

Worcestershire Health and Well-being Board

Joint Strategic Needs Assessment

Starting Out - Mothers, Babies, Children, Young People, Early Help and Prevention

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Wyre Forest
Clinical Commissioning Group



Redditch and Bromsgrove
Clinical Commissioning Group



South Worcestershire
Clinical Commissioning Group

Foreword

This year's Joint Strategic Needs Assessment (JSNA) Annual Summary took the approach of highlighting three key life stages identifiable in health:

- **Starting Out** - Mothers, Babies, Children, Young People, Early Help and Prevention
- **Being Well** - Health of Adults
- **Ageing Well** - Living Longer and in Good Health

This report is an extract from the summary which focuses on early years health and whilst it is provided on its own, it is recommended that the report is read together with the other sections of the summary for a full and detailed account of Worcestershire's health and wellbeing.



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Newly Identified and Persistent Issues

Newly identified issues:

- **Smoking in Pregnancy** has shown an upward trajectory in the last two years which increases risk of health problems for mothers and babies.

Persistent issues:

- **Inequality in School Readiness** between the least affluent and more affluent children in Worcestershire is persistently worse than England average.
- **Educational Outcomes** for those with free school meal status compared with more affluent children in Worcestershire is persistently worse than England average
- **Children Needing Social Care** are continuing to rise
- **Children's Oral Health inequality** has increased in recent years, with the most deprived children having poorer oral health than the least deprived children.
- **Breastfeeding Initiation** rates are poor compared with England

Key points

1. Inequality in School Readiness between the least affluent and more affluent children in Worcestershire is persistently worse than England average.
2. Educational Outcomes for those with free school meal status compared with more affluent children in Worcestershire is persistently worse than England average
3. Children Needing Social Care are continuing to rise
4. Children's Oral Health inequality has increased in recent years, with the most deprived children having poorer oral health than the least deprived children.

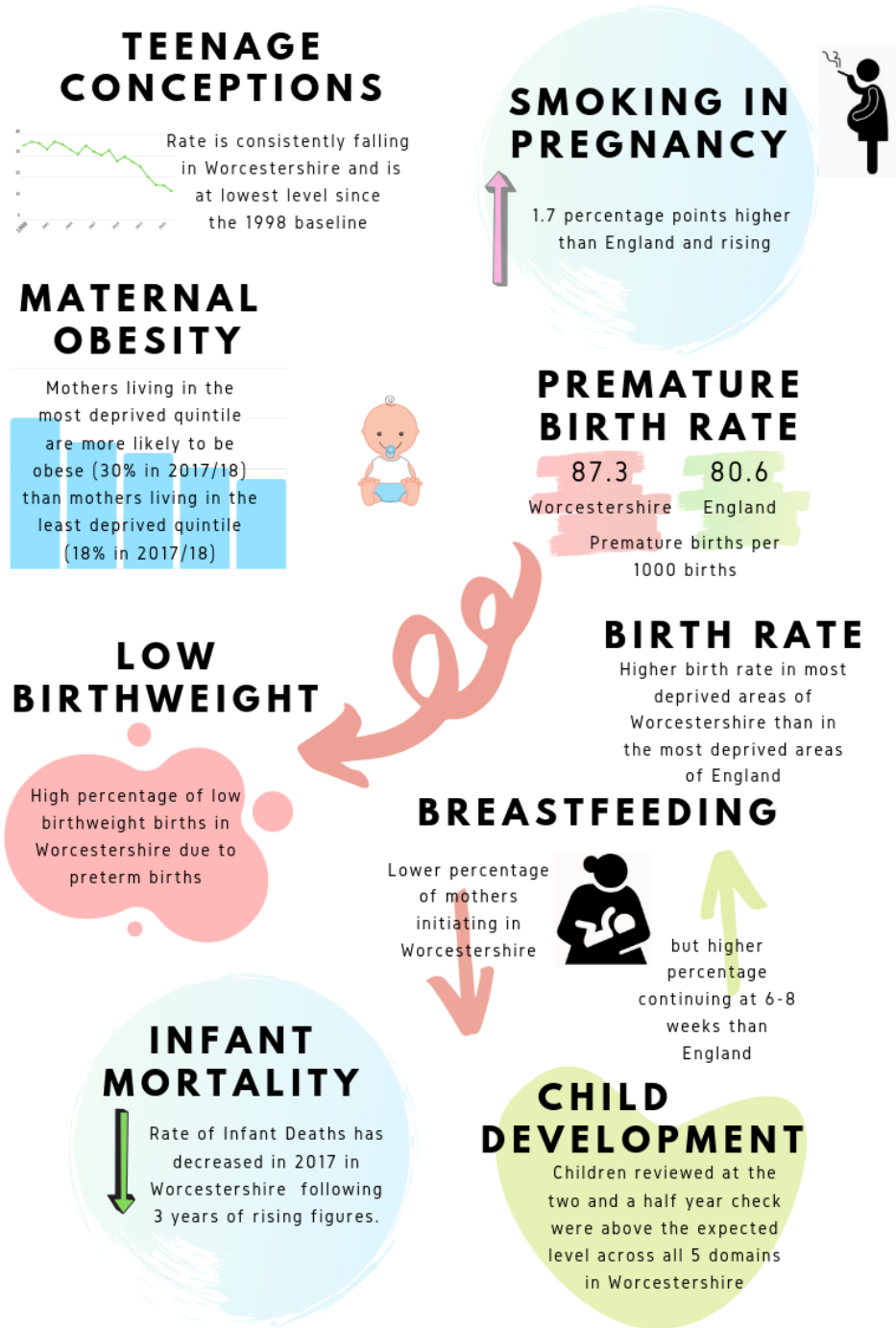
Breastfeeding Initiation rates are poor compared with England

5. Worcestershire has a high percentage of mothers smoking at the time of delivery (12.5% compared to 10.8% England average) and a consistently higher rate of premature births.
6. The rate of infant mortality has decreased for the latest period and is now similar to the national average (against a backdrop of increasing infant mortality seen in 2018)
7. Growing up in poverty damages children's health and wellbeing, adversely affecting their future health and life chances. The latest figures suggest that there are 16,250 children living in poverty related to low income in Worcestershire.
8. In Worcestershire children who live in low-income families are less likely to have reached a good level of development before they start school than children from better off families. There is a 21 percentage-point gap compared with a 15 percentage-point gap nationally.
9. In 2018 there were 868 children with autism known to Worcestershire schools. This is a lower rate than England and the average rate for similar local authorities. There could be a number of reasons for this which may warrant further investigation.
10. Childhood vaccination saves lives. For a vaccination programme to be effective the rate of uptake needs to be 95%. Worcestershire has historically performed better than the England average for childhood immunisations. However, for the last two years, rates have been falling and they are below the 95% target coverage rate for many types.
11. The rate of vaccination for Measles, Mumps and Rubella (MMR) in Worcestershire has fallen and is now at 92.2%, and there is wide variation across GP practices. This is lower than the rate required to limit disease spread.
12. In educational attainment, there is a 10 percentage-point difference in GCSE attainment between boys and girls, with 60% of boys obtaining a grade 4 or above in English and Maths compared to 70% of girls.

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13. Around 170 young people aged 16 to 24 were accepted as homeless in 2017/18. This is a higher rate than the England average.
14. 146 young people aged 10-17 were first-time entrants into the Youth Justice System in 2018. This is higher than the rate for England as a whole but there has been a downward trend year-on-year since 2015.
15. In Worcestershire the rate of Alcohol Specific Hospital Admissions for under 18s is similar to the England average (31.9 vs 32.9 per 100,000). After a period of falling rates year-on-year since 2006-7 rates have remained relatively static over the last two periods.
16. In Worcestershire the rate of self-harm in children and young people is lower than for England as a whole and this has been the case for the last couple of years.

Figure 1. Starting Out in Worcestershire: Key Facts

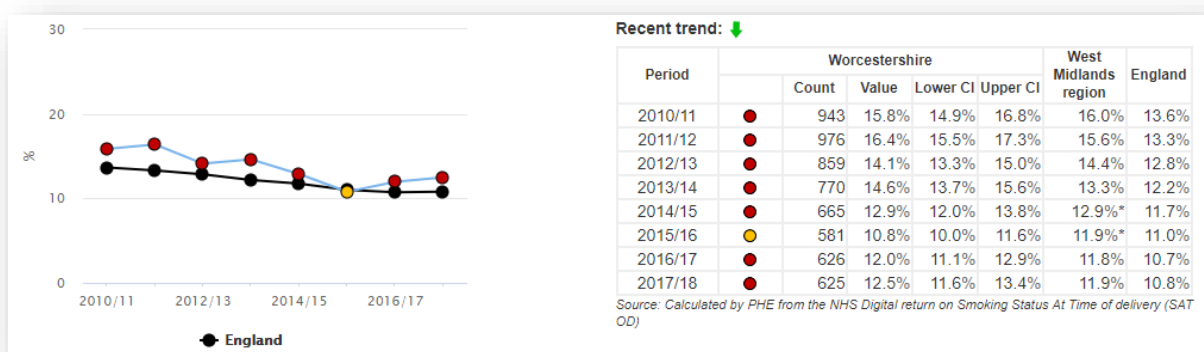


Created with Canva by the Public Health Team, images courtesy of the Noun Project (Pregnant Woman Smoking by Gan Khoon Lay, Breastfeeding by Luis Prado)

Smoking in Pregnancy

Smoking is still the single biggest identifiable risk factor for poor birth outcomes. Figure 2 shows the proportion of mothers smoking at the time of delivery. Until 2015/16 there had been a downwards trend for Worcestershire, in line with the national picture, however, since then the rate has started to increase again. In 2017/18, the percentage of mothers who are smoking at the time of delivery is higher than England at 12.5% (625 women). This overall rate hides local variation. When split by district, five out of the six districts have similar percentages, between 11.5% and 11.9%. These rates are slightly higher than the England average but only Wyre Forest has a rate that is consistently significantly higher than the national average at 15.6% (160 women).

Figure 2: Smoking Status at Time of Delivery - Worcestershire



Source: Public Health England, Fingertips, Local Tobacco Profiles

Provisional analysis of 2018/19 indicates that the rate has risen once again across Worcestershire and is likely to be over 13%.

The Tobacco Control Plan for England includes a target to reduce the prevalence of smoking in pregnancy in England to 6% or less by 2022.

Smoking in pregnancy was also highlighted in the Chief Medical Officers Annual Report of 2018 which has resulted in a recommendation that NHS England and Local Authorities commit to halving existing inequalities in smoking in pregnancy by geography by 2024.

In order to try and achieve these ambitious targets locally Public Health have been working closely with the Local Maternity System (LMS) and Worcestershire Acute Hospitals Trust (WAHT) who are committed to lowering smoking in pregnancy rates, both at booking and time of delivery. A Sustainability and Transformation Partnership (STP)-wide workstream is focussed on implementing a system-wide approach to review current pathways and systems to improve outcomes for pregnant women. In 2019 WAHT will be piloting the use of public health Maternity Support Workers (MSWs) to proactively provide face-to-face smoking cessation support and pharmacotherapy for pregnant women and members of their household. The face-to-face, midwifery-based service will be working closely with the

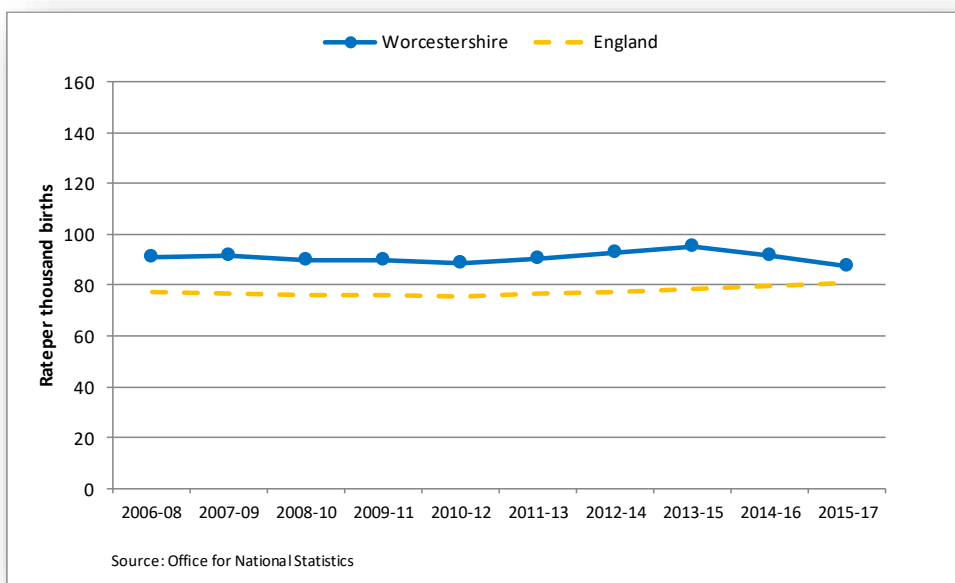
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existing telephone support service, to offer choice and a greater level of joined up support for pregnant smokers.

Premature Births

Globally premature birth is the leading cause of death for children under the age of five. There are greater health risks for premature births and the earlier the birth the greater the risk. Worcestershire has historically had a higher premature birth rate than England (Figure 3). Preventing deaths and complications from pre-term birth starts with a healthy pregnancy, healthy diet and optimal nutrition. There is substantial evidence that smoking in pregnancy can lead to premature births.

Figure 3: Premature Birth Rate - Worcestershire¹



Following a number of years of high rates in Worcestershire, a local audit of premature births was carried out in 2018 in conjunction with the local acute trust. Findings are currently being analysed and have been passed back to the Acute Trust for their comments.

¹ Definition: Number of births at less than 37 weeks gestation per 1,000 total births.

Low Birthweight

Low birthweight is an important public health measure as it indicates whether the baby was able to grow as expected while in the womb. Being born at low birthweight is an important marker along the trajectory of early child development, indicating an increased risk of poor health outcomes from birth onwards.

The percentage of all births in Worcestershire with a recorded birth weight under 2,500g has consistently been higher than the national average. However, this figure includes premature births - which are likely dominating the statistics. If we look at another indicator for low birthweight, low birthweight at full-term of pregnancy, this interpretation is further strengthened as Worcestershire has consistently had a lower percentage than England.

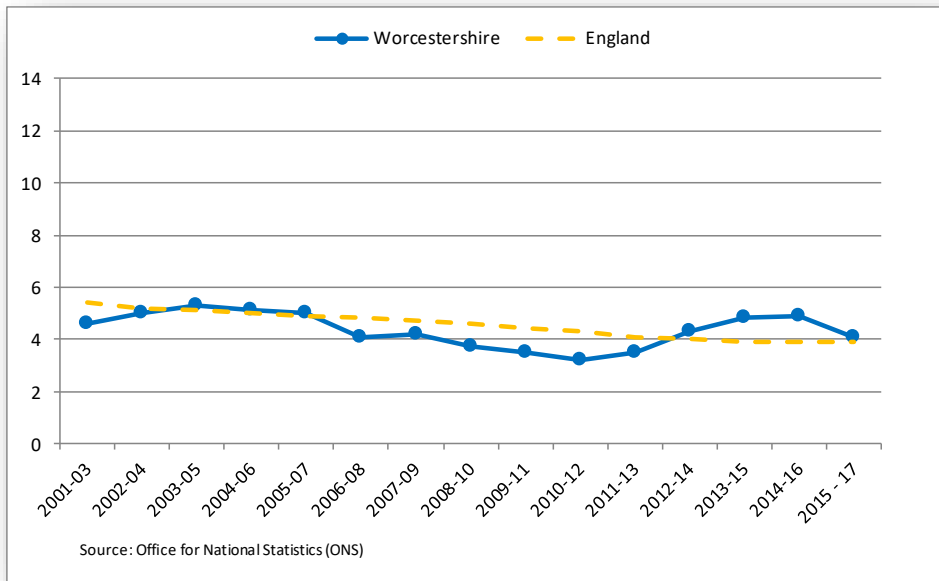
Infant Mortality

Infant mortality covers all deaths within the first year of life. The majority of these are neonatal deaths which occur during the first month and the main cause is related to prematurity and pre-term birth, followed closely by congenital abnormalities. Nationally and in Worcestershire, the number of infants who die is relatively small and subject to considerable variation from year to year. As a result, the data are often considered on a three-year rolling average basis.

The infant mortality rate in Worcestershire increased during the period 2012 to 2016 and became, for the first time, statistically significantly higher than the England average for the period 2014 to 2016. This was in contrast to the national decrease during the same period. The rate has since decreased for the period 2015 to 2017 and is now similar again to the England average. Caution should be applied when interpreting these figures because numbers are small.

The infant mortality rate in Worcestershire increased during the period 2012 to 2016 and became, for the first time, statistically significantly higher than the England average for the period 2014 to 2016. This was, in contrast to the national decrease during the same period. The rate has since decreased for the period 2015 to 2017 and is now similar again to the England average. Caution should be applied when interpreting these figures because numbers are small.

Figure 4. Infant Mortality Rate - Worcestershire²



Breastfeeding

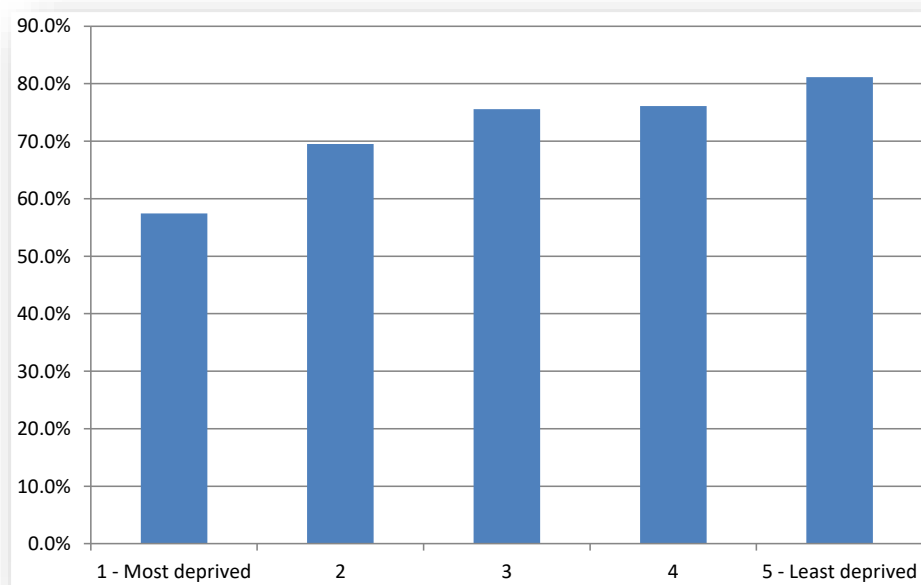
Breastfeeding provides the best possible nutritional start in life for a baby, protecting the baby from infection and offering important health benefits for the mother. The government’s advice is that infants should be exclusively breastfed, receiving only breastmilk for the first 6 months of life.

In Worcestershire, breastfeeding initiation rates (breastfeeding within 48 hours of delivery) have been lower than the national average. However, locally the Trust has suggested that the figures submitted nationally are missing some records and that the true figures are higher.

Local analysis has shown that breastfeeding rates are lowest amongst younger mothers, mothers of white ethnicity and those living in more deprived localities. Breastfeeding initiation in Worcestershire is lowest in Wyre Forest and Redditch Districts. Figure 5 highlights the relationship of breastfeeding initiation rates to deprivation.

² Definition: Deaths under one year of age per 1,000 live births

Figure 5: Breastfeeding Initiation by IMD - Worcestershire (2017/18)



Source: NHS Digital/Maternity Dataset/Bespoke Public Health Analysis

The national definition of breastfeeding initiation for statistical purposes has recently changed and trusts are now monitored on a 'First Feed' definition. Currently trusts are struggling to provide the information to NHS Digital and consequently data is not very reliable. The Worcestershire figures that are available, are still looking on the low side. Encouraging mothers to continue breastfeeding exclusively until the child is 6 months old is a priority. In Worcestershire, once breastfeeding has started, maintenance rates are consistently good compared to national figures and the breastfeeding rate at 6-8 weeks has increased over the last 3 years. Encouragingly, there has also been an improvement on this measure for infants from more deprived areas.

Excess Weight in Childhood

In England, the height and weight of children in Reception and Year 6 is measured in school settings and the Body Mass Index (BMI) calculated via the National Child Measurement Programme (NCMP). In Worcestershire this is undertaken by the School Health Service. The results from the annual NCMP survey are used both nationally and locally to support the planning and delivery of services for children.

In Worcestershire, 22.4% of children in Reception year were classified as having excess weight in 2017/18. Encouragingly this is the lowest percentage since recording began back in 2007. These results whilst encouraging still mean that more than 1 in 5 children starting school are overweight. By year 6, the number with excess weight has risen to almost 1 in 3 children.

These overall numbers mask some real differences. In both age groups boys are more likely to be overweight than girls and children living in the most deprived areas of Worcestershire have higher rates of excess weight than those living in the least deprived areas. The gap between the most and least deprived areas increases with the age of the child.

Childhood Immunisation

Vaccination is one of the most important public health interventions because it stops people from becoming ill, stops spread of infection and ultimately saves lives. For a vaccination programme to be effective vaccination coverage (how many people have the vaccination) needs to be high, this is set at 95%. At a 95% coverage rate, transmission of disease is significantly reduced, which means less outbreaks of infection and also has the added benefit of protecting those who cannot be vaccinated, such as people undergoing treatment for cancer, the very young, or those who are immunocompromised, this is called herd immunity. Vaccination coverage is the best indicator of the level of protection a population will have against vaccine preventable communicable diseases. Coverage is closely linked to levels of disease.

In England, the highest coverage rates were 2012-13, across the majority of childhood vaccinations, rates have been declining year on year, which is a concerning trend. In 2017-18, coverage declined in nine of the 12 routine vaccinations measured at ages 12 months, 24 months or five years in England compared to the previous year³. In 2017-18, DTaP/IPV/Hib coverage at 12 months declined for the fifth year in a row, decreasing 1.6% since 2012-13 and is at its lowest since 2008-09. However, coverage at 24 months has remained above the 95% target since 2009-10³. Coverage for the Measles Mumps and Rubella (MMR) vaccine as measured at two years decreased in 2017-18 for the fourth

³ NHS Digital (2018) Childhood Vaccination Coverage Statistics- England 2017-18, [Online], Available from: <https://digital.nhs.uk>

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year in a row. Coverage for this vaccine is now at 91.2%, the lowest it has been since 2011-12³. There were 971 laboratory confirmed cases of measles during 2018, this is three times higher than 2017, where there were 259 cases⁴. Now is not a time for complacency, this summer in 2019, the U.K lost the measles elimination status, which had been held for three years due to falling vaccination rates and ongoing outbreaks.

Worcestershire has historically performed better than the England average for childhood immunisations. However, for the last two years, rates have been falling and they are below the 95% target coverage rate for many types.

The MMR coverage for the first dose (children 2 years and younger) has declined over the past 2 years in Worcestershire with current coverage of 92.4%, but remains significantly better than the England average.

The MMR coverage for the first dose (children 5 years and younger) has increased significantly since 2012/13, and has remained stable over the last 2 years with current coverage of 97.3%. This is significantly better than England and meets the coverage target of 95%.

The MMR coverage for 2 doses (children 5 years and younger) has increased significantly since 2012/13, and has remained stable over the last 2 years with current coverage of 92.2%. This is significantly better coverage than England.

There is also wide variation across GP practice areas. To take Measles, Mumps and Rubella (MMR) at first dose 2 years as an example across Worcestershire in 2017-18:

- A quarter (25.6%) of GP Practices in Worcestershire were below the England average (17 out of 66).
- The best performing practice had a 100% coverage rate and at the worst performing practice the rate was 76.3%.
- This means that for MMR at 2yrs (1st dose) 446 children are considered to be at risk because they have not been immunised.

⁴ Public Health England (2019) Measles cases in England: January to December 2018, [Online] Available from: <https://www.gov.uk/government/publications/measles-mumps-and-rubella-laboratory-confirmed-cases-in-england-2018/measles-cases-in-england-january-to-december-2018>

Figure 6. Childhood Immunisation: Key Facts



VACCINATION SAVES LIVES AND PROMOTES GOOD HEALTH



After clean water, vaccination is the most effective public health intervention in the world.

Public Health England, 2018

Focus on.....

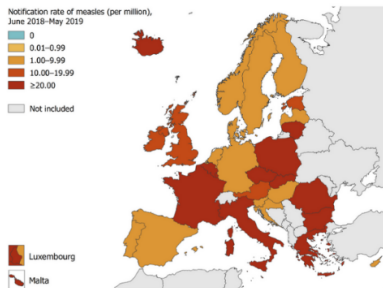
MEASLES

is a highly infectious disease which can only be controlled by vaccination.

Why does it matter?

01

Vaccination Rates are Falling across the World, UK and Europe. This means that the virus is able to transmit more easily



Source: <https://www.ecdc.europa.eu>

02

Falling vaccination rates have led to more outbreaks

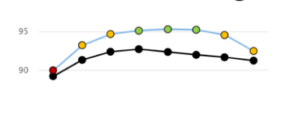
In the UK in 2018, there were 991 cases of measles. Compared to 284 in 2017.

03

The MMR vaccination rate has fallen significantly in Worcestershire

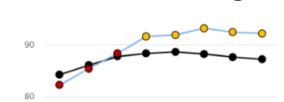
In England, the MMR vaccination is given in 2 doses - the first dose is given at 12-13 months, and the second dose is given at 3 years and 4 months.

First dose MMR at Age 2



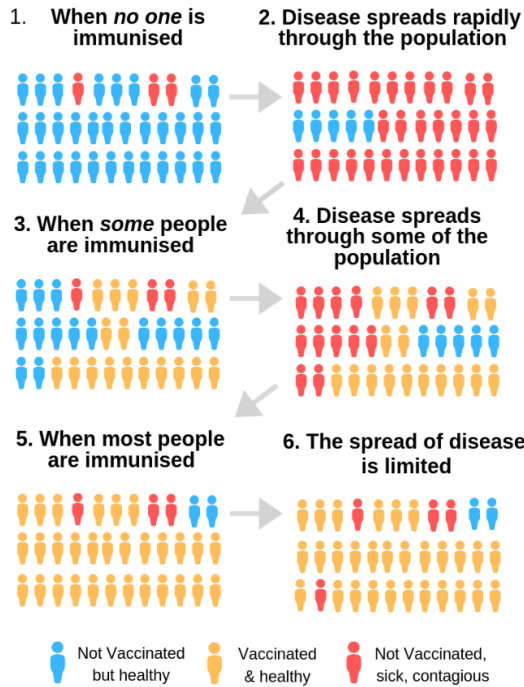
has declined over the past 2 years in Worcestershire with current coverage of 92.4%, but remains significantly better than the England average.

2nd dose MMR at Age 5



has increased significantly since 2012/13, and has remained stable over the last 2 years with current coverage of 92.2%. This is significantly better coverage than England.

How does vaccination work?



FOR A VACCINATION PROGRAMME TO BE EFFECTIVE THE UPTAKE RATE NEEDS TO BE

95%

at this level, protection is also provided for people who cannot be vaccinated

including babies or those with a weakened immune system, such as people undergoing cancer treatment.

This is called Herd Immunity

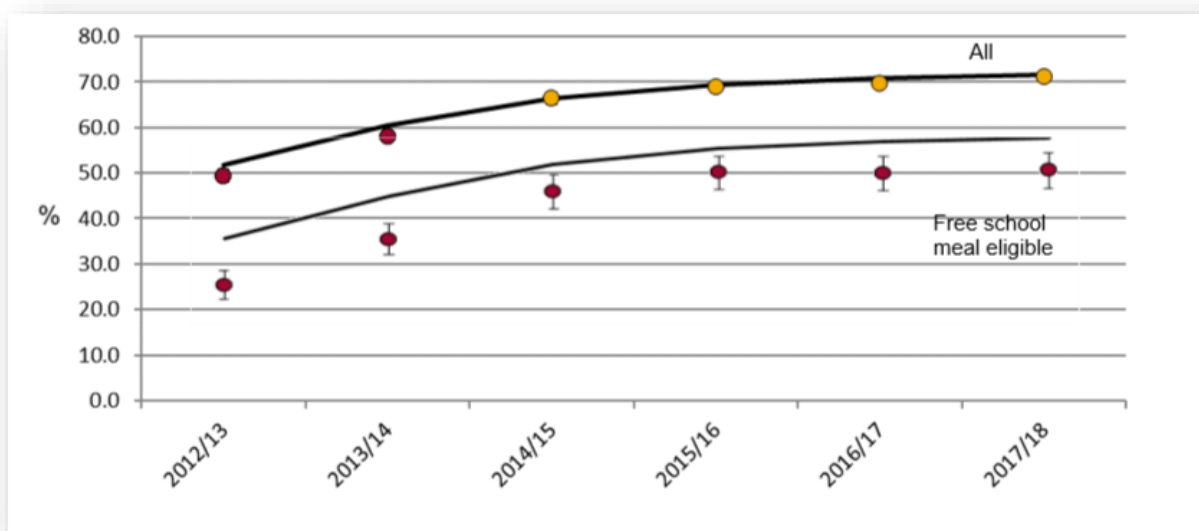
Data sources: Public Health Outcomes Framework, <https://fingertips.phe.org.uk>, COVER Immunisation Statistics, www.gov.uk, Herd Immunity Diagram adapted from <https://medium.com/@gidmk/herd-immunity-is-pretty-cool-adbc52630f9f>
Graphic created by Public Health Team using Canva

School Readiness

School readiness is a key measure of early years development across a wide range of developmental areas. Children from deprived backgrounds are more at risk of poorer development and the evidence shows that differences by social background emerge early in life.

The gap in school readiness between free school meal eligible children and other children continues to be an issue in Worcestershire and in Worcestershire this gap is persistently larger than the national gap. In 2017/18 the proportion of 4-5 year olds in Worcestershire who achieved a good level of development was 71.2% (similar to the national average). However, the proportion of 4-5 year-olds eligible for free school meals with a good level of development was significantly lower at 50.1%.

Figure 7. Children with Free School Meal Status Achieving a Good Level of Development at the End of Reception - Worcestershire⁵



Data Source: Public Health England

⁵ Notes 1. District and county data is not official data but should be reasonably accurate. 2. Green is significantly better than England, red=significantly worse than England.

Table 1. Trends in the Percentage Point Gap in Children Achieving a Good Level of Development who are Free School Meal Eligible and all Children - England and Worcestershire

Year	Worcestershire	England
2012/13	22.8	15.5
2013/14	22.1	15.6
2014/15	20.8	15.1
2015/16	19.5	14.9
2016/17	20.4	14.7
2017/18	21.1	14.9

Source: Public Health England

Table 2 shows that Wyre Forest, Bromsgrove and Wychavon have the lowest percentage achieving a good level of development for free school meal eligible pupils, while all districts except Worcester have a bigger gap between non free school meal eligible and free school meal eligible children.

Table 2. Percentage with Good Level of Development by Free School Meal Eligibility - Worcestershire Districts (2017/18)

District	% GLD for those not eligible for FSM	% GLD for those eligible for FSM	Gap
Bromsgrove	75	49	26
Malvern Hills	79	53	26
Redditch	71	53	18
Worcester	70	57	13
Wychavon	76	51	25
Wyre Forest	73	41	32
Worcestershire	74	50	24
England	74	57	17

Source: Calculated from SFR data. England data calculated from Public Health England Health Profiles

Educational Outcomes

Key Stage 1 (KS1): Worcestershire has an equal or higher percentage of pupils reaching the expected standards for all four areas tested at KS1 level. This masks the poor performance of children eligible for free school meals who, in all areas, have considerably lower performance than the England averages for this cohort of children.

Key Stage 2 (KS2): All areas of Worcestershire, with the exception of Bromsgrove, had lower percentages than the national average of pupils who reached the expected standards in reading, writing and mathematics in KS2 in 2018. These percentages were even lower for children who are classed as disadvantaged or eligible for free school meals.

KS4 results (GCSEs): Across the general population in Worcestershire a higher percentage achieved a grade 4 or above in English and Mathematics GCSEs than the average across England. In the new grading system, students are graded 9 (highest) to 1 (lowest) where a grade 4 is equivalent to a 'C' in the previous scale. However, disappointingly we are still seeing disadvantaged children having poorer educational outcomes in Worcestershire when compared to the same cohort of children in England, although there has been an improvement since 2017

How Does Worcestershire Compare to England?

When looking at inequalities across a number of different pupil characteristics and each of the Key Stages, there is variation in comparison to the England average.

Worcestershire performs higher than the England average for KS1 writing, maths and science for pupils who English is not their first language and for children receiving Free School Meals achievement at KS4 is higher than the national average.

Children Looked After (CLA), Children in Need (CiN), Children with SEND support and those with an EHCP/Statement all performed lower than the national average.

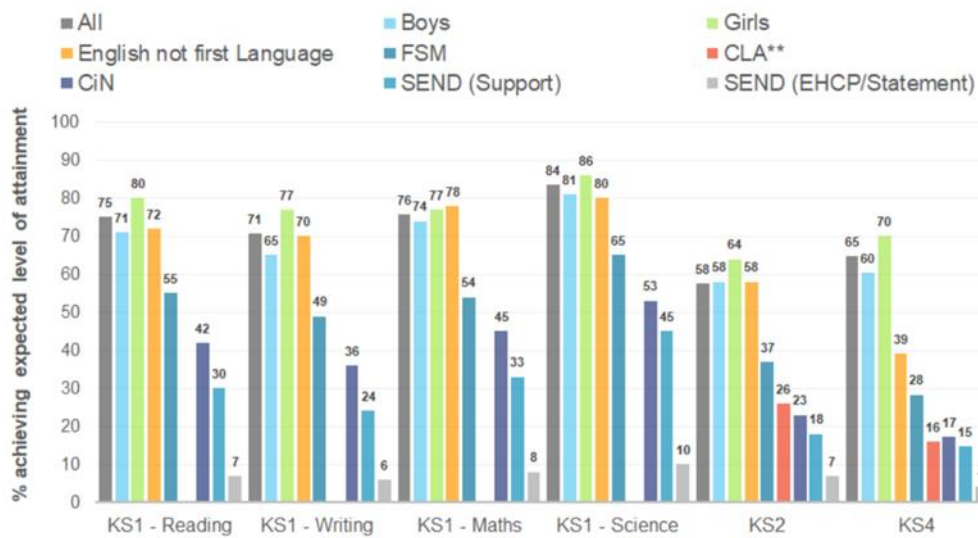
Figure 8. Attainment at Each Key Stage by Pupil Characteristics for Worcestershire (2017-18)

Pupil Characteristics	KS1 - Reading		KS1 Writing		KS1 Maths		KS1 - Science		KS2		KS4	
	W	E	W	E	W	E	W	E	W	E	W	E
All	75	75	71	70	76	76	84	83	58	65	65	64
Boys	71	71	65	63	74	75	81	80	58	61	60	61
Girls	80	80	77	77	77	77	86	85	64	69	70	68
English not first Language	72	73	70	69	78	75	80	79	58	65	39	43
FSM	55	60	49	53	54	63	65	69	37	46	28	22
CLA**		51		42		49		58	26	35	16	18
CiN	42	48	36	41	45	49	53	57	23	34	17	19
SEND (Support)	30	33	24	25	33	36	45	46	18	24	15	17
SEND (EHCP/Statement)	7	13	6	9	8	13	10	15	7	9	4	5

Better than England 
Worse than England 

W = Worcestershire, E = England

Data sources: Department for Education, Schools Pupils and their Characteristics 2018, Children Looked After in England 2018, Characteristics of Children in Need 2017 to 2018

Figure 9. Attainment at Each Key Stage by Pupil Characteristics for Worcestershire (2017-18)

21%

is the average gap in attainment at KS1 for Children receiving Free School Meals

43%

is the average gap at KS1 for Children requiring SEND Support

26%

is the average gap at KS4 for Children who do not speak English as their first language

48/49%

is the average gap at KS4 for Children in Need and Looked After Children (LAC)

FSM - Free School Meals, CLA - Children Looked After, CiN - Children in Need, SEND (Support) - Children receiving SEND support without statement, SEND (EHCP/Statement) - Education, Health and Care Plan or Statement of Need

Data sources: Department for Education, Children Looked After in England 2018, Characteristics of Children in Need 2017 to 2018
 Graphic created by Public Health Team using Carva

Gender: Gender differences in education are present at all stages of education, on average boys consistently perform lower compared to girls across all key stages. The

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difference in attainment gap between boys and girls in Worcestershire at KS1 was highest for reading (9%) and writing (12%), and lowest for science (3%) and mathematics (5%). Difference in attainment was lowest at KS2 (6%) and highest at KS4 (10%).

Ethnicity: Attainment gap at each of the Key Stages is variable across different ethnic groups. At KS1 reading and writing children of Asian, Mixed and Black ethnicity, perform higher than average. Children of Chinese ethnicity perform lower than average in reading (11%) and writing (7%). The attainment gap for Science and mathematics is much smaller at around 2-5% lower for children of mixed/black/Asian and Chinese ethnicity. At KS4 there are more pronounced differences with children of black ethnicity having a gap 23% lower than average and children of Chinese ethnicity having a gap 28% higher than average.

English Not First Language: “First Language” is the language to which a child was initially exposed during early development and continues to be exposed to in the home or in the community. In Worcestershire, children who do not have English as their first language, perform similar at KS1 and KS2, but at KS4 they have a gap that is lower by 26%

Free School Meals: Children from poorer backgrounds are more at risk of poorer development and the evidence shows that differences by social background emerge early in life. Although the gap is closing and improving each year there is still a difference of attainment gap when compared to the Worcestershire average around 21% at KS1 and 37% at KS4.

Children Looked After (CLA): The attainment gap between children in care and the Worcestershire average was 32% at KS2 and 49% at KS4. The reasons for this are complex but include, placement instability which has been strongly linked to school instability⁶ and can be particularly disruptive to learning and achievement.

Children in Need: Nationally, one in ten pupils would have been a child in need at some point. The issues faced include, persistent absenteeism and more likely to be excluded. Children with more complex factors, such as those in need of social care services were 50% less likely to achieve a strong pass in English and Maths GCSEs⁷. The attainment gap between children in need and the average for Worcestershire was 48% at KS4.

SEND: (Support or EHC/Statement): In Worcestershire, children receiving SEND support without a statement of need, have an attainment gap at all key stages, for example KS1 (43%) and KS4 (50%) compared to the average. For children with a statement of need or EHC plan the gap is much wider, for example KS1 (69%) and KS4 (61%).

⁶ Children’s Commissioner (2018) Stability Index 2018 – Overview and Findings, [Online], Available from: <https://www.childrenscommissioner.gov.uk/wp-content/uploads/2018/05/Childrens-Commissioners-2018-Stability-Index-Overview.pdf>

⁷ Department for Education (2019) Children in need of help and protection [Online], Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/809108/CIN_review_final_analysis_publication.pdf

Special Educational Needs and Disabilities (SEND)⁸: In Worcestershire in 2018, there were a total of 13,450 (15.4%) children with a Special Educational Need and Disability. This was higher than the national average (14.6%). 10,959 were receiving SEN support and 2,491 had a statement of need or EHCP plan. The proportion of children in Primary School with a SEND was higher (14.7%) than England (13.8%). For all children with a SEND, Speech Language and Communication Needs were higher (43.0%) compared to the national average (29.8%).

Analysis of local data in 2017 identified that there appeared to be a strong relationship between SEND status and deprivation, with the highest levels in the most deprived areas. There appears to be a strong association with deprivation for the following SEND categories: Social, emotional and mental health difficulties, Speech, language and communication needs and Moderate learning difficulties.

Special Educational Needs and Disability (SEND) and Education, Health and Care Plans (EHCPs).

In Worcestershire, the proportion of children with no Special Educational Needs (SEN) support who achieved a good level of development by the end of reception was the same as the England average at 76%. For children in Worcestershire with SEN support this was 32% overall, nationally this was 28%. Data was not available for those children with a SEN statement or Education, Health and Care Plan (EHCP) plan.⁹ However, we know that nationally this is around 4% for children who have a statement or EHCP plan.

⁸ Further information can be found in the SEND Profile - Further information can be found in the SEND Profile - http://www.worcestershire.gov.uk/info/20122/joint_strategic_needs_assessment/1473/jsna_publications_by_category/2

⁹ An education, health and care (EHC) plan is for children and young people aged up to 25 who need more support than is available through special educational needs support. EHC plans identify educational, health and social needs and set out the additional support to meet those needs.

Children Needing Social Care

The numbers of children who receive additional help or protection from Children's Social Care is continuing to rise. Numbers of children looked after (CLA) and those subject to child protection plans (CPP) have continued to increase. For the first time in a four-year period there has been a reduction in the number of children assessed as children in need (CIN).

Children in Care (Children Looked After)

Under the Children Act 1989, a child is looked after by a local authority if he or she falls into one of the following categories: is provided with accommodation for a continuous period of more than 24 hours, is subject to a care order, placement order or has one of a number of youth justice legal statuses.

- There has been an increase in the number of children in care in Worcestershire between 2017¹⁰ (767) and 2018¹¹ (793).
- The rate of children in care has increased and since 2016 and since this time the rate has been higher than the England average.
- Worcestershire has a higher proportion of children in care with a Special Educational Need (59.9%) than England (55.5%).
- GCSE attainment for children in care in Worcestershire¹² (16.0%) is similar to the England average (13.8%), but there is a significant gap between this group of children and all children overall in Worcestershire where the proportion of young people achieving 5 GCSEs A*-C was 60.9%.

Children in Need

- In 2018, the rate per 10,000 children aged under 18 identified as being 'in need' following referral to social services in Worcestershire (535.4) was lower than the England rate (635.2).
- There were a higher proportion of children with a disability identified as being a child in need (17%; 561) compared to the England average (12.3%).
- Worcestershire has a higher proportion of cases that were open for two years or more (44%; 1,483) compared to the England average (31%). Worcestershire has a higher proportion of cases that were open for two years or more (44%; 1,483) compared to the England average (31%).

Child Protection

Worcestershire has a higher proportion of cases that were open for two years or more (44%; 1,483) compared to the England average (31%). Worcestershire has a higher proportion of cases that were open for two years or more (44%; 1,483) compared to the England average (31%). At an initial child protection conference, the decision will be made

¹⁰ As at 31/03/2017

¹¹ As at 31/03/2018

¹² Definition of numerator: Number of children who have been looked after continuously for at least 12 months as at 31 March (excluding those children in respite care) at end of Key Stage 4 in schools maintained by the local education authority achieving 5 or more GCSEs at grades A* to C or equivalent, including English and maths GCSE.

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as to whether the child needs to become the subject of a child protection plan. When a child becomes the subject of a plan, the initial category of abuse is recorded. There has been an decrease in the number of children who were subject to a child protection plan between 2017¹⁰ (517) and 2018¹¹ (424). Worcestershire has a higher proportion of cases that were open for two years or more (44%; 1,483) compared to the England average (31%).

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Figure 10. Vulnerable Children in Worcestershire

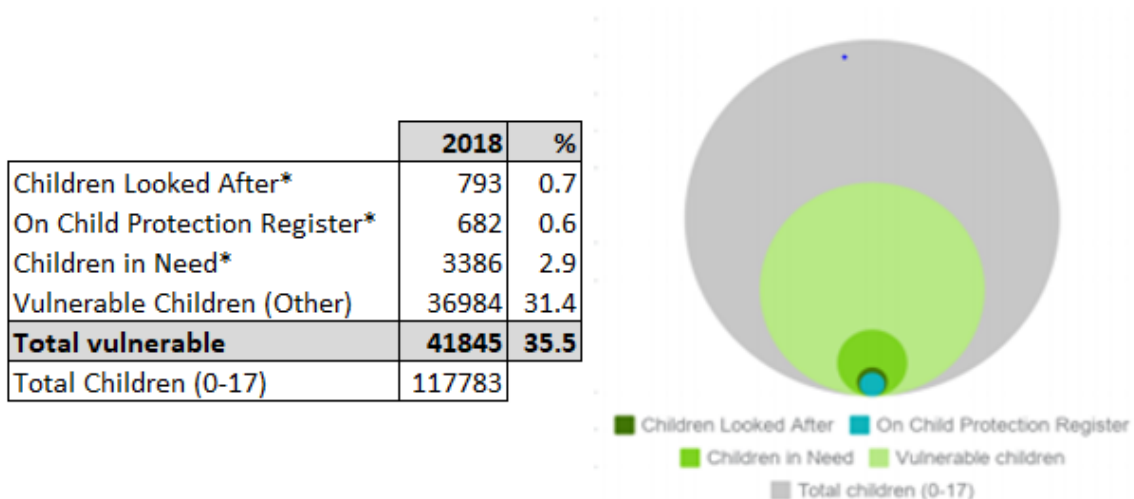


Figure 11. Children Needing Social Care: Key Facts

Children in Care

AS AT 31ST MARCH 2018
THERE WERE

793

CHILDREN IN CARE

There is a higher rate of children in care compared to England

WORCESTERSHIRE: 68/10,000 0-17YRS

ENGLAND: 64/10,000 0-17YRS



When a child is referred to children's social care, an assessment is carried out to identify if the child is in need of services, These services can include, for example, family support, leaving care support, adoption support or disabled children's services

CHARACTERISTICS OF CHILDREN IN NEED



Children in Need

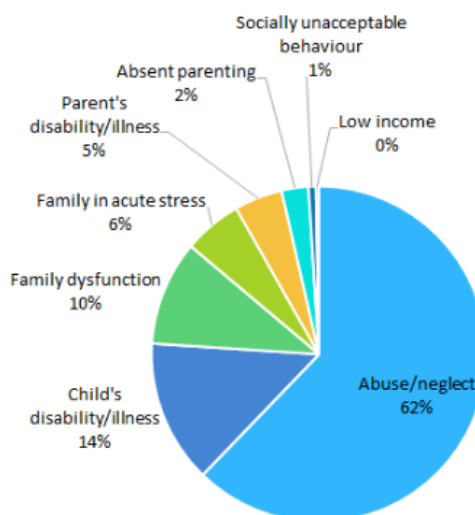
AS AT 31ST MARCH 2018
THERE WERE

3,386

CHILDREN IN NEED



Primary Need at Assessment



Child Protection

AS AT 31ST MARCH 2018
THERE WERE

682

CHILDREN WERE SUBJECT TO A CHILD PROTECTION PLAN

Data sources: Department for Education, Children Looked After in England 2018, Characteristics of Children in Need 2017 to 2018
Graphic created by Public Health Team using Canva

Children’s Oral Health

Tooth decay is the most common oral disease among children in England – affecting one in four children by the time they start school - and it is the most common reason for hospital admission for children aged 5 to 9 years old - yet it is largely preventable. The Government Green Paper, ‘**Advancing our Health: Prevention in the 2020s**’, states that “to give our children a good start in life, we need to do much better on oral health”.

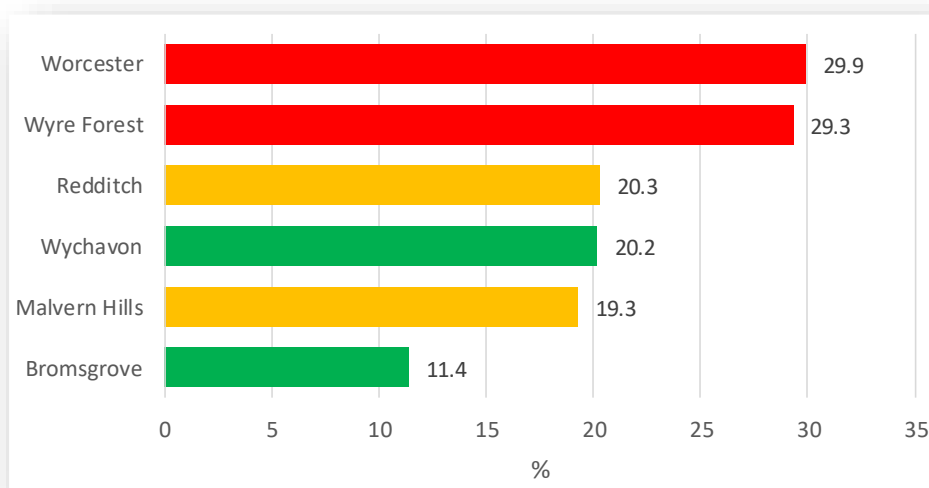
Overall, dental health for 5-year olds in Worcestershire is better than the national average. In 2016/17, 21.8% of 5-year olds in Worcestershire had evidence of tooth decay. This is statistically significantly lower than the England value of 23.3%.

The average number of decayed, missing or filled teeth (DMFT) was 0.62 in Worcestershire in 2016/17, significantly better than England (0.78).

However, inequalities within the county have become increasingly evident in recent years. There are differences in oral health across the county by Council District, with Worcester City and Wyre Forest emerging as having poorer oral health for children and the best area for child oral health being Bromsgrove district. In Worcestershire one in five children enter school with evidence of tooth decay.

The chart below highlights dental decay in 5-year olds in Worcestershire districts in 2016/17. The percentage of 5-year olds with any dental decay varies by district, and the two worst areas, Worcester and Wyre Forest, have seen increases between 2014/15 – 2016/17 (from 27.3% to 29.9%, and 23.6% to 29.3% respectively).

Figure 12. Percentage of Five-Year Olds With any Dental Decay (2016/17)

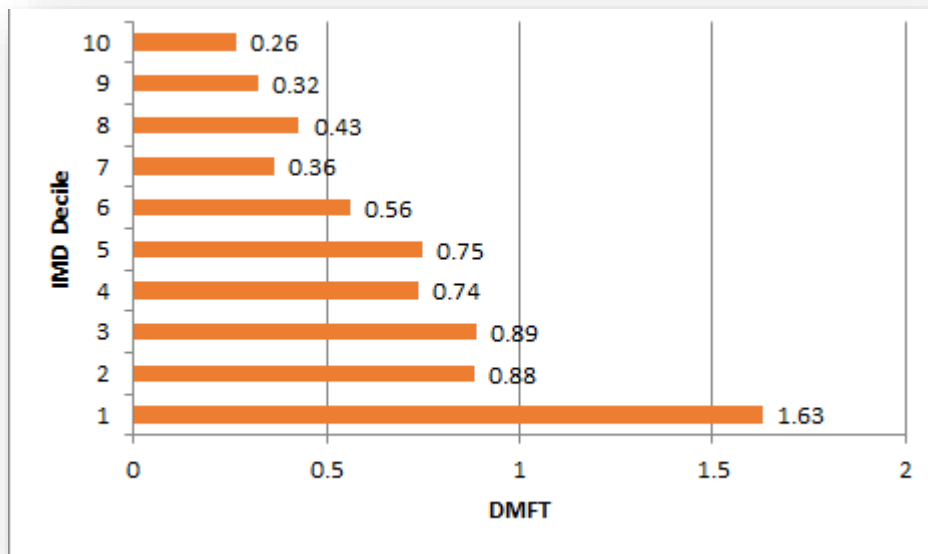


Source: Dental Public Health Epidemiology Programme for England: oral health survey of five-year-old children 2017

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Part of the variation observed between districts is due to differences in deprivation levels. There is a clear relationship between child oral health and deprivation. Figure 13 shows that the average number of decayed missing and filled teeth per child varies considerably by deprivation of residence. The average in decile 1 (the most deprived decile) is nearly double that in decile 2, while for the remaining deciles the variation is less marked, but still present.

Figure 13: Average Number of Decayed Missing and Filled Teeth per Child by Deprivation Decile – Worcestershire (2016/17)



Source: Dental Public Health Epidemiology Programme for England: oral health survey of five-year-old children 2017 Notes: IMD deciles refer to the deprivation rank of the area of residence, IMD1 refers to areas in the 10% most deprived nationally, IMD10 refers to the 10% least deprived. DMFT=decayed, missing and filled teeth

A number of actions are underway to tackle poor oral health in children in Worcestershire including:

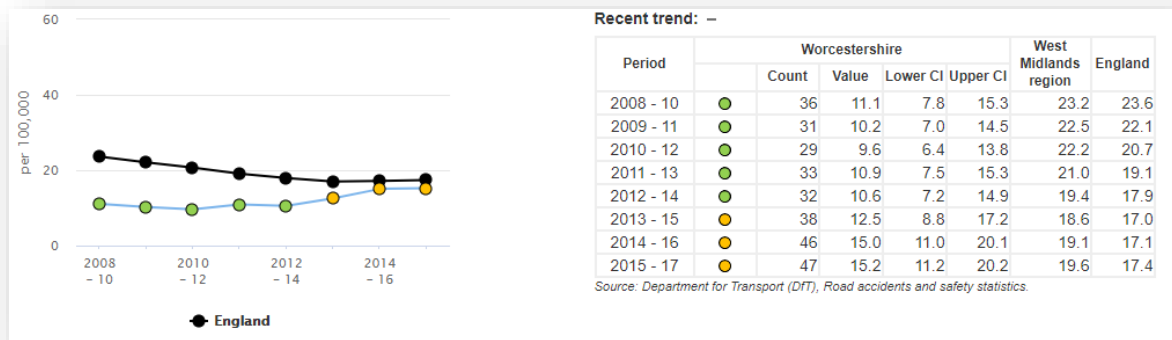
Several actions are underway to tackle poor oral health in children in Worcestershire including:

- A supervised tooth brushing scheme and provision of toothbrushes and toothpaste in Worcester City, an area with high levels of tooth decay.
- Support to NHSE and PHE oral health campaigns, for example 'A little trip to the dentist', which encourages parents to take their babies to the dentist even before their first teeth appear, in order to familiarise them with the surgery.
- Promotion of good oral health through social media and other channels.
- Review of the Community Dental Service.

Children Killed or Seriously Injured on the Roads

The rate of Killed or Seriously Injured (KSI) on the roads in children is similar to England. Historically, in Worcestershire this rate has been better than the national average but since 2008 the national rate has fallen whilst the local rate has not.

Figure 14. Children (0-15) Killed or Seriously Injured (KSI) on the Roads, Crude Rate per 100,000 Population



Source: Public Health England, Public Health Outcomes Framework, 19/06/19. Data source Department for Transport (National Statistics). Green= better than the England rate, Yellow=similar to the England rate.

Public Health England in partnership with ROSPA and the Child Accident Prevention Trust (CAPT) have produced guidance on reducing unintentional injuries on the roads among children and young people under 25 years.¹³ Priority actions from this guidance are summarised in Figure 15.

¹³ Public Health England, ROSPA and Child Accident Prevention Trust (2018). Reducing unintentional injuries on the roads among children and young people under 25 years. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/695781/Reducing_unintentional_injuries_on_the_road_among_children_and_young_people_.pdf

Figure 15. Priority Actions for Reducing Injuries on the Roads for Children and Young People.

1) Improving safety for children travelling to and from school



2) Introducing 20mph speed limits and zones in priority areas



3) Co-ordination of action through strong local partnerships

Graphic created by the Public Health Team using Carva. Images from the nounproject.com: "Children" by Musmellow and "Partnership" by ST.

Not in Education, Employment or Training (NEET)

Young people who are not in education, employment or training are at greater risk of a range of negative outcomes, including poor health, depression or early parenthood. The Government recognises that increasing the participation of young people in learning and employment not only makes a lasting difference to individual lives but is also central to the Government's ambitions to improve social mobility and stimulate economic growth.¹⁴

Worcestershire has a significantly lower proportion of young people who are Not in Education, Employment or Training (NEET). Between 2016 and 2017 there was an increase from 4.7% to 5.1%. This means there were 30 more young people who were NEET. This contrasts with Worcestershire's three most similar local authorities: Warwickshire, Gloucestershire and Suffolk, who all saw numbers of NEET reduce during this period.

These figures mask inequalities, however, with 45% of care leavers in Worcestershire who were Not in Education, Employment or Training (NEET) in 2017 compared to 5.1% of the overall population. This is a worse percentage than both England as a whole and our statistical neighbours. Only 4% of care leavers entered higher education by the age of 19 compared to 39% of the general population.

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Mental Health of Children and Young People¹⁵

Nationally it is estimated that 50% of those with a lifetime mental illness will experience symptoms by the age of 14 and 75% will experience symptoms by the age of 24. Around 10% of children aged 5-16 suffer from a clinically significant mental health illness and just 25% of children who need treatment, go on to receive it.

There are differences by gender, boys aged 11-15 are 1.3 times more likely to have a mental illness compared to girls aged 11-15 years.

In a national report, Mental Health of Children and Young People in England (2017) it is estimated that in the UK:

- Around one in eight (12.8%) children and young people had a diagnosable mental health disorder.
- The prevalence for Emotional Disorders was 5.8% for children aged 5-15 years, this increased significantly for ages 17-19 where around one in four girls (22.4%) had an emotional disorder, of this proportion, around half had also self-harmed.

¹⁴ Public Health England (2019) Indicator Definitions and Supporting Information: 16-17 year olds not in education, employment or training, [Online] Available from: <https://fingertips.phe.org.uk> Indicator No: 93203

¹⁵ Worcestershire County Council (2018) Early Help Needs Assessment, [Online], Available from:

http://www.worcestershire.gov.uk/info/20122/joint_strategic_needs_assessment/1473/jsna_publications_by_category/2

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- Around 1 in 20 young people had self-harmed (5.5%). Rates of self-harm were over twice as high in girls in comparison to boys (7.3% compared to 3.6%). Increasing to around one in five in girls aged 17-19 (21.5%) and one in ten for boys aged 17-19 (9.7%).
- Around one in three (34%) children with an emotional disorder had ever self-harmed or attempted suicide.
- Mental health disorders were found to be associated with low income, parental mental health, adverse life events, lower levels of social support and participation and less healthy family functioning.
- An association was found between daily social media use and having a mental health disorder. Those with a disorder were more likely to use social media on a daily basis and for longer periods of time, compared to those without.
- In the last year one in five children and young people aged 11 to 19 had been bullied online in the past year, rates were higher in girls (25.8%) in comparison to boys (16.7%) and those young people with a mental disorder were twice as likely to have experienced this as those without a disorder.

Young People and Homelessness

Homelessness has a serious impact on both the young people affected and the wider society. Young people describe their lives as being 'on hold' while they are homeless, making it much harder for them to achieve their goals and ensure their own well-being. Homeless young people are much more likely to be not in education, employment or training. Homeless young people often experience a disrupted education. Poverty and desperation mean some homeless young people turn to crime, which further decreases the chances of them finding work and escaping their situation. Homeless young people are also more likely to be victims of crime, as their situation puts them at risk of exploitation, particularly if they become homeless at a very young age. The often chaotic and unstable lives of homeless young people mean that poor physical and mental health is common, as is substance misuse (Centrepoin)¹⁶.

Young people can become homeless when parents/relatives are no longer willing to accommodate them. Another key reason involves the person living in a hostel or sleeping rough. In Worcestershire there were 170 young people aged 16-24 who were accepted as homeless in 2017-18. The rate in Worcestershire is higher than the England average (0.68 compared to 0.52 per 1,000 households). A full profile on homelessness in Worcestershire was produced by the Public Health Team.¹⁷

¹⁶ Public Health England (2018) Indicator Definitions and Supporting Information: Homeless Young People aged 16-24, Available from: fingertips.phe.org.uk

¹⁷ Available here: http://www.worcestershire.gov.uk/info/20122/joint_strategic_needs_assessment

Young Offenders

Children and young people at risk of offending or within the youth justice system often have greater mental health needs than other young persons.¹⁸ In Worcestershire there were a total of 146 young people aged 10-17 who were first-time entrants into the Youth Justice System in 2018. The rate of young people entering the Youth Justice System for the first time is higher in Worcestershire (284.8 per 100,000) when compared to England (238.5 per 100,000) but there has been a downward trend year-on-year since 2015.

Under 18 Alcohol Related Hospital Admissions

Nationally, consumption rates of alcohol are falling in the 16-24 age group and of all the age groups they are the least likely to drink alcohol, however, when they do, they are more likely to drink to excess compared to other age groups.

In Worcestershire the rate of Alcohol Specific Hospital Admissions for under 18s is similar to the England average (31.9 vs 32.9 per 100,000). After a period of falling rates year-on-year since 2006-7 rates have remained relatively static over the last two periods.

Self-Harm

In England, hospital admissions for self-harm in children have increased in recent years, with admissions for young women being much higher than admissions for young men. With links to other mental health conditions such as depression, the emotional causes of self-harm may require psychological assessment and treatment.¹⁹

In Worcestershire, the rate of admissions for self-harm for children and young people aged 10-24 years in 2017-18 was lower (344.1 DSR per 100,000 population) than the England average (421.2 DSR per 100,000 population) and this has been the case for the last two financial years.

¹⁸ Public Health England (2018) Indicator Definitions and Supporting Information: First time entrants to the Youth Justice System Available from: fingertips.phe.org.uk

¹⁹ Public Health England (2018) Indicator Definitions and Supporting Information: Hospital admissions as a result of self-harm (10-24 years), Available from: fingertips.phe.org.uk

Further Information and Feedback

This report has been written by Worcestershire County Council's Public Health Team. We welcome your comments on these reports and how they could better suit your requirements, please do contact us with your ideas.

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This document can be provided in alternative formats such as Large Print, an audio recording or Braille. Please contact Janette Fulton by telephone on: 01905 843359, or by email at: jfulton@worcestershire.gov.uk

