

HEALTH NEEDS ASSESSMENT OF SCHOOL-AGED CHILDREN IN WARWICKSHIRE AND SCHOOL HEALTH & WELLBEING SERVICE REVIEW (UPDATE 2018)

Warwickshire Joint Strategic Needs Assessment 2018



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CONTENTS

Executive Summary	4
Commissioning Recommendations	5
Introduction	7
National background.....	7
The Healthy Child Programme 5-19.....	9
National School Nursing Service vision.....	10
Warwickshire School Health & Wellbeing Service.....	11
Current Service Evaluation	12
Demographics	13
Current & Future Population	13
Ethnicity	16
Deprivation	18
Lone parent households	21
Educational Attainment	22
Early Years.....	22
Primary school age children.....	24
Secondary school age children	25
Free school meals	27
Public health challenges	27
Childhood Obesity.....	27
Physical Activity	29
Diet.....	29
Smoking, alcohol and substance misuse	31
Teenage Pregnancy.....	32
Sexual Health	34
Mental Wellbeing	35
Communicable diseases and uptake of immunisation	36
Accidents.....	37
Dental health	38
Vulnerable children and young people	38
Children Looked After (CLA)	38
Children subject to a child protection (CP) plan	39

Special Educational Needs and Disabilities.....	39
Children and young people whose family background puts them at higher risk.....	42
English as an Additional language	44
Absenteeism	46
Excluded Children	46
Bullying.....	46
Young Carers	47
Children and young people, who are not in education, employment or training (NEET)	48
Children and young people in contact with Youth Justice System	48
Appendices.....	49
Appendix 1 - SHWBS Progress on Recommendations 2018	49
Appendix 2 - SHWBS HCP and Service Audit 2018.....	61
Appendix 3 - SHWBS Consultation 2018.....	68

EXECUTIVE SUMMARY

The total population of Warwickshire in mid-2017 was estimated at 564,562, of which the population of children and young people aged 5-19 was 94,843 (16.8%). The school aged population (5-19 years old) is estimated to increase to 98,615 by 2030 but then reduce to 97,675 by 2040. The highest percentage population change in the age group from 2016 to 2040 is expected in Rugby with a 10% increase, followed by Nuneaton and Bedworth (7%) and Warwick (0.4%).

The 2011 Census, compared to the 2001 Census, indicated that Warwickshire was becoming a more diverse population. This is also reflected in the ethnic profile of our school-age population. Other than White British, which makes up the highest proportion (80%) of pupils, the next most common ethnic groups are young people whose ethnicity is classified as Any Other White Background (5.8%) and Indian (3.9%). The proportions of ethnic groups varies across the county, with North Warwickshire having the highest proportion of White British pupils (92.1%) and Rugby the lowest (70.4%). The number of pupils in Warwickshire's schools whose first language is other than English has increased in both Primary and Secondary schools over the past 16 years. Since 2002, the EAL population in Warwickshire's primary schools has increased from 4% to 11% and in secondary schools from 4% to 7%.

The Index of Multiple Deprivation 2015 highlights eight areas in Warwickshire that feature in the 10% most deprived communities in the country, six of these are in Nuneaton & Bedworth, one in Warwick and one in North Warwickshire. Nuneaton & Bedworth Borough has the largest concentration of children living in low-income families in the County (17.6%), whilst Stratford-on-Avon District has the smallest concentration (8.4%). In September 2018, there were 709 Children Looked After in Warwickshire (including unaccompanied asylum seekers), a rate of 62.0 per 10,000.

Levels of inequality across Warwickshire are growing. Our more prosperous neighbourhoods have been better placed to deal with the impacts of the recession and associated trends, and have displayed higher levels of resilience in the face of downturns in the economy. There are 39 areas in Warwickshire in 2015 ranked within the 30% most deprived LSOAs nationally experiencing income deprivation affecting children, compared to 44 in the 2010 index.

Schools Profile

In 2018, there are 238 State funded schools in Warwickshire: 35 secondary schools, 192 primary schools and 11 special schools. Of the 82,062 children aged 4 to 19 years attending these schools in January 2018:

- 13.1% (10,716) had Special Educational Needs (SEN). (This figure has not changed in recent years but in 2018, was greater than Warwickshire's statistical neighbours (11.8%) and England (13%)).
- 9.6% spoke a language other than English as their first language.

Educational Attainment

- Within Warwickshire the percentage of children achieving a GLD varied between the districts and boroughs. In 2017, 77% of reception aged children in Stratford-on-Avon achieved a GLD whereas in Nuneaton and Bedworth only 68% achieved a GLD, a figure below the national average.

- In 2017, 62% of Warwickshire pupils achieved the new Expected Standard in the combined reading, writing and maths measure in 2017, 5 percentage points above the 2016 results and the same level as the National result for state-funded schools.
- Across all subjects, disadvantaged pupils nationally perform better than their disadvantaged counterparts in Warwickshire. This is in contrast to the performance of non-disadvantaged pupils, who achieve better than their peers nationally.
- In 2017, 48% of young people achieved a strong pass in English and maths at the end of Key stage 4, higher than national and statistical neighbours.

Lifestyles

- The percentage of children who were overweight or obese in reception aged children in Warwickshire has increased from 18.7% in 2008/09 to 22.2% in 2017/18, in line with the national average of 22.3%.
- In Year 6, in 2017/18, the proportion of overweight/obese children (31.8%) was lower than the national average (34.3%). The prevalence of overweight/obesity in Warwickshire has continued to rise in line with national figures.
- National data suggest that the proportion of young people (under 18s) who are admitted for alcohol specific conditions in Warwickshire is above the national average.
- There has been a downward trend in conception rates in women aged 15-17 in all districts and boroughs in Warwickshire between 1998 and 2016, with the highest rates in Nuneaton and Bedworth.
- In 2016/2017, in Warwickshire there were 502.9 hospital admissions as a result of self-harm per 100,000 in 10-24 year olds, (compared to 407.1 per 100,000 for England).
- The rate of hospital admission caused by unintentional and deliberate injuries in 0-14 year olds has been significantly higher in Warwickshire than England since 2013/14.

COMMISSIONING RECOMMENDATIONS

The role of the School Health & Wellbeing Service is essential. The service is in an ideal position to support children and young people in achieving positive health and wellbeing outcomes and to work in partnership with schools, parents/carers and other key professionals. Based on the information provided within this report and the range of detailed evaluations and consultation on the current service (included as appendices), the following key recommendations have been identified for future service commissioning:

1. Priority should be given to ensure **robust communication** methods are developed and implemented (in conjunction with schools and key partners, such as the Family Information Service). The main focus of this communication should be to raise awareness of what the service is and how it can support families and schools.
2. **Mental and emotional health and wellbeing** continues to be highlighted by parents/carers and schools as an area of concern. The service should work with the whole school workforce to increase the skills, confidence and competence of staff dealing with the emotional health and wellbeing of their students.

3. Hospital admissions as a result of **self-harm** (aged 10-24 years) continue to rise in Warwickshire and the rate is above average for England. This should be incorporated into the priority area for mental and emotional health and wellbeing
4. **School readiness** has been identified as a priority for Warwickshire and the service plays a crucial role in “reaching down” to early years settings and childminders to ensure they are able to support children in becoming school ready through preventative public health interventions/education.
5. **“Positive lifestyle choices”** is already listed as a key priority for the service. As the service includes delivery of the National Child Measurement Programme (NCMP), this should be enhanced to include a food culture, physical activity and weight management dimension in order to:
 - a. Aid consistency in accessing follow-on support from NCMP for children, young people and families
 - b. Support a whole school approach and “Healthy Schools” culture
 - c. Support a whole population approach and promote the adoption of healthy attitudes towards food/eating/physical activity
6. The current service specification provides a clear framework for the provider to base the service model around and for contract and performance management to be undertaken effectively. However the service specification needs to be revised to incorporate the recommendations from the most recent **national documents** relating to commissioning 0-19 Public Health Services.

INTRODUCTION

This document aims to describe the health care needs of school-aged children in Warwickshire and to review the local School Health & Wellbeing Service (also referenced as the “school nursing service”) to inform the commissioning of the service to promote, improve and protect the health and wellbeing of children and young people in the county. The introduction section provides a summary of the national policy and evidence base, and sets the local policy context in the area. In 2016, Public Health England (PHE) issued 4 key documents to support Local Authorities with commissioning the Healthy Child Programme (0-19). The key elements of these documents in relation to 5-19 services are summarised in a greater detail.

NATIONAL BACKGROUND

Year	Policy	Source
2003	<i>Every Child Matters</i> adopts a broad perspective going beyond a central concern with protecting children at high risk of ‘significant harm’ to safeguarding the health and welfare of all children and their families.	Department of Health (DH)
2004	<i>The Children Act</i> provides the legislative spine on which the reform of children’s services is based. It aims to improve and integrate children’s services, promote early intervention, provide strong leadership, and bring together different professionals in multi-disciplinary teams in order to achieve positive outcomes for children, young people and their families.	Parliament
2004	<i>National Service Framework for Children, Young People and Maternity Services</i> : a ten year strategy that sets the direction of travel to improve the health and well-being of the nation's children and young people and improve maternity services.	DH
2004	<i>ECM: Change for Children</i> heralds a ‘shift to prevention whilst strengthening protection’ arguing that differences in the health and welfare experiences of all children can only be addressed through a public health approach.	Department for Education and Skills (DfES)
2004	<i>Choosing Health</i> public health white paper calls for school nursing teams to be part of the wider health improvement workforce, working with clusters of primary schools and their related secondary school, reviewing children and young people’s health, supporting the use of children’s personal health guides.	DH
2005	<i>Common Core of Skills and Knowledge for the Children’s Workforce</i> to underpin specialist expertise: effective communication and engagement with children, young people and families; child and young person development; safeguarding and promoting the welfare of the child; supporting transitions; multi-agency working; and implementation of the information sharing protocol.	DfES
2007	<i>The Children's Plan: Building Brighter Futures</i> aims to strengthen support for all families during the formative early years of their children's lives, take the next steps in achieving world class schools, involve parents fully in their children's learning, and help to make sure that young people have safe, interesting and exciting things to do outside of school.	Department for Children, Schools and Families (DCSF)

2007	<i>Care Matters – Time for Change</i> sets out the steps to be taken, together with local delivery partners, to improve the outcomes of children and young people in care.	DfES
2007	<i>You're Welcome quality criteria: Making health services young people friendly</i> sets out principles that will help health services (including non-NHS provision) become young people friendly.	DH
2007	<i>Aiming High for Disabled Children: Better Support for Families</i> includes a core offer of standards for information, transparency, assessment, participation and feedback.	DCSF and DH
2008	<i>Healthy Weight, Healthy Lives</i> sets out the Government ambition to be the first major country to reverse the rising tide of obesity and overweight in the population by ensuring that all individuals are able to maintain a healthy weight.	Cross-Government Obesity Unit/ DH/ DCSF
2009	<i>Healthy Lives, Brighter Futures: The Strategy for children and young people's health</i> presents the Government's vision for children and young people's health and wellbeing. It sets out how we will build on progress through: world-class outcomes; high quality services; excellent experience in using those services; and minimising health inequalities.	DCSF and DH
2009	<i>The Protection of Children in England: Action Plan</i> sets out the Government's response to Lord Laming's recommendations. It outlines how all of central Government will work together with local government and front line services including teachers, teaching assistants, school governors, staff in Children's Centres and early years settings, child care workers and other partners working with children to drive forward reform of child protection services across England.	HM Government
2009	<i>Promoting the Health and Well-being of Looked After Children</i> revised guidance is statutory on local authorities and also on primary care trusts and strategic health authorities.	DH and DCSF
2009	<i>Delivering Better Oral Health. An evidence-based toolkit for prevention.</i>	DH
2009	<i>Healthy Child Programme From 5-19 years old</i> is best practice public health guidance for the early intervention and prevention describing a universal progressive service for children, young people and their families.	DH and DCSF
2010	<i>Teenage Pregnancy Strategy: Beyond 2010</i> sets out how we want to build on the existing Teenage Pregnancy Strategy to strengthen its delivery in all local areas and make further progress towards halving the under 18 conception rate and improving outcomes for teenage parents and their children.	DCSF and DH
2010	<i>Fair Society, Healthy Lives: the report of the Marmot review</i> provides a comprehensive analysis of the state of health inequalities in England and identifies key areas for future action across the social determinants of health. These include action on the early years; education; skills and life chances; work; a healthy standard of living; sustainable communities, and prevention.	Strategic Review of Health Inequalities in England post-2010
2012	<i>Getting it right for children, young people and families Maximising the contribution of the school nursing team: Vision and Call to Action.</i>	DH
2013	<i>A Framework for Sexual Health Improvement in England</i> provides the information, evidence base and support tools to enable those involved in sexual health improvement to work	DH

	together effectively.	
2013	<i>Improving Children and Young People's Health Outcomes: a system wide response</i>	DH
2016	<i>Best start in life and beyond: Improving public health outcomes for children, young people and families: Guidance to support the commissioning of the Healthy Child Programme 0-19: Health visiting and school nursing services</i>	PHE
2016	<i>Lightning Review: School nurses. Children's access to school nurses to improve wellbeing and protect them from harm</i>	Children's commissioner for England
2018	<i>Healthy Child Programme: Rapid review on safeguarding</i>	PHE

In addition, the [National Institute for Health and Care Excellence](#) (NICE) has published evidence based guidance addressing the public health needs in children and young people including preventing sexually transmitted infections and under 18 conceptions, promoting physical activity, social and emotional wellbeing, preventing the uptake of smoking, tackling alcohol use, obesity, preventing unintentional injuries, increasing immunisation uptake and other relevant guidance. There is also a separate NICE guidance on looked-after children and young people.

THE HEALTHY CHILD PROGRAMME 5-19

The Healthy Child Programme 5-19 years old¹ is the early prevention and intervention public health programme for children, young people and their families, providing a good practice framework of a universal service appropriate for all children and young people and additional services for those with specific needs and risk factors.

The focus of the Healthy Child Programme is to:

- help parents develop and sustain a strong bond with children
- support parents in keeping children healthy and safe and reaching their full potential
- protect children from serious disease, through screening and immunisation
- reduce childhood obesity by promoting healthy eating and physical activity
- identify health and wellbeing issues early, so support and early interventions can be provided in a timely manner
- focus on the health needs of children and young people ensuring they are school ready (SEND Code of Practice 0 – 25 years, 2017)
- make sure children are prepared for and supported in all child care, early years and education settings and especially are supported to be 'ready for to learn at two and ready for school by five'

¹ Department of Health and Department for Children, Schools and Families 2009

For school-age children, these are achieved by focusing on 6 “high impact areas” where school nurses have a significant impact on health and wellbeing and improving outcomes for children, families and communities:

- Resilience and emotional wellbeing
- Keeping safe: Managing risk and reducing harm
- Improving lifestyles
- Maximising learning and achievement
- Supporting complex and additional health and wellbeing needs
- Seamless transition and preparation for adulthood

The areas do not describe the entirety of the role and work of the school nurse. There is still an expectation to deliver all elements of the Healthy Child Programme within the service model; Community, Universal, Universal Plus and Universal Partnership Plus.

Guidance to support the commissioning of the Healthy Child Programme aimed at health visiting and school nursing services was published in January 2016². A rapid review to update the evidence regarding safeguarding guidance was published in February 2018³.

NATIONAL SCHOOL NURSING SERVICE VISION

School nurses are key public health professionals in supporting children and young people in the developing years 5-19 to have the best possible health and education outcomes. *Best start in life and beyond: Improving public health outcomes for children, young people and families*⁴ describes a model for delivering Health Visiting and School Nursing Services. The model is set within the context of the Healthy Child Programme 5-19 and is further underpinned by the Public Health and NHS Outcome Frameworks (Department of Health 2012), and the ‘You’re Welcome’ criteria, describing accessible health services for young people (Department of Health 2011).

The vision is a school health & wellbeing service that is visible, accessible and confidential. The model has four levels outlining the continuum of support for children and young people through the School Health & Wellbeing Services and multi-disciplinary working (Figure 1). The School Health & Wellbeing Service is a Universal Service, which intensifies its delivery offer for children and young people who have more complex and longer-term needs (Universal Plus). For children and young people with multiple needs, the School Health & Wellbeing Service is instrumental in co-ordinating services (Universal Partnership Plus). Safeguarding is important at all levels of the service.

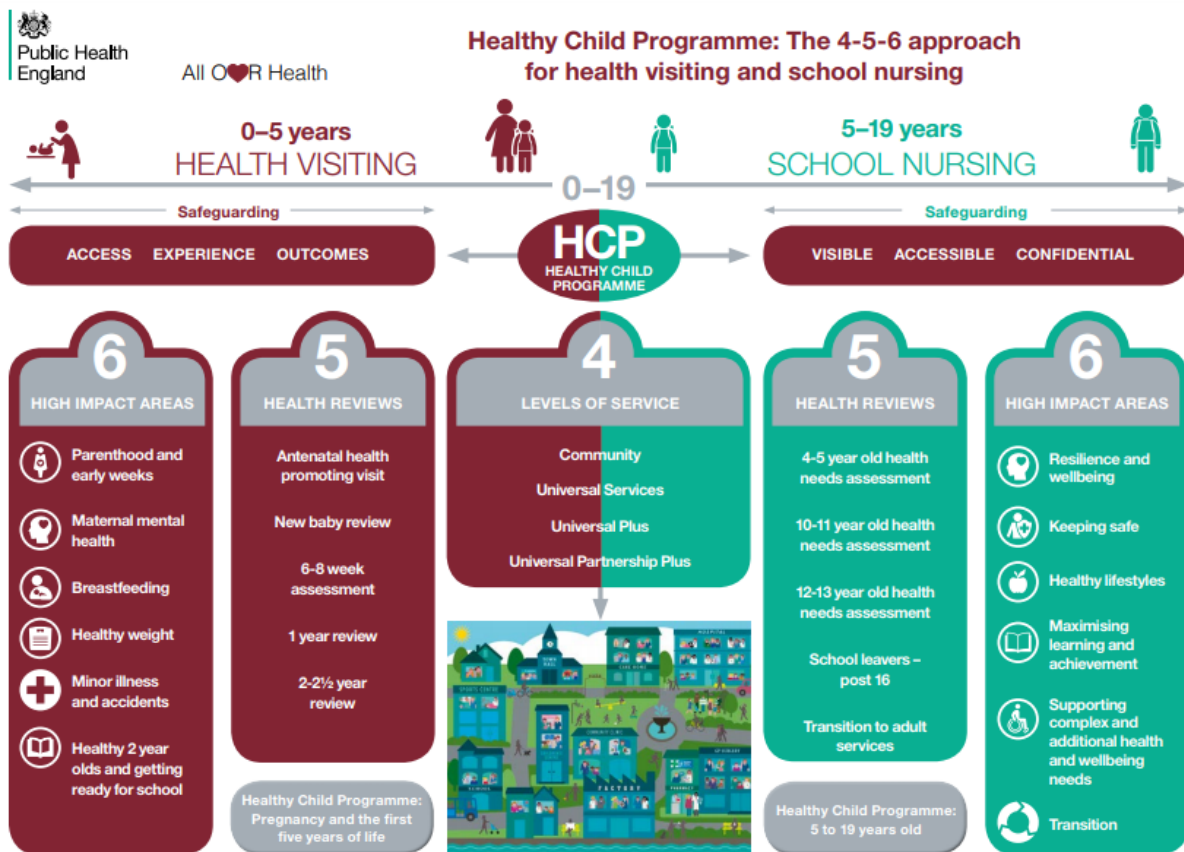
² <https://www.gov.uk/government/publications/healthy-child-programme-0-to-19-health-visitor-and-school-nurse-commissioning>

³ <https://www.gov.uk/government/publications/healthy-child-programme-rapid-review-on-safeguarding>

⁴

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/686928/best_start_in_life_and_beyond_commissioning_guidance_1.pdf

Figure 1. Public Health England vision and model for school nursing.



The experience of children and young people in early and developing years is critical to health and educational outcomes, in that they set the course for adult life. High quality school nursing services can make a real difference to setting down strong foundations for good life chances and support children and young people in the choices they make about their health.

WARWICKSHIRE SCHOOL HEALTH & WELLBEING SERVICE

The Warwickshire School Health & Wellbeing Service (SHWBS) is a confidential, freely available service for all school-aged children and young people from 5-19 years old (up to 25 years old for people with special educational needs) and their families and carers.

Healthcare professionals and support teams deliver preventative and universal public health programmes in schools across the county, as well as in youth centres, children’s centres, homes and other locations in the community.

The team comprises qualified School Nurses, Community Staff Nurses, Healthcare Support Workers and Administrators, who operate out of three administrative hubs in the North, East and South of the county. These teams work flexibly to best meet the needs of children, young people and their families.

Core SHWBS activities include:

- Annual height and weight measurements of Reception and Year 6 pupils as part of the National Childhood Measurement Programme;
- Annual health and development questionnaires for Reception, Year 6 and Year 9 pupils;
- Annual health reviews for 'Looked After Children' in partnership with the LAC Health team and Children's Social Care;
- Contributing to education and healthcare plans for children and young people with long-term health conditions or complex medical needs;
- Support for schools in developing annual school public health plans and reviewing health-related policies, including the delivery of PSHE in the curriculum.

The SHWBS provides support on a wide range of topics covering physical health, mental health and wellbeing and positive lifestyle choices. These include access to screening and immunisation, supporting long-term conditions (such as epilepsy, diabetes, asthma and allergies), reducing accidental injury, promoting emotional health and wellbeing, smoking, drugs and alcohol awareness, relationships and contraception, maintaining healthy eating habits and much more.

Services can be provided directly via individual appointments, 'open access' clinics in schools, or group-based sessions, depending on individual needs and preferences. The service will also ensure follow-up referrals to other specialists and medical professionals, where appropriate.

The current priorities for the service were developed using a range of information collected during 2014/15, including:

- Warwickshire JSNA Annual Update for 2014/15
- Health Needs Assessment of school-aged children in Warwickshire (2014)
- Local Health Profiles

The SHWBS has undergone significant change following the recommissioning exercise, where the contract was awarded to Compass from 1st November 2015 for a period of 4 years. We have undertaken a comprehensive review of the transformation of the service delivery model implemented to establish the impact of the changes and help shape service delivery as part of the new contract that will commence on 1st November 2019, following a procurement exercise. This has also been supported by a public consultation with parents, carers, schools and key stakeholders (<https://ask.warwickshire.gov.uk/public-health/school-health-and-wellbeing-service/>).

CURRENT SERVICE EVALUATION

Following the previous needs assessment undertaken in 2014, 15 key recommendations were made in order to ensure the service was fit for purpose. The service has undertaken an audit of these recommendations and provided evidence to support achievement of these recommendations ([Appendix 1](#)). Of the 15 original recommendations, 13 have been fully implemented with a wide range of evidence to support this. 2 recommendations are still in progress, with a growing range of evidence:

- The service should be extended to include 17-19 year olds.

- It should be ensured that the activities delivered by the service are based on the latest evidence base and that robust evaluation process is in place to evaluate the effectiveness of the interventions.

In addition, a further audit has been undertaken on how well the service is delivering against the current service specification and the framework of the Healthy Child Programme (HCP) ([Appendix 2](#)). Of the 51 areas, there is evidence to support achievement of 49 these, with a further 2 requiring additional evidence:

- Delivery of service for all children and young people in Warwickshire, including those educated at home, members of the travelling community
- Annual health assessments for other vulnerable children, such as young carers

To support the evaluation undertaken by the current service provider, Warwickshire County Council has also undertaken service user/stakeholder engagement ([Appendix 3](#)). Key messages from this consultation work have identified communication and visibility as areas for improvement. This is in line with recommendations from the Children’s Commissioner for England’s Lightning review of school nursing⁵ where this is a consistent issue facing school nursing services across the country.

DEMOGRAPHICS

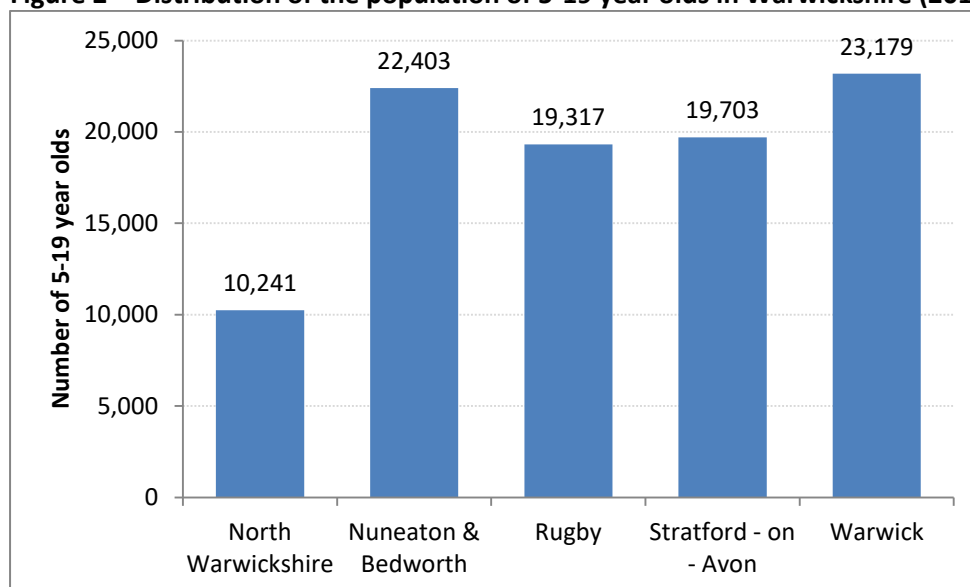
CURRENT & FUTURE POPULATION

The total population of Warwickshire in mid-2017 was estimated at 564,562, of which the population of children and young people aged 5-19 was 94,843 (16.8%).⁶ The distribution of 5-19 year old school-aged children by Borough/District is shown in Figure 2.

⁵ <https://www.childrenscommissioner.gov.uk/wp-content/uploads/2017/06/School-Nurses-report-Childrens-Commissioners-Office.pdf>

⁶ Office for National Statistics, mid-2017 population estimates

Figure 2 – Distribution of the population of 5-19 year olds in Warwickshire (2017)



Source: ONS (2018), mid-2017 population estimates

In 2018, there are 238 State funded schools in Warwickshire: of these 35 are secondary schools, 192 are primary schools and 11 are special schools (Figure 3 and Table 2).

Table 2. The number of State Funded schools and the number of pupils by Borough/District, Jan 2018 (maintained schools and academies only).

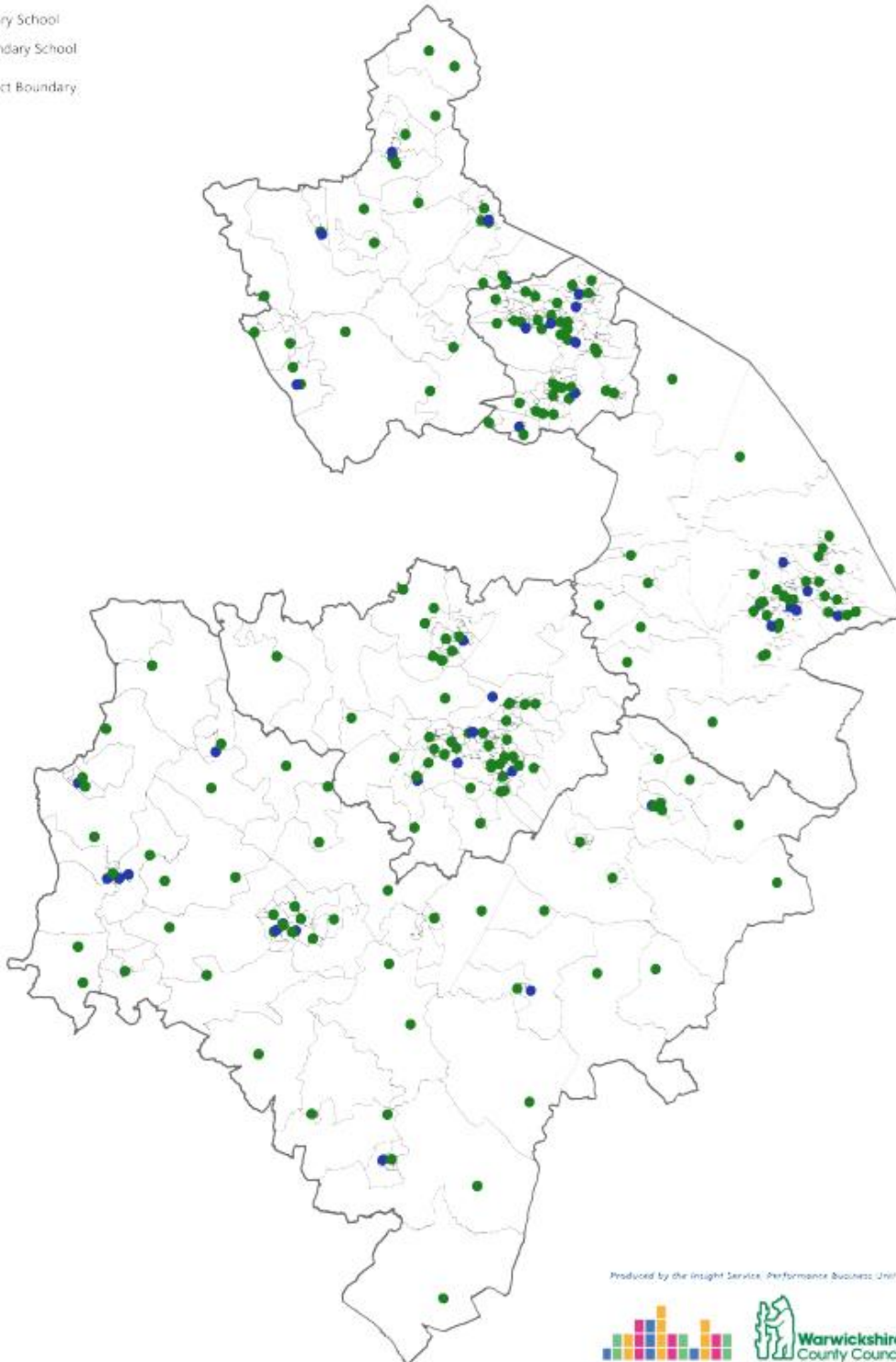
District/Borough	Number of Schools					
	Total	All Through	Nursery	Primary	Secondary	Special
Warwickshire	244	1	6	191	35	11
North Warwickshire	31		1	24	5	1
Nuneaton & Bedworth	48		2	34	7	5
Rugby	44			36	7	1
Stratford –on-Avon	68			55	11	2
Warwick	53	1	3	42	5	2
District/Borough	Number of pupils on roll					
	Total	Nursery	Reception to Year 6	Year 7 to Year 11	Year 12 and above	
Warwickshire	82,062	2,017	44,798	29,934	5,313	
North Warwickshire	10,766	189	5,556	4,514	507	
Nuneaton & Bedworth	18,307	767	10,665	6,168	707	
Rugby	16,108	440	9,024	5,533	1,111	
Stratford-on-Avon	19,109	187	9,249	7,894	1,779	
Warwick	17,772	434	10,304	5,825	1,209	

Source: January 2018 School Census, Insight Service, WCC. Note: District is based on school address.

Figure 3: Locations of primary, secondary and special schools across Warwickshire (maintained schools and academies only).

School Locations

- Primary School
- Secondary School
- District Boundary

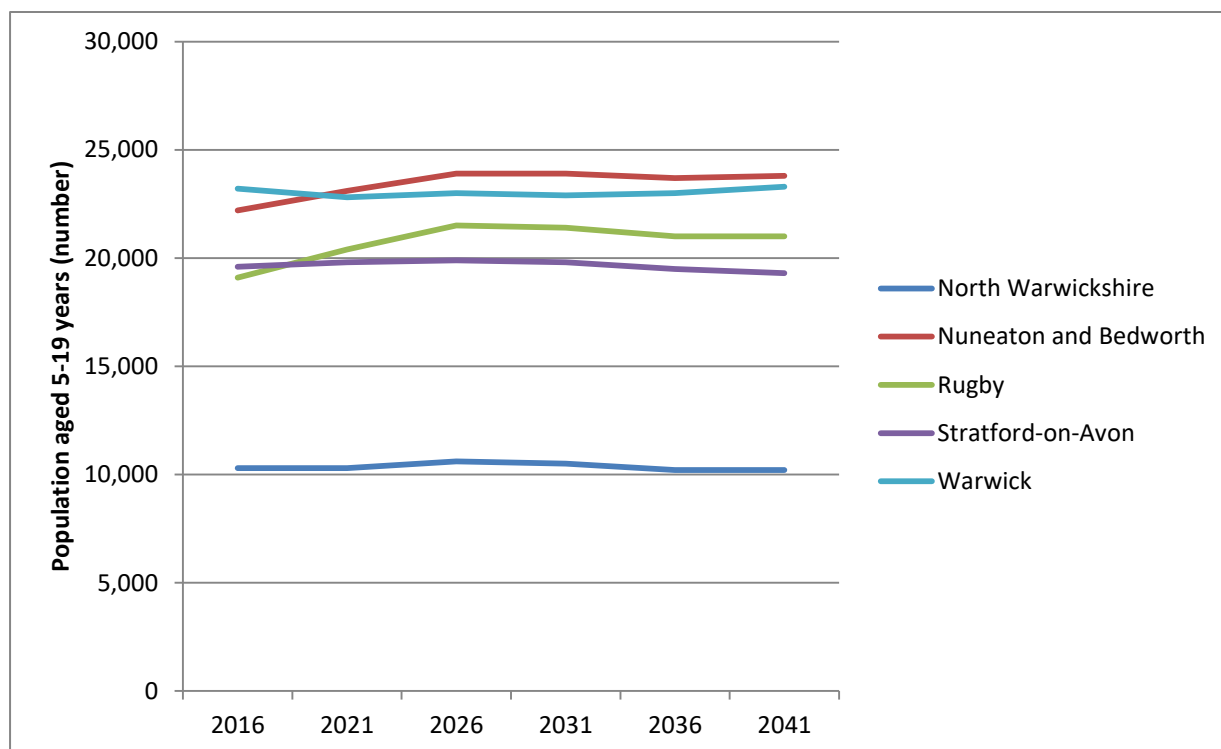


Produced by the Insight Service, Performance Business Unit



The total population of the school aged population (5-19 years old) is estimated to increase to 98,615 by 2030 but then reduce to 97,675 by 2040⁷. The highest percentage population change in the age group from 2016 to 2040 is expected in Rugby with a 10% increase, followed by Nuneaton and Bedworth (7%) and Warwick (0.4%). The populations of 5-19 year olds in Stratford-on-Avon and North Warwickshire are forecast to decline by 1.5% and 0.7% respectively. In absolute figures, Warwick and Nuneaton and Bedworth are projected to have the highest numbers of children aged 5-19 (Figure 4).

Figure 4. Population projections for school-aged children by District/ Borough.



Source: ONS (2018), 2016-based population projections

ETHNICITY

Table 3 shows the number and percentage of children being educated in a state-funded school in Warwickshire in 2018 by ethnic group and district. Other than White British which makes up the highest proportion (80%) of pupils, the next most common ethnic groups are young people whose ethnicity is classified as Any Other White Background (5.8%) and Indian (3.9%).

⁷ ONS, 2016-based population projections

Table 3 – Ethnicity of pupils attending state-funded schools in Warwickshire, January 2018

			Number and percentage of pupils on roll by ethnic group and district January 2018									
Ethnicity Report Group	Total	%	North Warwickshire		Nuneaton and Bedworth		Rugby		Stratford on Avon		Warwick	
Any Other Asian Background	961	1.2	24	0.2%	306	1.7%	294	1.8%	97	0.5%	240	1.4%
Any Other Black Background	216	0.3	13	0.1%	62	0.3%	94	0.6%	18	0.1%	29	0.2%
Any Other Ethnic Group	492	0.6	25	0.2%	132	0.7%	106	0.7%	77	0.4%	152	0.9%
Any Other Mixed Background	1291	1.6	136	1.3%	202	1.1%	282	1.8%	288	1.5%	383	2.2%
Any Other White Background	4746	5.8	191	1.8%	871	4.8%	1676	10.4%	845	4.4%	1163	6.5%
Bangladeshi	80	0.1	1	0.01%	11	0.1%	54	0.3%	7	0.04%	7	0.04%
Black - African	588	0.7	31	0.3%	192	1.0%	261	1.6%	33	0.2%	71	0.4%
Black Caribbean	154	0.2	21	0.2%	37	0.2%	59	0.4%	16	0.1%	21	0.1%
Chinese	261	0.3	7	0.1%	33	0.2%	92	0.6%	62	0.3%	67	0.4%
Gypsy / Roma	173	0.2	2	0.0%	36	0.2%	65	0.4%	59	0.3%	11	0.1%
Indian	3237	3.9	40	0.4%	976	5.3%	636	3.9%	259	1.4%	1326	7.5%
Information Not Yet Obtained	429	0.5	67	0.6%	140	0.8%	128	0.8%	56	0.3%	38	0.2%
Pakistani	526	0.6	16	0.1%	140	0.8%	186	1.2%	51	0.3%	133	0.7%
Refused	432	0.5	18	0.2%	118	0.6%	115	0.7%	114	0.6%	67	0.4%
Traveller of Irish Heritage	73	0.1	7	0.1%	19	0.1%	15	0.1%	20	0.1%	12	0.1%
White - British	65677	80.0	9920	92.1%	14533	79.4%	11334	70.4%	16566	86.7%	13324	75.0%
White - Irish	178	0.2	17	0.2%	31	0.2%	30	0.2%	59	0.3%	41	0.2%
White and Asian	1125	1.4	65	0.6%	179	1.0%	255	1.6%	283	1.5%	343	1.9%
White and Black African	359	0.44	20	0.2%	72	0.4%	124	0.8%	56	0.3%	87	0.5%
White and Black Caribbean	1064	1.3	145	1.3%	217	1.2%	302	1.9%	143	0.7%	257	1.4%
Total	82062		10766		18307		16108		19109		17772	

Source: Insight Service, WCC, School Census January 2018

DEPRIVATION

The Indices of Multiple Deprivation 2015 (IMD 2015) is the official measure of deprivation in England. The Indices provide a set of relative measures of deprivation for small areas, known as Lower Layer Super-Output Area (LSOAs), across England based on seven domains of deprivation. Further to the IMD and the domain indices, there are also two supplementary indices one of which is the Income Deprivation Affecting Children Index (IDACI).

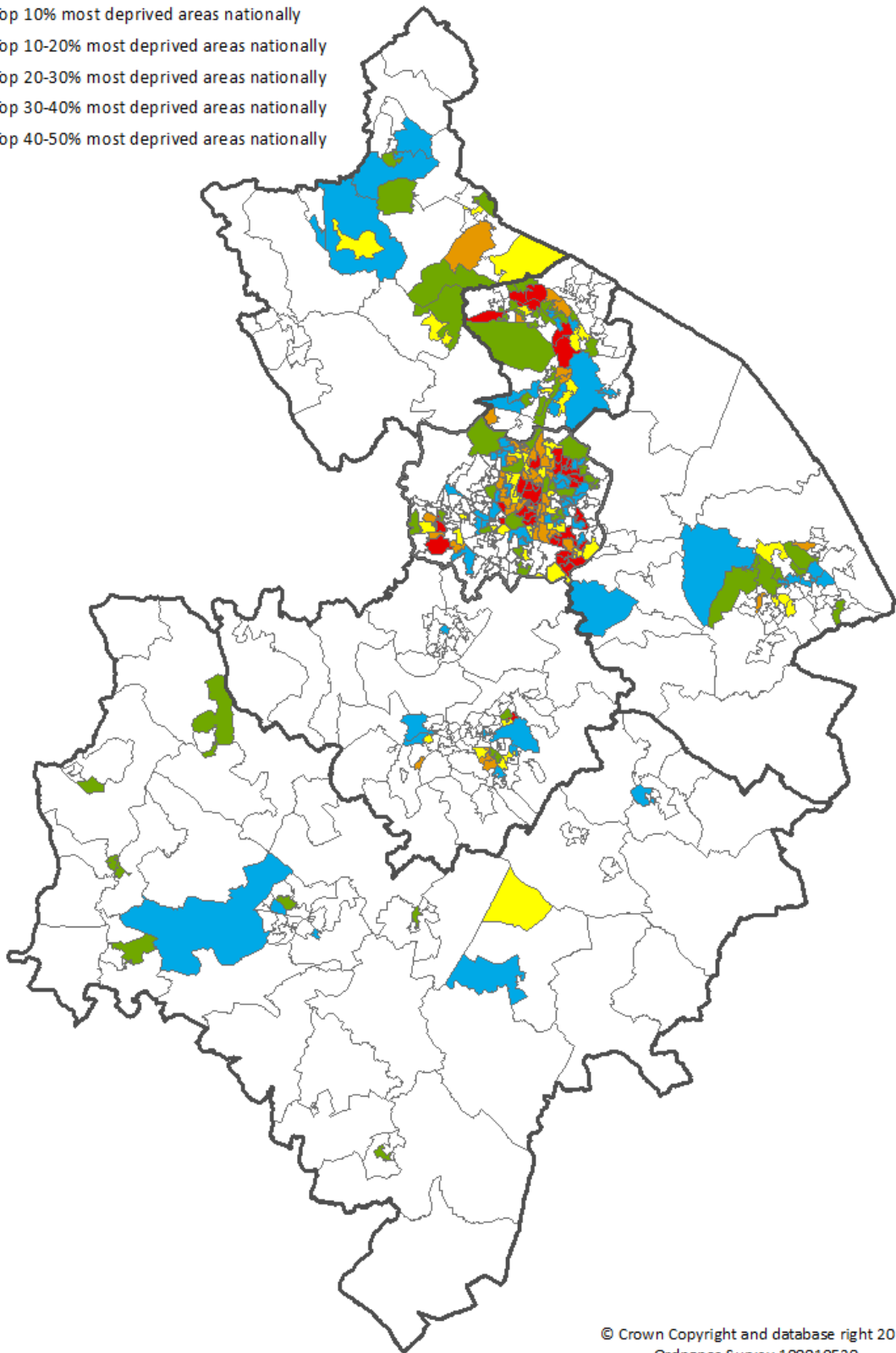
Figure 5 highlights the key areas based on this index which measures the proportion of all children aged 0 to 15 years living in income deprived families. There are 39 areas in Warwickshire in 2015 ranked within the 30% most deprived LSOAs nationally experiencing income deprivation affecting children, compared to 44 in the 2010 index.

Of the 39 areas in the 2015 index, 18 are in Nuneaton & Bedworth Borough, nine in Warwick District, six in Rugby Borough, five in North Warwickshire Borough and one in Stratford on Avon. Two areas in Nuneaton & Bedworth Borough feature within the top 1% most deprived LSOAs nationally. These are Bar Pool North & Crescents and Camp Hill Village & West.

Figure 5: Income Deprivation Affecting Children, Coventry & Warwickshire

Income Deprivation Affecting Children Index (IDACI)

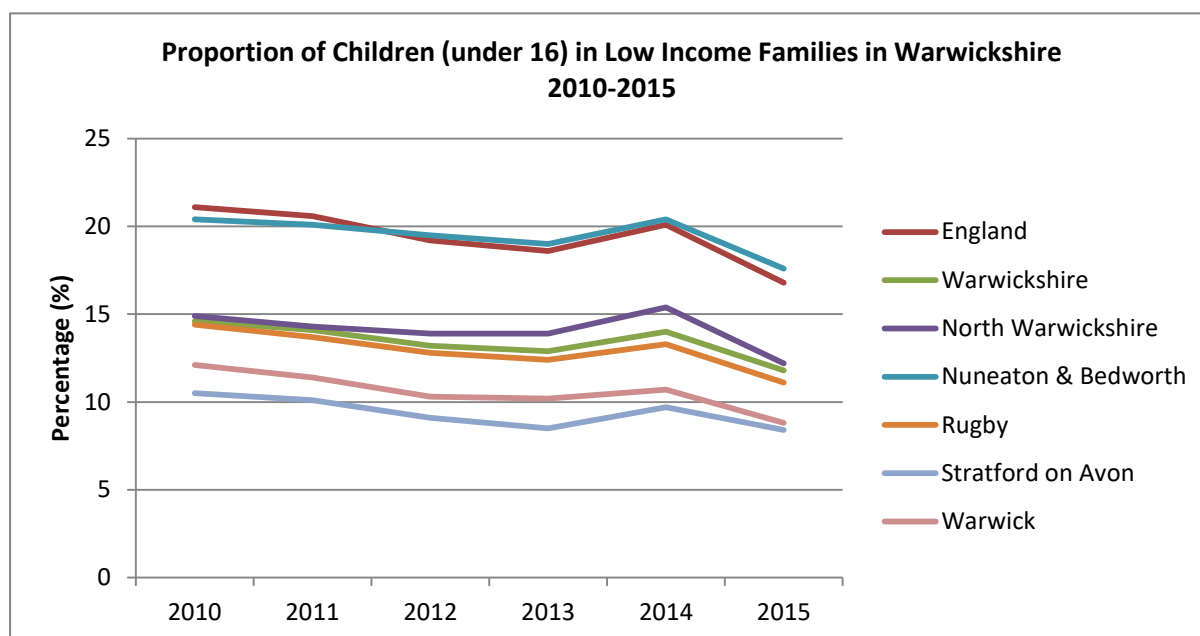
- Top 10% most deprived areas nationally
- Top 10-20% most deprived areas nationally
- Top 20-30% most deprived areas nationally
- Top 30-40% most deprived areas nationally
- Top 40-50% most deprived areas nationally



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Ordnance Survey 100019520.

According to data from HM Revenue and Customs the proportion of children in low income families declined in 2015 (Figure 6). In 2015, in Warwickshire, Nuneaton and Bedworth was the only borough that had a higher proportion (17.6%) of children living in low income families than the England average (16.8%).

Figure 6



Source: HM Revenue and Customs (Personal Tax Credits: Related Statistics - Child Poverty Statistics)

In line with data on children living in low income families, the proportion of children in out-of-work benefit households has decreased in Warwickshire and all districts and boroughs in Warwickshire over the past 5 years (Table 4). The proportion of children in out-of-work benefit households in Nuneaton and Bedworth has been consistently higher than the other districts and boroughs in Warwickshire.

Table 4 – Proportion of Children in Warwickshire in Out-of-Work Benefit Households, 2012-2016

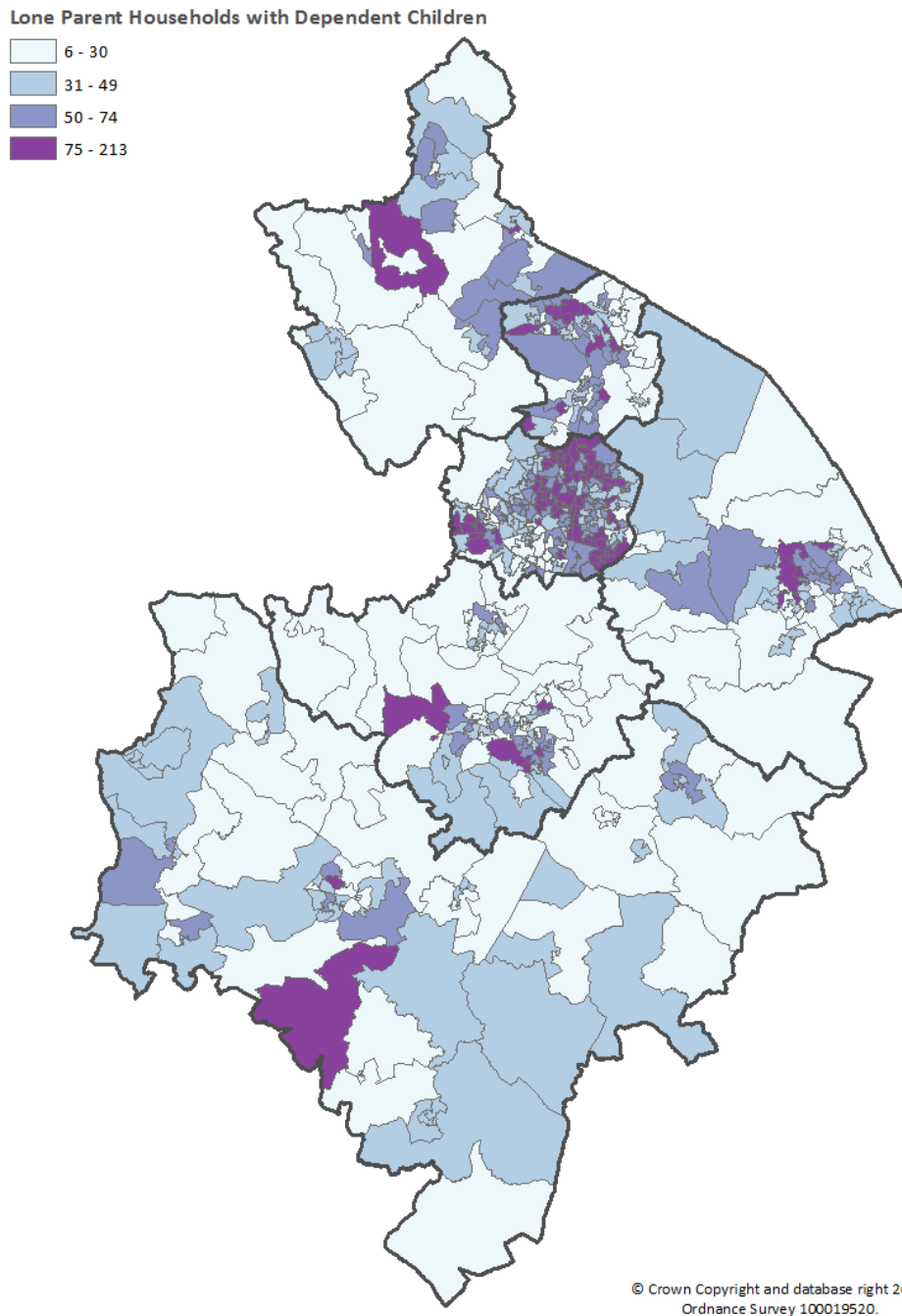
Year	Proportion of children in out-of-work benefit households (%)					
	North Warwickshire	Nuneaton and Bedworth	Rugby	Stratford-on-Avon	Warwick	Warwickshire
2012	12.8	19.0	11.7	8.5	9.8	12.5
2013	12.4	18.7	11.3	7.6	8.9	11.9
2014	11.3	17.1	10.3	6.5	8.1	10.7
2015	10.5	15.7	9.3	6.2	7.1	9.8
2016	10.3	14.7	9.3	6.0	6.6	9.4

Source: <https://www.gov.uk/government/statistics/children-in-out-of-work-benefit-households-31-may-2016>

LONE PARENT HOUSEHOLDS

In 2011, 6.1% (14,037) of families in Warwickshire were lone parent families with dependent children⁸. Figure 7 shows LSOA with the greatest numbers of lone parent households.

Figure 7: All Lone Parent Households with Dependent Children, Coventry & Warwickshire



⁸ ONS, 2011 Census

EDUCATIONAL ATTAINMENT

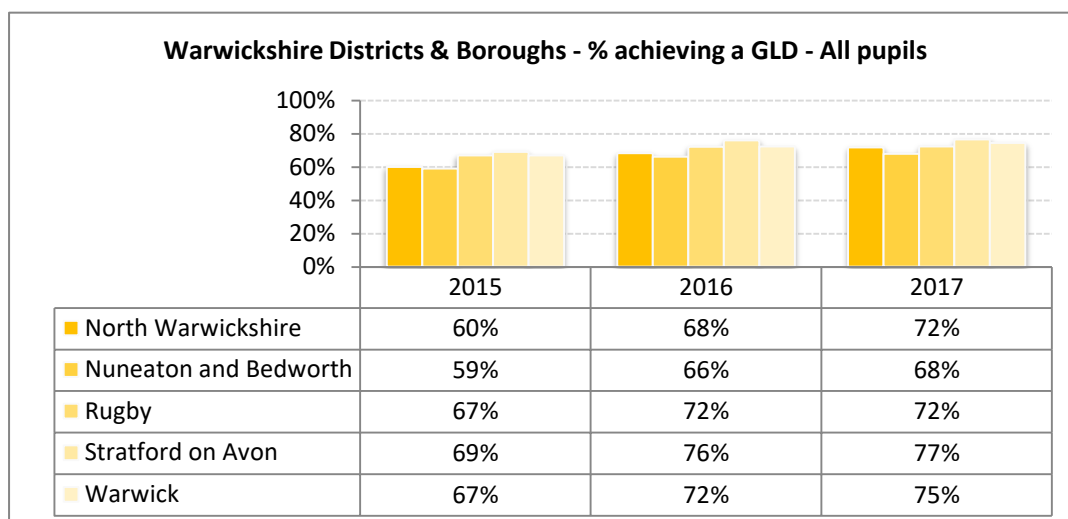
EARLY YEARS

School readiness links to educational attainment which in turn has been shown to impact on health outcomes⁹. School readiness is measured by the Early Years Foundation Stage Profile (EYFSP), a teacher assessment of children’s development at the end of the Reception year (pupils aged 4 or 5). It covers three prime areas of a child's development: communication and language; physical; and personal, social and emotional development. There are 7 areas of learning covering 17 early learning goals.

The main indicator for this assessment is Good Level of Development (GLD). Children achieving a GLD are those achieving at least the expected level in the areas of learning: communication and language; physical development; and personal, social and emotional development; literacy; and mathematics. Data has been collected since 2013 and the percentage of children achieving a GLD has increased nationally from 51.7% to 70.7% in 2017. Warwickshire has mimicked this increase with the percentage of children achieving a GLD rising from 44.9% in 2013 to 72.6% in 2017.

Within Warwickshire the percentage of children achieving a GLD varied between the districts and boroughs. In 2017, 77% of reception aged children in Stratford-on-Avon achieved a GLD whereas in Nuneaton and Bedworth only 68% achieved a GLD, a figure below the national average (Figure 8).

Figure 8 Percentage of 4-5 year olds achieving a Good Level of Development, 2015-2017

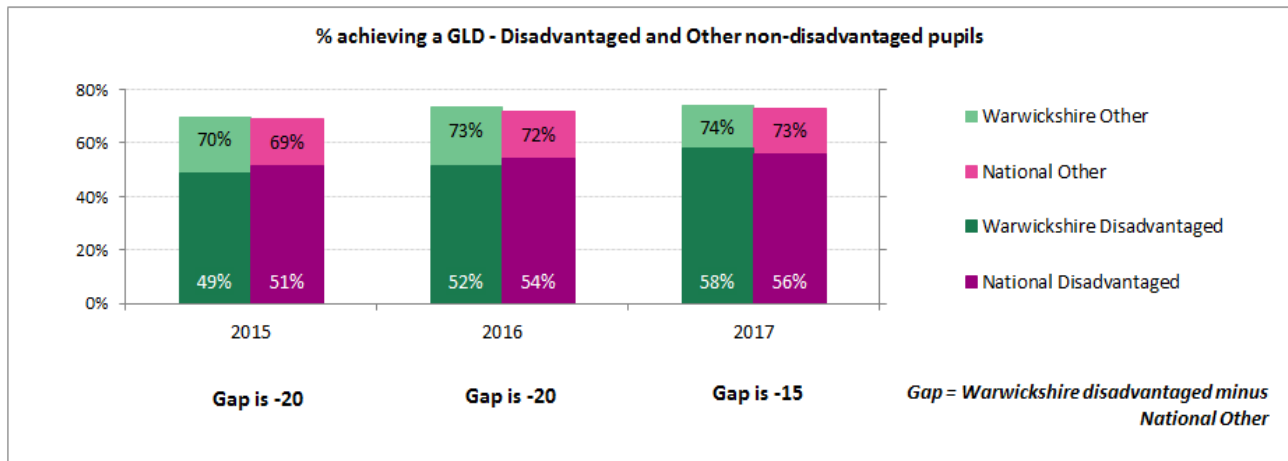


Source: Insight Service, WCC

In addition, a significant gap in school readiness exists between those on free school meals and their peers both nationally and in Warwickshire. In 2013, Warwickshire was significantly below the national average with 26.2% of school children on free school meals having a GLD by the end of reception. In 2017 this had increased to 57.5% in line with the national average of 56.0% (Figure 9).

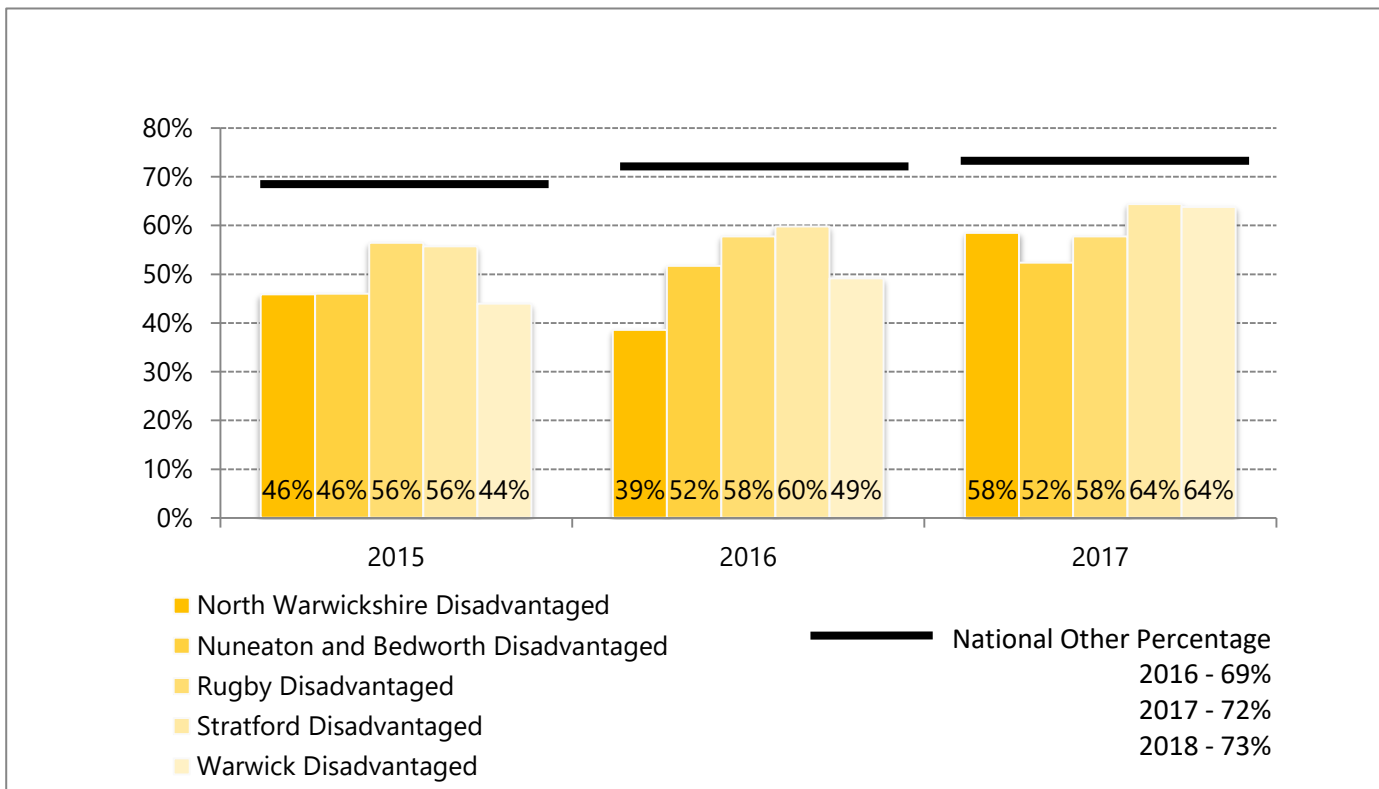
⁹ Improving school readiness: Creating a better start for London. Public Health England 2015

Figure 9 – Percentage of children achieving a GLD by disadvantaged status



Source: Insight Service, WCC

Figure 10 – Percentage of disadvantaged children achieving a GLD by district/borough, 2015-2017



Source: Insight Service, WCC

In 2017, three out of five districts saw an increase again in the performance of their disadvantaged pupils (Figure 10). The other two areas maintained their 2016 position. Both North Warwickshire and Warwick districts experienced the largest increases in achievement and the greatest 'closing of the gaps' by 19ppts and 14ppts respectively.

PRIMARY SCHOOL AGE CHILDREN

Pupils at the end of Key Stage 2 in 2016 were assessed against the new more challenging national curriculum. Results are no longer reported as levels and each pupil receives their test results as a scaled score and teacher assessments are based on specific standards. Due to these changes, figures from 2016 onwards are not comparable to those for earlier years. These assessments take place at the end of Year 6, the last year of primary school when the majority of pupils are typically aged 10 or 11.

Figure 11 – Percentage of pupils achieving the expected standard at the end of Key Stage 2

	2016					2017				
	% of pupils achieving the Expected Standard					% of pupils achieving the Expected Standard				
	Reading	Writing	Maths	Science	RWM	Reading	Writing	Maths	Science	RWM
Warwickshire	69%	77%	71%	84%	57%	73%	78%	74%	83%	62%
Statistical Neighbours	68%	75%	70%	83%	55%	74%	78%	76%	84%	63%
National	66%	74%	70%	81%	54%	72%	77%	75%	82%	62%
North Warwickshire	64%	77%	64%	82%	50%	68%	74%	68%	80%	55%
Nuneaton & Bedworth	61%	76%	69%	82%	52%	69%	77%	75%	81%	59%
Rugby	69%	77%	72%	83%	58%	71%	80%	74%	83%	63%
Stratford on Avon	76%	76%	74%	83%	62%	77%	79%	74%	86%	64%
Warwick	74%	81%	74%	87%	63%	77%	79%	76%	84%	66%

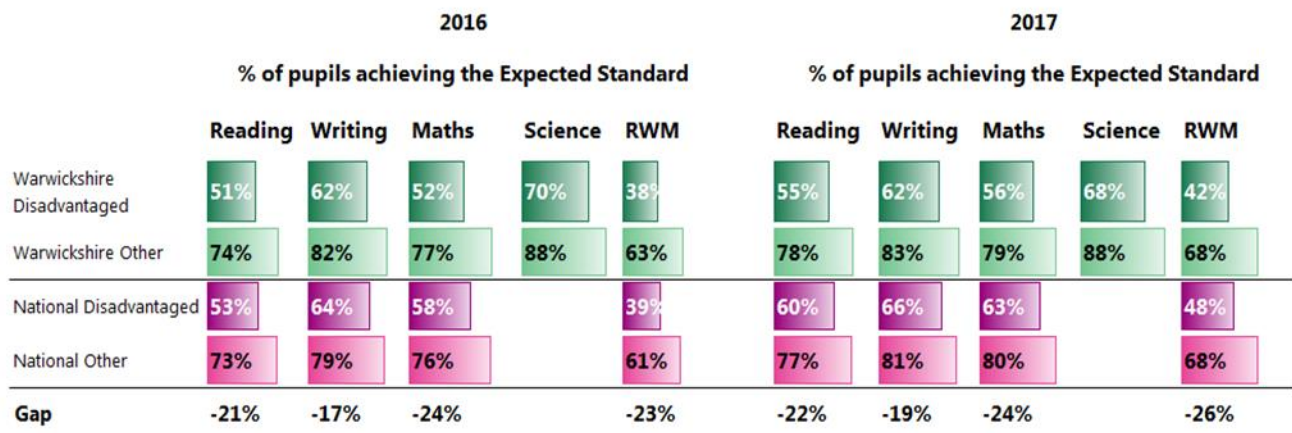
Source: Insight Service, WCC

In 2017, 62% of Warwickshire pupils achieved the new Expected Standard in the combined Reading, Writing and Maths measure in 2017, 5ppts above the 2016 results and the same level as the National result for state-funded schools (Figure 11). Following the national trend, fewer pupils in Warwickshire reached the Expected Standard in reading than in other subjects.

Performance across the district and boroughs does vary. On the whole, Stratford and Warwick areas achieve the highest percentages with 64% and 66% respectively of pupils achieving the new expected standard in the combined Reading, Writing and Maths measure in 2017. This compares to North Warwickshire with 55% of their pupils achieving this measure, a difference of 11ppts.

Across all subjects, disadvantaged pupils nationally perform better than their disadvantaged counterparts in Warwickshire. This is in contrast to the performance of non-disadvantaged pupils, who achieve better than their peers nationally. In 2017, non-disadvantaged pupils performed well in the subjects of Writing and Science accounting for the largest gaps in the subjects of Reading (-22ppts) and Maths (-24ppts) (Figure 12). The overall gap for the combined Reading, Writing and Maths measure currently stands at -26ppts which is a widening of 3ppts from 2016.

Figure 12
Disadvantaged v Non-Disadvantaged Pupil Gaps



Gap = Warwickshire disadvantaged minus National Other

Source: Insight Service, WCC

SECONDARY SCHOOL AGE CHILDREN

A new secondary school accountability system was implemented in 2016 with GCSE qualifications being revised to make them more rigorous, with more demanding content. The first of these new GCSEs (English and Maths) were awarded in August 2017. The new qualifications are graded 9-1 instead of A*-G, with 9 the highest grade. Under the new system, a **Grade 4 and above** (Standard Pass) is equivalent to an old C and above, **Grade 5 and above** (Strong Pass) is equivalent to an old *high* C and above.

Due to these changes, the DfE do not recommend comparing historical data to the latest 2017 results.

Old grades	New grades
A*	9
A	8
B	7
C	6
	5 STRONG PASS
D	4 STANDARD PASS
	3
E	2
F	1
G	1
U	U

Attainment 8 - measures the average achievement of pupils in up to 8 GCSE (or equivalent) qualifications including English, maths, three further qualifications that count in the English Baccalaureate (EBacc) and three other qualifications that can be GCSE or any other DfE approved non-GCSE qualifications.

Progress 8 - aims to capture the progress pupils make from the end of key stage 2 to the end of key stage 4. It compares pupils' achievement – their Attainment 8 score – with the average Attainment 8 score of all pupils nationally who had a similar starting point (or 'prior attainment'), calculated using assessment results from the end of primary school. The national average Progress 8 score for mainstream schools is 0.

- A score of zero means pupils on average do about as well at key stage 4 as other pupils across England who got similar results at the end of key stage 2.
- A score above zero means pupils made more progress, on average, than pupils across England who got similar results at the end of key stage 2.
- A score below zero means pupils made less progress, on average, than pupils across England who got similar results at the end of key stage 2.

In 2017, 48% of young people achieved a strong pass in English and Maths at the end of Key stage 4, higher than national and statistical neighbours (Figure 13). Pupils in Stratford on Avon were most likely to get a strong pass in English and Maths, pupils in North Warwickshire least likely.

Figure 13

	Standard Pass in E&M	Strong Pass in E&M	Achieving EBacc		Attainment 8 Average Score		Progress 8	
	2017	2017	2016	2017 (Standard in E&M)	2016	2017	2016	2017
Warwickshire	69%	48%	29%	27%	52.2	49.0	0.02	0.06
Statistical Neighbours	66%	43%	23%	22%	50.3	46.4	-0.05	-0.09
National	64%	43%	25%	24%	50.1	46.4	-0.03	-0.03
<i>SN Rank</i> ¹	2	1	2	2	1	1	3	1
<i>Nat Rank</i> ²	27	32	38	46	26	31	57	42
North Warwickshire	59%	31%	21%	18%	48.2	43.4	-0.11	-0.10
Nuneaton & Bedworth	61%	38%	20%	18%	49.7	43.9	-0.02	-0.23
Rugby	72%	54%	35%	35%	52.5	50.8	-0.10	0.10
Stratford on Avon	78%	60%	38%	34%	55.8	54.0	0.14	0.25
Warwick	73%	51%	28%	27%	52.9	49.9	0.10	0.20

1 - Statistical Neighbour Rank (out of 11)

2 - National Rank (out of 152)

Source: Insight Service, WCC

Again there was a gap between disadvantaged pupils and non-disadvantaged pupils (Figure 14) with 24% of disadvantaged students achieving a strong pass compared to non-disadvantaged students.

Figure 14

Disadvantaged v Non-Disadvantaged Pupil Gaps

	Standard Pass in E&M	Strong Pass in E&M	Achieving EBacc		Attainment 8 Average Score		Progress 8	
	2017	2017	2016	2017 (Standard in E&M)	2016	2017	2016	2017
Warks Disadv	45%	24%	9%	10%	40.4	36.7	-0.46	-0.45
Warks Other	75%	54%	34%	31%	55.0	51.8	0.13	0.17
Nat Disadv	44%	25%	12%	12%	41.2	37.1	-0.38	-0.40
Nat Other	72%	50%	30%	28%	53.5	49.9	0.10	0.11
Gap	-27%	-26%	-21%	-19%	-13.1	-13.2	-0.57	-0.56

Gap = Warwickshire disadvantaged minus National Other

Source: Insight Service, WCC

FREE SCHOOL MEALS

Poor nutrition in children has been linked to lower attainment, poor behaviour and worse health outcomes. To combat this, free school meals are provided to school children on a means tested basis. Across the UK 13.9% of pupils are eligible for and claiming free school meals, this drops to 8.5% in Warwickshire. Uptake is greater amongst primary school pupils (8.8%) compared to secondary school pupils (7.3%), this trend is reflected nationally.

PUBLIC HEALTH CHALLENGES

CHILDHOOD OBESITY

Data from the National Child Measurement Programme (NCMP) for 2017/18 show that in Warwickshire, 13.0% of children in Reception were overweight and 9.2% were obese. By Year 6, the prevalence of being overweight increased to 14.2% and being obese to 17.6% (Table 5). In reception 0.56% of children were underweight; this rises to 1.18% by Year 6.

Table 5: Prevalence of Overweight and Obese children in Warwickshire (by residence), West Midlands, England and two statistical comparator counties.

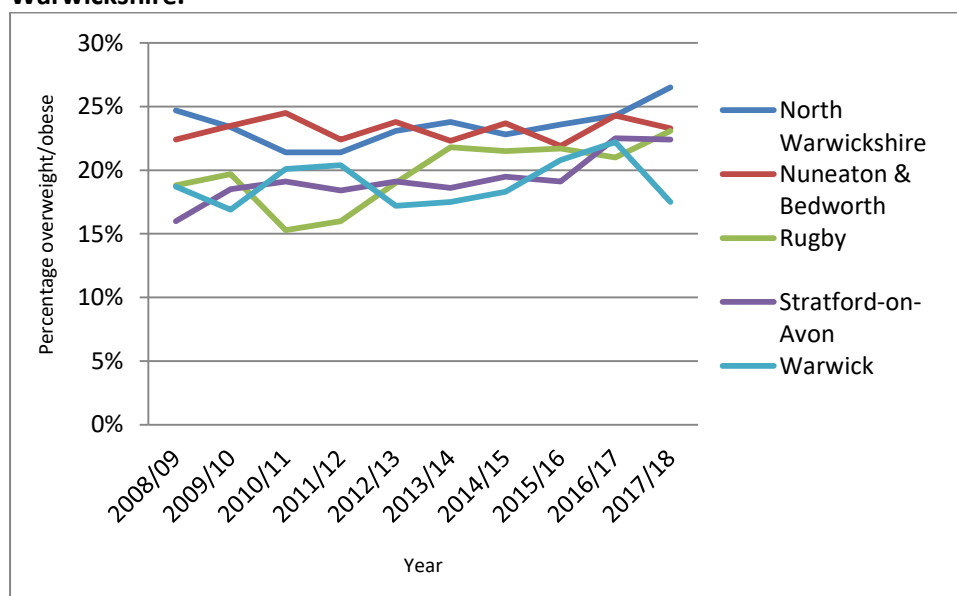
Area	Underweight		Healthy Weight		Overweight		Obese (including severely obese)		Severely Obese	
	Reception	Year 6	Reception	Year 6	Reception	Year 6	Reception	Year 6	Reception	Year 6
Warwickshire	0.6%	1.2%	77.3%	67.0%	13.0%	14.2%	9.2%	17.6%	1.8%	3.3%
North Warwickshire	*	1.4%	*	67.2%	15.1%	13.0%	11.4%	18.4%	2.9%	4.0%
Nuneaton & Bedworth	1.1%	0.9%	75.6%	60.7%	13.0%	16.2%	10.3%	22.2%	2.0%	4.2%
Rugby	*	0.7%	*	65.3%	13.2%	14.2%	9.9%	19.7%	1.4%	3.8%
Stratford-on-Avon	*	1.3%	*	69.5%	13.9%	14.1%	8.5%	15.1%	1.6%	2.6%
Warwick	0.6%	1.6%	81.9%	72.6%	10.7%	12.9%	6.8%	12.8%	1.4%	2.4%
Staffordshire	0.6%	1.2%	74.4%	64.1%	14.7%	14.6%	10.4%	20.1%	2.5%	3.7%
Worcestershire	0.6%	1.3%	77.1%	65.9%	13.1%	14.2%	9.2%	18.6%	2.5%	3.5%
WEST MIDLANDS	1.2%	1.5%	75.4%	61.4%	12.9%	14.6%	10.4%	22.5%	2.9%	5.1%
ENGLAND	1.0%	1.4%	76.6%	64.3%	12.8%	14.2%	9.5%	20.1%	2.4%	4.2%

*Data unavailable due to small sample size.

Source: NCMP Dataset, NHS Digital Copyright © 2018

The percentage of children who were overweight or obese in reception aged children in Warwickshire has increased from 18.7% in 2008/09 to 22.2% in 2017/18 and are in line with the national average of 22.3%. Levels of overweight/obesity in this age group are consistently higher in the north of the County (Figure 15); the proportion of obese children in 2017/18 varied from 6.8% in Warwick to 11.4% in North Warwickshire.

Figure 15. Trend in overweight/obese reception aged children in Districts and Boroughs in Warwickshire.

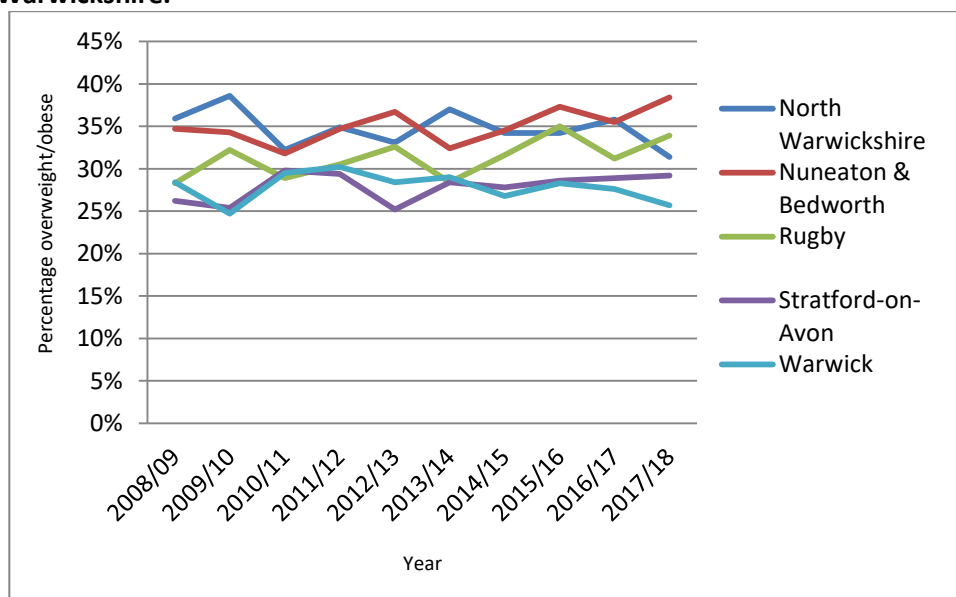


Source: <https://fingertips.phe.org.uk/profile/child-health-profiles> and NCMP Dataset, NHS Digital Copyright © 2018

In Year 6, in 2017/18, the proportion of overweight/obese children (31.8%) was lower than the national average (34.3%). The prevalence of overweight/obesity in Warwickshire has continued to rise in line with national figures and again levels of overweight/obesity in this age group are

consistently higher in the north of the County (Figure 16). In 2017/18, In Year 6, the proportion of obese children varied from 12.8% in Warwick to 22.2% in Nuneaton and Bedworth.

Figure 16. Trend in overweight/obese year 6 aged children in in Districts and Boroughs in Warwickshire.



Source: <https://fingertips.phe.org.uk/profile/child-health-profiles>

Obesity can have a severe impact on people’s health. There is an increased risk of type 2 diabetes, some cancers, heart and liver disease, respiratory disease and mental disorders with associated increased health care cost. Evidence supports the need to instil healthy lifestyle choices and behaviour at a young age to reduce risks in later life.

PHYSICAL ACTIVITY

In Warwickshire, 74.4% of year 6 children¹⁰ and 65.9% of year 9 children¹¹ said they did at least 1 hour of moderate physical activity each day in the 2017/18 Warwickshire School Needs Assessment survey. In addition, 89.4% of year 6s and 84.6% of year 9s said they enjoyed moderate physical activity such as running and riding a bike.

DIET

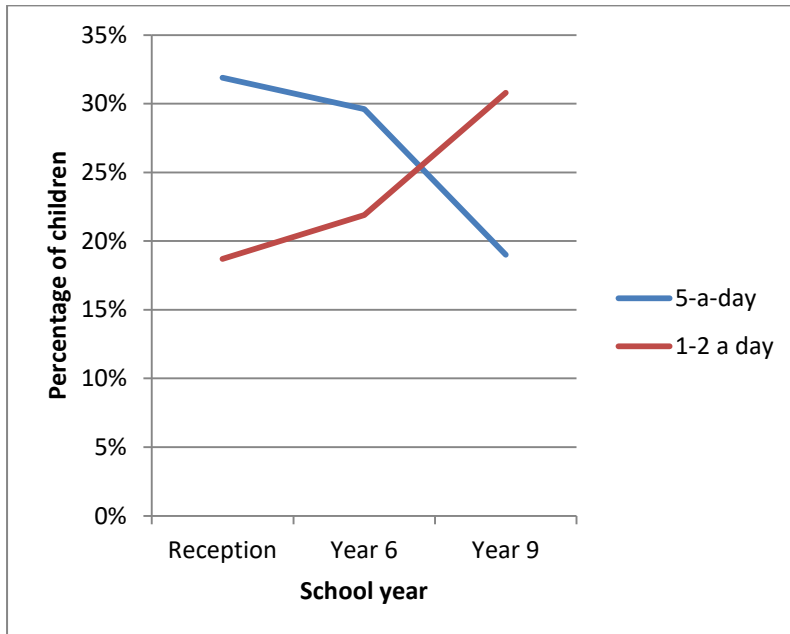
In the 2017/18 Warwickshire School needs Assessment Survey, the number of pupils who said that they eat at least five portions of fruit and vegetables per day falls as they progress through school from 31.9% in reception to 29.6% in year 6 and 19.0% in year 9 (Figure 17). Similarly the number of

¹⁰ Compass, Warwickshire School Needs Assessment Report, Year 6 Wellbeing and Lifestyle Behaviour Review, January 2018

¹¹ Compass, Warwickshire School Needs Assessment Report, Mid Teens Wellbeing and Lifestyle Behaviour Review, April 2018

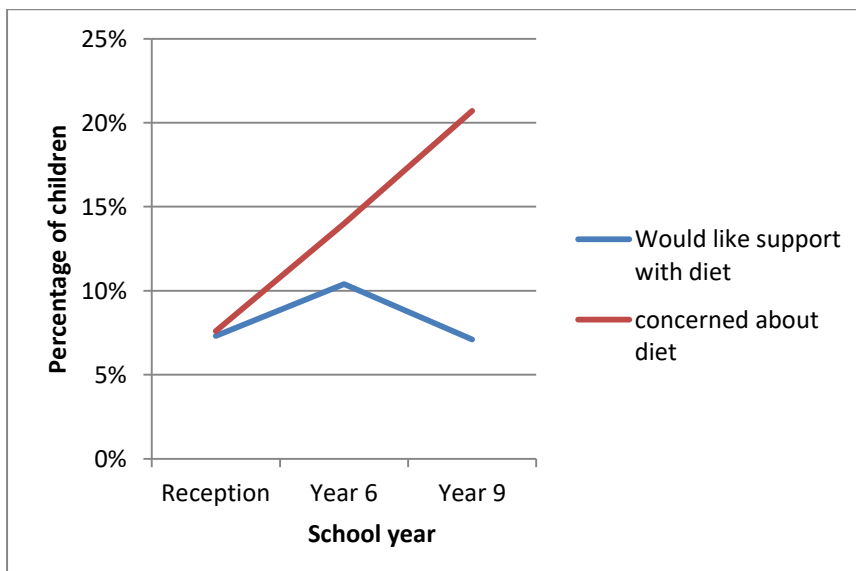
children eating breakfast every day falls from 90.9% in reception¹² to 60.1% in year 9. The proportion of children who are concerned about their diet increases with age although the number who would like support initially increases from reception to year 6 before falling in year 9 (Figure 18).

Figure 17. Percentage of children consuming either 5 or 1-2 portions of fruit and vegetables per day by school year.



Source: Compass, Warwickshire School Assessment Report s, January & April 2018

Figure 18. Percentage of children who are concerned about their diet and who would like support with their diet.



Source: Compass, Warwickshire School Assessment Report s, January & April 2018

¹² Compass, Warwickshire School Needs Assessment Report, School Entry Wellbeing Review, January 2018

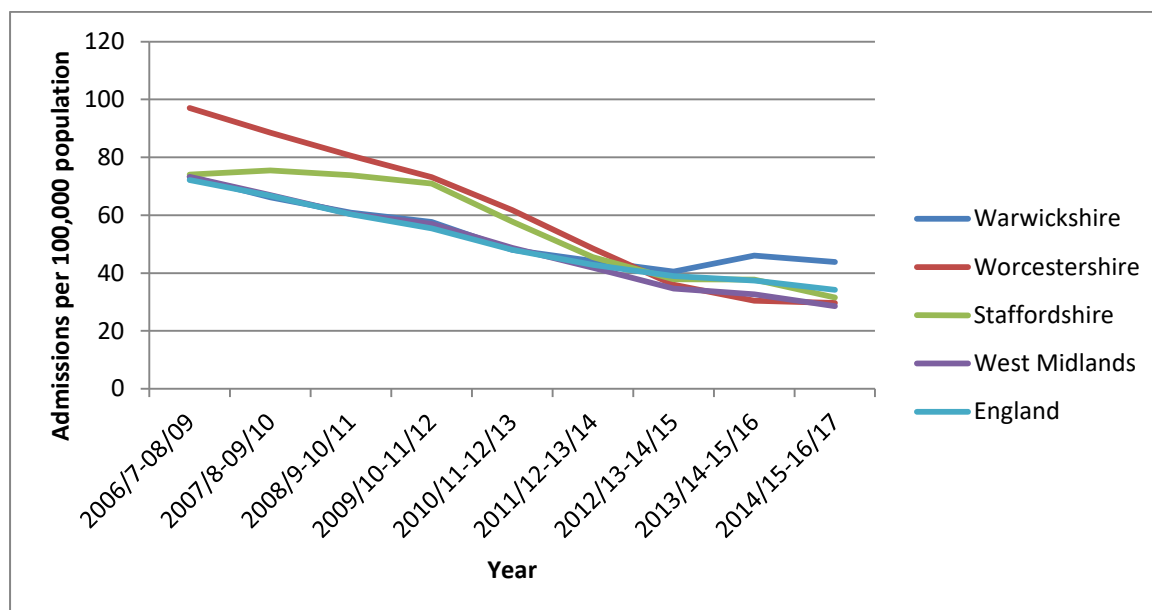
SMOKING, ALCOHOL AND SUBSTANCE MISUSE

Around two-thirds of people who have smoked take up the habit before the age of 18. The Warwickshire School Assessment for the 2017/18 entry suggests that overall, 0.9% of children in year 9 were smoking regularly¹³. This compares to 5.9% of Warwickshire 15 year olds in the 2014 what about youth survey; the national figure was 5.5%.

Alcohol

Most year 9 children (67.6%) in Warwickshire in 2017/18 reported that they have either never drunk alcohol or done so only a few times¹³. Within this statistic, 47.2% of young people report that they had never drunk alcohol. However, 2.2% were drinking 'about every week' and 0.6% 'more than weekly'. The proportion of children drinking alcohol has decreased in recent years, however comparisons with national data suggest that the proportion of young people (under 18s) who are admitted for alcohol specific conditions in Warwickshire is above the national average (Figure 19). It should be noted that drinking 'about every week' does not provide an indication of the quantity of alcohol consumed on a weekly basis. There is no local data on the amount of alcohol consumption by young people¹⁴.

Figure 19. Trend in hospital admission for alcohol-specific conditions in Warwickshire compared to England and the West Midlands regions.



Source: PHE,

<https://fingertips.phe.org.uk/search/alcohol#page/4/gid/1/pat/6/par/E12000005/ati/102/are/E10000031/iid/92904/age/173/sex/4>

¹³ Compass, Warwickshire School Assessment Report, Mid-teens wellbeing and lifestyle behaviour review. April 2018

¹⁴ Young People and Substance Misuse in Warwickshire Needs Assessment. Aug 2012

Drug substance misuse

In 2017/18, in Warwickshire, 95.4% Year 9 students said that they had never taken illegal drugs including new psychoactive substances (formally known as legal highs)¹⁵. However, 0.8% of students reported taking drugs on a more than monthly basis. The most common reason for taking drugs was 'to feel good', followed by 'curiosity', the need to 'fit in' and to 'feel older'. 6.6% of those surveyed were concerned about their drug use with 48.8% of those surveyed wanting more information for young people about drugs and 45.4% thought there should be more help and support available. There was also concern amongst year 6 students with 24% reporting they were worried about drugs. 55% of year 6 pupils thought there should be more information on drugs and 53% would have liked more help and support.

The standardised rate of hospital admissions due to substance misuse for 15-24 year olds, is slightly lower in Warwickshire (77.6 per 100,000) than England average (89.8 per 100,000), however the difference is not statistically significant.¹⁶ The trend in hospital admission has now been stable for the last 4 years and is starting to show evidence of decline, this trend is reflected nationally.

TEENAGE PREGNANCY

Teenage pregnancy (defined as under-18 conceptions including those leading to live births and terminations) and early parenthood are widely recognised to be associated with poor health and social exclusion. Having children at an early age can affect young women's health and wellbeing and it may limit their education, career and economic prospects. Teenage mothers are at higher risk of missing out on further education - an estimated 1 in 5 young women aged 16 to 18 who are not in education, employment or training are teenage mothers. Young fathers are also more likely to have poor education and have a greater risk of being unemployed in adult life.

Young people can be competent parents, but longitudinal studies show that the children born to teenagers are more likely to experience a range of negative outcomes in later life, and are more likely to become a teenage parent themselves. Children born to teenagers have a 30 per cent higher rate of a low birth weight, 75 per cent higher rate of infant mortality, 63 per cent higher risk of experiencing child poverty and at age five are more likely to have developmental delay on verbal ability¹⁷.

In 2016, in Warwickshire the rate of under 18 conceptions (aged 15-17) was 18.7 per 1,000 women in the age group, which equated to 168 conceptions¹⁸. This was similar to the national figure of 18.8 conceptions per 1,000. The under 16s (aged 13-15) conception rate in 2016 was 2.9 per 1,000 women in the age group, which equated to 25 conceptions and again similar to the national rate of 3.0 per 1,000. Since 2011 there has been a gradual decrease in both the rate of under 16 and under 18 conceptions (Figure 20).

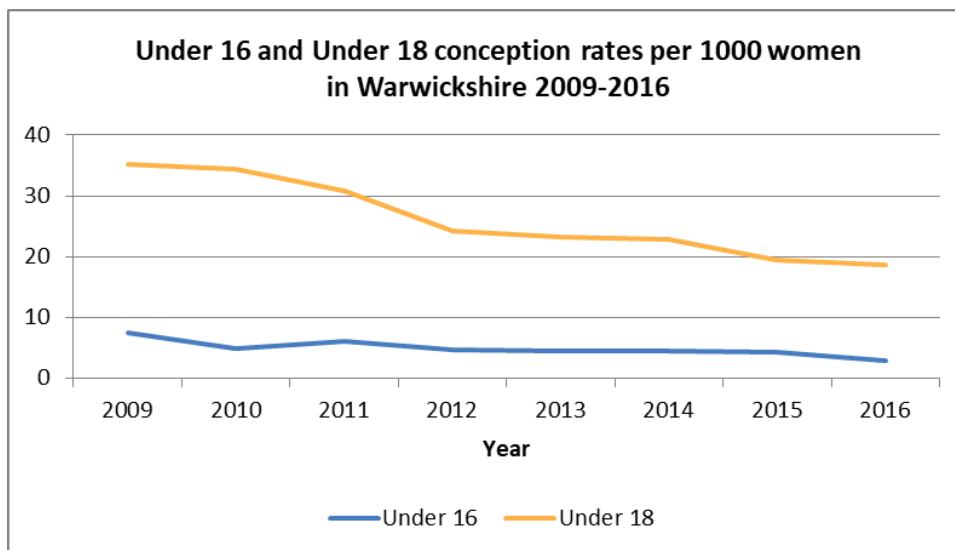
¹⁵ Compass, Warwickshire School Assessment Report, Mid-teens wellbeing and lifestyle behaviour review. April 2018

¹⁶ Public health England child health profiles 2016/17

¹⁷ A Hadley, Journal of Adolescent Health 59 (2016) 68-74

¹⁸ ONS (2018), Conception Statistics, England and Wales, 2016

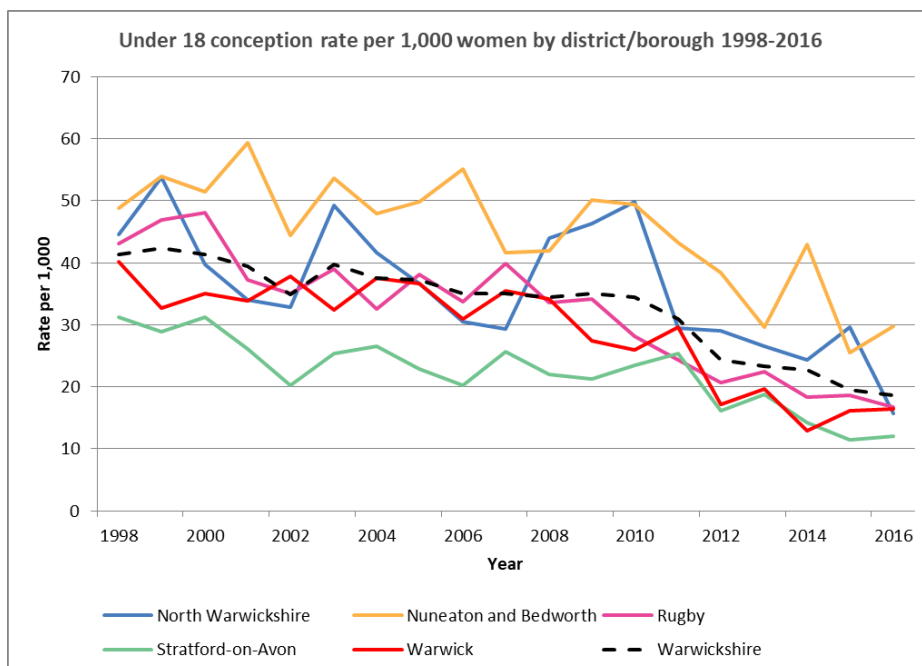
Figure 20 Trends in under 16 and under 18 conception rates in Warwickshire



Source: ONS (2018), Conception Statistics, England and Wales, 2016

In 2016, 52.4% of conceptions in 15-17 year olds and 76% of conceptions in 13-15 year olds led to abortion. There are differences in conception rates in 15-17 year olds across Warwickshire. In 2016, the rate was highest in Nuneaton and Bedworth at 29.8 per 1,000 women in the age group, followed by 16.7 per 1,000 in Rugby, 16.4 per 1,000 in Warwick, 15.7 per 1,000 for North Warwickshire and 12.1 per 1,000 in Stratford-upon-Avon. There has been a downward trend in conception rates in women aged 15-17 in all districts and boroughs in Warwickshire between 1998 and 2016 (Figure 21).

Figure 21 Under 18 conception rate in Warwickshire by District/Borough



Source: ONS (2018), Conception Statistics, England and Wales, 2016

SEXUAL HEALTH

In 2017, in Warwickshire there were 613 new sexually transmitted infection (STI) diagnoses (excluding chlamydia <25 year olds) per 100,000 population aged 15 to 64, which is significantly lower than the national average for England at 794 per 100,000¹⁹.

Chlamydia is the most commonly diagnosed bacterial sexually transmitted infection in England, with rates substantially higher in young adults than any other age group. 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. The National Chlamydia Screening Programme (NCSP) recommends screening for all sexually active young people under 25 annually or on change of partner (whichever is more frequent). The chlamydia detection rate amongst under 25 year olds is a measure of chlamydia control activity. An increased detection rate is indicative of increased control activity. Public Health England (PHE) recommends that local authorities should be working towards achieving a detection rate of at least 2,300 per 100,000 population aged 15-24.

The chlamydia detection rate in 2017 per 100,000 young people aged 15-24 was 1,432 per 100,000 for Warwickshire; compared to 1,882 per 100,000 for England. This varied amongst the districts and boroughs; 1,848 per 100,000 in Nuneaton and Bedworth; 1,771 per 100,000 in North Warwickshire; 1,423 per 100,000 in Rugby; 1,372 per 100,000 in Stratford-on-Avon and 1,055 per 100,000 in Warwick²⁰. The proportion of population aged 15-24 screened for chlamydia in specialist and non-specialist sexual health services (SHSs) was 13.8% for Warwickshire, and 19.3% for England.

The national human papillomavirus (HPV) immunisation programme was introduced in 2008 for secondary school year 8 females (12 to 13 years of age) to protect them against the main causes of cervical cancer. It has run as a two-dose schedule from September 2014. The first HPV vaccine dose is usually offered to females in Year 8 (aged 12–13 years) and the second dose 12 months later in Year 9. In 2016/17, in Warwickshire, 86.5% of females aged 12-13 years had the first HPV vaccine dose (a reduction on previous cohorts, 91.6% in 2015/16 and 94.9% in 2014/16) and 81% of females aged 13-14 years had had two doses (a reduction on the previous cohort – 91.7% in 2015/16)²¹.

A survey of Year 9 (13-14 year old) pupils in Warwickshire in 2017 found that 5.3% (n=146) of respondents said they were sexually active, 25.9% said they knew where to get free condoms from, and 50.6% said they would know who to contact if someone they knew thought they were pregnant²².

¹⁹ <https://fingertips.phe.org.uk/profile/sexualhealth/data#page/3/gid/8000057/pat/6/par/E12000005/ati/102/are/E08000025/iid/91306/age/182/sex/4>

²⁰ <https://fingertips.phe.org.uk/profile/sexualhealth/data#page/3/gid/8000057/pat/6/par/E12000005/ati/101/are/E08000025/iid/90776/age/156/sex/4>

²¹ <https://fingertips.phe.org.uk/profile/sexualhealth/data#page/4/gid/8000057/pat/6/par/E12000005/ati/102/are/E10000031/iid/92319/age/206/sex/2>

²² Compass, Warwickshire School Assessment Report, Mid-teens wellbeing and lifestyle behaviour review. April 2018

MENTAL WELLBEING

Around half of all lifetime mental health problems emerge before the age of 14^{23,24}. Research suggests that overall, 7.7% of 5 to 10 year olds and 11.5% of 11 to 16 year olds have a mental health disorder causing distress to the child or causing considerable impact on the child's day to day life. In 2015, it was estimated that 8.8% of children aged 5-16 in Warwickshire had a mental health disorder; slightly lower than the prevalence in England (9.2%)²⁵

A survey of Year 9 (13-14 year old) pupils in Warwickshire in 2017/18 found that 68.7% of respondents answered yes when asked if they feel anxious/worried/stressed or low in mood²⁶.

In January 2018, in Warwickshire, 2.23% of primary school pupils (a total of 1,970 children), had a social, emotional and mental health need (England 2.39%)²⁷. In Secondary school age children 2.45% had a social, emotional and mental health need (845 young people), compared to 2.31% for England.

In Warwickshire in 2015, it was estimated that 2,543 of 5-16 year olds had an emotional disorder (3.4% compared to 3.6% for England); 3,897 children aged 5-16 had conduct disorder (5.2% compared to 5.6% for England) and 1,045 5-16 year olds had hyperkinetic disorders (1.4%, compared to 1.5% for England)²⁷. In 2013 in Warwickshire, 7,579 16-24 year olds were estimated to have a potential eating disorder and 8,088 16-24 year olds were estimated to have ADHD²⁷.

In 2016/2017, in Warwickshire there were 502.9 hospital admissions as a result of self-harm per 100,000 in 10-24 year olds, (compared to 407.1 per 100,000 for England)²⁸. The rate of hospital admissions as a result of self-harm have been increasing since 2011/2012 and in 2012/13, 2013/14, 2015/16 and 2016/17 were significantly worse than the England rate (Figure 22)

²³ Kim-Cohen, J et al (2003). Prior juvenile diagnoses in adults with mental disorder. Archives of General Psychiatry 60: 709-17

²⁴ Kessler, RC et al (2005). Lifetime Prevalence and Age-of-onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication. Archives of General Psychiatry 62 (6): 593-602

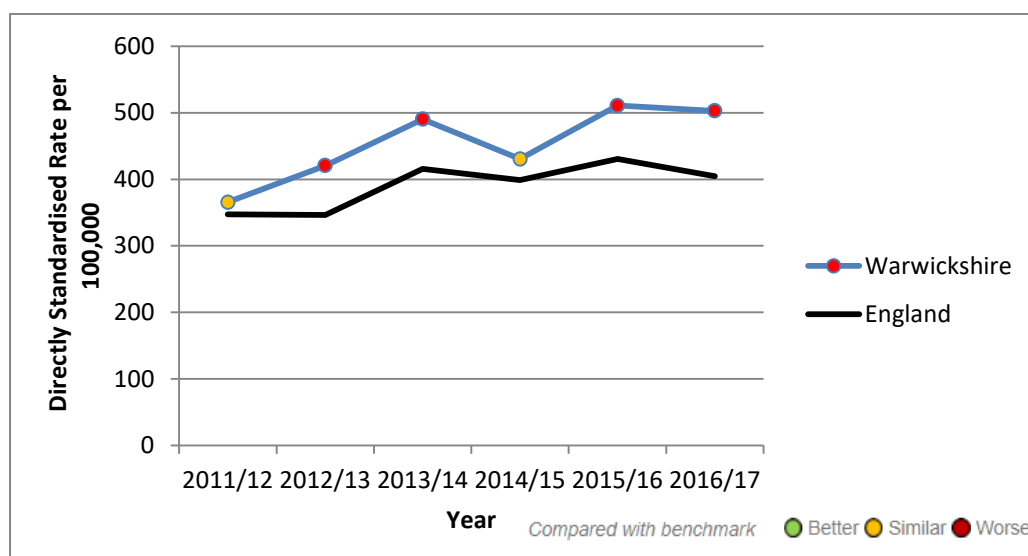
²⁵ Public Health England, <https://fingertips.phe.org.uk/profile-group/mental-health/profile/mh-jsna>

²⁶ Compass, Warwickshire School Assessment Report, Mid-teens wellbeing and lifestyle behaviour review. April 2018

²⁷ Public Health England, <https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh>

²⁸ Hospital Episode Statistics (HES) Copyright © 2016, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved.

Figure 22 Hospital admissions as a result of self-harm (aged 10-24 years)



Source: Hospital Episode Statistics (HES) Copyright © 2016, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved.

COMMUNICABLE DISEASES AND UPTAKE OF IMMUNISATION

In 2016-2017, the percentage of children in Warwickshire immunised by their fifth birthday was higher than in the West Midlands and the England average (Table 6). The uptake of immunisation has increased over the last six years.

Table 6. Percentage of children who had completed immunisations in 2016/17.

	% of eligible children who have received one dose of MMR vaccine (5 year olds)	% of eligible children who have received two doses of MMR vaccine (5 year olds)	Population vaccination coverage – Hib/Men C booster (5 year olds)	Population vaccination coverage Dtap/IPV/Hib (2 years old)
Warwickshire	98.7	95.9	96.7	98.5
West Midlands	-	89.9	94.9	96.0
England	95.0	87.6	92.6	95.1

Source: Health Protection Agency (Public Health England)

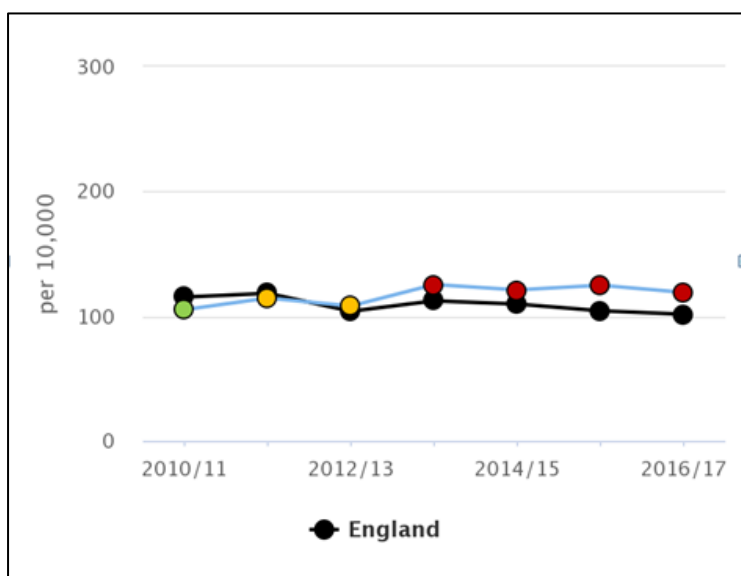
ACCIDENTS

Unintentional injuries and accidents are the leading cause of mortality among all secondary school children (10–19 years).²⁹

The rate of hospital admission caused by unintentional and deliberate injuries in 0-14 year olds has been significantly higher in Warwickshire than England since 2013/14 increasing from 105.2 per 10,000 in 2010/11 to 125.3 per 10,000 in 2013/14, then down to 119.0 per 10,000 in 2016/17 (Figure 23).

The main type of injury that resulted in admission to hospital in 0-14 year olds in Warwickshire over the 5 year period from 2012/13 to 2016/17 was injuries to the head. This type of injury was responsible for 31% of admissions followed by injuries to the elbow and forearm (16%) and poisoning by drugs, medicaments and biological substances (11%). Of the 5,564 admissions to hospital, the place of injury was not specified in 43% of admissions. Where a place was specified the home was the most common place (25%) followed by school, other institution and public administrative area (9%).

Figure 23 - Hospital admission caused by unintentional and deliberate injuries in 0-14 year olds



Compared with benchmark ● Better ● Similar ● Worse

Source: Public Health England, <https://fingertips.phe.org.uk/>, accessed February 2018

Warwickshire School Assessment Report Compass April 2018 showed that 27.7% of teens in 2017/18 have been to the accident and emergency department following an accident or injury, with 71.8%

²⁹ Chief Medical Officer's annual report 2012: Our Children Deserve Better: Prevention Pays. Chapter 7. Life stage: School Years.

said no and 0.5% n/a. In the past year 17.8% said they had been admitted to hospital following an accident or injury, with 81.5% said no and 0.7% said n/a.

DENTAL HEALTH

Warwickshire Compass School Assessment Report April 2018 showed that 91.1% of children had a check-up at the dentist, with 8.5% saying no and 0.4% n/a. In addition, 11.2% had an emergency dental appointment.

In 2016/17, 21.6% of 5 year old children in Warwickshire had one or more decayed, missing or filled teeth³⁰.

VULNERABLE CHILDREN AND YOUNG PEOPLE

CHILDREN LOOKED AFTER (CLA)

Looked after children or children looked after (CLA) are amongst the most vulnerable children and young people in society and local authorities and their partner agencies have a corporate parenting responsibility to improve the life chances for the children and young people who are in their care.

The physical and mental health of CLA is known to be significantly poorer than that of the general child population. A survey by Meltzer et al. (2003) showed that 45% of looked-after children aged 5 to 17 were assessed as having a mental disorder compared to 10% of the general child population. Two-thirds of all children in care were reported by their carers as having at least one physical complaint. Looked-after young people experience a significantly higher rate of teenage conception and teenage motherhood when compared to the non-care population; they may be more vulnerable to involvement in risky sexual activity, or exploitative and abusive relationships. Young people in care are also four times more likely than their peers to smoke, use alcohol and misuse drugs.

In September 2018, there were 709 CLA in Warwickshire (including unaccompanied asylum seekers), a rate of 62.0 per 10,000³¹. The largest cohort of CLA originate from North Warwickshire, Bedworth and Nuneaton. Of the CLA aged under 16, 62.9% had been looked after continuously for at least 2.5 years, were living in the same placement for at least 2 years, or were placed for adoption.

There is a statutory requirement for LAC to undergo a health assessment and dental review on entry to care and at least annually thereafter. These assessments are designed to identify otherwise unrecognised health needs, and should lead to a health plan which forms part of the overall care plan. In Warwickshire, at 30 September 2018, 90.4% of CLA have had a 'completed' health assessment in the last 12 months and 85.1% have had a dental check in the last 12 months. School nurses currently offer review health assessments to CLA from school entry until the end of year 11.

³⁰ <https://fingertips.phe.org.uk/profile/child-health-profiles>

³¹ Insight Service, WCC, September 2018

They see children without specific health concerns or where the health needs have previously been identified and met and they do not require on-going review by a paediatrician. According to the most recent data, school nurses completed 156 review health assessments for CLA across Warwickshire between September 2018 and August 2018.

CHILDREN SUBJECT TO A CHILD PROTECTION (CP) PLAN

In September 2018, there were 502 children (unborn to aged 17) subject to a child protection plan in Warwickshire, a rate of 43.9 per 10,000 population³². Looking at districts and boroughs the rate in North Warwickshire was 44.0 per 10,000, Nuneaton and Bedworth 48 per 10,000, Rugby 36 per 10,000, Stratford on Avon 34 per 10,000 and Warwick 46.0 per 10,000.

At 30th June 2018 (end of quarter 1), 90% of the 557 children that were subject to a CP plan were between the ages of 5 and 17³³. The CP category for these 557 children was 35% emotional abuse, 34% multiple, 28% neglect, 2% physical abuse and 2% sexual abuse.

SPECIAL EDUCATIONAL NEEDS AND DISABILITIES

Special educational needs and disabilities (SEND) can affect a child or young person's ability to learn. They can affect their:

- behaviour or ability to socialise, for example they struggle to make friends
- reading and writing, for example because they have dyslexia
- ability to understand things
- concentration levels, for example because they have ADHD
- physical ability

Children can receive support in school if they require:

- SEN support - support given in school, like speech therapy
- an Education, Health and Care Plan (EHCP) - a plan of care for children and young people aged up to 25 who have more complex needs

In 2018, of the 82,062 children aged 4 to 19 years attending State funded schools in Warwickshire, 13.1% (10,716) had Special Educational Needs (SEN)³⁴. This figure has not changed in recent years but in 2018, was greater than Warwickshire's statistical neighbours (11.8%) and England (13%). During the 3 years, 2016 to 2018, the most common primary reason for SEN was moderate learning difficulty (MLD) (31.7%), followed by social, emotional and mental health (SEMH) difficulties (17.7%) and speech, language and communication needs (SLCN) (Figure 24). MLD is the main primary need, although the percentage of pupils with this need has decreased in the past 3 years. The category of primary need with the most noticeable increase over the past 3 years is SLCN. The same upwards trend is also seen with increasing numbers of children identified with ASD and SEMH.

³² Insight Service, WCC, September 2018

³³ Insight Service, WCC, September 2018

³⁴ Department for Education School Census data, January 2018

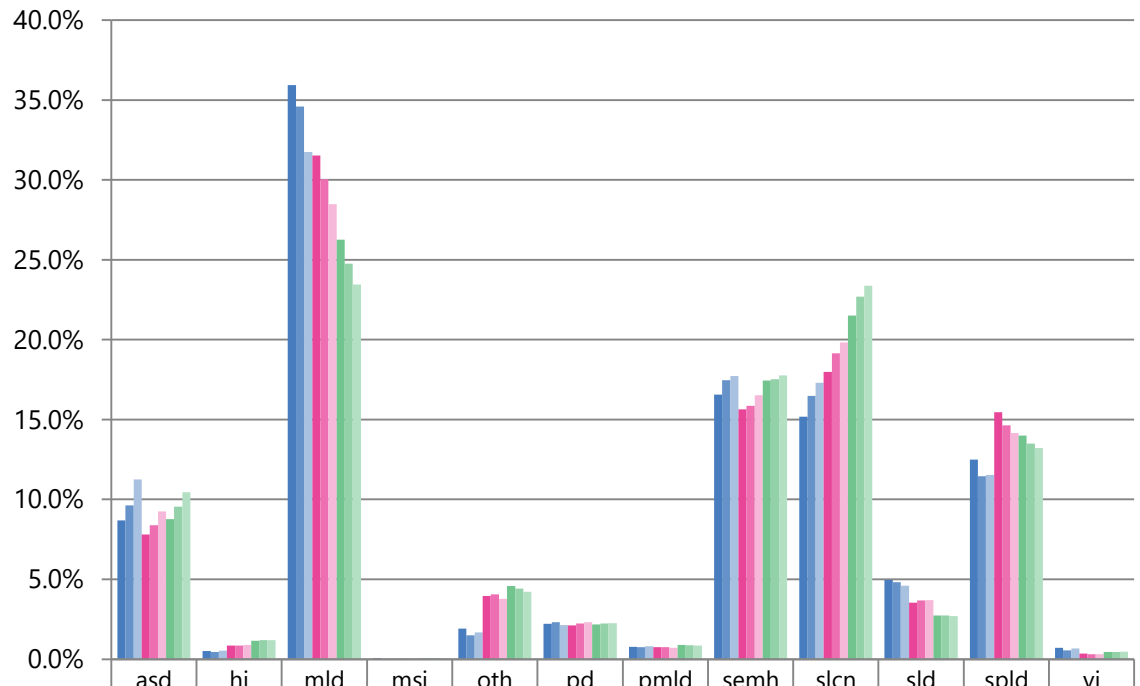
In 2018, there are 11 state funded special schools in the county with a total population of 1,463 pupils. The current distribution of State funded special schools is as follows: one in the North Warwickshire with a population of 189, one in Rugby with 198 children, five in Nuneaton and Bedworth with 603 children, two in Stratford-on-Avon with 207 children and two in Warwick District with 266 children³⁵.

Key to Figure 24

Need	Need Description	Need	Need Description
ASD	Autistic Spectrum Disorder	PMLD	Profound & Multiple Learning difficulty
HI	Hearing Impairment	SEMH	Social, emotional and mental health
MLD	Moderate Learning difficulty	SLCN	Speech Language & Communication Needs
MSI	Multi-Sensory Impairment	SLD	Severe Learning Difficulty
OTH	Other difficulty / Disability	SPLD	Specific Learning Difficulty
PD	Physical Disability	VI	Visual Impairment

³⁵ Warwickshire School Census, May 2018

Figure 24 SEND Primary Need as a percentage of total SEND Cohort (EHCP & SEN Support) Source: WCC, Insight Service



	asd	hi	mld	msi	oth	pd	pml	semh	slcn	sld	spld	vi
Warwickshire 2016	8.7%	0.5%	35.9%	0.1%	1.9%	2.2%	0.8%	16.6%	15.2%	5.0%	12.5%	0.7%
Warwickshire 2017	9.6%	0.4%	34.6%	0.0%	1.5%	2.3%	0.8%	17.5%	16.5%	4.8%	11.4%	0.6%
Warwickshire 2018	11.2%	0.5%	31.7%	0.0%	1.7%	2.1%	0.8%	17.7%	17.3%	4.6%	11.5%	0.7%
Statistical Neighbour Average 2016	7.8%	0.9%	31.5%	0.0%	4.0%	2.1%	0.8%	15.6%	18.0%	3.5%	15.5%	0.4%
Statistical Neighbour Average 2017	8.4%	0.9%	30.0%	0.0%	4.1%	2.2%	0.7%	15.9%	19.1%	3.7%	14.6%	0.3%
Statistical Neighbour Average 2018	9.3%	0.9%	28.5%	0.0%	3.8%	2.3%	0.7%	16.5%	19.8%	3.7%	14.2%	0.3%
National 2016	8.8%	1.1%	26.3%	0.1%	4.6%	2.2%	0.9%	17.4%	21.5%	2.7%	14.0%	0.5%
National 2017	9.6%	1.2%	24.8%	0.1%	4.4%	2.2%	0.9%	17.5%	22.7%	2.7%	13.5%	0.5%
National 2018	10.4%	1.2%	23.4%	0.1%	4.2%	2.3%	0.9%	17.8%	23.4%	2.7%	13.2%	0.5%

Warwickshire's statistical neighbours are: Cheshire West and Chester, Worcestershire, Central Bedfordshire, Leicestershire, Staffordshire, Warrington, Cheshire East, Essex, Hampshire, North Somerset

CHILDREN AND YOUNG PEOPLE WHOSE FAMILY BACKGROUND PUTS THEM AT HIGHER RISK

These include children and young people from families with serious mental health, drug or alcohol problems, children from families where a family member is in custody, families where parents grew up in care, parents with learning difficulties, families living in poor housing, homeless families or those living in temporary accommodation, refugee children and asylum seekers, travellers, families with a young parent, single parent families, families where the main language is not English, BME children, families where obesity is prevalent, children who have had little health surveillance and screening during their early years.

The Warwickshire Priority Families Programme is Warwickshire's implementation of the national Troubled Families Agenda³⁶. During Phase 1 of the programme from April 2012 to June 2015, the programme supported 805 families to achieve progress against their identified issues.³⁷

Since the Start of Phase 2, which commenced in April 2015 and runs until March 2020, the programme has attached a further 3,122 more families to the programme. These families have all been identified as eligible for attachment due to meeting at least two out of six headline problem criteria, including crime and ASB; school attendance issues; domestic violence and abuse; financial exclusion; worklessness; child or parental mental and physical health issues; problems with substance/ alcohol misuse.

In line with the principles of the programme, all of the families attached are receiving or have received family support from services in Warwickshire. During Phase 2 to July 2018, Warwickshire's Priority Families Team has been able to submit payment by results claims for 1,115 of the attached families, demonstrating that they have received family support from services within Warwickshire to help them achieve sustained and significant progress against all of their initial problems.

Of these claimed families, the initial issues that families were supported with to make progress against include:

- 21% of households had a household member that was a perpetrator of crime / ASB
- 40% of households included at least one child with school attendance issues
- 32% of households were experiencing financial exclusion or unemployment issues

³⁶ <https://www.gov.uk/government/publications/troubled-families-supporting-health-needs>

³⁷ Warwickshire County Council Insight Service, September 2018

- 26% of households had experienced or were experiencing the impact of domestic violence / abuse
- 89% of households had at least one household member with a mental or physical health issue or substance / alcohol misuse issues

Children from families with substance misuse problems are likely to be at a higher risk of neglect, physical and emotional abuse, poverty, exposure to drugs and drug-taking equipment in the home, domestic violence, psychological distress and depression. The impact of parental substance misuse can vary depending on many factors, including age: 5-9 year olds may be more likely to miss the health review, have poorer school attendance, depression and anxiety; 10-14 year olds may be at a higher risk of early smoking, drinking and drug use, poor academic performance poor self-esteem, emotional disturbance, conduct disorders (e.g. bullying, sexual abuse), offending and criminality.; and children aged 15 years and above may have increased risk of problem alcohol and drug use, pregnancy, sexually transmitted diseases, lack of educational attainment, suicide risk. Children whose parents use drugs or alcohol may also have young caring responsibilities, either for their parents directly or for siblings.³⁸

Findings from the UK national household surveys suggest that around 30% of children under 16 live with at least one binge drinking parent, 8% with at least two binge drinkers, 4% with a lone binge drinking parent, 8% of children live with an adult who had used illicit drugs within that year, 2% with a class A drug user, 7% with a class C drug user, 3.6% children in the UK lived with a problem drinker who also used drugs, 4% lived in a family where problem drinking co-existed with mental health problems.³⁹

Research suggests that up to 30% of adults with mental health problems have dependent children. Many parents with mental health problems parent their children effectively; however, there can be associated safeguarding risks in some families, and/or potential for children and young people with a mentally ill parent to take on extensive caring roles. Additionally, children of parents with mental health problems are at increased risk of living in poverty and developing mental health difficulties themselves.

Data from the National Survey of adults with learning disabilities in England found that around one in fifteen of adults with learning disabilities had a child.

³⁸ Identifying and supporting children affected by parental substance use. Resource for schools. Alcohol and Drug Education and Prevention Information Service (ADEPIS) by Adfam, <http://mentor-adepis.org/identifying-supporting-pupils-affected-parental-substance-misuse/>

³⁹ Manning, V et al, (2009) New estimates of the number of children living with substance misusing parents: results from UK national household surveys. *BMC Public Health* 2009, 9:377.

ENGLISH AS AN ADDITIONAL LANGUAGE

In January 2018, of the 82,062 children aged 4 to 19 years attending State funded schools in Warwickshire 9.6% spoke a language other than English as their first language. This proportion varied across the districts and boroughs in Warwickshire with the highest proportion in Rugby (15.9%) and the lowest in North Warwickshire (1.9%) (Table 7) .

Table 7 Number and percentage of pupils on roll by first language group and district - January 2018

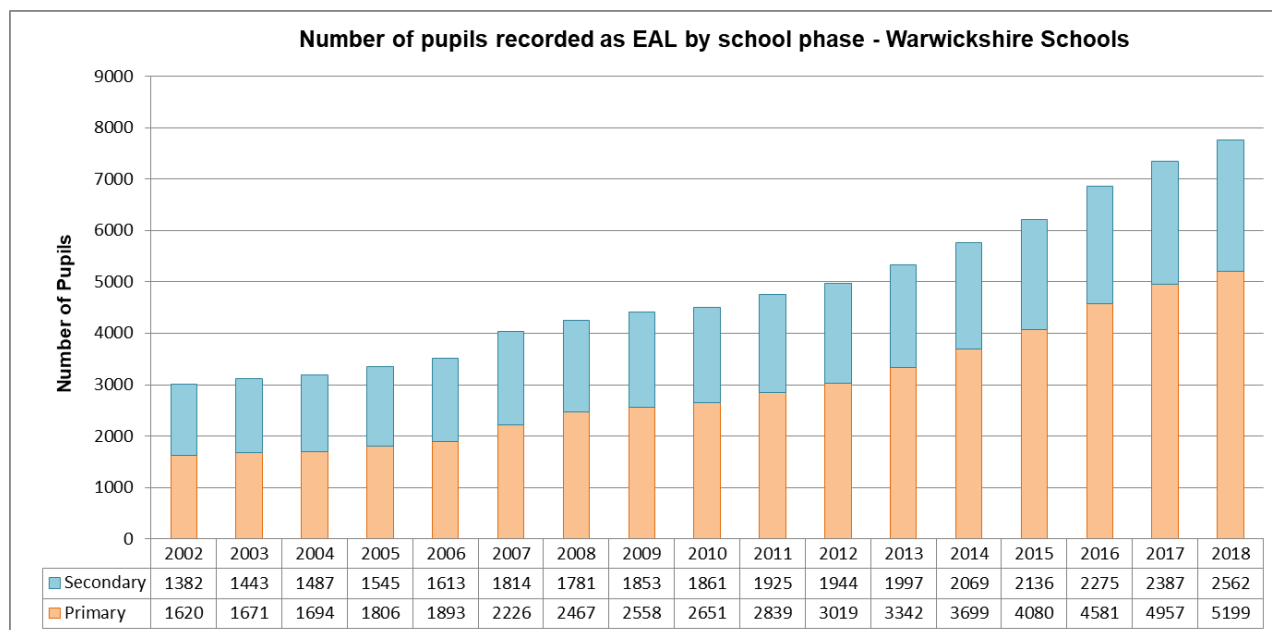
First Language	Total	North Warwickshire		Nuneaton and Bedworth		Rugby		Stratford on Avon		Warwick	
English or Believed to be English	74059	10558	98.1%	16298	89.0%	13510	83.9%	18233	95.4%	15460	87.0%
Other than English	7903	207	1.9%	1976	10.8%	2561	15.9%	870	4.6%	2289	12.9%
Unknown or Refused	100	1	0.0%	33	0.2%	37	0.2%	6	0.0%	23	0.1%
Total	82062	10766		18307		16108		19109		17772	

Nb. District is location of school and not pupil residence. Percentage is based on the total pupils educated in each district/borough.

Source: January School Census as at 18th January 2018, Insight Service, WCC

The number of pupils in Warwickshire's schools whose first language is other than English has increased in both Primary and Secondary schools over the past 16 years (Figure 25). Since 2002, the EAL population in Warwickshire's Primary phase schools has increased from 4% to 11%. For Warwickshire's Secondary schools the increase has not been as marked rising from 4% to 7%. Overall, Warwickshire's EAL population has more than doubled over this time period from just over 3000 pupils in 2002 to 7761 pupils in 2018 (4% up to 10%).

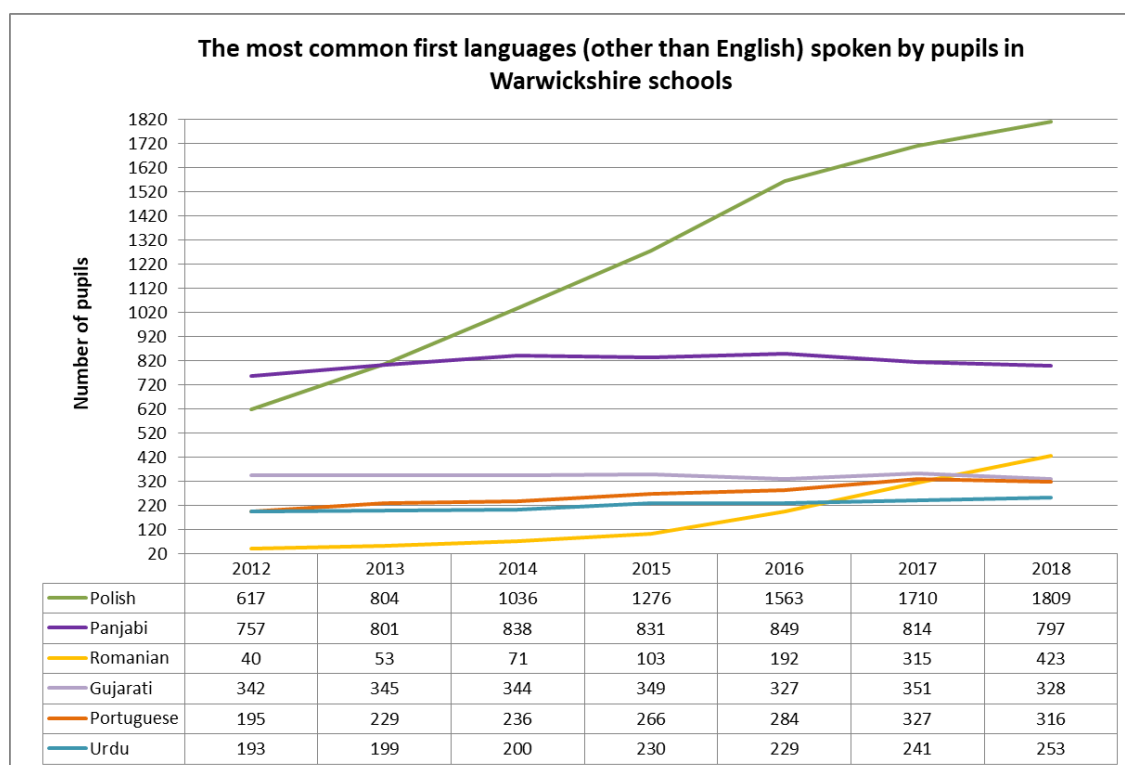
Figure 25



Source: Insight Service, WCC

Whilst the first language of the vast majority of pupils in Warwickshire schools is English, the 6 languages listed in Figure 26 are the most common 'other' first languages spoken.

Figure 26



Source: Insight Service, WCC

Since 2012, there has been a sharp increase in the number of pupils whose first language is Polish and this is now, by far, the most common 'other' first language, overtaking Panjabi which is the second most prevalent language, behind English, spoken by Warwickshire pupils. In 2018, other languages that are the first language of children attending schools in Warwickshire include Tamil (n=190), Nepali (n=179), French (n=178), Chinese (n=169), Hindi (n=164), Malayalam (n=156), Russian (n=154), Spanish (n=135) and Latvian (n=112).

ABSENTEEISM

In the autumn and spring terms of the school year 2017/18, 4.7% of school sessions were missed (3.9% authorised and 0.8% unauthorised)⁴⁰. Special schools had the highest absentee rate of 8.7% (0.9% unauthorised), however the vast majority of these were authorised with the unauthorised rate being comparable with primary (0.6%) and secondary schools (1.1%). Disparities existed across the boroughs and districts with North Warwickshire having the highest overall absentee rate (5.1%) followed by Nuneaton and Bedworth (5.0%), Rugby (4.9%), Stratford on Avon (4.5%) and Warwick (4.4%). In addition disadvantaged children were more likely to miss sessions than non-disadvantaged children (7.5% vs 4.1%).

In this time period, 11.2% (8,697/77,359) of young people aged 5-16 attending State-funded schools in Warwickshire were classed as persistent absentees (absent for 10 per cent or more of all possible sessions). Nearly a quarter (24.8%) of special school pupils are classed as persistent absentees compared to 9.7% of primary pupils and 12.9% of secondary school pupils. The proportion of persistent absentees was higher across the north of the county with North Warwickshire (12.7%), Nuneaton and Bedworth (12.7%) and Rugby (12.1%) having higher rates than Warwick (9.8%) and Stratford on Avon (9.5%). In addition, persistent absentees were more likely to be classed as disadvantaged pupils; 22.3% compared to 8.7% non-disadvantaged (18.6% of disadvantaged primary school children and 26.2% of disadvantaged secondary school children).

EXCLUDED CHILDREN

Numbers of children and young people permanently excluded from school has increased over the years. In 2016/2017, 61 children were permanently excluded due to such reasons as persistent disruptive behaviour, physical abuse against another pupil or adult, damage to property and drug and alcohol use.⁴¹

BULLYING

In 2017/18, a survey of year 6 and year 9 pupils attending Warwickshire schools, 51% of year 6 and 46.7% of year 9 respondents said they had been bullied (Table 8).

⁴⁰ Insight Service, Warwickshire County Council, July 2018

⁴¹ May 2018 School Census

Table 8 Bullying related responses to the Warwickshire Health Needs Survey 2017/18

	% and number of young people answering Yes			
	Year 6 (n=5515)		Year 9	
	%	n	%	n
Have you ever been bullied?	51.0	2811	46.7	1296
Are you being bullied now?	6.8	377	6.2	172
Do you know someone who is being bullied?	22.0	1211	21.9	608
Have you any concerns or worries about bullying	23.4	1288	-	-
Would you like more information about bullying?	19.0	1049	9.5	265
Would you like any help and support about bullying?	16.7	919	6.5	180

Source: Compass, Warwickshire School Assessment Reports 2017/18

YOUNG CARERS

According to the Carers' Trust national research, young carers are twice as likely to report that their health is 'not good' compared with peers who provide no care. Young carers aged 16-18 are also twice as likely as their peers to be NEET.

According to the 2011 Census, there were over 3,500 young carers (aged 5-17 years) providing unpaid care in Warwickshire (Table 9).

Table 9 Numbers and % of young people (aged 5-17) providing unpaid care in Warwickshire by number of hours of care provided per week.

Total no. providing some unpaid care	% of total population aged 0-24 providing unpaid care	1-19 hours per week	% providing 1-19 hours per week	20-49 hours per week	% providing 20-49 hours per week	50+ hours per week	% providing 50+ hours per week
3,589	2.3	2,761	76.9	435	12.1	393	14.2

Source: Population Census 2011

In April 2018, 1,940 young carers aged 6-21 years living in Warwickshire were known to the Warwickshire Young Carers Project (<http://www.warwickshireyoungcarers.org.uk>). Of these, 210 (10.8%) lived in North Warwickshire, 601 (31.0%) in Nuneaton and Bedworth, 416 (21.4%) in Rugby, 385 (19.8%) in Stratford on Avon and 328 (16.9%) in Warwick.

In 2017/18, a survey of year 6 and year 9 pupils attending Warwickshire schools⁴², 9.9% (n= 544) of year 6 pupils and 4.8% (132) of year 9 pupils answered Yes to the question “Has your school day ever been interrupted by you having to go home to care for someone?”. In addition, 8.6% (n= 475) of year 6 pupils and 7.9% (219) year 9 pupils answered Yes to the question “Are you ever unable to take part in things with friends because you are caring for someone at home?”.

Many young carers nationally come from hidden and marginalised groups, including children caring for family members with mental illness or a substance dependency.⁴³

CHILDREN AND YOUNG PEOPLE, WHO ARE NOT IN EDUCATION, EMPLOYMENT OR TRAINING (NEET)

In 2016 6.0% (660) young people aged 16-19 years in Warwickshire were not in education, employment or training (NEET) or whose activity was not known, the same as the proportion in England but lower than the proportion in the West Midlands (7.3%)⁴⁴. The percentage has increased from 2015 where 4.4% of 16-18 year olds were listed as NEET (total of 770).

CHILDREN AND YOUNG PEOPLE IN CONTACT WITH YOUTH JUSTICE SYSTEM

In 2017, for every 100,000 10-17 year olds in the population of Warwickshire, 275.4 were first time entrants to the youth justice system (received their first reprimand, warning or conviction). This is similar to the average for England of 292.5 per 100,000 and was a reduction from 2016; the overall trend has been a decrease since 2010⁴⁵.

Many children and young people who come into contact with the Youth Justice System have health and social care needs which go unrecognised and unmet. They have higher levels of problem drinking, use of illegal drugs and use of volatile substances. These increase the risk of young people committing an offence as well as having a detrimental effect on their general health and well-being.

⁴² Compass, Warwickshire School Assessment Reports 2017/18

⁴³ Children’s Society, Hidden from View: the experiences of young carers in England.

⁴⁴ PHE, Public Health Outcomes Framework

⁴⁵ PHE, <https://fingertips.phe.org.uk/profile/child-health-profiles>



Warwickshire School Health and Wellbeing Service
Service Response to Public Health Department Recommendations

Recommendations were taken from - Health Needs Assessment of school aged children in Warwickshire and School Nursing Service Review (Warwickshire Public Health Department - March 2014)

Red	Incomplete
Amber	In progress
Green	Complete

Recommendations	Service Response	Evidence	RAG
<p>1. The school nursing service needs to have a stronger public health focus to improve the health and wellbeing of school-aged children and young people in Warwickshire</p>	<p>Health Needs Assessment</p> <ul style="list-style-type: none"> Results enable targeted interventions to be planned and delivered in schools and communities <p>School youth health champions</p> <ul style="list-style-type: none"> In the academic year 2018-19, this network of CYP will be helping to support the development and delivery of PH interventions. This will be an expansion of the existing pilot scheme. <p>Skill mix team</p> <ul style="list-style-type: none"> A strength of the service is having an experienced workforce which can support Public Health interventions. These interventions are planned and scheduled by our Healthy Lifestyle Co-Ordinator together with the Health Support Workers. 	<p>Outline of PH interventions delivered, see contract monitoring reports April – August 2018</p> <p>Outline of current and ongoing school youth health champion work, see contract monitoring reports – April – August 2018</p> <p>Outline of Public Health intervention can be seen in our annual Service Report – year 2 p.7</p>	
<p>2. Since currently a large proportion of time is taken up by safeguarding work, the responsibilities regarding safeguarding should be clarified in the new service specification, discussed and agreed at the board level, and integrated in the local safeguarding protocols</p>	<ul style="list-style-type: none"> Directed by the Healthy Child Programme framework, Compass require that during the preceptorship period new members of staff undertake safeguarding training according to their role and a standard competency framework is completed. They will then work with their preceptor to understand how this theoretical learning is implemented in practice. The responsibilities around safeguarding are clearly documented in the Standard Operational Guidance (SOG) which is a point of reference for all staff. All staff are provided with safeguarding supervision on an ad hoc and planned basis. This helps to ensure that staff are adequately supported to confidently and competently undertake their role. 	<p>Communication which went out to agencies around our role in safeguarding – see Evidence No: 01</p> <p>Preceptorship document – available on request</p> <p>SOG – available on request</p>	

	<ul style="list-style-type: none"> In addition, agencies have been provided with guidance around the support that they can expect to see from Warwickshire School health and Wellbeing Service. 		
<p>3. In order to reduce the health inequalities between different groups of children and geographical areas, the health promotion activities and interventions delivered by the school nursing team should be based on the identified up-to-date health needs of the school-age population taking into account the disparities and priorities in different parts of the county</p>	<p>Health Needs Assessment</p> <ul style="list-style-type: none"> This online tool provides real time data which outlines the health and wellbeing concerns of CYP completing the questionnaire. This data allows us to respond to need at individual, school, locality and population level. School, locality and population data is anonymised before use and allows us to understand the needs of the communities. Using the data collected, the School Health and Wellbeing service work in collaboration with schools to develop a Public Health Plan focusing on three priorities for the year. This plan outlines the health promotion activities which will be offered to the school. <p>Children with special educational (additional) needs</p> <ul style="list-style-type: none"> Warwickshire School Health and Wellbeing Service have consulted with Special schools to determine whether the health needs assessment tool is appropriate for their student’s needs. There will be pilots in two local special schools in the academic year 2018 -2019 to assess the tools suitability. We recognise that the parents of children with special educational needs benefit from workshops which are more specific to their needs. We have therefore established continence workshops which specifically focus on children with additional needs and the 	<p>Example of School Public Health Plan – see Evidence No: 02. Further information is available on request.</p> <p>Example of PowerPoint presentation for special needs workshop – see Evidence No: 03.</p>	

	<p>strategies which could be adopted to support CYP.</p> <ul style="list-style-type: none"> Working with post 16 students in the special schools to co-produce an information card identifying health services who can support them when they have left school. <p>Home schooled</p> <ul style="list-style-type: none"> All home schooled children and young people are offered the opportunity to complete the online health questionnaire at key staged contacts. 	<p>Information card, see contract monitoring reports – April – August 2018</p> <p>Example of letter which went out to home schooled year 6 children – see Evidence No: 04.</p>	
4. The service should link with the Public Health Commissioner to gain up-to-date information on local health profiles.	Warwickshire School Health and Wellbeing Service actively engages with partners via a variety of locality network meetings. This attendance at community meetings enables anonymised data from one agency to another to be shared across service boundaries. In addition, our Public Health commissioner shares local health profiles and community data with us during termly monitoring meetings.	<p>List of partner agency meetings we attend – see Evidence No: 05</p> <p>Population data from the HNA portal available via Commissioner log in</p>	
5. The name of the service should be changed to the Health Improvement Service for School-Aged Children or similar to reflect the skill-mix and the breadth of the service.	The service is branded as Warwickshire School Health and Wellbeing Service.	See all service correspondence	
6. Taking into account the feedback from the users, the service should	<p>Contacting the service</p> <ul style="list-style-type: none"> The service has one central phone number for the whole of Warwickshire. This improves service access to 		

<p>offer more flexibility in terms of how the service can be contacted, means of communication, location and timing of appointments/ advice sessions to meet the local needs, and be provided across the year</p>	<p>parents/carers and partner agencies as calls can easily be transferred to the locality bases (North, Central and South of the county)</p> <ul style="list-style-type: none"> • ChatHealth and Parent line text messaging services are broadly advertised across communities and available for young people and parents/carers to use to contact the service. These services, can be anonymous to enable hidden families to feel able to access support at a time and place that is convenient to them <p>Flexibility of service delivery</p> <ul style="list-style-type: none"> • The service has increased the proportion of staff working all year round from 37% to 76% since the contract commenced in November 2015. This enables families to have continuity of support and care during the holiday periods. • Service activity has increased during school holiday periods to include attendance at a greater number of community events e.g. Stay and Play sessions held at libraries. These are an opportunity to promote the WSHWBS and encourage parents/carers to complete Ready for School and School Entry questionnaire 	<p>ChatHealth and Parent line data – see contract monitoring reports</p> <p>See contract monitoring report, April – August 2018</p> <p>Example of letter which went out to school entry parents inviting them to attend events over the summer holidays, see Evidence No: 06</p>	
<p>7. The service should work across individual schools and community and be available to all school-aged children and young people living in Warwickshire, not only those who</p>	<p>Working with schools All schools have a designated qualified specialist public health nurse; they have overarching responsibility for delivering the school health offer in schools supported by appropriate skill mix teams.</p> <p><u>Primary Schools</u></p> <ul style="list-style-type: none"> • We use the key stage contacts of NCMP and the HNA to ensure engagement with CYP is achieved and that 	<p>Data on the number of referrals received into the service – see contract monitoring report</p> <p>Feature which was published in “Heads Up” magazine Sept 2018. Evidence No: 07</p>	

attend school.	<p>follow up activities are based on local and individual needs</p> <p><u>Secondary Schools</u></p> <ul style="list-style-type: none"> • The HNA key staged contacts are used to determine individual student needs. Face to face meetings with students are offered in all secondary schools across the county through advisory clinics. • All schools across Warwickshire are regularly reminded how to refer to the service <p>Working with communities</p> <ul style="list-style-type: none"> • The service proactively seeks out community events, such as College Fresher’s Fairs and parent evenings which are attended by SHWB staff so that the service can be promoted. <p>CYP not in school</p> <ul style="list-style-type: none"> • ChatHealth is the text messaging service which is available to all YP aged 11-19 years/25 years with SEND • All eligible children who are registered as home schooled in Warwickshire are offered the opportunity to complete the health needs assessment in year 6 (10-11year old) and year 9 (14-15 year old) • From Sept 2018 WSHWBS has launched a Young carers pilot project which will exploring how we can undertake a regular health assessment of this vulnerable group 	<p>See contract monitoring report, Jan – March 2018</p> <p>See case study re: anxiety and transgender, Evidence No: 08</p> <p>Young Carers project initiation document – see Evidence No: 09</p>	
8. The service should be extended to include 17-19 year olds.	<p>Health assessment</p> <ul style="list-style-type: none"> • A health needs assessment questionnaire has been piloted in Three further education colleges during 2018/19 that will inform how the service best engages 	<p>HNA Warwickshire School assessment report post 16, Evidence No: 10</p>	

	<p>with this cohort to meet their needs</p> <ul style="list-style-type: none"> WSHWBS is working in collaboration with Association of Young People's Health to explore how health can be assessed in 17-19 year olds and meaningful interventions and support offered 	See contract monitoring report, April – August 2018	
<p>9. More attention needs to be given to data collection on activities of the school health team. The activity and outcomes measures in the service specification need to be strengthened. Such data will inform any future service evaluation and commissioning of the service</p>	<p>HNA data</p> <ul style="list-style-type: none"> Anonymised HNA data is broadly shared with Public Health and school communities to inform local Public Health plans and individual interventions. This is broken down into school, locality and population level Data from the Ready for School Pilot is shared with Public Health and early years settings and used to inform interventions <p>NCMP data</p> <ul style="list-style-type: none"> Anonymised NCMP data is broadly shared with Public Health and school communities <p>Public Health Interventions</p> <ul style="list-style-type: none"> WSHWBS is able to identify the type and quantity of Public Health interventions being delivered in schools <p>Parental workshops</p> <ul style="list-style-type: none"> WSHWBS collects data which illustrates the number of parental workshops being delivered and how well attended they are <p>Medicines management training</p> <ul style="list-style-type: none"> Assisting staff to support children with long term medical conditions 	<p>See Evidence No: 02 and 10</p> <p>Case study from ready for school, Evidence No: 11</p> <p>See contract monitoring report, Jan – March 2018</p> <p>See annual School Report – year 2, P.7</p> <p>See contract monitoring report , April – August 2018</p> <p>Updated data presented in every contract monitoring report</p>	
<p>10. It should be considered how the</p>	<p>Health needs assessments</p> <ul style="list-style-type: none"> Completion rates for reception and year 6 continue to 	See contract monitoring reports and	

<p>uptake of health assessments/ reviews at reception age and year 6/7 could be increased. Children who are home schooled should also receive a health assessment. Any tool used/ developed/ introduced should reflect the requirements of the Healthy Child Programme and help to identify children with additional needs. Working together with health visitors and schools to avoid duplication in other assessments is required. It should also be considered how the data collected as part of the health assessments/ reviews could be collated and analysed further, as it is potentially a rich source of data on the health of all school –aged children across Warwickshire.</p>	<p>rise year on year over the lifetime of the contract; reception has increased from 25% to 48% and year 6 has increased from 80% to 92%</p> <ul style="list-style-type: none"> • All eligible children who are registered as home schooled in Warwickshire are offered the opportunity to complete the health needs assessment in year 6 (10-11year old) and year 9 (14-15 year olds). The take-up for this is very low so further work is required to secure engagement. The online health questionnaires help to identify actual health needs in the surveyed population (key domains are covered in the questionnaire). This anonymised data helps to inform the Public Health interventions to be offered in school • The online health questionnaires specifically assist in identifying children with additional needs • Anonymised aggregated public health data is shared with Public Health and school communities. This wealth of data help partner agencies to understand population health needs and commissioning priorities • Service is undertaking two transitions pilots; Ready for School pilot and Post 16 online questionnaire, so are reaching out to children and YP from the ages of 3.5yr – 19year. These proactive pilots are enabling the service to intervene earlier and offer support to a broader range of individuals. If a health need is identified in the pre-school population then a pathway is followed so that the Health Visiting service can provide support to the child and family 	<p>School Annual Reports year 1 and 2</p> <p>See Ready for School pilot feedback, Evidence No: 12</p> <p>See example of HV handover process, Evidence No: 17</p>	
<p>11. It should be ensured that the</p>	<p>Health needs assessment</p> <ul style="list-style-type: none"> • Underpinned by the HCP 5-19 and 0-19 guidance and 		

<p>activities delivered by the service are based on the latest evidence base and that robust evaluation process is in place to evaluate the effectiveness of the interventions.</p>	<p>the 4-5-6 model.</p> <ul style="list-style-type: none"> Identifies real needs rather than perceived needs <p>Public Health Interventions</p> <ul style="list-style-type: none"> Interventions are developed around NICE guidelines and contemporary behaviour change models Interventions are co-developed with a range of practitioners including specialist partner agencies and go through a robust quality assurance process prior to being delivered in schools/communities <p>Public Health Evaluations</p> <ul style="list-style-type: none"> All about Me (RSE programme for Warwickshire primary schools) is being evaluated by Coventry University You're Welcome accreditation School Readiness pilot evaluated by Coventry University Service user evaluation is sought following; parents workshops, medical awareness training and Public Health interventions delivered in school Service user feedback is also gathered from individuals following face to face contacts 	<p>See https://respect.infoyourself.co.uk for sexual health intervention</p> <p>See Compass Anaphylaxis Presentation June 2018, Evidence No:13</p> <p>See Bedworth Bottle Swop – Meeting Minutes. Evidence No:14</p> <p>See Terms of Reference for the Health and wellbeing working group Evidence No: 15</p> <p>See service user feedback summary slide, Evidence No: 16</p>	
<p>12. The Healthy Child Programme Audit should be repeated in November 2014 to check that the recommendations from the 2013 audit have been implemented</p>	<p>The Healthy Child Programme Audit has been completed</p>	<p>See Healthy Child Programme 2018 audit</p>	
<p>13. The collaboration between</p>	<p>Transition between life stages</p>		

<p>different services needs to be improved including transition between health visiting and school nursing and the transition into adulthood.</p>	<ul style="list-style-type: none"> • Transition between pre-school to school is supported via the Ready for School pilot • The service has an agreed Health Visitor handover process in place to ensure that children with a vulnerability or specific health need are appropriately received by the service • Transition from primary to secondary school is supported via transition material we provide to schools • Transition to adulthood is being developed in collaboration with AYPH and other organisations to develop a meaningful service offer <p>Collaboration between services/partners</p> <ul style="list-style-type: none"> • The service has an Emotional Health and Wellbeing Nurse who works closely with Specialist CAMHS (now RISE) to ensure that referral and discharge pathways are seamless for CYPF • The service has a Special Needs Nurse who has been meeting with Special Education Schools to explore how CYPF can be further supported with health concerns • The service sub contracts a topic expert to deliver RSE within schools using evidence based materials <p>Collaboration national partners</p> <ul style="list-style-type: none"> • The service has strong national links with School Nursing professional bodies as well as other national partners such as; <ul style="list-style-type: none"> ○ SAPHNA executive board ○ PHE and RCN have both sent representatives to visit the service ○ Local university advisory bodies ○ The service has been asked to comment on 	<p>See example of HV handover process, Evidence No: 17</p> <p>See example of transition leaflet sent to parents and schools, Evidence No: 18</p> <p>See contract monitoring report – April – August 2018</p> <p>See Evidence No: 05</p>	
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	national policy documents		
14. The provider needs to ensure that all staff have been trained to the appropriate level, and up-to-date with the training including in safeguarding, Making Every Contact Count (MECC), behaviour change, have a supervision and training and development plan and annual appraisal.	<p>Leadership</p> <ul style="list-style-type: none"> • Each of our skill mix teams are led by qualified specialist community public health nurses (SCPHNs) • SCPHNs have oversight of school health delivery within their teams and delegate according to roles, responsibilities and competencies • Skill mix teams consist of SCPHNs, nurses, family brief intervention workers, support workers and administrators <p>Staff training</p> <ul style="list-style-type: none"> • Staff training is monitored, planned and booked using a service training matrix • Training matrix lists the appropriate level of staff training required <p>Supervision</p> <ul style="list-style-type: none"> • The service abides by Compass supervision policy and has one to one meetings with all members of staff on an ad hoc and planned 4-6 weekly basis <p>Annual appraisal</p> <ul style="list-style-type: none"> • All practitioners are fully included in the Compass performance review process 	<p>Preceptorship document available on request</p> <p>Service training matrix, see contract monitoring reports April – August 2018</p> <p>See example of supervision contract, Evidence No: 19</p> <p>All Compass staff go through the annual appraisal process</p>	
15. School nursing staff engagement in the service audits should be increased to ensure ownership and	<p>Service audits</p> <ul style="list-style-type: none"> • Service audits are shared with individuals and teams during one to one clinical supervision sessions as well as during monthly team meetings • As a means of professional development, SCPHN nurses 	<p>See Care Path audit template, Evidence No: 20</p>	

continuous service improvement.	<p>are supported in completing audits on behalf of the service and in line with their leadership responsibilities</p> <ul style="list-style-type: none"> • Audit results are shared and discussed at team leader meetings and action plans to support continuous service improvement are developed and shared with teams 	<p>See team meeting agenda, Evidence No: 21</p> <p>See team leaders meeting agenda, Evidence No: 22</p>	
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List of Evidence

Number	Evidence
01	Safeguarding communication to agencies
02	Example of school Public Health Plan
03	SEND continence workshop
04	Yr 6 HNA letter/home educated
05	List of partner agency meetings WSHWBS attend
06	SE HNA invitation letter incorporating example of community event letter
07	Features for September 2018 “Heads Up” magazine
08	WSHWBS case study
09	Young Carer’s project initiation document
10	HNA Warwickshire School Assessment Report – post 16
11	Ready for School pilot – case study
12	Ready for School pilot – feedback
13	Compass anaphylaxis presentation
14	Co-developed health intervention – Bottle Swop Initiative
15	Health and Wellbeing working group terms of reference
16	Service user feedback summary slide
17	Health Visitor handover guidance
18	Transition leaflet to parents
19	Supervision contract template
20	Care Path audit template
21	Team meeting agenda – audit
22	Team leader meeting agenda - audit



Warwickshire School Health and Wellbeing Service

Healthy Child Programme Audit

September 2018

Data has been collated from performance figures generated in the 2017-18 academic year

Blending of service user and service delivery model	KPI	Service Figures	Comment	RAG
1. Safeguarding				
• Safeguarding – Support provided via Early Help process	N/A	129 individual families supported	Service activity has increased by 16% from 2016-17	
• Witness statements	N/A	33 statements produced	These witness statements involved 68 children	
• Attendance at initial case conference	N/A	238	Service activity increase of 5% from 2016-17	
• Review conferences	N/A	108	Service activity reduction of 6% from 2016-17. Reduction in review conference attendance could possibly be a result of partner agencies better understanding our role around safeguarding and understanding when it is appropriate to invite WSHWBS to a review conference	
• Attendance at other Child Protection meetings	N/A	318	Service activity increase of 13% from 2016-17	
• Attendance at CIN meetings	N/A	64	Service activity reduction of 45% from 2016-17. Reduction in attendance at child in need meeting could possibly be a result of partner agencies better understanding our role around safeguarding and understanding when it is appropriate to invite WSHWBS to a review conference	
2. Health needs assessment				
• Reception	50% target	48%	2,887 children and families were provided with health information and offered support via this process	
• Year 6	90% target	92%	5,514 children and families were provided with health information and offered support via this process	
• Year 9	79% target	47%	5,963 children and families were provided with health information and offered support via this process	

<ul style="list-style-type: none"> • Delivery of service for all children and young people in Warwickshire, including those educated at home, members of the travelling community 	N/A	2	90 health needs assessment questionnaires were sent out electronically to home schooled CYP (27 to Yr 6 aged pupil and 63 to Yr9 aged pupils). Only 2 questionnaires were completed (1 x Yr6 and 1 x Yr9). We are continuing to work with our commissioner to better understand how to reach this particular sector	
<ul style="list-style-type: none"> • Collaborative and evidence-led health and wellbeing plans for each school 	N/A	93%	210 schools were provided with an evidence-led health and wellbeing plan	
<ul style="list-style-type: none"> • Work with relevant staff to establish training and curriculum needs around priority topics 	N/A	48%	Meetings and/or telephone conversations were had with 100 schools	
<ul style="list-style-type: none"> • Evidence led health and wellbeing plan collaboratively produced to each school consortia group 	N/A	N/A	WSHWBS provided individual health and wellbeing plans for each school rather than to school consortia groups. This approach is more informative to schools.	
3. Public Health Interventions				
<ul style="list-style-type: none"> • Targeted health promotion 	N/A	61 lessons/assemblies delivered	Sessions were delivered across 49 different schools	
<ul style="list-style-type: none"> • Support campaigns and health events 	N/A	4 nation campaigns supported	Campaigns supported were; <ul style="list-style-type: none"> • Anti-bullying week, Warwickshire CSE week, obesity awareness week and national smile month In addition Twitter support was lent to other health concerns eg period poverty, holiday hunger etc	
<ul style="list-style-type: none"> • 1:1 sessions across primary and secondary schools 	N/A	4,801	This number includes self-referrals to our service as well as those referred to us by partner agencies and parent/carers	
<ul style="list-style-type: none"> • Support accident reduction 	N/A	Accident and child safety information shared with schools	WSHWBS worked in collaboration with partners by attending We've Got This Warwickshire awareness day on 5 th June 2018 and by supporting the safety campaign over the summer holidays	

4. National childhood measurement programme				
National child measurement programme - reception	95% target	98%	6,197 children measured	
National child measurement programme – Year 6	95% target	97%	5,949 children measured	
Referral on to weight management support programme	N/A	76% of overweight or very overweight children	This equates to 1,688 children who were referred onto weight management support	
5. Vulnerable Groups				
<ul style="list-style-type: none"> Annual health assessments for <ul style="list-style-type: none"> Looked after children 	50% within 28 days, 100% in 56 days	63% (99) in 28 days, 94% (147) in 56 days	Appointment reminder messages were sent out to carers via text to try to improve attendance. Target is being met but WSHWBS continue to explore different ways of improving health assessment turnaround time.	
<ul style="list-style-type: none"> Health assessment for <ul style="list-style-type: none"> Children with a child protection plan 	326	306	20 health assessments were not completed as either a LAC assessment had already been completed or CYP was now out of area	
<ul style="list-style-type: none"> Annual health assessments for other vulnerable children, such as young carers 	N/A	Development of data is being considered as part of the Young Carer's pilot project	WSHWBS has launched a Young Carer's Health Assessment pilot project in the north of the county. This will run throughout the academic year 2018-19 and will explore how we can offer health assessments and health interventions to Young Carer's	
6. Supporting children and young people with long term medical conditions				
<ul style="list-style-type: none"> Care plans for children with complex needs 	N/A	Individual healthcare plans and ongoing support is provided by specialist services for children with complex needs	Children with long term medical conditions are supported by WSHWBS and 243 individual healthcare plans were written to ensure that these CYP could access education	
<ul style="list-style-type: none"> Managing medicines in schools – core offer 	N/A	9 sessions delivered across the county	68 delegates from 32 schools	
<ul style="list-style-type: none"> Managing medicines in schools – 	N/A	87 sessions delivered to	62 anaphylaxis and 25 epilepsy	

traded offer		69 different schools		
7. Training				
• Advice and guidance to assist others in meeting the needs of children, young people and their families	N/A	33 workshops delivered	180 parents/carers attended continence workshop	
• Support schools with the development of health and wellbeing policies	N/A	93% of schools	210 schools were supported through the development of a school Public Health plan	
• Core training for all service staff eg safeguarding	N/A	100%	Mandatory training is completed by all members of the team	
• Professional support to practitioners	N/A	100%	Every member of staff has an annual appraisal and clinical/safeguarding supervision	
• Workforce development	N/A	4 practitioners undertook professional development courses	2 students – Specialist Community Public Health course 2 students - Mentoring Course	
8. Youth health champions				
• Develop a youth health champions network within schools and the community	N/A	Youth health champions present in 6 schools	5 groups running in secondary schools 1 group running in primary school Action plan for 2018-19 is to further expand youth health champions network	
• Achievement of You're Welcome Standards	N/A	Pilot ran in the south of the county	To roll out further in Sept 2018	
9. Technology				
• Highly innovative use of technology e.g. podcasts	Number of people accessing podcast	18,002 downloads	WSHWBS participated in an initiative with Radio 1. Recordings were made during facilitated discussions with young people on a variety of health and wellbeing issues. These recordings were then made into Podcasts. Some Warwickshire YP were involved in this process and can be heard in two of the Podcast recordings	
• Broad range of access methods –face to face	N/A	235 schools	Face to face interventions are provided in every mainstream school across Warwickshire. Face to face	

			meetings include; NCMP, referrals, group interventions, health needs assessment sessions etc
• Broad range of access methods – 1:1 support for parents/carers	N/A	431 referrals received for FBIW support	Family Brief Intervention Workers (FBIW) provide families with support around issues such as; sleep hygiene, healthy eating, toileting routines, behavioural strategies etc Number of cases where they are the key worker
• Broad range of access methods – 1:1 support for parents/carers	N/A	678 sessions delivered by FBIW	FBIWs delivered 678 brief intervention sessions to the 431 referrals they received
• Broad range of access methods – text messaging service for parents	N/A	40 different conversations with parents	Via Parent line
• Broad range of access methods – text messaging service for young people	N/A	70 different conversations with young people	Via ChatHealth
• Broad range of access methods – appointment reminder sent via text to parent/carer	N/A	193 text messages sent	Text appointment reminders sent by WSHWBS
• Broad range of access methods – phone	N/A	N/A	We have one service phone number which enables calls to be easily transferred to each base
10. Communication			
• Signposting and referral ○ Referral	N/A	994	Number of onward referrals made to partner agencies - data taken from Carepath
• Signposting and referral ○ Signposting	N/A	22,830 pupils and parents/carers	Number of pupils and parents/carers who received a list of recommended health and wellbeing websites
• Integration and collaboration with other stakeholders	N/A	429 HV referrals 95 MASH info requests	Processes and pathways are in place to ensure seamless transition across services
• Online service evaluation/user feedback	N/A	271 service user feedback forms received	One of our service user feedback forms was co-produced with School Youth Health Champions

<ul style="list-style-type: none"> • Communication 	N/A	Via a number of different platforms	<p>Schools/communities/parents/carers:</p> <ul style="list-style-type: none"> • WSHWBS annual report shared with schools and partners • Articles in Heads Up magazine distributed to head teachers • Schools directly emailed with information and support around health campaigns • Attendance at parents evening, new parents evenings, school assemblies • Distribution of service information posters to schools, GP surgeries, children's centres and libraries • Twitter platform utilised to distribute PH messages • Attendance at community engagement events • Letters directly sent to parents/carers
11. Service activity			
<ul style="list-style-type: none"> • Service activity information collected 	N/A	Ongoing	Data shared with commissioner via contract monitoring reports
<ul style="list-style-type: none"> • Named base for each school setting 	N/A	Contact details for service are continually circulated to schools	Each of the three hubs has got allocated schools attached to it
<ul style="list-style-type: none"> • Service delivered throughout the year at a broad range of locations, including in the community 	N/A	76% of workforce works all year round	WSHWBS provides services from a range of different locations and buildings eg schools, children's centres, libraries, youth clubs. The percentage of staff working all year round has increased. This has enabled the service to attend a broader and greater number of community events.
<ul style="list-style-type: none"> • Service improvement plan agreed and active 	N/A	N/A	Our commissioners has never required us to have a service improvement plan
<ul style="list-style-type: none"> • Share needs analysis with other interested stakeholders 	N/A	Ongoing	WSHWBS provide health and wellbeing population level evidence to Warwickshire Public Health to enable strategic analysis which will inform resource allocation

Warwickshire School Health & Wellbeing Service

Consultation feedback

Version: 1.0

Date Issued: 8th November 2018

Team: Commissioning Lead, Children's Public Health

Protective Marking: External

Background

The consultation for the Warwickshire School Health & Wellbeing Service took place between 3rd September and 12th October 2018. The results presented in this document are based on an online questionnaire survey and structured interviews conducted with a range of key stakeholders, including an online parent forum via the Facebook group (Hearing the Voices of Families in Warwickshire).

The online questionnaire survey received 201 responses. The structured interviews and online forum gained the views from 21 parents/carers, teaching professionals and partners.

Respondents were provided with background information about the consultation on the Citizen Space 'Ask Warwickshire' webpage. Here respondents were provided with an overview of the current service, the reasons why Warwickshire County Council was consulting and information on the previous review undertaken in 2014.

Supporting information included:

- Equality Impact Assessment
- 2014 School Age Needs Assessment
- School Health & Wellbeing Service Website
- School Health & Wellbeing Service Annual Report 2015/16
- School Health & Wellbeing Service Annual Report 2016/17

Respondents were asked for their views on:

- Whether the priorities and focus of the service are right;
- What we should do more of, less of, or the same;
- The quality of the service provided.

Respondents were also asked if they would like to provide any further comments and suggestions related to the service.

Methodology

An online survey software tool, Citizen Space, was used to carry out the survey. All questions were loaded into this tool and the link to the online survey was shared via the Citizen Space 'Ask Warwickshire' webpage. The data was then downloaded and analysed in Microsoft Excel utilising pivot tables and graphs. The qualitative elements of the survey (open ended questions) were analysed by the report author and grouped into key themes for reporting purposes. The online survey received 201 responses.

Interviews with a range of key stakeholders took place using a structured set of questions to facilitate a deeper discussion. Visits were made to 6 primary schools, 6 secondary schools, 2 children's centres and 2 partner organisations. The results of these interviews were analysed by the report author and feedback has been grouped into key themes and topics based around current service delivery and recommendations for improvements to the service for implementation during the recommissioning process.

Key Messages

Online questionnaire feedback:

- The majority of respondents (72%) were parents/carers and 14% were teachers/head teachers
- 63% of parents/carers were unaware of the Health Needs Assessment process and 72% were unaware of the Chathealth service
- 41% of parents/carers felt they didn't have a need for 1:1 support at the moment, 47% were unaware they could get 1:1 support
- When the service offers have been accessed, the majority of respondents find the service useful or very useful
- The majority of respondents (73%) felt the priorities for the service are just right, 16% felt there were not enough, 6% felt there were too many and 5% did not respond to this question
- A total of 52 respondents (26%) chose to leave comments or suggestions regarding the service and its priorities. The key themes included:
 - Lack of awareness of what the service offers and the need to improve communications
 - The service needs to be more visible in schools
 - Children and families like the service and the staff when they are accessing support
 - All of the priorities are very important, in particular mental health
 - Where the SHWBS is either unable to provide support as it is not appropriate, or they need to refer on for further support, parents/carers and teachers feel there are gaps within other services available to offer the required support
 - There aren't enough staff to do the job

Structured interviews and online forum feedback:

- A clear message from both parents/carers and teachers/head teachers was that they don't know enough about what the service can do for them and they recommended undertaking more pro-active communication
- Some schools feel the service is not as visible within the school as they would like. The service should explore how to better promote when there is a planned school visit and include a discussion on this when developing the annual health & wellbeing plan
- Respondents felt the service should have more investment in order that schools can have more access to the service on site
- Where the service is being used, the feedback is mainly positive, with particular mention of the referral process and the training offer.

Consultation Analysis

About respondents (Online questionnaire)

Respondents were asked to identify which category best described their interest in the survey. Table 1 gives a breakdown of survey respondents.

Table 1: Breakdown of survey respondents (Type)

Type of respondent	Total	%
Parent/carer	144	72%
School Staff - primary	18	9%
Other (member of public)	13	6%
School staff - secondary	11	5%
Other (professional)	10	5%
Young person	5	2%
Grand Total	201	100%

Respondents were asked to identify where in the county they lived (or worked if responding for an organisation).

Table 2 gives a breakdown of survey respondents.

Table 2: Breakdown of survey respondents (Location)

Type of respondent	Total	%
Stratford on Avon District	58	29%
Warwick District	56	28%
Nuneaton & Bedworth Borough	37	18%
Rugby Borough	29	14%
North Warwickshire Borough	14	7%
Live outside Warwickshire	4	2%
Other	2	1%
Countywide	1	0%
Grand Total	201	100%

The majority of respondents to the survey were female (81%), of White British ethnicity (79%) and aged between 30-59 years (81%). When comparing the respondent profile with the proportion of residents living or working in each district and borough in Warwickshire overall, it becomes evident that the north of the county is moderately under-represented in the sample. For example, 11.4% of the Warwickshire population reside in the North Warwickshire Borough, however in the sample just 7% of respondents are based in North Warwickshire. Nuneaton and Bedworth Borough is also moderately under-represented, with only 18% of respondents based in this borough, compared with 22.8% of the Warwickshire population.

Online Survey Responses

Logic was used within the online questionnaire to ensure respondents were only asked about the elements of the service that were relevant to them. The final questions were asked of all respondents.

Parents/carers and young people

Parents/carers and young people (144 respondents in total) were asked whether they had used any of the following five services:

- *Online Health Needs Assessment (Reception, Year 6 and Year 9 Students) (HNA)*
- *Heights and weights measured as part of the National Child Measurement Programme (Reception & Year 6) (NCMP)*
- *Chathealth – text messaging service for teenagers and parents*
- *1:1 support*
- *Continence workshops*

Figure 1: Proportion of parents/carers/young people and their usage of the service

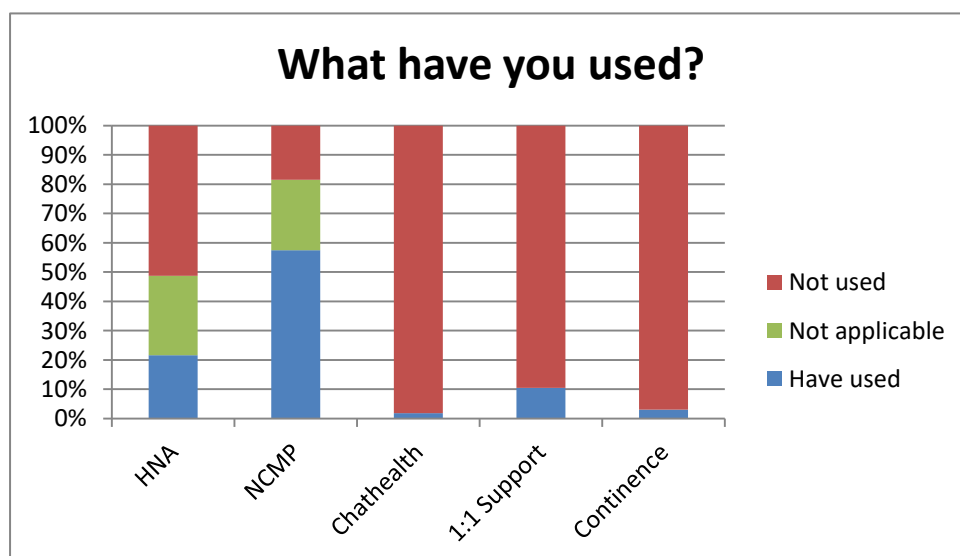


Figure 1 highlights the proportion of all respondents who had made use of the services on offer. In general, the National Child Measurement Programme (57%) and Health Needs Assessments (22%) were used the most by families. A number of parents/carers felt this was not applicable due to the age of their children (not in Reception or Year 6). 10% of families had accessed 1:1 support, 3% had accessed a continence workshop and 2% had used Chathealth.

For families that responded they had used the service, we asked their views on the usefulness of the service.

Figure 2: Proportion of parents/carers/young people and their views on usefulness of the service

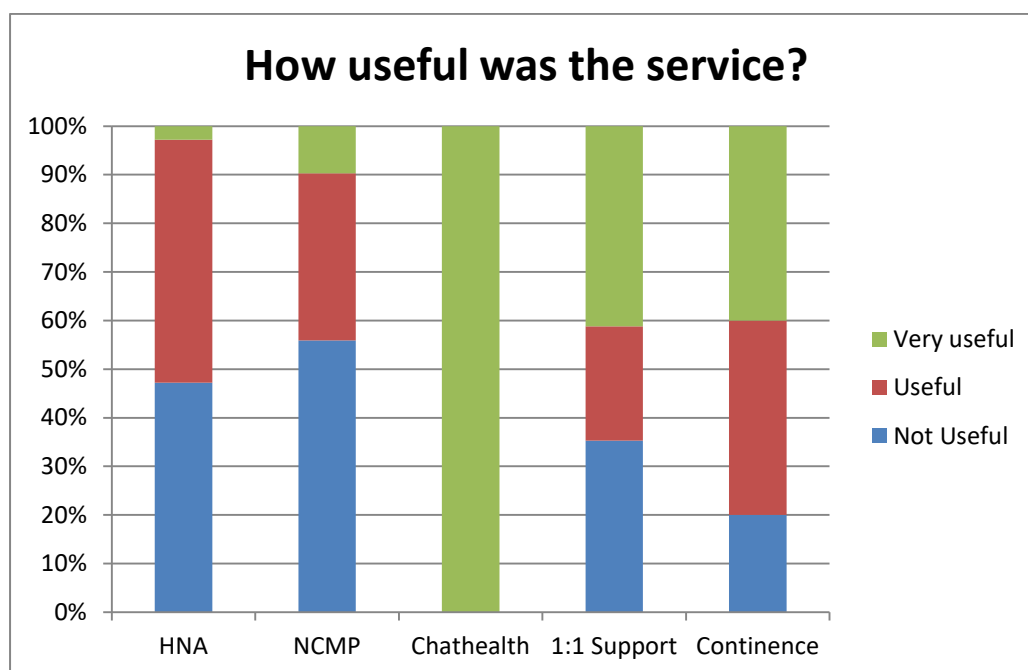
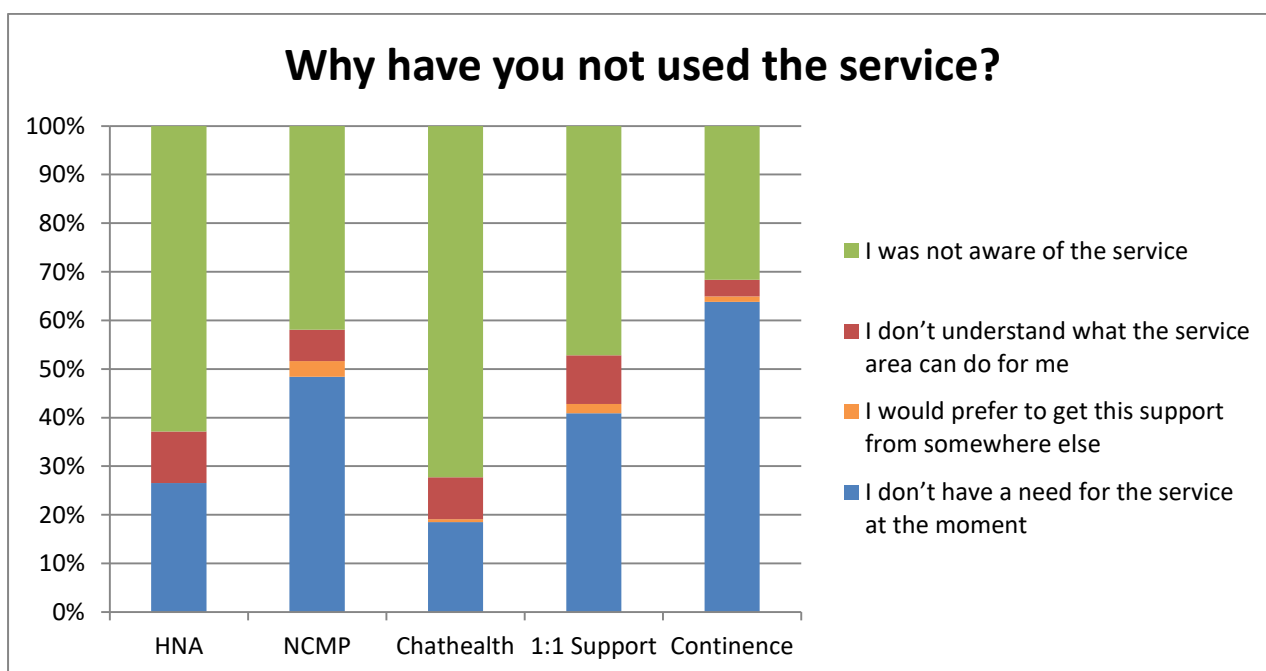


Figure 2 highlights the National Child Measurement Programme (55%) and Health Needs Assessments (47%) were found to be the least useful for families. On evaluating the comments from respondents, the reasons given are because either they have not received feedback following the Health Needs Assessment and National Child Measurement Programme, or they objected to the National Child Measurement Programme itself (which is an issue observed in areas across the country and not unique to Warwickshire or this service).

The feedback on the usefulness of Chatheath was very positive, however caution needs to be taken with this figure as it was based on a low number of respondents (n=3).

For those families that responded they had not used the service, we asked the reasons why they had not done so.

Figure 3: Proportion of parents/carers/young people and why they have not used the service



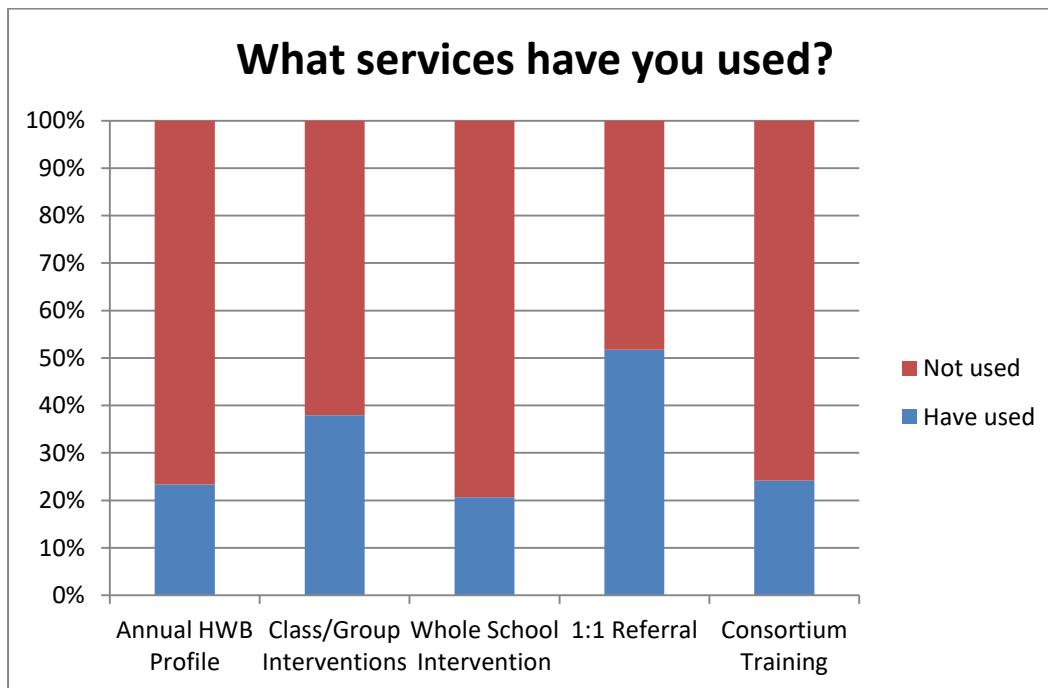
It can be seen from the responses in figure 3 that there is an issue with regards to lack of awareness about the service, and also the proportions of those respondents where they feel they don't have a need for the service at the moment.

Teachers and Head Teachers

Respondents who identified themselves as teachers and head teachers (29 respondents in total) were asked whether they had used any of the following five services:

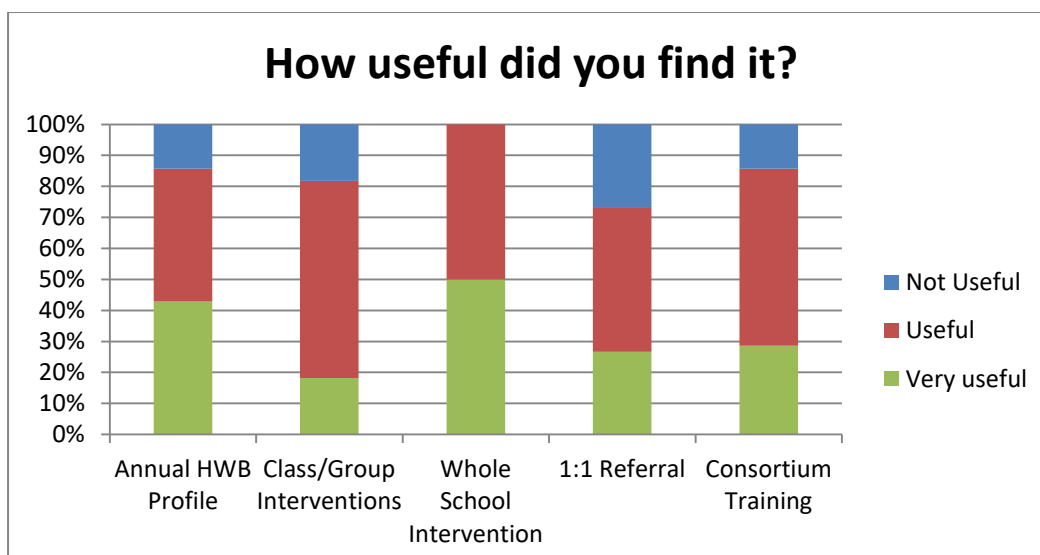
- *Annual Health & Wellbeing Profiles*
- *Class/group based interventions*
- *Whole school/assembly interventions*
- *1:1 support referral*
- *Consortium medical conditions awareness training*

Figure 4: Proportion of teachers/head teachers and their usage of the service



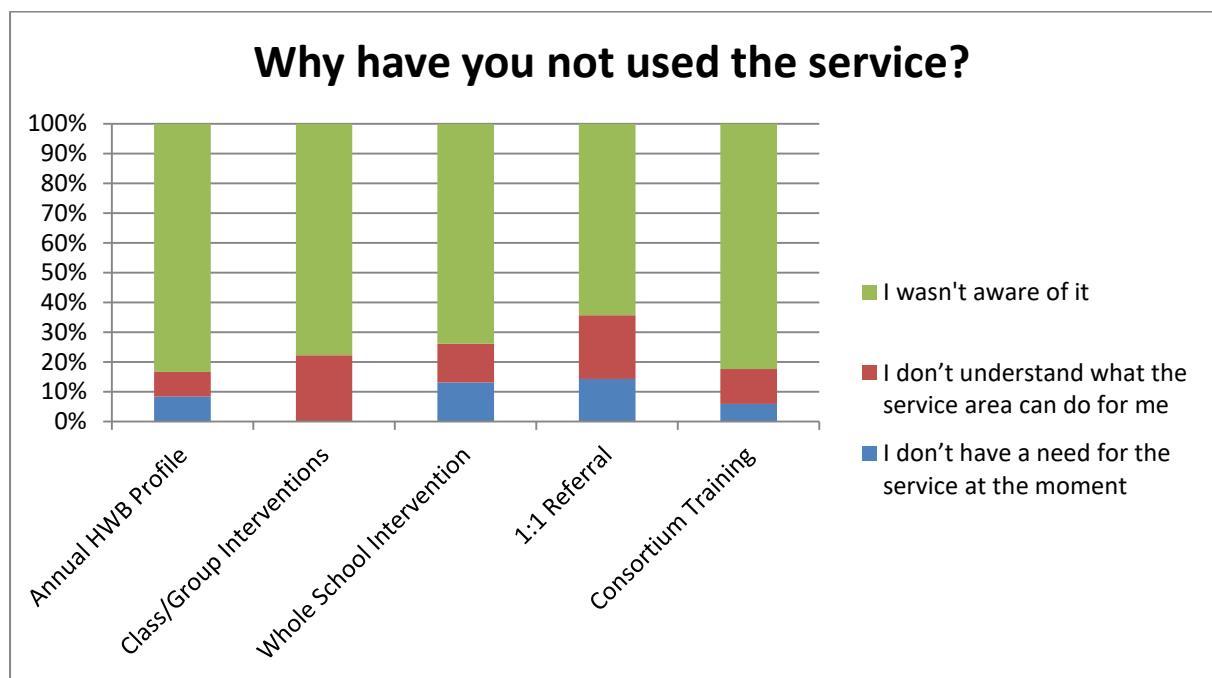
There were a relatively low number of respondents for this question; therefore the actual numbers of those responding to which areas of the service they have used are low. For those where they had responded that they had used the service, we asked their views on the usefulness of the service.

Figure 5: Proportion of teachers/head teachers and their views on usefulness of the service



For those where they had responded that they had not used the service, we asked the reasons why they had not done so.

Figure 6: Proportion of teachers/head teachers and why they have not used the service



All Online Respondents – Service Priorities

Respondents were asked at the close of the survey their views on the priorities of the School Health & Wellbeing Service.

Figure 7: Proportion of all online respondents and whether they think the priorities are appropriate

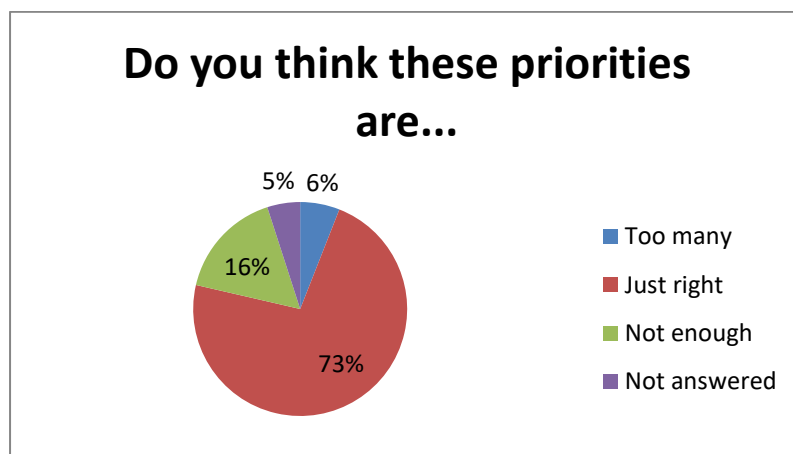


Table 3: Key Qualitative themes (Priorities) for all online respondents

Respondents were asked to provide comments on the priorities of the School Health & Wellbeing Service. The following key themes were identified where the number of comments ≥ 5 :

Key Theme	Examples for illustration	Count (Base =182)
All of the priorities listed are very important	<i>I think this number of issues needs to be covered as these all have an impact on children.</i>	94
Where the service needs to refer on for additional support, there are gaps in other services to what is needed	<i>CAMHS has a waiting list of over a year, which is unacceptable.</i>	14
Not enough school nurses to do the job/Need more school nurses	<i>The service is overstretched and needs more workers to address the needs of children and young people.</i> <i>I don't think there are enough school nurses.</i>	11
Comment related to a service other than the school health and wellbeing service	<i>A number of respondents gave feedback on service delivery that is not part of what is offered by the School Health & Wellbeing Service (e.g. immunisations, sight checks)</i>	11
There should be more on offer for mental health	<i>The mental health section is a bit vague.</i> <i>Not enough support for mental health brief interventions</i>	10
Mental health issues are very important	<i>I would say that priority is the mental health and wellbeing as this seems to be the area that is least supported at present.</i> <i>Especially early support for mental health difficulties</i>	9
Future priorities - Support teachers and parents so they can support young people	<i>There needs to be a clearer emphasis on supporting parents and teachers to provide positive lifestyle choices and methods for dealing with these issues.</i>	5

Table 4: Detailed thematic analysis of priorities for all respondents

Theme	Sub-theme	Details	Count (Base =182)
Current priorities	Service priorities	All priorities are important	94
Current priorities	Service priorities	Mental health is very important	9
		Where the service needs to refer on for additional support, there are gaps in other services to what is needed	
Current priorities	Service delivery		14
Current priorities	Service delivery	Hard to deliver these with a smaller service/ Should be more nurses in schools/more funding	11
Current priorities	Service delivery	Online questionnaire is hard-going for some children	1
Current priorities	Service delivery	Too much signposting	1
Future priorities	Service priorities	Mental health section should be stronger/more of	10
Future priorities	Service priorities	Need to add self-confidence, image confidence and social media use	3
Future priorities	Service priorities	Need to add bullying	3
Future priorities	Service priorities	Improve support after the height and weight screening	2
Future priorities	Service priorities	Need to have support for long term conditions	2
Future priorities	Service priorities	Need more on behavioural issues	1
Future priorities	Service priorities	Need more focus on children with autism	1
Future priorities	Service priorities	Need to think about cultural differences	1
Future priorities	Service priorities	Consider young carers	1
Future priorities	Service priorities	Should include friendships	1
Future priorities	Service priorities	Include anxiety and resilience	1
Future priorities	Service delivery	Needs more emphasis on supporting teachers and parents so they can support young people	5
Future priorities	Service delivery	Need more online solutions	1
Future priorities	Service delivery	School nurses should teach PSHE	1
Future priorities	Service delivery	Promotion & prevention is better than fixing the problem	1

Future priorities	Service delivery	Should teach children how to support peers	1
N/A	N/A	Comments not relevant to service	11

All Online Respondents – Further Comments

Respondents were asked at the close of the survey if they had any further comments or suggestions in relation to the School Health & Wellbeing Service. The following key themes were identified where the number of comments ≥ 5 :

Table 5: Key Qualitative themes (Further Comments) for all online respondents

Theme	Examples for illustration	Count (Base = 52)
Comment related to a service other than the school health and wellbeing service	<i>A number of respondents gave feedback on service delivery that is not part of what is offered by the School Health & Wellbeing Service (e.g. immunisations, sight checks)</i>	16
Lack of awareness of what the service offers	<i>Perhaps wider publicity is needed?</i> <i>What has been described here sounds amazing. I just wasn't aware any of it existed</i> <i>Keep it going, advertise it more</i>	7
The service needs to be more visible in schools	<i>There are not enough school nurses; they're not seen around the schools.</i> <i>It might help to have drop in sessions so that parents could come with concerns</i>	8
Children and families like the service and the staff	<i>Not enough staff in this wonderful service</i> <i>The kids love them</i>	6

Table 6: Detailed thematic analysis of further comments for all respondents

Theme	Sub-theme	Details	Count (Base = 52)
Current service offer	Awareness	Not visible enough in schools	8
Current service offer	Awareness	Didn't know about the service	7
Current service offer	Awareness	Families don't have a relationship with the service	4
Current service offer	Service Delivery	Children and families like the service and staff	6
Current service offer	Service Delivery	Not enough staff/need more funding	4
Current service offer	Service Delivery	Should be more health promotion and prevention	2
Current service offer	Service Delivery	Need more support for mental health	2
N/A	N/A	Comments not relevant to service	16

Structured Interview and Online Forum Responses

Table 7: Breakdown of interview respondents (Type)

Type of respondent	Total	%
School Staff - primary	6	29%
School staff - secondary	6	29%
Parent/carer	5	24%
Children's Centre Managers	2	10%
Other partners	2	10%
Grand Total	21	100%

Respondents were asked to identify where in the county they were based. Table 6 gives a breakdown of survey respondents.

Table 8: Breakdown of survey respondents (Location)

Type of respondent	Total	%
Nuneaton & Bedworth Borough	7	33%
Warwick District	6	29%
Stratford on Avon District	5	24%
Countywide	2	10%
North Warwickshire Borough	1	5%
Grand Total	21	100%

When comparing the respondent profile with the proportion of residents living or working in each district and borough in Warwickshire overall, the North Warwickshire is moderately under-represented in the sample - 11.4% of the Warwickshire population reside in the North Warwickshire Borough, however the interview respondents represent 5%. Nuneaton and Bedworth Borough is over-represented, with 33% of respondents based in this borough, compared with 22.8% of the Warwickshire population. Attempts were made to interview schools based in the North Warwickshire area, however only 1 school responded.

This somewhat improves the geographical range of data when combining this with the profile from the online survey, however North Warwickshire remains the most under-represented area within the county.

Table 9: Key themes from the structured interviews and online forum

The following key themes were identified where the number of comments ≥ 5 :

Key theme	Key comments	Count (Base = 21)
Not relevant	A number of respondents gave feedback on service delivery that is not part of what is offered by the School Health & Wellbeing Service (e.g. immunisations, sight checks)	15
Current service offer – communications	<i>People are unaware of the service and what it can offer</i>	11
Future service offer – service delivery	<i>Would like access to more nurses and have a named nurse per school.</i>	11
Future service offer - communications	<i>Improve communications about what is on offer</i>	9
Current service offer – service delivery	<i>Referral process is good</i>	6
Current service offer – training	<i>Training is good</i>	5

Table 10: Detailed thematic analysis from the structured interviews and online forum

Theme	Sub-theme	Comment	Count (Base = 21)
Current service offer	Communications	Unaware of what available	11
Current service offer	Communications	Hard to get hold of	1
Current service offer	Communications	Communication via email and always get a response, would prefer more telephone contact	1
Current service offer	Demand	School doesn't need a lot of help	1
Current service offer	Demand	Class teachers refer but not often	1
Current service offer	Service delivery	Referral process is good	6
Current service offer	Service delivery	Heights and weights are not friendly for parents	4
Current service offer	Service delivery	Service has been involved in supporting YP with health needs	3
Current service offer	Service delivery	Service attended to promote offer at parents eve/parent session/community centre	3
Current service offer	Service delivery	Works well with academies	2
Current service offer	Service delivery	Ready for school pilot has been very good	2
Current service offer	Service delivery	Staff are innovative and open to ideas	2
Current service offer	Service delivery	There is a wide range of support offered	1
Current service offer	Service delivery	Safeguarding issues are managed	1
Current service offer	Service delivery	The health & wellbeing report is good and helps us plan PSHE sessions	1
Current service offer	Service delivery	Staff are well organised and enthusiastic	1
Current service offer	Service delivery	Chathealth is good	1
Current service offer	Service delivery	Really good. Very friendly and exceptionally supportive	1
Current service offer	Service delivery	Great service. Really approachable. Got things done very fast	1
Current service offer	Service delivery	Given tonnes of advice. A number to call if I need to and a single point of contact with them so I didn't have to keep explaining things over and over	1
Current service offer	Training	Training is good	5
Future service offer	Communications	Improve communication about what's on offer	9

Future service offer	Communications	Perhaps we should be parent champions - given some up to date info to be able to sign post people better	3
Future service offer	Communications	An induction at the start of the year would be good	1
Future service offer	Communications	Need a full relaunch to let people know about the service and what is on offer	1
Future service offer	Communications	Partnership with community groups, charities, social enterprises and parent groups could have a huge impact in raising awareness	1
Future service offer	Communications	Health people and schools are all so overloaded if they aren't reminded regularly of different services and where to get them, they forget about them	1
Future service offer	Communications	Chat health I think is a great idea but is quite new so probably not many people know about it? Do school children get a card or key ring or something just before the summer holidays with the number on it?	1
Future service offer	Service delivery	Having more access to nurses would be better	6
Future service offer	Service delivery	Would like someone dedicated to the school	5
Future service offer	Service delivery	Face to Face discussions should happen following the height & weight check	4
Future service offer	Service delivery	Parent/child workshops would be good	2
Future service offer	Service delivery	Out of hours support would be good	2
Future service offer	Service delivery	Service should offer more assemblies	1
Future service offer	Service delivery	Could they offer monthly clinics/drop-ins?	1
Future service offer	Service delivery	There should be one referral process for School Health & Wellbeing and the Substance Misuse Service	1
Future service offer	Service delivery	A school nurse app on smart phone would be good	1
Future service offer	Service delivery	An online referral process would be good	1
Future service offer	Service delivery	More counselling is needed	1
Future service offer	Service delivery	Access to support via social media/website would be good	1
Future service offer	Service delivery	More support needed on healthcare plans	1
Future service offer	Service delivery	Should have more professional led sessions	1
Future service offer	Service delivery	The continence workshop would be good 1-1 for special needs families	1

Future service offer	Training	Should offer free training on mental health, resilience and attachment	2
Future service offer	Training	Would like first aid training	1
Future service offer	Training	Schools should get training on how to deliver sessions on personal hygiene & other topics	1
Priorities	Priorities	Mental health	4
Priorities	Priorities	Big issues are self-esteem, social media, anxiety, friendships	1
Priorities	Priorities	The priorities are good	1
Priorities	Priorities	Big issues are self-harm	1
Priorities	Priorities	Big issues are anxiety and online bullying	1
Priorities	Priorities	Don't see the benefit of promoting oral health	1
Priorities	Priorities	Big priorities are healthy weight and oral health	1
Priorities	Priorities	Priorities should include vaping	1
Not relevant	N/A	Comments made that are not relevant to this service	15

Publicising the School Health & Wellbeing Service Consultation

Table 6: Communications & Engagement Log

Publicising channel	Detail
Ask Warwickshire	Dedicated consultation webpage (providing full information, copies of survey and policy documents and link to online survey)
Email (outbound)	<p>Email distribution list (types of recipients not individual data)</p> <ul style="list-style-type: none"> All headteachers and school admin offices to ensure teaching staff aware to complete the survey (via PH Distribution List) Request for schools to include short paragraph in schools newsletters to notify parents/carers (email sent 13.09.18) Information sent to 501 subscribers to WCC consultation alerts on GovDelivery. Public Health Distribution list <ul style="list-style-type: none"> Advocacy, Elected Members, Nurseries, Big White Wall, PAs Parish Councils, Pharmacies, CCG, GPs, Pharmacists provisions of smoking, chlamydia and EHC, CEOs Head of Service, Physical Activity/Health Lifestyles Charitable Organisation, Health Checks Public Health, Children and Young People Healthwatch, Children Centres, Healthwatch Warwickshire Research and Development, Clinic/Health Centre Schools, Comms Lead, Hospital Trust, Sexual Health HWBB, Smoking, Councillors, Insight List, Council Leaders Voluntary Sector, Councils, Libraries, Warwickshire Police, MECC, Weight Management, Mental Health and Wellbeing, Wellbeing Hub, Dentists, MPs, WJS, District & Boroughs, Youth Justice, Drugs & Alcohols
Email (inbound)	Published email address available for people to respond via email.
Social media	<p>WCC channels</p> <p>Warwickshire County Council Facebook Public Health Facebook Page Warwickshire County Council Twitter Public Health Twitter</p> <p>Facebook Parents Forum (managed by Jenny Bevan) - hosted session on Wednesday 19th September 2018 run as an online focus group</p> <p>Tweeted by @DailyWARKS (4,448 followers @ 6/09/18) Tweeted by @CoventryUpdate (10,395 followers @ 6/09/18) Tweeted by St Andrew's Benn Primary (Rugby) (584 followers @ 13/09/18) Tweeted by FIS (1226 followers @ 13/09/18) Tweeted by QE Academy (546 followers @ 18/09/18)</p> <p>Facebook - shared by Family Information Service (approx 2,000 followers)</p>
Newsletters	Heads Up

	Public Health Newsletter (12th September 2018)
Media relations	Presence on WCC news page News release
Verbal briefings/Face to Face	Children's Centre Advisory Boards Nuneaton & Bedworth - 17/09/18 Southam - 18/09/18 Focus groups/structured interviews held with the following professionals: <ul style="list-style-type: none"> • Health Visitors (Locality lead) • Children's Centre Managers (2 different locations) Attendance at Warwickshire North CCG Member Engagement group (GPs) -18th October 2018 Briefings given to: <ul style="list-style-type: none"> • Children's Joint Commissioning Board (11/09/18) • Suicide Prevention Steering Group (19/09/18)
Other	Poster and leaflet developed and: <ul style="list-style-type: none"> • Printed in order to place in suitable locations (e.g. Children's Centres, Schools) • Distributed via email to key stakeholders
Paper surveys	On request (none were requested)

Equality and Diversity Analysis

The online survey asked respondents to complete information regarding equality and diversity. The results are set out in Table 18 below.

Table 7: Online respondent profile

Age	18 – 29	7
	30 – 44	99
	45 – 59	64
	60 – 74	8
	75 +	1
	Not Answered	10
	Prefer not to answer	8
	Under 18	4
Gender	Female (including trans woman)	163
	Male (including trans man)	14
	Not Answered	11
	Prefer not to answer	13
Long standing illness or disability	No	164
	Not Answered	10
	Prefer not to answer	13
	Yes	14
Ethnicity	Asian or Asian British - Indian	4
	Black or Black British - Caribbean	2
	Mixed - White and Asian	4
	Mixed - White and Black Caribbean	2
	Not Answered	11
	Prefer not to answer	10
	White - Any other background please specify	6
	White – English/ Welsh/ Scottish/ Northern Irish / British	159
	White - Irish	3
	Christian	90
	Hindu	2
	None	63
Religion	Not Answered	14
	Other (Please specify below)	4
	Prefer not to answer	27
	Sikh	1
Sexuality	Bisexual	1
	Gay or lesbian	1
	Heterosexual or straight	169
	Not Answered	13
	Other	1
	Prefer not to say	16