

HELPING VULNERABLE CHILDREN NEEDS ASSESSMENT 2015

Warwickshire Joint Strategic Needs Assessment

DOCUMENT INFORMATION

Document Name:	Helping Vulnerable Children Needs Assessment				
Published Date:	Thursday, 19 November 2015	Version:	1.0	Release:	Final
Author:	Emma Adams				
Owner:	Priority Young People Project Board				

This document is only valid on the day it was printed.

The source of the document will be found at this location: [Insert URL](#)

REVISION HISTORY

Revision Date	Previous Revision	Summary of Changes	Change Marking
16-Apr-15	n/a	2.1.2 – Amendments to 1 st para of out of work benefits made to define employment 2.1.7 – Chart & explanation re trend in teenage pregnancy at district/borough level added 2.1.8 – Explanation for no low level infant mortality level data added	n/a
07-May-15	16-Apr-15	2.2 – Vulnerable Groups chapter added	
10-Jul-15	07-May-15	2.3 – Physical & Mental health chapter added	
17-Jul-15	10-Jul-15	2.4 – Education & Employment chapter added	
24-Jul-15	17-Jul-15	2.2.3 – Comments from Rob Leahy incorporated 2.2.0 – CiN, Safeguarding, CPP data added 2.1.0 – Data amended to reflect 2014 mid-population estimates Introduction & Recommendations added	
05-Aug-15	24-Jul-15	Extended recommendations & executive summary added	
27-Aug-15	05-Aug-15	Front cover added, Sexual Health chapter added, Smoking chapter added, Parents in Prison chapter added, CSE chapter added, Priority Families data amended, SEN chapter amended, figures in exec summary & intro amended.	
28/08/2015	27/08/2015	Calvin Smith comments incorporated. Front cover amended.	
18/11/2015	28/08/2015	WSCB comments included: Vulnerable Families Chapter added, Privately Fostered children chapter added, children at risk of radicalisation chapter added, CDOP data added, CSE amended, Young carers amended, figures updated	

APPROVALS

This document requires the following approvals.

N.B. Signed approval should be filed appropriately in the project filing system.

Name	Signature	Title	Date of Issue	Version
Priority Young People Project Board		Priority Young People Project Board	19-Nov-15	0.12

DISTRIBUTION

This document has been distributed to:

Name	Title	Date of Issue	Version
Priority Young People Project Board	Priority Young People Project Board	19-Nov-15	0.12

ACKNOWLEDGEMENTS

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EXECUTIVE SUMMARY

There is no single approach to defining vulnerability in children. In some cases, 'vulnerable' is used to define key groups of children, such as looked after children and young carers. In others, vulnerable is used to define children at risk of harm and neglect. There are many factors which have a negative impact on a child, alongside a multitude of protective factors. Vulnerability is not based on age alone but more about a child's capacity for self-protection. Vulnerable children and young people experience multiple and complex problems which restrict their life chances and require additional support to improve their wellbeing.

In 2014, there were an estimated 118,800 children and young people aged 0-18 years in Warwickshire. Over the next ten years, Warwickshire's 0-18 year old population is projected to increase by 6.0%, over 7,000 people. The largest expected growth will be seen in the 5-13 year age group, expected to grow by nearly 10% by 2024.

The latest small area population estimates (mid-2013) suggest that there are approximately 7,717 children aged under 18 living in the most deprived areas in Warwickshire (top 20% most deprived nationally). 16% of children aged 0-18 in Nuneaton and Bedworth Borough (over 4,700 children) are estimated to live in the most deprived neighbourhoods in England, whereas almost half (43%) of children aged 0-18 in Warwick District (over 12,000 children) are estimated to live within the least deprived neighbourhoods nationally.

To gain a picture of the potential cohort of vulnerable children in Warwickshire, each of the key groups considered in the needs assessment have been aggregated. It is worth emphasising that there is likely to be both overlap in these groups as well as a hidden population of vulnerable children in Warwickshire, potentially on the periphery of contact with public sector agencies. Warwickshire's population of vulnerable children is somewhere between **12,760 children** (if every vulnerable child was living in out of work benefit claimants households) and **41,496 children** (if every child in each group was unique).

Arriving at this cohort included consideration of a wide range of potential factors influencing vulnerability in children across the county including education, employment, deprivation, crime, health indicators and existing identified vulnerable groups. While this is not an exhaustive list, it further emphasises the broad concept of vulnerability and the inherently complex task in applying this to children in Warwickshire:

- 1,902 children were identified in Phase One of Warwickshire's Priority Families Programme and a further 1,459 children have been identified in Phase Two so far, (however there is potential for overlap).
- There were 3,797 children in need in Warwickshire at 31st March 2015 (of which 690 were Children Looked After and 536 were subject to a Child Protection Plan).

- There were 222 pupils with an ethnicity of 'Traveller of Irish Heritage' or 'Gypsy/Roma' recorded as 'on roll' in a Warwickshire maintained school or Academy in January 2015.
- 1,482 children aged 0-17 years were estimated from Census 2011 data to be providing unpaid care in Warwickshire.
- 13 children were in private fostering arrangements in Warwickshire in at 31st March 2015.
- 8,527 children and young people aged 5-16 years estimated to have a mental health disorder in 2014.
- 192 young people were treated by Warwickshire's Young Person's Substance Misuse Services in 2013/14.
- 145 and 161 young people under 18 years were admitted to hospital due to alcohol specific conditions and substance misuse respectively from 2011/12-13/14 (three years pooled).
- 470 children aged 11-15 years in Warwickshire were estimated to be regular smokers in 2014.
- 602 offences which resulted in a disposal were committed by young people aged 10-17 years in Warwickshire in 2013/14.
- 839 children were identified as living in MARAC¹ households in 2014/15.
- 131 children and young people aged 0-17 years were seen at Warwickshire's Sexual Abuse Referral Centre in 2013/14.
- 99 children were identified as being exposed or potentially exposed to CSE in Warwickshire in a study published in 2014.
- 102 KS2 pupils and 437 KS4 pupils were persistently absent from school during 2013/14.
- 920 young people were estimated to be NEET in Warwickshire in 2014/15.
- 6,904 pupils were eligible for free school meals in 2015.
- 280 pupils in Warwickshire primary and secondary state-funded schools have a primary Special Educational Need of physical disability.
- 430 young people aged 15-19 years from Warwickshire tested positive for chlamydia in 2014.
- 12,760 children aged 0-18 years were living in out of work benefit claimant households as at May 2014.
- 59 live births in 2012 were to mothers aged under 18 years.

Part of Chapter 1 focuses on how we might define vulnerable groups including Children Looked After, Unaccompanied Asylum Seeking Children, Gypsies & Travellers and Young Carers. There are some similarities and key messages to draw from these groups. There is considerable variation both within Warwickshire and when comparing Warwickshire with its statistical neighbours in a number of these vulnerable categories. For example, Nuneaton & Bedworth Borough consistently has the highest rate of children and young people subject to a Child Protection Plan, has the highest numbers of young carers and sits in the top 20% of local authorities nationally when considering the rate of Looked After

¹ A multi-agency meeting which domestic abuse victims who have been identified as at high risk of serious harm or homicide are referred to.

Children in the Borough. This compares with Stratford-on-Avon District which sits within the lowest 20% of local authorities nationally for rates of Looked After Children. This variation is masked to an extent at county level and is worth highlighting when resources are required to be targeted to most effect. Despite a number of the key measures remaining broadly similar to previous years (for example, rate of children and young people recoded as being in need and those subject to a Child Protection Plan) the county continues to have higher rates when compared with its statistical neighbours.

A number of health indicators highlight other important aspects of vulnerability. Two to draw out from the analysis are self-harming and substance misuse. The rate of hospital admissions for self-harm among young people in Warwickshire has doubled from 164 per 100,000 in 2007/08-2009/10 to 354 per 100,000 in 2010/11-2012/13, higher than the equivalent national average and an area of concern. The rate of hospital admissions due to self-harm among 10-24 year old in Warwickshire is even higher when looking at the latest 2012/13 data in isolation. The rate of hospital admissions as a result of self-harm in young people in Warwickshire was 420.5 per 100,000 population aged 10-24 years in 2012/13. This is significantly higher than the England average at 346.3 per 100,000 population and the West Midlands average at 366.0 per 100,000 population.

Alcohol related hospital admissions indicate serious and immediate harm to young people's health caused by alcohol use and are an avoidable cause of hospital admissions. Although Warwickshire continues to see a decrease in the proportion of under 18's being admitted to hospital for alcohol-related conditions (following the national and regional trend), the rate of admissions in Nuneaton & Bedworth and Rugby have increased over the last reporting period. Nuneaton & Bedworth increased by over 6% from 2010/13 to 2011/14.

Vulnerable children face disadvantages that can have a significant limiting effect on their achievement and attainment as well as on their broader outcomes. There is a clear gap between the educational attainment of the majority of children and those from particular groups that are vulnerable to underachievement. This gap is often detectable at as young as 22 months and widens throughout the education system.

Three in five of Warwickshire's children achieve a good level of development by the end of their reception year (60.4% nationally). However, achievement is not as high for children where English is not their first language, for children receiving free school meals, for children with a special educational need (SEN) and for children who are persistently absent from school. For all of these vulnerable groups, the gap in attainment in Warwickshire is wider than the national average and the gap has widened since 2013.

Unfortunately, at both Key Stage 2 and 4, for all subjects and for both attainment and progress, disadvantaged pupils ² in Warwickshire underperform compared to disadvantaged pupils nationally. Whilst the achievements of disadvantaged pupils are increasing in all subjects and both Key Stages, so too are the achievements of non-disadvantaged pupils. This means that the 'gap' between both groups is either being maintained at the same level or is increasing. Having said that, Key Stage 2 attainment levels improved from 2011 to 2014 both locally and nationally and there is evidence of the 'gap' narrowing in Warwickshire over this time period for this year group.

In Warwickshire, one in five (19%) of pupils were considered to be disadvantaged in the Key Stage 4 year group in 2013/14. When comparing the performance of those achieving 5 or more GCSEs at A*-C (or equivalent) including English and Maths, the 'gap' in 2014 between Warwickshire's disadvantaged pupils and non-disadvantaged cohort was 30 percentage points. This highlights that the inequality in attainment widens as pupils move through the Key Stages.

Local analysis of Warwickshire's 16-18 year old population not in education, employment and training (NEET) found that educational underachievement beginning at Key Stage 2 assessments and living in a deprived area of the county were contributory factors to a young person becoming NEET. National research by York University suggests that there is a reasonable expectation that one in six young people who are NEET will never secure long-term employment, with the average individual lifetime public finance cost of a young person who is NEET at £56,300. The total associated loss to the economy, individuals and their families is just over £22 billion. The proportion of 16-18 year olds who are NEET in Warwickshire rose in 2013/14 for the first time in seven years to 5.5% of 16-18 year olds (estimated 1,010 young people). In 2014/15, it fell slightly to 5.1% but it is still above the national average (4.7%). Part of this increase is due to improvements in tracking and recording however, this trend is worth monitoring going forward as the numbers of NEET is increasing across each age group and Warwickshire is seeing larger increases when compared with our statistical neighbours.

Children exposed to domestic abuse suffer significant harm from the effects of witnessing such violence. Under-reporting of domestic violence is acute, meaning that the true extent of the issue remains hidden (although there is evidence to suggest that there has been an increase in recording and reporting of these offences). A Multi Agency Risk Assessment Conference (MARAC) is a local, multi-agency victim-focussed meeting where information is shared on the highest risk cases of domestic violence and abuse between different statutory and voluntary sector agencies. In 2014/15, 839 children were identified as living in MARAC case households in Warwickshire.

2 A disadvantaged pupil is defined by the Department for Education as any pupil eligible for free school meals at any time over the last six years, or Looked After Children (LAC).

INTRODUCTION

Every three years, the Joint Strategic Needs Assessment (JSNA) reviews its priorities to ensure it is focused on key health and wellbeing issues facing the local population. This involves analysing and reviewing the latest data and evidence to highlight the most significant health and wellbeing issues in Warwickshire, both now and in the future. Vulnerable children are one of the eleven identified priority topics and forms part of the JSNA's three year programme of work.

This needs assessment will support the development of Warwickshire's Priority Young People Strategy, provide an evidence-base to inform commissioning decisions across children's health and social care and drive improvements across those delivering services for vulnerable children, especially in terms of:

- Identifying Warwickshire's potential cohort of vulnerable children
- Joined-up services for vulnerable children across health and social care
- Improvement in educational attainment for disadvantaged groups

There is no single approach to defining vulnerability in children. In some cases, 'vulnerable' is used to define key groups of children, such as looked after children and young carers. In others, vulnerable is used to define children at risk of harm and neglect. There are many factors which have a negative impact on a child, alongside a multitude of protective factors. Vulnerability is not based on age alone but more about a child's capacity for self-protection. Vulnerable children and young people experience multiple and complex problems which restrict their life chances and require additional support to improve their wellbeing.

The pressures and adversity that vulnerable children face will increase the chances of them taking part in risky behaviours and likely worsen their health and life outcomes. Relative to other young people, many of these vulnerable and disadvantaged groups are more likely to be unemployed, to be socially isolated, to commit crimes and to live in poverty. Nevertheless, adversity will not affect all young people in the same way and some young people are remarkably resilient in the face of difficulty.

Most children grow up happy, healthy and loved by their families and caregivers, but many don't have adults who keep them safe and put their needs first. National research published in 2013 found that adverse childhood experiences³ (ACE) are strongly related to adverse behavioural, health and social outcomes in the UK population. Compared to those with no ACEs, the study found that individuals with more than 4 ACEs were more likely to smoke, drink heavily, be in custody and be morbidly obese. They also had a greater risk of poor educational and employment outcomes, low mental wellbeing and life satisfaction, recent violence involvement, recent hospital inpatient hospital care and chronic health conditions.

³ A list of these ACEs are found in Appendix A.

Adolescence is a key period for establishing life-long health and social behaviours which develop in the context of family, school and community. Vulnerable children and young people will share many of the same health and well-being issues as their peers but they may be exacerbated because of their living circumstances and/or because they were not identified or responded to at an early intervention stage.

Too often, focus is on addressing the consequences of ACEs rather than preventing them in the first instance. Help is needed for parents to provide safe and supported childhoods through home visiting and parenting programmes. The impacts of ACEs on criminality, violence, early unplanned pregnancy and retention in poverty means those with ACEs are more likely to propagate a cycle that exposes their own children to ACEs.

WARWICKSHIRE'S VULNERABLE CHILDREN

Some of Warwickshire's vulnerable child population will be well known to Public Sector agencies, for example, children looked after by the local authority, however others are much more difficult to identify and often remain hidden from authorities. Characteristics influencing a child's home life could lead to a child being viewed as vulnerable, such as isolation, domestic abuse and poverty. Other 'softer' indicators are often overlooked and require a much deeper understanding of the family characteristics, relationships and social circumstance in order to be recognised and addressed.

In 2014, there were an estimated **118,795** children and young people aged between 0 and 18 years living in Warwickshire.

Over the next ten years, Warwickshire's 0-18 year old population is projected to increase by 6.0%, equating to over 7,000 people, to just under **126,000** people.

To gain a picture of the potential cohort of vulnerable children in Warwickshire requires us to look at the following indicators of vulnerability. Not all of these indicators define a child as vulnerable, but could either raise the likelihood of a child becoming vulnerable or be one of many factors which, when combined, make a child vulnerable.

Children identified through Priority Families (Phase 1 & 2):

1,902 children were identified in Phase One of Warwickshire's Priority Families Programme and a further 1,459 children have been identified in Phase Two so far, (however there is potential for overlap).

Vulnerable Groups

There were 3,797 children in need in Warwickshire at 31st March 2015 (of which 690 were Looked After Children and 536 were subject to a Child Protection Plan).

There were 222 pupils with an ethnicity of 'Traveller of Irish Heritage' or 'Gypsy/Roma' recorded as 'on roll' in a Warwickshire maintained school or Academy in January 2015.

1,482 children aged 0-17 years were estimated from Census 2011 data to be providing unpaid care in Warwickshire.

13 children were in private fostering arrangements in Warwickshire in at 31st March 2015.

Mental Health:

8,527 children and young people aged 5-16 years estimated to have a mental health disorder in 2014.

Alcohol, smoking and substance misuse:

192 young people were treated by Warwickshire's Young Person's Substance Misuse Services in 2013/14.

145 and 161 young people under 18 years were admitted to hospital due to alcohol specific conditions and substance misuse respectively from 2011/12-13/14 (three years pooled).

470 children aged 11-15 years in Warwickshire were estimated to be regular smokers in 2014.

Crime:

602 offences which resulted in a disposal were committed by young people aged 10-17 years in Warwickshire in 2013/14.

839 children were identified as living in MARAC⁴ households in 2014/15.

131 children and young people aged 0-17 years were seen at Warwickshire's Sexual Abuse Referral Centre in 2013/14.

99 children were identified as being exposed or potentially exposed to CSE in Warwickshire in a study published in 2014.

Education:

102 KS2 pupils and 437 KS4 pupils were persistently absent from school during 2013/14.

920 young people were estimated to be NEET in Warwickshire in 2014/15.

6,904 pupils were eligible for free school meals in 2015.

Physical disability:

280 pupils in Warwickshire primary and secondary state-funded schools have a primary Special Educational Need of physical disability.

Sexual health:

430 young people aged 15-19 years from Warwickshire tested positive for chlamydia in 2014.

⁴ A multi-agency meeting which domestic abuse victims who have been identified as at high risk of serious harm or homicide are referred to.

Poverty:

12,760 children aged 0-18 years were living in out of work benefit claimant households as at May 2014.

Parenting:

59 live births in 2012 were to mothers aged under 18 years.

This means that Warwickshire's population of vulnerable children is somewhere between an overestimate of **41,496 children** (if every child in the above categories were unique) and an underestimate of **12,760 children** (if every vulnerable child was living in out of work benefit claimants households).

There is likely to be a hidden population of vulnerable children in Warwickshire, potentially on the periphery of public service engagement.

WARWICKSHIRE PRIORITY FAMILIES PROGRAMME

The Troubled Families programme (known locally in Warwickshire as the Priority Families Programme) is a UK Government scheme under the Department for Communities and Local Government with the stated aim of helping 120,000 troubled families turn their lives around.

Troubled families are characterised by an adult in the family on out of work benefits, children not being in school and family members being involved in crime and anti-social behaviour. These families almost always have other often long-standing problems which can lead to their children repeating the cycle of disadvantage.

Phase One of the programme commenced on 1st April 2012 and ran for three years until 31st March 2015. Warwickshire's target during Phase 1 was to identify, support and 'turn around' a total of 805 Priority Families.

A family is deemed to be successfully ‘turned around’ if:

Education	1. Each child in the family has had fewer than 3 fixed exclusions and less than 15% of unauthorised absences in the last 3 school terms; and
Crime / Anti-social Behaviour	2. A 60% reduction in anti-social behaviour across the family in the last 6 months; and 3. Offending rate by all minors in the family reduced by at least 33% in the last 6 months; and
Work	If they do not enter work, but achieve the ‘progress to work’ (one adult in the family has either volunteered for the Work Programme or attached to the European Social Fund provision in the last 6 months). OR At least one adult in the family has moved off out-of work benefits into continuous employment in the last 6 months.

Phase One of the Priority Families Programme

At the end of Phase One, Warwickshire had met its target of 100%, successfully identifying, supporting and ‘turning around’ a total of 805 families. During the Programme, 1,902 Warwickshire children aged 0-18 years were worked with and had an active plan of support.

Of the 1,787 children whose date of birth was known, 419 children (23%) were aged 0-5 years, 974 children (55%) were aged 5-13 years and 623 children (35%) were aged 13 – 18 years.

- 797 children (45%) lived in Nuneaton and Bedworth Borough
- 348 children (19%) lived in Rugby Borough
- 300 children (17%) lived in Warwick District
- 177 children (10%) lived in Stratford-on-Avon District
- 164 children (9%) lived in North Warwickshire Borough

Warwick District contained the highest proportion (57%) of 5-13 year olds in the Programme compared to other districts/boroughs, with an average of 55%. Nuneaton and Bedworth Borough had the highest proportion (27%) of 0-5 year olds compared to an average of 23% across the other districts/boroughs. Warwick District has a much higher proportion of 13-18 year olds worked with, with 42% compared to the average of 34%, and the lowest of 32% in Nuneaton and Bedworth Borough.

Almost half of the Priority Families identified lived in Nuneaton and Bedworth borough, of which 108 families lived in a single ward in the Borough called Camp Hill. More Priority Families were identified in the ward of Camp Hill than in the whole of North Warwickshire Borough.

Phase Two of the Priority Families Programme

Phase Two of the Priority Families Programme commenced on 1st April 2015. The number of families to work with and turn around is significantly higher than in Phase One, with a target of 2,680 Warwickshire families to turn around compared with 805 families in Phase One. In order to achieve this, the headline criteria for the identification of families are broader and more flexible.

Families must meet at least two of the following six headline criteria to be eligible for the Programme:

- Parents and children involved in crime and anti-social behaviour
- Children who have not been attending school regularly
- Children who need help
- Adults out of work or at risk of financial exclusion and young people at risk of worklessness
- Families affected by domestic violence and abuse
- Parents and children with a range of health problems

Since the start of Phase 2, 1,459 children (whose dates of birth are known) have been identified as meeting the eligibility criteria for the programme.

Out of these 1,459 children, 18% are aged 0-5 years (257 children), almost half (49%) are aged 5-13 years (722 children) and 45% are aged 13-18 years (653 children).

The majority of children (35%) are from Nuneaton and Bedworth Borough, followed by 23% from Warwick District, 20% from Rugby Borough, 12% from North Warwickshire Borough and the remaining 11% from Stratford-on-Avon District.

70 children identified in Phase 2 have an active Special Educational Need (SEN) status (5% of all children identified for Phase 2 of the Programme).

181 children in Phase 2 have an open Common Assessment Framework (CAF) and 70 children who are recorded as previously having a CAF. However, CAF status was only known for 251 children (17% of all children identified for Phase 2 of the Programme).

44 children in Phase 2 were aged 16+ and recorded as Not in Education, Employment or Training (NEET). NEET status was known for 234 children aged 16+ (72% of all children aged 16+ identified for Phase 2 of the Programme)

RECOMMENDATIONS

Identifying Vulnerable Children

- Public and voluntary organisations working with children and their families should pay particular attention to children they meet who may be vulnerable but who are currently on the periphery of public service engagement.
- People working with adults accessing adult services need to routinely and regularly assess whether those adults have parental responsibility and consider whether those children may be in need or safe from harm.
- Children living in poverty in Warwickshire's rural areas must be identified in order to help to prevent the effects of social isolation and the damage this can cause to a child's development, especially aged 0-5 years.
- All commissioned services should be able to provide ethnic breakdown which includes Gypsy and Irish Travellers as identifiable ethnic groups and includes the option of Traveller or Gypsy in ethnic monitoring forms.
- Warwickshire Early years must intervene early and effectively when young children are at risk of underperforming to improve these pupils future educational outlook.
- Warwickshire Early years must meet any emerging safeguarding needs via early help assessment (CAF)
- Warwickshire's cohort of children with a parent in prison must be identified & careful attention paid to this vulnerable group.

Commissioning and service recommendations

- Parents claiming out of work benefits must be supported and encouraged to find secure employment paying the living wage in order to prevent multiple transitions in and out of work.
- Parents of children who are eligible for free school meals must be helped by the local authority and the school to ensure that they are claiming, so that the children who need it the most are benefiting in terms of a free meal and extra support in the classroom.
- Road safety activity should be linked to strategic priorities and regeneration activity in disadvantaged areas, engaging with the local community in order to educate parents and children on the dangers of the roadside.
- A more accessible 'front door' for services for families and young people is required in Warwickshire.
- Ensure sufficient resources are available to support families on the verge of crisis.
- A service educating those soon to leave care on sexual health, family planning and parenting skills may help decrease young pregnancies amongst care leavers and reduce risk of care leavers' children being admitted into care themselves.

- Warwickshire care leavers must be encouraged to continue to engage with the local authority until their 18th birthday in order to increase the likelihood of remaining in education, employment or training (EET).
- Warwickshire schools should be encouraged to achieve Gold level status in the Warwickshire Young Carers Schools Awards.
- A detailed investigation into Warwickshire's Vietnamese and Afghani asylum seeking child population needs to be undertaken to eliminate the potential of a trafficking circle within the county aimed at this vulnerable cohort.
- Access to and investment into CAMHs services in Warwickshire needs to be addressed so that specialised help is available to children who need it quickly.
- Mental health services must be designed to suit young people and reduce the stigma around mental health.
- Warwickshire schools must break the cycle of low aspiration and create a culture conducive to success for Warwickshire's disadvantaged and vulnerable pupils in order to narrow the education attainment gap.
- Warwickshire schools must analyse the barriers to learning for disadvantaged pupils in the county and identify success criteria against how to overcome these barriers in order to close the gap in educational attainment.
- Increase young people's understanding of the labour market, utilising employer engagement in education, e.g. what jobs are available and how to get them
- Increase young people's 'soft employment' skills such as self-discipline, communication, concentration and motivation.
- Clear referral pathways are needed to make sure that children identified through adult services do not fall through the 'gap' between Early Help and Social care.

Data recommendations

- The new Maternity Services Data Set, implemented in 2015, must be monitored locally in order to better understand the risks of pre-term birth and low birth weight with regards to physical health and educational attainment.
- Detailed analysis on the reasons children are coming into care in Warwickshire is required in order to target children and families where early intervention services are not effective or by-passed.
- A community study of prevalence of mental health problems in children and young people in Warwickshire is needed to address the deficit of data currently reliant on national estimates.
- Warwickshire schools must closely monitor persistent absenteeism at an individual child level, especially at KS4 level, and work with the Attendance, Compliance and Enforcement Service (ACE) to help improve the educational outcomes for these pupils.
- It is vital that the Local Authority is able to track the destinations of vulnerable young people in order to allow for more targeted support with re-engagement work.

- Detailed analysis is needed to try to understand the reasons why BME children are under-represented in Warwickshire's CAF and Child Protection populations but over-represented in Warwickshire's children looked after population compared to Warwickshire's general 0-17 year population.

Health recommendations

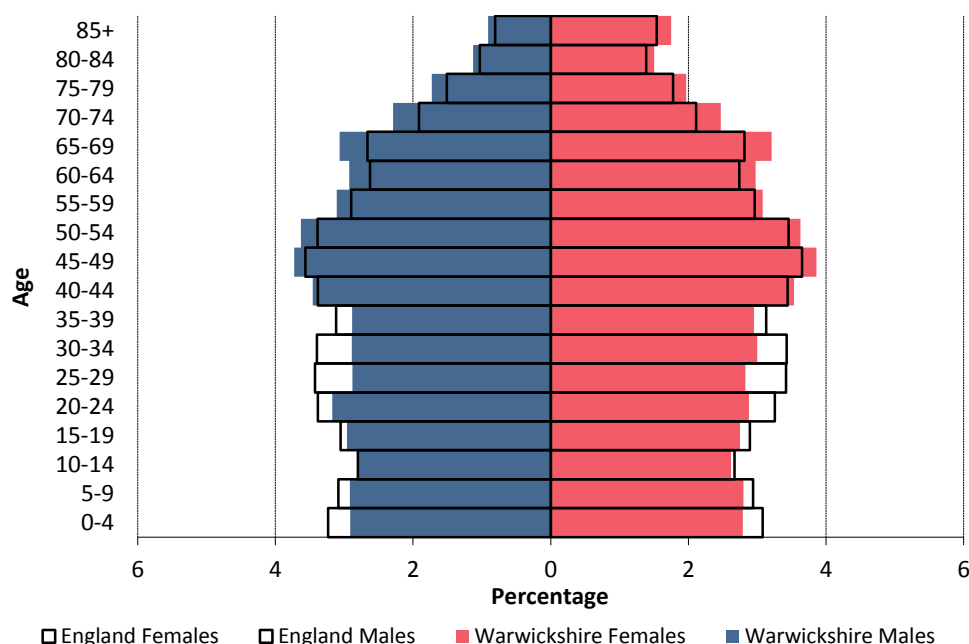
- Educational campaigns and initiatives in Warwickshire such as Respect Yourself need to be targeting all districts and boroughs to continue to bring rates of teenage conception down in the north of the county and prevent further rate increases in south and central Warwickshire.
- All pregnant women in Warwickshire should have a CO test at their first midwifery appointment in order for Warwickshire's Stop Smoking in Pregnancy Service to ascertain the smoking status of all pregnant women at time of booking.
- Comparisons between smoking status of pregnant women at time of booking and smoking status at time of delivery must be made in order to gain insight into whether women are successfully quitting smoking during their pregnancy.
- Careful consideration should be taken to examine why rates of under 18 alcohol-related hospital admissions have risen in Nuneaton and Bedworth and Rugby after a long period of decline

1.1 DEMOGRAPHICS

1.1.1 GENERAL DEMOGRAPHY

The total population of Warwickshire residents using the ONS 2014 mid-year population estimate is 551,594 people. This represents an increase of around 32,957 people or 6.4% since 2004. The percentage increase is slightly lower than the increase experienced by the West Midlands region (6.9%) and lower than the increase experienced in England (8.2%) as a whole. Figure 1 shows Warwickshire's population pyramid using data from the ONS. If the proportion of each age group in Warwickshire is compared with England, Warwickshire has a lower proportion of age groups under 40 years for both males and females, and a higher proportion in age groups over 40 years.

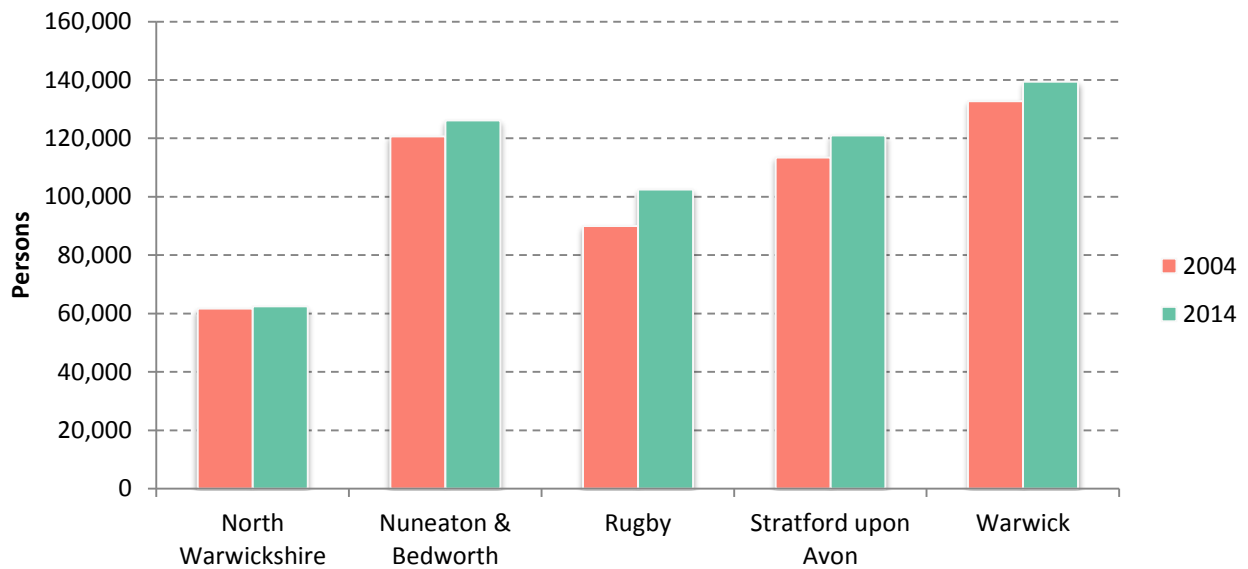
Figure 1: Warwickshire's Population Pyramid, 2014



Source: ONS mid-2014 population estimates

Warwickshire is a two-tier local authority and comprises five district/borough areas. Warwick District was estimated to be the most populous district in the county in 2014 with approximately 139,000 people, followed by Nuneaton and Bedworth Borough with approximately 126,000 people. All districts and boroughs in Warwickshire experienced an increase in population between 2004 and 2014, with the greatest growth occurring in Rugby Borough (+13.9%) followed by Stratford-on-Avon District (+6.7%) and the smallest growth in North Warwickshire Borough (+1.1%).

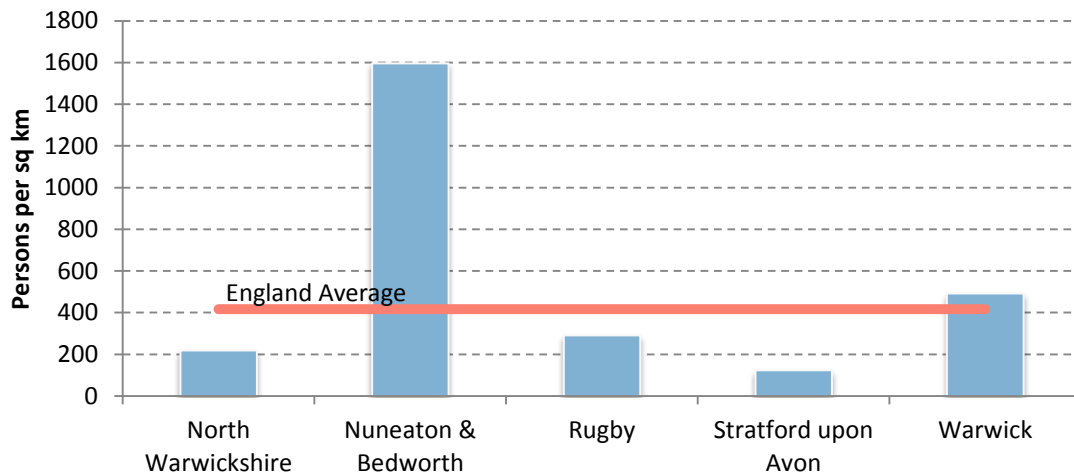
Figure 2: Estimated population of Warwickshire's districts, 2004 and 2014



Source: ONS mid-2004 and mid-2014 population estimates

Despite not being the most populous district in Warwickshire, the urban borough of Nuneaton and Bedworth has a considerably higher population density than the rest of the county with 1,597 persons per square kilometre. In contrast, Stratford-on-Avon District has a density of 124 persons per square kilometre. The England average is 417 persons per square kilometre.

Figure 3: Estimated population density of Warwickshire's districts, 2014



Source: ONS mid-2014 population density estimates

The latest ONS 2012-based interim projections for 2012 to 2037 suggest that on current trends, the county's population is expected to increase by 75,955 people, with an annual average increase of 3,038 from 547,974 people in 2012 to 623,929 in 2037. Population growth is expected in all districts and boroughs, with the largest growth expected to be in Rugby Borough. (These projections are trend-

based, making assumptions on fertility, mortality and migration based on observations over a five year reference period. They take no account of future strategic policy or development plans in local authority areas.)

Figure 4: Population Projections, 2012 to 2037

Projected Population ('000s)	2015	2016	2017	2018	2019	2020	2021	2022	~	2037	% Change (2012-2037)
England	54,613	55,020	55,415	55,812	56,198	56,582	56,962	57,338	~	62,166	16.2%
Warwickshire	555.7	559.1	562.5	565.9	569.3	572.8	576.3	579.8	~	623.9	13.9 %
North Warwickshire	62.7	62.8	63.0	63.3	63.5	63.7	64.0	64.2	~	67.4	8.3%
Nuneaton and Bedworth	127.7	128.4	129.1	129.9	130.7	131.4	132.2	133.0	~	142.6	13.4%
Rugby	103.2	104.1	105.0	105.9	106.8	107.7	108.6	109.5	~	119.9	19.1%
Stratford on Avon	122.1	122.7	123.3	123.9	124.5	125.1	125.8	126.5	~	134.5	11.6%
Warwick	140.2	141.1	142.0	143.0	143.9	144.8	145.6	146.5	~	159.5	15.0%

Source: ONS mid-2012 population projections

Warwickshire is characterised by a comparatively small black, Asian and minority ethnic (BAME) population. The 2011 Census showed that 88.5% of Warwickshire residents are white British compared with 79.8% nationally. However, Warwickshire's non-white British population has grown by 5% since the 2001 Census. 'Asian' and 'other white' ethnic groups are the largest non-white British groups in the county. At district/borough level, Warwick District is estimated to have the highest proportion of non-white British residents (17%) whereas North Warwickshire Borough is estimated to have the lowest proportion (4%).

Figure 5: Warwickshire population estimates by ethnic group, Census 2011

2011 Census	North Warwickshire	Nuneaton and Bedworth	Rugby	Stratford on Avon	Warwick	Warwickshire
Total All Groups	62,000	125,300	100,100	120,500	137,600	545,500
Total White	60,700	114,300	90,400	117,100	122,700	505,200
of which:						
British	59,500	111,400	84,200	112,800	114,700	482,600
Irish	500	700	1,000	900	2,100	5,200
Gypsy or Irish Traveller	0	100	200	200	0	500
Other White	700	2,200	5,200	3,500	5,800	17,400
Total BME	2,500	13,900	15,900	7,700	22,900	62,900
of which:						
Mixed/multiple ethnic group	500	1,400	2,000	1,300	2,800	7,900
Asian/Asian British	600	7,900	5,200	1,500	9,900	25,100
Black/ African/ Caribbean/ Black British	200	1,000	2,000	300	1,000	4,400
Other Ethnic Group	0	500	300	200	1,200	2,300

Source: Census 2011 data, NOMIS

CHILDREN AND YOUNG PEOPLE AGED 0-18 YEARS

In 2014 there were an estimated 118,795 children and young people aged between 0 and 18 years living in Warwickshire. Nuneaton and Bedworth Borough has the largest population of 0-18 year olds, with just under 29,000 people. However Rugby Borough has the largest proportion of 0-18 year olds who account for 23.6% of the population. Stratford-on-Avon District has the smallest proportion of 0-18 year olds at 20.2% closely followed by Warwick District (20.4%). The England average is 22.5% of the population.

Rugby Borough's population of 0-18 year olds grew by over 11% from 2004 to 2014 in contrast to North Warwickshire Borough where the population of 0-18 year olds decreased by approximately 7%. Overall, Warwickshire's population of 0-18 year olds grew by only 0.2% compared to an England average of 4.3%.

Figure 6: Warwickshire's estimated population of 0-18 year olds by district/borough, 2004 & 2014

Area	2004		2014		% change from 2004 to 2014
	0-18 Population	% of area population	0-18 Population	% of area population	
England	11,744,578	23.4	12,247,454	22.5	4.3
Warwickshire	118,568	22.9	118,795	21.5	0.2
North Warwickshire	14,062	22.8	13,020	20.8	-7.4
Nuneaton and Bedworth	29,553	24.5	28,692	22.7	-2.9
Rugby	21,755	24.2	24,159	23.6	11.1
Stratford on Avon	24,790	21.8	24,488	20.2	-1.2
Warwick	28,408	21.4	28,436	20.4	0.1

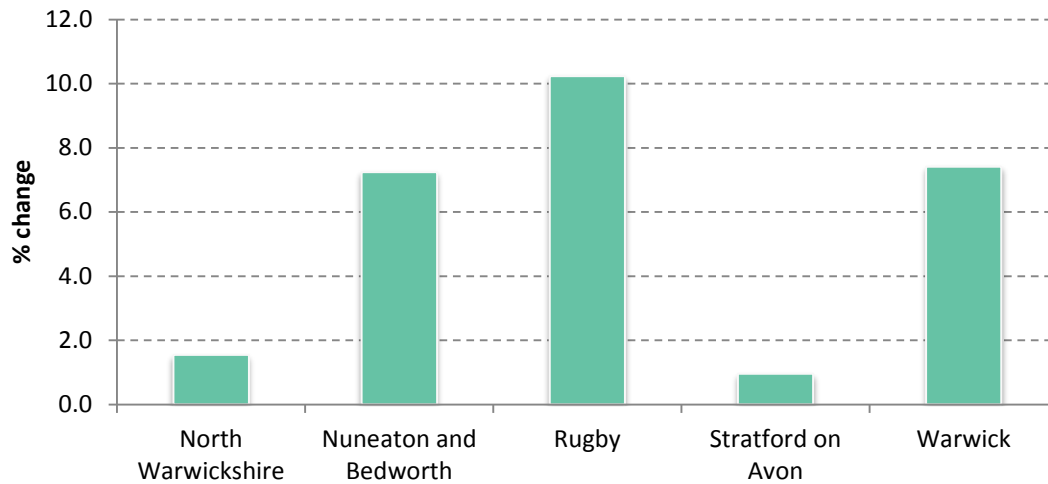
Source: ONS mid-2004 and mid-2014 population estimates

Despite an increase of only 0.2% in Warwickshire's population of 0-18 year olds from 2004 to 2014, Warwickshire's 0-18 year population is predicted to increase by 6.0% (over 7,000 people) over the next ten years from 2014 to 2024. The 0-18 year population is predicted to increase in every district/borough in the county, with the largest growth expected in Rugby Borough (10.2%) followed by Warwick District then Nuneaton and Bedworth Borough (7.4% and 7.2% respectively). Only small growth is expected in North Warwickshire Borough (1.5%) and Stratford-on-Avon District (1.0%).

Figure 7: Projections of 0-18 year olds in Warwickshire by district/borough, 2014-2024

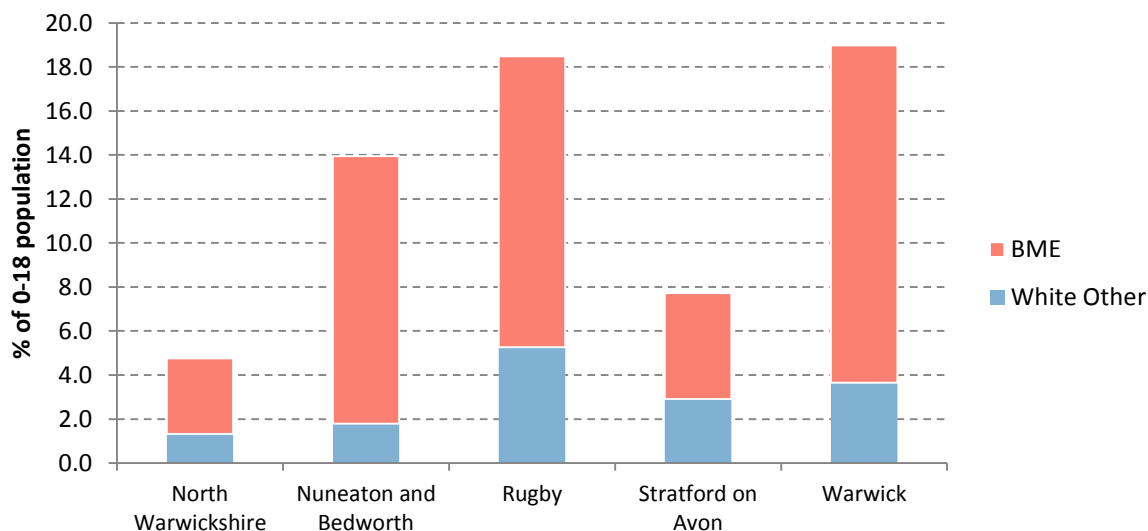
Area	2014	2024	% change
North Warwickshire	13,054	13,255	1.54
Nuneaton and Bedworth	28,780	30,864	7.24
Rugby	23,998	26,454	10.23
Stratford on Avon	24,397	24,630	0.96
Warwick	28,481	30,590	7.40

Figure 8: Warwickshire 0-18 year old population projection % change from 2014-2024



According to 2011 Census data, there are approximately 12,500 people (10.6%) in Warwickshire aged 0-18 years from a black, Asian or minority ethnic (BAME) group. This is considerably lower than the national average of 21.3%. There are over 3,600 0-18 year olds (3.1%) in Warwickshire classed as white other (including Irish and migrants from Europe, America and Australia) compared to the national average of 4.1%. Warwick District has the most ethnically diverse 0-18 year old population in the county, closely followed by Rugby Borough. North Warwickshire Borough has the least ethnically diverse 0-18 year old population.

Figure 9: Ethnicity of Warwickshire’s 0-18 population by district/borough, 2011



CHILDREN AGED 0-5 YEARS

There were an estimated 37,917 children aged between 0-5 years living in Warwickshire in 2014. This represents an increase of 12.2% or approximately 4,000 people between 2004 and 2014. This

compares to an increase of only 0.2% for the total child population (0-18 year olds). The boroughs of Nuneaton and Bedworth and Rugby have the largest proportion of 0-5 year olds in the county, with 7.6% and 7.7% of their total population respectively. This is the same proportion of this age group as the England average (7.6%). Stratford-on-Avon District has the lowest proportion of 0-5 year olds in the county (5.8%), and is the only district/borough in the county where the population of this age group has decreased over the past ten years. Rugby Borough has seen the biggest increase, with 23.6% more 0-5 year olds in the borough in 2014 compared with 2004.

Figure 10: Warwickshire’s estimated population of 0-5 year olds by district/borough, 2004 and 2014

Area	2004		2014		% change from 2004 to 2014
	0-5 Population	% of area population	0-5 Population	% of area population	
England	3,472,518	6.9	4,104,913	7.6	18.2
Warwickshire	33,795	6.5	37,917	6.9	12.2
North Warwickshire	3,775	6.1	4,026	6.4	6.6
Nuneaton and Bedworth	8,345	6.9	9,547	7.6	14.4
Rugby	6,350	7.1	7,849	7.7	23.6
Stratford on Avon	7,074	6.2	7,058	5.8	-0.2
Warwick	8,251	6.2	9,437	6.8	14.4

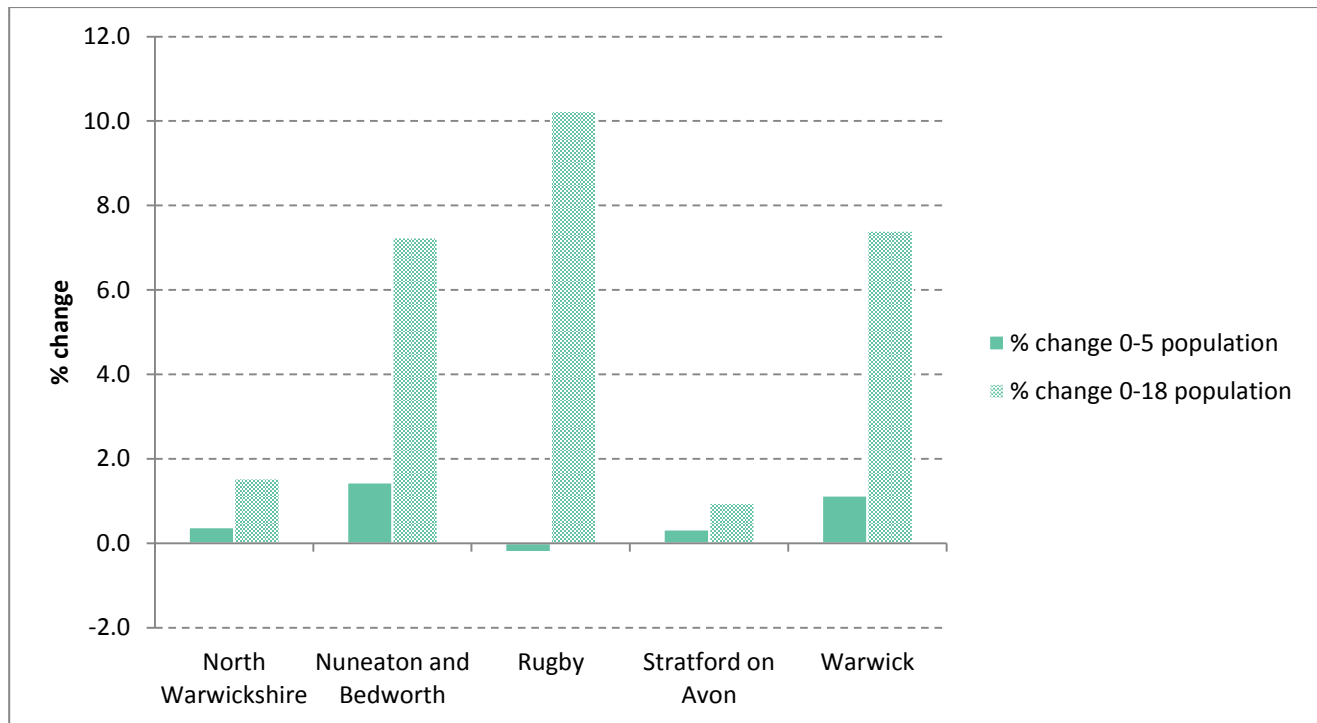
Based on current trends, the latest ONS 2012-based interim projections suggest that Warwickshire’s 0-5 year old population will increase by approximately 269 people or 0.7% to about 38,240 in 2024. This compares to a predicted increase of 6.0% for the child population as a whole.

The largest increase in the 0-5 year old population is predicted to be in Nuneaton and Bedworth Borough (1.6%). All districts/boroughs are predicted to see an increase, although increases in this age group in the other districts/boroughs are minimal (under 1%).

Figure 11: Projections of 0-5 year olds in Warwickshire by district/borough, 2014-2024

Area	2014	2024	% change
North Warwickshire	3,968	3,983	0.38
Nuneaton and Bedworth	9,651	9,790	1.44
Rugby	7,762	7,746	-0.21
Stratford on Avon	7,076	7,099	0.33
Warwick	9,515	9,622	1.12

Figure 12: Warwickshire 0-5 year old population projection % change from 2014-2024



CHILDREN AGED 5-13 YEARS

In 2014 there were an estimated 55,153 children and young people aged 5-13 years living in Warwickshire. This represents a decrease of 4.1% or approximately 2,333 people between 2004 and 2014. This compares to an increase of 0.2% for the total child population (0-18 year olds). Warwick District has the largest population of 5-13 year olds (13,324) but Rugby Borough has the highest proportion of 5-13 year olds (10.9%). Rugby Borough is the only borough/district in Warwickshire where the population of 5-13 year olds increased from 2004 to 2014 (+8.0%). North Warwickshire Borough's 5-13 year old population decreased by 14.1% over the same period.

Figure 13: Warwickshire's estimated population of 5-13 year olds by district/borough, 2004 and 2014

Area	2004		2014		% change from 2004 to 2014
	5-13 Population	% of area population	5-13 Population	% of area population	
England	5,649,360	11.3	5,637,180	10.4	-0.2
Warwickshire	57,486	11.1	55,153	10.0	-4.1
North Warwickshire	6,904	11.2	5,930	9.5	-14.1
Nuneaton and Bedworth	14,425	12.0	13,090	10.4	-9.3
Rugby	10,327	11.5	11,148	10.9	8.0
Stratford on Avon	12,261	10.8	11,661	9.6	-4.9
Warwick	13,569	10.2	13,324	9.6	-1.8

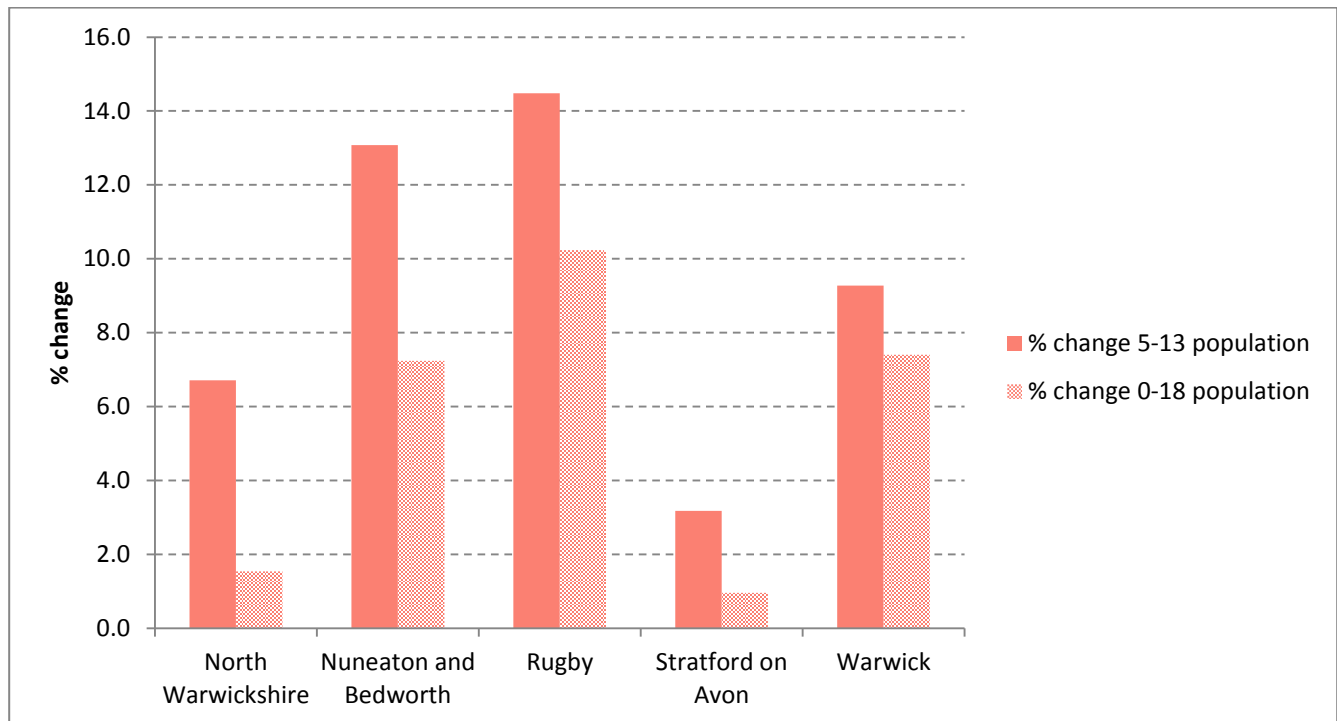
The latest ONS 2012-based interim projections suggest that Warwickshire’s 5-13 year old population will increase by around 5,300 or 9.7% to approximately 60,420 children in 2024. This compares to a predicted increase of 6.0% for the child population as a whole.

The largest increase in the 5-13 year old population is predicted to be in Rugby Borough, with an increase of 14.5% from 2014 to 2024. Stratford-on-Avon District and North Warwickshire Borough are predicted to have the smallest increase in 5-13 year olds from 2014 to 2024, of 3.2% and 6.7% respectively.

Figure 14: Projections of 5-13 year olds in Warwickshire by district/borough, 2014-2024

Area	2014	2024	% change
North Warwickshire	5,979	6,380	6.71
Nuneaton and Bedworth	13,145	14,864	13.08
Rugby	11,104	12,712	14.48
Stratford on Avon	11,570	11,937	3.17
Warwick	13,294	14,527	9.27

Figure 15: Warwickshire 5-13 year old population projection % change from 2014-2024



YOUNG PEOPLE AGED 13-18 YEARS

There were an estimated 38,145 young people aged 13-18 years living in Warwickshire in 2014. This represents a decrease of 5.8% or approximately 2,365 young people from 2004 to 2014. This compares to an increase of 0.2% for the total child population (0-18 years old). Nuneaton and Bedworth Borough has the highest number of 13-18 year olds in the county but Rugby Borough has

the largest proportion of 13-18 year olds (7.6% of the Borough's total population). The proportion of 13-18 year olds in each district/borough is relatively even across the county. Warwick District has the lowest proportion of 13-18 year olds representing 6.2% of its total population. Overall the proportion of 13-18 year olds in Warwickshire has decreased by 5.8% from 2004 to 2014 compared to a national decrease of 2.9%. Rugby Borough and Stratford-on-Avon saw an increase in their 13-18 year old population during this period (5.4% and 1.5% respectively) whereas the rest of Warwickshire's districts/boroughs saw a decrease in this population. Warwick District saw the largest decrease in its 13-18 year old population; a 13.5% decrease from 2004 to 2014.

Figure 16: Warwickshire's estimated population of 13-18 year olds by district/borough, 2004 and 2014

Area	2004		2014		% change from 2004 to 2014
	13-18 Population	% of area population	13-18 Population	% of area population	
England	3,884,629	7.7	3,772,033	6.9	-2.9
Warwickshire	40,510	7.8	38,145	6.9	-5.8
North Warwickshire	4,920	8.0	4,405	7.1	-10.5
Nuneaton and Bedworth	10,058	8.3	9,031	7.2	-10.2
Rugby	7,352	8.2	7,746	7.6	5.4
Stratford on Avon	8,220	7.2	8,346	6.9	1.5
Warwick	9,960	7.5	8,617	6.2	-13.5

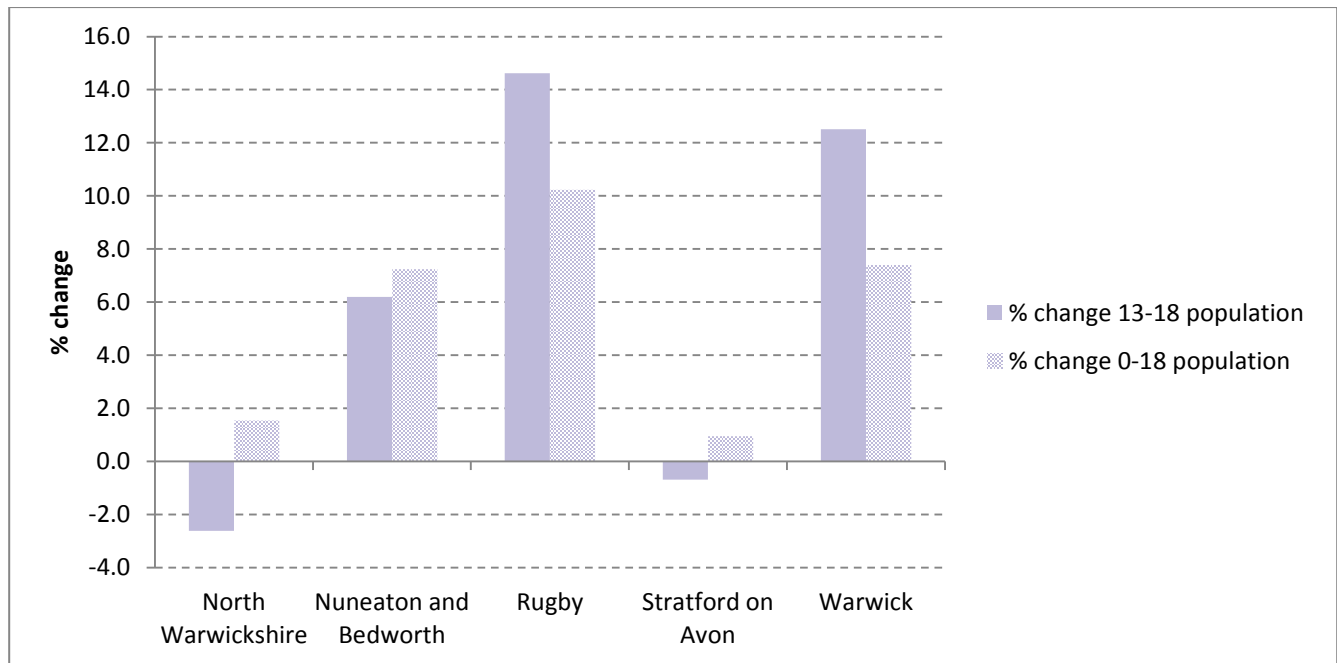
Based on current trends, the latest ONS 2012-based interim projections suggest that Warwickshire's 13-18 year old population will increase by approximately 2,587 young people or 6.8% to 40,609 young people in 2024. This compares to a predicted increase of 6.0% for the child population as a whole.

The largest increase in the 13-18 year old population is predicted to be in Rugby Borough, with an increase of 14.6% from 2014 to 2024, followed by Warwick District (12.5%). North Warwickshire Borough and Stratford-on-Avon District's 13-18 year old populations are predicted to shrink from 2014 to 2024 by 2.6% and 0.7% respectively.

Figure 17: Projections of 13-18 year olds in Warwickshire by district/borough, 2014-2024

Area	2014	2024	% change
North Warwickshire	4,430	4,314	-2.62
Nuneaton and Bedworth	8,972	9,528	6.20
Rugby	7,724	8,853	14.62
Stratford on Avon	8,291	8,234	-0.69
Warwick	8,604	9,680	12.51

Figure 18: Warwickshire 5-13 year old population projection % change from 2014-2024



1.1.2 CHILD POVERTY

Poverty is defined by the Poverty and Social Exclusion project as “*those whose lack of resources forces them to live below a publicly agreed minimum standard*”. It is widely accepted that poverty is relative to the place and time a person lives. Most official definitions of poverty use relative income to measure who is in poverty; an income threshold is set and those who fall below it are seen to be ‘in poverty’. The key UK government measures take 60 per cent of median income as the poverty line. But while this is easy to measure and does provide useful comparisons over time, it is essentially an arbitrary definition and has been much criticised. Poor people lack capital (both income and wealth), but they can also be resource-poor in other ways: they may lack human capital (such as education or good health), or social capital (such as positive and trustful communities, close families).

On average throughout the UK, nearly one in six (15.9%) children are classified as below the poverty line before housing costs, while one in four (25.1%) are in poverty once housing costs have been deducted from their income. In Warwickshire, 15,315 children were considered to be living in poverty in 2011.

Although Warwickshire has low overall levels of child poverty, small localised pockets with relatively high levels exist. These areas show up on a multitude of indicators linked to different aspects of child poverty. In Warwickshire the distribution of child poverty is complicated. The largest concentrations are entrenched in the County’s largest urban areas, particularly Nuneaton and to a lesser extent Rugby and Bedworth. However, these concentrations are combined with spatially dispersed pockets in the rural south and north. Whilst the levels of poverty in rural areas are not as concentrated as those in Warwickshire’s towns, when aggregated the total numbers are not insignificant. An added

complication is that households experiencing child poverty issues in more rural areas may encounter further difficulty in accessing support services due to their more isolated locations.

OUT OF WORK BENEFIT CLAIMANTS

Full time, permanent, employment is the single most important factor in reducing the risk of poverty for all groups of families with children, including lone parent families and families with a disabled member. However, entering work cannot provide a sustainable route out of poverty or prevent households moving into poverty if job security, low pay and lack of progression are not addressed. Research by Adelman et al in 2003 showed a strong association between persistent poverty and experiencing multiple transitions in and out of work due to low paid and insecure employment.

12,760 children aged 0-18 years were living in out of work benefit claimant households in Warwickshire as at May 2014, approximately 10.7% of Warwickshire's 0-18 population. This compares to an England average of 15.4%. The proportion of children aged 0-18 years living in out of work benefit claimants households has gradually decreased in all districts/boroughs in Warwickshire since 2010. This decline is most prominent in the south of the county, despite these districts having the lowest percentages of children living in out of work benefit claimant households each year. The percentage of children living in out of work benefit claimant households in the boroughs of Nuneaton and Bedworth and North Warwickshire remained relatively constant from 2011 to 2013 after a decline from 2010 to 2011 but dropped again in 2014.

Figure 19: % of children aged 0-18 living in all out of work benefit claimants households in Warwickshire by district/borough as at May of each year

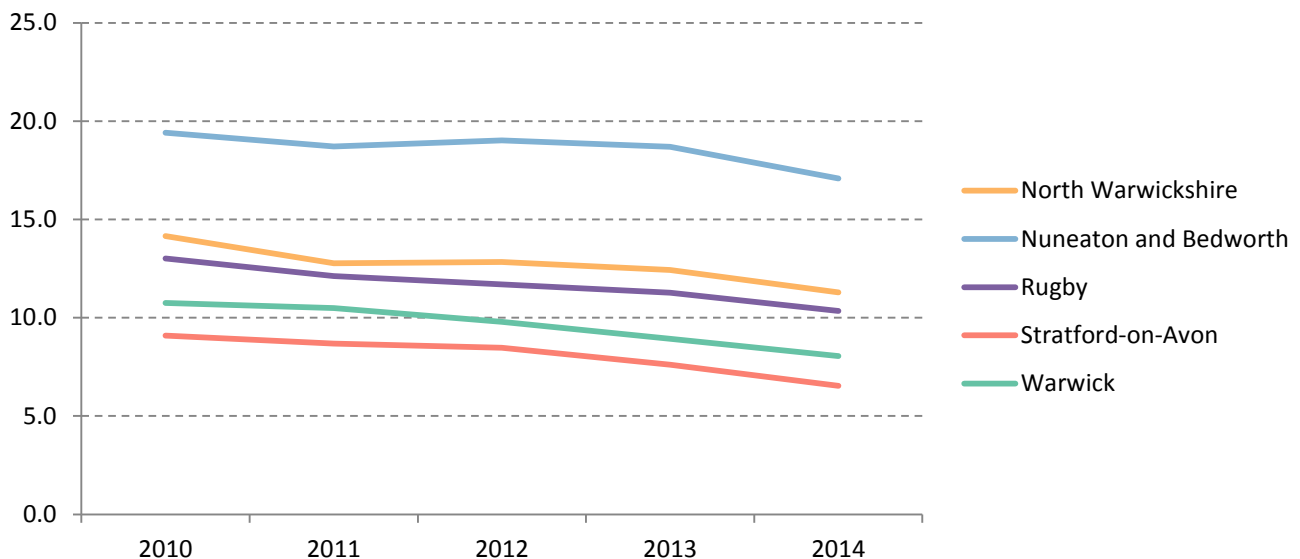


Figure 20: Number of children living in all out of work benefit claimant households by district/borough and age at May 2014

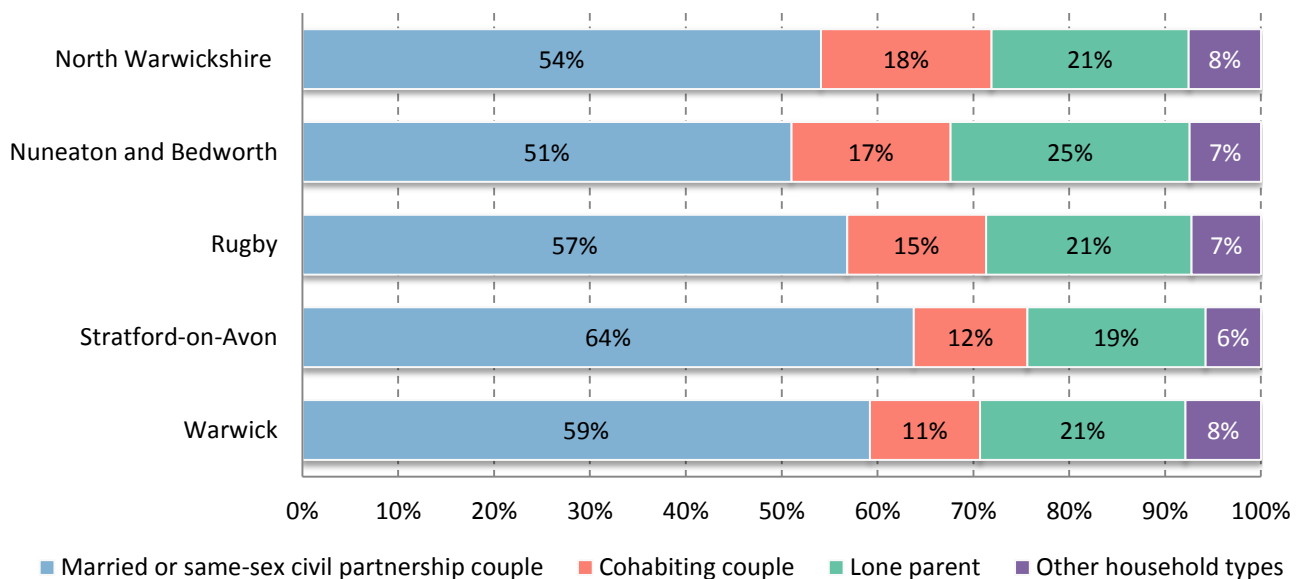
Area	Age 0-4	Age 5-10	Age 11-15	Age 16-18	Number of Households
North Warwickshire	490	460	350	170	800
Nuneaton and Bedworth	1,770	1,570	1,090	470	2,620
Rugby	870	820	560	250	1,360
Stratford-on-Avon	520	510	380	180	890
Warwick	800	660	560	270	1,230

1.1.3 LONE PARENT FAMILIES

Children in one-parent families are over a third more likely to be in poverty than children in couple families and over a third of families who become one-parent families enter poverty.

According to the 2011 Census, there were 64,973 households in Warwickshire with dependent children of which over a fifth (13,957) were recorded as being lone parent households. Nuneaton and Bedworth Borough had the highest number and proportion of lone parent households, equating to one quarter of all households with dependent children. Stratford-on-Avon District has the lowest proportion of lone parent households at 19%.

Figure 21: Households with dependent children in Warwickshire, 2011

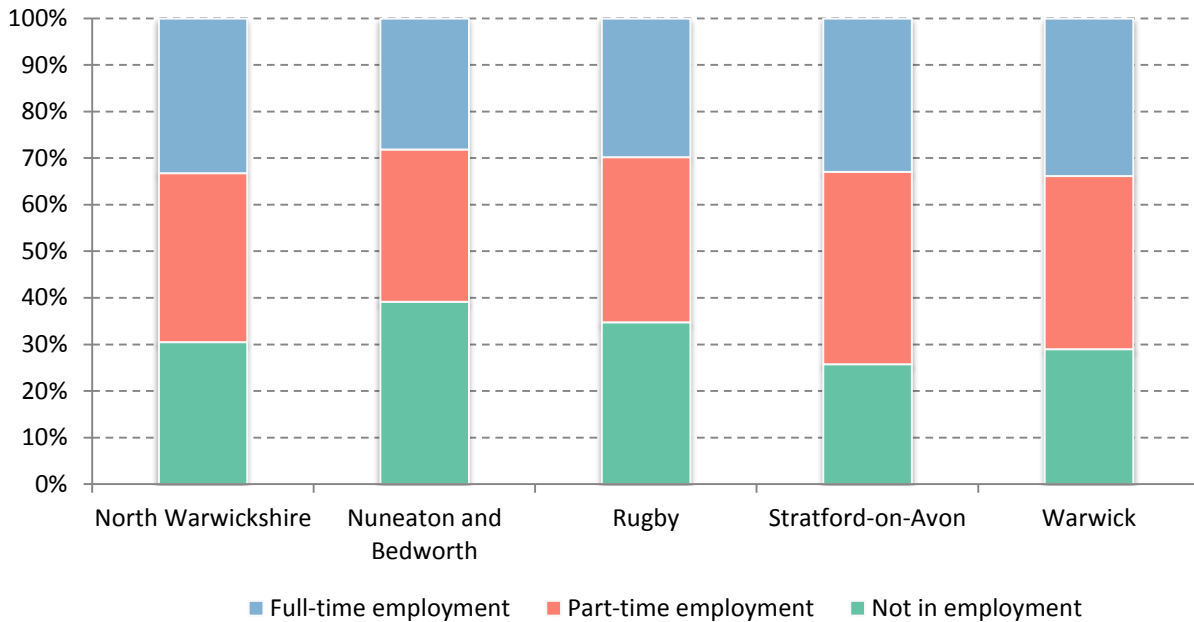


Source: Census 2011

Out of the 13,957 lone parent households with dependent children in Warwickshire, 89% were recorded as female lone parent households (12,430) and the remaining 11% were recorded as male lone parents households (1,527). Just under one-third (31.2%) of these lone parents were recorded as

being in full-time employment, just over one-third (36.2%) were recorded as being in part-time employment, and the remaining third (32.6%) were recorded as not in employment. At District/Borough level, Nuneaton and Bedworth Borough has the highest number and proportion of lone parent households not in employment (1,550 lone parent households, 39.2%) compared with Stratford-on-Avon District with 25.8% of lone parent households not in employment.

Figure 22: Lone parent households with dependent children by employment status, Census 2011



1.1.4 INDEX OF MULTIPLE DEPRIVATION

The Index of Multiple Deprivation (IMD) is a nationally acknowledged measure that combines a number of indicators chosen to cover a range of economic, social and housing issues, into a single deprivation score for small geographical areas, known as Lower Super Output Areas (LSOA). The latest indices were published by the Department for Communities and Local Government (DCLG) in 2015 for all LSOAs in England.

At a county level, the Indices show that Warwickshire is ranked 124th out of 152 upper tier authorities in England meaning that it is among the 20% least deprived areas in England according to the IMD rank average score.

Nuneaton & Bedworth has the highest levels of deprivation in the County, indicated by the highest average SOA score. The Borough ranks as the 111th most deprived Local Authority District (out of the 326 Local Authorities in England). Stratford-on-Avon District is the least deprived in Warwickshire with a national rank of 272nd.

Warwickshire is comprised of 339 LSOAs of which 18 (5%) fall into the 20% most deprived in England and eight LSOAs (2.4%) fall into the top 10% most deprived nationally. Six of the areas in Warwickshire which fall into the top 10% most deprived nationally are located in Nuneaton and

Bedworth Borough, one in North Warwickshire Borough and one in Warwick District. The latest small area population estimates (mid-2013) suggest that there are approximately 7,717 children aged 0-18 years living in the areas in Warwickshire which fall into the 20% most deprived nationally.

Figure 23: Warwickshire’s estimated child population by IMD 2015 national deprivation quintile

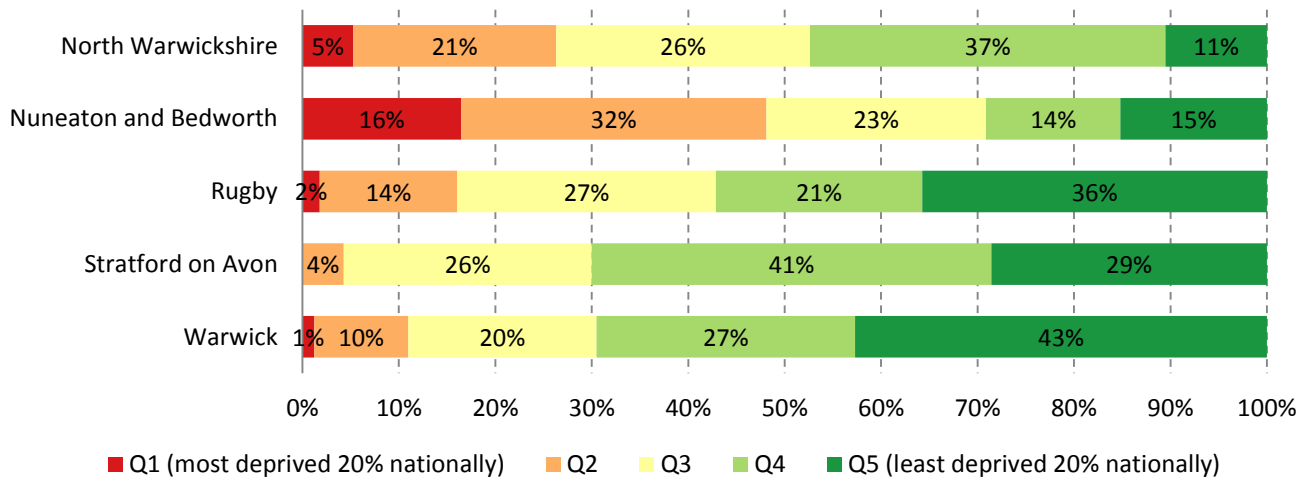
Deprivation Quintile	Estimated number of children aged 0-18 years	Estimated number of children aged 0-5 years	Estimated number of children aged 5-13 years	Estimated number of children aged 13-18 years
1 (Most deprived 20% nationally)	7,717	2,796	3,386	2,317
2	19,040	6,776	8,538	5,751
3	27,447	9,246	12,118	8,919
4	30,842	9,319	14,336	10,493
5 (Least deprived 20% nationally)	33,351	9,768	16,019	11,169

Figure 24: Warwickshire LSOAs in the 20% most deprived LSOAs in England

LSOA Name	District	Deprivation decile	Total Population	0-18 Population		0-5 Population	5-13 Population	13-18 Population
				Number	%			
Mancetter South and Ridge Lane	North Warks	1	1,398	359	19%	122	145	124
Camp Hill Village & West	Nun & Bed	1	2,408	794	33%	274	368	236
Abbey Town Centre	Nun & Bed	1	1,689	318	17%	132	106	109
Bar Pool North & Crescents	Nun & Bed	1	1,600	489	26%	181	227	135
Kingswood Grove Farm & Rural	Nun & Bed	1	1,545	468	25%	172	220	119
Middlemarch & Swimming Pool	Nun & Bed	1	1,770	524	28%	180	234	152
Hill Top	Nun & Bed	1	1,177	308	17%	97	116	119
Lillington East	Warwick	1	1,377	334	18%	135	138	96
Atherstone Central – Centre	North Warks	2	1,854	463	25%	174	198	135
Camp Hill East & Quarry	Nun & Bed	2	1,811	463	25%	173	201	135
Abbey North	Nun & Bed	2	1,666	397	21%	170	151	110
Abbey Priory	Nun & Bed	2	1,773	439	24%	165	197	128
Kingswood Stockingford Schools	Nun & Bed	2	1,417	386	21%	131	187	116
Riversley	Nun & Bed	2	1,637	408	22%	134	194	131
Bede Cannons	Nun & Bed	2	1,278	239	13%	82	102	62
Bede East	Nun & Bed	2	1,406	367	20%	116	168	125
Poplar Coalpit Field	Nun & Bed	2	1,701	404	22%	148	187	111
Brownsover South Lake District North	Rugby	2	1,709	557	30%	210	247	156

16% of children aged 0-18 years in Nuneaton and Bedworth Borough (over 4,700 children) are estimated to live within the most deprived neighbourhoods nationally. This compares with Warwick District where 43% of children aged 0-18 years (over 12,000 children) are estimated to live within the least deprived neighbourhoods nationally.

Figure 25: Warwickshire districts/boroughs estimated 0-18 year old population by IMD 2010 deprivation quintile



Income Deprivation affecting Children Index (IDACI)

The Indices of Deprivation also provides a supplementary index of deprivation for Income Deprivation Affecting Children (IDACI). This measures the proportion of all children aged 0 to 15 years living in income deprived families. IDACI is a subset of the Income Deprivation Domain which measures the proportion of the population in an area experiencing deprivation relating to low income. The definition of low income used includes both those people that are out-of-work, and those that are in work but who have low earnings.

There are 19 LSOAs within Warwickshire that fall into the 20% most deprived in England in terms of Income Deprivation Affecting Children. The latest ONS mid-2013 small area population estimates suggest that **2,831** children aged 0-5 years and **4,260** children aged 5-15 years are living within these areas.

The Boroughs of North Warwickshire, Nuneaton and Bedworth, Rugby and Warwick District all have LSOAs that are amongst the most deprived 20% in the country in terms of Income Deprivation Affecting Children. Two thirds of these children live within Nuneaton and Bedworth Borough; **1,877** children aged 0-5 years and **2,789** children aged 5-15 years.

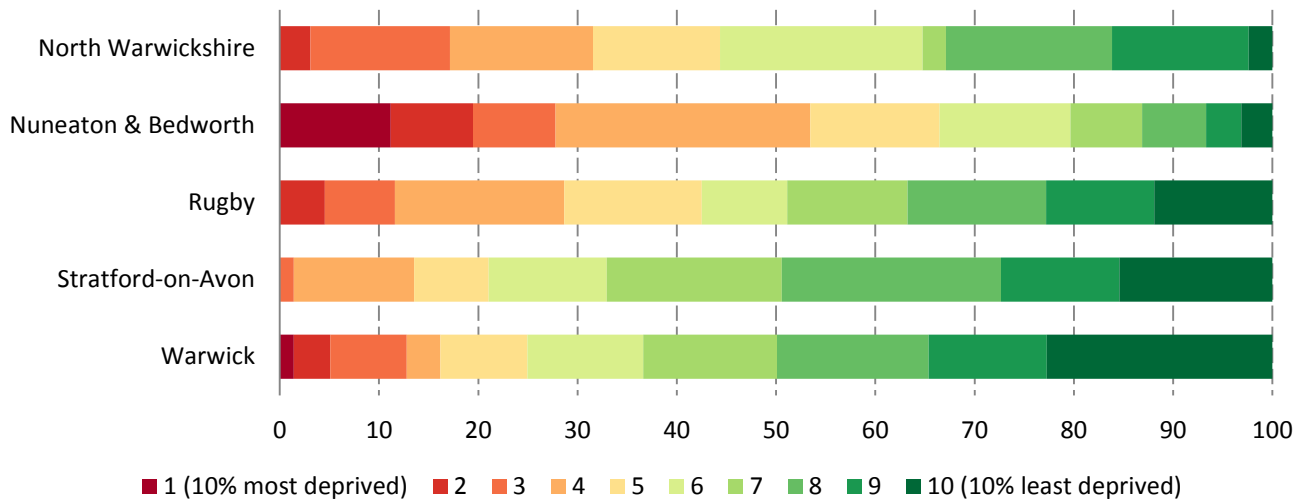
1,212 children aged 0-5 years in Warwickshire live in the 10% most deprived areas nationally in terms of IDAC. 89% of these children live in Nuneaton and Bedworth Borough, with the remaining 11% in Warwick District. This compares to 4,571 children aged 0-5 years in Warwickshire living in the 10%

least deprived areas nationally in terms of IDAC. 71% of these children live in the districts of Warwick and Stratford-on-Avon.

Figure 26: Warwickshire’s estimated 0-5 year population by IDACI 2015 national deprivation decile

Deprivation Decile	North Warwickshire	Nuneaton & Bedworth	Rugby	Stratford-on-Avon	Warwick	Total
1 (most deprived 10%)	0	1,077	0	0	135	1,212
2	122	800	349	0	348	1,619
3	555	800	540	101	734	2,730
4	570	2,472	1,308	866	322	5,538
5	506	1,255	1,065	534	834	4,194
6	806	1,273	658	850	1,107	4,694
7	93	694	930	1,258	1,281	4,256
8	661	621	1,071	1,577	1,455	5,385
9	544	344	837	852	1,129	3,706
10 (least deprived 10%)	95	301	912	1,100	2,163	4,571
Total	3,952	9,637	7,670	7,138	9,508	37,905

Figure 27: Warwickshire’s estimated 0-5 year population by IDACI 2015 deprivation decile by district/borough

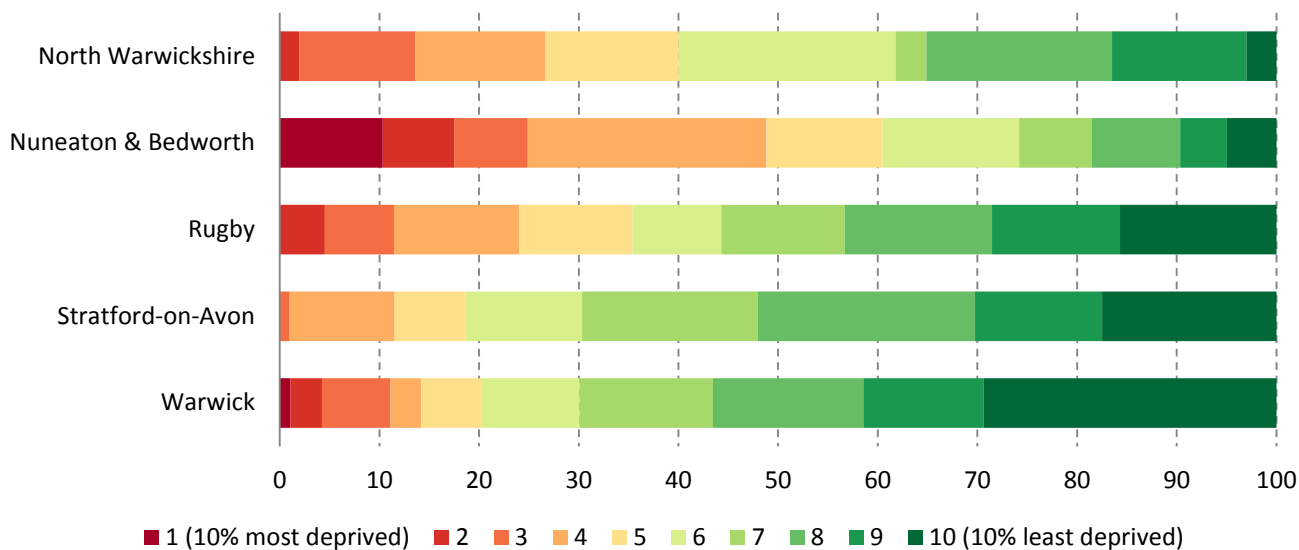


1,810 children aged 5-15 years in Warwickshire live in the 10% most deprived areas nationally in terms of IDAC. 91% of these children live in Nuneaton and Bedworth Borough, with the remaining 9% in Warwick District. This compares to 10,314 children aged 5-15 years in Warwickshire living in the 10% least deprived areas nationally in terms of IDAC. 70% of these children live in the districts of Warwick and Stratford-on-Avon.

Figure 28: Warwickshire’s estimated 5-15 year population by IDACI 2015 national deprivation decile

Deprivation Decile	North Warwickshire	Nuneaton & Bedworth	Rugby	Stratford-on-Avon	Warwick	Total
1 (most deprived 10%)	0	1,644	0	0	166	1,810
2	145	1145	604	0	509	2,403
3	858	1178	931	142	1097	4,206
4	964	3,815	1,680	1513	494	8,466
5	988	1,856	1,523	1024	973	6,364
6	1605	2,189	1192	1678	1,566	8,230
7	228	1157	1656	2,529	2,134	7,704
8	1374	1415	1,977	3,126	2,413	10,305
9	996	747	1718	1835	1,929	7,225
10 (least deprived 10%)	222	792	2102	2,510	4,688	10,314
Total	7,380	15,938	13,383	14,357	15,969	67,027

Figure 29: Warwickshire’s estimated 5-15 year population by IDACI 2015 deprivation decile by district/borough



1.1.5 FREE SCHOOL MEALS

Free schools meals are used as a proxy measure for identifying deprivation in individual families. While the data has its flaws, it has the advantage of being live and provides direct support for families in need.

From September 2014, all Reception, Year 1 and Year 2 pupils in state-funded schools are automatically entitled to a free school meal. However, parents are still encouraged to apply if they feel

they are likely to be entitled as the school will receive at least £900 of additional funding per successful application to spend on support for children from low income families.

Pupils are eligible for free school meals if their parents are receiving any of the following⁵:

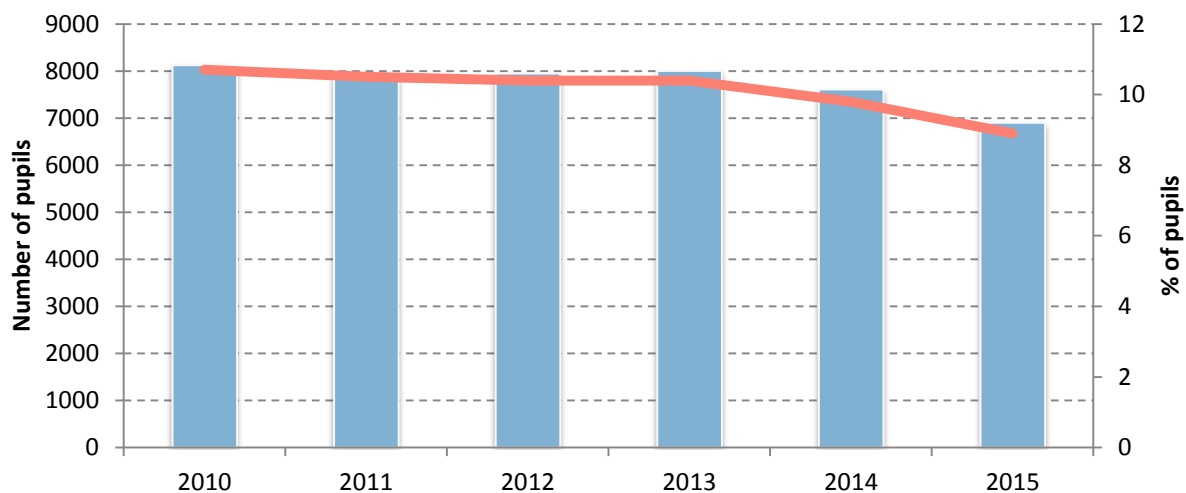
- Income Support
- Income-Based Job Seeker's Allowance (JSA)
- Income-Related Employment and Support Allowance (ESA)
- Guarantee Element of State Pension Credit
- Child Tax Credit (provided you're not also entitled to Working Tax Credit and have an annual gross income of no more than £16,190)
- Working Tax Credit run-on - paid for 4 weeks after you stop qualifying for Working Tax Credit
- Universal Credit

Children who get any of the above benefits in their own right (i.e. they get benefits payments directly, instead of through a parent or guardian) are also eligible for free school meals.

According to School Census data, in January 2015 there were 6,904 pupils at maintained schools and academies in Warwickshire known to be eligible for and claiming free school meals, which represents around 8.8% of total pupils. The proportion of pupil's eligible and claiming free school meals was considerably lower than the national average of 17.0%.

The chart below shows the number and proportion of children eligible and claiming free school meals in Warwickshire has decreased since its peak of 8,125 pupils in 2010 to a low of 6,904 pupils in 2015. This is a fall of 15% or 1,221 pupils.

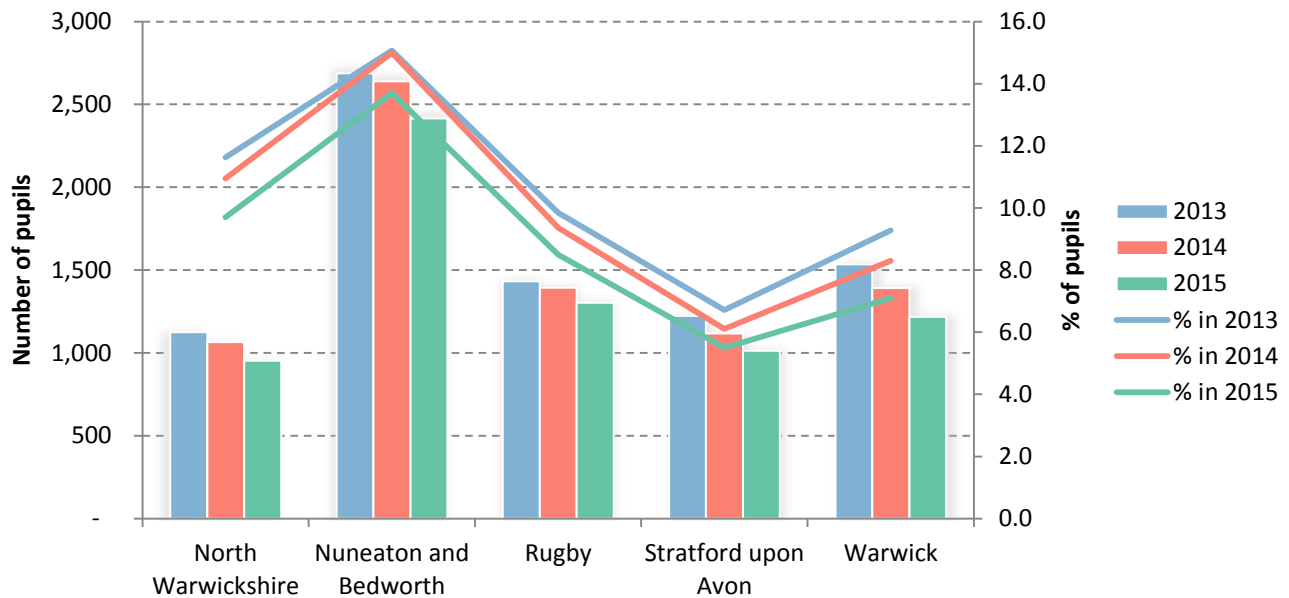
Figure 30: Pupils in Warwickshire eligible and claiming free school meals, Jan School Census, 2010-2015



⁵ Apply for free school meals <https://www.gov.uk/apply-free-school-meals> [Accessed 14/03/2015]

At district/borough level, Nuneaton and Bedworth Borough had the highest number (2,415) and proportion (13.7%) of pupils claiming free school meals in January 2015. Stratford-on-Avon District had the lowest proportion of pupils claiming free school meals, at only 5.5%. The proportion of pupils claiming free school meals has declined in all Warwickshire districts and boroughs since 2010, with the greatest reduction in Warwick District, where the number proportion of pupils claiming free school meals has fallen by over 3%.

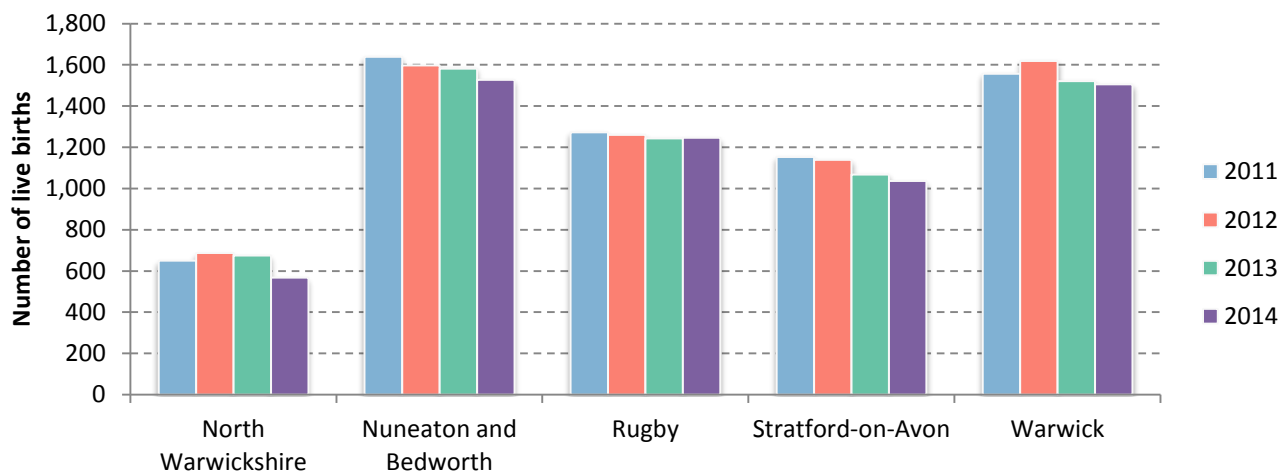
Figure 31: Number and proportion of pupils in Warwickshire claiming free school meals by district/borough, Jan School Census 2013 to 2015



1.1.6 BIRTH RATES

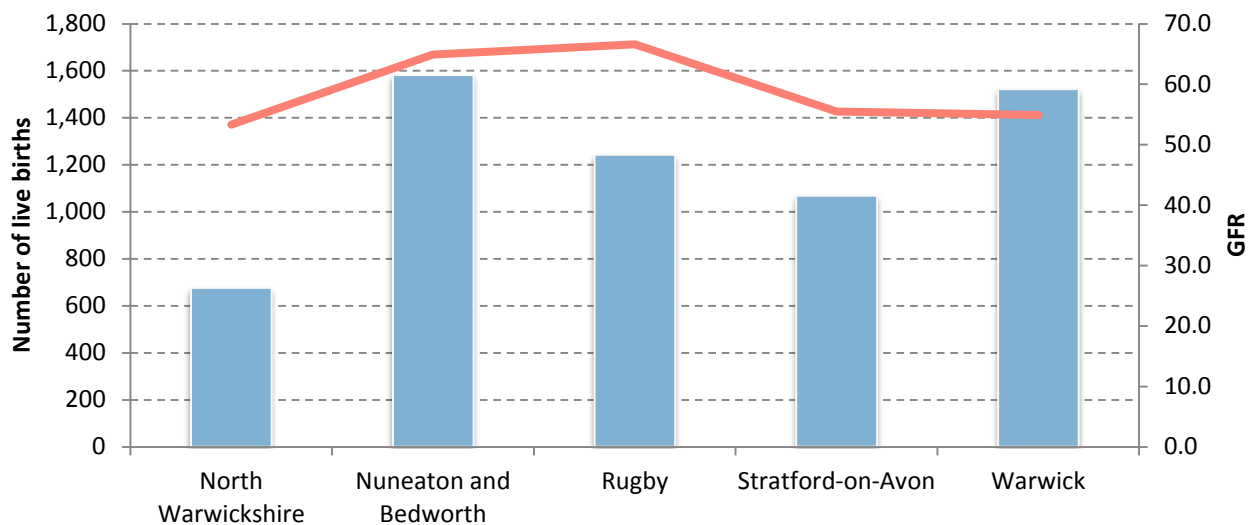
There were 5,885 live births in Warwickshire in 2014, down from 6,909 live births in 2013. The district/borough with the greatest number of live births in 2014 was Nuneaton and Bedworth Borough (1,528 live births) followed closely by Warwick District (1,506 live births). North Warwickshire Borough had the smallest number of live births with less than half that of Nuneaton and Bedworth Borough and Warwick District with only 568 live births. The total number of live births in Warwickshire has decreased by 17% or 1,207 births since 2011.

Figure 32: Live births in Warwickshire by district/borough, 2011 to 2014



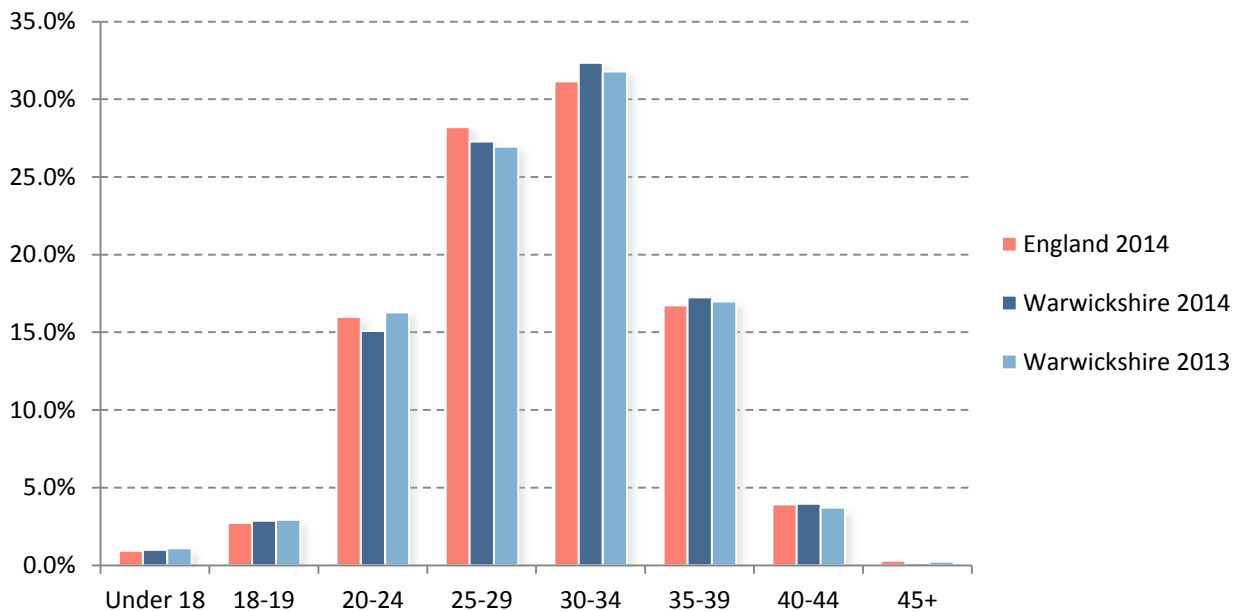
The General Fertility Rate (GFR) is the number of live births per 1,000 women in the population aged 15-44, calculated using mid-2014 population estimates. Nationally the GFR stands at 62.2 live births per 1,000 women aged 15-44. Warwickshire's overall GFR is lower than the England average at 59.4 live births per 1,000 women aged 15-44, although there is marked disparity within the county. Rugby Borough has the highest GFR at 66.6, whereas North Warwickshire Borough has the lowest GFR at 53.3. Warwick District has the second lowest GFR in the county (54.9), despite having the second highest number of live births.

Figure 33: Live births and GFR in Warwickshire by district/borough, 2014



The highest proportion (32.4%) of women in Warwickshire were 30-34 years of age when they gave birth in 2014, up from 31.8% of women in 2013. Warwickshire has a higher proportion of women giving birth over 30 years of age compared with England, but also a slightly higher proportion of women giving birth aged under 20 years.

Figure 34: Live births in Warwickshire by of age of mother, 2013-2014



The average age of women when they give birth in Warwickshire varies at district/borough level. Nuneaton and Bedworth Borough has the youngest age profile of mothers who gave birth in 2014 in the county, with 60% of live births in 2014 to mothers under the age of 30 years. This compares with Warwick District where just 34% of live births in 2014 were to mothers under the age of 30 years.

Figure 35: Live births in Warwickshire by age of mother by district/borough, 2014

Area	Under 18	18-19	20-24	25-29	30-34	35-39	40-44	45+
England	0.9%	2.7%	16.0%	28.2%	31.2%	16.7%	3.9%	0.3%
Warwickshire	1.0%	2.9%	15.1%	27.3%	32.4%	17.3%	4.0%	0.2%
North Warwickshire	1.1%	4.8%	17.4%	28.5%	31.3%	12.9%	3.9%	0.2%
Nuneaton and Bedworth	1.3%	4.5%	20.9%	33.4%	27.7%	9.9%	2.4%	0.0%
Rugby	0.7%	2.4%	17.1%	28.3%	32.3%	15.5%	3.5%	0.2%
Stratford-on-Avon	0.9%	2.0%	11.0%	24.2%	32.9%	23.4%	5.4%	0.2%
Warwick	1.0%	1.5%	9.5%	22.0%	37.1%	23.6%	5.0%	0.3%

1.1.7 TEENAGE PREGNANCY

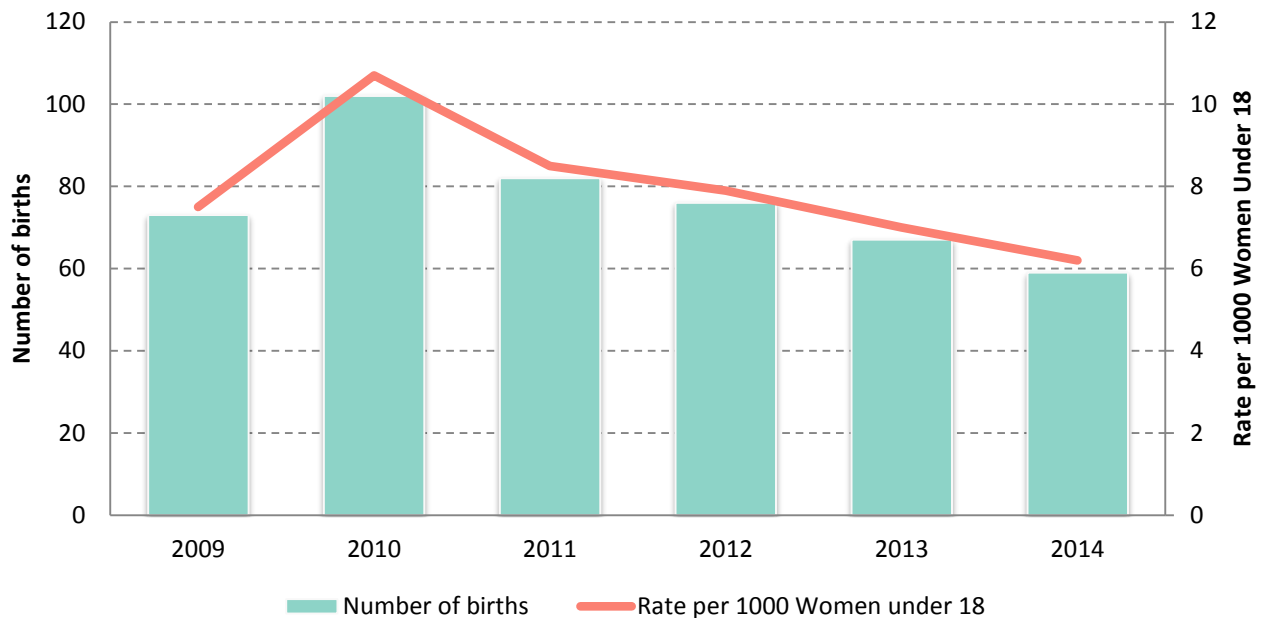
National research shows that children born to teenage mothers are more likely to suffer from a range of issues such as poverty, lower educational attainment, poor housing and poor health, and have much lower rates of economic activity in adult life. The majority of teenage mothers bring up their children alone as they often have fragile relationships with their partners and 50% of such relationships have ended by the time their baby is one year old. Young mothers are half as likely to

breastfeed, three times more likely to smoke during pregnancy and their rate of post natal depression is three times that of older mothers. The infant mortality rate among children of young parents are 60% higher than older mothers.

Nationally, nearly 40% of young mothers leave school without any qualifications (compared to 4% of all young people) and they face a high risk of deprivation and social exclusion in their adult life. Many of the characteristics of young mothers are also found among young fathers, who are more likely to live in deprived areas and not in education, employment or training (NEET). Approximately 20% of young fathers have never lived with their child compared with only 6% of older fathers.

Figure 36 shows that the number and rate of live births to mothers under the age of 18 in Warwickshire has fallen steadily since 2010 from a high of 102 births and a rate of 10.7 per 1,000 women aged under 18 years in 2010 to a low of 59 births and a rate of 6.2 per 1,000 women aged under 18 years in 2014.

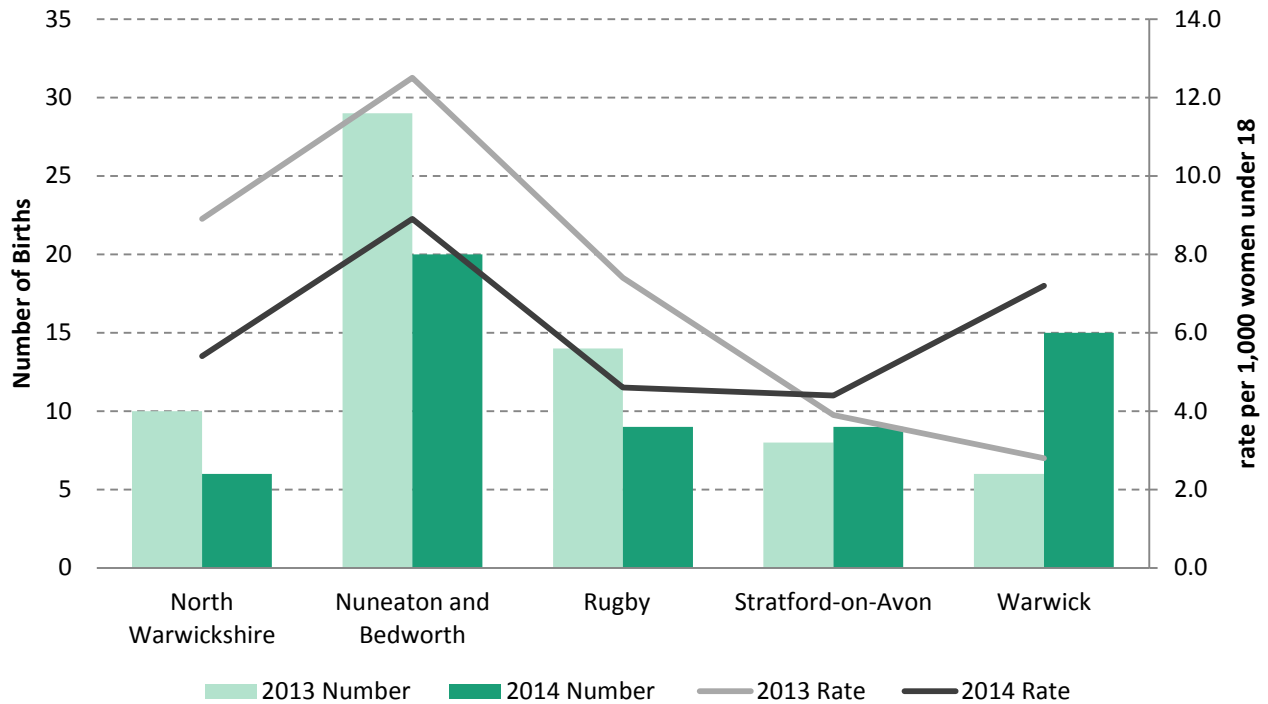
Figure 36: Live births (numbers and rates) to mothers under 18 in Warwickshire, 2009-2014



The highest number of live births to mothers under the age of 18 in Warwickshire in 2014 were born to mothers who resided in Nuneaton and Bedworth Borough (20 live births, representing 1.3% of all live births to mothers in the borough). The lowest number were to mothers in North Warwickshire Borough, with only 6 live births, representing 1.1% of all live births in the district, the lowest proportion of births however, was in Rugby Borough at 0.7%. Nuneaton and Bedworth Borough and Stratford-on-Avon District had the respective highest and lowest rates of live births to mothers under the age of 18, with a rate of 8.9 live births per 1,000 women aged under 18 in Nuneaton and Bedworth Borough and a rate of 4.4 live births per 1,000 women aged under 18 in Stratford-on-Avon District. Nuneaton and Bedworth Borough and Warwick District both have rates of live births to mothers under the age of 18 which are higher than the England average (8.9 and 7.2 compared with 6.7). The number and rate of

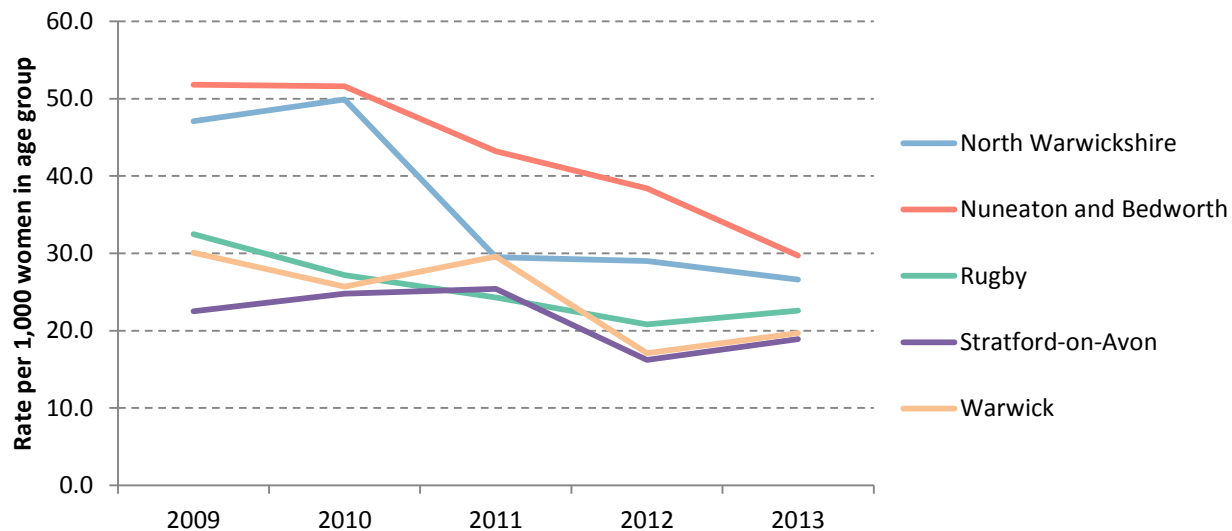
live births to mother under 18 has decreased since 2013 in the boroughs of North Warwickshire, Nuneaton and Bedworth and Rugby but increased since 2013 in Warwick and Stratford-on-Avon Districts.

Figure 37: Live births (numbers and rates) to mothers under 18 at birth and area of usual residence, 2013 & 2014



Conception rates among teenagers in Warwickshire show that there is wide variation across the county in terms of the actual rate and the trend. The gap between rates across districts/boroughs in Warwickshire has narrowed from 2009 to 2013, due to a substantial drop in rates in North Warwickshire Borough and Nuneaton and Bedworth Borough, but also an increase in rates in Rugby Borough, Stratford-on-Avon District and Warwick District over the past year (from 2012 to 2013). 2014 under 19 conception rates have not yet been published, but are likely to follow a similar pattern to under 18 birth rates, which have increased again in the south of the county but fallen in the north.

Figure 38: Under 19 conception rates in Warwickshire by district/borough, 2009 to 2013



It is important that these district/borough level increases in teenage conception rates are not masked by Warwickshire’s overall decrease. Education campaigns and initiatives in Warwickshire such as Respect Yourself need to be targeting all districts and boroughs to continue to bring rates down in the north of the county and prevent further rate increases in south and central Warwickshire.

1.1.8 INFANT AND CHILD MORTALITY

Infant mortality is defined by the Perinatal Institute for Maternal and Child Health as “the death of an infant in the first year following live birth”⁶. Infant mortality is a sensitive and emotive issue, but it is also a good indicator of health inequality, where those from disadvantaged groups have higher rates of infant mortality than the population as a whole. Risk factors associated with higher infant mortality rates are social class, birth weight, ethnicity, mother’s country of birth, marital status and mother’s age⁷. Risk factors may or may not be associated, for example, some minority ethnic groups such as Pakistanis and Black Caribbeans are at particular risk of poverty and socioeconomic disadvantage, which in turn, raises the risk of infant mortality among these groups⁸.

61% of deaths in children aged 0 to 18 years are infants. 1 in 250 infants die in their first year of life, which equates to approximately 2,800 infant deaths per year in England. Term babies had a

⁶ Perinatal Institute for Maternal and Child Health. *Perinatal Mortality Definitions*. [Online]. 2015. Available from: <http://www.perinatal.nhs.uk/pnm/definitions.htm> [Accessed on: 27/02/2015]

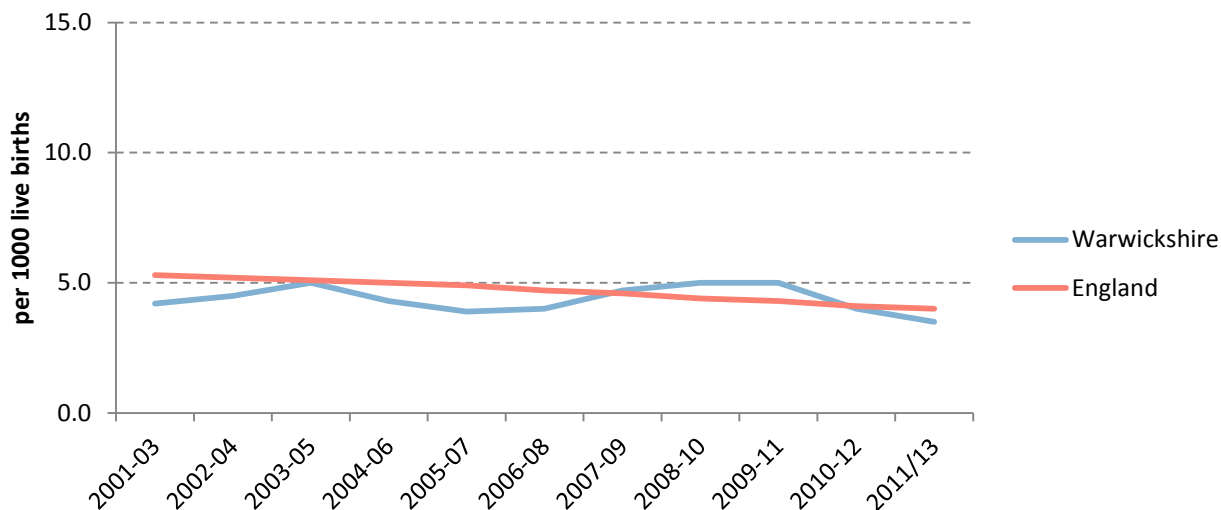
⁷ Great Britain. National Statistics. *Geographic Variations in Health. Chapter 7: Analysis of infant mortality rates by risk factors and by cause of death in England and Wales*. London. The Stationary Office. 2001

⁸ Great Britain. Department of Health. Health Inequalities Unit. *Implementation Plan for Reducing Health Inequalities in Infant Mortality: A good practice guide*. London. The Stationary Office. 2007

significantly lower infant mortality rate nationally (1.4 deaths per 1,000 live births) and pre-term babies had a significantly higher rate (21.1 deaths per 1,000 live births) compared to the overall rate (4.0 per 1,000 live births).

Warwickshire's infant mortality rate in 2011-13 (the most recent published data) was 3.5 per 1,000 live births compared to 4.0 per 1,000 across England. The figure below shows Warwickshire's infant mortality rate compared to England. Warwickshire's rate has never significantly differed from the national average.

Figure 39: Warwickshire's Infant Mortality Rate, 2001-03 onwards



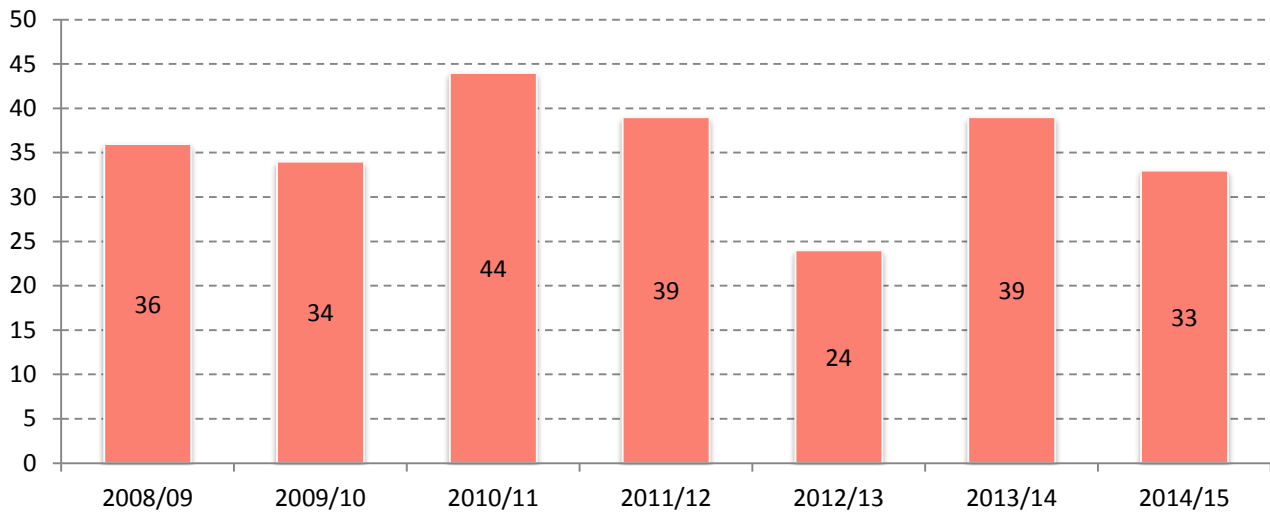
Due to such small numbers, figures on infant mortality are only published as rates and for Warwickshire as a whole rather than at district/borough level.

Child Death Overview Panel

Since April 2008 the law requires that the deaths of all children aged 0-17 years, irrespective of circumstances, must be reviewed by a multi-agency Child Death Overview Panel, working to the Local Safeguarding Children Board (LSCB). The panel will collect and analyse information about every child's death to identify any learning and will recommend any changes or improvements to services for children that might prevent similar deaths in the future.

In 2014/15, Warwickshire's Child Death Overview Panel (CDOP) reviewed 37 deaths, and modifiable factors were found in 11 (30%) of the reviews. 33 child deaths were notified in Warwickshire, 5 less than in 2013/14. The average number of child deaths per financial year reported in Warwickshire from 2008/09 to 2014/15 was 36.

Figure 40: Number of child deaths reported in Warwickshire, by financial year



Out of the 33 child deaths in Warwickshire in 2014/15, 17 were Neonate deaths (0-28 days of age), nine were categorised as Sudden and Unexpected Deaths (SUDC)⁹ and Medical¹⁰, and seven were due to a life limiting condition (LLC)¹¹.

Excluding neonate deaths, three children were aged under 1 year when they died, six were 1-6 years of age and five were 10-17 years of age. 61% of child deaths in Warwickshire in 2014/15 were male (including neonates) and 39% were female. 82% of these children were white British.

Sudden Infant Death Syndrome (SIDS) deaths with modifiable factors remain a concern for CDOP in Warwickshire. Feedback in their 2014/15 report included that parents need to be advised about keeping their baby safe when feeding, particularly among parents whose babies are difficult feeders. This was due to the panel reviewing a case (and being aware of other cases) where co-sleeping on a sofa was unintentional, and happened during the protracted night feed of a colicky baby. CDOP wrote to Heads of Midwifery and Health Visiting Services across the sub-region to advise that safe feeding advice should be included alongside safe sleeping advice, if not already being done. CDOP received a positive response back from all Heads of Midwifery and Health Visiting Services, stating that the

⁹ Sudden and Unexpected Death where the cause of death is not known and where a multi-agency 'Rapid Response' investigation under the SUDC Protocol has been conducted or a police investigation on behalf of the Coroner.

¹⁰ Medical - An unexpected death but where the cause of death is known and a death certificate is issued, e.g. epilepsy, asthma, infection.

¹¹ LLC – expected death from a life limiting condition where the cause of death is known and a death certificate is issued.

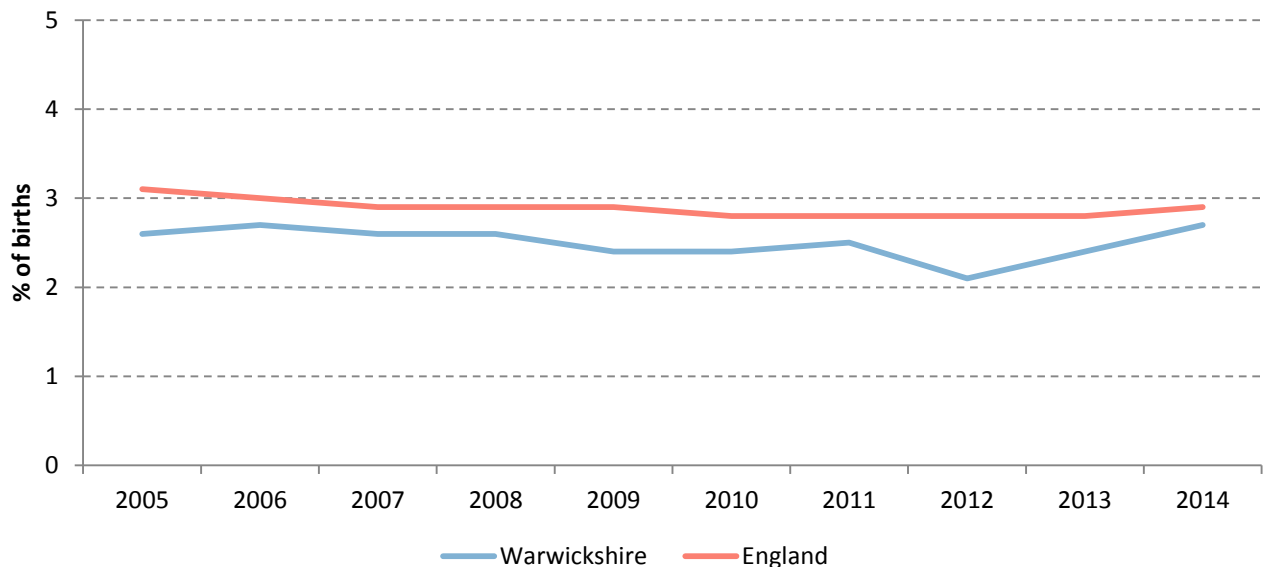
learning would be disseminated and that they would look at their practices and advice given to promote safer feeding¹².

1.1.9 LOW BIRTH WEIGHT

Low birth weight is defined as a live birth with a recorded weight of under 2500g and a gestational age of at least 37 complete weeks. Low birth weight increases the risk of childhood mortality and of developmental problems for the child and is associated with poorer health in later life. At a population level, there are inequalities in low birth weight and a high proportion of low birth weight births could indicate lifestyle issues of the mothers and/or issues with the maternity services.

In 2014, Warwickshire had a slightly lower proportion (2.7%) of low birth weight babies compared with England (2.9%), but this difference was not statistically significant. This equates to 159 babies born in 2014 in Warwickshire with a low birth weight, out of a total of 5,885 babies. The proportion of low birth weight babies in Warwickshire has increased again for the second year running after a period of decline since 2006.

Figure 41: Low birth weight births in Warwickshire, 2005 – 2014



Babies who are born prematurely (gestational age of under 37 weeks) also tend to be of low birth weight and are at greater risk for cerebral palsy, delays in development, learning disabilities and hearing problems. These risks are greater the earlier a baby is born, with those born at under 26 weeks at greatest risk. One of the main organs greatly affected by premature birth is the lungs, which

¹² Coventry, Solihull & Warwickshire Safeguarding Children Boards Child Death Overview Panels Annual Report 2014/14. Available at: <https://www.warwickshire.gov.uk/wscb>

are one of the last organs to mature in the womb. Because of this, many premature babies spend their first days/weeks of their life on a ventilator.

Gestational age is currently not recorded in published datasets at local authority level. However, if the national rate of premature birth in 2013 of 7.4% is applied to Warwickshire's local population (latest available data), it would mean that there were an estimated 511 babies born in 2013 in Warwickshire who were born prematurely out of a total of 6,909.

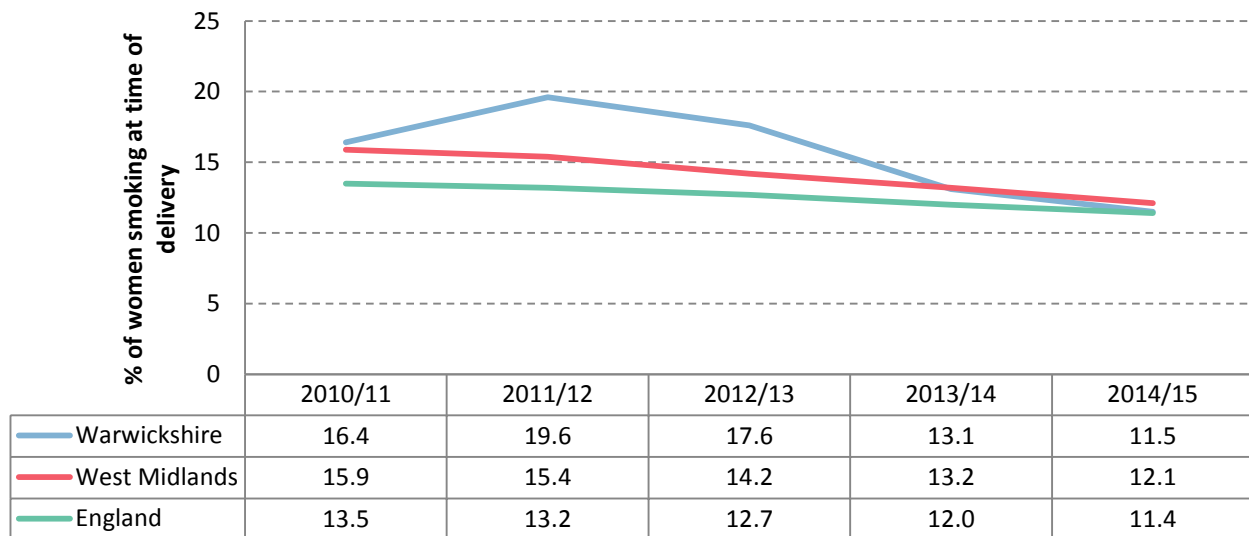
1.1.10 SMOKING IN PREGNANCY

Smoking during pregnancy has been proven to have a substantial impact on the development of the foetus and the subsequent health of the child. The nicotine, carbon monoxide, tar and numerous other poisons which are carried through the bloodstream, along with lower oxygen available to both mother and foetus, increases the risk of miscarriage, premature birth and still birth and can cause complications during labour. Infants born to mothers who smoked during pregnancy are likely to be born with low birth weight, develop respiratory problems such as asthma, suffer from more frequent lung and ear infections, and are at a higher risk for sudden infant death syndrome (SIDS)¹³.

Smoking during pregnancy is closely related to health inequalities between those in need and the most disadvantaged.

The proportion of women recorded as smoking at the time of delivery in Warwickshire has reduced significantly since its peak in 2011/12 (19.2%) to 11.5% in 2014/15, consistent with the national trend of year on year reduction. The proportion of women smoking in Warwickshire is now **not** statistically significantly higher than the England average for the first time.

Figure 42: Proportion of women recorded as smoking at time of delivery, 2010/11 – 2014/15



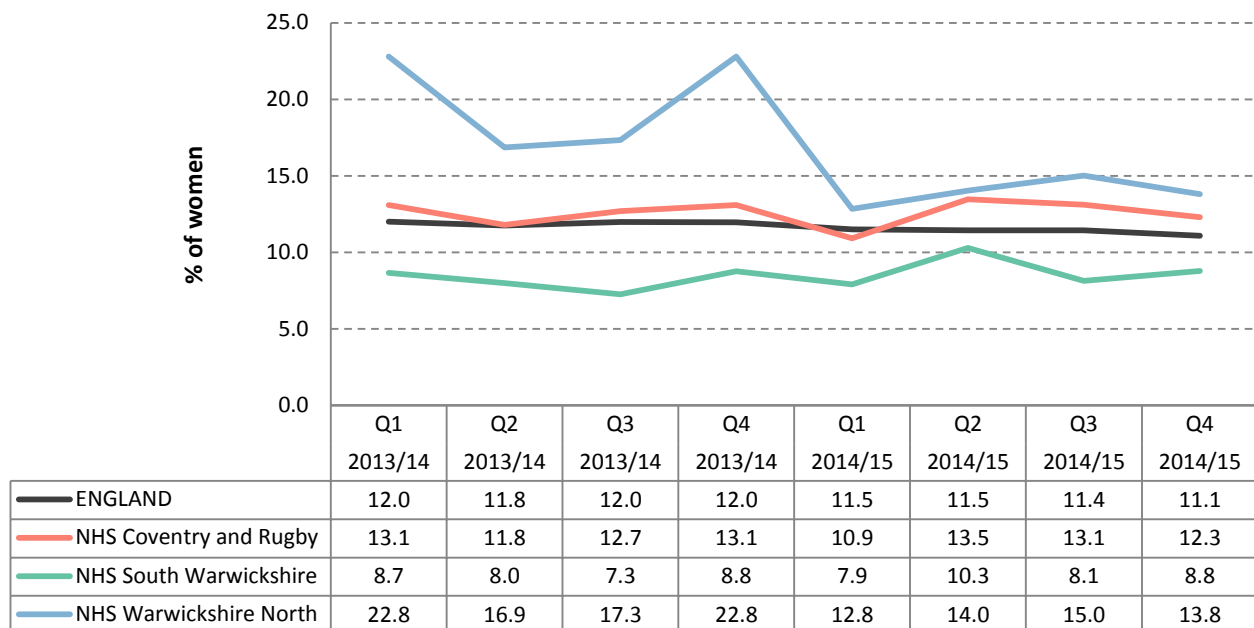
¹³ <http://www.nhs.uk/smokefree/why-quit/smoking-in-pregnancy>

Smoking status of a pregnant women is recorded at the time of delivery via a questionnaire and relies on the mother being open and honest with regards to her smoking status. Evidence shows that approximately 27% of women under report their smoking¹⁴. Smoking rates among pregnant women are therefore likely to be higher than this, with even higher numbers of women smoking earlier in their pregnancy.

At Clinical Commissioning Group (CCG) level, the proportion of women smoking at the time of delivery in NHS Coventry & Rugby and NHS North Warwickshire is currently higher than the England average (12.3% & 13.8% respectively vs 11.1%). NHS South Warwickshire has the lowest proportion of women recorded as smoking at 8.8%, but this proportion has increased since Q3 from 8.1%, whereas in NHS Coventry and Rugby and NHS North Warwickshire, the proportion of women smoking at time of delivery has decreased from Q3 (13.1% to 12.3% and 15.0% to 13.8% respectively).

Out of 211 CCG areas in England, NHS South Warwickshire CCG and NHS Warwickshire North CCG are 2 of only 34 CCGs in the country where the proportion of women where smoking status at time of delivery is unknown is higher than 5% (11.3% and 5.1% respectively). The percentage of maternities where the smoking status is not known will result in the under reporting of the percentages for both or either, known smokers and/or non smokers. This should be taken into account when interpreting the data.

Figure 43: Proportion of women recorded as smoking at the time of delivery by Clinical Commissioning Group



¹⁴ <https://www.rsph.org.uk/en/about-us/latest-news/press-releases/press-release1.cfm/pid/7341FBCC-768A-4C86-AFBC7AE709BB2569>

The National Institute for Health and Clinical Excellence (NICE) has published guidance on smoking in pregnancy which recommends that exposure to smoke is discussed at a pregnant woman’s first midwife appointment and that a CO monitor is used to assess smoking status. All women identified as smokers are given an automatic referral to an NHS Stop Smoking service. In Warwickshire, there is a dedicated Stop Smoking in Pregnancy Service (SSiP) where an advisor will contact the woman to arrange an appointment to discuss her options for stopping smoking. In 2014/15 the SSiP received 791 referrals from midwives and other health professionals, down from 851 referrals the year before. Interim figures show that in 2014/15, 316 quit dates were set and an outcome recorded. This includes 29 male partners. 48% were successful 4 week quits, of which 90% were CO validated.

1.1.11 LIFE EXPECTANCY

Life expectancy at birth is a good summary measure of the health of a population. Based on a three year moving average from 2012 to 2014, life expectancy at birth in Warwickshire was slightly higher than the national average, at 80.1 years for males and 83.9 years for females compared with 79.6 years for males and 83.2 years for females in England. However, inequalities in life expectancy are evident across the county. Male life expectancy at birth varied from 78.4 years in Nuneaton and Bedworth Borough to 81.2 years in Stratford-on-Avon District. Female life expectancy at birth varied from 82.6 years in North Warwickshire Borough to 84.7 years in Stratford-on-Avon District. Male life expectancy at birth has decreased slightly in Rugby Borough from 80.6 years in 2011/13 to 80.5 years in 2012/14 but increased in all other Districts/Boroughs. Despite having the longest life expectancy in the county, female life expectancy at birth has decreased in Stratford-on-Avon District from 85.2 years in 2011/13 to 84.7 years in 2012/14 but has increased in all other Districts/Boroughs.

Figure 44: Life expectancy at birth (years) in Warwickshire Districts/Boroughs, 2011-13 & 2012-14

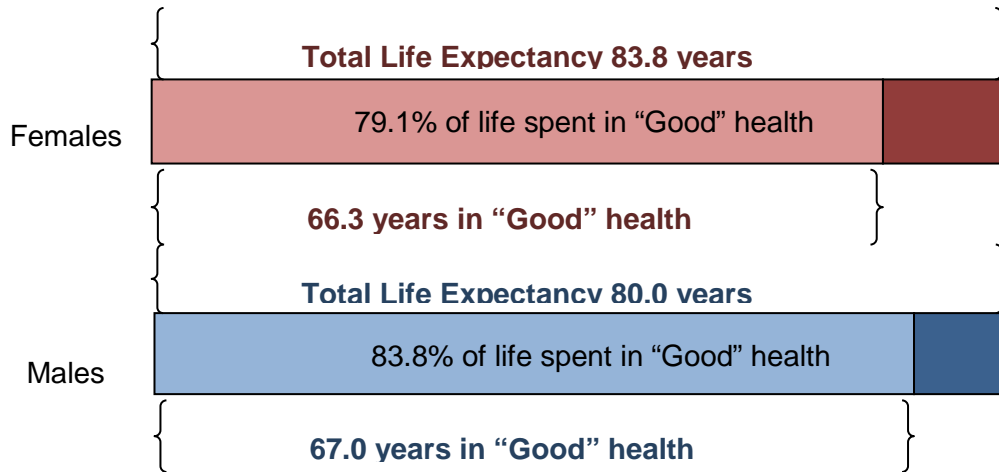
Local area	Males		Females	
	2011-13	2012-14	2011-13	2012-14
North Warwickshire	79.0	79.3	82.2	82.6
Nuneaton and Bedworth	78.3	78.4	82.5	82.7
Rugby	80.6	80.5	84.0	84.1
Stratford-on-Avon	81.0	81.2	85.2	84.7
Warwick	80.5	80.9	84.4	84.5

Healthy life expectancy

Healthy life expectancy (HLE) is the estimated number of years that a person will live in “Good” health. HLE are subjective and based upon a respondents answer to the survey question “How is your health in general?”. If a respondent answered “Very good” or “Good” they were classified as having “Good” health. Those who answered “Fair”, “Bad”, or “Very bad” were classified as having “Not Good” health.

In 2011-2013, Warwickshire’s HLE for males and females was significantly higher than the England average at the 95% confidence level. Although women on average have a longer life expectancy than men, men will spend a greater proportion of their life in “Good” health.

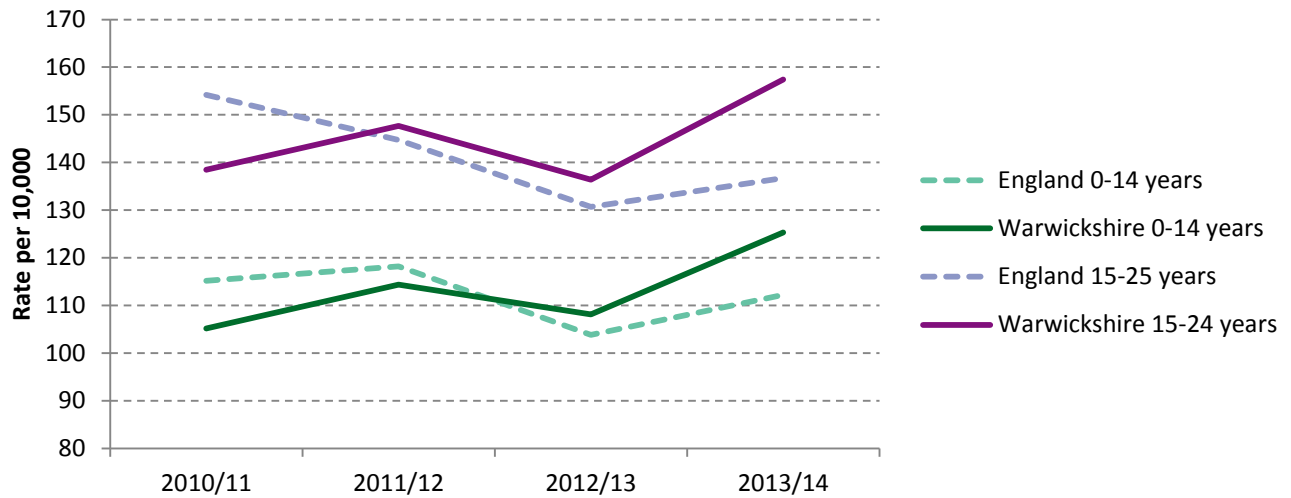
Figure 45: Warwickshire’s healthy life expectancy, 2011-13



1.1.12 UNINTENTIONAL AND DELIBERATE INJURIES

Injuries are a leading cause of hospitalisation and represent a major cause of premature mortality for children and young people. They are also a source of long-term health issues, including mental health-related experiences. Warwickshire’s rate of hospital admissions caused by unintentional and deliberate injuries in children and young people aged 0-14 and 15-24 years has fluctuated year on year from 2010/11 to 2013/14 but both age groups are following the same trend. Rates rose to their peak in 2013/14 since falling again in 2012/13. Rates in Warwickshire are significantly higher than the England average for both age groups. Hospital admission rates are higher for children aged 15-24 years than children aged 0-14 years.

Figure 46: Hospital admissions caused by unintentional and deliberate injuries in children and young people aged 0-14 years and 15-24 years in England and Warwickshire, 2010/11-2013/14

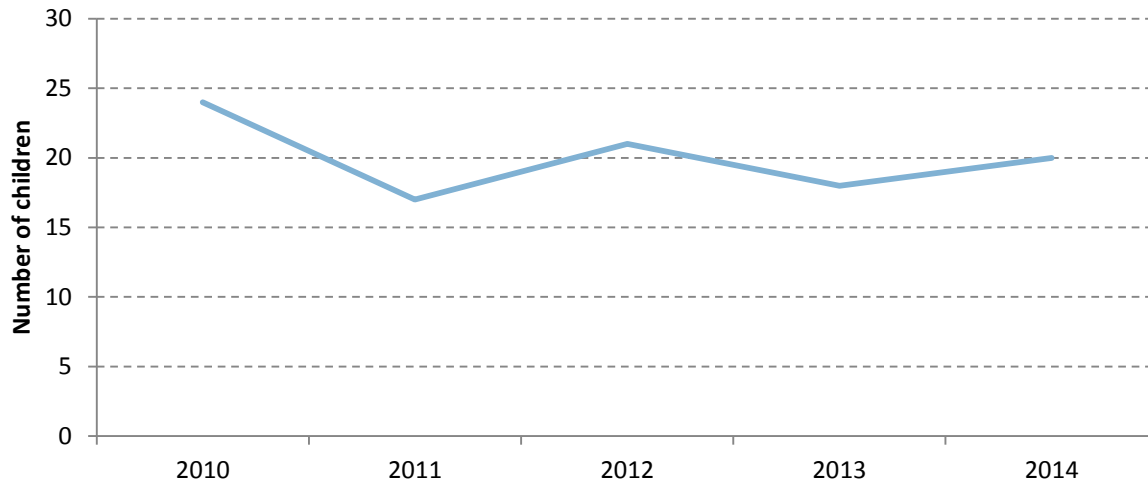


Road Traffic Accidents

Road accidents account for a large number of deaths and injuries each year in England. Figures published by the Department for Transport show that in 2013, 1,732 children under the age of 16 were killed or seriously injured (KSI) on the roads. Road accidents account for a third of accidental deaths among 0-14 year olds and over half of accidental deaths for 5-14 year olds. Nationally, the number of children killed or seriously injured has been steadily falling year on year with a 20% reduction since 2010. There is a clear link between road safety and health inequalities, with children who live in the most deprived areas having a much greater risk of being injured in a road accident compared to those living in more affluent areas.

In Warwickshire, the number of children aged 0-15 years killed or seriously injured on roads has fluctuated, but fallen from a high of 24 in 2010 to 20 in 2014. The figures do not show the same consistent trend as seen nationally. In 2014, 15 out of the 20 children killed or seriously injured were pedestrian or pedal cycle casualties

Figure 47: Children under 16 in Warwickshire killed or seriously injured on roads, 2010-2014



Figures on children killed or seriously injured at district/borough level are too small to show any local trends over time. In 2013, Nuneaton and Bedworth Borough had the highest number of child KSI (7 children), whereas Rugby Borough had the lowest (1 child). However, in 2012 it was Stratford-on-Avon District which had the highest number of child KSI (7 children) and Warwick District had the fewest (2 children).

Figure 48: Children under 16 killed or seriously injured on road by district/borough, 2010-2013

District/Borough	2010	2011	2012	2013
North Warwickshire	1	4	3	4
Nuneaton and Bedworth	5	7	4	7
Rugby	7	1	5	1
Stratford-on-Avon	4	3	7	3
Warwick	7	2	2	3
Total	24	17	21	18

1.2 VULNERABLE GROUPS

Early Intervention

The Common Assessment Framework (CAF) is a shared assessment and planning framework for use across all children's services in England. It aims to help the early identification of children and young people's additional needs and promote co-ordinated service provision to meet them. The CAF supports timely and integrated responses to the needs of children and young people who may not meet traditional thresholds for statutory or specialist services but who, without help, are at risk of not achieving a positive outcome. The CAF is an entirely voluntary and consensual process which requires active involvement by young people and their families in the assessment and planning stages so that they retain ownership of actions.

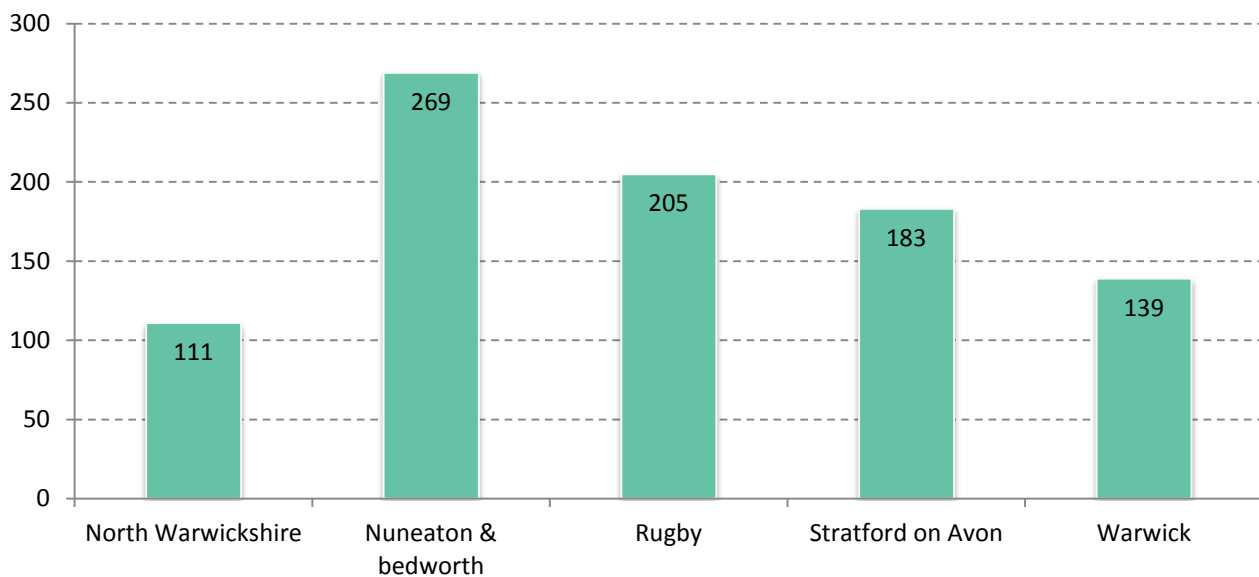
A snapshot taken at the 31st March 2015 showed that there were 1,046 open/ongoing CAF episodes. This is higher than in previous years (853 open/ongoing CAF episodes at 31st March 2014 and 656 open/ongoing CAF episodes at 31st March 2013). The following table shows the number of CAFs initiated by month. A child can have more than one CAF over a period of time, meaning the figures are a count of CAFs as opposed to the numbers of children and young people. Fewer CAFs were initiated in 2015 but they were open for longer, hence why more were open at the end of the financial year. The length of CAF plans is one of several indicators that CAFs are being used to manage more complex cases.

Figure 49: CAFs Initiated by month, 2014/15

Month	Number of CAFs Initiated
Apr-14	67
May-14	60
Jun-14	75
Jul-14	91
Aug-14	14
Sep-14	65
Oct-14	92
Nov-14	90
Dec-14	80
Jan-15	79
Feb-15	82
Mar-15	112

There is considerable variance in the number of new CAFs initiated by district/borough. Nuneaton and Bedworth Borough had the highest number of new CAFs initiated with 269 in 2014/15. North Warwickshire Borough had the lowest number with 111 new CAFs in the year. The higher number of assessments in some districts/boroughs is not solely attributable to the larger child population as the numbers are higher than this effect accounts for.

Figure 50: Number of CAFs Initiated by district/borough, 2014/15



The number of CAFs initiated by schools has increased in 2014/15 compared with the early years sector, health visiting and midwifery, and Children’s Centres, where there has been a reduction in the percentage of CAFs initiated. Primary schools initiated 43% of CAFs, considerably more than secondary schools, perhaps indicative that in some cases, primary schools are responding to difficulties that existed before the child attended school. Very small numbers of CAFs are initiated by agencies working with pre-school children, such as health visitors, children’s centres and nurseries which means that pre-school children appear to be significantly missing out on co-ordinated early help.

Figure 51: CAFs by Initiating Agency, 2012/13-2014/15

Agency	% of all CAFs initiated during		
	2012/13	2013/14	2014/15
Education - Primary	33.1	36.5	43.3
Education - Secondary	24.0	25.8	28.4
Education - School Health	1.7	3.2	1.0
Social Care	13.8	13.1	9.6
Children's Centre	6.9	7.1	5.6
Health Visitor/Midwife	3.1	3.1	2.1
Health Other	0.9	0.4	0.6
Early Intervention Service	3.5	1.9	2.3
Youth Justice Service	2.3	1.2	0.2
Parent Support Advisor	1.8	0.9	0.8
Other Organisations (10 of less CAFs initiated)	8.9	6.8	5.8

During the year 2014/15, 709 CAFs were closed. Of these, 492 (69%) had a positive outcome and 198 (28%) had a negative outcome. Only 19 (3%) did not have an outcome recorded. The table below shows the breakdown of reasons for closure during the reporting year. Negative outcomes are coloured red and positive outcomes are coloured green.

Figure 52: Reasons for closure of a CAF, 2014/15

Closure Reason	Number
CAF written - NFA Positive Outcome	19
CAF written - NFA Negative Outcome	6
Family disengaged	89
Family withdrew / Positive Outcome	69
Family withdrew / Negative Outcome	3
Planned Completion / Positive Outcome	326
Planned Completion / Negative Outcome	14
Transferred (Positive)	78
Transferred	86
No reason given	19
Total	709

Triple P Parenting Programmes

Triple P parenting programmes aim to give parents simple and practical strategies to help them confidently manage their children’s behaviour, prevent problems developing and build strong, healthy relationships. Triple P is currently used in 25 countries and has been shown to work across cultures, socio-economic groups and in many different kinds of family structures.

Triple P parenting programmes are provided by the Warwickshire County Council’s Parenting Development Team to families where this has been identified as a suitable service by other professionals. Courses are held across the county, focusing on parents with either 0-12 year olds or teenagers. This is one of the evidence based interventions being offered to reduce the number of children coming into care and needing a child protection plan.

Fewer families received this intervention in 2014-15 compared with the year before. This is attributed to only a small number of the people who were trained as accredited Triple P practitioners in Warwickshire are currently able to do so. More training is planned to increase the capacity to deliver this evidence based intervention.

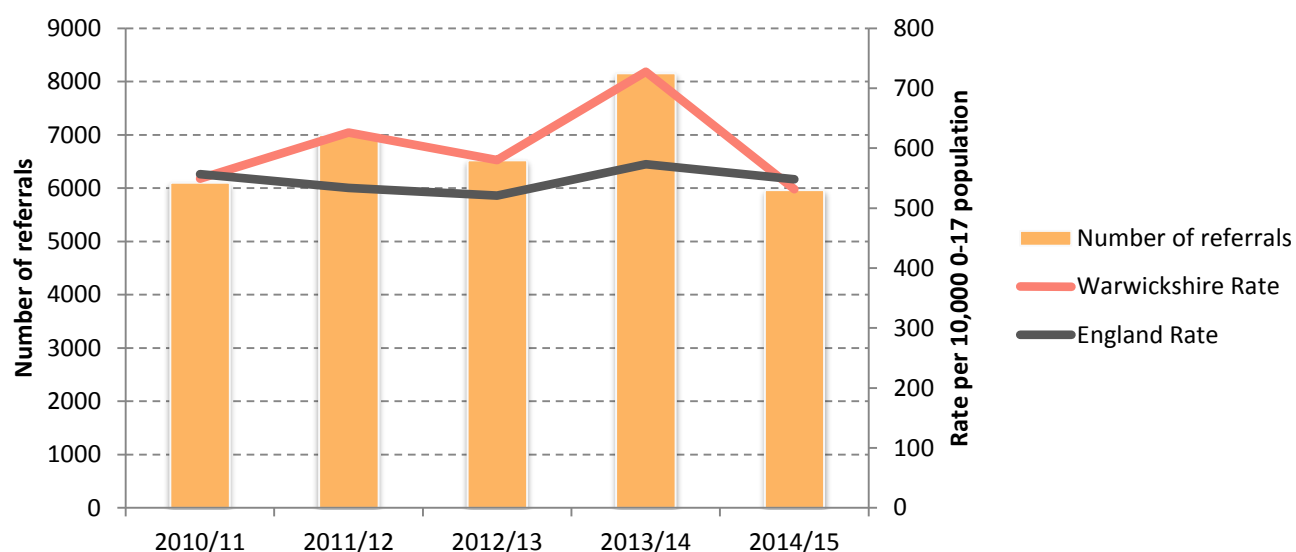
Safeguarding

Warwickshire Safeguarding Children Board (WSCB) is a statutory multi-agency partnership which exists to ensure that sound arrangements to protect children in Warwickshire are in place and promote the welfare of children in Warwickshire through interagency cooperation and collaboration.

Referrals to Children's Social Care

Warwickshire has seen a large decrease in the number and rate of referrals received during the 2014/15 financial year, especially in relation to 2013/14 where the number of referrals had risen sharply. 2014/15 sees the lowest number of referrals received in a financial year in Warwickshire in the last five years (5,965 referrals). However, the rate of referrals per 10,000 population aged 0-17 years is still higher than that of Warwickshire's statistical neighbours average rate but lower than the national and West Midlands average rate (531 per 10,000 children aged 0-17 years in Warwickshire compared with 418 (SN), 548 (England) and 613 (WM) respectively).

Figure 53: Number and rate of referrals per 10,000 population aged 0-17 years to Children's Social Care in Warwickshire by financial year



Children in Need

A child or young person is legally defined as being a Child in Need if¹⁵:

- They are unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of services by a local authority for them
- Their health or development is likely to be significantly impaired, or further impaired, without the provision of such services for them; or
- They are disabled

In Warwickshire, the rate of children and young people recorded as being Children in Need per 10,000 children aged 0-17 years in 2014/15 has risen by 0.2 since 2013/14, from 338.0 to 338.2 and increased by 51.3 over five years from 286.9 in 2011/12. Warwickshire's rate of children in need is

¹⁵ <http://www.legislation.gov.uk/ukpga/1989/41/section/17>

higher than the published rates for Warwickshire’s statistical neighbours (273.3) and nationally (337.3) but lower than the West Midlands average (368.6).

Figure 54: Children in Need per 10,000 of the 0-17 child population, as at 31 March by year

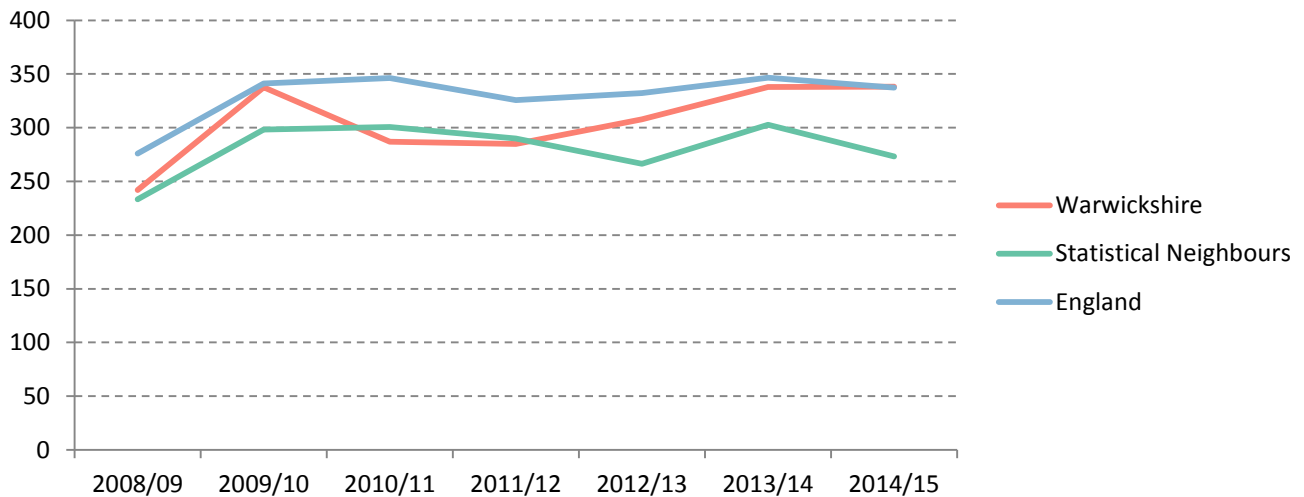


Figure 55: Number and rate of Children in Need per 10,000 of the 0-17 child population, as at 31 March by year

	2010/11	2011/12	2012/13	2013/14	2014/15
Children in Need in Warwickshire	3,191	3,184	3,461	3,787	3,797
Rate of Children in Need in Warwickshire	286.9	284.7	307.9	338.0	338.2
Rate of Children in Need of Warwickshire's Statistical Neighbours	300.7	289.9	266.3	302.6	273.3
Rate of Children in Need in England	346.2	325.7	332.2	346.4	337.3

Child Protection

As a Local Authority, Warwickshire has the duty to instigate section 47 enquiries if they are informed that a child who lives or is found in their area is the subject of an emergency protection order or in police protection or there is reasonable cause to suspect that a child in their area is suffering, or likely to suffer, significant harm¹⁶. From these enquiries, it is possible that a child will need further protection, and an Initial Child Protection Conference will be held, from which a plan is put in place to protect the child or young person, namely a Child Protection (CP) Plan.

¹⁶ <http://www.legislation.gov.uk/ukpga/1989/41/section/47>

Figure 56: Child Protection Activity, Warwickshire by financial year

	2010/11	2011/12	2012/13	2013/14	2014/15
Number of S47 Investigations initiated	1,019	1,005	1,179	1,337	1,187
Number of Children subject to an Initial Child Protection Conferences during the year	536	606	676	745	637
% of children whose initial child protection conferences were held within 15 working days of the initiation of the s.47 enquiries which led to the conference	96.4%	94.7%	92.8%	100.0%	88.4%
Number of Child Protection Plans initiated during the year	459	520	609	636	597
Number of Child Protection Plans closed during the year	486	464	590	658	589
Number of Children subject to Plans at 31 March	478	534	550	528	536

At 31st March 2015, 536 children in Warwickshire were subject to a CP Plan, higher than the previous year (528 children). Of these 536 children at 31st March 2015, 270 were male (50.3%), 254 were female (47.4%) and 12 were unborn.

Figure 57: Age breakdown of children subject to a CPP in Warwickshire, at 31st March 2015

Age	31-Mar-15
Unborn	12
Under 1	54
1 to 4	162
5 to 9	152
10 to 15	137
16 - 17	19
Total	536

9.1% of children who are the subject of a CP Plan in Warwickshire at 31 March 2015 were from a black or minority ethnic background, which is a one percentage point increase since the previous year but still a lower percentage than that of the whole 0-17 population according to Census 2011 data (10.6%).

Children who are subject to a CPP are categorised by the type of abuse they are/have been subjected to. These categories are:

- Neglect
- Physical Abuse
- Sexual Abuse
- Emotional Abuse

A child is often subject to a CPP because of multiple types of abuse.

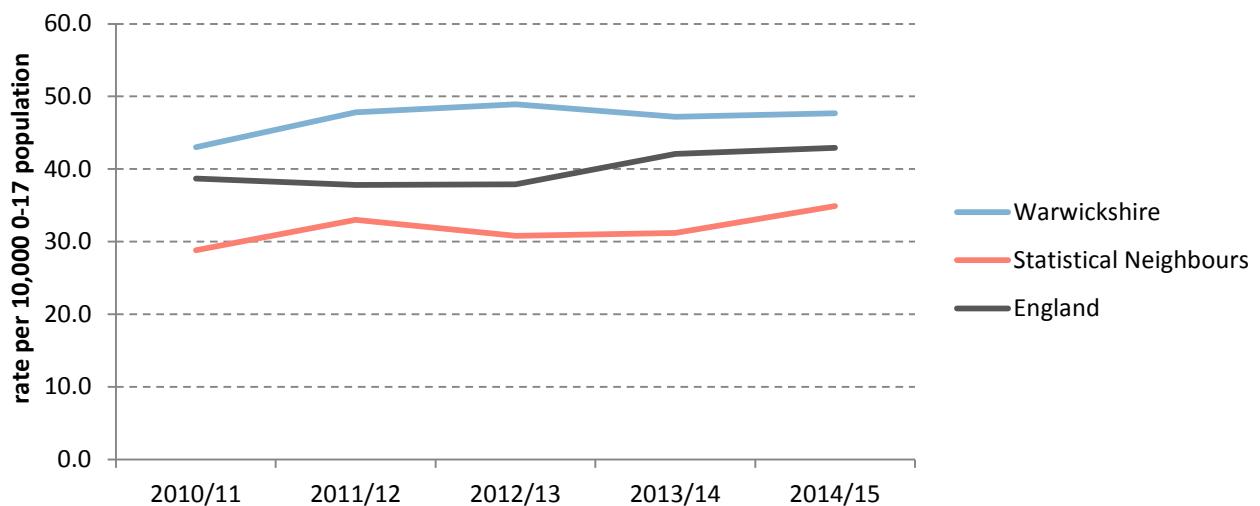
The table below shows the proportion of children subject to a CPP by category of abuse. At 31st March 2015, the proportion of children subject to a CPP because of neglect is lower compared to 31st March 2014, whereas the proportion of children subject to a CPP because of physical abuse is higher than at 31st March 2014 and 2013.

Figure 58: Children subject to a CPP in Warwickshire by child protection category, at 31st March

Child Protection Category	31-Mar-13	31-Mar-14	31-Mar-15
Neglect	25.6%	29.0%	27.4%
Physical Abuse	2.9%	3.4%	4.3%
Sexual Abuse	2.0%	2.5%	2.1%
Emotional Abuse	24.2%	23.5%	26.9%
Multiple	45.3%	41.7%	39.4%

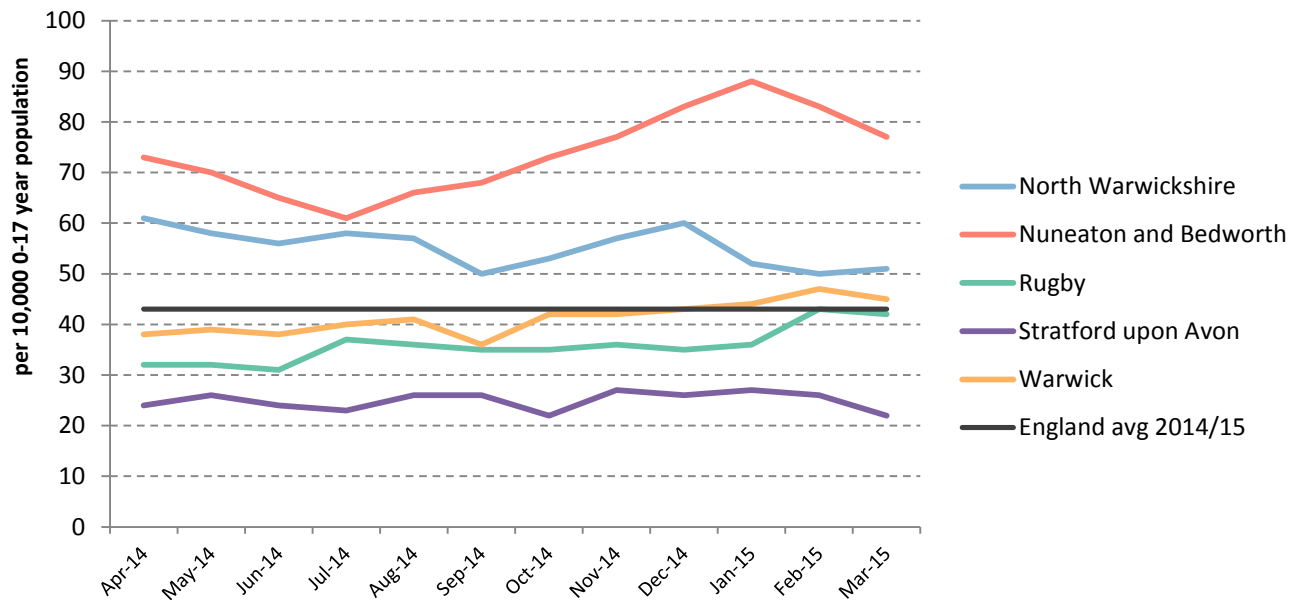
Warwickshire has seen a rise in the rate of children and young people subject to Child Protection Plans at 31st March 2015 from the previous year. The rate of children and young people who were the subject of a CPP at 31st March 2015 has also risen nationally and among Warwickshire’s statistical neighbours, however Warwickshire’s rate is still higher than both as at 31st March 2015.

Figure 59: Rate of children subject to a Child Protection Plan in Warwickshire at 31st March



There is considerable variation in the rate of children and young people subject to a Child Protection Plan in within the county. Nuneaton and Bedworth Borough consistently has the highest rate of children and young people subject to a CPP, with Stratford-on-Avon District consistently having the lowest rate. In June 2015, the rate in Nuneaton and Bedworth Borough was 84 per 10,000 child population and the rate in Stratford-on-Avon District was 23 per 10,000 child population. This compared to the England average of 43 per 10,000 child population.

Figure 60: Rate of children & young people subject to CPP by district/borough, 2014/15



1.2.1 PRIVATELY FOSTERED CHILDREN

A privately fostered child is defined as a child under the age of 16 (or under 18 if disabled) that is cared for and provided with accommodation by someone who is not a close relative (i.e. not a grandparent, brother, sister, uncle, aunt, or step-parent) with the intention that it should last for 28 days or more. Local Authorities have a responsibility to ensure that the welfare of privately fostered children is promoted. Private fostering is very different from the care of children by Local Authorities through approved foster carers and does not include situations where a child lives with a carer under a Court Order.

Private Fostering situations could involve children sent to this country for education and health care by birth parents living overseas, children living with a friend's family as a result of separation, divorce or arguments at home, teenagers living with the family of a boyfriend or girlfriend, or children whose parents' work or study involves unsociable hours which make it difficult for them to use ordinary day care or after school care.

To help keep children safe and support families, it is a legal requirement that all parents and private foster carers (or anyone involved in the making of a Private Fostering arrangement) must notify the

Local Authority at least six weeks before the proposed start date (or in an emergency arrangement, within 48 hours).

Notifying local authorities about private fostering arrangements is about identifying and safeguarding vulnerable children. It is not a breach of confidentiality. Providing the arrangement is suitable, there is no need for a child to be removed. The Local Authority has a duty to satisfy themselves that the welfare of children who are privately fostered is being satisfactorily safeguarded and promoted, and provide the necessary advice to those caring for them. It is also an opportunity for anyone involved in a private fostering arrangement to get information and advice on other support services, including advice on claiming benefits and possible funding for some essential items, parenting support and advice, and help in bringing families in crisis back together.

In ECPAT¹⁷ UK's research 'Cause for Concern', (2004) and 'Missing Out', (2007), children's services across the UK expressed frustration with the private fostering system. Concerns were raised that children being brought to the UK under private fostering arrangements were being trafficked for the purposes of domestic servitude or benefit fraud. Many of the concerns centred on girls aged 14 years and under from West Africa, although children from other countries were also affected, e.g. Afghanistan, China and Romania.

Privately Fostered Children in England

The number of privately fostered children in England is estimated to be far higher than the number of children actually notified to local authorities. The commonly quoted figure of 10,000 children in private fostering arrangements in the UK is an estimate from Department of Health research in 1991, which largely refers to West African Children¹⁸. The British Association for Adoption and Fostering published research in 2001¹⁹ suggesting that this total was likely to be closer to 15,000-20,000 children as the Department of Health's research did not take into account parents who work unsocial hours, those at language schools who do not return to their parents during holiday times, those on exchange visits, young adolescents temporarily estranged from their parents or children whose parents are in prison or have been deported.

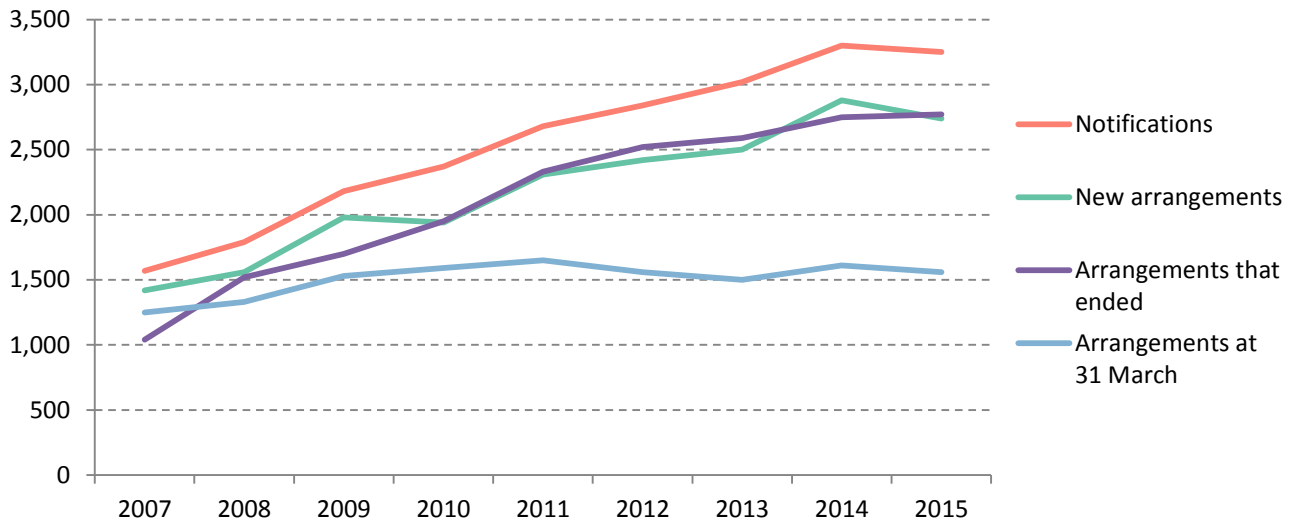
There were 3,250 notifications of new private fostering arrangements received by local authorities across England in the year ending 31 March 2015, over twice as many as there were in 2007. Not all notifications go on to be classified as a private fostering arrangement. After a period of steady increase in the number of notifications of new private fostering arrangements received by local authorities, the number of notifications and subsequently the number of new arrangements have decreased in 2015.

¹⁷ <http://www.ecpat.org.uk/frontpage>

¹⁸ http://www.ecpat.org.uk/sites/default/files/understanding_papers/understanding_private_fostering.pdf

¹⁹ BAAF (2001) 'A Very Private Practice. An Investigation into Private Fostering'

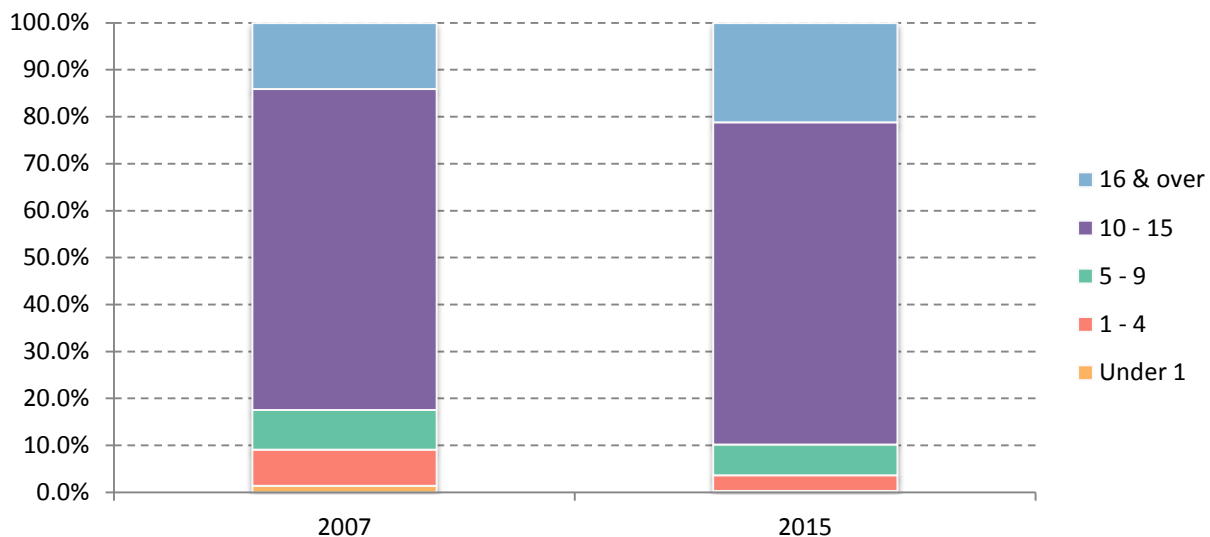
Figure 61: Notifications of private fostering arrangements, new arrangements, arrangements that ended and arrangements at 31 March, 2007-2015



Within seven working days of receipt of notification of a private fostering arrangement, local authorities are required to take action which involves carrying out visits. Action will not be taken if the notification does not meet the requirements of a private fostering arrangement. In 2015, 75% of all cases were actioned within 7 working days. This proportion fluctuates over time, with a low of 69% in 2007 and a high of 80% in 2014.

The majority (68%) of children in new private fostering arrangements are aged 10 to 15. This proportion is relatively stable over time, it has varied between a minimum of 65% and a maximum of 69% over the last 9 years. Overall, there has been an increase in the number of older children in private fostering arrangements, as shown in the figure below.

Figure 62: Age breakdown of children reported to have started a new private fostering arrangement during the year, 2007 and 2015



The proportion of private fostering arrangements for children born in the UK has steadily decreased from a high of 70% in 2008 to a low of 37% in 2015. Meanwhile, the proportion of privately fostered children from Europe has increased substantially, from 5% in 2007 to 30% in 2015.

Figure 63: Reported new private fostering arrangements by place of birth of child, as at 31st March

Place of Birth	2007	2008	2009	2010	2011	2012	2013	2014	2015
UK	68%	70%	66%	65%	60%	53%	47%	38%	37%
Europe (other)	5%	7%	10%	10%	15%	24%	28%	31%	30%
Africa	10%	6%	6%	6%	6%	5%	5%	4%	5%
Asia	13%	13%	12%	14%	14%	11%	14%	19%	17%
Other	5%	5%	6%	5%	4%	6%	6%	8%	11%

Privately Fostered Children in Warwickshire

Warwickshire received 16 notifications of new private fostering arrangements in 2014/15, 8 fewer than in 2013/14. After a period of steady increase in the number of notifications of new private fostering arrangements received by Warwickshire from 2011/12 to 2013/14, the number of notifications and subsequently the number of new arrangements have decreased in 2014/15.

Figure 64: Warwickshire Private Fostering notifications and arrangements, by year

	2011/12	2012/13	2013/14	2014/15
Notifications of new arrangements received during the year	9	12	24	16
New arrangements that began during the year	8	11	20	14
Arrangements that ended during the year	11	11	11	16
Children in private fostering arrangements at year end	4	4	13	13

Warwickshire County Council produces leaflets on private foster care arrangements for members of the public informing them of their legal duty to inform the council if they are caring for somebody else's child.

Between 1st April 2014 to 31st March 2015, in addition to queries relating to procedures and process, there were 41 specific queries to the practice leader for Private Fostering, to clarify if a child was privately fostered, of which 10 led to notifications. The source of these queries is indicated in the chart below.

Figure 65: Enquiries regarding Private Fostering Arrangements 2014/15 by enquirer

Enquirer	2013/14	2014/15
Parent/family member/relative/carer	2	3
Other individual	1	0
Schools (including language schools/colleges)	7	8
Education Services	7	3
Health Visitor	1	2
Other primary health services	0	2
Other health services (including hospital ward discharges, hospices)	0	1
Social care	3	15
External Local Authorities	0	2
Other Legal Agencies (including courts, probation, immigration, prison)	1	1
Other (including children's centres, voluntary sector, community/faith groups)	1	4
Total	23	41

The number of consultations about possible privately fostered children continues to increase, which increases the opportunity for these children to be identified and provided with services.

The number of children known to be in a private fostering arrangement in Warwickshire is likely to be far lower than the actual number of children in these arrangements. If the conservative estimate of one-third of all private fostering arrangements are known to local authorities at a national level is applied to Warwickshire it would mean that there would be approximately 40 children in these arrangements as at 31st March 2015. If the BAAF estimate is applied in Warwickshire, it would mean this figure was closer to 100 children.

1.2.2 CHILDREN LOOKED AFTER

The term 'children looked after' refers to children who are under the age of 18 and have been provided with care and accommodation by a local authority's children's services. Often this will be with foster carers; either a relative or friend of the child/child's parents or an individual/couple provided through the council. Some looked after children might stay in a children's home or a residential school.

A large number of children coming into care will have a history of physical, sexual or emotional abuse. Some may have suffered the death of a parent, or have parents who can't look after them properly because of illness. Others may have disabilities and many different needs. A very small number are in care because of crimes they have committed.

Children come into the care of the Local Authority by two main routes; because their parents have voluntarily agreed that it is in the best interests of the child or because the child is in danger of being harmed.

Under section 20 of the Children Act 1989:

The Local Authority will find suitable accommodation for a child when the parents accept and agree that they cannot provide a suitable home for their child, whatever the reason and regardless of whether the reason for this is temporary or ongoing. Parental responsibility remains with the parent/guardian & any person who has parental responsibility can remove the child from LA accommodation at any time.

Under section 31 of the Children Act 1989:

If a Local Authority believes that a child is in danger of being harmed, the LA will apply for a care order which will be made by a court. The court will take all the circumstances into careful consideration before doing this. When a care order is made, the LA acquire parental responsibility for the child and have the power to determine the extent to which a parent or guardian of the child may meet their parental responsibility for that child. A court order can either be a full court order or an interim court order, where the council can take the child into care on a temporary basis.

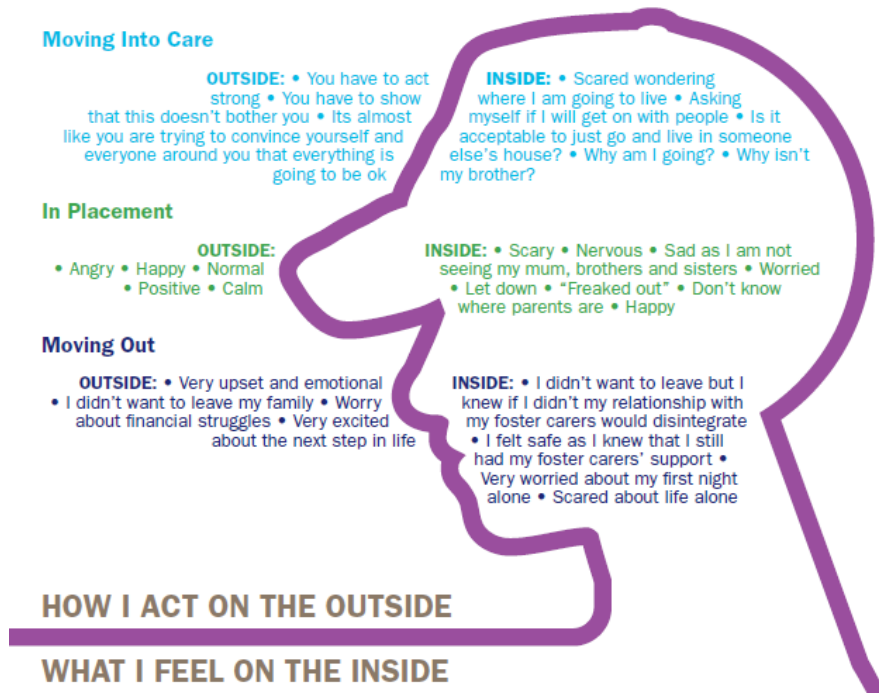
The aim of the local authority is to ensure the health and safety and wellbeing of children looked after, who often come from families who have experienced extreme hardship and upheaval, whilst working as closely as possible with the birth parents. Entry into care is usually a traumatic experience and brings with it a significant sense of loss which can sometimes be overlooked in the care planning. Changes and a lack of permanence in the arrangements for many children looked after are unsettling and can hamper effective work by professionals. The stigma of being looked after and the unhappiness that young people may feel about having to leave their family home means that social care staff often have difficulty in finding appropriate placements that meet basic emotional, physical and cultural needs of children looked after.

Whilst children looked after share many of the same health risks and difficulties as their peers, this is often to a greater extent and their long-term health outcomes are considerably worse. Hill et al (2006) found that the physical health of children looked after was not significantly worse than that of the general population, however there was a significantly higher incidence of mental health problems among children looked after, including severe and enduring mental illness, and the lifestyles of children looked after presented major threats to their present or future wellbeing. Recent NICE guidance suggests that 60% of children looked after have emotional and mental health problems²⁰.

²⁰ <https://www.nice.org.uk/guidance/ph28/evidence/looked-after-children-ep22-the-mental-health-of-looked-after-children-under-5-years-joe-sempik2>

A project by the charity Young Minds which aimed to explore mental health stigma experienced by children looked after in the UK, highlighted the detrimental effect that stigma has on young people in care in talking about how they feel and accessing support services²¹. The figure below shows some of the findings from this project, when children and young people were asked how they acted on the outside and what they felt on the inside when they were moving into care, whilst they were in a placement and when they were moving out of care.

Figure 66: Mental Health Stigma experienced by looked-after children in the UK, Young Minds



Children who are looked after by the local authority are much more likely to have poor experiences of education and very low educational achievement at school²². The proportion of children looked after who reach the average levels of attainment expected at all ages remains significantly lower than for non-looked after children and few progress on to higher education. This greatly increases the chances of children looked after becoming NEET.

The Social Exclusion Unit's report "A Better Education for Children in Care"²³ identified five key reasons why looked-after children underachieve in education:

- their lives are characterised by instability;

²¹ https://www.youngminds.org.uk/assets/0000/1440/6544_ART_FINAL_SPREADS.pdf

²² Department for Children, Families and Schools. (2010) *Promoting the Educational Achievement of Looked After Children. Statutory Guidance for Local Authorities.*

²³ <https://www.cornwall.gov.uk/media/3623826/A-better-education-for-children-in-care.pdf>

- they spend too much time out of school;
- they do not have sufficient help with their education if they fall behind;
- primary carers are not expected or equipped to provide sufficient support and encouragement for learning and development;
- they have unmet emotional, mental and physical health needs that impact on their education

Closing the gap between the attainment of children looked after and their peers remains a high priority for local authorities. In April 2014, additional funding via the pupil premium was introduced for children looked after. Local authorities are allocated funding of £1,900 based on the number of eligible looked after children from the first day of care rather than, as previously, six months.

Only 12.0 per cent of children looked after in England achieved 5 or more A*-C GCSEs or equivalent, including English and Maths. This equates to a difference of 40.1 percentage points between the rates of looked after and non-looked after children. This attainment gap remains relatively unchanged since 2009/10 (40.5 in 2009/10 compared with 40.1 in 2013/14).

Children looked after have higher levels of Special Educational Needs (SEN) than their non-looked after peers. In 2013/14, two-thirds of children looked after had a SEN. The most common type of SEN for children looked after was 'behavioural, emotional and social difficulties' which accounted for 49.0 per cent of children looked after at School Action Plus and 38.9 per cent of pupils with a statement of SEN as their primary special need.

A child ceases to be looked after when he or she turns 18 years old. On reaching their 18th birthday, the status of the child changes from being looked-after to being a young adult eligible for help and assistance from the local authority. Such help and assistance is usually provided in accordance with the various aftercare provisions of the Children and Families Act 2014.

The Children (Leaving Care) Act 2000 made a number of amendments to the Children Act 1989 in order to improve the life chances of young people living in and leaving local authority care.

Children (Leaving Care) Act 2000 aims to:

“delay young people's discharge from care until they are prepared and ready to leave; to improve the assessment, preparation and planning for leaving care; to provide better personal support for young people after leaving care; and to provide the financial arrangements for care leavers.”

Source: Paragraph 1 Children (Leaving Care) Act 2000

Every 16 or 17 year old who has been looked after by a local authority for a period of 13 weeks or more since the age of 14, at least one day of which is after their 16th birthday, becomes entitled to leaving care provision. This means that the social services department of the responsible local authority owes a duty to the young person to provide them with a social worker and a personal advisor. The social worker must carry out an assessment of the young person's needs in order to determine what advice, assistance and support the young person requires, both whilst they are being

looked after, and once they cease to be looked after. The local authority must also prepare a detailed plan called a "pathway plan" as soon as possible after the assessment. The pathway plan must set out the manner in which the responsible authority proposes to meet the needs of the child; and the date by which, and by whom, any action required to implement any aspect of the plan will be carried out.

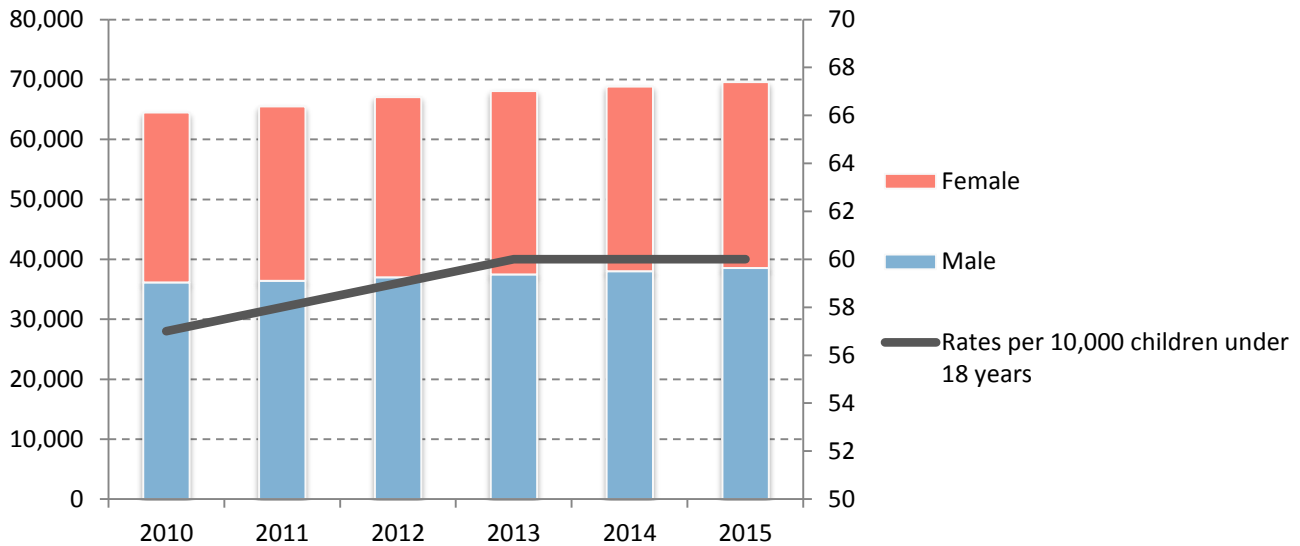
Most young people in and leaving care do not have the benefit of parental support to guide them. For these young people, the local authority should be fulfilling the parental role, and providing for the young person as if it were the natural parent. It is well documented that very few university students are care leavers, and the statistics demonstrate that care leavers make up a far higher than average percentage of those out of employment and those in custody. Unless these young people are helped to further their studies or to find work, they are far more likely to cause a much greater financial burden on the state in the long term. The cost of a prison place is well documented and those out of work will be reliant on state benefits.

Many young people leave care without the support to which they are entitled, unable to find suitable housing, education and employment. If pathway plans are as detailed as they should be, then the young person will, at the very least, be able to identify the steps that they need to take in order to achieve their goals.

Number of Children Looked After in England

There were 69,540 children looked after in England at 31st March 2015, an increase of 1% compared to 31st March 2013 and an increase of 6% compared to 31st March 2011. The number of children looked after has increased steadily over the past seven years and it is now higher than at any point since 1985. This rise is not just a reflection of a rise in the child population, as the rate (per 10,000 children under 18 years) of children looked after is also increasing, from 57 per 10,000 at 31st March 2010 to 60 per 10,000 at 31st March 2015. However, the rate of children looked after varies significantly at a local authority level, from a high of 158 per 10,000 in Blackpool to a low of 20 per 10,000 in Wokingham.

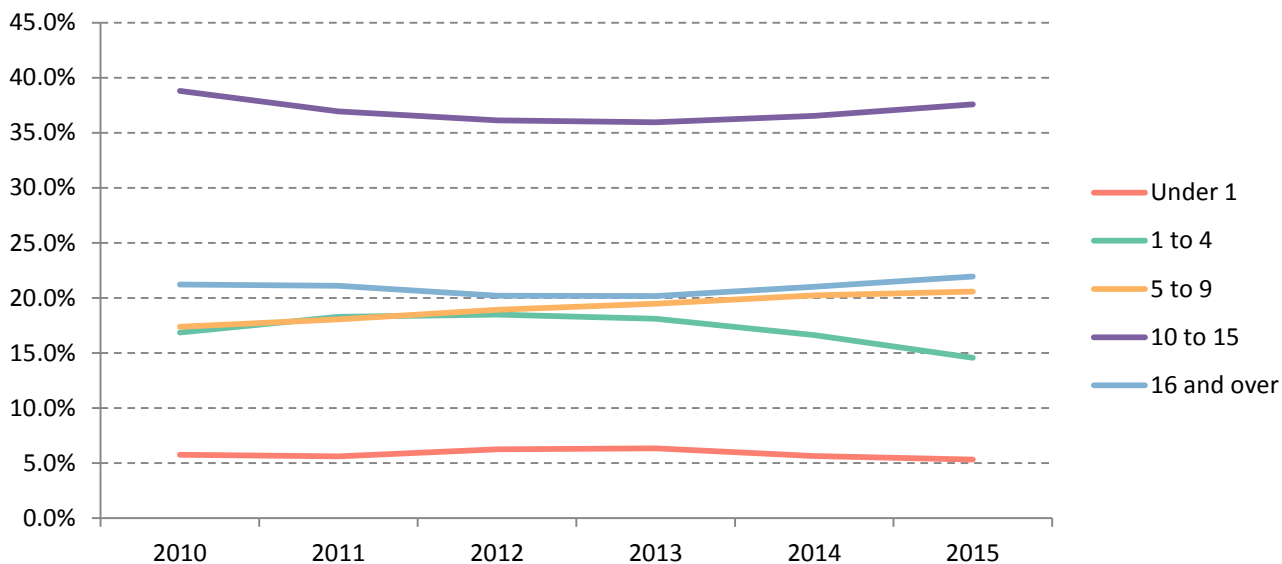
Figure 67: Number and rate of Looked after children in England as a snapshot at 31st March by gender, 2010-2015



The age profile of children looked after at 31st March has been changing slightly over recent years. The largest age group is 10 to 15 year olds, which made up over a third (38%) of children looked after at 31st March 2015. There has been a slight increase in the percentage of 5 to 9 year olds, from 18% in 2010, to 21% in 2014. There has been a fall in the last two years in the numbers of 1-4 year olds at 31st March reflecting higher numbers ceasing to be looked after (around 8,500 per year) than starting to be looked after (just under 6,000 each year). For older children aged 10 years and above, there has been a rise in the number starting to be looked after (12,120 in 2013 compared with 13,870 in 2015). There has been a smaller increase in those ceasing to be looked after, resulting in just over 3,000 more children aged 10 years and over being looked after at 31st March compared with 2013.

The ethnic breakdown for children looked after has varied little since 2011. The majority of children looked after at 31 March 2015 (73%) are from a white British background: similar to the general population of all children. Children of mixed ethnicity continue to be slightly over-represented, and children of Asian ethnicity slightly underrepresented in the looked after children population.

Figure 68: Age profile of looked after children in England at 31st March



At 31st March 2015, 42,030 (60%) children were looked after under a care order (either an interim or full care order), a 5% increase compared to 2014 and an 8% increase since 2011. A further 19,850 (29%) children were looked after under a voluntary agreement under Section 20 of the Children Act 1989 - this number and percentage has increased steadily since 2013. However, there has been a drop in the number of children looked after with a placement order at 31 March 2015, from 9,580 (14% of looked after children) in 2014 to 7,320 (11%) in 2015.

When looking at the number of children and young people who have been looked after at any point during the financial year, the general increasing trend in numbers of looked after children shows similarly to the snapshot figures above, but the numbers are higher. 97,950 children were looked after during the financial year 2013/14, of whom almost half (48%) were looked after for at least 12 months. This is a rise of nearly 10,000 children since 2009/10.

Figure 69: Children looked after at any time during the financial year and those looked after continuously for at least 12 months

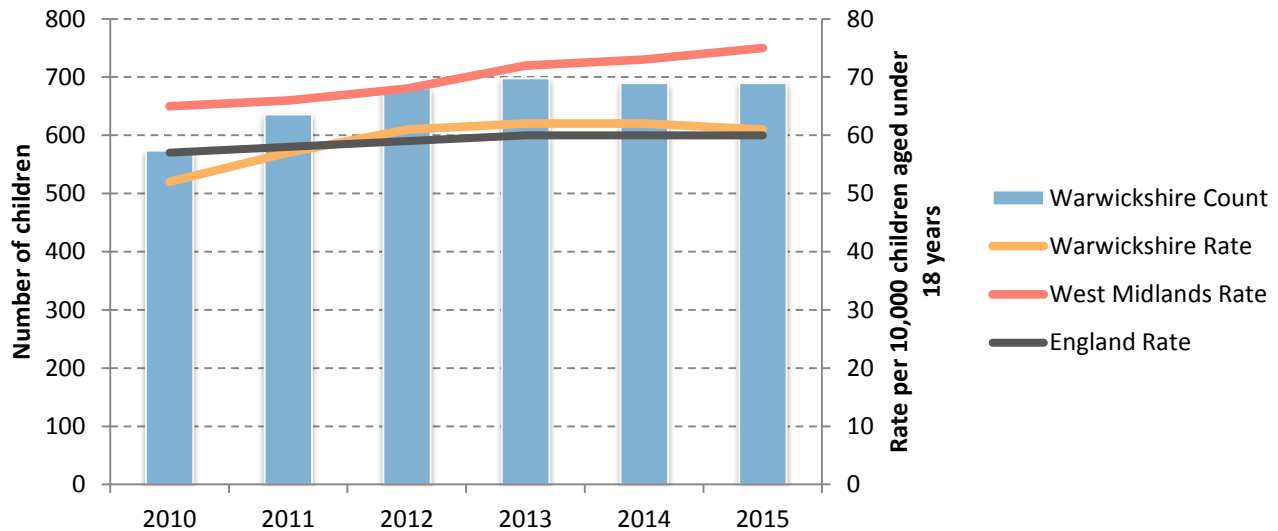
	2009/10	2010/11	2011/12	2012/13	2013/14
All children looked after during the year	88,250	91,180	93,200	95,280	97,950
Children looked after during the year for at least 12 months	44,300	46,140	46,500	47,090	47,670

Number of children looked after in Warwickshire

There were 690 looked after children in Warwickshire at 31st March 2015, the same number as at 31st March 2014 but an increase of 18% compared to 31 March 2010. The rate (per 10,000 children under

18 years) of children looked after in Warwickshire has increased, from 57 per 10,000 at 31st March 2011 to 61 per 10,000 at 31st March 2015. Warwickshire's rate of children looked after is slightly higher than the England average (61 per 10,000 children compared with 60 per 10,000 children), but Warwickshire's rate is lower than that of the West Midlands at 75 per 10,000 children.

Figure 70: Number and rate of Looked after children in Warwickshire as a snapshot at 31st March, 2010-2014



The age profile of looked after children in Warwickshire at 31st March 2015 is similar to that of the England average and the West Midlands. 39% (271 out of 690) of children looked after in Warwickshire were aged 10 to 15 years, followed by 24% who were aged 16 and over.

337 out of 690 (44%) looked after children in Warwickshire at 31st March 2014 were 13 to 17 years old. Just under a quarter (22%) were aged 0 to 5 years. This is similar to the previous year, where 42% of looked after children in Warwickshire as at 31st March 2014 were aged 13 to 17 years old and 24% were aged 0 to 5 years.

The majority (46%) of looked after children at 31st March 2015 were subject to a full care order, followed by just under a third (32%) who were accommodated under section 20 of the Children Act 1989 (where parental responsibility remains with the parents or legal guardian). Children are more likely to be subject to a full care order at an older age and more likely to be subject to an interim care order or accommodated under section 20 at a younger age. Only 3% (22 out of 690) of children aged 0 to 5 years were subject to a full care order compared with 24% (168 out of 690) of children aged 13 to 17 years.

At 31st March 2015, 81% of children looked after in Warwickshire were white British, down from 84% of children looked after as at 31st March 2014. If unaccompanied asylum seeking children are excluded from this cohort, 87% of children looked after as at 31st March 2015 were white British. According to Census 2011 data, 86.3% of children in Warwickshire aged 0-17 years are white British, a similar proportion to Warwickshire's children looked after population (not counting unaccompanied

asylum seeking children who would not be included in Census data). Black/African/Caribbean/Black British ethnic groups are over-represented within Warwickshire’s children looked after population as at 31st March 2015, as are mixed/multiple ethnic groups.

Further work is necessary to try to ascertain the reasons as to why children from BME backgrounds are under-represented in Warwickshire CAF and Child Protection data but over-represented in Warwickshire’s children looked after population compared to the general population of 0-17 year olds.

Figure 71: Ethnicity of Warwickshire's children looked after population as at 31st March 2015 compared with Census 2011 data (excluding unaccompanied asylum seeking children)

Ethnic group	Census Data 0-17 population	Warwickshire Children Looked After population
White: Total	89.4%	89.9%
<i>of which:</i>		
<i>White British</i>	86.3%	87.3%
<i>White Irish/Gypsy or Irish Traveller/Other white</i>	3.1%	2.6%
Mixed/multiple ethnic group: Total	4.0%	6.2%
Asian/Asian British: Total	5.3%	1.4%
Black/African/Caribbean/Black British: Total	0.9%	2.0%
Other ethnic group: Total	0.5%	0.5%

Reporting on children looked after at district/borough level is not straightforward. Often, children are placed in a different district/borough to the one where they used to live, and many are placed out of county. Children looked after in Warwickshire are allocated to one of a number of different social care teams. Teams either cover a specific geographical area or a specific group of individuals, such as asylum seeking children, or children with a disability.

Out of the 690 children looked after in Warwickshire at 31st March 2015, 65 children were allocated to teams covering specific groups of individuals, of which 46 were allocated to the Children’s Asylum team (7% of Warwickshire’s total looked after population). Figure 65 below shows the number and proportion of children looked after allocated to teams covering a specific district/borough in Warwickshire at 31st March.

Figure 72: Number of Looked after children in Warwickshire by district/borough of allocated team at 31st March, 2011 to 2015

District	2011	2012	2013	2014	2015	% Change (based on increase between 2014 & 2015)
North Warwickshire	62	67	69	67	58	-13.4%
Nuneaton & Bedworth	197	206	237	256	256	0.0%
Rugby	99	108	110	109	119	9.2%
Stratford	68	75	85	82	76	-7.3%
Warwick	104	137	130	122	116	-4.9%
Integrated Disability Service	17	18	22	23	19	-17.4%
Asylum Seekers	87	69	45	29	46	58.6%
Youth Justice	2	1	0	1	0	-100.0%
Warwickshire Total	636	681	698	690	690	-

Nuneaton and Bedworth Borough had the highest rate of children looked after in the county at 31st March 2015, with 95 children looked after per 10,000 children aged 0-17 years. This rate is considerably higher than the rest of Warwickshire's districts/boroughs and is one of two districts/boroughs in Warwickshire where the rate has increased since 31st March 2014 (94 children looked after per 10,000 children at 31st March 2014), the other being Rugby Borough, with 52 children looked after per 10,000 children at 31st March 2015, up from 49 children looked after per 10,000 children at 31st March 2014. Stratford-on-Avon District has the lowest rate of looked after children (33 looked after children per 10,000 children aged 0-17 years but North Warwickshire borough has seen the largest decreased in rate from 53 children looked after per 10,000 at 31st March 2014 to 47 children looked after per 10,000 at 31st March 2015.

The rate of children looked after has increased in all Districts and Boroughs in Warwickshire over the last 5 years apart from North Warwickshire Borough, where the rate dropped from 50 children looked after per 10,000 at 31st March 2011 to 47 children looked after per 10,000 at 31st March 2015. The largest increase in the rate of looked after children over the past 5 years was in Nuneaton and Bedworth Borough, which has seen a rise of over 30% (from 73 children looked after per 10,000 at 31st March 2011 to 95 per 10,000 at 31st March 2015). Despite having the lowest overall rate of looked after children in the county, the rate of looked after children in Stratford-on-Avon District has increased by 18% over the past 5 years, whereas the increase in Warwick District is comparatively small at only 8%.

Figure 73: Rate of looked after children in Warwickshire by district/borough of allocated team at 31st March, 2009-2015

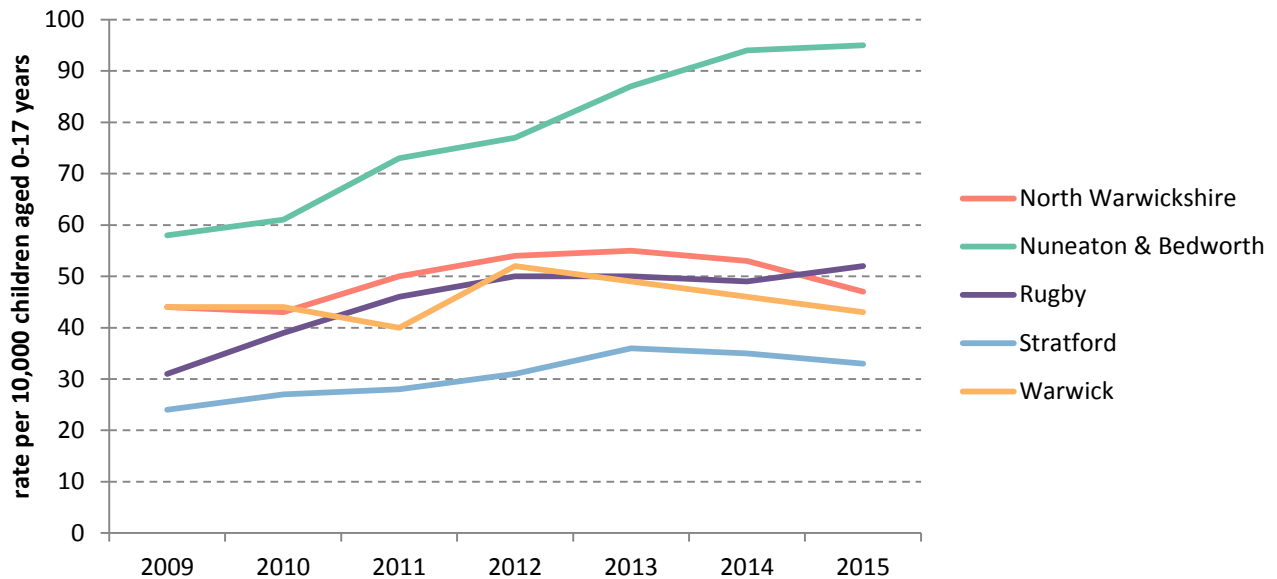
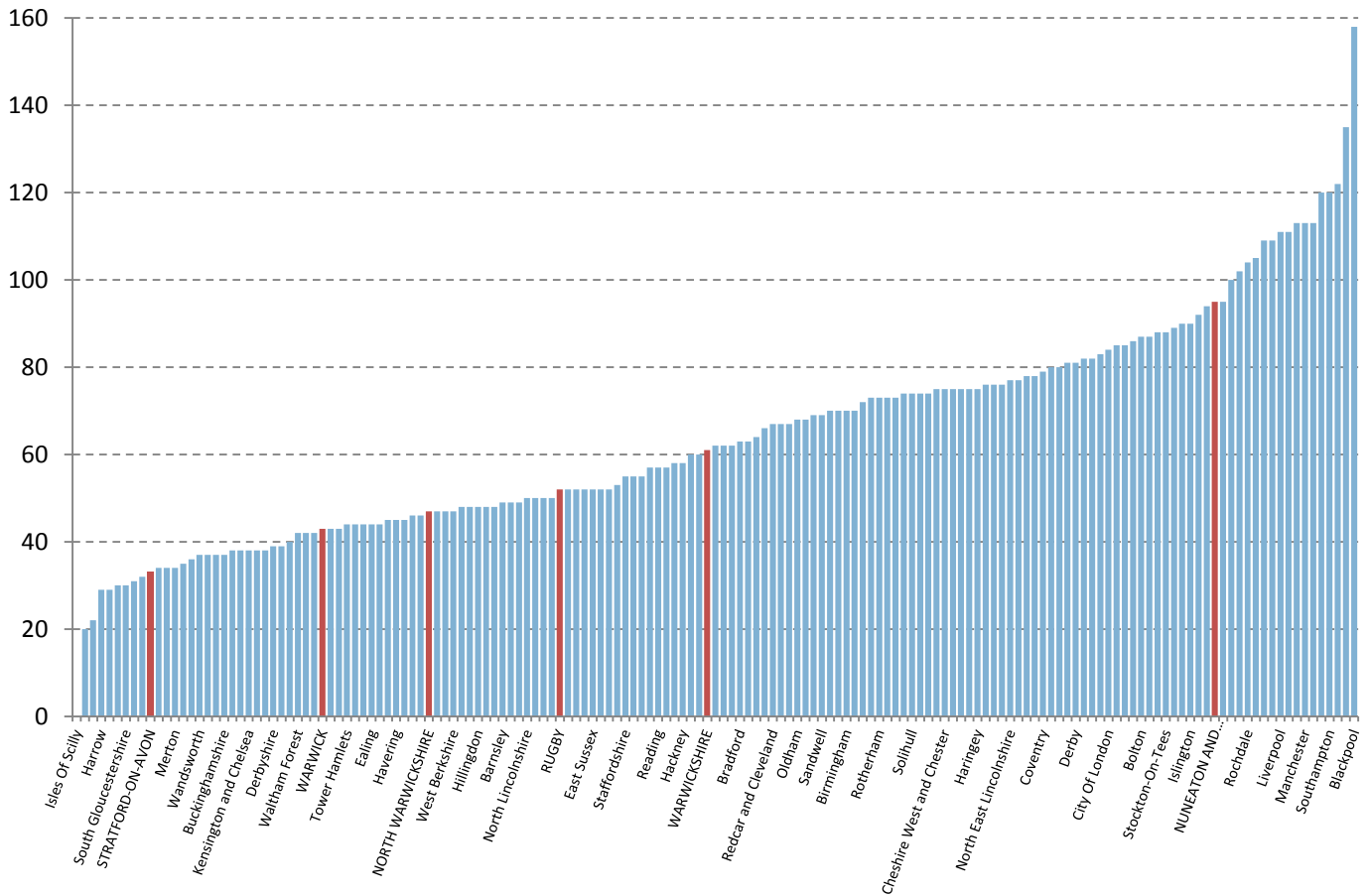


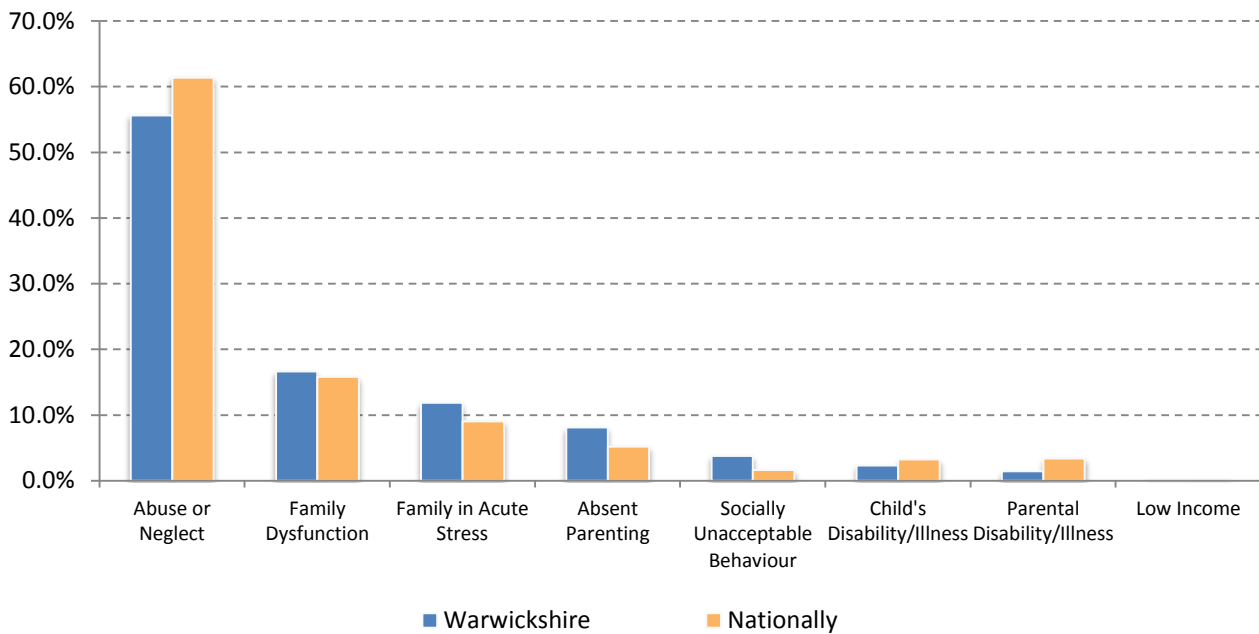
Figure 74 below shows the rate of children looked after in Warwickshire compared with all Local Authorities in England as of 31st March 2015. Warwickshire's rate is just above the England average, however there are Districts/Boroughs in the county which are at the two extremes nationally. Nuneaton and Bedworth Borough's rate of children looked after is within the highest 20% in the country, whereas Stratford-on-Avon and Warwick Districts' rate of children looked after are within the lowest 20% in the country.

Figure 74: Rate of children looked after per 10,000 children aged 0-17 years nationally, at 31 March 2015



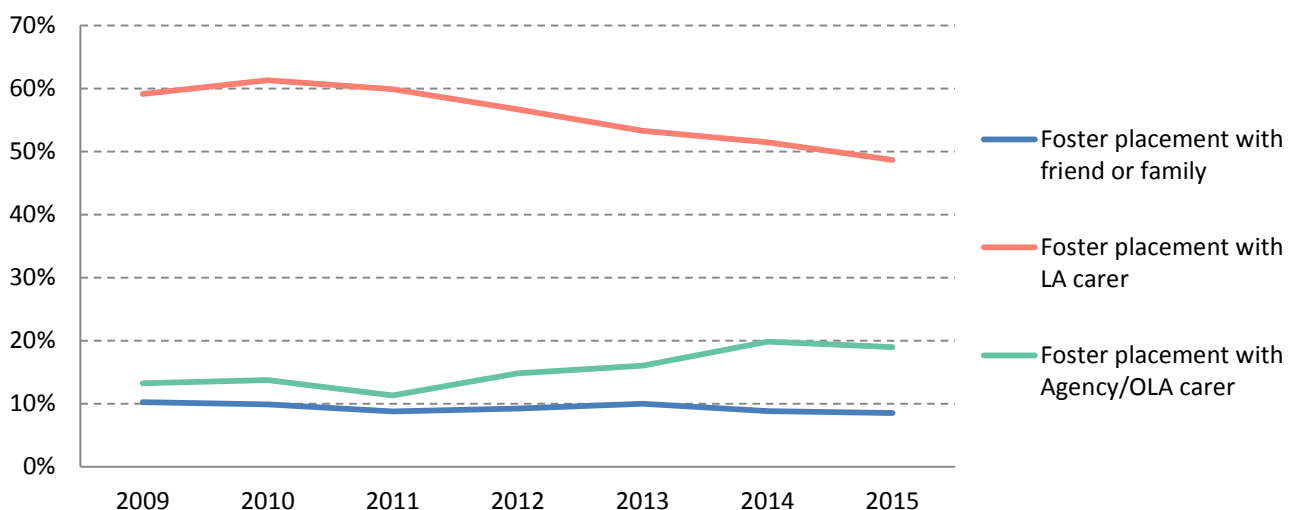
The reason children are taken into care in Warwickshire is largely similar to the national picture. The majority (56%) of children in Warwickshire were looked after due to abuse or neglect (compared to 61% nationally). A slightly higher percentage of children were taken into care in Warwickshire due to the family being in acute stress, family dysfunction, absent parenting and socially unacceptable behaviour compared with nationally, with fewer children taken into care due to disability (both the child's and parents). Only one child became a child looked after because of low income in Warwickshire, equating to 0.1%. This compares with 0.2% of children nationally.

Figure 75: Looked after children in Warwickshire by category of need, compared to England, 2015



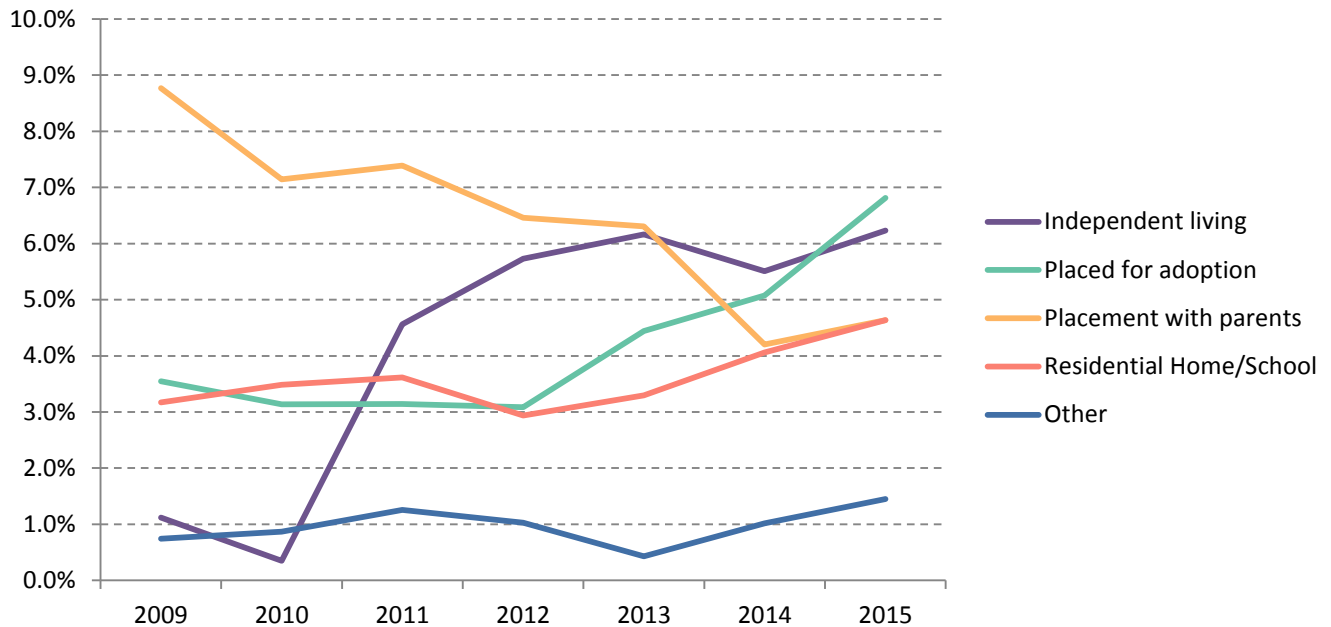
The majority of children looked after in Warwickshire at 31st March 2015 were placed with foster carers. However, unlike nationally, the number and proportion of children in foster placements has fallen in Warwickshire from a peak of 85% of all children looked after at 31st March 2010 to a low of 76% of all children looked after at 31st March 2015. This fall is most pronounced among children placed with a Local Authority carer (61% of children looked after at March 2010 compared with 49% of children looked after at March 2015). Conversely, the proportion of children placed with an Agency/OLA carer has increased over the same time period, from 14% at March 2010 to 19% at March 2015.

Figure 76: Proportion of children looked after in foster care by foster care placement type, as at 31st March, 2009-2015



The proportion of children looked after placed in independent living has increased over time from 1.1% at March 2009 to 6.2% at March 2015. The use of residential placements has also increased over the same period, from 3.2% to a high at March 2015 of 4.6%. The proportion of children placed for adoption has doubled, from a low of 3.1% at March 2010-2012, to 6.8% at March 2015.

Figure 77: Proportion of children looked after by placement type, excluding foster care, as at 31st March, 2009-2015

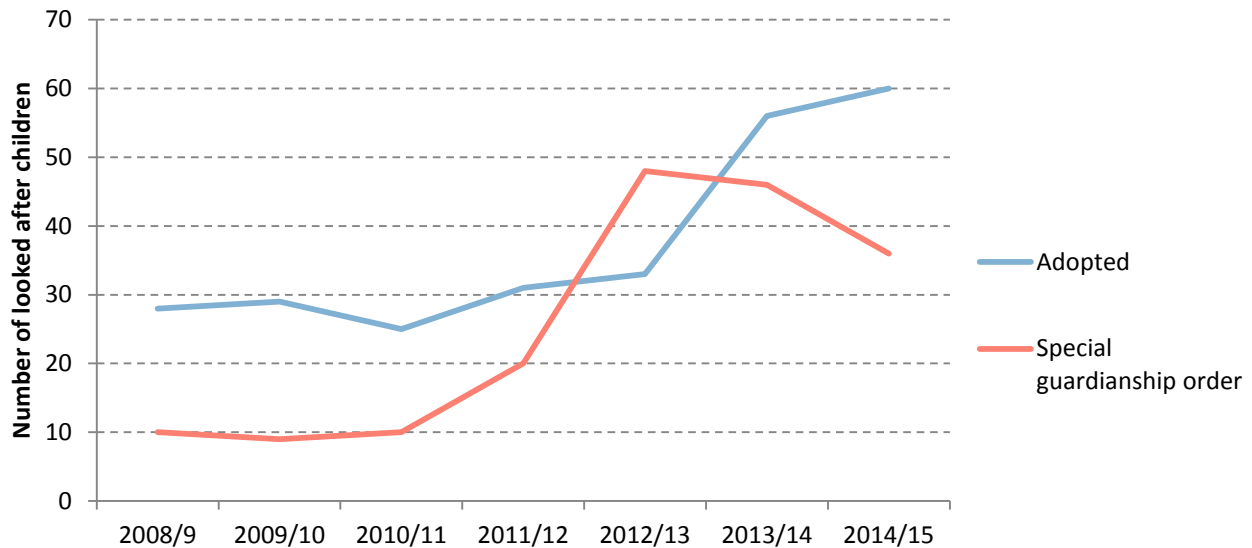


331 children ceased to be looked after in Warwickshire in 2014/15 compared with 334 in 2013/14, a slight decrease from a high seen last year. The most common reason for children ceasing to be looked after in Warwickshire is that they returned home to live with their parents or relatives (35%).

The percentage of children ceasing care with a Special Guardianship Order (SGO)²⁴ has increased from less than 4% in 2009/10 to 14% in 2013/14, but has subsequently decreased in 2014/15 to 11%. The percentage of children ceasing to be looked after because they were adopted has increased from 28 children adopted in 2008/09 to 60 children during 2014/15, an increase of 82% from 2012/13 and an increase of 114% since 2008/09.

²⁴ A special guardianship order is an order appointing one or more individuals to be a child's 'special guardian'. It is a private law order made under the Children Act 1989 and is intended for those children who cannot live with their birth parents and who would benefit from a legally secure placement.

Figure 78: Number of Adoptions and Special Guardianship Orders in Warwickshire, 2009/10 – 2014/15



Services and support for looked after children in Warwickshire

Leaving Care Team

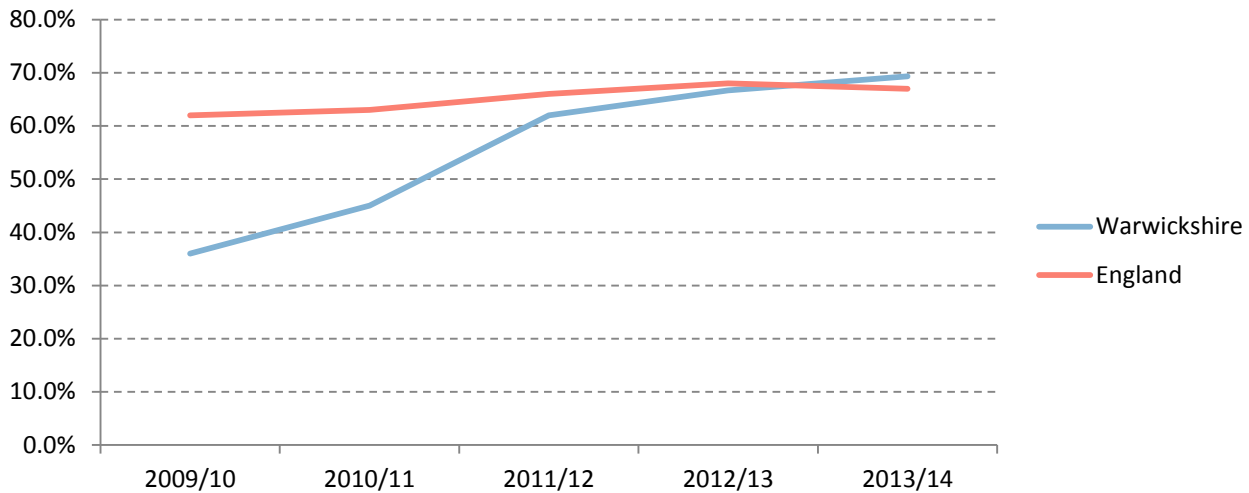
Warwickshire's leaving care team, known locally as 'Get Ready for Adult Life' supports and works with all looked after children in Warwickshire if they are in care on or after their 16th birthday and remain in contact until that child is at least 21 years of age. The service aims to make young people feel more comfortable about the prospect of leaving care and bring about positive change in the experiences of care leavers, in accordance with the Children (Leaving Care) Act 2000.

A looked after young person will be assigned a worker from the Get Ready for Adult Life team around their 16th birthday (or 3 months after coming into Care if older than 16 years) who will, in partnership with the young person, work on their pathway plan. As well as a worker from Children's Services, everyone who has a leaving care service is entitled independent advocacy, usually from Barnardo's.

Evidence shows that the longer a child remains in foster care the more successful they are likely to be. In 2014/15, 69.2% of children leaving care aged over the age of 16 in Warwickshire remained looked after until their 18th birthday. This percentage has risen dramatically over the past 5 years, from 45.0% in 2010/11.

2013/14 was the first year that Warwickshire's proportion of children remaining in care until their 18th birthday has been higher than the England average and has remained relatively unchanged in 2014/15 at 69.2%.

Figure 79: Proportion of children leaving care aged over the age of 16 in Warwickshire who remained looked after until their 18th birthday, 2009/10 to 2013/13



In 2014/15, only 39% of care leavers aged 19-21 years were in Education, Employment or Training (EET), compared with a national average of 45%. The likelihood of care leavers being in Education, Employment or Training reduces the older they get (45% at age 19 compared with only 31% at age 21). However, it is important to note that these figures class any young person who is not 'in touch' with the local authority as NEET. There is no obligation for care leavers to keep in touch with the local authority after they turn 18 and this is further exacerbated by Warwickshire's high number of unaccompanied asylum seeking children who, for a number of reasons, do not keep in contact with the local authority. Therefore, if only those care leavers who are in touch with Warwickshire local authority are included in the figures, 59% of Warwickshire care leavers aged 19, 20 and 21 were in EET. This shows the success of Warwickshire's 'Get Ready for Adult Life' team and shows the importance of trying to encourage Warwickshire's young care leavers to engage with the services on offer to them. However, Warwickshire's overall performance has decreased since 2013/14. Until the national 2014/15 average is publicly available it is not known whether this is in keeping with the national trend.

Figure 80: The percentage of Warwickshire care leavers aged 19-21 who were in Education, Employment or Training

Area	aged 19	aged 20	aged 21	% age groups combined
Warwickshire 2013/14	54%	38%	28%	41%
Warwickshire 2014/15	45%	40%	31%	39%
England 2013/14	52%	45%	39%	45%

1.2.3 UNACCOMPANIED ASYLUM SEEKING CHILDREN

An asylum seeker is an individual who has applied for protection through the legal process of claiming asylum due to experiences of persecution in their country of origin. Trends in the origin of asylum seekers largely reflect current socio-political situations in the world.

The UK received 23,507 new applications for asylum by the end of 2013. Of these, approximately 2,000 applications will have been from unaccompanied children. Unaccompanied asylum seeking children leave their countries for a variety of reasons. Some have been sent to a place of safety by their parents or other family relations when their parents were killed or went missing. Some children are former child soldiers who have escaped and travelled overseas. Others flee forced marriage, female genital mutilation, or other forms of torture.

Top 5 Child asylum applicant producing countries, Q4, 2014:

- **Albania** – 470 applications
- **Afghanistan** – 150 applications
- **Eritrea** – 131 applications
- **Iran** – 76 applications
- **Vietnam** – 68 applications

Source: Home Office Asylum Data Tables, Jan-Mar 14

Unaccompanied asylum seeking children are some of the most vulnerable children in the country. They are alone, in an unfamiliar country and are likely to be surrounded by people unable to speak their first language. They are likely to be uncertain or unaware of who to trust and of their rights. They may be unaware of their right to have a childhood.

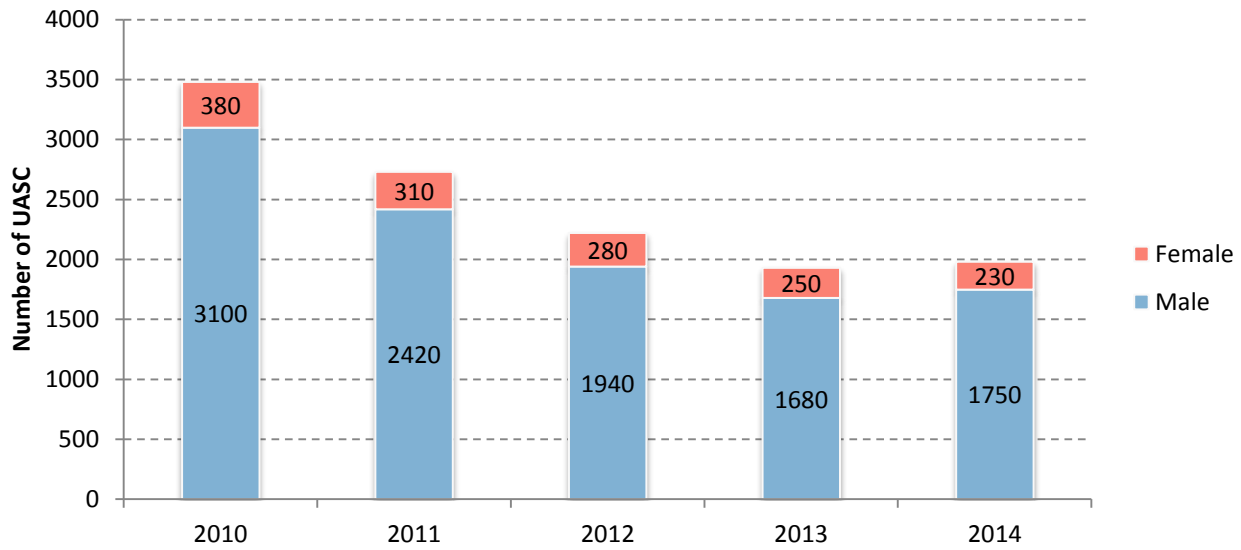
The local authority providing for their care has a duty to protect and support unaccompanied asylum seeking children. Because of the circumstances they have faced, unaccompanied children often have complex needs in addition to those faced by looked after children more generally. The special support required to address these needs should begin as soon as the child becomes looked after by the local authority.

An assessment for an unaccompanied child needs to be carried out quickly, as the opportunity to intervene is very narrow. Many unaccompanied children go missing from care, often within the first 48 hours.

Unaccompanied asylum seeking children known to Local Authorities

The number of looked after unaccompanied asylum seeking children known to local authorities in England fell steadily from 3,480 in 2010 to 1,930 in 2013. There was a slight rise in 2014 to 1,970. On average, approximately 88% of unaccompanied asylum seeking children are male with very little fluctuation each year (min 87.0% in 2013, max 89.1% in 2010).

Figure 81: Number of looked after Unaccompanied Asylum Seeking Children, England, 2010-2014



In 2014, over three-quarters of looked after asylum seeking children were aged 16 to 17 years. The percentage of looked after unaccompanied asylum seeking children who are under 16 years of age has decreased from 32% in 2010 to 24% in 2014.

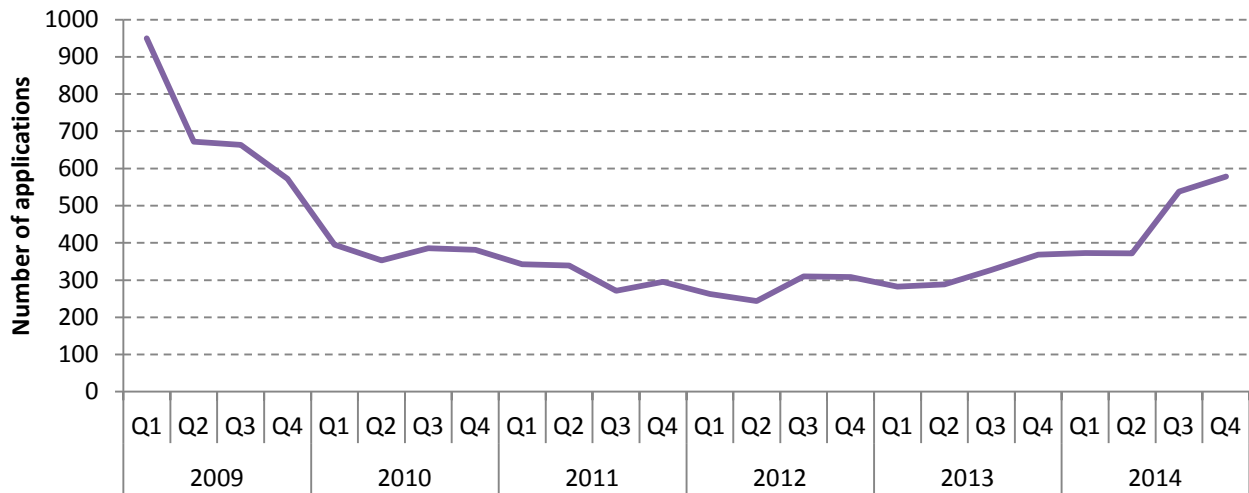
Figure 82: Age of looked after unaccompanied asylum seeking children, England, 2010-2014

Age at 31 March (Years)	2010		2011		2012		2013		2014	
	Number	%	Number	%	Number	%	Number	%	Number	%
Aged under 16	1,100	32	720	26	600	27	500	26	480	24
Aged 16 to 17	2,370	68	2,010	74	1,620	73	1,430	74	1,500	76

Asylum applications by unaccompanied asylum seeking children

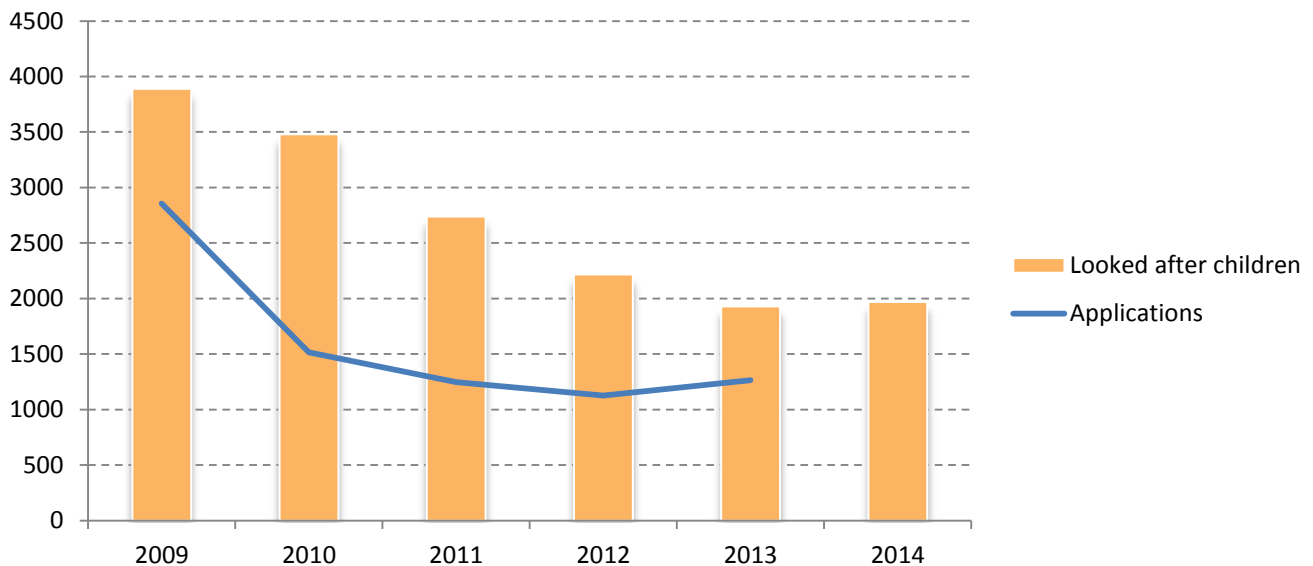
Statistics on the number of asylum applications by unaccompanied asylum seeking children are published by the Home Office. The number of asylum applications by unaccompanied asylum seeking children fell sharply from 2009 to a low in 2012, but have since started to increase again. Applications from unaccompanied children accounted for just under 5% of all asylum applications in 2013 compared with over 16% in 2008.

Figure 83: Asylum applications by unaccompanied asylum seeking children by quarter, 2009-2014



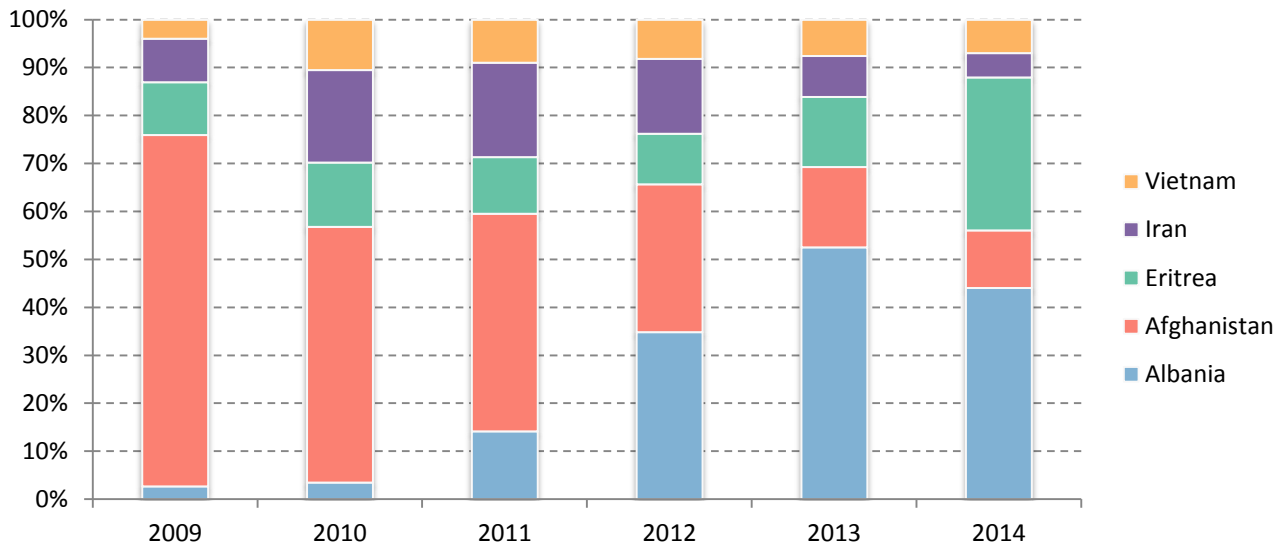
The downward trend in applications closely follows the trend in numbers of unaccompanied asylum seeking children known to local authorities, which suggests that numbers of children seeking asylum in the UK are falling.

Figure 84: Number of asylum seeking children known to Local Authorities, by number of applications for asylum by unaccompanied children, 2009 to 2014



In 2012, Albania became the country of origin for the largest number of applications received for asylum for unaccompanied children. The number of applicants from Afghanistan has dropped sharply over the past 5 years, with significant reductions also for Iraq and Iran among other countries. Applications from Syria are increasing, reaching 64 in 2013. Figure 63 shows the percentage of applicants from the top 5 child asylum applicant producing countries and how the breakdown has changed over the past 5 years.

Figure 85: Top 5 child asylum applicant producing countries, 2009 to 2014



In 2014, nearly two thirds of all asylum applications from unaccompanied asylum seeking children were from children aged 16 and 17 years old.

Unaccompanied children who have reached the age of 18 are much more likely to have their asylum claim refused and are much less likely to receive welfare and educational support. However, most children enter the UK either without documentation or with fake documents meaning that an age assessment is likely to be required. The law is clear that an age assessment should only be carried out where there is significant reason to doubt that the claimant is a child.

In 2014, there were 310 age disputed asylum claims. This represents 16% of all applications from unaccompanied children in 2014. For these children, their first experience in the UK is of being told they are lying, and having a fundamental aspect of their identity questioned. However, the number of age disputed claims has fallen significantly since 2009 suggesting that either fewer adults are coming to the UK claiming to be children, or that staff at screening units at ports and asylum centres are more lenient in their approach to accepting age.

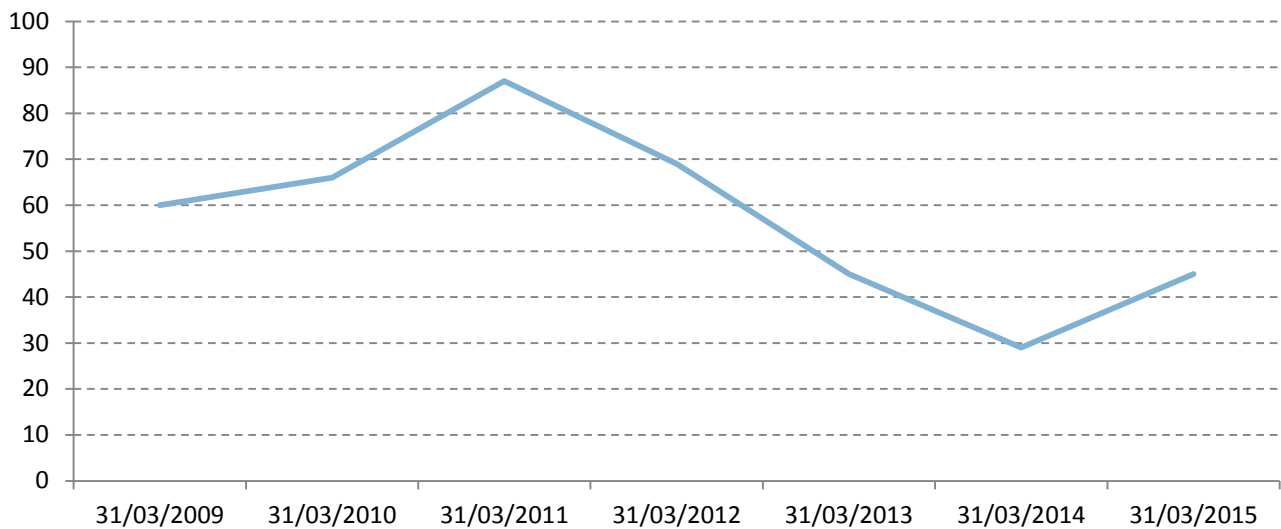
Unaccompanied Asylum Seeking Children in Warwickshire

Figure 86/87 shows the number of unaccompanied asylum seeking children in Warwickshire as a snapshot at the end of each financial year. After a four year period of decline, the number of unaccompanied asylum seeking children in Warwickshire has risen from 29 children at 31st March 2014 to 45 children at 31st March 2015. Locally produced data shows that this number has continued to rise, currently standing at 67 UASC as at 31st September 2015.

Figure 86: Unaccompanied asylum seeking children (UASC) in Warwickshire, as at 31st March, 2009-2015

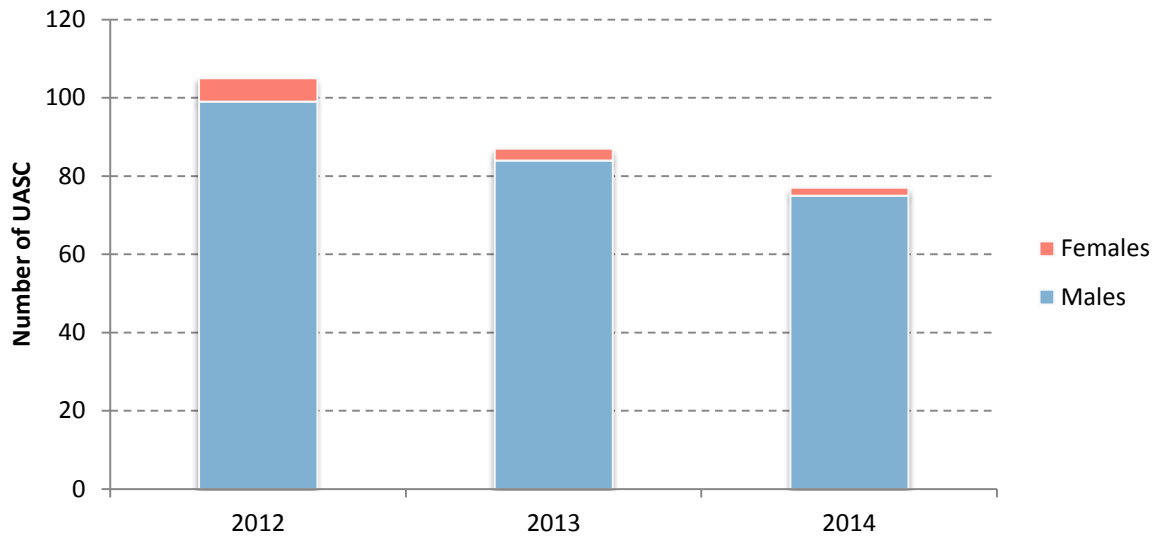
	2009	2010	2011	2012	2013	2014	2015
Unaccompanied asylum seeking children	60	66	87	69	45	29	45
% change to previous year	~	10.0%	31.8%	-20.7%	-34.8%	-35.6%	55.2%

Figure 87: Unaccompanied asylum seeking children (UASC) in Warwickshire, 2009-2015



The total number of asylum seeking children who were accommodated by Warwickshire Local Authority at any point in 2014 was 77 children, of whom 62% (48 children) were between the ages of 16 and 18 and the remaining 38% were under the age of 16. Only 10 out of 74 children were female, meaning that 86% of unaccompanied asylum seeking children in 2014 were male. The total number of unaccompanied asylum seeking children who were accommodated by Warwickshire Local Authority fell by 11% from 2013 to 2014 and fell by 17% from 2012 to 2013.

Figure 88: Total number of asylum seeking children accommodated by Warwickshire Local Authority by gender by year



Over 90% of unaccompanied asylum seeking children in Warwickshire are between the ages of 13 to 18 years when they are accommodated by the local authority. In 2014, almost two thirds (62%) were aged between 16 and 18 years.

Figure 89: Age-group of unaccompanied asylum seeking children accommodated by Warwickshire Local Authority by year

Age Group	2012	2013	2014
Under 13	4	4	5
13-15	49	26	24
16-18	52	57	48
Total	105	87	77

Warwickshire has seen a drop in the number of asylum applications from children originating from Afghanistan, following the national trend. However, nearly half (47%) of unaccompanied asylum seeker children accommodated by Warwickshire local authority in 2014 were Afghani, followed by Eritreans (23%) and then Albanians and Iranians (6% each). The number of unaccompanied asylum seeking children from Eritrea and Albania have increased from 2012 to 2014, whereas the number of children from Afghanistan and Iran have fallen over the same period.

Figure 90: Nationality of unaccompanied asylum seeker children accommodated in Warwickshire by year

Nationality	2012	2013	2014
Afghani	72	51	36
Eritrean	10	6	18
Albanian	0	1	5
Iranian	15	16	5
Sudanese	1	1	3
Syrian	0	3	3
Iraqi	1	1	2
Vietnamese	2	2	2
Ethiopian	2	1	1
Kuwaiti	0	1	1
Moroccan	0	1	1
Algerian	1	1	0
Nigerian	0	1	0
Pakistani	1	0	0
Palestinian	0	1	0
Total	105	87	77

Depending on their age and circumstances, unaccompanied asylum seeking children in Warwickshire are either accommodated with a foster carer or they are placed with their peers in a shared house (known as semi-independent living). In 2014, over half (55%) of all unaccompanied asylum seeking children were placed in semi-independent living, with 43% in a foster placement. One child was in the custody of the police and one child was recorded as missing.

Figure 91: Unaccompanied asylum seeking children accommodated by Warwickshire Local Authority by placement type and year

Type of Placement	2012	2013	2014
Semi-independent living	47	49	42
Foster Care	57	38	33
YOI, Police or Custody	0	0	1
Missing	1	0	1
Total	105	87	77

The table below shows the number of unaccompanied asylum seeking children accommodated by the district/borough of the placement address. This may be the address of a foster home or of a shared house. In 2014, almost two thirds (62%) of unaccompanied asylum seeking children in Warwickshire were placed out of county, with 41 out of 77 (53%) placed in Coventry. Out of 28 children placed within Warwickshire, 26 were placed in Warwick District (where Warwickshire's Children's asylum team are based).

Figure 92: Unaccompanied asylum seeking children accommodated by Warwickshire Local Authority by district/borough of placement address by year

District/Borough of Placement	2012	2013	2014
North Warwickshire	0	0	0
Nuneaton and Bedworth	7	6	1
Rugby	1	2	0
Stratford upon Avon	5	2	1
Warwick	20	25	26
Out of county - Coventry	48	41	41
Out of county - Other	23	11	7
Unknown	1	0	1
Total	105	87	77

Unfortunately it is not uncommon for unaccompanied asylum seeking children to go missing from care and to never be found/returned to care. Children's services in Warwickshire would not close a case where a child is missing indefinitely, however there are some asylum seeker cases who are accommodated because they state they are under 18 and an age assessment has yet to be undertaken. The child then goes missing. All reasonable steps are taken to locate the child but this is not always successful especially if the details provided are inaccurate. Details of these children are passed on to the Police. However, many asylum seeking children who Warwickshire children's services are responsible for are placed in accommodation out of county; therefore a different Police force maybe informed. This can delay information being passed to Warwickshire Asylum Seekers Team and those responsible for children missing from care. There is no mention of asylum seeking children who go missing from care in Warwickshire's Joint Protocol on children and young people who run away or go missing from care.

The number of unaccompanied asylum seeking children who have gone missing from care and their nationalities are shown in figure 71 below. Just under half of all missing asylum seeking children since 2011 have been Vietnamese.

Figure 93: Asylum seeking children in Warwickshire who have gone missing from care by year and nationality

Year	Afghan	Albanian	Nigerian	Pakistani	Palestinian	Syrian	Vietnamese	Total
2011	4				1		4	9
2012	1			1			3	5
2013		2	1			1	1	5
2014	1						2	3
Total	6	2	1	1	1	1	10	22

Services and support available for unaccompanied asylum seeking children in Warwickshire

Warwickshire County Council provides services to unaccompanied asylum seeking children through its Children's Asylum Team based in Warwick District. The team were established in 1998 following

the first group of asylum seekers arriving from Kosovo and Albania, and subsequently developed into a county wide service. In 2006, the team included two social workers and one support worker, but increased in size to meet the needs of a growing number of young people arriving in Warwickshire. In the latest Ofsted inspection of Safeguarding and looked after children's services in 2011, Warwickshire's Children's Asylum Team were used as an exemplar of best practice:

'The work of the unaccompanied asylum seekers' team enables vulnerable young people to develop skills well matched to their needs within a safe and well supported environment. Outcomes from the service are excellent, and the service is highly regarded by partner agencies and by the young people themselves'.

Source: Ofsted Inspection Report, Warwickshire safeguarding and looked after children's services, 2011

The majority of unaccompanied asylum seeking children come to the attention of Warwickshire local authority via the police. Many are picked up at the motorways services on the M40 just south of Warwick (the only motorway services in Warwickshire).

All unaccompanied asylum seeking children should be accommodated under section 20 of the 1989 Children Act. In general, unaccompanied asylum seeking children in Warwickshire are placed with a foster carer if they are under the age of 16 or placed in semi-independent living (a shared housed with other children seeking asylum in the UK) if they are 16 or 17 years. A high level of ongoing support is provided, with frequent contact by project and fostering support workers. Foster carers are also provided with a comprehensive and regularly updated resource pack which provides political, religious and cultural information about the countries from which young people are likely to be arriving from, including a full range of recipes and contact details of specialist food shops and community resources. A welcome DVD has been produced in Pashtu and Dari to help young people develop a realistic understanding of what to expect from living in foster care. The team works with a small number of experienced, well qualified interpreters who are used for all interviews, meetings and assessment visits.

Young people moving into semi-independent accommodation have a comprehensive assessment of their basic independent living skills over a four-week period. Extensive support packages can involve a number of team members, covering everything from basic cooking skills and household management, to personal safety. Weekly visits include a thorough accommodation check as well as an opportunity to engage with the young person about whatever their needs and priorities are at that time.

Warwickshire's Children's Asylum team is independent from the Home Office, therefore it has no influence over asylum claims, however the service helps with the process of claiming asylum by arranging solicitor's visits and attending appointments at the Home Office. The team take a multi-faceted approach to age assessments, involving the young persons' foster carers, teachers, health

workers observations as well as being Merton compliant²⁵. This method is adopted so that the assessment does not rely too heavily on a young person's appearance and is not rushed to be completed, meaning that the Home Office is normally prepared to accept the team's assessment without challenge.

All children looked after in Warwickshire, including unaccompanied asylum seeking children, belong to Warwickshire's Virtual School. Each area in Warwickshire has a Virtual School Area Lead who monitors the progress of their students and helps them to develop confidence and skills, such as learning English and achieving independence skills.

1.2.4 GYPSY AND TRAVELLER CHILDREN

The United Kingdom is home to between 120,000 and 300,000 people belonging to diverse travelling communities. Although each community is socially distinct, travelling communities can face the same problems of marginalisation and discrimination, often leading to wide-ranging inequalities including those relating to health and wellbeing.

The definition of individual Gypsy, Traveller and Roma communities and community members is complex because they are not one homogeneous group. Some of the groups are described by their legal ethnic status whilst others define themselves as a group without the legal implications of ethnicity.

The Joint Parliamentary Human Rights Committee has described the Gypsy, Roma and Traveller community as the hardest to reach. They suffer from poorer overall health than that of the population (even compared to other ethnic minority groups), high rates of infant mortality and low life expectancy. Poor school attendance, low educational attainment and high levels of illiteracy are also particularly acute problems for Gypsy and Traveller children.

Health inequalities associated with Gypsies and Travellers

There is a lack of reliable data on the health of Gypsies and Travellers in the UK with the majority of statistics available based on small scale, localised health studies²⁶. This means that the overall health status and health needs of this population are vastly overlooked.

Data from local studies points towards high infant mortality rates, increased miscarriage and stillborn rates and high levels of chronic conditions such as asthma and cardiac disease. These findings are

²⁵ There is no prescribed way in which local authorities are obliged to carry out age assessments; the courts have, however, provided some general guidance to local authorities in a case involving Merton Council (B v London Borough of Merton [2003] EWHC 1689 (Admin), in which judgement was handed down by Stanley Burnton, J in the High Court on 14 July 2003.

²⁶ Equality and Human Rights Commission. *Inequalities experienced by Gypsy and Traveller Communities: A review*. Manchester. 2009. (Research report 12)

consistent with more reliable, complete data sets from Ireland, where the 2010 national study of Traveller's health status showed that life expectancy for Irish Travellers was 15 years lower for men and 11.5 years lower for women than that of the general population.

The epidemiological study by Parry et al in 2004²⁷ aimed to provide the first reliable estimate of the health status of Gypsies and Travellers in England. Its findings showed that Gypsies and Travellers were significantly more likely to have a long-term illness or health problem than their matched non-Traveller counterparts.

“In response to the question ‘Are all your children still living?’ 17.6% of Gypsy and Traveller women had suffered the death of a child* compared with 0.9% of matched comparators.”

*under the age of 18 excluding miscarriages

The poor health status of Gypsies and Travellers can be associated with complex issues regarding their social norms and living conditions. Women tend to start a family from a younger age, often with multiple pregnancies over a short period of time²⁸.

There are widespread low levels of immunisation uptake amongst the Gypsy and Traveller communities, reflected by a number of measles outbreaks reported in the UK in recent years. Health needs assessments conducted in parts of England suggest that the percentage of Gypsy and Traveller children receiving the full immunisation programme is half that of the wider population.

Mental health issues such as depression and anxiety can be associated with the fear of eviction and hostility from the local community as well as the threat of living in social housing, something which is against many Gypsy and Traveller's cultural beliefs. Travellers surveyed in a study by Ginnetty mourned their loss of a nomadic way of life, one describing Travellers as “just like a bird in a cage”²⁹.

A pilot study by Van Cleemput & Parry in 2001³⁰ found statistically significantly higher rates of smoking among the Gypsy and Traveller population compared to their non-Gypsy Traveller comparators, especially among males.

Since the 2004 report by Parry et al, there has been a lack of up-to-date research and data on Gypsy and Traveller health. However, considering more recent health indicators show little to no improvement in general health outcomes for Gypsies and Travellers, it is unlikely that the health of this community has improved since publication of the Sheffield report.

²⁷ Parry et al (2004) *The Health Status of Gypsies and Travellers: Report of Department of Health Inequalities in Health Research Initiative*, University of Sheffield, p.33

²⁸ Parry et al (2004) *The Health Status of Gypsies and Travellers: Report of Department of Health Inequalities in Health Research Initiative*, University of Sheffield, p.7

²⁹ Ginnetty P. *The Health of Travellers: based on a research study with Travellers in Belfast*. 1993. Belfast, EH& SSB.

³⁰ Van Cleemput P, Parry G. Health status of Gypsy Travellers. *Journal of Public Health Medicine*. 2001;23:129-34.

Access to healthcare services

Many studies undertaken in recent years show that despite the fact that travelling communities have greater health needs, their use of primary healthcare services is relatively low. General practices often ask for a permanent address when registering new patients and the procedure can be complex and daunting, particularly for those with limited or basic reading and writing skills. For these reasons, Gypsies and Travellers often tend to rely on walk in centres and accident and emergency departments for acute conditions, which can lead to loss of follow up and inadequate aftercare.

Cultural factors have also been shown to play a big part in the failure of Gypsies and Travellers to access primary care. Studies by Greenfields in 2008 describe the impact of gendered behaviour, where women were reluctant to discuss their health issues or be medically examined by male medical staff. Anecdotal evidence describes how travellers are fearful of hostility from medical and healthcare staff; a belief passed on through travelling communities leading to a lack of trust and low expectation of the medical care received.

Living standards and accommodation

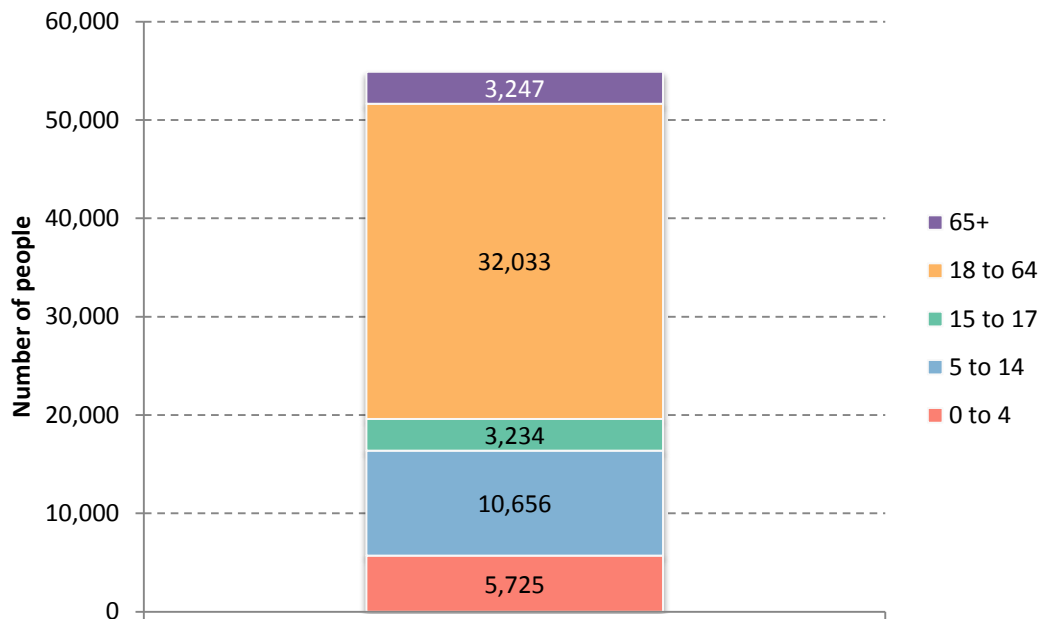
Not all Gypsies and Travellers are transient, with many living on permanent caravan sites or in Local Authority housing. However, despite the 1994 Criminal Justice and Public Order Act, which stated that County Councils had a duty to provide authorised sites for Gypsies and Travellers, central funding for the provision of sites ceased, and in turn, the number of local authority sites fell. This forced many travelling communities to park their caravans on unauthorised encampments or on the roadside, often with sub-standard living conditions where sanitation is often poor and rubbish is not collected. This can expose Gypsies and Travellers to a range of risks concomitant with ill-health such as water-borne diseases, vermin, road traffic accidents and fire hazards. Poor quality accommodation leads to high infection rates and exacerbates existing health conditions.

The number of Gypsies and Travellers in England

Gypsies and travellers were included as an ethnic minority for the first time in the 2011 Census. In total, 54,895 people identified themselves as Gypsies or Irish Travellers, equating to 0.1% of the total population. Gypsies and Travellers were the smallest ethnic group counted in the Census. However this figure is believed to be a significant undercount of the Gypsy and Traveller population for a number of reasons. Low attainment levels and poor literacy skills among the Gypsy and Traveller community is known to limit ability to complete forms, this, coupled with mistrust of official processes means it is likely that the majority of Gypsies and Travellers were disengaged from the process.

Just under half (45%) of Gypsy or Irish Traveller households had dependent children which is considerably higher than the England average of 29%. Just under 20,000 Gypsy and Traveller children (aged under 18) were identified in the survey, which represents 36% of the total Gypsy and Traveller population. Over half (10,656) of these children were aged 5 to 14 years old.

Figure 94: Age of the Gypsy and Irish Traveller Population, Census 2011



The Department for Communities and Local Government produces an official statistical release on local counts of Gypsy and Traveller caravans in England. These counts record the number of caravans on both authorised and unauthorised sites across England twice a year, in January and July, providing a snapshot of the number of caravans on the day of the count.

There were approximately 20,040 traveller caravans in England in July 2014, down by 4% (880 caravans) from 20,910 in July 2013. 84% of these caravans were on authorised sites, of which 39% were on socially-rented sites and the remainder were on privately financed sites.

The Housing Act 2004 placed a duty upon local authorities to produce assessments of accommodation need for Gypsies and Travellers.

The number of Gypsy and Traveller Children in Warwickshire

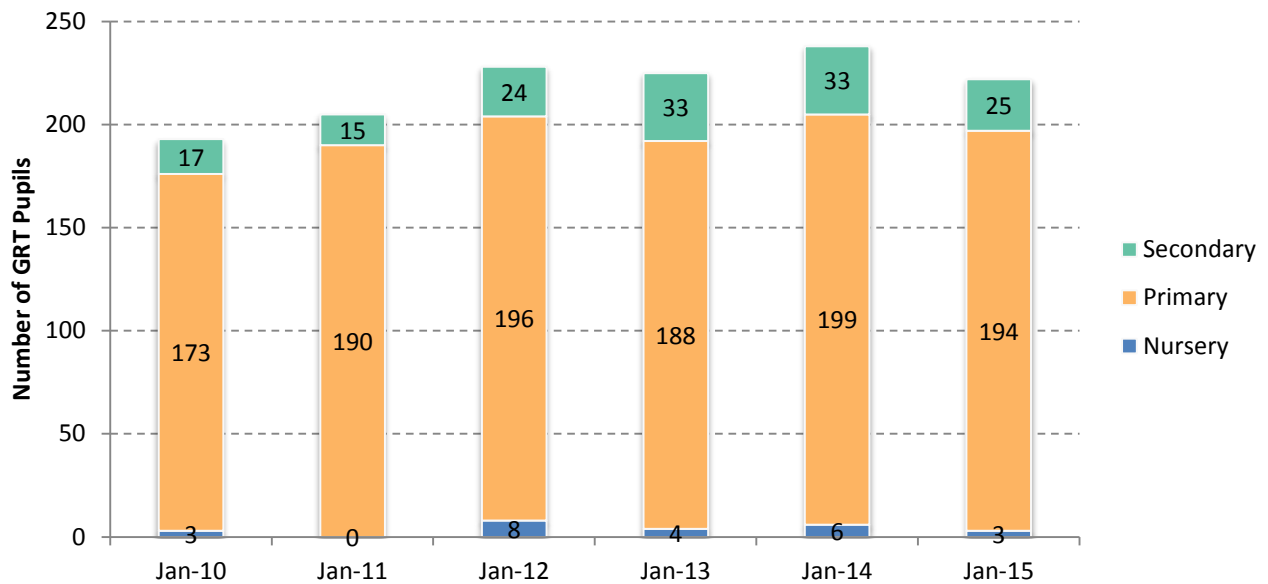
Data from the School Census

The school census is a statutory return which collects information on individual pupils (including ethnicity) from all maintained schools, academies and non-maintained special schools in England. Data is recorded on each school's School Information Management System (SIMS) using information from registration forms filled in by parents of pupils when registering their child at school. The following data is based on children who have been recorded as Gypsies or Irish Travellers. However, it is important to note that parents may choose not to disclose to a school that their child is a gypsy or traveller and use another ethnicity when completing the child's registration form.

In January 2015 there were 222 pupils with an ethnicity of 'Traveller of Irish Heritage' or 'Gypsy/Roma' recorded as 'on roll' in a Warwickshire maintained school or Academy (including sole and dual registered pupils). This number is lower than in January 2014 (238 pupils) although the number of

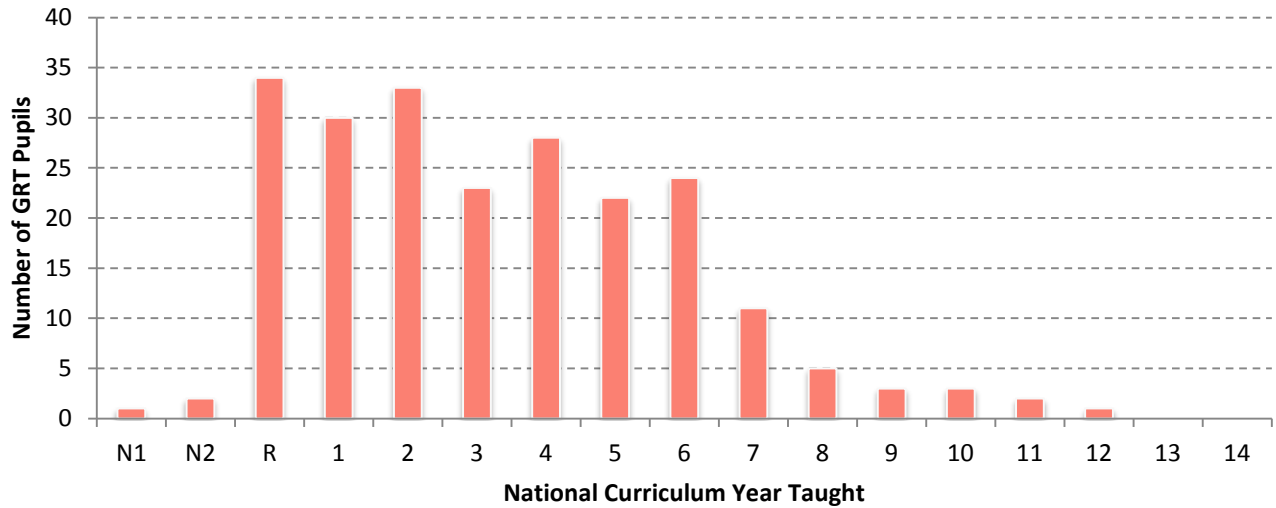
pupils on roll has not fluctuated significantly over the past 5 years (max in 2014: 238 pupils, min in 2010: 193 pupils). The majority of Gypsy and Traveller children attend school during the Primary phase of their education (Reception to Year 6), with very few attending nursery or continuing on to secondary school. Despite a promising increase in the number of Gypsy and Traveller children attending secondary school from 2011 (15 pupils) to 2014 (33 pupils), the number of Gypsy and Traveller pupils in the January 2015 census attending secondary school has reduced disproportionately to the overall reduction in total number of pupils to 25 pupils.

Figure 95: Gypsy and Traveller children on roll in Warwickshire schools by school phase, January 2010-2015 school census



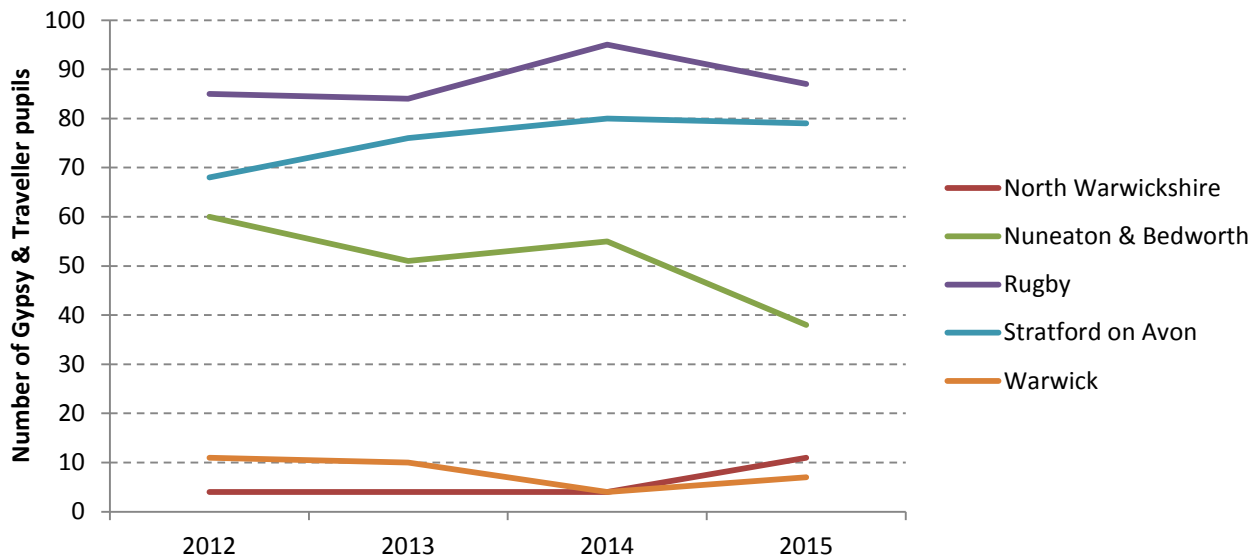
The graph below shows the number of Gypsy and Traveller children recorded in the January 2015 school census by national curriculum year taught. This shows that there is a good uptake of school during the primary years, but the number of pupils falls as school progresses. In Key Stage 4 (covering school years 10 and 11) incorporating when pupils take their GCSEs, only 5 Gypsy and Traveller children were on roll.

Figure 96: Gypsy and Traveller children on roll in Warwickshire schools by national curriculum year taught, January 2015 school census



The gender split of Gypsy and Traveller pupils in Warwickshire schools and Academies was equal in January 2015 and the split between males and females has remained fairly equal over the past 5 years.

Figure 97: Total Gypsy & Traveller pupils by district in which the school is located, Jan 2010-2015



Services and support for Gypsy & Traveller children in Warwickshire

Gypsy, Roma and Traveller support (GRT) was historically provided by the Traveller Education Service and sat within the Education Social Welfare Service. Support workers were deployed in primary and secondary schools countywide, they provided direct pupil support and family liaison. This provision was core funded.

In 2010 the Traveller Education Service transferred to the Intercultural Curriculum Support Service and continued to be core funded. In 2011 ICSS was dissolved and the Ethnic Minority and Traveller Achievement Service (EMTAS) was created.

In 2012 EMTAS core funding ceased and has since been negotiated through the school forum (DSG). GRT support for primary schools is currently funded through the DSG and work with secondary schools and academies are now a traded service. Due to this change in funding the post of Education Welfare Officer within the GRT service became redundant in April 2013. EMTAS now has four Specialist GRT Education Support Workers and sits within the Schools' Early Intervention Service (SEIS).

The GRT team deliver the following services within the DSG to LA maintained primary schools and as a traded service to academies and secondary schools.

- Home-school liaison
- Direct educational support for students
- Cultural awareness training for schools and partnership services
- Advice regarding distance learning materials
- Support for school transfer
- Transition projects
- Support for students accessing alternative provision
- Capacity building
- Multi-agency work

Through the DSG funding, the GRT education team have worked with 195 pupils from 29 LA primaries for a total of 1,754 hours during the last financial year (April 2014-2015).

7 academies and secondary schools have commissioned a total of 239 hours support from the GRT team between April 2014 and April 2015.

The team are also involved with various projects to support the education of Travellers, including:

- Multi-agency regional Early Years Intervention groups – developing outreach work on Traveller sites and Horse fairs as a step to engaging families with Children's Centres and Early Years provision
- GRT Steering Group – comprising of Warwickshire primary and secondary school Head Teachers with a focus on school to school support and secondary transfer of GRT pupils

Need for GRT pupils is identified through termly data collections to Warwickshire schools, meetings with head teachers and other key school staff and regular site visits by the team to local authority and private Traveller sites. Each member of the EMTAS team also has an overview of one of the four LA Traveller sites in Warwickshire and regularly visits families, support schools, and other agencies, meetings. This means that new GRT families are quickly engaged with education and other key services.

EMTAS have an SLA with the Education and Learning division of the LA in order to provide a response to GRT children who are not accessing their educational entitlement. This includes:

Children Missing Education (CME) – The Warwickshire CME officer has dealt with 60 cases concerning GRT children since September 2014. EMTAS has been directly involved with tracking processes for these children.

Elective Home Education (EHE) - There are currently 319 home educated children registered in Warwickshire and, of this number, 120 (37.6%) are GRT, comprising of: KS1 – 2, KS2 – 5, KS3 – 68, KS4 – 38, Not known – 7

Distribution: Central – 7, East – 25, South – 35, North – 53

EMTAS facilitate visits by the EHE consultants to many of these families who they would otherwise be unable to engage with.

The GRT team works closely with schools to appoint and train key members of staff to work with GRT pupils and their families. Having a designated member of school staff who families recognise as a first point of contact, has been shown to improve attendance and attainment of pupils.

The team deliver cultural awareness training for school staff and Governors and run GRT workshops with pupils. By understanding the home life of their GRT pupils, school staffs are better prepared to deal with common issues. For example: parents' concerns about; transfer to secondary school; accessing Early Years' provision; sex education; racial discrimination. Workshops involving both GRT pupils and those from the settled community help to support community cohesion.

Targeted one-to-one/group or in class support work with pupils across all Key Stages is provided by the GRT service and has been shown to accelerate learning, help re-integrate pupils and benefit schools with new students.

Advice for schools on good practice when supporting their GRT pupils with distance learning materials ensures quality of provision. Contact between school and their pupils travelling enables pupils to settle more easily on their return to school.

A member of staff works closely with pupils in Years 5 and 6: speaking to parents and children about their concerns; arranging taster sessions at local secondary schools: supporting peer to peer mentoring between primary and secondary school pupils; working one to one, in groups or in whole class settings in Key Stage 2.

Partnership working with other agencies to engage parents from the Traveller community with Early Years provision has increased take up of nursery places in project areas. This benefits schools as more GRT reception pupils are arriving with early years' experience.

1.2.5 YOUNG CARERS

A young carer is a child or young person under the age of 18 who provides regular and ongoing care and emotional support to a family member, friend or neighbour who is physically or mentally ill, disabled or misuses substances. Young carers provide care that is relied upon in maintaining the health, safety or day to day wellbeing of the person receiving support or care and do not include children and young people who provide occasional or daily help that may occur in most families. Young carers may routinely be involved in domestic chores, giving medication, assisting with mobility, personal care and emotional support. In some families, in addition to undertaking one or more of these tasks, young carers will also provide child care for younger siblings.

Research³¹ has shown that caring has a significant long-term impact on a child's life. The effects include problems at school, health problems, emotional difficulties, isolation, lack of time for leisure, feeling different, pressure from keeping family problems secret, difficulties with transition to adulthood, feeling they are not being listened to and lack of recognition.

National Perspective

Census 2011 data shows that there are 166,363 young carers in England, an increase of 25,000 since the 2001 census. The number of young carers aged 5-7 years old has increased by 80% in the last decade to 9,371. The number of young carers under 10 years of age in England now totals 20,700. However, this number is likely to be an underestimate of the true number of children and young carers given that the census questionnaire was completed by parents, rather than children, and made no mention of conditions such as mental health or substance/alcohol misuse.

A range of research^{24,32} highlights some of the risks of under-estimating the number of young carers, attributing the difficulties of identification to a range of family related causes. This is summarised in the Government report *Recognised, Valued and Supported*³³:

³¹ The Children's Society. *Hidden from View: The experiences of young carers in England*. 2013.

³² Clarkson, Frank, Lucantoni, Fox (2008) Emotional Support for Young Carers: Briefing Paper for Royal College of Psychiatrists

³³ *Recognised, Valued and Supported: next steps for the carers strategy*:
<https://www.gov.uk/government/publications/recognised-valued-and-supported-next-steps-for-the-carers-strategy>

“Many young carers remain ‘hidden’ from health, social care and education services – partly as a result of those services needing to do more to identify them but also because of family fears that they will be taken into care or because the young people themselves are concerned about the reactions of others and bullying by their peers.”

According to Census 2011 data, nearly 15,000 children up to the age of 17 years provide more than 50 hours care a week. 1 in 20 young carers miss school to care for a parent or sibling.

Young carers are one and a half times more likely than their peers to be from black, Asian or minority ethnic communities, and are twice as likely to not speak English as their first language. They are equally likely to be a boy or girl.

- **51% of young carers look after a brother/sister**
- **28% of young carers look after a parent**
- **12% of young carers look after a grandparent**
- **7% of young carers look after another child**
- **2% of young carers look after another adult**

Source: 2011 Census

More than 2,000 young carers from the Census 2011 data were reported to have ‘bad’ or ‘very bad’ health. Research conducted by The Children’s Society’s reveals that young carers are one and a half times more likely to have a long-standing illness or disability or special educational need than their peers. Census 2011 data shows that the difference between the health status of those providing unpaid care and those who do not is most pronounced among those aged 0-24 years. Carers in this age category are twice as likely to report that their health is ‘not good’ compared with their peers who provide no care. This difference increases with young carers who care for 50 hours or more per week; they are five times more likely to report their health as ‘not good’ compared to those of the same age providing no care. This implies that high levels of unpaid care have a greater adverse effect on the health of young people.

Research carried out into young carers of school age found that the impact was significant in all age groups, with 28% of 5-15 year age group experiencing educational difficulties or missing school. Young carers have significantly lower educational attainment at GCSE level, the equivalent to nine grades lower overall than their peers.

Research by the Audit Commission in 2010³⁴ found that young carers between the ages of 16 and 18 years had a much greater chance of being not in education, employment and training (NEET). Of these, 75% had been NEET at least once (compared with 25% of all young people) and 42% had been NEET for six months or more (compared with 10% of all young people).

In their report, 'Hidden From View', The Children's Society used data from the Longitudinal Survey of Young People in England (LSYPE) to look at household economic factors, parental characteristics, family structure, and young carers' contact with different agencies, to understand the circumstances affecting the daily lives of young carers. Figure 98 shows the factors that have a significant and strong association with being a young carer, in comparison with their peers.

Figure 98: Significant and strong associations of factors affecting young carers

Factor	Relationship
Family income	The median family income for families including a young carer was £5000 less than families without a young carer
Adults in the household in work	Young carers are over four times more likely to live in a household where no adults are in work
Maternal education levels	Young carers are 1.6 times more likely to have a mother who has no educational qualifications
Adults with a limiting disability	Young carers are over twice as likely to live in households where at least one adult has a limiting disability
Number of children in the family	Young carers are 1.6 times as likely to live in households where there are three or more other children living

From 1st April 2015 the Young Carers (Needs Assessments) Regulations 2015³⁵ gives young carers the right to an assessment of their needs for support, in accordance with Children and Families Act 2014. The new legislation affects all services working with an adult or a child who is cared for by a young carer. The local authority must carry out such an assessment if the local authority considers that a young carer may have support needs or, a young carer, or the parent of a young carer, requests one. Such an assessment must consider whether it is appropriate or excessive for the young carer to provide care for the person in question, in light of the young carer's needs and wishes. The Young Carers (Needs Assessment) Regulations 2015 require local authorities to look at the needs of the whole family when carrying out a young carers' needs assessment. Young carer's assessments can

³⁴ Audit Commission. *Against the odds: Targeted briefing – Young carers*. 2010. London: Audit Commission

³⁵ http://www.legislation.gov.uk/ukxi/2015/527/pdfs/ukxi_20150527_en.pdf

be combined with assessments of adults in the household, with the agreement of the young carer and adults concerned.

The changes for local authorities in identifying and supporting young carers informed by the Children and Families Act 2014 were put into practice on 1st April 2015. As awareness increases more agencies may identify young carers and more families may recognise when a child or young person is a young carer or young adult carer. This should result in an increase the numbers of carers identified. Current services will need to adjust eligibility criteria in order to comply with the new legislation.

The Care Act 2014 reinforces adult carers' right to an assessment; this includes the same rights for young adult carers aged 18 – 24 years old. It also clarifies the local authority's responsibility for carers who are under 18 years old during transition to adulthood. The Care Act 2014 stipulates that support should be provided by Adult Social Care to ensure no young carer is relied upon to provide an inappropriate level of care to an adult.

Number of Young Carers in Warwickshire

The 2011 Census shows 1,124 children aged 0-15 years and 2,562 young people aged 16 to 24 years are providing unpaid care in Warwickshire, approximately 2.3% of all children and young people in the county. This rate is broadly in line with the national average of 2.6%. However, this number is likely to be an underestimate of the true number of children and young carers.

Research conducted by the University of Nottingham and the BBC in 2010 showed that one in 12 children interviewed for their study (of over 4,000 school children) had caring responsibilities. If the same methodology is applied to Warwickshire's population, it would suggest that there are approximately 4,880 young carers in the county, an increase of over a third compared to the number identified by the 2011 Census.

Local data gathered from 2011 Census and from the young carers project suggests that there are a significant number of young carers (approximately 71%) who are currently either unknown to statutory and voluntary sector agencies or deciding not to access services. A range of research^{36, 37} highlights some of the risks of under-estimating the number of young carers, attributing the difficulties of identification to a range of family related causes. This is summarised in the Government report Recognised, Valued and Supported³⁸:

Many young carers remain 'hidden' from health, social care and education services – partly as a result of those services needing to do more to identify them but also because of family fears that they will be taken into care or because the young people themselves are concerned about the reactions of others and bullying by their peers.

³⁶ The Children's Society (2013) Hidden from View: The Experience of Young Carers in England

³⁷ Clarkson, Frank, Lucantoni, Fox (2008) Emotional Support for Young Carers: Briefing Paper for Royal College of Psychiatrists

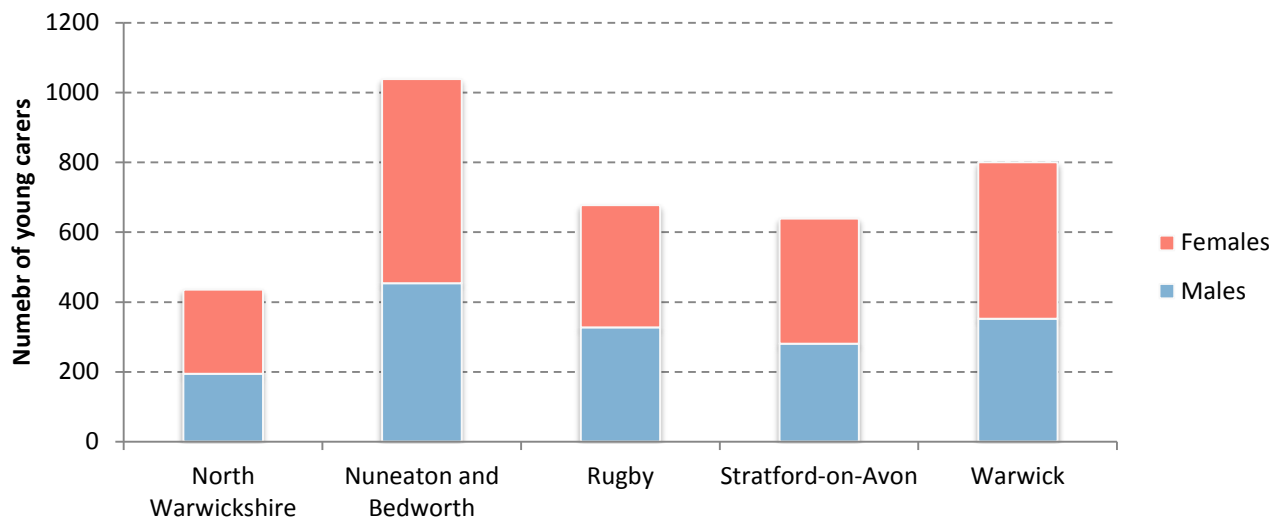
³⁸ Recognised, Valued and Supported: next steps for the carers strategy: <https://www.gov.uk/government/publications/recognised-valued-and-supported-next-steps-for-the-carers-strategy>

The number of young carers aged from 8 to 17 years of age known to the Warwickshire Young Carers Project at the end of 2014/15 financial year was 1,002, up from 801 the previous year. 6% of these young carers in Warwickshire were from BME groups. A slightly higher number of young carers were identified in the north of the county (North Warwickshire and Nuneaton and Bedworth Boroughs) compared to the south (Stratford-on-Avon and Warwick Districts); 401 in the north compared with 380 in the south). A further 202 young carers were identified in Rugby Borough. Warwickshire Young Carers Project also referred a further 330 young adult carers aged 18 to 23 years to adult carer services in Warwickshire.

2011 Census Data

Of the 3,589 children and young people aged 0 to 24 years recorded by the Census 2011 as providing unpaid care in Warwickshire, just under half (44.8%) are males with the remaining 55.2% females. Nuneaton and Bedworth Borough has the highest number of young carers (1,038) and North Warwickshire Borough the fewest (435).

Figure 99: 0-24 year olds providing unpaid care by district/borough and sex, Census 2011



Age breakdowns within the 0-15 year and 16-24 year age categories providing unpaid care are not available at local level. However, if the national age specific rates for providing unpaid care are applied in Warwickshire the following estimates of levels of unpaid care among young carers aged 5-17 years might be expected (no carers under the age of 5 were identified nationally).

Figure 100: Estimated number of unpaid carers by age in Warwickshire

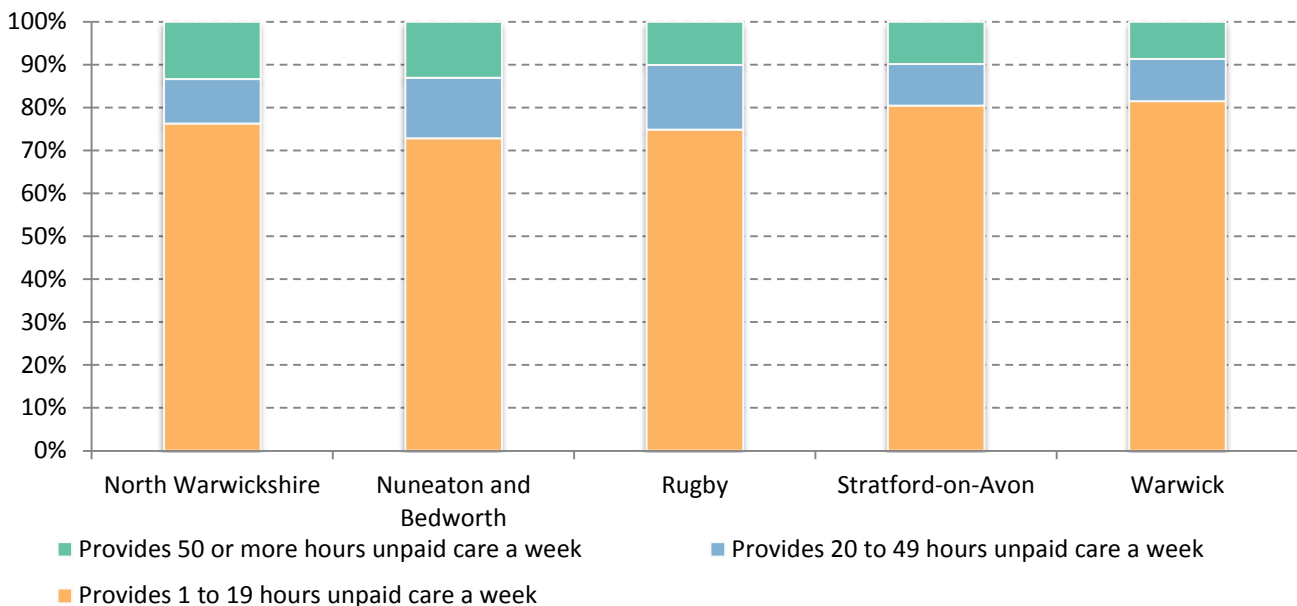
Age Group	Number of unpaid carers
Total 0-15 years	1,124
Total 16-24 years	2,562
Estimated 5-17 years	1,482

2011 Census data shows that 82% of children aged 0-15 years and 75% of young people aged 16-24 years who provide unpaid care in Warwickshire, provide between 1 to 19 hours of care per week. 398 children and young people (11.0%) were recorded as providing 50 or more hours of care per week, of whom 108 were aged under 16 years. North Warwickshire Borough, despite having the fewest young carers in the county, has the highest proportion of young carers providing 50 or more hours of unpaid care per week. This is a significant commitment to make at a time when these young carers might otherwise be doing their homework, studying for exams, moving into employment, further education and training, achieving greater independence, developing their own relationships and starting their own families.

Figure 101: Provision of unpaid care in Warwickshire by persons aged 0 – 24 years

Carers	North Warwickshire	Nuneaton & Bedworth	Rugby	Stratford on Avon	Warwick
1 to 19 hours unpaid care a week	332	756	507	514	652
20 to 49 hours unpaid care a week	45	147	102	62	79
50 or more hours unpaid care a week	58	135	68	63	69
Provides unpaid care: Total	435	1,038	677	639	800

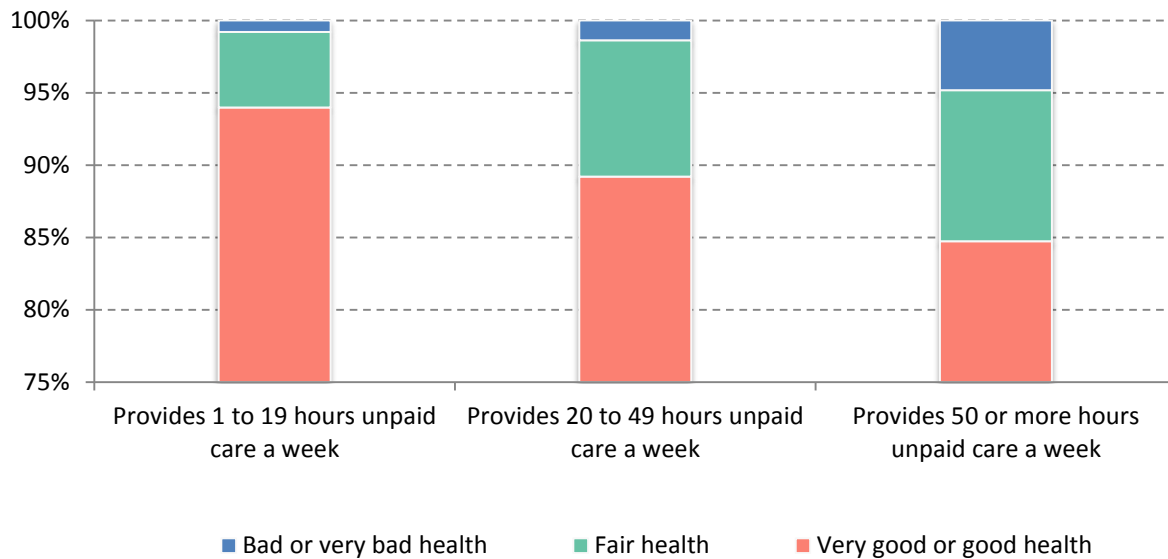
Figure 102: 0-24 year olds providing unpaid care by district/borough and hours of unpaid care



The difference between the health status of those providing unpaid care and those who do not is most pronounced among young carers aged 0-24 years. Nationally, young carers are twice as likely to report that their health is 'not good' compared with their peers who provide no care. This difference increases with young carers who care for 50 hours or more per week; they are five times more likely to report their health as 'not good' compared to those of the same age providing no care. This implies that high levels of unpaid care have a greater adverse effect on the health of young people.

In Warwickshire, 4.8% of young carers and young adult carers who provide more than 50 hours care a week reported that their health is 'bad or very bad' compared with only 0.6% of their peers who provide no care. The effect of caring on the health status of those who provide less than 50 hours of unpaid care per week is less pronounced, but the proportion of these young and young adult carers reporting their health is 'bad or very bad' is still higher, at 0.9%, than their peers who provide no care.

Figure 103: General health of 0-24 year olds providing unpaid care by hours of unpaid care provided



Children’s Social Care Data

From 1 April 2013 as part of the initial assessment process, social care workers were asked to record risk factors as understood at the end of the initial assessment relevant to:

- Impairment of the child’s health and development (“Child”).
- The parent/carer’s capacity to respond to the child’s needs (“Parenting capacity”).

One of these risk factors is ‘Young Carer: Concerns that services may be required or the child’s health or development may be impaired due to their caring responsibilities’.

During the 2013/14 financial year a total of 50 initial assessments were completed where a risk factor of ‘Young Carer’ was recorded.

Help and support available for young carers in Warwickshire

The Warwickshire Young Carers’ Project is commissioned by Warwickshire County Council to provide free and confidential support to young carers and young adult carers aged 8 years up to 25 years. The project provides young carers with an opportunity to relax and have a break from their caring roles, to make new friends, support their educational needs and access help from other agencies and service providers as well as a range of other emotional support and practical advice. The project also works

with the young carers' family, conducting home visits and providing advocacy on available services that the whole family may benefit from.

Young carers can contact the service directly or can be referred by their parents or someone who knows them, such as a school teacher, social worker or health professional. The project employs a designated project worker for each of the Warwickshire districts/boroughs.

All young carers under the age of 18 have a right to an assessment regardless of who they care for, what type of care they provide or how often they provide it, in accordance with the Children and Families Act 2014. When this assessment is undertaken it is imperative that the child's emotional needs are taken into consideration as well as their care-giving responsibilities, especially if the physical or mental condition of the person being cared for results in a lack of, or neglectful, parenting. From 1st October 2015, the statutory responsibility to carry out formal young carers assessments was passed from Warwickshire County Council to Warwickshire Young Carers Project. Although no new assessments have been formerly completed under the new legislation yet, for each young carer that is newly identified (new referrals), Warwickshire Young Carers Project meets with the young carer and completes an assessment of their caring situation. This examines their responsibilities as well as how they feel about their situation and looks to identify any possible additional needs. The number of young carers identified by area and financial year are as follows:

Area	2013/14	2014/15
North (Nuneaton and Bedworth & North Warwickshire Boroughs)	78	73
Rugby	38	42
South (Stratford-on-Avon & Warwick Districts)	66	78
Out of County	1	8
Total	183	201

In 2013, Warwickshire Young Carers Project successfully applied for three year funding from the Big Lottery Fund which enabled them to extend their work to young adult carers from the age of 16 up to 25. The project, called 'Caring to Succeed' offers young adult carers a range of support, including peer mentoring, access to training opportunities, personal development activities such as learning to drive and training with Warwickshire Fire and Rescue Service.

The Warwickshire Young Carers' Project recognises that young carers can often underachieve in the education system and the organisation therefore works closely with a number of schools and educational professionals to help raise awareness of the needs of young carers and to support individual needs to help reduce the impact of caring responsibilities on their education.

Project staff support schools to help raise the awareness of the needs of young carers through information sessions and assemblies as well as staff meetings and CAF meetings. The project runs the Warwickshire Young Carers Schools Awards, which aims to encourage and support schools to work towards provision of a high standard of support for young carers attending their school. The

award programme has been developed in line with the objectives detailed in the Warwickshire Joint Carers' Strategy 2012-2015. There are three levels for this award; Bronze, Silver and Gold, with standards that must be met in order for a school to achieve that level. 11 out of 36 secondary schools in Warwickshire have achieved these standards (at the end of 2014); 7 at Bronze level, 3 at Silver level and 1 at Gold level. Details on the standards required for the three levels can be found in the Appendix. By completing this award it is hoped that schools will be better equipped to support students with caring responsibilities to reach their potential.

Figure 104: Schools in Warwickshire which have completed the Warwickshire Young Carers Schools Award

Schools that have reached **GOLD level:**

Kineton High School – Stratford-on-Avon District Council

Schools that have reached **SILVER level:**

Bilton Junior School – Rugby Borough Council

Camp Hill Primary School - Nuneaton & Bedworth Borough Council

George Eliot School – Nuneaton & Bedworth Borough Council

Myton School – Warwick District Council

Nicholas Chamberlain Technology College – Nuneaton & Bedworth Borough Council

Schools that have reached **BRONZE level:**

Ash Green School – Nuneaton & Bedworth Borough Council

Bilton School – Rugby Borough Council

Etone Community School and Technology College – Nuneaton & Bedworth Borough Council

Hartshill School – Nuneaton & Bedworth Borough Council

Michael Drayton Junior School - Nuneaton & Bedworth Borough Council

Milverton Primary School - Warwick District Council

North Leamington Community School and Arts College – Warwick District Council

Queen Elizabeth School and Sports College – North Warwickshire Borough Council

Shipston High School - Stratford-on-Avon District Council

St Michael's C of E Primary School - Nuneaton & Bedworth Borough Council

Welford on Avon Primary School - Stratford-on-Avon District Council

1.2.6 VULNERABLE FAMILIES

Children may be vulnerable or be in need of additional help in families where adults have mental health problems, misuse substances or alcohol, are in a violent relationship, have complex needs or have learning difficulties.

It is the responsibility of people working with adults accessing adult services to routinely and regularly assess whether those adults have parental responsibility and to consider whether those children may

be in need or are safe from harm. Warwickshire needs clear referral pathways for these children so that they do not fall through the 'gap' between Early Help and Social care.

Research by Brandon et al in 2010 showed that nearly three-quarters of children who were subject to serious case reviews lived in families where there was past or current domestic violence, and/or parental mental ill health and/or substance misuse, often in combination.

Parents with a mental health problem

The majority of parents who experience mental health difficulties do not neglect or harm their children, however, parents with mental health problems may need support and recognition of their responsibilities as parents in order that their children's needs are met and that they are kept safe.

The Crossing Bridges Family Model³⁹ illustrates how the mental health and wellbeing of children and adults in a family where a parent is mentally ill are intimately linked:

- Parental mental health problems can adversely affect the development, and in some cases the safety, of children.
- Growing up with a mentally ill parent can have a negative impact on a person's adjustment in adulthood, including their transition to parenthood.
- Children, particularly those with emotional, behavioural or chronic physical difficulties, can precipitate or exacerbate mental ill health in their parents/carers.

An estimated one-third of children whose parents have mental health problems will themselves develop significant psychological problems or disorders⁴⁰. A further third will develop less severe emotional and behavioural difficulties.

One of the main risks to children whose parents have mental health problems is the failure of adult psychiatric services and child agencies to understand and communicate effectively. Mental illness is a familial experience. A single family member may exhibit symptoms, receive a diagnosis, and undergo treatment, but because of the interdependence that exists within a family system, each and every family member is affected in some specific way. Among the most vulnerable and most affected by a family member with a mental illness are the children who live with that family member.

Mental illness is a feature in 63% of cases involving serious child injury/deaths.

Prevalence of parents with a mental health problem

There is no reliable prevalence data on the number of parents with a mental health problem locally or nationally. However, on the evidence of the high-quality, large, national surveys of psychiatric

³⁹ Falkov A (1998) Using the Family Model to provide an integrated approach to supporting mentally ill parents and their children. Available at: <http://www.rcpsych.ac.uk/pdf/Falkov%20Adrian%20abstract%200913%20CALC.pdf>

⁴⁰ SCIE 2009. Research reviews on prevalence, detection and interventions in parental mental health and child welfare: summary report. Available at: <http://www.scie.org.uk/publications/guides/guide30/files/YorkReviewSummary.pdf?res=true>

conditions, it is probable that, in a population of non-elderly adults, at any given time, around 9 to 10 per cent of women and 5 to 6 per cent of men in Great Britain will be parents with mental health problems. Within this, the large majority will have neurotic disorders of some sort (depression, anxiety or mixed anxiety and depression) and a very small proportion (0.5 per cent or fewer) any kind of psychotic disorder. Given the episodic nature of mental health problems, however, it is likely that a higher proportion of people will, in their lifetime, experience being a parent whilst also having a mental health problem.

Approximately 16% of the population aged 18-64 years in Warwickshire are estimated to have a common mental disorder (53,066 people out of a total 18-64 year old population of 328,893). More females are estimated to have a common mental disorder than males (20% of all females aged 18-64 years compared with 12.5% of males). The table below shows the estimated number of males and females aged 18-64 years in Warwickshire who have a mental disorder by type of disorder and as a proportion of the total number of males and females aged 18-64 years in the county.

Figure 105: Estimated prevalence of mental disorders in males and females aged 18-64 years in Warwickshire

	Total	Males	Females	Male Prevalence	Female Prevalence
People aged 18-64 predicted to have a common mental disorder	53,066	20,600	32,466	12.5%	19.8%
People aged 18-64 predicted to have a borderline personality disorder	1,483	494	989	0.3%	0.6%
People aged 18-64 predicted to have an antisocial personality disorder	1,154	989	165	0.6%	0.1%
People aged 18-64 predicted to have psychotic disorder	1,318	494	824	0.3%	0.5%
People aged 18-64 predicted to have two or more psychiatric disorders	23,731	11,317	12,360	6.9%	7.5%

In order to calculate the estimated prevalence of mental health problems among parents in Warwickshire, data on the estimated prevalence of mental health problems in all males and females in Warwickshire from PANSI⁴¹ was applied to Census 2011 data on household composition. All households with dependent children were included, including lone parents, and the difference in the breakdown of lone parent households in terms of gender was accounted for (nearly 90% of all lone parent families in Warwickshire are female lone parents). In Warwickshire, just over 50,500 males were estimated to be parents, of whom just under 2,000 of these male parents were estimated to be lone parents. Just under 63,000 females in Warwickshire were estimated to be parents, of whom just over 14,000 of these female parents were estimated to be lone parents.

⁴¹ Projecting Adult Needs and Service Information System (PANSI)

The number of parents in Warwickshire estimated to have a common mental disorder in 2014 was just under 19,000 of whom just over 12,000 were females and just over 6,000 were males. Approximately 25% of female parents estimated to have a common mental disorder were lone parents (just under 3,000) compared with only 4% of male parents. The number of parents in Warwickshire estimated to have a borderline personality disorder, antisocial personality disorder or psychotic disorder in 2014 was just under 1,500, of whom 55% were females and 45% were males

Figure 106: Estimated number of parents in Warwickshire with a mental disorder by gender

	Males	Females	Total
Parents predicted to have a common mental disorder	6,330	12,395	18,725
Parents predicted to have a borderline personality disorder	152	378	529
Parents predicted to have an antisocial personality disorder	304	63	367
Parents predicted to have psychotic disorder	152	315	466
Parents predicted to have two or more psychiatric disorders	3,478	4,719	8,196

Parents with a Learning Disability

Research has shown that the number of people with a learning disability who are having children is increasing⁴².

People with learning disabilities have an increasing life expectancy and growing numbers of children and young people with more complex disabilities are now surviving into adulthood. Adults with learning disabilities are being encouraged and supported to live in their local community with some level of independence, in accordance with their legal human right to an ordinary life. This has meant that it is increasingly likely for adults with a learning disability to develop relationships and start a family⁴³.

The precise number of parents with a learning disability is unknown, but the most referenced and seemingly robust estimate comes from the National Survey of adults with learning disabilities in England in 2003/04, who found that one in fifteen people over the age of 16 years who were interviewed for the survey had a child⁴⁴.

Many parents with learning disabilities (reports suggest 30-40%) lose their parenting rights despite IQ not being a predictor of parenting performance⁴⁵. However research suggests that mothers with

⁴² Booth et al (2005) *Care proceedings and parents with learning difficulties*, Child and Family Social Work, 10,4,353-360

⁴³ Department of Health (2009) *Valuing People Now: a new three-year strategy for people with learning disabilities*. London: DH

⁴⁴ Emerson E, Malam S, Davies I and Spencer K (2005). *Adults with learning difficulties in England 2003/4*

⁴⁵ Mencap (2003) *Inclusive support for parents living with a learning disability*

learning disabilities are far more able to develop parenting skills when their circumstances and individual needs are taken into consideration when tailoring support and antenatal/postnatal care packages⁴⁶.

The Government white paper 'Valuing People Now: A new three year strategy for people with learning disabilities' which was published in 2009, states that:

“Parents with a learning disability do not get sufficient access to support, putting families at risk of enforced separation.”

Many health professionals receive insufficient training on learning disabilities, but when they receive good training it has been shown to equip them with the values, knowledge, skills and expertise which are needed to adequately support parents with learning disabilities.

Parents with Learning Disabilities in Warwickshire

There is no reliable prevalence data on the number of parents with a learning disability problem locally or nationally. The National Survey of adults with learning disabilities in England in 2003/04 found that approximately 7% of adults over the age of 16 who were interviewed for the survey had a child, however, this figure is likely to be an underestimate, especially as the study is over 10 years old.

The number of people over the age of 16 who were interviewed for the survey were converted to percentages to show the proportion of men and women in each age group in the study cohort (see figure 107). Learning Disability prevalence estimates for Warwickshire were then calculated using the same age groupings (see figure 108). The percentage of males compared with females in the study cohort were similar to the Warwickshire prevalence estimates (Males: 59.4% vs 58.7%, Females: 40.6% vs 41.3%). However the study cohort contained a far greater proportion of young adults than older people with approximately 57% of those interviewed under the age of 35 compared with 32% calculated from Warwickshire prevalence estimates.

Figure 107: Number of men and women by age with LD interviewed for National Survey

Age group	Males	% Males	Females	% Females	Total
16-24	576	21.8	352	13.3	928
25-34	331	12.5	241	9.1	572
35-44	317	12.0	179	6.8	496
45-54	170	6.4	147	5.6	317
55-64	114	4.3	108	4.1	222
65+	63	2.4	46	1.7	109
Total	1,571	59.4	1,073	40.6	2,644

⁴⁶ Department of Health (2007) Good practice guidance on working with parents with a learning disability. London: DH

Figure 108: Estimated number of men and women by age with LD in Warwickshire National Survey

Age group	Males	% Males	Females	% Females	Total
16-24	930	9.5	586	6.0	1,516
25-34	949	9.7	669	6.8	1,618
35-44	1,040	10.6	712	7.2	1,752
45-54	1,054	10.7	732	7.5	1,786
55-64	804	8.2	568	5.8	1,372
65+	995	10.1	791	8.1	1,786
Total	5,772	58.7	4058	41.3	9830

If the prevalence estimate calculated in the National Survey of adults (over 16 years) with learning disabilities who had a child was applied to Warwickshire prevalence estimates looking at the same age range, this would equate to approximately 688 out of 9,830 people with a learning disability over the age of 16 in Warwickshire who have a child. However, this estimate is most likely very conservative, especially when taking into consideration that the study is now over 10 years old and the average age of the cohort was much lower than the estimated population of people living in Warwickshire with a learning disability.

Parents who Misuse Substances/Alcohol

Problem drug use in the UK is characterised by the use of multiple drugs, often by injection, and is strongly associated with socio-economic deprivation and other factors that may affect parenting capacity. It is typically chaotic and unpredictable. Serious health and social consequences are common. Parental problem drug use can and often does compromise children's health and development at every stage from conception onwards.

Problematic drug or alcohol use will affect the individual user, with consequences of a physical, psychological, social/interpersonal, financial and/or legal nature. Whilst recognising that such problems are a source of stress for children and families, the Department of Health states that⁴⁷:

"It is important not to generalise or make assumptions about the impact on a child of parental drug and alcohol misuse. It is, however, important that the implications for the child are properly assessed"

The impact of excessive alcohol consumption on parents' capacity to look after their children will depend on their current mental state and personality, their experience and tolerance of alcohol and the

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amount of alcohol consumed. For example, parenting may be affected because excessive drinking can affect concentration, induce sleep or coma, or reduce psychomotor co-ordination. In addition inhibitions may be lost, which can result in diminished self-control and violence. However, a range of protective factors will also affect any potential impact, such as the presence of another parent or caring adult who can respond to the child's needs and regular attendance at school.

Alcohol and substance misuse can often be hidden by parents, by family members and by children themselves. This can have serious consequences for children, including poor educational attainment, emotional difficulties, neglect, abuse and taking on inappropriate caring responsibilities.

Hidden Harm, a report published in 2003 by the Advisory Council on the Misuse of Drugs estimated that there were between 250,000 and 350,000 children in England and Wales who have a parent with a problematic drug problem, equating to 2-3% of children under 16 years. Only 37% of fathers and 64% of mothers were still living with their children. The more serious the drug problem, the less likely it was for the parent still to be living with the child. Most children not living with their natural parents were living with other relatives: about 5% of all children were in care.

The effects of exposure to alcohol at any point during pregnancy creates a risk of lifelong damage to the brain and nervous system of the unborn child, resulting in impairment of the brain's ability to plan, learn from experiences and control impulses. Foetal Alcohol Spectrum Disorders⁴⁸ are complex, multi-factional disorders in which exposure to heavy alcohol consumption in utero interacts with other environmental factors and genetic predisposition, causing serious social and behavioural problems. FASD is the leading known cause of learning disabilities.

All children have a right of access to the universal services of health care and education. There are also specific services for families, children and problem drug users that have the potential to benefit the children of problem drug users. Drug Action Teams or the equivalent bodies have the responsibility for coordinating the local response to drug use. Relatively few have as yet focused their attention on the children of problem drug users. If the complexities of the needs of children of problem drug users are to be addressed, agencies must work in partnership across organisational and professional boundaries. Services working with problem drug users should: see the well-being of the child as being of paramount importance; be accessible, welcoming and non-stigmatising to problem drug users who have children; and be able to share information with other agencies and professionals on a 'need to know' basis when it is in the interests of the child to do so.

⁴⁸ Foetal Alcohol Spectrum Disorder (FASD) is an umbrella term that covers Foetal Alcohol Syndrome (FAS), Alcohol-Related Neurodevelopmental Disorder (ARND), Alcohol-Related Birth Defects (ARBD), Foetal Alcohol Effects (FAE) and partial Foetal Alcohol Syndrome (pFAS)

Prevalence of parents who misuse substances/alcohol

There is no reliable prevalence data on the number of parents with a mental health problem locally or nationally.

According to prevalence data published on PANSI, approximately 6% of the population aged 18-64 years in Warwickshire are estimated to have alcohol dependence (19,776 people out of a total 18-64 year old population of 328,893) and 3.4% of the population aged 18-64 years in Warwickshire are estimated to be dependent on drugs (11,206 people out of a total population aged 18-64 years of 328,893). Males are more likely to have alcohol dependence and to be dependent on drugs than females (8.7% of males aged 18-64 years are estimated to have alcohol dependence and 4.5% are estimated to be dependent on drugs compared with 3.3% of females aged 18-64 years who are estimated to have alcohol dependence and 2.3% of females who are estimated to be dependent on drugs).

The table below shows the estimated number of males and females aged 18-64 years in Warwickshire who have alcohol dependence and are dependent on drugs as a proportion of the total number of males and females aged 18-64 years in the county.

Figure 109: Estimated prevalence of alcohol and drug dependence in males and females aged 18-64 years in Warwickshire

	Total	Males	Females	Male Prevalence	Female Prevalence
Total population aged 18-64 predicted to have alcohol dependence	19,776	14,338	5,438	8.7%	3.3%
Total population aged 18-64 predicted to be dependent on drugs	11,206	7,416	3,790	4.5%	2.3%

In order to calculate the estimated prevalence of alcohol and drug dependence among parents in Warwickshire, data on the estimated prevalence of alcohol and drug dependence in all males and females in Warwickshire from PANSI was applied to Census 2011 data on household composition. All households with dependent children were included, including lone parents, and the difference in the breakdown of lone parent households in terms of gender was accounted for (nearly 90% of all lone parent families in Warwickshire are female lone parents). In Warwickshire, just over 50,500 males were estimated to be parents, of whom just under 2,000 of these male parents were estimated to be lone parents. Just under 63,000 females in Warwickshire were estimated to be parents, of whom just over 14,000 of these female parents were estimated to be lone parents.

The number of parents in Warwickshire estimated to have alcohol dependence in 2014 was just under 6,500 of whom just over 2,000 were females and just under 4,500 were males. The number of parents in Warwickshire estimated to be dependent on drugs in 2014 was just under 4,000, of whom 40% were females and 60% were males.

Figure 110: Estimated number of parents in Warwickshire with alcohol and drug dependence by gender, 2014

	Males	Females	Total
Parents predicted to have alcohol dependence	4,406	2,076	6,482
Parents predicted to be dependent on drugs	2,279	1,447	3,726

1.3 PHYSICAL AND MENTAL HEALTH

1.3.1 PHYSICAL DISABILITY

There are over 11 million people in the UK with a limiting long term illness, impairment or disability. The prevalence of disability rises with age, affecting around 6% of children compared to 16% of the working age population and 45% of adults over State Pension age⁴⁹. There are approximately 770,000 disabled children in the UK.

A substantially higher proportion of individuals who live in families with disabled members live in poverty, compared to individuals who live in families where no one is disabled. 21% of children in families with at least one disabled member are in poverty, a significantly higher proportion than the 16% of children in families with no disabled member⁵⁰.

In the January 2015 School Census, 280 pupils in Warwickshire primary and secondary state-funded schools were recorded as having a primary Special Educational Need of physical disability.

1.3.2 SEXUAL HEALTH

According to the World Health Organisation, sexual health is defined as: "...a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled."

The third National Survey of Sexual Attitudes and Lifestyles (Natsal-3), which included over 15,000 men and women aged 16-74 years in Great Britain found that:

- The average (median) age at first heterosexual intercourse was 17 years in both sexes, but was 16 years in those aged 16-24 years at interview.
- On average, just under a quarter (24.4%) of men and 17.4% of women interviewed stated that they had had intercourse before age 16 years.

The Sexual Offences Act 2003 provides that the age of consent is 16, and that sexual activity under 16 is unlawful. The age of consent reflects the fact that children aged under 16 are vulnerable to exploitation and abuse. For the minority of young people aged under 16 who are sexually active, it is important that they have confidence to attend sexual health services and have early access to professional advice, support and treatment to prevent pregnancy and STIs. In addition, all sexual

⁴⁹ Source: Family Resources Survey 2011/12

⁵⁰ Source: Labour Force Survey, Quarter 2, 2012

health service providers must be aware of child protection and safeguarding issues and take very seriously the possibility of abuse and/or exploitation.

Young people aged 16-24 years have significantly higher rates of poor sexual health, including sexually transmitted infections (STIs) and abortions, than older people⁵¹. Chlamydia is the most prevalent STI in England and often has no symptoms. It causes avoidable sexual and reproductive ill-health, including symptomatic acute infections and complications such as pelvic inflammatory disease (PID), ectopic pregnancy and tubal-factor infertility. To address this, the National Chlamydia Screening Programme aims to test all sexually active under-25s annually, or with each change of partner, as a routine part of primary care and sexual health consultations.

A significant proportion of STI diagnoses among gay and bisexual men continue to be in younger age groups: 34% of genital warts, 24% of gonorrhoea, 22% of genital herpes and chlamydia and 13% of syphilis cases diagnosed in gay and bisexual men in 2011 were in those aged 15–24²¹.

In 2014, 3,764 chlamydia tests were taken by young people aged 15-19 years in Warwickshire of which 430 were positive (11%). In the same year, Warwickshire's chlamydia detection rate for young people aged 15-24 years was 1,572 per 100,000 aged 15-24 years, lower than the Department of Health recommended detection rate of at least 2,300 per 100,000 population.

In partnership with NHS Warwickshire and Coventry University, Warwickshire County Council launched their 'Respect Yourself'⁵² campaign in June 2012. The campaign's website provides practical information on topics such as contraception, puberty and local sexual health services for young people in Warwickshire aged 13 years and over. Based on successful strategies employed in the Netherlands, where the teenage pregnancy rate is lowest in Europe, Respect Yourself's 'sex-positive' approach acknowledges that young people are naturally curious about sex and therefore provides somewhere that young people can access information in the context of having healthy, happy relationships. The website is visited more than 430,000 times per year and was nominated in the Young People's Sexual Health Service/Project category at the 2014 UK Sexual Health Awards.

In 2014, the team behind the Respect Yourself campaign developed 'Ur Decision'⁵³; a website using video to explore a range of key issues known to affect young people in Britain such as 'sexting', abuse and setting boundaries. It engages with visitors by asking them to make character choices at key moments based on what they would do in the same situation. The project has been recognised for its fresh approach to helping young people consider all the options when faced with difficult choices, for emphasising the importance of planning ahead, and for equipping young people with the vocabulary to negotiate difficult situations.

⁵¹ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/142592/9287-2900714-TSO-SexualHealthPolicyNW_ACCESSIBLE.pdf

⁵² <http://www.respectyourself.info/>

⁵³ <http://www.urdecision.info/>

1.3.3 OBESITY

Obesity is a major public health concern, and tackling it is a priority area for the Government, as described in their policy 'Healthy Lives, Healthy People: A call to action on obesity in England'⁵⁴. Of particular concern is the rising trend in overweight and obesity rates in children and young people. Current estimates indicate that by 2050 nearly 25% of children in the UK will be obese and nearly 40% will be overweight⁵⁵.

The effects of obesity on children's current and future health are severe: high blood pressure, asthma, sleep apnoea and musculoskeletal problems are just some of the medical conditions more common in obese children and young people. Overweight and obese children are also more likely to become obese adults, and have a higher risk of morbidity, disability and premature mortality in adulthood. Obese children and young people are subject to higher levels of bullying and ostracism in school, leading to higher rates of low self-esteem and depression⁵⁶.

The National Child Measurement Programme (NCMP) for England was established in 2005/6 and records the height and weight measurements of children in Reception (aged 4-5 years) and Year 6 (aged 10-11 years). Latest data from 2013/14 showed that over a fifth (22.5%) of children aged 4-5 years measured across England and around a third (33.5%) of children aged 10-11 years were either overweight or obese. This was higher than 2012/13 for both age groups.

In Warwickshire, 20.7% of reception age school children are overweight or obese and 30.3% of year 6 school children are overweight or obese. Whilst these figures are lower than the respective England average, obesity in children is still an issue in Warwickshire, with obesity levels nearly doubling between reception and year 6 (8.2% and 15.6% respectively).

The chart below shows that in 2013/14, 12.5% of reception children in Warwickshire were overweight and 8.2% were obese, whilst 14.4% of children in Year 6 in Warwickshire were overweight and 15.6% were obese.

⁵⁴ Department of Health (2011) *Healthy lives, healthy people: a call to action on obesity in England*.
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_130401

⁵⁵ McPherson K, Marsh T, Brown M (2007) Foresight Tackling Obesity: -Future Choices- Modelling Future Trends in Obesity and their impact on Health. Government Office for Science.

⁵⁶ Health risks of childhood obesity, http://www.noo.org.uk/NOO_about_obesity/obesity_and_health/health_risk_child

Figure 111: Prevalence of reception and Year 6 pupils in Warwickshire classified as underweight, healthy weight, overweight and obese, 2013/14

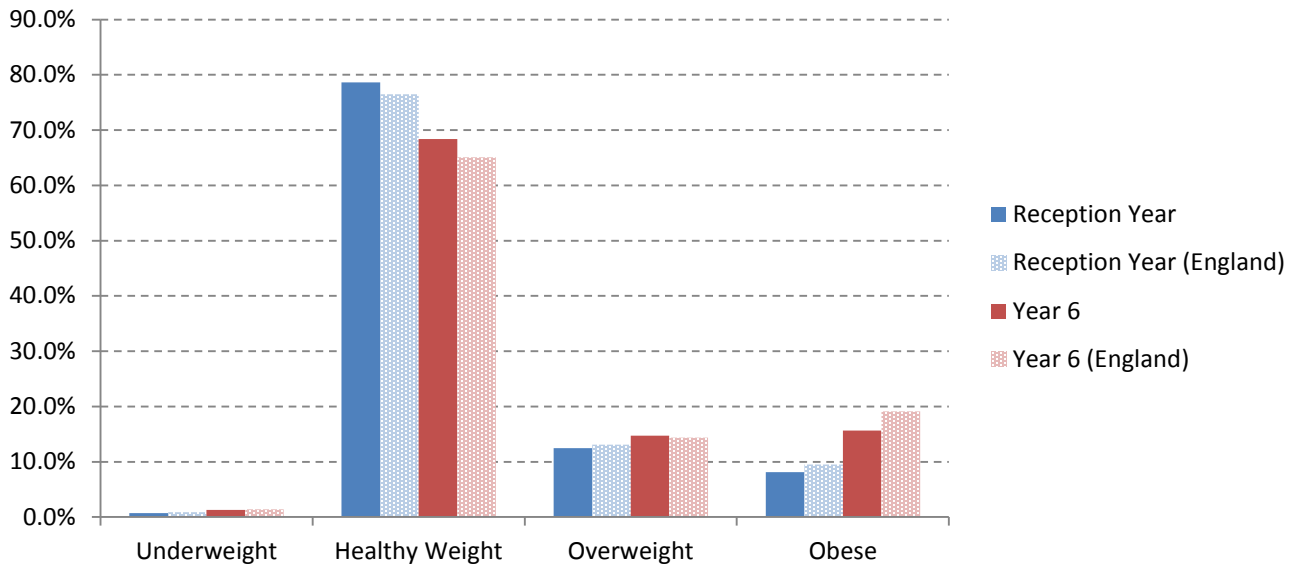
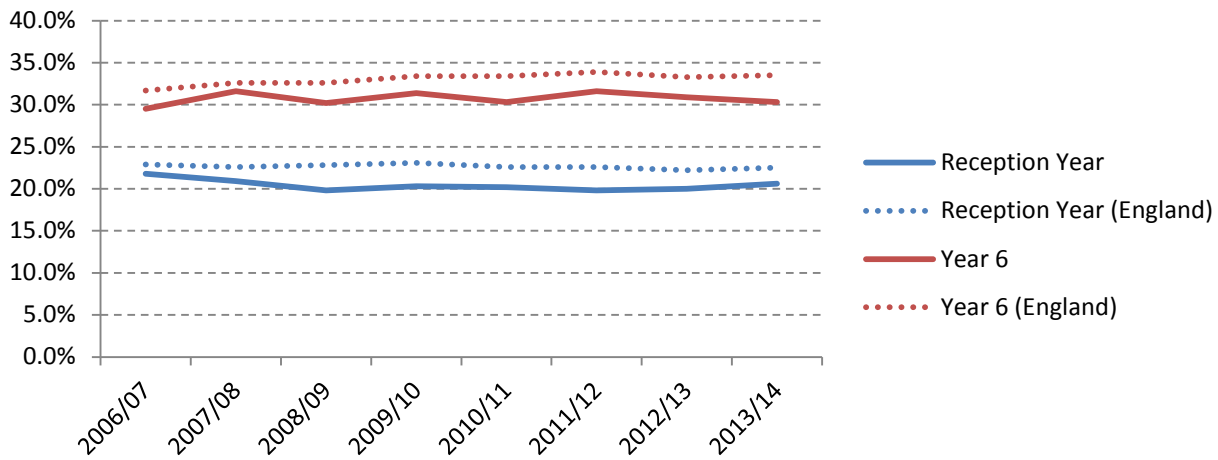
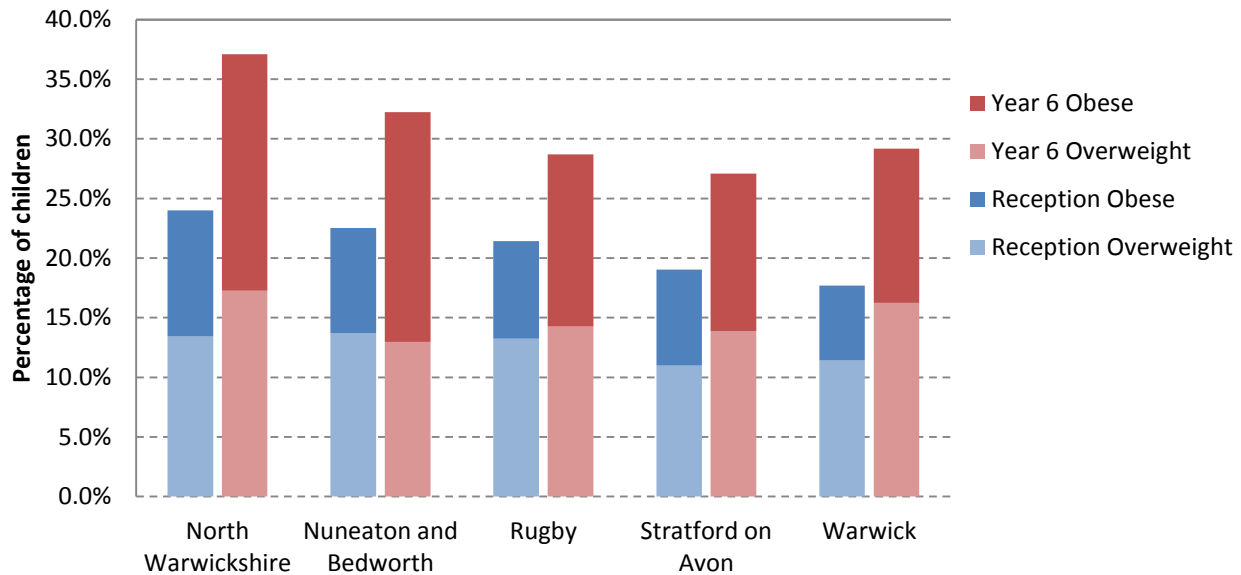


Figure 112: Trends in childhood obesity in Warwickshire and England, 2006/07 to 2013/14



Despite overall overweight and obesity levels in Warwickshire for both Reception age and Year 6 school children being statistically significantly lower than the England average, there is inequality in obesity prevalence across the county. Generally, there is a higher prevalence of obesity in the north of the county compared to the south.

Figure 113: Prevalence of overweight and obese children in Warwickshire by district/borough, 2013/14



However, there is disparity in the prevalence of obesity when considering deprivation. The table below shows that in the south of the county, nearly half of all reception age and Year 6 pupils who are overweight attend a school in the 20% least deprived areas in the county.

Figure 114: Children in Warwickshire who are overweight or obese by IMD deprivation of school area, 2013/14

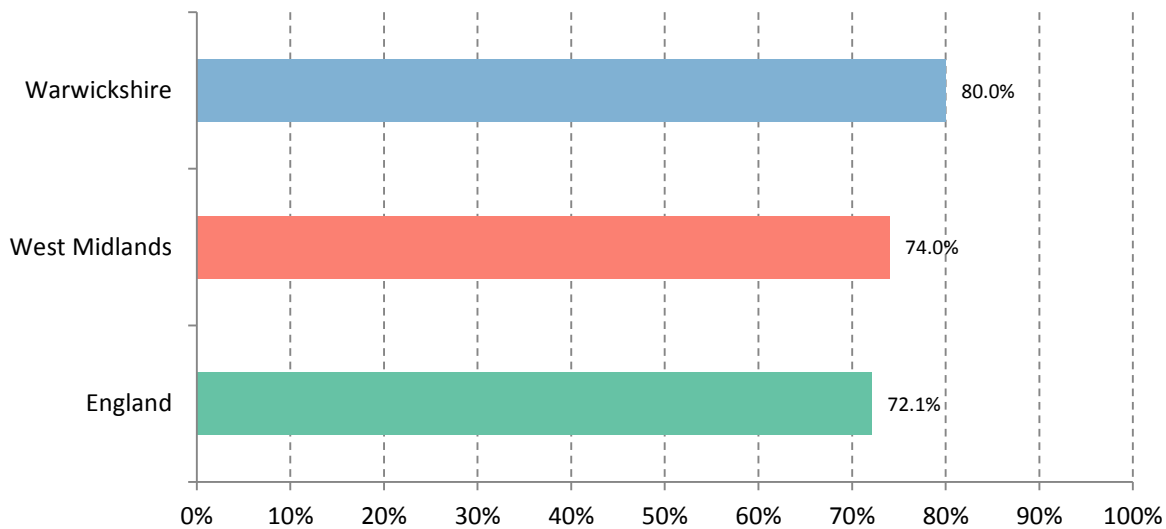
School Area	Proportion of overweight/obese reception age pupils in 20% most deprived school area	Proportion of overweight/obese reception age pupils in 20% least deprived school area	Proportion of overweight/obese year 6 pupils in 20% most deprived school area	Proportion of overweight/obese year 6 pupils in 20% least deprived school area
North Warwickshire	0%	5%	0%	0%
Nuneaton and Bedworth	31%	8%	31%	11%
Rugby	0%	34%	0%	48%
Stratford on Avon	0%	39%	0%	36%
Warwick	0%	48%	0%	55%

1.3.4 ORAL HEALTH AND TOOTH DECAY

The main risk factors for poor oral health are diet and nutrition and poor oral hygiene. Poor oral health is associated with tooth decay, low weight and failure to thrive in infancy. Poor dental hygiene may persist into adulthood when periodontal disease is associated with heart disease, which is reversible if oral health improves. Tooth decay is a predominantly preventable disease, with children from deprived areas more likely to have poorer oral health than children from affluent areas, resulting in more severe decay affecting more teeth and an increased probability of having teeth extracted.

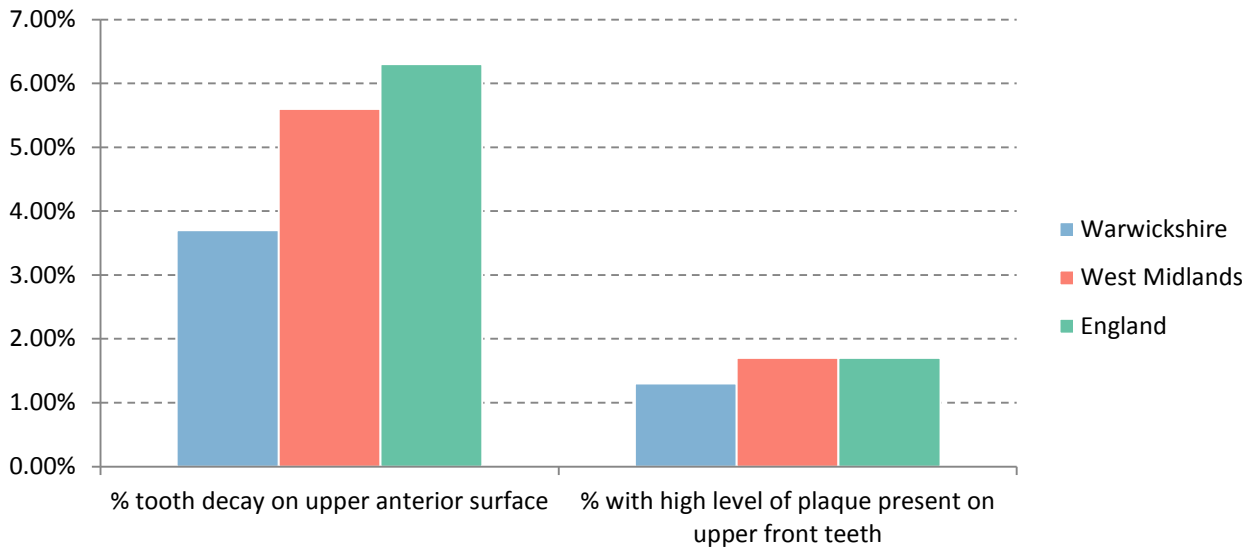
The dental health of children in Warwickshire is significantly better than the average measures for both the West Midlands and England. The 2012 National Dental Epidemiology Programme survey of five-year-old children showed that 80% of 5-year-old children in Warwickshire were free of dental decay compared with 72% nationally.

Figure 115: % of children free of dental decay aged 5 years in Warwickshire, 2012



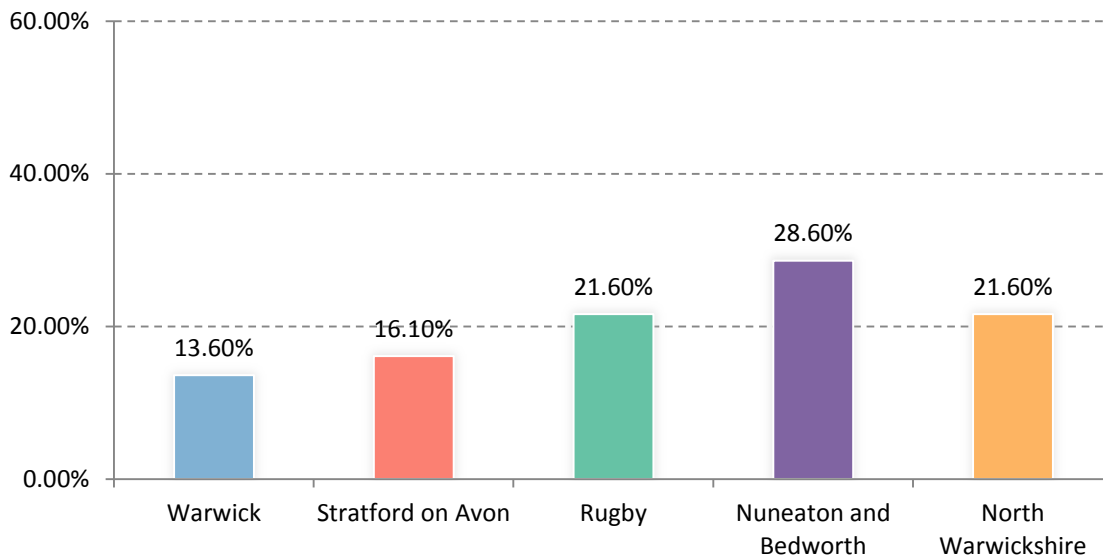
Tooth decay involving one or more surfaces of upper anterior teeth is often linked with long term use of a feeding bottle containing sugary drinks. High levels of plaque on upper front teeth are indicative of a lack of brushing. The graph below shows that Warwickshire children have lower levels of tooth decay on upper anterior teeth and plaque on the upper front teeth when compared to England and West Midlands.

Figure 116: % of children aged 5 in Warwickshire with decay associated with bottle feeding sugar-containing drinks and non-brushing, 2012



Whilst at county level the dental health of 5-year-old children is good, there is some variation at district level. The graph below shows that children in Nuneaton and Bedworth Borough have the poorest oral health with over a quarter (28.6%) of all children recorded as having dental decay, whilst children in Warwick District have the best oral health.

Figure 117: Proportion of children aged 5 with dental decay by district/borough, 2012



1.3.5 MENTAL HEALTH

Mental health is defined as: “A state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.”⁵⁷ A mental illness ‘is a clinically recognisable set of symptoms or behaviour associated in most cases with considerable stress and substantial interference with personal functions.’ (ICD-10 definition)

Mental health conditions of most relevance to children and young people are⁵⁸:

- **conduct disorders e.g. persistent/pervasive defiance, physical/verbal aggression, vandalism**
- **emotional disorders e.g. phobias, anxiety, depression or obsessive compulsive disorder (OCD)**
- **neuro-developmental disorders e.g. attention deficit hyperactivity disorder (ADHD) or autistic spectrum disorder (ASD)**
- **attachment disorders e.g. children who are markedly distressed/socially impaired as a result of an extremely abnormal pattern of attachment to parents/carers**
- **substance misuse problems**
- **eating disorders e.g. anorexia nervosa/ bulimia nervosa**
- **post-traumatic stress disorder (PTSD)**
- **psychosis and bi-polar disorders**
- **emerging borderline personality disorder (BPD)**

Half of those with lifetime mental health problems first experience symptoms by the age of 14 and three quarters by the age of 18, emphasising the importance of timely detection and management⁵⁹. Mental health disorders in childhood can have high levels of persistence. According to a national study, 25% of children with a diagnosable emotional disorder and 43% with a diagnosable conduct disorder still had the problem three years later⁶⁰.

Mental illness is associated with educational failure, family disruption, disability, offending and antisocial behaviour; placing demands on social services, schools and the youth justice system. It is estimated that mental health problems during childhood and adolescence in the UK result in costs of between £11,030 and £59,130 annually per child⁶¹.

The association between physical and mental health is well recognised. Children with a long term physical illness are twice as likely to suffer from emotional or conduct disorder problems¹⁶. Similarly, young people with mental disorders are more likely to have poor physical health e.g. higher rates of obesity. This is due in part to higher rates of certain health risk behaviours e.g. smoking, alcohol and

⁵⁷ World Health Organization. 2004. Promoting Mental Health: Concepts; emerging evidence; practice. Geneva: WHO

⁵⁸ Green, MGinnity, Melzer, Ford and Goodman. 2005. Mental Health of Children and Young People in Great Britain, 2004. London: ONS

⁵⁹ Murphy M and Fonagy P (2012). Mental health problems in children and young people. In: Annual Report of the Chief Medical Officer 2012. London: Department of Health.

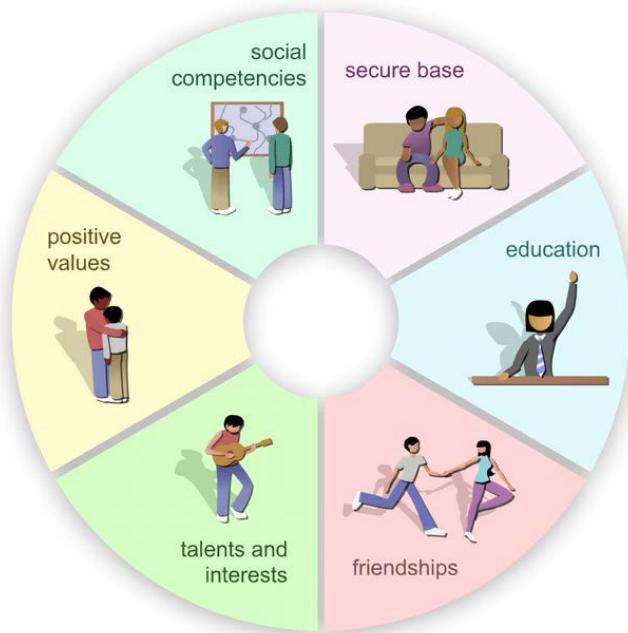
⁶⁰ CAMHS Review. 2008. Children and Young People in Mind: The final report of the National CAMHS Review. London: DfES

⁶¹ Suhrcke M, Puillas D, Selai C: Economic aspects of mental health in children and adolescents. In Social cohesion for mental wellbeing among adolescents. Copenhagen:WHO Regional Office for Europe, 2008:43-64.

poor diet⁶². People with severe mental illnesses die on average 20 years earlier than the general population, in part due to the persistent nature of some mental illnesses.

Any child can experience mental health problems, but some children are more vulnerable than others, such as looked after children; children with a parent with a mental health problem; low-income households; children who are abused; and children who have experienced stressful life events, e.g. bereavement, divorce or serious illness. While children and young people in these groups may be at higher risk, this does not mean that they are equally vulnerable to mental health problems. A range of protective factors in the individual, family and community influence whether a child or young person will either not experience problems or will not be significantly affected by them, particularly if receiving consistent support from an adult whom they trust.

Figure 118: Daniel and Wassell (2002) Six Domains of Resilience



Improved mental health and wellbeing is associated with a range of better outcomes including:

- improved physical health and life expectancy
- better educational achievement, increased skills
- reduced health risk behaviours
- reduced risk of mental health problems and suicide
- improved employment rates
- reduced antisocial behaviour
- higher levels of social interaction and participation.

⁶² McManus S, Meltzer H, Brugha T et al (2009) Adult psychiatric morbidity in England, 2007. Results of a household survey. Health and Social care Information centre, social care statistics

Early interventions, particularly with vulnerable children and young people, can improve lifetime health and wellbeing, prevent mental illness and reduce costs incurred by ill health, unemployment and crime. Such interventions not only benefit the individual during their childhood and into adulthood, but also improve their capacity to parent, so their children in turn have a reduced risk of mental health problems and their consequences.

Prevention of mental disorder in children and young people is thus an important public health measure to avoid the long term serious health and social related consequences and premature death. Both the public health white paper 'Healthy Lives, Healthy People' and the mental health strategy 'No health without mental health' put early intervention, in particular, at the heart of improving mental health outcomes for children and families.

Children and young people's emotional and mental wellbeing is everyone's business, not just the interest of specialist services. Therefore joined up, multi-agency, multi-disciplinary working is the key to successful service provision for children and young people.

National Perspective

The most recent British survey carried out by the Office for National Statistics of the prevalence of mental health problems of children and young people aged 5-15 years in 2004 found that nearly 10% of children and adolescents had a clinically diagnosable mental disorder, equating to nearly 850,000 children and young people. Among 5 to 10 year olds, 10% of boys and 5% of girls had a mental disorder (approximately 340,000 children) while among 11 to 16 year olds the prevalence was 13% for boys and 10% for girls (approximately 510,000 young people).

The prevalence of certain mental health disorders from the survey are shown below. Conduct disorders, hyperkinetic disorder (sever ADHD) and autism spectrum disorders were more common in boys and emotional disorders were more common in girls.

- **3.3% or about 290,000 children and young people have an anxiety disorder**
- **0.9% or nearly 80,000 children and young people are seriously depressed**
- **5.8% or just over 510,000 children and young people have a conduct disorder**
- **1.5% or just over 132,000 children and young people have severe ADHD**

Young people aged 16 years and over are included in the Office for National Statistics surveys of adult psychiatric morbidity. These surveys use different assessment methods and categories to the surveys of under-16s making direct comparison difficult. The 2007 survey of adults in England found that in the 16-24 year old age group:

- 2.2% experienced a depressive episode
- 4.7% screened positive for post-traumatic stress disorder
- 16.4% experienced anxiety disorder

- 0.2% had a psychotic illness
- 1.9% had a diagnosable personality disorder

There has been less research on the profile and rates of mental health problems in the under-5 year population, despite increasing recognition of the importance of the early years as a focus for early intervention. One study showed that the prevalence of problems for 3 year old children was 10%, with 66% of parents sampled having one or more concerns about their child. A further study showed that 7% of children aged 3-4 years exhibited serious behaviour problems.

Differentiating between normal and abnormal behaviour in younger children can be difficult. However, some studies suggest that 50-60% of children showing high levels of disruptive behaviour at 3-4 years will continue to show these problems at school age.

Number of children with mental health disorders in Warwickshire

Very little data is available on the prevalence of mental health disorders in children and young people in Warwickshire, especially in terms of unmet or unexpressed need. This leads to an over reliance on the application of national estimates, not all of which are appropriate for an area such as Warwickshire. A community study of prevalence of mental health problems in children and young people in Warwickshire is needed to address this deficit.

Below is a chart which estimates the numbers of children with different mental health conditions in Warwickshire. These are calculated by applying estimated prevalence data to the local population and are therefore acknowledged to be approximations only. The accuracy of such estimates when applied to Warwickshire is debatable.

Figure 119: Estimated number of children in Warwickshire aged 5 to 16 years with mental health disorders by district/borough, 2014

Disorder Type	Prevalence	Great Britain	Warwickshire	North Warwickshire	Nuneaton and Bedworth	Rugby	Stratford-on-Avon	Warwick
Anxiety (all ages)	3.30%	283,801	2,447	268	578	496	521	583
5-10 years	2.20%	97,475	826	86	198	168	172	202
11-16 years	4.40%	183,452	1,610	185	375	325	352	374
Depression (all ages)	0.90%	77,400	667	73	158	135	142	159
5-10 years	0.20%	8,861	75	8	18	15	16	18
11-16 years	1.40%	58,371	512	59	119	103	112	119
Conduct Disorders (all ages)	5.80%	498,801	4,301	471	1,016	872	916	1,025
5-10 years	4.90%	217,103	1,840	192	441	375	383	450
11-16 years	6.60%	275,177	2,415	277	563	487	527	560
Hyperkinetic Disorder (all ages)	1.50%	129,000	1,112	122	263	226	237	265
5-10 years	1.60%	70,891	601	63	144	122	125	147
11-16 years	1.40%	58,371	512	59	119	103	112	119

Warwickshire Child and Adolescent Mental Health Services (CAMHS)

Warwickshire Child and Adolescent Mental Health Services (CAMHS) offer a comprehensive range of services that provide help and treatment to children and young people experiencing emotional or behavioural difficulties, or mental health problems, disorders and illnesses. In 2014/15, CAMHS received 4,029 referrals, of which 54% were from Primary Health Care and 1,439 assessments were carried out. The service had 1,454 children on their caseload at the end of 2014/15, up from 1,190 children at the end of 2012/13. The number of referrals to CAMHS has almost doubled over the same time period, from 2,434 in 2012/13, an increase of two thirds (66%) in two financial years.

Out of nearly 2,000 young people who commenced contact with CAMHS in 2014/15, 44% were from Warwickshire North (Nuneaton & Bedworth Borough & North Warwickshire Borough), 39% were from South Warwickshire (Warwick District & Stratford-on-Avon District) and 11% were from Rugby Borough. Over one in five (23%) were aged 0-9 years, a third (33%) were aged 9-14 years, 29% were aged 14-16 years and the remaining 15% were aged 16-18 years.

Mental Health of Looked after Children

Journeys is a service that aims to improve the mental health and emotional wellbeing of looked after and adopted children and young people living in Coventry and Warwickshire. Journeys is delivered in partnership by local charities Mind and Relate and is funded by Coventry City Council and Warwickshire County Council.

With regards to Warwickshire, in 2014/15, Journeys received 177 referrals of which 100% were acknowledged within 48 hours. 120 mental health assessments were undertaken, all within 10 working days. 152 new children and young people commenced treatment in 2014/15, with 107 children and young people directly receiving treatment at the end of Quarter 4 (31 March 2015).

There was a relatively even gender split of children directly receiving treatment at the end of Quarter 4, with 55 males and 52 females (51% vs 49%). 43% were aged between 5 and 10 years of age, 39% were between 11 and 15 years of age, with the remainder aged 0-4 years (7%) and 16-18 years (11%).

Figure 120: Children & young people receiving interventions from Journeys by areas of presenting concern, 2014/15

Main area of initial concern	Q1	Q2	Q3	Q4	Total
Anger	16	25	34	56	131
Anxiety/Phobias	14	14	19	32	79
Attachment	101	115	29	66	311
Behaviour	47	39	25	39	150
Bereavement	3	6	4	7	20
Bullying	-	-	3	7	10
Depression	10	14	6	7	37
Family conflict	3	4	11	20	38
Loss	14	17	8	19	58
Self esteem	47	60	18	13	138
Other	-	-	10	35	45

Most children were receiving direct interventions with Journeys in 2014/15 due to attachment issues. Other areas of concern included behavioural issues, anger and self-esteem.

Data on the mental health of looked after children is collected through a strengths and difficulties questionnaire (SDQ) and a single summary figure for each child (the total difficulties score), ranging from 0 to 40 is calculated. A higher score indicates greater difficulties (a score of under 14 is considered normal, 14-16 is moderate/borderline cause for concern and 17 or over is a cause for concern (severe/abnormal)).

Feedback received from Journeys from January-March 2015 (Quarter 4) shows that out of all the young people who completed pre and post SDQ questionnaires, 93% showed improvement. Overall, the mean SDQ pre intervention score was within the severe/abnormal clinical range at 19.07. By the

end of intervention or at point of review, the mean score reduced to 12.12, which is within the normal clinical range. This is a mean improvement of 6.95, following the intervention for young people using Journeys, which amounts to an average percentage improvement of 34%.

Figure 121: Pre and post intervention SDQ scores for young people using Journeys in quarter 4, 2014/15

	SDQ Score	Emotional symptoms	Conduct problems	Hyperactivity/inattention	Peer relationship problems	Prosocial behaviour
PRE	19.07	5.49	4.00	6.41	3.17	6.76
POST	12.12	2.98	2.34	4.76	2.00	8.22

1.3.6 SELF HARM

Self-harm describes a wide range of ways that a person intentionally damages or injures their body, usually in a hidden way. Cutting is the most common form of self-injury, but others can include: burning, scalding, punching, scratching, hair pulling and poisoning.

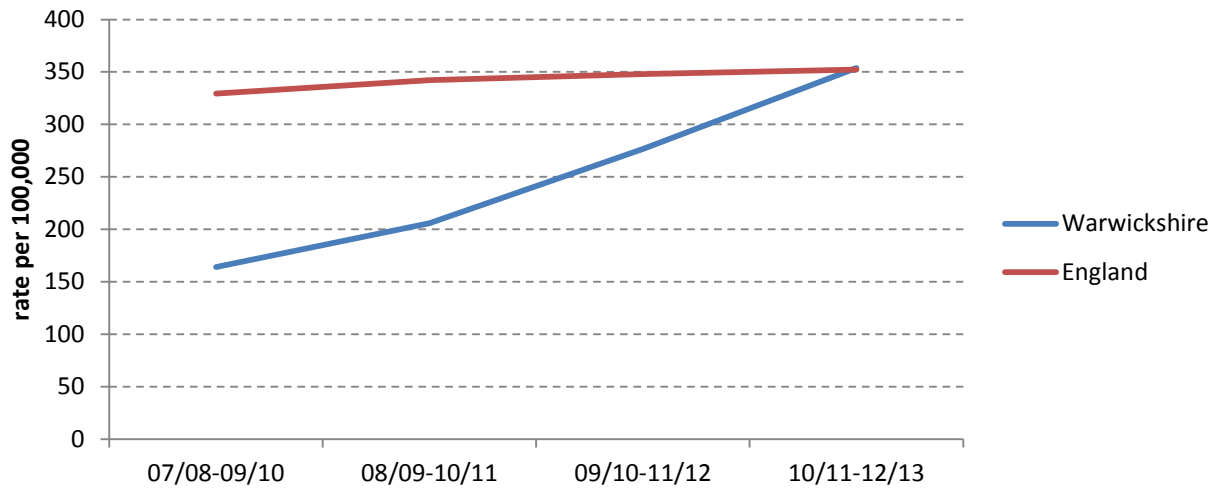
It is impossible to say how many young people are self-harming because in the vast majority of cases self-harm remains a secretive behaviour that can go on for a long time without being discovered. However, rates of self-harm in the UK among young people are thought to be increasing, with published figures showing an increase of 70% in 10-14 year olds attending Accident and Emergency for self-harm related reasons over the preceding 2 years.

The report, 'Health Behaviour in Children', due to be published in the Autumn 2015 will reveal that up to one in five 15-year-olds surveyed in England reported that they self-harm. Girls are thought to be more likely to self-harm than boys, however this could be because boys are more likely to engage in self-harm behaviours that don't come to the attention of hospitals.

Self-harm often happens during times of anger, distress, fear, worry, depression or low self-esteem in order to manage or control negative feelings. Self-harm can also be used as a form of self-punishment for something someone has done, thinks they have done or that they have allowed to be done to themselves. People who self-harm have a 50 to 100-fold higher likelihood of dying by suicide in the 12-month period after an episode than people who do not self-harm.

The rate of hospital admissions for self-harm among young people in Warwickshire has doubled from 164 per 100,000 in 07/08-09/10 to 354 per 100,000 in 10/11-12/13. This rate is now higher than the England average.

Figure 122: Rate of hospital admissions for self-harm among young people aged 10-24 years in Warwickshire, 07/08-09/10 – 10/11-12/13



The rate of hospital admissions due to self-harm among 10-24 year old in Warwickshire is even higher when looking at the latest single financial years figure. In 2012/13, the rate of hospital admissions as a result of self-harm in young people in Warwickshire was 420.5 per 100,000 population aged 10-24 years. This is significantly higher than the England average at 346.3 per 100,000 population and the West Midlands average at 366.0 per 100,000 population.

Suicide

Suicide is the leading cause of death in young people. The suicide rate among 10-19 year olds is 2.20 per 100,000 young people. The suicide rate is higher in males (3.14 compared with 1.3 for females) and in older adolescents (4.04 among 15-19 years olds compared with 0.34 among 10-14 year olds).

In a survey of young adults⁶³, 6.2% of 16-24 year olds had attempted suicide in their lifetime.

1.3.7 SUBSTANCE MISUSE AND ALCOHOL

Alcohol and drugs can affect every aspect of a young person’s potential. It can affect attendance and attainment at school and college and it can lead to involvement in crime. In the short term it can make young people vulnerable and unsafe, and in the long term it can cause serious harm to a person’s health.

A recent longitudinal research study⁶⁴ that concluded that:

⁶³ McManus S, Meltzer S, Brugha T, Bebbington P, Jenkins R. Adult psychiatric morbidity in England, 2007. Results of a household survey. Leeds: The Health & Social Care Information Centre, 2009.

- Drinking alcohol was a strong predictor of engaging in criminal activity;
- Drinking was associated with a number of negative educational outcomes, such as the likelihood of being not in employment, education or training (NEET) [and] lower GCSE scores [linked to attitude and aspiration].

In the longer term, alcohol is the third leading risk factor for premature death and disability in developed countries after tobacco and blood pressure.

It is important that young people understand the health risks of excessive drinking and develop a safe and sensible approach to alcohol. This is to ensure that young people are healthy and safe, as well as ensuring the safety of others.

Cannabis has consistently been the most popular illicit drug used by young people. Cannabis can cause both physical and mental health problems. In the short term, cannabis affects co-ordination and reactions become slower. It can cause anxiety and paranoia and users may also experience memory loss or panic attacks. Regular cannabis use, especially when young, can lead to an increased risk of later developing a psychotic illness like schizophrenia.

The consequences of substance misuse are wide-ranging. Among young people, substance misuse and intoxication are linked particularly to anti-social behaviour, committing violence, becoming the victims of violence, other offending, and risky sexual behaviour. There is evidence to suggest that young people who use recreational drugs run the risk of damage to mental health including suicide, depressions and disruptive behaviour disorders. Research shows that regular use of cannabis or other drugs may also lead to dependence and psychotic symptoms.

Interventions to reduce substance misuse will not only have a positive effect on a young person's safety and health, but it is also likely to result in a reduction of smoking, truancy and youth crime.

It is legal for a person under the age of 18 to drink alcohol at home or at a friend's house. However, guidance on the consumption of alcohol by children and young people released by the Chief Medical Officer in 2009 advises that an alcohol-free childhood is the healthiest and best option. If children drink alcohol, it should not be until at least the age of 15 years. If 15 to 17 years olds do consume alcohol, they should do so infrequently and should never exceed recommended adult daily limits. The report went on to describe the importance of parental influences on children's alcohol use and that this should be communicated to parents, carers and professionals.

Family context is an important influence on whether or not young people drink. In a recent survey of secondary school pupils in England⁶⁵, 86% of pupils who did not live with anyone else who drank

⁶⁴ Young people's alcohol consumption and its relationship to other outcomes and behaviour.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/182432/DFE-RR005.pdf

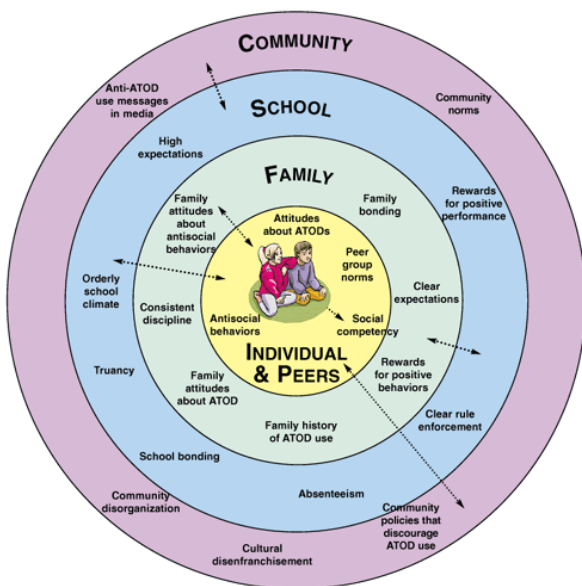
⁶⁵ Smoking, drinking and drug use among young people in England in 2014. Available at:

<http://www.hscic.gov.uk/catalogue/PUB17879/smok-drin-drug-youn-peop-eng-2014-rep.pdf>

alcohol had never drunk it themselves. In comparison, 40% of pupils who lived with three or more people who drank had never drunk alcohol. Pupils' behaviour is generally consistent with what they say their parents feel about them drinking; for example, just 2% of pupils who said their parents did not like them drinking had drunk alcohol in the last week, compared with 16% of those who said their parents didn't mind as long as they didn't drink too much and 44% of those who said that their parents didn't mind how much they drank.

Problematic drink and drug use among under 18's rarely occurs in isolation and is frequently a symptom of wider issues that also need to be addressed. It often goes hand in hand with a range of other factors, such as offending or truancy from school.

Figure 123: Resilience Factors associated with alcohol, tobacco and other drugs (ATODs)



Prevalence of substance misuse among children in Warwickshire

There is no concrete prevalence data on substance misuse amongst children and young people either locally or nationally. However, an annual survey of secondary school pupils in England includes data on smoking, drinking and drug use among young people. The survey is carried out by pupils in years 7 to 11 (mostly aged 11 to 15 years).

In 2014, 38% of 11 to 15 year olds had tried alcohol at least once, the lowest proportion since the survey began. 8% of pupils had drunk alcohol in the last week. Boys and girls were equally likely to have done so. The proportion of pupils who had drunk alcohol in the last week increased with age from 1% of 11 year olds to 18% of 15 year olds.

If the proportion of children and young people from the survey is applied to Warwickshire population estimates, it would mean that there were over 10,500 children aged 11-15 years who had tried alcohol at least once in Warwickshire in 2014, over 2,000 children aged 11-15 years who had drunk alcohol in the last week and 1,185 children aged 11-15 years who drank at least once a week in Warwickshire in 2014.

Figure 124: Estimated number of children drinking alcohol in Warwickshire, by age, 2014

Survey response	Age in years					Total
	11	12	13	14	15	
Has tried alcohol at least once	465	987	1,673	3,132	4,355	10,612
Drank during the last week	58	116	179	689	1,136	2,179
Drinks at least once a week	0	58	120	376	631	1,185

The prevalence of drug use among 11 to 15 year olds in England declined between 2001 and 2010. Since then the decline has slowed. In 2014, 15% of pupils had ever taken drugs, 10% had taken drugs in the last year, and 6% had taken drugs in the last month. The prevalence of drug use increased with age. For example, 6% of 11 year olds said that they had tried drugs at least once, compared with 24% of 15 year olds.

As in previous years, pupils were more likely to have taken cannabis than any other drug. In 2014, 6.7% of pupils reported taking cannabis in the last year. 2.9% of pupils had inhaled glue, gas, aerosols or solvents in the last year. Very few pupils reported the use of other types of drug.

If the proportion of children and young people from the survey is applied to Warwickshire population estimates, it would mean that there were over 4,000 children aged 11-15 years who had ever taken drugs in Warwickshire in 2014, just under 3,000 children aged 11-15 years who had taken drugs in the last year, and 1,730 children aged 11-15 years who had taken drugs in the last month in Warwickshire in 2014.

Figure 125: Estimated number of children taking drugs in Warwickshire, by age, 2014

Survey question	Age in years					Total
	11	12	13	14	15	
Ever taken drugs	349	407	657	1,190	1,515	4,118
Taken drugs in the last year	233	232	418	877	1,199	2,959
Taken drugs in the last month	116	116	239	501	757	1,730

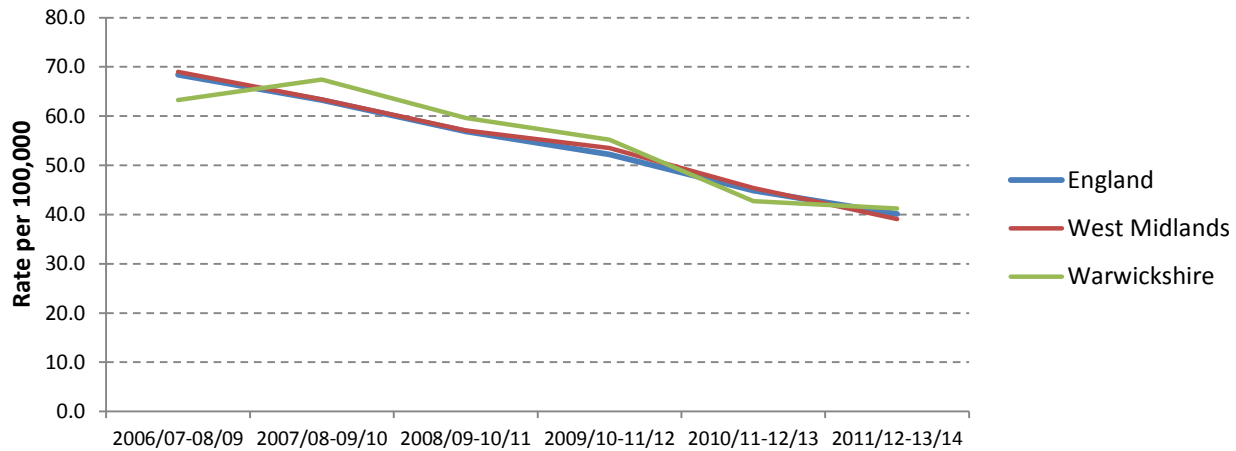
Alcohol related hospital admissions

Alcohol related hospital admissions indicate serious and immediate harm to young people's health caused by alcohol use and are an avoidable cause of hospital admissions. The graph below shows the rate of persons aged less than 18 years admitted to hospital where the primary diagnosis or any of the secondary diagnoses are an alcohol-specific condition, pooled for three financial years (individuals

admitted are only counted once per financial year). Importantly, this does *not* include attendance at A&E.

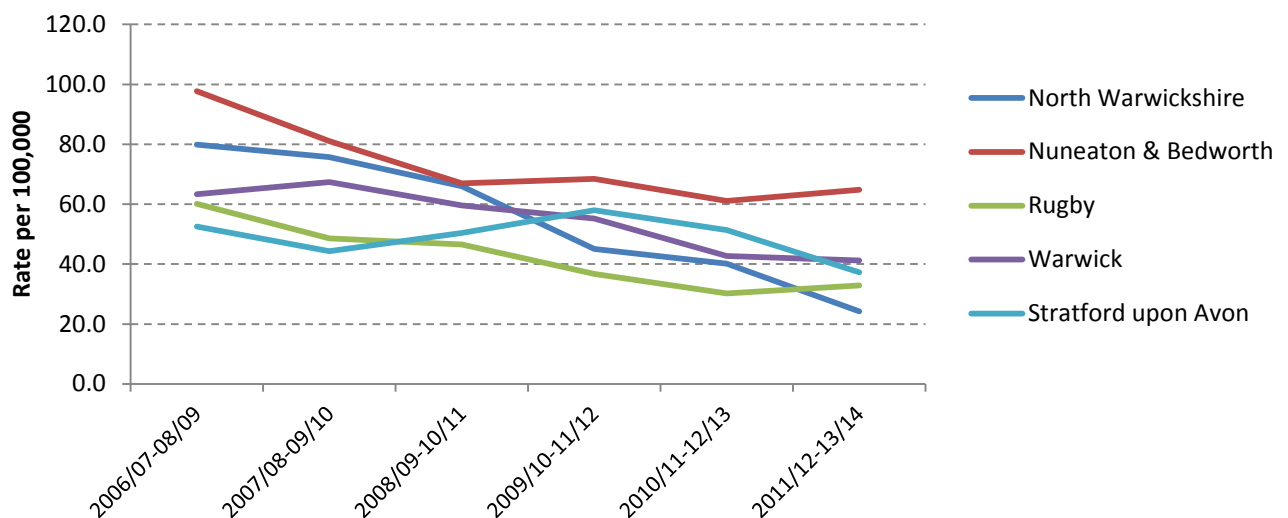
Warwickshire continues to see a decrease in the proportion of under 18's being admitted to hospital for alcohol-related conditions, following the national and regional trend.

Figure 126: Alcohol-specific hospital admissions in under 18's, Warwickshire by 3-year aggregate



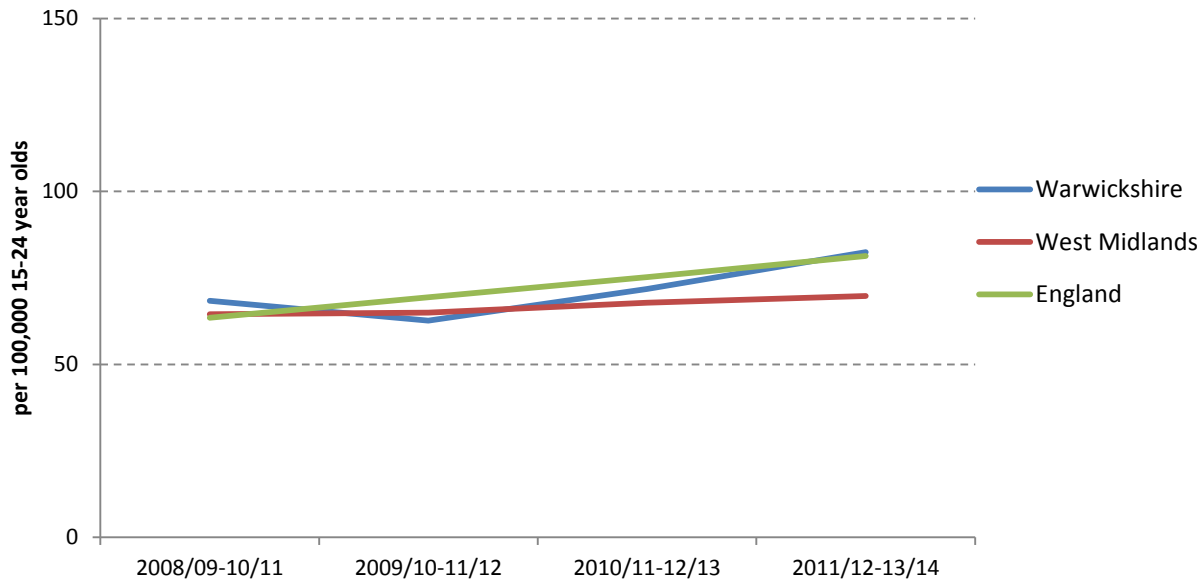
Nuneaton and Bedworth Borough has consistently had the highest proportion of under 18 alcohol-related hospital admissions in Warwickshire. Alarming, the rate of under 18 alcohol-related hospital admissions in the borough is increasing, at odds with the national and overall Warwickshire trend, with a 6.1% increase from 2010/11-12/13 to 2011/12-13/14. Rugby Borough has also seen a rise in the rate of under 18 alcohol-related hospital admissions, taking the borough from having the lowest rate in the county to a higher rate than North Warwickshire Borough; which has seen the sharpest drop in rate in the county (39.7% decrease from 2010/11-12/13 to 2011/12-13/14).

Figure 127: Alcohol-specific hospital admissions in under 18's by district/borough by 3-year aggregate



Between 2011/12 and 2013/14, there were 161 hospital admissions among 15-24 year olds due to substance misuse. This equates to a directly standardised rate of 82.4 per 100,000 15-24 year olds, which is statistically similar to the equivalent England average (81.3 per 100,000) but significantly higher than the West Midlands (69.6 per 100,000). The rate of hospital admissions for substance misuse among 15-24 year olds is increasing across the country.

Figure 128: Hospital admissions for substance misuse among 15-24 year olds, Warwickshire by 3-year aggregate



What services do Warwickshire provide for substance and alcohol misuse?

Specialist substance misuse services for young people are distinct from adult services because young people’s alcohol and drug problems tend to be different to adults and need a different response. The role of specialist substance misuse services is to support young people to address their substance misuse, reduce the harm caused by it and prevent it from becoming a greater problem as they get older.

Compass is a Warwickshire service which provides targeted and specialist interventions for young people aged up to 18 years who are affected by their own, or another person’s substance misuse.

Referrals to Compass are accepted from any source/agency providing that the young person has consented to the referral being made. During 2014/15, there were 132 new referrals to Compass. The three most significant sources of referrals across Warwickshire for Tier 3⁶⁶ services were education (56%), family and friends (15%) and children and family services (13%).

⁶⁶ Tier 3 services are community-based drug assessment and structured treatment including community prescribing, psychosocial interventions, and day programmes specialist clients.

At district/borough level, the highest proportion of children and young people receiving services from Compass in 2014/15 were from Nuneaton and Bedworth Borough (30%), with the fewest number of from North Warwickshire Borough (9.1%). 56% of children and young people receiving help were male and 44% were female. Almost one third (30%) of young people were aged 15 years, with only 1% under the age of 13 years.

The vast majority (85%) of children and young people receiving services from Compass were receiving treatment for Cannabis, followed by alcohol (6%).

Nearly a third (31%) of all children and young people receiving Tier 3 services from Compass for substance and alcohol misuse had been excluded from school or college.

Young people tend to respond well to the interventions they receive for alcohol and drug problems. In 2012/13, over half (54%) of young people successfully completed their treatment. Harm reduction treatment was the most common service utilised (43%), followed closely by Counselling, Cognitive behavioural therapy (CBT) and Motivational Interviewing (MI) (42%).

1.3.8 SMOKING

Smoking among children and young people causes serious risks to their respiratory health both in the short and long term. The earlier children start to smoke on a regular basis, and the habit persists into adult life, the greater the risk of developing lung cancer, heart disease and chronic obstructive pulmonary disease (COPD)⁶⁷. According to the World Health Organisation, teenagers who smoke are three times more likely than non-smokers to use alcohol, eight times more likely to use marijuana, and 22 times more likely to use cocaine. Smoking is associated with a host of other risky behaviours, such as fighting and engaging in unprotected sex⁶⁸.

Children and young people are also more susceptible to the effects of passive smoking, particularly if there is a parent at home who smokes. Bronchitis, pneumonia, asthma and cot death are significantly more common in infants and children who have one or two parents who smoke⁶⁹.

Children and young people start to smoke and then continue for a number of reasons. These may be connected to their personal or social circumstances or to other influences. Personal factors include age, gender, socioeconomic status, educational attainment and mental health. Children and young people are more likely to smoke if they have poor educational attainment or are 'disengaged' from school, have used alcohol or drugs or have mental or emotional health problems.

⁶⁷ <https://www.rcplondon.ac.uk/publications/smoking-and-young>

⁶⁸ http://www.who.int/tobacco/research/youth/health_effects/en/

⁶⁹ <https://www.rcplondon.ac.uk/sites/default/files/documents/passive-smoking-and-children.pdf>

It is estimated that every year in the UK, more than 205,000 children start smoking, equating to over 560 children every day. The latest national survey of adult smoking shows that around 40% had started smoking regularly before the age of 16⁷⁰.

Results from the ‘What About Youth?’⁷¹ national survey suggests that in 2014/15 the prevalence of smoking amongst 15 year olds in Warwickshire was 8.2%. This is the same as the England average, but higher than the West Midlands average (7.0%). The prevalence of regular smokers (defined as those who smoke more than one cigarette a week) aged 15 in Warwickshire was 5.9%, compared to 5.5% across England and 4.9% across the West Midlands.

Modelled estimates from the Annual Survey of Secondary School Pupils in England published in 2015 found that less than one in five 11-15 year olds (18%) said that they had smoked at least once and 3% of pupils reported that they smoked at least one cigarette a week (the survey definition of regular smoking). The prevalence of smoking increases with age. No children aged 11 years and less than 0.5% of 12 year olds were regular smokers, compared with 8% of 15 year olds.

If the proportion of regular smokers from the survey is applied to Warwickshire population estimates, there would be 470 children aged 11-15 years regularly smoking in Warwickshire in 2014.

Figure 129: Estimated number of regular smokers in Warwickshire, aged 11-15 years, by sex, 2014

	Age in years				
	11	12	13	14	15
Males	0	12	62	64	195
Females	0	11	58	182	275
Total	0	23	120	247	470

Over a fifth (22%) of pupils had used e-cigarettes at least once. This included most pupils who smoked cigarettes regularly (89%). E-cigarette use was considerably lower among pupils who had never smoked (11%).

⁷⁰ <http://www.ons.gov.uk/ons/rel/ghs/general-lifestyle-survey/2011/rpt-chapter-1.html#tab-Age-started-smoking>

⁷¹ <http://www.whataboutyouth.com/about-the-study.aspx>

1.4 EDUCATION AND YOUTH EMPLOYMENT

Vulnerable children face disadvantages that can have a significant limiting effect on their achievement and attainment as well as on their broader life outcomes. There is a clear gap between the attainment of the majority of children and those from particular groups that are vulnerable to underachievement. This gap is often detectable at as young as 22 months and widens throughout the education system.

Outstanding teaching is important but there is no evidence that outstanding schools are any better than others in narrowing the achievement gap. Every educational setting will include disadvantaged learners as part of their community therefore this priority must be shared and supported by all partners across the early years foundation stage sector, primary and secondary schools as well in further education.

Poverty is the single largest indicator of success in the school system. Currently one in four children in the UK is growing up in poverty. This has a profound impact on these children's educational achievement and subsequent life success.

Studies have shown a noticeable gap in cognitive performance between children in the poorest sections of the population compared to children from more affluent backgrounds. Data published at each key stage shows an attainment gap where pupils eligible for free school meals (a proxy for low income) fall behind non-free school meal eligible pupils.

Among children who qualify for free school meals, white British boys from low-income families consistently emerge as the lowest-achieving ethnic group. However, the link between poverty and learning outcomes is a multi-racial phenomenon, with substantial gaps in attainment due to poverty across all ethnic groups.

1.4.1 SCHOOL READINESS

School readiness is determined by the results of the early years foundation stage profile (EYFSP); a national return by the Department of Education, which is completed for all children in state-funded early years education in the final term of the academic year in which the child reaches the age of five.

EYFSP requires practitioners to make a best fit assessment of whether children are emerging, expected or exceeding against 17 early learning goals (as of 2013). Children have been deemed to have reached a good level of development if they achieve at least the expected level in the early learning goals relating to:

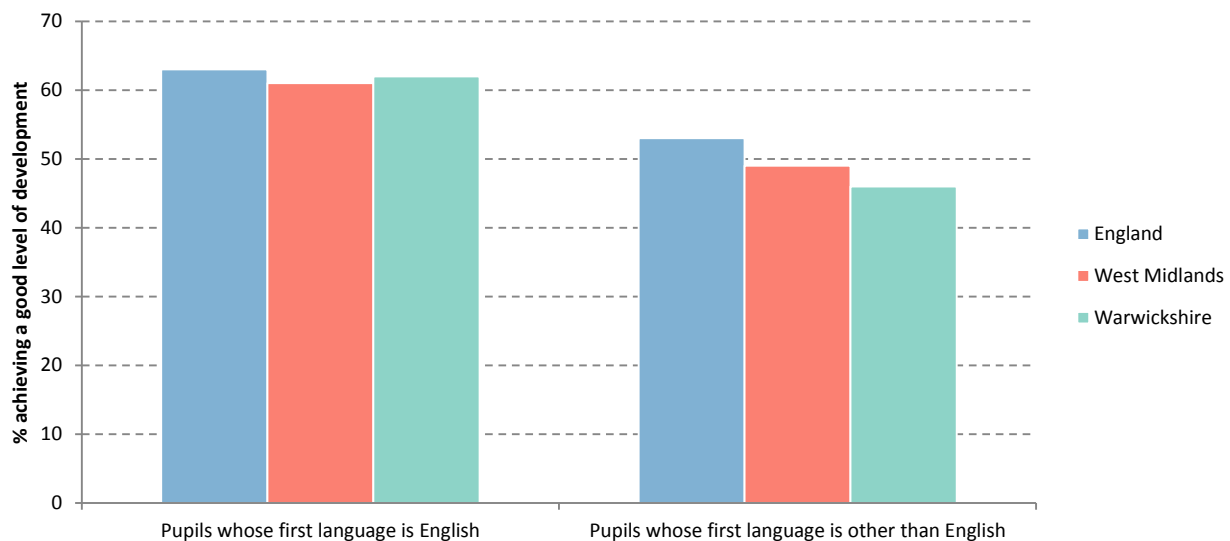
- Learning
 - personal, social and emotional development
 - physical development
 - physical development
 - communication
 - language

- Mathematics
- Literacy

In 2013/14, 60.1% of Warwickshire children had achieved a good level of development by the end of reception, compared to 60.4% nationally. This is an improvement from 2012/13 where only 44.9% of Warwickshire children were reported to have achieved a good level of development at end of reception compared with 51.7% nationally. However, these figures are not comparable due to changes in the early learning goals which were implemented in 2013.

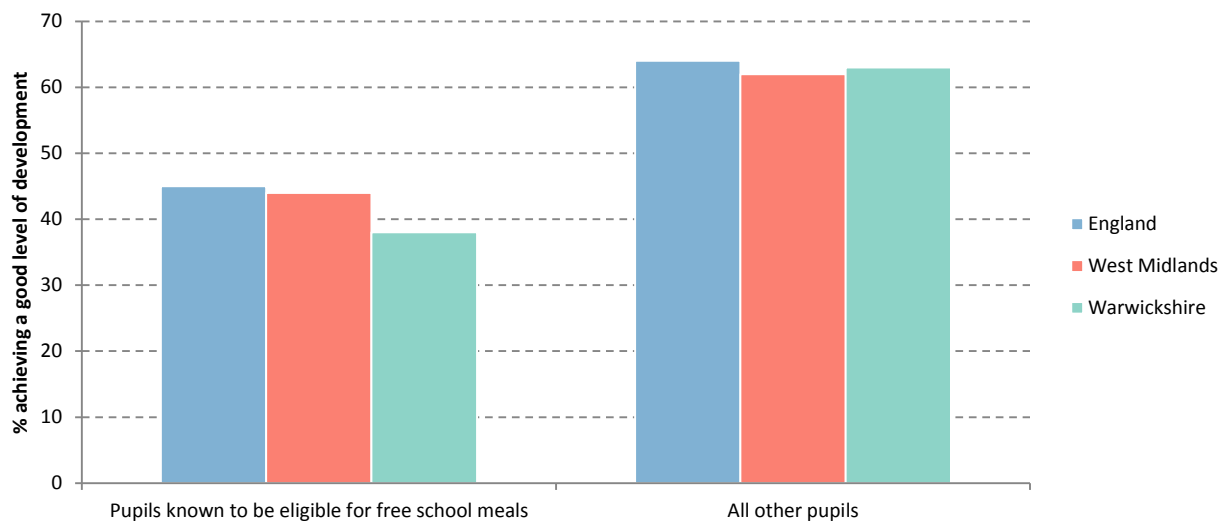
Achievement is not as high for children where English is not their first language, for children receiving free school meals or for children with a special educational need (SEN). For all of these vulnerable groups, the gap in attainment in Warwickshire is wider than the national average and the gap has widened since 2013.

Figure 130: Achievement in EYFSP teacher assessments by first language, 2014



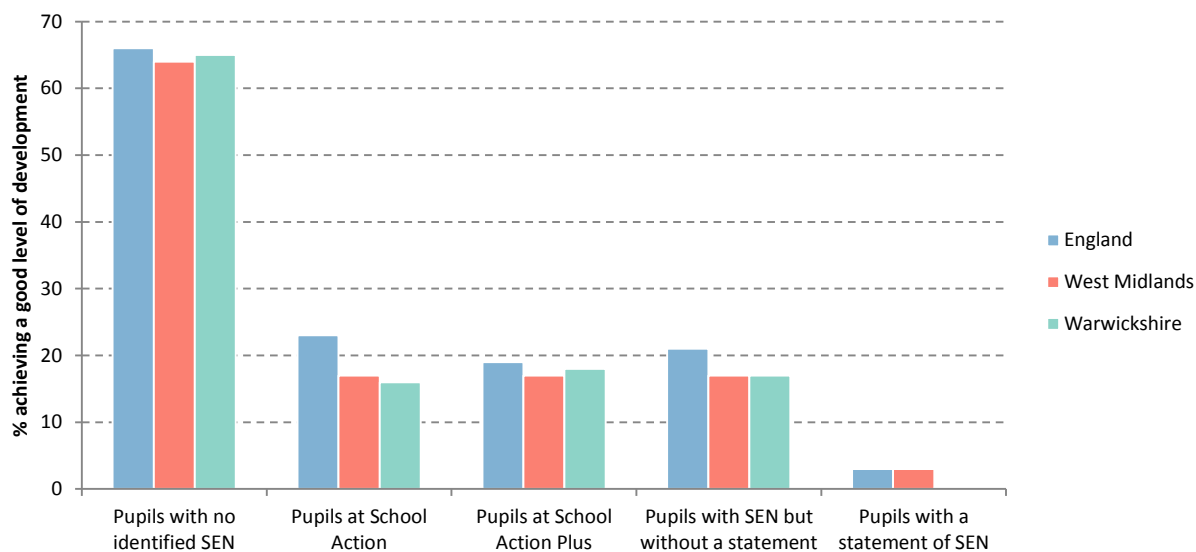
There is a 16 percentage point difference in the proportion of children achieving a good level of development between those children who speak English as their first language (62%) and children whose first language is other than English (46%) in Warwickshire. This compares to a difference of 10 percentage points nationally and 12 percentage points regionally (West Midlands). This gap has widened by 4 percentage points since 2013 in Warwickshire but has remained the same nationally.

Figure 131: Achievement in EYFSP teacher assessments by free school meal eligibility, 2014



There is a 25 percentage point difference in the proportion of children achieving a good level of development between those children who are known to be eligible for free school meals (38%) and all other pupils (63%) in Warwickshire. This compares to a difference of 19 percentage points nationally and 18 percentage points regionally. This gap has widened by 3 percentage points since 2013 in Warwickshire but has remained unchanged nationally.

Figure 132: Achievement in EYFSP teacher assessments by SEN provision, 2014



There is a marked difference in the achievement of pupils in Warwickshire who have a special educational need compared with pupils with no identified SEN. For pupils with SEN (both without a statement and those with a statement of SEN), 17% achieved a good level of development compared with 65% of those pupils with no identified SEN, an attainment gap of 48 percentage points compared with 45 percentage points nationally and 47 percentage points regionally. This gap has widened by 8

percentage points since 2013 in Warwickshire, consistent with the national trend (5 percentage point increase nationally). The proportion of pupils with a statement of SEN who attained a good level of development was the lowest nationally at 3%, 1 percentage point higher than in 2013. Warwickshire's proportion of pupils with a statement of SEN who attained a good level of development has been suppressed to protect confidentiality.

1.4.2 SCHOOL PERFORMANCE

Ofsted is the Office for Standards in Education, Children's Services and Skills. Ofsted inspects and regulates services providing education and skills for learners of all ages. The findings from these inspections are analysed and published to highlight areas of strength and weakness in individual establishments as well as sector-specific annual reports. Each provider inspected is given a rating of 'Unsatisfactory', 'Requires Improvement', 'Good' or 'Outstanding'.

Overall, standards of education continue to rise across the country, with 85 percent of early years settings judged good or outstanding, 82% of primary schools judged good or outstanding and 71% of secondary schools judged good or outstanding. However, children from disadvantaged backgrounds continue to lag behind, leading to numerous children and learners not benefitting from an equal footing in life. These vulnerable children are not receiving the support that they need to break the cycle of disadvantage.

In Warwickshire, 227 maintained schools and academies have a current Ofsted rating and the county measures favourably compared with the national averages. 83% of schools are rated as either good or outstanding, of which the breakdown can be seen in the table below.

Figure 133: Current Ofsted ratings for Warwickshire maintained schools and academies

School Phase	Total Schools	Inadequate		Requires Improvement		Good		Outstanding		Good/Outstanding	
		Count	%	Count	%	Count	%	Count	%	Count	%
Nursery	6	0	-	0	-	2	33%	4	67%	6	100%
Primary	181	2	1%	31	17%	123	68%	25	14%	148	82%
Secondary	31	1	3%	4	13%	15	48%	11	35%	26	84%
Special	9	0	-	1	11%	8	89%	0	-	8	89%
Total	227	3	1%	36	16%	148	65%	40	18%	188	83%

1.4.3 EDUCATIONAL ATTAINMENT

The current national curriculum Key Stage assessments sat by children and young people throughout their school life helps parents, schools and local authorities ensure that pupils are achieving to a high standard and reaching their potential irrespective of circumstance and location.

Warwickshire's educational attainment levels are good and continue to improve year on year, with results higher than national averages across all Key Stages. However, whilst educational attainment for all children in the county improves, the gap in attainment and achievement between vulnerable groups of children and their peers is either being maintained at the same level or is increasing.

At the end of Key Stage 2 and 4, across all subjects, the attainment and progress of disadvantaged pupils in Warwickshire is slightly below that being achieved by disadvantaged pupils nationally.

Disadvantaged Pupils

The Department for Education define 'disadvantaged pupils' as children who have been eligible for free school meals at any time in the last 6 years (FSM) and /or children that have been continuously looked after for over 6 months (CLA). In terms of performance (attainment and progress), disadvantaged pupils in Warwickshire underperform compared with disadvantaged children nationally.

Figure 135 shows that the attainment gap between disadvantaged and non-disadvantaged Key Stage 2 pupils achieving Level 4 or above in Reading, Writing and Maths had reduced by 3 percentage points. However, the attainment gap between disadvantaged and other pupils achieving Level 5 or above (the nationally expected level) has increased by 3 percentage points from 2013 to 2014 and remains 4 percentage points above the national gap.

Figure 135: % achieving Level 4 & above at KS2 in Reading, Writing and Maths

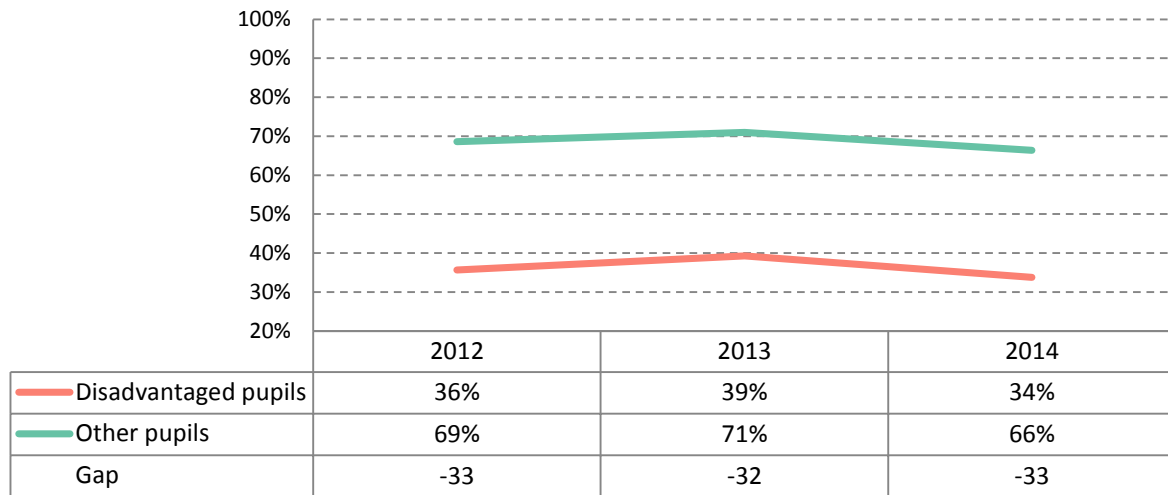
		2012	2013	2014
England	Disadvantaged Pupils	61%	63%	67%
	Other Pupils	80%	81%	83%
	Gap	-19	-18	-16
Warwickshire	Disadvantaged Pupils	60%	59%	65%
	Other Pupils	81%	82%	85%
	Gap	-21	-23	-20

Figure 134: % achieving Level 5 & above at KS2 in Reading, Writing and Maths

		2012	2013	2014
England	Disadvantaged Pupils	9%	10%	12%
	Other Pupils	24%	26%	29%
	Gap	-15	-15	-17
Warwickshire	Disadvantaged Pupils	9%	11%	11%
	Other Pupils	27%	29%	32%
	Gap	-18	-18	-21

As pupils continue their schooling to the end of Key Stage 4 (GCSEs) the attainment gap between disadvantaged pupils and their peers widens. In 2014, only 34% of disadvantaged pupils in Warwickshire achieved 5 or more A*-C GCSEs (or equivalent) including English and Maths compared with 66% of other pupils; a difference of 33 percentage points. This compares to a national gap of 28 percentage points, a 5 percentage point difference.

Figure 136: % achieving 5+ A*-C GCSEs (or equivalent) including English and Maths



The Pupil Premium

Closing the gap between disadvantaged and other pupils is one of the biggest performance challenges facing schools in Warwickshire. In 2011, the government introduced the Pupil Premium; additional funding given to schools so that they can support disadvantaged pupils and close the attainment gap between them and their peers. The pupil premium is additional to main school funding to help ensure that this money reaches the disadvantaged pupils who need it most.

In 2015/16, schools will receive £1,320 for each pupil in Reception to Year 6 who has been registered as eligible for free school meals at any point in the last 6 years and £935 for pupils in Year 7 to Year 11 meeting the same criteria. For each pupil who has left local authority care, schools will receive £1,900.

Children who have been in local authority care for 1 day or more also attract £1,900 of pupil premium funding. However, the pupil premium funding for these pupils goes to the Virtual School Head in the local authority that looks after the child.

Schools must publish details of how they have spent their pupil premium and the effect that this has had on the attainment of pupils who attract the funding.

Children with Special Educational Needs

The Department for Education defines a child or young person with special educational needs (SEN) as someone who has a learning difficulty or disability which calls for special education provision to be made for him or her. Many children and young people who have SEN may have a disability, defined under the Equality Act 2010 as '*a physical or mental impairment which has a long-term and substantial adverse effect on their ability to carry out normal day-to-day activities*'. Where a disabled child or young person requires special educational provision they will also be covered by the SEN definition.

Significant reforms for children with SEN and disabilities (SEND) came into effect on 1st September 2014 under the Children and Families Act 2014 with a new SEND Code of Practice, which was further

updated in January 2015. These documents represent the most significant reform of SEN and Disability legislation for 30 years and set out a vision for children and young people aged 0-25 years with special educational needs to ensure that *'they achieve well in their early years, at school and in college; lead happy and fulfilled lives; and have choice and control'*. To achieve this vision, a programme of reform seeks to better integrate and streamline support across education, health and social care, from birth to 25.

Warwickshire County Council has recently undertaken a needs assessment on SEN, which will lead into a Joint Strategic Needs Assessment for SEND later this year. This needs assessment identified that Warwickshire has a slightly higher-than-average proportion of children with statements of special educational needs at 3.1% compared with 2.8% nationally. Over the past 5 years, since January 2010, there has been a 10% upward change in the number of students with statements. The rate of increase outstrips statistical neighbours where there has only been an average 3% increase. The largest primary need for pupils with statements is for Autism Spectrum Disorder (ASD), (27.3% of all pupils with a statement) followed by Behavioural, Emotional & Social Difficulties at 19.2%. Analysis suggest that special schools have been operating at near full capacity in recent years, although a number of expansions have been agreed and additional capacity of circa 180 places will become available over the next few years. In order to accommodate anticipated growth in demand additional provision is being planned in designated SEN provision or resourced SEN units. For post-16 learners, there are plans to develop a wider range of options with supported routes into employment.

The gap in the proportion of pupils with SEN without a statement achieving Level 2 or above across Key Stage 1 subjects compared with children with no SEN has narrowed. The attainment gap between these two groups of pupils is smaller than the national average and comparator councils.

At the end of Key Stage 2, the proportion of pupils with SEN without a statement achieving Level 4 or above in Reading, Writing and Maths increased by 20% from 2013 to 2014, to 42%, reducing the gap in attainment with those pupils with no SEN to 50 percentage points. This attainment gap remains 2 percentage points higher than the gap at a national level, but 2 percentage points lower when compared to similar councils.

At the end of Key Stage 4 in 2014, just under a third of SEN pupils without a statement achieved 5+ A*-C GCSEs or equivalent including English and Maths, compared to two thirds of pupils with no SEN, equating to an attainment gap of 37 percentage points. The attainment of both groups of children is higher than the national average. However, the gap between attainment of children with SEN without a statement and children with no SEN is wider at the end of Key Stage 4 than it is a Key Stage 2.

Persistent Absenteeism

School attendance is essential for raising educational standards and ensuring pupils maximise their opportunities and fulfil their potential. It is a legal requirement that the attendance of children of compulsory school age who are registered at a state-funded school is both regular and punctual.

Schools and the local authority have a duty to promote and enforce better school attendance and behaviour, address patterns of unauthorised absence, and support parents and pupils through intervention strategies. In Warwickshire, this is led by the council's Attendance, Compliance and Enforcement Service (ACE). Failure to attend lessons can lead to children falling behind their peers, with the potential of leaving a pupil at a disadvantage for the remainder of their school career. There is evidence of a clear link between poor attendance at school and low levels of achievement, together with a close association with factors such as free school meal eligibility and having a special educational need⁷².

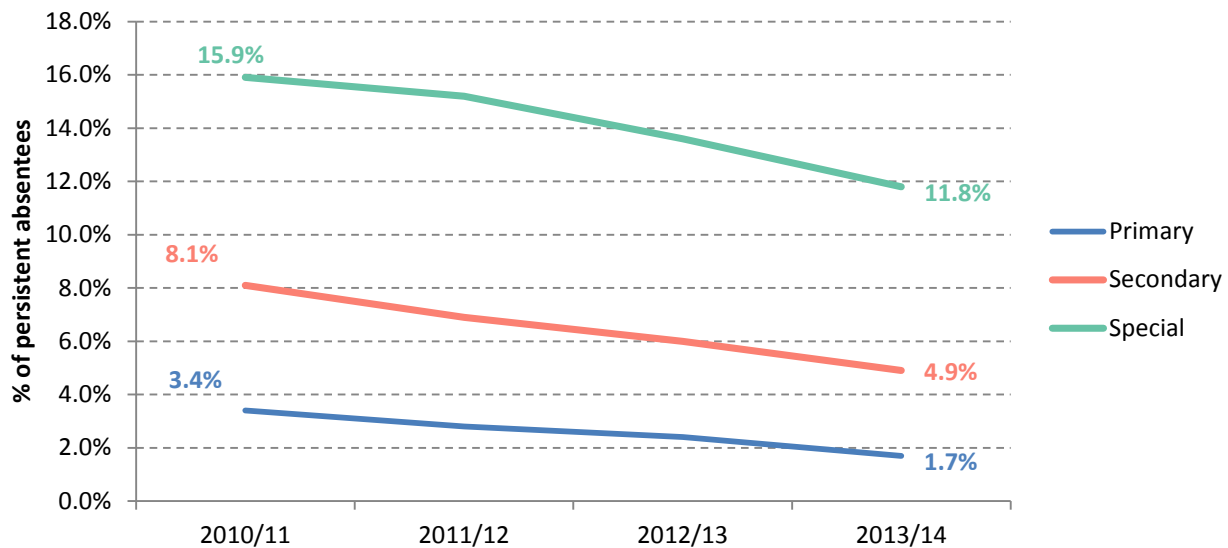
- **One day a week absence is the equivalent of 2½ whole years of education missed over a school career**
- **15 minutes of lateness a day equals one whole year of education missed**
- **10 days holiday leave a year is the equivalent of two whole terms of education missed**
- **Half a day a week missed during Years 10 and 11 can mean the loss of a grade for every GCSE taken**

Currently, persistently absent pupils are defined as those absent from 56 or more sessions of schooling (equivalent to 28 days or around 15%) in a full academic year. This is a great deal of schooling to miss and, in the government's opinion, setting the bar too high. Therefore from the beginning of the next academic year, 2015/2016, the government is reducing the persistent absence threshold from 56 or more sessions of absence to 38 or more sessions of absence; equivalent to around 10 per cent of schooling in a full academic year.

Rates of persistent absenteeism across state-funded primary, secondary and special schools in Warwickshire have decreased over the past 5 years in line with the national trend. Special schools have the highest rates of persistent absenteeism, almost wholly due to illness, whereas primary schools have the lowest rates of persistent absenteeism.

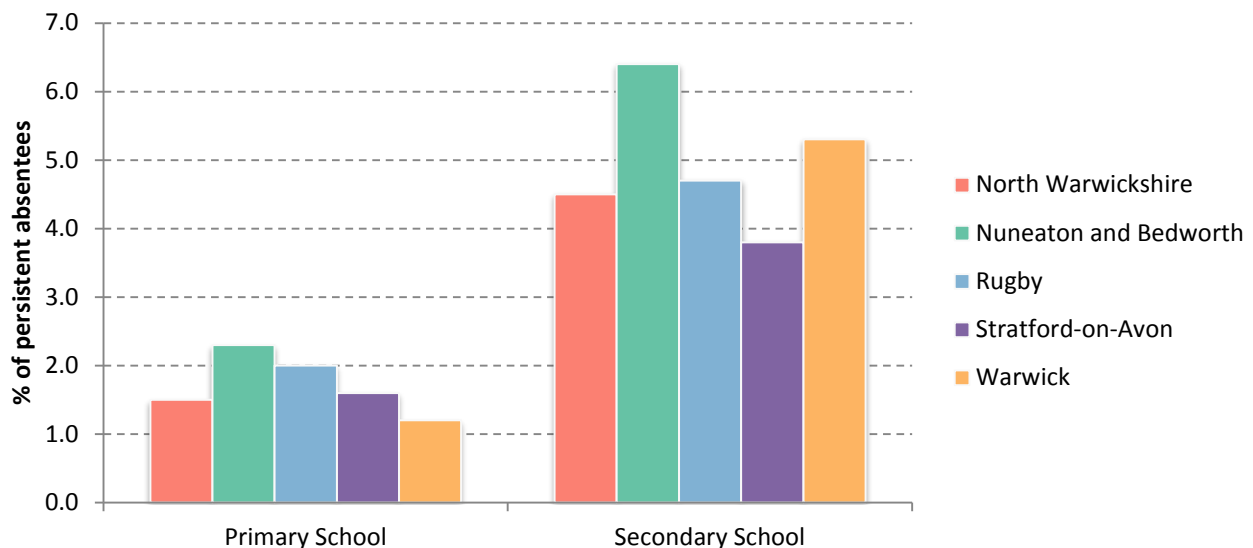
⁷² Improving attendance at school. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/180772/DFE-00036-2012_improving_attendance_at_school.pdf

Figure 137: Percentage of persistent absentees in state-funded primary, secondary and special schools in Warwickshire by academic year



At a district/borough level, state-funded primary and secondary schools in Nuneaton and Bedworth Borough had the highest levels of persistent absenteeism in the county in 2013/14. Notably, Warwick District had the lowest proportion of persistent absentees at primary level, but the district had the second highest proportion of persistent absentees at secondary school.

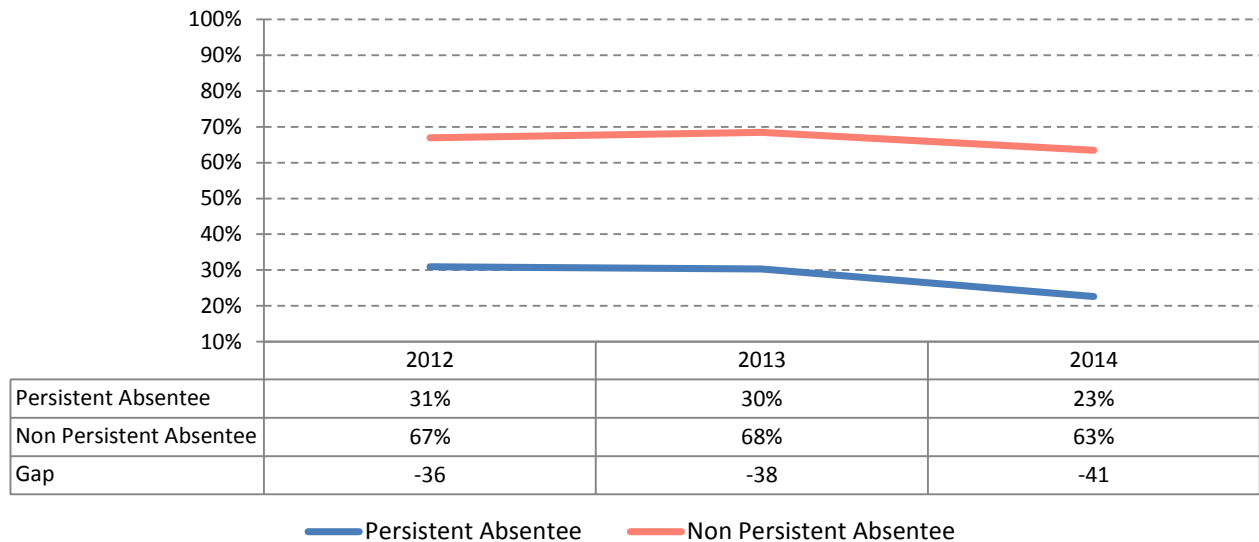
Figure 138: Percentage of persistent absentees by district/borough of school in 2013/14



During the academic year 2013/14, 102 pupils at the end of KS2 (approximately 2% of the cohort) missed 56 or more authorised or unauthorised sessions of schooling. Under half (45%) of these persistent absentees achieved the expected level in Reading, Writing and Maths compared to 81% of those pupils with fewer absence sessions. The gap between these cohorts has remained consistent over the past three years and stands at 36 percentage points in 2014.

437 pupils (approximately 7% of the cohort) missed 56 or more sessions of schooling during the final year of their Key Stage 4 study in 2013/14. Just under a quarter (23%) of these persistent absentees achieved 5+ A*-C GCSEs (or equivalent) including GCSE English and Maths as opposed to 63% of those pupils with higher levels of attendance. Despite overall levels of persistent absenteeism decreasing, the attainment gap between persistent absentees and non-persistent absentees is increasing at a pertinent time of these young people's lives.

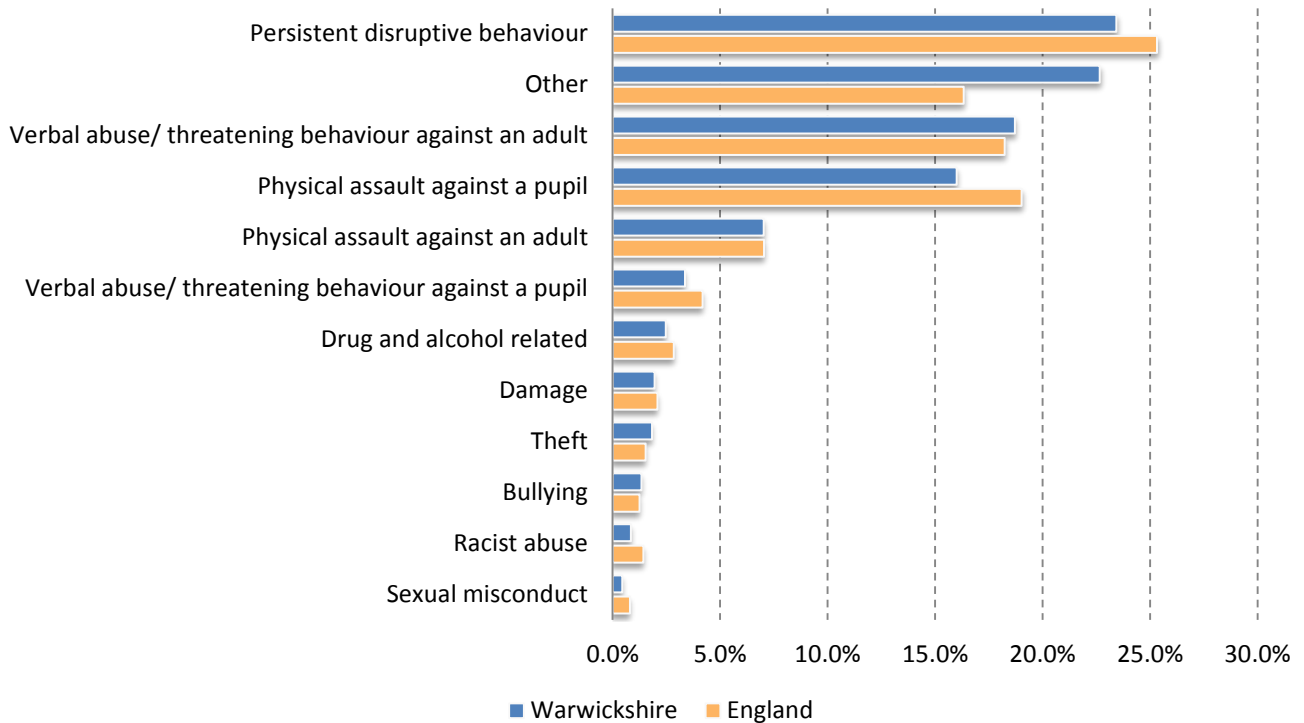
Figure 139: Warwickshire pupils achieving 5+ A*-C GCSEs (or equivalent) including GCSE English & Maths



Permanent and Fixed Period Exclusions

31 children in state-funded primary schools, state-funded state schools and special schools in Warwickshire were permanently excluded in 2013/14. 40% of these permanent exclusions were for persistent disruptive behaviour, with a further third due to physical assault against an adult. A further 1,290 pupils were given fixed period exclusions in 2013/14, 1.7% of the school population. This is a slightly lower proportion than the England average of 1.8% of pupils with one or more episodes of fixed period exclusions. The average number of days lost per excluded pupil in Warwickshire was 4.2 days, the same as the England average.

Figure 140: Reason for fixed period exclusion as a proportion of total fixed period exclusions in Warwickshire, 2013/14



1.4.4 YOUNG PEOPLE NOT IN EDUCATION, EMPLOYMENT OR TRAINING

Engagement in learning and educational attainment is critical if young people are to make a success of their lives. Evidence shows that not being in education, employment or training (NEET) between the ages of 16 and 18 years is a major predictor of later unemployment, low income, teenage motherhood, depression and poor physical and mental health. Young people who are NEET are at risk of not achieving their potential, economically or socially.

National research by York University suggests that there is a reasonable expectation that one in six young people who are NEET will never secure long-term employment, with the average individual lifetime public finance cost of a young person who is NEET at £56,300 equating to £12 billion across all young people who are NEET. The total associated loss to the economy, individuals and their families is just over £22 billion.

The majority of young people who are NEET do not face multiple or complex barriers to engagement and therefore could be prevented from falling into this group if they were targeted with the right intervention early on. However, local analysis of Warwickshire’s NEET population found that educational underachievement beginning at Key Stage 2 assessments and being resident in a deprived area of the county were contributory factors to a young person becoming NEET.

Latest data published by the DfE shows the proportion of young people in Warwickshire who are recorded as NEET has decreased slightly, from 5.5% of all 16-19 year olds, (estimated 1,010 young people) in 2013/14 to 5.1% of all 16-19 year olds (estimated 920 young people) in 2014/15.

Figure 141: Proportion of young people aged 16-18 years recorded as NEET in Warwickshire by year



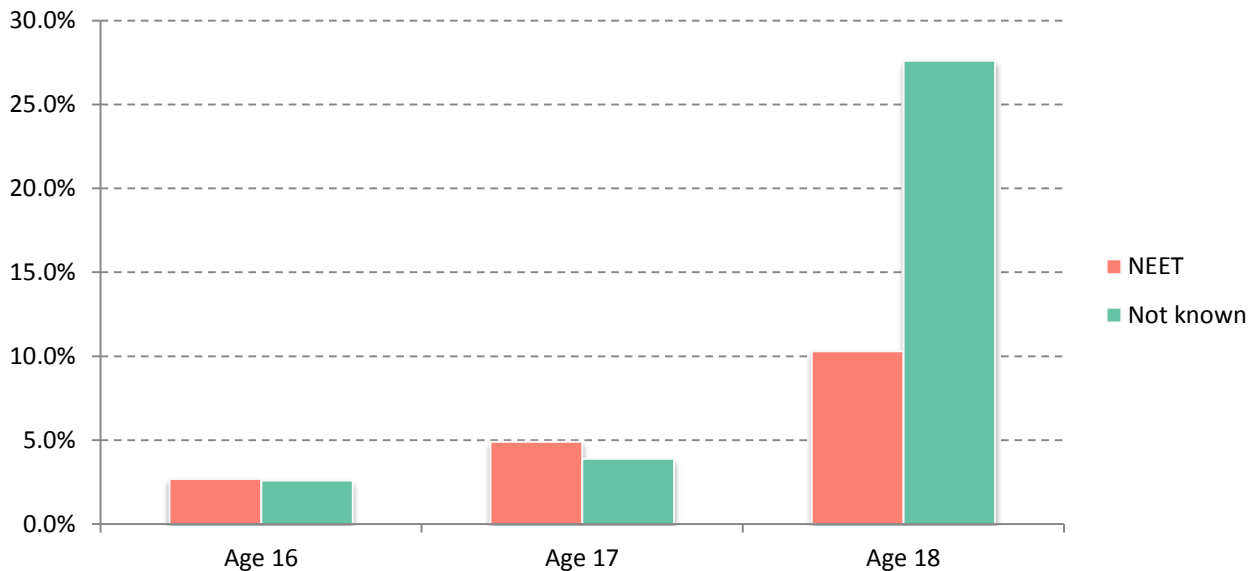
This increase in numbers of NEET over the past two financial years compared with 2012/13 has partly resulted from more effective tracking of young people which has reduced the number of young people with a current activity status of 'Unknown' from 17.1% (estimated 3,135 young people) in 2012/13 to 11.3% (2,075 estimated young people) in 2013/14 and 10.6% (estimated 1,920 young people) in 2014/15. However, more effective tracking does not account for the whole increase as Warwickshire's NEET population is higher than the England average (4.7% of all 16-19 year olds).

NEET are identified from a combination of data sources and kept up to date through regular reporting from schools, colleges and providers. The Local Authority also works with other organisations such as Job Centre Plus and voluntary organisations to share information about young people who they know about. It is vital that the Local Authority is able to track the destinations of vulnerable young people to allow for signposting more targeted support with re-engagement work.

The proportion of NEET increases with age. In 2013/14, 2.4% of young people aged 16 years were NEET compared with 4.9% of young people aged 17 years and 10.3% of people aged 18 years. Warwickshire has seen the largest increases in NEET numbers across all three age ranges compared to statistical neighbours.

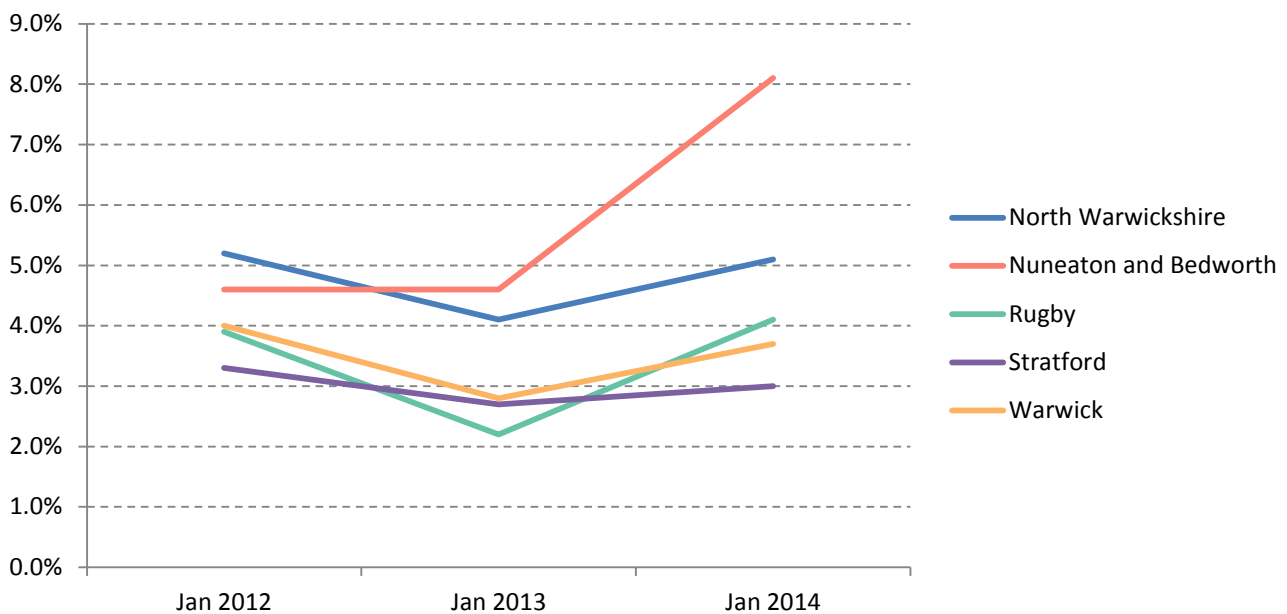
The percentage of young people with a situation 'not known' also increases by age, as shown below.

Figure 142: Proportion of young people in Warwickshire who are NEET or with a situation unknown by age in 2013/14



The number of young people in Warwickshire who are NEET rose across all districts/boroughs in January 2014. The largest increase was seen in Nuneaton and Bedworth Borough with a 3.5 percentage point increase from 4.6% (224 young people) in January 2013 to 8.1% (381 young people) in January 2014. The number of NEET in Rugby Borough almost doubled, from 76 young people (2.2%) in January 2013 to 143 young people in January 2014 (4.1%). Smaller increases were seen in the rest of the county.

Figure 143: Proportion of NEET in Warwickshire by district/borough, as a snapshot each year



Risk of NEET Indicator (RONI)

Part of Warwickshire's strategy to reduce NEET in the county has been to develop an early identification system for young people at risk of disengaging, known as the Risk of NEET Indicator (RONI). The system identifies characteristics that evidence has shown puts young people at risk of becoming NEET at age 16 for all young people on roll in Warwickshire schools. RONI reports are provided to each secondary and special school for their current Year 10 and Year 7 cohorts in order that preventative activity can be targeted at those young people specifically at risk.

Out of the 2014 Year 10 cohort, RONI identified 224 young people as being at high risk of becoming NEET post 16, with a further 970 identified at medium risk. This equates to approximately 21% of all Warwickshire Year 10 students (attending a state-funded secondary or special school). For the 2014 Year 7 cohort, RONI identified 88 young people as being at high risk of becoming NEET. The table below shows a district breakdown of these young people identified as being at high risk of becoming NEET post-16 for Year 10 and Year 7 pupils.

Figure 144: Warwickshire Year 7 and Year 10 pupils identified as being at high risk of becoming NEET, 2014

District/borough	Year 7		Year 10	
	Number	%	Number	%
North Warwickshire	12	13.6%	13	5.8%
Nuneaton and Bedworth	25	28.4%	46	20.5%
Rugby	8	9.1%	52	23.2%
Stratford-on-Avon	11	12.5%	46	20.5%
Warwick	18	20.5%	42	18.8%
Special schools	14	15.9%	25	11.2%
Total	88	100%	224	100%

The economic climate and government Education and Welfare policy changes are likely to impact on the NEET agenda in coming years. In particular, raising the participation age (RPA) to 18 years of age in 2015 may serve to reduce the number of NEET young people. The RPA agenda is a key element in supporting young people in Warwickshire back into employment, education and training.

The rates of participation in all forms of learning in Warwickshire for 16 and 17 year olds (94.3% and 87.8% respectively – DfE December 2014) are relatively strong. However, those who are not participating will frequently have already begun to become disengaged in school or face significant personal challenges. Engaging these young people requires further development of innovative and often non-mainstream provision, pre-16 as well as post-16, and strong mechanisms for early identification and ongoing individual support.

1.4.5 YOUTH UNEMPLOYMENT

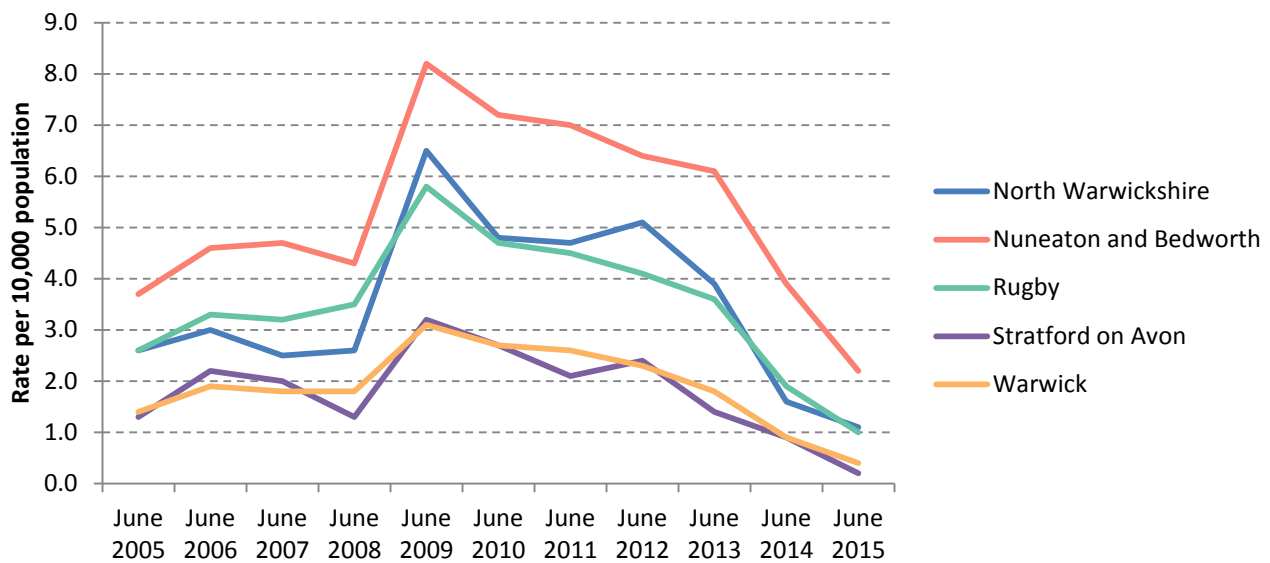
In the UK there are currently around 1½ million young people not in education, employment or training. Nationally, youth unemployment is a significant issue, despite the number of 16-24 year olds

claiming job-seekers allowance (JSA) falling over the past three years. Employment is a future determinant of health, as unemployment is linked to poor health and increased mortality. This is a major concern as the current economic situation means there is less work for people of all ages, including young people.

There were 505 JSA claimants aged 18-24 years as at September 2015 in Warwickshire, of which 125 had been claiming for over 6 months. This has dropped from 925 young people at September 2014 and 1,850 young people at September 2013; a decrease of 73% over two years. The number of JSA claimants aged 19 years and under has also fallen, from 540 as at September 2013 to 145 claimants as at September 2015.

The rate of JSA claimants aged 16-24 years varies between districts and boroughs. However, rates in claimants have fallen in each district and borough, with a significant reduction in claimant rates in the north of the county which has closed the dispersion. Despite a large reduction, Nuneaton and Bedworth Borough has the highest rate of JSA claimants aged 16-24 years and Stratford-on-Avon District has the lowest.

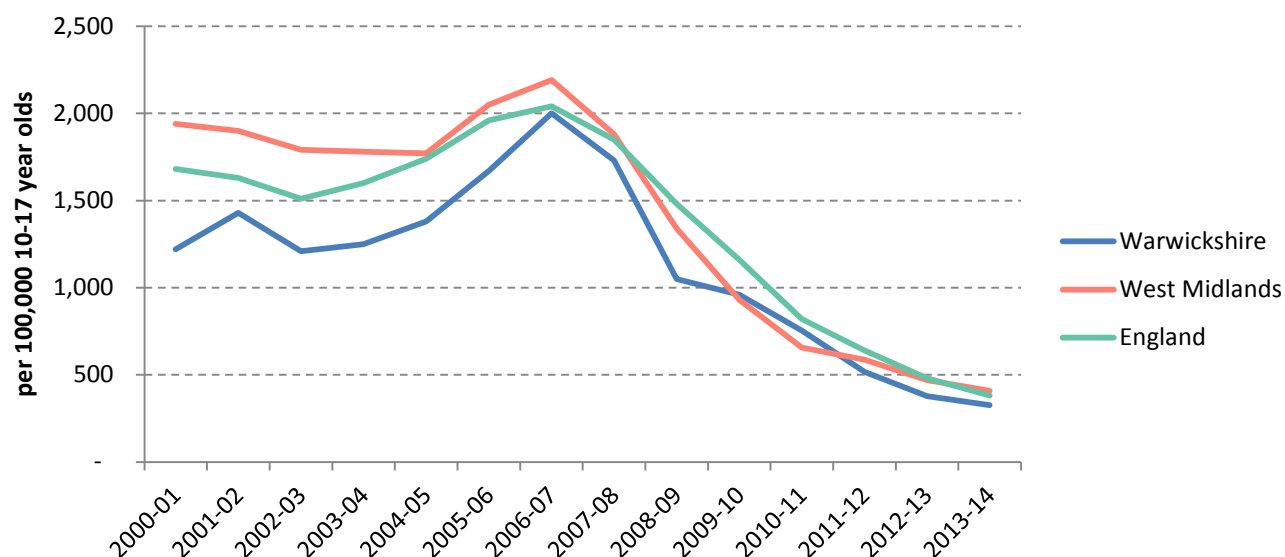
Figure 145: Rate of JSA Claimants aged 16-24 years in Warwickshire as at June by year and district/borough



1.5 CRIME

Children and young people in contact with the youth justice system are more likely to have mental health problems than those who are not, and to have more than one mental health problem alongside a range of other challenges. Nationally, over the past decade there has been a reduction in the number of young people entering the youth justice system, but this reduction is not uniform and there is evidence of growing levels of multiple, complex and damaging health and social needs among those who have come into contact with the youth justice system⁷³.

Figure 146: Rates of young people aged 10-17 receiving their first reprimand, warning or conviction per 100,000 10-17 year old population, Warwickshire, 2000-01 to 2013-14



1.5.1 YOUTH OFFENDING

In 2013/14, 602 offences committed by young people aged 10-17 years in Warwickshire resulted in a disposal⁷⁴. 83% (500 offences) of these were committed by males, the rest (102 offences) by females. 17% of offences resulting in a disposal were committed by young people aged 10-14 years. Offences increased with age, with a third of all offences resulting in a disposal committed by young people aged 17 years.

The most common offence committed by young people which resulted in a disposal was 'Theft and handling stolen goods' (134 offences) followed by 'Violence against the person' (123 offences).

⁷³ Department of Health (2013). Chief Medical Officer's annual report 2012: Our Children Deserve Better: Prevention Pays - Chapter12: Youth Justice.

⁷⁴ A disposal is an umbrella term referring both to sentences given by the court and to out of court decisions made by the police. Disposals can be divided into four separate categories of increasing seriousness starting with out of court disposals then moving into first-tier and community-based penalties through to custodial sentences.

Figure 147: Offences by young people resulting in a disposal in Warwickshire, 2013/14

Offense	Age				Gender	
	10-14	15	16	17+	Female	Male
Arson	0	0	0	0	0	0
Breach Of Bail	0	0	2	3	1	4
Breach Of Conditional Discharge	0	0	0	0	0	0
Breach Of Statutory Order	0	4	3	2	1	8
Criminal Damage	23	9	19	19	12	58
Death Or Injury By Dangerous Driving	0	2	1	1	0	4
Domestic Burglary	6	12	4	6	1	27
Drugs	10	14	22	21	8	59
Fraud And Forgery	0	0	1	1	1	1
Motoring Offences	0	7	16	9	0	32
Non Domestic Burglary	2	7	2	3	0	14
Other	2	1	4	7	6	8
Public Order	3	6	12	15	7	29
Racially Aggravated	4	0	4	1	3	6
Robbery	2	6	3	3	1	13
Sexual Offences	2	4	0	14	0	20
Theft And Handling Stolen Goods	17	21	46	50	20	114
Vehicle Theft / Unauthorised Taking	3	3	9	6	3	18
Violence Against The Person	31	26	25	41	38	85
TOTAL	105	122	173	202	102	500

In 2013/14, 314 young people were convicted of an offence in Warwickshire, of which only 11 were given custodial sentences. The majority of young people received a Youth Caution or a Youth Conditional Caution. 80% of young people were male, and a third were aged 17+. Police custody is not 'a place of safety' and is only appropriate in the most serious of cases for children and young people.

1.5.2 CHILDREN WITH A PARENT IN PRISON

Children affected by parental imprisonment are some of the most vulnerable. Nearly three times more children experience separation and family disruption through parental imprisonment than are placed in care each year⁷⁵.

⁷⁵ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/244872/SFR36_2013.pdf

No official record exists of children of prisoners as neither courts, governments, nor local services ask routinely about them, although it is estimated that more than 200,000 children are affected at any time in the UK⁷⁶.

Many children experience the arrest of their parent with grief which they cannot share because of shame and stigma. Because they are not being identified by authorities when their parents are sent to prison, they may be at risk of unsuitable care arrangements, and most do not get the support that they need in the community.

The sudden loss of a parent can upset the attachment relationships between children and both their parents, increasing levels of stress, anxiety or depression that they experience, which can in turn lead to increased levels of behavioural and conduct disorders. These effects are more pronounced if the parent in question is the primary caregiver. According to the leading authority on women's imprisonment, up to 18,000 children each year are affected by the imprisonment of their mother⁷⁷.

The exact number of children living in Warwickshire with a parent in prison is unknown, but there are estimated to be around 500 families affected by the imprisonment of a close family member in Warwickshire at any given time. Publically available prison statistics relate to the number of people in each prison rather than where the person used to reside before their custodial sentence. There are no prisons in Warwickshire, therefore adults from Warwickshire who receive a custodial sentence will be moved out of county.

1.5.3 ABUSE, DOMESTIC VIOLENCE AND SEXUAL ASSAULT

Children exposed to domestic abuse suffer significant harm from the effects of witnessing such violence. The longer children are exposed to violence or domestic abuse, the more severe the effects on them are⁷⁸. Research indicated that children in violent homes are:

- **7 times more likely to commit suicide**
- **50% more likely to abuse alcohol or drugs**
- **Likely to commit 76% of crimes as young juveniles**

It is estimated that around 80% of victim's children witness domestic abuse, equating to over 750,000 children each year (Department of Health, 2003). According to figures from the ONS, women living in

⁷⁶ . . . Surveying Prisoner Crime Reduction Survey. MoJ 2012, available at: <http://www.justice.gov.uk/publications/research-and-analysis/moj/results-from-the-surveying-prisoner-crime-reduction-spcr-survey>.

⁷⁷ <http://www.justice.gov.uk/publications/docs/corston-report-march-2007.pdf>

⁷⁸ <http://www.talk2someone.org.uk/4762>

the poorest households are more than three times more likely to be victims of domestic abuse than those in higher income families⁷⁹.

Acute under-reporting of domestic abuse remains a large issue, and means that the true extent of domestic abuse in the UK remains largely hidden (although there is evidence to suggest a modest improvement). Police recorded 64,205 sexual offences in 2013/14, the highest figure since 2002/03, which the ONS said reflected the increasingly willingness of victims to come forward.

In Warwickshire, each year there will be an estimated 9,183 female victims of domestic abuse⁸⁰. This compares to 7,253 'incidents' of domestic abuse (approximately 20 per day) and 1,114 domestic abuse 'crimes' recorded by Warwickshire Police in 2013/14. However, research suggests that only 40% of domestic abuse incidents are reported to the police. Assuming this, there may actually be 20,000 incidents of domestic abuse occurring in Warwickshire each year.

Multi-Agency Risk Assessment Conferences (MARAC)

A Multi-Agency Risk Assessment Conference (MARAC) is a multi-agency meeting which domestic abuse victims who have been identified as at high risk of serious harm or homicide are referred to. The MARAC is attended by representatives from a range of statutory and voluntary sector agencies. The primary focus of the MARAC is to safeguard the adult victim. However, taking in to account the UK law which prioritises the safety of children, the MARAC will also make links with other multi-agency meetings and processes to safeguard children and manage the behaviour of the perpetrator. Warwickshire operates three localised MARACs each month which are overseen at county level.

In 2014/15, 585 cases were discussed at MARAC meetings in Warwickshire, up from 538 cases in 2013/14. 82% of which were referred by the Police, with the second highest proportion of referrals from the voluntary sector (8.2%, equating to 48 cases). 404 cases discussed in at MARAC meetings in 2014/15 had children under the age of 18 years in the household (69%) compared with 67% of cases in 2013/14. 839 children were identified as living in MARAC case households in 2014/15, compared with 710 children identified in 2013/14, an increase of 18%. This suggests that agencies are becoming more proficient at identifying those children who may spend time in the home (or in the care of the adults concerned) who may also find themselves at risk of harm and in need of support or protection.

MARAC is likely to have greater impact in cases where there are children for a number of reasons. Some victims do not realise the potential harm to their children from living with DVA and once they are aware of this they are keen to engage with services and seek support. Others only see the abuse when they can see the negative effects on their children and so they decide to act. For some, they are motivated to make changes due to involvement from social care.

⁷⁹ <http://www.ons.gov.uk/ons/rel/crime-stats/crime-statistics/focus-on-violent-crime-and-sexual-offences--2013-14/index.html>

⁸⁰ Warwickshire's Violence Against Women and Girls Strategy 2015-2018. Available at: <http://apps.warwickshire.gov.uk/api/documents/WCCC-671-72>

Sexual Abuse Referral Centre

Warwickshire's Sexual Abuse Referral Centre (SARC) opened in March 2013 at George Eliot Hospital, Nuneaton. SARC provides access to medical treatment, emotional support and referrals to other agencies for victims of rape, sexual abuse and serious sexual assault, regardless of gender or age across Coventry and Warwickshire. In 2013/14, 131 children and young people aged 0-17 years were seen at the centre, of whom 41 were aged under 13 years, 54 were aged between 13-15 years and 36 were aged between 16-17 years. 84% of children and young people seen at SARC were female, however children aged 13 and under show more of an even divide between males and females.

34 children were identified as having vulnerability factors, tabled below:

Figure 148: Vulnerability factors of children and young people seen at SARC, 2013/14

Vulnerability Factors	Number
Looked after children	13
Care leaver	2
Mental health needs	9
Language needs	4
Self-injury	3
More than one factor	3

Rape or Sexual Abuse Support Services (RoSA)

RoSA is an independent charity offering support to male and female victims of rape, sexual violence and sexual abuse. The charity works with young victims from the age of five years olds.

From 1st January to 31st March 2014, RoSA worked with a total of 148 children, of whom 35 children were aged 10 and under, 52 children were aged between 11-15 years and 61 were aged between 16-18 years.

Warwickshire's Violence Against Women and Girls Strategy

In March 2015, the Safer Warwickshire Partnership Board approved its first Violence Against Women and Girls Strategy covering the period 2015-18. The Strategy brings together existing work on domestic abuse with a new broader approach that addresses all forms of violence against women and girls. The Strategy objectives are **Prevention**; preventing violence against women and girls from happening, **Provision**; providing high quality joined-up support for victims, **Protection**; taking action to reduce the risk to women and girls who are victims of violence, and **Partnership**; working in partnership to obtain the best outcome for victims and their families.

Warwickshire has followed the national approach by moving away from a domestic abuse strategy to one which encompasses all forms of violence ensuring a more integrated approach and effective response that better reflects the experiences of those affected. This includes, forced marriage, female

genital mutilation (FGM), 'Honour' based violence, sexual exploitation, prostitution/sex working and trafficking as well as domestic abuse and sexual violence.

1.5.4 CHILD SEXUAL EXPLOITATION

The Department of Health defines child sexual exploitation (CSE) as:

'Contact or non-contact child sexual abuse when there is any actual or attempted abuse of a child's vulnerability or trust and an opportunity for the abuser to enhance their social standing or receive payment from third parties. Non-contact abuse includes online grooming and sexual exploitation.'

National awareness of CSE was raised primarily as a consequence of the trial and conviction in November 2010 of a group of men who sexually exploited children and young people in and around Derby, with further convictions in Rochdale in May 2012 and Oxford in May 2013. It is now a requirement of Local Safeguarding Children's Boards to understand the prevalence of CSE in their area.

The Department of Health's publication 'Health Working Group Report on Child Sexual Exploitation'⁸¹ outlined the health impact of CSE which include:

- **Post Traumatic Stress Disorder (PTSD)**
- **Substance abuse**
- **Self-harm**
- **Betrayal Trauma Theory**
- **Eating disorders**
- **Sexually transmitted infections**
- **Pregnancy/termination**
- **Depression**
- **Suicide**

It is difficult to provide an accurate estimate of an issue and activity that is likely to be greatly under identified and under reported. The abuse can be described as 'hidden', with survivors averse to disclosing what has happened to them; some may not recognise it as abuse if the perpetrator has led them to believe they are in a relationship or if they are reliant on the protection of their abuser. CSE is considered a form of child abuse and, because there is no specific crime of CSE, official police statistics cannot be obtained; where perpetrators are convicted, it is for offences such as 'grooming' or 'sexual activity with a child'.

Research by the NSPCC puts the prevalence of children under the age of 16 at risk of CSE at between 5% and 16%. If this was the case in Warwickshire, the number of children under the age of 16 at risk of CSE would range between 4,900 and 15,800.

⁸¹ Department of Health (2014). Health Working Group Report on Child Sexual Exploitation.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/279189/Child_Sexual_Exploitation_accessible_version.pdf

Warwickshire carried out a CSE Needs Assessment⁸², published in 2014, which identified 99 children and young people in Warwickshire as being, or potentially being, exposed to child sexual exploitation. The majority of young people identified were female (85% girls and 15% boys). The ages ranged from 9 to 18 with a collective average age of 15 years. In this dataset, whilst 58% of the young individuals identified were 15 or over, 55% were aged 14 and under when professionals first became concerned about possible exploitation. The higher numbers of those young people identified as being at risk of CSE were living in Nuneaton & Bedworth Borough and Warwick District, with 26% of the dataset residing in each of these areas, followed by 21% in Rugby Borough.

In those instances where the initiator of the exploitation was known, 41% of the perpetrators were an older boyfriend or girlfriend, 19% a single unrelated adult, and just over 30% was peer based exploitation from a boyfriend or girlfriend (16%) or other young person or persons (15%). In the majority (81%) of cases the perpetrators were known to the young person.

33 investigations have been conducted into CSE related offences. Investigations in 2014/15 have included Operation Notorise, where the Serious & Organised Crime Unit (SOCU) took ownership of the arrest and prosecution of 12 individuals, 8 of whom were from Warwickshire, in relation to the possession/distribution of Indecent Images of Children on the Internet.

Warwickshire's CSE team launched the 'Something's Not Right' campaign in 2015, calling on everyone to spot the signs and act when they see that something's not right and a child or young person could be at risk of or experiencing CSE.

Warwickshire Safeguarding Children Board currently provides two training programmes on CSE; 'Raising Awareness of Child Sexual Exploitation' and 'Responsibilities, Reporting and Responding to CSE'. Six training sessions on these topics were delivered in 2014/15. In addition to the face to face courses WSCB have continued to host the National Working Group (NWG) e-learning package on Child Sexual Exploitation. This has continued to see an increase in the number of professionals from a broad range of agencies access it. The total number of completions stands at 504 at the end of 2014/15.

1.5.5 CHILDREN AT RISK OF RADICALISATION

Warwickshire is a relatively safe place to live and most crime types are continuing to reduce. However, living in a global community means that the county is affected by international events and global trends. At present, it is important to consider the global threat of terrorism and those people who are pulled into the groups that support extremist causes.

⁸² Warwickshire JSNA CSE Needs Assessment: <http://apps.warwickshire.gov.uk/api/documents/WCCC-644-99>

In Warwickshire, agencies are working together to deliver the Government's Prevent Strategy⁸³. Prevent is one of four objectives which make up the Government's Counter-Terrorism Strategy, CONTEST⁸⁴.

The Prevent Strategy covers all forms of terrorism, including far right extremism and some aspects of non-violent extremism. However, work is prioritised according to the risks the United Kingdom faces. The strategy responds to the ideological challenge the country faces from terrorism and aspects of extremism, and the threat faced from those who promote these views. It provides practical help to prevent people from being drawn into terrorism and ensure they are given appropriate advice and support.

The Home Office works with local authorities, community organisations and a wide range of government departments to deliver the Prevent Strategy. The police also play a significant role in Prevent, in much the same way as they do when taking a preventative approach to other crimes.

Channel is a programme which focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. The programme uses a multi-agency approach to protect vulnerable people by:

- identifying individuals at risk
- assessing the nature and extent of that risk
- developing the most appropriate support plan for the individuals concerned

Channel programmes across the Birmingham, Black Country, Coventry, Solihull, Staffordshire, Warwickshire and West Mercia areas are co-ordinated from a central office within the West Midlands regional counter terrorism unit.

National figures show a total of 290 children under the age of 18 were referred to the programme in 2012/13 but that had increased by more than half to 423 in 2013/14. The increase coincides with the civil war in Syria attracting young, British Muslims to join jihadist groups and the rise of the Islamic State in Iraq and the Levant (Isil). Among those referred to Channel over the period were 84 children aged under 12 years of age. The number of children under the age of 18 years referred to the programme in Warwickshire is unpublished, but likely to be very low.

⁸³ HM Government Prevent Strategy (2011). Available at : https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/97976/prevent-strategy-review.pdf

⁸⁴ HM Government The United Kingdom's Strategy for Countering Terrorism (2011). Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/97995/strategy-contest.pdf

APPENDICES

Appendix A – Adverse Childhood Experiences (ACEs)

ACE	Question	Response
Parental separation	Were your parents ever separated or divorced?	Yes
Domestic Violence	How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?	Once or more than once
Physical abuse	How often did a parent or adult in your home ever hit, beat, kick or physically hurt you in any way? This does not include gentle smacking for punishment	Once or more than once
Verbal abuse	How often did a parent or adult in your home ever swear at you, insult you, or put you down?	More than once
Sexual abuse	How often did anyone at least 5 years older than you (including adults) ever touch you sexually? How often did anyone at least 5 years older than you (including adults) try to make you touch them sexually? How often did anyone at least 5 years older than you (including adults) force you to have any type of sexual intercourse (oral, anal or vaginal)?	Once or more than once to any of the three questions
Mental illness	Did you live with anyone who was depressed, mentally ill or suicidal?	Yes
Alcohol abuse	Did you live with anyone who was a problem drinker or alcoholic?	Yes
Drug abuse	Did you live with anyone who used illegal street drugs or who abused prescription medications?	Yes
Incarceration	Did you live with anyone who served time or was sentenced to serve time in a prison or young offenders institution?	Yes

Appendix B – Warwickshire Young Carers School Awards

The standards required for this award are graded Bronze, Silver and Gold.

The Bronze Award – Established

To achieve this standard, schools will need to evidence the following:

- have a dedicated member of staff to lead on supporting Young Carers and in contact with Young Carers Service
- implement a Young Carers policy and include Young Carers on registration form
- hold a record of all identified Young Carers and show Young Carers are consulted and listened to
- ensure young people, parents/guardians and staff are aware of Young Carers
- promote and share good practice about Young Carers
- have information including schools pack to support staff to identify Young Carers
- have pathways in place for Young Carers to be referred to the Young Carers Service
- Young Carers are consulted and listened to
- show Young Carers are supported with attendance, attainment and their experience
- show flexibility for negotiating punishments for Young Carers
- ensure that Young Carers have access to extra-curricular activities
- ensure adequate accessibility and arrangements to access the school

The Silver Award – Effective

To achieve this standard, schools will need to evidence the following:

- maintain effective contact with the Young Carers Service and carry out direct referrals from school registration
- ensure a Young Carers policy is in place and other policies updated to include Young Carers
- aware of all Young Carers identified and track and monitoring their progress
- ensure young people, parents/guardians and staff and governors are aware of Young Carers
- ensure staff receive training around Young Carers and are sensitive to their needs
- Young Carers and their parents/guardians are consulted and listened to
- Support for Young Carers is well established and meets their needs
- ensure school nurses are accessible and Young Carers are supported to think about their future
- ensure that Young Carers attend and enjoy extra-curricular activities

- Young Carers are able to check on family/'cared for' at times of greater need

The Gold Award – Proactive

To achieve this standard, school will need to evidence the following:

- have a dedicated governor to lead on supporting Young Carers and governors receive training
- the Young Carers Lead is monitoring the effectiveness and delivery of policies
- ensure that Young Carers achieve in line with their peers and pupil support plans are in place where appropriate
- ensure the wider community are aware of Young Carers
- areas of curriculum focus on Young Carers
- identify and refer Young Carers to the Young Carers Service for an extended period of time.
- aware of, in contact with and make referrals to other agencies
- Young Carers and their parents/guardians are regularly consulted and listened to
- strategies in place for Young Carers to be supported to think about their future
- Peer support/mentoring in place where needed
- during periods of family crisis additional plans are in place to support Young Carers