect differences in locally adopted service models, rather than true differences in the underlying population health.

Figure 11: Admission rates for mental health conditions in <18s in Herefordshire and England, 2010/11 to 2016/17



Source: PHE Mental Health Crisis Care Profile

Figure 12: Admissions for mental health conditions in <18s for unitary authorities across England, 2016/17. (blue bars indicate Herefordshire's statistical nearest neighbours)



Sources: PHE Fingertips – Child and Maternal Health profile and Herefordshire CCG Hospital Episode Statistics

ADMISSIONS ONTO AN ADULT WARD

There are no under 18s beds available within the county specifically for mental health urgent and crisis care. This results in either inappropriate use of adult beds with the consequence of limiting capacity there, or with the individual being appropriately placed out of county. Local protocol states that placing a young person on an adult ward this is the action of last resort, although in 2017/18 there were 20 bed days of CYP under 18 in adult in-patient wards[35].

OUTCOMES

For adult mental health treatment, information about the outcome of mental health treatment (numbers who improved after treatment, and who are re-admitted) is routinely recorded and published. While this data is recorded for children and young people, it is not currently published.

Planned improvements to national data reporting via the Mental Health Service Data Set will make this data available. However, the implementation of the Mental Health Service Data Set is behind schedule, with this data not expected until late 2019 at the earliest.

LOCAL ACTION

PARTNERSHIP WORKING AND STRATEGIES

Locally, the Children and Young People's Partnership board has delegated responsibility from the Health and Wellbeing Board to ensure that children and young people's interests are being addressed. The partnership has representatives from the council, clinical commissioning group, providers, schools, and voluntary organisations. The partnership acts as a place for sorting out problems which are getting in the way of service changes which benefit children and young people.

The partnership are responsible for the development and delivery of the Children and young people's plan for Herefordshire 2019 – 2024. The plan details aims to help ensure that the county's children and young people are given the best possible start in start in life so that they grow up healthy, happy and safe within supportive family environments.

The Mental Health and Emotional Wellbeing Transformation Plan[36] is a detailed expansion of Herefordshire's Children and Young People's Plan 2019-2024, and provides a framework for

[35] Number of people aged 0-17 on adult wards and bed days of people aged 0-17 on adult wards, revised quarterly data, 2017/18. Available at: https://digital.nhs.uk/data-and-information/find-data-and-publications/supplementary-information/2018-supplementary-information-files/statistics-for-children-on-adult-wards-in-england-by-quarter-2017-18

[36] Herefordshire Children and Young People Mental Health and Emotional Wellbeing Transformation Plan 2015-2020. Refreshed October 2018.

improving the mental health support provided to children, young people and their families. The plan is updated annually, the latest update was published in October 2018[37].

TRANSITION

Transition from CAMHS and a potential move to adult mental health services (AMHS) usually takes place when young people are aged between 16 and 18. This move is often at a time of intense change for young people and may coincide with other transitions in relation to a young person's care and may also coincide with emergence of new mental health problems such as psychosis or eating disorders or existing difficulties may become more complex or severe. Consequently, many young people have poor experiences transitioning to adult services and up to half of under 25s disengage from adult mental health services on transition from CAMHS to AMHS[38] which can have serious implications for the individual's health and wellbeing, and possibly that of their parents, carers and wider family.

Herefordshire Children and Young People Mental Health and Emotional Wellbeing Transformation Plan promotes an integrated care pathway to ensure a co-ordinated delivery and development of services to address mental health and emotional wellbeing, including the recognition of the link with adult services to address parental mental health impact on families and at times of transition between services.

Herefordshire has a transition protocol and in taking part in the Department of Health Commissioning for Quality and Innovation (CQUIN)[39] for transitions out of CAMHS[40]. This has resulted in significant consultation with primary care and other stakeholders agencies and GPs, asking what information they need at the transition of care and at discharge into primary care and has identified the need for a review of transition policies and protocols particularly in relation to patients who do not reach criteria for adult mental health services. Although this process is ongoing, there will be significant changes following feedback which will inform the continual development of the transformation plan.

[37] Herefordshire Children and Young People Mental Health and Emotional Wellbeing Transformation Plan 2015-2020, 2018.

[38] Care Quality Commission Brief Guide: Transitions out of Children and Young People's Mental Health Services CQUIN.

[39] The Commissioning for Quality and Innovation (CQUIN) is a framework supporting improvements in the quality of services and the creation of new, improved patterns of care.

[40] Care Quality Commission Brief Guide: Transitions out of Children and Young People's Mental Health Services CQUIN.

LOCAL MENTAL HEALTH CAMPAIGNS

Mental health and wellbeing has been identified as a priority in the Herefordshire Health & Wellbeing Strategy[41]. The local authority's public health team has been taking a number of actions in order to implement this strategy:

- Running "5 ways to wellbeing" campaign to promote mental wellbeing.
- The team has launched "Youth Mental Health First Aid Training" for school teachers to be rolled out across Herefordshire by December 2017. It is hoped that every secondary school in Herefordshire will have at least one school teacher trained by that time.
- Public Health and Environmental Health & Trading Standards (EH&TS) have been working together to run a campaign to curb underage alcohol sales.
- Herefordshire Council and Herefordshire CCG have been working together to develop a "Suicide Prevention Strategy".

Planned areas of work include:

- Provision of Youth Mental Health First Aid training for all School Nurses and an offer to other appropriate staff (e.g. social workers, youth workers, etc.).
- Support and advise the delivery of Personal, Social, Health and Economic (PSHE) education in schools and explore the development of a dedicated PSHE resource (e.g. Respect Yourself; Eat Better, Move More).
- Embed the learning from the Voice of the Child programme through peer mentors and PSHE coordinators across secondary schools in Herefordshire.

[41] https://www.herefordshire.gov.uk/download/downloads/id/3677/health_and_wellbeing_strategy.pdf

DISCUSSION AND RECOMMENDATIONS

Through the undertaking of this needs assessment mental health has emerged as an important issue impacting upon the health and wellbeing of young people and their families. Combatting both adult and child mental ill-health should be a universal priority, but it is also important to recognise the protective effects of good mental wellbeing and consider how this could be enhanced at an individual and a community level.

RECOMMENDATIONS:

- Raise awareness of the adverse impact of poor mental health on children and young people. Ensure that ***poor parental mental health*** is also acknowledged as having adverse effects on children and young people.
- Take action to enhance the mental wellbeing of individuals and communities, recognising its protective effects against poor outcomes for children, young people and their families.

Support for children and young people experiencing poor mental health is provided by a number of organisations, making the local offer complex to navigate- particularly among tier 1 and 2 services which are largely delivered in the community[42].

A number of important factors influence the mental health of children and young people. National and local data has highlighted that the mental health of parents is an important factor. Therefore, timely and effective of mental health treatment for parents is important for the health and wellbeing of their children. In undertaking this needs assessment, discussions with commissioners have highlighted that the complex interplay between mental ill health of parents and their children is not always acknowledged and addressed by services, with the mental health needs of family members often addressed in isolation. This suggests the need for greater awareness and recognition in the system of the adverse impact that poor mental health has on family units.

RECOMMENDATION:

- Consider the need for further intelligence regarding mental health needs – in recognition of the fragmented understanding of the mental health of people of all ages in Herefordshire, and the overarching importance of the mental health of both children and young people, and their families.

[42] Herefordshire Children and Young People Mental Health and Emotional Wellbeing Transformation Plan 2015-2020, 2018. Available at: https://www.herefordshireccg.nhs.uk/who-we-are/publications/strategies-and-plans/mental-health-dementia/child-and-adolescent-mental-health-services/2063-herefordshire-children-and-young-people-mental-health-and-emotional-wellbeing-transformation-plan-refresh-oct-2018-v3/file

LOCAL SERVICE MODEL

An in-depth analysis of 2016/17 data indicates that local variation in mental health service provision creates inflation in Herefordshire's mental health admission rates for under 18s. Therefore, national indicators on hospital admissions for mental health conditions must be interpreted with caution.

When compared to other areas of the country, the delivery of mental health services to children and young people in Herefordshire more frequently takes place in hospital settings. As national data on the outcomes of mental health services are not currently available, it is not possible to explore whether the local service model leads to better or worse outcomes compared to nationally, and nearest statistical neighbours.

RECOMMENDATION:

- When it becomes available, use national outcome data to compare the effectiveness of the mental health support provided to children and young people in Herefordshire with England and nearest statistical neighbours.

The number of children and young people who are placed within an adult inpatient setting in Herefordshire indicates the challenges faced in providing timely support for children and young people with urgent mental health needs in a non-adult setting. This suggests the need to evaluate the effectiveness of urgent mental health interventions for children and young people.

RECOMMENDATION:

- Use outcome data to evaluate the effectiveness of the mental health support provided to children and young people in Herefordshire. Particular focus should be placed on the effectiveness of interventions for children and young people requiring urgent crisis support.

GAPS IN EDUCATIONAL ATTAINMENT

CONTEXT

It has long been recognised that educational development is influenced by a complex range of factors, including individual characteristics, the wider family environment, the neighbourhood where children live and the schools they attend.[43] In England the attainment gap between disadvantaged pupils and their non-disadvantaged peers has been closing but only slowly and recent research has shown that children from disadvantaged backgrounds are not able to catch up with their more advantaged peers between the ages of 3 and 16.[44] Furthermore, in 2017 the Education Policy Institute identified significant local variation and observed that the gap in attainment becomes more prominent in rural areas by the end of secondary school.[45]

ANALYSIS

As Figure 13 shows, children attending government maintained schools in Herefordshire generally performed well in 2017 compared to pupils nationally across age groups and measures.

Figure 13 Educational attainment of children at Herefordshire schools, 2017

Assessment measure	Herefordshire %	England %
Good level of development at end of Reception	75	70.7
Year 1 phonics screening check	84	81
Key Stage 1 expected standard – reading	78	76
Key Stage 1 expected standard – writing	72	68
Key Stage 1 expected standard – mathematics	77	75
Key stage 2 expected standard	60	62
Key stage 2 higher standard	8	9
Key stage 4 – attainment 8	45.7	46.4
Key stage 4 – progress 8 score	0.01	-0.03
Key stage 4 – grade 4 in English and mathematics	65.1	64.2
Key stage 4 – grade 5 in English and mathematics	44.4	42.9
English Baccalaureate (Ebacc) - entered	42.8	38.4
English Baccalaureate (Ebacc) – pass**	24.4	23.9
English Baccalaureate (Ebacc) – strong pass**	21.8	21.4

*State funded sector
**including 9-4 in English and mathematics
***including 9-5 in English mathematics

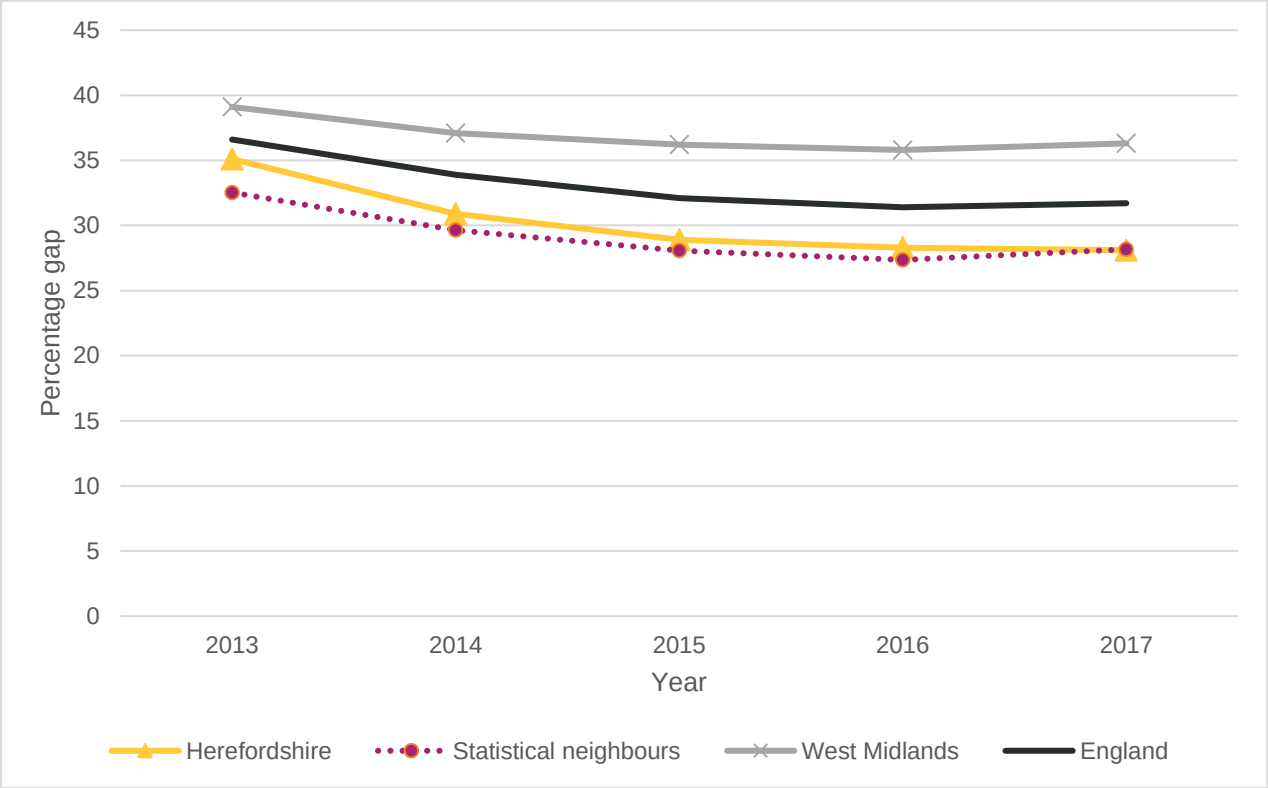
Data source: Herefordshire Council

[43] *Closing the achievement gap in England's secondary schools*, Save the Children, 2012.
[44] Closing the educational attainment gap. University of Bristol www.bristol.ac.uk/research/impact/closing-educational-attainment-gap/.
[45] *Closing the Gap? Trends in educational attainment and disadvantage*, J. Andrews, D. Robinson and J. Hutchinson, Education Policy Institute, 2017, p.6.

ACHIEVEMENT GAP IN EARLY YEARS

The Early Years Foundation Stage Profile (EYFSP) is a teacher's assessment at the end of EYFS (the end of the academic year in which the child turns five). It requires teachers to assess whether the child is emerging, expected, or exceeding against seventeen early learning goals.[46] The achievement gap is the difference between the median total points score for all children and the mean total score for the lowest 20% of achievers across all the Early Learning Goals.[47] With a gap of 28% in 2017, Herefordshire is in the upper quartile of all local authorities, and the gap has been narrowing since 2013 (when it was 35%) - Figure 14.

Figure 14: Percentage gap in achievement across all Early Learning Goals, 2017 data



Data source: Department for Education Local Authority Interactive Tool (LAIT)

DISADVANTAGED CHILDREN

The Department for Education defines a disadvantaged pupil as meeting any one of three criteria:

- eligible for Free School Meals (FSM) at any time during the last 6 years[48]
- children who are looked after by the local authority for at least one day

[46] Department for Education Local Authority Interactive Tool (LAIT)

[47] Local Government Association: https://standards.esd.org.uk/?uri=metricType%2F3657

[48] All pupils who are eligible for and claiming free school meals based on household income and benefit receipt. It does not include pupils claiming a free school meal under the Universal Infant Free School Meals programme, where free school meals are available to all infant pupils regardless of household income or benefit claims.

- left care through adoption, residence order, special guardianship order, or child arrangement order.[49]

Free School Meals (FSM) can be claimed for children by parents who receive a qualifying state benefit. Eligibility for FSM is widely used in official estimates of educational disadvantage in Britain, despite recent research that suggests it significantly under-estimates the number of disadvantaged pupils.[50]

In 2018, there were around 1,170 primary school pupils in Herefordshire eligible for FSM 8.5% of pupils compared to 13.7% nationally. At secondary level there were 680; 7.3% of Herefordshire pupils, compared to 12.4% nationally.

Under the *Diminishing the difference* agenda, the attainment of disadvantaged pupils (including FSM pupils) is benchmarked against the performance of non-disadvantaged / non-FSM pupils nationally.

Pupils eligible for free school meals at Early Years Foundation Stage

Exceeding the trend nationally, since 2014 there has been a marked improvement in the proportion of FSM pupils achieving a 'good level of development' (GLD) at the end of reception year. Whereas in 2014, Herefordshire was significantly worse than nationally (34% compared to 45%), in 2017 pupils in Herefordshire performed better than nationally (59% compared to 56%), the West Midlands region (also 56%) and its statistical neighbours (53%) (Figure 15).

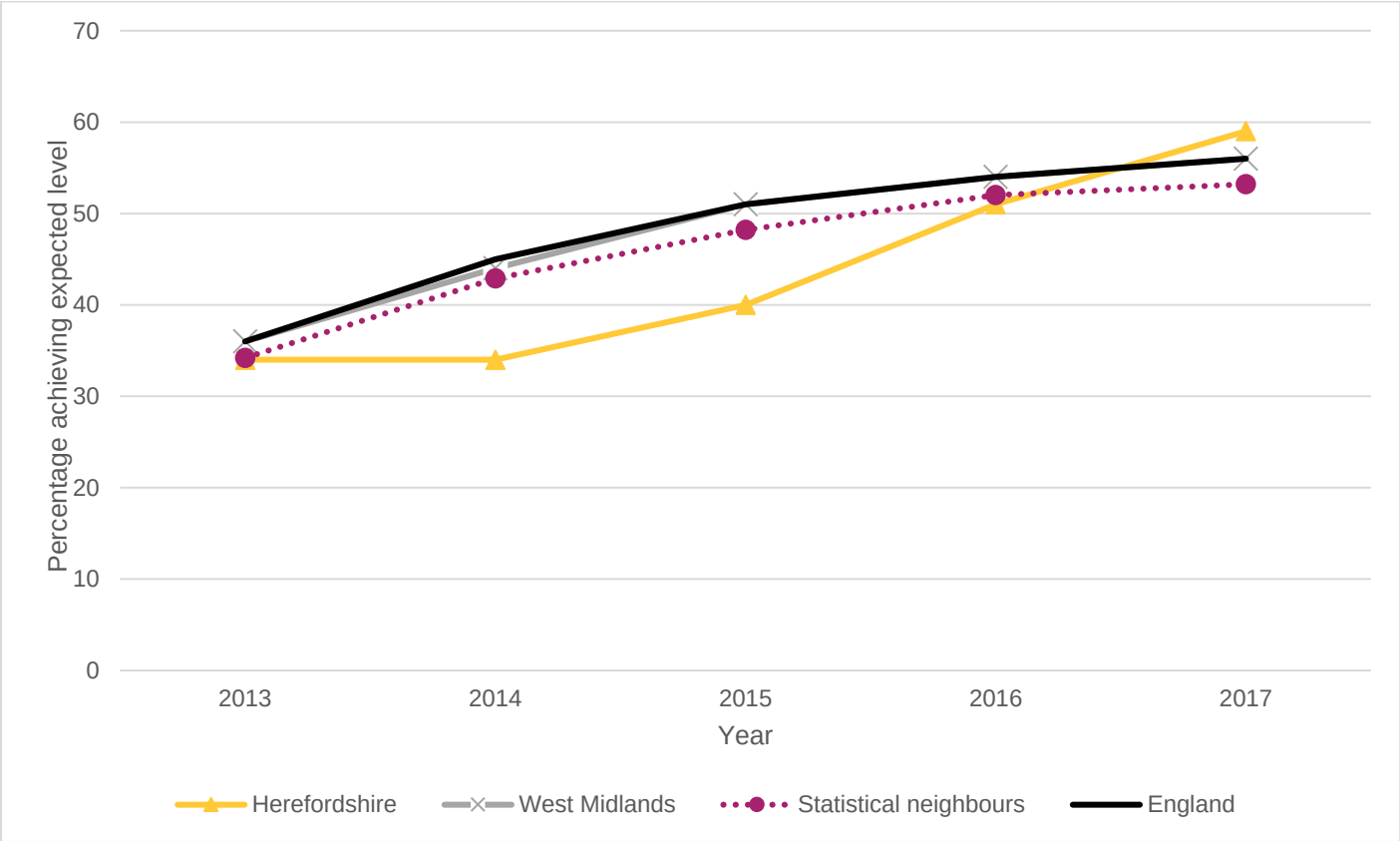
Nevertheless, there is still a notable gap between these children and their less disadvantaged peers both nationally and locally – equivalent rates among non-FSM children are between 70 and 80% (Figure 16).

Provisional data from 2018 suggest that the proportion of FSM pupils achieving the expected level in phonics in year one has increased to 74% in Herefordshire and to 70% nationally. Since 2012, this proportion has increased markedly in Herefordshire (from 36%) in line with the trend seen nationally. The gap between FSM pupils in Herefordshire and non-FSM pupils nationally (the benchmark) has fallen from 23% in 2015 to 11% in 2018.

[49] Note the difference between the DfE definition and the social mobility index, which uses a definition of eligibility for FSM only.

[50] *The Reliability of Free School Meal Eligibility as a Measure of Socio-Economic Disadvantage: Evidence from the Millennium Cohort Study in Wales*, C. Taylor, British Journal of Educational Studies, 2017, pp.1-23.

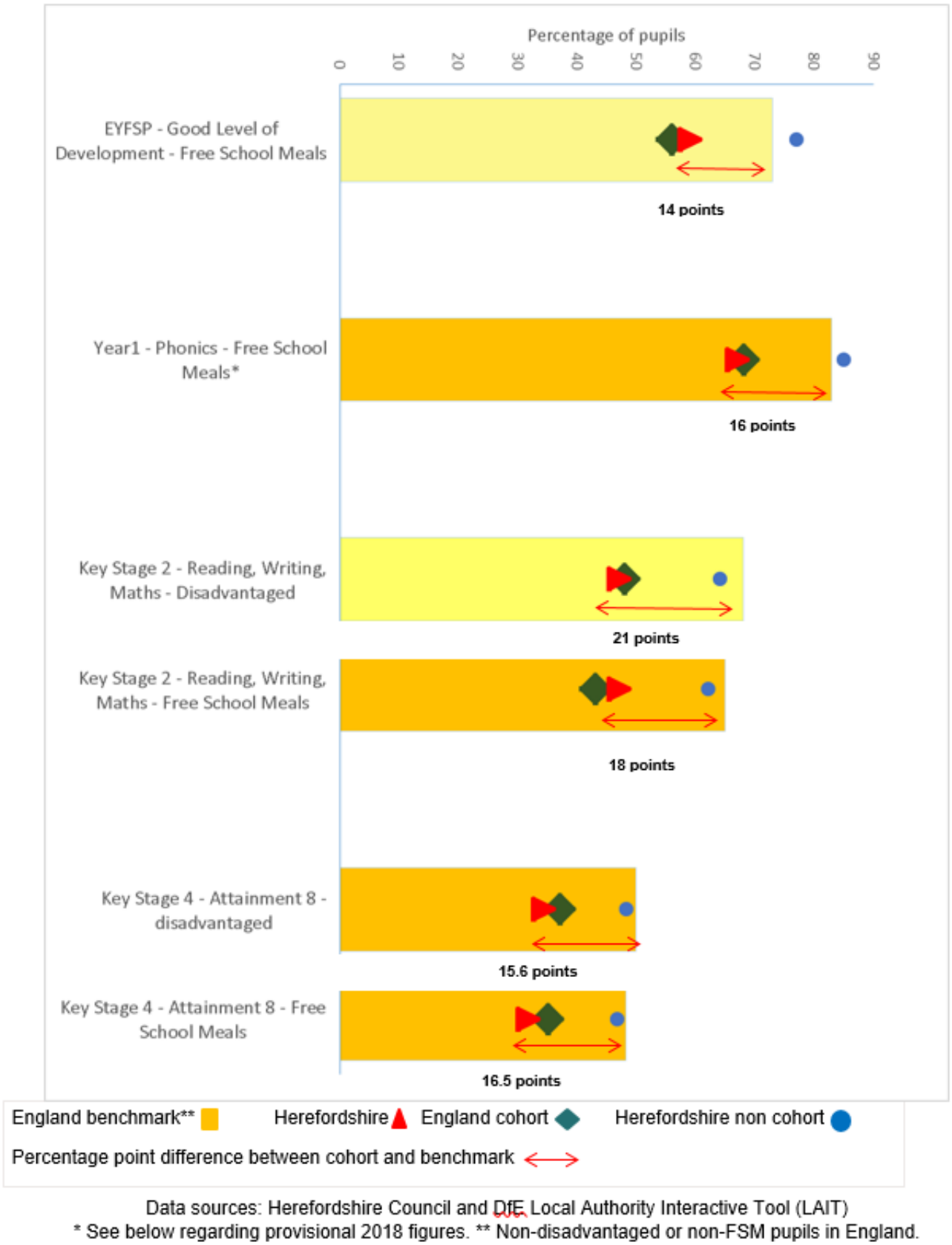
Figure 15 Percentage of children eligible for free school meals achieving a good level of development at the end of the early years foundation stage profile (EYFSP), 2013-17[51]



Data source: Department for Education Local Authority Interactive Tool (LAIT)

[51] The EYFS profile summarises and describes children's attainment at the end of reception year. It gives the child's attainment in relation to the 17 early learning goal (ELG) descriptors, and a short narrative describing the child's 3 characteristics of effective learning.

Figure 16: Attainment gaps for pupils eligible for free school meals in Herefordshire, 2017



Data sources: Herefordshire Council and DfE Local Authority Interactive Tool (LAIT)
* See below regarding provisional 2018 figures. ** Non-disadvantaged or non-FSM pupils in England.

PUPILS WITH ENGLISH AS AN ADDITIONAL LANGUAGE

According to the Department for Education pupils with English as an additional language are defined as children whose first exposure to language was any language other than English, and who continue to be exposed to this language in the home or community.

Pupils learning English as an additional language (EAL) share many common characteristics with pupils whose first language is English. However, their learning experience differs because they are learning in and through another language, and because they may come from cultural backgrounds and communities that have different understandings and expectations of education, language and learning.[52]

The performance of pupils whose first language is other than English will be affected by the length of time that they have resided and been educated in England. Those with several years of state education are likely to perform better than newly arrived pupils with fewer English speaking skills. It should be noted that recent research has suggested that current measurements of attainment by children with EAL are misleading, as they fail to adequately take account of the heterogeneous nature of this group.[53]

In 2018, there were around 1,350 pupils with EAL at primary school in Herefordshire; 9.8% of primary pupils compared to 21.2% nationally. 5.5% of secondary pupils (just over 500 pupils) in Herefordshire had English as an additional language, compared to 16.6% nationally. The most common languages other than English are Polish (just over 800 pupils), Lithuanian (150), Romanian (130) and Portuguese (70).

Nationally, whilst pupils with English as an additional language (EAL) make more progress and achieve higher outcomes on average than others, there are still significant numbers who have low attainment.[54] The performance of EAL pupils is benchmarked against the performance of all pupils nationally.

In 2017, the proportion of EYFS pupils with EAL achieving a 'good level of development' was marginally lower than that in England as a whole (63% compared to 65%), but in Year 1 Phonics decoding the proportion was slightly higher (84% compared to 82%) -Figure 17. Provisionally the proportion of EAL pupils in the county achieving the expected level in phonics in 2018 is 83%; marginally less than in 2017. At Key Stage Two the proportion of EAL pupils achieving the expected standard in Reading, Writing and Mathematics was again slightly lower than for the cohort nationally (59% compared to 61%) and at GCSE level the gap, based on the 'Attainment 8' measure had increased slightly (43% compared to 48%).

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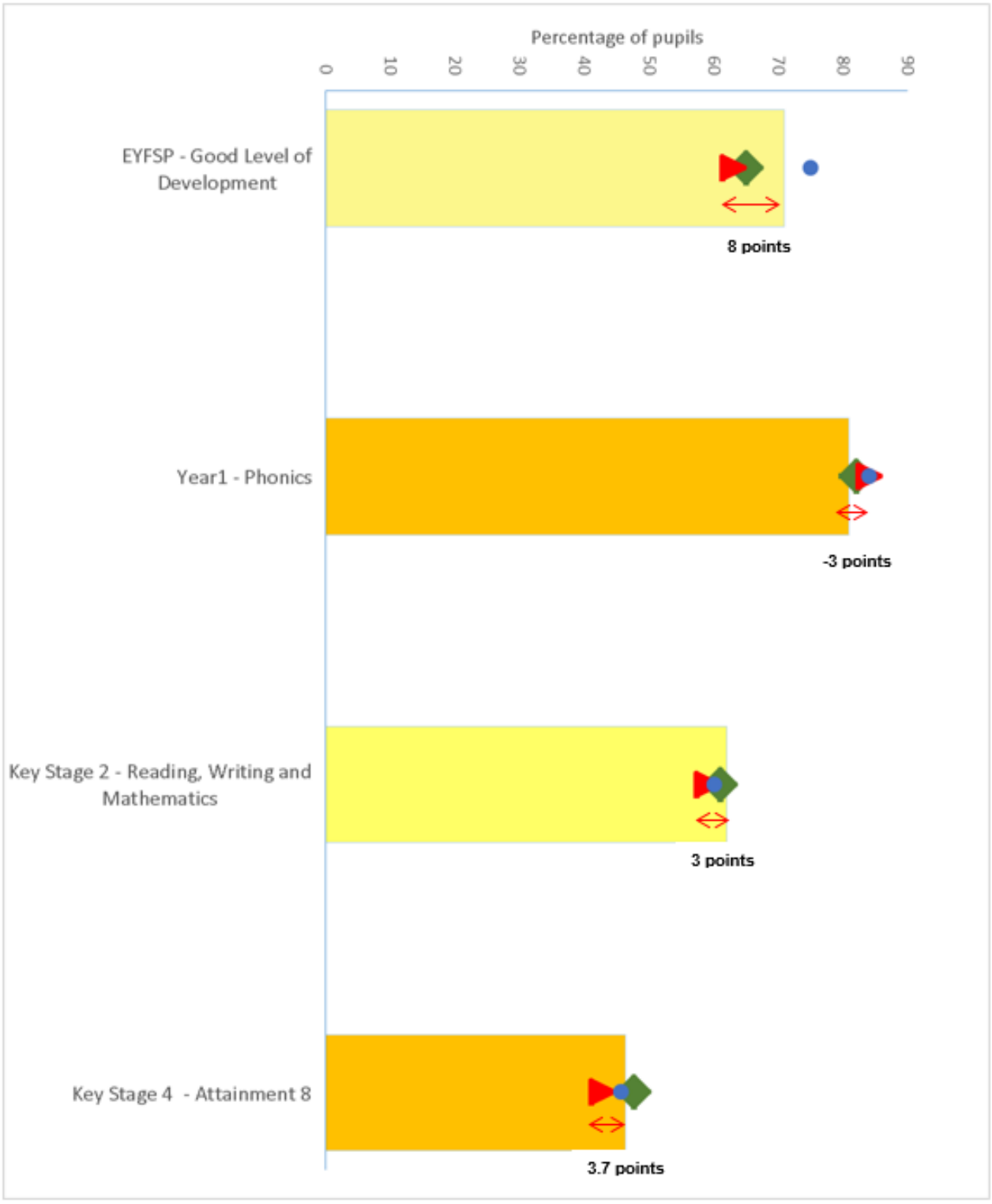
[52] *Developing Quality Tuition: Effective practice in schools*, Department for Education, p.1. [www]

[53] *Educational Outcomes of Children with English as an Additional Language*, J. Hutchinson, Education Policy Institute and The Bell Foundation, 2018, p.7.

[54] *Closing the Gap? Trends in educational attainment and disadvantage*, J. Andrews, D. Robinson and J. Hutchinson, Education Policy Institute, 2017, p.7.

Figure 17: Attainment of pupils with English as an additional language (EAL) in Herefordshire in 2017



DISCUSSION AND RECOMMENDATIONS

As is the case nationally, in 2017 a lower proportion of disadvantaged pupils reached benchmark levels of attainment than their non-disadvantaged peers. From Early Years through to Key Stage 2 disadvantaged pupils (including FSM) in Herefordshire did similarly to their peers nationally, but at Key Stage 4 disadvantaged pupils have done less well than their peers nationally.

In line with the picture nationally EAL pupils in Herefordshire perform much better across all year groups than other 'disadvantaged' groups, although, with the exception of Year One Phonics decoding, slightly worse than EAL pupils nationally.

It would be a useful exercise to improve understanding of the relationship between pupil-level disadvantage and area-based deprivation, particularly at a school level within the county.

RECOMMENDATIONS:

- Undertake further analysis as more years of data become available under the latest government assessment regime, giving particular consideration to pooling several years' worth to smooth out the effects of small cohort numbers.
- Consider undertaking an analysis to explore how levels of attainment among disadvantaged children vary throughout their academic careers (by following groups of children over time). Analyse the data at pupil level to identify if there are any local factors associated with improvement or deterioration in attainment.

YOUNG PEOPLE IN EDUCATION AND TRAINING

CONTEXT

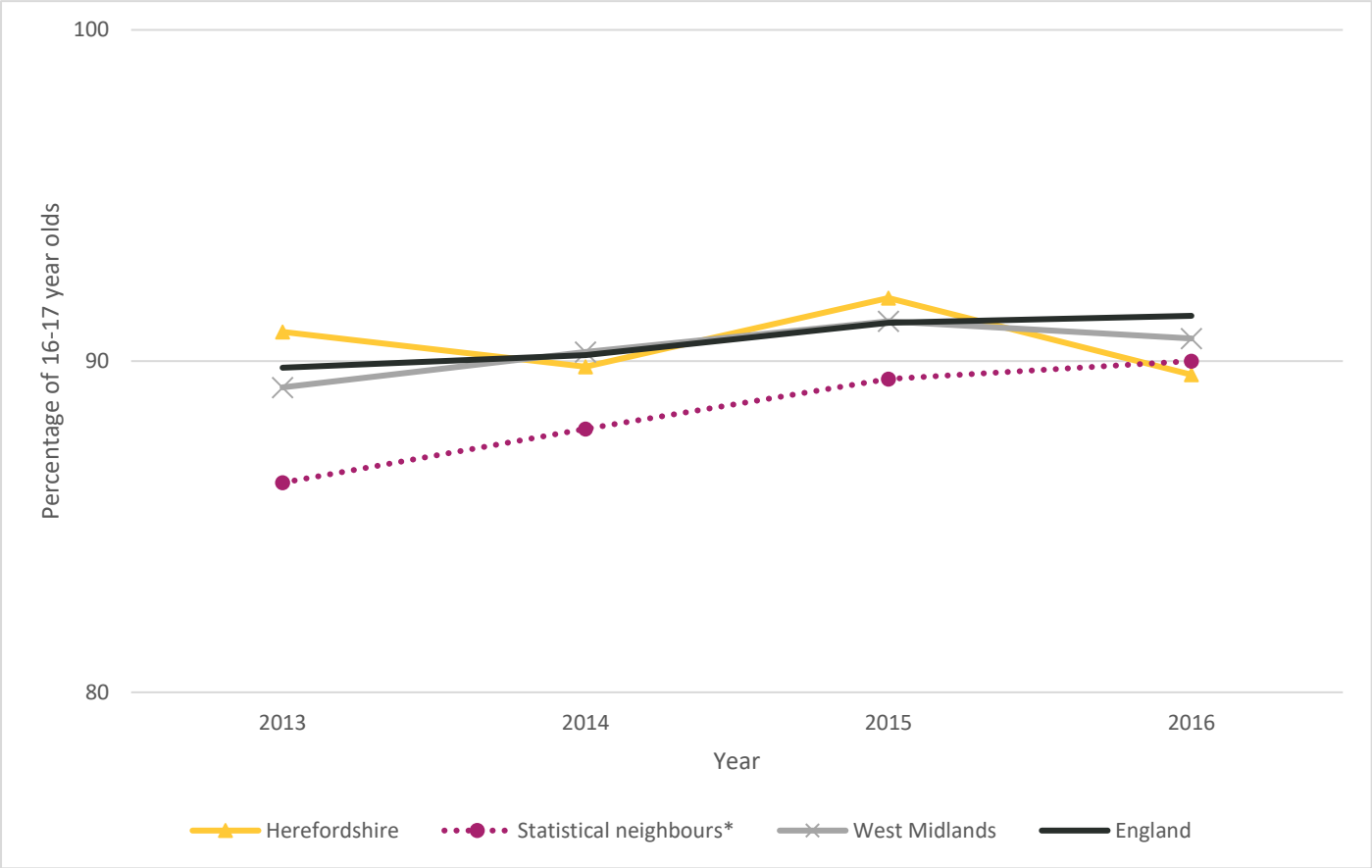
Spending time not in employment, education or training (NEET) has been shown to have a detrimental effect on physical and mental health. The chance of being NEET is affected by the degree of deprivation of the area lived in, socio-economic position, parental factors (such as employment, education, or attitudes), growing up in care, prior academic achievement and school experiences. Disadvantaged young people are more likely to be NEET than their non-disadvantaged peers.[55]

ANALYSIS

Between 2013 and 2016 inclusive, the percentage of 16 and 17 year olds in education and training in Herefordshire has seen small fluctuations, but has remained roughly in line with the national average. In 2016, 89.6% of Herefordshire's 16 to17 year olds were in education or training, a slightly lower proportion than in 2015 (91.9%) and in England as a whole (91.4%) -Figure 18.

[55] Local action on health inequalities: Reducing the number of young people not in employment, education or training (NEET), UCL Institute of Health Equity, 2014, p.5.

Figure 18: Percentage of 16 to 17 year olds in education and training, 2013-2016



***** Herefordshire's statistical neighbours are Shropshire, Somerset, Devon, Cornwall, Dorset, Suffolk, Wiltshire, Norfolk, Gloucestershire and East Sussex [Children's services statistical neighbour benchmarking tool].

Data source: Department for Education Local Authority Interactive Tool (LAIT)

YOUNG PEOPLE NOT IN EDUCATION, EMPLOYMENT OF TRAINING (NEET)

Since April 2017, NEET and 'not known' figures have been reported individually and as a combined figure by the Department for Education (DfE). According to annual figures published by the DfE the percentage of 16 and 17 year olds reported as NEET and 'not known' (combined) for 2016 in Herefordshire was 6.5% (3.3% NEET and 3.2% not known), Nationally, comparative figures were 6.0% combined (NEET 2.8% and not known 3.2%). Across the West Midlands region the figure was 7.3% (NEET 2.7% and not known 4.6%).

Reflecting these overall figures, Herefordshire does slightly better than average for the proportion of young people from a disadvantaged backgrounds who are not in education, training or employment according to the social mobility index (see page 22 of this report for further details).

YOUTH OFFENDING

CONTEXT

According to Public Health England, children and young people at risk of offending or within the youth justice system often have more unmet health needs than other children. Mapping relevant risk factors associated with youth crime can help inform local authority and NHS commissioning of evidence-based early intervention, therefore maximising the life chances of vulnerable children and improving outcomes for them. A lack of focus in this area could result in greater unmet health needs, increased health inequalities and potentially an increase in offending and re-offending rates, including new entrants to the system. The impact of incorporating these vulnerable children into mainstream commissioning also has the potential benefit of impacting on a young person's wider family now and in the future, particularly when they may already be parents themselves.[56]

In 2017/18, according to Youth Justice Service records, there were 156 youth justice sanctions (youth cautions, youth conditional cautions or convictions) made on 130 individuals aged 10-17 living in Herefordshire. This represents 0.98% of the 15,900 young people aged 10-17 living in the county, i.e. around one in a hundred. The majority (82%) were male, and aged 15 to 17 (72%). The peak age of offending for young males was 17 years and young females 16 years.[57]

During 2017/18 there were a total of 95 pre-court disposals (youth cautions and youth conditional cautions) made on 40 Herefordshire young people. The most common reasons for these are violence against the person, drug offences, and theft and handling. During the same period, 90 Herefordshire young people accounted for 61 court outcomes. Common reasons included public order offences, violence against the person, drug offences, theft and handling, and arson[57].

ANALYSIS

FIRST TIME ENTRANTS INTO THE YOUTH JUSTICE SYSTEM

First time entrants into the youth justice system are 10 to 17 year-olds receiving a first formal justice system sanction (youth caution, youth conditional caution or conviction). They are officially measured, for comparison purposes, as a rate per 100,000 population of that age living in an area.

In 2017, there were 72 first time entrants in Herefordshire, the fewest there has been since at least 2010. This equates to a rate of 447 per 100,000 10 to 17 year-olds, or less than half of one per cent of the 15,900 young people of this age – i.e. fewer than one in every 200.

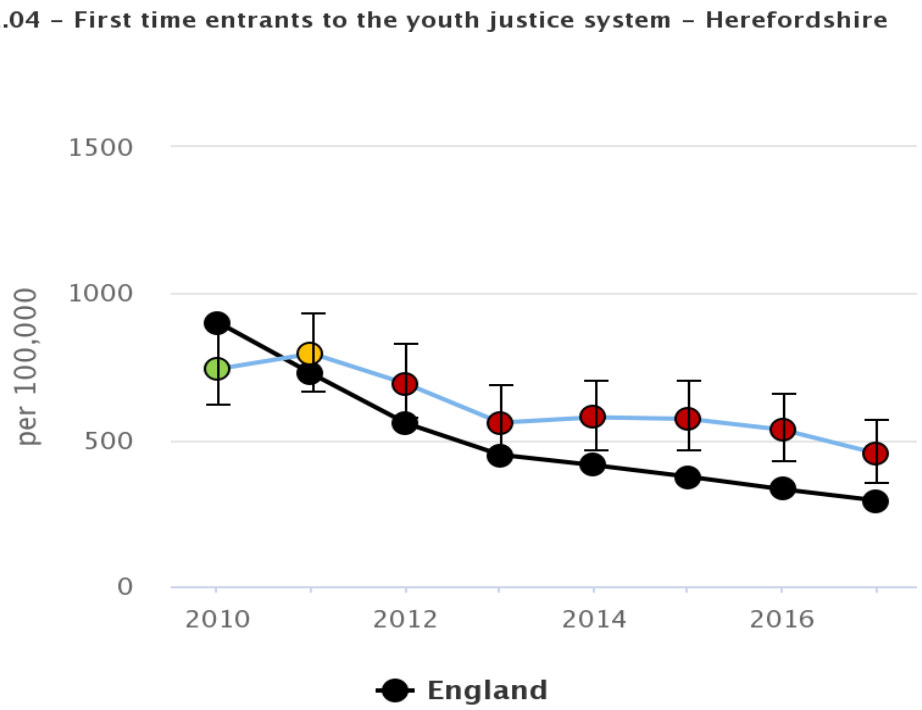
As Figure 19 shows, the rate of first time entrants has been declining both nationally and locally – and the reduction between 2012 and 2017 is statistically significant. Nevertheless, the Herefordshire rate remains significantly higher than that of England as a whole (293). It is also the

[56] Public Health Profiles: https://fingertips.phe.org.uk/search/first%20time%20entrants#page/6/gid/1/pat/6/par/E12000005/ati/102/are/E06000019/iid/10401/age/211/sex/4

[57] Source: West Mercia Youth Justice Partnership's Youth Justice Plan 2018/19

highest of the four West Mercia policing areas (Shropshire, Telford and Worcestershire), and of statistical comparator authorities. In fact, only 19 areas have higher rates, and it is similar to the average rate seen in the most deprived 10% of local authorities in the country (438). It should be noted, that not all of these differences are statistically significant due to the small numbers involved.

Figure 19: Rates of first time entrants into youth justice system, Herefordshire and comparators



1.04 - First time entrants to the youth justice system 2017

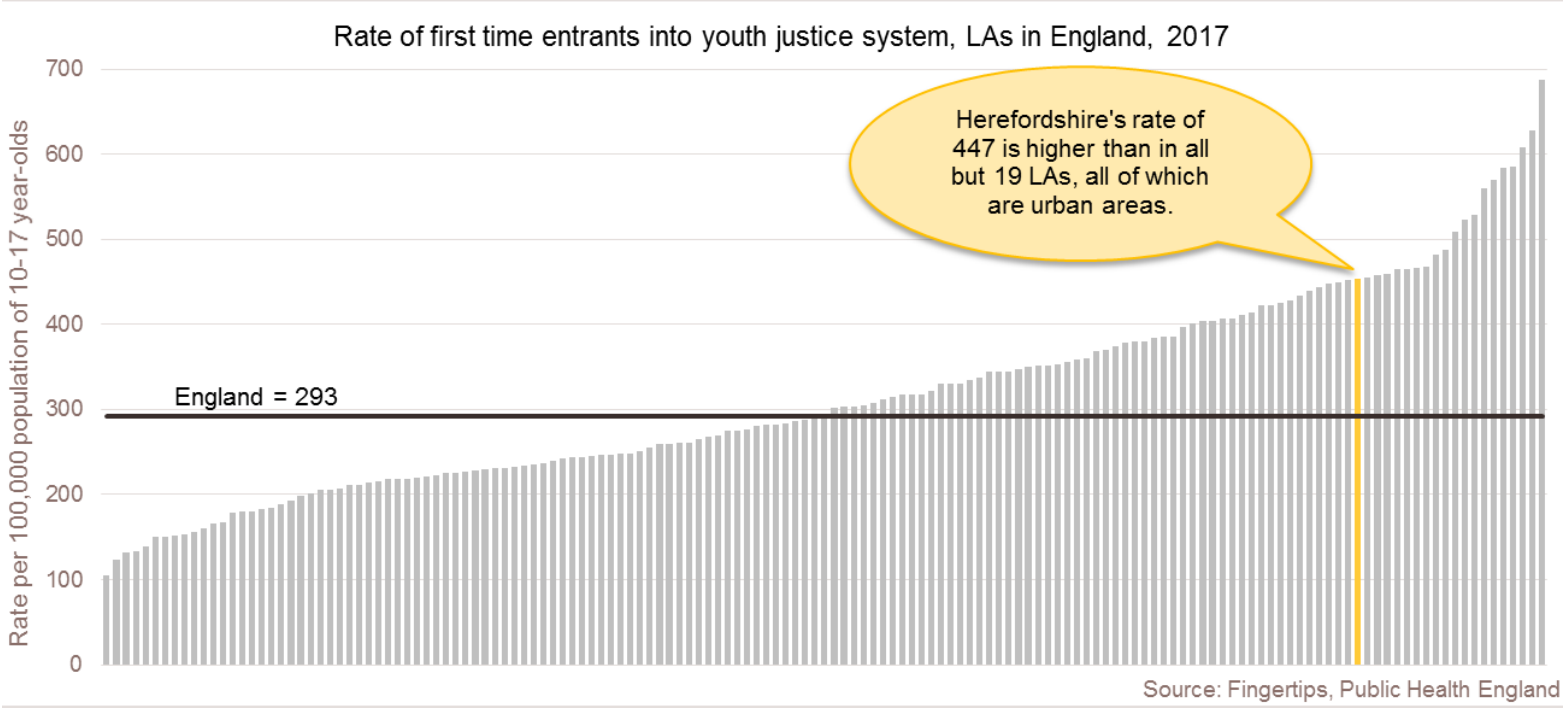
Crude rate - per 100,000

Area	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	-	14,416	292.5	287.8	297.3
Herefordshire	-	72	453.1	354.5	570.6
Isle of Wight	9	44	379.0	275.4	508.9
Northumberland	12	95	351.1	284.1	429.2
Shropshire	1	91	330.0	265.7	405.2
Wiltshire	5	141	305.1	256.8	359.8
East Riding of Yorkshire	8	79	274.9	217.7	342.7
Bath and North East Somer...	7	38	246.4	174.4	338.2
Cheshire West and Chester	4	71	246.2	192.3	310.5
Solihull	10	46	224.8	164.6	299.8
North Somerset	3	41	220.2	158.0	298.8
Cornwall	6	99	211.8	172.2	257.9
Central Bedfordshire	11	52	206.8	154.5	271.2
South Gloucestershire	15	50	205.4	152.4	270.8
Stockport	14	52	198.2	148.0	259.9
Cheshire East	2	51	152.7	113.7	200.8
Rutland	13	-	*	-	-

Source:
Numerator - Police National Computer

Denominator - ONS population estimates

Source: Fingertips, Public Health England



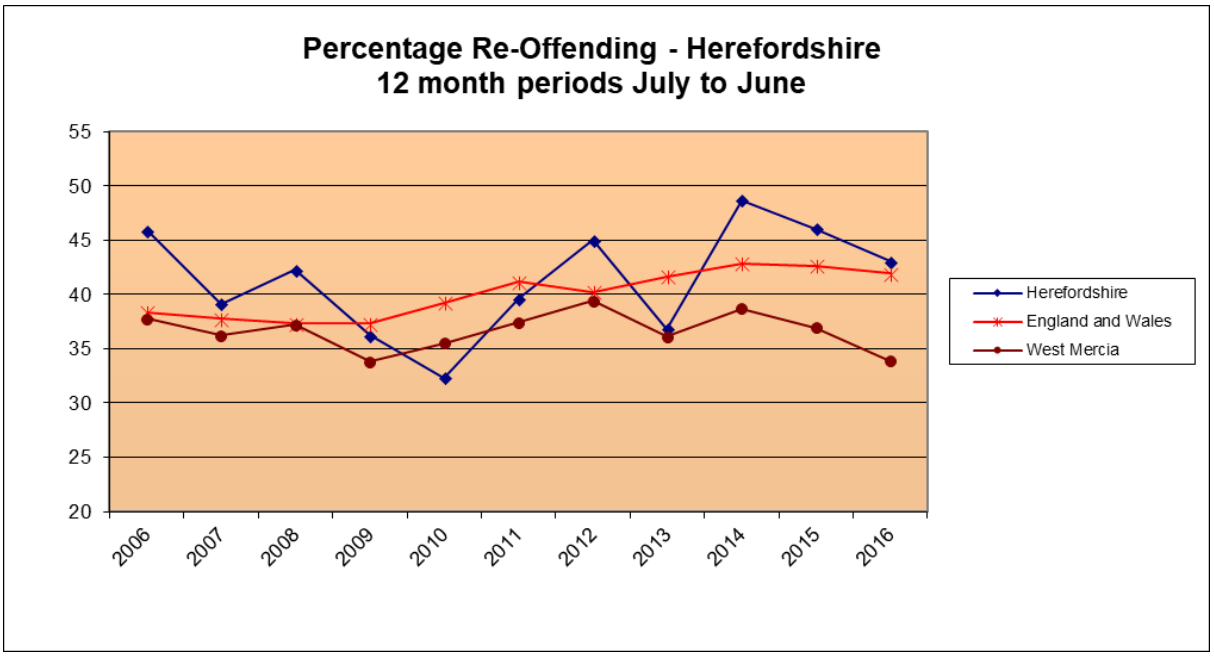
Source: Fingertips, Public Health England

RE-OFFENDING

Re-offending rates give an indication of the effectiveness of interventions in preventing future offending behaviour. Official indicators measure the proportion of a cohort who re-offend within twelve months, and the number of offences per re-offender.

Of the cohort of 179 Herefordshire young offenders identified between July 2015 and June 2016 in Herefordshire, 43% had re-offended by June 2017. This is higher than the 42% for England overall and the 34% for West Mercia as a whole, although because of the relatively small numbers involved, these differences are not statistically significant. Due to the small numbers, the local rate fluctuates annually, but there does appear to have been a general increase in the proportion re-offending since 2010 (Figure 20). This is in the context of a reducing cohort, however - as the overall number of offenders and offences continues to fall. There were 255 offenders in the cohort in 2011/12, compared to 179 in 2015/16.

Figure 20: Proportion of cohort of young offenders who re-offended in the following 12 months

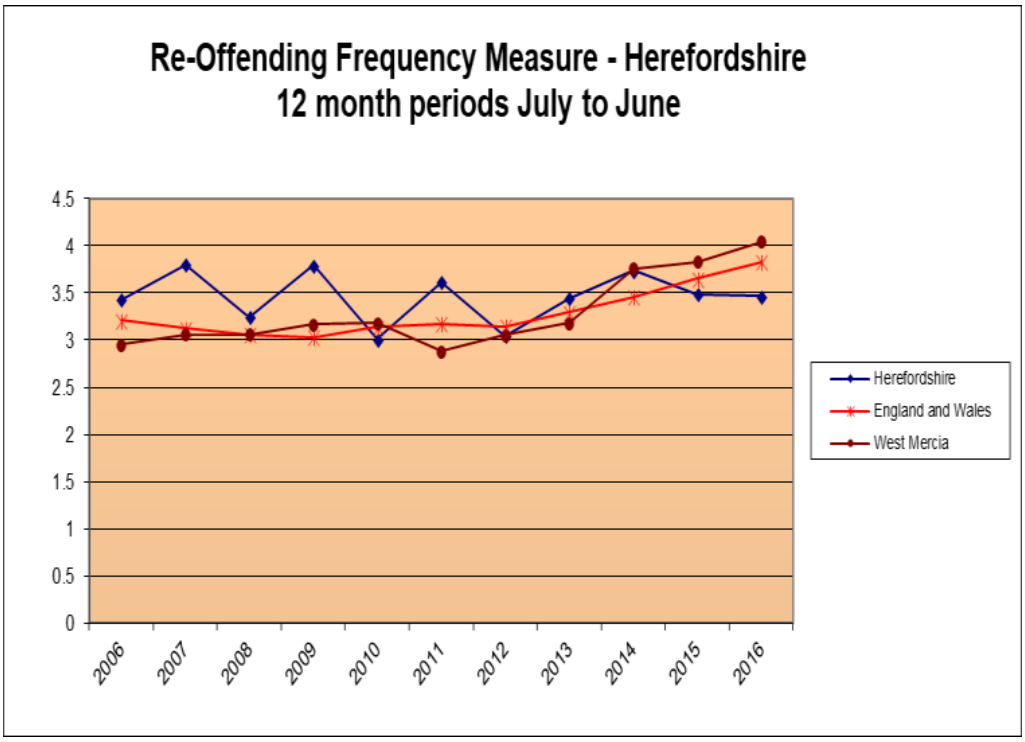


Source: West Mercia Youth Justice Partnership's Youth Justice Plan 2018/19

A total of 267 offences were committed by the 77 young offenders in the 2015/16 cohort who re-offended by June 2017 – an average of 3.5 re-offences per re-offender. The comparative figures for West Mercia and England overall were 4.0 and 3.8 respectively. Trends indicate that Herefordshire's figure has fluctuated around 3.5 for the last decade, whilst the national and West Mercia figures appear to have increased in recent years (

Figure 21). This suggests that although there are proportionately more young people re-offending in Herefordshire than West Mercia as a whole, they are re-offending with less frequency.

Figure 21: average number of re-offences per re-offender (cohort of young offenders who re-offended in the following 12 months)



Source: West Mercia Youth Justice Partnership's Youth Justice Plan 2018/19

DISCUSSION

Herefordshire's rate of first time entrants into the youth justice system is consistently high when compared to nationally, other areas of West Mercia and comparator areas. From the existing data it is unclear why this is the case, although it is thought that the rate in West Mercia generally being higher than expected is linked to different practices locally.

A pilot inspection of the West Mercia Youth Justice Service (WMYJS) by HM Inspectorate of Probation at the end of 2017 found that there could have been an appropriate informal response (e.g. a community resolution) to the behaviour of a number of young people who were currently receiving formal cautions, and thus entering the formal justice system. Informal disposals, used at the right stage in the system, are an effective and efficient method of dealing with the onset of criminal behaviour.[58]

This may also have an impact on re-offending, since West Mercia data suggests that young people who receive a community resolution are less likely to re-offend than those who receive a formal sanction. Of the young people across West Mercia who were subject to a community resolution in 2016, only 16% had re-offended within the next twelve months – far fewer than the 34% of young offenders who did.[59]

[58] Source: West Mercia Youth Justice Partnership's Youth Justice Plan 2018/19
[59] Source: West Mercia Youth Justice Partnership's Youth Justice Plan 2018/19

Also in relation to re-offending, WMYJS is currently (September 2018) participating in research to identify the prevalence of adverse childhood experiences (ACEs)[60] amongst young people in the youth justice system. Young people who have ACEs – particularly in adolescence - are more likely to become young offenders[61], and according to the WMYJP Youth Justice Plan 2018/19, there is a growing evidence base suggesting they need to have those issues addressed before any work to prevent re-offending is likely to be effective. The research outcomes will be used to inform changes in practice in the future.

LOCAL ACTION

A group has been established by the Herefordshire Community Safety Partnership with a mandate to oversee the reduction in the number of first time entrants and the number of repeat young offenders in the youth justice system on behalf of Herefordshire's community safety partnership, safeguarding children's board (HSCB) and safeguarding adults' board (HSAB). This will include building a detailed profile of the characteristics of young offenders, working with the newly established partnership analysts in West Mercia police.

A recent report for the Local Government Association[62] highlighted that many children and young people who are already or at risk of becoming young offenders are already known to social services. One of the recommendations of the pilot inspection of WMYJS was to improve information sharing between the youth offending team and children's services in line with current best practice.

RECOMMENDATION:

- Consider matching of individual youth offending records across data systems and organisations (subject to appropriate data sharing protocols) in order to improve the understanding of the cohort, its needs, and effective interventions.

[60] ACEs are 'potentially traumatic events that can have negative, lasting effects on health and wellbeing', including experiences of violence such as physical, sexual and emotional abuse, as well as non-violent experiences such as neglect, parental separation, parental incarceration, and economic hardship (Sacks et al. 2014, referenced in LGA (2018) *The relationship between family violence and youth offending)*.

[61] LGA (2018) The relationship between family violence and youth offending. Available at www.local.gov.uk/relationship-between-family-violence-and-youth-offending

[62] LGA (2018) The relationship between family violence and youth offending. Available at www.local.gov.uk/relationship-between-family-violence-and-youth-offending

ROAD SAFETY

CONTEXT

Traffic injuries are a serious public health issue. Nationally, road traffic collisions are a major cause of death in children, and comprise higher proportions of accidental deaths as children get older[63]. Public Health England identify links between the number of people who are killed or seriously injured (KSI) on the roads with geographic differences between districts such as:

- whether areas are predominantly rural or urban,
- types and lengths of roads,
- levels of traffic,
- travel behaviour,
- deprivation and population density.

There are also a number of other external influences to casualty numbers including the economic climate, fuel price fluctuations, and prevailing weather.

According to the Royal Society for the Prevention of Accidents more deaths occur on rural roads than on urban ones[64]. Collision are more likely to occur on single carriageway A-roads than on any other type of road[65].

It is worth noting that Herefordshire has the second highest road length per population in England, with a low population for the size of the county, this has an impact on the rate of accidents in Herefordshire[66], which is conventionally reported per person living in the county.

[63] Reducing unintentional injuries on the roads among children and young people under 25 years, Public Health England, 2018.
[64] Road safety factsheet: Rural road safety, The Royal Society for the Prevention of Accidents, 2018.
[65] Reported Road Casualties on the Strategic Network 2016, Highways England, 2016.
[66] https://understanding.herefordshire.gov.uk/place/topics-relating-to-transport/road-safety/

ANALYSIS

CASUALTIES FROM ROAD TRAFFIC ACCIDENTS IN CHILDREN AND YOUNG PEOPLE

The following analysis is based on indicators published on Public Health England's Health Profiles[67]. Local values and recent trends for key measures relating to road traffic accidents among children and young people are summarised in Table 2. National and nearest statistical neighbour[68] rates are provided for comparison.

In Herefordshire, annual road traffic accident numbers are low, and focussing on data from a single year or changes in values between two years can be misleading. The issue of small numbers is addressed by pooling data over a number of years – allowing the exploration of trends and meaningful comparison with other areas, values are expressed as a rate per 100,000 population.

Across the measures, Herefordshire rates are roughly in line with national and comparator rates. The exception being serious and slight casualties among under 25s - where local rates are significantly higher than nationally - but comparable to our more rural nearest neighbours. For the majority of the measures, there was insufficient data to allow the exploration of trends over time.

[67] Public Health Profiles: https://fingertips.phe.org.uk/search/road#pat/6/ati/102/par/E12000005

[68] Herefordshire's nearest statistical neighbours are: Shropshire, Cheshire East, North Somerset, Cheshire West and Chester Wiltshire, Cornwall, Bath and North East Somerset, East Riding of Yorkshire, Isle of Wight, Solihull, Central Bedfordshire, Northumberland, Rutland, Stockport, and South Gloucestershire.

Table 2: Data and recent trends for key measures relating to road traffic safety among children and young people in Herefordshire, England, and among nearest statistical neighbours

Measure	Herefordshire			England	Nearest Statistical Neighbours	Commentary
	Trend	Count	Rate (per 100,000 of the population)			
Fatal casualties from road traffic accidents (aged 0-24) 2012 - 16	N/A	9	3.7	2.1	2.8	The latest local fatality rate among 0-24 year olds is comparable to the rate for England. The majority of nearest statistical neighbours have similar rates to Herefordshire.
Serious casualties from road traffic accidents (aged 0-24) 2012 - 16	N/A	120	48.8	37.4	39.5	The rate of serious casualties from road traffic accidents during 2012-16 in Herefordshire was higher compared to England, but was similar to many of the county's nearest statistical neighbours.
Slight casualties from road traffic accidents (aged 0-24) 2012 - 16	N/A	791	321	276	280	The rate of slight casualties from road traffic accidents is significantly higher in Herefordshire compared to England, but is comparable to a number of the county's statistical neighbours.
Emergency admissions for car occupants (aged 0-24) 2012/13 - 16/17	No change	64	26.0	16.5	20.8	The local rate for emergency admissions for zero to 24 year old old car occupants involved in road accidents is significantly higher than the England rate. However, rates are on average higher among Herefordshire's nearest statistical neighbours. Over recent years, the local rate has been declining, but this trend is not statistically significant.
Pedestrians killed or seriously injured in road traffic accidents (aged 0-24) 2012 - 16	N/A	11	4.5	11.4	8.8	Pedestrians aged zero to 24 are less likely to be killed or seriously injured in road traffic accidents in Herefordshire compared to in England as a whole. It should be noted that walking rates in the county are lower than nationally.
Emergency admissions for pedestrians (aged 0-24) 2012/13 - 16/17	No change	19	7.7	15.9	11.3	Compared to England and comparator areas, the rate of emergency admissions for pedestrians aged zero to 24 years involved in a road accident is significantly lower in Herefordshire. While there has been a slight decrease in rates over the past few years, the change is not statistically significant. It should be noted that walking rates in the county are lower than nationally.
Pedal cyclists killed or seriously injured in road traffic accidents (aged 0-24) 2012 - 16	N/A	13	5.3	4.3	3.3	The rate of pedal cyclists killed or seriously injured in road traffic accidents aged zero to 24 in Herefordshire is in line with to the rate seen across England. It should be noted that cycling rates in the county are lower than nationally.
Emergency admissions for pedal cyclists (aged 0-24) 2012/13 - 16/17	No change	30	12.2	13.3	12.5	The local rate of emergency admissions for cyclist involved in road traffic accidents aged zero to 24 is similar to the national rate, and to the rates among our statistical neighbours. While there has been a decline in this rate over the years, the trend is not statistically significant.

Source: Public Health Profiles, Public Heath England, 2019. Available at: https://fingertips.phe.org.uk/search/road#pat/6/ati/102/par/E12000005

Legend:
- Better than England value
- Similar to England value
- Worse than England value

LOCATIONS AND ROUTES

Key roads

An analysis of the local 2017 road traffic accident data highlighted that the A49 (trunk) accounted for the highest number of all age casualties (14 of all 91). Of these, the section north of Hereford (Starting Gate roundabout to the County boundary) accounted for seven killed or seriously injured casualties (from five collisions), including one fatal casualty. The highest number of accidents on a Council maintainable route was the A438 east of Hereford, accounting for 11 killed or seriously injured casualties (from five collisions). It is important to note that six of these casualties resulted from one collision. Caution should be applied when drawing conclusions from this analysis, as it is based on very small numbers.

Travel to school

Between 2010 and 2015 there were 210 road related accidents near schools in Herefordshire, of which 34 were categorised as serious[69]. According to the 2011 School Census, the most common method of getting to school in Herefordshire was walking (39% of pupils), followed by car (31%). No data exists on current patterns, since the question used to gather data on the mode of travel to school is no longer collected via the School Census.

INEQUALITIES IN ROAD TRAFFIC ACCIDENTS

National analysis undertaken by Public Health England[70] has highlighted that males aged under 25 are three times more likely than their female counterparts to be involved in a road traffic accident. Analysis indicates that this is also true locally.

Nationally, children and young people from the 20% most deprived areas are six times more likely to be involved in pedestrian accidents than those from the 20% least deprived areas. Cyclist accident rates are also higher among children living in the most deprived areas[71].

VOICE OF CHILDREN AND YOUNG PEOPLE

Through the development of the draft Children and Young people's plan, over 300 children and young people from across Herefordshire have shared their views on what it is like growing up in Herefordshire now, the main issues that affect them, and what they believe are the most important things that need to change over the next few years. This engagement work was undertaken from November 2017 – March 2018.

[69] Herefordshire Sustainable Modes of Travel to School Strategy (February 2018).
[70] Reducing unintentional injuries on the roads among children and young people under 25 years, Public Health England, 2018.
[71] Reducing unintentional injuries on the roads among children and young people under 25 years, Public Health England, 2018.

A common theme highlighted by children related to feelings of safety. There were a few different aspects of safety highlighted, including for example online safety and safety in their local community - children and young people highlighted concerns about the dangers of traffic, and that the poor surface on some roads can make them difficult to cycle on:
"We want Herefordshire roads to be safer for children and young people".

LOCAL ACTION

Reducing road traffic accidents

Reducing unintentional injuries to all people is a key priority for Herefordshire. The council's continued approach is to reduce road traffic accidents through a range of measures such as improving safety for children travelling to and from school (by school travel plans and road safety education), introducing lower speed limits in selected areas, encouraging more walking and cycling, and road surface maintenance.

The council's current target is to reduce all road traffic accidents resulting in a fatality or serious injury by 40% by 2020 (from the baseline of the 2005 – 2009 average), this target is based around original central government guidelines from the Department of Transport issued in 2011. The removal of central national road safety targets back in 2011, a key challenge has been maintaining a focus on safety, amongst the many competing priorities.

Public Health England has recently published guidance on reducing road traffic injuries affecting young people under the age of 25[72]. The guidance recommends that local authorities work in partnership with other organisations to better understand the key factors affecting road safety among children and young people, and to identify and implement the best approaches to prevent injury. It is also recommends that in any needs assessment or intervention, the views of children and local residents are taken into consideration.

Travel to school

This Sustainable Modes of Travel to School Strategy outlines how we propose to promote and facilitate sustainable travel to and from schools through road safety education, school engagement and infrastructure delivery. This strategy applies to all pupils of a compulsory school age attending educational facilities within Herefordshire.

The vision for the strategy is:
"To have a fully integrated transport system where every pupil within Herefordshire, where appropriate, has the option to travel to and from school through active travel choices, improving health, safety and reducing reliance on short distance car journeys"

[72] Reducing unintentional injuries on the roads among children and young people under 25 years, Public Health England, 2018. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/695781/Reducing_unintentional_injuries_on_the_roads_among_children_and_young_people_.pdf

The strategy objectives are to:
• Improve the safety of pupils and parents,
• Improve the health and well-being of pupils; and to,
• Reduce congestion during peak times.

DISCUSSION AND RECOMMENDATIONS

Numbers of children and young people who are harmed on Herefordshire's roads are small, with an average of around 25 under 25 year olds killed or seriously injured as a result of road traffic accidents each year. While a number of the official population-based rates are significantly higher than nationally, such measures can be affected by the sparsity of population in large rural areas; local rates are in line with similar rural authorities.

Across the set of rates reported in government statistics, it is noteworthy that children and young people on Herefordshire roads – like in other similar rural areas – are significantly less likely to be injured as pedestrians than across England as a whole. In the five years to 2016/17, 19 under 25s were admitted to hospital as a pedestrian involved in a road traffic accident, compared to 64 as car occupants. Thirty cyclists under 25 were admitted to hospital following involvement in a road traffic accident over the same time period, with local rates similar to the national. It should be noted that walking and cycling rates in the county are lower than nationally[73].

Despite a number of the official population-based rates being significantly higher locally than nationally, the chances of children and young people experiencing serious harm as a result of a road traffic accident in Herefordshire are relatively small - with under one per cent of under 25s experiencing a serious or fatal road traffic accident each year. However, young people have demonstrated considerable concern about road safety within the county. It was beyond the scope of this analysis to determine the reasons behind this, but children and young people may be particularly aware of the dangers – for example due to media coverage or through awareness-raising campaigns in school; or by knowing (of) someone who has been in an accident.

Awareness of the risks and consequences of suffering a road traffic accident can be seen as a positive as they are important drivers for behavior change[74], with the potential for enhanced awareness among this age group leading to more cautious driving behaviours. The down-side is that it can be a barrier to active transport (walking and cycling)-despite road traffic accident rates involving pedestrians and cyclists being lower than, or in line with national rates.

[73] https://fingertips.phe.org.uk/search/road#page/3/gid/1/pat/6/par/E12000005/ati/102/are/E06000019/iid/93439/age/164/sex/4/nn/nn-1-E06000019

[74] Reducing crashes and injuries among young drivers: what kind of prevention should we be focusing on? https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2563439/

RECOMMENDATIONS:

- Continue to take actions to support children and young people to safely cycle and walk to/from school-as outlined in the Sustainable Modes of Travel to School Strategy.
- The council should continue to identify opportunities to work in partnership with other organisations to better understand the key factors affecting road safety among children and young people, and to identify and implement effective approaches to prevent injury.

Further primary research would be needed in order to better understand the interventions required to make children and young people feel safer on Herefordshire's roads. This could take the form of more detailed qualitative research with those who have already raised it as a concern, to find out *why* they are worried; combined with a more extensive quantitative survey to determine the extent of concerns amongst the whole population of children and young people.

RECOMMENDATION:

- Consider including questions on road safety in a survey to gather information on the quality of life of children and young people in Herefordshire, with specific wording determined through follow-up with those who participated in the children and young people's plan 2019-24 engagement activities. To understand uptake of walking and cycling, the inclusion of content regarding mode of travel to/from school should be prioritised.

CARE LEAVERS

Care leavers are young people between 16 and 25 years of age who are, or were a 'looked after' (i.e. in the care of the local authority) for at least 13 weeks after the age of 14. Local authorities continue to provide support for care leavers in order to offer them similar opportunities to their peers, and to enable them to transition successfully into adulthood.

Although there are obvious links with the topics covered in the *Safeguarding* section of this report (see page 105 onwards), care leavers are included here as the topic was specified for inclusion as an overview in the scope for the 2019 ChINA.

NUMBER OF CARE LEAVERS

There are around 180 care leavers at any time, of whom approximately 112 are under the age of 21. Of Herefordshire's 326 children who were looked after (CLA), 44 are currently supported by the 16plus team, but this number is expected to rise.

DISCUSSION AND RECOMMENDATIONS

APPROPRIATENESS OF ACCOMMODATION AND EDUCATION, TRAINING AND EMPLOYMENT STATUS

Two important factors in supporting care leavers to transition into adulthood are having secure accommodation and education and employment opportunities.

Due to ongoing efforts to improve data quality, at the time of completing this report, it was not possible to analyse data on education, training and employment status and the suitability of accommodation being lived in by care leavers. Once completed, it will be possible to undertake analyses with confidence that the results will reflect the true status of care leavers.

RECOMMENDATION:

- Undertake longitudinal analyses of the education, training and employment status and suitability of accommodation data for care leavers.

SECTION B: A CLOSER LOOK

Four topics were identified as warranting 'a closer look' in the 2019 ChINA:

- Children with special educational needs and disability (SEND) and education health and care plans (EHCPs)
- Hospital admissions amongst children and young people
- Healthy weight
- Dental health

The first two involved very detailed analysis to improve the understanding of need and demand for specific service areas, and therefore are presented as standalone reports – with the key findings summarised in this overview. Healthy weight and dental health are both topics that are influenced by, and impact on a range of services, so the detail of these 'closer looks' are included here.

CHILDREN WITH SPECIAL EDUCATIONAL NEEDS AND DISABILTY (SEND) AND CHILDREN WITH AN EDUCATION HEALTH AND CARE PLAN (EHCP)

CONTEXT

A child or young person has a Special Educational Need and Disability (SEND) if they have a learning difficulty or a disability, which calls for special educational provision to be made for him or her. A child of compulsory school age or a young person (up to the age of 25) has a learning difficulty or disability if he or she:

- has a significantly greater difficulty in learning than the majority of others of the same age, or
- has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions[75]

The majority of children and young people with SEND will have their educational needs met within local mainstream early years providers (e.g. nurseries), schools or colleges with special educational needs (SEN) support. If an individual (up to the age of 25) needs more support than is available through SEN support, an Education Health and Care Plan (EHCP) will be prepared to provide the additional support to meet their needs. It is a multi-agency task to prepare an EHCP which includes professionals from education, social care, health and the young person and his/her parents/carers.

[75] Special educational needs and disability code of practice:0 to 25 years

According to the report published by Joseph Rowntree Foundation[76], "there is also a strong link between poverty and SEND. Children from low-income families are more likely than their peers to be born with inherited SEND (for example conditions related to maternal behaviours in pregnancy, such as foetal alcohol syndrome), are more likely to develop some forms of SEND in childhood, and are less likely to move out of SEND categories while at school. At the same time, children with SEND are more likely than their peers to be born into poverty, and also more likely to experience poverty as they grow up".

Across the United Kingdom, children with SEND from low-income families face particular barriers that prevent them from growing up into more affluent adults. Many factors play a role, including:

- the outcomes they achieve and qualifications they gain as part of their education – they leave school with particularly low attainment
- their wellbeing as children
- access to support for their needs
- their diminished chances of finding well-paid work as an adult.

Pupils from low-income families are more likely to be identified as having SEND, but at the same time are less likely to receive support or effective interventions that might help to address their needs. This is partly because their parents are less likely to be successful in seeking help. They are also less likely to receive help from their schools, and more likely to end up excluded from school or dropping out of education.

Due to the increased survival of preterm babies and increased survival of children after a severe trauma or illness, the prevalence of severe disability and complex needs has risen over the years[77]. This is another factor affecting a high prevalence of number of children with SEND.

ANALYSIS

CHILDREN WITH SPECIAL EDUCATIONAL NEEDS AND EDUCATION HEALTH AND CARE PLANS

CHARACTERISTICS

There were 4,750 children and young people with a Special Educational Need and Disability (SEND) attending a school in Herefordshire in 2017, which is equivalent to 19% of all school children.

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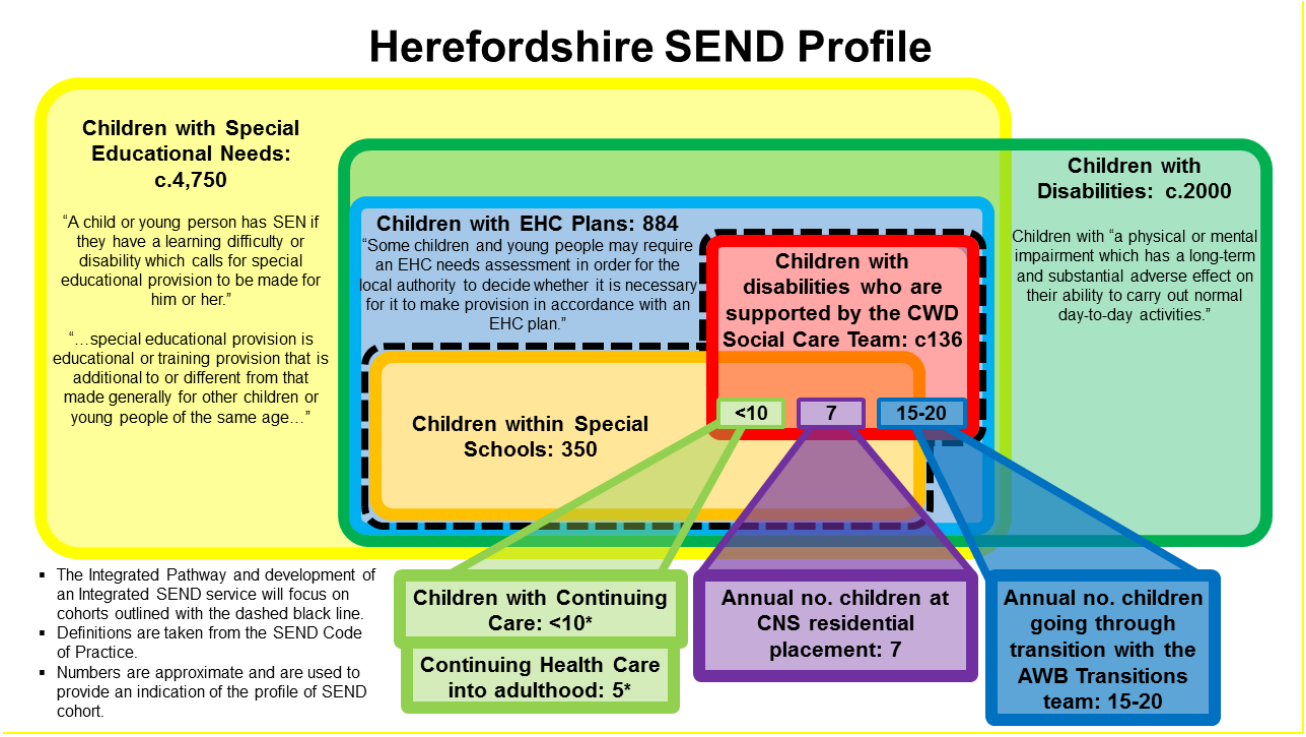
[76] Bart Shaw, Eleanor Bernardes, Anna Trethewey and Loic Menzies (2016) , Special educational needs and their links to poverty,Joseph Rowentree Foundation: https://www.jrf.org.uk/report/special-educational-needs-and-their-links-poverty

[77] Understanding the needs of disabled children with complex needs or life- limiting conditions: https://www.ncb.org.uk/sites/default/files/field/attachment/SEND%20Data%20Report_March2017.pdf

According to Herefordshire Council children's services there are 884 pupils recorded as having a statement or education, health and care plan (EHCP) living in Herefordshire. Figure 22 presents Herefordshire's population of children and young people with SEND, and illustrates how the cohort of children with a statement or education, health and care plan (EHCP) relates to the wider SEND population.

Figure 22: Herefordshire's SEND profile

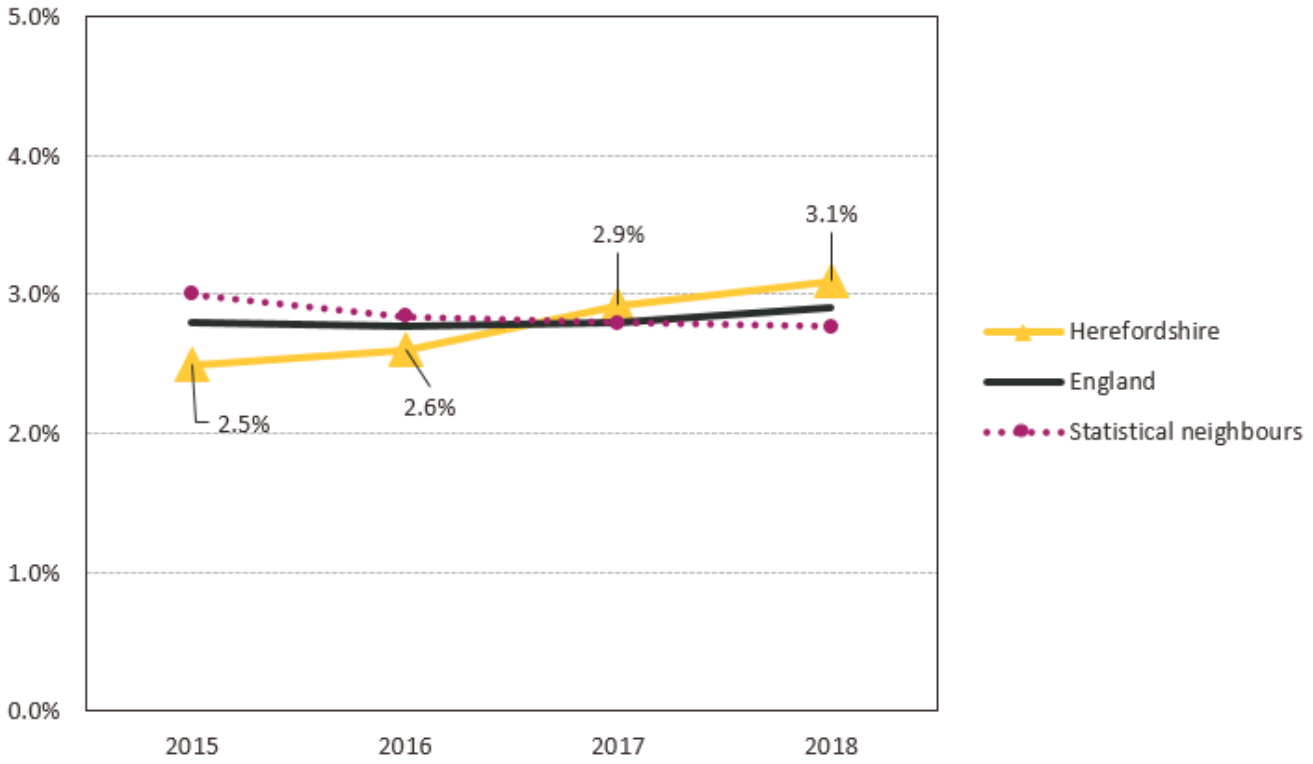


***last updated in 2017** Data sources: 2011 Census, 2018 Pupil Census, Herefordshire Council internal records, Wye Valley Trust internal records

Similar to nationally, a greater proportion of pupils with an EHCP (37%) live in one of the 25% most deprived areas of Herefordshire compared to the proportion of all children and young people that do (28%).

Compared to England, Herefordshire had a smaller proportion of children with EHCPs in 2015 (2.5% vs 2.8%), and the second lowest among its nearest statistical neighbours (Figure 23). Between 2015 and 2018, the percentage of pupils with and EHCP has increased in Herefordshire while across England as a whole, the proportions have not changed a lot.

Figure 23: Proportion of pupils with an education, health and care plan in Herefordshire, England, and among statistical neighbours 2015-2018



Data Source: Local Authority Interactive Tool, 2018.

Learning difficulties are the most common primary need among SEN children, and among children with an EHCP, similar to England as a whole and to statistical neighbours. Over 40% of allocated spend on EHCPs is related to pupils with a primary need related to learning disability.

EDUCATION

ATTAINMENT

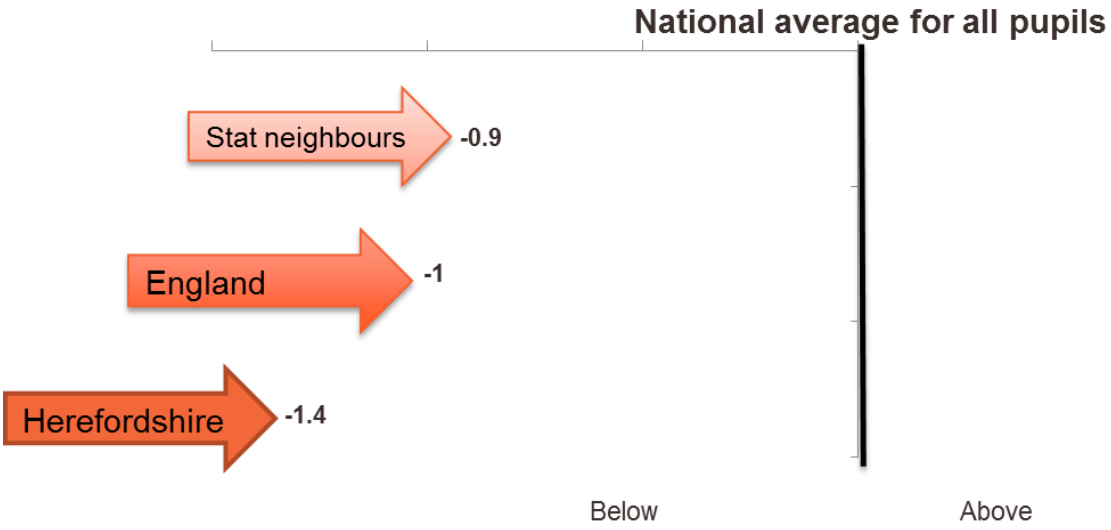
More Key Stage 1 children (children in year one and two) with a statement or an EHCP in Herefordshire met expected standards in 2017 compared to their peers in England and comparator areas, while those at Key Stage 2 (children in years three to six) did not do as well as their peers in England and in comparator areas.

At GCSE level (Key Stage 4) fewer pupils with a statement or an EHCP in Herefordshire achieved 9-4 levels in GCSE English and Maths compared to England as a whole.

Progress 8[78] measures a student's progress between starting and finishing secondary school (i.e. from Key Stage 2 to 4) across eight key subjects. It aims to capture the progress a pupil makes from the end of primary school to the end of secondary school. Pupils' results are compared to the actual achievements of other pupils with similar prior attainment.[79]

In 2017, Herefordshire's pupils with a statement or an EHCP made more than a grade less progress (-1.4 grades) than the national average for all pupils (Figure 24 and Table 3). Comparable groups of children in England overall are behind a grade (-1.0) and the ones in comparator areas are behind by just under one grade (-0.9).

Figure 24: Average progress 8 score for Key Stage 4 pupils with a statement/EHCP, 2017



Source: Local Authority Interactive Tool, 2018.

[78] Progress 8 is based on pupils' performance in English and maths, up to three subjects from the Ebacc list, and students' three highest scores from a range of other qualifications, including GCSEs and approved non-GCSEs. English and maths are given double weighting to reflect their importance. The Progress 8 score is calculated by comparing each student's Attainment 8 score to those nationally of other students who had the same KS2 SATs results. A school's Progress 8 score is usually between -1 and +1. A score of +1 means that pupils in that school achieve one grade higher in each qualification than other similar pupils nationally. A score of -1 means they achieve one grade lower: www.theschoolrun.com/secondary-school-performance-measures

[79] *How Progress 8 and Attainment 8 measures are calculated*, Department for Education, p.2. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/561021/Progress_8_and_Attainment_8_how_measures_are_calculated.pdf

Table 3: Average Progress 8[80] for Key Stage 4 pupils, 2016-2017

		2016	2017	Latest national rank
SEN with statement/EHCP	Herefordshire	-1.6	-1.4	139
	Statistical Neighbours	-0.9	-0.9	-
	England	-1.0	-1.0	-
SEN Support	Herefordshire	-0.4	-0.5	86
	Statistical Neighbours	-0.4	-0.5	-
	England	-0.4	-0.4	-
Non SEN	Herefordshire	0.1	0.1	53
	Statistical Neighbours	0.1	0.0	-
	England	0.1	0.1	-

Source: Local Authority Interactive Tool, 2018.

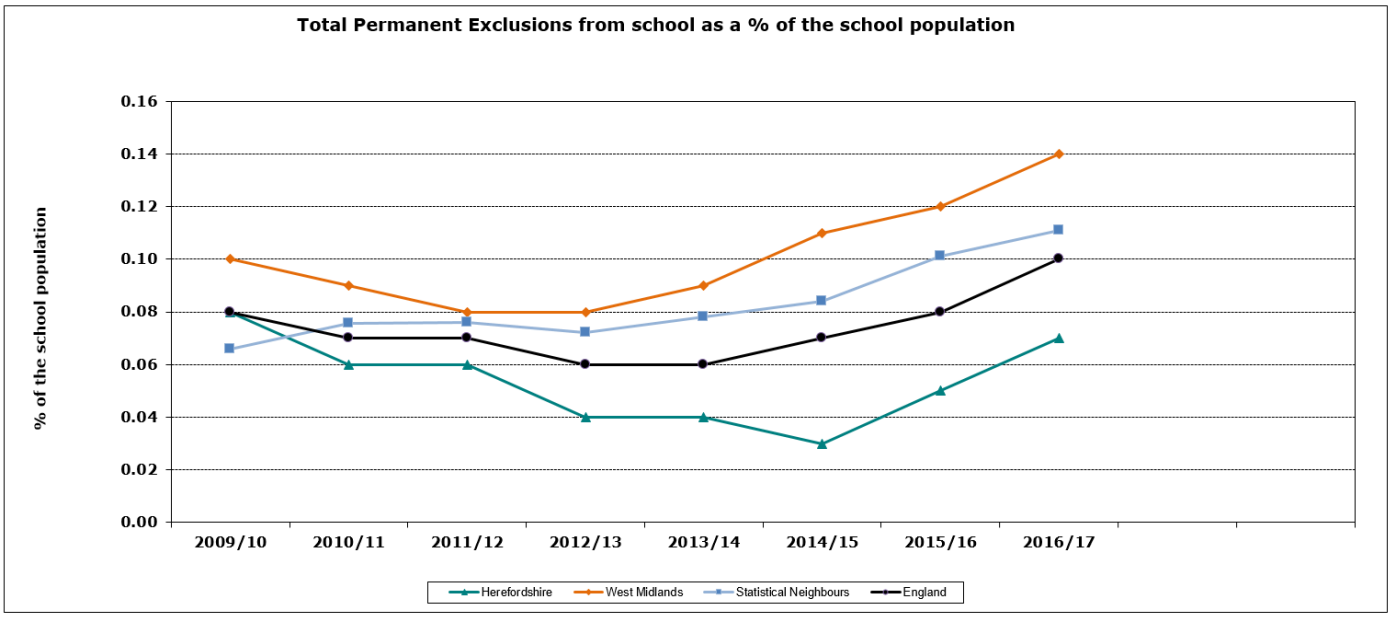
In line with the levels recorded in England and in neighbouring authorities, the majority of school leavers who have a statement or an EHCP in Herefordshire (91%) are recorded as going to, or remaining in Education, Employment or Training (EET). A relatively high proportion of SEN cohort are still in EET by the following March (90%). The 16+ pupils in special schools that have sixth form provision will stay in school until the age of 19, almost automatically.

EXCLUSIONS

While the proportion of pupils who are permanently excluded from school in Herefordshire remains lower than nationally (0.07% , or 7 in 100 versus 0.1%, or 10 in 100), and the average among statistical neighbours (0.11%, or 11 in 100), it appears that there is an increasing trend – mirroring what is happening nationally (Figure 25).

[80] A Progress 8 score of 1.0 means pupils in the group make on average approximately a grade more progress than the national average; a score of -0.5 means they make on average approximately half a grade less progress than average.

Figure 25: Proportion of all pupils issued with a permanent exclusion between 2009/10 and 2016/17 for England, West Midlands, Herefordshire and Herefordshire's statistical neighbours



Source: Local Authority Information Tool

Across England, between 2011/12 and 2016/17 there has been a notable rise in the rate of permanent exclusions among children with SEN and a statement or EHCP. In the 2016/17 academic year, across the whole of England, pupils with SEN support had the highest permanent exclusion rate at 0.35% (3 pupils in 1,000). This was six times higher than the rate for pupils with no SEN (0.06%, 6 pupils in 10,000). In the same academic year, pupils with an Education, Health and Care (EHC) plan or with a statement of SEN had the highest fixed period exclusion rate at 16% (16 pupils in 100) - over five times higher than pupils with no SEN (3%, 3 pupils in 100)[81].

Work is ongoing to better understand to what extent the national trend in the rise of exclusions among pupils with SEN is reflected in Herefordshire.

EMPLOYMENT

The overwhelming majority of young people with special educational needs and disabilities are capable of sustainable paid employment, with the right preparation and support[82].

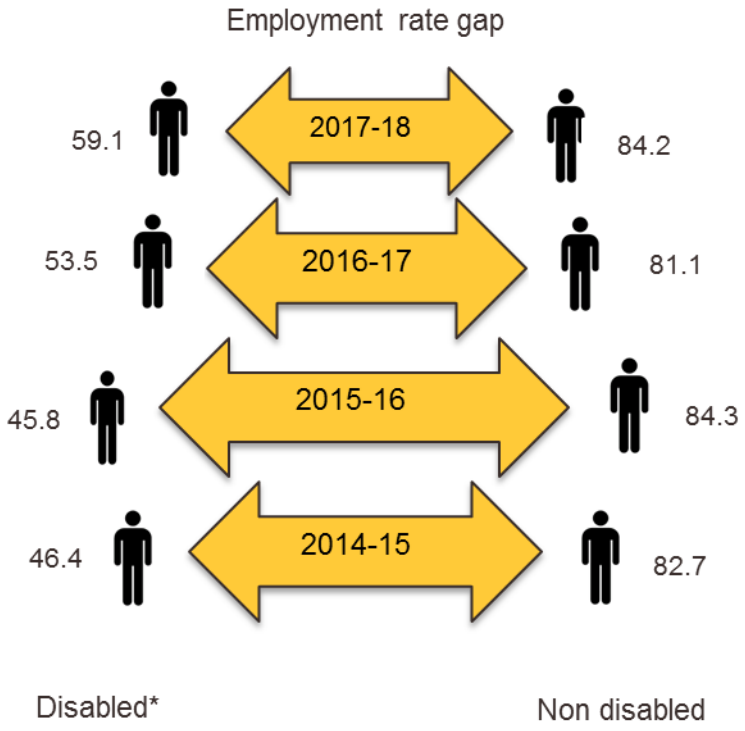
[81] Permanent and Fixed Period Exclusions in England: 2016 to 2017, Department for Education, July 2018.

[82] British Association for supported employment: https://www.ndti.org.uk/uploads/files/How_to_Support_Young_People_With_Special_Educational_Needs_into_Work_FINAL.pdf

Attempts were made to secure data on employment rates among young adults with SEN and EHCP in Herefordshire form Herefordshire Council data systems. However, this data was not available within the required timescales. The availability of employment information for those aged 16 to 24 year olds who were identified as having SEN at a national level is limited. Therefore, employment data for people with disabilities within the broader age group of 16 to 64 of was used to provide an indication of the employment statuses of young people aged 16 to 24 with SEN.

The employment rate among non-disabled working age population in Herefordshire is significantly higher than nationally, and the gap between disabled and non-disabled working age population appears to be reducing (Figure 26).

Figure 26: Employment rate gap between Disabled and Non-disabled in Herefordshire over the years



*Disabled = Equality Act 'core' + Work-limiting disabled
Source: Annual Population Survey, 2018

AUTISTIC SPECTRUM DISORDER

Among Herefordshire's EHCP cohort, the coding of Autistic Spectrum Disorder (ASD) as a primary need is nearly half of that for England as a whole (15% vs 27%). This is a finding which has been consistently observed since 2015 - when this data first became available. Internal intelligence

suggests that this finding may be explained by local variation in the coding of primary need[83], whereby a greater proportion of children and young people with autism have their primary need coded as "Social, Emotional and Mental Health" (SEMH) as opposed to ASD[84]. This hypothesis is supported by the data, which reveals that a greater proportion of children and young people with an EHCP have SEMH as their primary need locally (24%) compared to nationally (12%) (Table 4).

Table 4: Primary needs of pupils with an EHCP – local proportions compared with England – only in state funded schools[85]

	England			Herefordshire*		
	Male	Female	**Total**	Male	Female	**Total**
Severe Learning Difficulty	11%	17%	**13**%	15%	26%	**18%**
Moderate Learning Difficulty	11%	17%	**13**%	11%	21%	**13%**
Specific Learning Difficulty	4%	4%	**4**%	2%	2%	**2%**
Profound & Multiple Learning Difficulty	3%	7%	**4**%	1%	5%	**2%**
All Learning Difficulties	30%	44%	**34%**	29%	54%	**35%**
Social, Emotional and Mental Health	15%	6%	**12**%	30%	10%	**24%**
Speech, Language and Communications Needs	14%	14%	**14**%	16%	15%	**16%**
Hearing Impairment	2%	4%	**3**%	1%	1%	**1%**
Visual Impairment	1%	2%	**1**%	1%	3%	**1%**
Physical Disability	4%	9%	**6**%	3%	8%	**4%**
Autistic Spectrum Disorder	31%	16%	**27**%	17%	7%	**15%**
Other Difficulty/Disability	2%	3%	**3**%	2%	2%	**2%**
Total	100%	100%	**100**%	100%	100%	100%

Compared to England as a whole (72%), a slightly higher proportion of SEN pupils with ASD needs attend a mainstream school in Herefordshire (74%).

[83] The coding of primary need is subjective and therefore affected by a local authority's policies and practices, leading to observed variation between different local authorities.

[84] People living with autism often have social and emotional difficulties, locally, where EHCP assessors identify this is as the primary need, they code "SEMH" as the primary need in the child or young person's EHC plan, as opposed to "ASD". Coding in this way ensures that the child or young person receives the most appropriate support, and does not supersede or detract from any formal diagnosis that they may have. Therefore, EHC plan coding is not a direct reflection of local ASD diagnosis rates.

[85] Includes all academies including free schools, maintained and non-maintained special schools, middle schools as deemed, all-through schools, city technology colleges, university technology colleges and studio schools. Excludes nursery schools, independent schools, general hospital schools and pupil referral units.

DISCUSSION AND RECOMMENDATIONS

Herefordshire has historically had a higher proportion of pupils with SEND than nationally, and in recent years the local proportion has increased slightly, contrary to the national trend. This has been driven by a rise in the proportion identified as having a higher level of need; the county has seen the biggest increase in the rate of EHCPs (from 2.5% to 3.1%) amongst 11 similar areas, whilst national rates haven't changed. Of note is that rates have increased in all comparator areas where they were under 3% in 2015, and fallen in those where they were higher to start with – suggesting a pattern.

It was not possible to undertake a number of planned analyses due to either-data not being available within the timelines, or data quality issues. Activities are underway to improve the quality and accessibility of the data, all of which should enable these analyses to be undertaken at a future date.

RECOMMENDATIONS:

- Undertake analysis of historical data to determine differences in the numbers of children identified as having special educational needs and disabilities (SEND) before and after the implementation of education, health and care plans (EHCPs) in 2015-in order to explore factors which may be driving recent increases in demand locally.
- Carry out a case audit to explore how levels of funding (measured by tariff) have changed as individual children and young people's identified needs have changed from the beginning to the end of their service provision.
- Undertake analysis of the destination of Herefordshire's school leavers with an education, health and care plan.

In completing the analysis of local SEND and EHCP data, it emerged that the local authority does not have access to reliable information about children and young people with a medical diagnosis of ASD. Having access to this information would improve service planning, helping to ensure that appropriate levels of resource are in place to meet the needs of children and young people with ASD in Herefordshire. In addition, access to such data would enable more accurate analyses to explore the education and employment related outcomes of children and young people with ASD.

RECOMMENDATION:

- Improve local service planning, and understanding of outcomes for children with needs related to ASD by ensuring the local authority has access to data about children and young people with a medical diagnosis of ASD from local NHS services (Wye Valley NHS Trust and 2gether NHS Trust).

Compared to England as a whole (72%), a slightly higher proportion of SEN pupils with ASD needs attend a mainstream school in Herefordshire (74%). Evidence[86] indicates that some mainstream schools have difficulties in catering for the needs of some children with ASD, often with the undesirable outcome of children and young people with ASD being excluded. It is not currently known whether this is an issue in Herefordshire. However, there has been a recent rise in permanent exclusions among all pupils within the county, suggesting that this warrants investigation.

RECOMMENDATION:

- Examine exclusion rates among children with SEN across educational settings in Herefordshire. Respond to recent research findings by exploring the local exclusion rates among children with ASD in mainstream schools, giving consideration to whether there have been changes in the rates over time. If appropriate, take reasonable action to ensure that mainstream schools are well equipped to meet the needs of children living with ASD.

Further details can be found in *ChINA 2019: children with special educational needs and disabilities* report.

[86] Excluded from school: Autistic students' experiences of school exclusion and subsequent re-integration into school (2017) http://journals.sagepub.com/doi/full/10.1177/2396941517737511

EMERGENCY AND ELECTIVE HOSPITAL ADMISSIONS AMONG CHILDREN AND YOUNG PEOPLE

CONTEXT

Historically the local rates for both emergency and elective admissions have consistently been higher than the national average. However, a worsening trend in emergency admissions is apparent, with the local rate increasing over the last five years (2010/11 to 2015/16 inclusive). Hospital Episode Statistics (HES) for 2016/17 were analysed in order to better understand the key factors driving these high rates.

The detailed analysis of the 2016/17 hospital admissions data forms a standalone report. The overarching factor driving the high admission rates in Herefordshire appears to be the local protocols adopted for paediatric care. For example, local protocols promote children and young people being admitted to the children's ward, where children presenting with similar conditions in other NHS trusts would either be treated in A&E, or in an outpatients department. The impact of this local variation in treatment protocol results in higher local elective admission rates. The key findings and recommendations of the detailed hospital admissions report are summarised below.

ANALYSIS

EMERGENCY ADMISSIONS

- Overall the number of emergency admissions in those aged under 19 have increased by 10% since 2010/11 despite there being a fall in numbers in 2016/17; the number of emergency admissions in 2016/17 was 3,322.
- Over 80% of the growth in emergency admissions is accounted for by those aged under 5, with 25% occurring in those aged under 1 year.
- The 2016/17 Herefordshire crude emergency admission rate (87.4 per 1,000) was higher than that for England, a pattern evident for all age cohorts considered.
- Emergency admission rates are higher in more deprived areas of Herefordshire, a finding replicated across England.
- The most common primary diagnosis for emergency admissions in those aged less than ten years are related to respiratory disease, while for older children accidents and undiagnosed abdominal pain are more common.
- One quarter of emergency admissions are in those aged under one year. Over half were discharged on the same day; this proportion falls with age with a quarter of admissions in those aged 15 to 18 discharged on the same day of admission.
- The most common specific procedure was the taking of a blood sample with half of these concerning individuals aged under 1 year.
- Emergency admissions for Ambulatory Care Sensitive Conditions (ACSC)[87] represented 5% of all emergency admissions in those aged under 19.
- Over two fifths of all emergency admissions were of individuals admitted on two or more occasions.

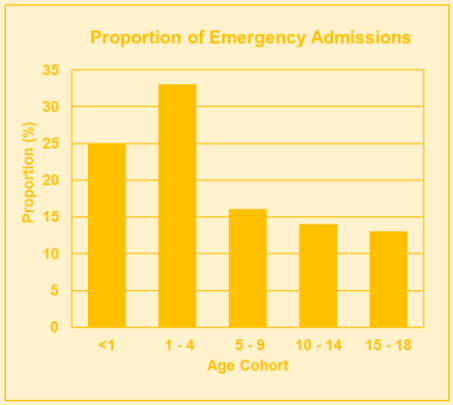
[87] (ACSC) are those for which effective management and treatment should prevent admission to hospital. They can be classified as: chronic conditions, where effective care can prevent flare-ups; acute conditions, where early intervention can prevent more serious progression; and preventable conditions, where immunisation and other interventions can prevent illness. More information on AACSCs available here: https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/data-briefing-emergency-hospital-admissions-for-ambulatory-care-sensitive-conditions-apr-2012.pdf

2016/17 Emergency Admissions in under 19s in Herefordshire

Number of Emergency Admissions = 3,332

Crude Admission Rate = 87.4 per 1,000

Herefordshire rate 23rd highest of 202 CCGs
England Rate = 74.2 per 1,000



25% of admissions aged under 1 year

33% of admissions aged 1 - 4 years

16% of admission aged 5 - 9 years

14% of admissions aged 10 - 14 years

13% of admissions aged 15 - 18 years

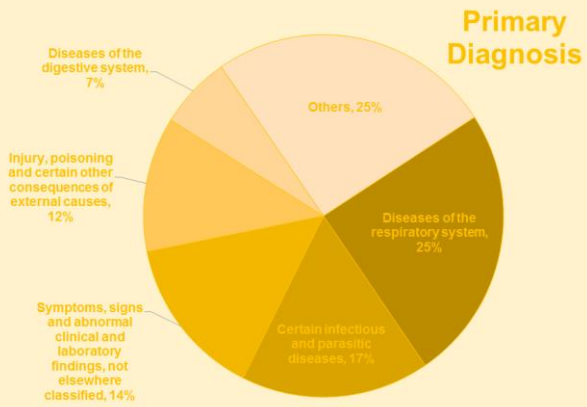
Most common primary diagnoses:

Diseaseof the respiratory system

Certain infectious and parasitic diseases

Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified

Accidents



469 (14%) admissions underwent procedure - 16% (73) of which were taking of bloods

1,713 (51%) of admissions resulted in zero stay days

528 individuals admitted more than once

172 admissions (5%) were Ambulatory Sensitive Conditions

ELECTIVE ADMISSIONS

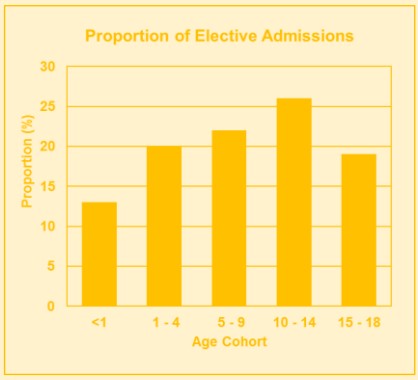
- Overall the number of elective admissions in those aged under 19 have has fallen by a quarter since 2013/14; the number of elective admissions in 2016/17 was 3,075.
- The 2016/17 Herefordshire crude elective admission rate (80.6 per 1,000) for those under 19 was highest out of 202 CCGs for which data is available, a pattern also observed in the less than 1 year old cohort; the admission rates for all cohorts were all significantly higher than the rates for statistical neighbour CCGs.
- Elective admission rates are not significantly higher in more deprived areas of Herefordshire.
- The most common primary diagnosis for elective admissions in those aged less than ten years were related to glue ear, cancer and respiratory diseases, while for older children relief care and dental conditions were more common.
- One third of elective admissions are in those aged under five years of age.
- Admissions for respite care accounted for 15% of all elective admissions, all accounted for by 19 individuals.
- Three quarters of all elective admissions were discharged on the same day; in those aged under 1 year 87% were discharged on the same day, although this proportion falls with age, with 60% of admissions in those aged 15 to 18 years being discharged on the same day of admission.
- The most common specific procedure was the taking of a blood sample which represented a quarter of all procedures undertaken (543 of all 2,171 procedures); 99% of admissions where bloods were taken were zero day stays.

2016/17 Elective Admissions in under 19s in Herefordshire

Number of Elective Admissions = 3,075

Crude Admission Rate = 80.6 per 1,000

Herefordshire highest of 202 CCGs
England Rate = 49.1 per 1,000



13% of admissions aged under 1 year

20% of admissions aged 1 - 4 years

22% of admission aged 5 - 9 years

26% of admissions aged 10 - 14 years

19% of admissions aged 15 - 18 years

Most common diagnoses areas:

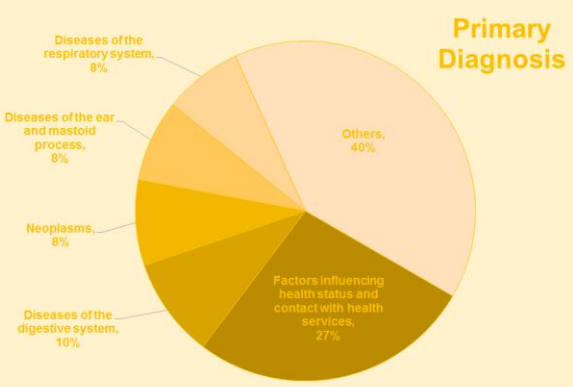
Factors influencing health status and contact with health services

Diseases of the digestive system

Cancer

Diseases of the ear and mastoid process

Diseases of the respiratory system



Most common specific diagnoses:

Respite care - 459 (15%) of admissions

Neonatal jaundice - 122 (4%) of admissoins

2,307 (75%) of admissions resulted in zero stay days

365 individuals admitted more than once

2,171 (71%) admissions underwent procedure - 25% (543) of which were taking of bloods

DISCUSSION AND RECOMMENDATIONS

Emergency admission rates have increased since 2010/11, while this has slowed in recent years, the local rate remains high, particularly in those aged under one and in those cases where diseases of the respiratory system were the primary diagnosis. In addition, the number of short-stay admissions (less than a day) is high locally. This is likely influenced by the local care pathway which results in children who present at A&E being admitted to the paediatric assessment unit on the children's ward for procedures and investigations which are likely to take place in the A&E setting in other hospitals. However, the high numbers of admissions could reflect that children - particularly in younger age groups - may not have access to the most appropriate and effective care for their needs.

In relation to elective admissions, it would appear that local protocols result in children attending hospital for simple procedures being admitted to the paediatrics ward, where in other local authorities, they would likely be seen in an outpatients setting. It is possible that this local variation in practice results in the high number of short-stay elective admissions, particularly those of under one day.

RECOMMENDATIONS:

- Undertake a review of local protocols used to determine whether a child or young person is admitted to hospital, with the aim of reducing elective admissions and delivering care in the most appropriate setting, giving consideration to available resource. Particular focus should be placed on the care of children under the age of one.
- Seek to better understand motivations for attendance at A&E to identify the underlying drivers of A&E demand among children and young people, and whether their needs could be addressed in a more appropriate setting.

The most common primary procedure for elective admissions was the taking of a blood sample which represented one in four of all primary procedures performed; of these one third were in patients aged under one and 99% were zero day stays. These figures suggest a possible lack of capacity and/or training in the community service setting for the collection of blood samples, particularly from the very young.

RECOMMENDATION:

- Undertake a review of the provision of phlebotomy services for children and young people to determine capacity and also to assess whether current provision is based in the most appropriate settings.

Effective community care of ambulatory care sensitive conditions (ACSC) can help prevent the need for hospital admissions. Therefore, hospital admissions related to ACSC can be a sign of

the poor quality or accessibility of primary and community care. One in 20 emergency admissions were ACSC of which 90% were for asthma, epilepsy or diabetes.

RECOMMENDATION:

- Undertake a detailed analysis of emergency admissions for ambulatory care sensitive conditions to determine whether A&E is the appropriate setting for care and identify if service capacity is lacking in primary and community care setting – specifically for support with the management of asthma, epilepsy and diabetes.

Further details can be found in *ChINA 2019: Hospital Admissions* report.

ORAL HEALTH

CONTEXT

Tooth decay is a predominantly preventable disease and is often linked to high levels of consumption of sugar-containing food and drink, a factor which contributes to issues of public health concern in children, particularly childhood obesity.

The Herefordshire Health and Wellbeing board have made childhood oral health & obesity a priority for 2018, due to the high prevalence of decay in the county.

Issues relating to the oral health of Herefordshire children are summarised briefly below – a full analysis and discussion is available in the 2019 Herefordshire Oral Health Needs Assessment (OHNA).

ANALYSIS

STANDARD OF ORAL HEALTH

Based on the best available intelligence it is evident that the standard of children's oral health in Herefordshire is poor, and is poorer than that reported nationally among the county's geographical and statistical neighbours; this pattern is observed in survey results for three, five and 12 year olds.

The most comprehensive data available are for five year olds which indicate that locally in 2016/17 almost one third of this age group had some form of tooth decay, a figure higher than that observed nationally and among statistical neighbours. Similarly, the local mean number of decayed, missing or filled teeth in five-year-olds (1.08) was appreciably higher than across England and in comparator authorities. Information also indicates that the standard of oral health in five year olds in Herefordshire has shown no significant change over the last 10 years.

LIMITATIONS OF THE DATA

However, it should be noted that small sample sizes and limited data mean that it is not possible to confirm the true prevalence and severity of oral diseases experienced by Herefordshire children. Furthermore, although there are some indications that oral health is poorer in more deprived areas, a lack of data means that it is not possible to draw reliable conclusions in relation to oral health inequalities. Similarly, although the numbers of individuals within particular at-risk groups (e.g. children who are looked after, ethnic minorities) can be estimated across the county, local information is lacking about the burden of oral diseases experienced within these groups. For instance, while historical data indicates that approximately a third of children who are looked after in Herefordshire have not had their teeth checked by a dentist, without more recent data it is not known if this remains a current challenge.

ACCESS TO SERVICES

Recent data would indicate that a higher proportion of children in Herefordshire have been seen by an NHS dentist than reported nationally, although a significant number of children under five years of age have not accessed NHS dental services (especially those under two years). However, a local dental access survey undertaken in 2019 indicates current difficulties exist in children obtaining routine NHS dental care within Herefordshire.

EVIDENCE BASED INTERVENTIONS

The 2019 Herefordshire Oral Health Needs Assessment (OHNA) benchmarked Herefordshire's current oral health provision against the relevant NICE guideline [88]. Key gaps were identified, which have highlighted opportunities to improve local interventions to promote good oral health. Supervised tooth brushing and targeted fluoride varnishing were two areas where there was considerable opportunities to enhance local provision.

Fluoride is a naturally occurring mineral, certain levels of which have been linked with lower occurrence of tooth decay. While Herefordshire's water supply does not contain fluoride, evidence suggests that adding fluoride to the water is not the only action which can be taken to improve oral health within the county. The 2019 OHNA has recommended that a number of evidence based interventions[89] be implemented to improve oral health in the county.

[88] Oral health: local authorities and partners, Public health guideline [PH55]. Available at: https://www.nice.org.uk/guidance/ph55/chapter/1-recommendations

[89]Supervised tooth brushing and targeted fluoride varnishing are two evidence based interventions that are recommended by the National Institute for Clinical Excellence. The Oral Health Needs Assessment (2019) identified opportunities to improve these interventions locally.

DISCUSSION AND RECOMMENDATIONS

The high levels of tooth decay evident in children across Herefordshire highlights the need to improve oral health and reduce inequalities across the county as a whole. The 2019 Herefordshire Oral Health Needs Assessment (OHNA) provides in-depth analysis, some discussion around the local issues affecting the oral health of children and young people, and makes recommendations about what the next steps might be to tackle the issue.

RECOMMENDATION:

- Give consideration to the recommendations made by the 2019 Herefordshire Oral Health Needs Assessment (OHNA), specifically:
  - Support the delivery of NICE recommended interventions to improve oral health. Examples include: supervised tooth brushing and targeted fluoride varnishing.
  - Consider exploring the feasibility and cost-effectiveness of local water fluoridation.

HEALTHY WEIGHT

CONTEXT

Overweight and obesity are terms that refer to an excess of body fat and they usually relate to increased weight-for-height. The most common method of measuring obesity is the Body Mass Index (BMI) which is calculated by:

BMI = Person's weight (kg) / Person's height (in metres)^2

Obesity is directly associated with many different illnesses. It is an independent risk factor for cardiovascular diseases and cardiovascular related mortality, and could increase the likelihood of developing other risk factors such as hypertension (high blood pressure) and type II diabetes. Obesity is also associated with cancer, disability, reduced quality of life and can lower life expectancy by up to 20 years. Obesity is estimated to be the fourth largest risk factor contributing to deaths in England (after hypertension, smoking, and high cholesterol). For individuals classified as obese, the risk of poor health increases sharply with increasing BMI.

ANALYSIS

NATIONAL CHILD MEASUREMENT PROGRAMME (NCMP)

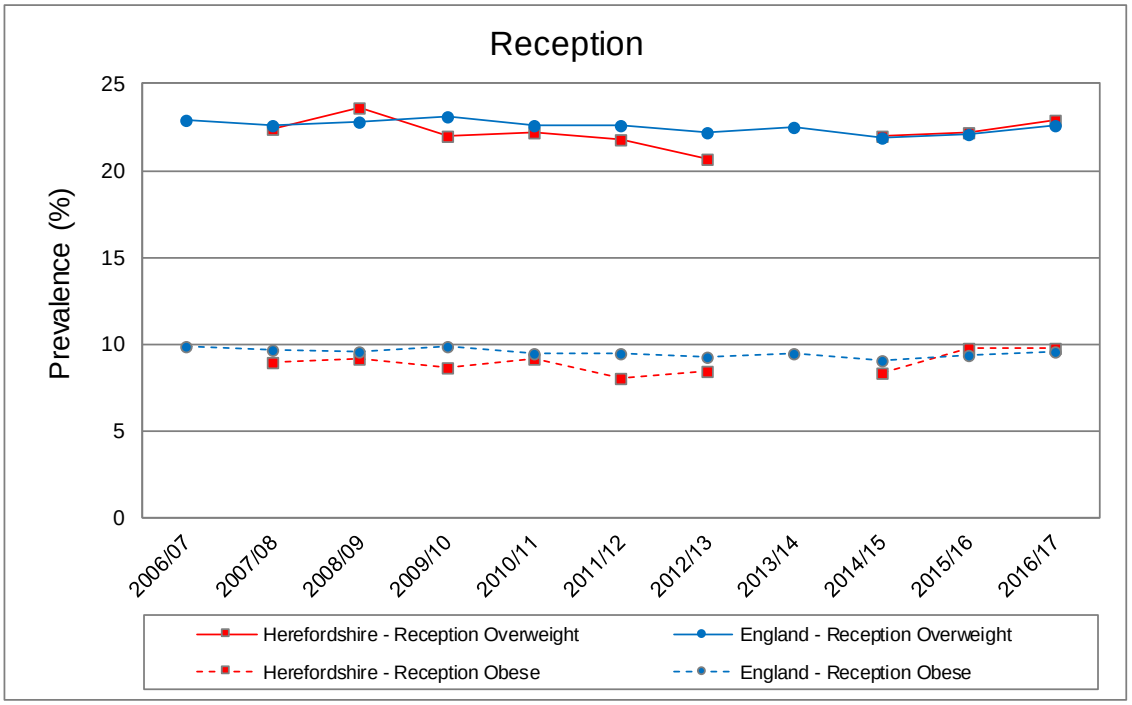
The National Child Measurement Programme (NCMP) measures the height and weight of primary school children in reception class (aged 4 to 5 years) and year 6 (aged 10 to 11 years) to determine BMI and assess overweight and obesity levels in children within primary schools. Descriptions of weight categories employed to asses children are given in Table 5. The data collected can be used at a national level to support local public health initiatives and inform the local planning and delivery of services for children.

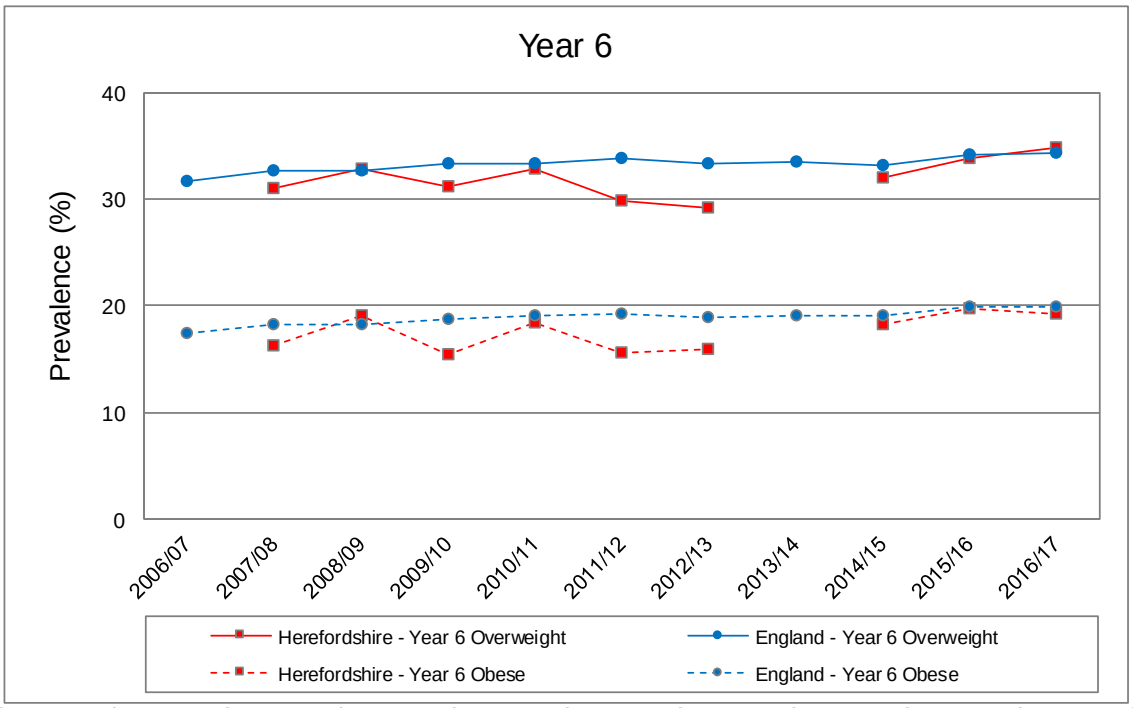
Table 5: **UK body mass index (BMI) percentile classifications for children**

Classification	BMI Centile: Population Monitoring (NCMP)	BMI Centile: Clinical Intervention
Underweight	≤2nd centile	≤2nd centile
Healthy weight	>2 - <85th centile	>2 - <91th centile
Overweight	≥ 85th centile	≥ 91th centile
Obese (Very overweight)	≥95th centile	≥98th centile

Between 2007/08 and 2016/17 the prevalence of overweight reception children in Herefordshire varied between 20.7% and 23.6%, while levels of obesity ranged between 8.0% and 9.8%; in both cases no trends were evident and the local figures were broadly similar to that observed nationally (Figure 27). Over the same period the prevalence of overweight year 6 children in Herefordshire varied between 29.1% and 34.8%, while levels of obesity ranged between 15.5% and 19.8%. As with the reception data, no temporal trends were evident and the Herefordshire figures were broadly similar to those recorded across England.

Figure 27: Prevalence of overweight and obesity in reception and year 6 children in Herefordshire and England



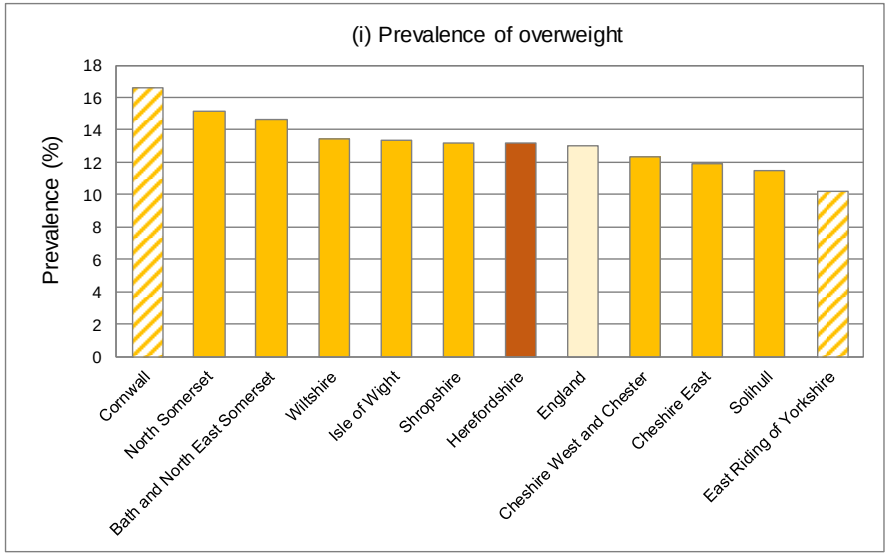


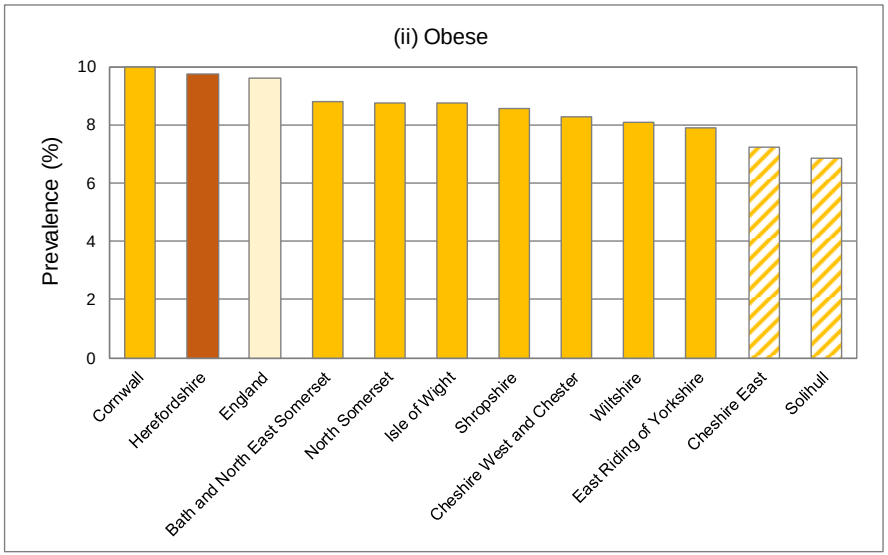
In 2016/17, of 1,173 Herefordshire reception age children measured 404 (22.9%) were overweight. Of this overweight cohort 172 (9.8%) were obese including 48 (2.7% were severely obese) there were 13.2% of reception age (4 – 5 years) children were overweight while 9.8% were obese. The local overweight and obese prevalence figures were similar to those reported for England and the majority of the ten nearest Upper Tier Local Authorities (UTLA) comparators. However, while the local severely obese prevalence was similar to the national figure, it was significantly higher than half of those reported among the comparator group (Figure 28). The

Herefordshire overweight prevalence was 76th highest out of 150 UTLAs across England, while the local obesity and severe obesity figures were 78th and 52nd highest respectively.

In 2016/17 a total of 1,584 year 6 children were measured of which 552 (34.8%) were overweight, 304 (19.2%) were obese and 65 (4.1%) were severely obese. All three local prevalence figures were similar to those reported for England but were significantly higher than half of the ten nearest UTLA comparators (Figure 29). The Herefordshire overweight prevalence was 15th highest out of 150 UTLAs across England, while the obesity prevalence was 95th highest and severely obese the 79th highest.

Figure 28: Prevalence of overweight and obesity in reception age children, 2016/17 (striped bars indicate significantly different from Herefordshire figure)





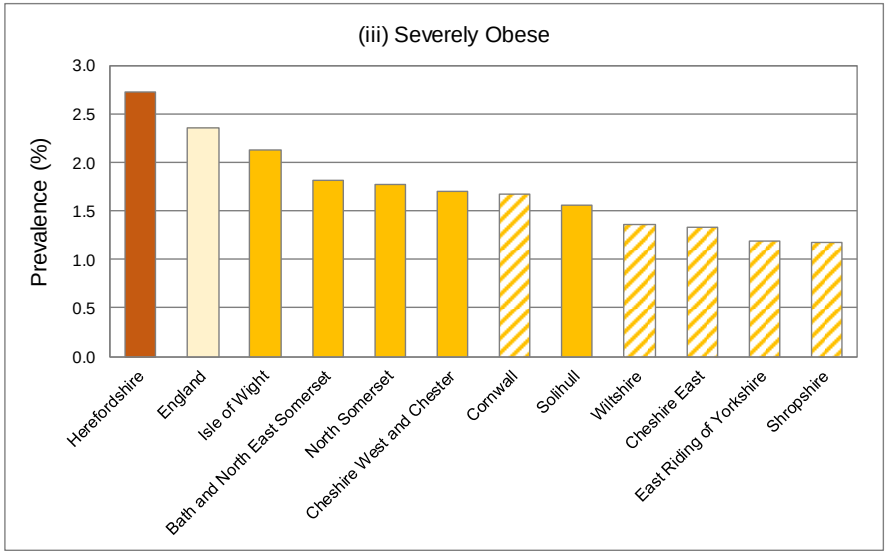
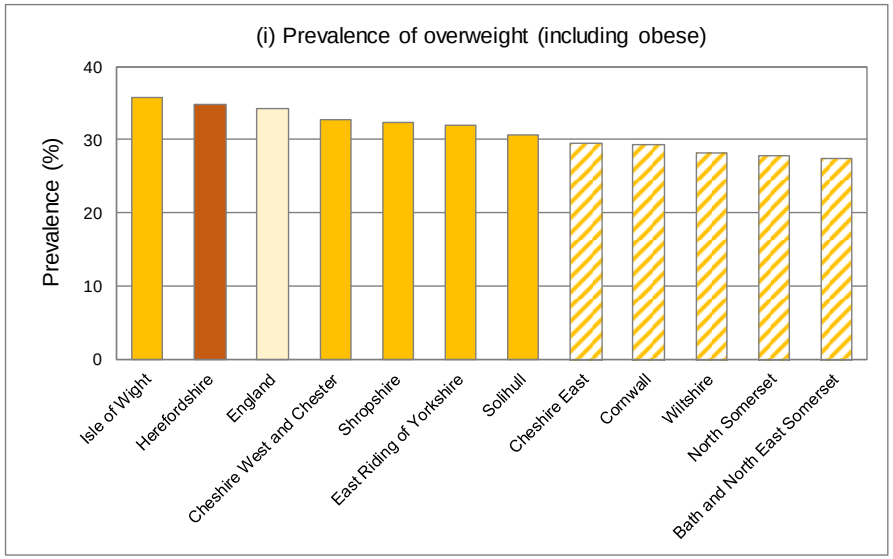
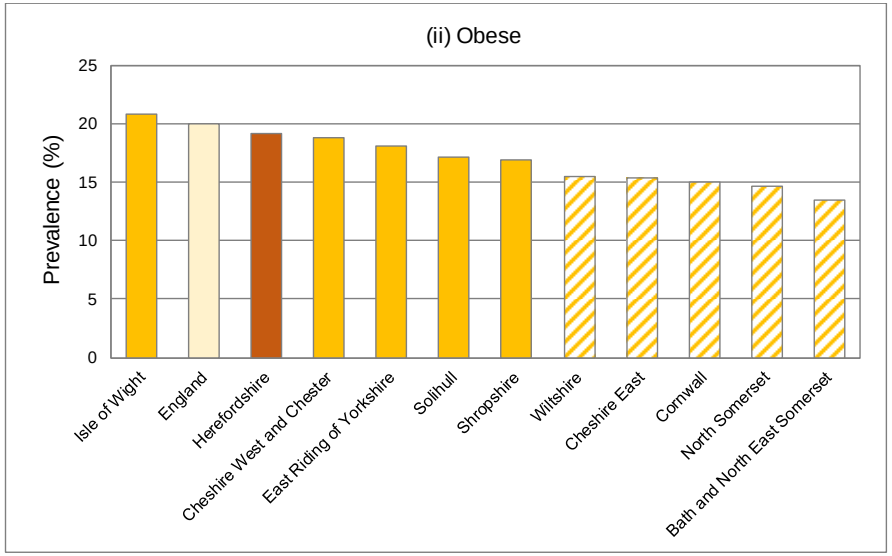
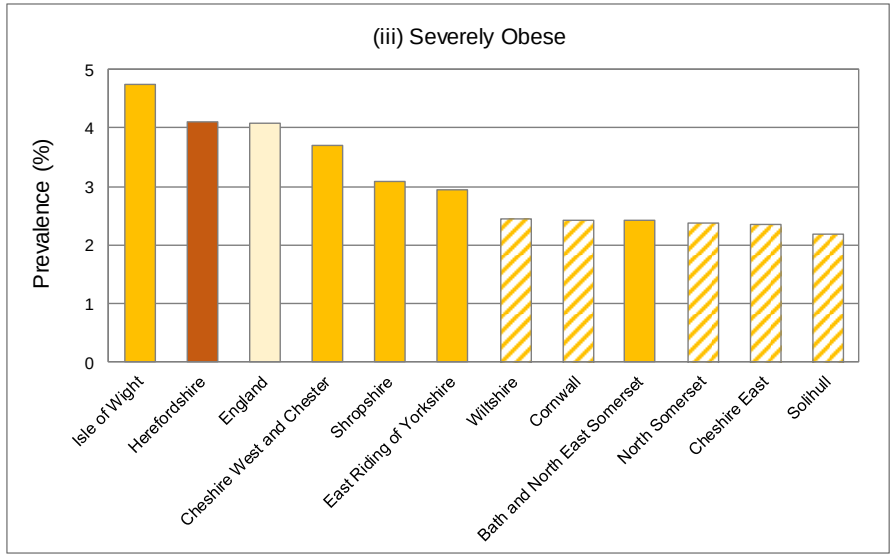


Figure 29: Prevalence of overweight and obesity in year 6 children, 2016/17 (striped bars indicate significantly different from Herefordshire figure)

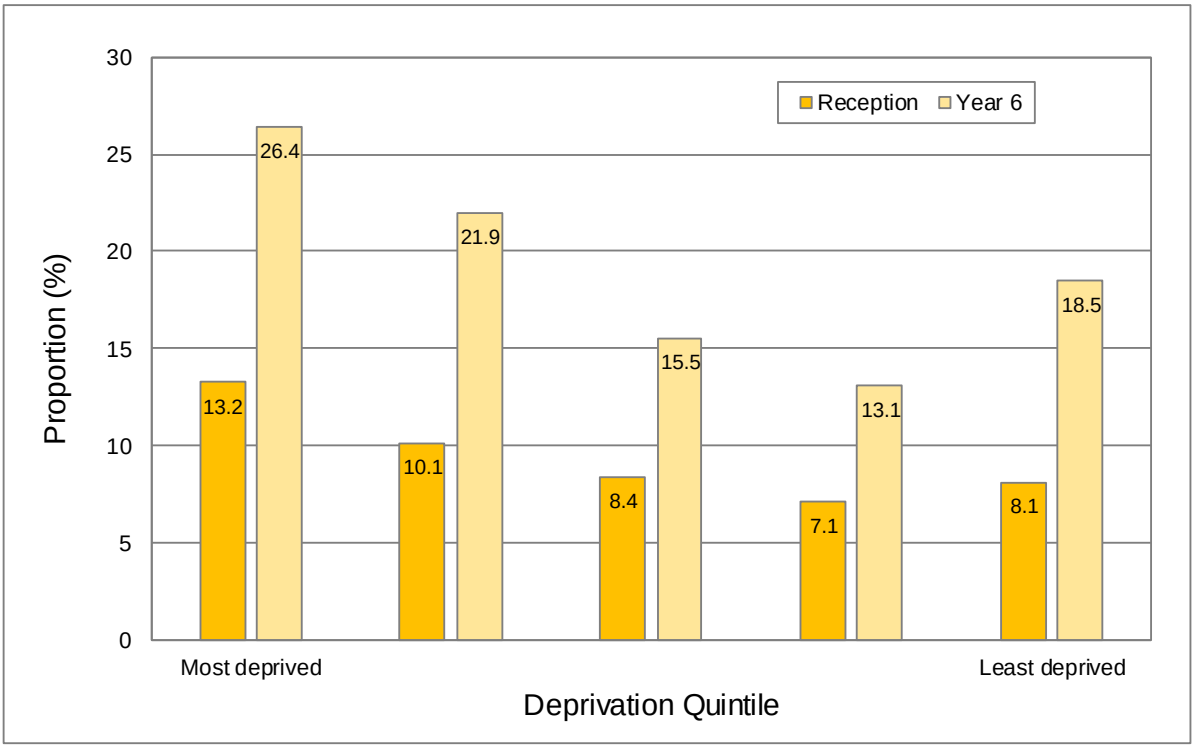






In reception and year 6 the highest prevalence of obesity was evident in the most deprived areas of Herefordshire with prevalence falling with decreasing deprivation, although in both cohorts this pattern is reversed in the least deprived quintile, with both figures being higher than the second quintile (Figure 30). However, it should be noted that there are no areas of the county where fewer than 10% of children are obese when they leave primary school – highlighting the extent to which it is a countywide issue.

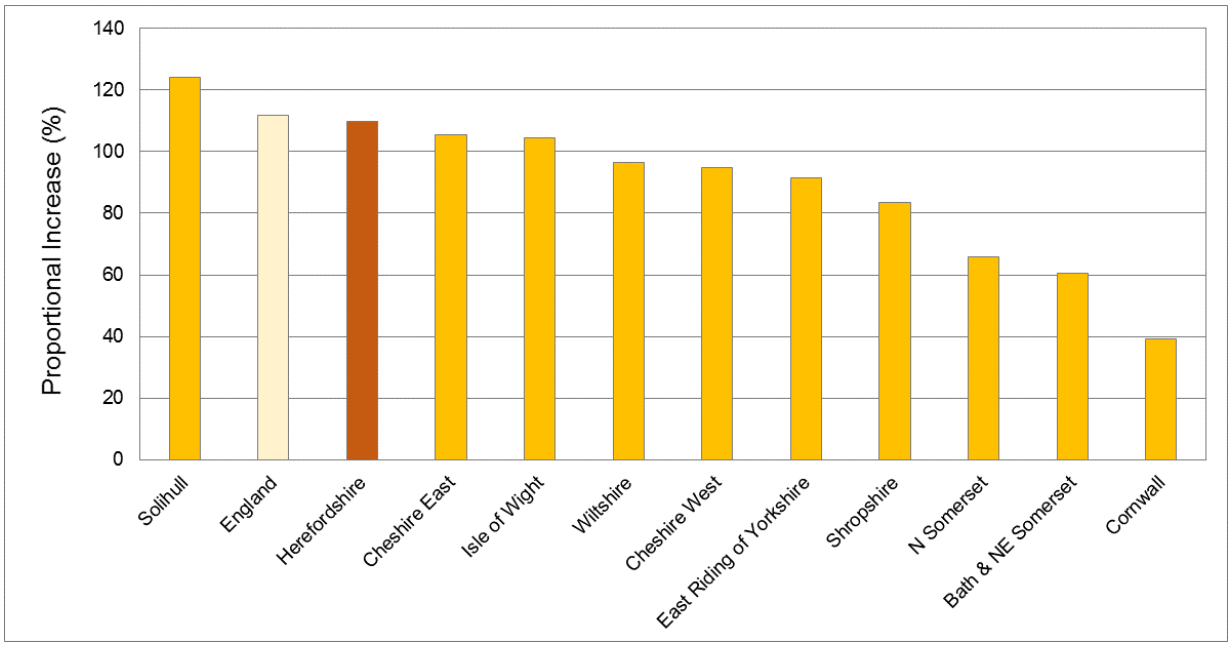
Figure 30: Proportion of obese children in reception and year 6 by deprivation in Herefordshire, 2016/17.



When looking at the year groups which represent the same group of children in both reception in 2010/11 and year 6 in 2016/17 there was a 109.7% proportional increase in the prevalence of obese children which was the 84th highest out of 150 UTLAs across England (Figure 31). The Herefordshire figure was similar to that recorded for England but higher than the majority of the ten nearest UTLA comparators. By tracking individual children through NCMP as they grow it has been shown that severely obese reception age children are likely to remain severely obese in Year 6, while around a third of obese, and a tenth of overweight reception children will develop severe obesity; only a small number of overweight and obese children return to a healthy weight in Year 6[90].

[90] V.R. Copley *et al*. (2017). Changes in the weight status of children between the first and final years of primary school: a longitudinal analysis of data from the NCMP in four local authorities in England between 2006/07 and 2014/15; PHE 2017. Available at:

Figure 31: Proportional increase in prevalence of obesity in children in same year group between 2010/11 and 2016/17



After aggregating the Herefordshire data to Middle Super Output Area (MSOA) level the prevalence of obesity in reception children for 2016/17 ranged from 5.7% in Burghstone to 16.8% in North Leominster[91] . The prevalence reported in Leominster North was the only MSOA figure to be significantly higher than those reported for both Herefordshire and England. The prevalence figures for South Wye East and South Wye West were both relatively high. The higher prevalence figures were evident in the north and the west of the county (Figure 32).

Obesity prevalence in year 6 children ranged from 12.3% in Marcle Ridge to 29.6% in South Wye West. Generally, higher prevalence figures were recorded in Hereford and around Leominster (Figure 33). The prevalence reported in South Wye West was the only MSOA figure to be significantly higher than those reported for both Herefordshire and England, although the prevalence in South Wye East was also significantly higher than the national figure. Overall, the combined data for both South Wye areas was significantly higher than both the county and national figures. The prevalence figure for Leominster North was also relatively high. However, it should be noted that there are no MSOAs across Herefordshire where fewer than 10% of children are obese as they leave primary school, so the issue of childhood obesity is a countywide issue.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/609093/NCMP_tracking_report.pdf

[91] Data was suppressed for Marcle Ridge and Malvern Beacons MSOAs, either due to the number of children classified as obese being less than or equal to five, or to avoid disclosure through differencing.

Figure 32: Prevalence of obesity in reception children in Herefordshire MSOAs

(Data was suppressed for Marcle Ridge and Malvern Beacons MSOAs, either due to the number of children classified as obese being less than or equal to five, or to avoid disclosure through differencing)

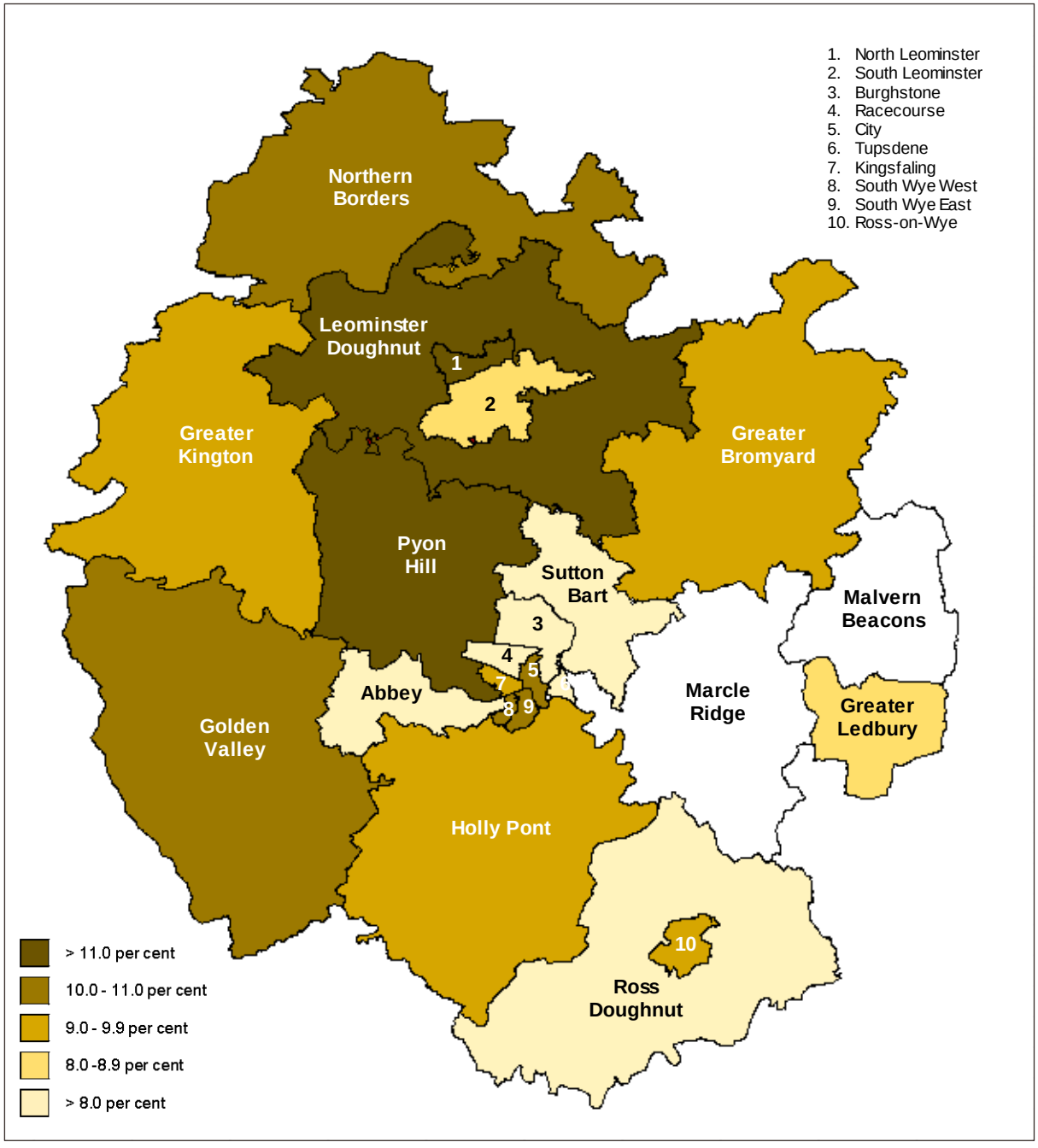
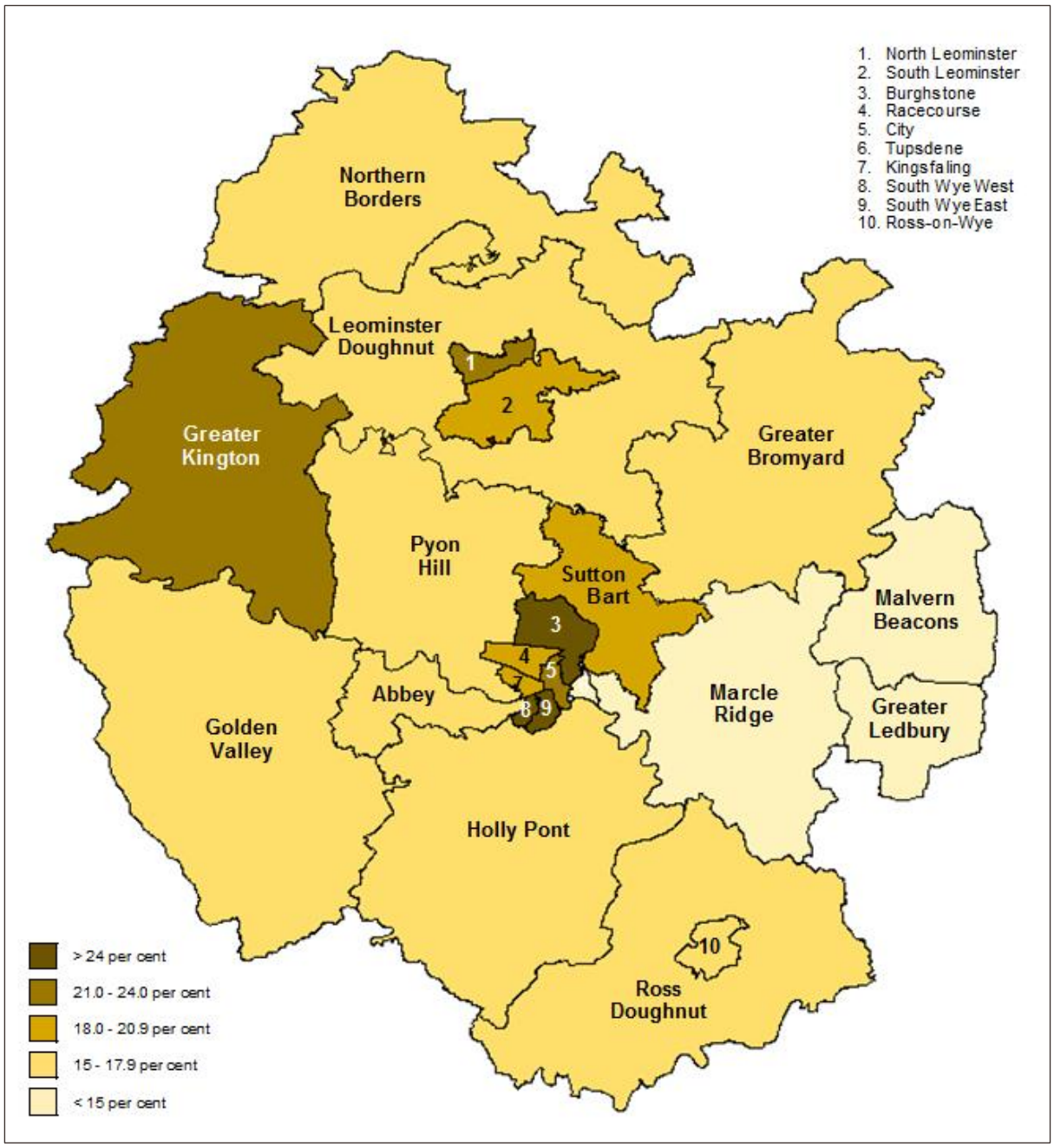


Figure 33: Prevalence of obesity in year 6 children in Herefordshire MSOAs



HOSPITAL ADMISISONS

Of the 3,075 elective admissions of individuals aged under 19 for which HCCG were responsible eight had primary diagnoses of obesity (ICD10 E66) with a further eight admissions with secondary diagnoses of obesity. Of the eight admissions with a primary diagnosis of obesity seven required the taking of a blood sample and were discharged on the same day as admission.

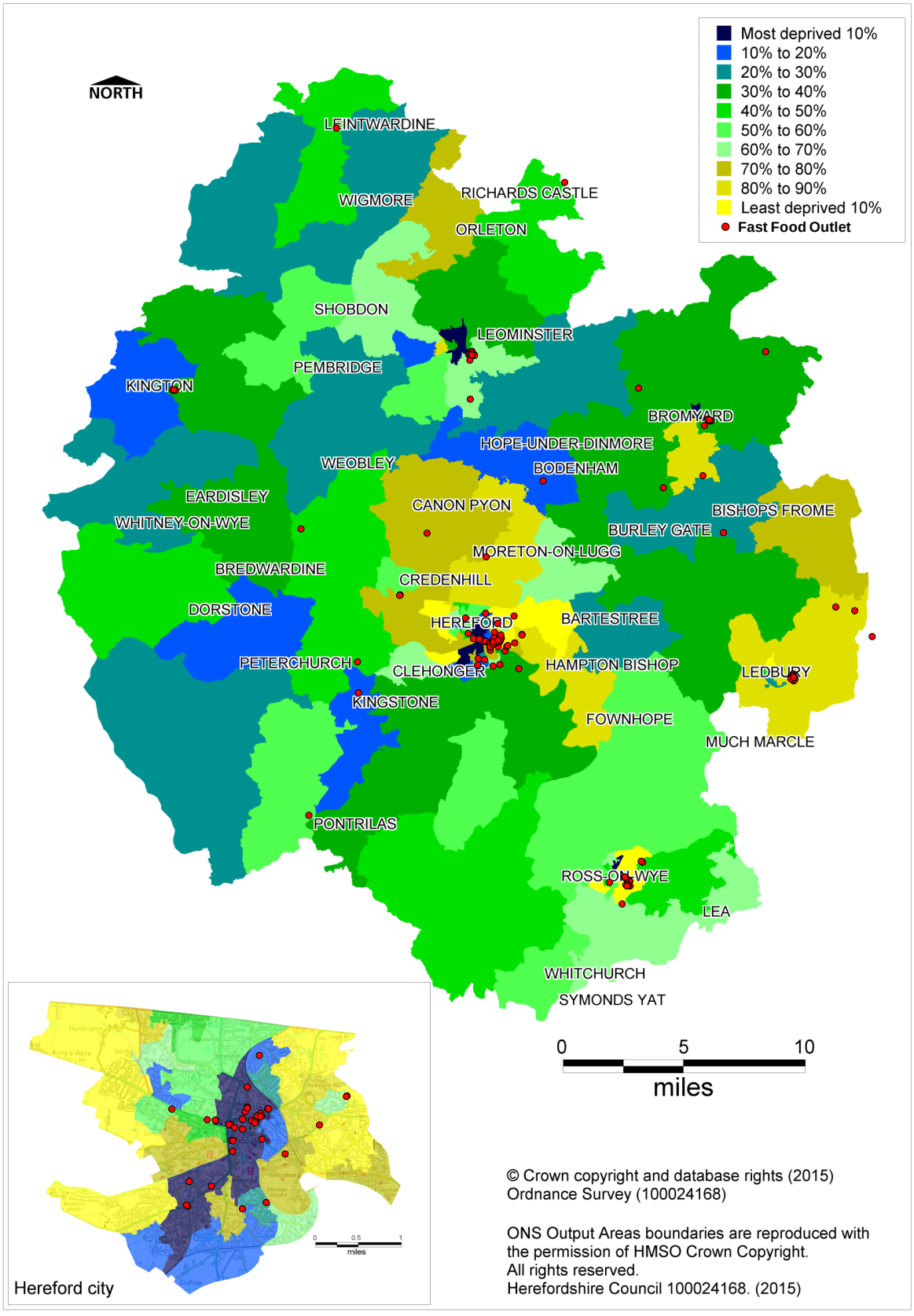
FAST FOOD OUTLETS

One particular issue in relation to healthy diet is the consumption of fast food as there is a growing body of evidence on the association between exposure to fast food outlets and obesity. Similarly, there is strong evidence linking the availability of fast food outlets and increasing level of area deprivation[92]. As of December 2017, there were 109 fast food outlets across Herefordshire, which corresponds to 58 outlets per 100,000 population compared to the national rate of 96 per 100,000. Fifty-three of the outlets are located in Hereford with a further 46 located in the market towns as indicated in Figure 34. The map illustrates that an appreciable number of outlets are located within areas of higher deprivation.

Although the density of fast food outlets in Herefordshire is low compared to national and regional figures, the concentration of fast food outlets in more deprived parts of Herefordshire is a concern.

[92] Obesity and the environment. Density of fast food outlets. Public Health England. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/741555/Fast_Food_map.pdf

Figure 34: Distribution of the fast food outlets in Herefordshire with IMD 2015 by county decile for Herefordshire LSOA indicated.



WEIGHT MANAGEMENT

HEALTHY EATING

Eating a healthy, balanced diet is an essential part of maintaining good health and a healthy body weight and involves eating a wide variety of foods in the right proportions and consuming the right amount of food and drink to achieve. Eating habits are established in childhood and adolescence, consequently the diet and eating habits of young people are of concern to policy makers.

In relation to babies, breast milk is the only food required in their first six months with formula milk the only suitable alternative. In 2016/17 three quarters of all mothers in Herefordshire breastfed their babies in the first 48 hours after delivery, a figure similar to that for England as a whole. By six to eight weeks after birth a little over half of babies were still being breastfed, a proportion significantly higher than seen nationally.

Parental BMI is a significant factor influencing that of children with those with overweight/ obese parents being more than twice as likely themselves to be overweight/obese compared to children with healthy weight parents[93].

The government encourages good eating habits as a preventative health strategy through campaigns such as 5 A DAY which encourages everyone to eat at least five portions of a variety of fruit and vegetables every day. In 2014/15 the What About YOUth (WAY) survey, reported that 58.3% of 15 year olds in Herefordshire eat at least five portions of fruit and vegetables on a daily basis, a figure significantly higher than that for England as a whole. The Every Child Matters study conducted in 2009 reported that 62% of schoolchildren ate “a lot” of fresh fruit and 50% ate “a lot” of vegetables, although 10% were reported “never” had vegetables.

The Eat Better Start Better guidelines[94] produced by Action for Children reflects the government’s dietary recommendations for children aged 6 months to 5 years and sets out the food and drink guidelines for early years settings in England. Following the advice in this new guidance when providing food and drink will help you to meet the nutritional requirements of young children in your care.

Results of work undertaken locally investigating food provided in early years settings and opportunities/barriers for provision of healthy food[95] indicates that few settings in

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[93] Obesity – The Kings Fund. Available at : https://www.kingsfund.org.uk/projects/time-think-differently/trends-healthy-behaviours-obesity

[94] Available at: https://www.actionforchildren.org.uk/media/9750/eat-well-practical-guide-final-check.pdf

[95] K. Pritchard (2018). Investigating the extent to which ‘Eat Better Start Better’ national programme guidance has influenced menu design in childcare settings locally in Herefordshire. Unpublished MPH Thesis.

Herefordshire currently provide meals to children and that a high proportion only served snacks. The evidence indicates that in some instances attempts have been made to implement the Eat Better Start Better programme guidance, although some barriers exist preventing settings from following guidance such as low knowledge of healthy eating, in menu design and economic concerns. The research recommended that:

- Given that few of the local Early Years settings are providing food to children in their care, local authority records should be updated regularly across various colleagues, such as from Environmental Health and Early Years Improvement Advisers who visit settings. A clear picture could be gained about the number of settings providing food to children in their care.
- Local Public Health Teams should be able to analyse menu procedures and content data periodically to determine which settings could be offered further support with guidance implementation and those who require further support with offering guidance for parents.
- Early Years Settings have indicated a number of barriers to implementation which may also require further investigation.
- Additional research could ask about the quality of food policies in these settings, and request food policies for assessment to determine if they comply with national guidance and determine if parents are adhering to them.
- Further research could investigate to confirm if smaller settings are less able to adhere to the national guidance and how to focus support for them.
- Investigation into the uptake of meals provided within settings and the proportion of children attending with a home prepared lunch.

PHYSICAL ACTIVITY

In addition to the maintenance of a healthy weight physical activity is associated with numerous health benefits for children, such as muscle and bone strength, health and fitness, improved quality of sleep and maintenance of a healthy weight. There is also evidence that physical activity and participating in organised sports and after school clubs is linked to improved academic performance. The UK Chief Medical Officers recommend that all children and young people should engage in moderate to vigorous intensity physical activity every day. Guidelines[96] have been released covering different age groups (0-5, 5-18, 18+) categorising what constitutes physical activity, how much physical activity people need to do, and the concomitant health

[96] Start Active, Stay Active. A report on physical activity for health from the four home countries' Chief Medical Officers. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/216370/dh_128210.pdf

benefits of physical activity, a summary of which is given below and illustrated in Figure 35:

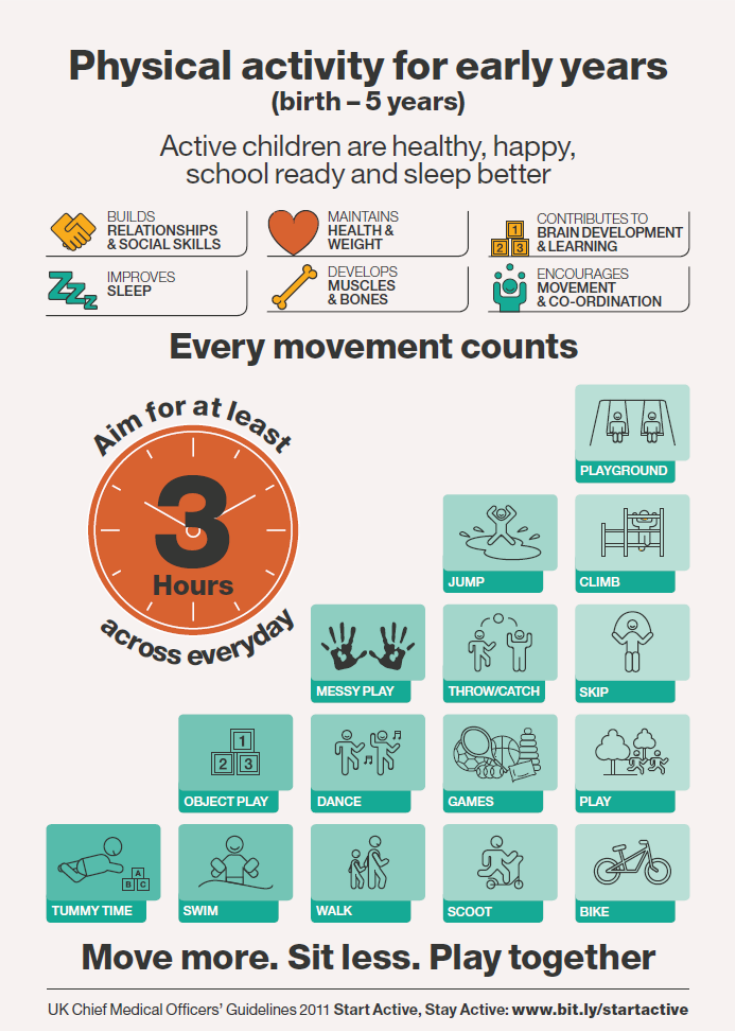
- Infants who are not yet walking should be physically active from birth and minimise sedentary time.
- Infants who are capable of walking unaided should be physically active for at least three hours (180 minutes) spread throughout the day.
- Children and young people aged 5-18 should be physically active for at least 60 minutes every day and should minimise the time spent sitting.

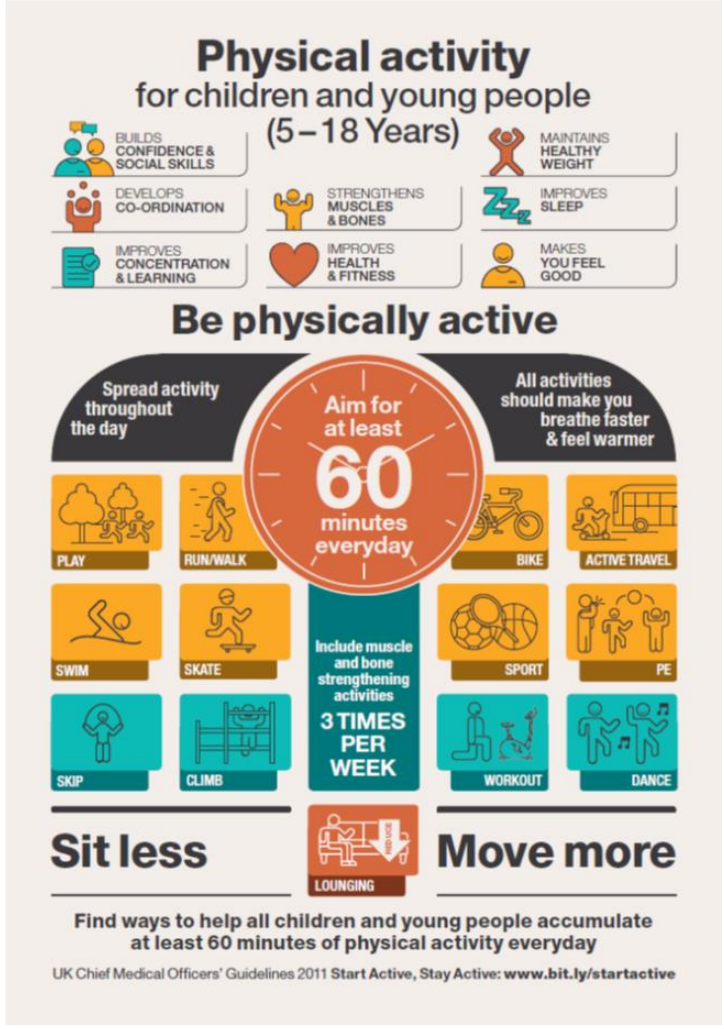
The importance of play and physical activity to children is outlined in a report by the Children's Commissioner. The report recognises that Increasing children's play and physical activity has a range of physical and emotional benefits and makes a number of recommendations to help children become more active:

- Government
  - Put out of school activity at the heart of the plan to reduce obesity.
  - Focus on play and activity in response to other challenges faced by children, including mental health and technology use.
  - Reduce the bureaucracy in getting financial help for childcare after school and during school holidays.
  - Fund holiday play schemes in disadvantaged areas.
  - Make children's play and physical activity a public health priority.

- Local Areas
  - Think strategically about how to promote play, and work with local venues to maximise the use of existing facilities.
  - Focus on making parks and other areas a safe, child-friendly space.
  - Fund holiday and out of school activities for children who are looked after.

Figure 35: Chief Medical Officer guidelines for physical activity for children





Source: UK Chief Medical Officer's Guidelines 2011 Start Active, Stay Active.

In 2014/15 15.1% of 15 year olds in Herefordshire were reported as partaking in at least one hour of physical activity daily, a figure similar to that for England as a whole.

Herefordshire Council Public Health have developed and produced a leaflet detailing how to eat healthily and maintain a healthy weight.

LOCAL ACTION

WEIGHT MANAGEMENT CAMPAIGNS

Childhood obesity is recognised as an issue in Herefordshire and has been listed as a priority in the **Herefordshire Health and Wellbeing Strategy**[97].

The **Healthy Lifestyles** programme led by Herefordshire Council Public Health and Healthy Lifestyle Trainer Service provide information and guidelines on staying healthy. As part of this information is provided on eating healthily and physical activity on their webpage[98] and also in the leaflets outlined above.

Herefordshire Council's integrated approach to public health and wellbeing programme for children and young people aims to tackle the areas of major concern in childrens' health in the county, i.e. dental health, obesity & weight management and mental health & wellbeing. In relation to obesity work already undertaken includes:

- Weights and heights of children in reception and year 6 measured during academic year 2016/17 (NCMP)
- Dissertation research project - food provided in early years settings and opportunities/barriers for provision of healthy food
- Promotion of local and national campaigns such as Change4ife and Sugar Smart
- Launch of Healthy Living Pharmacy Scheme in Herefordshire

Planned work includes:

- Commission an evidence-based, targeted child & family weight management programme
- Provision of advice to parents and carers of children identified as being Underweight, Overweight and Very overweight from the National Child Measurement Programme
- Pilot project with 3 secondary schools to weigh and measure heights of year 9 children
- Increased physical activity support for early years settings and primary schools
- Provision of guidance to primary schools in relation to healthy eating policies and Change4Life resources
- Commission of an equitable and sustainable model for Healthy Start vitamin distribution in the county

[97] www.herefordshire.gov.uk/download/downloads/id/3677/health_and_wellbeing_strategy.pdf
[98] www.herefordshire.gov.uk/info/200207/family_support/625/stay_healthy/6

- Targeted work investigating relationships between local patterns of children being overweight and dental health
- Development of Fit Families Weight Management Programme

Change4Life is Public Health England's flagship programme for preventing childhood obesity with the aim of improving those health behaviours, such as poor diet and lack of physical activity which can lead to obesity, particularly in children. This programme has been actively adopted in Herefordshire and is an integral part of local public health campaigns.

DISCUSSION AND RECOMMENDATIONS

While levels of overweight and obesity in reception age and year 6 children in Herefordshire are not significantly different to those reported across England as a whole, like the rest of the country the observed prevalence figures are of concern. As observed nationally, the level of obesity in Herefordshire children more than doubles as they pass from reception to year 6.

It is evident that levels of obesity in children are higher in more deprived areas of Herefordshire, particularly South Wye and North Leominster. However, it should be noted that there are no MSOAs across Herefordshire where fewer than 10% of children are obese as they leave primary school, so the issue of childhood obesity is a countywide issue.

Although there is an option to include NHS numbers in the NCMP data return, this is not currently done in Herefordshire. As a result it is not possible to follow individuals through the NCMP data set between reception and year 6. The addition of NHS numbers to the dataset would improve understanding of how childhood obesity progresses over time, and the identification of factors which influence obesity at a local level.

RECOMMENDATION:

- Take steps to ensure that in future NCMP surveys NHS numbers are included to allow further analysis and better understanding of how childhood obesity progresses over time, and the identification of factors which influence obesity at a local level.

It is becoming evident nationally that there is an association between exposure to fast food outlets and obesity. Although the density of fast-food outlets in Herefordshire is relatively low, the concentration of them in more deprived areas of the county is of concern.

The combination of obesity, fast food outlets and deprivation in Herefordshire is an important picture and possible one which could be used to underpin campaigns promoting healthy eating and physical activity.

RECOMMENDATION:

- Reflect on the combination of excess weight, access to fast food outlets and level of deprivation and how this could be used to inform policy decisions regarding healthy weight.

Research findings[99] suggest that the clustering of a number of detrimental health behaviours[100] (for example: the consumption of high fat and sugary foods, and sedentary behaviour) contribute to weight-related problems among children and young people. The relative importance of these factors is expected to vary by age, sex, and wider environment. These findings indicate the need for an understanding of health behaviours that are associated with excess weight in Herefordshire, allowing interventions that best address these factors to be selected and targeted appropriately.

Much of the local information on diet and physical activity levels among children and young people is over a decade old – having been collected through the 2006 Teenage Lifestyle and 2009 Every Child Matters surveys.

RECOMMENDATION:

- Consider developing a survey to investigate eating behaviour and physical activity levels in children and young people. The survey should encompass children and young people of different ages and cover the whole of the county in order to provide up to date data to inform future campaigns and interventions to promote healthy weight.

[99] https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-018-5698-9

[100] For example: the consumption of high fat and sugary foods, and sedentary behaviour.

SECTION C: A DEEP DIVE – SAFEGUARDING CHILDREN AND YOUNG PEOPLE: EARLY HELP

SAFEGUARDING CHILDREN: EARLY HELP

CONTEXT

OVERVIEW OF SERVICES FOR SAFEGUARDING CHILDREN IN HEREFORDSHIRE

A number of services provided by various organisations contribute to safeguarding children in Herefordshire (Figure 36, p.107). The various components of Herefordshire's safeguarding system are described in brief below.

EARLY HELP

"Early help means providing help for children and families as soon as problems start to emerge or when there is a strong likelihood that problems will emerge in the future.[101]"

The approach to early help in Herefordshire reflects the widespread recognition that it is better to identify and deal with problems early rather than to respond when difficulties have become acute and require intervention by more intensive services such as those provided by children's social care. Early help is available for families with children aged 0 to19 years old and up to 25 years old for those with Special Education Needs and Disabilities (SEND). The families who are likely to benefit most from Herefordshire's early help offer are those who have level 2 and 3 needs according to Herefordshire's Levels of Need Threshold (Figure 37, p.108). However, if needs escalate and social care involvement is required, some early help provision may continue as part of a child's plan.

MULTIAGENCY SAFEGUARDING HUB

The Multiagency Safeguarding Hub (MASH) is a partnership between Herefordshire Council (children's social care), police, health, probation, education and Women's Aid. It provides a single point of contact for all safeguarding concerns. It is a confidential unit in which information is shared securely in order to make sure children and young people in Herefordshire are kept safe.

MASH receives referrals from individuals and organisations who have concerns about the wellbeing of children and young people. When someone refers a case to children's social care, the MASH staff gather information from every agency and use this to inform decisions about the most appropriate intervention to respond to the child's identified needs. The MASH team can

[101] Herefordshire Early Help Strategy 2016-2018, Herefordshire Council, July 2016.

immediately trigger a response when required which means they are able to respond to a child's needs quickly and effectively.

CHILDREN'S SOCIAL SERVICES

Children in need

Children in need (CiN) are children and young people with specific vulnerabilities that require input from social services in order to help them to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development. This cohort excludes children and young people subject to a child protection plan and children who are looked after.

Children and young people subject to a child protection plan

A child or young person is made the subject of a child protection plan (CPP) in order to safeguard them against them experiencing significant harm.

A CPP is a plan drawn up by the local authority, and sets out how the child can be kept safe, how things can be made better for the family, and the support that will be needed for this to be achieved.

Children who are looked after

The best place for most children to be is with their families. However, some children in Herefordshire cannot be supported by their own families, and are looked after by the council. Children may become looked after under a voluntary agreement with their parents, or through an agreement with the Courts.

Some children and young people need to be looked after for a short period before returning to their family; others need to be looked after for much longer. The majority of children who are looked after (CLA) are placed with foster carers. Some young people aged 16 and 17 may be supported in a more independent arrangement such as supported lodgings or supported accommodation.

Further information about CLA in Herefordshire can be found in the Corporate Parenting Strategy Needs Assessment.

Care leavers

Care leavers are young people between 16 and 25 years of age who are, or were, looked after for at least 13 weeks after the age of 14. Herefordshire Council continues to support these young people to varying degrees depending upon their age and circumstances.

Figure 36: Overview of Herefordshire's Safeguarding Children System

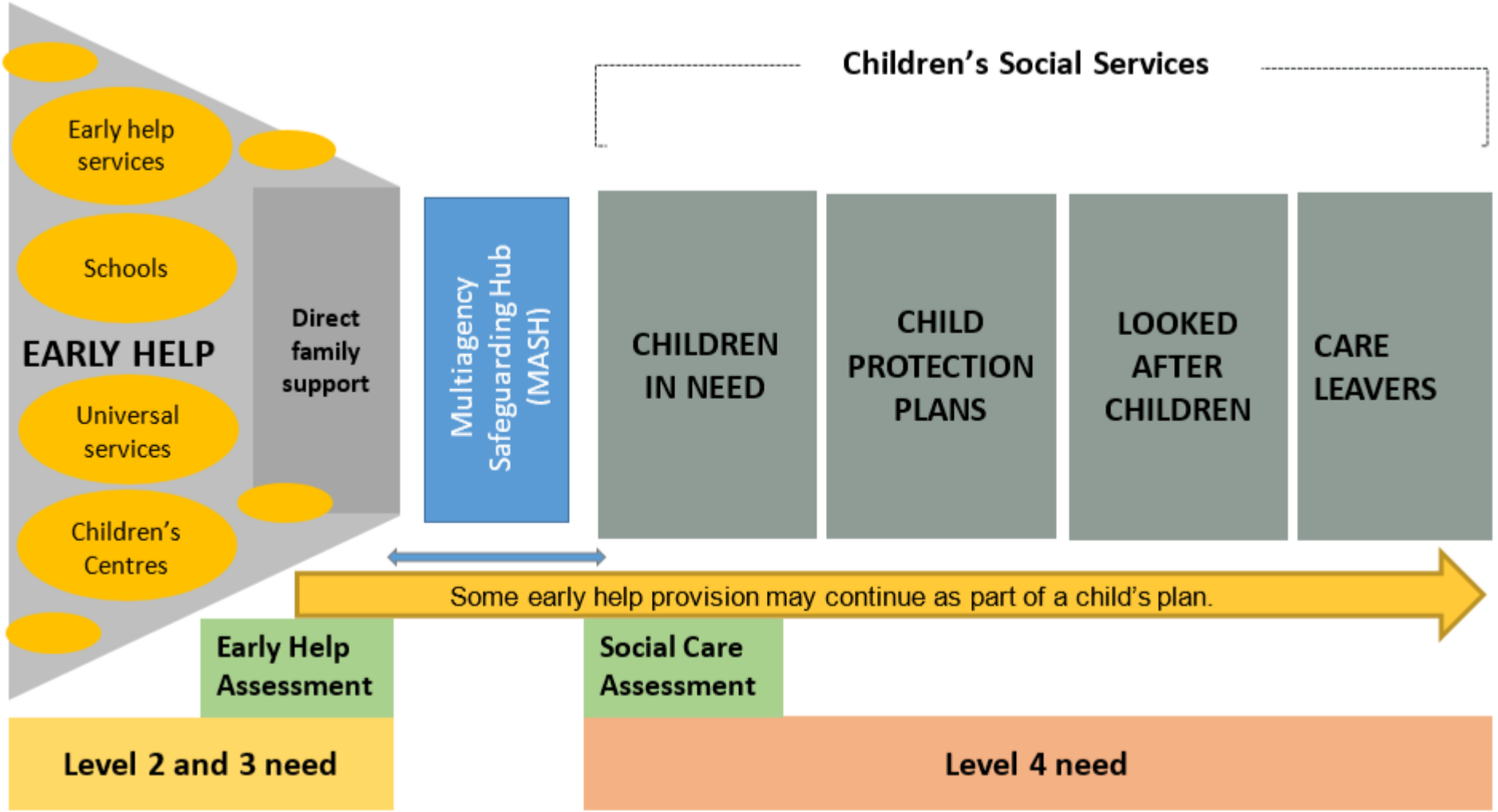
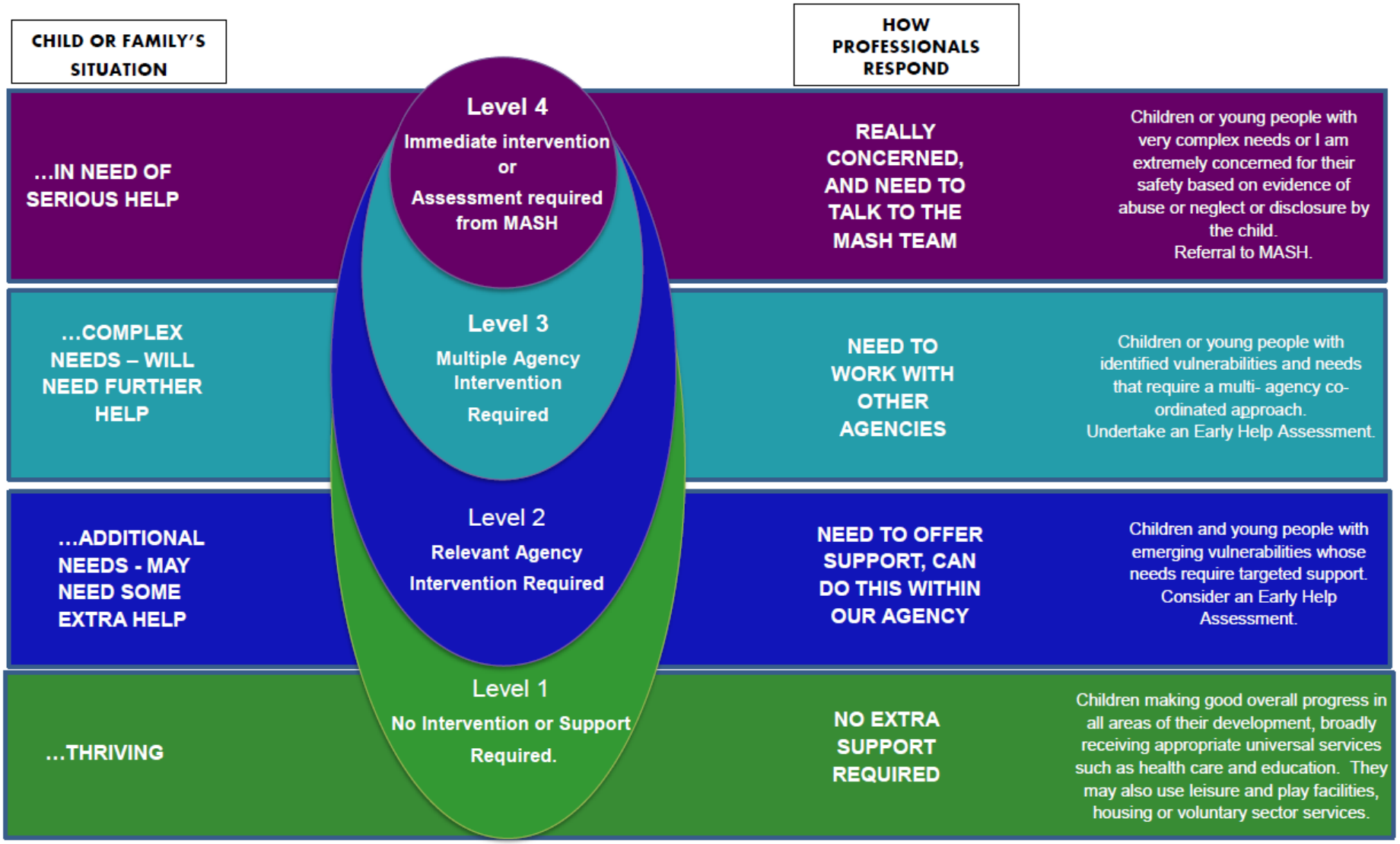


Figure 37: Herefordshire Levels of Need Threshold



Source: **Herefordshire Levels of Need Threshold Guidance: Multi - agency guidance on meeting the needs of children, young people and their families in Herefordshire,** Herefordshire Safeguarding Children Board, December 2017.

DRIVERS FOR ANALYSIS

The priorities for analysis relating to safeguarding children for the 2019 ChINA were determined by several different driving factors, which are described below.

RATES OF CHILDREN WITH HIGHER LEVELS OF NEED

Since 2015, Herefordshire has had significantly higher rates of CAL compared to the West Midlands and England, and has had one of the highest rates among similar local authorities. Historically, the local rate of CPP has also been high. More detailed analysis can be found on pages 9-11.

FEEDBACK FROM PEER REVIEW PROCESS AND OFSTED INSPECTION

As part of its commitment to learning and continually improving, Herefordshire Council hosted a peer review process in early 2018, where the Local Government Association (LGA) was invited to review the way the council approaches its work. Feedback recommended further investing in early help services in order to improve outcomes for children and families by preventing the need for more intensive social services at a later stage, suggesting that early help activity levels were too low, and likely contributing to high rates of CAL and CPP observed locally. This recommendation was supported by the findings of an unannounced Ofsted inspection in June 2018. The resulting Ofsted report highlighted that the local early help offer was of good quality, but that some children and families were not being referred to the service at a point when they might have befitted[102].

LOCAL ACTION

In response to the feedback from the peer review process and the subsequent unannounced Ofsted inspection, Herefordshire Council's children's social services have begun to plan and undertake a number of activities; with a collective aim of improving outcomes for children, young people and families who come into contact with the local safeguarding system by increasing the amount of early help provided, and in so doing reducing the local rates of children who are looked after and child protection plans. These activities centred around, but were not limited to:

- Reviewing the application of thresholds of need to ensure consistent and appropriate application (including a redesign of the safeguarding children pathway, with the introduction of a single front door to triage all early help and safeguarding children referrals).
- Increasing early help capacity and activity, so that more children, young people and families receive timely help when issues are beginning to emerge.

[102] Herefordshire: Inspection of children's social care services, Ofsted, July 2018.

REVIEW OF EARLY HELP

To support plans to increase the role of early help within the local safeguarding children system, an evaluation of the current early help offer was prioritised for the 2019 ChINA, with the intention of gaining better insight into the needs of the children and families who engage with early help services, and the effectiveness of these services; in order to highlight where improvement activities and further investment would be best focused.

Due to the level of detail in this 'deep dive', the early help analysis forms a standalone report. The key findings that aren't discussed elsewhere in this section are as follows:

- Recent increases in demand for early help are expected to continue, with an influx of children 'stepping down' from social care anticipated as a result of ongoing activities to ensure that thresholds of need are applied appropriately across children's social services.
- Early help is targeting children and young people in the most deprived parts of Herefordshire, and those who are at risk of entering social care.
- Children and families who are experiencing poverty and associated disadvantage, might be expected to struggle to engage with services. However, local data indicates that the early help offer supports children and families living in more disadvantaged areas of the county to achieve their outcomes as well as it supports their peers who are living in more affluent areas.
- Internal performance data indicates that early help is less effective among young people who are 12 years of age. The reasons for this are not fully understood, but transitioning into secondary school and the impact this has upon the initiation and continuity of early help is hypothesised to be an important factor.
- There is currently limited data available regarding the early help provided through local children's centres, due to the way in which data is collected and reported.
- There was evidence that children under the age of one are not being picked up by the core, council managed early help offer. This may be in part due to these children being appropriately catered for by children's centres, but the data did not allow this to be explored.

Further details, including recommendations specific to the early help offer in Herefordshire, can be found in *ChINA 2019: review of early help* report.

CURRENT SERVICE PROVISION

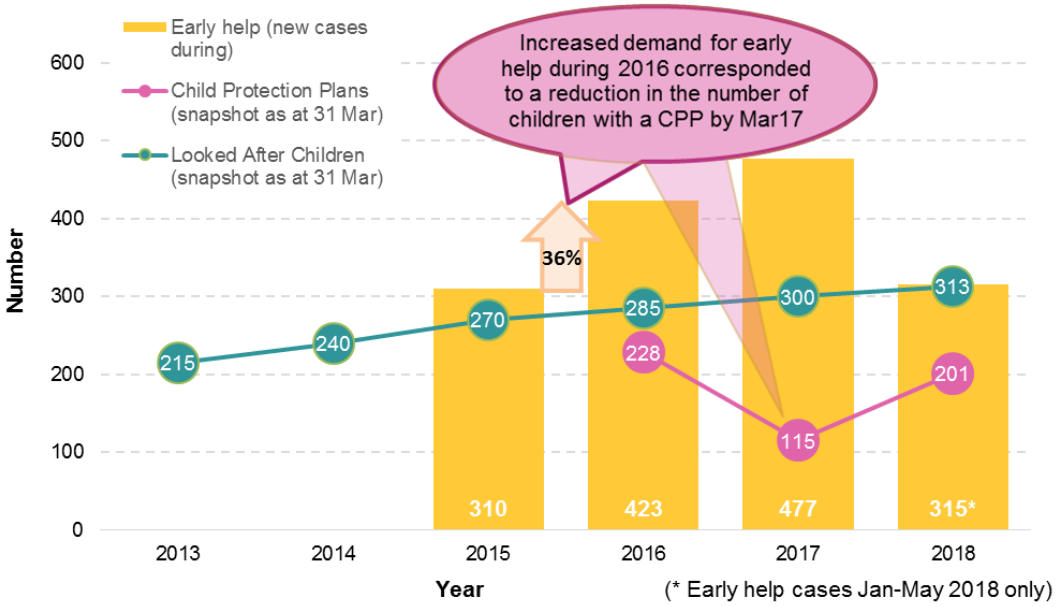
This section presents the current picture of demand for children's social care services in Herefordshire in terms of recent trends in numbers and rates. Cohorts of children are those receiving early help services; who are the subject of a child protection plan (CPP); or are looked after by the local authority (CLA). Due to data quality issues, which at the time of writing (August 2018) were still being addressed, it was not possible to include a robust analysis of those classified as children in need (CIN).

TRENDS IN EARLY HELP, CPP AND CAL NUMBERS

Figure 38: Trends in early help, child protection plans and children who are looked after, Herefordshire shows recent trends in new early help cases, and the number of child protection plans and looked after children in Herefordshire. Points to note include:

- At the end of March 2018 there were 313 CLA in the county – continuing a six year upward trend.
- The fall in the number of children subject to a child protection plan between March 2016 and March 2017 is understood to be due to a more rigorous application of the levels of need threshold for implementing CPPs – which resulted in a considerable number of children and young people being 'stepped down' from their child protection plans to receive support from early help services. This corresponds to the marked increase in new early help cases opened during the 2016 calendar year (+36%).
- The number of new early help cases opened per calendar year has increased year-on-year since 2015, a trend that is expected to continue for 2018 if the rate of new cases seen between January and May (315) continues for the rest of the year.

Figure 38: Trends in early help, child protection plans and children who are looked after, Herefordshire



Sources: Children looked after in England including adoption: 2016-17, DfE; internal performance data, Mar18, HC.

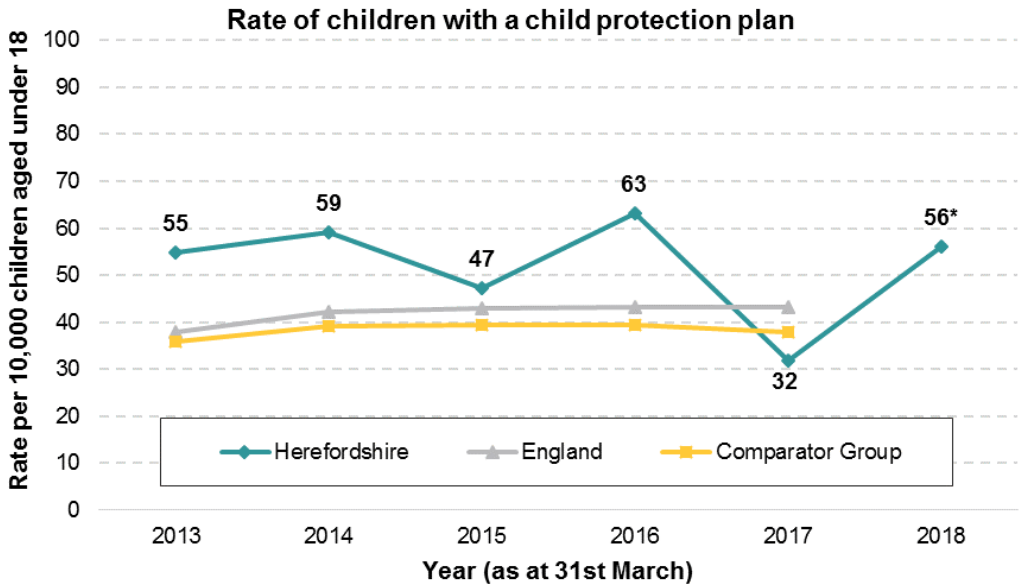
RATES OF CHILD PROTECTION PLANS AND CHILDREN WHO ARE LOOKED AFTER

Considering rates rather than numbers enables comparison with other areas. As Figure 39 and Figure 40 show, in recent years Herefordshire's rates of both child protection plans (CPPs) and children who are looked after (CLA) have been higher than nationally and amongst statistical neighbours. In fact, the rate of CAL has been one the highest of similar local authorities.

Local performance analysis indicates that these higher than would be expected rates were at least partly due to a 'risk averse' approach to child protection locally. As mentioned above, changes in practice to more rigorously apply the levels of need thresholds contributed to the statistically significant drop in the rate of children with a CPP between March 2016 and 2017 – bringing the local rate below that of England and comparators. However, there was another rise in the rate during 2017 – particularly marked towards the end of the year – which resulted in a high of 236 children with CPPs by the end of January 2018. This had reduced to 201 by the end of March, giving a rate of 56 per 10,000 children. The application of thresholds of need continue to be considered.

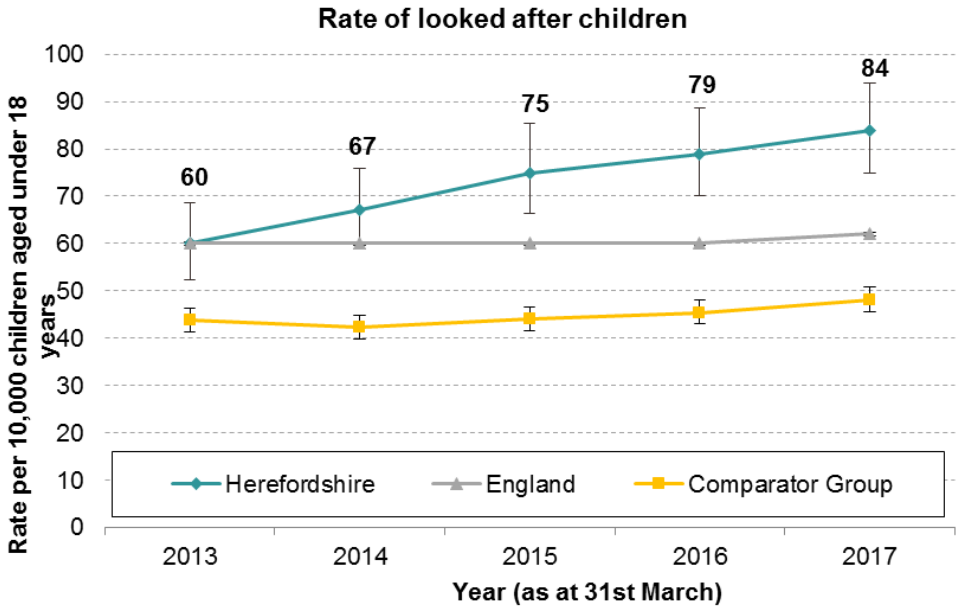
It is worth highlighting that fewer children started to be looked after in 2016/17 than in the previous five years; with the increased number and rate of CLA being explained by fewer children ceasing to be looked after. This finding is not surprising, as once a child comes under local authority care; it is often difficult to reunite them with their families. Therefore, it is expected that the local rate of CLA will gradually decrease over time; with the legacy of high CLA numbers taking some years to reduce as those currently under local authority care grow up.

Figure 39: Rates of children subject to a child protection plan, 2013-2018



Sources: Characteristics of children in need 2012 to 2013 through to 2016 to 2017, Department for Education.
* Based on unpublished internal performance data, Herefordshire Council.

Figure 40: Rates of children who are looked after, 2013-2017

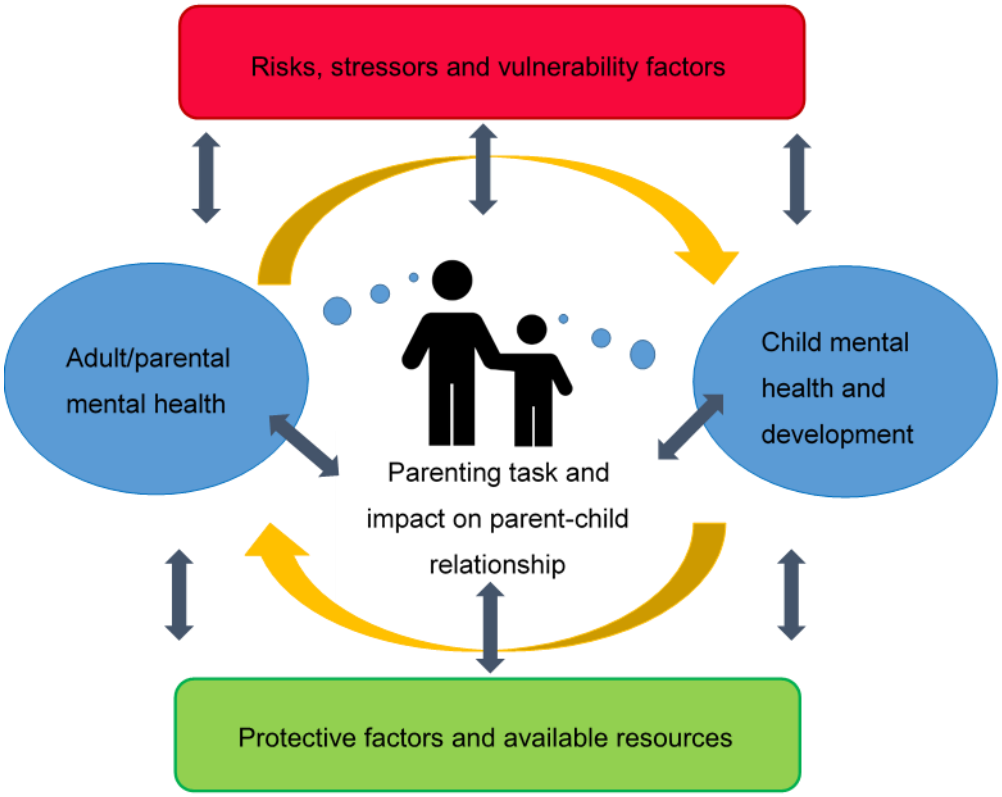


Sources: Office for National Statistics Mid-Year Population Estimates and Children looked after in England including adoption: 2016 to 2017, Department for Education, 2017.

RISK FACTORS

It is challenging to estimate need for children's social services, as opposed to the demand measured by current activity – which may differ from population-level need. The risk factors and circumstances that impact upon child welfare are numerous, and their interactions are complex. A commonly cited model that describes these complexities is the Family Model[103] shown in Figure 41 and discussed below.

Figure 41: Family Model



Adapted from source: www.scie.org.uk/publications/guides/guide30/introduction/thinkchild.asp

RISKS, STRESSORS AND VULNERABILITY FACTORS

The presence of one or more **risk factor(s)** does not necessarily predict a need for children's social services. There is, however a cumulative effect, with the presence of a greater number of them increasing the chances of children becoming looked after. Deprivation is an important risk factor, as it greatly impacts upon the availability of resources to support parenting tasks and the development of secure parent child relationships. Other risk factors known to impact upon child welfare are covered in more detail on page 115 of this report.

[103]Falkov, A. (ed.) (1998) Crossing Bridges: Training resources for working with mentally ill parents and their children. Reader for Managers, Practitioners and Trainers. Brighton: Pavilion Publishing.

STRENGTHS, PROTECTIVE FACTORS AND RESOURCES

An individual's biological make-up, circumstances and the surrounding environment continually interact; aiding or hindering their ability to cope with adversity and risk factors. Therefore, as well as seeking to reduce risk factors, it is important to maximize protective factors at an individual and community level in order to promote resilience. Factors which can promote resilience and improve a family unit's ability to cope with risk factors and mental-ill health include:

- good quality parent-child attachments
- stable neighbourhood /community links
- having positive self-esteem
- having positive peer relationships
- good school attendance and attainment

MENTAL HEALTH

Mental health is an important overarching factor; good mental health can act as a powerful protective factor. Conversely, mental-ill health can be a powerful risk factor; changing the way parents and children respond to their environment, making them more likely to feel the detrimental effects of stressors and less likely to engage with protective factors.

PREVALENCE OF RISK FACTORS IN HEREFORDSHIRE

In order to better understand need for safeguarding children's services in Herefordshire, risk factors known to increase the likelihood of intervention from children's social services were identified in the literature.

Some risk factors can be directly measured – for example disability, poverty, homelessness, young parents, injuries, and youth offending – whereas others are more difficult to quantify.

Table 6 presents the local values for a number of directly observed risk factors, with an indication of how they compare to the national picture, and recent trends. Unfortunately data is not readily available for the average of statistical comparators. Local rates are similar to, or below, those for England and the West Midlands region for most of these risk factors – suggesting that there is no overt reason for a particularly high need for social services in the county. The one exception is youth offending: rates of first time entrants to the youth justice system are consistently high amongst Herefordshire teenagers. This is discussed in more detail starting on page 51 of this report, but is believed to be at least in part related to differences in local practice.

Legend
- Better than national
- Similar to national
- Worse than national

Table 6 Indicator data for risk factors for involvement of children's social care

Risk factor		Risk factor in context	Herefordshire			England	West Midlands
			Count	Trend	Proportion/Rate*		
Under 16s living in income deprived households (IDACI, 2015)		Income deprivation is an indicator of poverty and associated inequities which lead to poor health, education and social outcomes.	4,351	n/a	13.8%	19.9%	22.5%
Single parent households (2011 Census)		Single parenthood is identified in the literature as increasing the risk of a child entering the social care system.	4,228	n/a	5.4%	7.1%	7.5%
Statutory homelessness - households in temporary accommodation (2016/17) *Rate per 1,000 households		Homelessness is an indicator of severe poverty, and is associated with poor health, education and social outcomes, particularly for children.	41	down	0.5	3.4	1.1
Births to mothers aged under 20 (2015)		Evidence indicates that children born to young mothers (those aged 21 and under) are more likely to enter the social care system, than those born to mothers over the age of 21.	61	n/a	3.5%	3.4%	4.1%
Children aged 1-19 with a long-term health problem or disability which limits their day-to-day activities a lot (2011 Census, table CT0615)		Children with disabilities are known to be over-represented within the social care system.	-	n/a	1.6%	1.7%	-
Hospital admissions caused by unintentional and deliberate injuries in children *Rate per 10,000 children in age band	aged 0-4	Injuries are a leading cause of hospitalisation and represent a major cause of premature mortality for CYP. They are also a source of long-term health issues, including related mental health issues, and can be a red flag for the presence of domestic violence and abuse.	134	No change	139.1	126.3	132.7
	aged 0-14		331	No change	110.9	101.5	106.7
Pupil absence - half days missed due to absence (authorised and unauthorised, 2016/17)		Pupil absenteeism can be the result of issues associated with poor child welfare such as hunger, unstable housing, lack of transportation, and/or parental mental ill-health.	335,581	down	4.5%	4.7%	4.7%
First time entrants to the youth justice system (2017) *Rate per 100,000 10-17 year-olds		Children in the youth justice system are more likely to have involvement with social care than their peers.	72	down	453	293	345

ESTIMATED PREVALENCE: THE 'TOXIC TRIO'

The "**toxic trio**" refers to parental mental-ill health, domestic violence and abuse[104], and parental substance misuse. It has been observed that the clustering of these three risk factors greatly increases the chances of child maltreatment and intervention from children's social services[105]. However, all three are often under-reported and hidden to society, meaning there is a lack of data at local level to provide a true reflection.

These three issues are arguably the most important risk factors for social care involvement, with research suggesting that they co-occur (with two or more present) in 65 to 80% of children's social care cases in England[106].

A recent study by the Children's Commissioner[107] has produced estimates for the number of children nationally who are exposed to these risks. Applying the national prevalence rates to Herefordshire's population of under 18s gives an indication of the possible number in the county likely to be affected by these issues (Figure 42). It should be noted, however, that this assumes that the local rates are the same as for England as a whole – which themselves are based on a sample survey.

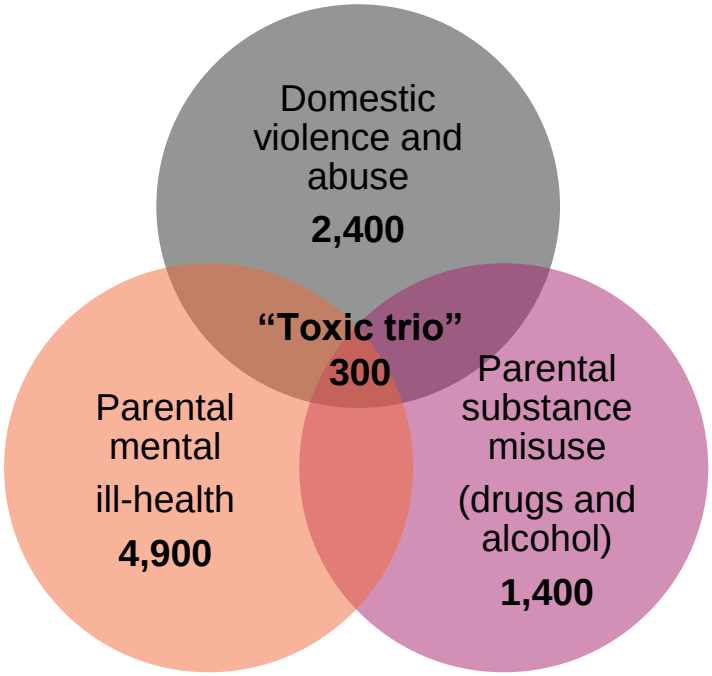
[104] The cross-government definition of domestic violence and abuse is: "Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. It can encompass, but is not limited to, the following types of abuse: psychological, physical, sexual, financial, and emotional."

[105] SAFEGUARDING PRESSURES PHASE 5, The Association of Directors of Children's Services Ltd., 2016.

[106] Executive Summary: SAFEGUARDING PRESSURES PHASE 5, December 2016, The Association of Directors of Children's Services.

[107] Estimating the prevalence of the toxic trio: Evidence from the Adult Psychiatric Morbidity Survey, Children's Commissioner, 2018.

Figure 42: Estimated numbers of under 18s in Herefordshire in 2017 living with an adult who: i) has experienced domestic abuse and violence in the past 12 months, ii) is alcohol or drug dependent, iii) has severe mental ill-health, iv) has all three issues



Data Sources: Estimating the prevalence of the 'toxic trio', Children's Commissioner, 2018 and 2017 Annual Mid-Year Population Estimates for the UK, ONS.

SUPPORT FOR POOR MENTAL HEALTH AND SUBSTANCE USE

Providing accessible support for people with poor mental health and substance use requires coordinated care from mental health and substance use services. A review[108] has identified numerous barriers which prevent adults with the dual diagnosis of substance abuse and mental health from accessing mental health services. The review concluded that local differences in service provision, treatment protocols and funding streams prevent an integrated provision of services nationally. Furthermore, co-ordinated approaches involving separate mental health and substance misuse services are hampered by different organisational structures and by staff within each service often lacking the knowledge and skills which would facilitate collaborative working between different organisations.

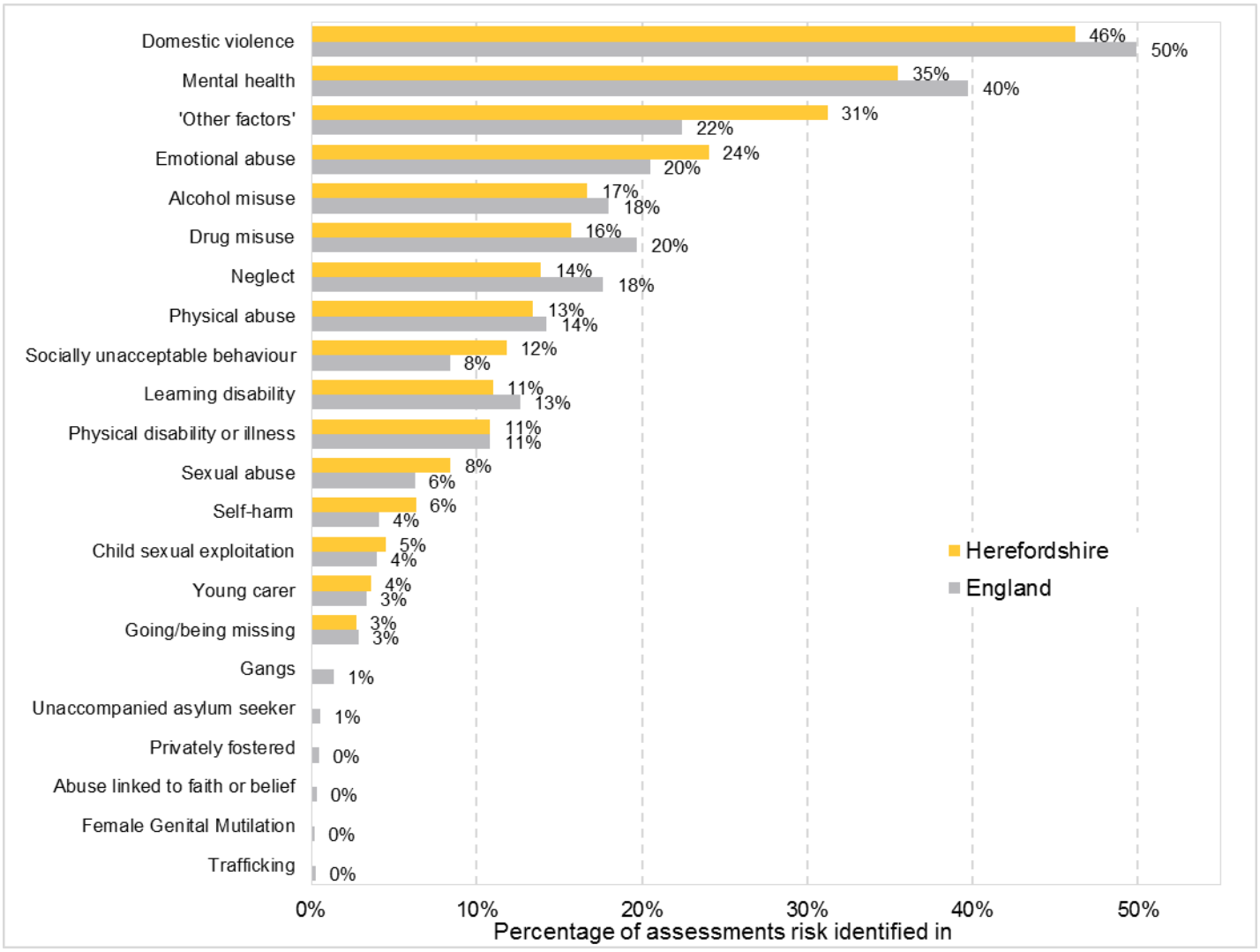
[108] Megnin-Viggars, O. *et al.*, 2016. Coexisting severe mental illness and substance misuse: community health and social care services. Review 1: The epidemiology, and current configuration of health and social care community services, for people in the UK with a severe mental illness who also misuse substances. National Collaborating Centre for Mental Health. Available at: https://www.nice.org.uk/guidance/ng58/evidence/evidence-review-1-the-epidemiology-and-current-configuration-of-health-and-social-care-community-services-for-people-in-the-uk-with-a-severe-mental-illness-who-also-misuse-substances-pdf-2727941293

NEEDS OBSERVED IN SOCIAL CARE ASSESSMENTS

All children and young people who receive a social care assessment have the key risks to their health and wellbeing identified and documented in their notes. These risks provide insight into the challenges children and young people are facing and the nature of the need that they are presenting with. The risks identified at the end of the social care assessments provide the most reliable insight.

Among the 1,100 children and young people who received a social care assessment from Herefordshire Council in the financial year 2016/17, the most commonly identified risks at the end of their social care assessments – observed in 46% of all assessments - were related to domestic violence. These findings have been consistent over time, and are mirrored nationally (Figure 43).

Figure 43: Risks identified at the end of social care assessments undertaken in 2016/17 financial year

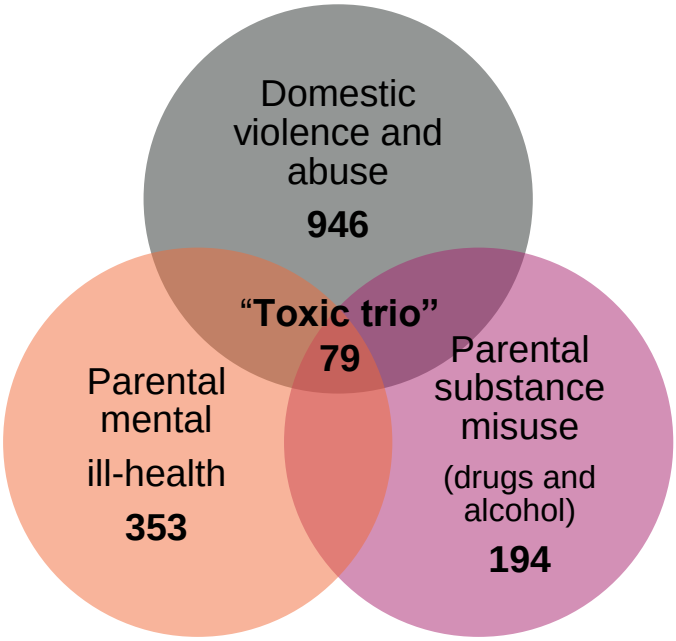


Source: [Characteristics of children in need: 2016 to 2017, Main tables: SFR61/2017](), Table C3, Department for Education, 2017.

In the 2017/18 financial year, almost 3,000 risks were identified across the 1,300 children and young people who received a social care assessment (an average of 2.3 risks per child).

Approximately half of all identified risks related to at least one of the "toxic trio" of domestic violence and abuse, parental substance misuse, or parental mental ill-health. Domestic violence and abuse was by far the most common of the three, accounting for a third of all risks (Figure 44). Note that individual assessments may have flagged several different types of risks related to domestic violence, so it is not possible to express this as a proportion of all assessments.

Figure 44: Number of risks identified in all 1,300 social care assessments undertaken in 2017/18 financial year related to: i) domestic violence and abuse[109], ii) parental substance misuse[110], iii) parental mental ill-health, iv) the "toxic trio" of all three issues.



Data Source: Internal performance data, Herefordshire Council, 2018.

PRESENTING NEEDS AMONG CAL AND CPPS

The risks identified at the end of the social care assessments of those children who went on to be subject to a child protection plan or became looked after provide further insight into the needs of those particular cohorts.

The risks identified for the 110 children who became looked after and the 299 who became subject to a CPP in the 2017/18 financial year are shown in Figure 45 Key points to note are:

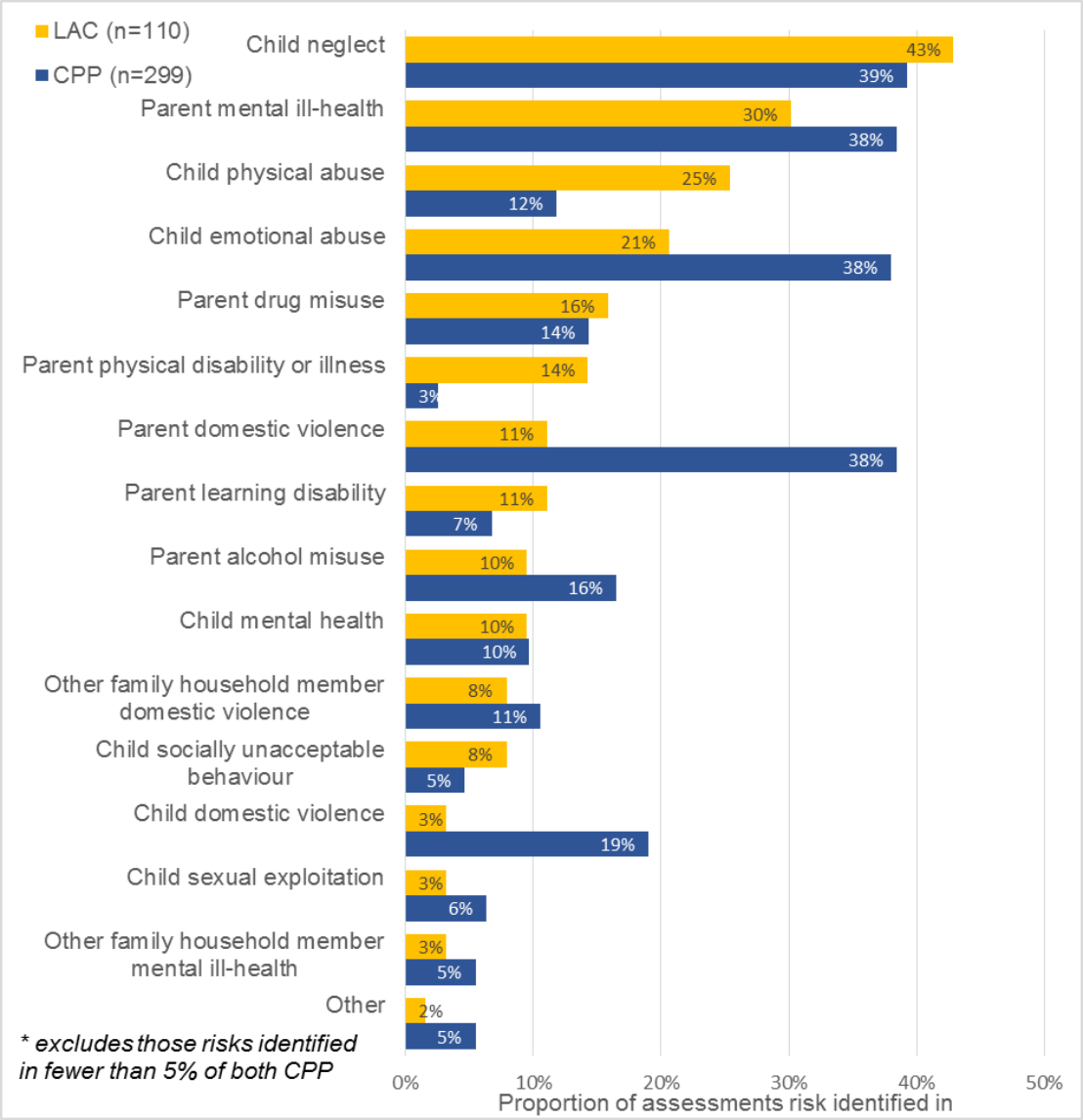
- The most common risks identified for both CAL and CPPs were *child neglect* (43% of CAL and 39% of CPPs) and *parental mental ill-health* (30% of CAL and 38% of CPPs)
- *Child physical abuse* was the third most common risk identified in CAL assessments (25%), but was less common for CPPs (12%)

[109] Domestic abuse and violence categories: 3A Child Domestic Violence, 11A Child Sexual Exploitation, 12A Child Trafficking, 16A Child Neglect, 17A Child Emotional Abuse, 18A Child Physical Abuse, 19A Child Sexual Abuse, 3B Parental/Carer Domestic violence, 3C Other Family Member Domestic Violence.

[110] Parental substance misuse categories: 1B Parent Alcohol Misuse, 2B Parent Drug Misuse.

- *Child emotional abuse* was the fourth most common risk for both CAL and CPPs – but was much more commonly identified in CPP cases (38% compared to 21% of CAL)
- Other risks frequently identified in CPP cases were *parent domestic violence* (38%), *child domestic violence* (19%) and *parent alcohol misuse* (16%) – but these were relatively infrequently recorded in cases where a child became CAL (11, 10 and 3% respectively).

Figure 45: Most common* risks identified for children that became looked after or subject to a child protection plan in the 2017/18 financial year



Data Source: Internal performance data, Herefordshire Council, 2018.

IDENTIFIED NEEDS AMONG EARLY HELP CASES

Risks in early help are categorised differently to those in children's social care, as they are required to reflect guidelines for the national Troubled Families Programme[111].

Among the 620 cases open as of May 2018, *supporting a family member to access services to improve mental health and wellbeing* was the most commonly selected outcome, having been selected in 391 cases (63%). This was closely followed by the outcomes related to *children making good progress in school* (387 cases, 62%) and *parents reporting improved competence and confidence in their parenting skills* (287 cases, 46%). Other commonly selected outcomes include *achieving a school attendance record of 90% across the last three school terms* (176 cases, 28%), and the *appropriate de-escalation and step-down from a safeguarding plan* (172 cases, 28%). Further detail regarding needs identified in early help can be found in *ChINA 2019: review of early help*.

[111] Troubled Families is a national programme of targeted intervention for families with multiple problems, including; crime, anti-social behaviour, truancy, unemployment, mental health problems and domestic abuse.

GEOGRAPHICAL PATTERNS OF PROVISION AND DEPRIVATION

Mapping of the original home addresses of CYP who became newly looked after can provide insight into variations across the county. The maps on pages 124 and 125 show the proportion of the child population of statistical geographies[1] who became involved with early help or subject to a child protection plan between January 2015 and May 2018 (the yellow areas having the highest rates) overlaid with the local decile of the 2015 index of multiple deprivation (where a label of 1 means the area is one of the 10% most deprived areas in Herefordshire, and a label of 10 means an area is one of the 10% least deprived areas in Herefordshire).

In general, higher levels of involvement with early help and children's social care were found in the more deprived areas of Hereford City and the market towns of Leominster, Bromyard, Ledbury and Ross-on-Wye. The pattern is further illustrated by Figure 48 (page 126), which shows the distribution of early help cases by the local deprivation decile[112] of home address.

The area around Weobley, which is one of the 30% most deprived in the county, is an outlier in that it was the only rural area with a notably high rate of early help intervention. It is understood that this may be a result of high levels of community and partner (e.g. school) engagement with early help, in combination with relatively high levels of need – see *ChINA 2018: review of early help* for further discussion.

There was some variation in this geographic pattern among the CAL cohort, but this is likely explained by small numbers in the cohort and children from a large family being taken into care over the time period in question. The map for the CAL cohort is not presented, as there is a risk it might identify individuals.

Similar to nationally, in Herefordshire a larger proportion of children who enter children's social care come from more deprived areas[3]. It is important to bear in mind that these data do not evidence causation, and there are many possible factors that could be involved[4]. For example, this pattern could be a product of clinician bias – resulting in more cases being identified in areas of greater deprivation and/or child maltreatment being under identified in more affluent households. Another hypothesis is that stresses affecting the parent-child relationship (such as financial pressures and poor mental health) may be felt more acutely by parents from lower socio-economic backgrounds, undermining parenting tasks[4].

[1] Lower Super Output Areas (LSOAs) are fixed statistical geographies of about 1,500 people designed by the Office for National Statistics (ONS). For more information please see: https://understanding.herefordshire.gov.uk/useful-definitions/

[112] Deciles are calculated by ranking all areas in order of deprivation then dividing into 10 equal groups

Figure 46: Percentage of 0-18 year olds in Herefordshire who received early help between January 2015 and May 2018 by lower super output area

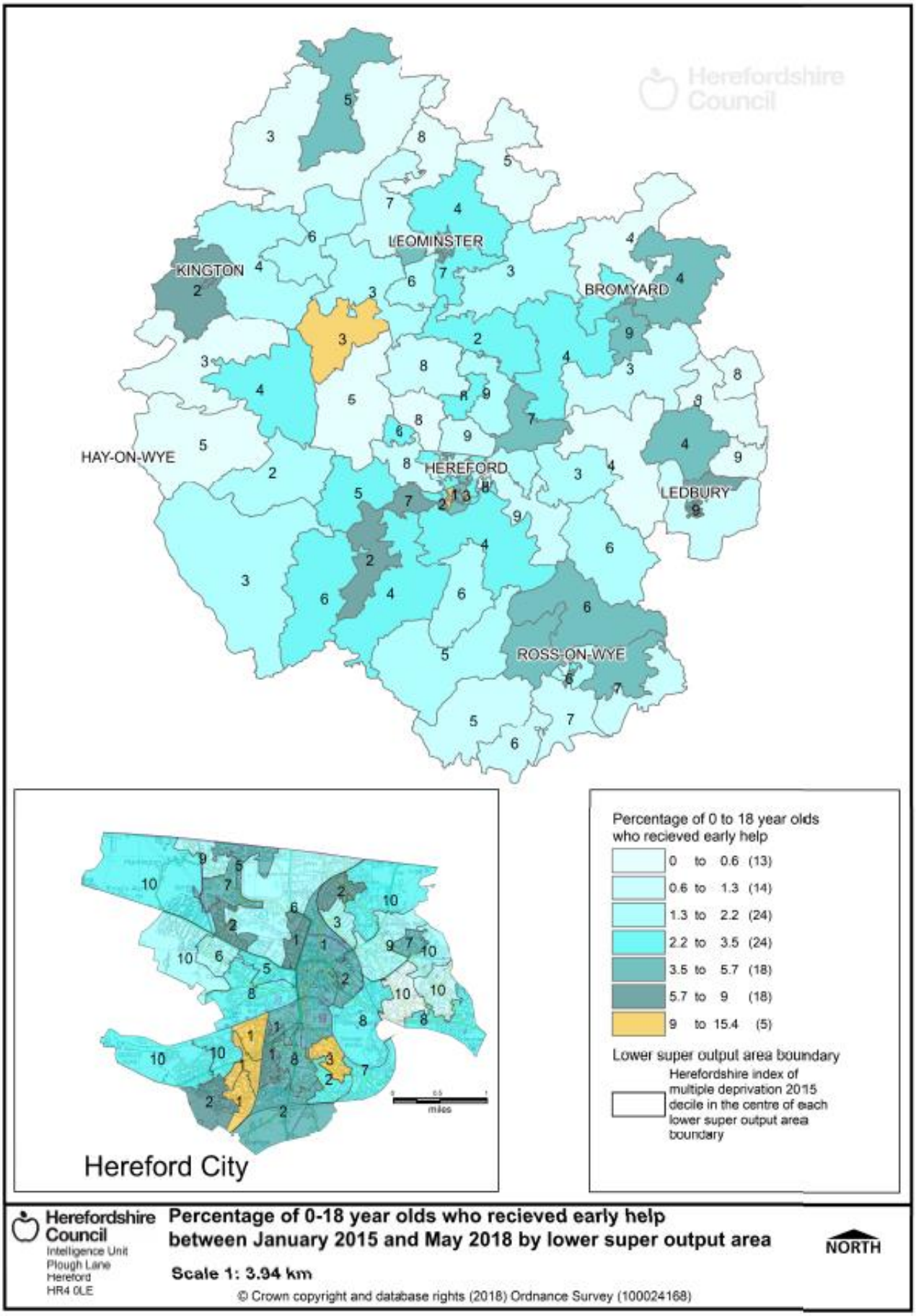


Figure 47: Percentage of 0-17 year olds in Herefordshire who became subject to a child protection plan between January 2015 and May 2018 by lower super output area

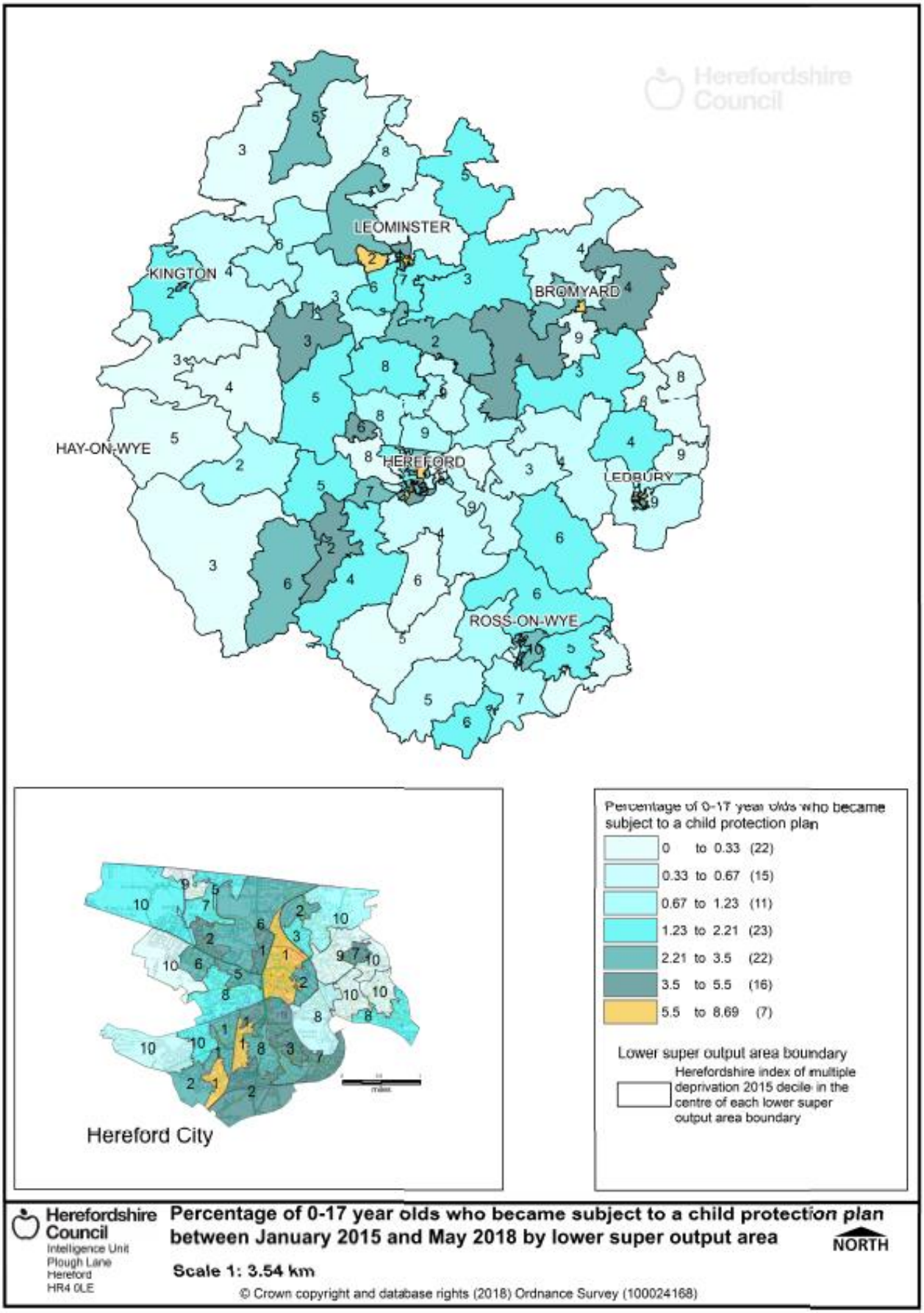
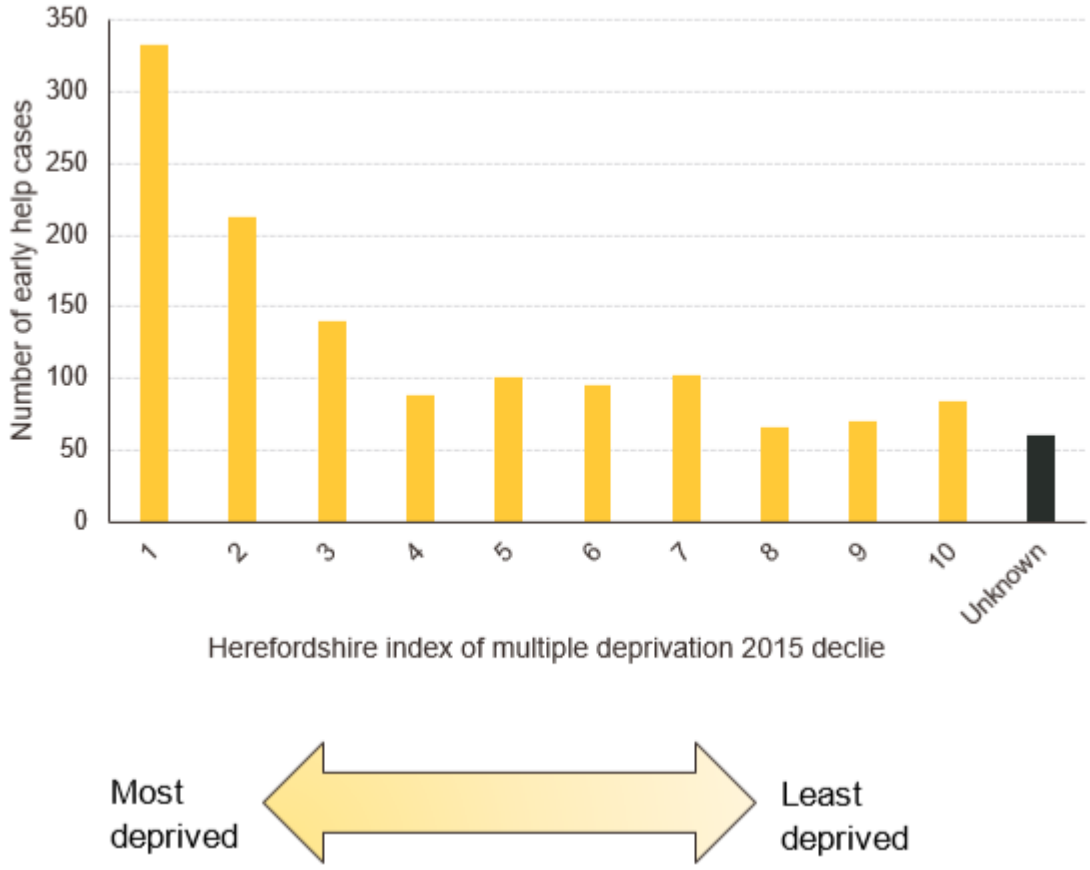


Figure 48: Early help cases closed between Jan 2015 and May 2018 by Herefordshire IMD 2015 decile



Data Source: Herefordshire Council early help and CAF records

VOICE OF CHILDREN AND YOUNG PEOPLE

COMMUNICATION WITH CHILDREM WHO ARE LOOKED AFTER

PARTICIPATION IN LOOKED AFTER CHILDREN REVIEWS

A CLA review is a meeting which should take place every six months to bring together those people who are closely concerned with the care of an individual looked after child, in order to review their care plan (the document which sets out how a child will be cared for while they are looked after), discuss their progress and make plans for the future. Children and young people are encouraged and supported to participate in their reviews, to ensure that their views are heard and considered.

In 2017/18, a total of 807 CLA reviews were carried out, and 671 were with children or young people over the age of four, whom would be expected to be invited to participate in the review process. Overall, 86% of children and young people aged over four participated in their CLA

review to some extent. These participation levels are similar to those in 2016/17 (87%) and represent an improvement from 2015/16 (79%).

MIND OF MY OWN (MOMO) APP

The Momo app is being used by children who are looked after by Herefordshire Council to enable them to express their views and have a voice on the care they receive. The tool allows children and young people who are looked after by the council to quickly and easily express their views, whenever they like, without having to wait to see their social worker. It's designed for children of all ages and captures their thoughts, views and emotions, to not only enable social workers to better understand them, but also ensure their voice is heard.

As of June 2018, 69 young people and 145 social workers in Herefordshire had MoMo accounts. The most common reason for using the app was to communicate about a worker visit (45% of all activity), but young people also frequently used it to share good news (25% of the 104 communications) and raise a problem (17%).

EARLY HELP EVALUATION

Children and their parents or carers are asked to complete evaluation forms at the end of all early help interventions. Between January and June 2018, feedback was received from 39 parents and 24 children and young people. All reported that the early help they received was helpful and led to perceptible improvements.

When asked how the service could improve, two themes emerged with parents suggesting that support could be offered earlier, and for longer.

> "Better access to other services would be helpful and very often families get the incredible help you can provide too late."

> "I wish your service could be longer [*name redacted*] is great I'm so sad to let her go."

DISCUSSION AND RECOMMENDATIONS

TRENDS IN DEMAND

It is widely reported and understood that the high numbers and comparative rates of children and young people who are subject to a child protection plan or looked after in Herefordshire are related to local practices. This analysis highlights the impact that changing practices in one area can have on demand for other services – for example the increase in demand for early help seen in 2016 due to reductions in child protection plans.

It was beyond the scope of this analysis to attempt to project future need for children's social services. A sufficiency strategy for children who are looked after is being developed separately, which will consider likely possibilities for the future number of CLA. It will be important to consider these in the context of ongoing and planned changes to the safeguarding system.

Recommendation:

- Give consideration to how changes in one area of the wider safeguarding children system can impact on other areas, particularly when attempting to predict future need. Specific consideration should also be given to the legacy of high numbers of children who are under local authority care, and the support and services they will need as they grow up.

DRIVERS OF NEED - THE FAMILY MODEL AND LOCAL PREVALENCE

The risk factors for requiring intervention from children's social services are diverse and highlight the need for a "whole family" approach to safeguarding children. It is for this reason that safeguarding children needs to be seen as everybody's business, with close collaboration and co-operation between professionals and organisations. Of note is the fact that the "toxic trio" of risk factors for children becoming looked after (parental mental ill-health, substance abuse and domestic violence and abuse) are adult issues. Therefore, it is important that providers and commissioners of services for adults and children work closely with one another to address the family unit as a whole.

Recommendation:

- Consider ways in which commissioners and providers can best ensure that the needs of family units are taken into account. Adult services should not only address the immediate impact of issues upon adults, but also give consideration to their impact upon families and specifically, the welfare of children. Similarly, children's services need to identify parental issues and ensure that appropriate referrals are made in order that these are addressed. Both adults and children's services should seek to minimise risks and develop strengths within communities in order to create healthy environments in which families can thrive.

It is not possible to produce a single estimate of the likely number of children in Herefordshire who are at risk of needing involvement from children's social services.

Where local prevalence and comparator data is available, the majority[113] of risk factors for children requiring input from social care are generally similar to or slightly less common in Herefordshire compared to regionally and nationally. This suggests that the need for children's social services in Herefordshire should not be particularly great, and supports internal performance analysis which indicates that local high levels of CPP and CAL are in part likely to be explained by a risk averse culture.

However, there is also an indication that need for children's social care might be affected by the local experience of deprivation, which recent evidence suggests is quite marked. While a relatively small proportion of local under 16s live in income deprived households (14%) compared to regionally (23%) and nationally (20%), Herefordshire's Social Mobility Index ranking (271 out of 324 local authorities) suggests that the children in Herefordshire who come from deprived backgrounds feel its impact profoundly, and struggle to escape the associated disadvantage (See page 22). Given the close link between deprivation and poor child welfare, the local experience of deprivation is likely to be an important driver for the demand and need for social services in the county.

PRESENTING NEEDS IN HEREFORDSHIRE

The need profile of children in Herefordshire's social care system is similar to the national profile, with domestic violence and poor mental health being identified as common risk factors among children receiving support form children's social services.

As nationally, domestic violence and abuse (DVA) is the risk most frequently identified in social care assessments, although it is notably more common in assessments where children went on to be the subject of a child protection plan than becoming looked after by the local authority. It is worth highlighting that the review of early help found that the number of early help cases where an

[113] With the exception of the consistently high rates of first time entrants to the youth justice system.

intended outcome was related to domestic violence had fallen between 2015 and 2018. There are several possible reasons for this; one being that it can take longer for DVA to be disclosed to professionals than other factors, but another that early help no longer receive intelligence about DVA incidents from the police.

Recommendation (from Early Help review):

- Further investigate the observed year on year decline in the percentage of domestic violence and abuse outcomes identified in initial early help assessments. To gain practical insights, seek the views of providers and early help support staff. Consider whether it is possible to re-establish intelligence sharing with the police in order to ensure that needs relating to domestic violence and abuse are identified and addressed.

The mental health of parents or other family members is also a major factor in social care interventions – being the most common intended outcome from early help involvement, and the second most common risk identified in social care assessments, including those becoming subject to CPPs or CAL. This is unsurprising, as evidence suggests that it is the most commonly occurring risk factor among the "toxic trio" of parental mental ill-health, parental substance abuse and domestic violence and abuse[114]. Combatting both adult and child mental ill-health should clearly be a priority in reducing the need for social care, but it is also important to recognise the importance of the protective effect of mental well-being and how this could be enhanced at a population and community level.

GEOGRAPHICAL PATTERNS OF PROVISION AND DEPRIVATION

Similar to nationally, in Herefordshire a larger proportion of children who enter children's social care come from more deprived areas[3]. It is important to bear in mind that these data do not evidence causation, and there are many possible factors that could be involved[4]. For example, this pattern could be a product of clinician bias – resulting in more cases being identified in areas of greater deprivation and/or child maltreatment being under identified in more affluent households. Another hypothesis is that stresses affecting the parent-child relationship (such as financial pressures and poor mental health) may be felt more acutely by parents from lower socio-economic backgrounds, undermining parenting tasks[4].

High intervention rates for early help and children's social services were observed among deprived areas in Hereford city and the surrounding market towns, suggesting that these communities might benefit from community level interventions. The Weobley area was an anomaly in that it is the only rural area with high rates of early help intervention. Local intelligence indicates that one reason for this is a high level of community engagement.

[114] Estimating the prevalence of the 'toxic trio', Children's Commissioner, July 2018.

Analysis of local data has revealed evidence of inequity[115] in terms of the chances of children and families in Herefordshire being involved with early help and children's social care (i.e. chances increase with greater levels of deprivation). This trend has also been observed nationally, with analysis of children's social care cases at a national level[116] suggesting that living in deprivation is a major factor contributing to the spend on social care services[117]. These findings have led subject matter experts to urge policy makers and professionals to take a preventative approach to child welfare by addressing deprivation and associated inequality in children's life chances at a population level, and not just on a case by case basis, believing that doing so will help reduce child social care cases[118]. While it is acknowledged that achieving this will require national and international policy change, experts challenge local authorities to find creative ways to combat social inequalities within their local communities[119].

A portfolio of research into inequalities in the children's social care system headed by Professor Paul Bywaters is currently ongoing, with publication of results anticipated in late 2018[120]. The senior researcher on the project has highlighted that early analysis supports the widely held belief that abuse and neglect are linked to family economic circumstances, suggesting that supply of and access to supportive services offering financial help and debt advice is vital in order to tackle an important underlying cause of child maltreatment[121].

Among the deprivation categories which make up the index of multiple deprivation (2015), Herefordshire performs relatively poorly in terms of access to services; poor living environment; and skills, education and training for children and young people[122], suggesting that actions to improve these issues for the most deprived families at a population level may improve inequities, and child welfare outcomes within the county.

Current plans to improve the local safeguarding children system are primarily focused on ensuring that service provision is directed towards those with the appropriate level of need, with a concerted effort to ensure that support is provided at the earliest available opportunity in order to prevent needs from escalating. These activities are sometimes referred to as secondary and/or tertiary prevention. While these activities are important, evidence also points to the importance of

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[115] Child welfare inequity occurs when children and/or their parents face unequal chances, experiences or outcomes of involvement with child welfare services that are systematically associated with structural social disadvantage and are unjust and avoidable (P Bywaters, 2018).

[116] Child welfare inequalities: new evidence, further questions, P Bywaters et al., Child and Family Social Work, 2014.

[117] Making Sense Understanding the drivers of variation in spend on Children's Services, Local Government Association, 2018.

[118] The role of local government in promoting wellbeing, Aked, J., Michaelson, J. and Steuer, N., Local Government Improvement and Development, 2010; Pelton, L.H., The Continuing Role of Material Factors in Child Maltreatment and Placement. Child Abuse & Neglect, 2015; McDonell, J.R., Ben-Arieh, A., & Melton, G.B., 'Strong Communities for Children: Results of a Multi-Year Community-Based Initiative to Protect Children from Harm. Child Abuse & Neglect, (2015).

[119] The role of local government in promoting wellbeing, Aked, J., Michaelson, J. and Steuer, N., Local Government Improvement and Development, 2010.

[120] Identifying and Understanding Inequalities in Child Welfare Intervention Rates.

[121] Children in care: it's not how you live, but where, The Guradian, 2016.

[122] For more information see: https://understanding.herefordshire.gov.uk/media/1239/the-indices-of-deprivation-2015-summary-report_10.pdf

addressing the underlying root causes of child maltreatment in order to prevent needs emerging in the first instance (referred to as primary prevention). In combination, both approaches could contribute to reducing the number of children and young people within the local children's social care system.

Recommendations (from Early Help review)**:**

- Reflect on national evidence demonstrating that deprivation and social inequalities are key drivers of the need for and spend on children's social care interventions.
  Consider taking a "primary prevention approach" to reducing this need locally by addressing poverty and social inequalities in Herefordshire. This will require inter-departmental and multi-agency engagement to develop longer-term strategic solutions to improve child welfare. Give specific consideration to access to services; housing quality; and skills, education and training for children and young people as these were identified in the indices of deprivation 2015 as aspects of deprivation which are a particular issue in the county.
- Continue to take steps to enhance awareness of early help services and to make early help "everyone's business" given its role as a further prevention opportunity. Give consideration to improving engagement with referring partners and the community to enhance referral numbers, using the Weobley area as a successful case example.
- Consider evaluating access to practical financial advice and services, and whether they are available to the communities with the greatest need in the county. If required, take steps to improve availability and access.
- Focus on enhancing the protective factors that reduce the risk of social care interventions, as outlined in the Family Model. As well as taking a strengths-based approach to working with individual families, use geographic intelligence to support an asset-based approach in "high intervention areas" identifying what resources are missing and build on what is already there at a community level.
- When it is published (anticipated late 2018)*, review new evidence into inequities in children's social care and consider how to implement practice recommendations locally.

* Professor Paul Bywaters, Dr. Geraldine Brady, Professor Tim Sparks, *et al*. Identifying and Understanding Inequalities in Child Welfare Intervention Rates: Comparative studies in the four UK countries. Nuffield Foundation, 2018.

APPENDIX: VERSION LOG

Version	Date	Section heading	Page	Description of revision
V1.0	July 2019	N/A	N/A	N/A
V1.1	15-AUG-19	Throughout report	N/A	Change of phrase “looked after child” and associated abbreviation “LAC” to “child who is looked after” and “CLA”.
		Drivers of need for children’s social care: Geographical patterns of provision and deprivation	123	Addition of further explanation regarding potential causes underlying the observed increase in children’s social care cases in more deprived areas.
		Discussion and recommendations: Geographical patterns of Provision and deprivation	130	Addition of further explanation regarding potential causes underlying the observed increase in children’s social care cases in more deprived areas.